



NOTTINGHAMSHIRE
Fire & Rescue Service
Creating Safer Communities

Persons at Risk Team

FIRE AS A HEALTH ASSET AND THE 'SAFE AND WELL' PROJECT

Date: 29 Nov 2016

Purpose of Report: To provide an overview to employees, trades unions, elected members and other stakeholders internally and externally of the development of Nottinghamshire Fire and Rescue Service as a health asset and the Safe and Well programme.

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1. EXECUTIVE SUMMARY

In April 2016 Nottinghamshire Fire and Rescue Service (NFRS) hosted a Health Summit to introduce the principles of the Fire Service adding more value to the health agenda as outlined in the 'Working Together' document by Public Health England and NHS England ([click here for document](#)). An outcome from the summit was to establish a project team to change the Home Safety Check (HSC) to a more holistic Safe and Well visit encompassing more of the priorities of our Health and Social Care partners.

To further develop the principles of Safe and Well, internal and external stakeholder consultation events were undertaken in November 2016. The priorities for Safe and Well and Fire as a health asset were discussed through the facilitation of workshops, culminating in recommendations for this future agenda highlighted in this report.

The main focus of the stakeholder events were to establish how NFRS could add value when visiting between three and five thousand homes per year across the City and County, remaining cognisant of the reasons why people are injured or die in fires every year. During discussions, it was clear that there was value of NFRS playing a role in promoting the wider health agenda, utilising fire stations and through its education programmes. The key findings which best aligned with the Fire agenda were; reducing health risks such as falls, winter warmth, smoking cessation, drug and alcohol referrals, as well as improving physical and mental health especially around healthy eating, physical activity, supporting bowel cancer screening, loneliness and social isolation.

These outcomes also support many other developing collaborative agendas; the NHS Five Year Forward View, the Sustainability and Transformation Plans and Health and Wellbeing Boards strategies aimed at building resilience in communities and helping people to live more independent lives within their own homes.

Having identified the work streams, the next steps for NFRS will be to engage with the relevant stakeholders in order to develop the Safe and Well principles and the wider context of Fire as a health asset. A pilot for Safe and Well visits is planned to begin in April 2017, with an anticipated Service wide provision in place by December 2017.

To support the development and implementation of these initiatives the Service is seconding both an Occupational Therapist and an Environmental Health Officer to work within the project team in 2017.

2. BACKGROUND

Nottinghamshire Fire and Rescue Service has a strong record of prevention work to help target and protect people at risk from the effects of fire in the home. Using a targeted approach Home Safety Checks have been utilised as a vehicle to deliver fire safety messages and install protective equipment for those most at risk. Nationally, these targeted interventions have played a key role in reducing preventable fire deaths with fire fatalities being reduced by around 50% over the past decade. Nottinghamshire, in line with the national picture has seen fire deaths, injuries and incidents reduced dramatically during the same period.

The national success and proactive intervention work has received national recognition and received praise from the Cabinet Office, NHS and Public Health England (PHE), who have all called for the wider role of the Fire and Rescue Service in prevention to be recognised and utilised to support the wider health agenda.

By 2020, NFRS wishes to see itself embedded as a Health and Social Care asset across Nottinghamshire. Under the banner of Prevention, the first stage of this will be the evolution of the current Home Safety Check into the new Safe and Well Visit.

An effective Safe & Well visit is a holistic approach to reducing risk, which is achieved by considering the individual, their home environment and lifestyle, placing emphasises on a person-centred approach. This means that it places the wishes, beliefs, needs and abilities of the individual at the heart of the intervention.

This is part of a much wider partnership; Fire and Rescue Services across the Country have joined forces with NHS England, Public Health England and other organisations to help deal with health and social issues, enabling communities to work towards healthier lives, to stay in their homes for longer and limit the need to access acute care facilities.

The Fire and Rescue Service is a trusted brand and are often able to access people at risk in the community that other organisations find challenging, allowing them to give simple advice and take immediate action, which could potentially save or change a life.

The Safe and Well Visit is the first step in utilising NFRS to support the wider health agenda. It will support five identified health interventions which will potentially help to protect some of the most vulnerable in our communities and make considerable savings to local health and social care budgets.

3. REPORT

The detailed outcomes of both stakeholder events can be found in appendix 1 to this report. The following report summarises the key discussions that took place during both events and how NFRS can contribute most effectively by utilising the Safe and Well visit. The report also provides wider recommendations to be considered for fire as a health asset in the future.

Falls Reduction, pre and post hospital discharge

NFRS will support falls reduction by helping to identify people at risk, supporting existing provision across the City and County. This can be undertaken as part of a normal Safe and Well Visit or if required pre or post hospital discharge visits. NFRS recognises that this would help ease hospital discharges for the over 65's admitted to a ward for falls by undertaking a visit within the first few days of returning home. The Safe and Well Visit will provide reassurance to those that have concerns about their health, mobility and falling but may not necessarily need to see a falls practitioner.

As part of this intervention NFRS could;

- Check that mats and rugs are flat;
- Check for loose flooring and stair carpets;
- Check for trailing cables and wires;
- Replace worn walking stick ferrules;
- Check walking aid height and refer if required;
- Address issues around poor or low lighting;
- Give advice on hydration;
- Check room temperatures and adequate heating provision (referral if required);
- Give preventative advice on climbing ladders (prevalent in falls amongst elderly men).

Drug and Alcohol Reduction and Smoking Cessation

A key priority within the joint Health and Wellbeing strategy that aligns with the Fire Service's agenda is drug and alcohol reduction and smoking cessation. NFRS, as part of a Safe and Well Visit, may assist in identifying these people and engage in a meaningful conversation with householders. Dependant on the outcome of the conversation and with their permission, NFRS will also make an appropriate referral for professional help and advice if needed.

NFRS are members of the Blue Light project and regularly attend the meetings in order to reach those individuals most affected by drug and alcohol abuse.

Supporting Bowel Cancer Screening

Health colleagues have identified Bowel Cancer screening as a key issue for them. NFRS recognises that around 1 in 20 people in the UK will develop bowel cancer during their lifetime. The disease kills around 16,000 people each year in the UK. Early detection has over a 90% survival rate.

As part of a Safe and Well Visit, where appropriate, NFRS will ask the householder if they have been sent a bowel cancer screening kit and whether or not it had been returned. This would then act a prompt for a discussion around the benefits of early detection, including the high rates of successful treatment. With permission, a referral could be made for a screening kit to be posted to an individual.

Warmer Homes and Excess Winter Deaths

NFRS recognise that living in a cold home especially during the winter months can have an adverse effect on people's health. The majority of excess winter deaths occur in people over the age of 75 with on average one elderly person dying every seven minutes in the severest of weather. NFRS has for the past five years, issued oil filled radiators, blankets and has worked closely with other agencies. NFRS recognises that through community engagement there is the opportunity to build on existing interventions and raising awareness throughout our organisation;

- How cold housing can affect people's health and wellbeing;
- Identify when and how someone is at risk of being too cold at home;
- Be aware of local services designed to support these problems;
- Understand how to refer someone for help;
- Provide equipment for an immediate intervention.

Mental Health

National research has shown that there is a strong correlation between those killed and injured in fires every year and poor mental health.

The service regularly comes in to contact with many of these individuals, including those with dementia, Alzheimer's Society (2015) reports there are over 850,000 people living with dementia in the UK today.

Many NFRS operational staff are 'Dementia Friends'. The Service offer 'places of safety' on designated Fire Stations across Nottinghamshire for people at risk and we have signed up to the 'Mental Health Crisis Concordat'. NFRS have a strong relationship with mental health services across the City and County.

Based on research and an evaluation of a project by Greater Manchester Fire and Rescue Service (GMFRS), NFRS are to part-fund an Occupational Therapist to work within the Prevention Team in 2017. This role will identify how the Service can develop its workforce to provide immediate help and advice around mental health and refer effectively to falls and mental health support services. The role will also be able to provide intervention at the initial Safe and Well Visit in order to reduce the need to refer on to other Occupational Therapy services.

Identifying those most at risk

A key theme arising from both stakeholder events was the issue of targeting those most at risk and its importance in delivering a successful programme.

- Key to successful information governance and robust referral pathways is the safe and appropriate sharing of information. To this end, the NFRS' Information and Governance Officer is part of the project team.
- Referrals from partner agencies and practitioners: NFRS has a strong tradition of educating partners around people at risk from fires and developing referral pathways for targeted interventions in the home. This must be continued to ensure an effective implementation of the Safe and Well Visits in the future.
- NFRS will be in receipt of the Exeter Data from the NHS in January 2017. The Service will utilise a number of profiles linked to the most vulnerable in Nottinghamshire to identify and target this data for our Safe and Well Visits.

- We will continue to develop our relationships with the Vulnerable Person Panel (VPP) and Complex Person Panel (CPP) process across the City and County as well as Social Care providers to deliver Safe and Well.

Implementation of the Safe and Well Programme

Stage 1- Consultation exercises with external and internal stakeholders (now complete)

Stage 2- Report on findings and consultation period

Stage 3- Finalise and launch the communications strategy

Stage 4- Key stakeholder meetings to discuss the training and implementation programme

Stage 5- Information governance and referral mechanisms inside and outside NFRS

Stage 6- Multi agency stakeholder steering group established. Further internal stakeholder event.

Stage 7- Development of CFRMIS and Safe and Well supporting documentation

Stage 8- Training to be delivered to pilot stations

Stage 9- Initial pilot project to commence April 2017

Stage 10- Implementation across the Service April – November 2017

Stage 11- Initial evaluation December 2017

Developing the wider response for fire as a health asset across Nottinghamshire

Fire and Rescue Services nationally are exploring different ways in which they can use their unique position of trust and local facilities to help improve the public's health and wellbeing outside of the Safe and Well Visit.

- Utilising stations' physical training instructors - Hosting fitness sessions or chair-based exercises for local residents at fire stations or within their homes. In addition, targeting areas with high levels of social housing to deliver fitness sessions and providing information on healthy eating, or chair-based exercises in community rooms or sheltered accommodation
- Hosting community events on station – tackling loneliness and social isolation
- Developing 'talk and walk' interventions to tackle loneliness and isolation
- Multi-agency health hubs in rural areas and providing low level medical interventions for example, flu jabs and blood pressure checks
- Continue to develop our effective programmes with young people such as the Princes Trust programme, Safety Zone, FireFit, Duke of Edinburgh, school's education, Fire Cadets and road traffic collision reduction (RTC) interventions to contain health and wellbeing messages as directed by our partners
- Utilise NFRS staff to respond to appropriate falls in people's homes
- Firefighters becoming health champions on behalf of other agencies
- Addressing childhood obesity by utilising the FireFit programme
- Tackling mental health linked to hoarding utilising existing skills within NFRS
- Mobilising operational crews in the severest of weathers to engage with communities and support resilience
- Using fire stations to redistribute clothing, bedding and footwear for communities during the winter months

NFRS Persons at Risk Team (PART)

Currently people who are at risk in the community are managed by NFRS in two ways; an initial assessment by frontline operational staff through the HSC procedure and for our most highest risk cases, which require a multi-agency intervention, by the Persons at Risk Team (PART). (Current roles and responsibilities are detailed in Appendix 3). As part of this wider programme there is an opportunity with the appropriate training for the PART to undertake more detailed interventions on behalf of partners around;

- Mental capacity
- Falls
- Social Care
- Housing
- Environmental Health
- Telecare
- Home adaptations
- Home security

4. FINANCIAL IMPLICATIONS

Media and publications
Further road vehicle use
Utilisation of the Retained Duty System
Safe and Well training
Increased role of the PART
Development and amendments to CFRMIS documentation
Occupational Therapist
Environmental Health Officer
Increased productivity with regard to Safe and Well
Increase in preventative equipment
ICT and app development

5. HUMAN RESOURCES AND LEARNING AND DEVELOPMENT IMPLICATIONS

Three one week courses to be delivered as part of the delivery of Safe and Well to all prevention champions and Supervisory Managers
Middle and District Managers course length to be confirmed.

6. EQUALITIES IMPLICATIONS

An initial equality impact assessment will be completed at stage six of the project with a full impact assessment completed as part of the evaluation process.

7. CRIME AND DISORDER IMPLICATIONS

It is anticipated that this programme will work towards the objectives of a vulnerable and complex person processes across the city and county.

8. LEGAL IMPLICATIONS

Freedom of information and data sharing compliance will be undertaken by Corporate Support.

9. RISK MANAGEMENT IMPLICATIONS

To be assessed following the consultation period
A complete Risk Assessment will be developed in support of this Safe and Well programme and any future developments around Fire as a health asset.

10. RECOMMENDATIONS

Following the 28-day period of consultation, it is envisaged the Safe and Well programme be implemented with a view to launching the pilot project in April 2017.

Further analysis of the wider implications of Fire as a health asset across Nottinghamshire will be investigated further with a report on findings in 2017.

11. BACKGROUND PAPERS FOR INSPECTION (OTHER THAN PUBLISHED DOCUMENTS)

CFOA – Guide to a Safe and Well visit <http://www.cfoa.org.uk/21422>

Appendix 1

Internal and External Stakeholder Event Key Findings

FALLS AND FRAILITY

- An Occupational Therapist developing the agenda with NFRS
- Appropriate lighting within the home
- Effective data sharing
- Safe and Well as part of the pre hospital or hospital discharge procedure
- Undertaking the housing assessment checklist
- Hydration
- Ensuring walking aids are at the correct height and that ferrules are secure and not worn
- NFRS responding to low level falls emergencies in the community
- Undertaking falls risk assessments
- Advice on mobility and footwear

DRUGS AND ALCOHOL

- Safe and Well seen as a means for referral following training for NFRS staff
- Medication
- Information that NFRS could leave as part of a Safe and Well visit
- Referral pathways for the city and county
- Immediate brief advice
- Physical and mental health
- Referral to community events and meetings to prevent social isolation and loneliness
- Use of fire stations within the community as hubs for light physical training or places where meetings could take place
- Befriending service
- Transport to and from venues
- More information where support comes from

A MULTI-AGENCY SAFE & WELL TEAM

- Directory of services
- Retained firefighter use
- Occupational Therapist on secondment
- Environmental Health Officer on secondment

ENVIRONMENT

- Linked with falls & frailty
- Hoarding/Clutter
- Scam awareness
- Assessment of needs around the home

PREVENTING HOMELESSNESS

- Agencies need to be aware
- Referral to Nottinghamshire for those close to homelessness for a Safe and Well visit.

DATA SHARING

- Needs to be a key part of the project
- Training (agencies)

GP PRACTICES

- Availability to share information with GP's
- Referral process
- SystmOne – access for hospitals (not university hospitals) and GPs

CARE PLANS

- Ability to update care plans
- Updated information needed
- Leave something with the citizen after a Safe and Well Visit has been completed
- Correct record on individual (linked to outside agencies)

LONELINESS & WARMER HOMES

- Lunch club venues in areas
- Befriending service (Neighbours aware)
- Referral process

SOCIAL HOUSING

- Troubled Families agenda. Awareness of families at risk
- Assisting the social housing providers by undertaking Safe and Well visits

MENTAL HEALTH

- Signposting
- Mental Health first aid training for staff

SMOKING

- Small intervention
- Referral to new leaf
- Leaflets
- Greater emphasis on dangers of smoking
- Encourage participation

INFORMATION / SIGNPOSTING

- Staff awareness on all the subjects listed.

Further Internal Stakeholder Key Points

- The Safe and Well visit would 'formalise' and give 'structure' to the existing HSC
- Practical interventions could be done during the visit to make the citizen as safe as possible, as quickly as possible.
- These early preventative measures would hopefully reduce the need for urgent referrals to other agencies (taking pressure off of their service) and help reduce hospital admissions.
- The Safe and Well visit should be a conversation. Those conducting the visit want to be there but what does the citizen want?
- The Safe and Well check should begin with a simple "How are you? Are you ok? Is there anything we can do to help you today?" This maybe a simple request from the citizen, for example; "my lightbulb needs changing", "I keep tripping on..." the tasks, if the Crew are able to assist, can be done, and the Safe and Well visit can begin.
- The citizen should be left with something as a reminder of the visit. A folder from Greater Manchester Fire and Rescue's Safe and Well pilot was discussed, and it was agreed that something similar should be duplicated.

Appendix 2

The Persons at Risk Team undertake the following roles;

- Engagement with all housing providers across the city and county
- Liaise with Environmental Health Officers
- Take a lead role in hoarding cases across the county
- Engagement with the elderly and their care providers
- Developing the relationship and training social care, Public Health England, the NHS and the voluntary sectors
- Adult and Children's safeguarding leads for the service integrated with the Adult and Children's safeguarding boards across the county and city
- Facilitate the Firesetter programme across Nottinghamshire
- Training of Service personnel in the prevention agenda
- CFRMIS, ECINS and information sharing
- Assistive technology, hearing impaired and profoundly deaf installations and specialist home safety checks
- Close working relationships with Sanctuary and Women's Aid
- The lead for fire as a health asset and the Safe and Well Project

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