

## MERSEYSIDE FIRE AND RESCUE AUTHORITY

### REVIEW REPORT TO THE PERFORMANCE AND SCRUTINY COMMITTEE

3 SEPTEMBER 2015

**SUBJECT:** MERSEYSIDE HEALTH AND WELLBEING  
PARTNERSHIP

**REPORT NUMBER:** [CFO/076/15](#)

**APPENDICES:**

**REPORTING OFFICER:** DEPUTY CHIEF FIRE OFFICER

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#### Purpose of Report

1. To request that Members review the work currently being undertaken between Merseyside Fire and Rescue Authority (MFRA) and Health Partners.

#### Introduction and Background

2. Since 1999, MFRA has been carrying out interventions in people's homes to identify and reduce risk and to provide relevant advice on actions to take in the event of fire.
3. These interventions have reduced due to the financial challenges faced by MFRA however the Service has still delivered over 50,000 Home Fire Safety Checks (HFSC) across Merseyside during 2014-15.
4. Although other factors have no doubt also been involved, this approach has resulted in a reduction in risk and a significant reduction in demand for MFRA to respond to incidents, including a reduction in the number of deaths and injuries from accidental fires in the home (although it should be noted that during 2015 the figure appears to be rising in the context of certain vulnerable groups which is being carefully monitored).

5. This proactive approach to risk management is seen as best practice across the public sector and local and national health partners (including Simon Stevens NHS CEO and Duncan Selbie Public Health England CEO) are starting to recognise the potential that exists within the Fire Sector.
6. Following a local fire and health summit Merseyside & Cheshire Fire Rescue Services are engaging with health partners and have established a number of task and finish groups to consider specific areas such as falls prevention, vulnerability to crime, hospital discharges, smoking and alcohol referral pathways and increasing awareness of and access to cancer screening services.
7. As a result of this Summit, a more holistic approach to vulnerability will be introduced with the development of a 'Safe and Well' visit, maintaining a focus on those more at risk from fire – those over 65 and living alone.
8. It is envisaged that through their interactions with people in their own homes, and with the necessary additional awareness training, Fire and Rescue Service staff and Fire Support Network volunteers will be able to identify and act upon a wider range of risks that predispose people to a number of health issues that can significantly reduce life expectancy and/or quality of life.
9. Consequently, the following principles are proposed as a basis for discussion for adoption or implementation by MFRA:
  - That MFRA should consider extending its current approach to safety in the home to include risk factors that impact on health and wellbeing and which lead to an increase in demand for health, local authority and Fire and Rescue Services.
  - The content of a 'Safe and Well' visit in Merseyside should be co-designed through discussions with health and local authority colleagues and should be based on information regarding local risks and demand.
  - When considering risk factors other than fire, the process should not be confined to merely signposting to other agencies, but also to if and how these may be mitigated during the initial visit.
10. Wherever possible the approach adopted by MFRA should:
  - Reflect local need
  - Provide a light touch health check of vulnerable individuals
  - Identify risk while in the home;
  - Provide concise advice;
  - Provide appropriate risk reduction equipment;
  - Refer to specialist advice and support where appropriate.
  - To ensure that referrals to specialist advice and support are limited to those in need of such assistance; health and local authority colleagues

should support MFRA staff in training and raising awareness of their staff, where necessary.

- Consistent referral pathways into specialist services should be developed across Merseyside. However it is recognised that due to the number and nature of organisations involved absolute consistency is, at this stage, an aspiration.
11. CFOA have provided strategic guidance on how individual FRA's develop local approaches to deliver "Safe and Well" visits which will significantly widen the scope and value of interventions completed by MFRS staff. Following the local fire and health summit, Merseyside and Cheshire Fire and Rescue Services are engaging with health partners and have established a number of task and finish groups to look at specific areas, such as falls prevention, vulnerability to crime, hospital discharges, smoking and alcohol referral pathways and increasing awareness of and access to cancer screening services.
  12. This approach has the potential to unlock significant capacity and savings by targeted early prevention, resulting in the improved quality of life where the greatest impact can be made, reducing demand on local NHS and other services.
  13. It is estimated that upwards of 30,000 more people than would normally be expected to die as a result of winter weather, with the biggest cohort being women living alone over 75 and the majority of excess deaths in owner occupied houses.
  14. Using the data currently available through the release of NHS Exeter Data, MFRA can identify those people and put in place specific interventions and strategies which, if taken forward with sufficient pace, would make a difference this winter.

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### **Equality and Diversity Implications**

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15. By taking a whole system approach centred on peoples' needs, the Authority and our partners will make every contact count irrespective of which service it is from.
16. The risk based approach detailed within the Authority's new Home Safety Strategy ensures that the most vulnerable people across Merseyside are targeted – older people, people with adult social care needs and those in areas of deprivation.

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### **Staff Implications**

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17. MFRA will create a Vulnerable Persons Team, with appropriate specialist skills that will adopt the holistic 'Safe and Well' visit, liaising with health partners, particularly in response to the discharging of potentially at risk individuals from hospital back into their home environment.

18. Staff will be encouraged to support the development of the Safe and Well visit based on their training, skills and knowledge of working with vulnerable people.
19. There may be a need to make changes to staff Terms and Conditions and levels of remuneration. If so this will be referred through local Joint Secretary mechanisms.

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### **Legal Implications**

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20. It is important to note that NHS partners have been asked to provide certain indemnities in respect of any work undertaken on their behalf. Furthermore this must be a commissioned service from NHS England and others in order to ensure that this does not impinge upon current resources of MFRA.

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### **Financial Implications & Value for Money**

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21. There are potential financial implications associated with this report as MFRA may be commissioned by health partners in the future. This will be explored through the work streams created through the Health Summit and in conjunction with Public Health colleagues and Clinical Commissioners.

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### **Risk Management, Health & Safety, and Environmental Implications**

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22. The development of the Safe and Well visit will create opportunities to develop a more holistic risk management approach which could extend to health determinants and safety related issues.

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### **Contribution to Our Mission: *Safer Stronger Communities – Safe Effective Firefighters***

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23. The high profile delivery of 'Safe and Well' visits in Merseyside will contribute to the understanding and tackling of the wider social determinants of health.
24. This approach will contribute to the creation of Safer Stronger Communities.

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### **Recommendation**

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25. That Members:
    - a) Support the development of the 'Safe and Well' visit and recognise the potential impact that it may have when tackling wider health determinants.
    - b) Explore the potential opportunities that such an approach could have with regard to targeted health interventions. These interventions may tackle issues such as; social isolation, mental health, slips trips and falls, hospital discharge, through signposting, referrals or direct bridging.
    - c) Review the development of local partnerships within Merseyside which encourage local action(s) to prevent or reduce service demand and improve the quality of life of persons with acute or chronic conditions.
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**BACKGROUND PAPERS**

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N/A

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**GLOSSARY OF TERMS**

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<b>HFSC</b>	Home Fire Safety Check
<b>MFRS</b>	Merseyside Fire and Rescue Association
<b>NHS</b>	National Health Service
<b>SMG</b>	Strategic Management Group