

Merseyside Fire and Rescue Service

Equality Impact Assessment Form

Title of policy/report/project:	Home Safety Strategy 2015 – 2018
Department:	Community Risk Management – Prevention
Date:	14th December 2015.
Prepared by :	GM Oakford

1: What is the aim or purpose of the policy/report/project

This should identify “the legitimate aim” of the policy/report/project (there may be more than one)

The objective of the report to the Performance and Scrutiny Committee is to advise In respect of the proposed changes to the Home Safety Strategy and subsequently the service delivery of Home Fire Safety Check (HFSC) visits to community members in Merseyside.

Our Home Safety Strategy for 2015-18 and beyond takes into consideration the reduction in the number of fire appliances and operational staff available to MFRS the reduction in the number of advocates as a result of the support services review and the mitigation of those reductions included in the new work routines for operational personnel introduced in 2014.

It also sets out our commitment to continuously strive to reduce the number of people who are killed or seriously injured due to accidental dwelling fires in Merseyside and ensure that each and every visit to a home counts.

The future risk management hierarchy for prevention activity and prioritisation multiple needs - High Risk

- Referral from partner agency
- Over 65's with Adult Social Care Needs
- Over 65's and Living Alone
- Over 65
- Adult Social Care needs such as Mental Health
- Smoking, Alcohol and Substance Misuse
- Other vulnerabilities such as mobility

There are a number of Objectives designed to deliver the Home Safety Strategy :

1. Engaging with partners to identify Vulnerable People
2. Engaging with Stakeholders to influence the sharing of data
3. Engaging with stakeholders to encourage direct referrals where required
4. HFSC Delivery to High Risk (Low risk to be carried out on a cost recovery basis)
5. Encourage the use of Assistive technology for vulnerable groups
6. Engage with private rented landlords

2: Who will be affected by the policy/report/project?

This should identify the persons/organisations who may need to be consulted about the policy /report/project and its outcomes (There may be more than one)

Those effected by this strategy include the wider public population of Merseyside, MFRS staff (both operational and community prevention), key partners from 5 local authority areas, registered social landlords, key stakeholders such as such as Age UK, Faith Groups and Older Persons Parliament.

It is anticipated that the strategy will impact those who need support most with home Fire Safety

3. Monitoring

Summarise the findings of any monitoring data you have considered regarding this policy/report/project. This could include data which shows whether the it is having the desired outcomes and also its impact on members of different equality groups.

What monitoring data have you considered?

Dying For Data – MFRA Report on the fire fatalities in Merseyside over the last decade

What did it show?

In the last 10 years there have been 79 fire fatalities across Merseyside, 10 of these in the last reporting period (1st April 2014 – 31st March 2015). The data that is collected from these incidents allows us to identify common factors and use this information to influence the direction of our strategy and the manner in which we deliver our frontline preventative services. Further detailed analysis can be found in the following link.

http://www.merseyfire.gov.uk/asp/pages/reports/MFRS-DYING_FOR_DATA/MFRS-DYING_FOR_DATA.html

This data, combined with the research work that has been undertaken with Liverpool John Moore's University and the numerous data sharing protocols that have been agreed and implemented with partner agencies - the most significant of which is the introduction of NHS over 65's Data – has allowed us to create a Vulnerable Persons Index that targets people

<p>Later Life in the United Kingdom May 2015 (AGE UK)</p>	<p>who possess some, or all of the following contributory factors that may make them more at risk of having a fire in the home:</p> <ul style="list-style-type: none"> • Over 65 Years Old • Adult Social Care Needs • Lone Occupant of the Property • Mental Health Issues • Smoking • Drug/Alcohol Misuse <p>The AGE UK publication provided significant insight to ageing in the UK. This helps to provide a greater understanding on the impact of age and risk to fire http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true</p>
<p>English Indices of Deprivation (2015)</p>	<p>Liverpool is now ranked 4th and Knowsley 2nd in terms of deprivation in the UK. There are concentrations of deprivation, high levels of social housing (registered and private landlord) and significant numbers on incapacity benefits.</p>

<p>4: Research</p> <p><i>Summarise the findings of any research you have considered regarding this policy/report/project. This could include quantitative data and qualitative information; anything you have obtained from other sources e.g. CFOA/CLG guidance, other FRSs, etc</i></p>	
<p>What research have you considered? CFOA - Protecting an Ageing Population from the Risk of Fire in the Home</p>	<p>What did it show?</p> <p>It has been produced by the Chief Fire Officer's Association (CFOA). CFOA provides independent advice to the Government on fire prevention, protection, intervention and a wide range of community safety and rescue matters.</p> <p>The Fire and Rescue Services Act 2004 created a statutory duty on Fire and Rescue Authorities to promote fire safety, placing the prevention of fires at the heart of their activity.</p>
<p>Welfare reform</p>	<p>Fire and Rescue Authorities must now carefully consider fire safety for older people and how to fulfil this duty when preparing strategic plans and deciding the balance and prioritisation of funding</p>

<p>The introduction of the Care Act 2014.</p>	<p>and resources.</p> <p>Deaths and injuries from fire will rise in proportion to the increases in numbers of older people. Almost twice as many people over the age of 50 now die in dwelling fires in the UK each year compared to those under 50.</p> <p>Some major changes have been made to the benefits system, and others are being introduced. These particularly affect people of working age, but some of the changes will affect older people too, it is too early to fully scope impact but this may be linked to winter warmth payments, costs of housing and for those living on a single wage.</p> <p>The significance of the Care Act should not be underestimated as it replaces much of the legislation that has governed Adult Social Care since 1948. In total it replaces 13 pieces of Primary legislation, 13 pieces of secondary legislation and 3 pieces of statutory guidance. (Although focused on local authority and adult social care) what is clear is a driver for persons to live longer independently in their home setting as opposed to a formal care setting.</p>
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5. Consultation

*Summarise the opinions of any consultation. Who was consulted and how? (This should include reference to people and organisations identified in section 2 above)
Outline any plans to inform consultees of the results of the consultation*

<p>What Consultation have you undertaken?</p> <p>There has been consultation at a national, regional and local level regarding the Home Fire Safety Check, intelligence led targeting and the evolution of HFSC into a “Safe and Well Visit”</p> <p>CFOA - Sustained Action for Evidencing Risk (Safer)</p>	<p>What did it say?</p> <p>Age UK and the Fire Rescue Service (FRS) in England are encouraging their Partners to work together at a local level to offer an innovative approach to reducing preventable hospital admissions and avoidable winter deaths through using data to target preventative services at the most vulnerable, older people.</p>
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<p>Local Government Association</p> <p>Consultation with the MFRA Community Forum in Summer 2015 –Presentation by K Johnson</p>	<p>This collaboration builds on the best practice already taking place on the ground in parts of the UK. It utilises the very best that the Fire and Rescue Services have to offer in intelligence led prevention and intervention, coupled with the extensive experience and capacity of Age UK to develop smart practices in engaging and supporting those most at risk.</p> <p>Nationally we have engaged with key stakeholders from NHS England to secure data (over 65's) to improve interventions, we have also engaged with local health partners to examine areas of collaboration such as slips, trips and falls and social isolation – although are primary focus is fire, these added value interventions contribute to our agenda in engagement and ensuring the living environment is safe, we have seen examples whereby those living alone</p> <p>There are several strategic reports on ageing and the impact of future adult social care contained within the LGA website. http://www.local.gov.uk/health/-/journal_content/56/10180/7079910?_INSTANCE_0000_templateId=ARTICLE</p> <p>A number of key stakeholders including, RNIB, Age UK, Wirral Change and Knowsley CVS were present at a Consultation meeting to provide feedback on the proposed Home Fire Safety Strategy. The feedback was positive in relation to the approach the FRS is taking to manage Risk profiles and target resources.</p>
<p>6. Conclusions</p> <p><i>Taking into account the results of the monitoring, research and consultation, set out how the policy/report/project impacts or could impact on people from the following protected groups? (Include positive and/or negative impacts)</i></p>	
<p>(a) Age</p> <p>Positive impact :</p>	

Chief Fire Officers Association (CFOA) and Department for Communities and Local Government (DCLG) statistics demonstrate that the majority of fire related deaths in the United Kingdom involve individuals aged 65 years old and over. As such, MFRA will offer the FREE provision and installation of smoke detectors to any individual aged over 65 years old. This will be quality assured through the provision of Exeter Data through an information sharing protocol with the National Health Service (NHS). In addition , data tells us that :

- Rural and coastal areas have the highest percentage of older adults
- Isolation is a particular risk factor for minority ethnic groups, those in rural areas and for people older than 75 who may be widowed or live alone
- Life expectancy is increasing (82 W/ 78 M), there are variations in healthy life expectancy*, lowest in Tower Hamlets (M. 52 years) and Manchester (W 55 years). (PHE ENGLAND). There is diversity in the health, social, and economic circumstances of older people.

Focusing on Age as a Risk factor to Fire is a legitimate Objective

(b) Disability including mental, physical and sensory conditions)

Positive impact :

We have engaged with “Dementia Friends”, we believe this in addition to mobility is a significant contributory factor for the Home Safety Strategy and supported the rationale to create a Vulnerable Persons Team that will consider what supportive steps MFRS can take in reaching out to the community and care practitioners. In addition we will look at Hospital Discharges as a method of engagement for those at greatest need. All these actions will be supportive towards people with Disabilities

(c) Race (include: nationality, national or ethnic origin and/or colour)

Neutral impact – The race of a member of the community has no impact on the outcome of the HFSC, should a relevant MFRA personnel identify a specific risk related to culture, nationality or Ethnicity (specifically around cooking and heating arrangements) they would revert to safety and offer the free provision and installation of smoke detectors and arrange for further advice and guidance where required from a third party agency.

(d) Religion or Belief

Neutral Impact :

We need to consider more on how we engage with the faith sector, our HFSC programme historically has relied on direct referral pathways into the organisation as the preferred method of referral, however we understand that churches and other faith locations are places that bring people together and perhaps could allow for us to engage.

(e) Sex (include gender reassignment, marriage or civil partnership and pregnancy or maternity)

Neutral Impact :

The Dying for Data information provides an insight into the number of Fire Fatalities by Gender, it showed that there was an almost equal split between genders over the last 10 years> The Individuals gender would not impact on their risk for a HFSC .

(f) Sexual Orientation

Positive Impact :

The primary risk factors for social isolation affect LGBT older adults in unique and disproportionate ways. LGBT elders are more likely to live alone and with thinner support networks. Additionally, research shows that LGBT elders face higher disability rates, struggle with economic insecurity and higher poverty rates, and many deal with mental health concerns that come from having survived a lifetime of discrimination. The Home fire Safety Strategy will aim to engage with key LGBT stakeholders to enable them to refer directly or provide additional advice about specific support that can be delivered through the High Risk HFSC delivery methods.

(g) Socio-economic disadvantage

Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income. Social isolation and loneliness have a detrimental effect on health and wellbeing. We understand that in Merseyside we have approx. 255,000 aged over 60's in approx. 170,000 households.

The Home Safety Strategy (Objective 1) takes into account the issues faced by individuals who are disadvantaged socially or economically. Additional consideration would be given to individuals who were considered to be at a disadvantage due to their Social - economic lifestyle , should there be an risk identified a Free provision of and installation of Smoke Detectors would be delivered and further support identified through 3rd Party Agencies.

7. Decisions

If the policy/report/project will have a negative impact on members of one or more of the protected groups, explain how it will change or why it is to continue in the same way.

If no changes are proposed, the policy/report/project needs to be objectively justified as being an appropriate and necessary means of achieving the legitimate aim set out in 1 above.

Statistics inform us that over two-thirds of fire related deaths occurred in accidental dwelling fires and more than half of the victims were aged 65 years old or over. It is predicted over the next 20 years the number of people in England aged 65 - 84 will increase by more than a third, and the number aged over 85 will more than double (Kings Fund / LGA report 2014).

As such, this Home Safety Strategy identifies ways to work more efficiently through the use of intelligence led targeting – we have also examined emerging challenges posed by the implementation of the Care Act 2014 and changes to Adult Social Care that may place even more vulnerable people into the community.

In terms of managing risk to any emerging threats, we will closely monitor progress against the strategy and continue to test, learn and evaluate this new approach. The new strategy will offer any individuals who have never previously received a HFSC

from Merseyside Fire and Rescue Authority (MFRA), the provision and installation of free smoke detectors. This offer will also now be extended to any community member in Merseyside over 65 years of age and is seen as positive

8. Equality Improvement Plan

List any changes to our policies or procedures that need to be included in the Equality Action Plan/Service Plan.

See Action in Section 9 below

9. Equality & Diversity Sign Off

The completed EIA form must be signed off by the Diversity Manager before it is submitted to Strategic Management Group or Authority.

Signed off by: W S Kenyon

Date:

Action Planned	Responsibility of	Completed by
<p>9.1 The EIA is approved subject to 6 monthly HFSC using Capita to establish any impact on HFSC delivery in relation to the 9 Protected groups. The review will establish number of HFSC completed in comparison to population for each Protected Group and to review specific data around Ethnicity and Sexual Orientation which we currently have little robust data on to help with planning our strategy.</p> <p>The Data should be reviewed at least annually by the Diversity Action Group and Reported to the Strategic Equality Group</p>	<p>GM Oakford and Diversity and Consultation Manager (DCM) WK</p>	<p>First 6 month review will by July 2016</p>
<p>9.2 To ensure that Home Safety Strategy objectives 2, 3 and 5 are focused on the engaging with agencies around the Protected groups who fall into the High Risk categories.</p>	<p>GM Oakford and DCM W Kenyon</p>	<p>Review as a priority for Q1 and Q2</p>

For any advice, support or guidance about completing this form please contact the DiversityTeam@merseyfire.gov.uk or on 0151 296 4237

The completed form along with the related policy/report/project document should be emailed to the Diversity Team at: DiversityTeam@merseyfire.gov.uk

