MERSEYSIDE FIRE AND RESCUE AUTHORITY			
MEETING OF THE:	**COMMUNITY SAFETY AND PROTECTION COMMITTEE**		
DATE:	**6 OCTOBER 2016**	**REPORT NO:**	**CFO/073/16**
PRESENTING OFFICER	**DCFO GARRIGAN**		
RESPONSIBLE OFFICER:	**AM JAMES BERRY TEL; 4644**	**REPORT AUTHOR:**	**AM J BERRY**
OFFICERS CONSULTED:	**GM OAKFORD SM BYRNE**		
TITLE OF REPORT:	**SAFE AND WELL PILOT SCHEME**		

APPENDICES:	**APPENDIX 1:**	**HFSC-SW FORM**
	APPENDIX 2:	**CONSENSUS STATEMENT**

Purpose of Report

1. To request that members note the development of the Safe and Well visit by Merseyside Fire and Rescue Authority (MFRA) and endorse the proposal to pilot the scheme in order to demonstrate and evaluate the impact of such activity and to inform future undertakings and/or commissioning.

Recommendation

2. That members support and approve the proposals outlined in this report in relation to the implementation and evaluation of a 'Safe and Well' pilot scheme.

Introduction and Background

3. Members will be aware of proposals by MFRA to enhance its Home Fire Safety Check to incorporate health priorities (Safe and Well Visits).

4. This report updates members on the progress to date and the implementation approach to be adopted.

5. For over 15 years Merseyside Fire and Rescue Service (MFRS) has been carrying out interventions in people's homes to reduce their risk from fire and to provide advice on actions to take in the event of such incidents.

6. These interventions were given the title '**Home Fire Safety Checks'** (HFSC).

7. MFRA carry out circa 60,000 HFSCs per annum.

8. These visits are targeted towards the most vulnerable sections of our communities; older people; the infirm; those with complex health needs; those who smoke and those with drug or/and alcohol dependency.

9. MFRA through its firefighters and prevention teams utilise NHS and Public Health data (Exeter Data) to target those people within these categories to ensure that every contact counts.

10. 70% of the visits undertaken by MFRA so far this year have been in the homes of people over 65 years of age.

11. This approach has resulted in a drop in demand for its services over the period.

12. It is felt, therefore that through interactions with people in their own homes, and with the necessary additional awareness training, MFRA's firefighters and prevention teams will be able to identify and act upon a significantly wider range of risks.

13. Not only fire risks, but those that predispose people to a number of health issues that can significantly reduce life expectancy and/or quality of life.

14. It is recognised that these additional factors often result in the need for individuals to access significant levels of support or services from social care and the NHS.

15. As part of a National project MFRS sought to assist NHS England, Public Health England, Local Government Association and the Chief Fire Officers Association to develop a framework/set of principles that would inform the design of locally agreed 'safe and well' visits.

16. Consequently, the following principles were proposed as a basis for discussion for adoption or implementation locally:

17. That each FRS 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 and local authority services.

18. The content of a 'safe and well' visit in each FRS area should be co-designed through discussions with local health and local authority colleagues and should be based on information regarding local risks and demand.

19. When considering risk factors other than fire, the process should not be confined to merely signposting to other agencies, but also to how these can be mitigated during the initial visit.

20. Wherever possible the approach adopted should:

    - Reflect local need;
    - Provide a light touch health check of vulnerable individuals;
    - Identification of risk while in the home;
    - Provision of brief advice;
    - Provision of appropriate risk reduction measures.

21. Since the Consensus Statement in Improving Health and Wellbeing was signed MFRA has worked closely with colleagues in health and public health to explore how they might work to support them in improving health and quality of life outcomes for those most at risk in their communities whilst embedding a robust and accountable approach through which the FRS can be held accountable.

22. In identifying and responding to the Health Priorities in Merseyside, MFRS has engaged with a variety of different stakeholders this includes:

Bowel Cancer:
Dr Dan Seddon
Julie Byrne (NHS England)
Bowel Cancer specific fire / health working group
Geoff Fitzgerald
Susan Spence (Training Provider)

Smoking Cessation:
Susie Gardner
Samantha Thompson
Angela Curran Sefton CCG (Training provider)

Alcohol Reduction:
Ian Canning
Members of Liverpool Alcohol Strategy Group
Whiston Hospital Alcohol Team (Training provider)

Falls Prevention:
Shirley Baxter (Broadgreen Hospital Falls Clinic)
Ian Stenton (Head of sustainability RL Hospital)
Irene Harvey (LCH Falls Provider)
Chris Stanley (Training provider St Helens)

Overarching:
Richard Freeman (head of NHS delivery Mersey/Cheshire)
David Radcliffe (NWAS Medical Director)
Jeanette Roberts (RL Hospital lead for patient flow)
Dr Sandra Davis
Tony Woods
Dyane Aspinall
Jen Dalzell
Alexi Ness
Dawn Leicester (CHAMPS Network)
Jane Fradley

23. This collaboration with colleagues in the Health Sector has identified key health priorities that could be delivered as part of a HFSC, and re-branded as a '**Safe and Well'**. On Merseyside these key priorities have been identified as;

- Bowel Cancer Screening

- Smoking Cessation
- Falls Risk Reduction
- Alcohol Reduction
- Blood Pressure Checks (to follow as part of phase 2)

24. **Bowel Cancer Screening**

MFRA Safe and Well visits will include:

- Series of screening questions
- Bespoke trained staff to discuss benefits of the screening programme
- Direct referral pathway with ability to directly request screening kits

25. **Smoking Cessation**

Smoking is the primary reason for the gap in healthy life-expectancy between rich and poor (Marmot, 2010).

"The fire services do what every stakeholder involved in reducing health inequalities should do: engage directly with the community, work to provide them with the opportunities they need to live a healthy life and focus on prevention"
Sir Michael Marmot

MFRA Safe and Well visits will include:

- Making Every Contact Count (1 in 8 success)
- Direct referral to smoking cessation (not a leaflet)
- Working in the right properties to make a difference

26. **Falls Prevention - Risk Reduction**

MFRA Safe and well visits will include:

- Right homes/right people (over 65's)
- Conduct FRAT (falls risk assessment tool)
- Direct referral to falls team
- Environmental Check
- Simple Adaptions (as simple as a light bulb)

27. **Alcohol Reduction**

MFRA Safe and Well visit will include:

- Utilise PH AUDIT –C- (Alcohol Use Disorders Identification Test Consumption)
- Identification Brief Advice (Tier 1 intervention)
- Direct referral to alcohol support team (not a leaflet)
- Working in the right properties to make a difference.

Pilot Scheme

28. MFRA are proposing to pilot the Safe and Well visit utilising its Prevention advocates in the first instance as a proof of concept and in order to provide a robust evidence base for future working. The pilot will seek to demonstrate to Health partners the potential and tangible benefits/deliverables of the Safe and Well visit.

29. MFRA maintain that the reduction of risk from fire in the home should remain the primary motivator for the deployment of MFRA resources. Home Fire Safety Checks have until now been the primary vehicle for MFRA to reduce domestic fire risks.

30. A significant amount of work has gone into identifying priorities that not only support the Health agenda but also minimise the impact on the quality of a Fire Safety intervention. However it is inevitable that a Safe and Well visit will take more time than a HFSC and will impact on the number of interventions that MFRA can deliver on an annual basis.

31. MFRA will seek to offset any such impact through commissioning and/or alternative approaches which will ensure the number of visits (HFSC's) carried out are not compromised by the adoption of Safe and Well and that partners are able to fully appreciate the value added from such an innovative approach.

32. MFRA hope to demonstrate through this pilot scheme the tangible positive outcomes of Safe and Well visits to Health Partners.

33. MFRA will, following the pilots schemes evaluation, seek to explore a longer term commissioning model enabling Health Partners to access circa 240,000/300,000 p.a. Safe and Well interventions (60k visits x 4/5 Health interventions per visit).

34. Future proposals will include the extension of the programme across the whole service – Firefighters undertake the vast majority of HFSC's across the Merseyside area.

35. The proposal will utilise the unique access that the service has into people's homes in order to tackle the health inequality that exists whilst maintaining its focus on fire prevention in the homes of the most vulnerable.

36. MFRA would welcome Health Partners contribution and advice with the evaluation of the pilot scheme. This evaluation would then be presented back

to members. Liverpool Clinical Commissioning Group have indicated support in this regard which will be followed up following endorsement of the proposal.

Looking Forward

37. On-going discussions with Public Health England (PHE) have identified hypertension as an area that Safe and Well visits could assist with. PHE have suggested that a visit could include;

    Know your numbers
    Blood pressure check
    Route for advice (alternative to primary care)

38. The approach will be explored as part of the phase 2 roll out.

National Context

39. The NHS View – provided at the meeting with Health colleagues.

40. Health services are trying to focus on a health and wellbeing service with preventative support and proactive care in place, as evidence proves that there are better clinical and cost-effective outcomes if people have control over their own health.

41. The NHS has identified that people with long term conditions typically only access health care for seven hours in one year. The work of the Fire and Rescue Service therefore presents a significant additional opportunity to engage someone about their health.

42. NHS England will be working with CCGs to support them to work collaboratively with the FRS's as a partner for delivering preventative activities.

The Strategic Health Group

43. To establish a unified offer to health, the Fire and Rescue Service has created the Strategic Health Group. The group, which is comprised of representatives from across different services, will have responsibility for coordinating and developing the strategic partnership working, collaboration and information sharing being undertaken with NHS, Social Services and Third Sector around health, behaviour and addiction.

44. The group (which has an MFRS representative) will meet regularly and produce frequent updates to ensure those working locally are aware of the discussions happening nationally and the key messages coming from the group. The group are also gathering case studies from services who have piloted innovative schemes and working arrangements locally. These studies will then be used to promote the role of the FRS in health to CCGs as well as

developing the understanding of the key issues, barriers and successes back to other FRSs.

Equality and Diversity Implications

45. Merseyside Fire and Rescue Authority Officers are currently carrying out a full Equality Impact Assessment on the Safe and Well process.

Staff Implications

46. Community Risk Management advocates completed a staff survey indicating an appetite to spend more time in the community and adding value to the Home Fire Safety Check whilst in the homes of vulnerable people in Merseyside.

47. Specifically designed training has been developed by health colleagues for all areas of safe and well ensuring that staff are well equipped to deliver interventions.

Legal Implications

48. Alongside MFRA complying with the appropriate legislation the relevant information sharing protocols and data protection laws have also been agreed by NHS England and Public Health England

49. The visits will be conducted at properties identified as at greater risk of fire. This complementing the services home safety strategy and ensuring Fire & Rescue Statutory duties under section 6 are not affected

Financial Implications & Value for Money

50. There is no financial implications contained within this report however it is appreciated that locally and nationally in some instances it may be preferable for health services to commission fire and rescue services to make interventions on their behalf.

Risk Management, Health & Safety, and Environmental Implications

51. Memorandums of understanding to be finalised to ensure staff operate within correct framework.

52. Suitable training and guidance provided to support staff.

53. There are no additional environmental considerations as this intervention is conducted during the normal community engagement processes.

Contribution to Our *Safer Stronger Communities – Safe Effective*

Mission:	*Firefighters*

54. Safe and Well visits will continue to contribute to the MFRA Mission.

BACKGROUND PAPERS

CFO/111/11 If this report follows on from another, list the previous report(s)

GLOSSARY OF TERMS

MFRA	**M**erseyside **F**ire and **R**escue **A**uthority
MFRS	**M**erseyside **F**ire and **R**escue **S**ervice
HFSC	Home Fire Safety Check
CCFRS	Cheshire County Fire and Rescue Service
FRS	Fire and Rescue Services
CFOA	Chief fire Officers Association
PHE	Public Health England
NHS	National Health Service
CCG	Clinical Commissioning Group