WIRRAL

HEALTH & WELLBEING BOARD

16 NOVEMBER 2016

REPORT TITLE	**MERSEYSIDE FIRE & RESCUE SERVICE SAFE & WELL PILOT**
REPORT OF	**PHIL GARRIGAN** **DEPUTY CHIEF FIRE OFFICER** **MERSEYSIDE FIRE & RESCUE SERVICES**

REPORT SUMMARY

To request that members of the Board note the development of the Safe and Well visit by Merseyside Fire and Rescue Authority (MFRA) and endorse the proposal to pilot the scheme across Merseyside utilising its prevention teams in order to demonstrate (with evaluation) the impact of such activity on health outcomes.

RECOMMENDATION/S

That members support the proposals outlined in this report in relation to the implementation and evaluation of a 'Safe and Well' pilot scheme as a way of informing future ways of working and/or commissioning.

Members will be aware of a previous presentation delivered by MFRA outlining proposals for the enhanced service (Safe and Well Visit).

SUPPORTING INFORMATION

Information

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 fire. These interventions are given the title '**Home Fire Safety Check'** (HFSC). MFRS carry out circa 60,000 HFSCs per annum.

Although other factors have no doubt also been involved, this approach has resulted in a reduction in risk and a dramatic drop in demand for MFRS emergency response. Up until last year Merseyside had seen significant reductions in the number of deaths and injuries from accidental fires in the home. The key aim of an intervention for MFRA, either HFSC or Safe and Well, is the reduction in risk from fire.

The Fire & Rescue Service (FRS) brand and the esteem in which MFRS is held gives it access to people's homes that others cannot always achieve; and it is our experience that people seem more likely to engage in difficult conversations with FRS staff than with many others.

The Chief Fire Officers Association, NHS England and Public Health England have all signed up to a Consensus Statement (Appendix A) which encourages local partners to work together to reduce service demand and improve the quality of life of the members of our communities.

MFRS continues to work closely with colleagues in health and local authorities 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.

MFRS has engaged with a variety of different stakeholders as part of the priority setting process this includes;

Engagement:

MP Luciana Berger
MP Peter Dowd
MP George Howarth
Fiona Johnson
Dawn Leicester (CHAMPS Network)
Richard Freeman (Head of NHS delivery Mersey/Cheshire)
David Radcliffe (NWAS Medical Director)
Dr Dan Seddon
Julie Byrne (NHS England)
Bowel Cancer specific fire /health working group
Geoff Fitzgerald
Susan Spence (Training Provider)
Gary Rickwood
Elizabeth Woodworth (ABL)
Gareth Hill
Whiston Hospital Alcohol Team (Training provider)
Tricia Cavanagh
Rebecca Mellor
Andrew Cass
Kate Jackson
Nadine Armitage
Helen Armitage
Dr Mel Roche

Members of Wirral Health & Well Being Board
Members of Wirral Adult Safeguarding Board

MFRS in collaboration with Cheshire County Fire and Rescue Service (CCFRS) have worked closely with colleagues in the Health sector to identify key health priorities that

could be delivered as part of a HFSC, and re-branded as a '**Safe and Well'** visit. On Merseyside these key deliverables have been identified as;

- Falls Reduction
- Bowel Cancer Screening
- Alcohol Reduction
- Smoking Cessation
- Hyper tension (under consideration)

Falls Prevention – Risk Reduction

The consequences of falls are understandably serious with half of older people are unable to live independently following a hip fracture arising from a fall and around 40% of all admissions to care homes are as the result of a fall

Prevention is therefore key to reducing falls and enabling people to stay independent and evidence suggests that targeting those at high-risk of falling and interventions/ services which target a range of risk-factors (multifactorial, not concentrating on just one risk factor alone) are the most successful

Three out of every four attendances to A&E in Wirral in 2012/13 amongst people aged 60+ was as the result of a fall.

In actual numbers, there were 5,577 falls in those aged 60+ during 2012/13. A fall was the injury most likely to be sustained by older people in Wirral attending A&E (73% of all injuries seen at Arrowe Park were falls)

The majority of these falls occur in the home environment (60%). Of those falls which occur at home, the most common locations are the bedroom and living/dining room, reflecting where people spend the majority of their time

Attendances for falls (and all accidents) amongst older people has been rising consistently for the last 9 years

Wirral had a significantly higher rate of falls than England in 2011/12

MFRA Safe and well visits will include;

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

Bowel Cancer

Cancer caused 1 in 4 deaths annually in Wirral (up to 2012)

In Wirral this is a 25% increase with 2,018 cancers diagnosed in 2011 compared with 1,620 in 1993.

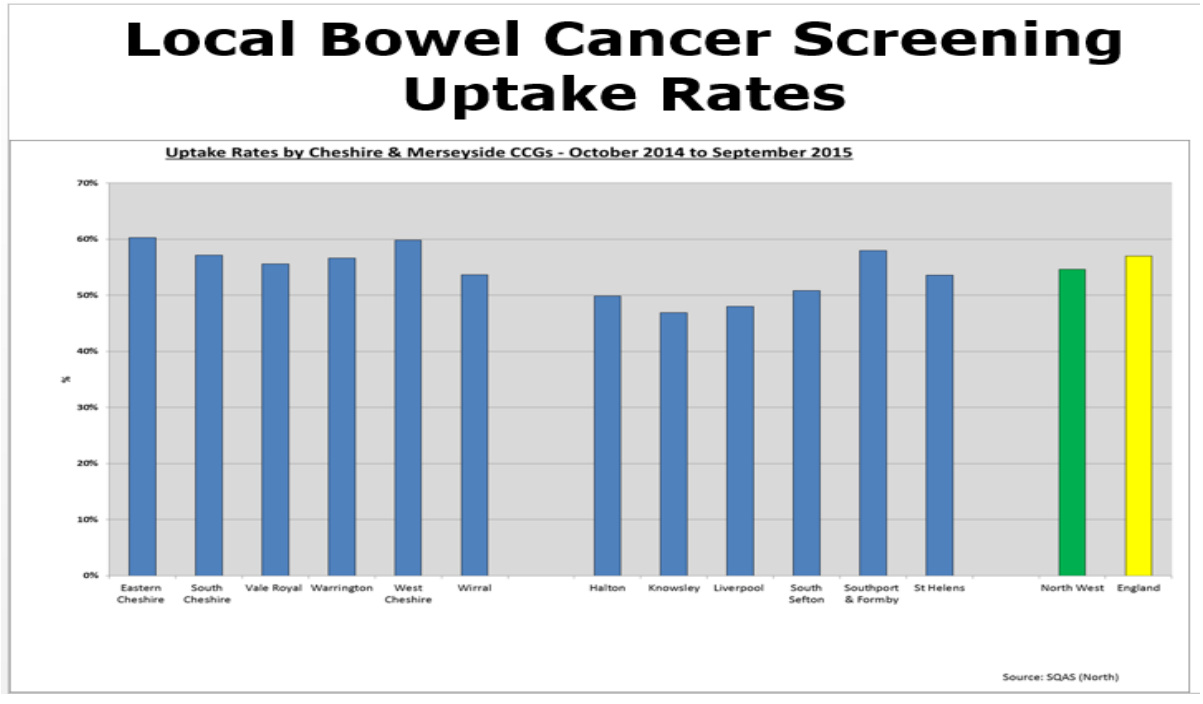
The full economic cost of cancer has been estimated at £15.8bn for the UK which based on the ratio of cancer incidence (Wirral has 0.592% of UK cancer cases) would equate to around £93.5million per annum for Wirral.

In Wirral breast, lung, **bowel** and prostate cancer account for half, of all new cancers diagnosed

More than two-thirds of people diagnosed with cancer survive beyond the first year after diagnosis

Almost half (46%) of all people diagnosed with cancer now survive for at least 5 years and 92% rated their cancer care as either excellent or very good

Bowel screening uptake is 52.65%% within the Merseyside & North Cheshire Screening Centre (M&NCSC) area (2012/13). The national target is 60%



MFRA Safe and Well visits will include;

- Series of screening questions
- Bespoke trained staff
- Direct referral pathway with ability to directly request screening kits
- Tackle inequality by requesting the correct kit (Language, braille, easy read etc.…)

- Engagement in the correct households

Alcohol Reduction

Costs: Alcohol was estimated to cost Wirral £127m in 2013 (health, social cost, criminal justice, and lost productivity). Spend on alcohol interventions and services in 2011/12 was £3.3m.

Disability: In 2011, Wirral had the highest rate of disability benefit claimants for alcoholism in Merseyside (higher than England and North-West average also)

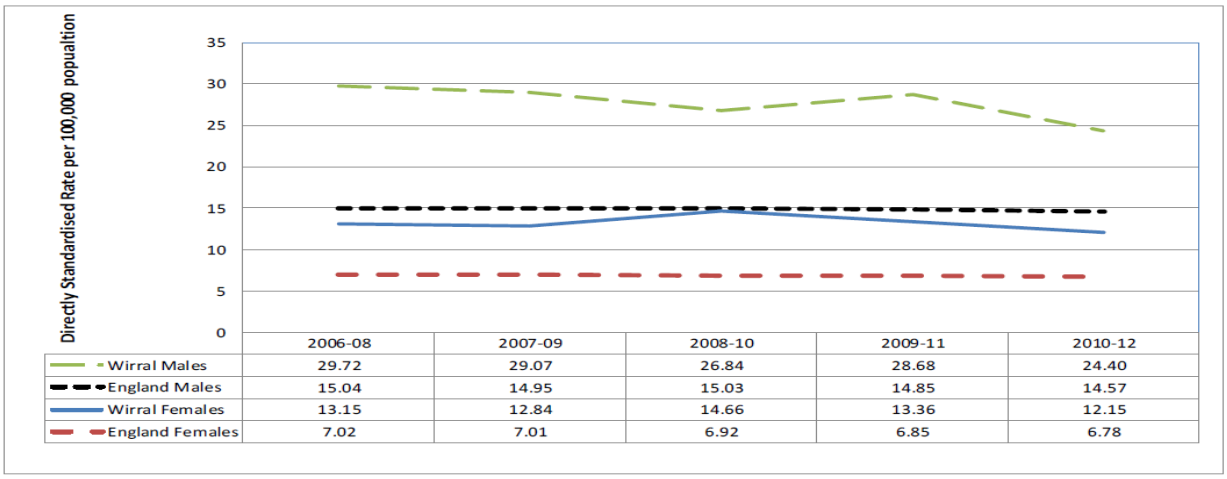
Deaths (deprivation): Deaths (mortality) related to alcohol (both specific and attributable) was higher in Wirral than England, the North-West and Wirral's statistical comparator Sefton (for men and women). Within Wirral, the wards with the highest rates of deaths were the four most deprived wards (Rock Ferry, Birkenhead & Tranmere, Seacombe and Bidston & St. James).

Deaths (men): The death rate from alcohol (alcohol-attributable mortality rate) amongst men in Wirral is still double England average, despite recent reductions (nationally and regionally, death rates from alcohol are falling)

Deaths (women): The death rate from alcohol (alcohol-attributable mortality rate) amongst women in Wirral has risen for each of the last three consecutive years, unlike nationally and regionally where they have fallen. This means that although death rates from alcohol are still higher in men, the gap between men and women is narrowing.

WIRRAL

Figure 1: Alcohol-Specific Mortality Rate: Wirral & England, 2006-08 – 2010-12



	2006-08	2007-09	2008-10	2009-11	2010-12
Wirral Males	29.72	29.07	26.84	28.68	24.40
England Males	15.04	14.95	15.03	14.85	14.57
Wirral Females	13.15	12.84	14.66	13.36	12.15
England Females	7.02	7.01	6.92	6.85	6.78

Source: LAPE, 2014

MFRA Safe and Well visit will include;

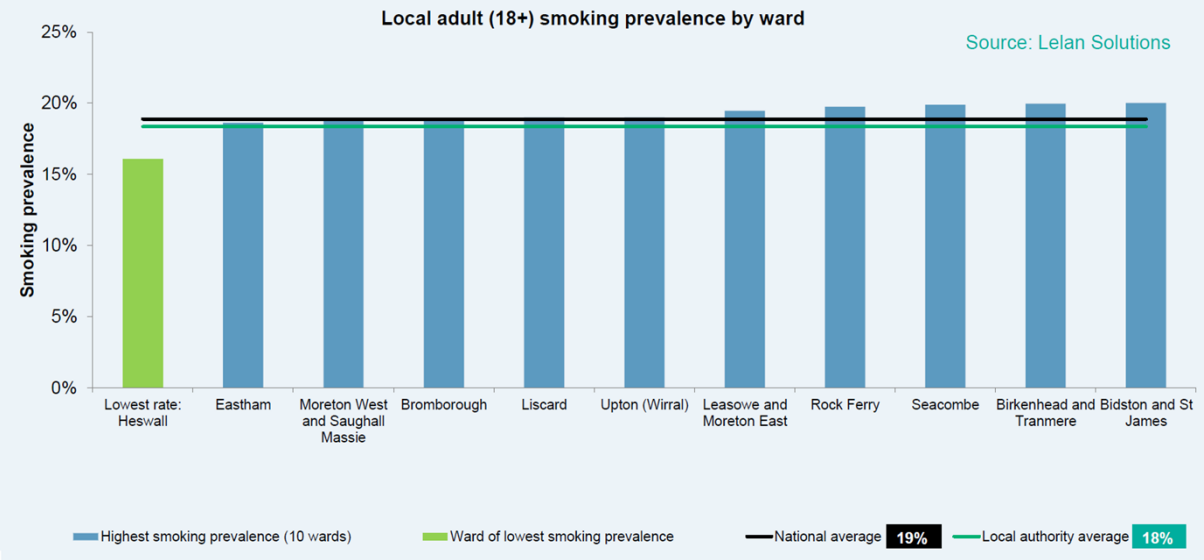
- Utilise PH AUDIT –C- (Alcohol Use Disorders Identification Test Consumption)
- Identification Brief Advice (public Health Tier 1 intervention)
- Direct referral (not a leaflet)
- Working in the right properties to make a difference

Smoking Cessation

Nearly 1 in 5 adults in Wirral smoke, and smoking causes around 1 in 5 deaths

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 (not a leaflet)
- Working in the right properties to make a difference.

Pilot Scheme

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.

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.

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.

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.

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

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).

Future proposals could include the extension of the programme across the whole service – Fire fighters undertake the vast majority of HFSC's across the Merseyside area.

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.

MFRA would welcome Health Partners contribution and advice with the evaluation of the pilot scheme. This evaluation would then be presented to the Health and Wellbeing Board. Liverpool Clinical Commissioning Group have indicated support in respect of the evaluation which will be followed up following endorsement of the proposal.

Looking Forward – Hypertension

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)

National Context

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.

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.

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

The Strategic Health Group

To establish a unified offer to health, the Fire and Rescue Service nationally 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.

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.

Financial Implications

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

This will be considered in full following the conclusion of the pilot.

Equality Implications/Equality Impact Assessment

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

Background Papers

Fire as a Health Asset Consensus Statement
Safe and Well Assessment

Appendix A

Consensus Statement on Improving Health and Wellbeing between NHS England, Public Health England, Local Government Association Chief Fire Officers Association and Age UK

This consensus statement describes our intent to work together to encourage joint strategies for intelligence-led early intervention and prevention; ensuring people with complex needs get the personalised, integrated care and support they need to live full lives, sustain their independence for longer and in doing so reduce preventable hospital admissions and avoidable winter pressures/deaths.

Headline consensus statement

We will work together to use our collective capabilities and resources more effectively to enhance the lives of the people we work with and we will support and encourage our local networks to do the same in their communities.

Introduction

Demand for health and social care is rising as a result of an increase in the numbers of children and adults with long term conditions, alongside an ageing population. The NHS Five Year Forward View highlights the need for an increased focus on integration and prevention so that resources are utilised more effectively, outcomes are improved and demand is reduced. It also recognises the need to broaden and deepen the involvement of the third sector in developing solutions. At the same time the number of fires has decreased due to preventative work by Fire and Rescue Services (FRS) and regulatory measures. This has resulted in new opportunities for the FRSs to complement and further support the health and social care sector.

Representatives from NHS England, Public Health England (PHE), the Local Government Association (LGA), Age UK and Chief Fire Officers Association (CFOA) met on 14 April 2015 to agree to develop a new working relationship with the shared aim of identifying and improving the quality of life of those who could benefit the most from early engagement with local services; for example, older people and people with multiple long term conditions and complex needs. This consensus statement represents a joined-up multi-agency approach to put into practice the national commitment to more integrated care, closer to people's home. Its emphasis is on local initiatives to deliver preventive interventions to our people who would benefit most in their own homes and supports local action to deliver better health and well-being outcomes.

Shared purpose
There are common underlying risk factors which increase demands on both fire and health services, such as the number of long-term conditions, cognitive impairment, smoking, drugs or substance misuse, physical inactivity, poor diet, obesity, loneliness and/or social isolation, cold homes and frailty. By identifying people with these risk factors and taking a whole system approach to interventions which are centred on peoples' needs, we intend to make every contact count, irrespective of which service it is from.

Our individual and collective strengths FRS: The 670,000 home visits carried out by the FRS in England provide an opportunity to deliver improved proactive support that delivers improved integrated care between the relevant organisations.

NHS, Public Health and local government: Equally health and local government staff have opportunities to identify households with complex conditions/needs and who are at an increased risk of fire

Age UK: with and through our network of 165 independent local Age UKs we provide, coordinate and signpost to a range of services for individuals, their families and carers, and with groups of older people in their own homes and in the community to help them to manage their long-term conditions, while improving their health and wellbeing.

Collectively we can offer an integrated approach to targeting through the better co-ordination, prevention and early intervention that has been demonstrated to increase the reach and impact of all services. For instance, in areas of best practice, health services have commissioned the fire and rescue service in collaboration with Age UK (and other voluntary sector organisations) to make interventions in people's homes that have resulted in improved health and reduced risk. Early results have been positive, with a measurable significant impact on improving outcomes. This work could be expanded with the fire and rescue service working with a number of local commissioners.

Supporting local action and flexibility We encourage local organisations to work together more effectively in partnership and to consider seeking greater integration of services where possible, while supporting meaningful local flexibility in the way this happens. FRSs, by working in an integrated way as part of a whole systems approach, can add even greater value and resilience to communities by understanding and responding to local needs and drivers.
Local areas, and the organisations we represent, are too diverse for a 'one size fits all approach'. However, there are some key actions which we will take nationally to support local action.

- Producing this consensus statement between NHS England, CFOA, PHE, Age UK and LGA that sets out how health, public health, the fire and rescue service and the Age UK can work together to encourage local action to prevent and minimise service demand and improve the quality of life of older people and children and adults with long term conditions.

- Developing the design principles for a Safe and Well Visit that is informed by existing good practice within the FRS and Age UK network. The visit aims to identify and tackle risk factors that impact on health and wellbeing and which can lead to an increase in demand for health and local authority services. Wider health impacts are also addressed during the visit, such as the identification of frailty, promotion and

support of healthy aging, help to avoid trips and falls; and signposting to relevant services through making every contact count and sources of help.

- Identifying and exploring opportunities to improve local services, making them more efficient and effective by working more closely together and where appropriate integrating services through measures such as better information sharing, the promotion of existing guidance and initiatives, access to inclusion to improvement support programmes and joint communications.

- Investigating the opportunities for more effective and appropriate information sharing across NHS England, PHE, Age UK and FRS.

- Developing shared communications for our collective networks, the public, professionals, partners and other stakeholders to raise awareness of the benefits of a more connected approach and to provide reassurance about skills and knowledge, appropriate information sharing and joined up pathways.

- Promoting and encouraging local collaboration through Health and Wellbeing Boards, Joint Strategic Needs Assessments, System Resilience Groups as well as through the commissioning of collaborative approaches.

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APPENDICES

Map showing IMD Wirral overlaid with accidental dwelling fires attended by MFRA 15-16

Map showing IMD Wirral overlaid with community engagement interventions by MFRA 15-16

Merseyside Fire & Rescue Service Safe and Well Form

REFERENCE MATERIAL

Information extracted from Wirral JSNA

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

MERSEYSIDE FIRE & RESCUE SERVICE SAFE AND WELL FORM

Amended 03/16

HFSC_SW_v1.01

Merseyside FIRE & RESCUE SERVICE

Community Risk Management
Fire Safety Headquarters
Bridle Road
Bootle
Merseyside
L30 4YD

Refusal ☐ PLEASE COMPLETE IN BLOCK CAPITALS

Home Fire Safety Check

Occupier

DOB: dd mm yyyy

Date: dd mm yy

Station Ground

Name: Mr/Mrs/Miss Initial Surname

Address: No Road

Town:

Postcode: Tel:

Email:

Occupancy

Property Code:	
No. of Occupants:	
No. under 5 years:	
No.over 65 years:	
Disability	
No. of smokers	
Uses a chip pan:	Yes / No
Electric blanket:	Yes / No

Smoke Alarms

Existing smoke alarm fitted?:	Yes/No
Battery operated / satisfactory:	Yes/No
Battery missing / discharged:	Yes/No
Mains operated / satisfactory:	Yes/No
Mains operated / defective:	Yes/No

Service Provided

Advice on smoke alarm: Yes / No

	Alarms	Batts
No. of new units fitted:		
No. of units replaced:		

Visiting Officer

Name:

Role: Number:

Prev Office

Ethnic Origin

White:	British	☐	Irish	☐
	Other White	☐		
Mixed:	White & Black Caribbean	☐	White & Black African	☐
	White & Asian	☐	Other Mixed	☐
Asian or Asian British:	Indian	☐	Pakistani	☐
	Bangladeshi	☐	Other Asian	☐
Black or Black British:	Caribbean	☐	African	☐
	Other Black	☐		
Chinese or Other Ethnic Group:	Chinese	☐	Other	☐

Not Stated ☐

Religious Belief

Declined

Section 1: Occupancy		Tick appropriate score
1	Are any occupants dependant upon assistance in the event of a fire?	8
2	Elderly occupant(s) or lone parent family.	7
3	3 or more children under 10 years, or 6 or more occupants.	7
4	None of the above.	6

Section 2: Circumstances		Tick appropriate score
1	History of fires in the home. Children currently playing with fire.	7
2	Is there anything that would affect the occupants awareness of fire, or impair their reaction to a fire situation?	8
3	Evidence of careless use of smoking materials or inappropriate cooking methods.	7
4	Inappropriate use of electrics.	5
5	Excessive fire loading.	4
6	Smokers live in household, or use of candles.	3
7	None of the above.	2
	Risk Rating = Section 1 x Section 2	

Section 3: Smoke Alarms		Before	After
1	None.	0	0
2	Yes - but inadequate or inappropriately sited.	2	2
3	Yes - satisfactory.	6	6

Section 4: Fire Safety Advice		Before	After
1	No apparent fire safety awareness	0	0
2	Limited fire safety awareness	2	2
3	Good fire safety awareness	6	6
	Safety Rating = Section3 + Section 4		

Final Points Rating = Risk Rating - Safety Rating	

Prevention Equipment provided

	Qty		Qty		Qty
Wi Safe 2 Alarm		King size bedding pack		Letter Box Plate	
Pad & Strobe		Double bedding pack		Letter Box Bag	
CO Alarm		Single bedding pack		Letter Box Lock	
Extension Lead		Fire retardant throw		Deep Fat Fryer	
Oil filled radiator		E cig pouch		Light Bulbs	
RCD		Metal bin		Grip Socks	

Interventions Completed

0-7 day process		SAFE		RM1	
8-21 day process		Hate Crime		Target Hardening	
Non Contactable		Safe & Well		HFSC High Risk	
Hard of Hearing					

Safe and Well

Falls Risk Assessment Tool (FRAT)

	YES	NO
Is there a history of any fall in the previous year	☐	☐
Is the client on 4 or more medications a day	☐	☐
Does the client have a diagnoses of stroke, parkinsons or dementia	☐	☐
Does the client report problems with his/her balance	☐	☐
Is the client unable to rise safely from a chair of knee height	☐	☐

If the answer to two or more questions is YES, a referral to team is	YES	NO
	☐	☐

	YES	NO
Falls Environment Check	☐	☐

Bowel Cancer Screening (applicable to 60+)

	YES	NO
Did you receive bowel cancer screening kit	☐	☐
Did you return kit and receive results	☐	☐
If no, explain benefits and ask:		
Would you like MFRS to request a kit to be sent out again	☐	☐

Smoking Cessation

Following discussion around the benefits of stopping smoking, would you like MFRS to provide information / referral to your local stop smoking service YES ☐ NO ☐

Alcohol Reduction

Following discussion around the benefits of reducing your alcohol intake, would you like MFRS to provide information / referral to your local service YES ☐ NO ☐

Issues identifed / discussed with INDIVIDUAL ☐ FAMILY ☐ CARER ☐

Cooking	☐	Sensory Impairment	☐	Smoking	☐	Aromatics	☐
Hoarding	☐	Mental Health	☐	E-Cigarette	☐	Air flow bed	☐
Heating	☐	Dementia	☐	Drugs	☐	Oxygen	☐
Electrics	☐	Mobility Issues	☐	Alcohol	☐	Carbon Monoxide	☐

Other issues identified:

Road Safety

Does anybody (in the property) aged over 65 still drive a vehicle Yes ☐ No ☐

Merseyside Fire and Rescue Service (MF&RS) will process the information you supply for the purposes of reducing the risk of fire, health, safety and wellbeing

Note to Staff - As you have already explained that you need to record their details there is no further explanation required - therefore this should be answered as YES

YES ☐ NO ☐

MF&RS will share this information securely with other agencies for the reason above. Please tick the box below if you wish to decline this.You are entitled to see your personal data held by MF&RS.

If you wish to see your personal data please contact Corporate Information Sharing Officer:
Tel No 0151 296 4416.

I decline to share this information ☐

Onward referral required to:

Social Services	☐	Healthy Homes	☐	Police	☐
Housing association	☐	Assistive Tech	☐	Care agency	☐
Occupational Therapist	☐	Benefits	☐	FSN	☐
Safeguarding	☐	VPT	☐	Environmental Health	☐
British Red Cross	☐	Age UK	☐	Back to referrer	☐
Local Authority	☐	EHAT	☐	Other	☐

Other/Who

Useful Contacts

Merseyside Fire Control 0151 530 2627
Fire Service Direct 0151 296 4031
Knowsley Access Team (K.A.T) 0151 443 2600
Liverpool Adult Careline 0151 233 3800
Sefton Plus Call Centre 0151 934 3737

Merseyside Police 0151 709 6010

Liverpool Safeguarding Co-ordinator 0151 233 3311
St Helens Adult Team Service Manager 01744 456600

Memo:

Follow up Revisit 0-3 Mths ☐ 3-6 Mths ☐ 6-12 Mths ☐ Not Required ☐