

Report to: HEALTH AND WELLBEING BOARD

Date: 22 September 2016

Executive Member / Reporting Officer: Paul Starling, Borough Commander, Greater Manchester Fire and Rescue Service

Subject: SAFE AND WELL INITIAL EVALUATION

Report Summary: The purpose of this report is to inform the Health and Wellbeing Board of New Economy's initial cost benefit analysis (CBA) of Greater Manchester Fire and Rescue Service's (GMFRS) primary early intervention and prevention tool; the Safe and Well visit and to seek support to further develop closer working to improve fire and health and social care outcomes.

Recommendations: The Health and Wellbeing Board are asked to:

- Note the Content of the report.
- Consider areas where closer joint working would improve the opportunity for more collaboration and improved outcomes as set out in paragraph 26 of this report.

Links to Health and Wellbeing Strategy: Supportive Tameside and Healthy Tameside.

Policy Implications: There are no policy implications relating to this report.

Financial Implications: Whilst there are no direct financial implications arising from the report, it should be recognised that the prevention and early intervention initiatives delivered by the Greater Manchester Fire and Rescue Service will potentially lead to a reduced demand on health and social care services and associated costs incurred. This will therefore contribute towards the delivery of future year efficiency savings alongside reduced resource allocations within the economy. It is essential these initiatives are stringently monitored to ensure efficiencies are realised.

Legal Implications: This report sets out a clear rationale for invest to save approach to integrated working. Every proposition will have a clear business case and monitoring of the savings achieved for the whole economy so we are clear where reduction in budget is being achieved.

Risk Management : There are no risks associated with this report.

Access to Information :

The background papers relating to this report can be inspected by contacting Paul Starling, Borough Commander, by:



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1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to inform the Health and Wellbeing Board of New Economy's initial cost benefit analysis (CBA) of Greater Manchester Fire and Rescue Service's (GMFRS) primary early intervention and prevention tool; the Safe and Well visit and to seek support to further develop closer working to improve fire and health and social care outcomes.

2. BACKGROUND

- 2.1 GMFRS has a long and successful history of prevention and early intervention. The service's primary tool to change behaviours relating to; and prevent fires in the home has been the Home Safety Check (HSC). When first introduced in 2005/06 GMFRS delivered less than 600 HSCs, rising to a peak of over 96,000 HSCs in 2009/10 (delivered by GMFRS and partners). In 2015/16 the service was still able to deliver over 42,000.
- 2.2 This approach has resulted in a 50% reduction in fatal fires in Greater Manchester (GM) over the last eight years¹. With the number of fires and other incidents attended by GMFRS also falling by over 40% in the last ten years. More recently we have begun to see some of these trends reverse in the wake of austerity.
- 2.3 A HSC focused on risks and hazards in the home that may lead to a fire e.g. distraction whilst cooking or clothing left to dry too close to a heater; and ensuring that homes had a working smoke alarm and that occupiers knew what to do in the event of a fire.
- 2.4 Since 2007 GMFRS dedicated fire investigators have carried out in depth investigations into the cause of, and circumstances surrounding every fatal fire in Greater Manchester (166 in total). The findings from these detailed investigations has shown that whilst many fatal fires result from distraction or carelessness, the underlying causes leading to them include;
- Age
 - Alcohol
 - Recreational drugs
 - Smoking materials
 - Living alone
 - In receipt of social service/agency support
 - Physical disability including lack of mobility
 - Mental health
 - Prescribed medication
- 2.5 For GMFRS to continue to evolve its approach to preventing fires it needed to focus on early intervention, prevention and behaviour change relating to these and other underlying risk factors. Our discussion with colleagues in health and social care clarified that many of the underlying risk factors for fire are also the determinants of health and that any approach to early intervention, prevention and behaviour change relating to them, delivered by a fire and rescue service, could also assist in reducing current and future demand for health and social care services.
- 2.6 As part of its approach to learning and developing new interventions to reduce risk from fire and improve health and wellbeing, GMFRS introduced Community Risk Intervention Teams

¹ Greater Manchester Fire and Rescue Service 'Learning from Fatal Fires Report 2007-2015'

(CRIT) in January 2015. The teams were funded through DCLG Fire Transformation Funds and introduced the principles of responding to defined life saving incidents alongside NWS, responding to high volume, low risk incidents on behalf of NWS and GMP; and widening the service's approach to safety and delivery of brief interventions in the home.

- 2.7 The success of CRIT has been reported previously across Greater Manchester and having proved the concept, GMFRS has now moved to embed the principles of Community Risk Intervention across the service; enabling delivery at a scale that was previously not possible.

3. THE EMERGING PREVENTION ROLE OF THE FIRE AND RESCUE SERVICE

- 3.1 The recognition of the potential for a wider role for Fire and Rescue Services (FRS) has been endorsed by a range of national and local bodies. In October 2015 NHS England, the Chief Fire Officers Association, the Local Government Association, Public Health England and Age UK published a joint consensus statement setting out a national commitment to work together to improve health and wellbeing and reduce demand on a range of public services including health and social care consensus statement (**Appendix 1**).

- 3.2 The consensus statement was complemented by the publication of 'Design Principles for a Safe and Well Visit', which set out a basis on which FRSs could engage with health and social care partners locally to design a Safe and Well intervention that meets the needs of all partners. Safe and Well can include the following interventions;

- Fire
 - Cooking
 - Candles
 - Electrical Equipment
 - Portable heaters and open fires
 - Provision of risk appropriate domestic fire detection and warning
 - Escape plans
- Health
 - Weight
 - Mobility
 - Falls
 - Frailty
 - Burns and scalds
 - Provision of clinical and other equipment in the home that could increase fire risk
- Mental Health
- Learning disability
- Sensory impairment
- Loneliness/Social Isolation
- Smoking
- E-Cigarettes
- Alcohol
- Drugs
- Prescription medicines
- Hoarding
- Safety of under 5s
- Employment
- Home security
- Consent to share information

- 3.3 This collaborative approach enables FRSs to complement or provide for early intervention and prevention approaches locally. Based on the evidence from our fire investigations and the endorsement of partners nationally, GMFRS has developed its HSC into a holistic Safe and Well visit incorporating all aspects of Safe and Well identified above.
- 3.4 As part of an integrated response it has the potential to reduce current and future demand for fire and health and care services by equipping those in need; and those not yet in need with access to information and support to change behaviours and promote independence. However the opportunity to maximise the prevention capabilities of GMFRS will only be achieved if this approach is seen as part of an integrated place based health and social care system that is based upon the following:
- An ongoing commitment to a comprehensive prevention strategy.
 - Recognition of common risk factors for health and fire by all partners.
 - Understanding the opportunity to add value to and not replace existing health and social care roles.
- 3.5 In July 2015 the Public Health Devolution Memorandum of Understanding (MoU) for Greater Manchester was signed. As signatories to the agreement GMFRS have worked with Greater Manchester partners to support a focus on early intervention, prevention and population health. As part of the MoU, GMFRS undertook to introduce Safe and Well across Greater Manchester.
- 3.6 In October 2015 GMFRS formally replaced HSCs with a Safe and Well visit. All of its community safety teams have been trained to deliver all aspects of Safe and Well. Firefighters have been trained in some aspects, principally falls, frailty, social isolation and warm homes; and will receive training on all other aspects of Safe and Well over the next two years.
- 3.7 Due to its holistic nature Safe and Well visits inevitably take longer to deliver than traditional HSCs. As a consequence it is no longer practical to retain our previous target of 60,000 home safety interventions. The service will aim to deliver 30,000 targeted Safe and Well visits annually.
- 3.8 Our experience to date highlights the potential to significantly improve Safe and Well visits by improving training that could be jointly designed and delivered with partners; simplifying referral pathways between complementary organisations, improving data sharing and improving use of estates to enable closer partnership working.
- 3.9 Although still in its early stages, GMFRS commissioned New Economy to carry out an independent cost benefit analysis (CBA) of Safe and Well visits in Greater Manchester.
- 3.10 Their CBA concluded:
- The Safe and Well programme is viable fiscally and valuable economically.
 - For every £1 spent on Safe and Well, partners as a minimum are set to save the fiscal equivalent of £2.52 in benefits (in year and recurrent).
 - Over 5 years the gross fiscal benefits to various partners is estimated at £5.3M.
 - £4.3M relates to increased benefits to the NHS.
 - Immediately accessible benefits to the NHS amount to £852K over the 5 year period.
 - The estimated benefits could increase by as much as 250% over time and given the involvement of partners in service redesign.
- 3.11 The full CBA document is attached.

3.12 Building upon these encouraging findings GMFRS are committed to working with partners to increase the understanding of the potential benefit of the services early intervention and prevention activities to the wider public purse and local residents.

4. GREATER MANCHESTER DEVOLUTION AND GMFRS

4.1 There now exists an opportunity to identify how GMFRS can further support wider early intervention and prevention work and complement the work of health, social care and wider public sector services; whilst maintaining its primary function to prevent and fight fire. As part of its transfer to the GMCA the service recognises the opportunity to work as part of an even more integrated system both at a Greater Manchester and at a local level.

4.2 Through its membership of key strategic partnerships GMFRS has already contributed, at a strategic level to the Public Health Devolution MoU and the health and social care devolution plan 'Taking Charge of our Health and Social Care'.

4.3 Its involvement as part of the GM Reform Board and the GM PSR & HSC Task and Finish Group, will ensure that it continues to complement the services of others and assist the development of more integrated approaches.

4.4 At a local level our Area management teams have been contributing to the development of locality plans, the development of place based pilots and the roll out of place based teams. Much of this has been through local relationships rather than membership of key local strategic partnerships. The opportunity exists to strengthen this approach through GMFRS contributing directly as part of local Health and Wellbeing Boards (HWBB); strengthening place based planning and building on recent Greater Manchester guidance for HWBBs to be the vehicle within a locality to agree the Locality Plan and monitor delivery.

5. STRENGTHENING PARTNERSHIP WORKING

5.1 GMFRS recognises that by working in partnership in the wider health and wellbeing context, fire and rescue services can help to enhance and improve shared outcomes beyond those that could be achieved in isolation. As part of the GMFRS offer to work with localities there are a number of areas where closer working would improve the opportunity for more collaboration and improved outcomes:

- Governance and Strategic Partnering – The inclusion of GMFRS Managers on local HWBBs and the inclusion of GMFRS on local governance and planning structures to support the development and implementation of locality plans.
- Co-design and production – Adopting the principle that all prevention interventions where GMFRS are leading, or are included are designed in partnership to ensure the best fit of City region programmes such as Safe and Well at a local area level.
- Improved data sharing – An undertaking to explore enhanced data sharing at a Greater Manchester level and the inclusion of GMFRS capacity in locality planning including the Joint Strategic Needs Analysis process and other processes supporting locality planning.
- Integrated workforce training and development – A commitment by partners and GMFRS to explore integrated and aligned training and workforce development to support Making Every Contact Count (MECC) and investing in the wider public health workforce .
- An enhanced place based offer – An agreement to explore the feasibility for each local area to:

- Adopt the Safe and Well visit as part of the local risk assessment of health and social care needs;
- Use fire stations as community assets to support healthy lifestyles in local communities;
- Work with GMFRS to understand the links between mental health and fire risk and to strengthen the community response;
- Consider the role of fire services in the use of assistive technology and Telecare.

6. CONCLUSIONS

- 6.1 GMFRS has a long and successful history of prevention and early intervention. By working in partnership with other organisations, the expertise and experience of GMFRS in early intervention and prevention can contribute to the GM aspiration for a radical uplift in population health.
- 6.2 Along with health, social care and voluntary groups GMFRS are at the heart of their communities. However the potential to maximise the prevention capability of GMFRS has not been fully realised at a locality level.
- 6.3 The consideration by partners of the opportunities outlined in paragraph 26 of this report and their adoption will assist in further realising the contribution that GMFRS can make to place prevention at the centre of all that we do to reduce risk to and improve the health and wellbeing of the GM population.



Public Health
England



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.



CFOA
Chief Fire Officers
Association

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, CFA, 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.