



Principles for a 'Safe and Well' visit by a Fire and Rescue Service

For over 10 years fire and rescue services have 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 have various names across fire and rescue services but all are based on similar principles and every fire and rescue service delivers them. English fire and rescue services now deliver as many as 670,000 fire safety interventions in people's homes every year. Although other factors have no doubt also been involved, this approach has resulted in a reduction of risk and dramatic drop in demand for fire and rescue services, and consequent reductions in the number of deaths and injuries from accidental fires in the home.

Our brand and the esteem in which the service is held gives us access to people's homes that others cannot achieve; people seem more likely to engage in difficult conversations with our staff than with others. Perhaps this is due the public perception of the service as being broadly neutral.

A number of fire and rescue services have begun working more closely with colleagues in health and local authorities; to explore how the FRS might work to support them in improving health and quality of life outcomes for those most at risk in their communities. On many occasions the access that fire and rescue services have to the homes of the most vulnerable is seen as a vehicle to compliment these improvements; with firefighters facilitating direct contact with vulnerable people on behalf of other agencies. The initiatives arising from collaboration have included; falls risk assessments, alcohol and mental health advice and support and improved understanding and access to benefits, to name a few.

These initiatives have proven that there is more that fire and rescue services can do; beyond their current home fire safety role with the potential value this could add if delivered on a wider health and well-being scale.

From this successful fire prevention approach the concept of a 'Safe and Well' visit has evolved. It is envisaged that, through their interactions with people in their homes, and with the necessary additional awareness training, firefighters will be able to identify and act upon a significantly wider range of risks. 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. Of course, these additional factors often result in the need for individuals to access significant levels of support, or services, from social care and the NHS.

To assist in the underpinning of the concept of a 'safe and well' visit NHS England, PHE, LGA and CFOA have agreed to produce a framework/set of principles that will inform the design of locally agreed 'Safe and Well' visits.

Consequently, the following principles are proposed as a basis for discussion;

- That every fire and rescue service 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.
- The content of a 'Safe and Well' visit in any fire and rescue service 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.
- 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.
- Wherever possible the approach adopted should be one of;
 - A light touch health check of all individuals in the home;
 - Identification of risk while in the home;
 - Provision of brief advice;
 - Provision of appropriate risk reduction equipment;
 - Referral to specialist advice and support where appropriate.
- To ensure that referrals to specialist advice and support are limited to those in need of such support; health and local authority colleagues should support fire and rescue services in training and raising the awareness of their staff, where necessary.
- Consistent referral pathways into specialist services should be developed across each fire and rescue service areas; CFOA and NHS England will agree principles and guidance to assist in achieving this. However, it is recognised that due to the number and nature of organisations involved absolute consistency is, at this stage, an aspiration.
- To ensure that visits improve quality of life outcomes, and lead to reduced demand for services, the quality of the visit should be balanced against the number delivered; with the probability that this will result in fewer than the 670,000 currently delivered nationally by FRSs.
- The number and scope of 'Safe and Well' visits completed by each fire and rescue service will be determined by the capacity within each organisation, which may differ significantly from service to service.

The adoption of these principles would mean that 'Safe and Well' could look significantly different across English fire and rescue services. However this framework would enable all fire and services to introduce new approaches at a pace and scale that takes account of local risks and capacity; rather than attempting to develop a 'one size fits all' approach that either cannot be achieved by all, or that does not make best use of the capacity that is held by others.

It must be emphasised that this is not an attempt to reprioritise the work of FRSs away from the duties that they are legally required to address; nor is it designed to create FRS specialists in areas of clinical or social care. Rather it is an agreed attempt by NHS England, PHE, LGA and CFOA to design a Fire contribution that is complementary to, and part of, the wider health and public health prevention agenda, adding value to the dedicated work that other professionals already provide.

By way of example, CFOA is now developing an approach to 'Safe and Well' that encompasses the following areas;

- 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

This will significantly widen the scope and value of interventions by FRS staff while in the home. It is recognised that with the support of others this could be refined and further developed; however, it is understood that capacity within local FRSs and Health and Social Care organisations will differ, and consequently there will be a variation in the services delivered.