



Working Together - how health, social care and fire and rescue services can increase their reach, scale and impact through joint working

Executive summary

The Fire and Rescue Service has a long and successful history of prevention and early intervention. By working in partnership with other organisations, their expertise and experience in prevention can contribute to the wider health and wellbeing agenda.

Fire and rescue services and health and social care organisations are at the heart of their communities; they seek to help people stay safe and well in their homes and in their neighbourhoods. They are concerned with prevention and early intervention. Most importantly, all are reaching out to the same people and families who find themselves at risk of accident or ill health.

On 1 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 improve health and wellbeing. This will be achieved through the collaborative use of resources and capacity to encourage joint strategies for intelligence-led prevention and early intervention. The aim is to support vulnerable people and those with complex needs to get the personalised, integrated care and support they need to live full lives and sustain their independence for longer, thus reducing demand on fire, health and social care services.

This approach will also assist in reducing future demand by equipping those not yet in need with access to information and support to change behaviours and promote independence.



[Principles of a Safe and Well visit](#) by a fire and rescue service have been jointly published. These have been informed by existing good practice within the fire and rescue service and provide a framework broadened to include supportive and preventative health measures.

This is not work that can be taken forward in isolation. Partnership working with fire and rescue services forms part of a process of planning by place, for local populations, as advocated in the Five Year Forward View and the supporting the multi-year Sustainability and Transformation Plans (STPs) that local health and social care systems are developing.

There are many different organisations involved, including health and wellbeing boards, clinical commissioning groups (CCGs) and local authorities. Health and wellbeing boards have a duty to ensure that the provision of health and social care services in their areas are joined up. They provide the lead in local areas and publish the joint strategic needs assessment, which in turn informs commissioning decisions. CCGs are responsible for planning and commissioning health care services in their local areas, addressing local needs and improving outcomes. Local authorities have safeguarding duties and will often be helping some of the most vulnerable people in their communities. They also have responsibility for protecting and improving public health in their areas, promoting healthier lifestyles and challenging other partners to promote improved health and wellbeing, whilst ensuring that threats to health are addressed. Areas working towards devolution are well placed to maximise the wider transformation of public sector services to develop accelerated cross area pace-of-change policy to support a radical upgrade in prevention, patient activation, choice and control, and community engagement.

The aim of this document is to support the implementation of the Consensus Statement and principles of a Safe and Well visit by showcasing what could be achieved by working with fire and rescue services, providing practical steps to assist commissioners to maximise opportunities from working with fire and rescue services and to demonstrate how the fire and rescue service has the skills and experience to contribute to and complement promoting health and wellbeing at a local level.

Introduction

Fire and rescue services and health and social care partners operate in the heart of local communities to increase the safety, health and wellbeing of the people living and working there.

By working in partnership in the wider health and wellbeing context, fire and rescue services can help to enhance and improve shared outcomes beyond what could be achieved in isolation.

The Fire and Rescue Services Act (2004) placed a statutory duty on Fire and Rescue Authorities in England and Wales to promote fire safety, placing the prevention of fires at the heart of their activity. The interventions employed by fire and rescue services to execute this duty have dramatically reduced the incidence of accidental fires in the home and a range of other incidents by over 40 percent in the last 10 years.

Analysis has shown that the underlying risk factors that ultimately result in fires, such as smoking and alcohol consumption, also have a strong impact on health. Fire and rescue services are applying the principles of early intervention and prevention, relatively simply, to these health-related risk factors, resulting in a reduced demand for the services of others, whilst also continuing to reduce demand for fire and rescue.

A key aim of the NHS Five Year Forward View is to tackle widespread preventable illness and deep-rooted health inequalities through a radical upgrade in prevention and public health. By working with fire and rescue services, health and social care partners, from local authorities to CCGs, can make use of fire and rescue service expertise, experience, existing prevention mechanisms and ability to adapt engagement with those most at risk. This can consequently be used to address a broad range of social factors affecting health and provide practical support to people who require it in order to stay in their homes; whilst reducing dependence on services. Fire and rescue services are being recognised as partners in the wider health and social care arena and, along with health and social care, are ready to meet the challenge of preventing avoidable illness, isolation and injury.

Many fire and rescue services have expanded their home safety visits to become Safe and Well visits, which include some degree of health assessment, and even intervention, alongside the traditional assessment and reduction of fire risk.

Getting started – how to engage with your local fire and rescue service

Working in partnership is key to ensuring that the work across a whole area is appropriately joined up. There are a number of different ways in which health and social care partners can engage with their local fire and rescue service and the principles and steps below are applicable nationwide.

Make contact with your local fire and rescue service lead for prevention

Every fire and rescue service will have an individual who is responsible for overseeing all aspects of prevention, who will be a good first point of contact. Contact them and invite them to come and speak at a relevant local meeting. They will have a good understanding of their fire and rescue service's position and how it can support the work of local health and social care partners. They will also be able to help you navigate the fire and rescue service to ensure you are engaged with the right person or department for whatever activity you wish to undertake.

Learn what resources your local fire and rescue service has to offer

Fire and rescue services have a proven track record of significantly reducing demand through prevention activities; this presents an opportunity to health and social care partners to modify and make use of their early intervention mechanisms in a range of risk areas. In order to support this process the [Chief Fire Officers Association](#) (CFOA), in conjunction with health and social care partners, has produced four recommendations to support the use of fire services as a health asset, as set out below:

- 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 fire services 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

Work with your fire and rescue service to understand the resources they have at their disposal: How many home safety visits do they carry out a year? How many fire stations are open to the public for use? Does your local fire and rescue service offer youth engagement or volunteering that would be suitable for social prescribing? Can trained firefighters support work to identify early signs of dementia during Safe and Well visits?

Identify areas of challenge and pressure

Look at the needs identified for your local area through the Joint Strategic Needs Assessment: what and where are the issues that a fire and rescue service could help address? For instance, could home safety visits be adapted to feed into an outcome that is locally challenging such as monitoring for early signs of chronic disease? Bring these challenges to your local fire and rescue service to consider how joint working could offer innovative solutions. Many of these areas could be addressed by inviting a representative of your fire and rescue service to sit on health and wellbeing boards.

Find out what others are doing

There are many examples of excellent partnerships between fire and rescue services and health services across the country. Through the Chief Fire Officers Association (CFOA) network it is possible to arrange site visits that could be attended by health and social care representatives from across the local area. Case studies and examples can be found on the [CFOA](#) website. The Local Government Association has published [Beyond Fighting Fires](#), which contains eight case studies from across England and looks at the role of the fire and rescue service in improving the public's health and [Beyond Fighting Fires 2](#) which give cases studies on transformation in nine fire and rescue services.

Identify early adopters

The key to getting this type of innovative joint work off the ground is to start doing it! Fire and rescue services are inherently 'can-do' organisations and are open to trying things out. There may be people within your organisation that could be given the go-ahead to start working with the fire and rescue service to test new ideas. From small, workable ideas will come the proof-of-concept and from this, key relationships will develop. As organisations come closer together and learn what each other can offer, the bigger system changes will follow.

Plan for the future, together

Ask your fire and rescue service to invite you to their planning days. By understanding their plans for the future you can be involved in shaping these plans to suit health and social care outcomes or link them to your health and wellbeing strategies. Similarly invite your fire and rescue service to send representatives to your planning days so they can understand your direction of travel and how the fire and rescue service can fit into those plans.

Opportunities for joint working

The NHS England Five Year Forward View makes it clear that sustainability of the NHS and associated social care services will only be achieved if there is a radical upgrade in prevention and public health. As experts in prevention and community engagement, fire and rescue services have a recent history of acting as a prevention agent on behalf of all health and care partners whilst continuing to reduce demand relating to fire.

Across the country fire and rescue services have been involved not just in improving safety in the home, but also in engaging with children and young people, working with adults that have complex needs and supporting older adults, promoting healthy ageing and encouraging communities to take responsibility for how their lifestyle choices impact on their risk.

As local authorities and CCGs re-imagine how public services are provided in the future it is clear that fire and rescue services can play a critical role in this transformation.

Example: Home safety visits and Safe and Well visits

Over the past decade fire and rescue services have been engaged in visiting people in their own homes to reduce risk. What began as simply fitting smoke detectors has broadened to involve fire and rescue service staff working with people to reduce fire-risk behaviour. The Fire and Rescue brand remains one of the most recognised and trusted in the public sector and they are able to access homes few other public servants would be able to.

The Fire and Rescue Service have a very different statutory duty to other services such as the police and social care and are often seen as a neutral organisation acting in good faith. This, in turn, means that the people they visit are more receptive to challenging discussions around topics such as drug use and mental health.

A number of fire and rescue services are already expanding their home safety visits to address local risks that impact on demand for many public services. Some fire and rescue services are using the Falls Risk Assessment Tool (FRAT) to identify and refer those at risk, while others are fitting appropriate risk-reduction equipment during visits; still recognising the need to refer on to sector specialists where the risk has not been sufficiently reduced. A number of fire and rescue services are conducting under-5's risk assessments; offering advice and modifications such as stair-gates and cupboard locks to reduce children's A&E attendances.

Many fire and rescue services have expanded the home safety check into a Safe and Well visit, working closely with local partners. In a Safe and Well visit a significantly wider range of contributors to avoidable accident and ill-health can be assessed; with advice and brief interventions being provided. Whilst the principles of Safe and Well have been established nationally, it is recognised that the approach will need to be tailored locally with a range of health and social care partners to ensure that they meet local needs identified through Joint Strategic Needs Assessments (JSNA), and

coordinated with other partners' interventions. It is also recognised that differing fire and rescue service delivery models and availability of resource, across the country, means that not all fire and rescue services will be able to deliver the same scope and scale of service. However, the possibilities for innovation are wide, with options currently being explored including the potential for fire and rescue service staff to encourage uptake of influenza vaccinations, identify indicators of undiagnosed long-term conditions such as diabetes and dementia and tackle other issues such as cold homes.

Fire and rescue services have statutory obligations relating to safeguarding and as such are working towards ensuring that all relevant staff are adequately trained and equipped to recognise and refer adult and children's safeguarding issues appropriately.

Example: Children and young people

Working with people as young as possible is key to changing behaviours that lead to avoidable illness. Helping young people gain meaningful employment is one of the most effective ways to help them improve the impact of the wider determinants of health.

Fire and rescue services engage with young people in many ways through cadet groups, Prince's Trust, alternative curriculum programmes and by visiting schools to deliver education sessions. In some fire and rescue services, this has been developed into approaches that directly support young people into employment, whilst improving the ways that we support and link their families to wider public service reform programmes. Through these initiatives we are able to reduce risky behaviour, offer meaningful engagement and real-life skills and provide positive role models for young people to follow. There is a real opportunity to work with local authorities and CCGs to expand the fire and rescue service youth offer. By opening the doors to social prescribing or embedding health messages in our wider packages, we can jointly help young people make positive changes that will improve their lifelong health and wellbeing.

Example: Community Risk Intervention

Community Risk Intervention is a new model, building on the Safe and Well visit model and combining an expanded approach to home safety, risk reduction and increased independence with a response on behalf of police and ambulance services to low-priority, high-volume calls. This approach is currently embedded in Greater Manchester, with other fire and rescue services such as Gloucestershire delivering similar services.

The approach can be designed and delivered to suit local needs, ensuring the provision of a range of equipment allowing the modification of a person's home; for instance to meet their mobility needs. Staff delivering this model are also trained to deliver a range of health interventions from mental health first aid to response to

cardiac arrests. The way in which this support can be accessed will vary greatly across the country, dependent on the fire and rescue service delivery model employed locally.

The potential for Community Risk Intervention teams to deliver against health and social care outcomes is significant. Those fire and rescue services employing this intervention could ensure the rapid, but basic, modification of a home to reduce the time spent in hospital by people with long term conditions.

Case study

Fire and rescue service staff attended an incident where Bert, a man with a serious long-term condition which restricted his mobility, had fallen in his home. Bert did have to go to hospital, but while he was away the fire and rescue team, in conjunction with local partners, fitted falls-prevention equipment to make his home safe for him to return to. This process could have taken weeks to complete through usual channels, impacting on service capacity at the hospital and, of course, Bert's quality of life. Two days after his fall, Bert was back with his family and living in a safer home, better designed for him to cope with his condition.

The opportunities outlined above represent a brief overview of the scope for joint working on health and wellbeing to improve outcomes.

Annex A below gives examples of joint outcomes.

Annex A: Joint work, shared outcomes

The table below gives a brief and non-exhaustive indication of how fire and rescue services could be engaged with to improve health outcomes.

Example outcome	Example action
Preventing people from dying prematurely	
Reducing premature mortality from the major causes of death	Expand Safe and Well visit to identify early warning signs of major causes of death and refer for early diagnosis and treatment
	Ensure advice and interventions for Safe and Well visit include those designed to reduce risk of major causes of death
Enhancing the quality of life for people with long-term conditions	
Ensuring people feel supported to manage their condition	Fire and rescue services deliver home modifications to allow people to remain in their homes
Employment of people with long-term conditions	Fire and rescue services provide bespoke volunteering and training opportunities to people with long-term conditions
Enhancing the quality of life for people with dementia	Safe and Well visit can be expanded to identify early signs of dementia and refer for early diagnosis and treatment
	Fire and rescue service deliver aids and interventions in the home to improve the quality of life of people with dementia
Helping people to recover from episodes of ill health or following injury	
Helping older people to recover their independence after illness or injury	Fire and rescue service deliver home modifications to allow people to return to and stay in their homes following hospital admission, or to prevent a hospital admission from occurring

Ensuring that people have a positive experience of care	
Improving people's experience of integrated care	Fire and rescue services ensure that every intervention delivered on behalf of a CCG is delivered to the highest possible standard of professionalism; in line with the fire and rescue service brand
Treating and caring for people in a safe environment and protecting them from avoidable harm	
Reducing the incidence of avoidable harm (incidence of hospital acquired infections)	Fire and rescue services deliver home modifications to allow people to return to their home in a timely manner, lessening their potential exposure to hospital acquired infections