



**HAMPSHIRE  
FIRE AND  
RESCUE  
AUTHORITY**

Purpose: Update

Date 5 DECEMBER 2017

Title FIRE AS A HEALTH ASSET

Report of Chief Officer

### EXECUTIVE SUMMARY

1. This report summarises the significant progress of the Fire as a Health Asset work stream and how it has developed. The project aim was twofold. Firstly, to create an operational capability to attend additional medical emergencies in fire appliances over and above the successful dedicated Co-Responder vehicles. Secondly, to broaden the role of the Service's prevention activity to support the wider Public Health and Wellbeing agenda whilst securing funding arrangements to make both areas sustainable.
2. Our work in both broad areas is now nationally and internationally recognised. This has been achieved through collaboration with our health and social care and blue light partners. By working in collaboration to achieve these outcomes, it has brought benefits of effective use of HFRS resources, reduced demand on Health Services and blue light partners.
3. We can also demonstrate success as the work has given huge benefits to society, people are living more confidently in their own home for longer, young people are healthier and more confident and we have positively impacted on chances of survival following a life threatening medical emergency.
4. Our Success in Collaboration has occurred because we have a shared vision, trust and understanding between our organisations and have in place effective governance structures. The sustainability across the collaboration work will require continued investment in these areas and continued monitoring through core Key Performance Indicators. Hampshire Fire and Rescue Service has become a true Health Asset.

### BACKGROUND

5. In June 2014, we submitted a successful bid for the DCLG Transformation Grant funding of £1.4m to assist in the development of new capabilities in response and prevention with a particular emphasis on technologies, medical response and a wider public health and wellbeing role.

6. Work has progressed significantly over the past three years with Hampshire Fire and Rescue being one of the few Services offering a number of different prevention and response initiatives related to health. We are being commissioned with financial recognition attached, to undertake these initiatives leading to an effective, efficient and sustainable service. This work is reducing the cost of delivery to our health and blue light partners either by increasing their cost-effectiveness or by reducing demand on those organisations. This is leading to savings for the public purse and benefiting Hampshire communities.
7. We continue on a full cost recovery basis, the Co-Responding crewing model which has now been successfully operating for 14 years. This Co-Responder model is different to many across the country but is seen as the most successful model in the country when balancing call rates, financial costs, patient outcomes and performance increase on Ambulance statistics (*DCLG the practice of co-responding 2008*).
8. We have implemented the Immediate Emergency Care (IEC) capability, (training, equipment and Governance) across all front-line personnel and appliances. We have developed (not fully implemented) new medical response models with South Central Ambulance Service (SCAS) which will see fire appliances attending cardiac arrest incidents across Hampshire. The aim is to improve the chances of survival from a pre-hospital cardiac arrest.
9. Fire Appliances will be attending non-injury mechanical falls. The aim is to attend non-urgent SCAS calls quicker, leading to better patient outcomes, reduction on demand for SCAS by releasing capacity of ambulances for more urgent calls. It will also mean an immediate intervention of Community Fire safety through a Safe and Well visit, referrals to our prevention courses, Safety Through Education Exercise and Resilience (STEER) or Falls Champions and referrals to partner agencies.
10. In collaboration with Clinical Commissioning Groups (CCG) and Public Health England (PHE), HFRS has developed and implemented a holistic prevention strategy to encompass the local health and wellbeing priorities. The commitment within Hampshire has gathered pace in the last year against the national FRS trend.
11. Our focus on youth and older people with long term health conditions has proven sound. We have developed and successfully implemented an upstream prevention and intervention through modular based educational programs and an enhanced home fire safety visit that becomes an all-encompassing "Safe and Well" visit. Our innovative STEER and Falls Champion courses developed by SM Paul Burton has been recognised across the country and now across Europe as an exemplar upstream prevention initiative that delivers measurable results.

## PROGRESS AND PERFORMANCE

### 12. Emergency Medical Response

- (a) Building on our success with Co-Responding, we have implemented an enhanced medical response capability across all front-line personnel and appliances, Immediate Emergency Care (IEC). The IEC aligns equipment (which includes a defibrillator, Entonox, haemorrhage control and monitoring devices), skill base, and clinical governance that ensures an effective model. We have used our IEC capability approximately 800 times over the last 12 months at non-medical response calls (co-responding) such as RTCs and fires.
- (b) We will use this capability to attend confirmed cardiac arrest calls and non-injury mechanical falls using front line appliances. This is through a formal agreement with the Ambulance Service; the building of an efficient and effective model is a priority and near completion. We have recently achieved success in implementing a technical solution which allows SCAS Control room to see HFRS resources in real time so that mobilisation decisions can be made effectively and efficiently.

### 13. Emergency Medical Response (Co-Responder crewing model) performance

- (a) In 2004 the aim of the project was to set up Co-responder units using dedicated response cars in specific rural localities where, due to geographical locations, the Ambulance Service were encountering difficulty in achieving the eight-minute government response target time.
- (b) Achieving this eight-minute response, the Co-Responders contribute towards increased patient care for those suffering from: cardiac/respiratory arrest; unconscious and at risk of asphyxiation due to a compromised airway; in respiratory emergency events; in cardiac events; need control of serious bleeding; diabetic problems; and cerebral vascular accident (Stroke).
- (c) The speed of response that our Co-responders have achieved can be measured, and this illustrates that those patients suffering from a life-threatening injury or illness are given the best possible chance of survival.
- (d) Over the 6-year period up to April 2016 HFRS Co-Responders have increased the SCAS Red 1 and 2 performance (8 min response time) by the average of 4.8%.
- (e) HFRS continue to operate Co-Responders on a full cost recovery basis therefore cost neutral to HFRS. The average cost recovered from SCAS over this 6-year period is £363,000 (per year up to April 2016)
- (f) The number of calls increased over this same period from circa 9,000 to 13,000.
- (g) The introduction of the HFRS IEC has benefitted our collaborative work further. The direct cost to SCAS has reduced significantly by

£117k in year 17/18 and cost saving each year thereafter £77k in the following ways:

- i. £27,500 a year reduction for SCAS for direct training cost
  - ii. £50k a year reduction for SCAS (capacity SCAS trainer)
  - iii. £40K saving for SCAS as HFRS has supplied IEC Equipment replacing old SCAS Equipment as this needed replacing (one off capital cost).
- (h) We can demonstrate that our Co-responder scheme is an effective response that is both cost effective and sustainable whilst maintaining our core business, aims and objectives of the Service. Both organisations recognise the benefits that this scheme brings to the people of Hampshire by responding to medical emergencies in a very quick time and often while the caller is still on the 999 call. The Firefighters that operate as Co-responders, see daily the difference this project brings to their local communities.

#### 14. Gaining entry to patients for the Ambulance Service and the Police

- (a) Historically there has been a high demand on the police for gaining entry to properties for the Ambulance Service. Our gaining entry work sees HFRS being deployed instead of the Police to assist SCAS, as we have specialist equipment and expertise which are more readily available. We have also proven that we are a quicker response to these types of calls, it has also been evaluated that by using our equipment and expertise the three organisations have seen a dramatic reduction in boarding up costs.
- (b) Since the commencement of this collaborative working we have attended 2099 gaining entry calls averaging a response time of 5.06 minutes.
- (c) This work is benefitting the patient by access being made quicker, allowing patient care to take place earlier, leading to better outcomes. It is releasing the capacity of Police staff who would normally be attending these calls. It is estimated that an average 30 minutes of Ambulance crews time is being saved per call, releasing this capacity back into the resource model of SCAS.
- (d) HFRS are seeing benefits from this work in the form of getting "through the door" of vulnerable people to implement preventative measures in the form of a safe and well visit including fire safety and falls risk assessment. HFRS can then leave the property in a safer position than before the incident.

#### 15. Prevention activity within Health

- (a) In collaboration with Clinical Commissioning Groups (CCGs) and Public Health England (PHE), HFRS has developed and implemented a holistic prevention strategy that encompasses the local health and wellbeing priorities. The commitment within Hampshire has gathered pace in the last couple of months against the national FRS trend. The

Deputy Director of Public Health England is an advocate of our work and advises us on national issues and financial picture. Her advice is to keep working in the areas that we are, as further financial commitment opportunities will fall out of the STP and 5-year forward plan from 2018.

- (b) Our focus on youth and older people with long term health conditions has proven sound. Our intention is to achieve a delivery model utilising front line crews at stations, to combine an integration of upstream prevention and intervention through modular based educational programmes and an enhanced home fire safety visit that becomes an all-encompassing "Safe and Well" visit. The overarching objective of this approach is to reduce health demand, improve public health and wellbeing and consequently have a positive effect on public service resources.

#### 16. Prevention activity within Health (Youth "A Better Me")

- (a) We are committed to providing a health message to children and young people of Hampshire. 'A Better Me' has been developed, co-designed and evaluated through a partnership with Public Health England (PHE) and the local Clinical Commissioning Groups (CCG) - supporting the local health issues and priorities as well as ongoing seasonal campaigns. The A Better Me Course is now recognised as a method of "Social Prescribing" by CCGs across Hampshire.
- (b) The programme is directly improving two aspects of a candidate's lifestyle; promoting a Healthy Body and a Healthy Mind. The course is held at fire stations and reinforces the benefit of healthy eating, nutrition and an exercise programme whilst emphasising the importance of a daily routine in creating a positive habit. The participants are nominated by school nurses and/or GP and are currently in Year 8 (aged 12-13 years).
- (c) The course has seen successful evaluations from a pilot study by Dr Simon Grist of the Health Science Network, suggested that the A Better Me course shows signs of being an effective intervention at both decreasing sedentary activity and increasing self-esteem in the young people. Participants Sedentary behaviour decreased by 79%, this suggests that the participants were less sedentary across the course and follow up months.
- (d) A further key performance success was a 93% retention rate for the course duration. These are significant performance measure within health, and is rarely seen in other health courses such as this. We are awaiting final evaluation in January, however early indications again show a positive sustained impact is being achieved.

## 17. Ill Health Prevention Older people STEER Falls Champions and Friends

- (a) The Safety Through Education Exercise and Resilience (STEER) course has been so successful, in terms of attendances enjoying the course and key benefits being delivered, it is now nationally and internationally recognised. STEER was a concept developed and implemented by SM Paul Burton, consists of twelve, two-hour sessions for +65's which target the 12 elements of frailty identified by the British Geriatric Society (BGS) publication: 'Fit for Frailty'.
- (b) Exercises are low to moderate level that are based on daily activities and can be continued in the home environment. This innovative approach aims to help older people to be happy, healthy and remain in their home safely. It builds confidence, reduces the risk of a fall occurring, and increases engagement in community activities.
- (c) The transformational course has been produced in consultation with geriatricians, GPs, BGS and other medical and exercise professionals. Existing signposting and safeguarding policies are in place to ensure the individual receives the most appropriate assistance throughout the course.
- (d) We have been successful in being commissioned to deliver STEER Courses across Hampshire.
- (e) Early indications show an average 10.7% percent reduction in the risk of a fall following completion of the STEER course with other benefits surround social isolation and community resilience. This has been recognised and backed by consultant geriatrician Dr Gill Turner, trustee for the British Geriatrics Society. The average retention rate of participants over the 12 weeks and follow sessions is a staggering 87%. This type of retention rate is rarely seen across Health-related initiatives of this nature. We are awaiting the full academia study.
- (f) Falls Prevention Champion and Friends is a Collaborative working model between Hampshire Fire and Rescue Service (HFRS), Hampshire County Council (HCC) and Southern Health NHS Foundation Trust (SHFT). It has initiated a falls champion programme which will increase awareness of the reasons why people fall. The three organisations are working together to reduce the number of older people falling in Hampshire by raising awareness.
- (g) The three-hour interactive sessions for the Falls Prevention Champion seminar will bring together health professionals, members of the public and volunteers who come into contact with the elderly to increase knowledge and confidence in how they can help others to prevent falls.
- (h) This area of work has again been very successful building the awareness of the issues which will reduce demand on all services. It has attracted national interest from The Royal Society for the Prevention of Accidents' (ROSPA) 'Stand Up, Stay Up'.

## 18. Quit and Get Fit

- (a) HFRS has developed a course with Quit4Life (smoking cessation programme) 'Quit and Get Fit' smoking cessation and exercise programme. The course is delivered in 12 sessions at fire stations. The objective is to support members of the public to stop smoking and increase their fitness levels. The sessions are conducted jointly by Quit4Life personnel and HFRS personnel (one will be a Physical training instructor).
- (b) This has seen a successful outcome for the people who have attended the course and used our support. This has short medium and long-term benefits to the individuals, on reducing demand for health and reduces the chances of cigarettes being the cause of accidental fires.

## 19. Safe and Well

- (a) A Safe and Well visit is a person-centred home visit to identify and reduce risk to the occupier or occupiers, taking into account their behaviours and the social and physical environment in which they live. The visit combines a Home Safety Check to reduce fire risk in the home, such as checking and fitting smoke alarms, with health referrals for extra support where appropriate, to improve the occupier's health and wellbeing.
- (b) A Safe and Well visit includes a FRAT (Falls Risk Assessment Tool) and HOME FAST (Falls and Accidents Screening Tool) to address trip hazards and other dangers in the home that could lead to a fall, such as inaccessible everyday items, obstructed or unsecure pathways and hoarding.
- (c) Safe and Well visits are identified through three main channels; self-referral, a referral from a partner agency or using Exeter data. Anyone can refer themselves for a visit provided certain criteria are met. We prefer referrals from other agencies such as health, police, SCAS or social services, as these tend to be targeting vulnerable people most at risk from fire in our communities.
- (d) When concerns about falls or other health related issues are identified these are referred to their own GP or to other agencies for further interventions. In the past year 934 referrals have been sent, highlighting that early intervention would be beneficial for the persons health and wellbeing. In in the wider sense this will be reducing the chances of a fall which in turn reduces demand and costs for acute care.

## 20. Numbers of Prevention Course delivered and planned

- (a) The number of planned courses across Hampshire being delivered by HFRS should be seen as a success. We are now trusted and respected to deliver courses to improve people's health and wellbeing and reduce demand on acute service. This is a positive step change.

(b) To date we have developed, trialled and delivered:

**Portsmouth CCG:**

**STEER**

Commissioned = 8

Completed = 1

Planned = 7 (next course in January 18)

**Falls Champions**

Commissioned = 4

Delivered 1

**Basingstoke CCG:**

**STEER**

Commissioned = 2

2 x Community Market Place events

Completed = 0

Planned = 2 (first course in January 2018)

**North East Hants & Farnham CCG:**

**STEER**

Commissioned = 4

Completed = 0

Planned = 4 (First Course Feb 2018)

**North East Hants & Farnham CCG (VANGUARD)**

**STEER**

Commissioned = 12 (£43k)

Completed = 12

**Falls Champions**

Commissioned = 8

Delivered 8

**South West CCG:**

**STEER**

Planned = 2 (Before April 18)

**Southampton CCG:**

Commissioning talks in progress. Current discussions indicate 6 courses but not confirmed yet.

**Quit & Get Fit Courses: (Across the county)**

Commissioned = 3

Completed = 3

Currently in discussion with Basingstoke Council to commission more courses next year.



**A Better Me Courses: (Across the county)**

Commissioned 1

Completed = 18

Planned = 3 (next course in November 17)

## FUTURE DEVELOPMENTS

21. HFRS have successfully delivered the project outcomes through to implementation, the amount of commissioned work is dictated by the pace at which we can clearly demonstrate to CCGs, PH and other Health organisations that our work is worthwhile and actually benefits the people we are all trying to reach. We are becoming a trusted partner in the Health arena and we are also beginning to realise the benefits that this project can bring to HFRS and the broader community.
22. We will continue to look for other opportunities to assist our partners and for our partners to assist us in a shared vision to make people safer in the community. The Fire as a Health asset work will continue to develop. One such area is the regional and national approach.
23. We are working together to use our collective capabilities and resources more effectively to enhance health and wellbeing in the South-East region. We are supporting and encourage our local networks to do the same in their communities. By following CFOA's Consensus Statement and the Fire as a Health Asset Summit Group's guidance we will support local action and flexibility, encouraging local organisations and their networks to work together in partnership.
24. The South-East Fire as a Health Asset Collaboration Group has been established to provide support and guidance to the South-East region and will assist with strategic Health work. Its objectives and work should be set within the remit and influence of CFOA, Public Health and the NHS in accordance with strategic aims. Group Manager Nigel Cooper is a key member of this regional group.
25. All South-East Fire and Rescue Services, Public Health, the NHS and Age UK strategic leads on prevention can access and inform the groups of work. The group will engage and influence key stakeholders to build and maintain the profile of the effective and efficient preventative agenda around Health, so that FRS's can be a useful delivery partner to support improvements in public health and demand in local communities.
26. The group is jointly chaired by a Public Health England and South-East FRS representative (currently AM Rob Cole, HFRS). They will update national Strategic Health Group and provide regular updates to South-East partners through the SharePoint site set up by the group.

## SUPPORTING OUR SERVICE PLAN AND PRIORITIES

27. This work underpins our Risk Review proposals and fully supports our Service Delivery Priorities as set out in the Service Plan 2015 – 2020.

## COLLABORATION

28. All work within the area of Fire as a Health Asset is through collaboration with our health partners and NHS Organisations.

## PEOPLE IMPACT ASSESSMENT

29. The proposals in this report are considered compatible with the provisions of the equality and human rights legislation.
30. The original PIA will be reviewed as we move into the next phase of work and further develop proof of concept trials and implement new capabilities. These will relate to other work in the Service Delivery Redesign.

## RISK ANALYSIS

31. This work underpins our Risk Review proposals and fully supports our Service Delivery Priorities as set out in the Service Plan 2015 – 2020

## CONCLUSION

32. The project's work packages have delivered on time and in budget whilst retaining high quality products. The project team's approach of learning what is needed from Health, preparing our capability to meet this need, and then being ready to take advantage of opportunities when they arise, has benefitted our work.
33. We are not underestimating the complexity of Health and the NHS and the journey that they must go through to fully understand that preventive work is much more cost effective than response. We must stay focused and driven whilst guiding Health, both in forms of prevention and response, to meet the future needs of the people of Hampshire.
34. Our Fire as a Health Asset and collaboration work is driven by both efficiency and effectiveness and the need to reduce financial demands on all public services. The effectiveness is not just related to achieving savings within organisations, it is also about delivering better services and outcomes for the public.
35. Our collaboration work in the health area has been achieved in a number of ways and with a range of participants. Across the country there is no one model; our products reflect the local need.
36. We have proven our worth as a true Health Asset, we are demonstrating constant performance in all areas. We will now continue to make a difference to the people of Hampshire.

## RECOMMENDATION

37. That the Fire as a Health Asset work is noted by Hampshire Fire and Rescue Authority, as making a positive difference to our partner organisations, to the people of Hampshire and ultimately delivering savings for the public purse.

## BACKGROUND PAPERS

38. The following documents disclose the facts or matters on which this report, or an important part of it, is based and has been relied upon to a material extent in the preparation of the report:

DCLG Transformation Grant Funding Bid Oct 2014

SDTP Mandate May 2015

SD Redesign - Fire as Health Asset Work-stream Business Case Jan 2016

Note: The list excludes: (1) published works; and (2) documents that disclose exempt or confidential information defined in the Act.

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