

**York Health and Wellbeing Board****7<sup>th</sup> March 2018****1.0 Purpose of Report**

- 1.1 To present the York Health and Wellbeing Board with an overview of the work of North Yorkshire Fire and Rescue Service (NYFRS) in respect of health and well-being.

**2.0 Background**

- 2.1 Over the last fifteen years or so, the fire and rescue service nationally has moved from primarily responding to emergencies to focussing on preventing emergencies. Initially this was mainly about the prevention of fires but over the last few years has broadened in scope to wider community safety, which includes road safety, river safety and accident prevention in the home. NYFRS continues to provide services such as fitting smoke alarms but more recently the work has been about encouraging changes in behaviour, for example not smoking in bed.
- 2.2 Over the last three years, the Chief Fire Officers Association (CFOA) has been working with the NHS to promote the fire and rescue service as a health asset, which resulted in a consensus statement on health and wellbeing issued by NHS England, CFOA, the Local Government Association, Public Health England and Age UK.
- 2.3 Following a short public consultation, and in discussion with partners and other stakeholders, NYFRS published a Health Engagement Strategy in June 2017. The key principles of the strategy are to:
- Establish early interventions on risk factors that will reduce the longer term demand on NYFRS and other agencies, whilst improving the well-being of individuals.
  - Provide cost effective use of our assets for certain health and social care interventions which will result in stronger communities and better value for money for the taxpayer.
  - Utilise our skills and assets for appropriate and timely emergency response, which will reduce demand on other services, provide value for money and better health outcomes for patients.
- 2.4 Discussions have continued with partner agencies since then to consider how to develop specific work to meet this strategy. As part of this developing work, there is a body of evidence emerging of the benefits of fire and rescue involvement in health and well-being work. In addition, those individuals with poor health and well-being are likely to be at greater risk of fires.

**3.0 Information**

- 3.1 Discussions with partners in the health and social sector have identified that the role of the fire and rescue service in health and well-being should be non-medical, and that the experience of prevention work could be usefully applied to people who are not currently in the health or social care system.

- 3.2 The recently developed Safe and Well visits are a key product that some partners are interested in using, and developing further. This initiative is an expansion of the existing home fire safety check. The Safe and Well visit is undertaken by specialist community safety staff who, in addition to the home fire safety check, discuss with the individual other health and well-being issues, such as loneliness, falls prevention, smoking cessation and alcohol reduction. Advice is given where appropriate, for example replacing damaged rugs to prevent falls. Referrals are also made to other agencies or schemes, such as 'Warm and Well' or "Living Well".
- 3.3 One pilot that is being developed with Hambleton, Richmondshire and Whitby CCG (HRW CCG), is a scheme to refer people who meet specific criteria to NYFRS for Safe and Well visits. Work is currently underway to consider the data sharing agreement and the necessary practical arrangements. The referrals are likely to be made via GPs for people on the moderate or mild part of the electronic Frailty Index, who currently do not receive any health interventions.
- 3.4 There is a similar scheme being set up with York Teaching Hospital NHS Trust, whereby referrals for Safe and Well visits will be made from the occupational therapy department.
- 3.5 The collaboration with HRW CCG, has led to a workshop with health and community safety partners on rural vulnerability. This is leading to two more pilots in the Richmondshire area. One will look at how to minimise the number of visits and interventions by the different agencies. The other will look at how the community can support people and direct them to the appropriate services, where required.
- 3.6 The City of York Council and other partners have begun to introduce the concept of "social prescribing" which is emerging as a cost-effective solution to some of the problems that impact on health and well-being, particularly loneliness, thus reducing demand on services. The evaluation of their "Ways to Wellbeing" scheme suggests that there is a £1 return on investment for every 50p spent.
- 3.6.1 One of the features of social prescribing is that the individual is helped to design their own personalised solutions, often by linking into support networks provided by communities, family, and other agencies. It is emerging that NYFRS could have a role to play in this, over and above specialist fire safety advice or Safe and Well visits. The overall approach would be where NYFRS is seen as a community asset.
- 3.6.2 Some examples of potential involvement NYFRS could have in these social prescribing schemes are:
- Use of fire stations by community groups, combined with discussions with staff at stations.
  - Supporting regular community groups, through the delivery of talks, advice or regular attendance.
  - Use of fire station gyms or fitness equipment.
  - Assist in other community events (bonfires, street parties, fairs, soup kitchens, etc.).
  - Named staff or station teams (known as 'watches') as a main contact for voluntary groups.

- 3.6.3 The use of volunteers and community groups also provides opportunities to engage volunteers in the delivery of these initiatives, and NYFRS have established links with the voluntary sector such as the York CVS.
- 3.7 One of the strengths of the fire and rescue service is its 'trusted brand' status. In practice this means that NYFRS staff are welcomed into homes which other agencies may find difficult to access, or to those people who do not always access other services that are available (e.g. 'self-funders' for local authorities).
- 3.8 There is a growing body of evidence<sup>1</sup> that collaborative working between health and social care agencies with the fire and rescue service and others provides a return on investment.

#### **4.0 Conclusions and Next Steps**

- 4.1 NYFRS could use their experience in prevention work to assist other agencies in promoting self-care and self-management. The 'trusted brand' status could also be used to provide information to those people who do not access other services.
- 4.2 Partners in the health sector and local authorities are being asked to consider whether they wish to work with NYFRS in developing prevention initiatives that can positively impact on the health and well-being of vulnerable individuals. This collaborative work could also reduce demand on services, particularly people accessing primary, secondary and social care. This could be either through provision of advice and information about where and how to access alternative support and services, or through encouraging people to self-help and self-manage to reduce risk and vulnerability.
- 4.3 This paper was also presented to the Accident and Emergency Delivery Board in January. The outcome of that meeting was to set up a small working group to consider how to take some of this work forward.
- 4.4 Any partners who would be interested in exploring further opportunities are asked to contact the authors of this paper.

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<sup>1</sup> E.g. "Evaluation of the impact of FRS interventions in reducing the risk of harm to vulnerable groups of people from winter-related illnesses", Public Health England, Nov. 2016