



LONDON FIRE BRIGADE

Decision title

## Update on the Community Health Strategy

Recommendation by

Assistant Commissioner, Fire Safety

Decision Number

LFC-0230x-D

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### Summary

LFC-0230x summarises the progress on implementing the Community Health Strategy (CHS), Healthier Futures, agreed by the Strategy Committee (of the former London Fire and Emergency Planning Authority) on the 13 September 2016 (FEP 2638) including developing Fire, Safe and Well Visit pilots in London. A full evaluation of Fire, Safe and Well Visits is currently being conducted by MOPAC (Mayor's Office for Policing and Crime) and the results will be reported back in 2020.

### Decision

The London Fire Commissioner:

1. Notes the contents of this report; and
2. Further welcomes a report evaluating the Fire, Safe and Well pilot in early 2020.

**Tom George**  
Deputy London Fire Commissioner

Date 2/10/2019.

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LONDON FIRE BRIGADE

Report title

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## Update on the Community Health Strategy

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Report to

Operations DB  
London Fire Commissioner  
Fire and Resilience Board  
London Fire Commissioner

Date

18 July 2019  
28 August 2019  
24 September 2019

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Report by

Head of Community Safety

Report number

LFC-0230x

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### Summary

This report summarises the progress on implementing the Community Health Strategy (CHS), Healthier Futures, agreed by the Strategy Committee (of the former London Fire and Emergency Planning Authority) on the 13 September 2016 (FEP 2638) including developing Fire, Safe and Well Visit pilots in London. A full evaluation of Fire, Safe and Well Visits is currently being conducted by MOPAC (Mayor's Office for Policing and Crime) and the results will be reported back in 2020.

### Recommended Decision

That the London Fire Commissioner;

1. Notes the contents of this report; and
2. Further welcomes a report evaluating the Fire, Safe and Well pilot in early 2020.

## Background

1. In March 2016 Strategy Committee Members received a report entitled Partnership Work with Health (FEP 2568). The report highlighted the national drivers and business case for a Fire and Health collaboration to improve both fire and health outcomes. It also summarised the potential opportunities for the Brigade to work with health services and outlined the reasons why the Brigade should have its own dedicated community health strategy as part of its prevention aims.
2. As a result of the review processes applied to both fatal and qualifying accidental dwelling fires, the Brigade have long recognised the links between those most at risk from fire and their health profile particularly. the prevalence of fatal fires and the profile placing demand on health and social care e.g. age, frailty, poor mental health, social isolation, restricted mobility, smoking, alcohol and substance abuse.
3. The report FEP 2568 underlined how the Brigade's existing approach is significant in its reach to those most vulnerable in our communities. The current targeting strategy for home fire safety visits (HFSVs) considers several factors that have an impact on health, and recognises the importance of working with health and social care practitioners to access those most at risk from fire. Previous reports to Strategy Committee informed Members of the Brigade's work specifically targeted at those with mental health conditions, as well as ensuring solutions are in place to raise awareness amongst staff on the impact of mental health. The Brigade continue to actively engage with health partners at a local level to raise the awareness of health profiles and the subsequent impact on fire risk.

The outcome of Strategy Committee was that:

- a draft community health strategy should be developed for consideration by Members outlining proposals and opportunities for future working with health services;
  - some light touch pilot borough projects are put in place to address some key elements of the community health strategy;
  - A LFB Health Board is set up to oversee the developments and governance of work in this area.
4. In September 2016, Strategy Committee members agreed the Brigade's first Community Health Strategy, Healthier Futures. The strategy set out how the Brigade would work in partnership to both reduce fire risks and improve health conditions for vulnerable residents in London and was published in 2017. The key to delivering this work would be the introduction of Fire, Safe and Well visits. This report is an update on the progress of the Brigade's work in this area.

## The Brigade's first Community Health Strategy

5. A Community Health Strategy was developed in 2016 to demonstrate the Brigade's commitment to building safer and healthier communities (please see appendix 1) and these ambitions were reflected in the current London safety plan.
6. The headline priorities included:
  - Developing closer working relationships with pan-London and local health and social care partners as well as the third sector to encourage closer collaboration and information sharing between fire and health agencies;
  - Enhancing delivery of HFSVs into a Safe and Well model in order to improve public health outcomes;
  - Utilising Brigade youth engagement programmes to deliver on health issues;
  - Exploring and developing other areas where the Brigade can improve fire and health outcomes by drawing on best practice, utilising new technology and investing in innovative solutions to support prevention activity;

- Investing in Brigade staff by continuous development of skills, knowledge and understanding to underpin current expertise and support the Brigade's effectiveness in delivering a community health strategy.
7. The strategy set out the commitments on how the Brigade would deliver these headline priorities, and crucially, what success will look like when they have been achieved. It also acknowledged the unique complexities of how health services are delivered across London and the challenges on tailoring services to suit London's diverse communities.
  8. It should be noted that for operational staff the delivery of pilot projects to support the wider prevention work and reduce demand on public health services is currently being discussed as part of the National Joint Council for Fire and Rescue Services. Delivery of the Emergency Medical Response trials, which also includes the co-responding pilot with ambulance services, are subject to further discussion and agreement on the way forward.

## **Governance**

9. An internal LFB community Health Strategy Governance Board was convened to oversee delivery of the Strategy and its associated action plan. An internal Project Team was established to oversee the day to day running of the Fire, Safe and Well pilots. An external partnership board was also established to oversee the delivery of the Community Health Strategy, comprising representatives from NHS England, Public Health England (London Region), Healthy London Partnership (a collaboration between NHS England and London's 32 Clinical Commissioning Groups feeding into the London Health Board), Strategic Clinical Commissioning Group (CCG) leads, London Councils and Age UK.
10. The aims of all these meetings was to;
  - highlight the Brigade as an effective asset in supporting prevention and early intervention strategies to improve health and wellbeing outcomes;
  - bring together relevant local leads to outlining the opportunities to work together demonstrate the range of opportunities through existing local (preferred) and national examples of co-working;
  - begin local action planning.

## **Fire Safe and Well Visits**

11. Fire, Safe and Well Visits are an enhanced Home Fire Safety Visit (HFSV) intended to review and reduce fire risks by delivering tailored fire safety advice as well as providing broader safety information, offering other practical interventions and/or signposting to partner agencies to have a positive influence on a person's health and wellbeing.
12. LFB commenced the pilot of Fire, Safe and Well Visits in December 2017 in one borough for each of the five NHS Sustainability and Transformation Plans (STP) footprints which encompass London. The five boroughs undertaking Fire, Safe and Well visits were Ealing, Greenwich, Islington, Merton and Waltham Forest. The process for choosing the boroughs included a joint workshop where the five STP leads reviewed data on population analysis, demographics and socio-economics and local health priorities to propose two boroughs within their STP footprint to pilot Fire, Safe and Well visits. The Brigade subsequently conducted a review of risk factors associated with fire and health (particularly smoking cessation, winter warmth and slips, trips and falls) alongside borough-based relationships and borough assets. The final boroughs were selected based on the highest risk factors and/or those risk factors that most closely align health risks with fire risks.

13. Ten FRS staff were recruited (two per borough) to deliver the pilots, working from local fire stations with health and voluntary sector partners to deliver Fire, Safe and Well visits whilst discussions on utilising operational staff continue. The pilots finish in September 2019 and from May 2019 this was reduced to Waltham Forest, Islington and Merton as part of the project closedown process. The visits initially focussed on three core elements where there is known to be a significant correlation between fire and health risks:

- Slips, trips and falls (falls prevention)
- Winter warmth/cold homes (fuel poverty)
- Smoking Cessation

Additional health and wellbeing priorities were added following consultation with working group members in each of the five pilot boroughs, as follows:

- Social isolation (all boroughs)
- Crime prevention (all boroughs)
- Identification of carers (Islington and Waltham Forest)

14. 1,065 visits were completed between December 2017 and May 2019, with 674 referrals made to partner services addressing falls prevention, fuel poverty, smoking cessation and social isolation. Beneficiaries have responded extremely well to the service, with 99% of those surveyed (and who responded) stating that they were either satisfied or very satisfied with their visit, and 100% reporting that they would recommend the service to friends and family. 92% of respondents reported that their safety had improved as a result of their Fire, Safe and Well visit and onward intervention from referral partners. From November 2018, during 94 visits, Metropolitan police Crime Prevention advice and information was also provided for residents and four direct referrals to the Metropolitan Police Community Safety team have been sent.

15. The project has won a National Energy Action Heat Heroes award for going above and beyond in tackling fuel poverty in the community, and was shortlisted for two further awards and a best practice case study:

- London Sport Awards - Physical Activity for Health award
- Advancing Healthcare Awards - Public Health England and Faculty of Public Health award for contributions to public health
- The Team (and wider LFB) work around Dementia was also recognised as a model of good practice and included in the Mayor's brief guide to the Health Inequalities Strategy, aimed at community and voluntary sector organisations

16. In terms of promoting Safer Heating and reducing fuel poverty, LFB have also been involved in a range of pan London partnerships and delivering targeted events. Fuel poverty occurs when a household's income fails to meet the cost of heating and powering the home adequately. It creates health problems ranging from poor mental health, to childhood asthma and excess winter deaths. Fuel poverty in London remains very high and there is significant overlap between fuel poverty and the risk of fire including some of the people most likely to be affected (e.g. people with disabilities or suffering from a long-term illness, and older people) and action that people may take to keep warm while keeping their energy bills down. People may attempt to save money by heating just one room, for example through electric heaters or portable gas heaters.

17. LFBs most recent figures show that over the past five years, 819 fires were caused by electrical heaters and a third of electrical fires that resulted in a fatality involved heaters. There are also other risks associated with the use of electric blankets or using candles instead of electric lighting. Some people also do not get their appliances (e.g. boilers) serviced for fear of the cost of repair which becomes a fire risk and can lead to carbon monoxide poisoning. Since May 2018, LFB have been represented on the Mayor of London's Fuel Poverty Partnership and as part of the National Energy Action (NEA) annual Warm and Safe Homes campaign delivered our own week of activity (21-25 January 2019) on the theme of 'Safer Heating'. This delivered a range of events to raise awareness of fuel poverty at some key fire stations, LFB HQs and via a press release and social media activity. During the week around 400 people received advice themselves or were after some help for a friend or relative. Some examples included:

- Speaking to a large number of people who had very little knowledge of the risks of carbon monoxide, what the symptoms were or that they even needed an alarm.
- At Leytonstone fire station we were visited by an elderly couple whose boiler had packed up after 30 years and so were entirely reliant on a fan heating in the front room to keep warm.
- At Mitcham fire station we spoke to a lady with two young children who didn't know that her landlord was legally obliged to ensure her home is fitted with working smoke and carbon monoxide alarms.

During the week, members of staff also attended National Energy Action's Heat Heroes awards in Parliament to receive an award for the Fire, Safe and Well pilot. A senior officer (DAC Andy Hearn) also spoke at the event to highlight our work in this area and get our fire safety messages across.

18. The Brigade hosted a Health and Care Conference in November 2018, which was attended by a wide range of fire, health, social care and voluntary sector colleagues interested or involved in the Fire, Safe and Well pilots. Feedback during workshop sessions indicated that health colleagues strongly value LFB's ability to identify vulnerable and hard to reach communities who are not engaged with health and care services, and encourage them to access support to improve their health and wellbeing.

19. In terms of identifying carers, early on into the working group Age UK identified this as an area that they wanted LFB to support. Age UK offer a range of services for carers to access and get support, and have a fantastic '360 system' in place where they take a holistic approach and put people in contact with other services they may benefit from (including HFSV's/FSW if they feel this is appropriate). A good working relationship has been established with the service and our CSAs refer un-supported carers to them.

20. In the London Boroughs of Ealing and Greenwich a telecare pathway was developed with support from our Assistive Technology Lead and operational colleagues within the borough. Telecare had no defined or current way of knowing who was using telecare equipment within the borough and whether it was allocated to the correct people. Therefore, operational staff were working closely with telecare to start a pilot project whereby when carrying out a HFSV staff were checking to see if the resident had telecare installed and reporting this back to telecare. Our CSA's adopted the same process, and whilst carrying out a FSW visit they were testing existing telecare equipment in-situ, changing batteries if required (provided by telecare) and reported faults or concerns to telecare via an templated form. In addition, the CSA's also referred people who did not have an existing telecare provision in place. Since the pathway went live in July 2018 we have either recommended telecare or tested the equipment to 22 residents.

21. In the London Borough of Merton an Atrial fibrillation (AF) pathway was developed in collaboration with Merton CCG and the Health Innovation Network (HIN) as part of a borough-wide project that the CCG and HIN had developed whereby selected community based partners were supplied with AF testing equipment and provided with a referral route to flag anyone identified with possible AF to their

GP for follow-up. The pathway went live in July 2018 and since then 25 people have been tested and 1 case of potential AF detected. Early identification of AF is a national prevention priority for the NHS, with the potential to significantly reduce numbers of strokes and thereby reduce disability / dependency and generate cost savings to the system.

### **Slips, Trips and Falls**

22. Physical mobility is a significant risk factor impacting on the outcome of a fire, and combined with increasing age and smoking presents a dangerous combination of fire risk factors. A person's inability to react or escape from a fire puts those with reduced mobility at increased risk of being injured or dying in a fire.
23. A third of people over 65, and half of people over 80, fall at least once a year. Falls are the most common cause of death from injury in the over 65s and cost the NHS over £2bn a year and over 4 million bed days. Nearly nine million, or one in six people in the population in England was 65 or over at the time of the last census, and the figure is forecast to rise by another two million by 2021.
24. In London, the expected rate of falls as measured by the Chartered Society of Physiotherapy is estimated at almost 105,000 per year, costing the NHS over £132million. At an individual level, falls are the number one precipitating factor for a person losing independence and going into long term care. A first fall can set in motion a downward spiral of fear of falling which, in turn, can lead to more inactivity, loss of strength and a greater risk of further falls.
25. The Brigade's intervention as part of a safe and well consisted of Brigade staff assessing falls risk by asking questions based on National Institute for Health and Care Excellence guidelines. Those identified at risk of falling are referred to local specialised services delivered by NHS community health teams. There was also scope for the Brigade to work with local voluntary sector organisations who support people in their homes to mitigate falls hazards by fixing loose carpets, fitting grab rails etc.
26. 141 referrals were made for falls prevention input between December 2017 and May 2019. The falls pathway in Ealing was ceased in April 2018 due to capacity issues, and the pathway in Islington did not commence until November 2018 whilst the falls service awaited funding. Had both of these pathways been fully operational for the duration of the time period it is likely that referral numbers would have been substantially higher. Variations in service provision, referral criteria and capacity to accept new clients meant that bespoke referral pathways were necessary in each of the five pilot boroughs.

### **Winter Warmth**

27. The Brigade's intervention as part of a safe and well visit built on the current HFSV advice on the fire risks associated with unsafe use of heating and lighting. There are over 30,000 preventable winter deaths each year ( in excess of 9,000 in London) attributed to cold homes. The primary aims for an intervention is to prevent people from dying and being admitted to hospital for reasons linked to cold weather. There are a variety of contributory factors, such as poorly insulated housing, health inequalities, social isolation and loneliness as well as increased influenza activity. It is also known that those most affected are typically women aged over 75 who live alone in either private or privately rented accommodation and may suffer from one or more limiting conditions. Fires resulting from unsafe heating practices are known to have a particularly high fatality rate, and there are clear safety benefits to supporting individuals to heat their homes safely and efficiently.
28. Enhanced delivery of this advice included observing the home looking for signs of cold, damp or poor heating and assessing if heating is available in the home. Where appropriate those at risk were provided with room thermometers to monitor the home environment and leaflets with practical advice on 'keeping warm and well' alongside signposting to local health services providing flu inoculations. The pilot also referred people directly to local voluntary sector and public health commissioned services who provided a range of practical solutions to support those most at risk from cold homes and winter pressures. 345 referrals were made between December 2017 and May 2019. In Islington Fire,

Safe and Well generated more referrals into the Seasonal Health Intervention Network (SHINE) than any other community partner, during the last three quarters of 2018/2019.

### **Smoking Cessation**

29. Fires caused by smoking rose by 20% in London in 2015/16 and continue to be the single largest cause of fatal fires and the third largest cause of accidental dwelling fires. Some BCs sit on Tobacco Control Alliance Boards made up of local councillors, public health executives, health sector professionals and practitioners, representatives from trading standards and smoking cessation service practitioners. The objective of these Boards is to drive down smoking prevalence locally and encourage people to quit smoking.
30. Although tobacco smoking on the whole is in decline (notwithstanding the increase of smokers who have switched to vaping e-cigarettes), it is still the biggest avoidable cause of premature death contributing to one in six deaths nationwide. The Brigade's intervention consisted of building on smoking advice already provided as part of a HFSV by asking a series of questions to identify emerging and early smoking problems within households, with the aim of utilising pathways for subsequent and professional help and advice subject to the resident's consent. It was hoped that this would support prevention and improve health outcomes by providing support before behaviours become too entrenched and embedded into the person(s) or wider family's way of life or lifestyle choices.
31. 32 people were referred to local public health commissioned smoking cessation services between December 2017 and May 2019. Smoking rates are reported to be between 11% (Ealing) and 20% (Islington) of the adult population in the five pilot boroughs, which appears to correlate with the percentages of smokers encountered during Fire, Safe and Well visits, therefore presenting limited opportunity to engage with smokers. The Community Safety Advisors (CSAs) delivering visits also reported that many of the smokers they encountered were older adults with long term smoking behaviour who expressed little motivation to quit. In these instances CSAs provided advice and interventions to reduce fire risks associated with the smoking behaviour.

### **Social Isolation**

32. Older adults living alone have been identified in London and nationally as a group at increased risk of serious injury and death due to a dwelling fire. Lonely individuals are at increased risk of dementia and depression, and have also been found to have a higher incidence of falls. Social isolation has been estimated to cost the public sector £6,000 per person over ten years, and lacking social connections is comparable with smoking 15 cigarettes a day as a risk factor for early death. There are estimated to be almost 350,000 adults aged 65 and over living alone in London currently, and this figure is expected to rise to over 400,000 by 2025.
33. The Brigade's intervention on social isolation has involved use of the Campaign to End Loneliness Measurement Tool and the brief intervention principles of Making Every Contact Count to identify lonely and isolated individuals and refer them to local voluntary sector organisations for services such as telephone and face-to-face befriending and community activity groups. Relationships have been developed with organisations including Age UK, Wimbledon Guild, Contact the Elderly and Carers First, and 156 people were referred for support related to social isolation between December 2017 and May 2019.

### **Case study**

34. Mr McDonald was referred to Fire Safe and Well by the Merton social prescribing service linked to his GP practice. Mr McDonald is well known to his GP, has a number of long term physical health conditions and is rated as severely frail. During his Fire Safe and Well visit Mr McDonald reported having had a number of falls and near misses. The Community Safety Advisors phoned the CLCH falls



prevention service whilst in Mr McDonald's home and an appointment was made for a physiotherapist to visit him.

35. Further to receiving assessment by a specialist physiotherapist, Mr McDonald was referred for an 8 week programme of 'staying steady' exercise and advice classes. Feedback was sought from Mr McDonald by the Fire Safe and Well project team while he was part way through the 8 week course. Mr McDonald reported "It's going brilliantly. I feel a lot better – steadier on my feet. I was surprised it was something that the fire brigade could offer me."

Link to case study video:

<https://www.youtube.com/watch?v=9RDVzWD6Bg&feature=youtu.be>

## **Evaluation of Fire, Safe and Well visits**

36. The project team worked closely with LFB's Business Intelligence team and health partners to define the data that needed to be captured and how it was shared, stored and analysed. The Community Health team is currently undertaking the review and evaluation phase. A full evaluation in line with the national framework will be undertaken by MOPAC (Mayor's Office of Policing and Crime) in September 2019 at nil cost to the Brigade with quantitative and qualitative evidence collated over time by the Fire, Safe and Well team. The National Fire Chiefs Council (NFCC) has endorsed the Safe and Well Standard Evaluation Framework and work is currently clarifying the definition of Safe and Well visits and how this is aligned to the Firefighter role map.

37. The basis for the evaluation by MOPAC will be the national framework and we have adapted this to reflect our need and capacity. The evaluation will focus on our original criteria and the outcomes of the project, including the impact on individuals receiving visits. It will be constructed of a mixture of focus groups, data collection and analysis.

The aim of the evaluation will be to align the following:

- Project Initiation Document (PID)
- National Fire Chief's Council (NFCC) Standard Evaluation Framework
- Project Aims outlined below:

1. Accurately identify and target the most vulnerable clients for Fire, Safe and Well visits.
2. Ensure that those targeted receive information they require to enable safe independent living for as long as possible.
3. Ensure that those targeted receive the appropriate support (either directly or by referral) where required.
4. Ensure that fire risks are identified and individual fire risk is reduced effectively.
5. Maintain and/or improve quality of life for those targeted for visits.
6. Avoidable hospital admissions are prevented.

38. The evaluation by MOPAC will be completed by December 2019 and a report to Commissioners Board is planned for early 2020 to outline the findings of the evaluation with recommendations outlined for a way forward for Fire Safe and Well visits

## **Alignment and engagement with health and social care priorities**

39. Engagement over the past year to support the Fire, Safe and Well pilots is enabling development of a number of successful approaches, some of which are:

- The Healthy London Partnership (HLP) is a collaboration of the 32 Clinical Commissioning Groups (CCGs) in London and NHS England (London region) to deliver the aims of the NHS five year forward view and Long Term Plan. HLP are currently funding a qualified occupational therapist to support LFB's delivery of Fire, Safe and Well Pilots and influence engagement with NHS and social care.
- The Fire, Safe and Well pilots are affiliated with HLP's Personalised Care Delivery Group whose aims focus on delivery of the Comprehensive Model of Personalised Care, which aims to support people of all ages and their carers to manage their health and wellbeing and build community resilience. NHS clinical leads are supportive of the pilots and there is interest in LFB's longer term plan and wider community health work.
- Positive engagement with CCGs/GP Practices is currently being developed for both identifying fire/health risks and referrals directly to GPs. The pilots are influencing local multi agency teams in the development of new systems to support referrals into social care and the wider social prescribing environment. As STPs and CCGs begin delivering the ambitions of the NHS Long Term Plan, and social prescribing services are embedded in all London boroughs, there may be opportunity to establish links between the Brigade and social prescribers that would create a 'one stop shop' for referrals out of Fire, Safe and Well and reduce the challenges associated with creating bespoke pathways into multiple individual organisations.
- NHS, local authority and voluntary sector partners have been very receptive to the provision of fire safety awareness training for their multi-disciplinary teams, and there is scope to embed use of LFB's Person Centred Fire Risk Assessment into the assessment processes of a wide range of health and social care staff working with vulnerable individuals.

## **Youth Engagement and intervention**

40. The Community Health Strategy also highlighted LFB's aim to utilise our youth engagement programmes (particularly LIFE - Local Intervention Fire Education, Cadets and Crossfire) to educate on lifestyle behaviours that directly impact on the health and wellbeing of young people. Engagement with all Directors of Public Health in every London borough is being pursued to explore potential models of delivery.
41. In October 2017, LIFE delivered it's first Healthy Living course from Wembley Fire Station for young people aged between 14-17 years old. The young people had the opportunity to engage in the usual core elements of the LIFE programme as well as a dedicated focus on promoting healthy lifestyles. These included teamwork sessions aimed at understanding diet, nutrition, exercise, fitness and understanding different food groups.
42. Dedicated speakers provided inputs on substance misuse and consequences, particularly how substance misuse can affect your mental health and well being. The group experienced using 'Beer Goggles' and learnt how the effects of drugs and alcohol can effect visual judgement as well as the health impacts.

## **Opening up Fire Stations to the Community supporting Health and Wellbeing**

43. In alignment with the Brigade's new Inclusion Strategy which highlights the commitment to improve diversity and inclusion at fire stations, there is significant scope for community facilities at fire stations to be utilised to support the proposed Community Health Strategy. Health partners are exploring options, but fire stations could be key assets in the provision of local specialised health services to support the community e.g. memory clinics for those suffering with dementia, smoking cessation clinics, and mental health services to support children and young people.

## **Fire Stations as Blood Donation Venues**

44. Partnership working with the NHS Blood and Transplant Service has provided mutual benefits. For the Brigade, benefits of this approach have included:
- establishing our fire stations as accessible community assets;
  - increased access to those in our local communities to receive further safety advice on both fire and health issues;
  - effective use of community spaces on fire stations, especially community facilities at PFI stations;
  - increased footfall from London's diverse communities into our stations, showcasing the Brigade for future recruitment opportunities.

And for the NHS Blood and Transplant Service opportunities have included:-

- supporting the national transfusion service to increase donations from a wider population across all of London's communities;
  - efficiency savings can be made by cutting rental costs (in the region of £428,000 pa) and having accessible blood donation venues on a planned basis at fire stations.
45. Joint visits to ten fire stations by the NHS Blood Transfusion Service (NHSBT) managers and LFB staff (Operational and Property department leads) for example took place in 2017 to establish initial feasibility of fire station premises to be utilised as future blood donation venues. As well as providing a cost effective venue for the NHSBT to hold its transfusion sessions, it is recognised that many of the LFB's stations are at the heart of BAME communities and therefore well placed to increase donations of blood groups common to BAME communities.
46. To pilot this approach, Shadwell Fire Station launched their first public blood donation session in September 2017 and have held monthly sessions to date. The first session resulted in 60 people attending and demand for subsequent sessions which are pre-booked online with NHSBT have been at full capacity. Plans are being developed to expand this approach to more stations with Old Kent Road, Millwall and Dockhead likely to be the next stations to hold sessions. The LFB HQ building hosted it's first public access blood donation session on 26 March 2018 with capacity for 130 donors. Since this date, a further 4 sessions have been hosted by LFB Headquarters, with further sessions scheduled. For the four sessions hosted since March 2018, 495 people attended and 426 managed to donate blood. Each donation can save up to three lives so potentially over 1,200 lives may have been saved.
47. There is on-going work in five fire stations to introduce a new three bed blood donation team. The new Beckenham Team would be able to work from fire station community rooms and we are in the process of feasibility studies for these stations which include Shadwell, Old Kent Road, Purley, Mitcham and West Norwood.

### **Strength and Balance/Healthier Lifestyles classes**

48. The impact of falls and the cost of fractures to frail older people in the UK is estimated at £4.4bn and includes £1.1bn for social care. 30% of people aged 65+ and 50% of people aged 80+ will fall at least once a year. At an individual level, falls are the number one precipitating factor for a person losing independence and going into long term care. A first fall can set in motion a downward spiral of fear of falling which, in turn can lead to more inactivity, retreat from going out, exacerbating loneliness, loss of strength and a greater risk of further falls.
49. Strength and balance programmes are part of the solution shown to be an effective intervention for prevention. Leytonstone Fire Station are currently supporting North East London Foundation Trust in providing a venue to host strength and balance classes for the local community. Plans are in

development to support Central London Community Health NHS Trust to host the same classes at Mitcham Fire Station.

50. Age UK are utilising the community room at Purley Fire Station to provide regular Healthier Lifestyle classes which focus on exercise, healthy eating alongside providing health checks such as blood pressure monitoring.

### **LFB/Co-Op/Healthy London Partnership(HLP) - Community Christmas Events**

51. HLP's Proactive Care Programme came together with the LFB and Co-Op to pilot channelling resources and capacity to support shared community goals. In December 2016, LFB crews joined forces with local Co-Op food stores and the Healthy London Partnership to cook a Christmas dinner for the most vulnerable members of their community and their carers on Christmas Day across five stations. The event brought together socially isolated and vulnerable people who would otherwise be alone on Christmas day to be part of the festive celebrations at a fire station in the heart of their local community. Thirty five guests attended the five fire stations which took part, with the oldest guest at Dagenham being 99 years old. Those who participated collectively acknowledged the success and positive benefits for invited guests, fire crews and the numerous LFB and Co-op volunteers who supported the event.
52. Due to the evaluation outcomes and the success of this project, in December 2017 and 2018 this approach was extended to 16 stations who hosted Christmas dinners and festive tea parties in the run up to Christmas to an estimated 750 vulnerable residents each year. Station personnel embraced the opportunity and reached out to local supermarkets and partners to support the events by providing food and entertainment resulting in widespread success. Christmas Dinners and tea parties during December are now part of core delivery at a minimum of 16 stations per year .

### **Fire Stations as Flu Vaccination Clinics**

53. Work has been progressing for LFB fire stations with dedicated community facilities to support NHS partners to host vaccination clinics delivering the winter flu vaccination programme as well as the supporting catch up clinics for school vaccination such as seasonal flu and Meningitis. Fire stations within Southwark, Lambeth, Bromley and Mitcham are liaising with local clinical teams in supporting this provision. The winter flu programme targets many of LFB's higher risk groups such as those over 65 and carers of older or disabled people and this year is also focusing on providing vaccinations. Supporting this programme to protect the health of those most vulnerable and their carers in our communities will open opportunities to LFB in accessing the same target audience on fire safety solutions. If progressed, an enhanced LFB response to those accessing the fire station for vaccination can be considered.

### **Communication Highlights**

#### **LFB support for Public Health England 'Stay Well This Winter' campaign**

54. LFB in partnership with Public Health England (PHE) agreed to distribute Stay Well This Winter (SWTW) (now called 'Help Us Help You) information and thermometers in January 2017 as part of our HFSV programme by station based crews and staff carrying out community based activities. These resources support the most vulnerable residents in our communities who may be more susceptible to the effects of cold weather and the associated health issues. This is now part of on-going business across all London boroughs.

#### **LFB transition from 'safer smoking' to advocating a 'stop smoking' position**

55. With the agreement of LFB's Community Health Strategy in September 2016, the Brigade is now advocating a 'stop smoking' message as well as supporting the PHE Stoptober campaign.
56. LFB have also co-ordinated the forthcoming National Fire Chiefs Council's Smoking, Vaping and Tobacco position statement. LFB support vaping as part of a fire risk reduction strategy and whilst evidence on the health benefits of vaping cannot yet be validated, the NFCC position statement reflects PHEs recognition of switching to vaping as part of a wider stopping smoking solution. LFB information and literature will be updated accordingly.

## **Conclusions**

57. It is the Brigade's ambition to build on its excellent performance in driving down the number of fires to support safer, healthier communities for London's diverse population.
58. Brigade Officers will continue to promote the added value that the Brigade can bring to improving fire and health outcomes within their local communities. Working together with strategic health partners in an open and honest way will help the Brigade's delivery to be seen and recognised as a valued asset by staff, London's communities as well as health professionals.
59. The delivery of the Community Health Strategy will continue till 2020 and then the Strategy will be updated.

## **Finance comments**

60. This report summarises the progress on developing Fire, Safe and Well Visit pilots as well as the wider Community Health Strategy (CHS). The Fire, Safe and Well pilot has been funded through the earmarked London Safety Plan Initiative reserve, with total costs incurred of £158k in 2017/18, £268k in 2018/19 and expected costs of £185k in 2019/20.

## **Workforce comments**

61. As this is primarily an information report, no staff side consultations have been undertaken on its contents. Staff side has been fully consulted over the Brigade's health strategy, including as part of the consultation over the London Safety Plan 2017, and more recently in respect of the Brigade's Community Safety and Prevention Strategy, which incorporates community health initiatives.
62. Staff side have therefore been consulted on the Fire, Safe and Well Visit pilots which are referenced in this strategy document. As the report notes, for operational staff there is the additional dimension of the ongoing national (NJC) discussions on broadening the firefighter role which include co-responding, and health and community activities such as Fire, Safe and Well Visits. The Brigade will therefore need to take these national discussions into account when engaging with the London Region Fire Brigades Union on plans for future delivery of these work areas.

## **Legal comments**

63. Under section 9 of the Policing and Crime Act 2017, the London Fire Commissioner (the "Commissioner") is established as a corporation sole with the Mayor appointing the occupant of that office.
64. In accordance with Sections 5A of the FRSA 2004, the London Fire Commissioner (the "Commissioner"), being a 'relevant authority', may do "anything it considers appropriate for the purposes of the carrying - out of any of it's functions... anything it considers appropriate for purposes incidental to its functional purposes... anything it considers appropriate for purposes indirectly incidental to its functional purposes through any number of removes".

65. In accordance with Section 6 of the FRSA 2004 the Commissioner, "must make provision for the purpose of promoting fire safety in its area". In making such provision the Commissioner must "in particular, to the extent that it considers it reasonable to do so, make arrangements for ... the provision of information, publicity and encouragement in respect of the steps to be taken to prevent fires and death or injury by fire", "the giving of advice, on request, about how to prevent fires and restrict their spread in buildings and other property; and the means of escape from buildings and other property in case of fire."
66. When carrying out its functions, the Commissioner, as the fire and rescue authority for Greater London, is required to 'have regard to the Fire and Rescue National Framework prepared by the Secretary of State (Fire and Rescue Service Act 2004, section 21). The production of a London Safety Plan is a requirement of the National Framework.
67. The National Framework states, "We must continue to work hard to keep people – especially those whose vulnerability to fire is increased by age, infirmity, mental health, domestic violence or any of the other complex issues some of us are living with – as safe from fire risks as possible. In many cases, this means engaging effectively with other agencies to work together to better protect and improve the outcomes for these individuals."
68. The sixth London Safety Plan includes extensive reference to the Brigade's Community Health Strategy which, "sets out how the Brigade will support a range of health interventions and education to help improve health outcomes for some of London's most vulnerable people".
69. In undertaking this work the Brigade's Business Intelligence and General Counsel departments have been involved to ensure continued compliance with the UK's Data Protection legislation and EU's General Data Protection Regulation. It is General Counsel's view that obtaining, recording, retaining and where appropriate passing to third party organisations as set out in the Visit forms, is "necessary" for the exercise of its statutory functions and that a lawful basis for processing exists under the GDPR. However, it remains a crucial aspect of this work that the information being collected and the reasons for that collection are regularly reviewed to ensure that this remains the case.

### **Sustainability implications**

70. The areas of new activity proposed in the Community Health Strategy as outlined for health and well visits and fire stations as community assets, will support improved sustainability within and for the community. Delivered through the expected outcomes of improved quality of life for vulnerable individuals from improved health and wellbeing and potential carbon reduction from more efficient forms of heating. In addition there are the sustainability benefits associated with a potential reduction in fires through reduced environmental, economic and social impacts.

### **Equalities implications**

71. The initiatives being delivered and ambitions outlined in the community Health Strategy are working with some of the most vulnerable people in London. The evaluation of Fire Safe and Well visits will also look at the take up of visits across all equalities groups.

## List of Appendices

<b>Appendix</b>	<b>Title</b>	<b>Protective Marking</b>
1.	Community Health Strategy	

## Consultation

[Note: this section is for internal reference only – consultation information for public consideration should be included within the body of the report]

<b>Name/role</b>	<b>Method consulted</b>
Borough Commanders/Area DACs	Via Email
Fire Safe and Well Project Team	Via Email
Finance, Legal, Equalities comments	Via Email
Communications (Caroline Davis and Helen Newton)	Via Email



LONDON FIRE BRIGADE

## Appendix 1 - Healthier Futures

# LFB Community Health Strategy

## Introduction



As the new London Fire Commissioner, I feel hugely proud of the service London Fire Brigade delivers every day in keeping London and Londoners safe. Many people in public services and the population generally are not aware of the wider role London Fire Brigade already plays in prevention, protection and community safety. For some, our service is still predominantly associated with emergency response; to protect our communities from the devastating effects of fire and a range of other emergencies. While this remains a critical part of what we do, we also proudly acknowledge our effectiveness in improving lives through the delivery of our fire and community safety activities.

Building safer and healthier communities is a priority for all public services across London's landscape. The demands on the National Health Service (NHS), public health and social care are by far exceeding the resource and capacity to respond. Through our detailed analysis of incidents we are aware that the causes of poor health outcomes are primarily the same as those that determine risk from fire. Characteristics such as restricted mobility, social isolation, poor mental health, smoking, deprivation, and alcohol and substance misuse represent most of the risk factors involved in accidental and fatal fires whilst also placing significant pressure on health services.

Delivering the ambitions of the Community Health Strategy recently introduced by the former London Fire Commissioner is one of my priorities as we take our place within the communities that we serve. This strategy supports our London Safety Plan in outlining how London Fire Brigade will form an integrated relationship with health services in protecting our communities. The health landscape in London is complex and any approach needs to consider local capacity, relationships and services in place to address local needs. However, our suite of prevention and investment activity provides a particularly powerful opportunity to influence and improve the lives and health outcomes of vulnerable people. The advantages of collaboration are mutual; by supporting health services to prevent poor health outcomes we will also address some of our own risks and priorities.

**Dany Cotton**  
**London Fire Commissioner**



## Aims and Objectives

The overarching aim of this strategy is to ensure London Fire Brigade (LFB) is regarded as a key health asset by working collaboratively with London's health services to improve health outcomes across all of London's communities.

The National Health Service (NHS), public health and social care are facing huge challenges where demand is rising as a result of an increase in the numbers of adults and children 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. The success fire and rescue services have had nationally in reducing demand and saving lives through investment in prevention activity has been widely acknowledged by health services. The parallels between people who experience poor health outcomes and those most at risk from fire are closely linked, therefore health services working collaboratively with the fire sector provides a fantastic opportunity to work together for mutual benefit.

Many professionals, including ourselves who are not public health practitioners, have an opportunity or ability to promote improvement in the public's health and make a valued contribution as part of the wider public health workforce. Working collaboratively with health partners will ensure all Londoners are engaged and involved in their own health whilst keeping themselves safe. This approach will empower individuals to be at the heart of their own care, accessing solutions tailored to their own needs through enhanced personalisation and self-care. LFB are privileged to have cultivated a hugely positive, trusted brand across London which allows our staff access into people's homes and a means to engage with some of the hardest to reach in our communities. We carry out around 86,000 home fire safety visits every year, targeting the people and places that are most at risk from fire. Our role in supporting health partners to reduce demand on their services has already begun. Through delivery of our co-responding pilot with the London Ambulance Service, LFB are supporting an emergency response to those in life threatening situations, saving lives and assessing outcomes of closer collaboration between blue light services.

A number of external drivers should also be considered in the development of this strategy. These will influence how LFB will establish greater collaboration with health services to improve health outcomes and include:

1. Fulfil the intent set out in the consensus statement signed by the Chief Fire Officers' Association (CFOA), NHS England, Age UK, Public Health England and the Local Government Association in October 2015. The statement describes working 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.
2. **Support the NHS Five Year Forward View on "getting serious about prevention"** and to explore how we can support NHS providers, Clinical Commissioning Groups, Local Authorities and other health and care services across London to deliver their Sustainability Transformation Plans accelerating the implementation of the Five Year Forward View.
3. **Support the London Health and Care Collaboration Agreement** signed by London partners (the Mayor, London Councils, London Clinical Commissioning Groups, NHS England and Public Health England) in transforming health and wellbeing outcomes, inequalities and services in London. The health and care devolution agreement paves the way for more control of services to London and LFB will explore how to support achievement of those aims.
4. Both health and fire services have recognised the importance of 'Making Every Contact Count' by **improving the outcomes that people receive, reducing duplication and ensuring that maximum**

**benefit is gleaned from all contact with public services.** The communities we serve deserve the best value for money and quality of services – who provides it and how it is provided should be secondary considerations.

5. Greater **collaboration between LFB and health providers** will improve services for those at the receiving end, it has the capacity to save our services time, money and resources. At a time when all public services are facing squeezed budgets and pressure to innovate and collaborate, a closer working relationship between health and fire has the potential to save lives as well as reduce pressure on resources. It will be important to find ways to measure and evaluate the success of the work, especially when some outcomes will involve demands on health services *not taking place* as a result of our prevention activity.

## Our Health Priorities

6. Develop **closer working relationships with pan-London and local health and social care partners** as well as the third sector to encourage closer collaboration and data and information sharing between fire and health agencies.

To enable this, we will:

- Build trusting relationships with partners and promote our capabilities as part of the wider public health workforce and the mutual benefits such collaboration will bring.
- Communicate clearly with partners and the communities we serve outlining the benefits realised through fire and health collaboration. This will include the shared risk profile and opportunities presented by the development of Safe and Well visits, focussed referral pathways and delivering joint improvements in premises where the most vulnerable are at risk.
- Demonstrate how aligned fire and health services will support achievement of joint aims outlined in the NHS five year forward plan and the LFB's London Safety Plan.
- Promote the secure sharing of data and work collaboratively at pan London and borough level to inform service improvements which ensure improved outcomes for those most in need of preventative fire and health interventions.

What will success look like?

- We will be collaborating effectively with health partners on improving physical and mental wellbeing, realising significant benefits for individuals, services and communities, and progressing sustainability for better social outcomes.
- We will be supporting communities and individuals to be at the centre of their own care by accessing tailored solutions to support enhanced personalisation and self-care.
- The Mayor's Health Board and elected Members will champion the benefits of greater integration between fire and health across London.
- London Fire Brigade as a health asset is reflected in the NHS Sustainability and Transformation Plans to deliver the NHS Five Year Forward View.
- We will have access to a wide range of timely, relevant data in useable formats, which can be used to prioritise and target health and wellbeing interventions, as well as other prevention activity.

7. **Be an important health asset** and a significant member of local Health & Wellbeing Boards and Clinical Commissioning Groups.
8. **Transform delivery of Home Fire Safety Visits into Safe and Well visits** in order to improve public health outcomes.

A safe and well visit will be a person-centred visit in the home to identify and reduce risk to the resident or residents. It will expand on the advice and intervention already provided as part of a home fire safety visit to identify opportunities to improve health and wellbeing. The range of risks addressed will be tailored to

meet local needs and capacity. We will identify the key interventions where we can reduce risk by delivering advice, provide services and/or refer to partners.

To enable this, we will:

- Use our regional 'Fire as a Health Asset' forum to consult with strategic health partners in identifying the range of health priorities where we can add value and improve public health outcomes.
- Use our local knowledge about risks in the community to inform the actions we take to improve safety. Consult with our staff and key stakeholders on the design and delivery of safe and well visits.
- Recognise that intervention needs to be evidence led and evidence based outcomes are important to ensure our contribution can be clearly recognised and valued by all stakeholders.
- Ensure local focussed referral pathways are established with health partners to support those identified for onward health intervention.
- Plan the most effective use of our resources including staff, stations, vehicles and equipment to deliver Safe and Well visits.

9. **Ensure the health support provided by Safe and Well visits are communicated effectively to the public** as well as within the public health sector so our role as a trusted health partner is acknowledged by both stakeholders.

What does success look like?

- Health partners will see effective partnership working and outcomes for their communities.
- Those most vulnerable in our communities will receive and value a joined up service, providing effective and realistic assessment of need to improve both fire and health outcomes and keep them safer in their homes.

10. In the longer term we will **see improved outcomes from regional health leads** such as Public Health England and NHS England, which commissions London's health services.

11. Explore and **develop other areas where we can improve health outcomes** by drawing on best practice, utilising new technology and investing in upstream prevention.

We already work on a range of interventions beyond the development of Safe and Well visits to improve health outcomes, from working with people and organisations to improve fitness, to promoting key life-saving skills and assistive technology to enable people to live safer and healthier lives. Our experience in reducing fire and other emergencies through prevention and protection has proven to us that upstream activity which produces improved outcomes in the medium or long term are most effective.

Our trusted brand allows us to engage and motivate hard to reach groups in boroughs across London and we use these opportunities to improve health and wellbeing of young and old. Our youth engagement programmes empower young people within their communities, building confidence and self-esteem and thereby decreasing their susceptibility to risk before it occurs. New technologies, such as telecare services or fire suppression systems play an integral role in supporting vulnerable people to remain independent in their own homes.

To enable this, we will:

- Use our youth engagement programmes to educate on lifestyle behaviours that directly impact on the risk of developing chronic health conditions such as obesity, tobacco, illegal drugs and excess

alcohol consumption. This could involve giving young people the skills to become community health advocates.

- Inspire our borough commanders to develop a portfolio of good practice regarding fire, health and wellbeing collaboration.
- Explore how fire stations in the heart of London's communities can be utilised as community assets to improve both fire and health outcomes.
- Work with all partners to improve the fire safety of health and care premises where vulnerable people are at risk.
- Continue to raise awareness on the links between health and fire and social care providers to improve outcomes and embed this knowledge to meet the fire safety requirements of the Care Certificate.

**12. Work with industry and partners to develop and support effectiveness of new technologies** such as telecare, personal protective systems and assistive living technology.

What does success look like?

- We will be seen as key partners for public health teams, Clinical Commissioning Groups and NHS trusts for health and wellbeing promotion.
- Social care providers will work closely with us as an asset in reducing fire and health inequalities.
- Technology developers in areas such as telecare or personal protection systems will engage with us in the design of innovative solutions and products to reduce the risk of death and injury from fire and other emergencies.

**13. Invest in our staff through the continuous development of skills, knowledge and understanding** to underpin our effectiveness in delivering our Community Health Strategy.

Our staff are skilled professionals fulfilling a range of roles who over a number of years have taken on a range of new tasks which have required them to be highly adaptable and open to new roles and responsibilities in protecting the community. Existing skills combined with a strong ethic of public service and problem solving culture is an excellent platform on which to develop basic health interventions.

Recognising the complex issues in health, it is important to be clear where our staff can support health partners in identifying health risks and signposting to appropriately qualified health and social care colleagues. We will ensure our staff are confident to identify and discuss health risks with vulnerable people and build the relationships with partners to ensure that each person has a focused referral pathway to provide ongoing support.

To enable this, we will:

- Define the areas of health intervention where our staff can add value.
- Engage with health and training professionals to identify and deliver fit for purpose training and continuous professional development which permits our staff to undertake a wider health role in a confident manner.

**14. Ensure a robust safeguarding process is in place for our staff** working with vulnerable people.

What will success look like?

- The public will be assured that health and wellbeing interventions are undertaken by professional and appropriately trained staff.
- Health partners will be assured of the quality in signposting and referring risk to them when appropriate.

15. Our staff will feel their role in undertaking health and wellbeing **interventions in communities is valued and worthwhile.**

## **A forward vision**

This strategy focuses on defining our contribution to health and how we become effective partners in supporting public health agencies. Communicating widely with clinical commissioning groups, local authority public health departments, social services and health service providers will play a vital role in our collaboration. Being clear with commissioners on why they should engage, what is required to support health and what we are in a position to deliver is also key to that success.

As our role supporting health services becomes more established and health providers are aware that interventions can be evaluated as an effective delivery model it will be important to consider and explore how work carried out by LFB on behalf of health might be funded. In some instances, this work will incur little or no additional cost and the benefits will clearly be mutual.