

WEST MIDLANDS FIRE AND RESCUE AUTHORITY
COLLABORATION AND TRANSFORMATION COMMITTEE

6TH NOVEMBER 2023

**1. PROGRESS UPDATE REDUCING HEALTH INEQUALITIES
CRMP PROJECT**

Report of the Chief Fire Officer

RECOMMENDED

- 1.1 THAT Members note the progress that is being made in delivering the Reducing Health Inequalities CRMP Project.

2. PURPOSE OF REPORT

To provide an update on the progress made so far with delivering the tasks and intended outcomes of the Reducing Health Inequalities CRMP Project.

3. BACKGROUND

- 3.1 The National Fire and Rescue Framework 2018 requires all FRS to produce an Integrated (Community) Risk Management Plan (CRMP). The plans analyse a wide range of data to assess all foreseeable risks and provide evidenced based strategy that demonstrates how Response, Prevention and Protection activities reduce and mitigate the impacts of fire and other emergency incidents.
- 3.2 The Reducing Health Inequalities (RHI) project is one of the projects that specifically support the delivery of the WMFS CRMP.
- 3.3 There is significant overlap between the health inequalities and social determinants that cause reduced mortality and those that increase the risk and vulnerability to fire and other emergencies. The aim of the RHI project is to develop a co-ordinate suite of Prevention activities, across the life course, that reduce health inequalities and therefore reduce risk and vulnerability to fire and other emergencies.

- 3.4 Building on the Prevention activities currently delivered and the and digital system transformation that has already started, the project aims to deliver outcomes across four thematic areas which are People, Digital, Data and Partnerships & Collaboration.

4. **PROJECT PROGRESS AND UPDATE**

4.1 **General Updates**

- 4.1.1 In August 2023 there was a change of Project Manager, and the project is now being managed by Station Commander Andy Clay (temp). Andy's substantive position is Prevention Evaluation and Quality Assurance Officer.
- 4.1.2 The project continues to be delivered using a collaborative approach across teams and functions within WMFS and with external partners. Teams made up of relevant stakeholders are being formed to undertake the tasks within the project.
- 4.1.3 To evaluate and evidence the impact that the resources and activities within the project make, a comprehensive logic model and evaluation plan has been created. This sets out, the short and medium outcomes along with what and how we will measure the intended impact of the activities within the project.

4.2 **Digital Outcomes Update**

4.2.1 **The digital outcomes of the project are:-**

- Digital technology enables prevention activity to be accurately recorded and data collected which allows the impact and outcome of prevention activity to be measured, monitored, quality assured and evaluated.
- Education activities will become more effective through different ways of working utilising digital technologies.
- Advances in assistive technology enable prevention activities to be delivered proactively or for the risk to be reduced by the technology itself.

- Improved access to diverse digital services allows the community to take actions that reduce health inequality and reduce their risk of fire and other emergencies.

4.2.2 Progress against the Digital outcomes from the project are detailed below:-

Service User evaluation of [Safe & Well](#) (SAW) continues to be integral to delivery of the service with surveys being sent to all service users who received a visit the end of each financial quarter. The results from the surveys are monitored and accessed through a Power Bi dashboard.

4.2.3 The data from the surveys continues to indicate that SAW is improving people's health, wellbeing, and quality of life and reducing risk and vulnerability to fire. Some examples of what the 3,868 responses to date tell us include:

- 92.7% of the respondents say that they have a greater understanding of the risk of falling which is an increase on 91% reported in September 2022
- 96.9% of those who smoke say they have a greater understanding of the risks of smoking which is an increase on the 95% reported in September 2022
- Of those who smoke 279 people have now been referred to stop smoking services and 122 (43.7%) of those who were referred told us they have stopped smoking which is an increase on the 41% reported in September 2022
- Just under a third of those who respond tell us that they had been referred to services for further support for one or more of the following; smoking cessation, child safety, loneliness, winter warmth and alcohol services.

4.2.4 The development of the Tymly system to record SAW visits and innovate business processes to support delivery has been work in progress with the system being piloted in Black Country South Operations Command. At the start of lockdown in March 2020, this pilot was suspended to support business continuity arrangements.

- 4.2.5 Tymly continues to be used to record Safe & Wells (SAW) that are completed remotely by phone, and we have completed 672 remote assessments since inception up to the end of September 2023.
- 4.2.6 Work to develop the Tymly system to innovate and transform the delivery Prevention activities has continued. In June this year, the recording of Complex Needs Officer (CNO) cases was moved to Tymly. Alongside the introduction of Tymly for CNO cases, the records for status of CNO referrals and allocation of cases to CNOs was moved to MS SharePoint list taking advantage of the functionality of Microsoft Office 365 (O365). This also enabled Operations Admin Teams across all Command to streamline and standardise these processes. Aligned to the use of Tymly and O365, we have also been able to introduce a MS PowerBi dashboard to monitor performance and understand the multiple and complex needs of those being supported by CNOs.
- 4.2.7 Functionality of the O365 SharePoint list has also improved visibility of case management and therefore our awareness of risk. This means that we are better able to evidence our work to reduce risk and vulnerability and improve safety, health wellbeing and quality of life for those that the CRMP identifies as being most at risk and vulnerable to fire.
- 4.2.8 This visibility and standardisation of process has supported Prevention and CNOs to significantly reduce the number and length of time that people wait to be allocated for support from a CNO.
- 4.2.9 The project scope for Tymly to deliver all Prevention activities and education programmes is now complete and has been revised to include the requirements for Safeguarding records so that it incorporates this too.
- 4.2.10 The service is currently undertaking an 'early market engagement' process to determine the most efficient and effective approach to deliver the remainder of the digital system for all activities and programmes.

4.3 **Data Outcomes**

4.3.1 The data outcome is:

- Data is shared and governed between partner organisations and is used effectively to identify people at risk of fire and other emergency incidents.

4.3.2 Progress against the digital outcome to date:-

The service has purchased Acorn geodemographic data. This data segments the UK's population. It segments postcodes and neighbourhoods into categories. It also provides health related data. Now that we have this data, we will be able to build a PowerBi dashboard and use incident and SAW data to identify at-risk households for proactive contact.

4.3.3 The work to develop and implement a protocol guidance for making proactive contact with households' data suggests may be at risk and vulnerable to fire and other emergencies is in progress. This will support the use of Acorn and other data to pro-actively target those that the data identifies as being at risk and vulnerable to fires and other emergencies.

4.4 **Partnership & Collaboration Outcomes**

4.4.1 The Partnership & Collaboration Outcomes are:-

- WMFS works effectively with partners across the wider health and social care sector to reduce health inequalities and the role of the fire service is valued by those partners.
- WMFS is commissioned to deliver activities that contribute to reducing health inequalities.

4.4.2 Progress against the Partnership & Collaboration outcomes to date:

WMFS is a member of the 3 Integrated Care Partnerships (ICP) in our service area (Birmingham & Solihull, Black Country, and Coventry & Warwickshire).

4.4.3 ICPs bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to integrate this across different organisations and settings to meet the needs of their population.

4.4.4 WMFS continues to engage in the work of the ICPs and this has provided opportunity for the service to explore the benefits of delivering SAW visits as part of the new NHS Virtual Ward and Hospital at Home services.

4.4.5 Following engagement with NFCC and NHS England pilots are progressing on this with Black Country ICP and University Hospitals Coventry and Warwickshire.

4.4.6 Working alongside NFCC colleagues, engagement has commenced nationally with the Care Quality Commission (CQC) to identify how their inspection regime can recognise and incorporate home fire safety. To support this, there is an NFCC working group with the RHI project manager as a member to develop a brief intervention for fire safety for non-fire service personnel to set a 'standard method' that can be 'inspected' for compliance by CQC.

4.5 **People Outcomes**

4.5.1 The People outcomes are:-

- All staff understand and appreciate that health inequalities impact on risk and vulnerability to fire and other emergencies and see reducing health inequalities as an essential service delivery requirement.
- We attract and recruit staff that are skilled in the delivery of this work as a major part of the role.
- Staff delivering prevention activities are ready, willing, and able to have conversations with people about their health and wellbeing and understand when to refer on to other agencies for support.
- WMFS can evidence the impact it has on reducing health inequalities and subsequently on the risk and vulnerability to fire and other emergencies.

4.5.2 Progress against the people outcomes to date:-

The National Fire Chiefs Council (NFCC) in consultation with UKFRS and with support of the Home Office have developed a national Person-Centred Home Fire Safety Visit (PCF). The PCF supports all FRS to deliver a standardised and evidence-based approach to a person-centred HFSV.

4.5.3 To support the implementation of the NFCC Person Centred Framework (PCF), WMFS has been working with regional colleagues to develop a consistent approach to data collection. Additionally, WMFS has contributed to the development of the competency framework to provide a standardised method of setting expectations for skills, knowledge and behaviours required to deliver home fire safety visits. This provides opportunity to support the workforce to develop and obtain the required competence which can be assessed and quality assured.

4.5.4 The online home fire safety check (OHFSC) has been developed to complement the PCF, which underpins the work of remote and face to face Home Fire Safety Visits and deliver a product available to households who may not reach the threshold for a physical visit, or to be used when and where physical visits are restricted or not possible. It has been designed to provide a person-centred self-assessment of fire risk for individuals that may have low or medium fire risk.

4.5.5 Available free of charge to all FRSs in England, this user-friendly resource has been developed in collaboration with Fire Kills and SafeLincs under the NFCC's Prevention Programme.

4.5.6 To ensure that those most at risk and vulnerable are not overlooked, the tool has a mechanism to flag a user to their local FRS where a physical visit would be recommended because of completing the self-assessment. It has been designed to be used by either the home occupant directly, a third party (police, social worker, paramedic etc) who may have concerns to an occupant's welfare or safety, or simply aid the FRS directly with home visits.

- 4.5.7 It supports the provision of universal home fire safety guidance proportionate to risk and vulnerability enabling WMFS to target its resources to provide face to face SAW to those who are at highest risk and vulnerability.
- 4.5.8 The service has successfully completed the onboarding of the OHFSC. Everyone who self refers through WMFS.net uses the OHFSC. Those whose risk is medium to high are provided with the opportunity to refer themselves for a SAW using this approach. To date 308 of the SAW assessments either completed face to face or remotely were received through the OHFSC. It has been trialled with a social housing provider for them to use with their new tenants so that all receive an initial assessment and those who are deemed to have medium and high risk are referred to WMFS for a SAW. This trial has been evaluated by WMFS and the provider as a good practice approach and is now being rolled out to social housing providers across the service area.

4.6 **Next Steps**

- 4.6.1 For **Digital outcomes** work continues to develop and build the Tymly system for Prevention education and activities including safeguarding. This will see the PCF fully integrated in to SAW.
- 4.6.2 The next steps are to assess the outcome of the early market engagement to determine the most appropriate approach to the build of the system.
- 4.6.3 For **Data outcomes** work to develop the PowerBi dashboard and guidance for use the Acorn data will continue over the coming weeks and months.
- 4.6.4 For **People outcomes**, the focus will be creating a proactive contact strategy and protocols to enable better use of and access to individuals that data sets indicate are at risk and vulnerable to fire and other emergencies.
- 4.6.5 When available, the service will also onboard the e-learn package that the NFCC are making available to support the delivery of the PCF for home fire safety visits.

And

- 4.6.6 For **Partnerships & Collaboration** outcomes, work will continue to build our relationships, brand, and value with the ISPs. To support this work is commencing on developing a clear offer of what WMFS can contribute with health partners.

5. **EQUALITY IMPACT ASSESSMENT**

- 5.1 In preparing this report, an initial Equality Impact Assessment is not required and has not been conducted.
- 5.2 Throughout the life of the project, initial Equality Impact Assessments will be undertaken and where appropriate full Equality Impact Assessments will take place. WMFS Networking and working groups, will be engaged, and consulted to ensure that the outcomes are effective, fit for purpose and understood by all.

6. **LEGAL IMPLICATIONS**

There are no direct legal implications.

7. **FINANCIAL IMPLICATIONS**

There are no direct financial implications.

8. **ENVIRONMENTAL IMPLICATIONS**

Positive impact on the environment is being enabled through the digital outcomes in the project and the effective targeting of services and activity.

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