

Hampshire Fire and Rescue Authority

Performance Review and Scrutiny Committee

Item: 11

24 January 2017

Update on the Fire as a Health Asset project

Report by the Chief Officer

Contact: Area Manager Rob Cole

1 Summary

- 1.1 This report summarises progress of the Fire as a Health Asset work stream and how it has developed. The project aim was two fold. Firstly, to create an operational capability (trained staff alerted with the right equipment and vehicles) to attend additional medical emergencies. 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.
- 1.2 Our work in both broad areas is now nationally and internationally recognised. This has been achieved through collaboration with our health and social care partners so to be commissioned; we have identified opportunities for medical call types that HFRS can respond to. Achieving these outcomes has brought benefits of effective use of HFRS resources, reduced demand on Health Services, giving huge benefits to society and fire becoming a true Health Asset.

2 Recommendations

- 2.1 That the committee considers and recognises the progress made to date in reference to Fire as a Health Asset and supports the work of the project going forward.

3 Introduction and background

- 3.1 In June 2014 we submitted a bid and were successful 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 new technologies, medical response and a wider public health and well being role.
- 3.2 Work has progressed significantly over the past two years with Hampshire Fire and Rescue being seen as leading the Fire as Health Asset area within Fire and Rescue services and more importantly by our Health colleagues in Hampshire and across the country.
- 3.3 We continue on a full cost recovery, the Co Responding crewing model. We are developing new medical response models in assisting South Central Ambulance Service (SCAS) and the community with fire appliances attending Cardiac Arrest calls and non injury mechanical falls, again with financial recognition attached from SCAS.

3.4 We have gained commissioned work (within the prevention field). We have obtained, in Year 16/17, £56k placed into the transformation fund. We have the commitment of commission work in years 17/18 of £189K to date from Health to deliver the products on prevention. This financial income will be placed back into service transformation fund.

3.5 Original aims and objectives

- Use new mobilising technology to instigate new call out arrangements so that we 'alert' the right number of staff, with the right skills to match the emergency call;
- Equip our vehicles to enable them to additionally attend medical emergencies, a continuation of our sector-leading Co-Responder scheme;
- Work with health partners to identify other medical call types, where HFRS can respond;
- Grow our successful fire prevention initiatives, delivering with on call staff, together with a collaborated focus on Health and Wellbeing, to further help reduce demand on health services.

4 Progress and Performance (for further detail please see Appendix A)

4.1 Medical Response

4.1.1 Building on our success with Co-Responding, we have fully 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 ensure an effective model.

4.1.2 The intention is that this capability will include attending confirmed Cardiac Arrest Calls and non-injury Mechanical fall's by front line appliances. This is through a formal agreement with the Ambulance Service with financial recognition built into it, to make it sustainable for HFRS.

4.1.3 Recent conversations with South Central Ambulance Service (SCAS) have been positive, however slow, in progressing the actual mobilising of appliances. It is planned to trial both types of new response using our red fleet commencing in January 2017. This will allow for a new Medical Response MOU to take shape and be put in place by Summer 2017.

4.2 Co Responder crewing model performance

- 4.2.1
- Average SCAS Red 1 and 2 performance (8 min response time) improvement of 4.8% over 6 years.
 - Average cost over 6 years £363,000 (per year)
 - Calls increase from ~9,000 to 13,000 over 6 years
 - The introduction of the HFRS IEC will see a cost reduction for SCAS of approx. £27,500 a year (for direct training cost excluding capacity of a SCAS trainer)

4.3 III Health Prevention

- 4.3.1 In collaboration with Clinical Commissioning Groups (CCG's) 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 couple of months against the national FRS trend. Jacquie White 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 NHS Sustainability and Transformation Plans (STP) and 5 year forward plan from 2018.
- 4.3.2 Our focus on youth and the elderly with long term health conditions has proven sound. Our intention is to achieve a delivery model utilising front line crews at stations, not setting up a stand alone department, to combine an integration of 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. 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.
- 4.3.3 To date we have developed, trialled and delivered 14 Safety Through Education Exercise and Resilience (STEER) Course, 12 A Better Me" Healthy Body / Healthy Mind Course, 8 Falls Champion" Courses.
- 4.3.4 Following the year's successes, over the coming year we have planned with our partners to deliver, 24 STEER courses, 20 Falls Champion Courses, 24 A Better Me courses and a new Quit and Get Fit courses aimed at people wanting to give up smoking across Hampshire, all financially recognised from Health partners.
- 4.3.5 Within year 16/17 we have evaluated our work using Professor Rob Crouch from University Hospital Southampton NHS Foundation Trust and Faculty of Health Sciences, University of Southampton. We have a number of PhD students working with us to develop an all encompassing independent evaluation and research paper. This will be supported by the work of our Knowledge Management function.

4.4 Selective Alerting

- 4.4.1 Work into the background engineering and front-end operational implementation of selective alerting has been ongoing. By engineering a solution for selective alerting by "appliance required" with personnel attached to the appliance(s) to receive the alert, we will be able to move away from team A/B selective alerting concept previously envisaged.

5 Supporting our corporate aims and objectives

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

6 Risk analysis

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

- 6.2 We do recognise that risks exist; to limit these we will work in 6 month increments and build in safe guards in all of our Agreements to deliver services over this period.

7 People Impact Assessment

- 7.1 The proposals in this report are considered compatible with the provisions of the equality and human rights legislation.
- 7.2 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.

8 Future developments

- 8.1 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 CCG's, PH and other Health organisations that our work is worthwhile and actually benefits the people we are all trying to reach. We are progressing to become a trusted partner in the Health arena, we are also beginning to realise all the benefits of this project can bring to HFRS and the community.
- 8.2 We could reduce the resources away from this work in March as the project is due to close with all areas of the project being implemented as planned. However, our view is this would be entirely the wrong timing to completely remove the dedicated capacity. Having delivered the relevant trials and capabilities, implemented these new products we are attracting buy in across all Health organisations from the 7 CCG's and local authorities. We have been so successful that the commitment from Health is growing with a financial total promised of £189k for next year.
- 8.3 Funding and resourcing a "business readiness" phase would enable the products to be delivered as per commissioned work over the next two years whilst continuing the familiarisation and training of our front line crews in all areas of health asset work. This approach will provide greater evaluation to prove our work adds value to health and social care and the wider public purse.
- 8.4 It is envisaged that we will see success of this work play out over the next two years, the financial commitment of HFRS will reduce but the financial recognition of our work increasing and stabilise as projected below.

9 Conclusion

- 9.1 A large number of project 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.
- 9.2 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.

- 9.3 We should move to this new phase and continue to fund (F&GP paper to be presented) and support this work in a tapered approach over the next 2 years to achieve successful delivery of products and benefits that can be delivered by crews at fire stations without the need for a dedicated delivery team.

10 Background papers

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.

Immediate Emergency Care Capability

FHA has fitted all of our front line appliances with Immediate Emergency Care (IEC) equipment which includes a defibrillator, Entonox, haemorrhage control and monitoring devices. Medical response is an area in which we are currently increasing our activity as part of our Service Delivery Redesign Programme and we are implementing the different ways in which we can further support our colleagues in South Central Ambulance Service (SCAS) and the communities of Hampshire.

- All stations, HFRS personnel and front-line appliances are now equipped with IEC capability
- Our own clinical governance arrangements are in place and puts doctors in the centre of our work

HFRS personnel will be trained and assessed in line with the MOC Scheme at regular intervals to ensure they are competent in performing their IEC role. Knowledge and skills of staff will be developed to ensure they are current and relevant with the recent addition of Medical Scenario Training Cards for each station. We have produced these Medical Scenario Training Cards as a result of feedback from personnel to further support training to increase “confidence” in IEC once they are “competent” in IEC. The cards include life saving, trauma, medical and immersion scenarios alongside Patient Report Form (PRF) examples.

Non-injury Mechanical Falls using front line appliances

Over the next month we will begin a non-injury mechanical falls response trial at Wickham Fire Station. Falls response uses the IEC capability of firefighters with the addition of falls-specific training and equipment to ensure a patient focussed approach to this specific category of call.

HFRS and SCAS have agreed to further develop our partnership and will collaborate in the provision of a response to calls received by SCAS that are triaged as ‘green – non-injury falls’ – fallers who are not injured but cannot for a possible number of reasons get back up off the floor.

SCAS’s Clinical Coordination Centre will triage calls utilising a clinician in addition to their usual call handling process. Incidents that are deemed suitable will be passed to HFRS control, who will mobilise the appliance from Wickham. Access to a qualified clinician via the phone and/or a video link will be available. Our personnel treat accordingly as the ‘eyes and ears’ for the SCAS clinician.

HFRS personnel at Wickham have been trained and assessed to ensure they are competent in performing their Falls Response role. Knowledge and skills of staff will be developed to ensure they are current and relevant.

The trial will be at a very concise level within a small radius from the station and at particular times of the day. Wickham personnel, GM, SM, representative bodies and SCAS have all been involved throughout the process to ensure the safety of patients and staff as well as the mutual benefit to HFRS and SCAS; they are also part of the continuous review during the trial. Any reduction in appliance availability will be closely monitored.

Responding to these calls will generate high quality Safe and Well visits meaning we can reach individuals most at risk at the earliest opportunity.

Confirmed Cardiac Arrest Response using front line appliances

Our crews are trained and equipped to respond to confirmed cardiac arrest incidents with the introduction of our IEC capability. Work is ongoing to allow the locations of HFRS vehicles to be seen by SCAS Control as this is a critical success factor. We are mapping this demand at present ready to go to a trialling stage. We are awaiting further information from SCAS where this response would be most beneficial to enable meaningful trial locations. A demand of 500 confirmed Cardiac Arrest calls per year across Hampshire has been detailed based on Confirmed Cardiac Arrest calls over the past two years, within 6 minutes of a WDS station and 4 minutes of a RDS station. However these figures would be significantly reduced due to Co Responder activity already operating at stations together with SCAS resources available in the area at time of call. Therefore a call demand of one call per day across Hampshire is a figure that we are working to at present without the further data. Representative bodies and SCAS have all been involved throughout the process to ensure the safety of patients and staff as well as the mutual benefit to HFRS and SCAS, they are also part of the continuous review during the trial. Any reduction in appliance availability will be closely monitored.

A Better Me

We are committed to continue providing a health message to children and young people of Hampshire. This is on behalf of Public Health England (PHE) and the local Clinical Commissioning Groups (CCG) - supporting the local health issues and priorities as well as ongoing seasonal campaigns.

'A Better Me' has been developed, co-designed and evaluated through a partnership arrangement between HFRS, PHE and CCGs in Hampshire.

The programme is directed at improving two aspects of a candidate's lifestyle; promoting a Healthy Body and a Healthy Mind.

The events are held at fire stations and reinforce the benefit of healthy eating, nutrition and an exercise programme whilst emphasising the importance of a daily routine in creating a positive habit.

All candidates are nominated by local school nurses and/or GP's and are currently in Year 8 (aged 12-13 years).

Activities under the 'A Better Me' programme were designed under the broad guideline of 'eat right/move more'; encouraging all candidates to participate in a long term healthy lifestyle.

What health issues does the course address?

Health professionals have identified that the main health issues affecting youth within Hampshire are:

Healthy Body

- Obesity – either overweight or considered to have the propensity to become overweight
- Long term medical conditions
 - o Asthma
 - o Type 2 diabetes
 - o Eczema
 - o Epilepsy

Healthy Mind

- Low Level Self Harm (either personal physical harm or eating disorders)

Each week has a dedicated focus topic on the 'A Better Me' programme. These are individually tailored to suit the candidates, the local fire station and/or the nearby facilities.

The success of the programme is determined by evaluation from Public Health England and the local CCG's - as well as the University of Southampton (Faculty of Life Sciences). The evaluation process encourages input from school, parents, as well as self reporting analysis by candidates attending the course.

Phase One of the delivery of the programme has been undertaken in six stations (Andover, Gosport, Bordon, Rushmoor, Havant and St Marys). The initial six week programme has been completed at all of these stations and the follow up sessions at set frequency is underway. The success of these events was a 93% attendance rate by the candidates. Independent evaluation and analysis is being completed by the University of Southampton and these results are expected by early December.

A further 5 programmes are commencing in November at Eastleigh, Havant, Gosport, Rushmoor and Hartley Whitney as Phase 2. A number of these stations will be trialling this programme as "business as usual" whereas others will still be receiving appropriate support from Fire as a Health Asset team.

Initial discussions have also taken place between HFRS and the Jamie Oliver Food Foundation. The aim being that a healthy range of menus will be supplied by and endorsed by Jamie Oliver for the programme. It is also hoped that the 'A Better Me' could be included in a forthcoming programme about healthy eating for teenagers however discussions are at a very early stage at the moment.

HFRS has also received notification by 5 Hampshire CCG's that funding of £52 000 has been allocated for delivery of 'A Better Me' as a measure of their commitment to the programme. A further meeting with regards this funding offer and evaluation of the programme is taking place in November.

Quit and Get Fit

The Fire as a Health Asset team was approached by Quit4Life (smoking cessation programme) to work together to produce a 'Quit and Get Fit' smoking cessation and exercise programme. The concept is there will be a series of 12 sessions for up to 12 attendees conducted at a number of fire stations. The objective is to support members of the public to stop smoking and increase their fitness levels. The sessions will be conducted jointly by Quit4Life personnel and two HFRS personnel (one will be a PTI). There will be 30 minutes of stop smoking support followed by 60 minutes of exercise and nutrition advice from HFRS personnel.

Funding of £4000 per programme is being confirmed and HFRS will be commissioned to conduct 3 of these as a trial. The initial programme will be commenced at Rushmoor station with the second being considered at Havant station for commencement two months later. Alternatives have been offered by Quit4Life for the third delivery however a decision has not been made as yet.

STEER (Safety Through Education and Exercise for Resilience)

The course 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'.

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.

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.

We have been successful in being commissioned to deliver 12 STEER Courses and eight Falls Prevention Champion and Friends courses to the sum of £43K from North East Hampshire and Farnham CCG (Vanguard project).

We are currently running courses at Rushmoor, Andover, Grayshott, Winchester and Fleet, building on our 5 completed courses to date.

We will continue to deliver further STEER courses across Hampshire, building on our academic research to prove our work whilst continuing to be commissioned in other parts of the county. Early external evaluation shows an average of 24% reduction in the chances of falling together with other benefits surround social isolation and community resilience.

We are in advanced discussions with Portsmouth City Public Health and Portsmouth CCG to build a commissioned package for the delivery of targeted STEER and falls champions course, together with early positive discussions with South West Hampshire CCG for a commitment to continue delivery of STEER in Winchester, Andover and possibly the New Forest.

Falls Prevention Champion and Friends

Hampshire Fire and Rescue Service (HFRS), Hampshire County Council (HCC) and Southern Health NHS Foundation Trust (SHFT) have 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.

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.

The Falls Prevention Champions will then disseminate this knowledge to Falls Prevention Friends within their locality to increase the number of people looking at the issues of elderly people falling.

Falls Prevention Champions and Friends will then be able to signpost the elderly to the appropriate help such as HFRS STEER course, HCC Steady and Strong or SHFT rehabilitation courses.

The project in Rushmoor has attracted national interest from The Royal Society for the Prevention of Accidents' (ROSPA) 'Stand Up, Stay Up' with three year funding of £5k a year.

Portsmouth City council adult services are discussing with HFRS the possibility of putting all employed and contracted carers on the Falls Champions course.

South East Fire as a Health Asset Collaboration Group

We will work together to use our collective capabilities and resources more effectively to enhance health and wellbeing in the South East region. We will support 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.

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.

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.

The group is jointly chaired by a Public Health England and South East FRS representative (currently AM Steve Foye). They will update national Strategic Health Group and provide regular updates to South East partners through the SharePoint site set up by the group.

Selective Alerting

To date we have changed all of our RDS alerters to the new type with its added future proofed functionality Phase 1. This is an ongoing joint work stream with Information Services where the phase 2 will be a replacement programme for all remaining pagers in other teams such as FDS, USAR, ICU etc.

Selective alerting testing has produced some favourable results, and we have now proved the principle of end to end functionality. Further testing will now need to take place to ensure that quality is maintained in such a critical area, and that all component parts work seamlessly across the whole NFCSP partnership.

We will be exploring on station trials as soon as we can, particularly where RDS stations have special and/or multiple appliances. This should assist the service in only alerting the required staff for specific appliances or incident types, such as medical calls and animal rescue teams, without disturbing those personnel that are not available due to qualifications or other reasons for that vehicle.

Work into the background engineering and front-end operational implementation of selective alerting has been ongoing. By engineering a solution for selective alerting by "appliance required" with personnel attached to the appliance(s) to receive the alert, we will be able to move away from team A/B selective alerting concept previously envisaged.

Phase 1: A rollout plan to upgrade the firefighter RDS pagers to allow future concepts has now been fully completed throughout the service.

Phase 2: The procurement for replacement pagers for the remaining RDS departments has been completed and will be issued by IS in the coming months.

Phase 3: A Selective Alerting vehicle strategy pilot has been postponed due to Control/ NFCSP interface work needing completion. This issue will be resolved in the coming weeks. This will not be using a Team A, Team B, Team C approach for the pilot but the

new selective alerting by “appliance required” with personnel attached to the appliance(s) to receive the alert.

Events

Recent Past events

- **South East Fire as a Health Asset Conference**

Steve Apter, Steve Foye, Stew Adamson and Rob Cole attending facilitating and presenting on behalf of HFRS.

Upcoming events

- **British Geriatric Society Conference – Glasgow 23 and 24 November**

Rob Cole and Paul Burton will be presenting HFRS Fire as a Health assets on Day 1 and running a number of workshops on Day 2

- **Long Term Conditions 2017** – London 19 January 2017

Showcasing all aspects of our health prevention work with a stand and conference presentation alongside the Deputy Director of Long Term Health Conditions PHE.

Aimed at the NHS, CCGs, Local and Central Government, Public Health England, Care Quality Commission, NICE and NHS England.