LANCASHIRE COMBINED FIRE AUTHORITY

Meeting to be held on 22 February 2021

PERSON CENTRED HOME FIRE SAFETY CHECKS AND HOME FIRE SAFETY CHECK EFFECTIVENESS (Appendix 1 refers)

Contact for further information: Deputy Chief Fire Officer Steve Healey – Tel. 01772 866801

Executive Summary

At the December Combined Fire Authority meeting enquiries were raised by Members seeking further information on the development of the 'Person Centred' Home Fire Safety Check (HFSC). Although this term refers to a specific project currently under development at a national level though the National Fire Chief Council (NFCC) Prevention Committee, this paper sets out the aspects of the existing Lancashire Fire and Rescue Service (LFRS) Home Fire Safety Check and Safe and Well offer which already incorporate many of the objectives of the emerging work. Notwithstanding this robust existing position, as LFRS is represented on the NFCC Prevention Committee Members are assured that LFRS will closely follow project developments and will reflect these appropriately within future Integrated Risk Management Planning and the refreshed Prevention Strategy, with a view to demonstrating strong recognition of emerging Fire Standards in this area.

In a related question, information was also requested to evidence the overall effectiveness of the existing LFRS HFSC (Safe and Well) Offer. Ten years of data shows that although HFSC numbers have generally reduced in quantity, societal fire risk (the number of very high and high-risk areas, number of accidental dwelling fires and casualties) also continues to decline, evidencing in an indicative sense, the increasing effectiveness of both the offer itself and associated targeting of resources.

Recommendation

The Authority is asked to note the content of the report for information.

Information

Person Centred Approach

Put succinctly, a 'person-centred approach' places the Service recipient at the centre of the offer and ensures they are treated as a person first. LFRS has a number of prevention activities and campaigns that have been developed around this personalised approach by focussing on the importance of well-informed risk assessments, dignity, choice and close partnership working. The Home Fire Safe Check (HFSC) and Safe and Well visit deliver a bespoke, personalised fire risk

assessment, which is tailored towards individual need and, by working with partners for inward and onward referrals, ensures resources are focussed on, and tailored to, high risk and vulnerable individuals.

<u>Background</u>

Fire and Rescue Services in the UK have a statutory duty to prevent fires and considerable effort and resources have been focused on reducing risk using a variety of prevention activities. LFRS' largest prevention offer is the HFSC which assesses risk in the home and enables specific fire safety advice and equipment to be provided to meet the needs of the individual.

Historically, following the widespread availability of affordable smoke alarms, the HFSC service was target driven wherein perception of 'success' tended to equate to a high number of HFSCs being carried out. This approach had an impact on risk, as smoke alarm ownership was initially low at the time and widespread efforts (targeted on large geographic areas such as electoral wards) would tend to 'find' a sufficiently large number of high-risk homes that did not have smoke alarms to have a tangible impact on risk. As time progressed however it was recognised that targeting at such a wide geographic level was becoming increasingly inefficient and a shift occurred towards targeting the individual's presenting greatest risk by using lifestyle and societal factors that closely linked to fire to focus inward referral generation. Taking this approach also recognised that simply warning someone about the presence of fire (the purpose of a smoke alarm) belied the underlying complexity of what constitutes fire risk and the benefits more far reaching individual and societal change could have on overall levels of fire risk.

The Introduction of Safe and Well Visits

In 2015 the Chief Fire Officers Association, now the National Fire Chiefs Council (NFCC), the Local Government Association (LGA), Public Health England and Age UK produced a joint consensus statement setting out their intention to collaborate and strengthen efforts to tackle a range of shared health risks. The aim of this was to improve safety and quality of life thereby reducing pressures on the NHS.

To address this, LFRS established a project team with specific terms of reference in realising this organisational ambition, aligned to improving outcomes and narrowing the gap in health inequalities. In practical terms, determining the road map and shaping the transition from a Home Fire Safety Check (HFSC) to a new, co-designed, more holistic visit centred on the person/family, drawing upon a brief advice and intervention approach. This is the Safe and Well visit and now forms part of our complete HFSC Service.

The Safe and Well visit includes additional questions relating to seven areas which were selected not only because they linked to the types of health risks

partners were seeking to address, but also because they were inexorably linked to fire risk. These are:

- Falls prevention
- Social isolation
- Living with dementia
- Diabetes
- Healthy homes/ winter pressures
- Home security/ arson vulnerability
- Mental health

During the visit questions around these areas are asked and, if appropriate and with the person's consent, a referral can be made to the appropriate service/organisation to access further support (and reduce risk). The Service recognises the benefit of individuals making their own decisions and being involved with their fire risk assessment so that they are fully engaged with the process.

In essence, the opportunity for FRS and strategic health and social care partners to work more effectively together is based on one important factor, the individuals wishes and needs. The evidence that can be derived from fire fatalities across the UK indicates that there remain common risk factors. Research shows that health and care issues, when coupled with fires in the home, result in worse outcomes including a much higher likelihood of fatalities.

These factors include multi-morbidity and frailty, cognitive impairment, smoking, drugs, alcohol, physical inactivity, obesity, loneliness and cold homes. Some of these factors such as smoking increase the likelihood of having a fire and others such as frailty increase the likelihood of sustaining more serious injuries or fatalities.

Risk Scoring

Alongside this refined approach a new risk scoring criteria was implemented which provides a score against each of the 19 questions that are asked as part of the referral assessment (by phone or internet). Any referrals scoring 22 or above are automatically offered a Safe and Well Visit, any scoring lower than 22 are provided with bespoke fire safety advice, according to their answers, and this will be emailed or sent in the post.

This has enabled LFRS to triage all referrals and identify the most vulnerable and high-risk people across Lancashire so that the Service provides a more focused, person centred and targeted approach to prevention activities.

Partner Referrals

LFRS works closely with over 241 partner organisations and provides a FastTrack mechanism for referrals for any of their service users.

Risk Reduction, Use of Resources and Societal Fire Risk

The following tables show how Home Fire Safety Check figures and the number of accidental dwelling fires and casualties has varied over the past decade. The tables also show how the fire risk map has changed in that time. In 2010 the Service was delivering over 55,000 HFSC utilising Operational Crews and Community Safety Teams. By 2020 that number had reduced to just below 20,000 (a reduction of 64%) whilst in the same period the number of accidental dwelling fires continued to fall by over 30% (from 1164 to 811). In the same period annual casualty figures reduced by a similar percentage. It isn't statistically sound to fully link HFSC delivery to accidental dwelling fire rate and casualty outcomes, as to do so ignores the multitude of other risk reduction methods utilised over the same period (campaigns, partnership work with Telecare Providers, Early Action Teams etc). It should also be borne in mind that fire risk tends to link with deprivation and other associated determinants, such as fuel poverty, so the data presented should be taken in the context of the wider decade which covered the austerity period. What the data tends to show is that it is possible to reduce the absolute number of HFSC whilst at the same time continuing to reduce risk provided the risk reduction activity is targeted effectively. Taking this approach enables finite resources to be used for other activities which, when looked at holistically, are associated with broader risk reduction in our local communities (eg youth engagement, training and risk information gathering etc.)

Completed HFSCs 2010 - 2020

Year	Completed HFSCs
2010/11	55,430
2011/12	46,506
2012/13	44,959
2013/14	41,824
2014/15	31,611
2015/16	16,575
2016/17	12,614
2017/18	14,340
2018/19	17,522
2019/20	19,581
Total	300,962

Risk Map Score (Number of Super Output Areas¹) 2010-2020

		Count of SOA			
Year	Risk	Very			
	Score	High	High	Medium	Low
2010/11	36,532	60	118	310	452
2011/12	36,238	60	114	303	463
2012/13	35,558	53	100	313	474
2013/14	34,228	40	93	301	507
2014/15	33,648	32	95	306	508
2015/16	33,268	41	86	281	533
2016/17	32,990	32	76	314	519
2017/18	32,398	25	74	321	521
2018/19	32,114	22	74	321	524
2019/20	31,816	21	68	310	542

The risk map is calculated annually using data which includes number of dwelling fires, dwelling fire casualties, number of commercial fires and deprivation data.

Accidental Dwelling Fires and Casualties 2010-2020

Year	Accidental Dwelling Fires (KPI 1.3)	Accidental Dwelling Fire Casualties (KPI 1.4)
2010/11	1,164	72
2011/12	1,120	57
2012/13	984	51
2013/14	966	66
2014/15	896	59
2015/16	941	49
2016/17	850	48
2017/18	944	44
2018/19	815	49
2019/20	811	56
Total	9,491	551

¹ Super Output Areas (SOAs) are a set of geographical areas developed for the 2001 census, the aim was to produce a set of areas of consistent size, whose boundaries would not change, suitable for the publication of data. Super Output Areas typically contain a population of around 1500 with relatively consistent demographic characteristics.

Quality Assurance

As the Safe & Well Offering has significant 'depth' and the referral pathways vary significantly based on local provisions, LFRS has introduced a quality assurance process and checks a minimum of one Safe and Well visit per area per month to ensure that agreed standards are being consistently delivered, the appropriate questions are being asked and the relevant advice and equipment provided. This enables the Service to identify any gaps in training for staff and to also ensure the HFSC/Safe and Well process remains appropriate and fit for purpose.

Targeted Campaigns

LFRS also delivers evidence-based campaigns to raise awareness regarding certain risks and behaviours and these are focused and targeted on geographical and demographics that are experiencing the highest risk of fire. A key objective of suitable campaigns is to increase referrals and HFSCs which will deliver our person-centred approach Safe and Well visit to people we may previously not had any contact with (see Appendix 1 for examples of typical campaign activity).

National Fire Chief's Council Project Work & Evolving Prevention Fire Standards

LFRS is sighted to ongoing work which is being developed through the NFCC Prevention Committee to further refine the risk factors which lead to fire in the home and the effectiveness of the associated control measures and referral pathways necessary to mitigate them. The project is currently being initiated at a national level and strategically is intended to support FRS' to deliver against objectives in the future Prevention Fire Standard (currently in draft for consultation) which is likely to include objectives along the lines of:

- 1. Has a culture where it works collaboratively with other stakeholders to be innovative and maximise resources:
- 2. Demonstrates prevention planning and implementation of activities that are inclusive, support equality and are non-discriminatory;
- 3. Utilises and shares accurate data and learning (from both internal and external sources) to target with evidence-based activity and address the changing needs of the community;
- 4. Demonstrates how outcomes are measured, quality assured and evaluated to ensure the efficiency and effectiveness of prevention;
- 5. Appropriately recruits, trains and develops competent staff to support and deliver prevention activities:
- 6. Promotes fire, road and water prevention to all stakeholders in the community.

If services are to provide a person-centred HFSC then the following characteristics should be evident:

 Being person-centred means affording people dignity, respect and compassion. Whenever someone interacts with services, they should

- always be treated with dignity, respect and compassion. These 'experience standards' are basic human rights.
- Being person-centred means offering coordinated support. It's not just individual encounters that matter – services should offer or be part of coordinated support across multiple episodes and over time if needed. Coordination is particularly crucial when an individual's circumstances are changing and are being seen by a range of local partners.
- Being person-centred means offering personalised support. Because we are all different, person-centred support is tailored to the needs and aspirations of each individual, not standardised to their condition or circumstances. It means that the things that are important to the person receiving support and their family are discussed and form the basis of the advice we provide and the support that we give.
- Being person-centred means being enabling. The starting point for being enabling is seeing people as assets, not burdens and seeking to support them to recognise, engage with and develop their sense of resourcefulness, and to build on their unique range of capabilities. Being 'enabling' means that systems and services orientate themselves towards supporting people to recognise and build upon their strengths and/or to recover from setbacks or negative episodes so that they can live an independent and fulfilling life.
- The person-centred approach to HFSV should recognise these characteristics and that individuals may have varying and increasing fire risk based upon numerous and changing factors which can be categorised under three headings as follows:

Financial Implications

None at this stage.

Sustainability or Environmental Impact

None

Equality and Diversity Implications

Fire risk is not evenly distributed across society. Research undertaken to shape the future Person Centred HFSC project showed that fire fatalities are most likely to occur in the following groups;

- Over 70 years old, particularly in combination with any pre-existing mental or physical impairment including frailty.
- Children under 11 years old, but especially under 5 years who are less likely to be able to self-rescue.
- Being male (particularly when combined with other risk factors)
- Smokers especially if combined with poor mobility or other health condition.
- Low Socioeconomic Status (SES) i.e. deprivation.
- Disability or long-term health condition (including dementia).

- Mental and/or physical impairment caused by alcohol and/or drugs.
- Non-owned property or mobile home this may be a proxy indicator for low SES.
- Single-parent families, and households with more children.

Fire casualties and accidental dwelling fires are more likely to occur for those who:

- Live alone.
- Have had a fire before, and lack of basic fire safety knowledge.
- Are in the 40-49 age group.

Human Resource Implications

None

Business Risk Implications

Impact of COVID and associated Recovery

Utilising NFCC and PHE guidance the HFSC process has been revised during the pandemic to ensure the safety of both our communities and staff. Referrals continue to be received in the range of 700 a month. A modified (low risk) and critical (high risk) process has been developed and every referral receives a telephone call wherein the fire risk assessment questions are asked and scored. Smoke alarms are provided (and fitted where necessary applying appropriate risk assessment and PPE) however, the full Safe and Well aspects of the visit are not deliverable under current risk assessments which designed to limit time in the household as a component of reducing risk to both occupier and staff.

The Incident Management Team and Prevention Recovery Group will consider what proportion of households will eventually be re-visited, and over what timescale, to deliver the full Safe and Well Offer.

Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact		
None				
Reason for inclusion in Part II, if appropriate:				

APPENDIX 1

Examples of Campaign Activity (2020-21 Campaign Calendar)

Each external activity has target groups / geographic areas identified based on data and intelligence which in turn drives the communication method utilised.

Level 1 Service Wide Campaigns

Level 2 Area-based campaigns to tackle local issues

Level 3 National campaigns

Level 4 Internal campaigns

Date	Activity	Level
30 March - 17 April	LFRS Annual Service Plan	4
12 April - 3 September	Water safety campaign incorporating NFCC Be Water Aware Week (20-26 April) and RLSS UK Drowning Prevention Week (12-19 June)	2
April and May	Nuisance fires and 'Nosey Neighbour' in relation to Covid	1
14 April - 5 June	On-call recruitment	1
23 April - 23 May	Ramadan (hot oils cooking and Wasted Lives)	2
13-19 May	National Roads Partnership 2Wheels campaign	3
18-24 May	NFCC Sprinkler Week	3
25-31 May	Boat Fire Safety Week	2
3-28 August	Cooking safety - distractions	1
20 September 1 October	Positive Action - wholetime recruitment	1
7-13 September	NFCC Business Fire Safety Week	3
21-27 September	Fire Door Safety Week	3
1-31 October	National Roads Partnership Tyre Safety Month	3
5 October - 18 December	Staff survey 2020	1
October and December	Cooking safety - injuries/casualties	1
12-18 October	Candle Fire Safety Week	3
19 October - 7 November	Halloween/Bright Sparx/Bonfire Night	1
26 October - 1 November	Student Fire Safety Week	3
1 - 31 November	Star Awards	1
16-22 November	Electrical Fire Safety Week	3
16-22 November	BRAKE Road Safety Week	3
4 January - 26 March	Winter safety - electrical equipment fires (including heating equipment)	1