



Fire Safe & Well: project summary, learning and outcomes

A report of the learning and outcomes from the
Fire Safe & Well pilot, delivered in partnership with
London Fire Brigade

December 2019

About this document

The Fire Safe and Well pilot was delivered by London Fire Brigade (LFB) with support from Healthy London Partnership (HLP) between 2017 and 2019. This report, prepared by HLP, details the background to the project, the outcomes of the pilot, lessons learnt, and recommendations for continued collaboration between the health and fire services.

The report is intended to be of relevance to health, local authority and voluntary sector organisations interested in working collaboratively with the fire service to improve health and reduce fire risk in vulnerable communities.

This document is intended to complement a separate evaluation being prepared by LFB, which is expected to be completed in Spring 2020. It is hoped that both reports will help to inform decisions about the future of enhanced home fire safety visits in London.

Abbreviations & acronyms

CCG – Clinical Commissioning Group

CFOA – Chief Fire Officers Association

CSA – Community Safety Advisor

FSW – Fire Safe and Well

FRS – Fire and Rescue Services

HFSV – Home Fire Safety Visit

HLP – Healthy London Partnership

LGA – Local Government Association

LFB – London Fire Brigade

MOPAC – Mayor's Office for Policing and Crime

NFCC – National Fire Chiefs Council

NHSE – NHS England

PHE – Public Health England

SEF – Standard Evaluation Framework

STP – Sustainability Transformation Partnership

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Healthy London Partnership's project lead would also like to express their gratitude to all working group members within the five pilot boroughs, representing the following organisations:

Ealing Clinical Commissioning Group	Age UK Islington
Greenwich Clinical Commissioning Group	Age UK Merton
Islington Clinical Commissioning Group	Age UK Waltham Forest
Merton Clinical Commissioning Group	Alzheimer's Society Waltham Forest
Waltham Forest Clinical Commissioning Group	Blenheim CDP
Central London Community Healthcare NHS Trust	Carers First
North East London NHS Foundation Trust	Charlton Athletic Community Trust
Oxleas NHS Foundation Trust	Contact the Elderly
Whittington Health NHS Trust	The HEET Project
London Borough of Ealing	Independent Age
Royal Borough of Greenwich	Live Well Greenwich
London Borough of Islington	London Sport
London Borough of Merton	Metropolitan
London Borough of Waltham Forest	One You Ealing
Metropolitan Police	One You Merton
Age UK Bromley & Greenwich	SHINE
Age UK Ealing	Wimbledon Guild
	UK Power Networks

Executive Summary

London's blue-light and health services regularly engage with the capital's most vulnerable communities, and it is known that there are shared characteristics between individuals with long-term health and care needs and those who are most at risk from fire. Several consensus statements have recognised the shared opportunities that blue-light and health agencies have in working together to support those most vulnerable in society, and how this work can have mutual benefits for all concerned, as part of a prevention agenda.¹

London Fire Brigade (LFB) undertake approximately 86,000 Home Fire Safety Visits (HFSV) per year across all London boroughs, and this prevention work has contributed to a 40% reduction in fatal fires over 10 years nationally². As a trusted organisation, the fire service is able to engage with people within their homes and identify unaddressed needs and risks which increase vulnerability to fire, as well as poor health and reduced wellbeing.

Enhanced Safe and Well visits, addressing a range of health priorities in addition to fire risk, are currently delivered by around 80% of fire and rescue services (FRS) nationally. Visits are typically conducted by FRS staff, who provide person-centred advice and interventions, and signpost or refer beneficiaries to other local health and support services where areas of outstanding need and risk are identified.

In September 2016 LFB published their first community health strategy³ and committed to piloting a Fire Safe and Well (FSW) approach in London. The purpose of the pilot was to test the feasibility of developing an enhanced home safety visit model across London, delivered by LFB staff in collaboration with partners from the health and care sector.

Healthy London Partnership (HLP) supported LFB to engage with London's Sustainability and Transformation Partnerships (STP) and identify five boroughs where FSW visits would be piloted (Ealing, Greenwich, Islington, Merton and Waltham Forest.) Relationships were then developed with NHS, local authority and voluntary sector organisations in all 5 pilot boroughs, in order to establish working groups, agree local health priorities and create referral pathways.

A training package was delivered to the 10 Community Safety Advisors (CSAs) employed by LFB to carry out FSW visits, equipping them with skills and knowledge to hold person-centred health and wellbeing conversations with beneficiaries of home visits, and developing their understanding of local health and support services.

¹ <https://www.rsph.org.uk/our-work/resources/emergency-services-hub/consensus-statements.html>

² <https://www.gov.uk/government/news/official-statistics-reveal-fire-deaths-fallen-by-40-in-last-decade>

³ London Fire Brigade (2016) Healthier Futures: community health strategy

Visits were delivered between December 2017 and September 2019. During that time:

- **1,253 visits were completed**
- **1,384 individuals received direct advice and intervention**
- **805 referrals were made to partner services offering interventions for falls prevention, fuel poverty, smoking cessation and social isolation**

The initiative was well received by the public and the partner services who formed the borough working groups:

- **99% of beneficiaries would recommend FSW to friends and family members**
- **95% of working group members felt participation in FSW had been beneficial to their service users**
- **100% of working group members reported that their organisation would wish to remain involved with FSW if it were to continue / scale**

There were some challenges identifying the outcomes of referrals made to partner organisations, with feedback not received from all services, and others providing data in differing formats and levels of detail. As such it is difficult to evidence the likely long-term impact of the project, however:

- **The majority of people referred to partner services went on to receive support**
- **90% of beneficiaries felt that their safety had increased as a result of FSW and onward input from partner organisations**

The pilot has successfully demonstrated the unique opportunity that LFB has in identifying vulnerable, hard to reach people, and the value of applying person-centred approaches to assist individuals to access support that they may otherwise never have been aware of. One working group partner noted:

“We have had 104 high quality referrals from officers working on the project. These were all vulnerable older residents that our outreach methods had failed to contact. Making these referrals has certainly improved the lives of vulnerable people and, in at least two cases, has probably saved lives.”

The pilot has now drawn to a close, and decisions about the future of FSW will be made by LFB in coming months. This report details the background to the FSW approach, the outcomes of the London pilot, lessons learnt, and recommendations for continued collaboration between the health and fire services in the future. It is intended to complement a separate evaluation being prepared by LFB, which is expected to be available in Spring 2020. It is hoped that these reports will help to inform decisions about the future of enhanced home fire safety visits in London.

Background

In 2015 NHS England (NHSE), Public Health England (PHE), the Local Government Association (LGA), Age UK and the Chief Fire Officers Association (CFOA) co-signed a consensus statement committing to the adoption of a multi-agency approach to deliver preventive interventions to people who could benefit from early engagement with local services.⁴ The statement acknowledged common underlying risk factors that increase individuals' vulnerability to both fire risk and poor health outcomes, and a shared opportunity to reduce demands upon health and fire services through a joined-up, preventative approach.

Fire and Rescue Services (FRS) deliver around 670,000 home visits in England each year, presenting an opportunity not only to deliver person-centred fire safety advice, but also to identify unmet health and wellbeing needs and make referrals to partner organisations for additional interventions. Design principles for enhanced home safety checks, including various elements of health promotion, have been produced by the NFCC⁵, and such visits are now undertaken by the majority of FRS in England. The format of these visits varies between FRS, but the approach has become known nationally as Safe and Well.

LFB committed to piloting their own FSW approach with the publication of their first community health strategy in September 2016, and subsequently connected with HLP for support with project development and delivery.

Aims and objectives of the pilot

The aims and objectives of the pilot align with those detailed within the NFCC Standard Evaluation Framework (SEF) for Safe and Well checks.⁶ The SEF was developed as part of a feasibility pilot, conducted by NFCC with support from PHE and NHSE, with the intention of identifying how Safe and Well data could be gathered from multiple FRS in a standardised way, in order to understand the effectiveness of the approach in addressing fire safety and health promotion nationally.⁷

The overarching aim of FSW is described in LFB's Healthier Futures as:

“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

⁴ <https://www.england.nhs.uk/wp-content/uploads/2015/09/joint-consens-statmnt.pdf>

⁵ <https://www.nationalfirechiefs.org.uk/Safe-and-well-principles>

⁶ NFCC (2017) Standard Evaluation Framework: Fire and Rescue Services Safe and Well Checks

⁷ NFCC (2018) Safe and Well Standard Evaluation Framework Pilot Report

identify the key interventions where we can reduce risk by delivering advice, provide services and/or refer to partners.”

The objectives for Safe and Well nationally are stated in the SEF as:

1. *At risk over 65s are accurately identified and targeted for FRS Safe and Well Checks*
2. *At risk over 65s receive the information they require to enable independent living for as long as possible*
3. *At risk over 65s receive appropriate support (either directly or via referral) where required*
4. *Fire risks are identified and individual fire risk is reduced effectively*
5. *The quality of life of at risk over 65s is maintained or improved*
6. *Avoidable hospital admissions are prevented*
7. *Excess winter deaths are reduced*

In its 2018 pilot report, the NFCC recommends that the specific age criteria should be removed from future iterations of the SEF, in order to ensure that a wider range of at-risk adults are reached by Safe and Well. The London pilot was not targeted specifically at over 65s, though 80% of visits took place in households including one or more individual over the age of 60.

The SEF also acknowledges that it will be challenging for individual FRS to measure the impact of Safe and Well visits upon reducing hospital admissions and winter deaths, due to the difficulty of establishing cause and effect linked to preventative intervention. As a short-term, small scale pilot it is particularly difficult to make such links within the London FSW project, however it is hoped that the data collected will contribute to the national evidence base, through use of the data measures specified within the SEF.

Project methodology

Selection of health priorities

In alignment with the recommendations of the SEF, LFB chose to focus on the following 3 health priorities during the FSW pilot:

- Falls prevention
- Smoking cessation
- Winter warmth / fuel poverty

Through discussion with borough-based working group members, it was agreed that a fourth priority area would be added that aligned with local health and wellbeing concerns. In all 5 boroughs it was decided that this priority should be:

- Social isolation

Collaboration with the Metropolitan Police and UK Power Networks enabled the addition of two further pathways in all 5 boroughs:

- Crime prevention
- Priority services register

Additional pathways were also added in some boroughs, where local priorities and service providers offered opportunities:

- Atrial fibrillation (Merton)
- Carer identification and support (Islington and Waltham Forest)
- Telecare (Ealing and Greenwich)

Addressing these areas of risk was intended to increase the personal health, safety and wellbeing of those receiving interventions, as well as reducing the contact that these individuals would be likely to have with health, care and fire services in the long term.

Smoking related illness, winter illnesses, falls and social isolation place significant cost burdens upon the NHS and social care every year and accessing services which support the reduction of risks in these areas is known to be cost effective.^{8 9 10}

¹¹

Smoking is, consistently, the leading cause of fatal dwelling fires in London, and unsafe heating practices, commonly linked to fuel poverty, are also a recurrent cause of fatal fires in the home.¹² Living alone, and having a reduced ability to escape in the event of a fire, for example due to restricted mobility, are additionally noted as factors placing a person at increased risk from fire.¹³

Identification of pilot boroughs

Due to the size and complexity of London's health and care system, in order to make the pilot manageable to deliver it was agreed that FSW visits would be trialled in 5 boroughs only. HLP supported LFB to engage with London's 5 STPs and, following a joint workshop and review of local-population demographic and health data, each STP lead proposed 2 boroughs from their area where they felt there was the greatest opportunity to achieve the project's aims and objectives. LFB reviewed fire risk and

⁸ <https://www.ncsct.co.uk/usr/pub/the-effectiveness-of-nhs-smoking-cessation-service-systematic-review.pdf>

⁹ <https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning>

¹⁰ <https://www.nice.org.uk/guidance/NG6/documents/excess-winter-deaths-and-illnesses-economic-modelling2>

¹¹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf

¹² <https://data.london.gov.uk/dataset/fire-facts--fire-deaths-in-greater-london>

¹³ <https://www.london-fire.gov.uk/safety/carers-and-support-workers/using-a-fire-risk-checklist/>

incidence data from each of these boroughs, and the 5 areas selected for inclusion in the pilot were those where it was felt there was most correlation between fire and health risks. Those boroughs were:

- Ealing
- Greenwich
- Islington
- Merton
- Waltham Forest

Establishment of working groups and operating models

Connections were made with colleagues working in strategic roles in each borough, representing Clinical Commissioning Groups (CCG), social care and public health. These colleagues helped to identify local services delivering interventions linked to the FSW health priorities, who were in a position to accept referrals from FSW. Representatives from all of these organisations participated in borough working groups, along with LFB Borough Commanders and the FSW project team, which met regularly throughout the course of the pilot. Bespoke operating models were created for each borough, reflecting the specific referral arrangements agreed for each local pathway. Details of the partner organisations who received referrals from FSW can be found in Appendix 1.

Recruitment and training of Community Safety Advisors

LFB recruited 10 CSAs to deliver FSW visits in pairs in each pilot borough. Alongside LFB's corporate induction, HLP's FSW Regional Manager coordinated a package of training designed to develop knowledge, skills and confidence in each of the health priority areas included within the project. Face to face training was offered by working group members with expertise in different priority areas, and relevant e-learning modules were also identified on the e-Learning for Health website. HLP's prevention team provided training in Making Every Contact Count (MECC) as part of a pilot into the delivery of MECC interventions by the wider public health workforce.¹⁴ Feedback was sought from the CSAs after each training event in order to establish whether their learning needs had been met. An overview of the training framework is available in Appendix 2.

Targeting of beneficiaries

Several methods were used to identify individuals who could benefit from receiving a FSW visit:

- Identification of home oxygen users¹⁵

¹⁴ <https://www.healthylondon.org/wp-content/uploads/2018/05/180416-LFB-and-BRC-Eval-Report-final-v1-1.pdf>

¹⁵ Air Liquide (medical oxygen supplier for London) have an existing arrangement with LFB whereby all newly-prescribed oxygen users are flagged to LFB in order to be offered a HFSV

- Triage of existing HFSV referrals
- Engagement with health and social care teams, via working group members
- Community engagement with local charities and voluntary organisations

LFB's person-centred fire risk assessment checklist was used as a tool to enable external partners to identify service users who could benefit from a FSW visit.¹⁶

Data collection and analysis

LFB data

A bespoke data collection system was created to capture information regarding every FSW visit completed. This 'bolted on' to LFB's existing HFSV database. In combination these two systems included:

- demographic data about the people being visited
- information pertaining to individual fire and health risk
- interventions delivered to reduce fire risk
- details of onward referrals made to partner organisations

All information captured was designed to align with the essential criteria specified within the NFCC SEF. Reports were created by LFB's Business Intelligence team using Microsoft Power BI. A summary of the data collected is available in Appendix 3.

Data from partner organisations

Information sharing protocols were shared with all partners and anonymised data was shared by partner organisations with the HLP FSW Regional Manager regarding the outcomes of referrals sent to them via FSW between January and December 2018. This information was provided in various formats, but included:

- numbers of referrals successfully progressed, and types of interventions delivered
- numbers of referrals for individuals not previously known to the service
- numbers of referrals not successfully progressed, and reasons why

Not all partner organisations provided data, but feedback was received regarding all of the core health priorities included in the pilot. A selection of the data received is available in Appendix 4.

Beneficiary feedback

A random selection of beneficiaries were contacted by telephone by a member of the LFB community safety team for feedback on their experience of receiving the

¹⁶ <https://www.london-fire.gov.uk/safety/carers-and-support-workers/using-a-fire-risk-checklist/>

service. Two different questionnaires were used. The first (typically administered between 1 week and 1 month after the FSW visit) focused on the experience of the FSW visit itself, and included the NHS Friends and Family Test. The second questionnaire (administered between 3 to 6 months after the FSW visit) focused on beneficiaries' experience of receiving onward input from partner services. 100 individuals completed each survey, and results were recorded on Survey Monkey. A summary of the survey results is detailed in Appendix 5.

Ad hoc feedback was also received from more than 60 beneficiaries via email, letter and LFB compliments and complaints forms.

Working group surveys and focus groups

Surveys were emailed to all working group members via Survey Monkey during August 2019 for feedback on their experience of participating in the FSW pilot and attitudes towards continued collaboration with LFB. 26 responses were received. Focus groups were held with working group members in each pilot borough during October 2019 to expand upon the findings of the surveys. These were facilitated by the HLP FSW Regional Manager and LFB's community safety team with participation from 17 working group members. A summary of the results can be found in Appendix 6.

LFB staff surveys and focus groups

Surveys were emailed to all current and previous CSAs involved in delivery of FSW visits during August 2019, and responses were received by 11 individuals. One to one interviews were also completed with 6 CSAs, facilitated by the HLP FSW Regional Manager and LFB community safety team, regarding their experience of delivering the CSA role and thoughts about the future of the approach.

One to one interviews were completed with 4 of the LFB Borough Commanders with responsibility for overseeing and supporting delivery of FSW visits in the pilot boroughs. Three firefighters stationed in the pilot boroughs were also interviewed regarding their experience of interfacing with the FSW project and referring persons of concern for FSW visits.

A focus group was conducted with the FSW project delivery team, including the HLP FSW Regional Manager and members of the LFB community safety team to share personal learning from the project, using 'strengths; weaknesses; opportunities; threats' (SWOT analysis) as a framework to identify common themes.

Outcomes

A detailed breakdown of outcome data can be found in Appendices 3 - 6. The following is a selection of headline findings.

Visit and referral numbers

During the course of the pilot:

- 1,253 visits were completed
- 85% of households visited had a disabled resident
- 456 people were referred for support with winter wellness and fuel poverty
- 175 people were referred for support with mobility and falls prevention
- 139 people were referred for support with social isolation
- 35% of smokers were referred for support with smoking cessation

Many of the partner services who received referrals from FSW had varying eligibility criteria, and not all pathways were operational in all boroughs for the full duration of the pilot (see Appendix 1). Consequently, there was some noticeable variation between referral numbers across pathways and boroughs, and referral numbers would have been higher had all pathways been in operation for the entirety of the project.

Onward interventions

Quarterly feedback data was requested from all referral partners, however not all services ultimately supplied data, and those that did provided the information in various formats and levels of detail. It has therefore not been possible to develop a robust picture of the outcomes of the referrals that resulted from FSW visits. It is notable that other FRS have also experienced difficulty obtaining feedback from partners.¹⁷

The data received from partners indicates that

- In all cases, the majority of people referred went on to receive interventions¹⁸
- In all cases, the majority of people referred were previously unknown to the receiving service¹⁹
- Where people did not go on to receive an intervention this was most commonly because the individual declined input, or could not be contacted by the service
- All partners reported that they were comfortable with the numbers of referrals being received, and the majority would have welcomed more²⁰

Beneficiary feedback

Recipients of FSW visits were overwhelmingly positive about the project when contacted for feedback by telephone. 60 additional individuals also chose to complete LFB feedback forms.

¹⁷ NFCC (2018) Safe and Well Standard Evaluation Framework Pilot Report

¹⁸ Range of 55% - 75%. Average of 67%

¹⁹ Range of 65% - 100%. Average of 91%

²⁰ 70% would have welcomed a significant increase in referral numbers, 25% would have welcomed a slight increase and 5% wished to maintain current referral rate (20 respondents)

- 99% of respondents would recommend FSW to friends and family
- 90% felt their safety had increased as a result of the service
- 82% reported that their satisfaction with the service had increased following intervention from one or more partner organisations

Working group members feedback

In survey responses and focus groups, working group members and partner services were positive about their involvement with the pilot.

- 95% felt participation in FSW had been beneficial to their service users
- 81% felt that participation had supported their service to achieve its objectives
- 100% reported that their organisation would wish to remain involved with FSW if it were to continue / scale

A recurring theme within the feedback was an appreciation of LFB's ability to identify and connect with vulnerable people who weren't already known to partner services, who stood to gain a lot from intervention. Comments included:

"FSW by its nature works with those most vulnerable, and often those not visible to our service. Referrals give us an opportunity to intervene to improve their safety."

"LFB has been really good at reaching out to and identifying households that are vulnerable to cold related ill-health. We welcome all the referrals that we receive through the project because it also makes our organisation more effective."

Achievement of objectives

The data collected during the pilot indicates some success in achieving the project's objectives, along with some areas for improvement.

1. *At risk over 65s are accurately identified and targeted for FRS Safe and Well Checks*

The high majority of people who received a FSW visit displayed at least one characteristic placing them at increased risk of reduced health and wellbeing (i.e. aged over 65, disabled, decreased mobility, smoker, cold home, socially isolated) and many people presented with multiple risk factors. When considering fire risk, there is scope to improve the targeting of FSW recipients, as only 41% of those seen were classed as high priority using criteria within LFB's person-centred fire risk assessment checklist.²¹ Moving forward, there would be value in considering additional strategies for identifying and engaging with vulnerable groups, for example by expanding engagement with local health and social care teams and voluntary

²¹ <https://www.london-fire.gov.uk/safety/carers-and-support-workers/using-a-fire-risk-checklist/>

sector service providers who are in a position to refer their own service users for visits.

2. At risk over 65s receive the information they require to enable independent living for as long as possible

As a short-term pilot, it is not possible to evidence the long-term impact of the information provided during FSW visits at this point in time, however feedback received from beneficiaries indicates that information was generally well-received and advice was acted upon, both in relation to improving fire safety and personal wellbeing within the home. More consideration could be given to providing information in multiple formats to make it more accessible to people with different language preferences and communication needs.

3. At risk over 65s receive appropriate support (either directly or via referral) where required

Feedback from partner organisations covering all of the project's main health priorities has shown that the majority of referrals made to their services were successfully progressed. It would have been beneficial to receive feedback from all partners in order to develop a more robust picture of referral outcomes, and to survey more beneficiaries about their experience of receiving onward intervention from partners, in order to understand whether their expectations were met and risk factors reduced. Where referrals were not successfully progressed, a common reason was due to the individual declining intervention when contacted by the partner service, despite having agreed to a referral being made on their behalf by LFB. In order to increase the number of successful referrals, it would be helpful to better understand what the barriers to accepting interventions were, and how these could be overcome.

4. Fire risks are identified and individual fire risk is reduced effectively

Data collected by LFB shows that a wide range of personalised fire safety interventions were delivered during the course of FSW visits.²² This comprised of the installation of smoke detection, including devices suitable for people with hearing loss and deafness; provision of fire retardant bedding; recommendations for additional fire risk reduction equipment such as automatic fire suppression systems and smoke detection linked to telecare systems. A range of verbal and written advice was also provided, including LFB's Home Fire Safety Guide.²³ As with the information provided regarding health and wellbeing, it would be beneficial to provide fire safety information in a wider range of accessible formats, to ensure that those who may be more vulnerable due to specific communication needs or cognitive difficulties are well supported.

²² See separate LFB evaluation report for further information

²³ https://www.london-fire.gov.uk/media/1107/fsith_web.pdf

5. *The quality of life of at risk over 65s is maintained or improved*

Feedback from beneficiaries shows high levels of satisfaction and increased levels of perceived safety following FSW visits and onward intervention from partner services, both in terms of reassurance around reduced fire risk, and increased wellbeing resulting from health interventions. A specific wellbeing measure was not used during the pilot due to the challenge of capturing data both before and after interventions, and the difficulty of attributing any changes in wellbeing specifically to FSW, rather than other external factors. It is notable though that all people referred to Age UK Islington via FSW completed a wellbeing outcome measure, both before and after intervention, and an increase in wellbeing was reported by all participants.

6. *Avoidable hospital admissions are prevented*

7. *Excess winter deaths are reduced*

As expected, it has not been possible to demonstrate any impacts upon hospital admissions or winter deaths that are directly attributable to FSW, due to the short timeframe and small scale of the pilot. It may have been possible to track changes in GP or hospital attendance for specific individuals had NHS numbers been recorded consistently for FSW beneficiaries, however this was challenging in practice as the vast majority of individuals did not know their NHS number, and the data sharing arrangements required for LFB to obtain this information via different means were prohibitive. Moving forward, it will be helpful for the health service and fire service to consider how data sharing can be facilitated appropriately and effectively, in order to best demonstrate outcomes that are meaningful for all parties.

Lessons learnt

Outside of the formal objectives for the pilot, there have been a number of successes and challenges encountered during the project which can inform approaches to continued partnership work between fire, health and care services in the future.

Successes

Cross-sector relationship building

Members of all 5 working groups commented on the value of developing relationships not only with LFB but with the other partner services involved in the project, as well as building links with other teams inside their own organisations. One participant commented:

“Actually being in the room with other people working on public health agendas has made it easier to work on our connection with those projects and those teams. It’s a way of building a network of contacts... It’s been a really good experience and

opportunity. That's perhaps not something obviously measurable, but it has a huge impact."

As a result of this, partners were able to identify common concerns and objectives, and connections were made between organisations beyond the scope of FSW.

Workforce development

Linked to the opportunities for networking with other organisations, working group members reported a sense of mutual learning and awareness raising as a result of participation in the pilot.

- 96% of respondents to the working group member survey reported that their fire safety awareness had increased as a result of participation in the project
- 95% reported that their staff's fire safety awareness had increased

The CSAs also responded favourably to the training and familiarisation sessions delivered to them by various partner organisations, with feedback indicating that sessions were relevant to their role, applicable in practice and provided enough knowledge to carry out their work effectively. The majority of CSAs recruited on fixed term contracts for the duration of the pilot have now secured permanent posts elsewhere within LFB, meaning that the knowledge and skills in person-centred practice that were developed during the project can continue to be deployed in other areas of the Brigade's work.

Connecting with vulnerable people

Feedback received from working group members and beneficiaries of FSW visits indicates the success that LFB has in both identifying and engaging with individuals who are vulnerable. Some of these individuals were resistant to receiving support from traditional health services but were willing to invite LFB staff into their home and accept advice and onward referrals from them. One beneficiary commented:

"The team were friendly and professional when discussing sensitive matters. They put my husband and disabled daughter at ease. Consequently my husband is now more open to receiving help from the falls team."

Interestingly, even when beneficiaries were already well connected to health providers, needs were sometimes identified that hadn't been uncovered by other professionals. In some cases this was facilitated by the opportunity to observe the home environment, and how individuals functioned within it. One beneficiary noted:

"As a hoarder... I thought [LFB] were going to say, 'you've got to close down, this is a complete fire risk', but they were not just non-judgmental, they completely put me at my ease. You referred me to the falls prevention service which I was a bit surprised by, because I knew of it but, of all the different people I've seen about my health, no one's ever suggested it."

Many people commented on the esteem in which they hold the fire service, and this certainly seems to have been valuable in encouraging people to allow practitioners into their homes, act upon advice about their fire safety and wellbeing, and accept referrals and recommendations for onward support from others.

Challenges

Complexity of the health landscape

A potential barrier to the scaling of the FSW model is the complexity and changeability of the health landscape across London. It was challenging and time consuming for the project team to create bespoke referral pathways and data collection arrangements for each of the core health priorities in 5 boroughs, and replicating and maintaining this across 32 London boroughs would be a significant undertaking. LFB is a pan-London organisation with a workforce who can be deployed across multiple boroughs, and they therefore require a level of consistency in pathways and procedures when crossing borough boundaries. Steps will need to be taken to ensure that any future FSW model is replicable and sustainable without the need for undue local variation.

Workforce capacity

LFB employed a dedicated team of CSAs for the delivery of the FSW pilot, however expanding this team to offer enhanced HFSVs across London would require a significant financial investment. In order to be cost effective it is likely that capacity to deliver enhanced HFSVs will need to be identified within the existing workforce. There are discussions taking place nationally regarding the role that operational firefighters play in the delivery of health related workstreams, and the outcome of these negotiations will have a significant impact upon how, and by whom, enhanced HFSVs are delivered in London and elsewhere in the country.

Information sharing and evidencing outcomes

The ability to accurately record, share and report on data is integral to understanding and demonstrating the impact of FSW in the long term. There have been challenges during the pilot when arranging for data to be shared between external partners and LFB which would need addressing moving forward, and it will be beneficial to ensure that effective digital solutions are in place to allow information regarding referrals and outcomes to be stored and shared safely and appropriately. It is necessary for all of the services involved to be willing and able to supply consistent data, if robust evidence of the value of the approach is to be created.

Conclusion and recommendations

The Fire Safe and Well project has confirmed the correlation between individuals who can benefit from preventative intervention from the fire service and early intervention from health and care providers. The pilot has demonstrated the unique opportunity that LFB has in identifying vulnerable, hard to reach people, and the value of applying person-centred approaches to assist individuals to access support that they may otherwise never have been aware of.

Looking to the future, it is necessary to consider how this opportunity can be harnessed and sustained across London's constantly shifting and evolving health, care and voluntary sector landscape. In order to reduce complexity it may be necessary to re-frame the health priorities and / or pathways that are addressed by a FSW approach, in order to either link in with services that are provided pan-London, or to identify routes into local partner services that are simple and consistent regardless of service or borough boundaries. One method of navigating the complexity of local services could be to build links with social prescribing schemes, whereby LFB refer people who would benefit from support to a link worker who can work with them to identify services and activities in their local area that they may wish to engage with.

There is also much scope for health, care and voluntary sector workers to increase their own knowledge of fire risk in order to best support vulnerable patients and service users who may be at high risk from fire within their homes, as part of a truly holistic and person-centred approach to supporting health and wellbeing. There is a range of resources available from LFB to assist this, and Home Fire Safety Visits continue to be offered by the Brigade across all London boroughs.²⁴

Fire Safe and Well has addressed just some of the areas of mutual concern that exist between the fire and health services. There are many other potential opportunities for collaboration that could be explored, such as hoarding; learning disabilities; dementia; frailty and mental wellbeing. The FSW pilot has demonstrated that all services stand to gain when they pool their resources and expertise for a common purpose. By working collaboratively with a range of partners it has been possible to support the achievement of many participating organisations' objectives. As such, the project has been a real testament to the mutual benefits of a partnership approach.

For further information please contact:

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²⁴ <https://www.london-fire.gov.uk/safety/carers-and-support-workers/>

Appendix 1: Pilot borough interventions and service providers

Intervention	Ealing Closed mid-March 2019	Greenwich Closed end March 2019	Islington Closed end September 2019	Merton Closed end September 2019	Waltham Forest Closed end September 2019
Falls Prevention	Adult Social Care: Strength and Balance Classes Ealing Falls Prevention Team Dec 2017 – Feb 2018	Greenwich Community Assessment and Rehab Team Feb 2018- Sep 2019	Age UK – for pre-falls services REACH Falls Prevention Service – Whittington Health NHS Trust Nov 2018 – Sep 2019	Central London Community Health (CLCH) NHS Trust Falls Prevention Team.	North East London Foundation Trust (NELFT) Falls Service Age UK
Smoking Cessation	Smoke free Ealing - One You Ealing Dec 2017 – Nov 2018	Live Well Greenwich – Stop Smoking Service	BREATHE stop smoking service	One You Merton (Hounslow and Richmond Community Health Trust)	Everyone Health Waltham Forest
Winter Wellness / Fuel Poverty	Healthy Homes Ealing	Live Well Greenwich – Stay Warm, Stay Safe	SHINE (Seasonal Health Intervention Network)	Age UK Dec 2017 - Mar 2018 SHINE Mar 2018 – Sep 2019 CLCH NHS Trust for housebound flu vaccination	The HEET Project Metropolitan (flu vacs) Age UK- warmth pack
Social Isolation	Age UK Contact the Elderly Oct 2018 – Mar 2019	Live Well Line Age UK Feb 2018- Sep 2019 Contact the Elderly Feb 2018- Mar 2019 Independent Age Sep 2018 –Mar 2019	Age UK Contact the Elderly Oct 2018 – Sep 2019	Wimbledon Guild Contact the Elderly Oct 2018 – Sep 2019	Age UK Contact the Elderly Oct 2018 – Sep 2019
Priority Services Register	UK Power Networks Scottish and Southern Power Network	UK Power Networks	UK Power Networks	UK Power Networks	UK Power Networks
Local Priorities	Careline: Telecare Handy Person Service	GP Registration, benefit checks, mental health services: Live Well Greenwich	Identifying Carers: Age UK	Polypharmacy: CLCH Oct 2018 – Sep 2019 Atrial Fibrillation: GP referral Jul 2018 – Sep 2019	Identifying Carers: Carers First Oct 2018 – Sep 2019 GP Registration: Metropolitan

Appendix 2: CSA training requirements framework

Fire, Safe and Well Project - Health and Wellbeing Training Requirements

■ = Essential for completion during induction

■ = Highly desirable for completion during induction / within probation period

■ = Desirable for completion as part of ongoing CPD

Training title	Format	Duration	Learning outcomes	Accreditation	Comments
Smoking Cessation	Face to face / e-learning Delivered by local service / subject matter expert	1 – 2 hours	<ul style="list-style-type: none"> Understand the health benefits of smoking cessation Recognise the value of brief advice in supporting smoking cessation Give confidence to raise the issue of smoking with citizens Guidance on making quality referrals to local smoking cessation services 	NCSCT, RSPH or equivalent	To align with recommendations of NICE quality standard [QS43] Smoking: supporting people to stop
Winter Warmth	Face to face Delivered by local service / subject matter expert	1 – 2 hours	<ul style="list-style-type: none"> Understand the risk factors associated with cold weather Identify those most likely to be affected by cold weather Recognise when a citizen might be at risk from the cold Guidance on making quality referrals to local support services 		To align with training recommendations of NICE guideline [NG6] Excess winter deaths and illness and the health risks associated with cold homes
Falls prevention	Face to face Delivered by local service / subject matter expert	1 – 2 hours	<ul style="list-style-type: none"> Understand why people fall Understand impact falling has on the individual and on health services Identify those most likely to fall Gain knowledge of the Falls Risk Assessment Tool Gain experience of carrying out a Timed Up and Go test Guidance on making quality referrals to local falls prevention services 		To align with recommendations of NICE clinical guideline [CG161] Falls in older people: assessing risk and prevention

Appendix 2: CSA training requirements framework

Making Every Contact Count (MECC)	Face to face Delivered by HLP / Healthy Dialogues / local service	3.5 hours	<ul style="list-style-type: none"> • Introduction to behaviour change theory • Understand the 5 core elements of MECC and the latest guidance on addressing these • Gain confidence in starting conversations about healthy lifestyle behaviours • Guidance on making quality referrals to local services 		To align with recommendations of NICE public health guideline [PH6] Behaviour change: general approaches and MECC: quality marker checklist for training resources
Conducting a Safe & Well visit	Face to face Delivered by FSW project team	2 hours	<ul style="list-style-type: none"> • Understand purpose and scope of S&W visit • Gain familiarity with visit paperwork • Gain confidence in delivering S&W visit • Understand record keeping requirements • Gain familiarity with referral pathways 		To align with CFOA guidance (2015) A guide to safe and well visits
Understanding Health Improvement	Face to face Delivered by RSPH accredited provider	8 hours	<ul style="list-style-type: none"> • Learn how health inequalities develop, and current practice to address these • Understand how effective communication can support health messages • Gain confidence in promoting health and wellbeing improvements • Understand the impact of change upon improving citizens' health and wellbeing 	RSPH level 2 or equivalent	To align with Public Health Skills and Knowledge Framework
MH First Aid / Understanding Mental Wellbeing	Face to face Delivered by accredited provider	4 – 16 hours	<ul style="list-style-type: none"> • Understand common MH issues • Understand how mental wellbeing affects use of health and social care services • Identify activities that may improve and maintain mental wellbeing • Identify factors that threaten mental wellbeing • Identify people most at risk of decline • Gain knowledge of how to find and access MH support services 	RSPH or equivalent	To align with the training recommendations in NICE guideline [NG32] Older people: independence and mental wellbeing

Appendix 2: CSA training requirements framework

Long term health conditions	Face to face Delivered by FSW Regional Manager / subject matter expert	1 – 2 hours	<ul style="list-style-type: none"> Gain an overview of common long-term health conditions that may be experienced by citizens receiving Safe and Well visits Understand how long-term conditions can increase vulnerability to fire, health and wellbeing risks Guidance on signposting and making quality referrals to local health services 		To align with Public Health Skills and Knowledge Framework
Dementia Awareness	Face to face Delivered by Dementia Friends Champion / local service / subject matter expert	1 – 2 hours	<ul style="list-style-type: none"> Gain awareness of different types of dementia Recognise the different ways that dementia can affect a person Understand how dementia can impact upon independence and wellbeing Develop skills in communicating and connecting with people with dementia Guidance on accessing / referring to dementia support services 		To align with the training recommendations in NICE clinical guideline [CG42] Dementia: supporting people with dementia and their carers in health and social care
Improving Public's Health	Face to face Delivered by RSPH accredited provider	Up to 26 hours	<ul style="list-style-type: none"> Identify the principles of health improvement Understand mental health and wellbeing Gain confidence in establishing relationships with clients Gain practical experience in investigating a health and wellbeing issue 	RSPH level 2 or equivalent	To align with Public Health Skills and Knowledge Framework
First Aid	Face to face Delivered by accredited provider	8 hours	<p>Gain competence in responding to a range of emergency first aid needs, including:</p> <ul style="list-style-type: none"> Unresponsive and not breathing Unresponsive and breathing Seizures Choking Bleeding Burns 	HSE	To align with recommendations and standards of HSE

Appendix 2: CSA training requirements framework

Drug and alcohol awareness	Face to face Delivered by local service / subject matter expert	1 – 2 hours	<ul style="list-style-type: none"> • Build and reflect on knowledge and skills gained as part of MECC training • Develop confidence in communicating with citizens about health implications of drug and alcohol use 		To align with CFOA guidance (2015) A guide to safe and well visits
Cultural awareness	Face to face Delivered by subject matter expert	1 – 2 hours	<ul style="list-style-type: none"> • Build and reflect on knowledge gained as part of Equality and Diversity training 		To align with CFOA guidance (2015) A guide to safe and well visits
Disability Awareness	Face to face Delivered by subject matter expert	1 – 2 hours	<ul style="list-style-type: none"> • Build and reflect on knowledge gained as part of Equality and Diversity training 		To align with CFOA guidance (2015) A guide to safe and well visits
Home oxygen users	Face to face Delivered by subject matter expert	1 hour	<ul style="list-style-type: none"> • Build and reflect on knowledge gained as part of Home Fire Safety Visit training 		To align with CFOA guidance (2015) A guide to safe and well visits

Appendix 2: CSA training requirements framework

Supplementary E-learning

Training title	Source	Description
Community-centred Approaches for Health Improvement	E-learning for Healthcare https://www.e-lfh.org.uk	<ul style="list-style-type: none"> Community-centred Approaches for Health and Wellbeing: Theory and Evidence
Dementia: Introduction to Person-centred Dementia Care	E-learning for Healthcare https://www.e-lfh.org.uk	<ul style="list-style-type: none"> Unit 01-01 Understanding Dementia Unit 01-02 Supporting People to Live Well with Dementia Unit 01-03 Challenging Stigma, Myths and Stereotypes
Disability Matters: Understanding Disability	E-learning for Healthcare https://www.e-lfh.org.uk	<ul style="list-style-type: none"> What is disability? Reflection Matters Hidden Disabilities Matter Disability, cultures and languages Deaf Communication Matters Learning Disability Matters Autism Spectrum Matters Complex Conditions Matter
Making Every Contact Count: Wessex, Thames Valley, Kent, Surrey & Sussex	E-learning for Healthcare https://www.e-lfh.org.uk	<ul style="list-style-type: none"> Unit 01-01 Introduction to Making Every Contact Count Unit 01-02 Introduction to Skills Unit 01-03 Introduction to Lifestyle Topics Unit 01-04 Signposting and Your Organisation
Mental Health Awareness	E-learning for Healthcare https://www.e-lfh.org.uk	<ul style="list-style-type: none"> Unit 01-01 Mental Health Awareness
Smoking cessation: very brief advice	National Centre for Smoking Cessation and Training http://www.ncsct.co.uk/publication_very-brief-advice.php	<ul style="list-style-type: none"> Information on the nationally recognised approach to support people to stop smoking
Fire Safety in the Home	Telecare Services Association https://www.tsa-voice.org.uk/e-learning	<ul style="list-style-type: none"> Developed in conjunction with LFB, aimed at carers, health and social care workers who visit vulnerable people at home Observing the home environment to identify fire and health risks
Prevention: promoting wellbeing	Social Care Institute for Excellence https://www.scie.org.uk/socialcaretv/video-player.asp?v=promotingwell-being	<ul style="list-style-type: none"> Film focussing on services designed to improve or maintain people's wellbeing

Appendix 3: Visit and referral data

The following data focuses on areas of risk and need regarding health and wellbeing, and referrals made in support of this. Additional information regarding fire risk is expected to be included in a separate evaluation report being prepared by LFB.

Visits completed and people reached

- **1,253 visits** completed in total
- **1,384 individuals** received direct advice and interventions
- **2,462 residents** were reached by the service²⁵

Risk profiles

Risk profile data was recorded for 1,238 of the visits completed, covering 2,443 residents.

Age

- **986 visits were completed to households with at least 1 resident aged 60 or over (79.5%)**
- 1,380 people reached were aged 60 or over (56.5%)
- 531 people reached were aged 80 or over (21.7%)

Disability

Residents chose to disclose presence or absence of disability during 932 visits (75%)

- **790 visits were completed to households with a disabled resident (85% where disclosed)**
- 673 residents reported having mobility issues (68%)
- 221 residents reported having mental health issues (22.9%)
- 125 residents reported having a hearing impairment (12.8%)
- 94 residents reported having a visual impairment (9.9%)
- 42 residents reported having a learning disability (4.4%)

Isolation

- **612 visits were completed to households where the resident lived alone (49.4%)**

Smoking

- **286 people reported having at least one smoker in their home (21% of those asked)**
- Within these homes, 530 householders were recorded to be present

²⁵ Total number of people reported to be living in the properties visited, with potential to be impacted by advice and interventions

Appendix 3: Visit and referral data

Health and wellbeing risks and referrals

Falls prevention

Falls prevention referral pathways operated in the pilot boroughs for the following durations:

- Ealing – December 2017 to February 2018
- Greenwich – February 2018 onwards
- Islington – November 2018 onwards
- Merton – December 2017 onwards
- Waltham Forest – December 2017 onwards

612 people agreed to answer questions regarding their falls risk, using the Falls Risk Assessment Tool (FRAT)

- **175 people (28% of those asked) were at medium to high risk of falls** (scored 3+ using FRAT)
- **175 individuals were referred for support regarding mobility and falls prevention**

Winter wellness / fuel poverty

Winter wellness / fuel poverty referral pathways were operational in all 5 boroughs for the duration of the pilot.

- 226 people reported that they struggled to heat their homes (16% of people seen)
- 306 people reported that they felt cold in their home (22%)
- 194 properties showed signs of damp, mould, draughts, blocked vents (15% of properties visited)
- **456 individuals were referred for support regarding winter wellness and fuel poverty** (33% of all people seen)
- 11 housebound individuals were referred for an at-home flu vaccination (available in Merton and Waltham Forest only)

Smoking cessation

Smoking cessation referral pathways were operational in 4 of the pilot boroughs for the full duration of the project. The pathway in Ealing ceased in November 2018.

- 100 people reported that they were smokers (7% of all people seen)
- 90 of these individuals agreed to have a conversation about smoking cessation (90% of those who advised that they were smokers)
- **35 people were referred for support with smoking cessation** (35% of those who advised that they were smokers)

Appendix 3: Visit and referral data

Social isolation

Social isolation referral pathways were operational in all 5 boroughs for the duration of the pilot. The organisations receiving referrals had varying referral criteria and offered a range of different services, including befriending, social groups and advice.

- **139 people were referred for support with social isolation** (10% of people seen)

Additional referrals

Atrial fibrillation

Atrial fibrillation testing was conducted in Merton from July 2018 onwards, as part of a project delivered by the Health Innovation Network.²⁶

- 31 people agreed to / were suitable for testing (22% of people visited during the period the pathway was operational)
- 1 person was identified with possible atrial fibrillation and referred to their GP for further investigation

Carer support

Referral pathways were established in Islington and Waltham Forest to identify carers and put them in touch with organisations who could offer advice and support.

- 38 people identified themselves as carers, and all of these individuals were referred to a partner organisation

Crime prevention

Training was provided by the Metropolitan Police to enable CSAs to deliver crime prevention advice and refer vulnerable individuals on for additional support if required.

- 8 people were referred for support with crime prevention

Priority services register

A referral pathway was established in all 5 boroughs, enabling vulnerable individuals to be added to UK Power Networks (UKPN) priority services register.

- 840 people were referred to UKPN (61% of all people seen)

Telecare

Referral pathways were established in Ealing and Greenwich enabling CSAs to refer individuals who would benefit from the provision of telecare, or who would benefit from additions to an existing telecare provision (e.g. linked smoke detection)

- 54 people were referred to telecare services

²⁶ <https://healthinnovationnetwork.com/projects/mobile-ecg-device-report/>

Appendix 4: Partner feedback data

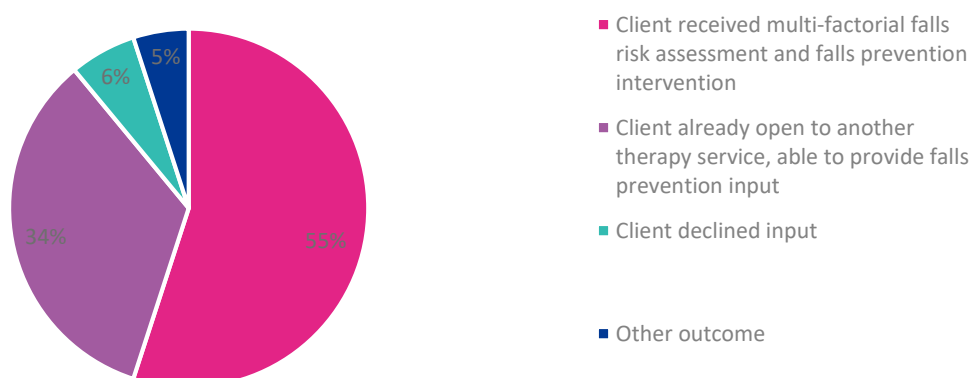
The following is a representative selection of quantitative and qualitative data provided by partner organisations who received referrals from Fire Safe and Well.

Falls prevention

Data was provided by Central London Community Healthcare NHS Trust (CLCH), regarding referrals made to their falls prevention service between January – December 2018.

- 31% of FSW visits in Merton resulted in a referral to the service (65 referrals in total during the period)
- 100% of referrals were appropriate
- 100% of people who received assessment and intervention were previously unknown to CLCH

Outcome of referrals to CLCH



Case study

Mr M was referred to Fire Safe and Well by the social prescribing service linked to his GP practice. Mr M has several long-term health conditions and is rated as severely frail using the EMIS tool. During his Fire Safe and Well visit Mr M reported having had a number of falls and near misses, and he was referred to the CLCH falls prevention service for support to address this.

Further to assessment by CLCH, Mr M participated in an 8-week programme of 'staying steady' exercise and advice classes. Mr M 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."*

Appendix 4: Partner feedback data

Winter wellness / fuel poverty

The following data was provided by The HEET Project, regarding referrals made to their fuel poverty service between January – December 2018.

- 48% of FSW visits in Waltham Forest resulted in a referral to the service (51 referrals in total during the period)
- 84% of people referred to HEET were previously unknown to the service
- 73% of referrals to the service were successfully progressed

Financial impact

As a result of the interventions delivered by HEET with the 37 households who were successfully referred via Fire Safe and Well, the following financial outcomes have been achieved:

£306 average
saving per
household

£4,493 overall
reduction in
required fuel bills

£6,837 overall
income
improvement for
households

£11,300 total
savings to
households

Case study

Fire Safe and Well generated more referrals to SHINE fuel poverty service in Islington than any other community partner during the final three quarters of 2018. A representative from SHINE commented, *“the benefit of Fire Safe and Well for us is the increased referrals, and the quality of those referrals. It’s a relatively high proportion of people who we haven’t seen before... They can access something that they perhaps didn’t know existed... that has a real material benefit.”*

Appendix 4: Partner feedback data

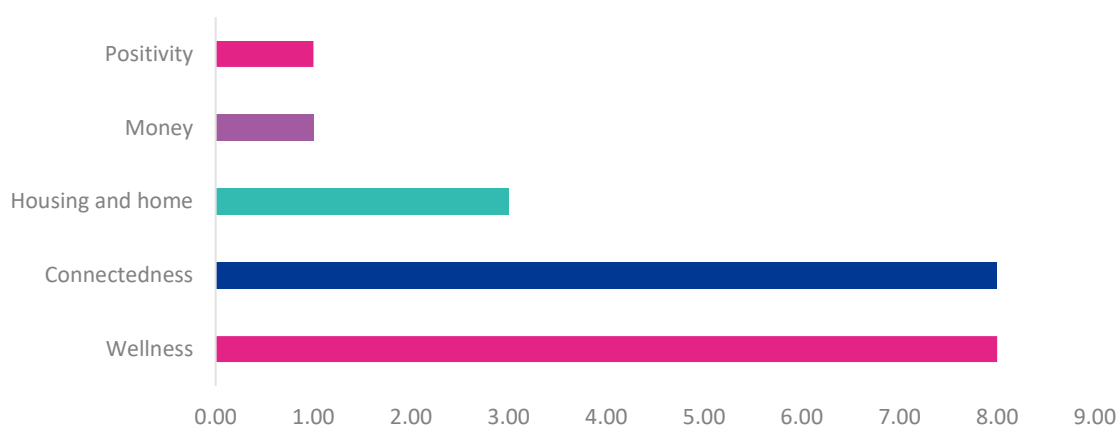
Social isolation

The following data was provided by Age UK Bromley and Greenwich, regarding referrals made to their social isolation services between January – December 2018.

- 11% of visits in Greenwich resulted in a referral to the service (21 referrals in total during the period)
- 100% of people referred were previously unknown to the service
- 62% of people referred went on to receive interventions and support
- 5 individuals declined the service, 2 could not be contacted, and one referral was not appropriate

Wellbeing outcomes

Age UK Islington collected self-reported wellbeing scores for 17 individuals referred to them by Fire Safe and Well between December 2017 – October 2018. People were asked to rate themselves before and after receiving interventions and increased wellbeing was recorded in all categories following intervention.



Case study

Mr K was referred to Wimbledon Guild for a befriender. He lives alone and has become increasingly inactive and isolated due to a deterioration in health. Mr K was matched with a befriender with whom he has lots in common – they are from the same area in Ireland and both have a professional background in the hospitality industry. Mr K reports that they “have lots to talk about” and his befriender is “great company”. Time spent with his volunteer gives Mr K the opportunity to talk to somebody other than his family and to reconnect with the outside world. His family have also expressed gratitude that there is somebody who can visit when they are not able to.

Appendix 4: Partner feedback data

Smoking cessation

The following data was provided by One You Merton, regarding referrals made to their smoking cessation service between January – December 2018.

- 2% of FSW visits in Merton resulted in a referral to the service (4 referrals in total during the period)
- 3 of the individuals referred went on to receive face-to-face clinic support
- 1 individual required specialist support outside the scope of the service

Community engagement

The Fire Safe and Well team in Islington partnered with colleagues from Breathe smoking cessation service to deliver public-facing events, including an open day at Islington fire station. A representative from Breathe commented *“promotional materials have been distributed to clients by the Fire Safe and Well staff, and they have supported many smoking cessation events over the past two years. The staff are effective outreach workers and establish an easy rapport with members of the public.”*

Case study

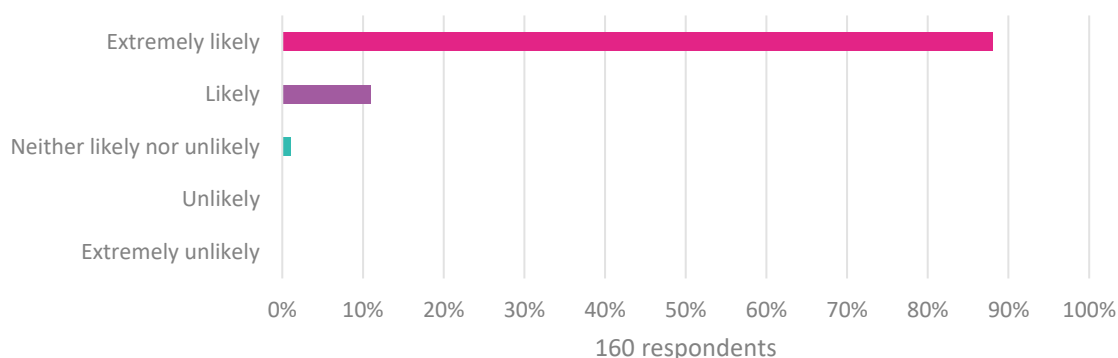
Ms B was referred to the Breathe smoking cessation service in Islington. Six months after her initial Fire Safe and Well visit she was contacted by LFB for feedback on the outcome of the referral that was made for her. Ms B reported *“I’ve not had a cigarette or anything similar for twenty weeks now. This has turned my life around.”*

Appendix 5: Beneficiary feedback

The following data is taken from feedback received from beneficiaries of Fire Safe and Well visits. Feedback was gathered proactively via telephone calls, and also received ad hoc via LFB complaints and compliments forms.

Friends and family test

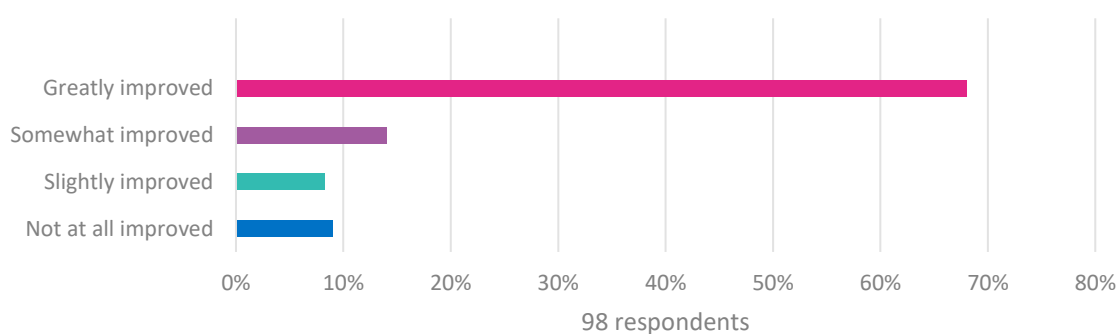
How likely are you to recommend a Fire Safe and Well visit to friends and family?



“A wonderful, life changing experience. I have already recommended the service to many of my friends.” Fire Safe and Well beneficiary

Personal safety

Do you feel your safety (fire, health and wellbeing) has improved as a result of Fire Safe and Well?

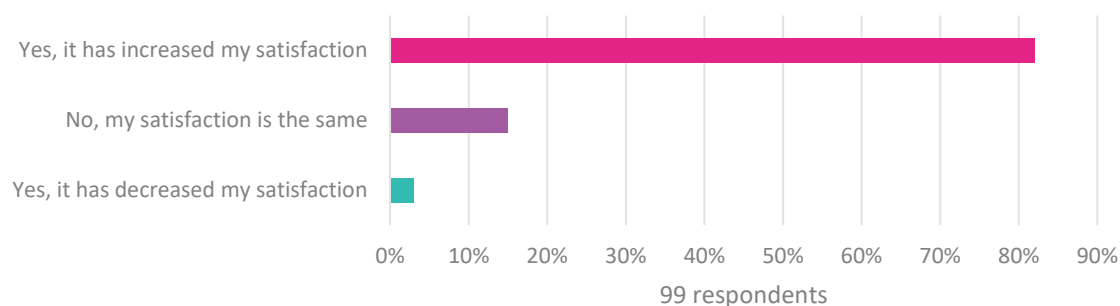


“I’ve always loved the fire brigade, but this scheme has raised my opinion to 200%. My husband is a dementia sufferer, and the advice we received could potentially save our lives.” Fire Safe and Well beneficiary

Appendix 5: Beneficiary feedback

Satisfaction with partner services

Has your experience with referral partners changed your level of satisfaction with the Fire Safe and Well service?



“Everyone has been incredibly supportive and friendly from all organisations. I’ve trusted the judgement of the fire brigade to refer me to others who have been equally as good.” Fire Safe and Well beneficiary

Testimonials

“To be honest, I thought this whole idea of referring to other services was great but a bit ‘pie in the sky’. But all three of the services you mentioned have helped me enormously. It’s a fantastic service all round.”

“My daughter is disabled and my husband has memory loss, so I was very impressed with how the fire brigade staff spoke to them clearly and gave excellent advice.”

“The falls prevention service have been fantastic. They got in touch really quickly and have arranged for things to be fitted – railings, cushions and toilet seats.”

“The [charity addressing social isolation] have been really diligent. They’ve contacted us many times and could not really have done more.”

“I’ve not had a cigarette or anything similar for 20 weeks now. This has turned my life around.”

“The gentleman from [the fuel poverty charity] was very helpful and we are hoping our fuel bills, which have been very high in the past, will now start to reduce.”

Appendix 6: Working group member feedback

The following data is taken from feedback received from Fire Safe and Well working group members. Feedback was gathered via an electronic survey and in person during focus groups.

Impact upon service users

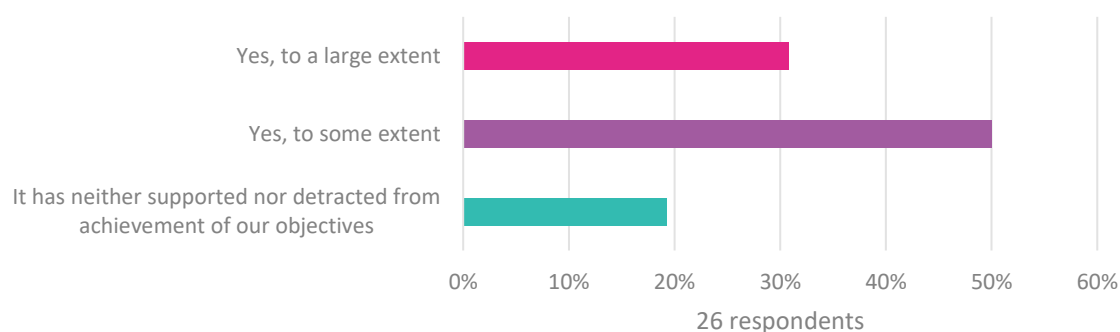
Has participation in the Fire Safe and Well pilot been beneficial to your service users?



“We have had 104 high quality referrals from officers working on the project. These were all vulnerable older residents that our outreach methods had failed to contact. Making these referrals has certainly improved the lives of vulnerable people and, in at least two cases, has probably saved lives.” Partner from fuel poverty service

Impact upon organisational objectives

Has participation in the Fire Safe and Well pilot supported your organisation / service to achieve its objectives?

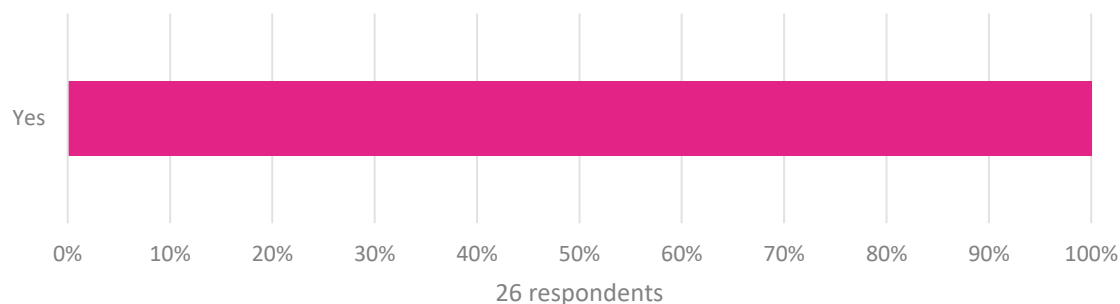


“We aim to improve the health of the borough’s residents and this scheme contributes to the progress of this goal holistically.” Public health partner

Appendix 6: Working group member feedback

Future planning

If Fire Safe and Well visits were expanded to become a standard offer in your borough, would your organisation wish to remain involved with the scheme?



“The staff working on the project, including those doing the home visits, have all been really committed and engaged. It has been a real pleasure working with them and I really hope that the project will continue.” Partner from fuel poverty service

Focus group feedback

“Working collaboratively with LFB worked really well for us. As an organisation we very much sit in the background, so it helped us get our message out there in a positive way. Two organisations working together like this to try and help people in the community, it’s really key.”

“The difference between this project and [other wellbeing services] is that you go into people’s homes. Studies show that the link between housing and health is huge, but health professionals often aren’t picking them up. That’s where this project was really good.”

“The advantage for us is partnership working. We’re all working with the same people in the same geographical and social areas, social issues and health. It ties in with the holistic approach that we use... I think it’s enhanced our work... We have the referrals coming in and also had somewhere to send people with the knowledge that you have services we don’t offer.”