



# **Safer and Stronger Communities Overview and Scrutiny Report**

## **Improved Safety in the Home – Safe and Wellbeing Visits**

**March 2017**

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## Chair's Foreword

There is an old proverb that says that prevention is better than cure. This is never more relevant than in today's economic climate. By committing to prevention, public agencies can take actions to stop problems escalating and help ease future demands on service by intervening early. It can also help to improve the quality of life for individuals and their families by providing the services they need as early as possible.

In January 2016, the Safer and Stronger Communities Overview and Scrutiny Committee recommended improving home safety as a priority for inclusion within both the Council Plan and Safe Durham Partnership Plan.



In February, in line with a national programme for closer working with fire and health services, County Durham and Darlington Fire and Rescue Service (CDDFRS) launched its safe and wellbeing visits initiative.

The committee agreed to undertake a review to gain assurance that processes are in place and being delivered through safe and wellbeing visits to improve home safety, reduce risk and improve a person's health and quality of life. This work also provides an opportunity to identify any gaps or service improvements and raise awareness of the scheme with elected members as Community Champions.

We have gathered a wide range of evidence through meetings with officers from CDDFRS and held focus group meetings with representatives from partner agencies who action any referrals in addition to firefighters who carry out safe and wellbeing visits within a person's home. Moreover, field study observations have been undertaken and we received a personal account from a couple who have benefitted from the initiative.

The committee has a statutory responsibility for scrutinising the work of the Safe Durham Partnership and the findings from this work have led to a number of recommendations for the partnership which also impact on the council, CDDFRS and the Health and Wellbeing Board.

I would like to take this opportunity to thank members of the working group and representatives from CDDFRS, the Council's Public Health and Warmer Homes teams, County Durham and Darlington NHS Foundation Trust, Lifeline Project, Smokefreelife, Alzheimer's Society, Age UK County Durham and Mr and Mrs Robinson.

Councillor Thomas Nearney  
Chairman  
Improved Safety in the Home Working Group

## Executive Summary

- 1 At the Committee's meeting in June 2016, Members agreed to undertake review activity looking at work in relation to Safe and Wellbeing Visits within the Council Plan and Safe Durham partnership objective of 'Improved Safety in the Home'.
- 2 CDDFRS firefighters undertook approximately 18,000 home fire safety visits each year. The introduction of safe and wellbeing visits in February 2016 aims to build upon the previous home fire safety visits to focus on vulnerable people and enhance prevention through inclusion of a broader remit and aim to make every contact count.
- 3 The aim of the review is to gain assurance that processes are in place and being delivered through the safe and wellbeing visits to improve home safety, reduce risk and improve a person's health and quality of life. The review also provides the opportunity to identify any gaps or service improvements within the existing approach and raise awareness of the scheme with elected members as Community Champions. For full terms of reference and details of the meetings held during this review, see **Appendices 1 and 2**.
- 4 From evidence gathered throughout the review, the working group applaud the approach led by CDDFRS with partner agencies to implement safe and wellbeing visits throughout the county. The working group note the significance of organisational change for CDDFRS to lead on the scheme and the response with partner agencies to deliver this initiative in line with national strategies and local fire risk that aims to make every contact count and provide valuable support to vulnerable people.
- 5 Launched in February 2016, safe and wellbeing visits are in their infancy and with effective governance, referral processes and partnership working in place they are making a positive difference. Up to the 31<sup>st</sup> October 2016, there have been 10,718 safe and wellbeing visits undertaken of which 3,733 people agreed to answer the lifestyle element of the questionnaire and have generated 1,235 referrals to partner organisations of which many were the first contact with that service.
- 6 The working group notes the positive working relationship between CDDFRS and partner agencies to design and review the safe and wellbeing questionnaire and address any concerns that have been identified to improve delivery of the scheme. The scheme has been embedded within day to day activity for CDDFRS and firefighters are to receive further training by partner agencies.
- 7 Field study activity also demonstrated the professionalism of firefighters and members of the Community Fire Safety Team when undertaking safe and wellbeing visits. An area of development is for firefighters to receive feedback on outcomes of safe and wellbeing visits and for consideration for partners to experience safe and wellbeing visits being undertaken by firefighters.

- 8 There has been a significant amount of data collected from safe and wellbeing visits which provides an opportunity for partner agencies to work with CDDFRS to utilise anonymised data for service planning and prevention activity within the boundaries of the Data Protection Act.
- 9 The positive reputation of the Fire Service is paramount to the successful delivery of safe and wellbeing visits. The lifestyle element of the safe and wellbeing visit questionnaire requires consent for each element and the working group request that care is taken that questions do not appear intrusive and are linked to underlying causes of fatal house fires. Furthermore, the working group also suggest that work is undertaken with CDDFRS and partner agencies to explore quality assurance activity on outcomes of safe and wellbeing referrals.
- 10 Whilst a positive difference is being made by the scheme, information provided to the working group highlighted decreasing budgets for all partners and agencies and that funding sustainability is a risk to the success of the initiative. In addition partner agencies also identified a risk for the ability to meet any increase in further demand. It is therefore suggested that the Safe Durham Partnership Board and Health and Wellbeing Board receive timely monitoring reports on the delivery of safe and wellbeing visits to highlight successes, challenges and risks to delivery of the initiative.
- 11 Safe and wellbeing visits have been actively promoted at local and national levels and it is suggested an area of potential development could be further promotion of the scheme with elected members, town and parish councils and area action partnerships. However, it is acknowledged that there is a risk that increased awareness may lead to a surge in demand and that a balance must be maintained to ensure quality and consistency in operation is not compromised.

## **Recommendations**

### **Safe Durham Partnership**

**Recommendation One** – That the Safe Durham Partnership Board annually reviews the framework document to ensure it continues to remain fit for purpose.

**Recommendation Two** – The Safe Durham Partnership Board works with partners, including clinical commissioning groups, to ensure that best use is made of data collected from safe and wellbeing visits for assessing demand, prevention and service planning.

**Recommendation Three** – The scheme is monitored through regular reports to the Safe Durham Partnership Board and the Health and Wellbeing Board detailing successes, challenges and risks, particularly around meeting demand and funding sustainability. Furthermore appropriate information is communicated with firefighters on outcomes of safe and wellbeing visits.

**Recommendation Four** – That CDDFRS through the framework document and partnership meetings explore approaches for quality assurance activity on outcomes of safe and wellbeing visits with partner agencies.

### **Durham County Council and Partners**

**Recommendation Five** – The council arranges a seminar to be delivered to elected members during 2017/18 to promote safe and wellbeing visits and that CDDFRS promotes the scheme locally with town and parish councils and area action partnerships.

**Recommendation Six** – The Safe Durham Partnership Board (including the council's Consumer Protection Team) explores opportunities for cybercrime and fraud to be included within the Safer Homes project.

## **Strategic Context**

### ***Key Findings***

- **Chief Fire Officers Association's Health Strategy aims to provide greater collaboration between fire and health services and linked to NHS Five Year Forward View.**
- **CDDFRS identified Safe and Wellbeing Visits as a priority, engaged with partner agencies and launched the initiative on 15<sup>th</sup> February 2016.**
- **CDDFRS aim to undertake 18,000 safe and wellbeing visits per year.**

### **National and Local Context**

- 12 During the past 15 – 20 years, nationally fire and rescue services have focussed on prevention through a wide range of community fire safety activity. This activity including home fire safety checks has evolved over time and it is estimated that 670,000 fire safety interventions are undertaken in homes every year. This work often involves interactions with vulnerable people and has contributed to a reduction of risk and a significant drop in demand for fire and rescue services, and consequent reductions in the number of deaths and injuries from accidental fires in the home.
- 13 Building on this positive work and engagement, a number of fire and rescue services explored working with health partners to support them in improving health and quality of life outcomes for those most at risk in their communities. This work was successful and led to a document published in October 2015 by Public Health England and NHS England together with the Local Government Association and Chief Fire Officers Association titled 'Principles for a 'Safe and Well' visit by a Fire and Rescue Service'. The principles

included extending the current approaches to safety in the home to include risk factors that impact on health and wellbeing, engagement with local health and local authority services on local risks and demand. This approach also includes referrals to specialist services and ensures that visits improve quality of life outcomes and reduced demand for services.

- 14 Building upon these principles, CFOA published a Health Strategy 2015-19 'Fire and Rescue Services as a Health Asset'. This included seven priorities that aim to 'support a drive to provide greater collaboration between fire and health services to produce better health outcomes from the communities we serve'. This is linked to the NHS' Five Years Forward Plan placing greater importance on 'getting serious about prevention' views. One of these priorities is to 'Develop the design principles for and encourage the uptake of "Safe and Well" visits and the effective use of all fire and rescue service resources, building on the Home Safety Check and informed by existing good practice and ongoing evaluation'.
- 15 The CFOA Health Strategy describes a Safe and Well visit as 'a person centred home visit to identify and reduce risk to the occupier or occupiers, which expands upon a Home Fire Safety Check to include advice and interventions that address other risks that will further reduce fire risk, but will also help to improve health and wellbeing. Safe and Well maximises the opportunity to promote improved health outcomes and reduce harm, as part of the hundreds of thousands of visits Fire and Rescue Services are already undertaking.'
- 16 Safe and well visits also have a focus on prevention and sit within the context of the national public health initiative Making Every Contact Count that includes brief intervention training, encouraging healthier lifestyle choices for residents and to ensuring consistent and concise healthy lifestyle messages during safe and well visits.

### **Local Context**

- 17 County Durham and Darlington Fire and Rescue Service implemented this approach as a pilot in February 2016 as 'safe and wellbeing visits'. The aim is highlighted within the document 'Enhancing the prevention role of County Durham and Darlington Fire & Rescue Service (CDDFRS)', to 'develop and systematically embed the health intervention role of the Fire Service through the development of safe and wellbeing visits with a range of partners to ensure vulnerable individuals get appropriate access to services and support to keep them safe and well.'
- 19 To meet this aim a number of objectives in relation to principles, workforce skills and training, systems and processes, communication and information and data provision were set.

20 In response to the Fire Service National Joint Council, CDDFRS aimed to focus their resources on the following areas on safe and wellbeing visits and wider collaboration activity :

- Slips, trips and falls assessments and offering preventative measures to reduce the risk of injury.
- Winter warmth assessments including offering fire and flu advice to reduce the number of excess winter deaths.
- Improving community response to cardiac arrest patients by offering Heartstart advice and allowing the British Heart Foundation the opportunity to use CDDFRS premises to carry out courses for the general public.
- Offering assistance to health partners by supporting bariatric services in terms of lifting those that have fallen.
- Train all CDDFRS staff in dementia awareness and work to a charter that ensures CDDFRS are a dementia friendly organisation. Offer advice and referral opportunities to members of the community that it is felt would benefit from assistance.
- Offer alcohol harm and reduction advice as well as signposting individuals that feel they would benefit from help in this area.
- Offer smoking cessation advice as well as signposting individuals that feel they would benefit from help in this area.
- Provide advice and promote local activities to residents in order to reduce loneliness and isolation.

21 The Service also gave a commitment to provide an appropriate level of training to its staff within each of the key areas outlined above through engaging with key groups that include:

- I. Alzheimer’s Society/ Dementia Alliance
- II. County Durham Tobacco Alliance
- III. Alcohol Harm Reduction Group
- IV. Balance North East
- V. Energy and Fuel Poverty Group
- VI. Unintentional Injuries Prevention Group
- VII. Wellbeing for Life

22 Safe and wellbeing visits are undertaken within people’s properties and a questionnaire is completed by operational firefighters throughout County Durham and Darlington. The questionnaire is in two parts that focus on Fire Safety and Lifestyle. The style of safe and wellbeing visits and questionnaire was co-designed through consultation with a number of partner agencies focusing on local risks and demand. This resulted in a paper based questionnaire that focuses on fire safety and six key areas of health with referral pathways into specialist services for each area. The following table outlines these areas and the associated partner agencies.

<b>Key Health Area</b>	<b>Partner Agency</b>
Slips, Trips and Falls	County Durham and Darlington NHS

	Foundation Trust
Winter Warmth	Warm Homes Scheme (DCC)
Alcohol	Lifeline Project (DCC Public Health Commissioned)
Smoking	Smokefreelife (DCC Public Health Commissioned)
Dementia	Alzheimer's Society
Loneliness and Isolation	Age UK County Durham
Making Every Contact Count	Wellbeing for Life

- 23 The above areas are highlighted in the JSNA and local health profiles and are linked to common factors present during accidental dwelling fatalities. In addition, outcomes from this work are linked to the Safe Durham Partnership Plan, The Council Plan and a key objective of the Fire Service's Integrated Risk Management Plan.
- 24 To deliver this approach, operational firefighters undertake safe and wellbeing visits within their locality, with each station and each 'shift' or 'watch' having a specified target to meet the aim of 18,000 visits per year. The scheme is administered by the fire service's community safety team and support is also provided by vulnerable person advocates who will work closely with vulnerable people where it has been identified there is high risk.
- 25 Funding to deliver the initiative is currently being met within existing budgets and resources within both County Durham and Darlington Fire and Rescue Service and partner agencies.
- 26 The scheme has been actively promoted at local and national levels. Locally this includes promotion through the role of operational staff in terms of community engagement including fire station open days and events involving members of the public, CDDFRS staff and partner organisations. In addition the scheme has been promoted through social media, press releases and poster campaigns.
- 27 Nationally the Chief Fire Officer has presented to the CFOA and CDDFRS together with the Alzheimer's Society and were invited to attend the national emergency services show in September 2016. In addition, a video by ITV called 'Beyond Blue Lights' highlighting the work of the safe and wellbeing visits has been produced and was shared with the working group. Furthermore, CDDFRS were a finalist within the national Alzheimer's Society Awards 2016 for its work on the creation of a 'Dementia Friendly Charter', showing the service's commitment to improving how it works with those living with dementia.
- 28 The working group felt that the fire service and partners could build on the excellent levels of engagement through the promotion of the scheme with elected members, town and parish councils and area action partnerships.

**Recommendation** – The council arranges a seminar to be delivered to elected members during 2017/18 to promote safe and wellbeing visits and that CDDFRS promotes the scheme locally with town and parish councils and area action partnerships.

## Governance and Data

### Governance and Data Quality

#### Key Findings

- **A governance document is in place with signed commitment from all Partner agencies.**
- **The importance of data protection, sharing information and consent was embedded within the governance arrangements.**
- **Anonymised information and data from the safe and wellbeing visits could also be of importance to partner agencies for service planning and prevention.**

- 29 Evidence provided has identified clear governance and partnership structures in place with a framework document titled 'Enhancing the prevention role of CDDFRS' that is centred on prevention and making every contact count. There is clear commitment of all organisations at strategic level within the document with links to national and local strategies, information management, outcomes and evaluation. To achieve the aims of the document a partnership group was established and has been actively engaged to develop and shape the model to deliver safe and wellbeing visits.
- 30 Feedback from supporting information and a focus group held with partner agencies reported that a positive partnership approach was in place for delivery of safe and wellbeing visits. Members took assurance from the meeting with partner agencies that questions within the survey had been developed through close working with partner agencies for each of their specified areas and that the importance of data protection, sharing information and consent was embedded within the process. Members were informed that in terms of information sharing, this is now an opt-out process within the survey. This means that individuals must choose to opt out if they do not consent to having their personal data shared with other agencies.
- 31 The fire service aim to undertake 18,000 safe and wellbeing visits per year, which provides an opportunity to gather a vast amount of information in relation to each aspect of the referral and its location. There is a great potential to the service and partner agencies in using data that has been collected from visits and has been anonymised. This could be used for service planning, assessing demand and targeting policy interventions. This

information could be of great benefit to clinical commissioning groups, public health and area action partnerships, amongst others with regard to priorities within their respective areas.

**Recommendation** – That the Safe Durham Partnership Board annually reviews the framework document to ensure it continues to remain fit for purpose.

**Recommendation** – The Safe Durham Partnership Board works with partners, including clinical commissioning groups, to ensure that best use is made of data collected from safe and wellbeing visits for assessing demand, prevention and service planning.

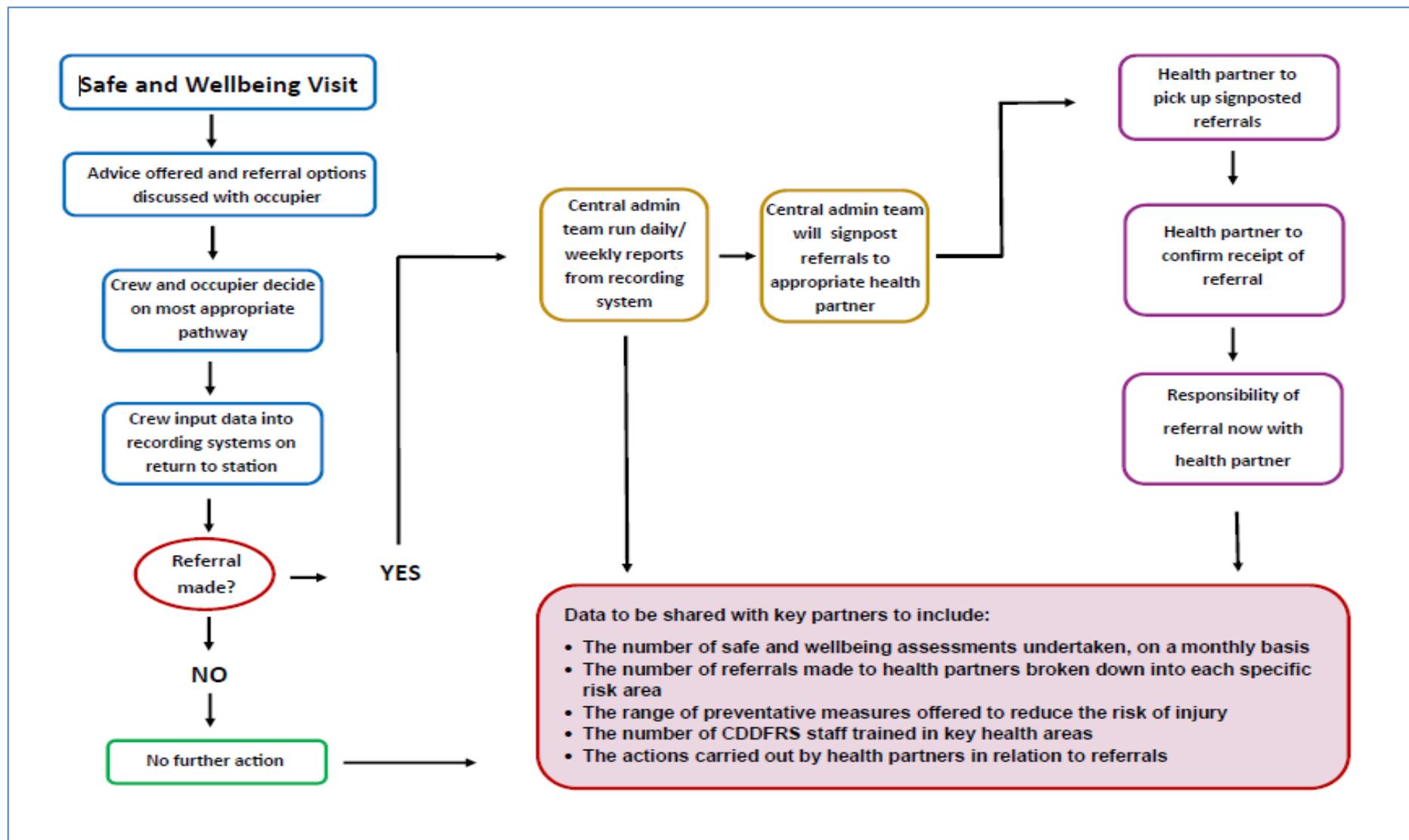
## Process and Questionnaire

### *Key Findings*

- **Risk based approach for identification of homes for safe and wellbeing visits.**
- **Clear process in place for referrals to partner agencies.**
- **Questionnaire developed with partner agencies and linked to risks of fire fatalities.**
- **Firefighters have received initial training and aim to make every contact count.**
- **Feedback to firefighters identified as a development area.**

- 32 Since its launch on 15<sup>th</sup> February 2016 and up to 31<sup>st</sup> October 2016 there have been 10,718 safe and wellbeing visits undertaken within County Durham. 1,397 (13%) of these were self-referrals. 509 (5%) were from external agencies/partners and 8,812 (82%) had been through cold calls by operational fire crews.
- 33 Cold calling is risk based and the Fire and Rescue Service do not have right of entry to properties to give preventative messages. Identification of homes or areas to undertake cold calls is assessed through use of IT equipment on-board fire appliances providing firefighters with levels of fire risk, information of where the service has previously fitted smoke alarms and/or undertaken home fire safety or safe and wellbeing visits.
- 34 At present, during a safe and wellbeing visit, CDDFRS are collecting information and making referrals and firefighters do not carry out any works or interventions other than installation of smoke alarms. Once a referral has been received by a partner agency it is their responsibility to take action.

35 The following flow chart illustrates the process for undertaking safe and wellbeing visits



- 36 Throughout the review, evidence provided was that the process for safe and wellbeing visits is robustly applied and followed. The CDDFRS Community Safety Team download data collected from safe and wellbeing visits and forward any referrals to the relevant partner agency via a secure method on a weekly basis.
- 37 Members note that the majority of these areas covered within the safe and wellbeing visit are linked to the underlying causes of house fires within County Durham within the past five years. This approach aims to prevent harm to the public and by linking safe and wellbeing visits to the fatality profile within the county ensures they are not only helping in terms of the health and wellbeing agenda, but also linking back into CDDFRS's core business. This approach is highlighted within the following table:

<b>Common factors present during accidental dwelling fatalities</b>	<b>Key Lifestyle areas covered during SWVs</b>
Mental Health	Dementia, Loneliness and Isolation, Fuel Poverty
Smoking	Smoking Cessation
Alcohol use	Alcohol (World health organisation model)
Living Alone	Loneliness and Isolation, Dementia
Limited Mobility	Slips, trips and falls, Dementia
Poor Housekeeping	Hoarding (Safer Homes if necessary), Dementia

- 38 Since its inception in February 2016, the questionnaire contains a number of questions within each lifestyle area, during this time it has been constantly evolving taking into account feedback from partners and firefighters undertaking the visits. The working group identified that the collaborative approach to continuous improvement was one of the strengths of the initiative. However, feedback from a focus group with firefighters indicated that questions on the form at times could appear intrusive and depending on the specific situation a sensitive approach was required. The focus group with firefighters also made a suggestion for streamlining the questionnaire and that partner agencies have an opportunity to



Members with CDDFRS Firefighters

observe fire crews undertake safe and wellbeing visits to gain awareness of the challenges that can be experienced.

- 39 Safe and wellbeing visits are linked to existing partnership work undertaken through the Safer Homes Project that received £500,000 of government funding in September 2014 to help public services work together to commission, manage and deliver services for vulnerable and elderly people in relation to fire and community safety. An area that was identified by the working group for future development within the questionnaire is risk of fraud and cybercrime amongst vulnerable people. Whilst not linked to fire fatalities, this may be an area of future consideration with Durham County Council's Consumer Protection Team and Durham Constabulary within the Safer Homes project.
- 40 Evidence provided from firefighters and field study activity reported that crews have embraced the concept of safe and wellbeing visits and professionally undertaken the visits with an emphasis on prevention and making every contact count. The introduction of the lifestyle element of the questionnaire means that crews take longer to undertake a visit but firefighters highlighted the value of these areas and the potential benefits this could achieve for the resident. Through undertaking field study activity, members commented on the professionalism of firefighters with clients and the value of the service to contributing to the health agenda.
- 41 An identified development area was for feedback to be provided to crews on outcomes of safe and wellbeing referrals in relation to their station area. In addition, use of technology was suggested as a way of instantly recording data collected through safe and wellbeing visits and being more efficient. However there were mixed responses to this suggestion as whilst technology can provide instant data, feedback from crews felt this could be time consuming with existing equipment, have a financial cost and may be off putting to some households.
- 42 In addition to existing knowledge, firefighters have received training on all areas of the lifestyle element of the safe and wellbeing questionnaire. This has predominately been undertaken through online training, face-to-face dementia training, making every contact count training provided by Wellbeing for Life and then developing knowledge through safe and wellbeing visit assessments within properties. The focus group with firefighters noted there could be logistical challenges but identified that further training from each partner agency on their specific area would be beneficial. This is acknowledged by CDDFRS and is currently being developed. The working group acknowledges the level of training firefighters have received in relation to handling questions sensitively and support CDDFRS to undertake further training with partner agencies.

**Recommendation** – The scheme is monitored through regular reports to the Safe Durham Partnership Board and the Health and Wellbeing Board detailing successes, challenges and risks, particularly around meeting demand and

funding sustainability. Furthermore appropriate information is communicated with firefighters on outcomes of safe and wellbeing visits.

**Recommendation**– The Safe Durham Partnership Board (including the council’s Consumer Protection Team) explores opportunities for cybercrime and fraud to be included within the Safer Homes project.

## Referral Routes and Outcomes

### Key Findings

- **1,235 referrals made to partners agencies from safe and wellbeing visits within County Durham.**
- **Health area of loneliness and isolation is the highest referral pathway.**
- **Partner agencies report safe and wellbeing visits are beneficial and making a difference.**

43 During the period from 15<sup>th</sup> February to 31 October 2016 there have been 10,718 safe and wellbeing visits undertaken within County Durham of which 3,733 people (35%) agreed to undertake the lifestyle element of the questionnaire. From those that agreed to undertake the lifestyle element of the questionnaire there were 1,235 referrals made to partner agencies, equating to a referral rate of 33% (12% of safe and wellbeing visits overall).

44 The following table identifies the number of referrals made and the identified pathway to the appropriate agency for any health referrals from safe and wellbeing visits undertaken by firefighters within County Durham.

Key Health Area	Number of Referrals	Referral Pathway
Slips Trips and Falls	286	Falls Team, County Durham & Darlington NHS Foundation Trust
Winter Warmth	263	Warm Homes Team, Durham County Council
Alcohol	12	Lifeline project – commissioned by Durham County Council
Smoking	102	Smokefreelife County Durham – commissioned by Durham County Council
Dementia	162	Alzheimer’s Society
Loneliness and Isolation	410	Age UK County Durham
<b>Total</b>	<b>1,235</b>	

- 45 Within this data, some referrals are made to more than one agency and feedback provided from partner agencies identified that for many, this was the first contact they had with the person or family.
- 46 Where a referral is identified linked to a fire risk and cannot be resolved at the house by firefighters this requires further intervention that is undertaken through a safer home visit by a vulnerable person advocate within the fire service's community safety team. Cllr Nearney undertook field study activity to observe these visits and enhanced support is offered to the resident including fire preventative spray being used on carpets and fire retardant blankets and seat covers being issued to reduce the risk of fire within the property.
- 47 The introduction of safe and wellbeing visits is beneficial for partner agencies and positive feedback was received regarding engagement in development of the scheme and how it is delivered. Partners expressed concerns about the quality of some of the data, the relevance of some referrals and processes following a referral being made. However, partners acknowledged this is an initiative that is still developing and where concerns or issues had been identified, there was commitment by all partners to identify methods to resolve these with a positive outcome. Age UK County Durham and the Warm Homes team both provided examples of where positive change had taken place and the quality of referrals had improved.
- 48 Members received evidence from partner agencies on what action had been taken following of a referral through a personal account and written evidence.
- 49 The review benefitted from a personal account which was provided by Jim and Bess Robinson who attended a working group meeting and illustrated the difference that had been made to their lives following a safe and wellbeing visit. The outcome of the visit led to a referral to the Alzheimer's Society. Mrs Robinson explained that during the visit, the information the CDDFRS were able to provide helped to persuade her that a referral would be useful, having been reticent in the past to speak to other agencies. Support provided as a result of the visit proved to be life-changing and beneficial to both Mr and Mrs Robinson, including support for Mrs Robinson that included one day respite care for Mr Robinson and counselling sessions and contact with a mental health group.
- 50 Mrs Robinson explained that she has actively promoted the benefits of this scheme and provided talks at community events and has spoken to Fire Officers regarding safe and wellbeing visits. In addition, their story was included within the ITN Beyond Blue Lights documentary that was aired at the National Emergency Services show in September 2016 and is available on



Members with Mr & Mrs Robinson

youtube. A copy of this video is available from the following link  
<https://www.ddfire.gov.uk/news/beyond-blue-lights>

- 51 Further case studies with positive outcomes were provided on stop smoking, advice on financial and benefit support, and falls from Smokefreelife County Durham, Age UK County Durham and County Durham & Darlington NHS Foundation Trust.
- 52 Prior to the focus group meeting with partner agencies, an information report was presented to members that included outcomes from referrals. Paragraph 48 identifies, the highest number of referrals has been to Age UK for loneliness and isolation and the information report informed members that for the period 15<sup>th</sup> February 2016 to 22 September 2016 they received 349 referrals from County Durham & Darlington Fire & Rescue Service. From these referrals, 318 clients were not previously known to Age UK and 201 clients accepted further assistance.
- 53 The information report also reported that the falls team has issued 298 falls prevention packs and assessed six clients. Smokefreelife County Durham reported that more people are aware of the stop smoking service and 15 people have accessed the service as a result of the safe and wellbeing project, one of these has quit smoking and others are at various stages of quitting.
- 54 Further to the case study provided, the Alzheimer's Society reported that their largest number of referrals is from the safe and wellbeing visits. The main benefit of these visits has been that the fire officers are one of the most trusted brands and visit people who would not normally come forward for help, and these referrals are helping provide advice and support to a much larger group of people and help them to live well in the community.

## **Demand and Effectiveness**

### ***Key Findings***

- **Safe and wellbeing referrals and follow up activity are funded through existing resources.**
- **Ability to meet to demand if the initiative is further developed has been identified as a risk by partner agencies.**
- **Quality assurance activity undertaken by CDDFRS but limited to outcomes of referrals by partner agencies.**
- **A cost benefit analysis is to be explored by an evaluation of the initiative which is to be undertaken by Teesside University.**

- 55 Safe and wellbeing visits are funded through existing resources to both undertake the initial visit and deliver outcomes from any referrals. The expansion of the scheme from fire safety to safe and wellbeing visits has led

to an increased demand for both CDDFRS and partner agencies. Responses provided to the working group from Smokefreelife County Durham, Alzheimer's Society, Age UK County Durham and the NHS Falls team all reported an increase in referrals from safe and wellbeing visits.

- 56 Whilst the scheme is welcomed by all partner agencies, the ability to meet demand within existing capacity and resources was expressed as a risk by a number of partner agencies. It was reported that expansions to the scheme or increase in referrals may require further support to deliver.
- 57 A key line of enquiry for the review was to look at the effectiveness of safe and wellbeing visits. Following fire crews undertaking safe and wellbeing visits, a quality assurance call is carried out by CDDFRS to assess satisfaction of the visit. However, quality assurance for outcomes of referrals is an area for further consideration by the partnership group.
- 58 Outcomes of the safe and wellbeing visits, feedback from field study activity and focus groups with partner agencies and firefighters identify the commitment to making every contact count. This has also included intervention and brief advice, encouraging healthier lifestyle choices for residents and delivering consistent and concise healthy lifestyle messages during safe and wellbeing visits.
- 59 It was not within the Committee's scope to undertake a cost benefit analysis on the effectiveness of safe and wellbeing visits. However, an evaluation is currently being developed by Teesside University and a potential element of this work is to consider whether a cost benefit analysis could be produced. In addition, CDDFRS are also worked closely with Greater Manchester Fire Service who have taken the national lead for this work and are exploring work on a cost benefit analysis from their scheme.

**Recommendation**– The scheme is monitored through regular reports to the Safe Durham Partnership Board and the Health and Wellbeing Board detailing successes, challenges and risks, particularly around meeting demand and funding sustainability. Furthermore appropriate information is communicated with firefighters on outcomes of safe and wellbeing visits.

**Recommendation**– That CDDFRS through the framework document and partnership meetings explore approaches for quality assurance activity on outcomes of safe and wellbeing visits with partner agencies.

# Appendix 1

## Terms of Reference

To meet this aim, the review has undertaken an initial assessment of the project with elected members to gain an understanding of the initiative and identify any gaps with regard to the process and referral routes. The working group also sought to ensure that outcomes from these visits are being monitored and delivered by the respective partner agencies. The objectives of the review were to:

- gain an understanding of the safe and wellbeing visits through an overview presentation to identify its links to national and local objectives, aims and intended outcomes, governance and accountability arrangements and funding for the scheme.
- look at the process and procedures for undertaking safe and wellbeing visits and identify any gaps within the areas that are covered during the visits, the format of the survey to ensure to make every contact count is working efficiently and that partner agencies are meeting demand.
- receive information on the referral routes of safe and wellbeing visits with regard to how people and homes are identified, how the initiative is promoted and communicated both publically and by partner agencies.
- receive information on the outcomes and the difference the safe and wellbeing visits are making to people and homes within the county. This objective will also gather information on feedback from service users, the number of safe and wellbeing visits undertaken, the number of referrals made by the fire service in each area both geographically and by risk.
- hold a focus group session with partner agencies to evaluate the benefits of safe and wellbeing visits to partner agencies.
- consider data collected from safe and wellbeing visits to identify trends, and concerns of potential unknown risks.

## Appendix 2

### Review Meetings Held

The review has gathered evidence through desktop research, meetings with officers, service professionals, representatives from partner agencies and residents and undertaken field study activity.

<b>Date</b>	<b>Activity/Venue</b>
7/9/2016	Working Group Meeting – overview session , Durham Fire Station
20/9/2016	Working Group Meeting – process, referral routes and outcomes, Durham Fire Station
29/9/2016	Field Study – Cllr Nearney – observation with community safety staff undertaking a vulnerable person visit and safe and wellbeing visits by firefighters from High Handenhold
5/10/2016	Field Study – Cllr Turnbull – observation with firefighters from Durham Station undertaking safe and wellbeing visits
10/10/2016	Field study – Overview and Scrutiny Officer – observation with firefighters from Durham Station undertaking safe and wellbeing visits
11/10/2016	Working Group Meeting – partner agencies, Durham Fire HQ, Belmont
18/10/2016	Working Group Meeting - focus group session of firefighters, Durham Fire Station
/10/16	Field Study – Cllr Wilson – met with fire service personnel at Bishop Auckland Fire Station
7/11/2016	Field Study – Mr J Welch – Met with fire service personnel at Crook Fire Station
8/11/2016	Working Group Meeting – draft report, Durham Fire Station