

Evaluation of County Durham & Darlington's Fire and Rescue Service Safe and Wellbeing Visits

**Health and Wellbeing Board
29 November 2018**

Altogether better



Background

- Fire and rescue service have always had an effective prevention role
- National, collaborative approach - consensus statement, principles of a safe and wellbeing visit (SWV)
- Locally developed offer 2015 onwards using CDDFRS skills and expertise with public health input

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Research aims and objectives

Teesside University co-production qualitative and quantitative evaluation to:

- 1 Explore the implementation of the SWVs into the fire service daily practice;
- 2 Explore with the fire service and partner organisations their understanding of the process for SWVs and what impacted on their role;
- 3 Assess the referral pathways to see how many clients are referred to partner organisations, how many of the health areas they are being referred for, whether or not these referrals are appropriate, and if relevant health areas are covered by SWV;
- 4 Gain feedback from beneficiaries of SWVs to assess impact;
- 5 Gain feedback from beneficiaries about how appropriate they feel it is for CDDFRS to ask them about health issues

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Key findings

1. Explore the implementation of the SWVs into the fire service daily practice

Staff felt that this work could fit into their daily practice but that there is a lot of paperwork and that changes need to be made to ensure it is easier to implement.

2. Explore with the fire service and partner organisations their understanding of the process for SWVs and what impacted on their role

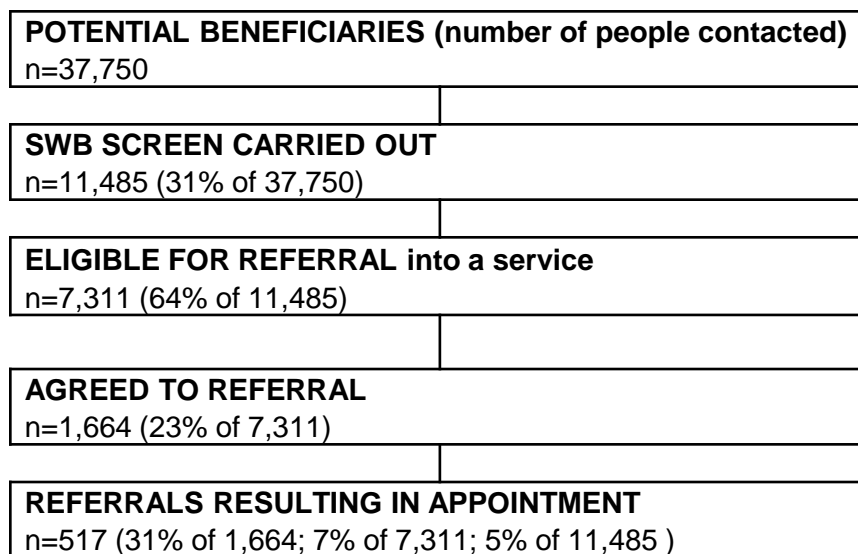
The fire service delivery staff, CRM team and partner organisations felt that delivering SWVs was an important thing to happen they felt that the training could be improved.

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Key findings

3. Assess the referral pathways to see how many clients are referred to partner organisations, how many of the health areas they are being referred for



Focus has been on referral. MECC and an evidence based brief intervention?

Table 2: Throughput of numbers based on health topics

	Total	Smoking	Slips, trips & falls	Alcohol	Dementia	Warm homes (Year 1)	Warm Homes & MMB	Loneliness & Isolation
Potential beneficiaries	37,750	37,750	37,750	37,750	37,750	17,654	20,096	37,750
Number screened	11,485	11,485	11,485	11,485	11,485	5,743 ^a	5,743 ^a	11,485
Number eligible (% of screened)	7,311 64%	2,337 20%	893 8%	43 0%	410 4%	2,629 46%	106 2%	893 8%
Agreed to referral (% of eligible)	1,664 23%	164 7%	511 57%	17 40%	248 60%	214 8%	19 18%	491 55%
N. referrals engagement with provider (% of who agreed)	517 31%	14 9%	13 3%	2 12%	242 98%	64 ^b 30%	15 79%	167 34%

Key findings

4. Gain feedback from beneficiaries of SWVs to assess impact;

Most beneficiaries felt that the interaction over the SWVs was of use especially around issues relating to slips trips and falls, and loneliness and isolation in particular. Beneficiaries had a positive experience with CDDFRS.

5. Gain feedback from beneficiaries about how appropriate they feel it is for CDDFRS to ask them about health issues

Beneficiaries felt supported to be asked the questions within the SWV, however some were unclear as to why they were being asked health related questions, which indicates that more work is needed to ensure that the service is advertised.

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Key recommendations

- Consideration could be given the health topics covered
- Stronger links between fire safety and health issue
- Utilise the skill set of the staff, explore MECC
- Improve internal communication in relation to targeting process and communication of the service with SWV materials
- Review approach to IT and data collection

Next steps

- CDDFRS and public health have discussed recommendations, are developing an action plan to report back to HWB in 6 months.

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