



More than one way to safe a life

Collaboration opportunities between AFRS and Health



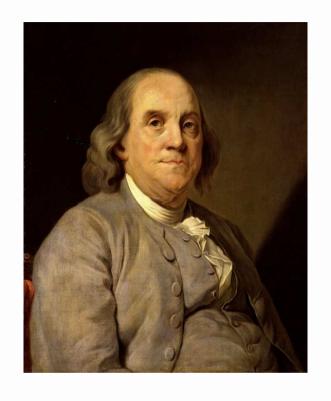


PREVENTING PROTECTING RESPONDING

Introduction

- Avon Fire & Rescue Service
- Technical Fire Safety
- Vulnerable Adults
- Children and Young People
- Partnerships



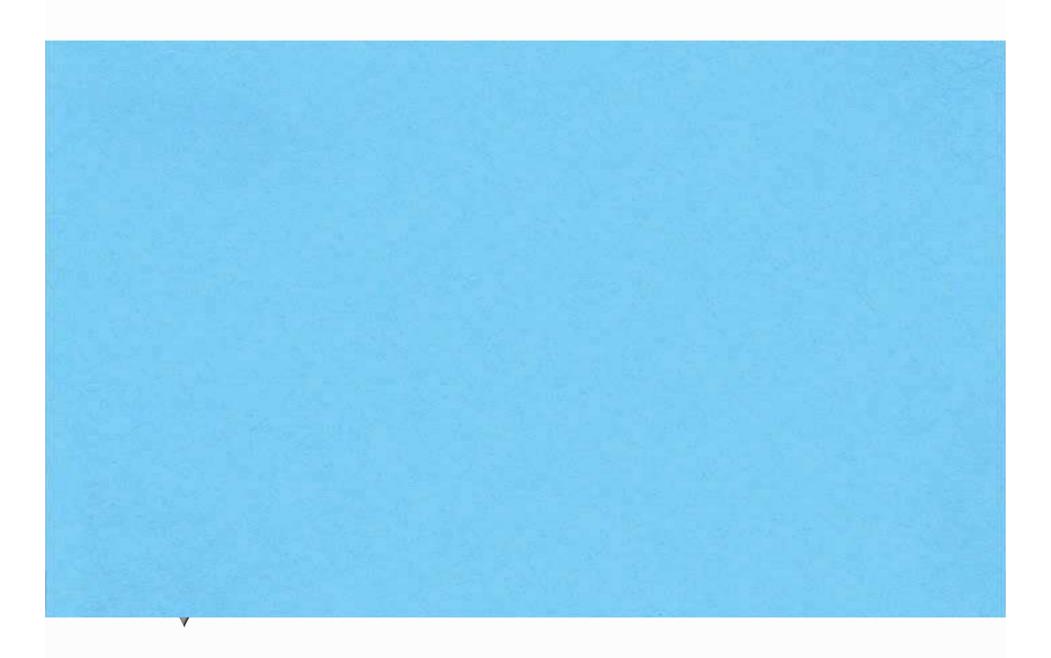


"An ounce of prevention is worth a pound of cure"

(Benjamin Franklin)

1736



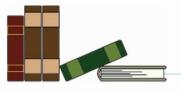




Historical context

- Reduced response totals (approx 50% Reduction of Fire incidents Over 10 years)
- Prevention and protection success over this period
- Brand context/Professional capability
- Government agenda on blue light and public sector collaboration





Relevant literature

- The care act
- NHS five year forward view
- Sustainability & transformational partnerships (BNSSG)
- Fire & health consensus statement
- JSNA
- Fit for the future (public health people)
- Evaluation of the impact of fire and rescue interventions
- Home safety assessments and their role in the improvement of health and wellbeing
- Working together (NHS England)





Current situation nationally

(Aligned to the NHS five year forward statement)

- 44 FRS working independently with Health
- 670,000 Home Fire Safety Checks annually
- Slips, trips and falls prevention
- Social isolation/loneliness
- Dementia
- Alcohol/smoking cessation
- Winter warmth/fuel poverty
- Diabetes*





Current Situation AFRS

- 10,000 Home Fire Safety Visits annually approximately
- AFRS already working with SWAST 02/07
- Falls prevention pilots North Somerset
- One Model South Bristol
- Tele care referral process in Bristol
- First Contact scheme South Glos
- Sirona referral process in B&NES
- Mental health M.O.U. (with Police)





AF&RS station map







What we can do together

"Slow down to go faster"

- Aligned to the areas of need after discussions with CCG
- Primary, Secondary, Tertiary (NHS model of prevention)
- Prevention, Protection, Response (Order of priority)
- Proofing pilot
- Adds value to community safety
- Sustainable





Projects

- S.T.F and hazard assessment (Place)
- S.T.F and hazard assessment (Person)
- Alcohol and smoking cessation
- Dementia checks/Mental health
- Reducing Winter deaths/Fuel poverty
- Social isolation/loneliness
- Blood donation clinic locations





Projects

- Falls response protocol
- Referral and Information sharing protocol
- Assisted living interventions
- Red I&2 assistance (RDS Expansion)





- Development of packages
- Moving from project to business as usual
- Increased referrals/Workload brought about by offer
- Transition from fire service to others? (on longer term interventions)
- Evaluation tools required by health
- Training of F.S staff (Initial and maintenance)





- Who else should be involved, ie Police
- Funding issues (Equipment/training)
- Boundary's i.e. Wiltshire CCG
- Information exchange



Requirements

- Who else should be consulted?
- Referral mechanisms to be setup by GPs reference FRAT scores
- Information sharing protocols
- What models of intervention are required by health? (ie. FRAT/Audit C/MECC)
- Training of pilot fire service personnel
- What information is required for evaluation by health?
- Who are the points of contact at strategic, tactical and operational level?



What next



- MOU set up between interested party's
- Trial period evaluation process
- Regular review periods
- Discussion on future collaborative working (i.e. healthy lifestyles)

