

Appendix 5

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Dear Martin

Many thanks for your letter of 19th of September. In order to respond in a comprehensive manner I have taken the time to review our current working arrangements with Fire Gloucestershire Fire and Rescue Service (GFRS). I have spoken with several key staff that has been working with GFRS to implement new and exciting support arrangements across our county. These new system wide initiatives are already creating a benefit for some of our most vulnerable citizens.

I would like to share the breadth and impact of these shared services as I am keen that your review understands how mission critical these are to our Integrated Care System going forward.

It is also worthy of note that our shared work with GFRS is currently held up as national best practice by the Department of Health and Local Government Association. Detailed below is an extract from a soon to be published paper on Integration where our shared work has been cited as a best practice case study.

GRFS Case Study Working with GFRS

Since 2015, in response to reduced emergency call outs, Gloucestershire's Fire and Rescue service has tried to work more preventatively and become more involved with Health and Social Care services. This case study looks at how Telecare¹ and integrated working with the Fire Service has helped to enable hospital discharge, support people to remain at home and manage crisis better in the community.

Key facts	Partners involved
<ul style="list-style-type: none">• Gloucestershire population of 860,000• Telecare response service serves 2,500 adults• Around 500 people supported by Telecare Service where a Firefighter acts as responder• Over 8000 people receive a Safe and Well Check from the Fire Service annually• The Social Return on Investment of	<ul style="list-style-type: none">• County Council - Fire and Rescue, Adult Social Care and Public Health• Telecare Provider• Domiciliary care providers• Age UK & British Red Cross• Hospital Trust• Ambulance Trust• Police

¹ Technology used to provide remote care for the elderly and physically less able people, typically allowing them to remain in their own homes

<p><i>Fire and Rescue integrated working calculated as c£2.9m per year to the system²</i></p> <ul style="list-style-type: none"> • <i>The cost of commissioning equivalent service from independent sector providers has been calculated at £1.35m per year</i> 	
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History of the model

In winter 2015 Public Health England and Gloucestershire County Council carried out a pilot to reduce pressure on health and care services with the Fire Service. In line with the national picture the number of fire related emergency call outs had reduced dramatically in Gloucestershire with 63% fewer fires than 10 years ago and a 20% reduction in the number of incidents attended over the past 5 years. As a result Gloucestershire Fire and Rescue looked at new ways to support communities and people at risk.

The work carried out by the Fire Service such as Safe and Well checks, flu jabs, falls prevention, and identifying and supporting social isolation showed the potential for even more significant ties with Health and Social Care.

Following this, Adult Social Care and GCCG Integrated Commissioners approached Fire and Rescue to take their view on a hospital admission and discharge issue:

- Some people in hospital did not have family or friends to act as a telecare responder for their alarm. This meant that they were unable to return home and more likely to end up in a care home or remain in hospital unnecessarily.
- People who did not have a responder in the community were more likely to have larger packages of care or be admitted to a care home prematurely. This option addressed the risk of remaining in hospital but often made them dependent on more intensive and expensive care than they needed.

Initial scoping explored commissioning a home care provider to deliver an on-call type service. However, this was costly and implementation would have taken too long to meet the immediate hospital pressure. Having heard about this, Fire and Rescue suggested they may be able to help. They worked closely with Adult Social Care Commissioning and the Telecare provider to co-design and mobilise a pilot service. In this pilot, Firefighters became responders for people with an alarm.

Service Model

When an alarm is activated, the monitoring centre notifies the Control Centre, who mobilise the appropriate Firefighter responder. They will go out to check on the person who activated their alarm. When they arrive at their home they check to see what the problem is, assess whether it's something they can resolve by themselves or whether they need to access other support such as:

- An ambulance call out to take someone to hospital
- Rapid access to domiciliary care for an immediate personal care need
- Third sector domestic support for food shopping if there is nothing in the house

As part of their response when a Firefighter attends the person's home they will also identify potential risks to the person and put in preventative support to manage crisis such as:

- Looking at the home for environmental hazards and getting a Safe and Well assessment scheduled
- Putting basic equipment in place such as grab rails or commodes on a trusted assessor basis e.g. to support *someone through a period of poor health or better cope with reduced mobility*

² All Fire and Rescue support to the health and care system rather than just the Telecare response service

- *Making onward referrals to third sector organisations e.g. to support social isolation or provide domestic support*
- *Raising a safeguarding concern with Social Care*

Firefighters are well placed to be responders due to First Aid and moving and handling training. However, as part of a wider learning and development strategy the Fire Service also identified areas to upskill staff around Health and Social Care, for example dementia training and encouraging Firefighters to be active in their local communities. The public also hold a high level of trust in Firefighters therefore they are able to quickly build effective relationships to support people.

After promising early results and a good reception from both Fire and Rescue staff and service users this pilot was embedded countywide and is now a mainstream offer for around 500 individuals at any one time. This helps to reduce length of stay in hospital, reduces over-prescription of care and means that people at risk can be better supported in a crisis.

Improved joint working between the Fire Service and Health and Social care is part of a wider agenda including:

Services/Support Delivered by Fire and Rescue	People targeted for support
<ul style="list-style-type: none"> - <i>Telecare Response</i> - <i>Safe and Well Checks</i> - <i>Fire Stations as Safe Havens</i> - <i>Response for those who go missing with a memory impairment</i> - <i>Trusted equipment assessment to for example install adaptations like grab rails or equipment like commodes</i> 	<p><i>These interventions can support a wide range of people but the system has identified as a priority those:</i></p> <ul style="list-style-type: none"> - <i>aged 65+</i> - <i>who live alone/are socially isolated</i> - <i>are living with disabilities/long term conditions</i> - <i>with memory impairment</i> - <i>who misuse drugs or alcohol</i>

Relationships and trust

Getting staff to work in different ways and tackling risk aversion was a key challenge. For example, there were anxieties about what Fire and Rescue staff would be able to do and how risks would be managed. This was mitigated by increasing understanding of Firefighters’ skills and training such as first aid and moving and handling to show that they were well suited to this role. Also by aligning the Telecare Alarm response to other commissioned services such as rapid access to home care Firefighters being unable to do personal care was not a problem. Building on existing relationships and creating better shared understanding helped to embed this service quickly and allowed partners to work in new ways.

Training and Organisational Development

Fire and Rescue working more closely with Health and Social care came about through all partners building understanding of each other and identifying where support could best be directed. This includes dementia training, ensuring that supporting their local community was part of job descriptions and working to change Fire Stations into Safe Havens for people with mental ill health and learning disabilities. By proactively developing their workforce and investing in learning and organisational development the Fire Service were more able to integrate and have more successfully supported the local population, managed demand on health and social care and made changes which staff have responded to positively.

Evaluation

The impact of the Fire Service on the health and social care system (from all their work) was quantified as around £2.9m benefit to the system in 2016. This evaluation is being repeated in 2018 with a view to scaling up and developing the service.

Analysis showed that the cost of commissioning equivalent service from independent sector providers rather than from Fire and Rescue has been calculated at £1.35m per year.

Furthermore analysis from Fire and Rescue has shown improved levels of retention and job satisfaction among staff and is therefore important for recruitment

For the Telecare Response *outcomes reported included:*

- *Quicker discharge from hospital and reduced reliance on bed based pathways*
- *Reduced prescription of care, smaller packages and fewer long term residential placements*
- *Improved individual outcomes and increased feelings of safety and security at home*

Future plans

Supporting telecare response is now mainstreamed and is funded from business as usual budgets. Building on existing services, partnerships and successes the system are currently exploring how Fire and Rescue can better support non-injurious falls and act as co-responders for cardiac care to better manage demand on ambulatory care and prevent hospital admissions.

I believe this shows how important the GFRS service offer is to all our system wide endeavours. To conclude it is the wish of the Clinical Commissioning Group that any suggested review takes into consideration this very positively received service and system improvement. The CCG would wish to be assured that all current positive partnership activities are maintained in any future governance arrangements.

The lead within the CCG for this Kim Forey Director of Integration her contact is kimforey@nhs.net please do feel free to include her in any future discussions.

Yours sincerely



Mary Hutton
ICS Lead/Accountable Officer
NHS Gloucestershire Clinical Commissioning Group