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| **Greater Manchester Fire and Rescue Service****Working in Partnership with****Pennine Care NHS Foundation Trust****2013 to 2017****Executive Summary** |

# Introduction

Greater Manchester Fire and Rescue Service (GMFRS) and Pennine Care NHS Foundation (PCFT) Trust signed a partnership agreement in 2013 outlining plans to work together to reduce risk. As well as preventing fires and reducing risk for people living with mental health problems, the partnership aimed to strengthen fire safety in PCFT buildings.

The aims of the partnership were:

1. To work in collaboration to reduce the risk of fire, fire injuries and deaths
2. To work in collaboration to protect people, property and the environment from harm
3. To work in collaboration to improve the health and wellbeing of the communities we serve
4. To improve fire safety awareness and health awareness of staff in order to reduce disruption to service within both organisations
5. To proactively produce and publish a joint report promoting the mutual benefits of effective partnership working between PCFT and GMFRS and provide a framework for others to follow

To fulfil aim 5, a report, *Greater Manchester Fire and Rescue Service working in Partnership with Partnership with Pennine Care NHS Foundation Trust* is available. The report describes the problems that the partnership sought to address, actions taken, outcomes and recommendations made. The full report can be found at <http://www.manchesterfire.gov.uk/fire_safety_advice/information-for-our-partners/> or <https://www.penninecare.nhs.uk/>

# Findings

The partnership between GMFRS and PCFT has achieved a number of successes, particularly in reducing fire incidents and false alarms in PCFT premises. Whilst the numbers of Safe and Well visits for PCFT services users has continued to increase year on year, there is still room for improvement. Generally, good progress has been made against the aims of the partnership and this progress is underpinned by building a sound foundation.

Commitment from directors within both organisations is essential to ensure that the implementation of the partnership is prioritised and adequate resources are allocated. It is vital that the partnership is led and coordinated by role holders with the knowledge, authority and capacity to lead and influence.

Regular and consistent attendance at steering group meetings is necessary so that work can progress and open communication can be maintained. The building of trust is important and the appreciation of each other’s roles, priorities and pressures is equally vital. Once the right personnel are in place, a robust partnership agreement with clear aims and objectives enables the partnership to maintain its focus and structure.

Through the partnership GMFRS and PCFT have better access to colleagues to ask advice, share risk information and to problem solve. Increased interactions with mental health practitioners will undoubtedly improve GMFRS staff confidence, knowledge and understanding of mental health and services that are available. This in turn will serve to improve the quality of the interactions that they have with members of the public either during operational incidents or community activities.

The relationships that have been built as a result of the partnership create secondary gains for all involved. There is now an enhanced understanding and appreciation across both organisations about each other’s roles, responsibilities and organisational structures, a key ingredient of successful partnership working.

# Recommendations

The report identified a number of recommendations for health, social care and fire and rescue services. These include:

#### Establishing a partnership

Ensure there is a robust governance structure in place.

Develop a written partnership agreement and associated action plan.

Secure commitment and support at director level.

Develop an information sharing agreement.

#### To work in collaboration to reduce the risk of fire, fire injuries and deaths

1. Agree referral pathway for Safe and Well visits and promote it within the health/social care organisation using existing infrastructures and mandatory training.
2. Prior to delivery of the partnership, establish effective methods of recording and reporting on;

## Number of Safe and Well referrals made

## Number of Safe and Well visits booked

## Number of Safe and Well visits carried out

1. Consideration should be given to the capability of ICT systems so that the partnership can establish from the outset what data can be recorded and reported.
2. Joint visits in complex cases should be encouraged where possible and appropriate.

#### To work in collaboration to protect people, property and the environment from harm

1. Development of an Arson Protocol and guidance for staff on the management of deliberate fire setting in their premises
2. Introduction of a search policy which allows staff to carry out searches with the aim of reducing covert materials
3. Introduction of smoking detection systems linked to a silent pager to alert staff to the presence of smoke in high risk areas
4. Mandatory fire safety training to include the use of fire extinguishers to extinguish small fires, fire loading and how to contain fires in the room of origin
5. Use of alternative sprinkler systems such as Dry Sprinkler Powder Aerosols in patient bedrooms and other high risk areas
6. Use of Passive Infra-Red Devices in in-patient kitchens to reduce the incidence of unwanted fire signals associated with appliances such as toasters and microwaves
7. Financial investment to upgrade fire precautions.  This is likely to significantly reduce the impact that a fire has should one occur, thus reducing risk of injury to patients, staff, damage to property and buildings and disruption to services.

#### To work in collaboration to improve the health and wellbeing of the communities we serve

1. Safe and Well visits should include consideration of mental health to inform fire risk assessment
2. Fire and rescue services should maximise the opportunity provided by Safe and Well to identify mental health needs and offer brief advice, signposting and referrals
3. Development of fire safety interventions (e.g. Safe and Well visits) should involve consultation with partners who work with the target audience
4. Fire and rescue services should consult with service users and carers when developing fire safety interventions for people with mental health needs
5. Fire and rescue services should have access to information about local statutory and voluntary organisations who support people with mental health needs including referral pathways
6. Partnerships should ensure that systems are in place to facilitate recording and reporting of all outcomes achieved, for example referrals made to other organisations
7. Mental health services should consider providing a 24/7 triage phone line for emergency services to use.
8. Identification of staff at the right level (preferably management) within health or social care organisations to act as fire safety champions. Champions should develop their knowledge of fire safety and disseminate it throughout their organisation.
9. Ensure that all referral pathways are visible to staff in fire and rescue services and health and social care services.

#### To improve fire safety awareness and health awareness of staff in order to reduce disruption to service within both organisations

1. Consideration should be given to the most appropriate way of training and raising awareness within partnership organisations. In cases where the scale and logistics of delivering face to face partnership training are problematic, other options should be explored. Options may include electronic training, webinars, films/videos, literature, joint campaigns/events and including new content in existing mandatory training.
2. Fire and rescue services and health and social care organisations should join forces and collaborate on key national campaigns that are of mutual interest.  For example, Dementia Awareness Week, Suicide Prevention Day, World Mental Health Day, Mental Health Awareness Week.