Firefighters and Health – Revolution or Evolution?

The needs of the communities we serve, and the way we support and keep them safe, are constantly changing. As a traditional emergency response service we’ve seen house fires reduce over recent years whilst road traffic collisions have increased and are more complex, environmental or natural disasters such as floods are becoming more severe, and the threat from terrorism is now at the forefront of our minds. At the same time we’ve also seen the pressures that have been generated as a consequence of changes to public finances. This has led to an accelerated desire to reform the way fire services collaborate with our ‘blue light’ partners and strengthen how we work with colleagues across the wider public sector.

My career with West Midlands Fire Service (WMFS) spans nearly 30 years and, whilst the world may be changing and demands increasing from all angles, the desire to help the public in any way we can remains constant.

Above all the public want us to be there as quickly as possible in an emergency, when they need us most. In the West Midlands we have a network of 38 fire stations stretching from Coventry to Wolverhampton, housing a blended fleet of emergency response vehicles carrying high-tech equipment. They’re all brought to life when ‘the bells go down’ and our fire control team mobilise our teams of highly-trained, operationally-excellent firefighters who are available and on duty 24 hours a day. We call this our Service Delivery Model and it enables us to arrive at the most serious, life-threatening emergencies in under five minutes.

This emergency response is our primary contract with the public and the reason why we are considered amongst the most trusted public service workers, alongside nurses and doctors. This trust and ‘brand’ is something that many of our partners, especially those in the private sector, envy. They recognise the privileged access this gives us to all sectors of the community, especially the most vulnerable.
WMFS has always and continues to play a key role supporting the health sector. We know that our assertive, safe and effective response to emergencies can reduce injuries and deaths among those directly involved. Our firefighters also have advanced first aid and trauma management skills, allowing them to use specialist equipment such as automatic electronic defibrillators (AEDs) that are carried on all of our frontline vehicles when we encounter a life-threatening situation such as a heart attack.

Despite the reduction in fires, we know that there will always be emergency incidents. By reviewing the underlying circumstances when they happen, we know they are most likely to occur in the more deprived areas involving our most vulnerable residents, such as the elderly and those with mental health issues. So, whilst appreciating the importance of our excellent emergency response, we know the best way to save someone from a fire is to stop it happening in the first place. This is why we commit around 40% of our firefighters’ time to prevention, engaging with these vulnerable individuals and looking to positively change their behaviours and improve their quality of life.

Whilst we take a far more structured and intelligence-led approach to our prevention work now, the ownership and essence of public service has always existed within local fire service teams and I reflect on one particular emergency I attended many years ago as a teenage ‘probationary’ firefighter. It was one of my first house fires and really nothing spectacular, compared to the many others I attended in the years that followed. But the memory sticks with me. It involved an elderly lady, living on her own, who had left a pan unattended on the hob. This is still one of the major causes of kitchen fires today. We arrived swiftly and put the fire out with minimal fuss. Other than some minor smoke spread, the damage was limited to her kitchen but had taken her cooker out of action along with the electrics. She was a very proud lady who was apologetic for ‘wasting our time’, as she described it, and the fact she couldn’t even make us a cup of tea. As we helped her tidy up and create some order in her home, she pointed out some photos and shared memories of always living in the area from a child and the changes she’d seen over the years. She told us of her life with her now late husband and, most significantly, that all their children lived some distance away. She was a really lovely woman and we went the extra mile, fitting a smoke detector, clearing the kitchen, arranging for an emergency electrician and making sure she was as comfortable as possible before we left to go back to station. However, on my way home the next morning, I didn’t feel quite right about leaving her, as we had, after our small insight into her life. Surely there was more we could do…?

So I arrived into work the following evening with these thoughts still on my mind, but not yet confident enough to say anything to the rest of the team. My moral conundrum didn’t take long to resolve itself. Out of the blue one of the longest-serving and most experienced guys on the watch gave an account of his day. He mentioned that he’d ‘just happened’ to pass the old lady’s house on the way home that morning, and had ‘just happened’ to see her in the window, so stopped to say hello and then ended up giving her a loaf, some butter and a few sandwich fillings that he’d coincidentally ‘just happened’ to buy on the way home. Now, he did live in the lady’s general direction but he certainly didn’t travel past her house on the way home. He also used to cycle to and from work, so the concept of doing his weekly food shop on the way home was just ridiculous. I never did ask him directly and he never confessed to going out of his way to help, but all of us felt good about his act of kindness. I think the story demonstrates not only how resourceful firefighters are, but also their natural instinct to care and help where it’s needed.

Not long after this experience, the fire service nationally got serious about fire prevention and created the ‘Home Fire Risk Assessment’ which quickly evolved into a ‘Home Safety Check’ that looked wider than issues solely related to fire. Our journey started off trying to fit a working smoke alarm in every home and, when we came across a smoker, we encouraged them not to smoke in bed, and to use an ashtray and empty it regularly. Not long afterwards we changed our advice and told people it was safer to smoke outside. Finally, the penny dropped. After highlighting the
fire and health risks of smoking we then diplomatically asked people if they’d like to, or were trying to quit. If they said yes we would refer them to their local stop smoking support service. Alongside unattended cooking, smoking remains the highest cause of accidental fires in the home. It is also a cause of many long-term health conditions, which put even more demands on a health system already under pressure. We were starting to join up the dots of between fire and health.

Over the last year we have once again rebranded our home checks to be called ‘Safe and Well’ visits. Alongside smoking and other health determinants, we now make an assessment and provide support around dementia, social isolation, and Winter Warmth (heating and lighting) whist also give advice where there are signs of hoarding which is often linked to poor mental health. During the Safe and Well visit we still maintain our primary focus on making the home safe from fire but, from analysis of our own intelligence and evidence, we confidently know that particular health issues can mean you’re more likely to be involved in a preventable house fire. We define this as the cause of the causes.

To help our journey into the health world, and to build confidence amongst staff and partners, we’ve also developed a network of firefighters trained as health specialists called Vulnerable Persons Officers (VPOs). They have a higher level of knowledge to provide support in the most complex cases that may need repeat visits and also consistent links for our partners. Whilst seeking to evolve and enhance the traditional fire service brand, we call this contemporary approach to prevention ‘upstream firefighting’.

This transition has seen the fire service nationally recognised as a member of the wider public health workforce - those workers who you wouldn’t naturally expect to support the health and wellbeing of the community, but who can and do make a difference during their normal working day.

We have met many wonderful and inspiring people as we’ve become more established as a health partner. We have strong relationships with health organisations who have helped us understand where and how we can help, often working in partnership. However, this has also led to a recognition that that there are limits to what the fire service can currently do, so a large part of our contribution at the moment is around raising awareness amongst firefighters so they can refer cases on to specialist health partners. But, on the flip side, whilst a visit from a specialist health partner referred following a Safe and Well visit is a positive outcome, most people want their issues resolved after only one single knock on their door. So, as awareness and confidence grows, we are also looking to build the capability of our firefighters so they can deliver a wider range of health interventions whilst reducing the ever-growing demand on local health and social care services.

One successful example is where we have been commissioned to respond to non-emergency falls in the home. These are cases where a person has fallen over, is not injured but needs help getting back to their feet and settling down. These are high-quantity calls that create a significant demand on our health partners, and our trusted fire crews are now delivering a fast and high-quality falls response service whilst providing efficient use of the ‘public pound’. After getting the person settled we undertake a falls assessment as part of the Safe and Well visit, often referring to the local authority cases where home modifications and maintenance, such as hand rails and path clearing, could reduce the risk of the individual falling again. This referral process can take a long
time and be costly, so the potential of our highly-skilled firefighters undertaking these tasks during the visit is now being considered, whilst some of our more proactive crews aren’t even waiting for approval! Once again, a case of fire crews doing the right thing to help vulnerable people live an independent, safe and healthy life in their own home for as long as possible.

Over the last few months we’ve once again seen the impact of the annual winter pressures across all health services, in particular on hospital capacity. This is a massively complex issue which, in part, is caused by delayed discharges of people who have stayed in hospital but simply can’t be released home due to concerns over their living environment. So, as a direct outcome of the trust that has been built from our falls response service, our partners at University Hospital Coventry and Warwickshire (UHCW) have asked us to trial an innovative approach to get patients “Back Home from Hospital”. Through careful scheduling with UHCW, we facilitate patient discharge by ensuring they are met at their home by their local fire crews who then deliver a Safe and Well visit focused around the needs of the individual and their time in hospital. A check on their heating and lighting is done, and firefighters make sure the person concerned can access the bathroom and has food in the fridge. This is followed with a medication check and a call to relatives or a carer if needed. In pragmatic terms, the hospital needs the bed and the patient wants to get out. But more sensitively, getting someone back in their home safe and comfortable enough to recover, and restoring their dignity and privacy - has got to be the right and most important thing to do.

We know that our fire crews are not the answer to all of the demands on the health and social care system, but we can be part of the solution. I’ve listened to people describing firefighters as “amateur social workers” and stating, “It’s not their job”. Hopefully I’ve provided an alternative view. Our links to health have always been there, but we now understand it’s also a smart way of managing fire risk through engaging with the most vulnerable. Our highly-skilled firefighters are in no way “amateur” at anything. I prefer the term used by one local health partner, describing firefighters as ‘Social Engineers’. The term is more appreciative and represents structure, connectivity, efficiency and reliability.

We still have scope to expand our health activities even further with, for example, the potential to deliver such interventions as NHS Health Checks and diabetes screening. I’m enthused to see my colleagues at Cheshire Fire and Rescue Service already facilitating bowel cancer screening.
Behind the scenes we are working hard to evaluate and measure the impact of our wider health work. This evidence base will help direct future engagement with key commissioners and stakeholders but, more importantly, will demonstrate the true value we are adding across the whole health and social care system. However from my experience and crucially, local health leaders such as those who make up Clinical Commissioning Groups and Health and Wellbeing Boards and who are shaping Sustainable Transformation Plans will also need to show courage and take a leap of faith to initially work with their local fire service and see them as future providers of health and wellbeing services. This will not only help build the evidence base but promote further innovation, build trusting relationships and, most importantly, improve the quality of life of many vulnerable people in the community.

Here at West Midlands Fire Service we remain firmly committed to supporting our health partners and to reflect this our vision statement is now ‘Making the West Midlands Safer, Stronger and Healthier’.