**Preventing Fires and Improving Wellbeing Partnership Agreement**

**Greater Manchester Fire and Rescue Service and Pennine care NHS Foundation Trust**

Prevention and Protection

Partnership between GMFRS &

Pennine Care NHS Foundation Trust







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# Document Details

|  |
| --- |
| **Document Version Control** |
| **Document Version** | **Date** | **Agreement Author** |
| 2.0 | 22/01/2018 | Paula Breeze |

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| --- |
| **Approval Process** |
| **Approval agency** | GMFRS Corporate Leadership Team |
| **Partnership Agreement Owner** | Geoff Harris |

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| --- |
| **Evaluation** |
| **Evaluation Review Date** | 22/01/2019 |
| **Evaluation Owner** | Paula Breeze |

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| **Related Documents** |
| **Strategy** | * GMFRS Community Resilance Strategy
 |
| **Policy & Procedure** |  |
| **Guidance** | * [working in partnership - preventing fires and improving health and wellbeing](http://www.manchesterfire.gov.uk/media/4554/working-in-partnership-preventing-fires-and-improving-health-and-wellbeing.docx)
* [Health and Social Care Fire Safety Guidance](https://www.gmmh.nhs.uk/download.cfm?doc=docm93jijm4n2834.pdf&ver=4570)
 |
| **External** |  |
| **Equality Impact Assessment** | * See Appendix 1
 |

# Partnership Statement

This partnership is between Greater Manchester Fire and Rescue Service (GMFRS) and Pennine Care NHS Foundation Trust (PCFT).

GMFRS is a metropolitan Fire and Rescue Service operating across the 10 boroughs of Greater Manchester to provide emergency response, prevention and protection. PCFT provides mental health and community services to people living in Bury, Oldham and Rochdale and community services to people in Trafford. It also provides mental health services in Stockport, Tameside and Glossop, as well as parts of the High Peak, East Lancashire and North Manchester. These services are delivered in hospitals and in the community and in excess of 120 sites. The partnership agreement applies in all of the Greater Manchester boroughs in which PCFT provides services.

## What are the areas of mutual interest between the parties?

1. **Prevent** fire incidents, injuries and deaths amongst people with mental health problems.
2. **Protect** people, property and the environment from the harm and disruption caused by fires, at PCFT sites and buildings.
3. **Health and** **Wellbeing** amongst people in the communities we serve.
4. **Add public value** through a collaborative approach.

## What are the common objectives?

### Prevent

1. GMFRS will provide PCFT personnel and service users/patients with information and training on fire safety in the home, and how to refer or self-refer to GMFRS for a Safe and Well visit.
2. Increase referrals from PCFT to GMFRS for Safe and Well visits.
3. Integrate fire safety into PCFT assessments, care plans and advice.
4. GMFRS will factor the impact of mental health and substance misuse into fire safety interventions carried out with the public, including Safe and Well visits.

### Protect

1. GMFRS will carry out Fire Safety Evaluations and Compliance Inspections of PCFT premises in line with our Risk Based Inspection Programme.
2. GMFRS and the Trust Fire Safety Team will work closely in order to continually reduce unwanted fire signals (UwFS), identifying any trends and areas of good practice that will be effective in reducing the number of actuations.
3. GMFRS will carry out a Post Fire Evaluation/Compliance Inspection within 14 days of any fire related incident. We will work in partnership to discuss risk reduction activity and to ensure the appropriate procedures were followed.
4. GMFRS and PCFT will liaise each quarter to confirm accuracy of data and actions taken by the Trust following any Fire Service attendance in order to mitigate further occurences.
5. PCFT will ensure that Fire Risk Assessments for all premises are current and available upon request by an inspecting Officer from GMFRS.
6. PCFT will provide internal staff training to cover the items on the Fire Competency Record, including evacuation procedures, risk reduction and preventative measures, unwanted fire signal reduction and fire extinguisher training.

### Health and Wellbeing

1. PCFT will provide GMFRS personnel with training and information on mental health, PCFT services and how to refer to PCFT, where appropriate.
2. GMFRS staff will make appropriate referrals to PCFT services and GMFRS will improve its Safe and Well form so that it facilitates better and more reportable recording of referrals made.
3. GMFRS will include information about mental health and where to get support for mental health problems in the advice and interventions it delivers, in particular during Safe and Well visits.
4. Improve access to GMFRS volunteering opportunities and Youth engagement programmes for people known to PCFT.

### Add Public Value

1. Work together on mutually beneficial initiatives and campaigns including Mental Health Awareness week, Suicide Prevention week, Stoptober, Alcohol Awareness week and Fire Safety campaigns.
2. Maximise opportunities to share resources and assets such as volunteers, meeting rooms, office space, expertise, vehicles, equipment and facilities.
3. Share learning and best practice identified through working together, with other Mental Health Trusts and Fire and Rescue Services.

# Roles and Responsibilities

The lead contacts who will oversee the implementation of this agreement to ensure that the aims and objectives are achieved are listed on page 11. The owners of and signatories to this agreement are listed on page 12.

# Working Arrangements

1. The lead contacts will meet quarterly to oversee the implementation of the partnership and annually to review the partnership agreement.
2. To assist implementation, GMFRS will provide PCFT with the following;
	1. Fire Safety literature and information;
	2. Webinar about fire safety in the home, Safe and Well visits, and how to access other GMFRS services;
	3. Short film explaining Safe and Well, and how to refer people at increased risk of fire to GMFRS for Safe and Well visits;
	4. Community Resources Brochure outlining the prevention and community services provided by GMFRS, and how to access them;
	5. Regular liaison on UWFS/fire trend analysis including Cause, date, time, day, responsible person, ward manager details, location, device identification.
3. To assist implementation, PCFT will provide GMFRS with the following;
	1. Mental Health literature and information;
	2. Training as appropriate;
	3. Site plans for PCFT building stock and site specific risk info;
	4. Findings and actions taken following fire service attendance at an incident;
	5. Reporting of late fire calls.
4. PCFT will refer People at Increased Risk of Fire (with their consent) to GMFRS, for Safe and Well visits. PCFT personnel will:
5. use the GMFRS Person at Increased Risk of Fire (PAIROF) referral form (appendix A) which should be faxed to 0160 608 4041, OR
6. Refer by telephone on 0800 555 815 and state that they wish to refer a person at increased risk of fire (PAIROF), OR
7. Encourage service users to self-refer by telephone or by using the online form on our website [www.manchesterfire.gov.uk](http://www.manchesterfire.gov.uk/)
8. When making a referral for a Safe and Well visit, PCFT personnel will state their organisation and service name, in order for referrals resulting from this agreement to be monitored effectively. Lead contacts will ensure that their staff are made aware of this.
9. GMFRS will refer people with mental health problems (with their consent) to PCFT as appropriate and in line with any training provided. GMFRS will publish the referral pathways for PCFT services in its borough ‘Safe and Well Service Directories’.
10. Lead contacts from GMFRS and PCFT will instruct and support staff in their respective organisations to utilise the training and information provided by the partner organisation to:
	1. improve their knowledge;
	2. promote fire safety/health and wellbeing;
	3. make referrals.
11. When responding to a fire GMFRS Emergency Response Crews will determine a suspected cause of fire where possible and communicate this to PCFT staff. If the cause is suspected to be deliberate the Competent Person from PCFT will provide the Incident Commander with a letter providing a list of instructions which has been previously agreed with GMFRS.

As part of the investigation GMFRS Fire Scene Investigation team and GMP will support PCFT and each other to pursue an appropriate legal outcome if an individual is considered to have the mental capacity to be held accountable for their own actions.

# Review and Evaluation

1. Review and evaluation of the partnership will consider the following;
	1. Fire incidents, injuries, and deaths, in which mental health / substance misuse was recorded as a factor (IRS and Fire investigation data);
	2. Number of PCFT personnel trained in Fire Safety in the Home / Safe and Well (and a dip sample of their knowledge);
	3. Number of Safe and Well jobs booked by GMFRS Contact Centre;
	4. Safe and Well outputs and records (delivery of fire safety advice in relation to mental health);
	5. Number of PCFT service users / patients accessing GMFRS offers such as Volunteering or Youth Engagement programmes;
	6. Number of GMFRS protection personnel trained (and a dip sample of their knowledge);
	7. Number of PCFT personnel trained in Fire Safety in the Workplace (and a dip sample of their knowledge);
	8. Number of UWFS in PCFT buildings / sites;
	9. Number of fire incidents in PCFT buildings / sites.
	10. Fire Safety Evaluations and Compliance Inspections of PCFT premises;
	11. Number of GMFRS prevention personnel trained in mental health awareness / PCFT services (and a dip sample of their knowledge);
	12. Number of referrals made to PCFT by GMFRS;
	13. Safe and Well outputs and records (delivery of brief advice and signposting in relation to mental health).
	14. Analysis of collaboration in relation to events, initiatives, campaigns and sharing resources.
	15. Where possible, examples and case studies to demonstrate improved safety or wellbeing, reduced disruption to service, or reduced costs.

# Risks

1. There is a risk that partners may be unable to commit to the working arrangements in this document in the event of a significant change such as:
	1. Changes to personnel;
	2. Changes in commissioning and service provision;
	3. Changes to policies and procedures;
	4. Changes to the priorities or capacity of individual partners.
2. To mitigate the risk, partners will meet quarterly to progress the working arrangements, identify changes, and review the partnership agreement.

# Resource Implications

1. There is no financial investment required to establish this partnership. There may be occasional requirements for partners to secure/input small amounts of money to provide resources or literature to facilitate joint campaigns or initiatives. The partnership requires the investment of staff time and engagement in order to deliver the working arrangements successfully.

# Information-sharing Principles

1. Personally identifiable information will be only shared between organisations to facilitate referral processes, and with the consent of the individual being referred.
2. An information sharing agreement will support this partnership agreement.

# Annual Review

1. If a partner wishes to exit the partnership, they will inform the other partner.
2. A review or evaluation of the partnership will be undertaken by the lead contacts to assess the value of the partnership and inform a final decision.
3. If the written partnership agreement is terminated, GMFRS and PCFT will inform their respective stakeholders as necessary, and will share the details of the review/evaluation with them. They will also agree and communicate any aspects of the partnership which can continue to operate outside of a formal agreement.

# Contacts

|  |  |
| --- | --- |
| **Name** | Paula Breeze |
| **Position** | Health and Social Care Coordinator |
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| **Name** | Jon Hill |
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| **Name** | Mark Murphy |
| **Position** | Fire Safety Manager, Salford Trafford |
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| **Name** | Jax Effiong |
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| **Name** | Louise Atkinson |
| **Position** | Community Safety Manager, Stockport Tameside |
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| **Name** | Sally Naughton |
| **Position** | Assistant Director of Operations |
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| **Email** | sally.naughton@nhs.net |

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| --- | --- |
| **Name** | Steve Lyon |
| **Position** | Fire Safety Manager |
| **Organisation** | Pennine Care NHS Foundation Trust |
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| **Email** | steven.lyon@nhs.net |

# Signatories

This is a written protocol signed by all representative agencies, which establishes the terms and voluntarily binds the partnership. In completing this partnership agreement, there is no intention by any party to create a legally binding contract.

The parties listed below are signatories to this Partnership Agreement as it currently stands.

|  |  |
| --- | --- |
| **Date** | 22.01.18 |
| **Name** | Geoff Harris |
| **Position** | Assistant Chief Fire Officer and Director of Prevention and Protection |
| **Organisation** | GMFRS |
| **Signature** |  |

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| --- | --- |
| **Date** | 22.01.18 |
| **Name** | Evelyn Asante-Mensah OBE  |
| **Position** | Chairperson |
| **Organisation** | Pennine Care NHS Foundation Trust |
| **Signature** |  |

|  |  |
| --- | --- |
| **Date** | 22.01.18 |
| **Name** | Claire Molloy |
| **Position** | Chief Executive Officer |
| **Organisation** | Pennine Care NHS Foundation Trust |
| **Signature** |  |

# Appendix 1 – Equality Impact Assessment

**Greater Manchester Fire and Rescue Service and Pennine care NHS Foundation Trust**

Prevention and Protection







# Document Version Control

If this Equality Impact Assessment requires updating or editing please contact the Author.

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| **Document Version Control** |
| **Document Version** | **Date** | **Author** |
| 1.0 | 22/01/2018 | Sarah Hardman |

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| --- |
| **Approval Process** |
| **Approval Agency** | GMFRS Corporate Leadership Team |
| **Owner** | Paula Breeze |

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| **Consultation & Engagement**  |
| **Involved** | **Consulted** |
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| **Related Documents** |
| **Policy & Procedure** |  |

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# Impact Assessment Form (Section 1)

|  |  |
| --- | --- |
| **Name of policy / initiative / Service to be impact assessed** | Partnership between GMFRS and Pennine Care NHS Foundation Trust |
| **Corporate objective being addressed** | Prevention and Protection |
| **Department / function carrying out the assessment**  | Prevention and Protection |
| **Who is responsible for the implementation of the policy / initiative / service? (function head /department manager)** | The contacts detailed in the partnership agreement. |
| **Who is involved in the impact assessment?** | Sarah Hardman / Paula Breeze |
| **What are the aims / objectives of the policy / initiative / service?** | **Prevent** fire incidents, injuries and deaths amongst people with mental health problems.**Protect** people, property and the environment from the harm and disruption caused by fires, at PCFT sites and buildings.**Health and** **Wellbeing** amongst people in the communities we serve.**Add public value** through a collaborative approach.Objectives that have been identified to support the common goals above can be found in the written partnership agreement |
| **Who is intended to benefit from the policy?** | * The public, in particular PCFT patients and service users, and people in Bury Oldham Rochdale Stockport Tameside and Trafford with health and wellbeing needs.
* GMFRS
* PCFT
* Public purse
 |
| **What are the main outcomes of the policy (this is key to being able to identify what monitoring is needed)?** | Not a policy. It is a partnership agreement. Outcomes will be linked to the aims and objectives already detailed in the agreement and above in section 6 of this EIA. |
| **Is the policy for external or internal purposes?** | NA. It is a partnership agreement |
| **Are other organisations involved in the delivery?** **If yes please state who:** | PCFT |
| **What information/ past experience do we have i.e. a similar initiative and what did this information tell us? (info can be demographic data i.e. census findings, research findings, comparisons between similar policies in our Service and other Services, survey data, equality monitoring data, ad hoc data gathering exercises)**  | We have a large number of partnership agreements in operation which have similar aims and objectives and adhere to a similar framework.This is a revised version of a previuos partnership between the 2 organisations which resulted in a large number of positive outcomes which have been detailed in a report covering 2013-2017.During the first four years of the partnership no adverse effects were found to be in play in relation to any protected characteristics. |
| **How will information be collected regarding the impact of the policy /initiative /service/ employment policy etc?** | Partners attend quarterly meetings to monitor and review the agreement and its implementation. Meetings do and will include discussion of any impacts identified.An outcomes report for the first four years of the agreement has been written and this can be updated in the future. |
| **Has a search of the internet revealed an impact assessment conducted by other Fire and Rescue Services or local authorities of a similar policy/initiative?****If yes – is it possible to adapt / incorporate findings** | No |
| **Date of Policy Review** | 22/01/2019 |

# Impact Assessment Form (Section 2)

|  |  |
| --- | --- |
|  | Impacts Identified |
| **Age**  | None |
| **Disability** | None |
| **Gender**  | None |
| **Race**  | None |
| **Religion and Belief****(including no belief)** | None |
| **Sexual Orientation** | None |
| **Transgender** | None |
| **Pregnancy and Maternity** | None |
| **Marriage and Civil Partnership** | None |