



**NOTTINGHAMSHIRE**  
**Fire & Rescue Service**  
*Creating Safer Communities*

Nottinghamshire and City of Nottingham  
Fire and Rescue Authority  
Community Safety Committee

# EMBEDDING OCCUPATIONAL THERAPY

Report of the Chief Fire Officer

**Date:** 11 October 2024

**Purpose of Report:**

To provide Members with an update on the work of the embedded Occupational Therapist within the Community Safety and Engagement Team.

**Recommendations:**

That Members note the contents of this report.

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## **1. BACKGROUND**

- 1.1 The National Fire Chiefs Council (NFCC) endorses a holistic approach to fire prevention activities, recognising the need for a person-centred approach when dealing with vulnerable individuals in their own homes.
- 1.2 Nottinghamshire Fire and Rescue Service (NFRS) has utilised an Occupational Therapist (OT) within the Prevention department since September 2020 in order to provide a wider range of services to the most vulnerable members of Nottinghamshire's communities.
- 1.3 The OT role was originally a secondment into the department from the NHS with temporary funding. While the role remains seconded, the funding for it has been added to the permanent establishment from 1 September 2024 as part of the Futures 25 workstream restructuring the Prevention Department into the Community Safety and Engagement Team. NFRS remains the only fire and rescue service in England to employ an OT.
- 1.4 This report summarises the work and results of the OT role within the Community Safety and Engagement Team.

## **2. REPORT**

### **OCCUPATIONAL THERAPY ASSESSMENT AND TREATMENT**

- 2.1 The OT offers home visits to occupiers where it is clear they would benefit from specialist intervention; this is usually to those who score highly on the CHARLIE matrix (the risk methodology used to identify an individual's risk from fire; care and support needs; hoarding and mental health; alcohol and medication; reduced mobility; living alone; inappropriate smoking and elderly) following partner referral or those who have had repeated incidents.
- 2.2 The core role of the OT visit is to undertake a holistic, functional assessment of the individual's ability to carry out daily tasks. Typically, NFRS focuses on cooking, smoking, use of electrical equipment, the ability to respond to and raise an alarm and to evacuate to and/or stay in a place of safety.
- 2.3 As Members will be aware, smoking is a significantly high-risk activity, especially in those for whom other tasks are becoming increasingly difficult. Where appropriate, the OT will complete cognitive screening for memory impairment, signpost to specialist NHS teams, provide equipment and minor adaptations. The OT can purchase bespoke, specialist equipment (such as flame-retardant aprons or mats) to be truly responsive to the individual's needs and reduce wastage when 'standard' equipment is inappropriate or will not be used.
- 2.4 In order to prevent duplication of work and ensure NFRS's limited resources are targeted at those most in need, if another professional and/or service is already involved in an individual's care, the NFRS OT will ensure they are

being referred to that Service's OTs and then provide 'long-arm' advice, supervision and support.

- 2.5 In order to ensure best practice, the following evaluation measures have been recently introduced to evaluate the OT's work:
- Any reduction on CHARLIE score, post OT intervention;
  - A reduction/elimination of fire incidents within 3 and 12 months of the OT intervention;
  - Use of the East Kent Outcome System (EKOS) to record the number of SMART goals achieved with each client, and reasons for poor outcomes;
  - Qualitative case studies;
  - Client/carer feedback through NHS feedback forms.
- 2.6 Since March 2024, utilising the EKOS outcomes, the OT has discharged 34 patients, each of whom has a personalised care plan, with goals relating to reducing fire risk. The average success rate for meeting the goals set by the OT is 84%, giving some of the most vulnerable members of Nottinghamshire's community a tangible and measurable improvement in their quality of life.
- 2.7 Moving forwards this data will provide a robust body of evidence which can be scrutinised to improve the efficiency, referral criteria and type of interventions offered, as well as capturing valuable evidence of goals achieved with those where the CHARLIE score may not reduce even after significant intervention.

## **TRIAGE OF MENTAL HEALTH AND WELLBEING**

- 2.8 The OT triages all safe and well visit (SWV) questionnaires where a response crew or specialist home safety operative (SHSO) record concerns about an occupier's mental health or wellbeing. If appropriate and necessary, these concerns are raised with the GP or the relevant mental health teams. This helps to minimise the individual's risk from fire, ensure appropriate treatment is actioned and reduces delays and duplication.
- 2.9 Presently, an average of 11 cases a week are triaged as per Paragraph 2.8. Whilst this will increase as further training for response crews and SHSOs is delivered under the new structure, since 1 January 2024, 413 cases have been triaged with 40% resulting in further action such as liaison with the individual's GP or secondary care team or resulting in an OT home visit; activities that have directly contributed to making individuals safer in their own homes and expediting their access to essential services.

## **SUPPORT PREVENTION DELIVERY**

- 2.10 Since the introduction of the OT role into Prevention, a weekly 'drop-in' case clinic has been provided for all Prevention team members where cases can be discussed confidentially to ensure the right support is given to individuals with complex needs.

- 2.11 Peer support, as a form of clinical supervision, is proven to improve job satisfaction and staff retention, reduce stress and anxiety, create a better working environment and increase the quality of care delivery.
- 2.12 As the new Community Safety and Engagement Team structure is embedded, the OT role will continue to support the team and wider Service to support the most vulnerable and complex members of Nottinghamshire's community. In each case, the most comprehensive multi-disciplinary approach possible will be delivered and advice will be offered on a case-by-case basis to include consideration of:
- Where fire risk is elevated by health conditions;
  - Where mental capacity around fire risk is queried, and best interests decisions are being recommended under the Mental Capacity Act;
  - Occupiers who hoard and/or self-neglect, heightening their fire risk;
  - Where evidence is needed to support an increase in care.
- 2.13 This is underpinned by access to the RIO system (secondary health services' risk management system) under the Service's information sharing agreement with Nottinghamshire Healthcare NHS Foundation Trust.
- 2.14 The NFRS OT has co-authored an education package for the Royal College of Occupational Therapy (RCOT). This was launched online in May 2024 with a print article published in OT News Magazine. It is endorsed by the NFCC and Nottinghamshire Healthcare and has a potential reach of 36,000 members.

## **SERVICE DEVELOPMENT**

- 2.15 The OT role is also fundamental to supporting departmental and Service-wide improvements to NFRS procedures. Within the Year One Annual Delivery Plan in the 2025/28 CRMP, prioritised projects will be:
1. Development of tiered education resources for operational personnel and prevention staff (SHSOs) to standardise SWVs and promote best practice in:
    - Communication strategies;
    - Awareness of consent and associated Mental Health Legislation;
    - Documentation and Information Governance;
    - Awareness of relevant health conditions.
  2. Enhanced partner education. This is an ambitious aim, to deliver bespoke local education sessions to health and social care colleagues, a recent example occurring in September 2024 delivering smoking cessation services and understanding emollients and use of oxygen, therefore increasing partners' knowledge and ensuring appropriate referrals are received into the department.
  3. A review of utilised equipment to ensure suitability and cost-effectiveness of standard equipment provision, as well as use of a small budget to buy

equipment based on individual need for high and very high-risk individuals.

4. Contribution to the NFRS response to the NFCC Smoking Toolkit, including:
  - Best practice documentation for smoking assessment, advice given, equipment to be given and escalation of concerns;
  - Education for professional partners of smoking as a high-risk activity to encourage appropriate referrals;
  - Development of resources to promote smoking safety with care agencies (risk assessments, care plan guidance);
  - Liaison with local statutory partners (Social Services, NHS bodies) to embed smoking within their assessment documentation.

2.16 Within the 2025/28 CRMP timeline, further projects will include:

- Development of a Carer's Hub of resources to promote fire prevention awareness in private care agency staff;
- Development of pathways to support referrals at the point of hospital discharge;
- Review of the CHARLIE matrix and triage/scoring methodology of safe and well visits.

### **3. FINANCIAL IMPLICATIONS**

There are no financial implications arising from this report.

### **4. HUMAN RESOURCES AND LEARNING AND DEVELOPMENT IMPLICATIONS**

There are no human resources or learning and development implications arising from this report.

### **5. EQUALITIES AND ETHICAL IMPLICATIONS**

An equality impact assessment has not been undertaken as this is an update report, however the work of the OT within the wider remit of the community safety team demonstrates the Service's commitment to the NFCC Core Code of Ethics, most notably by putting our communities first and treating Nottinghamshire's community with dignity and respect.

### **6. ENVIRONMENTAL AND SUSTAINABILITY IMPLICATIONS**

There are no environmental or sustainability implications arising from this report.

## **7. LEGAL IMPLICATIONS**

There are no legal implications arising from this report.

## **8. RISK MANAGEMENT IMPLICATIONS**

The provision of an OT within the Service's Community Safety and Engagement Team supports the mitigation of the Service's recognised Corporate Risk of 'Preventable Deaths' by ensuring that the most effective and suitable interventions are made to those who are at the greatest risk or vulnerability.

## **9. COLLABORATION IMPLICATIONS**

There are no collaboration implications arising from this report.

## **10. RECOMMENDATIONS**

That Members note the contents of this report.

## **11. BACKGROUND PAPERS FOR INSPECTION (OTHER THAN PUBLISHED DOCUMENTS)**

None.

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