Expanding the Prevention Role of the Fire and Rescue Service

**Purpose of report**

For discussion.

**Summary**

In many areas, fire and rescue services are increasingly working with local authorities and health partners to expand their prevention work to meet a wider set of health and social care objectives. The NHS and Public Health England have been in early discussions with the fire and rescue sector to explore how this role can develop in the future and become a more formal arrangement. There are potentially enormous opportunities for the fire and rescue sector as these discussions progress. Professor Kevin Fenton, from Public Health England, will be attending the Commission to discuss these opportunities. A set of case studies that explore how fire and rescue services are expanding their prevention work is appended to this report.

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| **Recommendation**  Members are asked to consider the issues set out in this report, in Professor Fenton’s presentation, and the case studies set out in **Appendix A** and provide comments on how Fire and Rescue Authorities can support the development of this role.  **Action**  Officers to progress as appropriate. |

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| **Contact officer:** | Eamon Lally |
| **Position:** | Senior Adviser |
| **Phone no:** | 020 7664 3132 |
| **E-mail:** | [eamon.lally@local.gov.uk](mailto:eamon.lally@local.gov.uk) |

Expanding the Prevention Role of the Fire and Rescue Service

**Introduction**

1. Fire and rescue authorities (FRAs) have a key role to play in ensuring that their communities are safe through responding to emergencies and also in their extensive preventative work. This has been hugely successful and has seen fires decrease by half in the last ten years. Many FRAs are now exploring how they can use their expertise in prevention to improve the public’s health.
2. The LGA has produced the attached document (**Appendix A**) to highlight some of the work that is already underway in this area. The document contains a range of case studies including those on improving childhood obesity, helping to prevent cot death and working on dementia.

**The health sector needs the support of the fire and rescue service**

1. The transfer of public health from the NHS to local government and Public Health England (PHE) is one of the most significant extensions of local government powers and duties in a generation. It represents a unique opportunity to change the focus from treating sickness to actively promoting health and wellbeing.
2. Throughout the last year Simon Stevens, the Chief Executive at NHS England, has stressed the contribution that the fire and rescue service can make to reducing hospital admissions. An example he gives is the 380,000 people a year who fall at home and are admitted to an acute provider as an emergency. He is very aware that fire and rescue services, while undertaking home safety checks for smoke alarms, can give advice on “slippers and rugs” helping to reduce falls and emergency admittance. This type of activity has a direct impact on resource use by hospitals.

**The fire and rescue service is already providing support**

1. Fire and rescue authorities and firefighters are often already aware and working with some of the most vulnerable people in their communities to reduce their risk of fire and many FRAs have taken this further through working with social care to ensure that people have the correct support in place. Firefighters are one of the most trusted professions within the UK, and as such enjoy a unique position to provide support and identify the needs of vulnerable people.
2. The range of areas that fire and rescue services are engaged in is wide and varied:
   1. Kent Fire and Rescue Service (FRS) is now a national leader on dementia with almost 400 staff trained as dementia friends. Their work shows the important contribution that the fire and rescue service can and is making towards tackling dementia.
   2. Bolton Council and Greater Manchester FRS have been providing Moses baskets to vulnerable families to reduce cot deaths. In the first 18 months, 140 cots were distributed by community safety advisers for babies without a safe place to sleep. All new parents receive information of the service as a matter of course after evidence revealed that babies who co-sleep with parents, sleep in a pushchair, care seat or on the sofa are at greater risk.
   3. Firefighters in Wigan have become health champions and are working with 20 different agencies. All 190 firefighters have received specialist training in public health and now offer advice during the 6,500 home fire safety checks made each year.
   4. Fire crews in Norfolk and Suffolk are working in partnership with local NHS teams to help overweight teenagers become more active. The teenagers get to take part in eight week activity and nutrition courses at two local fire stations with the firefighters acting as role models. Those who have taken part have reported it has helped them change their lifestyles.
3. These examples and the others that are set out in the attached publication show that the fire service can be a trusted partner in reducing pressures on acute services and also in tackling lifestyle choices that if not addressed could lead to financial crisis in our health care system.

**Challenges in taking this agenda forward**

1. It seems eminently sensible that the fire and rescue service should expand its role, as these examples show, to improve the health and wellbeing of communities. A number of issues are intertwined here. The LGA and CFOA have set out on many occasions the importance of funding the fire and rescue service on the basis of risk, which must be determined in the context of national resilience and national priorities and with reference to fire and rescue authorities’ Integrated Risk Management Plans (IRMPs). The success of the fire and rescue service in reducing the incidence of fire has meant that over the last 10 years fire and rescue authorities have been able to maintain an emergency response in line with their IRMPs and increase their role in prevention activity. The financial pressures resulting from the austerity drive in the last parliament, which is expected to be repeated in this parliament, puts this model at risk. Further funding reductions are likely to lead to staffing reductions which could have an impact on the amount of prevention work that can be done.
2. If the prevention work undertaken by fire and rescue authorities is to be secured, a new model of financing the service that explicitly recognises the benefits across a wide range of public policy outcomes needs to be put in place. Currently the departmental model, which sees money channelled to local areas in a siloed way does not support fire and rescue authorities to undertake their wider role. An important question is if and how a new model of funding the fire and rescue service can be developed?
3. The NHS, as a potential beneficiary of the preventative work undertaken by fire and rescue authorities, must be part of this discussion and might be considered a future commissioner of preventative work from the fire and rescue service. The NHS and also the Treasury, require evidence of the effectiveness of interventions before committing resources. A challenge is how quickly this can be achieved. Potentially the prize is great.

**Community budgets**

1. Community budgets, a mechanism of funding which cuts out silos at the local level, has been championed by the Independent Commission on Local Government Finance and others, as a way of ensuring that the totality of funding that comes into an area can be used most effectively with local decision making. Combined authorities and groupings of County Councils can provide the mechanism in which community budgets and fiscal devolution can lead to more effective preventative intervention.
2. The successful delivery of preventative work also depends on effective data sharing across organisations. There are examples where this is working well, but in some areas there is still reluctance to share health and social care data with fire and rescue authorities. This is an area where the fire sector and health bodies could work together on identifying good practice.

**Work that is underway**

1. As is evidenced in this report closer working at a local level between fire and rescue services, health bodies and local authorities is already underway. CFOA has also championed the expansion of the preventative role and has actively engaged NHS England and Public Health England on the issues raised in this report:
2. A fire-health summit was held in April 2015
3. An officer level fire-health project group has now been established
4. We will be holding a further discussion on the fire and rescue service’s role in public health at the LGA’s Annual Conference, taking place between 30 June and 2 July in Harrogate. The workshop is entitled “There’s more than one way to rescue someone: the role of the fire and rescue service in public health” and will feature contributions from Greater Manchester, and David Lloyd the Police and Crime Commissioner for Hertfordshire.

**Next steps**

1. Following discussion at the Fire Commission, a further update will be provided to FSMC in September 2015 on the issues raised.
2. We will continue to update the Fire Commission on the progress of this work.