Hampshire Fire and Rescue Authority

Finance & General Purposes Committee **Item: 9**

1 February 2017

Fire as a Health Asset

Report of the Chief Officer

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1 Summary

1.1 This report summarises the progress of the Fire as a Health Asset work stream and how it has developed. It goes on to recommend a move from DCLG Funded project, business case implementation and project close down, through to the funding for a specific time period to support Service readiness into every day business whilst exploiting opportunities as they arise.

1.2 The project aim was two fold. Firstly to create an operational capability (trained staff alerted with the right equipment and vehicles) to attend additional medical emergencies. Secondly to broaden the role of the Service's prevention activity to support the wider public health and wellbeing agenda whilst securing funding arrangements to make both areas sustainable.

1.3 Our work in both broad areas is now nationally and internationally recognised. This has been achieved through collaboration with our health and social care partners so to be commissioned; we have identified opportunities for medical call types that HFRS can respond to. Achieving these outcomes has brought benefits of effective use of HFRS resources, reduced demand on Health Services, given huge benefits to society and fire becoming a true Health Asset.

2 Recommendations

2.1 To support the direction to move the Fire as Health Asset work-stream from SDR implementation to a fully integrated way into the organisation.

2.2 To fund this work over a two year period to a sum of £522,227 capital support from the Service Transformation Fund, which will be used on a planned tapered approach to deliver the prevention courses / products and to continue the Medical Response transformation work into business as usual.

2.3 To note that the anticipated net draw from the transformation reserve over the two year period could be as low as £146,000 based on current income predictions from delivering this work.

3 Background

3.1 In June 2014 we submitted a bid for the DCLG Transformation Grant funding to assist in the development of new capabilities in response and prevention with a particular emphasis on new technologies, medical response and a wider public health and well being role.

3.2 Work has progressed significantly over the past two years with Hampshire Fire and Rescue being seen as leading the Fire as Health Asset area within Fire and Rescue services and more importantly by our Health colleagues across the country.

4 Medical Response Progress

4.1 Building on our success with Co-Responding, we have fully implemented an enhanced medical response capability across all front line personnel and appliances, Immediate Emergency Care (IEC). The IEC aligns equipment, skill base, and governance that ensures an effective model. The intention is that this capability will include attendance to life threatening emergencies and to non-injury mechanical falls by front line appliances. This is through a formal agreement with the Ambulance Service with financial recognition built into it to make it sustainable for HFRS.

4.2 Recent conversations with South Central Ambulance Service (SCAS) have been positive, however slow in progressing the actual mobilising of appliances. It is planned to trial both types of new response using our front line fire appliances so evaluation can take place before April 2017. This will allow for a new Medical Response MOU to take shape and be put in place by Summer 2017.

4.3 As well as completing the detailed implementation of the above new technical capabilities, we need to have the team in place to work through the many factors influencing this work and to resolve the satisfaction of partners, a number of issues at a strategic, tactical and operational level. Achieving this will ensure a sustainable response model is in place and is accepted by and delivered with partners support.

5 Ill Health Prevention Progress

5.1 In collaboration with Clinical Commissioning Groups (CCGs) and Public Health England (PHE), HFRS has developed and implemented a holistic prevention strategy to encompass the local health and wellbeing priorities. The commitment within Hampshire has gathered pace in the last couple of months against the national FRS trend. Jacquie White, the Deputy Director of Public Health England, is an advocate of our work and advises us on national issues and financial picture. Her advice is to keep working in the areas that we are, as further financial commitment opportunities will fall out of the STP and 5 year forward plan from 2018.

5.2 Our focus on youth and the elderly with long term health conditions has proven sound. Our intention is to achieve a delivery model utilising front line crews at stations, not setting up a stand alone department, to combine an integration of upstream prevention and intervention through modular based educational programs and an enhanced home fire safety visit that becomes an all-encompassing “Safe

and Well" visit. The overarching objective of this approach is to reduce health demand, improve public health and wellbeing and consequently have a positive effect on public service resources.

5.3 To date we have developed and trialled the Safety Through Education Exercise and Resilience (STEER) Course, the "A Better Me" Healthy Body / Healthy Mind Course, "Falls Champion" Courses and first phase of Safe and Well visit.

5.4 Following this years successes, over the coming year we have planned with our partners to deliver, 24 STEER courses, 20 Falls Champion Courses and 24 "A Better Me" courses across Hampshire. Further conversations to increase this number are looking promising at this stage.

5.5 Within year 16/17 we have evaluated our work using Professor Rob Crouch from University Hospital Southampton NHS Foundation Trust and Faculty of Health Sciences. We have a number of PhD students working with us to develop an all encompassing independent evaluation and research paper. This will be supported by the work of our Knowledge Management function.

6 Moving forward

6.1 HFRS have successfully delivered the project outcomes through to implementation. The amount of commissioned work is dictated by the pace at which we can clearly demonstrate to CCG's, Public Health and other Health organisations that our work is worthwhile and actually benefits the people we are all trying to reach. We are progressing to become a trusted partner in the health arena, we are beginning to realise all the benefits that this project can bring to HFRS and the community.

6.2 We could reduce the resources away from this work in March 2017 as the project is due to close with all areas of the project being implemented as planned. However, our view is this would be entirely the wrong timing to completely remove the dedicated capacity. Having delivered the relevant trials and capabilities to implement these new products we are attracting buy-in across all health organisations from the seven CCG's and local authorities. We have been so successful that the commitment from health is growing.

6.3 Funding and resourcing a "business readiness" phase would enable the products to be delivered as per commissioned work over the next two years whilst continuing the familiarisation and training of our front line crews in all areas of health asset work. This approach will provide greater evaluation to prove our work adds value to health and social care and the wider public purse.

6.4 It is envisaged that we will see this profile play out over the next two years, the financial commitment of HFRS will reduce but the financial recognition of our work increasing and stabilise as projected below. We do recognise that risks exist; to limit these we will work in 6 month increments and build in safe guards in all of our Agreements to deliver services over this period.
For further breakdown please see appendix A.

7 Conclusion

7.1 The fire as a Health Asset project is already well established and up to the financial year has been using funds from a DCLG Grant. As explained above, the longer term solution is to ensure that the bulk of the work can be carried out by station based staff and that we establish a sustainable source of income from Health and Local Government to support the work we do.

7.2 This report requests gross funding of £522,227 from the Transformation Reserve to meet direct costs of the work over the next two financial years, but during that period it is anticipated that income in the order of £376,000 could be received from partner organisations. This will be directed back into the Transformation Reserve and would mean there is only a net draw of £146,000 over the two year period.

7.3 Longer term, total direct costs to support the work are anticipated to be around £88,000 with a projected income of target of £316,000 giving a predicted gross surplus of £228,000 that in effect contributes towards the input of station based staff in undertaking the various different activities. For 2019/20 part of this surplus will be used to re-pay the Transformation Reserve for the costs of the initial investment.

7.4 As explained in the previous section, the schemes have been set up in such a way that if income is not forthcoming from partner agencies then they will be run down over time, thereby limiting the Authority's financial exposure.

8 Supporting our corporate aims and objectives

8.1 This work underpins our Risk Review proposals and fully supports our Service Delivery Priorities as set out in the Service Plan 2015 – 2020.

9 Risk analysis

9.1 The Project has a full risk and issues log and all project risks are governed through the Project Board. To limit the financial risk we will work in 6 month increments and build in safe guards in all of our Agreements to deliver services over this period.

9.2 If we do not further support this transformation activity we will not maximise our opportunity to develop a new range of medical response and health and well-being prevention activity or gain the full support of our colleagues in health and social care.

10 People Impact Assessment

10.1 The proposals in this report are considered compatible with the provisions of the equality and human rights legislation.

10.2 The original PIA will be reviewed as we move into the next phase of work and further develop proof of concept trials and implement new capabilities. These will relate to other work in the Service Delivery Redesign.

11 Resource implications

The resource requirements have been met through the project phase funded through DCLG.

11.1 Human Resources

Additional funding for Human Resources for this work-stream is for the two year period from April 2017 to March 2019 and is for a total of £522,227.
Please see appendix B.

11.2 Physical Resources

Any physical resources required during the year from April 2017 will have been purchased through and from the DCLG Transformation Grant.

11.3 Information and Communications Technology Resources

The team have IT provision in place and this is anticipated to remain within the available DCLG Transformation funding.

11.4 Financial Implications

The remaining DCLG Grant funding will be fully spent and an additional commitment of £520k from the service transformation fund will be required as per this paper to complete the work-stream.

12 Collaboration

12.1 The successful delivery of the project outcomes is inherently dependent on effective collaboration with partners in Health and Social Care. The project team are maintaining an effective approach to stakeholder engagement. A key element of the coming years work is to continue to build trust and involvement of partners so we can achieve a sustainable delivery model.

13 Consultation

13.1 The project team are maintaining a dialogue with representative bodies for internal consultation. This will need to be maintained to high degree given the potential changes this work stream poses for staff and their ways of working.

13.2 We also continue to maintain a high degree of contact across a range of health and social care partners, many of whom remain sensitive to the nature of the work we are developing.

14 Background papers

DCLG Transformation Grant Funding Bid Oct 2014
SDTP Mandate May 2015
SD Redesign - Fire as Health Asset Work-stream Business Case Jan 2016

Appendix A

Source of Funding	Towards	Anticipated Income	In the Bank
2015 Income			
NHS South Eastern Hampshire CCG	A Better Me		**3600.00**
2016 Income			
NHS North East Hampshire and Farnham	STEER and Falls Champions		43000.00
Shropshire Fire and Rescue Service	Old pagers - Danny		10000.00
Fareham & Gosport		5000.00	
From RoSPA this year	STEER	5000.00	
		10000.00	**53000.00**
2017 / 18 Income			
Secured from Hants x 5 CCG's	A Better Me	52000.00	
Portsmouth City Council - STEER	STEER	37000.00	
Portsmouth City Council - STEER	STEER	5000.00	
RoSPA over next 2 years - 5K per annum	STEER	10000.00	
NHS North East Hampshire and Farnham	STEER and Falls Champions	43000.00	
Fareham & Gosport	STEER	20000.00	
Quit for Life	A Better Me	12000.00	
		179000.00	**0.00**
		189000.00	**56600.00**

Appendix B

2017/18

Qty	Rank	Role	* Scale	Annual Salary with on-costs
1	GM	PM	Competent B	62998.00
1	SM	Prevention	Development	49102.00
1	CM	Prevention	Development +10%	44412.00
1	CM	Prevention	Development +10%	44412.00
1	SM	Medical	Development	49102.00
1	CM	Medical	Competent + 10%	44856.12
1		PSO	Grade F - scale 28	27008.00
1		SEO	Grade E - scale 25	24410.00
				346300.12

2018/19

Qty	Rank	Role	* Scale	Annual Salary with on-costs
1	SM	Prevention	Development	49593.02
1	CM	Prevention	Development +10%	44856.12
1	CM	Prevention	Development +10%	44856.12
0.5	SM	Medical	Development	24511.00
				163816.26