

SCRUTINY REVIEW OF PARTNERSHIPS

OCTOBER 2015

**Scrutiny Working Group:
Councillors Tranter, Spence and Hogarth**

Facilitated by: Strategic Hub

Scrutiny Review of Partnerships

1. Introduction

As part of the Scrutiny Committee work Programme for 2015/16, a review of partnership functionality was agreed. The scope for the review was agreed by Scrutiny Committee Members to be part of the Scrutiny Committee work programme for 2015/16.

The review was identified as an appropriate response to concerns raised by the Director Service Delivery regarding the quality of the corporate risk control environment in place to effectively govern, monitor and manage partnership performance. In arriving at the decision to review this area of activity, Scrutiny Committee were mindful of this and also how critical effective partnerships are to enabling the Service to deliver excellence in Service Delivery performance. In measuring this, relative performance against Performance Indicators (PIs) 2-12 was considered.

In discharging the scope of the review, a Members working group was established and has been involved in the delivery of the review throughout. As part of this work the Members working group made up of Councillors Tranter, Spence and Hogarth have:

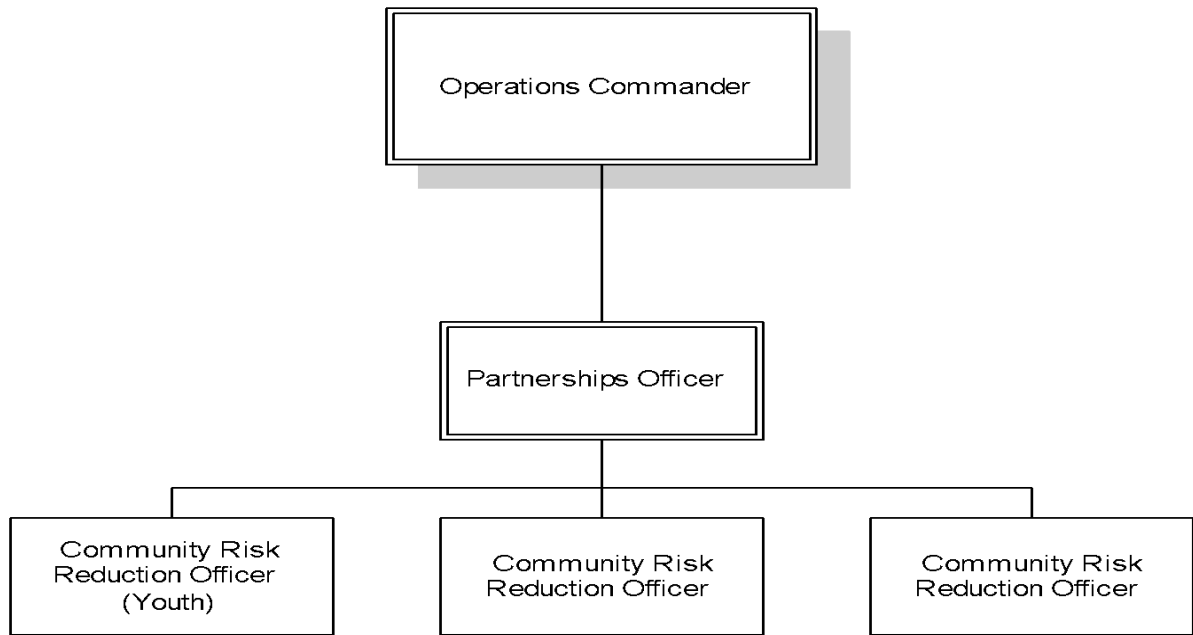
- Met all Partnership Officers
- Met a cross section of Community Risk Reduction Officers
- Met regularly with the temporary Community Safety Manager
- Spoken to a limited number of station personnel
- Participated in a home safety check.

2. Structure

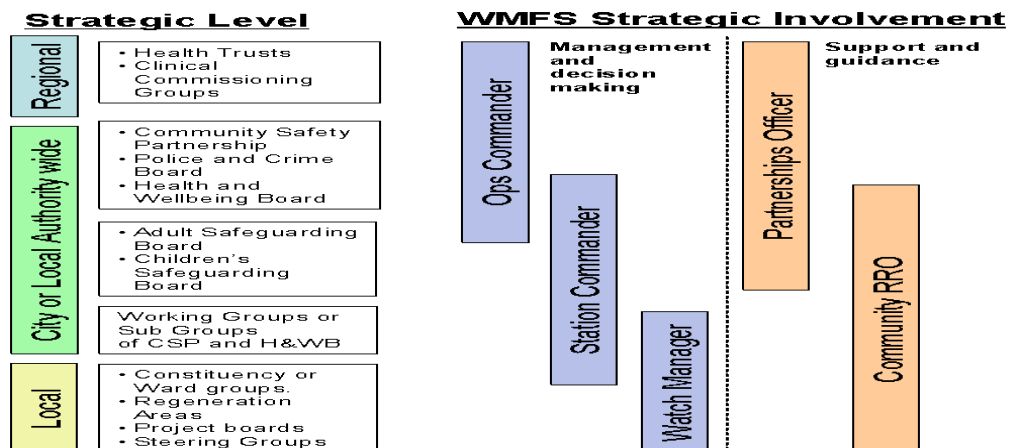
In line with the requirements of the Building upon Success (BUS) the (then) Headquarters Community Safety Department was reviewed with the intention of enabling financial savings and to support a more local, command driven approach to delivering partnership priorities. In enabling the move towards a more appropriate command driven approach, a review of command based prevention resources was undertaken and the current delivery structure was agreed in March 2013. The current Headquarters Community Safety Team (CST) Structure is shown in Appendix 1.

Note: In meeting the scope of this review only the resources that directly impact upon delivery partnership activity and its outcomes have been considered and as such the functionality and resources that fall within the remit of the Safeside Manager set out in Appendix 1 have not been considered as part of this review.

Broadly, the command based review of prevention resources proposed the following dedicated partnership resources for each command. The structure detailed below is still applicable for Black Country North and South. Coventry and Solihull Command has 4 Community Risk Reduction Officers (CRRO). Birmingham Commands share their resources.



This structure assumes that Partnership Officers and CRRO's support Operations Commanders, Station Commanders and delivery teams in undertaking partnership work. A key difference from the previous Local Authority Liaison Officer (LALO) approach is that Partnership Officers are expected to work at a more strategic level. The development and delivery of local partnerships are to be facilitated by CRRO, who will primarily work with Station Commanders and their teams to deliver the local prevention priorities which are aligned to The Plan. The approach is set out in the diagram below.



The principles behind a local delivery focused approach continue to be appropriate. Any proposals for change should seek to maintain the Service's commitment to the delivery of The Plan's priorities and objectives through a locally managed approach on the basis of risk and priority. This will provide confidence that the Service continues to maximise the capacity and optimise the value of its Service Delivery Model.

3. Matters Arising

3.1 Headquarters Community Safety Team - Leadership

Throughout the review there was continued evidence of a disconnection between the majority of CST and Command partnership teams. In implementing any new significant structural change, visible leadership is essential to supporting the change process and to ensuring the delivery of intended outcomes.

The re-design of CST required a significant re-focus and reshaping of roles to enable a smaller team to provide the range of functions needed to enable Command Teams to deliver their local partnership expectations. This change included moving resources and functionality out of CST to commands reducing CST resources. Effective leadership was always going to be integral to the success of these change proposals.

An effective leader should;

- provide vision and direction
- provide clarity of functional and individual roles within the team
- be an effective day to day manager
- build capability within the team
- be able to build relationships with key stakeholders (Command partnership) to ensure a shared and ongoing understanding of role, functionality and purpose (re-drawing the lines)
- plan effectively
- support and identify individual development needs
- manage poor performance
- provide visibility, availability and support
- undertake team meetings
- be a champion for the team.

Leadership has not been as effective in CST as it should have been and this has contributed to the disconnection from Command partnership resources. As a consequence of this, naturally many in the CST have become de-motivated and uncertain as to 'what they do' and how they contribute to the delivery of Partnership outcomes. The absence of a consistent presence in the role of Station Commander Head of Community Safety role has not been helpful in leading the team and helping it to be seen as a vital resource in enabling command partnerships.

However, in mitigation, the pace of change in the wider public sector has required the Prevention leadership team to focus outwards (rather than inwards) and the team has been successful in furthering the Service's ambitions in terms of the wider health and well-being agenda. The Service has received a 'Marmot Accreditation' which recognises and supports the Service's role in achieving improved community outcomes beyond those usually associated with the Fire Service role. Our work and focus (and effort) continues in this direction through our work with Public Health and other agencies to identify potential 'commissions' whereby the Service will look to be paid for providing services which can no longer be provided by health and care agencies. Being seen as a 'health asset' as well as enabling us to improve the lives of the communities we serve is invaluable to embedding and sustaining our own delivery model so that we can continue to provide our core activity and maintain our 5 minute attendance standard for our most serious emergencies. Similarly the Prevention leadership team has invested significant time and energy in securing a pilot non-emergency falls response in Coventry and continues to explore other opportunities in this area.

Internally the move towards a more integrated Prevention and Protection functionality has led to more investment of leadership time and effort directing leadership resources 'away' from the day job of managing the CFS team. Although beneficial in terms of closer working and enabling efficiencies, all these changes and improvement initiatives may have led to a loss of prevention leadership focus on the 'day job' as prevention leaders have been required to manage competing priorities and not unreasonably have focused on delivering the strategic change that is critical to securing the future of West Midlands Fire Service. However, this has been to the detriment to the performance of the CFS Team.

In discussion with the Prevention leadership team, it has been recognised that there is a need to re-invest time and support in the CST and to determine the future purpose, functionality and role of the CST in order to ensure that the Service is well prepared and positioned to meet emerging opportunities. Importantly, as part of this re-structure, it will be necessary to consider HQ structure(s) and resources required to facilitate the delivery of the Service's commissioning expectations of circa £2 Million per year by 2018/19.

A clear and identifiable leadership structure with a strong and capable team leader will be required to make this happen. In determining the future leadership structure, full consideration should be given to the range of work and responsibilities undertaken by Prevention leaders and the capacity of current leaders within the CST management structure to provide this functionality moving forward with a view to shortening the route of the team to the Strategic Enabler, Community Risk Management. This will ensure a more compact and leaner structure.

In leading the future team it will also be critical to adhere to the Service's own planning and performance frameworks. Whilst the intention is that CST work will be driven by Command Plans (Level 3), due to ineffective leadership there has been little or no influence from the centre in shaping these plans. As such the team has

no plan in place against which it can determine team and individual deliverables and outcomes and provide assurance that the activity of the team is aligned to achieving The Plan. Similarly there is not a systematic approach to personal development and setting of objectives through the individual development plan process, formerly IPDR. Therefore there is no way of managing and measuring performance (and development needs) of the team. This is a key function of the team leader and irrespective of competing priorities should always be undertaken.

The leadership structure as it currently stands is not linear and this may have contributed to the CST becoming remote in terms of translating and delivering the strategic vision for prevention. Also, given the small size of the CST (10 individuals) and their intended critical purpose of enabling service delivery teams to deliver a significant portion of up to 40% of its day to day activity, leadership of this team may be more appropriately aligned to the personal qualities and attributes beyond those expected of a Station Commander. This should be considered as part of a review of leadership team as should the opportunity to secure financial savings. The current leadership structure is shown as Appendix 2.

Proposal: 1

The Leadership structure within Community Fire Safety should be reviewed and re-determined. In doing this a more linear structure that is more reflective of the structural approach throughout the Service should be implemented. This will enable for a more compact, cohesive and therefore engaged and effective team Community Safety Team (CST) function.

However, in considering alternative structural leadership arrangements, consideration needs to be given to the:

- continued requirement to make financial savings
- full range of activity and spans of control of the leadership/management function within the wider Prevention function
- opportunities created by the integration between the protection and prevention functions
- the changing landscape which will impact upon and re-define the wider role of 'Prevention' in enabling the delivery of The Plan. For example where does commissioning fit in a new Prevention structure?

3.2 HQ Community Safety Team

In respect of partnership activity, the role of the CST is to enable Commands to deliver a locally driven, risk based, high quality service to the most vulnerable members of the community. In doing this CST is expected to facilitate delivery of partnership excellence through providing Commands with 'principles' or a framework to operate within in order to deliver local partnership priorities. The approach of principles as opposed to hard fast rules is used by the Service as it is recognised that different approaches to achieve the same or different results will

always be required to deliver services on the basis of local risk and vulnerability. This review will not seek to change this approach, more seek to embed it. As evidenced from this review, there is still a lack of certainty about what this means in terms of the role of CST functionality.

As part of their role, CST also facilitate the development of and provide support for vulnerable persons officers (VPO). VPO play a critical part in supporting the Service in the delivery of its vulnerable persons strategy and are key to identifying referral pathways into other agencies through our existing Home Safety Check (HSC) framework.

Since its establishment in 2013, CST has appeared to struggle to change to adapt to its purpose of being in place to enable Commands to 'deliver partnerships'. In part this may be due to the leadership matters discussed above. This has caused tension with Command partnership resources as it seeks to understand how the CST helps to deliver local partnership priorities and on those occasions when it has looked to CST for guidance.

Critical to the effective and efficient delivery of partnerships is the provision of intelligence, guidance and advice provided by the CST to enable partnerships to operate within the principles framework approach. To date information available to guide partnership activity is contained in Service Standing Orders. These 'Orders' as well as being hugely out of date are prescriptive and detailed and do not support the 'principle framework' philosophy - which enables for more local freedom and flexibility in determining partnership priorities locally. The failure to produce and maintain a principles framework through the provision of a relevant and up to date partnerships toolkit and other relevant information is disappointing as it should have been considered to be core activity within the CST. In response to this, partnership teams have sought to deliver their own localised approaches; further widening the gap (and perceived relevance) of CST resources with partnership delivery teams. Although, partnership teams are delivering locally, the failure to provide central principles means the Service cannot systematically and effectively:

- determine what is an appropriate partnership
- develop effective partnership relationships
- govern partnerships
- measure partnerships performance
- manage risk within partnerships
- evaluate partnership performance
- exit partnerships
- develop and roll out good practice
- identify referral pathways.

Similarly CST has failed to establish intelligence approaches to ensure that changes that may impact upon Commands (for example as a result of the Care Act) in terms of the way partnerships are delivered or how priorities are determined are considered and communicated systematically to Commands.

The failure to centrally govern partnerships effectively increases the risk to the Service of entering into and maintaining inappropriate partnerships. Our inadequate partnership governance arrangements have been recognised as an area requiring significant improvement by our own Internal Auditors and immediate action is required to rectify this situation so that the Service is not exposed to avoidable risk.

This failure to define and deliver perceived core activity has widened the gap between CST and Command partnership teams, impacting upon professional working relationships. It is clear that Command partnership teams feel, justifiably, that they do not receive the support they should from CST and this has manifested itself with Commands no longer seeking to engage CST or seek their support on many partnership matters preferring to rely on their own local expertise to determine partnership priorities, approaches and delivery. In this sense the Service has lost its corporate grip of partnership activity. This can be evidenced in the limited involvement of CST in shaping and influencing Command Plans (vulnerable people and home safety strategies). This loss of corporate control has increased corporate risk to the Service due to ineffective governance arrangements. The Service has reached a point where the Service cannot systematically evidence what partnerships it's involved in, why, and what the intended outcomes are. This is a significant failing and provides evidence of the need for urgent change and investment of organisational capacity in putting an appropriate governance framework in place to effectively govern partnership activity throughout the Service; this should have been a core role of the CST.

Evidence gathered throughout the review highlighted broken working relationships which, in part, are a logical consequence brought about by a lack of clarity as to what the CST is required to deliver which has caused uncertainty and a perceived lack of value for the CST at a Command level.

As previously detailed, there is some uncertainty within CST as to where the work they do fits into the wider prevention (not just partnership) priorities and outcomes of the Service. The temptation to get too involved in delivering as opposed to enabling commands to deliver is a constant issue for the team. This situation is heightened by a perceived lack of clarity as to individual roles and functionality within the CST. In determining the future direction of CST, absolute clarity is required as to what the job role, specific behaviours skills sets and capabilities are required. In particular consideration should be given to how Command CRROs with 'adult' responsibilities are enabled and supported by the central resource.

Whilst the role of Youth Service Officer provides specific, tailored learning guidance and support to enable CRROs in Commands with youth responsibilities, it appears there is not the same investment in this level of capability or capacity for the adult CRROs. There is clear uncertainty with the CST as to who picks up the Adult CRRO support work or whether it is a legitimate role of CST. This is surprising given the success of the Youth Services Officer role

The role of the Youth Services Officer is seen as valuable by Command personnel through providing a strategic direction of travel, guidance and support to youth lead CRROS across a range of the young agenda. In building its 'offer' and furthering business relationships with Commands, consideration should be given for the need for a similar adult role to be delivered from CST.

Similar to the positive Command view as to the capability and delivery of the role of the Youth Services Officer, the function and role of the Road Casualty Reduction Team (RCRT) was well received by commands. However, in building organisational capability to support this type of work, the team need to continue to invest effort in educating delivery personnel of the value in further identifying and supporting delivery opportunities.

It is clear that the CST needs to be reconsidered and restructured in order to better support Commands. As part of this journey the involvement of Command partnership resources in the redesign of this function will be critical to its ongoing success. This will help to provide absolute clarity of vision, purpose and delivery expectations through a shared understanding of structure, roles and responsibilities. In redesigning CST the current financial requirement to save £14m will have to be considered. However, this is not a mandate to reduce costs associated with the provision of a CST. Protection and Prevention activity represents 40% of Service Delivery activity. As previously explained, the 'prevention burden' upon delivery personnel is only going to increase as new opportunities to support wider and improved community outcomes are secured through commissioning and other avenues. The approach to support the delivery of future prevention priorities, including partnerships and potentially commissioning, through a capable and effective central team(s) will have to be proportionate.

Given the drivers for change identified above, the proposal below has been developed:

Proposal: 2

A structural, role review and redesign of the current HQ CST should be undertaken, with a view to identifying the purpose and optimum (capability and capacity) resources required to enable Command Teams and their service delivery resources to maximise both partnership and commissioning outcomes. The following should be considered:-

- Identify the core roles, responsibilities and accountabilities required of a HQ 'enabling' team
- Identify the key skill sets and behaviours required within the HQ team
- determine where, or if, commissioning sits within this structure (see below)
- develop and implement a holistic partnerships strategy, operating principles and associated other guidance and frameworks to effectively enable the local delivery of partnerships within an organisational framework
- Identify the boundaries - CST 'not to do' the delivery

- HQ capability should be in place to support, provide advice, influence and shape the development and delivery of Level 3 Command plans partnership priorities
- effective governance frameworks both centrally and for individual Commands must be developed and implemented to provide assurance as to the quality and outcomes of partnerships. This will enable alignment to The Plan and the effective management of risk (Corporate Risk 4 Partnerships).
- capability to systematically evaluate partnerships must be developed and become embedded - supporting transparency of partnership performance and providing assurance as to the effectiveness of partnerships
- a systematic approach to evaluating, identifying and embedding partnership good practice should be a key role of the central team
- efficient and effective working relationships with partnership delivery teams must be developed and embedded
- the critical importance of partnerships in enabling the delivery of The Plan
- Prevention/protection activity contributes to 40% of activity by Service delivery staff. The role of the HQ CST function should be proportionate and support delivery teams in meeting this expectation
- the case for change is evidenced by current performance against key performance indicators, particularly PI 5,6 (partnerships referrals and HSC points) and improvement against these indicators should be considered as part of a success criteria for a the new model
- the emerging importance of commissioning and the requirement for this to become embedded in prevention strategy and delivery
- Command Leadership Teams should be integral to influencing and shaping the HQ CST structure.

3.3 Commissioning

In considering change to the CST and more broadly how prevention must operate in the future, it is critical that the fast changing landscape in which we currently work is recognised and addressed in order to provide resilience and sustainability for the delivery of future prevention services.

In the past three years, the landscape that informs our service delivery has changed dramatically as public partners seek to balance their budgets and re-prioritise the services they offer to mitigate the impact of ongoing funding reductions. West Midlands Fire Service is no different to other public agencies. In offsetting the latest budgetary reductions of around £14m to be made by 2018/19, the Service's leadership team, the Strategic Enabling Team (SET), has recognised the importance of commissioning as a viable means of sustaining our Service Delivery Model and balancing our budget, whilst enabling for wider and improved outcomes for the community through our contribution to health and well being service provision. To this end a target of £2m per year (of the £14m) for Commissioning has been set to be achieved within the 2016/19 strategic planning cycle.

**“Commissioning is when West Midlands Fire Service delivers services on behalf of other public sector organisations and being economically rewarded for it. This exchange needs to have a positive impact on the communities through the improvement of the social value and the quality services delivered meeting commissioning outcomes.”*

* As defined WMFS & Commissioning document October 2015.

Commissioning must become an integral part of the Service’s prevention delivery strategy, in that in meeting the Service’s ambitions in this area the Service will through providing commissioning work on behalf a range of public agencies across the public health and well being arena. Whilst it is expected that the Service’s commissioning ambitions will extend beyond prevention, given the current considerable experience in engaging health and well being public agencies, and the relative position in securing future commissions in this area, aligning commissioning within prevention (CST) or at least putting in place appropriate relationships and frameworks to ensure the provision of an effective service for Command partnership resources needs to be developed moving forward.

Anecdotally, Operations Commanders have confirmed that they have started to engage in commissioning conversations in their local areas. However, some have felt professionally compromised as a consequence of the need to acquire capability and skills in this area. The view has been expressed that currently the Service does not have the central capacity or expertise in place to support Commanders in moving forward to delivering commissions on behalf of the Service. Whilst accepting that commissioning is very much emergent, this highlights the importance of a highly skilled commissioning resource being required centrally in order to upskill Command resources to deliver locally the Service’s commissioning expectations. Furthermore, it needs to be recognised that this upskilling approach will need to be planned and the Service will not be able to transition overnight to a locally driven model. In remembering the lessons learnt from the roll out to a localised partnerships approach, centralised structure and capability will have to be identified, put in place and capability provided to delivery teams with ongoing support prior to moving towards a Command driven delivery approach.

Currently, responsibility for determining the Service’s strategic approach to commissioning and managing associated resources falls within the responsibility of the Strategic Enabler for Diversity, Inclusion, Cohesion and Equality (DICE) reporting to the Director, Service Delivery. However, at the time of producing this report, the Strategic Enabler’s responsibilities in this area in terms of producing a vision and strategic direction have almost been completed. As such this review provides the opportunity and timing for the Service to identify the capability requirements and capacity required to ensure the Service is best placed to achieve its commissioning objectives. As part of this approach, it will be critical to determine what resources centrally are required to enable commissioning to be delivered through its Service Delivery teams and how structurally this should be set up in order to mainstream this activity. Put simply, consideration needs to be given as to whether one capable team sitting in prevention which provides CFS and commissioning functionality

provides the best option for enabling service delivery teams or whether there should be two different teams in prevention, providing separate CFS and commissioning functions.

Proposal: 3

The relationship and link between prevention and commissioning is implicit. In redesigning CST, how and where structurally commissioning sits within Service Delivery and what central resources (capability and capacity) are needed to effectively deliver the Service's commissioning expectations must be determined and acted upon.

It is critical that when developing a structural proposal for commissioning and future CST functionality that the lessons learned from the devolvement of partnerships are considered in any solution, particularly around:

- effective leadership and vision
- clarity of purpose, function, role, responsibilities and accountabilities
- developing the structural approach that best enables Commands to deliver
- building central capability to develop the strategic approach, provide principles, guidance, support, assurance, evaluation and best practice to enable delivery (not do the delivery)
- clarify the boundaries and accountabilities between 'support' and 'delivery'
- planning effectively the transition to an effective locally managed commissioning model through building Command resources knowledge, skills and capability to deliver commissioning
- planning and performance management
- building effective professional working relationships
- Stakeholder engagement (Commands should influence the central resource in place to enable them and their teams).

3.4 Command Partnership Resources

Despite the absence of the development of a framework of operating principles and ongoing support provision from HQ, it is clear that Commands have been successful in extending the influence of West Midlands Fire Service locally through their development of strategic relationships with key partners (particularly public agencies) and this can directly be attributed to the effective application and utilisation of partnership resources.

This has led to the development of meaningful partnerships across the West Midlands area. However, due to the absence of effective central support in building an assurance and evaluation capability, the true benefits of individual command partnership arrangements in terms of improved community outcomes cannot systematically be measured as by and large there is no evidence of a systematic approach for evaluating partnership. Whilst it is correct that partnership resources should be directed and informed by local priorities, the benefits of evaluation in

terms of enabling good practise to be adopted Service-wide is being missed. In moving forward the Service must establish a systematic approach to developing an outcome based approach to evaluation.

This has long been recognised by partnership resources in commands as an area requiring improvement. As financial resources (and Service Delivery resources) continue to reduce, it will be incumbent on the Service to demonstrate that it gets value for money in the way it uses all its resources in enabling service delivery personnel to work in partnership and improving outcomes.

From a wider governance perspective, it has proved difficult during this review to identify what partnerships (including referral pathway partnerships) that the Service is actively engaged in. This is because the Service has inconsistent arrangements in place for recording and logging partnerships.

Proposal: 4

In line with the principles of partnership good governance, Commands working with the CFS team should determine and implement an effective approach to ensure that centrally (where appropriate) and within commands the Service has in place arrangements to ensure that:-

- **Terms of Reference/Service Level Agreements for each partnership are in place**
- **Alignment to The Plan (purpose)**
- **Required inputs, outputs, and outcomes are identified**
- **A partnership plan, identifying the partnership life- span and delivery timeframe of key inputs outputs and outcomes**
- **Risks are identified and managed**
- **Dispute resolution is managed**
- **Performance monitoring and reporting framework is established**
- **Evaluation of outcomes**
- **Good practice is identified and implemented Service Wide**

A key part of the Command partnership resources role is to build and develop relationships with local authorities and other influential agencies in order to develop and enhance WMFS involvement in strategic partnerships. This does happen across Command Areas and the Service has been successful in securing a seat on various trusts, boards, working groups and bodies involving a range of key influential partners and stakeholders. The value of building long term relationships with strategic partners should not be underestimated. However, in the financially challenged and fast changing landscape that we work in, it is critical that we understand and channel our partnership resources to investing in relationships where we do (or should) deliver in terms of improved outcomes to the community.

This is particularly relevant as the time available for Command partnership resources to engage in their current role and responsibilities will become more limited. As previously discussed 'Commissioning' has been identified by the Service's leadership

team as a viable approach to mitigating against the £14m cut to central funding (by 2018/19) and enabling for a balanced budget. In meeting this shortfall, the Service has an expectation that it will raise £2m per year through being commissioned to provide services on behalf of other public agencies mainly (but not exclusively) across the health and well being agenda. In taking this approach and mainstreaming commissioning, the Service will use the current existing Command Partnership resources to deliver Commissioning. In doing this it recognised that the Service will be required to build capability to enable its partnership command resources, facilitated and supported by an effective central team to deliver commissioning on a local basis.

The synergies of a commissioning role with the Command partnership resources are clear. However, it is accepted that a commissioning type role and skills sets involving identifying, negotiating and helping to secure local commissioning opportunities will require a different skills set to those currently required of partnership resources. As such, the Service will be required to take a holistic review of the current partnership officers and CRRO roles and responsibilities. This review should be informed by 2½ years of intelligence and should seek to confirm the partnership aspects of the role that are absolutely core to the delivery of partnership activity. It should also identify the core skill-sets, attributes and personal behaviours required to deliver the new requirements of a Commissioning role.

Proposal: 5

The core roles and responsibilities of Partnerships Officers and Community Risk Reduction Officers should be reviewed and redesigned to incorporate Commissioning as a core activity.

In developing this new role, Operational Commanders should be seen as integral to influencing and shaping this redesign. It is recognised (and in learning from the approach adopted to devolving partnerships) that it will be essential to build capability to deliver this mission critical role in a safe environment and a 'learn on the job approach' should not be adopted. Central capability in providing an operating framework, supporting, advising and guiding will be integral to building confidence in Command Teams to delivering this new functionality.

3.5 Referral Pathways

In moving forward it will be essential to maintain as core, the requirement of partnership resources to continue to support station teams maintaining and building upon current levels of Home Safety Check (HSC) referral performance. For a considerable time, the identification and use of referral partnership pathways in highlighting our most vulnerable people to receive a HSC, now re-branded Safe and Well, has been central to the delivery of the Service's prevention strategy.

Command Partnership resources have been absolutely key to facilitating our approach by working with partners or enabling fire station teams to work with

partners to enable them to deliver Home Safety Checks. In delivering this service to the most vulnerable people within local communities, the Service uses its resources in its most efficient way. This is because we can target those people that we know are more likely to require our emergency response should we not provide this vital service- delivering Safe and Well to people that really need it. Safe and Well also provides the gateway to supporting the delivery of traditionally perceived non Fire Service 'well checks.' This approach provides evidence of a proactive approach to working with partners to the ultimate benefit of the service user through adopting a single point of service approach.

In recognition of the importance of this work, we measure our performance against Safe and Well (HSC) against two performance indicators (PI):-

- PI 5: The % of HSC referred by our partners. Target 2015/16 = 40%
- PI 6: The number of HSC points achieved by the Brigade. Target 2015/16= 135K

In terms of PI 5, performance across stations varies dramatically with some stations performing well over target and some well under. Anecdotally, station personnel interviewed provided a varying picture of understanding of command partnership resources available to them in supporting and enabling the development of referral pathways. Some personnel were completely unaware as to the level of resource available to support their contribution to this target and, as such, this provides evidence of potential inconsistencies in the availability of partnership resources to fire station personnel. In any event, a target of 40% should be considered a minimum aspiration for the Service. Referral pathways are recognised as the most efficient and effective way to achieve high value Safe and Well performance through targeting the most vulnerable people in our community. The variation in target and perceived variation in engagement provides evidence that there is still room for considerable improvement and in moving forward partnership Command resources should be committed to ensuring the Service over performs against this particular PI.

The current delivery target evidences that around 60% of Safe and Well activity is targeted through other means than high value referral pathways. Whilst there will always be value in any Safe and Well check undertaken, this also demonstrates that there is considerable scope for improvement and opportunity to continue to develop referral pathways and improve performance against this particular PI. This work should still be seen as core in any redesigned Command partnership resources solution.

The more referral partnerships that are generated, the higher value the points awarded per Safe and Well visit. This should have a positive impact in terms of increased points against PI 6, the number of HSC checks achieved by the Brigade.

In recognising the need for partnership command teams to remain committed, focused and ambitious in enabling delivery teams to improve collective performance, it is important to recognise concerns around the quality and reliability of HSC referral data. Ordinarily, those Safe and Well visits undertaken via a referral pathway should

be allocated a reference number acknowledging this by the Contact Centre which is the call handling centre for allocating station visits. This issue of quality was picked up by a review of the Contact Centre performance in August 2015 which made a number of recommendations for structural, system and process change. When implemented, these recommendations will provide a foundation on which the Service can place reliance on the reliability of data input.

However, a similar rigour and test should be applied to data sharing per se. The ability to share reliable data between partners is critical for enabling better outcomes for communities. The inconsistent approach in our own internal arrangements provides evidence as to the need of a review of our data sharing arrangements and protocols. Therefore:

Proposal

Whilst data sharing agreements appear to be in place across commands, a systematic review of the quality of the arrangements and underpinning systems and processes should be undertaken. This will provide:-

- **a clear picture of the level and effectiveness of data sharing between WMFS and partner agencies**
- **provide the opportunity to identify if there are lessons to be learned from other agencies and sectors**
- **what improvements can be recommended and determine how Fire Authority members can support data sharing activities.**

The delivery of a data review, alongside the proposals for change submitted here, will provide the assurance and confidence to Members as to the value of our partnership arrangements in terms of enabling improved outcomes for the communities of the West Midlands as well as sustaining our delivery model through the effective delivery of commissioning. Importantly, implementation of these proposals will enable for the Brigade to put in place the people, structures, systems and process to effectively manage partnership corporate risk.

Community Safety Team Structure

