Notes of the Policy Planning Forum

12 October 2015 at 10.30 am at Fire Service Headquarters, Vauxhall Road, Birmingham

Present: Members of the Authority Councillor Edwards (Chair); Councillor Idrees (Vice-Chair); Councillors Afzal, Aston, Atwal Singh, Barlow, Barrie, Clinton, Davis, Dehar, Douglas-Maul, Eustace, Quinnen, Sealey, Shackleton, B Singh, P Singh, T Singh, Skinner, Spence, Tranter, Ward and Young. Mr Ager.

Officers: West Midlands Fire Service Chief Fire Officer (P Loach) Deputy Chief Fire Officer (P Hales); Assistant Chief Fire Officer (G Taylor); P Burnham, D Bromley, M Griffiths, M Hamilton-Russell, M Price, P Wilson, S Timmington, S Vincent and S Warnes.

Clerk and Monitoring Officer

K Gowreesunker (Clerk) M Dudley (Monitoring Officer) S Sahota (Deputy Monitoring Officer)

- Apologies: Councillors Hogarth, Miks, and Mottram Mr Bell.
- Observers: Nil

16/15 Chair's Announcements

The Chair welcomed all attendees to the Policy Planning Forum.

The Chair informed members of the West Midlands Fire Service (WMFS) Christmas Carol Service which is scheduled for 16:30 hrs, 6th December at the church of St Martin in the Bull Ring, Birmingham.

17/15 Update on Staffing

The Chief Fire Officer provided an update on staffing.

The proposal for the staffing model includes the use of additional shifts payable at plain rate, plus a disturbance allowance of 25% (originally an allowance of 10% but increased following Trade Union consultation).

The optimum crewing level enables the Service to maintain the service delivery model, with staffing allowing pump rescue ladders (PRL's) to be crewed with 5, Brigade Response Vehicles (BRV's) crewed with 3, and a dual staffing approach taken for all other special appliances. However, recruitment was suspended following the outcome of the general election and this has resulted in a reduction in staff numbers to below the established strength of the 1322 level. Therefore, to maintain the service delivery model as above, the Service is planning on the proposals for the utilisation of additional shifts to cover any unplanned absences.

The proposal for the staffing model was significantly consulted upon with staff and Trade Unions locally then taken to the National Joint Council but no agreement was reached. It was decided that a local agreement would need to be reached.

Agreement on the proposal of plain rate plus a 25% disturbance allowance has been reached with the Fire Officers' Association (FOA) but there remains no agreement with the Fire Brigades Union (FBU).

The FBU have encouraged the Service to offer a greater disturbance rate but it remains unaffordable to pay more than flat rate for the additional shifts. The disturbance allowance is designed to take into account potential costs that volunteers may face when providing additional shifts, something which is currently unknown at this time. The disturbance allowance is not another name for overtime.

A significant number of staff have volunteered to undertake the additional shifts. The Service is going ahead with the voluntary additional shifts despite the stance of the FBU. The Service is not seeking to impose the additional shifts on any member of staff and these will remain absolutely voluntary.

In response to Members' questions, the following answers were provided:

- No counter proposals or substantive alternatives to the voluntary additional shifts have been put forward by the representative bodies. The Service has asked for alternative options to be put forward and the opportunity remains open. The alternative to the additional shifts is a reduction in the service delivery model.
- The grey book states that overtime is payable at time and a half. However, the proposal being put forward is not for overtime but for additional shifts and is only sustainable at a payment rate at flat rate. There is no flexibility on payment / salary, but there remains much flexibility on the other elements.
- Financially there is a difference between overtime and the disturbance allowance. Implementation of the additional shifts can deliver savings up to £6 million. Savings per post equal £14,000 for flat rate, £1000 for overtime paid at time and a half.
- The FBU agrees and accepts the findings regarding the financial statement and savings achievable.
- The FBU are aware of the questionnaire that was sent to all staff and subsequently, union branch meetings have been held. Representative bodies including the FBU have been made aware of the request for volunteers and the approach adopted by WMFS. Indeed, Andy Dark, Assistant General Secretary of the FBU, has publicly acknowledged that WMFS is the only Fire Service to have undertaken studies on the speed and attack of response to fires.
- Many Fire Services / Authorities are making cuts. The FBU accept the findings of WMFS but consider the proposal a removal of the terms and conditions of service. However, the proposal is not to do this, it is to support WMFS' service delivery model over the next 3 years.
- Other Fire Service's uses additional shifts. Other Services do plain time and time and a half for overtime, for example unplanned events.

- The use of overtime is relatively rare, although there are some anomalies such as in Fire Control.
- WMFS will only be able to maintain the service delivery model by 2019 by implementing the proposal of additional shifts payable at flat rate.
- WMFS will continue to work closely in liaison with representative bodies.

M Dudley, Monitoring Officer, informed the Members that this was an extremely delicate issue. The Members were advised that individual approaches from firefighters, officers and representative bodies are not allowed, this must be done officer to officer. Any approaches will need to be referred to a principal officer. This stipulation does not reduce the ability of Members to discuss strategic direction.

The Chief Fire Officer informed Members that they would continue to be updated on progress of the staffing proposals and they would receive information confirming the process if any approaches are made.

Presentations to the Forum

Two presentations were given to the Policy Planning Forum:

- Fire and Health, the Journey so far... part 2
- Business Support Vehicles

18/15 **Fire and Health, the Journey so far... part 2**

S Vincent, Strategic Enabler Community Risk Management, introduced the second part of the presentation (the first part having been presented at the previous Policy Planning Forum).

S Vincent informed Members that West Midlands Fire Service (WMFS) had been awarded Marmot Partnership Status in September, with the award having been accepted by ACFO Gary Taylor at Merseyside Fire and Rescue Service. The award acknowledged the work that the Service had carried out to prevent ill health and to reduce health inequalities.

Additionally, WMFS was due to receive an award from the Royal Society for Public Health later in October 2015 at its Health and Wellbeing Awards. The award was in recognition of the work that WMFS has carried out as part of its Improving Lives to Save Lives program. WMFS is the only emergency service to receive such an award.

P Wilson, Head of Community Safety, delivered the presentation to the Policy Planning Forum. Approximately 27,000 home safety checks a year having been conducted by WMFS, which in addition to fitting smoke alarms, include the provision of, amongst others, advice on electrical safety, kitchen safety, smoking materials and escape plans. To support wider issues, an 'every contact counts' approach had been adopted. The approach had previously been informal, but now with the launch of the Safe and Well Visit in November, a formal process would now be in place.

Safe and Well Visits take approximately one hour to be carried out, and issues covered include mental health, lifestyle habits, slips, trips and falls, and additional areas such as employment advice.

The Safe and Well Visits form part of the commissioning offer but will continue to be normal business for WMFS and will be provided as an addition to commissioning work.

As an example of commissioning work, P Wilson provided a brief overview on the Telecare pilot in Coventry. The pilot commenced on 14th September and WMFS had attended 25 incidents up to 12th October. Prior to the pilot, once the list of Telecare cover was exhausted, calls would be transferred to the Ambulance Service. WMFS has been commissioned to attend non-emergency calls (before the Ambulance Service). There are positive outcomes for all parties involved; the NHS benefits from a reduction in hospital admissions, service users and communities benefit because many people prefer to stay at home and not be admitted to hospital, and WMFS benefits from making contact with vulnerable persons / groups.

P Wilson stated that there are significant opportunities for commissioning including social and healthcare, youth provision, road safety, and the utilisation of community rooms on fire stations.

P Wilson acknowledged that the health sector is very complicated, for

example Health and Wellbeing Boards, and that a number of bodies are already commissioning activities. The Members were asked to inform WMFS if there were any opportunities they were aware of.

S Vincent provided an additional presentation on more detailed update on the WMFS responder service, including the Telecare pilot in Coventry:

- Average attendance time is approximately 15 minutes.
- 24 hour response is provided.
- A Safe and Well Visit is provided.
- Service personnel are able to attend at times when the scheme / GP's struggle to provide availability, particularly overnight between 18:00 hrs and 09:00 hrs.
- The Ambulance Service will generally automatically escalate a call to a hospital admission. Firefighters have more time to work with the end user, escalating the call if required.
- The scheme does not impact upon the WMFS response standards, including the 5 minute attendance time for category 1 incidents.
- Many of the schemes involve vulnerable people with whom WMFS would aim to make contact with and to work with; supporting the ethos of the work the Fire Authority has backed WMFS to deliver.

Outcomes of the scheme include a reduction in the number of hospital admissions, a reduction in the number of hospital re-admissions, and an increase in faster patient discharges from hospitals. For example, firefighters are able to carry out an assessment of an individual's home, when a social worker may not be available and no specialisms are required, such as checking that an individual has access to food, water, lighting and heating.

Discussions are due to commence with the providers of similar Telecare schemes in Birmingham, Sandwell and Wolverhampton with regard to WMFS providing a first responder service.

In response to Members' questions, the following answers were provided:

- Access can be made via keys that are stored within secure boxes at all properties (obtained via an access code). The user agreement between a patient and Telecare includes the right to gain access to a property by the care provider, be it a carer, or firefighter. As part of this agreement, firefighters have the right to force entry where required, although such a situation would be rare.
- Commissioning does not represent an aggressive takeover of services. WMFS is not a competitor. Funds are being diverted away from NHS acute services to social / community services. It is believed that the Service can become involved and support this work.
- The Telecare pilot and education work has been agreed by the National Joint Council. Discussions with representative bodies are ongoing. Nationally, the health and fire sectors are working closer together.
- Commissioning will not impact adversely on attendance times.
- WMFS is communicating this work, both internally and externally. The Safe and Well Visit is a national model. Information has been published nationally via the Chief Fire Officers' Association and discussions continue to be held both locally and nationally.
- There are no particular issues apparent regarding those areas not involved in discussion regarding potential Telecare schemes. It was possibly due to when contracts in certain areas were coming to a close.
- The main points of contact for commissioning are S Vincent, and Preith Shergill, Strategic Enabler DICE.

19/15 Business Support Vehicles

M Price, Watch Commander - Fire Safety provided a presentation on the Business Support Vehicles.

M Price provided a brief background to the implementation of the Business Support Vehicles. Protection, as a key part of the service delivery model, oversees legal support and business safety, including automatic fire alarms.

False alarms can have a detrimental impact upon the service delivery model and the critical 5 minute response time (for Category 1 incidents). False alarms not only affect West Midlands Fire Service (WMFS) but also businesses, in terms of the disruption caused and potential to breed contempt / complacency.

23% of total available hours are spent attending false alarms and analysis was undertaken to identify if a PRL (traditional fire engine) was the correct appliance to be mobilised to such an incident type. As a result of the findings, three Business Support Vehicles (BSV) were based at Coventry, Ladywood and West Bromwich fire stations, with the aim of releasing PRL's once the BSV arrived at the incident, mobilizing a Fire Safety Officer rather than a fire engine.

The BSV's have attended over 800 calls since their inception in March 2015. Property types attended:

- Medical / hospital 52%
- Sheltered accommodation / flats 27%
- Commercial / shops 10%
- Education / schools 6%
- Other 5%

Action taken at the incidents attended:

- Approximately 600 calls resolved by informal means
- Approximately 100 calls required further action or were referred onto the Fire Safety teams
- 50 incidents were resolved via formal advice and follow up visits
- 50 incidents saw further action taken which led to formal advice or an Fire Safety Officer letter

There were 9 instances where the BSV has been involved in a prohibition. However, there have been 8 prohibitions avoided due to the work of the BSV.

Since March 2015, there has been a decrease of 31% in the total

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number of calls attended by the BSV's. As a direct result, the figures for the corporate performance indicator, 'PI 14 - the number of false alarm calls due to fire alarm equipment', is decreasing for the first time in three years.

95% of calls at hospital premises are false alarms (accounting 52% of all false alarms). As a result, communications have been established with the persons responsible at such sites, including the publishing of a brochure for all hospital representatives, and the staging of a number of open days / events engaging with hospital staff.

As of 12th October, BSV's will be attending alone to calls at hospital alarm activations, not confirmed fires. Dynamic mobilising will be utilised if there are any doubts to the nature of an incident, and a PRL will be mobilised.

In response to Members' questions, the following answers were provided:

- BSV's will only attend alone to calls at hospitals.
- The Fire Safety Officer can provide advice on safety. The management and resetting of any system(s) is undertaken by the owner / person responsible.
- A PRL will attend the emergency phase. A BSV will attend the management phase.
- There are different varieties of fire alarms including smoke detectors and heat detectors. The alarms should be marked as to what type of detector it is because the different types are not always easily identifiable. Heat detectors are often installed in kitchens.
- WMFS continues to receive malicious calls; however it is a relatively low number. There are procedures in place to deal with calls that are false alarm malicious which Fire Control follows.
 WMFS may prosecute an individual where necessary.
- Following an enquiry raised regarding planning applications and sprinkler systems in premises such as nursing homes, it was confirmed that WMFS is involved in planning applications as part of the consultation process during the building regulations stage and

the installation of sprinkler systems would always be recommended (however, if a sprinkler system was not purely for life saving / risk purposes, it would not be mandatory for such a system to be installed).

(Meeting ended at 12:20 am)

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