

# FIRE WORKS

A COLLABORATIVE WAY FORWARD  
FOR THE FIRE AND RESCUE SERVICE

Dr Claire Mansfield



New Local Government Network (NLGN) is an independent think tank that seeks to transform public services, revitalise local political leadership and empower local communities. NLGN is publishing this report as part of its programme of research and innovative policy projects, which we hope will be of use to policy makers and practitioners. The views expressed are however those of the authors and not necessarily those of NLGN.

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**Dr Claire Mansfield**

**NEW LOCAL GOVERNMENT NETWORK**

# FOREWORD

**These are difficult and challenging times for the public sector. Services have been dealt some of the deepest cuts in their resources for many years. Owing to the ongoing attempts to reduce the national deficit, local public bodies, including fire and rescue authorities, are expecting their budgets to shrink even further over the next five years.**

Fire and rescue services across the UK have been phenomenally successful in reducing both demand for their operational response and risk to the public from fire and other emergencies. This has been achieved through investment and a commitment to working upstream, preventing emergencies happening and improving community safety. In doing so, services have maintained response capabilities to deal with the incidents that continue to occur, as, despite reducing the demand, risks remain which fire and rescue services must be able to tackle in an effective and proportionate manner.

The review completed by Sir Ken Knight, *Facing the Future*, outlined much of the good work in the fire and rescue service and also highlighted areas for further improvement to increase efficiency. However, by his own admission, the report left questions about how exactly the fire service could further reform and save money. Indeed, by the time the report was published, many services had already delivered savings by implementing a number of the suggestions he had put forward.

This report seeks to advance those discussions and presents a number of future options which can be taken separately or together to reform the fire and rescue service. These should enable authorities to deliver the efficiencies required, without compromise to the world class emergency services the UK public has come to expect and fully deserves.

The report also recognises that as much as this is a time of challenge, it is a time of opportunity as well. There is clearly the potential to expand and grow the value added by the fire and rescue service to local communities, utilising the brand and experiences of the service to take their preventative approach

into other areas. One size will not fit all, and it is important that services remain able to respond to different local needs and risks. However, there is much to be gained by working together more closely, both between fire and rescue services and with other partners.

Fire and rescue service leaders certainly don't have all the answers and external challenge and new ideas are always to be welcomed. This report is an important step in the reform journey and I am delighted that CFOA have been able to support NLGN in its creation.

**PETER DARTFORD**  
CFOA PRESIDENT

# 1 INTRODUCTION

The fire and rescue service (FRS) has a critical choice to make about its future. Severe budget cuts in both the Revenue Support Grant and limitations on council tax income are eating into the service's capacity. There is a predicted gap in funding of £17.5 million or 24 per cent from a typical single authority by the end of the decade, with the total shortfall for all services estimated at £600 million.<sup>1</sup> At the same time, there has been a steady fall in the number of fires. But expenditure and firefighter numbers have not fallen to the same extent. This has opened up questions about the purpose and future focus of the FRS. What is the service for, if not putting out fires? This report attempts both to answer that question, and to outline how the FRS might change to achieve a more sustainable and effective future.

The fiscal constraints of austerity have highlighted the need for change. However, even if this were not the case there is practically unanimous agreement that the FRS needs to transform in some way to increase efficiencies and play a wider part in improving overall public service outcomes. But there is a hotly contested debate about how best to do this. Some advocate front line cuts,<sup>2</sup> others have called for mergers of individual FRSs<sup>3</sup> and some champion the integration of all emergency services,<sup>4</sup> perhaps under the leadership of police and crime commissioners, city mayors or as part of larger organisations like county councils.

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<sup>1</sup> LGA (2014), *AnyFire*, available at: [http://www.local.gov.uk/documents/10180/5854661/L14-96+Anyfire+outlook\\_07.pdf/2af5a925-f159-4490-8d51-b36b1d4455b5](http://www.local.gov.uk/documents/10180/5854661/L14-96+Anyfire+outlook_07.pdf/2af5a925-f159-4490-8d51-b36b1d4455b5)

<sup>2</sup> The FBU estimates that more than 5,000 frontline firefighter jobs were cut from 2010-2014. See: FBU (2014), *Sounding the Alarm*, p. 8, available at: [http://www.fbu.org.uk/wp-content/uploads/2014/09/10710\\_02-FBU-Sounding-Alarm-16pp-A5-LOW-RES.pdf](http://www.fbu.org.uk/wp-content/uploads/2014/09/10710_02-FBU-Sounding-Alarm-16pp-A5-LOW-RES.pdf)

<sup>3</sup> The Knight report supports a move towards a more national model and government-enforced mergers. See: Knight, K. (2013), *Facing the Future*, p. 73, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/200092/FINAL\\_Facing\\_the\\_Future\\_\\_3\\_md.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200092/FINAL_Facing_the_Future__3_md.pdf)

<sup>4</sup> Supported in the Knight report and endorsed numerous times by the current government. See: Green, D. (2014), *Damian Green speech to the APCC*, available at: <https://www.gov.uk/government/speeches/damian-green-speech-to-the-apcc>; Lewis, B. (2014), *Reforming 'blue light' emergency services*, available at: <https://www.gov.uk/government/speeches/reforming-blue-light-emergency-services>; May, T. (2014), *Lessons of Police Reform*, available at: <http://www.reform.uk/wp-content/uploads/2014/08/Home-Secretary-Reform-speech-03-09-2014.pdf>

Clearly the FRS' operational priority will always be to respond to fire and rescue incidents, but the service needs to make a strategic choice. It can become a more efficient and streamlined service responding solely to fires, which would mean a reduction in full time paid staff. Or alternatively the service could maintain slightly higher staffing levels but develop considerably the role performed by these firefighters to work with other public services and widen their prevention agenda. We believe this is the more effective path.

While this report examines many options, we present a clear vision of a future in which the FRS not only works with other emergency services, but plays a much wider community intervention role. We argue that the FRS has the potential to play a vital role in helping to bring together health and social care and change the way services are delivered. In this report we look at what the priorities for the FRS should be to make this happen.

The FRS has an impressive record on fire prevention; incidents have reduced by 40 per cent in the last decade. The FRS has become highly skilled at targeting specific communities, vulnerable groups and businesses most at risk. For instance, from 2004-2008 the FRS fitted nearly 2.5 million smoke alarms (funded by a £25 million investment from central government) for free. This was independently evaluated to be responsible for a 57 per cent drop in fire deaths at home, 888 fewer non-fatal casualties, and a return on investment of at least 1.37.<sup>5</sup>

The prevention work carried out by the FRS is bolstered and enabled by its reputation as a trusted organisation, and this is especially true for vulnerable groups. At least 39 per cent of home fire safety checks were targeted at elderly people and at least 16 per cent were targeted at disabled people.<sup>6</sup> The NHS, social care and many other local government services are increasingly looking at how prevention and early intervention can contribute

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<sup>5</sup> Knight, K. (2013), *Facing the Future*, p. 38-9, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/200092/FINAL\\_Facing\\_the\\_Future\\_\\_3\\_md.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200092/FINAL_Facing_the_Future__3_md.pdf); Williams, N. et al, (2009), *Final Evaluation of the Home Fire Risk Check Grant and Fire Prevention Grant Programmes*, DCLG, available at: <http://webarchive.nationalarchives.gov.uk/20120919132719/http://www.communities.gov.uk/documents/fire/pdf/homefireriskcheckgrant.pdf>

<sup>6</sup> DCLG (2012), *Fire and Rescue: Operational Statistics Bulletin for England 2011-12*, p. 17, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/15228/2222551.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/15228/2222551.pdf)

to reducing demand. This report argues that the FRS is already highly skilled at such work, and therefore ideally placed to lead the way and take on a wider community intervention role.

Where it was once solely seen as an emergency service for putting out fires, responding to flooding or national resilience activities, the service must now use its unique skills, assets and brand to take a central role in delivering health and social care outcomes, working with the NHS and local government to increase community wellbeing. While all local public services know they need to understand and implement measures aimed at preventing social problems from emerging, the FRS has been the most demonstrably successful at this. We argue that the future of the FRS means putting this expertise at the service of its local partners.

Other reports have considered the options for reforming the FRS and we will briefly re-examine these here. But setting out options is not enough. We need a vision for the kind of fire and rescue service we want to emerge from austerity, or we risk muddled and counterproductive policy. If, for instance, we thought the FRS was primarily there to put out fires and help at accidents at the lowest possible costs, then we might create a single national service to save money and maximise the number of volunteer firefighters, as in Germany or Portugal. But in so doing, we would lose local knowledge and expertise and the chance to develop the FRS as a key player in a wide range of community interventions. The service would be cheaper, but at the cost of much of its role in enhancing wellbeing. Having a clear vision for where the FRS is headed ensures that we can decide on the right measures to both ensure financial efficiencies and achieve better overall outcomes for those who work in the FRS, those who rely on them and communities as a whole.

This research primarily looks at three aspects that form our vision for the future of the FRS. These are:

- **Widening the prevention agenda:** In chapter 2 we look at how the FRS can and is already extending their prevention agenda to the wider community. We particularly note the support that the FRS can give to health and social care.

- **Collaborating with other emergency services:** In chapter 3 we look at the opportunities for the FRS to work more closely with other blue light services. We look at where the FRS can be most effective while also noting the need for the FRS to retain its distinct brand.
- **Achieving greater efficiency:** In chapter 4 we look at the most efficient model and optimum scale for the FRS. We assess the advantages and challenges of merging FRSs.

These are not mutually exclusive and should be considered steps to achieve our overarching vision of the future. But we argue that the greatest efficiencies and best outcomes will be achieved, the more the FRS integrates with other public services.

## SUMMARY OF RECOMMENDATIONS

- This report outlines a vision for the FRS that sees it as an integral part of local public services, using their skills around prevention and early intervention to help facilitate community wellbeing. There are a number of mechanisms that would help to achieve this overall vision:
  - The government should rewrite legislation to enshrine the vision of FRSs as organisations of community intervention. At present community intervention work is being done in an ad-hoc manner. If this vision is written into the very purpose of what we as a nation see the FRS as being it will help to cascade this understanding to staff and the wider public.
  - Local FRSs should use the local Joint Strategic Needs Assessment (JSNA) to look at how they can support health and wellbeing in their areas. They should actively develop partnerships with counterpart public services such as councils, ambulance and police services to look at how they can support their work.
- DCLG (Department for Communities and Local Government) should explore the possibility of a national organisation that would create efficiencies of scale by bringing together public services and sharing, for example, back office functions of local FRSs. This should also act

as a knowledge hub, linking individual FRSs together. However, it is vitally important that local FRS front line services are maintained on a similar scale to the present day. If the FRS is to take on a more integral community role, it will be important that a strong local perspective and autonomy is maintained.

- Greater collaboration with emergency services should be pursued. This has the potential to make a huge contribution to public health, social care and other social issues, but must only be done in a way that protects the FRS brand.
  - Co-responding with ambulance services has saved lives and helped reach performance targets. We recommend that this is pursued by a broader number of FRSs.
  - There is less synergy between the FRS and the police service, though examples such as mental health joint-working show there is some potential for collaboration on non-crime issues.

## 2 WIDENING THE PREVENTION AGENDA

While the number of fire incidents has decreased, demand on many other public services has increased. There is a growing perception<sup>7</sup> that the FRS' capabilities, in combination with its trusted brand, means it is ideally situated to help reduce the demand on other public services.

This is particularly true in developing the prevention agenda of hard-pressed health and social care services. The recent Budget Survey published by the Association of Directors of Adult Social Care noted that 'there are more than 400,000 fewer people receiving social care services since 2009-10 and of those who are still supported, a significant number will get less care.'<sup>8</sup> In addition, the NHS 'Five Year Forward View' highlights the need for greater NHS investment in early intervention and simplified approaches to patients with multiple health needs.<sup>9</sup>

The FRS needs to continue to develop towards a wider preventative and community care system. The FRS could offer solutions to cash-strapped local authorities aware of the need for earlier intervention, yet unable to find the capacity, finance or mechanisms to achieve it. Existing FRS community intervention models show evidence that the service could be a key part of solving these problems. Community interventions boost prevention through earlier intervention, bringing both operational and financial benefits to the public sector as a whole.

*There is a sense that the FRS can be the eyes and ears of the whole community and be the glue that brings all sectors together.<sup>10</sup>*

In particular, the FRS has the potential to reduce demand on stretched health and social care services, A&E admissions and ambulance waiting times.

<sup>7</sup> LGA (2015), *Beyond Fighting Fires*, available at: [http://www.local.gov.uk/documents/10180/5873002/L15\\_149+Fire+case+studies\\_v07\\_40928.pdf/0dde8780-9c60-4a31-8f59-cd6c6594f6e7](http://www.local.gov.uk/documents/10180/5873002/L15_149+Fire+case+studies_v07_40928.pdf/0dde8780-9c60-4a31-8f59-cd6c6594f6e7)

<sup>8</sup> ADASS (2015), *ADASS Budget Survey 2015*, available at: [http://www.adass.org.uk/uploadedFiles/adass\\_content/policy\\_networks/resources/Key\\_documents/ADASS%20Budget%20Survey%202015%20Report%20FINAL.pdf](http://www.adass.org.uk/uploadedFiles/adass_content/policy_networks/resources/Key_documents/ADASS%20Budget%20Survey%202015%20Report%20FINAL.pdf)

<sup>9</sup> NHS (2014), *Five Year Forward View*, available at: <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>10</sup> Interviewee

Across the country FRSs have effectively reduced demand for fire response through prevention work and they have the skills and capacity to do the same for health and social care. The firefighters' trusted brand and work on targeted prevention and demand management is particularly important in this context.

There is also a crossover of needs, as a large majority of fire fatalities are amongst the over 70s who have pre-existing health issues. There is a large overlap between the individuals most vulnerable to fires and those most regularly in contact with health and social care professionals. By equipping firefighters with the skills to deal with low-level health issues, there is potential for fire and rescue services to manage multiple needs in a single visit. Not only would this reduce demand on health and social care professionals, but it would also provide a better service to vulnerable individuals.

There is a huge diversity of initiatives aimed at earlier intervention taking place across England. A number of these initiatives are detailed below:

- Essex County FRS run a 'Fire Break' scheme for 10-24 year olds that aims to reduce the risky lifestyle choices of some young people and raise awareness of the consequences of fire, fire setting and hoax calls. During the intensive, week long, fire station based course, the scheme aims to promote a culture of safety, team work and citizenship by teaching a range of vital life skills whilst undertaking the various disciplines of the FRS.<sup>11</sup>
- Kent FRS created a vulnerable adults unit in 2010, which consists of a team of firefighters who are specifically and highly trained in community intervention. They support hard-pressed social care services by providing comprehensive checks in the home. This moves away from their previous model where the majority of firefighters were providing only simple checks. By having a dedicated team, they believe they can maximise the value of the checks, ensuring they provide a genuine service to those in need.<sup>12</sup> Other forms of community work, such as the

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<sup>11</sup> Essex Fire (2015), *Fire Break: What is Fire Break?*, available at: [http://www.essex-fire.gov.uk/\\_img/pics/pdf\\_1384351773.pdf](http://www.essex-fire.gov.uk/_img/pics/pdf_1384351773.pdf)

<sup>12</sup> Interviewee

kids' scheme 'Fire Fit', which require less training, are also carried out by the service. The programme, developed in partnership with local communities, involves firefighters and volunteers using a variety of sporting and cultural initiatives targeted at those people least likely to be involved in such activities. Generally these people are most likely to be at risk in the home. The activities include sports such as volleyball, cycling, wheelchair handball, and the 'Firefighter Challenge'.<sup>13</sup>

- Working with Greater Manchester FRS' CRIT team (Case Study A) has helped Wigan Council to extend their early intervention measures. As a result Wigan's occupational therapists have access to those in need much earlier than they previously would. The FRS draws attention to low-need individuals (who may develop higher needs), which has allowed them to deal with their health problems earlier, but has also increased the number of patients they are handling in the short-term.

There is a huge opportunity to expand community intervention work to manage demand upstream and maximise public value and for a number of reasons the FRS is ideally suited to deliver it.

There are also many places that the FRS can help support health services. The FRS' work on the prevention agenda means that they are easily aligned to the public health agenda. In particular they are skilled at identifying those in need and preventing problems from escalating.

- Humberside FRS leads the 'frailty and isolation' work stream for Hull 2020.<sup>14</sup> This work stream focuses on elderly patients and its objective is to coordinate the existing teams working in this field to provide a more efficient, safer and patient centred entity. Community hubs are being developed within the city to coordinate the services and there is joint working to provide a combined winter strategy aimed at elderly patients living alone. England and Wales have 24,000 annual excess winter deaths (deaths directly related to cold weather), which

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<sup>13</sup> Kent FRS (2015), *FireFit*, available at: <http://www.kent.fire-uk.org/about-us/plans-policies-and-performance/corporate-plan/additional-information/firefit/>

<sup>14</sup> Hull 2020 which brings together nine public services and aims to have them working together as a single system by 2020. See more at NHS Hull Clinical Commissioning Group (CCG); Hull City Council; City Health Care Partnership CIC; Healthwatch Kingston upon Hull; Humber NHS Foundation Trust; Yorkshire Ambulance Service; Humberside Police; Humberside Fire and Rescue Service; Hull and East Yorkshire Hospitals NHS Trust

are mainly amongst the elderly.<sup>15</sup> Through this joint strategy, Hull will be able to coordinate the resources and expertise to not only save lives, but also reduce hospital admissions and prevent vulnerable people's health worsening. One example of their work is the 'Cold Alarm Service'. Elderly patients who live alone are having cold alarms installed in their property and when the temperature falls below 16°C an alarm is triggered. The response will come from a multi-skilled team consisting of workers from social services, community nurses or the fire and rescue service who will visit and employ measures to increase the ambient temperature within the home. Various other work streams are being developed such as a falls "pick up" service, where the FRS responds to low priority 999 calls. This prevents the person's health from deteriorating while waiting for an ambulance, a wait which can otherwise take many hours due to the low priority of the call.<sup>16</sup> Hull's plans demonstrate the potentially central role the FRS could play in integrating public services, providing better services to users and savings to the public purse.

- As discussed in Case Study A, part of Manchester's CRIT team addresses the fact that 75 per cent of calls to Greater Manchester Police are not crime related. This includes low level mental health issues and concerns for welfare. These calls occupy a large amount of police time and capacity and, by having a trained team attend, not only can this pressure be reduced but speed and quality of the service can be increased. In addition, since CRIT (Community Risk Intervention Team) started gathering attendance data in February 2015, both their response activity and prevention activity has increased month on month. By May 2015 the CRIT had undertaken 535 home safety checks and 1612 response activities, including 708 welfare concern responses and 556 first responder activities.<sup>17</sup>

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<sup>15</sup> NICE (2015), *Excess winter deaths and morbidity and the health risks associated with cold homes*, p. 15, available at: <http://www.nice.org.uk/guidance/NG6/documents/excess-winter-deaths-and-illnesses-guideline-consultation-draft-guideline-2>

<sup>16</sup> HSJ (2014), *Take a multiskilled approach to collaboration*, available at: <http://m.hsj.co.uk/5076999.article>

<sup>17</sup> Manchester FRS (2015), *Greater Manchester Community Risk Intervention*, available at: <http://www.manchesterfire.gov.uk/media/2724/crit-briefing-may-2.pdf>

## THE WAY FORWARD

However, while these examples demonstrate that much intervention work is ongoing in many areas, it was also apparent through the research that, to date this has been developed and delivered on an ad-hoc basis, and there is no single view on what value the FRS can add in terms of community interventions. The examples given have shown what is possible. But on a sector-wide level all FRSs should now be looking to other public services in their area and working together, as in Hull and Manchester, to see what is achievable.

There are a number of issues that, if solved, would make this work for everyone:

- **WORKFORCE:** the introduction of new, diverse job responsibilities will mean firefighters need a new, diverse skillset. Many services are currently unable to recruit new staff due to budget constraints, yet the skillset of existing staff isn't always there to fulfil more community work. It will take time to ensure that existing staff develop the skills that they need. A number of Chief Fire Officers (CFOs) reported through research interviews that some CFOs were less committed than others to developing wider prevention work, instead wanting to preserve the legacy of the traditional firefighter. The Fire Brigades Union (FBU) has sometimes been opposed to non-traditional activities, or 'additional responsibilities', however the reluctance has reduced significantly over time. Since the success of Greater Manchester's CRIT pilot (Case Study A) the FBU has been much more actively engaged in this and other programmes, proactively supporting the involvement of firefighters in wide ranging prevention activities and consulting on ways that firefighters could support response to life saving emergencies.
- **DATA SHARING:** there are a lot of myths about data sharing that need to be overcome. Sharing data should be possible, especially when the results are better public services and much-needed savings. However, the law regarding data sharing between different public bodies is complex and unclear, with legislation dispersed amongst

a large number of statutes.<sup>18</sup> Government could help by creating a cross-public sector duty to share data and simplifying current legislation. Furthermore, there is a great amount of anxiety about data sharing, which prevents it happening in the majority of cases. Positive, face-to-face relationships between service providers are a key step to increasing willingness to share. Formal data sharing agreements, alongside the agreement of the individual, can reduce duplication and produce a more joined-up pathway.<sup>19</sup>

- **FUNDING:** unsurprisingly, funding is a key issue with this model of community intervention and for any future model using firefighters. The model currently used in Greater Manchester FRS utilises the capacity of wholetime firefighters when they are not fighting fires. Clearly with retained firefighters this is more complicated as when they are not attending fires their pay is greatly reduced. Gloucestershire FRS recently began to work with Greater Manchester FRS to adapt the CRIT model for their mostly retained service, showing that it is possible for retained services to undertake this form of community intervention work too. However, there is still the question of who pays for this work and a feeling that increasingly, budgets will have to be holistically shared. The organisation that benefits from preventative intervention, also needs to be the organisation that funds (or part-funds) the intervention. Invest to save models are a good option to start exploring; for instance could an upfront investment of £1 million from health lead to £5 million of health savings in the long term?

An earlier NLGN report, *The DIY Ethic*,<sup>20</sup> showed the benefits of whole-place community budgets<sup>21</sup> to integrate public services, which brings both better outcomes and significant financial savings across the public

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<sup>18</sup> Beresford, M. (2015), *Demystifying Data*, NLGN, p. 31, available at: <http://www.nlgn.org.uk/public/wp-content/uploads/DEMYSIFYING-DATA2.pdf>

<sup>19</sup> Wilkes, L. (2015), *A Design for Life*, NLGN, p. 51, available at: <http://www.nlgn.org.uk/public/wp-content/uploads/A-DESIGN-FOR-LIFE.pdf>

<sup>20</sup> Wilkes, L. (2014), *The DIY Ethic*, NLGN, available at: [http://www.nlgn.org.uk/public/wp-content/uploads/THE-DIY-ETHIC\\_FINAL.pdf](http://www.nlgn.org.uk/public/wp-content/uploads/THE-DIY-ETHIC_FINAL.pdf)

<sup>21</sup> Community Budgets are a way of radically redesigning public services around people and places. They encourage local public service partners to work together for better outcomes, reducing fragmentation and duplication of services. This joined-up approach aims for shared leadership across departments and more targeted use of funding towards local needs. Some reports have suggested over twenty billion pounds can be saved if Community Budgets were taken up across the country.

sector. It has been estimated that £20.6 billion could be saved through councils and other local public sector bodies partnering up.<sup>22</sup> With whole-place community budgets, the fire and rescue service could play a significant part in the progress of local service integration.

- **TRACKING IMPACT:** hand in hand with the problems surrounding funding is the issue of tracking impact. How can an FRS demonstrate that a particular intervention led to a stated outcome? The independent cost-benefit analysis of Greater Manchester FRS' pilot, which showed a £10million saving to Manchester's local economy, is a start. This shows that, while financial and operational benefits are difficult to quantify, successful schemes will reap significant and demonstrable results. Not only is it vital to undertake these evaluative analyses, but it is also vital to share and learn from the knowledge gained. The Knight Review highlights that, while good practice is often shared within the sector, limited action is taken as a result, with good practice only rarely and slowly replicated.<sup>23</sup>

The drive for community transformation needs to come from organisations locally; it is also important that government departments develop a common vision on this agenda. We recommend that Part 2 of the Fire and Rescue Services Act 2004 is amended to add community intervention as a core function of the service:

#### **HEALTH AND SOCIAL CARE**

*A fire and rescue authority must make provision for the purpose of*

- *Working with the local authority and local Health and Wellbeing Board to improve local health outcomes.*
- *Working with the local authority to assist in the provision of social care.*

<sup>22</sup> Ernst & Young and LGA (2013), *Whole-Place Community Budgets: A review of the potential for aggregation*, available at: <http://www.lgcplus.com/Journals/2013/01/10/c/1/x/LGA-and-EY-Community-Budgets-Report-.pdf>

<sup>23</sup> Knight, K. (2013), *Facing the Future*, p. 66-67, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/200092/FINAL\\_Facing\\_the\\_Future\\_\\_3\\_md.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200092/FINAL_Facing_the_Future__3_md.pdf)

This would mean that all FRSs would have a responsibility and a remit to collaborate with other organisations for wider community benefits. In addition to this government needs to reform how it works across departments and how budgets are devolved, which should help encourage and enable greater integration locally. It is important that there is central support in areas like providing capital, removing barriers, aligning incentives and performance frameworks.

All services are at different starting points, so there is no single uniform blueprint for what the fire and rescue service should look like in the context of community interventions. At the very least, local authorities and fire and rescue services should be working together to develop a strategy for future collaboration on the prevention agenda. Added to this, different FRSs are at different stages with regards to their relationships with partners. It is vitally important to get the relationships and understanding between all organisations working and to make sure that intervention work is done well. This will clearly be a gradual process and a direction in which the FRS and other public sector and community organisations should aim to travel, rather than a prescribed end goal.

# CASE STUDY A

## GREATER MANCHESTER FRS: COMMUNITY INTERVENTION

*Greater Manchester Fire and Rescue Service (GMFRS) has recently started working with North West Ambulance Service (NWAS), Greater Manchester Police (GMP) and local authorities to facilitate community intervention work. They have formed a new team to help drive further reductions in risk to the most vulnerable communities through a wider approach to prevention activities. GMFRS have created a dedicated team, called the Community Risk Intervention Team (CRIT), to address community-wide risk identification and prevention work. CRIT members have a broad range of assessment skills and can address a range of wellbeing issues through low-level interventions.*

*The CRIT works to help reduce demand for emergency services and health and social care, through early interventions, for those with multiple needs; and respond to life threatening and high volume low risk calls. The CRIT provide holistic safety assessments and low-level interventions to try to reduce the incidence of fire, falls in the home, support those with mental health issues and reduce the risk of crime.*

*The CRIT began work in three pilot areas in January 2015. GMFRS intend to expand their Community Risk Intervention Team pilot across the Greater Manchester area, from three boroughs to ten. During the pilot, the CRIT conducted over 500 holistic home safety assessments, and by the end of the pilot will have fitted minor adaptations in the homes of over 500 people identified as being at risk of falls by Manchester City Council staff. They responded to around 50 Community First Responder incidents a month and 70 Greater Manchester Police calls. The assessments that they carry out are targeted at those that have the highest risk factors, using a combination of marketing data, GMFRS' data on fire risks based on existing demand and information from partners.*

## **SOCIAL CARE**

*For example, Wigan Council's occupational therapists, who differ from care workers as they are specifically focused around prevention, enablement and independence have been working closely with Greater Manchester's CRIT. Wigan Council have provided training for the CRIT because they see the scheme as mutually beneficial. Over time, they hope that by proving the value of demand reduction, greater focus can be placed on early intervention services and staff.*

*As part of their assessment visit, the CRIT carry out low-level interventions such as taping threadbare carpets, securing faulty locks and fixing handrails, and refer any medium to high-risk issues on to the local authority to carry out a more detailed assessment. As people don't always get access to therapists in hospital, this helps local authorities to implement early intervention measures and prevent small problems from escalating. It also reduces the burden on falls services, both now and increasingly in the future.*

*Some GPs have been 'prescribing' safety assessments for Greater Manchester FRS Community Safety Advisors and CRIT to carry out, recognising the many-fold problems patients may be experiencing within their home. This approach shifts the focus from what the matter is with a patient to what matters to them, focusing on general wellbeing rather than a specific ailment. This remit goes far beyond fire safety, reflecting GMFRS' cultural stance that 'fire and rescue' can provide greater value by expanding its efforts beyond its traditional limits. They emphasise that their core purpose to "protect and improve the quality of life of the people in Greater Manchester" is in no way limited to fighting fires.*

## **HEALTH**

*As well as planned visits, the CRIT also support the ambulance and police services. 75 per cent of calls to the Greater Manchester Police are not crime related. Many calls relate to 'concern for welfare' or mental health issues. CRIT have been providing support in these*

areas by responding to many of these calls on behalf of GMP, allowing officers to focus on core business. The CRIT also respond to high volume, low-priority 999 calls to falls in the home on behalf of NWAS. By doing this they can prevent the need for transfer to a hospital and the associated costs relating to A&E and secondary care. Where circumstances have dictated the need for someone that has fallen to attend hospital the teams have been able to significantly reduce the time spent in secondary care by adapting their home within days. After attending low level incidents, many of which come from vulnerable groups or frequent callers with multiple needs, the CRIT conduct a follow-up assessment and can potentially refer the household to the local authority for further assistance. In this way, the CRIT helps integrate care practices and promotes early intervention.

Whilst the CRIT programme does not directly save GMFRS money, no additional funding is initially needed to sustain it, with the roll-out of the pilot being funded for the first year by £3.73 million<sup>24</sup> awarded by the government's Fire Transformation Fund. In the medium and long term, partners will need to find alternative means to sustain the project and/or alternative delivery models. The benefits of reducing demand in this way, financially and operationally, are difficult to quantify, but a cost-benefit analysis of the pilot shows a £10 million saving to the local economy. Over the long-term, GMFRS hope that further demonstrations of the cost benefit of the programme will prevent the FRS from experiencing further drastic cuts.

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<sup>24</sup> Association of Greater Manchester Authorities (2014), *Joint Meeting of the Greater Manchester Combined Authority and AGMA Executive Board*, available at: [http://www.agma.gov.uk/cms\\_media/files/joint\\_gmca\\_agma\\_exec\\_agenda\\_19\\_december\\_2014\\_merged.pdf?static=1](http://www.agma.gov.uk/cms_media/files/joint_gmca_agma_exec_agenda_19_december_2014_merged.pdf?static=1)

## 3 COLLABORATING WITH OTHER BLUE LIGHT SERVICES

FRSs are increasingly looking to work with other emergency services. They are, of course, well accustomed to working with other blue-light services at the scene of major incidents and this is addressed through the Joint Emergency Services Interoperability Programme (JESIP). But as noted in the Knight Review, ‘while this interoperability programme deals primarily with emergency response at incidents, strategic joint working like this can create opportunities from that greater understanding’.<sup>25</sup> This was also reflected in our research. Many of those that were interviewed felt that there were ‘obvious opportunities’ for the fire and rescue service throughout England to not only improve efficiencies, but crucially to improve outcomes by working more closely with the other emergency services.

Both the Knight review and the coalition government<sup>26</sup> backed co-location and back-office resource sharing between emergency services. There is, of course, a case for co-locating all three services in order to make efficiencies. If this saves money, which evidence suggests it does, back-office collaboration should be encouraged.<sup>27</sup> However, collaboration must go much further, addressing public sector-wide efficiency and operational needs.

However, it is important that emergency services are not viewed as somehow being the same just because they all come under the umbrella group of ‘blue light services’. Those we interviewed felt that there is a misconception that the police, ambulance and fire and rescue service are all the same organisation; however, there is only a small overlap. In general those we spoke to in the FRS were nervous of collaboration with the police service. On one level the police

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<sup>25</sup> Knight, K. (2013), *Facing the Future*, p. 52, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/200092/FINAL\\_Facing\\_the\\_Future\\_3\\_md.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200092/FINAL_Facing_the_Future_3_md.pdf)

<sup>26</sup> Lewis, B. (2014), *Reforming ‘blue light’ emergency services*, available at: <https://www.gov.uk/government/speeches/reforming-blue-light-emergency-services>

<sup>27</sup> Emergency Services Collaboration Working Group (2015), *Emergency Services Collaboration: The Current Picture*, available at: <http://publicservicetransformation.org/resources/emergency-services-collaboration/511-emergency-services-collaboration-the-current-picture>

are easier to work with than the ambulance service as they often have similar geographical boundaries, which makes sharing back office and workspace easier. But those we interviewed felt that that was where the similarities ended. The fire and rescue service has a very strong trusted brand<sup>28</sup> and it was felt that joint working with the police could endanger this, particularly if it involved firefighters directly responding to crime. The police are often called upon to act as enforcers and this sometimes leads to tense relationships with local communities. This is something that the FRS cannot afford, as it needs ready access to people's homes.<sup>29</sup> As one interviewee told us:

*I'd caution against just seeing all blue light services as the same. Culturally, organisationally the purpose is quite different to the police and ambulance service...The FRS is held in high regard within the community – that is not always the case with the police. I'd question whether the fire and rescue service's standing and neutrality would be affected<sup>30</sup>*

While there is scope for the FRS to support the police on non-criminal work, such as dealing with suicides, there was a clear sense from our interviews that the ambulance service was by far the more natural partner:

*You would welcome a firefighter or the ambulance service into your house; people are more sceptical about the police.<sup>31</sup>*

The difficulties facing ambulance trusts up and down the country have been widely reported. The ambulance service is faced with rapidly increasing demand. For example, over the Christmas period last year South Western Ambulance Service dealt with a 38 per cent increase in call outs. Nearly a third of these calls were non-urgent and were often elderly patients with complex needs.<sup>32</sup>

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<sup>28</sup> IFSEC (2015), *Firefighters are second most trusted profession*, available at: <http://www.ifsecglobal.com/firefighters-are-second-most-trusted-profession/>

<sup>29</sup> Pennant, R. (2005), *Diversity, trust and community participation in England*, Home Office, available at: <http://webarchive.nationalarchives.gov.uk/20110314171826/http://rds.homeoffice.gov.uk/rds/pdfs05/r253.pdf>; ONS (2015), *Perceptions of the Police*, available at: <http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-public-perceptions-of-crime-and-the-police--and-the-personal-well-being-of-victims--2013-to-2014/chapter-1.html>

<sup>30</sup> Interviewee

<sup>31</sup> Interviewee

<sup>32</sup> BBC (2015), *South West Ambulance demand rises 38% over Christmas*, available at: <http://www.bbc.co.uk/news/uk-england-30660797>

At the same time as the ambulance service is facing increasing demand, there is a decreasing demand for firefighters to fulfil their traditional role of fighting fires. The key mission of most fire and rescue services is to protect the community and firefighters who are highly skilled in emergency situations are the logical ally of the ambulance trusts to alleviate their mounting pressure. The Knight Review asserted that 'firefighters should support the ambulance service by taking on some casualty care'<sup>33</sup> and this does appear to be the logical next step.

In addition to this, in many rural areas the FRS, and particularly retained firefighters within the service, are often the best placed to respond to emergency situations, as they can attend an incident faster than some paramedics, both because the ambulance service is in high demand but also because of the more rural location of many fire stations, whereas ambulance bases are generally located more centrally.

Many of those that we spoke to throughout the research were enthusiastic about co-responding with the ambulance service and many FRSs have either implemented or are beginning to implement co-responder schemes. However, this has been left to local services to work out amongst themselves, and this in turn means that implementation is often reliant on good relationships between a local fire and rescue service and other emergency services. Whilst central government could certainly make this process easier, the success of this will ultimately be down to local relationships.

## CHALLENGES TO CO-RESPONDING

There are, of course, a number of challenges that need to be overcome. These tend to fall into organisational (practical) challenges and other more cultural in nature. These are outlined below:

**ORGANISATIONAL CHALLENGES:** there are huge differences between the provision and structure of different emergency services, which can be a barrier to collaboration. For instance, few ambulance and fire and rescue

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<sup>33</sup> Knight, K. (2013), *Facing the Future*, p. 38-9, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/200092/FINAL\\_Facing\\_the\\_Future\\_\\_3\\_md.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200092/FINAL_Facing_the_Future__3_md.pdf)

services are geographically coterminous and each part of the country comes with its own specific service requirements. The need to align boundaries and negotiate exactly which calls the fire and rescue service will cover can hinder early co-responding efforts. Another strategic challenge to collaboration is navigating the variation in governance structures found between ambulance and fire and rescue services. However, the quality of the operational delivery of co-responding is not dependent on its governance structure, and therefore any changes at a board level will not directly affect this.

However, without strong management that actively aligns cross-sector priorities and strategies, co-responding schemes are less likely to happen and very unlikely to flourish. Partnership working requires a capacity to engage with these differences and embrace a certain degree of flexibility. Without strong, honest and open relationships between leaders, cross-sector partnerships will fall or stall at the smallest hurdle. Ultimately, however, as Hampshire FRS has proved (Case Study B), it is possible to work around these issues and co-respond successfully for better outcomes. Recognising the difficulties of initiating cultural change, it is important partnership schemes start small (as they did in Hampshire), through a limited pilot, and expand. Proving what works before it is replicated on a wider scale leads to greater faith in the project and a more natural progression to a full roll-out.

**CULTURAL CHALLENGES:** the relationship between fire and rescue and ambulance services at a national level in particular has not always been good. FRS criticism of ambulance work, such as their roundly rejected proposal to take over the ambulance service entirely,<sup>34</sup> has resulted in understandable reluctance when the latter has been approached about collaboration. In light of this, it is important that the FRS clearly state that the aim for them is to support more cost-effective, better ambulance provision and not to replace the whole service. Practical changes such as developing joint training initiatives or attending regular meetings such as the Health and Wellbeing Boards can make joint working much easier. But, in addition to this, a number of those we interviewed stressed the importance of informal

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<sup>34</sup> BBC (2010), *Fire brigade proposal to run England's ambulance service*, available at: <http://www.bbc.co.uk/news/uk-11444927>; AACE (2010), *Fighting the Fire*, available at: <http://aace.org.uk/wp-content/uploads/2011/11/Fighting-the-Fire-article.pdf>

meetings or socialising after meetings. Successful partnerships are not just built on correct procedure and process but when both sides trust each other and are confident of each other's aims and objectives.

Culturally it can also take time for the FRS workforce to recognise co-responding as a key part of their wider social mission to serve the community, rather than simply an add-on to their responsibilities. Equally, it takes time for ambulance services to have enough confidence in the FRS for co-responding not to be a system of duplication. Key to any successful partnership is recognising the mutual benefits to both parties as well as the clear benefit to the public. At an operational level, the Fire Brigades Union has long expressed objections to firefighters taking on further responsibilities as co-responders. However, at its 2015 conference, the FBU backed emergency medical response work for the first time, recognising its potential to form a positive part of firefighter duties. This paves the way for co-responding, as well as broader community intervention programmes, to become common practice across England.<sup>35</sup>

## THE WAY FORWARD

In terms of collaborating with other emergency services, co-locating and the sharing of back-offices is almost certain to lead to efficiencies. However, collaboration needs to go much further. In terms of co-responding, due to the perceived different nature of the work of the police, both by firefighters and crucially by the public any co-response would not be advantageous to fire and rescue services, and in fact could potentially damage any work that the FRS could do to work on the prevention agenda that was explored in the previous chapter. There are, of course times and places where co-responding with the police can work and this report in no way recommends that these should not be explored.

However, the focus should be on supporting and alleviating some of the capacity issues faced by ambulance trusts and, also, crucially fulfilling the FRS pledge to help protect their communities. The national legislation on

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<sup>35</sup> FBU (2015), *EC Policy statement: Firefighters and response to medical incidents: conference 2015*, available at: <http://www.fbu.org.uk/resources/ec-policy-statement-firefighters-and-response-to-medical-incident/>

what a fire and rescue service is required to do does specifically mention fire, but is very general. Individual firefighter's roles place the emphasis on protecting and saving life rather than specifically fighting fire.<sup>36</sup> These now need to be interpreted more widely.

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<sup>36</sup> National Joint Council for Local Authority Fire and Rescue Services (2005), *Fire and Rescue Services Rolemaps*, p. 4, available at: [http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=326723e9-8192-4798-89bb-d152fb05fa5f&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=326723e9-8192-4798-89bb-d152fb05fa5f&groupId=10180)

# CASE STUDY B

## HAMPSHIRE FRS: CO-RESPONDING

*Hampshire Fire and Rescue Service (HFRS) has been co-responding with South Central Ambulance Service (SCAS) to attend emergency medical calls and provide assistance to the ambulance service in the Hampshire area since 2004. This was in part a response to the 2002 Bain Review which recommended extra medical training for firefighters. But the decision also reflected a desire from HFRS to become the 'best fire and rescue service in the country'. HFRS now protect and saves more members of the public than ever before, with co-responding call numbers higher than fire emergencies. 40 per cent of all UK co-responding calls are made in Hampshire. The ethos at HFRS is to serve the whole community in whatever way they can, which may not be exclusive to their core business of fire. The aim of co-responding in Hampshire is to reduce demand on the ambulance service and to utilise surplus capacity in the fire and rescue service. In order to deliver this HFRS have built and maintain a positive supportive partnership with SCAS which is a crucial factor in developing a successful scheme.*

*Approximately 50 per cent of Hampshire firefighters are 'on call' retained staff who are stationed in the more rural areas of Hampshire, with access to remote areas of the county. Because of this it was felt that they were better placed to respond more quickly to some emergency situations than the ambulance service that was located further away. Co-responders are operating at 19 fire and rescue stations throughout Hampshire and respond to approximately 10,000 medical emergencies every year.*

*Calls to the ambulance service are triaged through NHS Pathways and these vary from life threatening calls where an ambulance or responder is required on scene within 8 minutes through to lower grade emergency calls which have a response time from 30 to 60*

*minutes. Co-responders answer all categories of emergency calls on behalf of the ambulance service; however they are seen as an essential part in delivering lifesaving treatment to the more serious calls where they can administer lifesaving treatment ahead of the arrival of the ambulance.*

*Co-responders are firefighters who receive additional medical training with an initial induction, specific training in basic life support, and regular re-assessments take place every six months. One particular aspect that has made this scheme such a success is that co-responders respond in a dedicated vehicle not a fire engine or ambulance, which has positive implications both for speed and cost to both services. Co-responders are lone workers and access support from both organisations. This ensures an immediate response to all emergency calls.*

*For HFRS, expanding firefighters' capacity through co-responding is cost-neutral. Rather than a form of income generation, co-responders are paid by HFRS and all costs are recovered from SCAS on a 'pay as you go' per medical call-out model. Furthermore, the equipment used by co-responders, for example, defibrillators, bandages and first aid equipment is provided by SCAS, meaning that HFRS do not have any additional costs associated with the extra responsibilities of co-responding.*

*For SCAS, each emergency call-out they attend requires a double-manned ambulance at a cost of £285 each time. Having co-responders reach a casualty first not only improves the chances of saving the casualty from a life threatening situation through improved response times, but can also reduce unnecessary use of ambulances which can be deployed to casualties in desperate need of a paramedic as opposed to basic life support. For both services, co-responding is a cost-efficient measure to improving responses to medical emergencies.*

## 4 ACHIEVING GREATER EFFICIENCY

The FRS, as with many other public service organisations, has suffered from budget cuts over the last few years. The overall reduction in central government funding has been 22.5 per cent from 2010/11 to 2014/15.<sup>37</sup> However, the impact of this depends greatly on the proportion of income a FRS derives from council tax, which varies from 30-70 per cent.<sup>38</sup>

The Knight Review pointed towards a number of different ways that an FRS could find efficiencies. Costs per head of population vary widely across different areas, and if the more expensive FRSs all brought their spending down to the average, this could save as much as £196 million per year.<sup>39</sup> There could be more money to be saved from efficiency, but these measures need to be reviewed and implemented on an individual FRS basis.

Some have proposed the more radical option of reducing or even eliminating England's 46 fire and rescue authorities, replacing them with much larger units or a single national service as was carried out successfully in Scotland in 2012. Throughout our research there was a consensus in the FRS community that there are too many services and that savings could be made through mergers while outcomes also improved. However, there is no consensus about the right number of services and only two English FRSs (Devon and Somerset) have formally merged, with plans for Wiltshire and Dorset to merge by 2016.

In this chapter we will outline the advantages of mergers and closer collaboration between FRSs, the challenges and the barriers that have hampered progress and, finally, we will give a possible vision for the future that incorporates the advantages of larger scale organisations whilst ensuring that local knowledge and autonomy is not lost.

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<sup>37</sup> LGA (2013), *Fire Future Funding report*, p. 8, available at: [http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=c64aa469-96ff-47e0-8982-a94e3aaf80d6&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=c64aa469-96ff-47e0-8982-a94e3aaf80d6&groupId=10180)

<sup>38</sup> Ibid

<sup>39</sup> Knight, K. (2013), *Facing the Future*, p. 24, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/200092/FINAL\\_Facing\\_the\\_Future\\_\\_3\\_md.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200092/FINAL_Facing_the_Future__3_md.pdf)

As noted by the Knight Review the sole driver for mergers in England seems to be the efficiency opportunities it would free up.<sup>40</sup> These savings could be achieved in a number of ways:

- **SHARED BACK OFFICE:** there are many ‘back office’ functions that can be shared, both in terms of a reduced number of staff in a management role and also getting better value for money by grouping together for bulk purchase. For instance many FRSs have to carry out HR, payroll, legal and pension administration functions (although in some cases this is performed by a county council). These do not necessarily have to be carried out separately and a significant amount of money can be saved by sharing services (as demonstrated by the Local Government Association’s Shared Services Compendium).<sup>41</sup>
- **SHARED PROCUREMENT:** collaborating on all aspects of procurement can save money as well as time. Not only can working together mean that the FRS can buy cheaper fire specific equipment through collective buying power, but they can also learn from each other the best way to design, commission and evaluate services. Currently, fire and rescue services can buy identical kits at costs varying up to 200 per cent.<sup>42</sup> Even using the same suppliers or contracts can result in wide ranging variation in costs. Collaborating or merging with other FRSs means that collective knowledge can be used to ensure that the best contracts are assured.
- **SHARED TRAINING:** collaborating for training purposes can reduce the cost of providing training and the facilities needed as it reduces unnecessary duplication. In addition to this, however, there is also increased standardisation and thus interoperability between fire and rescue services. This is particularly useful if they need to work together across FRS boundaries.

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<sup>40</sup> Ibid, p46

<sup>41</sup> LGA (2015), *National map of shared services 2015*, available at: <http://www.local.gov.uk/shared-services-map>

<sup>42</sup> DCLG (2014), *Fire and Rescue Procurement Aggregation and Collaboration*, p. 6, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/288936/Procurement\\_research\\_report\\_FINAL\\_-\\_comms.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/288936/Procurement_research_report_FINAL_-_comms.pdf)

- **SHARED KNOWLEDGE:** what is striking about the FRS in England is that, with the exception of professional organisations such as CFOA (Chief Fire Officers Association) or the peer reviews carried out by the Local Government Association, there is no national organisation that shares knowledge and advises FRSs. However, collaborating with other FRSs would inevitably lead to increased knowledge sharing and learning from each other. While local challenges can differ by authority, FRSs do still have much in common and experience similar difficulties be they operational or organisational.
  
- **SHARING CREW:** in some areas greater collaboration has led to better outcomes. For example, in Scotland the Highlands and Islands FRS area was populated by only 280,000 people but covered over 12,000 square miles and was struggling to even deliver its minimum statutory duties. Now that Scotland has become a national authority, capacity can be more strategically distributed, so that areas such as this are seeing improved service delivery, as officers can be moved there from other areas when necessary.<sup>43</sup>

Despite all these advantages however, the Knight Review rightly identified that there is little appetite for voluntary mergers among FRSs.<sup>44</sup> There are enough barriers to make the process long-winded and complex. For instance, neighbouring services may cover vastly different terrain. A service which operates in a rural area will have different priorities and perhaps training and equipment than a neighbouring urban FRS. The two might operate under very different governance models, with one part of a county council and another free standing.

Our case study of the merger of Devon and Somerset FRS (Case Study C) looks at how some of these issues were overcome. Particularly helpful was the creation of a dedicated project team and shadow authority as part of the merger. This included staff from both organisations working together under a common governance regime to tackle the complex preparations. Beyond

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<sup>43</sup> The Scottish Government (2011), *Reform of the Fire and Rescue Service in Scotland: Outline Business Case*, p. 17, available at: <http://www.gov.scot/Resource/Doc/358102/0120994.pdf>

<sup>44</sup> Knight, K. (2013), *Facing the Future*, p. 8, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/200092/FINAL\\_Facing\\_the\\_Future\\_\\_3\\_md.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200092/FINAL_Facing_the_Future__3_md.pdf)

the organisational benefits, the time and effort taken to prepare the staff within both Services also helped to forge a new organisational culture within the merged service whereby 'internal politics' did not become a major issue.

The fact that mergers tend to reduce management posts does not endear them to many senior officers in the FRS. While many can see the benefit of a streamlined FRS, it is, in the words of one chief fire officer, a bit like 'turkeys voting for Christmas'. Objectively you may be able to see the benefit, but if it is your job on the line you will probably take a different view. One interviewee felt that there are too many 'controlling minds' for mergers to work. Leadership and political buy-in are therefore essential. Mergers can bring suspicion from councillors over the prospect of less political influence as individuals and less power following the merger. Ideally, as in the case of Devon and Somerset, the idea for a merger will be driven from the highest level, with a strong commitment from leaders to do what is in the best interest of their communities.

## THE WAY FORWARD

Organisational and operational considerations both need to be considered when thinking of the optimum scale for the fire and rescue service.

Organisationally, a national FRS would seem intuitive, especially when looking at all the advantages to be gained from collaboration and sharing services. With a national FRS, back office could be shared, procurement could be cheaper, as would training, and local FRSs would have a knowledge sharing hub. However, operationally with a national FRS comes the very real possibility that local knowledge and relationships will be lost. If FRSs are to work on the health and social care prevention agenda in their local areas and tailor their service to the specific needs of their community, they will need a level of local autonomy over their own operations and priorities.

Mergers on a regional scale have previously been mooted, but we do not feel this is the right way forward. It would neither achieve the economies of scale possible by merging these functions at a national level, nor would it have strong enough ties to local communities to be as responsive as possible to wider social need.

In addition, while regional mergers may have some advantages, such as making working with the ambulance service simpler, working with local councils and community intervention would be made more complicated. As FRSs move towards working in much closer partnership with other local service providers, they need the ability to be flexible and work closely with local partners, which they could not achieve at a regional level.

We propose exploring the option of a national organisation that would create efficiencies of scale by bringing together services such as back office functions of local FRSs and also act as a knowledge hub, linking individual FRSs together. DCLG could provide upfront seed capital to get this started but ultimately it should be owned jointly by the FRSs as a mutual to give them all a stake in its success. There would, of course, be challenges such as disaggregating contracts, but as when public health moved from the NHS to local government in 2013, these difficulties can be overcome. Over time this national body would become increasingly beneficial; as more and more contracts end they will be repurchased through the national organisation ensuring both increased savings and a greater pool of joint knowledge.

However, it is also vitally important that current local FRSs are maintained on a similar scale to the present day. If the FRS is to take on a more integral community role, it will be important that a strong local perspective and local autonomy is maintained. With this model local FRSs could be strengthened and become more financially sustainable. Individual FRSs could still potentially merge if they felt that they could provide better outcomes this way, but a merger would not be essential for financial savings.

# CASE STUDY C

## DEVON AND SOMERSET FRS - MERGER

*In April 2007, Devon Fire and Rescue Service merged with Somerset Fire and Rescue Service to become Devon and Somerset Fire and Rescue Service, the first voluntary merger in the UK. The primary aim of the project was to increase the capability and capacity of both FRSs as well as to make efficiency savings.*

*The project began with an outline business case, developed with support from a third party organisation, to ascertain what the two fire and rescue services would most benefit from: maintaining the status quo; collaborating more closely; or undergoing a fully-fledged merger. The result of the outline business case option appraisal was that both authorities had similar managerial and political motivations and thus a merger was considered highly likely to be successful. Both authorities agreed on the proposal for a full combination of Devon Fire and Rescue Service and Somerset Fire and Rescue Service and formally approached ministers within DCLG to complete a Combination Order.*

*An important part of national and local lobbying was to iron out the technicalities of the merger with MPs and local politicians. One particular technicality was the need to implement a council tax equalisation across both authorities, whereby residents in Somerset experienced a minimal increase and residents in Devon experienced a minimal decrease in their council tax payments. This was managed by working closely with the Department for Communities and Local Government.*

*There have been a number of benefits to the merger including financial savings and increased capacity:*

**Financial savings:** *A number of cost savings have been made as a direct result of the merger, most notably through a standardised approach to procurement. This allows the new service to make more*

*effective contractual decisions, for example through rationalising and consolidating spending on framework agreements for vehicles and equipment, as well as putting in place new contracts that were more cost effective. Further financial savings have been achieved by reductions in staff numbers, mainly through increased flexible working and 'natural turnover' as opposed to compulsory redundancies. The service has been streamlined over a number of years to have a significantly smaller senior management team, fewer area managers as well as back-office savings, such as licensing and training.<sup>45</sup> Furthermore, the combined service has delivered greater capacity and capability resulting in higher standards of professional support functions and improved performance.*

**Increased capacity:** *The combined service has set up a commercial trading company to increase income generation from commercial activities, notably through the development and expansion of the existing operational training programme. This income is used to improve service delivery and develop greater financial and operational resilience, as well as other benefits like improved training opportunities in more areas, greater specialist training opportunities and lower staff turnover. After its first year of trading in 2010-11, the company achieved a turnover of £1 million. Overall, the development of a combined FRS across Devon and Somerset has delivered improved capability and resources, which have enabled more invest-to-save opportunities.*

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<sup>45</sup> LGA (2012), *Services shared: costs spared? Appendix 3*, available at: [http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=b66ed203-6c21-4486-9ce8-18c4ef001e49&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=b66ed203-6c21-4486-9ce8-18c4ef001e49&groupId=10180)

# 5 CONCLUSION AND RECOMMENDATIONS

The FRS in England is changing. Successful fire prevention work has led to a reduction in the number of emergency call-outs. While the FRS must continue to prioritise and budget for any emergencies that occur as well as continuing prevention activities, we have argued that, given this skilled work, and in particular the trusted brand of the FRS, they should extend their prevention work to community wellbeing. As noted by the recent LGA report *Beyond Fighting Fires*, 'the comprehensive access of the fire and rescue service to the public means they have a unique ability to provide critical interventions, promote health messages and refer citizens to appropriate services'.<sup>46</sup>

First and foremost the FRS in England needs a clear vision for the future from central government. There are so many options being discussed that it is difficult for the 46 FRSs to make any decisions about their priorities for the future. The optimum size of the service; whether they co-respond with other emergency services; or if they continue to broaden their prevention and community intervention remit are all questions dependent on the future plans for the FRS and ultimately what its overarching vision is. The longer these decisions are put off, the more disparate all of the individual FRSs will become, which will in turn make any joint future direction difficult to agree upon.

With this in mind, this report has outlined a clear vision for the FRS that sees it as an integral part of local public services and uses their skills around prevention and early intervention to facilitate the delivery of health and social care. There are a number of mechanisms that would help to achieve this overall vision:

- **Community Intervention:** in general, the FRS' aims are not fire specific, but rather to ensure the wellbeing and safety of the places they serve. We want to see this vision and understanding of the

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<sup>46</sup> LGA, *Beyond fighting fires*, (April 2015). See: [http://www.local.gov.uk/documents/10180/5873002/L15\\_149%20Fire%20case%20studies\\_v07\\_40928.pdf/0dde8780-9c60-4a31-8f59-cd6c6594f6e7](http://www.local.gov.uk/documents/10180/5873002/L15_149%20Fire%20case%20studies_v07_40928.pdf/0dde8780-9c60-4a31-8f59-cd6c6594f6e7)

FRS' broader remit enshrined at every level of understanding. Early intervention work within the community would fulfil these aims, but there has to be a vision to underpin the delivery of these services. In order for this to work, we recommend the following:

- The government should rewrite legislation to enshrine the vision of FRSs as organisations of community safety and wellbeing. At present community intervention work is being done in an ad-hoc manner. If this vision is written into the very purpose of what we as a nation see the FRS as being it will help to cascade this understanding to staff and the wider public.
- Local FRSs should use the local Joint Strategic Needs Assessment (JSNA) to look at how they can support health and wellbeing in their areas. They should actively develop partnerships with counterpart public services such as councils, and ambulance and police services to look at how they can support their work.
- For the FRS to be as effective as possible within the community, it is essential that they have access to key data that would allow them to identify residents who are at risk in order to intervene early with a solution. Government could help by creating a cross-public sector duty to share data.
- **DCLG should explore the possibility of a national organisation that would create efficiencies of scale by bringing together services such as back-office functions of local FRSs and also act as a knowledge hub, linking individual FRSs together.** DCLG could provide upfront seed capital to get this started but ultimately it should be owned jointly by all FRSs as a mutual to give them all a stake in its success. This would begin to provide standardisation to the service throughout England. Crucially, however, while we recommend a national organisation in order to make savings and disseminate information, it is vitally important that **local FRS front line services are maintained on a similar scale to present day.** If the FRS is to take on a more integral community role, it will be important that a strong local perspective and autonomy is maintained. This national organisation would centralise

and deliver more efficient back-office functions, freeing capacity and resources for FRSs to work in imaginative ways that suit their locality. We accept that this is a vision for the future and delivery will be complex. However, we believe that this will result in both overall savings and also the benefits that come from pooled knowledge.

- **Collaborate with other emergency services:** the FRS should collaborate with other blue light services. Where similarities exist and co-location and other organisational efficiencies are appropriate, this should be possible. However, co-responding is more complicated. It is important that the emergency services are not viewed as the same just because they are all 'blue light services'. Who with and when the fire and rescue service co-respond should be dependent on what they want to achieve. The FRS has a strong, trusted brand, and it is important that co-responding does not affect the trust that the public have in them. Used properly, the trust invested in the FRS, particularly in communities facing disadvantage, combined with the firefighters' skills on the prevention agenda could make a huge difference to public health, the delivery of social care and other societal issues. However, for this to happen it is essential that the FRS' distinct brand is maintained. At the same time, there are important opportunities for the FRS to support both the ambulance service and the police:
  - Police service – there is fairly limited scope for frontline collaboration with the police service on crime issues. The FRS is far better placed to work on the prevention agenda with the police and integrate this into health and social care, for instance concerning mental health issues. It is particularly important to maintain a distinction between the police and the fire service when responding to criminal incidents.
  - Ambulance service – co-responding with the ambulance service has been successful in many areas and has not only helped to reach targets, but more importantly has helped to save lives. The FRS has been proven to be successful and improved outcomes at both urgent and non-urgent call-outs. Co-responding with the ambulance service should continue as far as possible.

# CHIEF FIRE OFFICERS ASSOCIATION

Originally founded in 1947, the Chief Fire Officers Association (CFOA) is a membership association and a registered charity. We are not a trade union, but rather the professional voice of the fire and rescue service. CFOA members are drawn from all UK Fire & Rescue Services (FRSs) representing the senior executives and managers of the Service, and we can count every UK fire and rescue service among our professional partners. Through the work of its members the Association supports the Fire and Rescue Services of the UK in their aspiration to protect the communities they serve and to continue to improve the overall performance of the fire sector. CFOA provides professional and technical advice to inform national fire policy.

If you would like more information on CFOA or its work, please contact John Beckerleg, the association's Director of Supporting Services, at [John.Beckerleg@cfoa.org.uk](mailto:John.Beckerleg@cfoa.org.uk)



**CFOA**  
Chief Fire Officers  
Association





**The fire and rescue service (FRS) has a critical choice to make about its future. Severe budget cuts in the Revenue Support Grant and limitations on council tax income are eating into the service's capacity, leaving an estimated total shortfall for all services of £600 million by the end of the decade.**

At the same time, there has been a steady fall in the number of fires, but expenditure and firefighter numbers have not fallen to the same extent. This has opened up questions about the purpose and future focus of the FRS. What is the service for, if not putting out fires? This report attempts both to answer that question, and to outline how the FRS might change to achieve a more sustainable and effective future.

***Supported by:***



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