

Tackling Inequalities in Greater Manchester

18th January 2017

Area Manager Paul Etches Head of Prevention



Changing Role of a Firefighter – 'Latent Capability'?





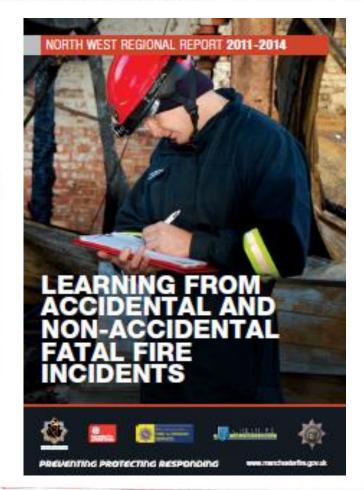


Performance - Response Activity

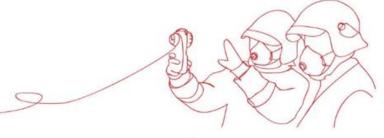
Incident Type	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
Accidental Dwelling Fire	3522	3525	3727	2833	2664	2461	2429	2331	2268	2124	2080	1978	2106
Fatal Fires (Primary)	25	23	35	29	24	24	21	18	20	21	17	12	20
Delibarate P <mark>rimary Fires</mark>	7980	6346	5940	5249	4414	3738	3289	2561	2274	1693	1575	147 9	1580
Malicious Ca <mark>lls Attended</mark>	4136	3340	2632	1406	1203	922	726	667	708	866	776	669	713
UWFS (FADAs)	13999	14282	13183	14625	13485	11582	7382	6480	5820	5372	4912	<mark>472</mark> 3	5071
Special Servi <mark>ce Calls</mark>	6484	6339	5534	5793	5037	4810	4513	4296	3860	4087	3849	3758	6852
Secondary Fires	20952	13899	14835	15904	14300	11581	11186	11771	9707	7005	8519	7005	7359













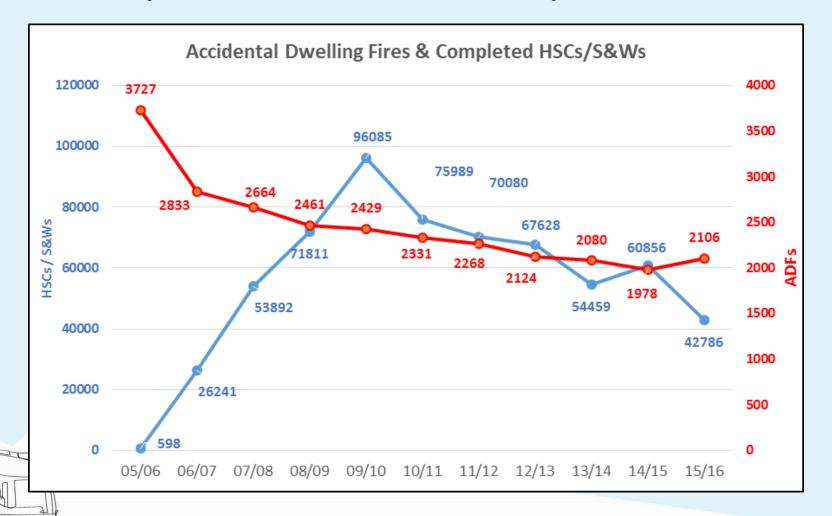
Why Safe and Well?

Fire Risk Factors

Accidental Fire Death Contributory Factors											
Contributory Factors	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	7 Year Total			
Alcohol	6	2	6	6	5	8	5	38			
Recreational Drugs	0	0	2	0	0	3	1	6			
Living Alone/Alone	4	4	7	6	8	11	5	45			
Smoking Materials	10	4	4	4	3	7	5	37			
Physical Disability	3	3	2	5	5	10	5	33			
Social Service	4	1	6	3	5	6	6	31			
Prescribed Medication	3	1	6	4	6	12	7	39			
Mental Health	3	3	4	0	1	1	4	16			



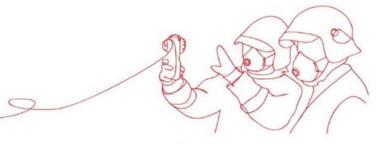
Impact of Home Safety Checks





Key Principles

- We recognised that we must deal with the new financial reality...
- We wanted to keep Firefighters safe
- We wanted to keep the Public safe...But!
- We also wanted to continue to reduce fire damage and the cost of fire...
- So the only way we could do this was by embracing, adapting or adopting new technology
- ...and by changing fundamentally our approach to safety in the home and our wider community role





Community Risk Intervention Teams



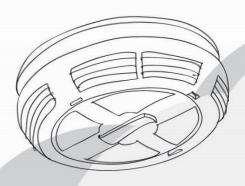
Response

- Cardiac Arrests
- Other Red 1 Calls
- Falls in the Home
- Concern for Welfare

Prevention

- Wider Approach than HSC
- Fit Wide Range of Risk Reduction Equipment
- Refer to Specialists





Embedding Community Risk Intervention Operational Response

Response







- Cardiac Arrests
- Concern for Welfare

Prevention

- Safe and Well Visits
- Brief Interventions
- Refer to Specialists in Health and Social Care or GMFRS



Embedding Community Risk Intervention Community Safety Advisors

Response

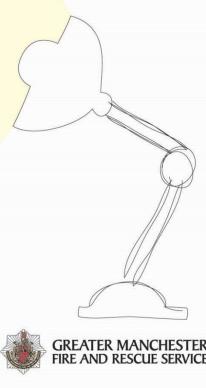




- Red1 Calls?
- Falls in the Home?

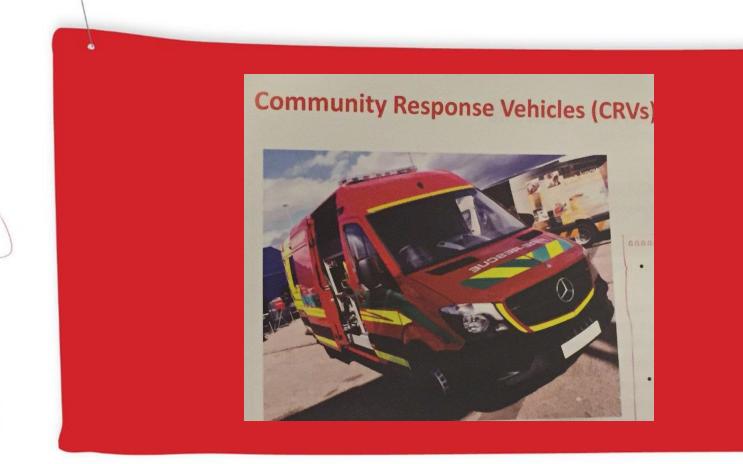
Prevention

- Safe and Well Visit
- Fit Wide Range of Risk Reduction Equipment
- **Brief Interventions**
- Refer to Specialists in Health and Social Care





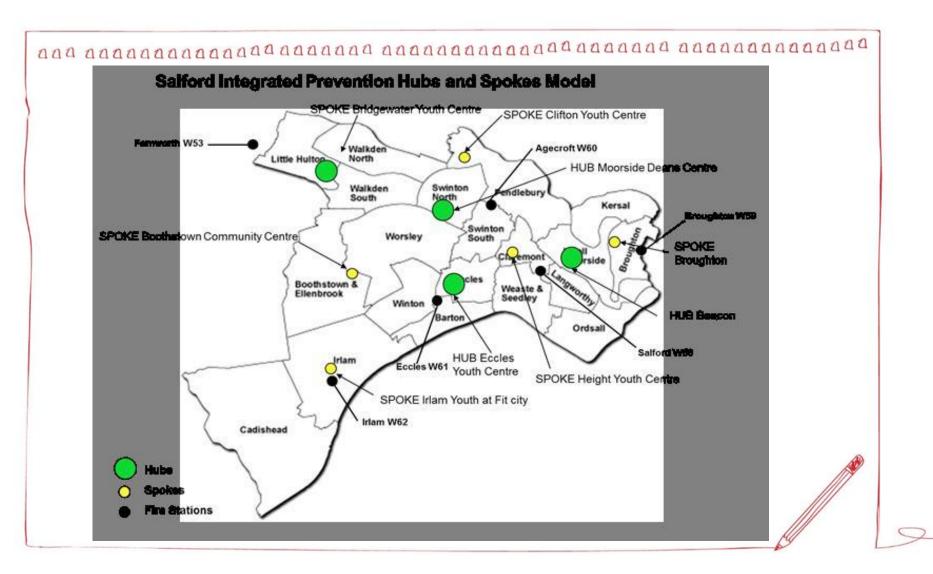
Community Response Vehicles



Investment in up to 13 bespoke vehicles – 6 rolled out 2017

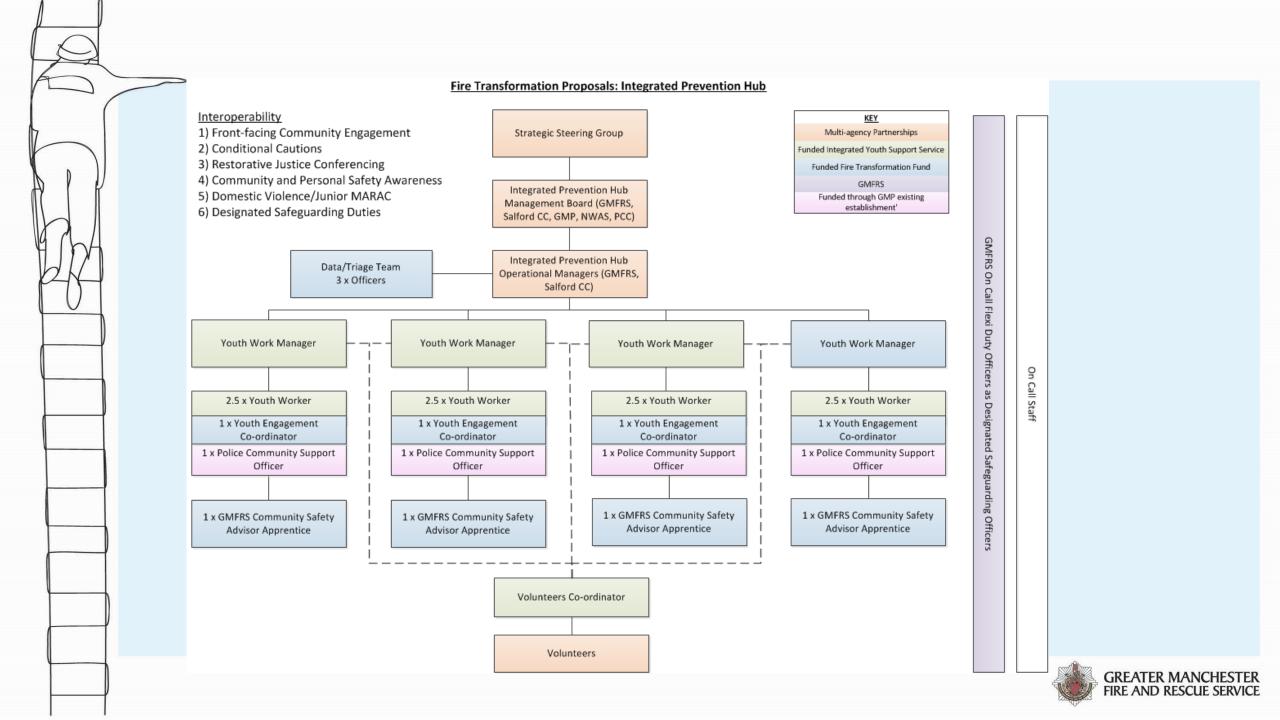


Salford Integrated Prevention Hubs









Self Development/ Progression Routes

- Volunteering
- Structured Work Experience
- Traineeships
- Apprenticeships (Trailblazer)
- Employment Opportunities





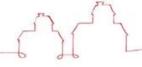


Youth Engagement Offer



- Schools Education at Key Stage 2
- Fire Smart: Fire Setter Intervention Scheme
- Alternative Curriculum:
- FireFly
- Fireteam
- Extra curricular Programmes:
- Community Fire Cadets
- Borough Initiatives

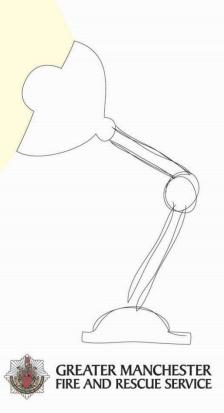






Safe and Well (CBA)

- Concentrating on the main contributory factors of:
 - Alcohol
 - Smoking materials
 - Mental health
 - Recreational drugs
 - Living alone
 - Physical disability
 - Prescribed medication
 - Falls
- Home Safety Checks have been built upon in Safe and Wells which are both viable fiscally and valuable economically
- The overall fiscal cost-to-benefit ratio of Safe and Well is 1:2.52
- Multiple agencies benefit from Safe and Well
- Benefits relating to referrals to other agencies cannot be calculated at present as their impact can often take months, if not years, to come to fruition
- There are a wide range of social benefits generated by Safe and Well that are not fiscal in nature and are difficult to attribute to any one agency due to their nature



Cardiac Arrest Response (CBA)

- Gross fiscal saving to the public purses of £5,188,000 over five years.
- Represents a cost-to-benefit ratio of approximately 1:6, for every £1 invested, £6 is saved.
- 86% of this benefit will be experienced by CCGs (improved secondary care outcomes, reactive cost savings will amount to approx £892,000 per annum over five year)
- 14% of this benefit will be experienced by NWAS (in the form of a 'per call-out' demand reduction and duration of total on-scene time and it is estimated that gross reactive cost savings for NWAS will amount to approximately £146,000 per annum over five years)
- 63 lives saved annually.
- 77 people given 'good' neurological outcomes.
- 8 minute reduction in average total on-scene time for ambulances.





SIPH (CBA) Salford Model

- The CBA suggests that the SIPH programme is viable fiscally and valuable economically.
- For every £1 spent on the SIPH programme, partners as a minimum are will reap £1.69 in benefits (in year and recurrent) through demand reduction.
- Substantial potential to improve the well-being of individuals and families: with an equivalent £14m in public value benefit accruing as a result.
- £2m equivalent fiscal benefits accruing to the various partners from the programme over a five year period, £1.5m relates to the reductions in crime and criminal incidents committed by the cohort since their first engagement with SIPH.
- De-escalation in child safeguarding need (which equates to a £90k fiscal benefit to Salford City Council) and £74k benefits from a skills and employment perspective.

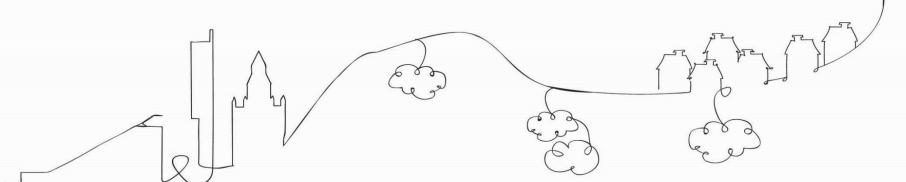




The Future – One Greater Manchester Emergency Service?







'To save, protect and improve the lives of the people in Greater Manchester'

Thank you

Paul Etches
Head of Prevention
etchesp@manchesterfire.gov.uk



