Lincolnshire
COUNTY COUNCIL
Working for a better future

County Offices
Newland
Lincoln
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11 September 2017

Public Protection and Communities Scrutiny Committee

A meeting of the Public Protection and Communities Scrutiny Committee will be held on **Tuesday, 19 September 2017 at 10.00 am in Lecture Room 4, Emergency Planning and Business Continuity Centre, Lincolnshire Fire and Rescue Headquarters, South Park Avenue, Lincoln, LN5 8EL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

Tony McArdle
Chief Executive

Membership of the Public Protection and Communities Scrutiny Committee (11 Members of the Council)

Councillors N H Pepper (Chairman), A N Stokes (Vice-Chairman), B Adams, W J Aron, C J T H Brewis, R D Butroid, K J Clarke, C R Oxby, Mrs C L Perraton-Williams, L Wootten and R Wootten

PUBLIC PROTECTION AND COMMUNITIES SCRUTINY COMMITTEE AGENDA
TUESDAY, 19 SEPTEMBER 2017

Lincolnshire
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PUBLIC PROTECTION AND
COMMUNITIES SCRUTINY
COMMITTEE
25 JULY 2017

PRESENT: COUNCILLOR N H PEPPER (CHAIRMAN)

Councillors A N Stokes (Vice-Chairman), B Adams, C J T H Brewis, K J Clarke, L Wootten, R Wooten, Mrs J Brockway and M A Whittington

Councillors: W J Aron, R D Butroid, C N Worth and B Young attended the meeting as observers

Officers in attendance:-

Nick Borrill (Chief Fire Officer), Louise Egan (Library and Heritage Client Lead), Nicole Hilton (Chief Community Engagement Officer), Daryl Pearce (County Manager Public Protection), Donna Sharp (County Service Manager (Registration, Celebratory & Coroners Services)), James Sharples (Transition Manager), Daniel Steel (Scrutiny Officer) and Rachel Wilson (Democratic Services Officer)

6   APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs C L Perraton-Williams.

7   DECLARATIONS OF COUNCILLOR'S INTERESTS

There were no declarations of interest at this point in the meeting.

8   MINUTES OF THE MEETING HELD ON 13 JUNE 2017

RESOLVED

That the minutes of the meeting held on 13 June 2017 be signed by the Chairman as a correct record.

Some queries raised during consideration of the minutes included the following:
- In relation to the report from a previous task and finish group on the relationship with town and parish councils, it was noted that this had been passed to Bev Finnegan to follow up. One member also commented that LALC was very keen to maintain the close working relationship with the County Council and this had been conveyed to the Leader. Members were also advised that there was a piece of work in place with the community engagement team on this subject, and there was already very close liaison but there was a need to look at how best the County Council could help and

advise town and parish councils. It was confirmed that a report would come back to the Committee in due course.

- It was queried whether there was any feedback in relation to the fatal collision, and it was confirmed that Councillor L Wootten had been approached by highways officers following the meeting.

- It was queried whether street lighting would be coming back to this Committee from a community safety point of view. Members were advised that a report was likely to go to Overview and Scrutiny Management Board as it would be of a cross cutting nature. Officers would enquire about whether there was any merit in bringing the report to this Committee from a public safety perspective. One councillor commented that it was her understanding that the police representative would bring a report back but 12 months of data was required.

9   ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLORS AND CHIEF OFFICERS

There were no announcements by the Chairman, Executive Councillors or Chief Officers.

10   QUARTER 4 PERFORMANCE REPORT (1 JANUARY TO 31 MARCH 2017)

The Committee received a report which provided performance and customer satisfaction information for Quarter 4 2016/17 relevant to Public Protection, Lincolnshire Fire and Rescue and Libraries and Heritage as set out in the Council's Business Plan.

Members were guided through the performance information and were provided with the opportunity to ask questions to the officers present in relation to the information contained in the report and some of the points raised included the following:

- It was known that incidents of domestic abuse were under-reported, but the numbers reported were in line with national statistics. It was highlighted that an increase in incidents reported would not necessarily mean there were more victims, but that more people were being encouraged to come forward. Work was being carried out to try and engage with the hard to reach groups.

- It was queried what publicity material there was on how people could confidentially report incidents of domestic abuse either towards themselves or friends and family. Members were advised that there were a lot of third party charities who could help in these situations, who would ask if they could have the authority to report the incident to the Police.

- It was queried whether there was a correlation between the number of police officers in an area and how safe it was, as Lincoln had been judged as the most unsafe place in the county, whilst North Kesteven was the safest. Members were advised that officers were not governed by district boundaries, but there were many factors for why Lincoln was considered more unsafe than other places including socio-economic factors, population density, having a night-time economy and there would always be a difference between urban and rural areas. It was also noted that when someone was arrested and taken

into custody in Lincoln, regardless of where the person was from, that would be included in Lincoln's figures. It was confirmed that there were more police officers in Lincoln, and that they would be deployed where the requirement was.

- Concerns were raised regarding elderly people living alone who may become victims of fraudsters and be too afraid to report it to the police, and it was queried how reporting of this could be encouraged. Members were advised that work was ongoing with the Police and Trading Standards. Information on this work would be forwarded to members of the Committee.

- Members were advised that Councillor R Wootten had been nominated as the Council's Domestic Abuse representative, whose role it was to ensure that the Council was supporting its staff. It was reported that there was an online training package, as well as face to face training available for staff in recognising and supporting victims of domestic abuse. It was suggested that all councillors should complete the online course.

- It was queried whether there was a reason for an increase in the figures of people killed or seriously injured in road traffic collisions between July and September. Members were advised that this was likely due to the increased volume of traffic on the roads during summer as it was the holiday season. It was noted that officers would drill down further into these figures to determine how many of the casualties were visitors to the county, as well as the geographical location of the collisions.

- Satisfaction with response to crime and anti-social behaviour – it was queried why this measure had not been achieved. However, members were advised that this figure had since increased to 59%, it was also noted that this measure covered the 'whole journey' so whilst there may be higher satisfaction with the initial response from the police, a person may then be disappointed with what happened in court. It was acknowledged that there was some work to be done in relation to managing expectations of what the outcomes may be. Concerns were raised regarding whether there was a risk that this figure would drop lower as people were encouraged to report crimes online, however, officers advised that they believed the opposite would happen as people would be able to track the progress of their report online.

- It was noted that the reporting of domestic abuse in South Holland and West Lindsey had increased, and it was queried why that was and if there was anything that other areas could duplicate. Members were advised that these areas did not have a different reporting method, but some of the support services were slightly different, but this should not affect the figures.

RESOLVED

That the performance information presented be noted.

11 UPDATE ON THE FIRE AND RESCUE RETAINED DUTY SYSTEM REVIEW

It was reported that in November 2016, Lincolnshire Fire and Rescue (LFR) presented a paper which laid out its Retained Duty System (RDS) Improvement Strategy. This Strategy established an action plan to respond to the national report

'A professional view of the Challenges for recruitment and retention in the Fire and Rescue Retained (on call) Sector' and also to the findings of an extensive local review of the RDS as it operated in Lincolnshire.

It was reported that Lincolnshire Fire and Rescue had 48 fire engines to respond to emergencies; 39 of these were crewed by personnel working the Retained Duty System (RDS) and represented 81% of the operational staff. RDS staff responded to emergency incidents on an "on call" basis and provided an effective and efficient community Service. Members were advised that the RDS review was one of the most important projects for the Service at this time, and the report built on the one which was presented in November 2016.

Members were advised that the action plan aimed to address 78 recommendations, grouped under 9 work streams, to improve the RDS and would be delivered in three phases with a target completion date of April 2018. It was noted that there were two work streams which had been put on hold which were the annual leave arrangements and the payment system, as these were interlinked.

The Committee received a demonstration of the RDS online training development system and an update on the recruitment pages on the website.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report, as well as the online demonstration of the system, and some of the points raised during discussion included the following:
- It was queried whether the training was an NVQ type qualification or just internal training. Members were advised that while the training did not provide an NVQ qualification, retained fire fighters are trained to a national operational standard.   It was also highlighted that the online learning was about maintenance and development of skills.
- It was noted that improvements had been made to the Fire and Rescue side of the LCC website so it was now more aimed at supporting RDS fire fighters and employers, including guidance documents for employers.
- It was confirmed that Fire and Rescue did have a cadet scheme which operated in several areas of the county, and young people could get involved from the age of 14. It was noted that this was an area which Fire and Rescue was looking to expand.
- Members were informed that there were 24 female retained fire fighters, which was around 6% of the total. It was noted that this was slightly above the national average for RDS firefighters. One of the aims of the project was to ensure the recruitment process was as accessible as possible to all members of the community.
- It was queried when the Service would be in a position to address work stream 9 – Payment System and also whether those who worked on a roster were more willing to be paid a salary. Members were advised that this was a complex area and officers were still unclear about the relative benefits of a salary system. The variance of pay would be fairly small per individual, but it was not certain that this would improve retention, and there was also an

ongoing debate at a national level regarding salary systems for RDS staff. More work would be done to look at increasing activity such as additional work around co-responding and medical services.

- It was queried whether rewarding personnel for providing day time cover had been explored, it was confirmed that it had been but it would bring issues of disproportionate pay for the same job, and a lot of the hours that people were available were due to an individual's lifestyle.

- It was commented that the co-responding by Fire and Rescue and LIVES added about 8-9% to EMAS's response times. However, it was suggested that the Joint Ambulance Conveyance Project (JACP) had been a victim of its own success as retaining staff was difficult as this was taking up more of their time. It was highlighted that systems were in place to manage availability on busy RDS stations as appropriate.

- It was queried how Fire and Rescue could get across the message to the large employers of the benefits of releasing their staff to become retained fire fighters, and also if there was anything that councillors could do to help. Members were advised that information was available on the website and would be circulated to the Committee.

- There was always a dilemma between needing to recruit more people and response times, as if the distance requirements were relaxed too much in order to widen the opportunities for recruitment, there would be an effect on performance and response times.

- In relation to 'hits' logged by the website, it was noted that the website was owned by the recruitment department, and they were able to collect the statistics. It was also noted that there were live Facebook feeds, where information on the number of people watching could be collected.

- It was noted that salary schemes for retained fire fighters had been used since 2000. The longest running system was in South Wales and, while initially it appears there were some benefits in terms of recruiting, the longer term benefits remain unclear. Once a salary system had been introduced it was difficult to revert back to the previous system.

- The Service had successfully piloted a bespoke RDS recruit course in partnership with Rase warehouse company to support Bardney fire station. While this flexible approach worked well it is recognised that it is resource intensive.

- It was commented that the previous year, it had been requested whether the Fire and Rescue Budget could be ring-fenced. However, members were advised that while not ring-fenced, Fire and Rescue was a priority service and so its budget was protected to a greater extent.

RESOLVED

That the progress against the action plan be noted.

12   PERFORMANCE OF THE LIBRARY SERVICES CONTRACT - ONE YEAR REVIEW

Consideration was given to a report which provided an update of the contract performance information to enable the Committee to fulfil its role in scrutinising performance of the first year of the outsourced Library Contract to Greenwich Leisure Limited (GLL). It was noted that the Council was now entering its second year of the GLL contract, and during the transition period and first year of operation officers had found working with GLL to be positive and beneficial.

Joseph Rham and Nicola Rogers from Greenwich Leisure Ltd were also in attendance in order to provide an update and answer questions from members of the Committee. Some of the points highlighted to the Committee included the following:
- It had been a successful year, and had been a very positive year in terms of working with existing staff.
- In terms of entering year 2 of the contract, GLL would continue to look at the service, and it was noted that changes would be made to mobile routes.
- Challenges continued in terms of Lexicon House
- A programme of physical improvements had been embarked upon, and more people were being attracted to Lincoln Central Library which was becoming more of a centre for events for children and families. A huge amount of work had also been put into redeveloping Stamford Library.
- It was noted that it had not just been about physical improvements but there had also been improvements around services for customers. For example, stock was an area where a large amount of work had been carried out including how stock was purchased, how it was allocated and the usage analysed so that the right stock could be targeted to the local community.
- The annual user survey had been carried out in Lincolnshire for the first time 6 months earlier, and the highest levels of satisfaction had been recorded for all of the 50 contracts that GLL managed, overall satisfaction had been rated at 99%.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:
- Appreciation and congratulations were expressed towards Cllr Worth, Executive Councillor for Culture and Emergency Services, for his work in the transformation of the libraries, and it was commented that this showed that the right decision had been made.
- It was queried what the current situation was with Grantham Library and where the library would be relocated to. Members were advised that this continued to remain a concern as the Council was unable to transfer the library to GLL due to the lease which did not allow it to be sub-let as the Council paid a peppercorn rent. The Council continued to look for alternative accommodation through the property team, as well as working with South Kesteven District Council to locate short term premises. The search had also widened out to other areas of the public sector to look for opportunities for any shared services or buildings suitable for change of use. Members were reassured that work to resolve this situation was ongoing, however, it was frustratingly slow. Members were also advised that there was no danger of the service being withdrawn from the area. Officers thanked GLL for their continued

support of this situation. It was hoped that a resolution would be found for Grantham Library within 12-18 months.

- Members congratulated GLL for achieving all but one of the KPI's and queried what scope there was to increase the challenge and increase the targets in future years. Members were advised that this was built into the contract, and the targets would increase for the consecutive four years to ensure that there was the competitive nature in the service for continued improvement.
- Members were advised that the staff turnover for the last year had been below the threshold of 5%, primarily the team had remained the same but some individual had had the opportunity to gain new roles as well as promotions.
- Thanks were given to the Library Development Officers, as footfall in one of the non-core libraries (Sutton Bridge) had increased by nearly 30% in the past year, and the library had people who came in regularly and was a valued facility in the local community.
- It was clarified that ACE was the Arts Council England.
- The Committee thanked all officers for attending, in particular the representatives from GLL.

RESOLVED

1. That the Public Protection and Communities Scrutiny Committee support the ongoing development and proposed 'Year 2 Developments' highlighted in the report.
2. That the Committee receive annual performance updates on the Library Service Contract going forward.

13   FUTURE GOVERNANCE MODELS FOR THE HERITAGE SERVICE

Members were advised that the Council had been exploring ways of reducing the costs of its Heritage Service whilst improving and enhancing its public offer. Consideration was given to a report which described the initial work streams and timeframe for exploring potential future governance models for the Heritage Service following Executive approval on 4 October 2016 to assess and analyse these options. Officers requested the involvement of the Public Protection and Communities Scrutiny Committee in exploring potential future options.

It was reported that a whole service restructure had been completed, and this had affected every level of the Heritage Service. This had been a very challenging and difficult restructure, but it was a very considered restructure, and now had the right staff in the right positions delivering the right priorities.

Members were advised that the Council would need to make the decision as to whether its preference was to keep control and build business, income and market or cede control of these assets but realis the immediate savings. Officers expressed gratitude to the Council for allowing the time to form a considered opinion and not make a quick decision.

The Committee was provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- Concerns were raised by members as LCC had been hugely successful in how it had managed these assets. There had also been an increased sense of public ownership towards some of the assets, e.g. Lincoln Castle.
- Concerns were also raised that educational aspects of the Service were being lost at Gainsborough Old Hall for a more light touch approach.
- It was queried whether discussions had been held with the City of Lincoln Council as many of the attractions were in Lincoln. It was confirmed that this had taken place.
- It was queried whether there was a steer towards outsourcing the Service, and members were advised that this was not the case, and this work would be about learning lessons from the past and bringing in the views of councillors and the public at the early stages. The Executive Councillor for Culture and Emergency Services was very open minded about the future of the Heritage Service.
- It was noted that there was a lot of complexity around the options and status and it was this that officers would want to explore further with members during the working group. There was a lot of complexity at a lot of different levels for each of the options.
- Officers were liaising with neighbouring authorities including Derby, Nottingham, Norfolk, York and Liverpool on different approaches.
- Caution was expressed when looking at other authorities, as those which were not 'shire' counties would not have the same funding issues as Lincolnshire.
- It was commented that the Castle, with the vault and the skills academy, was an example of what should be done in other areas and had put Lincolnshire on the map. Whichever option was chosen would have to keep this mind and also be able to open up additional funding.
- It was suggested that there was a need for the Council to be more commercially minded, and to maximise grants and access to private funding that could make the heritage service better than it already was.
- There was a need to make use of the opportunities which were out there, and councillors would not want to see it diminish as a service if it remained in house. Ideally, the Council needed to maximise opportunities whilst retaining control of the asset.
- It was commented that there had been changes in legislation around commercialisation in relation to improving tourism and the economy.
- In relation to Grantham Museum, which was run by a charitable trust, it was queried how archived stock would be protected. Officers advised that there was a similar situation with Stamford Museum, where there was a need to look at what materials were there that could be better placed within the community. Officers confirmed that the Council would continue to support Grantham Museum.
- It was noted that benefactors and donors trusted the council, for example, being chosen to display the Domesday book as it not been out of the storage facility in London for decades, yet Lincoln was chosen. Lincoln was the only

place that was chosen to display it and it was likely that it would be only place to display it.

- Following concerns from members, it was confirmed that there was no intention to remove the educational programme from Lincoln Castle, but it would be reviewed as it was felt that it was too Lincoln – centric.
- It was queried whether there was a comprehensive of all materials which had been archived on behalf of Stamford Town Council, and it was acknowledged that the collection was not 100% catalogues. However, as the Archive Service was at 100% staffing, managers had re-prioritised staff to start work on conducting a three year programme to catalogue each item. In the Lincolnshire Life Museum, there was a 100% record of the physical stock, but not the paper materials. It was queried whether there was a risk management issue in terms of not having records of stock, but members were advised that officers knew where each item was and it was stored under lock and key. It was also noted that there was a Collection Development Policy which set out the type of material that the Council would collect and keep. Members were also advised that there were no plans to dispose of any stock at this stage in time.

RESOLVED

1. That the initial work and timeframe of future actions included as part of the report be supported.
2. That the formation of a Working Group to consider potential future options, bringing recommended options back to this Committee in October 2017 be approved.
3. That the following members be part of the working group – Councillors B Adams, C J T H Brewis, Mrs Brockway, A N Stokes and M A Whittington.

14   PUBLIC PROTECTION AND COMMUNITIES SCRUTINY COMMITTEE
       WORK PROGRAMME

Consideration was given to a report which enabled the Committee to comment on the content of its work programme for the coming year to ensure that scrutiny activity was focused where it could be of greatest benefit.

During consideration of the work programme, the following points were noted:
- It was requested whether there could be an update on the Blue Light Collaboration Project 'sooner rather than later'
- There was a need for the Committee to sit as the Crime and Disorder Panel during the year. It was queried whether it would be possible to have two of these meetings. Members were advised that officers would ensure that at least one was booked in.
- A report on the Home Safety Check Strategy would be brought to the September 2017 meeting.

10
PUBLIC PROTECTION AND COMMUNITIES SCRUTINY COMMITTEE
25 JULY 2017

RESOLVED

1. That the work programme as presented at Appendix A to the report be noted.
2. That the additional scrutiny activity noted above be included within the Committee's work programme.

The meeting closed at 12.20 pm

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Open Report on behalf of Pete Moore, **Executive Director of Finance and Public Protection**	

Report to:	**Public Protection and Communities Scrutiny Committee**
Date:	**19 September 2017**
Subject:	**Quarter 1 Performance Report** **(1 April 2017 – 30 June 2017)**

Summary:

The accompanying appendices to this report provide key performance information that is relevant to the work of the Public Protection and Communities.

Actions Required:

Members of the Public Protection and Communities are invited to consider and comment on the performance information contained in this report and highlight any recommendations or further actions for consideration.

1. Background

This report provides the Committee with performance and customer satisfaction information for Quarter 1 2017/2018 relevant to Public Protection, Lincolnshire Fire and Rescue and Libraries and Heritage Services as set out in the Council's Business Plan.

Council Business Plan 2017/2018

The Council Business Plan 2017/2018 was approved by Council on 24th February 2017. This report lists the measures in the Council Business Plan that are within the remit of this Scrutiny Committee. Appendix A includes further details on select indicators which have been highlighted for further discussion.

The full detail of all performance measures induced in the Council's Business Plan can be found online via the Performance Dashboard.

Web link - http://www.research-lincs.org.uk/CBP-Landing-page.aspx

Appendix B shows a breakdown of customer satisfaction information within the remit of this Scrutiny Committee.

Public Protection

The public are protected from unsafe and dangerous goods

Illicit alcohol and tobacco products seized	Unsafe and Counterfeit goods removed from market	High risk premises inspected by Trading Standards
3,912	**22,916**	**29**
Products	Products	Premises
Achieved ✓	Achieved ✓	Achieved ✓

Improve public safety by the reduction in drugs and alcohol misuse, focused on town centre alcohol fuelled violence and anti-social behaviour, young people and drug misuse

Anti-social behaviour incidents reported to the police	Alcohol related anti-social behaviour incidents	Alcohol related violent crime incidents
5,353	**764**	**403**
Incidents reported	Incidents	Incidents
⇒ Measured ⇐	Not achieved ✗	Not achieved ✗

- Alcohol related antisocial behaviour incidents' due to technical issues there are some alcohol related anti-social behaviour incidents which have not been counted in the Q1 figure of 764 incidents. These will be corrected when data is available and it is anticipate that this figure will increase by around 70 incidents. Although the exact increase is not yet confirmed, given the under-counting of incidents there will be an increase compared to Q1 2016/2017 (766 incidents). In 2016 the two bank holidays for Easter fell within March whereas this year they fell within April which may have increased this quarters figures in comparison to last year. The weather may also have had an impact on these figures as during Q1 there were some warm sunny days which tend to see an increase in drinking behaviour.

- 'Alcohol related violent crime incidents' (403 incidents) is up 14% compared to Q1 2016/2017 (354 incidents) and is higher than Q4 2016/2017 (370 incidents). Although all violent crime is continuing on an upwards trend, the proportion of violence that is alcohol related has remained similar.

Increase public confidence in how we tackle domestic abuse

Reported incidents of domestic abuse	Domestic Homicides	Repeat referrals of Domestic Abuse to MARAC
2,196	1	23.9
Incidents	Number of incidents	%
Not achieved ✗	➡ Measured ⬅	➡ Measured ⬅

- 'Reported incidents of domestic abuse' due to technical issues there are some domestic abuse incidents which have not been counted in the Q1 (2,196 incidents). These will be corrected when available. It is expected that this figure will increase by around 240 incidents when all data is available. With this in mind commentary in relation to trends is not possible at present.
- 'Repeat referrals of domestic abuse to MARAC', comparison with previous quarters shows an increase by 3.5 percentage points this quarter compared to Quarter 4 2016/2017. The total number of referrals (new and repeat) to MARAC remains lower than in previous quarters which will have impacted the percentage repeat referral rate. The actual number of repeats referred (181) is not dissimilar to previous quarters, although is slightly higher than the number reported in Quarter 4 2016/2017 (167).

Reduce the number of people killed and seriously injured on Lincolnshire's roads

People killed or seriously injured in road traffic collisions	Children killed or seriously injured in road traffic collisions
122	8
Casualties	Casualties
➡ Measured ⬅	➡ Measured ⬅
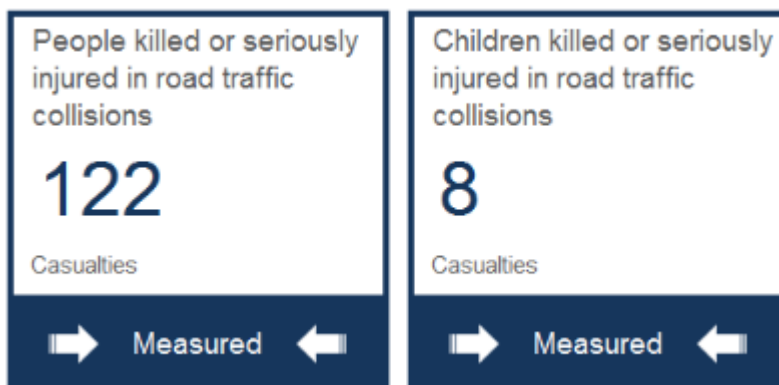
Although it is not appropriate to compare the following measures with a target, comparisons with historical data have been made:-

- 'People killed or seriously injured (KSI) in road traffic accidents' the January – March 2017 figure (122 casualties) is higher than the same period in 2016 (92 casualties). Analysis of collision and casualty data does not indicate any clear commonality or patterns. The overall increase in KSI's is mirrored across most user groups for example car drivers, motorcyclists, pedestrians etc.

- 'Children killed or seriously injured (KSI) in road traffic accidents' the figure for Jan – Mar 2017 (8 causalities) is higher than both January – March 2016 and January – March 2015 when there was 1 Child KSI recorded. However, the 2015 and 2016 figures of 1 Child KSI were unusually low in comparison to the overall average.

Reduce adult reoffending

Satisfaction with response to crime and anti-social behaviour	Adults Reoffending
59.9	29.5
% satisfied	% of reoffenders
Not achieved ✗	Achieved ✓

- 'Satisfaction with response to crime and antisocial behaviour' did not meet the target of 62%. This measures satisfaction that the police and local council are working in partnership to deal with community safety issues. 2016/2017 survey results (59.9%) are reported in Q1 2017/2018 and although for Lincolnshire satisfaction has increased by 4.3 percentage points compared to 2015/16 results, and are 2.1 percentage points higher than the East Midlands average satisfaction results (57.8%) satisfaction is below target. Nationally, satisfaction levels have dropped (61.9% in 2015/2016 to 61.3% in 2016/2017). Although previous year's results have showed a downward trend in satisfaction for Lincolnshire this now appears to be improving.

Lincolnshire Fire and Rescue

Reduce fires and their consequences

Primary fires	Fire fatalities in primary fires	Deliberate primary fires
42.91	**0.27**	**0.97**
Per 100,000 population	Per 100,000 population	Per 10,000 population
Not achieved ✖	➡ Measured ⬅	Not achieved ✖

Deliberate secondary fires
1.25
Per 10,000 population
Not achieved ✖
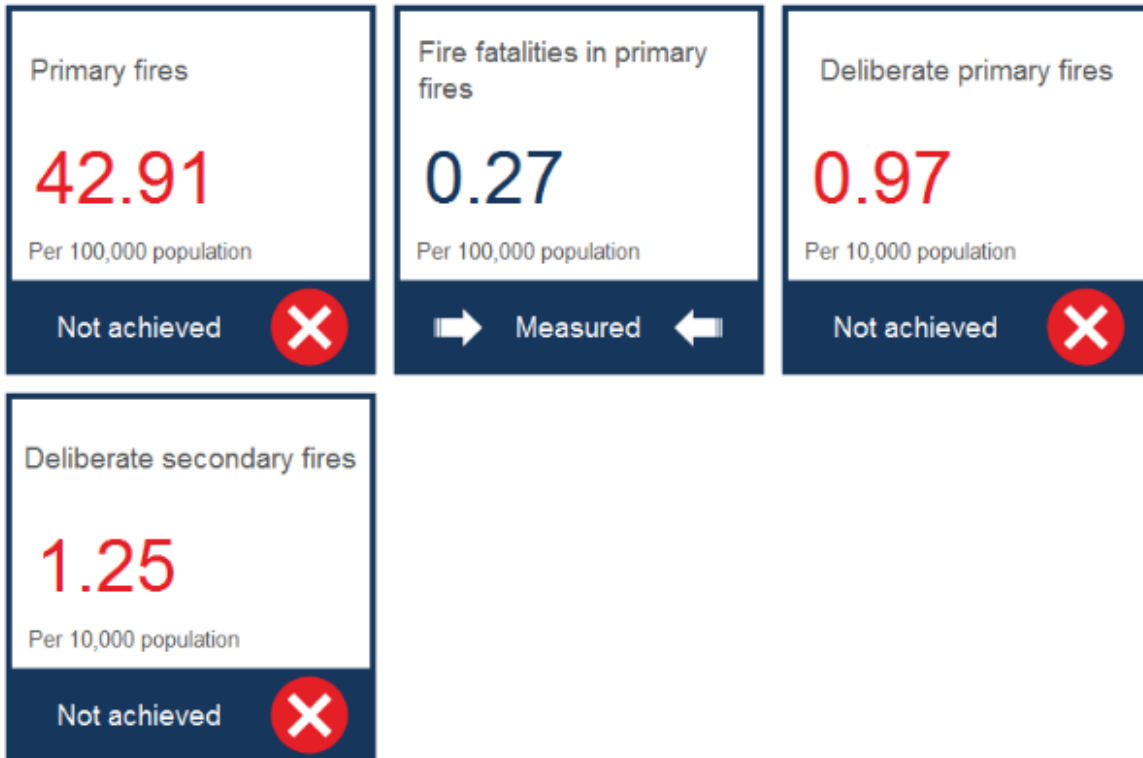
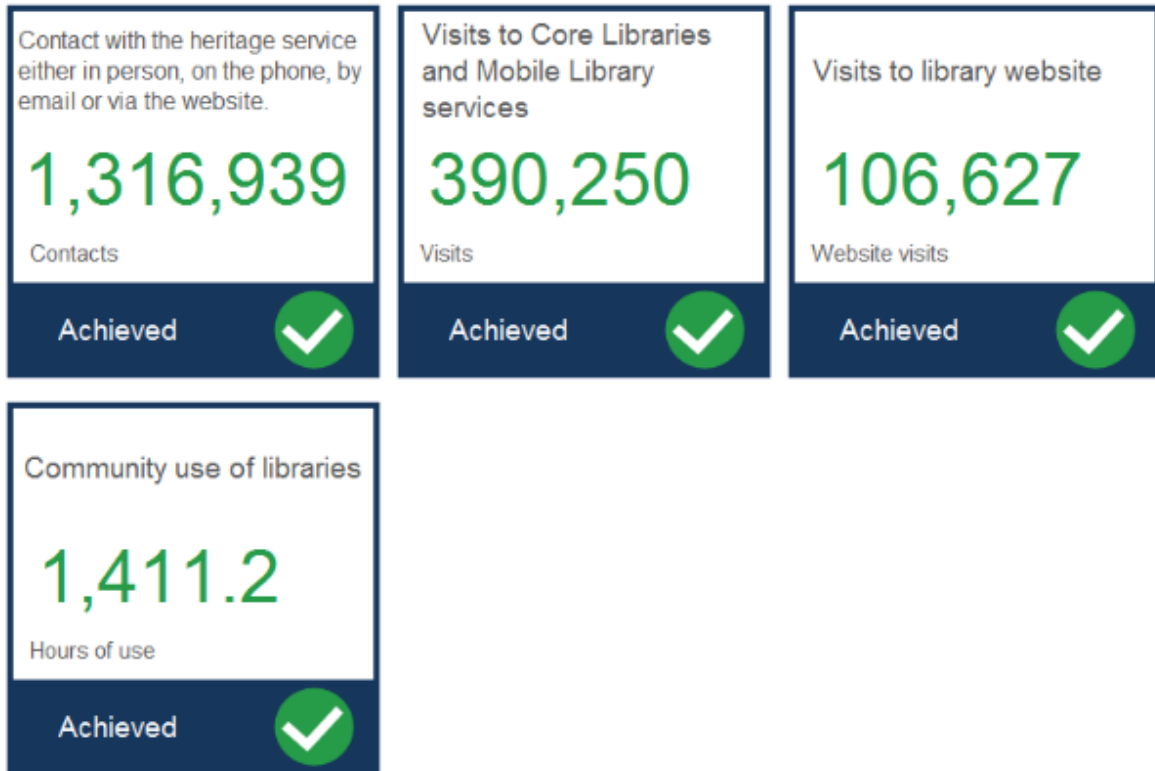- 'Primary fires' we have seen an increase of 69 fires compared with Q1 last year. This can be attributed to a 40% increase in dwelling fires and a 43% increase in vehicle fires. In domestic dwellings, the number of cooking related fires and fires caused by electrical appliances has increased over the previous 2 years. We have developed a strategy around cooking fires and have engaged in a national campaign with the manufacturers of white goods, with the aim to reduce the occurrence of such incidents in future.
- 'Deliberate primary fires' there has been an increase of 21 deliberate primary fires compared with Q1 last year; this is 15 more than target. Vehicle fires are the main reason for the increase which has more than doubled from the same period last year (35 vehicle fires this year compared with 16 in 2016/2017). The Arson Task Force continue to work collaboratively with the neighbourhood policing teams on initiatives aimed at reducing deliberate fires.
- 'Deliberate secondary fires' there has been an increase of 34 deliberate secondary fires compared to Q1 last year; this is 10 more than target. All of the increases can be attributed to fires involving refuse. Gainsborough has seen an increase from 7 to 25, however local crews remain active with community engagement activities and the Arson Task Force work collaboratively with the neighbourhood policing teams on initiatives aimed at reducing deliberate fires.

Community Assets and Resilience Commissioning

Enable and encourage people to participate in Lincolnshire's culture

Contact with the heritage service either in person, on the phone, by email or via the website.	Visits to Core Libraries and Mobile Library services	Visits to library website
1,316,939	**390,250**	**106,627**
Contacts	Visits	Website visits
Achieved ✓	Achieved ✓	Achieved ✓

Community use of libraries
1,411.2
Hours of use
Achieved ✓

Communities and residents are supported to be involved in local decision making and have their views taken into account

Voluntary and community groups actively supported in Lincolnshire	People supported who have accessed volunteer opportunities
440	**483**
Advised/supported	People
Achieved ✓	Achieved ✓

2. Conclusion

Members of the Public Protection and Communities Scrutiny Committee are invited to consider and comment on the Q1 performance information and highlight any recommendations or further actions for consideration.

3. Consultation

a) Have Risks and Impact Analysis been carried out?

N/A

b) Risks and Impact Analysis

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Quarter 1 Performance Report
Appendix B	Q1 Customer Satisfaction Information

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was collated by Daniel Steel, Scrutiny Officer, who can be contacted on 01522 552102 or daniel.steel@lincolnshire.gov.uk.

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Working for a better future

 Communities are safe and protected

Improve public safety by the reduction in drugs and alcohol misuse, focussed on town centre alcohol fuelled violence and anti-social behaviour, young people and drug misuse

Alcohol related anti-social behaviour incidents

This measure is a count of Police recorded Anti Social Behaviour incidents. An Anti Social Behaviour incident is classed as alcohol-related if it fulfils one of the following criteria:
Where alcohol has been identified as contributing to the incident.
The incident is classed as either 'street drinking' or 'drunken behaviour'.
The caller's initial description of the incident contains the words 'drunk', 'drink', 'alcohol', 'intoxicated', or 'urinate'.
A lower number of alcohol related anti-social behaviour incidents indicates a better performance.
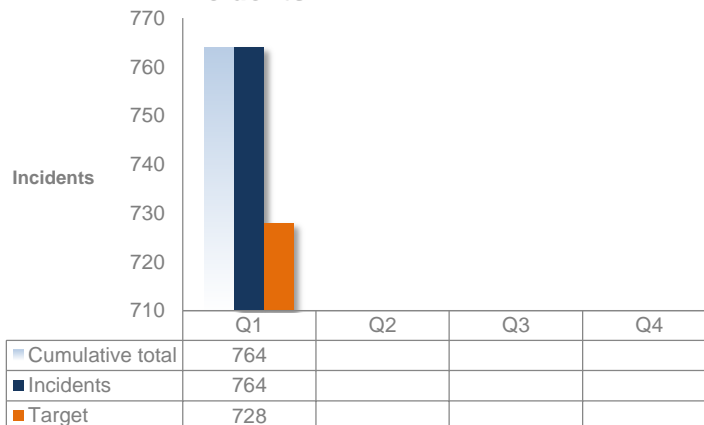
❌ Not achieved

764
Incidents
Quarter 1 June 2017

⬇

728
Incidents
Target for June 2017

Alcohol related anti-social behaviour incidents

Incidents

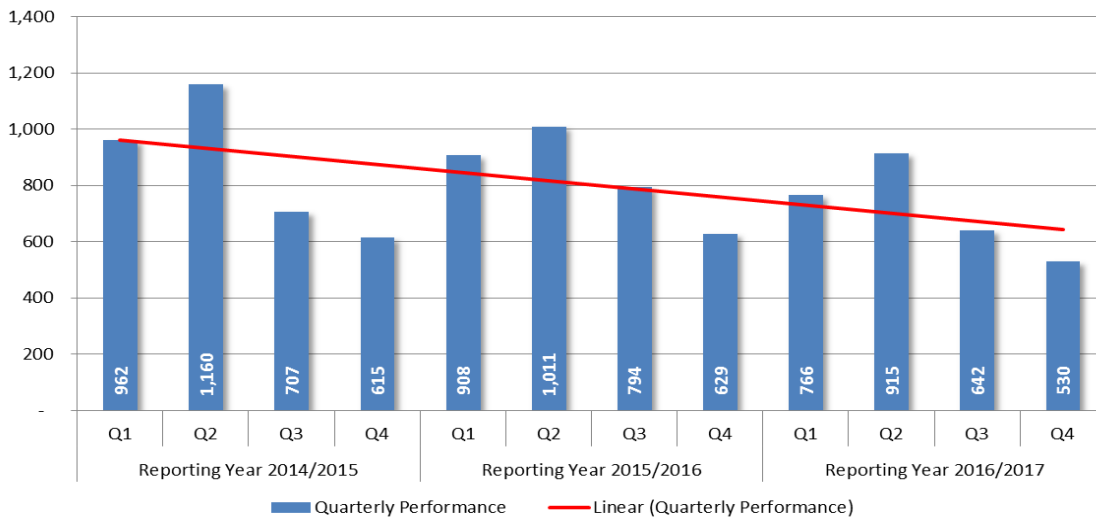|	Q1	Q2	Q3	Q4
Cumulative total	764			
Incidents	764			
Target	728			

About the latest performance

Due to technical issues there are some alcohol related anti-social behaviour incidents which have not been counted in this figure. These will be corrected when data is available where we would anticipate this figure to increase by around 70 incidents. With this in mind commentary in relation to trends is not possible at present.
Although the exact increase is not yet confirmed, given the under-counting of incidents we can see that there will be an increase compared to the same quarter last year. Last year the two bank holidays for Easter fell within March whereas this year they fell within April which may have increased this quarters figures in comparison to last year. The weather may also have had an impact on these figures. During this last quarter we have seen some warm sunny days which as a result tends to see an increase in drinking behaviour with people having barbeques and day drinking in beer gardens.

Alcohol Related Anti-social Behaviour Incidents

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
962	1,160	707	615	908	1,011	794	629	766	915	642	530
Reporting Year 2014/2015				Reporting Year 2015/2016				Reporting Year 2016/2017			

Quarterly Performance ▬▬ Linear (Quarterly Performance)

Alcohol Related Anti-social Behaviour Incidents
Annual Performance

2014/2015	2015/2016	2016/2017
3,444	3,342	2,853

Performance ▬▬ Linear (Performance)
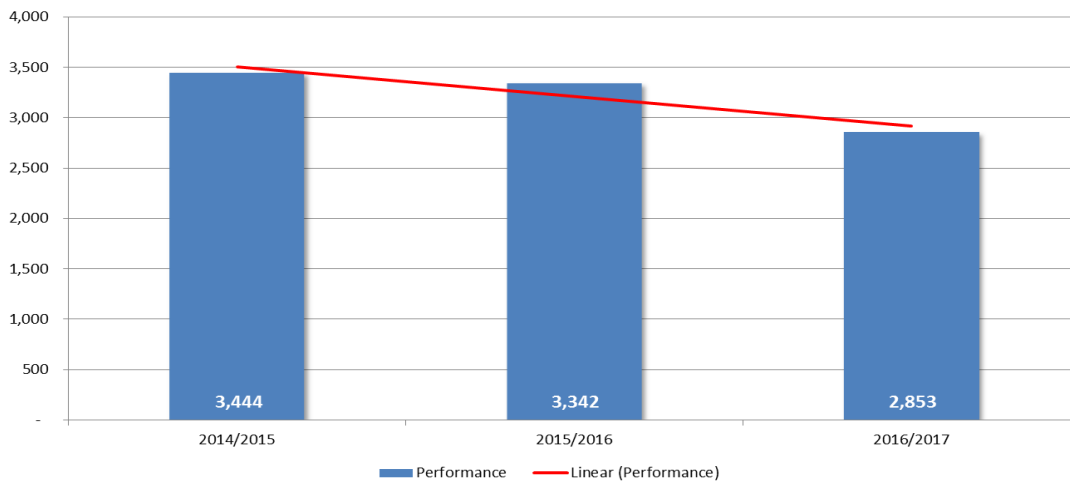
About the target

Decrease alcohol related anti-social behaviour by 5%. A large proportion of anti-social behaviour incidents are alcohol related. We want to reduce the impact that alcohol related anti-social behaviour has on individuals and communities by reducing the occurrence.

About the target range

The target range for this measure allows for a +/- 1% fluctuation against the target.

About benchmarking

This measure is local to Lincolnshire and therefore is not benchmarked against any other area.

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Lincolnshire
COUNTY COUNCIL
Working for a better future

Communities are safe and protected

Improve public safety by the reduction in drugs and alcohol misuse, focussed on town centre alcohol fuelled violence and anti-social behaviour, young people and drug misuse

Alcohol related violent crime incidents

This measure is a count of all Home Office notifiable violence against the person offences (excluding 'no crimes') where alcohol is identified as contributing to the incident. Violence against the person offences includes all assaults apart from sexual offences. This is not a statutory measure and is used as a local indicator only, Home Office notifiable offences refer to the offence classification. For more information about Home Office notifiable offences see:
https://www.gov.uk/government/publications/counting-rules-for-recorded-crime.
A lower number of alcohol related violent crime incidents indicates a better performance.

❌ Not achieved

403
Incidents
Quarter 1 June 2017

⬇

336
Incidents
Target for June 2017

Alcohol related violent crime incidents

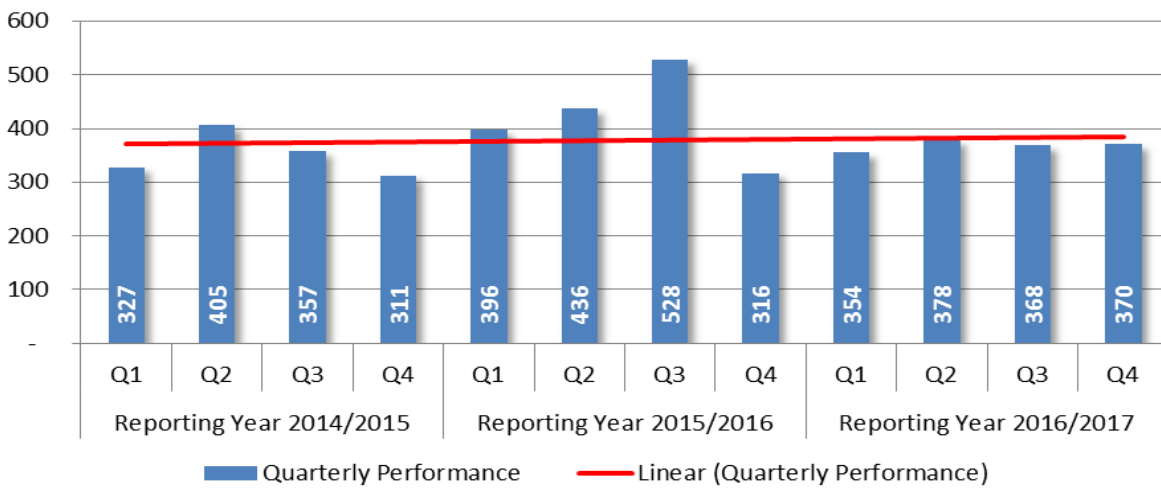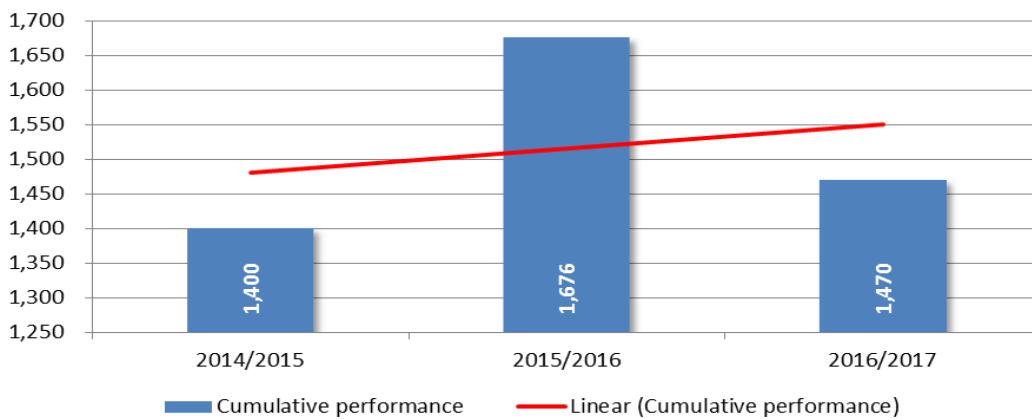|	Q1	Q2	Q3	Q4
Cumulative total	403			
Inceidents	403			
Target	336			
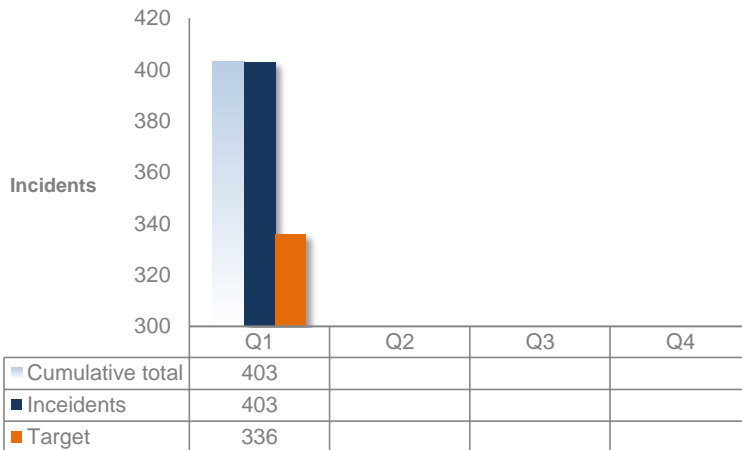
About the latest performance

Alcohol related violence is up 14% compared to quarter one in 2016-17 and is higher than last quarter. Although all violent crime is continuing on an upwards trend, the proportion of violence that is alcohol related has remained similar.

There were four bank holidays during this quarter compared to two in the same quarter last year, which may have increased this quarters figure in comparison to last year. The weather may also have had an impact on these figures. During this last quarter we have seen some warm sunny days which, as a result, tends to see an increase in drinking behaviour with people having barbeques and day drinking in beer gardens.

Alcohol related violent crime incidents
Quarterly Performance

	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Quarterly Performance	327	405	357	311	396	436	528	316	354	378	368	370
	Reporting Year 2014/2015				Reporting Year 2015/2016				Reporting Year 2016/2017			

Quarterly Performance ▬▬ Linear (Quarterly Performance)

Alcohol related violent crime incidents
Annual Performance

	2014/2015	2015/2016	2016/2017
Cumulative performance	1,400	1,676	1,470

Cumulative performance ▬▬ Linear (Cumulative performance)

About the target

Decrease alcohol related violent crime by 5%. A significant number of violence against the person offences are alcohol related. Reducing alcohol related violent offences will help us make sure Lincolnshire is a safe place to live and visit.

About the target range

The target range for this measure allows for a +/- 1% fluctuation against the target.

About benchmarking

This measure is local to Lincolnshire and therefore is not benchmarked against any other area.

Lincolnshire
COUNTY COUNCIL
Working for a better future

Communities are safe and protected

Increase public confidence in how we tackle domestic abuse

Reported incidents of domestic abuse

This measure is a count of all incidents reported to the Police where a Domestic Abuse Stalking and Harassment (DASH) risk assessment was completed. These risk assessments are performed in all incidents that meet the government's definition of domestic abuse:
"Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: Psychological, Physical, Sexual, Financial and Emotional abuse.
A higher number of reported incidents of domestic abuse indicates a better performance. Domestic Abuse is under reported for many reasons. We take reports of Domestic Abuse seriously and encourage reporting to the Police therefore an increase in reporting is to be seen as a positive, as it allows us to reach more people who need support.
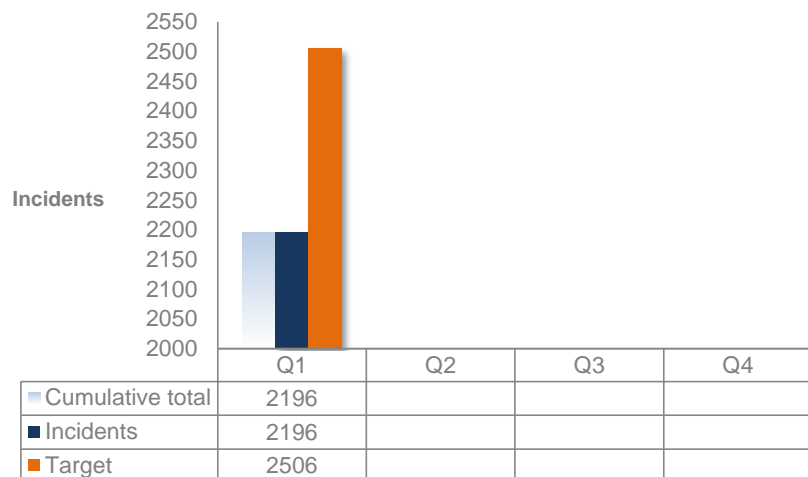
❌ Not achieved

2,196
Incidents
Quarter 1 June 2017

⬇

2,506
Incidents
Target for June 2017

Reported incidents of domestic abuse

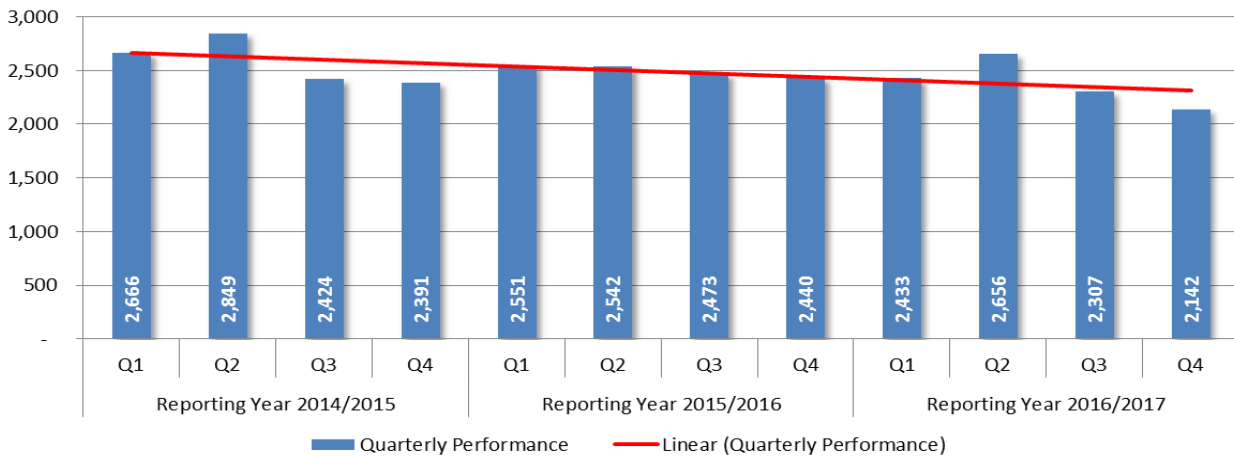|	Q1	Q2	Q3	Q4
Cumulative total	2196			
Incidents	2196			
Target	2506			

About the latest performance

Due to technical issues there are some domestic abuse incidents which have not been counted in this figure. These will be corrected when available. It is expected that this figure will increase by around 240 incidents when all data is available. With this in mind commentary in relation to trends is not possible at present.

Further details

Reported Incidents of Domestic Abuse
Quarterly Performance

	Reporting Year 2014/2015				Reporting Year 2015/2016				Reporting Year 2016/2017			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2,666	2,849	2,424	2,391	2,551	2,542	2,473	2,440	2,433	2,656	2,307	2,142

Quarterly Performance   Linear (Quarterly Performance)

Reported Incidents of Domestic Abuse
Annual Performance

2014/2015	2015/2016	2016/2017
10,330	10,006	9,538
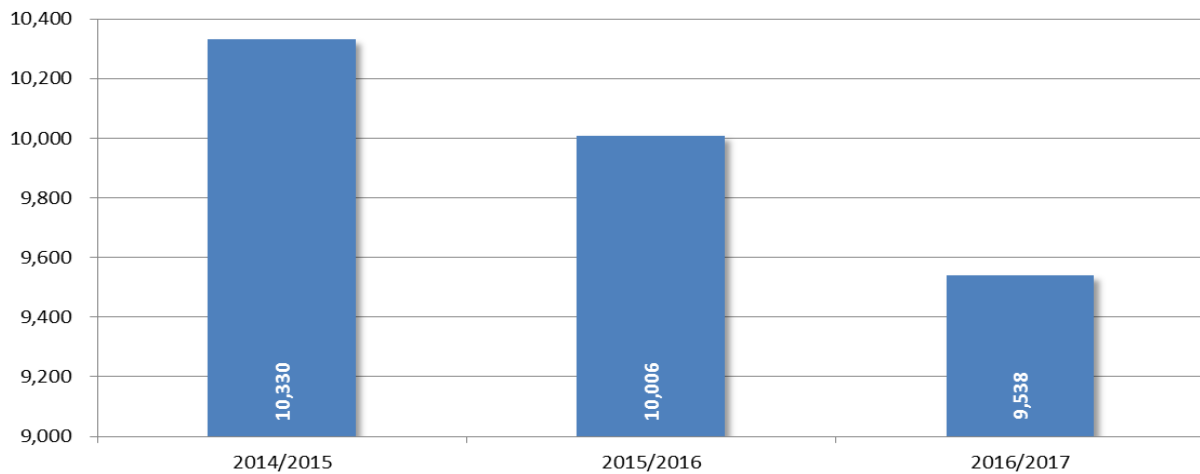
About the target

Our aim is to increase reports of domestic abuse to the Police by 3%. Any increase in reports of domestic abuse to the Police will allow us to reach more people who need support.

About the target range

The target range for this measure allows for a +/- 0.5% fluctuation against the target.

About benchmarking

This measure is local to Lincolnshire and therefore is not benchmarked against any other area.

Communities are safe and protected

Reduce adult reoffending

Satisfaction with response to crime and anti-social behaviour

This measure helps demonstrate our achievement against Section 17 of the Crime and Disorder Act 1998 "Duty to consider crime and disorder implications" which sets out the requirement for Local Authorities to work in partnership with relevant agencies " …to do all that it reasonably can to prevent crime and disorder in its area". Satisfaction that the Police and Local Council are dealing with anti-social behaviour and crime issues is a measure of successful multi-agency response in Lincolnshire.

The measure is a national statistic by the United Kingdom Statistics Authority and is sourced directly from Crime Survey for England and Wales (CSEW) reports.
Data is reported with a 3 month (1 quarter) lag so 2017/18 data will be reported in Q1 2018/19.
Numerator: The number of respondents strongly agreeing or tending to agree that Police and Local Council are dealing with issues.
Denominator: The number of respondents who answered the question.
The Crime Survey for England and Wales does not provide data for the numerator or denominator.
A higher percentage of people who are satisfied with the response to crime and anti-social behaviour indicates a better performance.
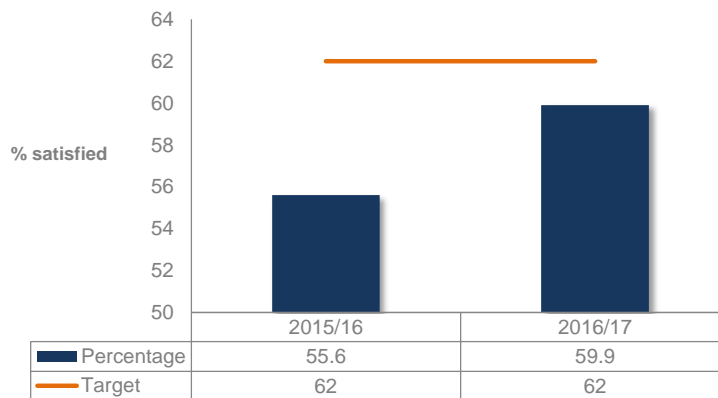
❌ Not achieved

59.9
% satisfied
March 2017

⬇

62
% satisfied
Target for March 2017

Satisfaction with response to crime and anti-social behaviour

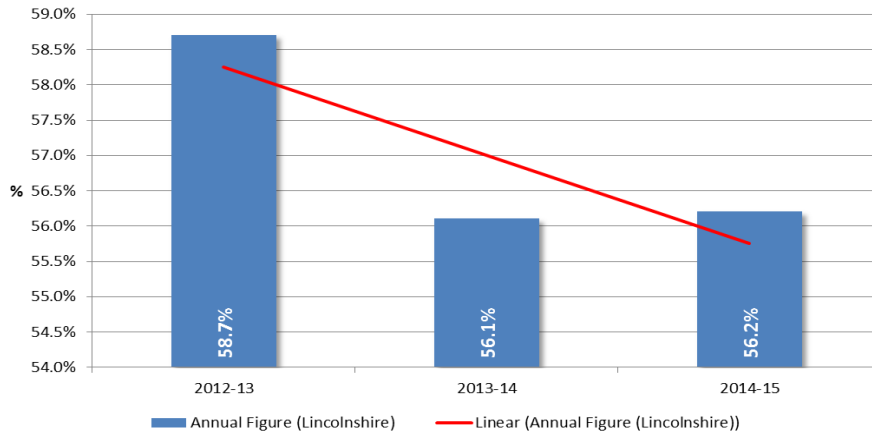|	2015/16	2016/17
Percentage	55.6	59.9
Target	62	62

About the latest performance

Satisfaction that police and local council are working in partnership to deal with community safety issues in Lincolnshire has increased by 4.3 percentage points in 2016/17 compared to 2015/16 results. The results for Lincolnshire are 2.1 percentage points higher than the East Midlands average satisfaction results (57.8%). Nationally, satisfaction levels have dropped (61.9% in 2015-16 to 61.3% in 2016-17). Previous year's results have showed a downward trend in satisfaction for Lincolnshire however this now appears to be improving.

Satisfaction with response to crime and anti-social behaviour (Annual Figure)

	2012-13	2013-14	2014-15
Annual Figure (Lincolnshire)	58.7%	56.1%	56.2%

Legend: Annual Figure (Lincolnshire) — Linear (Annual Figure (Lincolnshire))

About the target

We want to ensure that we fulfil our duty to the public and that our customers are satisfied. Therefore the target for this measure is to meet or exceed the national average for England and Wales (62% in 2015-16).

About the target range

The target range for this measure allows for no fluctuation against the target.

About benchmarking

This measure has been benchmarked against the national average for England and Wales (62% in 2015-16). We aim to meet or exceed the national figure.

Attitudes to local police working in partnership, comparison of police force area; Year ending March 2015

Police and local council are dealing with issues.
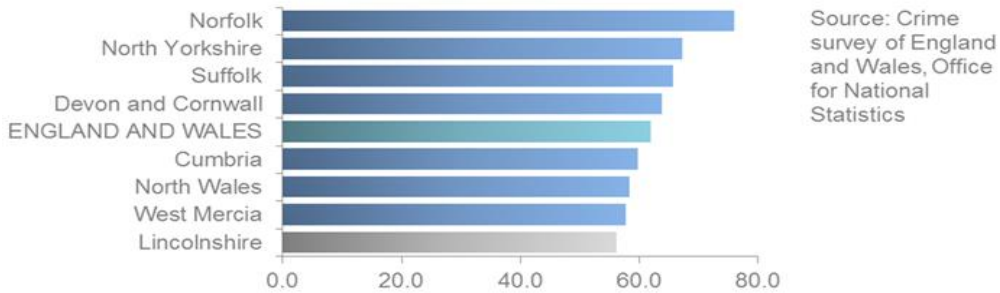
Source: Crime survey of England and Wales, Office for National Statistics

% saying strongly agree/tend to agree	
Year ending March 2015	
Lincolnshire	56.2
West Mercia	57.8
North Wales	58.5
Cumbria	59.8
ENGLAND AND WALES	62.0
Devon and Cornwall	63.8
Suffolk	65.8
North Yorkshire	67.3
Norfolk	76.1

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Lincolnshire
COUNTY COUNCIL
Working for a better future

Communities are safe and protected

Reduce the number of young people committing a crime

Juvenile first time offenders

The First Time Entrant (FTE) measure is a rate per 100,000 of 10-17 population in Lincolnshire. However, for this purpose we are reporting the actual number of young people, rather than the rate. Data is reported with a 6 month lag and a rolling 12 month period, for example July 2016 - June 2017 data is reported in Q3 2017/2018.
The number of young people entering the criminal justice system for the first time is mostly controlled by external influences such as Police policies.
A lower number of young people entering the criminal justice system for the first time indicates a better performance.

❌ Not achieved

268
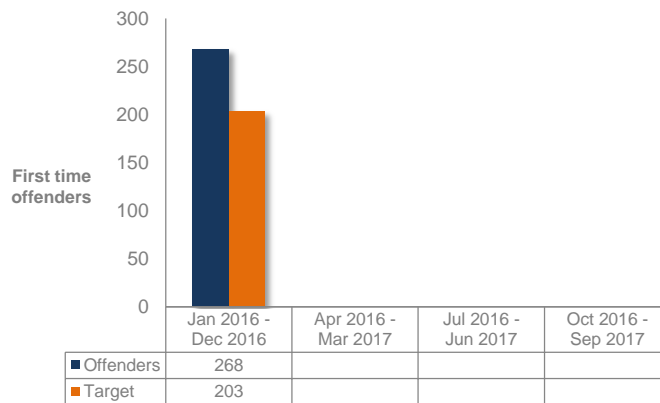First time offenders
January 2016 to December 2016

⬇

203
First time offenders
Target for December 2016

Juvenile first time offenders

|	Jan 2016 - Dec 2016	Apr 2016 - Mar 2017	Jul 2016 - Jun 2017	Oct 2016 - Sep 2017
■ Offenders	268			
■ Target	203			

About the latest performance

The most recent published FTE (first time entrants) figure for Lincolnshire is 268 actual young people for the period of January 2016 to December 2016. This is higher than the target figure of 203, but a reduction on previous numbers (see further details). The number of young people entering the criminal justice system for the first time is mostly controlled by external influences, e.g. Police policies, and therefore it is difficult to predict future performance. However, there are no expectations that this figure is likely to rise sharply in the near future. The figure of 268, when expressed as a rate per 100,000, 10 to 17 year old population is 431, which is higher than the local Midlands region of 357, however the National average is 327.
In July we launched a new diversionary project in Lincolnshire in conjunction with Lincolnshire Police. This, through joint co-operation between both Services, will divert young people that
offend at a low level, through local panels that will try to prevent those young people from getting a criminal record. What we should see will be a more effective restorative justice process, instead of giving the young person a criminal record that will unfairly affect their future life chances. This also should therefore help reduce the numbers of first time entrants.

Further details

Juvenile first time offenders
April 2011 - Sept 2016
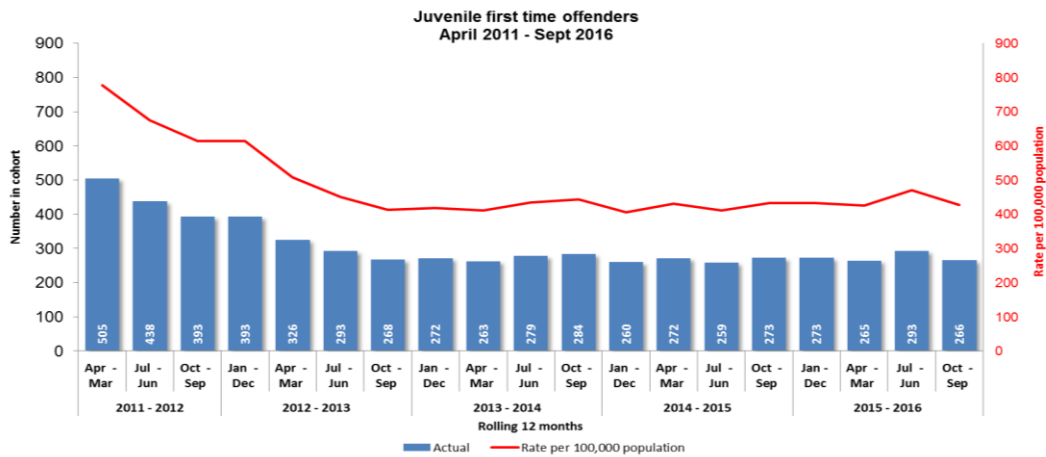
About the target

Our target is based on the average performance of Youth Offending Services within the Midlands Youth Justice Board region. The target is set by Lincolnshire County Council, the Youth Justice Board monitor and challenge progress.
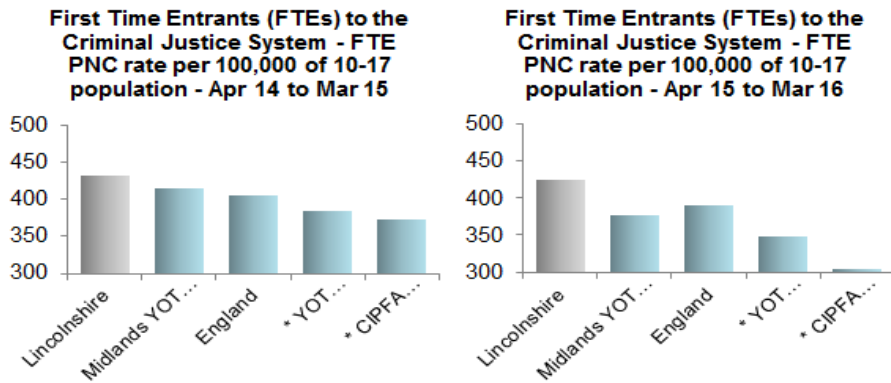
About the target range

Target ranges are difficult to define as external factors can have a major influence on the numbers of young people entering the criminal justice system for the first time, for example arrests made by the Police and decisions whether to prosecute or not. it has been agreed that +/-20 First Time Entrants is a resonable target range.

About benchmarking

Data from the Ministry of Justice is used to benchmark First Time Entrant per 100,000 population. The Youth Offending Team (YOT) comparators in this instance are Cambridgeshire, Cornwall, Devon, Gloucestershire, Leicestershire, Norfolk, North Yorkshire, Somerset, and West Mercia.

NOTE: The original analysis used in calculating the YOT families (based on socio-economic factors) is now around 10 years old. In that time, the demographics and socio-economic factors of the local areas will have changed. Therefore, it is advised caution be used when using these YOTs families.

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. The CIPFA comparators in this instance are Cumbria, Derbyshire, Gloucestershire, Norfolk, Nottinghamshire, Somerset, Staffordshire, Suffolk, and Warwickshire.

NOTE: The comparators are taken from the CIPFA website and use the default options for selecting Councils similar to Lincolnshire.

First Time Entrants (FTEs) to the Criminal Justice System - FTE PNC rate per 100,000 of 10-17 population - Apr 14 to Mar 15

First Time Entrants (FTEs) to the Criminal Justice System - FTE PNC rate per 100,000 of 10-17 population - Apr 15 to Mar 16

Juvenile First Time Offenders	Apr 14 - Mar 15		Apr 15 - Mar 16	
	Number	Rate	Number	Rate
Lincolnshire	272	431	265	426
Midlands YOT Region	3961	415	3583	377
England	19815	405	19154	392
* YOT Comparators	2266	384	2062	349
* CIPFA Comparators	2027	373	1644	306

Communities are safe and protected

Reduce fires and their consequences

Primary fires

Number of incidents of fires involving property (i.e. buildings, vehicles, recycling banks, caravans etc.); and/or casualties, fatalities or rescues; and/or five or more pumping appliances where the Fire Service attended (per 100,000 population).
Numerator is the number of primary fires.
Denominator is the population of Lincolnshire.
The rate per 100,000 population is calculated as follows:
Numerator divided by the denominator multiplied by 100,000.
A lower rate of primary fires per 100,000 population indicates a better performance.
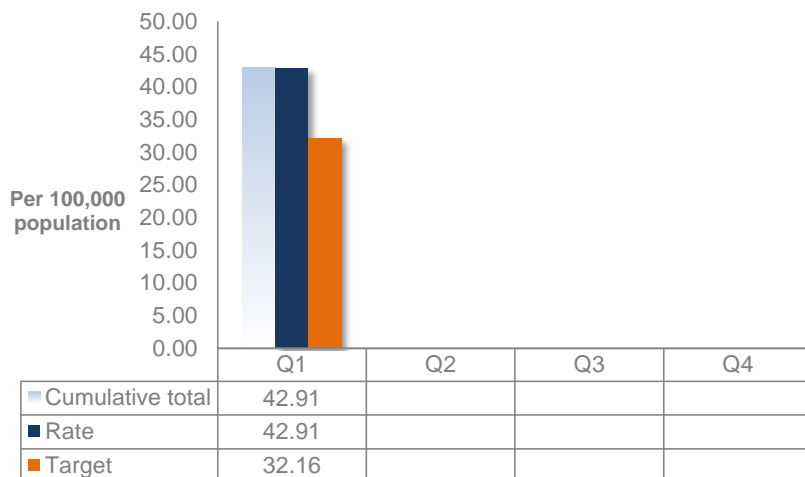
❌ Not achieved

42.91

Per 100,000 population
Quarter 1 June 2017

⬇

32.16

Per 100,000 population
Target for June 2017

Primary fires

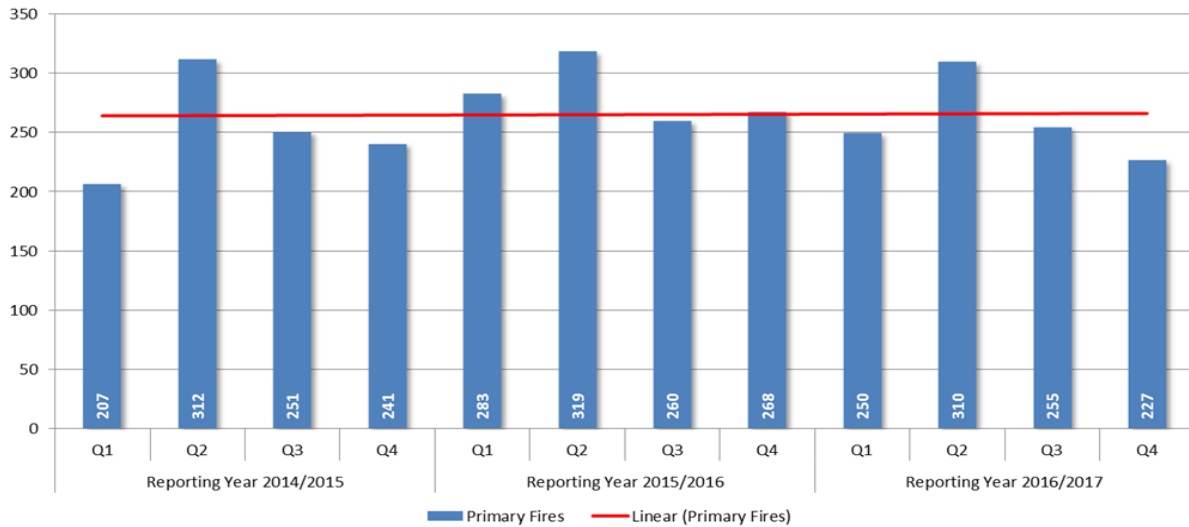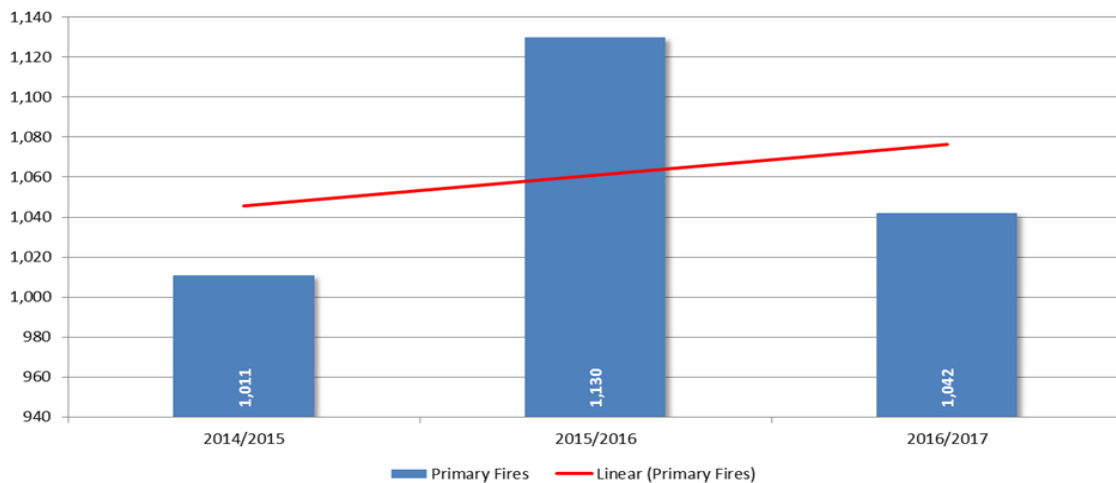|	Q1	Q2	Q3	Q4
Cumulative total	42.91			
Rate	42.91			
Target	32.16			

About the latest performance
We have seen an increase of 69 fires compared with Q1 last year. This can be attributed to a 40% increase in dwelling fires and a 43% increase in vehicle fires. In domestic dwellings, the number of cooking related fires and fires caused by electrical appliances has increased over the previous 2 years. We have developed a strategy around cooking fires and have engaged in a national campaign with the manufacturers of white goods, with the aim to reduce the occurrence of such incidents in future. Our Arson Task Force work closely with neighbourhood policing teams to reduce the number of deliberate vehicle fires.

Primary Fires (Actual Numbers)

207	312	251	241	283	319	260	268	250	310	255	227
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Reporting Year 2014/2015				Reporting Year 2015/2016				Reporting Year 2016/2017			

Primary Fires —— Linear (Primary Fires)

Primary Fires (Actual Numbers - Annual)

2014/2015	2015/2016	2016/2017
1,011	1,130	1,042

Primary Fires —— Linear (Primary Fires)

About the target

The target is set to aim for continuous improvement, including the following factors: 1) Progress towards 2020 Vision targets, 2) The results of our performance last year, 3) Our Service priorities and 4) Drive for continuous improvement.

About the target range

A target range of 2% either side of the likely number of incidents at the end of the year.

About benchmarking

Benchmarking data for this measure is not available

Communities are safe and protected

Reduce fires and their consequences

Deliberate primary fires

Number of incidents of fires involving property (for example buildings, vehicles, recycling banks, caravans and so on); and/or casualties, fatalities or rescues; and/or five or more pumping appliances where the Fire Service attended & determined that the cause of the fire was deliberate/malicious intent (per 10,000 population).
Numerator is the number of deliberate primary fires.
Denominator is the population of Lincolnshire.
The rate per 10,000 population is calculated as follows: Numerator divided by the denominator multiplied by 10,000.
A lower rate of deliberate primary fires per 10,000 population indicates a better performance.
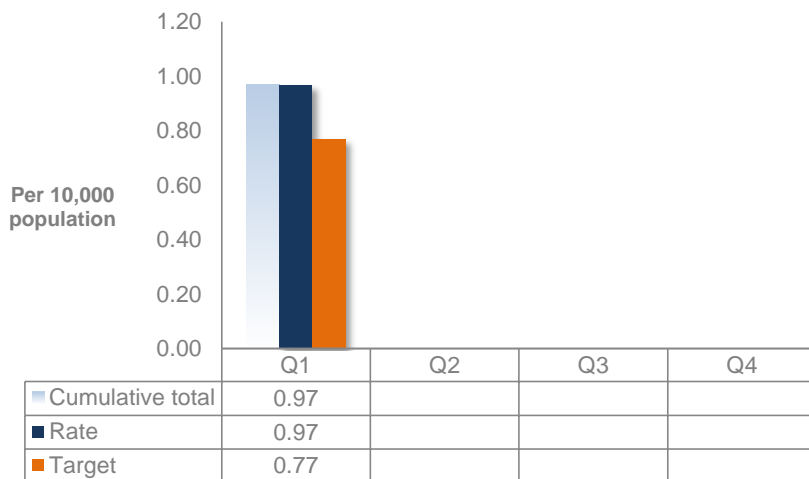
❌ Not achieved

0.97
Per 10,000 population
Quarter 1 June 2017

⬇

0.77
Per 10,000 population
Target for June 2017

Deliberate primary fires

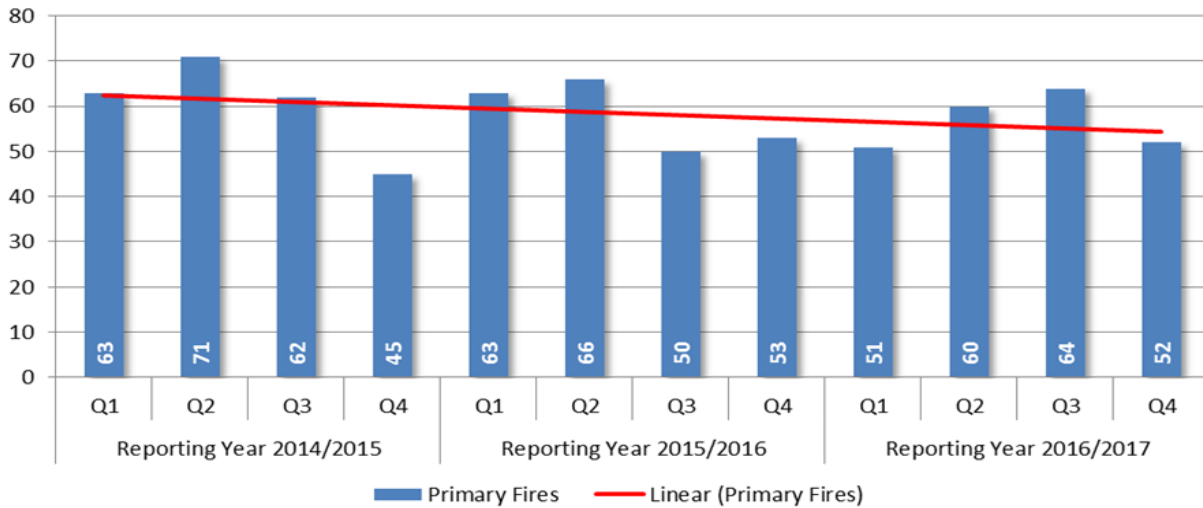|	Q1	Q2	Q3	Q4
Cumulative total	0.97			
Rate	0.97			
Target	0.77			

About the latest performance

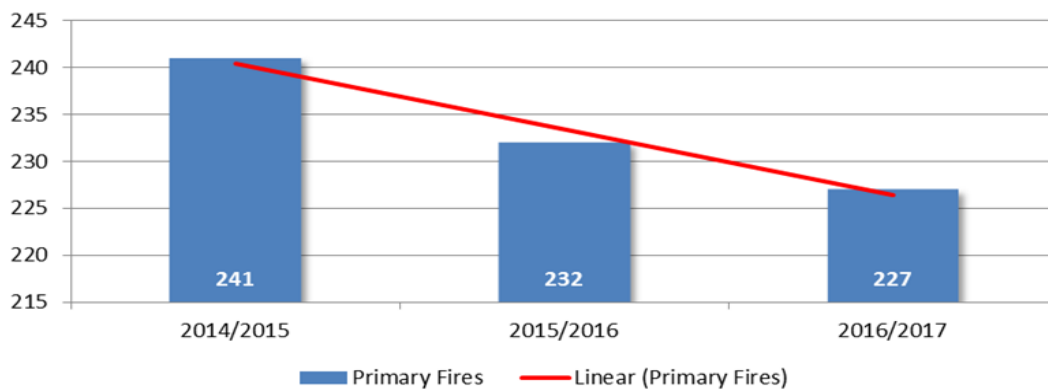There has been an increase of 21 deliberate primary fires compared with Q1 last year; this is 15 more than target. Vehicle fires are the main reason for the increase which has more than doubled from the same period last year (35 vehicle fires this year compared with 16 in 2016/17). The Arson Task Force continue to work collaboratively with the neighbourhood policing teams on initiatives aimed at reducing deliberate fires.

Deliberate Primary Fires (Actual Numbers)

	Reporting Year 2014/2015				Reporting Year 2015/2016				Reporting Year 2016/2017			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Primary Fires	63	71	62	45	63	66	50	53	51	60	64	52

Primary Fires — Linear (Primary Fires)

Deliberate Primary Fires (Actual Numbers - Annual)

	2014/2015	2015/2016	2016/2017
Primary Fires	241	232	227

Primary Fires — Linear (Primary Fires)

About the target

The target is set to aim for continuous improvement, including the following factors: 1) Progress towards 2020 Vision targets, 2) The results of our performance last year, 3) Our Service priorities and 4) Drive for continuous improvement.

About the target range

A target range of 5% either side of the likely number of incidents at the end of the year.

About benchmarking

Benchmarking data for this measure is not available

![Lincolnshire County Council - Working for a better future]

Communities are safe and protected

Reduce fires and their consequences

Deliberate secondary fires

Number of incidents of fires:- not involving property; were not chimney fires in buildings; did not involve casualties, fatalities or rescues; were attended by four or fewer pumping appliances where the Fire Service attended and determined that the cause of the fire was deliberate/malicious intent (per 10,000 population).
Numerator is the number of deliberate secondary fires.
Denominator is the population of Lincolnshire.
The rate per 10,000 population is calculated as follows:
Numerator divided by the denominator multiplied by 10,000.
A lower rate of deliberate secondary fires per 10,000 population indicates a better performance.
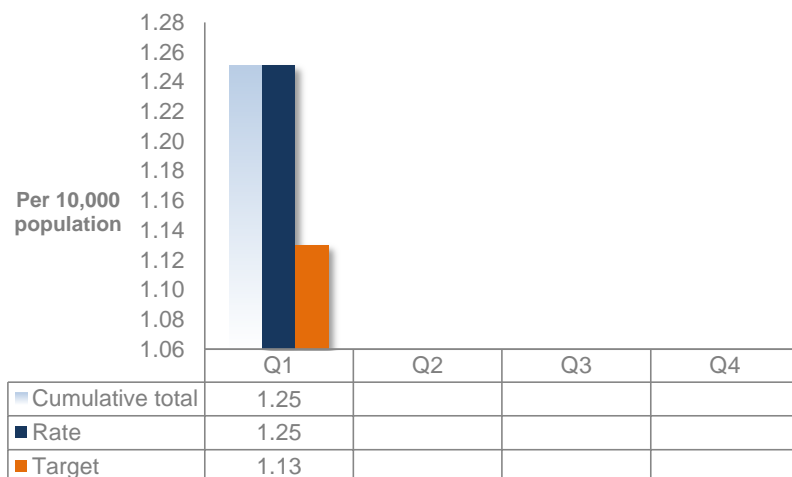
❌ Not achieved

1.25
Per 10,000 population
Quarter 1 June 2017

⬇

1.13
Per 10,000 population
Target for June 2017

Deliberate secondary fires

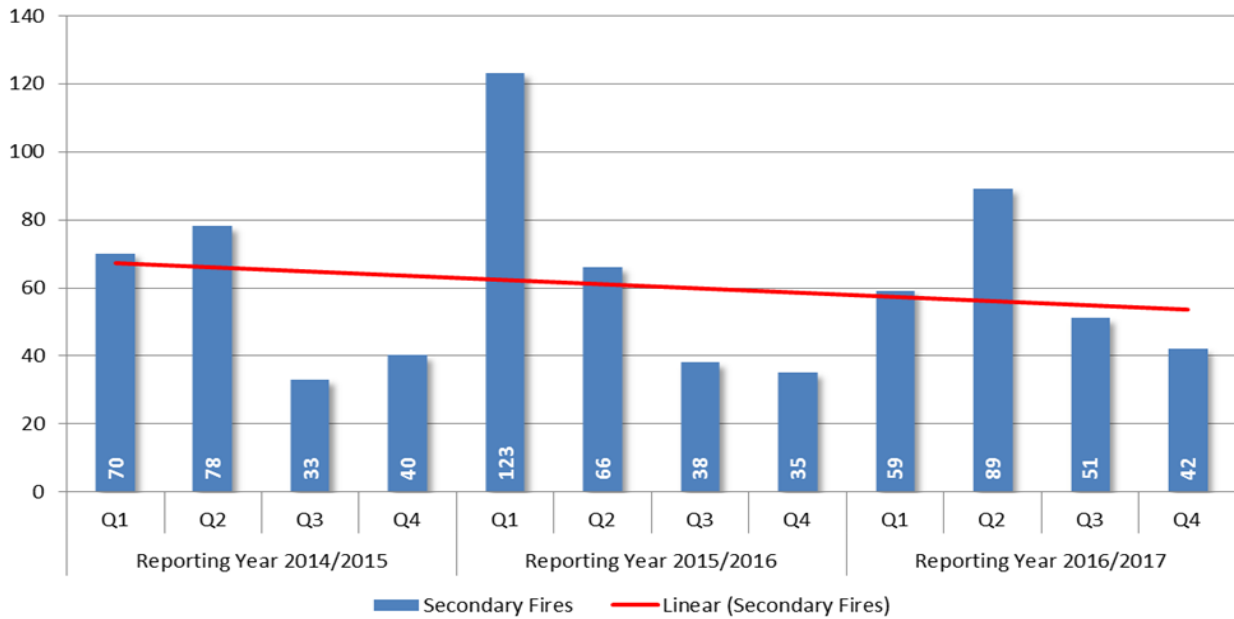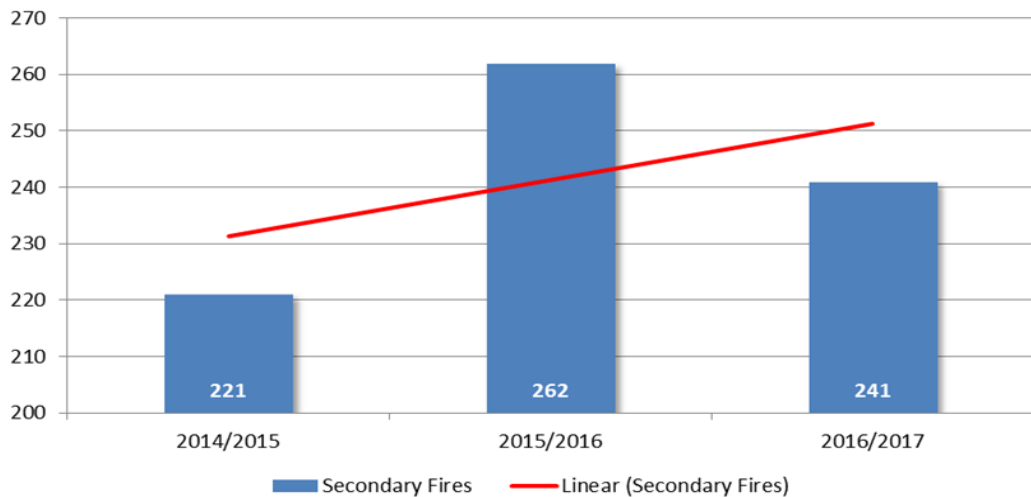|	Q1	Q2	Q3	Q4
Cumulative total	1.25			
Rate	1.25			
Target	1.13			

About the latest performance

There has been an increase of 34 deliberate secondary fires compared to Q1 last year; this is 10 more than target. All of the increases can be attributed to fires involving refuse. Gainsborough has seen an increase from 7 to 25, however local crews remain active with community engagement activities and the Arson Task Force work collaboratively with the neighbourhood policing teams on initiatives aimed at reducing deliberate fires.

Further details

Deliberate Secondary Fires (Actual Numbers)

	Reporting Year 2014/2015				Reporting Year 2015/2016				Reporting Year 2016/2017			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Secondary Fires	70	78	33	40	123	66	38	35	59	89	51	42

Deliberate Secondary Fires (Actual Numbers - Annual)

	2014/2015	2015/2016	2016/2017
Secondary Fires	221	262	241

About the target

The target is set to aim for continuous improvement, including the following factors: 1) Progress towards 2020 Vision targets, 2) The results of our performance last year, 3) Our Service priorities and 4) Drive for continuous improvement.

About the target range

A target range of 5% either side of the likely number of incidents at the end of the year.

About benchmarking

Benchmarking data for this measure is not available

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Customer Satisfaction Information
Public Protections and Communities Scrutiny Committee Q1
Date range for report 1ˢᵗ April 2017 – 30ᵗʰ June 2017

LCC Overview of compliments

Overall Compliments
The overall compliments received for Public Protections and Communities shows a decrease of 19% this Quarter, with 21 compliments being received compared to 26 received last Quarter.

Total number of compliments relating to <u>Public Protections and Communities Scrutiny Committee</u>	Current Q1	Q4	Q3	Q2	Q1
	21	26	47	26	23

Public Protections and Communities Compliments
Public Protections and Communities have received 21 compliments this Quarter. The compliments were:
7 x Fire and Rescue
- These were relating an emergency responses, visits, staff presentations & the Training Centre
10 x Registration, Celebratory and Coroners Service
- These were in relation to staff compliments & praise for ceremonies.
4 x Heritage
- These were all in relation for Lincoln Castle visits & events

LCC Overview of complaints
The total number of LCC complaints received this Quarter (Q1) shows a 6% decrease on the previous quarter (Q4). When comparing this Quarter with Q1 of 2016/17, there is a 5% increase when 152 complaints were received.

Total number of complaints received across all LCC service area.	Current Q1 17/18	Q4 16/17	Q3 16/17	Q2 16/17	Q1 16/17
	159	169	143	117	152
Total number of complaints relating to <u>Public Protections and Communities Scrutiny Committee</u>	7	6	3	6	8
Total Service Area Complaints broken down					
Community Safety	0	0	0	0	0
Community Cohesion	0	0	0	0	0
Emergency Planning	0	0	0	0	0
Fire and Rescue	2	0	0	0	1
Registration, Celebratory and Coroners Services	5	6	3	3	3
Trading Standards	0	0	0	1	3
Public Health	0	0	0	0	0
Libraries & Heritage	0	0	0	2	1

Number of complaint escalations relating to <u>Public Protections and Communities Scrutiny Committee</u>	0	0	Data not previously reported		
How many LCC Corporate complaints have not been resolved within service standard	0	1	6	8	4
Number of complaints referred to ombudsman	9	7	8	17	5

This Quarter Public Protections and Communities has received 7 complaints which is an increase of 17% on last Quarter when they received 6 complaints. When comparing this Quarter with Q1 2016/17, there is 12.5% decrease with 8 complaints being received.

Registration, Celebratory and Coroners

This Quarter Registration, Celebratory and Coroners has received 5 complaints which is decrease of 1 from last Quarter when 6 were received. The complaints were regarding:
  -    2 x staff conduct complaints
  -    Condition & surroundings of Registry Office
  -    2 x treatment of families by Coroner's Service

3 of these complaints were substantiated and 2 were partly substantiated.

Fire & Rescue

This Quarter Fire & Rescue has received has received 2 complaints which is an increase of 2 from last Quarter when 0 were received. The complaints were regarding:
  -    Conduct of Audit Officers
  -    Pressure exerted to extend examination deadlines

These were both partly substantiated

Complaint escalations
In Quarter 1 of 2017/18 there were a total of 12 complaint escalations for LCC.
None of these related to Public Protection and Communities.

Ombudsman Complaints
In Quarter 1 of 2017/18, 9 LCC complaints were registered with the Ombudsman. None of these complaints were recorded against Public Protection and Communities.

Policy and Scrutiny

	Open Report on behalf of Nick Borrill, Chief Fire Officer

Report to:	**Public Protection and Communities Scrutiny Committee**
Date:	**19 September 2017**
Subject:	**Change of Service Delivery Strategy and Transition from Home Safety Checks to Safe and Well Visits**

Summary:

Having delivered Home Fire Safety Checks for in excess of 15 years and fitted many thousands of smoke alarms in people's homes, the number of serious dwelling fires has fallen whilst the rate of ownership of working smoke alarms has risen to an all time high. Despite these trends people continue to lose their lives to fire. This and the national drive promoting fire and rescue services as a health asset has brought about a change in service delivery strategy, focusing our resources on the most vulnerable and developing the popular 'Home Safety Check' into a more holistic 'Safe and Well Visit'. The range of issues tackled has expanded over the years from a pure fire safety check into a broader home safety check. Whilst fire safety remains hugely important, it seems that now is the time to broaden the check once again to incorporate a wider range of issues, recognising the effectiveness of the fire service's preventative work.

This paper seeks to inform committee members of the key changes to our Home Safety Check service delivery strategy and provide an understanding of the new Safe and Well Check that is currently being piloted.

Actions Required:

The Public Protection and Communities Scrutiny Committee are invited to consider the change in service delivery strategy and transition from Home Safety Checks to Safe and Well Visits and offer feedback as appropriate.

1. Background

1.1 Change in Strategy

Lincolnshire Fire and Rescue's Prevention Strategy, as set out in the IRMP Baseline Document[1], commits the Service to deliver targeted Home Safety Checks and work with partners to signpost the residents of Lincolnshire to the most appropriate services for their needs.

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[1] https://www.lincolnshire.gov.uk/lincolnshire-fire-and-rescue/about-us/service-planning/irmp-baseline-document/130350.article

Over recent years the Service has delivered against this strategy predominantly through Home Safety Checks in targeted areas within the community which have been identified using a range of data sources including local demographics and delivered by both Community Safety Checks. The checks have been aimed primarily at reducing the impact of domestic dwelling fires and increasing smoke detector ownership.

The English Housing Survey 2014-15[2] found that 93% of surveyed homes now had smoke alarms fitted and since then new legislation[3] has made installation of smoke alarms mandatory in all private sector rented property which has increased ownership even further. Clearly through a range of initiatives both national and local, smoke alarm ownership is becoming the norm and evidence suggests that the need to provide smoke alarms is becoming secondary to a range of health and wellbeing related issues.

Working in partnership, the Service has, over the years, worked hard to establish referral pathways with a broad range of community services, the success of this partnership working has led to increasing numbers of referrals, to the point that almost all of the home Safety Checks completed are now through referrals. It became clear from these referrals that we were reaching the more vulnerable members of our communities and that many of the people we visited had needs far greater than those that we had traditionally encountered. We found that our community safety staff, known as Advocates, needed to establish new pathways with partners to help resolve the issues identified and increasingly needed new skills. Recognising the increasing volume and the great value of this work, the Service took the step of reviewing its approach to delivering Home Safety Checks.

The resultant new approach takes into consideration the level of risk presented in each case, ensuring those at highest risk are treated as a priority. By allocating a risk score we are able to prioritise our resources. There are three factors that influence the level of risk and thereby the priority, these are:

- Likelihood – the probability of having a fire
- Severity – the risk factors of the individual based on lifestyle
- Outcome – the interventions required to reduce the risk

A risk matrix is then used to allocate and prioritise visits to the most vulnerable as follows:

- Critical Risk – within 5 days by CFS Advocate
- High risk – within 10 days by CFS Advocate
- Medium Risk – within 30 days by fire crews
- Low risk – DIY Pack

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[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539096/Smoke_Alarms_in_English_Homes_Full_Report.pdf
[3] Energy Act 2013: Section 150. http://www.legislation.gov.uk/ukpga/2013/32/contents

The Home Safety Checks are then delivered by appropriately skilled staff, we use our fire crews to deliver the medium risk visits which generally require little in the way of additional support or specialist equipment and our advocates to deliver the high and critical risk visits which tend to be more complex, usually involve a degree of partnership working and often require one or more return visits. For the low risk cases we direct the householder to a do it yourself pack available either from the Service website or where through the post where internet is not a medium that the householder is comfortable with.

This new approach is now established and we are finding more of our Advocate time being spent supporting those at highest risk. With many of the issues identified being broader than the traditional fire or home safety matters and requiring multi agency support, it is now considered appropriate to progress to the next stage. So we have taken the decision to develop the 'Home Safety Check' into a 'Safe and Well Visit' in line with the nationally supported direction.

1.2 The National Position

NHS Sustainability and Transformation Plans released in August 2015 set out a Five Year Forward View in which Fire and Rescue Services (FRS) nationally are identified as a health asset. Working together with Public Health England, the National Fire Chief's Council (NFCC), the Local Government Association and Age UK established a new working relationship aimed at improving the quality of life for people who would benefit from brief health and wellbeing interventions in their own homes, and better co-ordinated public services.

The Strategic Health Group and NFCC continue to promote 'Fire as a Health Asset' to the Government, including the devolved administrations, the NHS, social care departments and third sector organisations.

1.3 Chief Fire Officers Association (CFOA) Health Strategy 2015-19

This strategy (Appendix A) sets out how CFOA, now the NFCC, are leading the drive to provide greater collaboration between fire and health services to produce better health outcomes for the communities they serve. Such collaboration will support a number of wider priorities and issues for both the fire and rescue service and our health partners.

As part of their work NFCC have developed guidance to assist fire & rescue services to develop their highly successful 'Home Safety Check' initiatives into more holistic 'Safe and Well Visits'.

Between October 2015 and March 2016, three fire and rescue services took part in a pilot which intended to measure the impact of their interventions on reducing the risk of winter-related ill health in vulnerable people. The pilot aimed to address the health risks of falls, social isolation, cold homes and flu during the winter months.

The evaluation demonstrates the value of fire and rescue service engagement with this work. A summary of the evaluation follows:

- Of over 6000 homes visited, more than half of these resulted in the identification of households with people at risk of a fall, social isolation or a cold home
- Approx. 3500 of these visits resulted in a referral to other services
- Advice and/or home adaptations were provided to over 5000 households
- It is estimated that the pilot resulted in the avoidance of 147 visits to accident and emergency
- 80 new falls assessments for those at risk of a fall were completed
- A return of £7 in social benefits for every £1 additional investment was achieved
- People receiving a visit found it valuable and felt it had a positive outcome on their health and wellbeing
- The pilot strengthened local partnerships and complemented the work of health, social care and voluntary sector organisations.

1.4 The Safe and Well Visit in Lincolnshire

We looked to identify opportunities within Lincolnshire, and commenced discussions with partners across the county. A number of opportunities were identified that could improve community health and wellbeing outcomes, particularly to the more vulnerable people of our community, enhance existing prevention and response activities, add value and potentially reduce costs to partner organisations.

Working on the model used for the pilot referred to in 1.3 and with support from partners we developed a 'Safe and Well Visit' aligned to Lincolnshire's needs.

The visit is aimed at the more vulnerable residents and offers fire safety, housing, practical lifestyle and general wellbeing advice. It also includes a falls assessment and given the significant rise in cooking related fires, offers specific advice on cooking safety.

We have now commenced the transition from 'Home Safety Check' to 'Safe and Well Visit' with a local seven week pilot which started on the 14th August 2017. A review will take place at the end of the pilot with a view to a full roll out to all ten Community Fire Safety Advocates and our nine Wholetime Duty System fire crews by November 2017.

2. Conclusion

Lincolnshire Fire and Rescue aim to offer a greater contribution to the health, safety and welfare of the communities of Lincolnshire through concentrating its resources on delivery of a Safe and Well Visit to the most vulnerable whilst continuing to provide good service to those most able to help themselves.

3. Consultation

a) Have Risks and Impact Analysis been carried out?

Yes

b) Risks and Impact Analysis

This is available within Fire and Rescue's Community Fire Safety department

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Health Strategy 2015 – 2019: Fire and Rescue Services as a Health Asset

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon York, who can be contacted on 01522 555130 or Simon.york@lincoln.fire-uk.org.

Appendix A

Health Strategy 2015-19
Fire and Rescue Services as a Health Asset

CFOA
Chief Fire Officers
Association
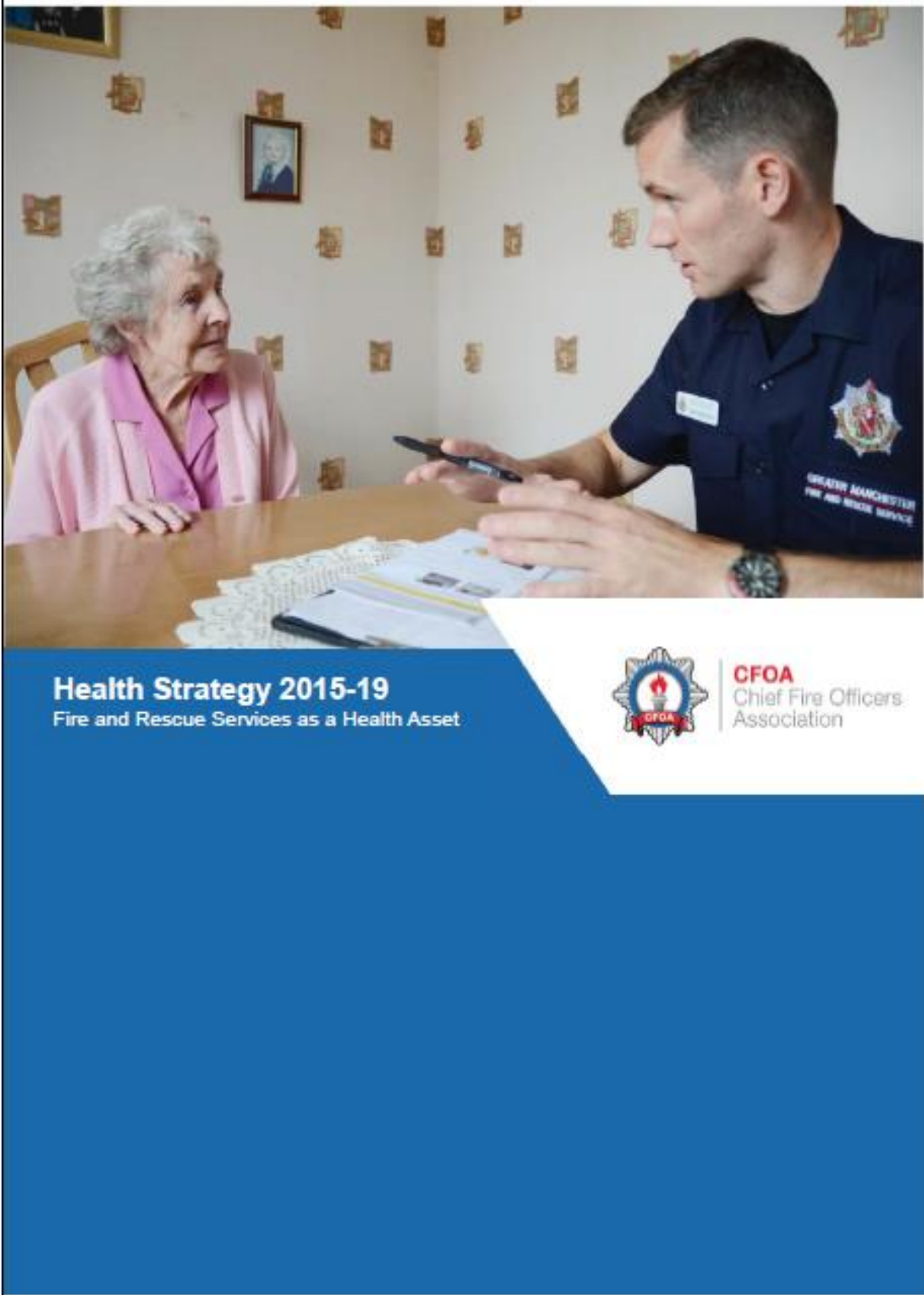
Fire as a Health Asset

I was so impressed with the work of the fire services! I realised that the agendas of preventing ill-health and preventing fires were closely linked: fires and ill-health occur in the more deprived areas, to people at the bottom of the socio-economic gradient, to those in poor quality housing, and to those whose circumstances have lead them to take up unhealthy lifestyles. The fire services do what every stakeholder involved in reducing health inequalities should do: engage directly with the community, work to provide them with the opportunities they need to live a healthy life and focus on prevention.

- Professor Sir Michael Marmot
Fair Society, Healthy Lives – Strategic Review of Health Inequalities in England Post 2010
Published 2010

Firefighters have been fantastically successful in moving from a responsive to an interventionist service. Instead of the fire and rescue service being residualised, its remit must be expanded to offer different types of interventions – including in preventative health and social care. By working with local councils and health and wellbeing boards, local fire services can be really effective partners in improving the overall health of their neighbourhood.

- Dr Claire Mansfield
Head of Research, New Local Government Association
Author of Fire Works: A Collaborative Way Forward for the Fire and Rescue Service
July 2015

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Introduction

The first question many people will ask is why should fire be seen as a health asset at all? It is an important question, but I believe it has an obvious answer.

The NHS, public health and social care are facing the same challenge the FRS did over a decade ago; demand outstripping resource and capacity to respond. However, they recognise the success the FRS has had in reducing demand through investment in prevention activity, and are now looking to colleagues in the fire sector to help them replicate this.

We know that a great many of the causes of poor health outcomes are the same as those that determine risk from fire. Frailty, poor mental health, obesity, smoking, alcohol and substance abuse – amongst other things – place major stress on health services and represent some of the key factors involved in fatal fires. We therefore have a fantastic opportunity to work together for mutual benefit.

The hundreds of thousands of targeted home fire safety checks that fire and rescue services currently undertake nationally are a unique and powerful opportunity to influence the lives and health outcomes of vulnerable people. The hugely positive and trusted fire and rescue service brand gives fire service staff a way across the threshold and a means to engage with some of the hardest to reach in our communities.

Ambulance services are under particular pressure, with enormous growth in demand and increasing expectations. Fire and rescue services have the capability to support and assist our blue light colleagues through co-responding, first responding and similar schemes, helping to free up highly skilled paramedics and technicians to deal with other more complex issues.

'The overall aim of this strategy is to ensure fire and rescue services are regarded as a key health asset.'

The benefits of this approach will clearly be mutual; by helping health services to tackle these issues we will also address some of our own risks and priorities. The costs associated with poor health outcomes even in the short term are in the billions. Of course there is also an opportunity to access the significant resources the NHS controls to support our efforts in relation to risk reduction.

This strategy is intended to outline how CFOA will establish a unified offer to health against a number of priorities. It will be championed by the Strategic Health Group, which is comprised of representatives from across all of CFOA's directorates.

It recognises that any approach will need to take account of local capabilities, relationships, risks and needs. Communication between all those involved will be vital to determine what is wanted by health services and what fire and rescue services are in a position to deliver. While there cannot be a one size fits all model, this strategy and multiple case studies show that good practice can often be adapted and changed to fit local needs.

To return to where I began, the question is not why should the fire and rescue service be involved in health, but why has it not been more involved before now? I am sure that within the next ten years fire and rescue services will come to be recognised as a key asset for the health service. I am confident that together we can build safer and healthier communities.

Peter O'Reilly
CFOA Strategic Health Lead

Supporting CFOA's Priorities

How does this strategy fit with our wider priorities?

This strategy sets out how CFOA is going to support a drive to provide greater collaboration between fire and health services to produce better health outcomes for the communities we serve. Such collaboration will support a number of wider priorities and issues for both the fire and rescue service and our health partners. Some of these are listed below.

It aims to fulfil the intent set out in the consensus statement signed by CFOA, NHS England, Age UK, Public Health England and the LGA in October 2015, although it goes further than even this.

CFOA's Strategic Direction document 'Making the difference needed' has as one of its key priorities to build 'Safer, healthier and more resilient communities'. This strategy and our wider relationship with the health service will be one of the most important ways of achieving this. Similarly, 'Making the difference needed' recognises the need to advocate for the wider implementation of co-responding schemes and the need to drive reform and service integration, both of which are key elements of this strategy.

The NHS's Five Years Forward View places great importance on 'getting serious about prevention' and it has been recognised that fire and rescue services have been trailblazers in this regard in the past two decades. Equally, the Forward View recognises the need to explore new models of health care, work with new partners and back innovation. We believe that we have the experience and capacity to help the NHS to achieve these aims.

Both health and fire services have recognised the importance of 'making every contact count' by improving the outcomes that citizens receive, reducing duplication and ensuring that maximum benefit is gleaned from all contact with public services. The communities we serve deserve the best value for money and quality of services they can – who provides it and how it is provided should be secondary considerations.

The NLGN report Fire Works recognised the potential role fire could play in health and recommended that it be developed further and recognised as an important part of the fire services work.

Not only does greater collaboration improve services for those at the receiving end, it has the capacity to save our services time, money and resources. At a time when all public services are facing squeezed budgets and pressure to innovate and collaborate, a closer working relationship between health and fire has the potential to save millions of pounds and many lives. It will be important to find means to measure and evaluate the success of the work, especially when some outcomes will involve something not happening.

PHE, the Royal Society for Public Health and others have recognised that there is a need for investment and recognition of the 'wider public health workforce' – those outside of the health and care profession who have a role in providing public health interventions. We believe fire and rescue services are a key part of that wider workforce, and one that punches well above its weight. This is something already being recognised widely by our colleagues in public health.

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Our Priorities

Our priorities

Aim: To ensure that fire and rescue services are regarded as a health asset

Priorities:

1. Build relationships with national, regional and local health and social care partners, government departments and the third sector to encourage closer collaboration and data and information sharing between fire and health and clearly communicate the benefits of these relationships

2. Develop the design principles for and encourage the uptake of "Safe and Well" visits and the effective use of all fire and rescue service resources, building on the Home Safety Check and informed by existing good practice and ongoing evaluation

3. Explore and develop other areas where fire services can improve health outcomes, by drawing on best practice, utilising new technology and investing in upstream prevention activity.

4. Develop the skills and training requirements necessary to allow the fire service workforce to effectively support improved health outcomes

5. Agree guidance for commissioners, health service providers and fire and rescue services to facilitate commissioning opportunities

6. Work with Ambulance Trusts, Association of Ambulance Chief executives (AACE) and other partners to complement the professional expertise delivered by paramedics at medical emergencies

7. Work with all health partners to improve the fire safety of the health and care premises where vulnerable people are at risk, and reduce numbers of avoidable incidents that impact on the availability of Fire and Rescue Service resources

In each case, we will seek to use the experience and expertise gained in the pursuit of these priorities to improve the wider work and operations of the fire and rescue service in all areas of our work.

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Priority One

Build relationships with national, regional and local health and social care partners, government departments and the third sector to encourage closer collaboration and data and information sharing between fire and health and clearly communicate the benefits of these relationships

CFOA wants the fire and rescue service to be recognised by public health colleagues and the government as a key health asset. This will require us to build trusting relationships with partners and promote the capabilities of fire and rescue services and the mutual benefits such collaboration will bring. The overall aim of this should be to facilitate conversations between individual fire and rescue services, health and social care commissioners and providers at a local level so that schemes can be introduced. It is also vital that we operate in a way that is aligned and mutually beneficial, helping health colleagues to achieve their aims – such as those outlined in the NHS five year forward plan – and ensuring that fire and rescue services are able to achieve theirs.

Many people in government, other public services and the population at large are not aware of the wider role fire and rescue services already play in prevention, protection and community safety. For some, the service is still predominently associated with emergency response, designed to tackle a narrow range of emergencies. While this remains a critical part of what the FRS does, we have long known that we save as many if not more lives by preventing incidents from happening. Clear communication of the reasons and benefits behind fire and health collaboration, such as the shared risks and opportunities presented by Safe and Well Checks and other prevention activities, will be important if we are to receive support from colleagues and the communities to whom we want to deliver.

Information and data possessed by public services represents a powerful means of improving services and reducing harm. Health colleagues have information on illness, frailty, prescriptions and much more that can be used to identify those in need and coupled with fire and rescue service data and mapping tools to create a rich picture of those most at risk. We already know that in many instances public bodies are aware of individuals or families who are at risk but partner agencies remain unaware, often because of a perception that data and information cannot or should not be shared. We should challenge this view and work towards a position where the assumption is always in favour of sharing relevant data unless there is a good reason not to do so. Of course it is important to have in place security and confidentiality guidelines to ensure that the public can have confidence in how data is shared, who it is shared with and how it will be used.

When we are successful…
- Fire and Health services will collaborate across a number of agendas and to deliver against these will share resources, personnel, equipment and budgets.
- Government departments will have a joined up approach that enables the realisation of the benefits of providing greater integration between fire and health.
- The potential of fire as a health asset will be reflected in a broader focused National Framework
- Fire and rescue services will have access to a wide range of timely, relevant data in useable formats, which can be used to risk stratify and to prioritise and target health and wellbeing interventions, as well as other prevention activity.
- At a local level, fire and rescue services will be regarded as a key health asset and will be a key member of local Health & Well-being boards.

How might we measure this?
- Feedback from Clinical Commissioning Groups (CCGs) and fire and rescue services about their experience and interactions.
- Reductions in fires and negative health outcomes, such as excess winter deaths, amongst those targeted using health data.

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Priority Two

Develop the design principles for and encourage the uptake of "Safe and Well" visits and the effective use of all fire and rescue service resources, building on the Home Safety Check and informed by existing good practice and ongoing evaluation.

A Safe and Well visit will be a person centred home visit to identify and reduce risk to the occupier or occupiers, which expands upon a Home Safety Check to include advice and interventions that address other risks that will further reduce fire risk, but will also help to improve health and wellbeing. Safe and Well maximises the opportunity to promote improved health outcomes and reduce harm, as part of the hundreds of thousands of visits Fire and Rescue Services are already undertaking.

The range of risks addressed will be tailored to meet local needs and capacity. Services will identify a multitude of risks, delivering advice and brief interventions and acting as the point of contact to reduce risks. These will target our most vulnerable people, from the frail and elderly, those with mental health issues to those with substance dependencies. Interventions could be equally broad, from undertaking the Gait Test for frailty, to administering vaccines, to fitting safety equipment or the early identification of long term conditions. Where appropriate, issues will be referred to specialists for further advice and support. These visits will assist in reducing pressures and demands for partners, identify more of the people in greatest need and deliver better outcomes for the communities we serve. To support these aims we should consider the effective use of all Fire and Rescue Service resources including stations, vehicles, equipment and staff.

Public services and health in particular are, quite rightly, strongly evidence based. There is a recognition that the evidence from the fire and rescue service's own success is a good starting point for this work, but there is much that fire and rescue services will do in support of health and social care partners that has a limited evident base; it will therefore be important to ensure that new initiatives and approaches are evidence led and linked to health outcomes frameworks so that it is clearly recognised and valued by health partners.

When we are successful...
- At a local level fire and rescue services will be working with local health partners to deliver thousands of Safe and Well visits, building on the success of Home Safety Checks.
- The most vulnerable in our communities will be receiving a joined up service, providing quick and effective early realistic assessment of need to improve their health and wellbeing and keep them safer in their homes.
- Health partners will be under reduced pressure and see improved outcomes for their patients

How might we measure this?
- Reduction in the demand or reduction in the growth in demand for accident and emergency, health and social care etc.
- Associated cost savings for health services – e.g. reduced frequent callers to GP surgeries (see Dorset SAIL project)
- Reduction in demand for other Emergency Services (fire, police, ambulance, responses from telecare etc.)
- Impact on outcomes from PH or NHS outcomes framework

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Priority Three

Explore and develop other areas where fire services can improve health outcomes, by drawing on best practice, utilising new technology and investing in upstream prevention activity.

Fire and rescue services have a range of other interventions beyond a safe and well visits that they can make to improve health outcomes, from working with people and organisations to improve fitness to promoting key life savings skills and technology. The unique and trusted brand of the fire and rescue service enables us to engage with and motivate often hard to reach groups, and this can be exploited to improve the health and wellbeing of people young and old. As we have been able to do in terms of community resilience, fire and rescue services can act to empower communities to become more self-reliant and improve their own health, safety and wellbeing by providing advice, guidance, education and support to prevent susceptibility to risk before it occurs. Our experience in reducing fires and other emergencies through improved fire prevention and protection has proven to us that upstream activity which produces improved outcomes in the medium or long term are most effective.

New technologies, such as telecare services or fire suppression systems, play a positive role in supporting vulnerable people to remain independent in their own homes by connecting them directly to help and limiting or controlling fires when they occur. There is clear evidence that the use of telecare monitored fire detection systems, where fitted correctly, can be effective in the rapid detection of fire and mobilisation of fire crews and can therefore play an important role in achieving a range of benefits for both vulnerable individuals and the community in general.

Sharing good practice is one of the core roles of CFOA as the professional voice of the fire and rescue service. There is a wealth of existing guidance, information and good practice produced by both the health service and fire and rescue services which would be of use around health and fire matters. Sharing this guidance will allow services to integrate it into their thinking and strategic planning and include it within their interventions. Learning from others is also a vital way to improve services and avoid the mistakes of the past. Of course in all these areas we recognise that local differences mean that no one model will fit all areas.

When we are successful...
- Fire and Rescue Services will be seen as being key partners for Public health teams, CCGs and NHS Trusts for health, wellbeing and fitness promotion
- Fire and rescue services and health and social care partners will be able to utilise technologies such as telecare or mobile suppression systems to reduce the risk of death and injury from fire and other emergencies
- Fire and rescue services will have access to a comprehensive portfolio of good practice regarding fire, health and wellbeing collaboration and best practice from within the fire and rescue service will become common practice

How might we measure this?
- Direct feedback from PHE, NHS Trusts and CCGs – evaluation, monitoring outcome frameworks, positive referrals leading to change
- Conduct qualitative evaluations of fire service prevention activity both for the NHS Trusts and for FRSs before and after the arrangements are put into effect

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Priority Four

Develop the skills and training requirements necessary to allow the fire service workforce to effectively support improved health outcomes

Firefighters and fire service staff are highly skilled and fulfil a range of roles. Over the past decades they have taken on a great many new tasks which have required them to be highly adaptable and open to new roles and responsibilities. Many of their existing skills, such as trauma care, risk assessments or community safety interventions, coupled with a problem solving culture and a strong ethic of public service, are relevant to our efforts to support the health and wellbeing agenda. There is clearly an opportunity to add to these skills with other basic health interventions.

Of course, there are an enormous number of complex issues in health and it will not be appropriate for fire and rescue service staff to try to tackle all of the problems. In many instances their role will be to identify risks and signpost to appropriately qualified health and social care colleagues, or non-statutory services. Nonetheless, if fire and rescue service staff are to become a health asset, a trusted partner and the eyes and ears of our health and social care colleagues, it will be vital to provide them with the appropriate skills and know how they will need to identify health risks, hold difficult conversations with vulnerable people and build the relationships with partners necessary to effectively signpost these issues.

When we are successful...
- A robust safeguarding process for firefighters and fire service staff working with vulnerable people will be in place.
- At a local level fire and rescue services in collaboration with health will be providing the necessary training and development to their staff to enable them to undertake a wider health role in a confident manner
- The public will be assured that health and wellbeing interventions are undertaken by professional and appropriately skilled people appropriate to their local risks and needs

How might we measure this?
- Independent verification of the health and wellbeing interventions being undertaken by fire service staff
- Level of satisfaction from firefighters and fire and rescue service staff undertaking health and wellbeing interventions
- Measure householders assessment of improved health and wellbeing
- MECC training and Marmot objectives combined with knowledge of importance of wider determinants of health

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Priority Five

Create guidance for commissioners, health service providers and fire and rescue services to facilitate commissioning opportunities

Clincal Commissioning Groups CCGs, Local Authority Public Health departments, Social Services and health service providers will play a key role in any collaboration between health and fire, so they must be well informed and have confidence in the approach. Being clear with commissioners on why they should engage, what is possible (and not possible) and who is best to contact will be one means of doing this, together with examples of where fire and rescue services have already delivered successfully against the health and wellbeing agenda. Setting out the range of possibilities and potential at a national level will lead to the important conversations at a local level that lead to improved outcomes for the public. It will also be important to remember that the possibilities may be more limited in some areas than other, due to political, economic or operational factors.

Commissioning is not the same as procurement, although the two terms are sometimes incorrectly used interchangably. Ensuring senior managers have a proper understanding of what commissioning is and how it works, as well as the necessary skills to take part in the commissioning process will be vital.

Although not all commissioining involves payment, it will also be important to consider and explore how work carried out by fire and rescue services on behalf of health might be funded. In some instances this work will incur little or no additional cost and the benefits will clearly be mutual. However, there may be occasions where a proper commissioning process with attached funding would be appropriate. This is already the case in some places around co-responding, first responding, or some other elements of community safety.

When we are successful...
- Health and Clinical Commissioners and health service providers will be fully aware of the benefits that can be achieved by engaging with fire and rescue services as a health provider
- Fire and rescue services will be fully aware of the commissioning opportunities with health and will have ready-made 'packages or tenders'
- Fire and rescue services will be widely commissioned by CCGs and other partners to undertake health interventions

How might we measure this?
- Direct feedback from fire and rescue services and CCGs on their understanding of the process and opportunities
- Through delivering against agreed objectives and outcome measures

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Priority Six

Work with Ambulance Trusts, Association of Ambulance Chief Executives (AACE) and other partners to complement the professional expertise delivered by paramedics at medical emergencies

Ambulance services, unlike the fire and rescue service, are facing rapidly increasing demand for their services. In 2014/15 for example, they saw an increase of 9.3% or 265,952 category A calls that required an emergency response. Fire and rescue services in some areas are already providing assistance to ambulance colleagues for certain types of emergency and non-emergency calls, either working with paramedics to assist them at the scene of an incident, or freeing them up to tackle more pressing or complex incidents. While recognising that different areas face specific demands, risks and needs, there is clearly scope to extend this across the UK.

The vast majority of firefighters receive basic medical training to varying standards including trauma technicians. Many have the skills and resources necessary to provide an effective first or co responding service, or other intervention service. There is significant scope to develop these skills further through the development of single service or joint training approaches. Some services are even expanding into conveyancing in more isolated rural areas. Fundamentally, our services should be citizen focused and organisational boundaries or funding routes should not prevent us from providing the best possible service to someone in need.

Usually the first people at a scene of a cardiac arrest or similar medical emergency are members of the public. Fire and rescue services, have the capacity to extend the knowledge of lifesaving skills such as CPR and the availability of lifesaving technologies such as Automatic External Defibrillators (AED) through our enforcement and inspection roles with businesses or as part of our education programmes with children.

When we are successful...
- At a local level, every fire and rescue service will be able to work with their local ambulance service to provide a first or co-responding or other emergency and non-emergency medical response services appropriate to their local risks and needs
- There will be an increase in the availability of publicly available defibrillators and wider dissemination of vital first aid skills
- A member of the public suffering a cardiac arrest or other serious medical emergency will receive the fastest and most appropriate emergency response regardless of who provides it

How might we measure this?
- The number of Category A medical emergencies answered/lives saved
- Reduction/slow in growth of calls/responses made by ambulance colleagues
- Number of AED machines purchased/installed in community settings.

* http://www.hscic.gov.uk/catalogue/PUB17722

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Priority Seven

Work with all health partners to improve the fire safety of the health and care premises where vulnerable people are at risk and reduce numbers of avoidable incidents that impact on the availability of Fire and Rescue Service resources

The NHS and other health partners have a strong record around fire safety, thanks to a clear recognitition of the special risks associated with hospitals, care homes and other buildings where vulnerable people receive care. Amendments to the legislation governing Primary Authority Schemes (PAS) have brought the Regulatory Reform (Fire Safety) Order 2005 within their scope. The potential now exists for fire and rescue services to engage positively with those responsible for NHS and other health and care related premises to support and continue to improve fire safety and risk management and expland the use of fire safety technology such as suppression, through PAS. Of course, any improvements to the standard of fire safety on health and care premises will have the benefit of not only reducing false alarms but also reducing the risk of real fires and the associated dangers they pose to patients and staff as well as the negative effects caused by downtime dealing with alarms or incidents.

Hospitals are often responsible for the largest number of Unwanted Fire Signals or Automatic Fire Alarm activations received by fire and rescue services it is possible, through alarm management processes to make significant reductions in unwanted calls from hospital sites. London Fire Brigade, which receives thousands of unwanted fire signals from hospitals across the capital, have had success in this area with a number of hospital Trusts, not least St Mary's Hospital in Westminster, where AFA calls reduced from more than 100 in 2009/10 and 2010/11 to only two in 2011/12 .

When we are successful...
- Hospitals, care homes, sheltered housing and other health and care premises will be much safer in the event of fire and better able to manage their responsibilities under fire safety legislation
- There will be a reduction in the number of false alarms which disrupt the provision and delivery of health services and waste fire and rescue service time and resources
- Health and care staff will be more confident in their knowledge of fire safety

How might we measure this?
- Reduction in fire incidents from health buildings
- Reduction in false alarms from health buildings

* http://www.london-fire.gov.uk/Documents/Sup06-Management-of-Calls-to-Automated-Fire-Alarms.pdf

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Involving You

This strategy has been developed by fire and rescue services, for fire and rescue services.

The content of this strategy and in particular the priorities identified have been created by the CFOA Strategic Health Group, informed by our conversations with other CFOA colleagues and with health partners through the Fire-Health project group. We have sought to draw on a wide range of examples and experience from the fire and rescue service in forming the document.

However, the discussion has to continue, and this document will need to remain "live" and open to adaptation and change. Please visit the Fire as a Health Asset pages on the CFOA website to see the ongoing work of the Strategic Health Group and further detail on our performance against this strategy.

Your input, evidence and feedback are always welcome. Please contact either Peter O'Reilly at oreillyp@manchesterfire.gov.uk or Geoff Harris at harrisg@manchesterfire.gov.uk if you have any comments or questions.

CFOA
Chief Fire Officers
Association

![Lincolnshire County Council - Working for a better future]

Open Report on behalf of Richard Wills, Director responsible for Democratic Services

Report to:	**Public Protection and Communities Scrutiny Committee**
Date:	**19 September 2017**
Subject:	**Public Protection and Communities Scrutiny Committee Work Programme**

Summary:

This item enables the Committee to consider and comment on the content of its work programme for the coming year to ensure that scrutiny activity is focused where it can be of greatest benefit. The work programme will be reviewed at each meeting of the Committee to ensure that its contents are still relevant and will add value to the work of the Council and partners.

Members are encouraged to highlight items that could be included for consideration in the work programme.

Actions Required:

Members of the Committee are invited to:
1) Review, consider and comment on the work programme as set out in Appendix A to this report.
2) Highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

1. Background

Overview and Scrutiny should be positive, constructive, independent, fair and open. The scrutiny process should be challenging, as its aim is to identify areas for improvement. Scrutiny activity should be targeted, focused and timely and include issues of corporate and local importance, where scrutiny activity can influence and add value.

Overview and scrutiny committees should not, as a general rule, involve themselves in relatively minor matters or individual cases, particularly where there are other processes, which can handle these issues more effectively.

All members of overview and scrutiny committees are encouraged to bring forward important items of community interest to the committee whilst recognising that not all items will be taken up depending on available resource.

Committee Scope

As part of its terms of reference, the Public Protection and Communities Scrutiny Committee will work to review and scrutinise the following services and their outcomes:

- Volunteering support
- Adult education
- Financial inclusion
- Community engagement and development
- Community hubs
- Library services and archives
- Heritage services
- Preventing and reducing crime
- Tackling domestic abuse
- Fire and rescue and emergency response
- Trading standards
- Emergency planning
- Road safety
- Reducing anti-social behaviour
- Registration, celebratory and coroner's services

There will inevitably be service specific subjects that the scrutiny committee will want to consider, either through policy development, project updates, or through pre-decision scrutiny.

Purpose of Scrutiny Activity

Set out below are the definitions used to describe the types of scrutiny, relating to the items on the Committee Work Programme:

Policy Development - The Committee is involved in the development of policy, usually at an early stage, where a range of options are being considered.

Pre-Decision Scrutiny - The Committee is scrutinising a proposal, prior to a decision on the proposal by the Executive, the Executive Councillor or a senior officer.

Policy Review - The Committee is reviewing the implementation of policy, to consider the success, impact, outcomes and performance.

Performance Scrutiny - The Committee is scrutinising periodic performance, issue specific performance or external inspection reports.

Consultation - The Committee is responding to (or making arrangements to) respond to a consultation, either formally or informally. This includes pre-consultation engagement.

Budget Scrutiny - The Committee is scrutinising the previous year's budget, or the current year's budget or proposals for the future year's budget.

Requests for specific items for information should be dealt with by other means, for instance briefing papers to members.

Identifying Topics

Selecting the right topics where scrutiny can add value is essential in order for scrutiny to be a positive influence on the work of the Council. Members may wish to consider the following questions when highlighting potential topics for discussion to the committee:-

- Will Scrutiny input add value?
  Is there a clear objective for scrutinising the topic, what are the identifiable benefits and what is the likelihood of achieving a desired outcome?

- Is the topic a concern to local residents?
  Does the topic have a potential impact for one or more section(s) of the local population?

- Is the topic a Council or partner priority area?
  Does the topic relate to council corporate priority areas and is there a high level of budgetary commitment to the service/policy area?

- Are there relevant external factors relating to the issue?
  Is the topic a central government priority area or is it a result of new government guidance or legislation?

Scrutiny Review Activity

Where a topic requires more in-depth consideration, the Committee may commission a Scrutiny Panel to undertake a Scrutiny Review, subject to the availability of resources and approval of the Overview and Scrutiny Management Board. The Committee may also establish a maximum of two working groups at any one time, comprising a group of members from the committee.

2. Conclusion

The Committee's work programme for the coming year is attached at Appendix A to this report. A list of all upcoming Forward Plan decisions relating to the Committee is also attached at Appendix B.

Members of the Committee are invited to review, consider and comment on the work programme as set out in Appendix A and highlight for discussion any additional scrutiny activity which could be included for consideration in the work

programme. Consideration should be given to the items included in the work programme as well as any 'items to be programmed' listed.

3. Consultation

a) Have Risks and Impact Analysis been carried out?
Not Applicable

b) Risks and Impact Analysis
Not Applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Public Protection and Communities Scrutiny Committee – Work Programme
Appendix B	Forward Plan of Decisions relating to the Public Protection and Communities Scrutiny Committee

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Daniel Steel, Scrutiny Officer, who can be contacted on 01522 552102 or by e-mail at daniel.steel@lincolnshire.gov.uk

Public Protection and Communities Scrutiny Committee

19 SEPTEMBER 2017 – 10:00am		
Lecture Room 1, Emergency Planning and Business Continuity Centre, Lincolnshire Fire and Rescue Headquarters, South Park Avenue, Lincoln, Lincolnshire, LN5 8EL		
Item	**Contributor**	**Purpose**
Quarter 1 Performance Report (1 April to 30 June 2017)	Nick Borrill, Chief Fire Officer, Daryl Pearce, County Officer - Public Protection, Nicole Hilton, Chief Community Engagement Officer	Review of the Key Performance and Customer Satisfaction Information.
Transition from Home Safety Checks to Safe and Well Visits	John Cook, Acting Deputy Chief Fire Officer; Simon York, Area Manager Planning, Prevention & Protection	Review of Home Safety Check (HSC) strategy and the work being undertaken to move to Safe and Well Visits, which contributes to the county's wellbeing agenda.
Emergency Planning An informal session for Committee members and Councillors will be held at the end of the meeting on the work of Emergency Planning Business Continuity Service.		

31 OCTOBER 2017 – 10:00am		
Item	**Contributor**	**Purpose**
Annual Prevent Review Report	Nicole Hilton, Chief Community Engagement Officer, Paul Drury, Programme Officer - Prevent	The Lincolnshire Annual report on Prevent related activities in relation to local authority responsibilities as defined under Counter Terrorism & Security Act 2015.
Fire and Rescue Statement of Assurance	Nick Borrill, Chief Fire Officer	To consider and note the contents of Lincolnshire Fire and Rescue Authority's Statement of Assurance 2016 - 2017.
Road Safety Partnership Annual Report	Steven Batchelor, Lincolnshire Road Safety Partnership	Annual update on the Road Safety Partnership including information on fatal, killed and serious injury figures for Lincolnshire.
Future Governance Structure for the Heritage Service	Nicole Hilton, Chief Community Engagement Officer, Louise Egan, Libraries & Heritage Client Lead	Update and Policy Development item on the work being undertaken on the potential future governance models for the Heritage Service.

31 OCTOBER 2017 – 10:00am		
Item	**Contributor**	**Purpose**
Citizen Engagement Strategy (Next Steps paper)	Nicole Hilton, Chief Community Engagement Officer	Policy Development item describing the initial work streams and timeframes for the exploration of the potential options for the Citizen Engagement Strategy

12 DECEMBER 2017 – 10:00am		
Item	**Contributor**	**Purpose**
Quarter 2 Performance Report (1 July to 30 September 2017)	Nick Borrill, Chief Fire Officer, Daryl Pearce, County Officer - Public Protection, Nicole Hilton, Chief Community Engagement Officer	Review of the Key Performance and Customer Satisfaction Information.
Fire and Rescue – Fire Peer Challenge Report	Nick Borrill, Chief Fire Officer	To present the outcomes from the Local Government Association (LGA) / Chief Fire Officers Association (CFOA) Fire Peer Challenge.

23 JANUARY 2018 – 10:00am		
Item	**Contributor**	**Purpose**
Revenue and Capital Budget Proposals 2018/19	TBC	Pre-Decision Scrutiny Item on the budget proposals for 2018/19. The comments of the Committee will be passed to the Executive for consideration.
Future Governance Structure for the Heritage Service	Nicole Hilton, Chief Community Engagement Officer, Louise Egan, Libraries & Heritage Client Lead	**PRE-DECISION SCRUTINY Executive – 4 April 2018**

13 MARCH 2018 – 10:00am		
Item	**Contributor**	**Purpose**
Citizen Engagement Strategy	Nicole Hilton, Chief Community Engagement Officer, Bev Finnegan, Programme Manager, Community Engagement	**PRE-DECISION SCRUTINY Executive – 4 April 2018**

24 APRIL 2018 – 10:00am		
Item	**Contributor**	**Purpose**
Quarter 3 Performance Report (1 October to 31 December 2017)	Nick Borrill, Chief Fire Officer, Daryl Pearce, County Officer - Public Protection, Nicole Hilton, Chief Community Engagement Officer	Review of the Key Performance and Customer Satisfaction Information.

<u>Items to be Programmed</u>

- Joint Ambulance Conveyance Project
- Domestic Abuse
- Assisting Rehabilitation through Collaboration (ARC)
- Blue Light Collaboration Programme
- Fire and Rescue Integrated Risk Management Plan

Sitting as the Crime and Disorder Scrutiny Committee
- Lincolnshire Community Safety Partnership (LCSP) Priorities
- Neighbourhood Policing

For more information about the work of the Public Protection and Communities Scrutiny Committee please contact Daniel Steel, Scrutiny Officer on 01522 552102 or by e-mail at daniel.steel@lincolnshire.gov.uk

Forward Plan of Decisions relating to the Public Protection and Communities Scrutiny Committee

DEC REF	MATTERS FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	DOCUMENTS TO BE SUBMITTED FOR DECISION	HOW AND WHEN TO COMMENT PRIOR TO THE DECISION BEING TAKEN	RESPONSIBLE PORTFOLIO HOLDER AND CHIEF OFFICER	KEY DECISION YES/NO	DIVISIONS AFFECTED
I013959 New!	Future Governance Structure for the Heritage Service	4 April 2018	Executive	Public Protection and Communities Scrutiny Committee	Report	Chief Community Engagement Officer Tel: 01522 553831 Email: nicole.hilton@lincolnshire.gov.uk	Executive Councillor: NHS Liaison, Community Engagement and Executive Director for Environment and Economy	Yes	All Divisions
I014208	Citizen Engagement Strategy	4 April 2018	Executive	Public Protection and Communities Scrutiny Committee	Report	Programme Manager, Community Engagement Tel: 01522 550516 Email: bev.finnegan@lincolnshire.gov.uk	Executive Councillor: NHS Liaison, Community Engagement and Executive Director for Environment and Economy	Yes	All Divisions