Item 17 – Appendix 1

Prevention Evaluation

Phase one report- January 2021

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1. INTRODUCTION

1.1 What did this evaluation aim to do?

The aim of the project was to provide an evaluation of the effectiveness of the authority's current prevention strategy, an initiative through which the evaluation utilised a mixed methods approach (including the analysis of qualitative and quantitative data) aiming to provide an evaluation of both the process and outcome of the current prevention strategy. This involved critical examination of what and how much has been accomplished through the delivery (the *process*), the reach of a range of different prevention themes and exploration of the effects and changes that have resulted from the activity (the *outcome*).

In October 2018, The Prevention Strategy 2018-2023 was approved by the Fire Authority. The purpose of this strategy is to provide a focus on the Service Delivery Directorate's priorities over the next five years, ensuring Buckinghamshire and Milton Keynes Fire Authority (BMKFA) can deliver the most effective response to the risks and challenges set out in the Authority's Public Safety Plan.

A significant change in our operating environment has been a major influencing factor on the need for a detailed review. An environment which has not only impacted on how we operate as a service but which has also impacted lifestyle changes and behaviours of our customers and the effectiveness of our key partner agencies' delivery of operations, impacting the quality of risk intelligence they provide and the value in our current processes.

June this year saw the introduction of the 2020–2025 Corporate Plan which details the following strategic objective aligned with a clear set of outcome measures:

Strategic Objective	Outcome Measures
Prevent Incidents that cause harm from happening.	• Number of accidental dwelling fires • Numbers of primary fires in non-domestic buildings • Number of deliberate fires • Number of road traffic collision killed and seriously injured

The strategic objectives are further broken down into key tasks/projects that provide clear evidence that there is a need to carrying out a detailed evaluation of our current prevention performance.

Strategic Objective 1: Prevent Incidents that cause harm from happening.					
Initiative / Project / Key Task	**20/21**	**21/22**	**22/23**	**23/24**	**24/25**
SO1.1 Population pressures: continue to improve our ability to target and engage with vulnerable groups.					
SO1.2 Promote and evaluate the effectiveness and value of the Safety Centre, against the requirements set out in the three yearly funding agreement					
SO1.3 Establish and implement a collaborative community risk methodology and targeting approach, through the most appropriate data sets					
SO1.4 Evaluate and develop further work with partner agencies to develop their understanding of the risks from fire and preventative measures available					
SO1.5 Develop and evaluate youth engagement across the primary and secondary school age range, in and out of school settings.					

1.2 What data and intelligence did we collect?

The evaluation sought the perspectives from a range of BFRS staff, partner agencies and wider stakeholders around key themes:

- Safeguarding and the identification of vulnerability
- Youth inclusion and diversion activities
- Road safety
- Fire & Wellness programme

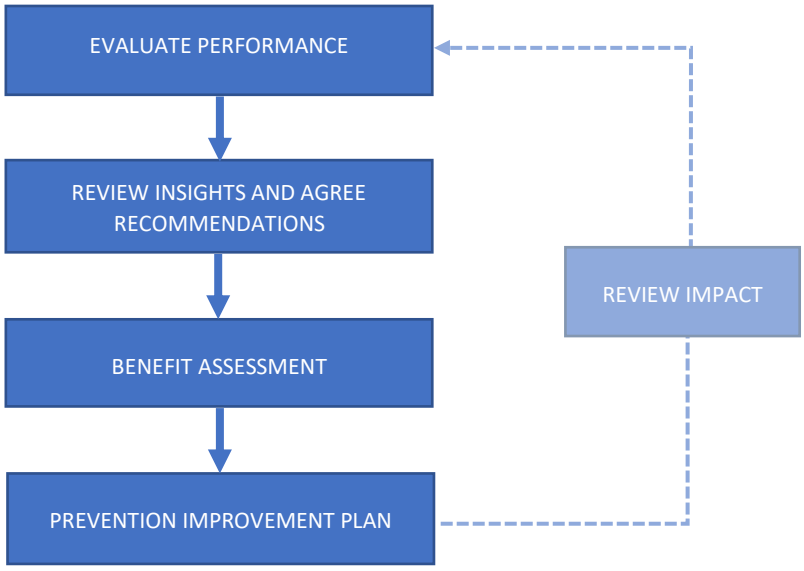
The evaluation also involved the analysis of secondary data. This included analysis of:

- Data collected routinely by BFRS during Fire & Wellness visits
- Data held by the services into which householders may be targeted or referred by BFRS.
- The sources of data intelligence shared by our partner agencies.

1.3 How will the findings of this evaluation be used?

The findings of this evaluation will be used to inform intervention content, delivery and design of a new prevention framework, highlighting areas of focus and providing recommendations.

The insights gained have been reviewed and recommendations have been published. A benefit assessment of all the recommendations will provide an indicative score for each recommendation in terms of improving prevention activity and the organisational resource commitment required to do so. The assessment of the benefits will inform and shape a Prevention Improvement Plan.



2. BACKGROUND

2.1 The national picture

Since 2004, FRS have had a statutory duty under the Fire and Rescue Services Act (2004) to carry out community safety interventions to reduce injury from fires. Fire safety is one of the core functions under the Act. Duties comprise

making provisions for the promotion of fire safety in the FRS area, including the provision of advice about fire prevention and how to escape in the case of fire[1].

On 22nd April 2020 the National Fire Chiefs Council (NFCC) released a document titled NFCC COVID-19 position statement which detailed a list of strategic intentions. Prevention activity was captured in the following statement:

'To prevent the impact of fire and other emergencies on our communities - we will adopt a risk-based approach to prevention - very high-risk interventions (Home Safety Checks / Safe and Well Visits) will continue based on a suitable and sufficient risk assessment[2]'

In June 2020 the NFCC strategic intentions were updated and aligned to a move to Phase 2 of the Recovery Strategy set out by the Government. The statement regarding prevention activity was updated to:

'To prevent the impact of fire and other emergencies on our communities – we will adopt a risk-based approach to home safety (including Safe and Well visits) and wider community safety-based activities, including road and water safety[3]'.

To support prevention activity and promote safe working practices a Prevention model risk assessment was created and shared by the NFCC (last updated 13 July 2020). This was used as the basis for a service specific Prevention risk assessment.

The national response to the pandemic has introduced some significant changes in our day to day lives - the introduction of social distancing, face coverings, changes to consumer habits, shift to remote and home working to name a few. This has all led to rapid behavioural change which in turn could lead to a change in risks that needs to be closely monitored.

It is difficult to anticipate whether these significant changes will influence behaviours in the long term, once the virus has subsided or even after implementation of a vaccination programme, but it is reasonable to suppose that:

- Some people in groups vulnerable to the effects of such viruses may permanently adopt some forms of social distancing or even isolation (this could include reluctance to admit people into their homes and the favouring of private over public transportation methods)

[1] https://www.legislation.gov.uk/ukpga/2004/21/pdfs/ukpga_20040021_en.pdf
[2] https://www.nationalfirechiefs.org.uk/write/MediaUploads/COVID-19/NFCC_POSITION_STATEMENT_COVID_19__UPDATED_FINAL_2204.pdf

[3] https://www.nationalfirechiefs.org.uk/write/MediaUploads/COVID-19/NFCC_COVID19_Strategic_Intentions_June_2020.pdf

- An increase may occur in the reluctance of elderly people requiring care, or on the part of their families, to seek admittance to care homes (potentially increasing numbers of vulnerable people living in unsuitable accommodation and exposed to a range of health and domestic risks with the potential to cause injury or death)

With regard to the latter, the Office for National Statistics (ONS) already forecasts a substantial increase in the number of people in the 90 years plus age category living alone in their own homes.

What is clear, is that there is a need to create a prevention model that can adapt delivery to mitigate the impact significant changes in the operating environment have on effectiveness.

2.2 Local challenges and changes in our operating environment

Rapid change in our operating environment and the need to introduce strict measures to protect our staff during interactions with the public has led to some significant challenges and a subsequent decrease in physical interactions and activity.

A range of detailed risk assessments have been created, additional PPE provided and changes in the way prevention activity is delivered have started to be introduced. However, these control measures alone are not enough of a change to ensure we are operating effectively.

Examples of the impact the Covid-19 has had across Buckinghamshire can be quickly assessed by reviewing a summary of Bucks County Council community services that have been suspended indefinitely[4]**:**

- All child health drop-in and all routine child health and developmental reviews at 1 and 2 years*
- School nursing visits including vision screening; National Childhood Measurement Programme; School Health advice clinics; Training for school staff re PSHE/SRE
- All community nursing visits for children with learning disabilities
- All routine appointments have been postponed until further notice – this includes Neurodevelopment Pathway assessments*
- All routine physiotherapy, occupational therapy & speech and language therapy services*
- Eight Adult Social Care day service centres have been closed

**with the exception of vulnerable families or in cases where there is safeguarding reason.*

[4] https://www.buckinghamshire.gov.uk/coronavirus/service-changes/ (information accurate as of 12.10.20)

In December 2020 the announcement of a tiered system has seen the introduction of localised lockdown measures. With infection rates and hospital admission on the rise this could see further challenges with interactions and interventions due to potential closures of businesses, community-based services and another shift change in human behaviour.

Several interesting insights from key partner agencies' have also been shared as part of the evaluation. The MK Together Programme Manager described how the domestic abuse service has experienced a significant increase in referrals but also a change in presentations. Normal behaviour would see a domestic abuse victim access the service before they had to leave their home, however a number of cases have seen victims access the service for an immediate refuge space suggesting that domestic violence is escalating quicker in the current environment.

The programme manager also described how, during the initial lockdown period, safeguarding referrals significantly reduced – a significant proportion of referrals come from teachers and children centre staff witnessing and highlighting abuse such as neglect. The temporary closures of children's centres, and schools removed the opportunity to identify safeguarding issues and make appropriate referrals.

How our partner agencies choose to operate in the short to long term will continue to impact how effective our service can be in reducing risk and engaging with the public. It is essential that we review and consider these impacts and consider changes to the way we operate.

In order to assess the impact on prevention activity the department carried out a recovery impact assessment.

Some examples of activity that has been stopped include:

- Fire & Wellness visits - where detection is in place and risks have been identified which are not high-risk, no visit is being offered
- Joint fire safety visits with partner agencies
- Youth inclusion activities – Prince's Trust, the Active4Youth Inspiration program
- School visits
- Safety Centre activity
- Face to face fire safety presentations to community groups & partner agencies
- Community visits on and off site
- Biker Down
- Learn & Live
- Safe Drive Stay Alive (routinely held in Oct/Nov)

Examples of activity that have been scaled back include:

- Fire and Wellness visits - very high risk
- Firewise intervention scheme - using wider advice to family of young children in place of face to face assessment of child's needs

Examples of activity that is being delivered in a different way:

- All strategic meetings and prevention working groups are being attended virtually
- Hoarding support group – moved to a virtual forum reducing attendance in person but offering an increased number of sessions

Examples of new workstreams:

- Food and medical deliveries – Milton Keynes Council and Local Safeguarding Hubs
- Welfare Checks on behalf of Buckinghamshire and Milton Keynes Councils
- Providing and co-ordinating Test and Trace visits for both Buckinghamshire & Milton Keynes Councils
- Local Resilience Forum (LRF) Children and education working group
- Trialling new technology for the National Framework for purchasing equipment for fire safety delivery

3. EVALUATION MODELLING

The prevention evaluation has been carried out adopting the Viable Systems Modelling (VSM) methodology.

A viable system is any system organised in such a way as to meet the demands of surviving in the changing environment.

The model is developed from academic theory advising that effective organisations need to have strength in 5 systems directly related to, and integrated with, their operating environment:

1. **Strategy, vision and leadership**
2. **Intelligence**
3. **Management of processes, systems and planning, including audit**
4. **Coordination and communication of operations**
5. **Delivery of operations**

This evaluation model aims to provide a common language and help to focus similarly on strategic and operational matters. It will help the evaluation team consider a diversity of 5 systems in balance, ensuring all aspects of the area in focus are considered and that one system is not prioritised at the expense of others.

By asking questions about and forming an opinion on this 5-system, evaluation can be provided on what is good and opportunities to make stronger.

Taking this approach across the whole review, a collective and coherent 5-systems view can be formed.

4. INSIGHTS AND FINDINGS

In order to ensure the evaluation considers the views and insights of everyone involved in the successful delivery of the organisation's prevention strategy, a series of reality testing visits has been completed. Adopting this approach highlights the importance of recognising common errors in our thinking and correcting them.

This approach has given the evaluation the ability to see a situation for what it really is, rather than what we may hope or fear it might be.

This approach allows the evaluation to:

- distinguish between what is real and what isn't
- judge situations appropriately
- give a basis of comparison
- improve how we react to situations

This approach considers a range of different points of view and provides the opportunity for staff to engage with the process and influence the evaluation.

Over 25 engagement sessions have been carried out across a range of different departments and with key partner agencies. Each visit has been specifically focused on a key prevention theme e.g. Road Safety, Safeguarding.

This allows for insights into our current approach to prevention to be collected and the information to be triangulated.

The insights and findings have been reviewed and categorised into the 5 systems to help to clearly understand how we are performing.

4.1 Theme: Safeguarding and identifying vulnerability

4.1.1 Strategy, vision and leadership

I. There is a shared view across the Service that the introduction of a more formal structure and focus around managing Safeguarding referrals has had a positive impact on the volume and quality of referrals made.

II. Safeguarding is seen as an important and well embedded part of BFRS service delivery. The service's Safeguarding strategy and process for highlighting concerns and making referrals is well understood across the organisation.

III. The volume of Safeguarding referrals, recorded engagements and interactions with vulnerable members of society is very low in comparison to our partner agencies.

IV. Delivery of face-to-face training with operational crews has been positively received and has helped to give supervisory managers the confidence to highlight concerns. Further support and training for operational crews and further support to better understand the 10 types of abuse and the role we play in raising safeguarding enquiries meeting Section 42 of the Care Act 2014 would be desirable.

V. There is currently minimal evidence of targeted prevention activity beyond reactive responses from partnership referrals.

The exception to this observation is a multi-agency hoarding support group, led by BFRS. This programme has been identified as an excellent initiative offering measurable results and opportunities to engage with an extremely hard to reach audience.

The success of the programme has been recognised by several partner agencies including Oxford Health NHS Trust, with the clinical director for the Oxford Health Specialist Psychological Intervention Centre (OHSPIC) attending the group to observe and understand how this approach is delivering such positive results.

Two additional FRS are looking to adopt a similar person-centred approach to addressing hoarding disorder.

4.1.2 Intelligence

I. We have a clear approach and strategy for managing and recording the intelligence we generate from safeguarding referrals, however there is no clear process for recording and analysing the intelligence inputs we receive or could gain access to. There is no clear measure for understanding how effective our current prevention activity is in tackling themes such as vulnerability.

II. There is an opportunity to build better working relationships and develop partnerships with other agencies and council services. Following dialog with an adult social care worker at Buckinghamshire Council (BC), it was identified that, until a recent case which involved a serious case review following a fire fatality, BC Adult Social Care Team would not have considered the Fire Service as a partner agency with whom to share intelligence on high risk/vulnerable persons or considered accessing the prevention team to carry out intervention activity.

III. The recording of prevention activity is limited. PRMS (Premises Risk Management System) is used to record some but not all activity. The system is also used to store and record Protection risk information. These records are not currently shared or used as a source of risk intelligence by the prevention team.

IV. There is little shared understanding of risk across the emergency services. We do not currently have access to risk information on flagged properties by TVP and are not able to utilise the Domestic Risk (DR) code information for prevention activity in the same way as we request and share the information for operational incidents.

V. PRMS as a recording system is not functioning as efficiently as possible – not all prevention activity is being input by the prevention team, administration or station-based staff. More detailed and accurate recording of activity would offer better insights into the prevention efforts and a process to identify whether those efforts are adding value or producing measurable results.

VI. Running reports in PRMS has been described as not easy and limited. The prevention team have described how they are adapting their approach to recording activity around the constraints of what they can record in the system.

VII. There is a clear appetite from the prevention team to start gaining a better understanding of vulnerability through the data and

intelligence that other partner agencies have - analyzing information on disability, mental health, substance abuse etc. to identify opportunities to be more targeted and measurable with future prevention activity.

VIII. In recent years there has been limited prevention data analysis or targeted work around risk intelligence. Working more closely with the Data Intelligence Team (DIT) could help to improve the approach and develop a more reliable and intelligent data set.

Targeting methodology was created, using a series of data sets, by the previous Data Intelligence Manager. This was briefly trialed but the actual results did not match the theoretical analysis. The current Data Intelligence Team do not have much confidence in the data and would welcome a fresh approach.

IX. There are currently few examples of intelligence sharing with partner agencies. The DIT believes that having access to intelligence such as doctors' surgery data would help to refine and target specific issues, gaining greater insight into heavy smokers and cross referencing the data against prevention and incident activity. This practice is not being carried out due to the absence of securing a sharing agreement with the Clinical Commissioning Groups or Primary Care Networks.

There is evidence that information sharing has been successful when trialed by other FRS. Derbyshire Fire & Rescue Service created an information sharing agreement with Derbyshire council to share information on any household that had requested assistance with their bins due to mobility issues. This information was used to target falls prevention activity.

4.1.3 Management of processes, systems and planning, including audit

I. Following a referral to the Multi-Agency Safeguarding Hub (MASH), the safeguarding process is taken out of the organisation's control to manage and co-ordinate due to the nature of the referral being externally assessed for the need for partner agency intervention.

A lack of information coming back into the Service makes feeding back on referrals challenging. This has been exacerbated by the pressures that the pandemic has placed social care under, with many referrals taking longer to be screened. Having improved communication from the MASH and an increased understanding across the service of the intervention measures that have taken

place would help to improve the feedback process and close the loop on safeguarding referrals.

II. The introduction of centralised safeguarding referral records, stored securely and well maintained, has helped to ensure intelligence on all safeguarding referrals is accessible and easy to review. This is being further developed with a Record of Involvement sheet to summarise all the agencies involved and relevant contact details.

III. Different approaches to the delivery of prevention activity have been introduced and vary depending on who/how they are referred. Some referrals come into Central Admin Team (CAT), some directly to the Community Safety Co-ordinators (CSC), in a range of different formats (phone call, email, referral form). Not having a clear process and way of capturing every referral or request for prevention intervention can lead to the process relying on specific individuals and their locally stored records. There is a significant risk of intelligence being received in Service and not being appropriately actioned, including when outdated email addresses are still in circulation on supporting literature.

IV. We do not currently capture and review the intelligence/ demand for prevention activity. CAT manages the majority of Fire and Wellness referrals but do not record the volumes or types of other requests received. Starting to track and understand the types of prevention demands would help to better evidence, support and prioritise prevention activity.

Developing a better recording process inside a Customer Relationship Management (CRM) tool would help to enable better analysis and understand our interaction with our customers.

V. It appears that a lot of activity completed by Community Safety Co-ordinators is self-managed and self-generated. The management of the process and the prioritisation of workload is down to their personal preference. This could lead to activities being based around what is comfortable to deliver rather than targeted around what the risk intelligence is informing us about the type of audience or local area. A Team Leader has been brought into role to address this.

VI. There is not much evidence of joint protection/prevention initiatives. The Periodic Audit Programme (PAP) targets commercial properties based on level of risk and their history of compliance in previous inspections. The value in a joint programme for commercial properties that have sleeping risk to align the PAP with

targeted prevention activity formed part of the business case for employing two Community Safety Technicians.

A similar approach could be considered for the intelligence that is received through Unwanted Fire Signals (UFS) returns. This information is only shared with prevention when the protection risk element has been assessed and it is determined that it is an incident within the domestic parts of a building.

VII. There is limited awareness of how an Inspecting Officer can pass a referral to prevention other than by raising a safeguarding concern. Sharing a formal recording process could help to share identified opportunities for prevention activity.

VIII. The screening process for Fire & Wellness visits that is completed by the CAT has helped to identify safeguarding concerns, which have been described as being managed by a 'phone call to the Prevention Manager' and could also benefit from following the existing reporting process.

IX. Staff understand the potential benefits of having the information all in one system (PRMS) for both protection and prevention but just trying to complete the forms is challenging. Currently there isn't the capacity or skill sets dedicated to review or share the intelligence.

4.1.4 Coordination and communication of operations

I. The MK Together Programme manager highlighted that there has been evidence that greater involvement in a recent adult serious incident review helped to identify joint learnings and improve safeguarding processes.

II. MK Together have seven affiliate boards that have been established and terms of reference have recently been agreed. Each offers an opportunity to build partnerships and target prevention activity. The terms of reference for the affiliate boards can be seen here

III. BFRS have recently started to have SMT representation at the MK Together Strategic Board (10 meetings a year). A Highlight Report is produced for the Strategic Board which summarises the insights and work of the affiliate boards. This could be used to help prevention to identify opportunities for support and involvement in partnership initiatives.

IV. During the early stages of the lockdown measures being imposed, the National Helpline was contacting everyone deemed clinically extremely vulnerable who had not responded to letters but were known to be shielding. The Central Prevention Team completed over 150 welfare visits, identifying concerns and raising safeguarding referrals as necessary. The visual representation of the BFRS badged vehicles and fire service uniform was perceived as a big factor in the 'ability to open doors'.

This initiative has recognised that BFRS staff had the soft skills and approach that allowed them to access and interact with extremely vulnerable members of the community. This work has been described as critical. Without the support of our central prevention team, members of the community who were required to shield would have been left without contact, food or in some cases financial means.

V. There is a need to develop clearer processes and focus on partnership workstreams and projects. A vulnerability has been identified where if key members of the prevention team (Community Safety and Safeguarding Manager) leave then there is no clear identified process agreed for the workstreams to continue. This has also been identified by agencies outside of the service.

VI. While it is evident that some good relationships have been built with a range of partner agencies, what is not clear is how each relationship and shared workstream offers value and helps to meet the service's Prevention Strategy. There are no measures or tangible evidence available to suggest workstreams are offering value.

VII. Due to a move to remote/home working, accessing partner agencies has become challenging at times. Some organisations have adapted well, others are heavily reliant on local databases and systems that can't be easily accessed remotely. This has impacted on the quality or volume of information received by the Prevention team to allow them to act upon it.

VIII. A general view shared by most employees is that the public do not know that we are as heavily involved in protecting the community in the way we do. People don't know how much the organisation does to consider vulnerability in the community. There is also evidence that many staff within the service are not fully aware of what prevention delivers.

IX. There are some good examples of the use of social media platforms to engage and interact with different target audiences by other FRS and partner agencies. This is an area that many would like to see developed to improve outreach and engagement.

4.2.5 Delivery of operations

I. The volume of safeguarding referrals per week made to Buckinghamshire Council from South Central Ambulance Service (SCAS) averages 250-300, with Thames Valley Police (TVP) making approximately 100 and BFRS currently referring 2-4 cases. However, 98% of referrals from SCAS do not meet the safeguarding threshold, whereas approximately 16% of referrals made by BFRS meet the safeguarding threshold, triggering a Section 42 enquiry. A report from the Business Intelligence Unit at Buckinghamshire Council can be seen in **Appendix C.**

II. Generally speaking, there is a clear understanding of the Safeguarding process and the important of raising referrals across the organisation.

III. Some staff lack the confidence to raise concerns. Further support and guidance would be welcomed, with regular refresher training and sharing of best practices and anonymised good news stories of referrals that have come to a successful conclusion.

IV. Staff talk about the emotional attachment they have had to referrals made. This has been described as 'as mentally challenging as operational experiences.' It has now been included within the Trauma Support Procedure.

V. Examples of Covid-19 being used as a barrier to refuse assistance or allow for intervention to take place, have been challenging for Community Safety Co-ordinators to address. This behaviour has been widely recognised and discussed by the Local Resilience Form (LRF) education workstream and safeguarding board.

VI. Communications with those who are deaf or hard of hearing or from different cultures are made even more challenging with the introduction of PPE, especially the use of face coverings.

VII. It is clear that we have the rapport to get through the door and the right skill set to engage with people. We often receive compliments from members of the community to thank the service for the work and professionalism of the crews who carry out prevention activity.

These are passed through to be recorded in the service compliments register.

VIII. Hoarding activity carried out over recent years has been recognised by both Buckinghamshire County Council and MK Together as an excellent piece of engagement activity that has delivered meaningful results.

4.2 Theme: Youth inclusion

4.2.1 Strategy, vision and leadership

i. Operational crews have expressed how they don't often see the youth engagement strand of prevention activity as a high priority. The removal of any measures and a lack of focus on station plans has moved prevention activity and initiatives into a 'nice to do'

ii. There is no scoring system or way of calculating the risk of a fire-setting referral. Referrals are not prioritised on severity. This is, in part, due to the low volume of referrals received, enabling them to be addressed as they are received.

4.2.2 Intelligence

i. There appears to be no targeting criteria when delivering youth inclusion courses. Often courses are run in isolation as a component of a wider scheme without a pathway to another youth inclusion initiative or engagement opportunity.

ii. On average there are approximately 60 firesetter intervention referrals every year of which 30-35 are progressed. This has been consistent over the past five years. Most referrals for firesetter intervention originate from schools or directly from parents, with some referrals being received from TVP, the Youth Offending Team (YOT) Bucks or the Youth Offending Service (YOS) MK.

iii. There is a post incident form for operational crews to make referrals to the Firesetter Intervention and Youth Inclusion Officer but this process is not widely recognised by supervisory managers and it generates very few referrals.

iv. Fire and Wellness visits discuss arson and fire-setting in the question set, which is designed to generate an automated email to the Firesetter Intervention Scheme, however to date this has not generated a referral.

v. The volume of firesetter referrals has decreased in 2020 due to the removal of face-to-face intervention and impacts on school and education centre closures.

vi. There are currently no measures to see if firesetter intervention is adding value, however there is very little recidivism. On those occasions where a recurrence has occurred, the child/children have been identified as having a range of complex issues.

4.2.3 Management of processes, systems, and planning, including audit

i. Station based staff welcome the idea of having a structured station plan to tackle local risks and better target their engagement within the community.

ii. Operational staff have expressed how support with a communications strategy would be useful to ensure regular and targeted prevention messages are agreed in advanced.

iii. Firesetter Intervention activity is not currently recorded on PRMS. There is a firesetter database that is managed by the Fire Setter Intervention and Youth Inclusion Officer. PRMS is not accessed by them or considered during the process and information on the premises is not cross referenced to see what previous interaction the Service has recorded at the property. However, CAT are asked to arrange a Fire and Wellness visit to the family.

iv. There is currently no scoring system or way of prioritising firesetter intervention referrals. Referrals are not prioritised on the severity of the case. They are currently managed on date received.

v. Youth inclusion courses vary across the service with a range of different programmes delivering localised content.

4.2.4 Coordination and communication of operations

I. Operational staff have expressed that there is not enough guidance to help support appropriate social media use. Staff have suggested a training workshop would be beneficial to help ensure the right messages are put online, helping to vary the content and messaging to suit the target audience.

II. School visits are sporadic. There seems to be an inconsistency with how many visits are booked in and delivered year on year.

III. Operational crews have expressed how they often only notified late on of their requirement to be involved in a youth inclusion course. Earlier notification and closer working with the prevention team would allow for more co-ordinated and meaningful sessions to be delivered.

4.2.5 Delivery of operations

I. Operational staff expressed a view that social media platforms (Instagram, Snap Chat, TikTok) are opportunities to engage with younger audiences. Often social media messages follow the national approach to prevention. Staff feel they lack impact or relevancy.

II. Operational staff are also keen to explore the use of targeted social posts that they can request to be switched on following incidents to target geographically or based on age. For example, where an increase in arson is identified the station could request to use some of the station's prevention budget on social media advertising.

III. Operational staff generally believe that youth inclusion courses are more engaging and beneficial then the current school visit format but are often not sure how to deliver them effectively. A lack of resources, time available to commit to the initiative and concerns over operational commitments are all barriers that make them challenging to deliver.

IV. There is a belief that the introduction of additional crewing opportunities has reduced the appetite for staff to be involved in Youth Inclusion activity as '3 hours of pay, doesn't compare to the financial return of a bank shift for the day'.

V. Different stations have started to develop their own educational material to present during school visits, as the material available is dated and not very engaging. This leads to an inconsistency in the prevention messages that are being delivered.

VI. Only one fire setter intervention case has been completed in the last six months.

4.3 Theme: Road Safety

4.3.1 Strategy, vision, and leadership

I. Through dialogue with the Road Safety Officer, it was explained that there are two clearly identified strands to the road safety strategy.

Vulnerable road users	• 17-24 year-olds (young drivers and passengers) • Motorcyclists • Drive for their job (Not commuters) • Older drivers – medical reasons/ been involved in collisions*
Driving behaviour	• Speeding • Driving under the influence of drink and drugs • Mobile phone use • Use of seatbelts

** This has been identified as an emerging trend in recent years*

II. The statutory responsibility for road safety lies with the local authority – they have a statutory duty to provide road safety and are responsible for collating and sending-on casualty and collision figures.

III. Currently all road safety prevention activity is tailored to support the delivery of TVP and the Local Authority's objectives. There is evidence of some good partnership working, however it is unclear as to what the organisation's main objectives are with regard to road safety.

4.3.2 Intelligence

I. MAST data, which is NHS/Police and Fire Service road safety data, is available which can analyse data into categories, e.g. RTCs involving people living in the county or traveling through, and offers demographic insight into the people who are having accidents. This is not currently used but has been recognised as a credible source of intelligence that could offer valuable insight and help further support targeted activity.

II. Road safety activity is based around findings from data collected by the Department for Transport which is shared in a Road Casualties Annual Report. This data is based on information shared by UK Police forces. Although this data is broken down into Local Authority area in the appendices, it doesn't offer insight into local trends or impacts that RTC's have on our service.

III. There is a current drive to focus on national trends rather than looking at road safety data geographically. There is currently no road safety prevention activity that considers localised trends, proposing proactive or reactive measurers

IV. No incident data or any analysis into RTC's is currently requested from our data intelligence team. There is currently no work that looks at the impact/benefit that specific prevention activity has in relationship to our operational involvement with RTC's.

4.3.3 Management of processes, systems and planning, including audit

I. Currently road safety prevention activity is not recorded in PRMS, despite the facility to do so. Local records are being stored to record the activity that has been completed.

II. Currently there is no targeted approach to road safety school visits. The schools are selected based on requests that have come into the Service.

III. Very limited evaluation has taken place to review the effectiveness of the Service's road safety activity.

4.3.4 Coordination and communication of operations

i. The majority of our road safety prevention efforts are supporting partner agencies with their initiatives, all being agreed, directed and coordinated by a single member of the Prevention team.

ii. A Road Safety newsletter is shared, via hard copies to fire stations, to update operational staff on the road safety prevention activity. This is not always digested by staff and may not be the most effective communication method.

iii. The majority of road safety activity is delivered by the Road Safety Officer in isolation. This limits the opportunity for engagement and outreach.

iv. The MK council Road Safety Officer role is currently vacant which means there is currently no dedicated contact in MK Council for road safety.

v. The use of social media platforms is limited to a dedicated BFRS road safety team page on Facebook which has limited following and shares generic posts from charities such as Brake or local partner agencies. Currently no other platforms have been utilised to help reach out and engage with different target audiences.

4.3.5 Delivery of operations

I. The Road Safety Officer attends HM Coroner's inquests to establish the actual cause of a fatal incident. Insights from the inquest are sometimes shared with the local Station Commanders, however, this information is not used to influence local prevention activity.

II. A road safety initiative 'Don't get smashed' received a negative reaction in Great Missenden. A resident opposite objected to the hard-hitting message as they had lost their daughter in a car crash. Staff involved in the initiative have expressed how the reaction has knocked their confidence and left them unsure on how best to deliver further road safety initiatives.

III. The majority of road safety prevention activity has been suspended during the pandemic, in line with the NFCC prevention strategic intention and access to schools has been restricted. 'Safe Drive, Stay Alive' was cancelled in 2020 and is under review for 2021. Work is ongoing by the Road Safety Officer to look at trialling virtual school visits.

IV. There is currently very little evidence of operational staff being involved in road safety prevention activity. The Road Safety Officer has explained how it is challenging to involve them due to operational commitments.

4.4 Theme: Fire & Well Programme

4.4.1 Strategy, vision, and leadership

I. It is widely recognised that the Fire & Wellness programme is a fundamental part of the prevention strategy.

II. The screening process, which has been agreed and used by the administration team, has been successful in ensuring the majority of visits completed are delivered to high-risk groups.

In 2019/20 over 67% of completed visits had some form of sensory impairment or disability recorded, with 37% of visits completed being received from partner agency referrals.

4.4.2 Intelligence

I. The current level of reporting in the PRMS is very limited. Access to this information and the ability to run a report is only understood by a limited number of staff. The information captured is not regularly used to influence or support targeted prevention activity or initiatives.

II. There is currently no quick or easy access to location-based performance reports. Community Safety Coordinators currently have no direct access to PRMS reporting to understand local impacts or trends and the same can be said for operational staff.

III. Intelligence that is recorded in the PRMS is not easy to access and hard to analyse. Further development is required to improve access to reporting and intelligence.

IV. Currently, there is a very limited amount of information recorded to understand the types of prevention enquiries that are being received by the organisation.

While the capacity existed within PRMS, the supporting text relating to why a referral is being made by an agency was not consistently being recorded by the Admin teams. Once the referral is recorded in the PRMS, the original referral form is kept on file and deleted after 30 days. Being able to review and understand the types of vulnerabilities and risks that are triggering a referral by our partner

agencies would help to improve targeted outreach and influence and evidence the requirement for prioritising certain prevention activities and efforts.

V. The intelligence captured from the Fire & Wellness programme is not widely reviewed or used by many of the prevention team members. Prevention staff are not confident in how to navigate PRMS or explore the intelligence recorded in the system.

This is largely due to not having a single repository for all prevention risk information and intelligence. Local databases and records are still stored with information from a range of different prevention activities and complex cases.

VI. The PRMS is updated daily with incidents from the Vision system. Only certain incident types are imported. It is believed that this could potentially lead to certain insights being missed.

An example is the incident type 'Internal flooding' which is not part of the export from Vision. This has been identified as a relevant incident type which may highlight signs of self-neglect and potential safeguarding concerns.

Incident address information is not always updated when it is corrected in a stop message. This can lead to incident data being marked against the wrong premises when it is pulled into PRMS from Vision.

Changes in incident types are not always updated by TVFCS or corrected by the attending crews. This can lead to inaccurate information being exported to the PRMS - e.g. alarm residential not being corrected to alarm domestic when the incident is in a single private dwelling.

4.4.3 Management of processes, systems and planning, including audit

I. The Fire & Wellness booking process is very labour intensive, requiring administrators to complete a series of screening questions, manually inputting occupant and premises details. The process takes approximately 20-30mins for each booking.

II. With the exception of a known complex or safeguarding referral, there is currently no scoring/ranking system. Individual scores

following screening do not change the priority of the delivery of the visits. A visit either meets the threshold or doesn't.

III. Currently it is not possible to complete a Fire & Wellness visit directly into PRMS via the appliance tablets following an incident or during a hot strike. The visit details are recorded manually on a paper-based form which is then sent to the CAT to manually enter onto the system. This approach is not very efficient but was introduced to ensure this activity was being captured.

IV. In general, operational staff have a poor understanding of the PRMS system and process for uploading and downloading a visit to a tablet.

V. Operational staff often have technical issues with the tablets and connection issues. This has impacted the volume of visits that have been delivered and often staff resort to a paper-based version to complete the visit.

VI. Administration staff are generally comfortable with the booking process but do find it challenging to read station calendars as it is not always obvious if an appliance or crew are available to facilitate a visit.

VII. There are occasions when referrals do not meet the threshold for a Fire & Wellnesses visit. This is marked as not serviced in the PRMS. There is currently no home safety advice or guidance that the occupant is signposted to.

VIII. A dedicated list has been created to record people who have requested a Fire & Wellness visit but have not been delivered due to a reduction in visits completed during the pandemic period.

These are occupants who are confirmed to have working smoke alarms but potentially need additional advice due to being referred by a partner agency for example.

On 27.11.20 it was identified that there were 325 premises recorded. There is currently no plan for how these will be actioned.

4.4.4 Coordination and communication of operations

I. The process for requesting and booking a Fire & Wellness visit is a lengthy and time-consuming process.

II. Operational staff often have dedicated time slots set aside to deliver Fire and Wellness visits which are not filled, making it challenging to plan station-based activity and impacting on productivity.

III. Operational crews commonly find that visits are confirmed at short notice and are often only made aware of the visit on the day.

IV. Visits delivered by operational crews are restricted to specific days of the week and times of the day. These may not always be suited to the audience that is being targeted.

V. There are currently only three recognised ways of booking or requesting a Fire & Wellness visit:

Website contact us form- The online submission form has to be read and actioned by the Communications Team before being sent to the CAT, who will then review the location and, if necessary, pass the information on to the relevant admin team (North/Central/South). This is a very labour intensive and time-consuming exercise that could be reduced or mitigated through better process optimisation.

Dedicated Fire & Wellness phone line – The telephone line is open between 9-5 Monday to Friday. The line currently has no answerphone or way of capturing/signposting anyone who calls outside of these hours.

Partner agency referral form – This is submitted in the form of a word document which is usually submitted via password protected email. Sometimes this is sent to CAT however it is often sent directly to Community Safety Co-ordinators and other personal email addresses. The form is outdated and requires information to be manually input by the CAT into the PRMS system once they receive the referral. There could be considerable efficiency savings through better process optimisation which would also remove some of the vulnerabilities in the current process.

VI. Information regarding the Fire & Wellness programme on the organisations external facing website is limited in detail and not easy to find.

VII. There has been a noticeable reduction in self-referrals for Fire & Wellness visits since the pandemic. It is believed that people are not contacting to book a visit due to the risk of COVID-19 transition/infection and the general reduction in social interaction.

4.4.5 Delivery of operations

I. The Fire & Wellness programme currently has a very traditional approach to delivering a visit. In 2019/20 over 90% of visits were delivered by operational staff and approximately 10% delivered by Community Safety Coordinators.

II. The current options for completing a visit are not very efficient. The actual costs of delivering a Fire & Wellness visit in this manner is not understood but it is believed to be a relatively costly exercise.

III. The opportunity for maximising the programme's outreach is currently limited due to the relatively low numbers of staff available to carry out the visits. Exploring alternative methods of delivery, through partner agencies, social care workers or via the creation of a volunteer sector, could help to expand and maximise the programme's outreach.

IV. The pandemic has significantly reduced the opportunity to continue to deliver the programme through face-to-face visits.

Prior to the first national lockdown in March 2020 the programme delivered the highest number of visits in a single calendar month since the programme launched (229 in February 2020).

The total number of completed visits per calendar month has since ranged between 28 – 65 visits, fluctuating in line with the increase or reduction in infection rates and the removal or addition of restrictions and local measures.

V. Records in PRMS highlight that, in 2019/20, Community Safety Coordinators (CSC) averaged approximately 80 Fire & Wellness visits each per year. This equated to approximately 100 hours of effort (including travel and delivery) per CSC.

Redirecting some of their time to coordinating and supporting partner agencies and voluntary groups to deliver the visits on behalf of the service is something that should be considered and explored to help redirect capacity and increase opportunity for delivery and outreach.

VI. A virtual Fire & Wellness visit has been trialled by a CSC. An Occupational Therapist and a care agency manager visited the occupant and completed the virtual visit through MS Teams.

The CSC explained how they felt they could still create rapport and build a relationship with the occupant and believes that this could be a valuable option for delivery to those with the right level of care intervention.

It is believed that expanding this approach may help to improve access to certain hard to reach, high risk groups i.e. hoarding.

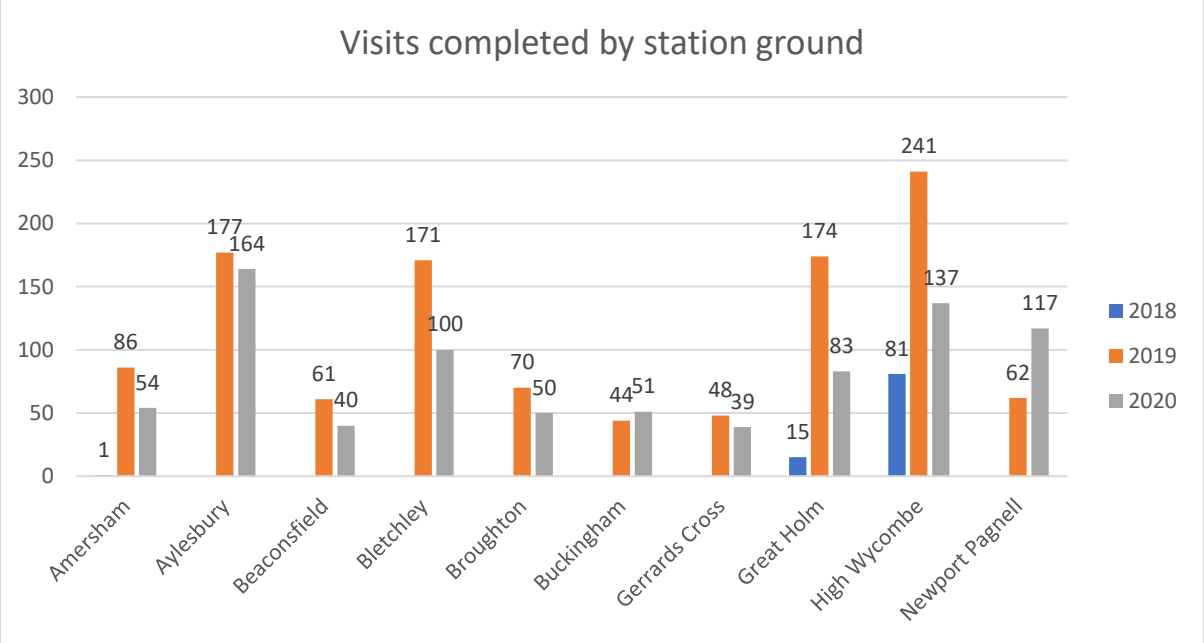
Introducing this as a delivery option would remove the requirement to physically access the premises and reduce travel times.

5. VALUE

5.1 Evaluating value

Running a raw data export from the PRMS system on 24/11/2020 has offered some valuable insights into the type of information that has been collected since the system was introduced in September 2018.

A total of 2217 visits have been completed to date -1837 by Operational Crews, 365 by Community Safety Coordinators (CSC) and a single visit by a partner agency.

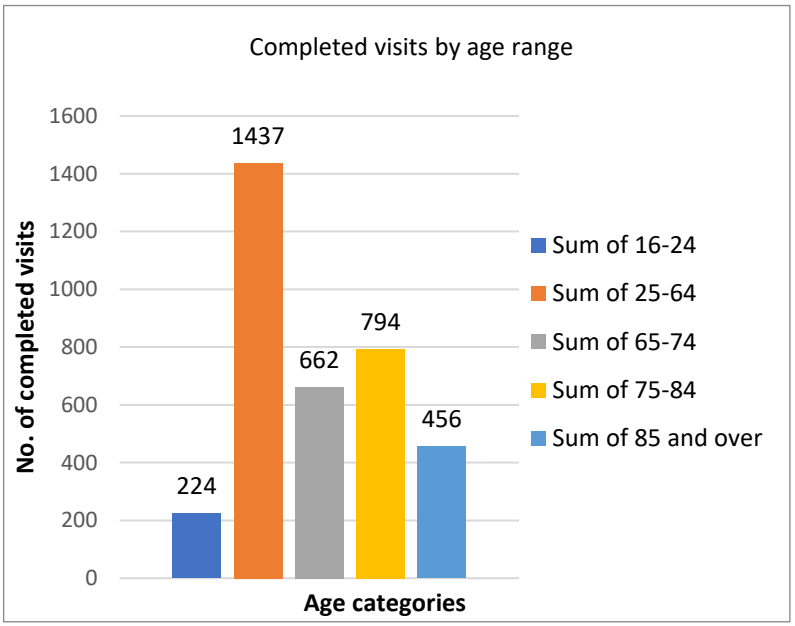


The visits completed are categorised by age, this helps identify the age groups that are being reached. Comparing the data to the Demography by broad age group report published by Buckinghamshire Council[5], the report details that over 65's account for 18.3% of the total population. This figure fluctuates by area as detailed in the following table:

Area	Total population	No. who are 65+	% who are 65+
Aylesbury Vale	193,113	31,889	16.5%
Chiltern	95,103	20,271	21.3%
South Bucks	69,636	14,623	21.0%
Wycombe	176,868	31,280	17.7%
Total	**534,720**	98,063	**18.3%**

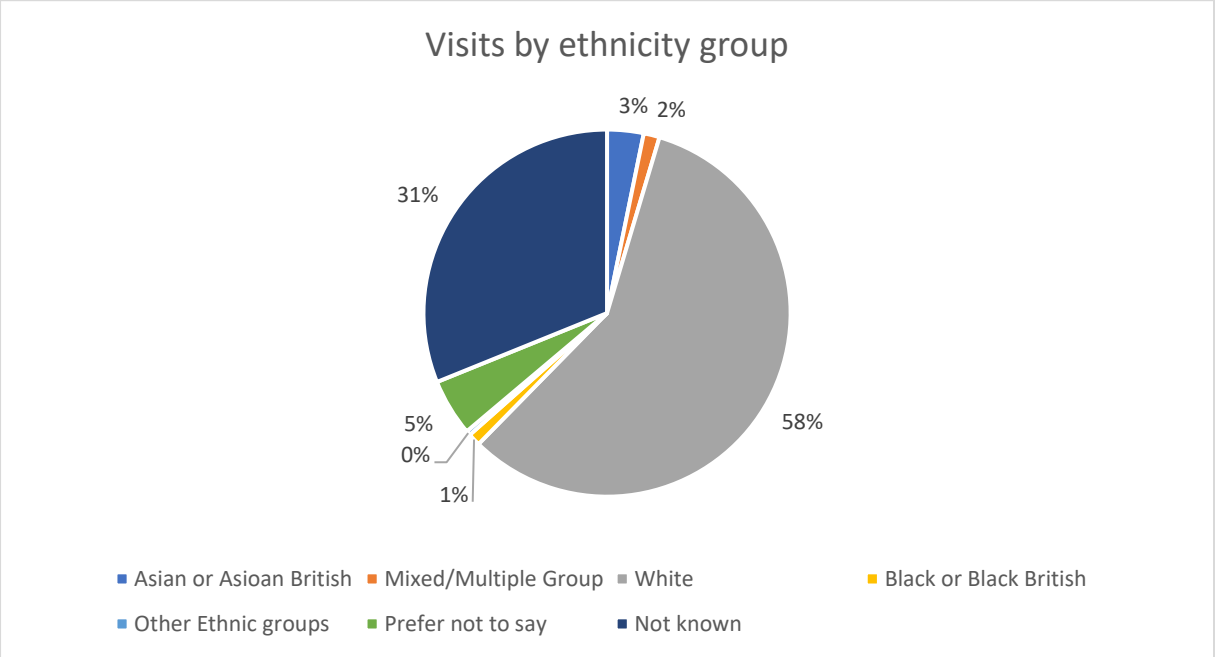
The data from PRMS details that 53.5% of visits completed to date have been delivered to occupants that are over 65 years of age. This is an age group that the programme has aimed to target. The results evidence that the approach is working, as the number of visits completed to this age category is significantly higher than the population percentage.

Age ranges in PRMS	% of total completed visits
16 - 24	6.3%
25 - 64	40.2%
65 - 74	18.5%
75 - 84	22.2%
85 and over	12.8%



Analysing the data has highlighted that further interrogation needs to be carried out to ensure that we are reaching all different types of ethnicity.

[5] Microsoft Word - Buckinghamshire's demography, 2016 (buckscc.gov.uk)



It is concerning to see the volume of records that have been recorded as 'prefer not to say' and 'not known' equating to 36% of the total visits carried out. This disproportionally high percentage impacts the accuracy of our analysis and the understanding of our outreach to ethnic minority groups.

Some further training and education on the importance of asking ethnicity information or a review on how that data is captured is required.

The following table compares the total visits for each ethnic group to the Buckinghamshire County Council population report 2011[6]

Ethnicity	Total Visits	Total % of F&W visits	BCC population (2011)*
Asian/Asian British: Bangladeshi	1	0.05%	0.2%
Asian/Asian British: Chinese	1	0.05%	0.5%
Asian/Asian British: Indian	36	1.6%	2.2%
Asian/Asian British: Other Asian	6	0.03%	1.4%
Asian/Asian British: Pakistani	34	1.5%	4.2%
Black/African/Caribbean/Black British: African	19	0.86%	0.8%
Black/African/Caribbean/Black British: Caribbean	2	0.1%	1%
Black/African/Caribbean/Black British: Other Black	3	0.15%	0.3%
Mixed: Other Mixed	7	0.32%	0.5%
Mixed: White and Asian	8	0.36%	0.8%
Mixed: White and Black African	12	0.54%	0.2%
Mixed: White and Black Caribbean	4	0.2%	0.9%

6 http://www.healthandwellbeingbucks.org/Resources/Councils/Buckinghamshire/Documents/JSNA/3.1%20Population%20size%20and%20characteristics.pdf p3-4

Not Known	690	31%	-
Other Ethnic Group: Other Ethnic Group (inc Arab)	8	0.4%	0.5%
Prefer Not To Say	111	5%	-
White: English; Welsh; Scottish; N Irish; British Irish	1240	56%	81.1%
White: Other White/ Gypsy or Irish Traveller	34	1.5%	5.3%

**Statistics have been taken form the Census report which provides a detailed snapshot of the population and its characteristics once a decade. The last Census was conducted in 2011.*

The following table details the types of disabilities that have been recorded in the Premises Risk Management System. Over 67% of completed visits have recorded some form of sensory impairment or disability.

Type of disability	Number of visits that recorded a disability	Percentage of total S& W visits
Hearing impairment	431	19%
Sight impairment	218	9.8%
Learning disability	59	2.6%
Long term disability	780	35%
TOTAL	**1488**	**67%**

The following table details the number of visits that have generated and recorded risk to crew information broken down into each category of risk.

Category of risk	Number of visits that recorded the risk	Percentage of total S& W visits
Oxygen Cylinders	376	17%
Premises Keycodes	296	13%
Hoarding	61	2.7%
HIMO	14	0.6%
Basements	5	0.2%
Timber Frame	3	0.15%
Thatch Roof	1	0.05%
TOTAL	**679**	**31%**

5.2 Benchmarking delivery and outcome

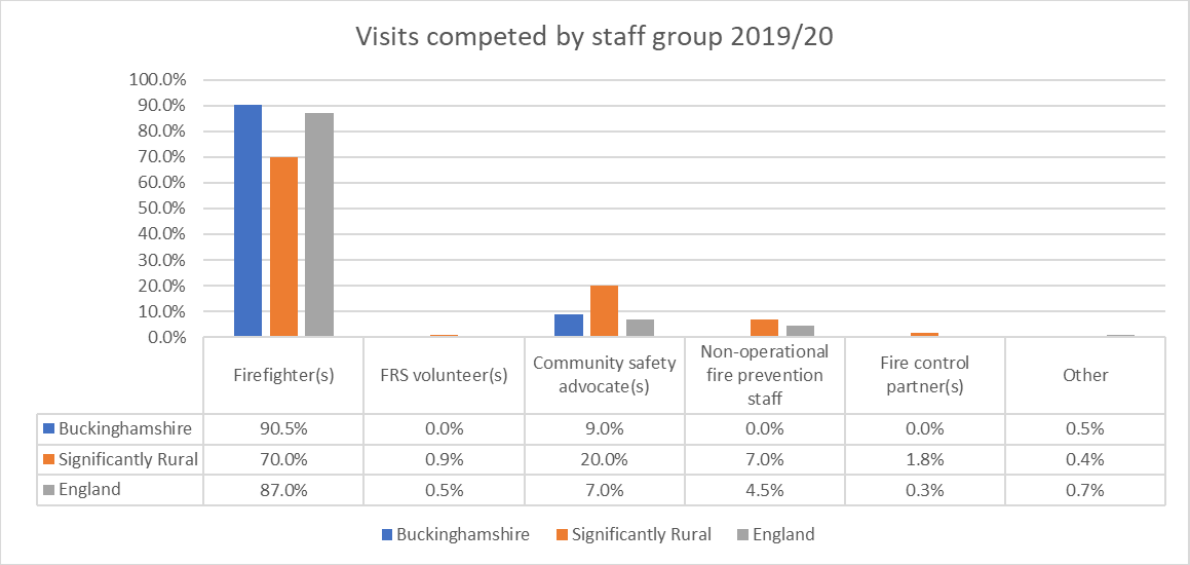
The Home Office requests yearly statistics on the delivery of Safe and Well (Fire and Wellness) and Home Fire Risk Check (HFRC) visits carried out by every Fire and Rescue service in England.

The data captures the method of delivery (which staff groups have completed the visit) and the types of audiences the visit has been delivered to, the data set categories fire and rescues services across the UK into three different groups:

- Predominantly Urban
- Predominantly Rural
- Significantly Rural

Buckinghamshire Fire & Rescue Service is classified as 'Significantly Rural'. To benchmark and compare delivery and outcome, the data has been analysed and a series of charts have been created comparing BFRS to all fire and rescue services in the UK and the Significantly Rural category.

Statistics have been taken from the Fire and Rescue Incident Statistics: England, year ending March 2020 [7]



	Firefighter(s)	FRS volunteer(s)	Community safety advocate(s)	Non-operational fire prevention staff	Fire control partner(s)	Other
Buckinghamshire	90.5%	0.0%	9.0%	0.0%	0.0%	0.5%
Significantly Rural	70.0%	0.9%	20.0%	7.0%	1.8%	0.4%
England	87.0%	0.5%	7.0%	4.5%	0.3%	0.7%

In 2019-2020 financial year the majority of our Fire & Wellness visits were completed by Operational Firefighters (90.5%) with additional visits being carried out by Community Safety Co-ordinators (9%).

The percentage of activity carried out by Firefighters is broadly in line with the national average, however it is significantly higher than the average compared to the significantly rural category.

Currently there is no activity that is carried out by prevention volunteers in our organisation. This is an area that is starting to be explored by a range of Fire and Rescue Services across England. The following table highlights three

[7] FIRE1201: Home fire risk checks carried out by fire and rescue authorities and partners, by fire and rescue authority (publishing.service.gov.uk)

Services that are utilising volunteers to help deliver their Safe and well/ HFRC programme.

FRS	Number of visits*	Number of staff completing visits**	Total no. of volunteers delivering visits***	Volunteer % of total staff delivering visits****
Cleveland	17,293	60,382	2,170	3.5%
Essex	7,718	8,013	1,480	18.4%
Surrey	5,045	9,108	1,144	12.6%

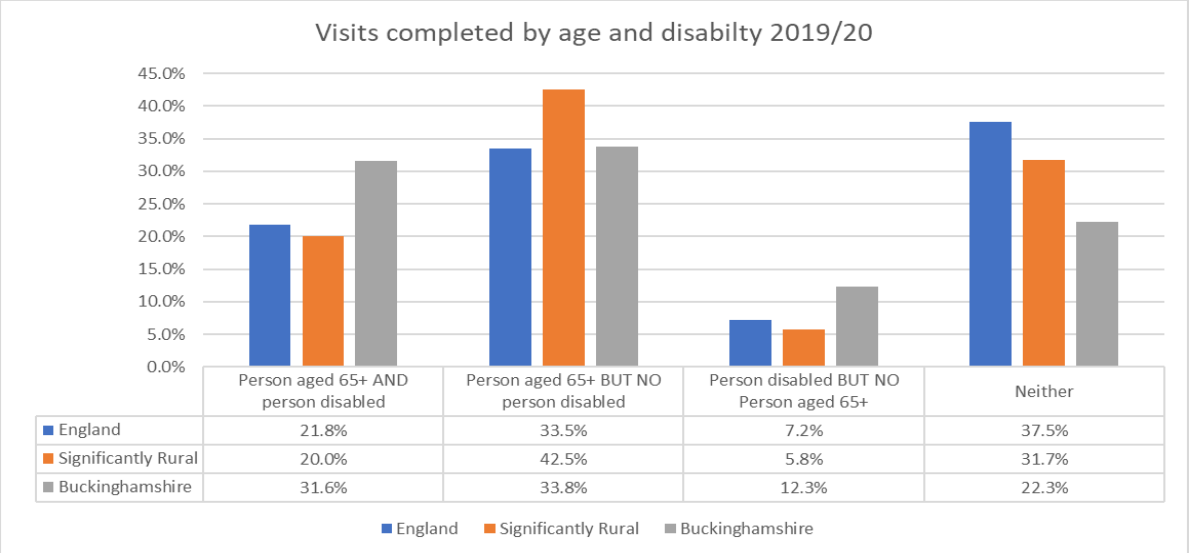
**Total visits completed by service in 2019/20. **Total number of staff required to complete the visits. ***Total number of volunteer staff who have delivered a visit. ****Percentage of total staff numbers delivering visits who are volunteers.*

The formation of a volunteer sector within the prevention team is an area that is worth exploring to increase and improve the programme's outreach, to help increase capacity and overcome some of the challenges in accessing some hard-to-reach groups.

The data set also looks at 3 specific set of high-risk groups:

- Person aged 65+ and person disabled
- Person aged 65+ but person not disabled
- Person disabled but not aged 65+

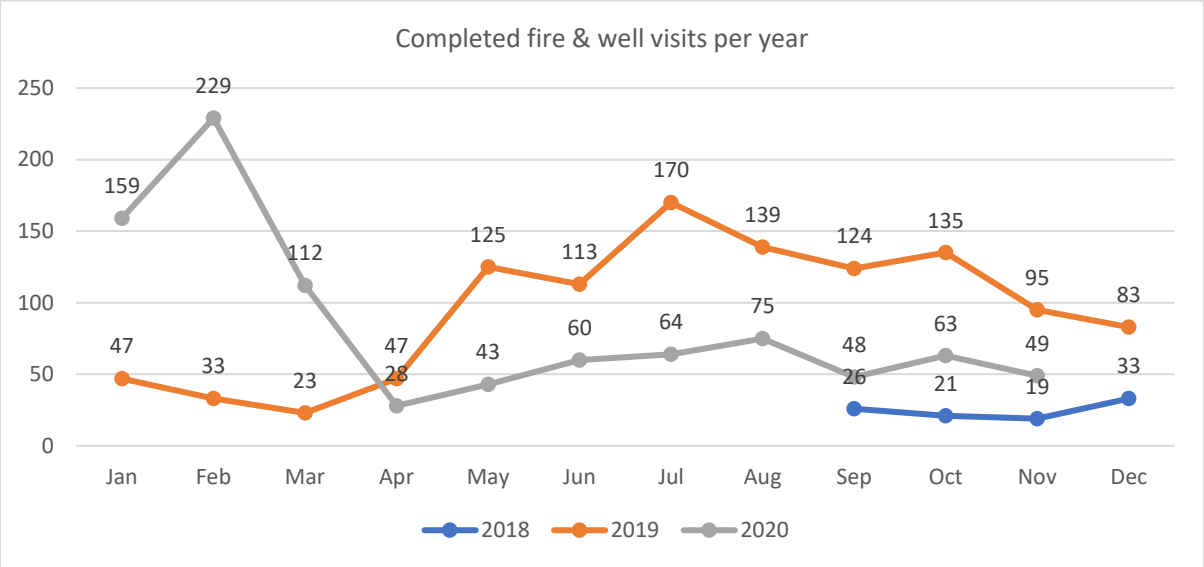
A comparison of the high-risk groups the programme reached in 2019/20 and the way the service screens referrals/requests has highlighted some positive results. Only 22.3% of visits completed were not delivered to one of the 3 highlighted risk groups. Whereas the Significantly Rural average is 31.7% and 37.5% Nationally.



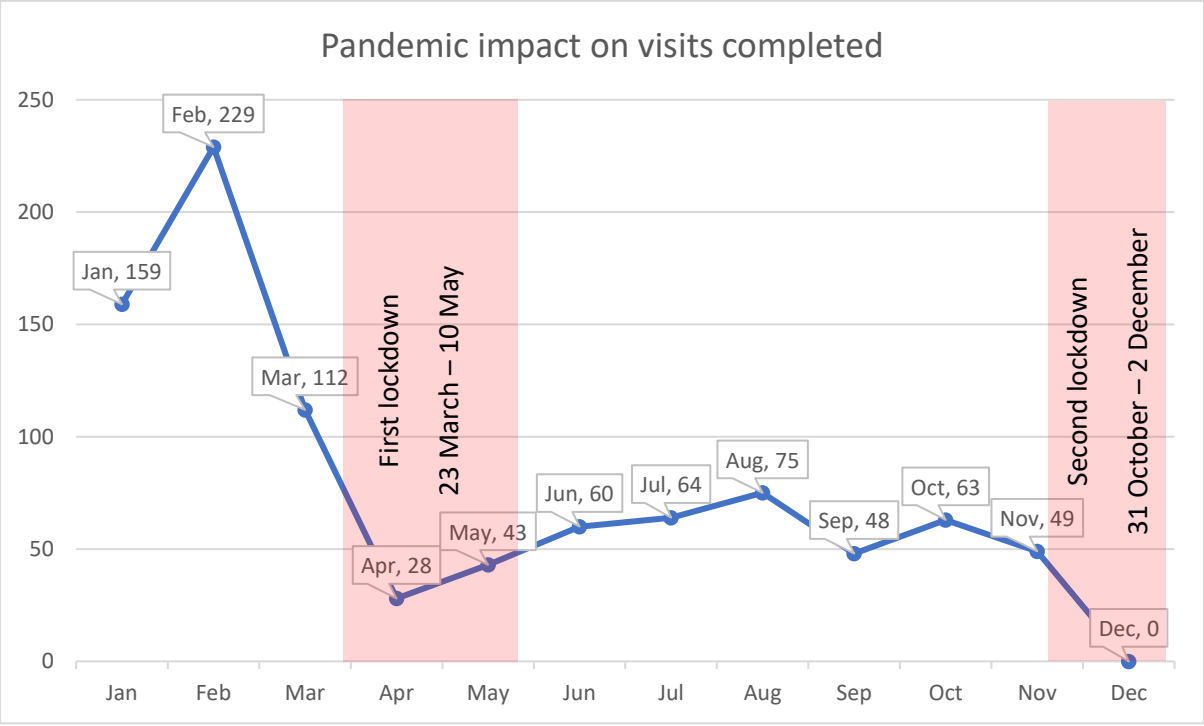
5.3 The impact of COVID-19

COVID-19 has had a significant impact on the Fire & Well programme. February 2020 saw a record number of Fire and Wellness visits completed. A significant increase versus the same period in 2019.

February 2020 saw the highest ever output in in the Fire and Wellness programme with 229 completed visits.



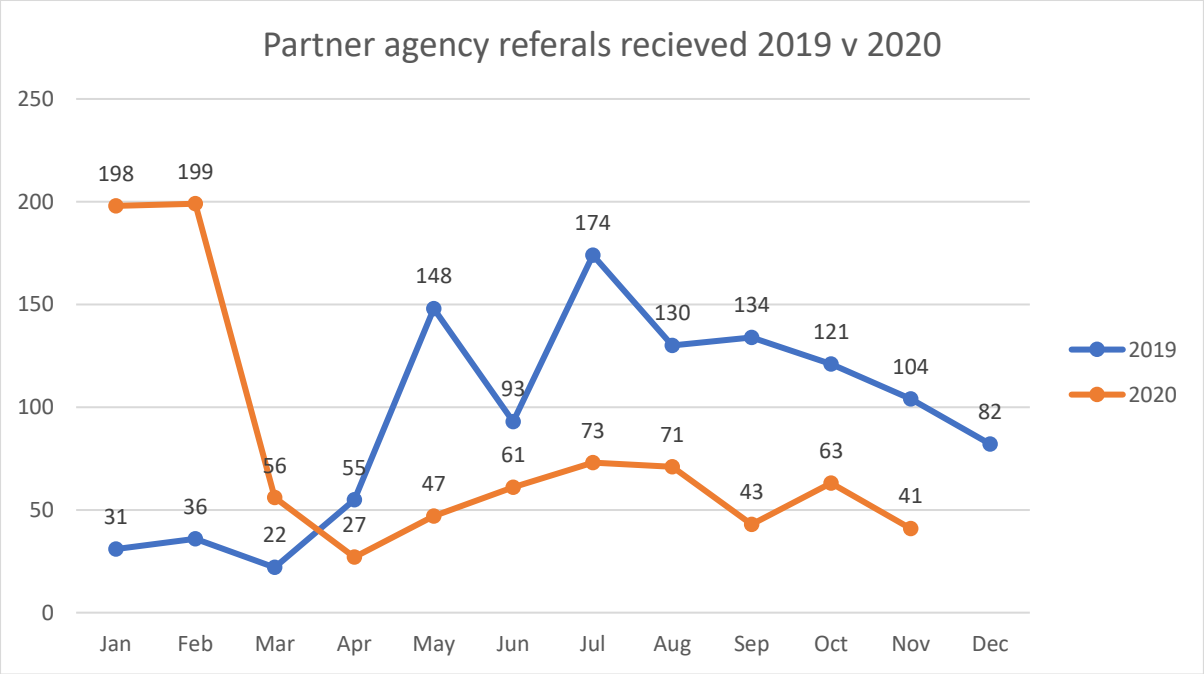
However, the ability to continue to effectively deliver the programme has been impacted by the additional risks and complexities the pandemic has highlighted through the current method of face to face delivery of Fire and Wellness visits.



Key dates and actions/announcements that have impacted the programme include:

- 20 March 2020 a decision was recorded in the PPM to '*take a pragmatic approach to prevention activities, triaging calls and additional Covid 19 questioning being used*.'
- 23 March 2020 the first national lockdown began
- 22 April 2020 NFCC provided guidance and a position statement detailing a risk-based approach to prevention
- 10 May 2020 the first round of lockdown restrictions being lifted were announced by the Prime Minister.
- 31 October 2020 the second national lockdown began
- 2 December 2020 the national lockdown was replaced by a localised tiering system
- 5 January 2021 a third national lockdown commenced.

The following graph shows the impact the sudden change in our operating environment has had on the Fire and Wellness programme.



The above graph gives an insight into the impact the current operating environment has had on partner agency referrals. A sharp decline in February just prior to the national lockdown as several organisations were learning to adapt, introducing new processes and technology. Referrals started to rise slowly but have remained significantly lower than 2019.

A full breakdown of the sources of partner agency referrals can be seen in **Appendix D**

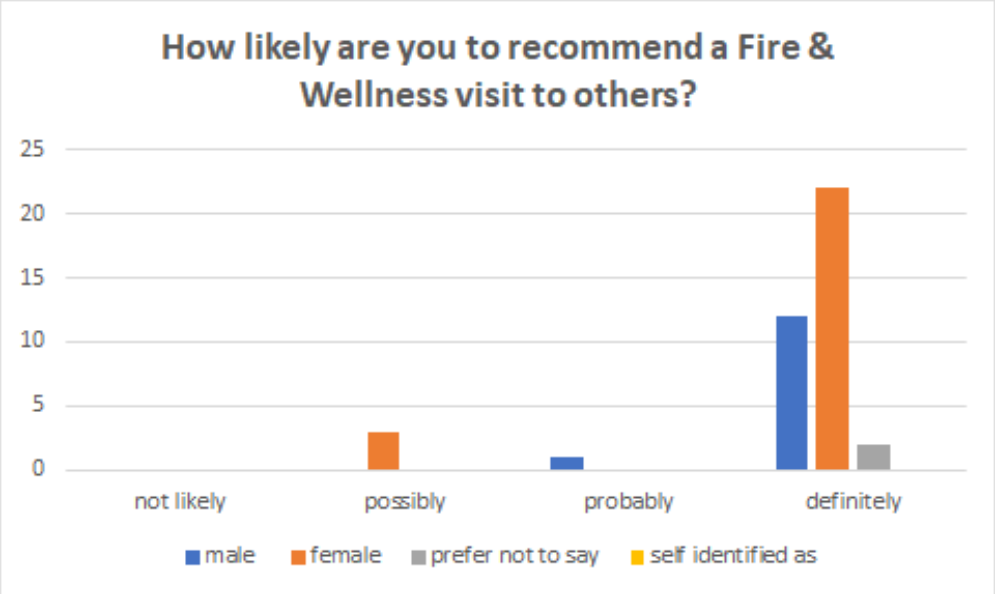
5.4 Impact of Fire and Wellness Visits – Behavioural change analysis

The most effective way of evaluating the effectiveness of Fire and Wellness Visits is to explore the changes they have evoked in people's behaviour. A customer engagement project was undertaken with a randomised sample of those who had received a Fire and Wellness visit in the last 6 months, excluding those for whom contact had the potential to place them at risk e.g. those referred for domestic abuse, honour-based violence or threat of arson.

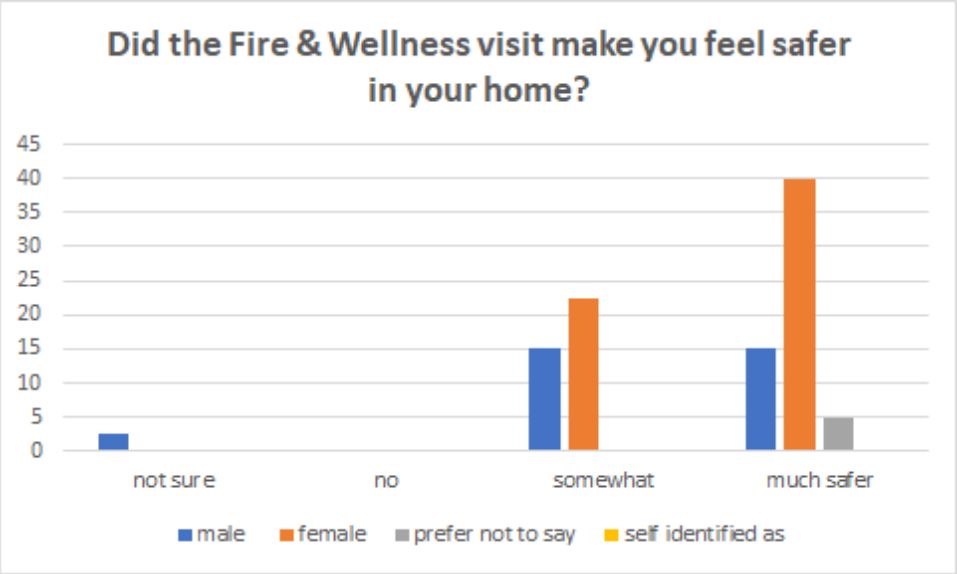
A randomised group of customers was identified which was representative of the distribution of Fire & Wellness visits across the Buckinghamshire and Milton Keynes Council areas and whether they were delivered by station-based staff or CSCs.

65% of the group were aged 65 or above, with 42.5% identifying as having a sensory impairment or disability.

65% of the group identified their ethnicity as White English/Welsh/Scottish/N. Irish, 27.5% preferred not to say and the remaining ethnicities were equally divided between Asian/British Asian: Indian, Asian/British Asian: Pakistani and Mixed White & Black African.



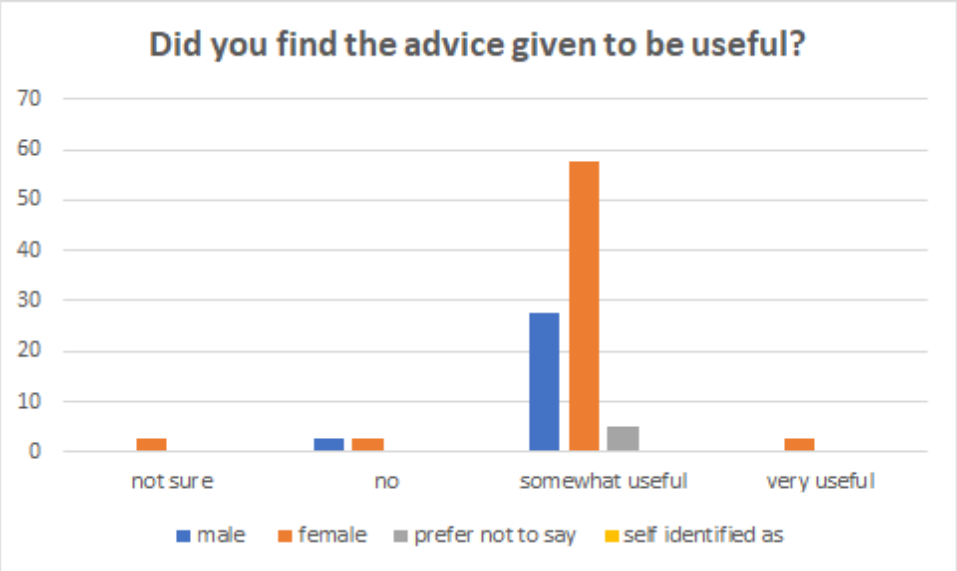
It may be construed from the above graph to be positive that 90% of customers would definitely recommend a Fire and Wellness visit to others, as in 97.5% of cases it made them feel safer in their home.

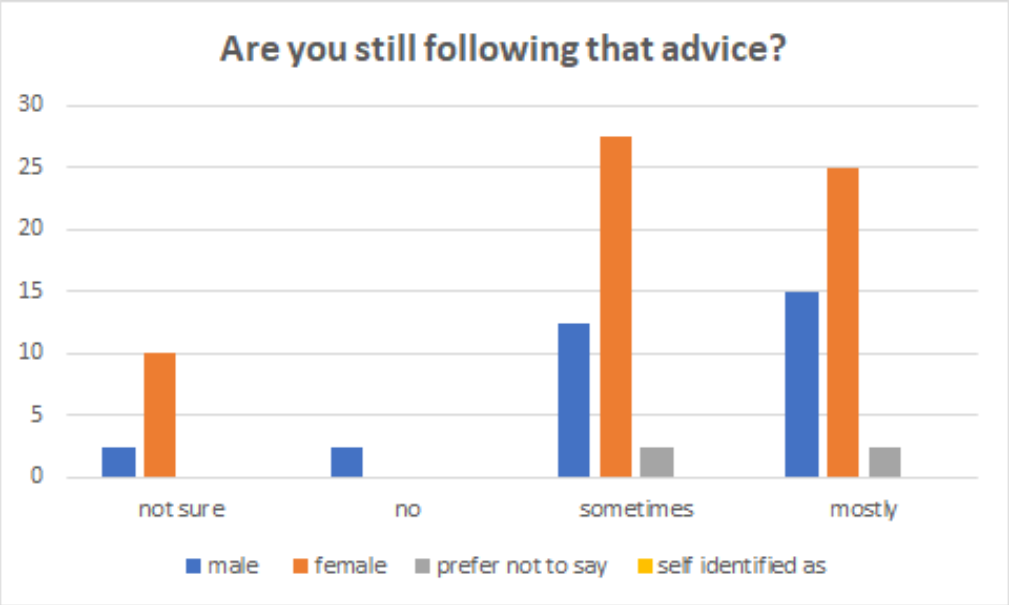


One customer commented that *"they really did a thorough visit, the attention to detail was excellent. I only had one smoke alarm so another one was fitted as this was required to provide us with greater protection. We also changed from cube sockets to a long extension block for safety and now close all the doors at night."*

The breakdown of responses to the questions in the customer engagement survey intimates that the impact of the advice provided in Fire and Wellness visits was found to be somewhat useful, with 42.5% of customers saying that they continued to follow the advice most of the time.

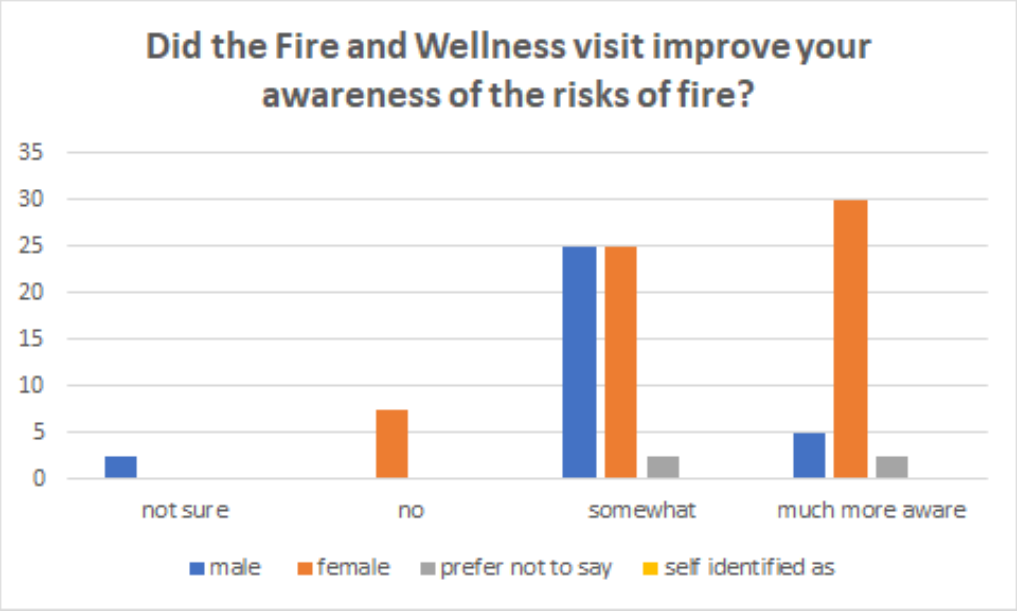
In the majority of cases where "not sure" responses were given, these were provided by family members who were caring for relatives who had deteriorated since the Fire and Wellness visit occurred.





Although the customers were randomly selected for the engagement questionnaire, 25% of them were oxygen users and this group of people in particular found the advice they were provided with to be of use in raising their awareness of the risks of fire. Comments received included one oxygen user who said they *"no longer use candles and know to check their smoke alarms work."*

Further areas of strength, in relation to the advice provided, included electrical safety with specific regard to socket overloading and suggestions on how people could check their smoke alarms by utilising hoover nozzles, grab sticks, walking sticks and requesting carers to assist them.



What is concerning is that, although 80% of the 85+ group were aware of the need to check that their alarms were working, 60% of them were not able to do this themselves and 40% of that group had no-one who could assist them. While more expensive than the standard alarms fitted, there is a consideration that, for people who have no support network and who are considered high risk, the service could provide interconnected alarms with a remote test button.

6. RECOMMENDATIONS

Set out below is a Recommendations Summary Table that captures the recommendations which have been made based on the insights which have been captured during the evaluation. Further to this, in appendices A and B respectively, are the following supporting benefit assessment and matrix:

- A benefit assessment table which provides an indicative score for each recommendation in terms of improving prevention activity and the organisational resource commitment required to do so. The assessment has been based on professional judgement following due consideration of the current prevention activity performance of BFRS and will require further refinement at directorate level.

- A benefit matrix was used to plot the results of the benefit assessment so that a prioritisation process could be established. A traditional 5x5 matrix provides equal weight to both the x and y axis. Giving a clear indication of the impact weighed up against the time, effort and estimated associated costs required to deliver the recommendation.

6.1 Recommendations Summary Table

1. Strategy, vision, and leadership		
Insight 1.1: *Several affiliate boards have been established by MK Together which could be accessed to improve partnership working and joint understanding of risk.*		Priority
Recommendation 1.1	Establish links into the affiliate boards for both Local Authorities and create a clear process for identifying opportunity, recording activity, and assessing the value agreed prevention activity has added to our operational response.	Advantageous

Insight 1.2: *The volumes of Safeguarding referrals, recorded engagements, and interactions with vulnerable members of society is very low in comparison to our partner agencies.*		Priority
Recommendation 1.2	Monitor and review the types of volumes of referrals being recorded and ensure the importance of raising safeguarding referrals is continually promoted and communicated.	Essential
Insight 1.3: *There is currently minimal evidence of targeted prevention activity beyond reactive responses from partnership referrals.*		Priority
Recommendation 1.3	Review and re-embed Station Prevention Plans to ensure targeted prevention activity is being delivered, monitored and measured against local risk intelligence.	Essential
Insight 1.4: *There is no scoring system or way of calculating the risk of a fire-setting referral. Referrals are not prioritised on severity. This is in part due to the low volume of referrals received enabling them to be addressed as they are received.*		Priority
Recommendation 1.4	A further review to be commissioned to establish what value the fire-setting programme is adding and to identify if the programme is maximising its outreach and evaluating risk appropriately.	Critical
Insight 1.5: *Currently all road safety prevention activity is tailored to support the delivery of TVP and the Local Authority's objectives. There is evidence of some good partnership working, however it is unclear as to what the organisation's main objectives are regarding road safety.*		Priority
Recommendation 1.5	Review the organisation's road safety strategy and, where appropriate, set targets and performance indicators to help identify performance in this area.	Critical

2. Intelligence	
Insight 2.1: *The recording of prevention activity is limited. PRMS (the Premises Risk Management System) is used to record some but not all activity. The system is also used to store and record Protection risk information. These records are*	Priority

not shared or used as a source of risk intelligence by the service currently.		
Recommendation 2.1	Create a better process for recording and reviewing all prevention activity in the PRMS to ensure there is one database which captures all prevention activity.	Essential
Insight 2.2: *There is little shared understanding of risk across the emergency services. We do not currently have access to risk information on flagged properties by TVP and are not able to utilise the Domestic Risk (DR) code information for prevention activity in the same way in which we request and share the information for operational incidents.*		Priority
Recommendation 2.2	Review existing and explore new data sharing agreements with partner agencies and emergency services to help improve the level of risk intelligence that can be accessed to influence and better target prevention activity.	Advantageous
Insight 2.3: *Running reports in PRMS has been described as not easy and limited. The prevention team has described how it is adapting its approach to recording activity around the restraints of what it can record in the system.*		Priority
Recommendation 2.3	Scope out the further configuration and development required to improve the way activity is recorded and reviewed in PRMS.	Essential
Insight 2.4: *In recent years there has been limited prevention data analysis or targeted work around risk intelligence. Working more closely with the Data Intelligence Team (DIT) could help to improve approach and develop a more reliable and intelligent data set.*		Priority
Recommendation 2.4	Establish a closer working relationship with DIT to ensure there is improved analysis of risk intelligence to gain access to a more reliable and intelligent data set.	Critical
Insight 2.5: *There are currently few examples of intelligence sharing with partner agencies. The DIT believes that having access to intelligence such as doctor's surgery data would help to refine and target specific issues, gaining greater insight into heavy smokers and cross referencing the data against prevention and incident activity. This practice is not being carried out due to the absence of securing a sharing*		Priority

agreement with the Clinical Commissioning Groups or Primary Care Networks.		
Recommendation 2.5:	Review existing and explore new data sharing agreements with partner agencies and emergency services to help improve the level of risk intelligence that can be accessed to influence and better target prevention activity. **Linked to recommendation 2.3**	Advantageous
Insight 2.6: *There appears to be no targeting criteria when delivering youth inclusion courses. Often courses are run in isolation as a component of a wider scheme without a pathway to another youth inclusion initiative or engagement opportunity.*		Priority
Recommendation 2.6:	Adopt a targeted approach to delivering youth inclusion courses or modules following review or incident, risk and other relevant intelligence. Develop a youth inclusion pathway framework in the prevention strategy.	Advantageous
Insight 2.7: *There is a post incident form for operational crews to make referrals to the Firesetter Intervention and Youth Inclusion Officer but this process is not widely recognised by supervisory managers and it generates very few referrals.*		Priority
Recommendation 2.7:	Review the effectiveness of the current referral process.	Critical
Insight 2.8: *MAST data which is NHS/Police and Fire Service road safety data is available, which can analyse data into categories e.g. RTCs involving people living in the county or traveling through and offers demographic insight into the people who are having accidents. This is not currently used but has been recognised as a credible source of intelligence that could offer valuable insight and help further support targeted activity.*		Priority
Recommendation 2.8:	Review and consider new data sets in conjunction with DIT to better understand what intelligence could be used to further support a data driven approach to targeted prevention activity.	Advantageous
Insight 2.9: *There is a current drive to focus on national trends rather than looking at road safety data geographically. There is currently no road safety prevention activity that considers localised trends, considering proactive or reactive measures.*		Priority

Recommendation 2.9	Road safety activity should be scaled up/down and adapted based on the risk intelligence that can be reviewed to identify a need for targeted prevention activity in specific areas/locations rather than a blanket approach.	Critical
Insight 2.10: *There is currently no quick or easy access to location-based performance reports. Community Safety Coordinators do not currently utilise PRMS reporting to understand local impacts or trends and the same can be said for operational staff.*		Priority
Recommendation 2.10	Create better access to risk information and reporting that is relevant to station grounds that can help influence and support prevention activity.	Critical
Insight 2.11: *Currently, there is a very limited amount of information recorded to understand the types of prevention enquiries that are being received by the organisation.*		Priority
Recommendation 2.11	Create a way to record, review and understand the types of vulnerabilities and risks that are triggering a request for prevention activity. This would help to improve targeted outreach, influence and evidence the requirement for prioritising certain prevention activities and efforts.	Essential
Insight 2.12: *PRMS is updated daily with incidents from the Vision system. Only certain incident types are imported. It is believed that this could potentially lead to certain insights being missed.*		Priority
Recommendation 2.12	Improve the data set that is being exported from the Vision system. Review and further develop the process to mitigate inaccuracies in information.	Essential

3. Management of processes, systems and planning, including audit		
Insight 3.1: *There is not much evidence of joint protection/prevention initiatives.*		Priority
Recommendation 3.1	Consider adopting a joint approach to the Risk Inspection programme with Prevention to tackle	Critical

	prevention activity in premises that have common areas that are inspected by Protection.	
Insight 3.2: *BFRS are still not widely considered by social care teams as an option for outreach to provide education or intervention to individuals identified as high risk or vulnerable*		Priority
Recommendation 3.2	Improve working relationships with healthcare providers and social care teams to improve awareness of the services available to ensure individuals identified as high risk are being captured as part of the service's prevention activity.	Advantageous
Insight 3.3: *Prevention referrals come into Central Admin Team (CAT), some directly to the Community Safety Co-ordinators (CSC), in a range of different formats (phone call, email, referral form). Not having a clear process and way of capturing every referral or request for prevention intervention can lead to the process relying on specific individuals and their locally stored records. There is a significant risk of risk intelligence being received in Service and not being appropriately actioned, including when outdated email addresses are still in circulation on supporting literature.*		Priority
Recommendation 3.3	Introduce a recognised way of recording and processing all prevention referrals directly into the PRMS to ensure there is one data base recording all prevention engagements as well as activity.	Essential
Insight 3.4: *Staff understand the potential benefits of having the information all in one system (PRMS) for both protection and prevention but just trying to complete the forms is challenging. Currently there isn't the capacity or skill set dedicated to review or share the intelligence.*		Priority
Recommendation 3.4	Commission a joint review of PRMS with Protection to establish areas of development that could benefit both departments to make better use of the system and information captured.	Essential
Insight 3.5: *Operational staff have expressed how support with a communications strategy would be useful to ensure regular and targeted prevention messages are agreed in advanced.*		Priority
Recommendation 3.5	Look at how the Prevention department can better support and assist with communication	Critical

	strategies to ensure targeted prevention messages are created.	
Insight 3.6: *Youth inclusion courses vary across the service with a range of different programmes delivering localised content.*		Priority
Recommendation 3.6:	Review the current content that is being delivered. Look to centralise and standardise course delivery to ensure the information is constant and adding value.	Advantageous
Insight 3.7: *Very limited evaluation has taken place to review the effectiveness of the Service's road safety activity.*		Priority
Recommendation 3.7:	Evaluate the effectiveness of the Service's road safety activity.	Critical
Insight 3.8: *The Fire & Wellness booking process is very labour intensive, requiring administrators to complete a series of screening questions, manually inputting occupant and premises details. The process takes approximately 20-30mins for each booking.*		Priority
Recommendation 3.8	Review the current screening process and look at ways to improve efficiency.	Critical
Insight 3.9: *With the exception of a known complex or safeguarding referral, there is currently no scoring/ranking system. Individual scores following screening do not change the priority of the delivery of the visits. A visit either meets the threshold or doesn't.*		Priority
Recommendation 3.9	Review the scoring system and introduce a way of prioritising delivery through risk scoring.	Critical
Insight 3.10: *Currently it is not possible to complete a Fire & Wellness visit directly into PRMS via the appliance tablets following an incident or during a hot strike.*		Priority
Recommendation 3.10	Improve the ability to record a prevention visit directly into the PRMS system.	Advantageous
Insight 3.11: In general, operational staff have a poor understanding of the PRMS system and process for uploading and downloading a visit to a tablet.		Priority
Recommendation 3.11	Review the support required to ensure staff are accurately recording prevention activity into PRMS and improve their knowledge and understanding of the system.	Critical

4. Coordination and communication of operations		
Insight 4.1: *There is a need to develop clearer processes and focus on partnership workstreams and projects. A vulnerability has been identified that if key members of the prevention team (Community Safety and Safeguarding Manager) leave then there is no clear identified process agreed for the workstreams to continue. This has also been identified by agencies outside of the service.*		Priority
Recommendation 4.1	Introduce the use of tools such as workstream and project plans to ensure there is a clear understanding of where effort and time is being focused and spent.	Essential
Insight 4.2: *A general view shared by most employees is that the public do not know that we are so heavily involved in protecting the community in the way we do. There is also evidence that many staff within the service are not fully aware of what prevention delivers.*		Priority
Recommendation 4.2	Introduce a prevention communication strategy that introduces fresh ways of sharing information internally and externally.	Essential
Insight 4.3: *There are some good examples of the use of social media platforms to engage and interact with different target audiences by other FRS and partner agencies. This is an area that many would like to see developed to improve outreach and engagement.*		Priority
Recommendation 4.3	Review the use of social media to share prevention messages both within the department and at station level. Look at ways to better support official social channels and explore new social media platforms to reach different target audiences.	Essential
Insight 4.4: *Operational staff have expressed that there is not enough guidance to help support appropriate social media use. Staff have suggested a training workshop would be beneficial to help ensure the right messages are put online, helping to vary the content and messaging to suit the target audience.*		Priority
Recommendation 4.4	Introduce training for social media champions on station. Ensure there is a consistent approach to content posted and the right level of official support from the department.	Essential
Insight 4.5: *The majority of our road safety prevention efforts are supporting partner agencies with their initiatives. All being*		Priority

agreed, directed and coordinated by a single member of the Prevention team.		
Recommendation 4.5	Review the structure of the prevention team to ensure there are not single points of contact for specific prevention themes or subjects.	Essential
Insight 4.6: *The majority of road safety activity is delivered by the Road Safety Officer in isolation. This limits the opportunity for engagement and outreach.*		Priority
Recommendation 4.6:	Assess the road safety activity that is being delivered and review options for delivery to improve outreach.	Essential
Insight 4.7: *The process for requesting and booking a Fire & Wellness visit is a lengthy and time-consuming process.*		Priority
Recommendation 4.7:	Review the current booking process and introduce efficiency savings through better process optimisation	Critical
Insight 4.8: *There are currently only three recognised ways of booking or requesting a Fire & Wellness visit*		Priority
Recommendation 4.8	Review the options available for partner agencies and members of the public to self-refer for a Fire & Well visit. Consider the feasibility of introducing an online booking system and better data capture	Critical
Insight 4.9: *Information regarding the Fire & Wellness programme on the organisation's external facing website is limited in detail and not easy to find.*		Priority
Recommendation 4.9:	Improve the level of information available to promote the programme on the organisation's website.	Essential

5. Delivery of operations		
Insight 5.1: *Some staff lack the confidence to raise safeguarding concerns. Further support and guidance would be welcomed with regular refresher training and sharing of best practices and anonymised good-news stories of referrals that have come to a successful conclusion.*		Priority
Recommendation 5.1	Review the e-learning package regarding safeguarding and consider additional safeguarding training for operational staff. Look	Critical

	at ways to share good practices and anonymised good news stories as case studies.	
Insight 5.2: *Operational staff expressed a view that social media platforms (Instagram, Snap Chat, TikTok) are opportunities to engage with younger audiences. Often social media messages follow the national approach to prevention. Staff feel they lack impact or relevancy.*		Priority
Recommendation 5.2	Review the range of social media platforms and factor them as options for outreach in a wider prevention communication strategy.	Essential
Insight 5.3: *Operational staff are also keen to explore the use of targeted social posts that they can request to be switched on following incidents to target geographically or based on age. e.g. where an increase in arson is identified, the station could request to use some of the station's prevention budget on social media advertising.*		Priority
Recommendation 5.3	Introduce a process to manage station social media budgets to use for targeted social media campaigns to targeted prevention activity.	Essential
Insight 5.4: *Operational staff generally believe that youth inclusion courses are more engaging and beneficial than the current school visit format but are often not sure how to deliver them effectively. A lack of resources, time available to commit to the initiative and concerns over operational commitments are all barriers that make them challenging to deliver.*		Priority
Recommendation 5.4	Refresh the Service's youth inclusion strategy, including resources and method of delivery.	Advantageous
Insight 5.5: *The Road Safety Officer attends HM Coroner's inquests to establish the actual cause of a fatal incident. Insights from the inquest are sometimes shared with the local Station Commanders, however, this information is not used to influence local prevention activity.*		Priority
Recommendation 5.5	Consider the value in attending HM Coroner's inquests if the outcomes are not shared or influencing future prevention activity.	Essential
Insight 5.6: *The current options for completing a visit are not very efficient. The actual costs of delivering a Fire & Wellness visit in this manner are not understood but is believed to be a relatively costly exercise.*		Priority

Recommendation 5.6:	Complete a time and motion study to understand the actual costs and efforts associated with the current process and method of delivering Fire & Wellness visits.	Essential
Insight 5.7: *The opportunity for maximising the Fire & Wellness programme's outreach is currently limited due to the relatively low numbers of staff available to carry out the visits. Exploring alternative methods of delivery, through partner agencies, social care workers or via the creation of a volunteer sector, could help to expand and maximise the programme's outreach.*		Priority
Recommendation 5.7:	Consider redirecting some of the CSC capacity to coordinating and supporting partner agencies and voluntary groups to deliver Fire & Wellness visits on behalf of the service to help increase the opportunity for delivery and outreach.	Essential
Insight 5.8: *The pandemic has significantly reduced the opportunity to continue to deliver the programme through face-to-face visits.*		Priority
Recommendation 5.8:	Consider the introduction of virtual visits through platforms like MS Teams. Exploring this approach may help to improve access to certain hard to reach, high risk groups i.e. hoarding. Introducing this as a delivery option would remove the requirement to physically access the premises and reduce travel times.	Advantageous

7. SUMMARY

The completion of the first phase of the prevention evaluation has helped to analyse and evaluate several prevention themes. The report should offer valuable insight into the activity taking place, identifying key areas of focus that need to be further reviewed to help improve prevention delivery.

The evidence collated has provide the basis for a series of recommendations and areas to further review that will help to structure the Prevention Improvement Plan and influence some meaningful change to how prevention activity is managed and delivered.

8. APPENDICES

Appendix A: Benefit assessment

	Benefit assessment			
	Recommendation	**Prevention Impact**	**Resource required**	**Status**
1. Strategy, vision and leadership	1.1 – Establish links into the affiliate boards for both Local Authorities and create a clear process for identifying opportunity, recording activity, and assessing the value agreed prevention activity has added to our operational response.	High	High	Advantageous
	1.2 – Ensure the importance of raising safeguarding referrals is continually promoted and communicated. Monitor and review	Very High	Medium	Essential

	the types and volumes of referrals being recorded.			
	1.3 - Review and re-embed Station Prevention Plans to ensure targeted prevention activity is being delivered, monitored and measured against local risk intelligence.	Very High	Medium	Essential
	1.4 - A further review to be commissioned to establish what value the firesetting programme is adding and identify if the programme is maximising it's outreach and evaluating risk appropriately.	High	Low	Critical
	1.5 - Review the organisation's road safety strategy and where appropriate set targets and performance indicators to help identify performance in this area.	High	Low	Critical
2. Intelligence	2.1 - Create a better process for recording and reviewing all prevention activity within the PRMS to ensure there is one database which captures all prevention activity.	High	Medium	Essential
	2.2 - Review existing and explore new data sharing agreements with	Medium	High	Advantageous

	partner agencies and emergency services to help improve the level of risk intelligence that can be accessed to influence and better target prevention activity.			
	2.3 Scope out any further configuration and development required to improve the way activity is recorded and reviewed in PRMS.	Very High	High	Essential
	2.4 - Establish a closer working relationship with DIT to ensure there is improved analysis of risk intelligence to gain access to a more reliable and intelligent data set.	High	Low	Critical
	2.5 Review existing and explore new data sharing agreements with partner agencies and emergency services to help improve the level of risk intelligence that can be accessed to influence and better target prevention activity. ***Linked to recommendation 2.2***	Medium	High	Advantageous
	2.6 - Adopt a targeted approach to delivering youth inclusion courses or modules following review of incident, risk and other	Low	Medium	Advantageous

	relevant intelligence. Develop a youth inclusion pathway framework in the prevention strategy.			
	2.7 Review the effectiveness of the current firesetter referral process.- ***Linked to reference 1.4***	High	Low	Critical
	2.8 Review and consider new data sets in conjunction with DIT to better understand what intelligence could be used to further support a data driven approach to targeted prevention activity.	Medium	High	Advantageous
	2.9 Road safety activity should be scaled up/down and adapted based on the risk intelligence that can be reviewed to identify a need for targeted prevention activity in specific areas/locations rather than a blanket approach.	High	Low	Critical
	2.10 - Create better access to risk information and reporting which is relevant to station grounds that can help influence and support prevention activity.	Very High	Low	Critical
	2.11 - Create a way to record, review and understand the types of	Very High	Medium	Essential

	vulnerabilities and risks that are triggering a request for prevention activity. This would help to improve targeted outreach, influence and evidence the requirement for prioritising certain prevention activities and efforts.			
	2.12 - Review the data set that is being exported from the Vision system. Review and further develop the process to mitigate inaccuracies in information.	Medium	Low	Essential
3.Management of processes, systems and planning,	3.1 - Consider adopting a joint approach to the Risk Inspection programme with Prevention to tackle prevention activity in premises that have common areas that are inspected by Protection.	Very High	Low	Critical
	3.2 - Improve working relationships with healthcare providers and social care teams to improve awareness of the services available to ensure individuals identified as high risk are being captured as part of the Service's prevention activity.	Medium	High	Advantageous
	3.3 - Introduce a recognised way of	High	Medium	Essential

	recording and processing all prevention referrals directly into the PRMS to ensure there is one data base recording all prevention engagements as well as activity.			
	3.4 - Commission a joint review of PRMS with Protection to establish areas of development which could benefit both departments to make better use of the system and information captured.	Very High	Medium	Essential
	3.5 - Look at how the Prevention department can better support and assist with communication strategies to ensure targeted prevention messages are created.	High	Very Low	Critical
	3.6 - Review the current Prevention content that is being delivered. Look to centralise and standardise course delivery to ensure the information is constant and adding value.	Low	Low	Advantageous
	3.7 - Evaluate the effectiveness of the Service's road safety activity.	High	Low	Critical
	3.8 Review the current Fire &	Very High	Low	Critical

	Wellness screening process and look at ways to improve efficiency.			
	3.9 - Review the Fire & Wellness scoring system and introduce a way of prioritising delivery through risk scoring.	Very High	Low	Critical
	3.10 - Improve the ability to record a prevention visit directly into the PRMS system.	Low	Low	Advantageous
	3.11 - Review the support required to ensure staff are accurately recording prevention activity into PRMS and improve their knowledge and understanding of the system.	High	Low	Critical
4.Coordination and communication of	4.1 - Introduce the use of tools such as workstream and project plans to ensure there is a clear understanding of where effort and time is being focused and spent.	Medium	Low	Essential
	4.2 - Introduce a prevention communication strategy that introduces fresh ways of sharing information internally and externally.	Medium	Low	Essential
	4.3 - Review the use of social media to share prevention messages both within the	Medium	Low	Essential

	department and at station level. Look at ways to better support official social channels and explore new social media platforms to reach different target audiences.			
	4.4 - Introduce training for social media champions on station. Ensure there is a consistent approach to content posted and the right level of official support from the department.	Medium	Low	Essential
	4.5 Review the structure of the prevention team to ensure there are no single points of contact for specific prevention themes or subjects.	Very High	Medium	Essential
	4.6 - Assess the road safety activity that is being delivered and review options for delivery to improve outreach.	Very High	Medium	Essential
	4.7 - Review the current booking process and introduce efficiency savings through better process optimisation	Very High	Low	Critical
	4.8 - Review the options available for partner agencies and members of the public to self-refer for a Fire & Well visit. Consider the feasibility for	High	Medium	Essential

	introducing an online booking system and better data capture.			
	4.9 - Improve the level of information available to promote the programme on the organisation's website.	Low	Medium	Advantageous
5. Delivery of operations	5.1 - Review the e-learning package regarding safeguarding and consider additional safeguarding training for operational staff. Look at ways to share good practices and anonymised good news stories as case studies.	Very High	Low	Critical
	5.2 - Review the range of social media platforms and factor them as options for outreach in a wider prevention communication strategy.	Medium	Low	Essential
	5.3 - Introduce a process to manage station social media budgets to use for targeted social media campaigns to targeted prevention activity.	Low	Very Low	Essential
	5.4 - Refresh the Service's youth inclusion strategy, including resources and method of delivery.	Low	Medium	Advantageous

	5.5 - Consider the value in attending HM Coroner's inquests if the outcomes are not shared or influencing future prevention activity.	Medium	Very Low	Essential
	5.6 - Complete a time and motion study to understand the actual costs and efforts associated with the current process and method of delivering Fire & Wellness visits.	High	Medium	Essential
	5.7 - Consider redirecting some of the CSC capacity to coordinating and supporting partner agencies and voluntary groups to deliver Fire & Wellness visits on behalf of the service to help increase the opportunity for delivery and outreach.	Medium	Low	Essential
	5.8 - Consider the introduction of virtual Fire & Wellness visits through platforms like MS Teams.	Low	Medium	Advantageous

Appendix B: Benefit matrix

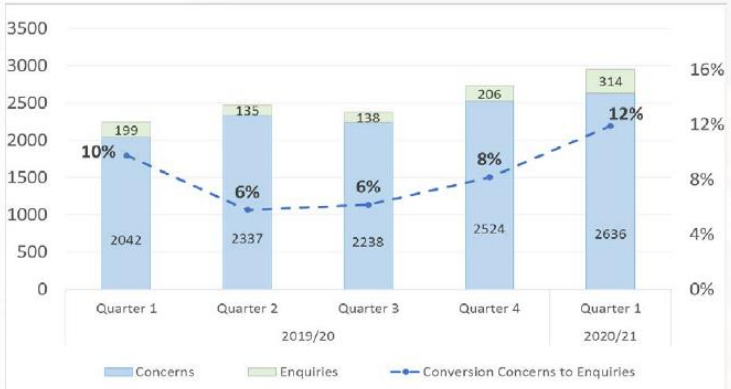
Benefit assessment key
Advantageous
Essential
Critical

Benefit matrix						
Prevention activity impact	Very high	**5**	**10**	**15**	**20**	**25**
	High	**4**	**8**	**12**	**16**	**20**
	Medium	**3**	**6**	**9**	**12**	**15**
	Low	**2**	**4**	**6**	**8**	**10**
	Very low	**1**	**2**	**3**	**4**	**5**
		Very high	high	Medium	low	Very low
		Resource commitment required to complete task				

Appendix C: Business Intelligence unit (BIU) reports Bucks County Council

Concerns and Enquires (Q1)

Quarterly Activity



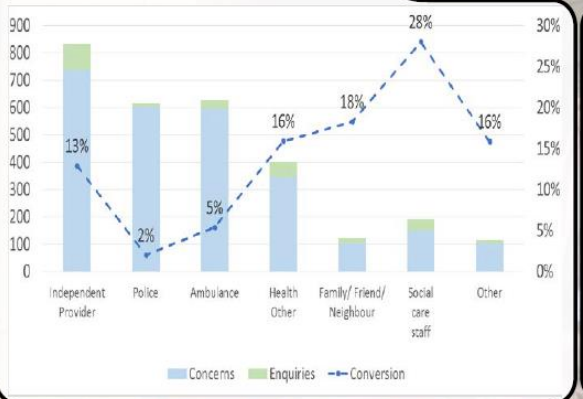
Current position compared to 2019/20

Performance Position

The number of concerns received has increased in quarter 1 this year compared to the same period in 2019/20. There have also been far more enquiries starting in Q1 of 2020/21, 314 compared to an average of 170 enquires starting per quarter in 2019/20. This has led to an increase in the conversion rate of concerns to enquiries to 12%.

Concerns and Enquires (Q1)

Trends Year to Date



Concern Referral Source

Performance Position

Despite the Police and Ambulance service (collectively) making just under half of all concern referrals, these concerns account for 16% of enquiries.

Both the Police and Ambulance service have a successful progression rate to enquiry (from concern) of 2% and 5% respectively.

Independent providers raised the highest number of concerns (737) in Q1, which resulted in a successful progression rate of 13% (from concern to enquiry).

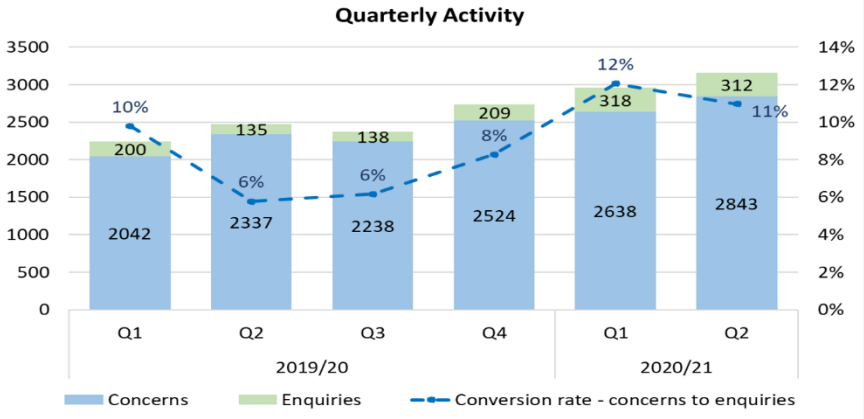
Referrals made by Social Care staff are most likely to progress to an enquiry, with a conversion rate of 28%. This category includes referrals made by hospital staff, re-ablement staff and other Buckinghamshire Council social care staff including legal.

The other category includes other additional Buckinghamshire Council teams, other Local Authorities, Fire and Rescue, Schools etc.

Commentary

The (old) threshold document is no longer being used, as this was not appropriate in terms of safety and compliance with the Care Act.
With the high volume of concerns, safeguarding issues still need to be progressed through the safeguarding service, rather than through Care Act assessments of care needs. The number of concerns that we receive from the Ambulance and Police service continue to be high, and may not necessarily always be a safeguarding concern, as a low proportion of these become enquiries.

Concerns & Enquiries – quarterly comparisons



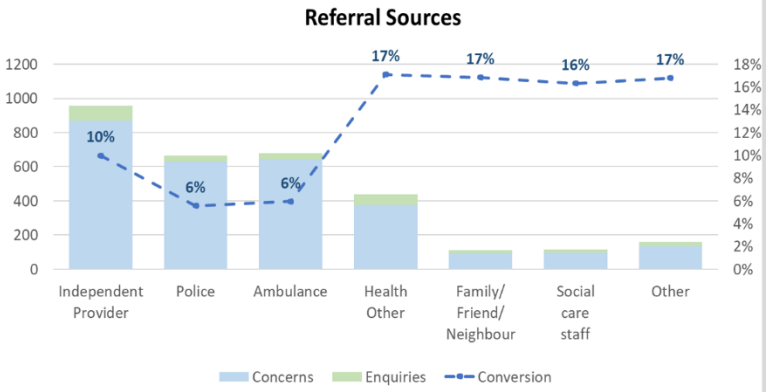
Commentary

Over the long-term, we need to address the number of concerns that come into the service, as it is still evident from the number of concerns received that many of these may not have been referred to the appropriate pathway.

Performance Position: The above chart compares the number of concerns received and enquiries starting in each quarter along with the conversion rate, which is calculated by dividing the number of enquiries by concerns.

The number of concerns received has increased in Q2 this year compared to the same period in 2019/20. There have also been more enquiries starting in 2020/21, 312 in Q2 compared to a quarterly average of 170 enquiries in 2019/20. Whist there were more concerns recorded in Q2 compared with Q1 in 2020/21, the number of enquiries starting was higher in both periods at 318 in Q1 to 312 in Q2; this has led to a similar conversion rate of concerns to enquiries to 11% in Q2.

Concerns & Enquiries – concern referral sources in Q2



Commentary

The (old) threshold document is no longer being used, as this was not appropriate in terms of safety and compliance with the Care Act.

With the high volume of concerns, safeguarding issues still need to be progressed through the safeguarding service, rather than through Care Act assessments of care needs.

The number of concerns that we receive from the Ambulance and Police service continue to be high, and may not necessarily be safeguarding concerns, as a low proportion of these become enquiries.

Performance Position: Despite the Police and Ambulance service (collectively) making just under half of all concern referrals in Q2, these concerns account for 26% of enquiries. Both the Police and Ambulance service have a successful progression rate to enquiry (from concern) of 6% each.

Independent providers raised the highest number of concerns (871) in Q2, which resulted in a successful progression rate of 10% (from concern to enquiry). Referrals made by primary and secondary health (health other), family / friend or neighbour and the other category which includes other local authorities, fire and rescue, schools etc. were most likely to progress to an enquiry in Q2, with a conversion rate of 17%.

Appendix D: Partner agency referrals

Agency	Total referrals
ADULT SOCIAL CARE - ACCESS TEAM - MK	5
ADULT SOCIAL CARE - BUCKS - WYC	4
ADULT SOCIAL CARE - COMMUNITY REABLEMENT - BUCKS	24
AGE UK - BUCKS	3
AGE UK - MK	22
ALL CARE	1
AMERSHAM HOSPITAL	3
ANCHOR HANOVER HOUSING ASSOCIATION	3
APETITO	2
AYLESBURY VALE DISTRICT COUNCIL (AVDC)	1
BISS - BUCKS INTEGRATED SENSORY SERVICES	27
BLETCHLEY COMMUNITY HOSPITAL	1
BRITISH RED CROSS	2
BROWNBILL ASSOCIATES LTD	1
BUCKS COUNCIL - ADULT SOCIAL CARE	1
BUCKS COUNTRY HOMECARE	1
Bucks County Council	19
BUCKS COUNTY COUNCIL - BCC	14
BUCKS COUNTY COUNCIL OCCUPATIONAL THERAPY TEAM	2
BUCKS INTEGRATED RESPIRATORY SERVICE	3
Bucks integrated Sensory Services	5
CARE TRUST THAMES	1
CARERS BUCKS	1
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST - CNWL	2
CHARTRIDGE WARD AT AMERSHAM HOSPITAL	1
CHILDREN'S SOCIAL CARE - FAST TEAM - MK	1
CHILDREN'S SOCIAL CARE MK	3
CHILTERN & SOUTH BUCKS DISTRICT COUNCIL	2
CHILTERN ADULT MENTAL HEALTH TEAM- CAMHT	1
CHILTERN HOME CARE	1
CHILTERN SOCIAL WORK TEAM	1
CLARION HOUSING GROUP	2
COMMUNITY ASSESSMENT AND TREATMENT SERVICE	1
COMMUNITY CASE MANAGEMENT SERVICES	1
COMMUNITY HOSPITAL TEAM	5
COMMUNITY IMPACT - BUCKS	1
CONNECTION SUPPORT	2
DAISY CHAIN FAMILY CENTRE	5
DAISYCHAIN FAMILY CENTRE	7
DOLBY	290

EARLY STROKE REHABILITATION TEAM - MK	1
EDENCARE AT HOME LTD	1
EVERYCARE - MILTON KEYNES	1
Faye Hammond Consultancy Ltd	1
GUINNESS PARTNERSHIP	2
HEALTHY MINDS	1
HEDGEROWS CHILDRENS CENTRE	5
HOME 1ST RAPID RESPONSE	1
HOME 1ST REABLEMENT	1
HOME GROUP	1
HOME OXYGEN SERVICE	2
HPFT NHS BUCKS COMMUNITY LEARNING DISABILITY HEALTH TEAM	1
HUMMINGBIRD CHILDREN'S CENTRE	2
INTRUSTCARE LIMITED	2
LEAP - LOCAL ENERGY ADVICE PARTNERSHIP	11
MAYFAIR LIVE IN CARE	3
MEADOWCROFT SURGERY	1
MILTON KEYNES ASSERTIVE OUTREACH TEAM	1
MILTON KEYNES COUNCIL	28
MILTON KEYNES COUNCIL HOUSING	12
MILTON KEYNES HOME OXYGEN SERVICE	3
MILTON KEYNES UNI HOSPITAL	1
MILTON KEYNES UNIVERSITY HOSPITAL - MKUH	12
MK ACT	35
MOORLANDS CHILDRENS CENTRE	3
NATIONAL ENERGY FOUNDATION	15
NHS	50
OLDER ADULTS COMMUNITY MENTAL HEALTH TEAM - BUCKS	1
OVER 75's TEAM POPLAR GROVE SURGERY	2
PAEDIATRIC COMMUNITY NURSING TEAM - Stoke Mandeville Hospital	1
PARACHUTE LAW	1
PARADIGM HOUSING GROUP	9
PATIENT SUPPORT SERVICE - BUCKS	22
PEBBLES CHILDREN CENTRE	2
PREVENTION MATTERS	5
REABLEMENT	19
RED CROSS	1
RED KITE HOUSING	5
RIGHT AT HOME UK	1
ROBINS CHILDRENS CENTRE	2
ROWANS FAMILY CENTRE	1
SARC - SENSORY ADVICE RESOURCE CENTRE	17
SCAS	11

SOCIAL CARE - BUCKS CC	6
Social Services	5
SSA QUALITYCARE	1
THAMES VALLEY POLICE	50
THE ROBINS CHILDRENS CENTRE	1
UNIVERSAL CARE	1
VALE OF AYLESBURY HOUSING - VAHT	4
WATERSIDE CHARTRIDGE THERAPY TEAM	3
WESTMINSTER HOMECARE - MK	8
WESTONGROVE PARTNERSHIP	1
WHADDON MEDICAL CENTRE	2
WILLEN HOSPICE	1
WINDMILL CHILDREN'S CENTRE	2
WINDSOR INTERMEDIATE CARE UNIT	5
WOMENS AID	2
WOMEN'S AID - AYLESBURY	3
WOMEN'S AID - WYCOMBE	2
WOUGHTON COMMUNITY COUNCIL	1
Grand Total	**867**