



**DEVON &
SOMERSET**
FIRE & RESCUE SERVICE

Community Impact Assessment Pre-consultation

Service Delivery
Operating Model
2019

Devon & Somerset
Fire & Rescue Service

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In this document there is mention of prevention and protection activities.

Prevention is when we work with the community to help them understand how to keep safe and avoid an emergency situation.

Protection is making sure that premises where people work and visit comply with fire safety legislation.

Prevention and protection is a primary focus in service delivery and we recognise that risk reduction begins with safe behaviours at home, at work, or on the road, and this leads to a safer society for all.

1. SUMMARY

- 1.1 In line with our obligations under the Public Services Equality Duties, we have analysed the proposals for consultation in relation to the impact and/or benefit they potentially have. This analysis will be shared to help inform the public consultation, and we will talk to affected people about what they think this means for them. Our analysis concludes at this stage, that although parts of the community will be impacted by the proposals, no groups with protected characteristics are disproportionately disadvantaged.
- 1.2 However, there are factors to consider as the capacity and reallocation of resources, which would result from the proposals, provide a benefit for those, who research demonstrates, are at the highest risk of having a fire.
- 1.3 As shown below, it is clear that all options, except for option 5, represent **an increase in additional lives saved both at dwelling fires and Road Traffic Collisions**, compared to availability under the current arrangements (actual availability). In addition each option could release capacity for Home Fire Safety Visits and Fire Safety Checks to further reduce the risk in the communities of Devon & Somerset with the most vulnerable people.
- 1.4 Service wide the impact of the proposals on Life Risk is as follows:

Options	Dwelling Fire Risk	RTC Risk	Additional lives saved (every 10 years)	
			Fire	RTC
Option 1:	-2.34%	-1.06%	1.8	3.6
Option 2:	-2.34%	-1.06%	1.8	3.6
Option 3:	-2.01%	-1.03%	1.6	3.5
Option 4:	-1.08%	-0.71%	0.8	2.4
Option 5:	0.21%	-0.59%	-0.2	2.0
Option 6:	-1.05%	-1.41%	0.8	4.7
1% decrease in RTC risk = one additional life saved every 3 years)				
1% decrease in Dwelling risk = one additional life saved every 13.1 years)				

	Potential Additional Home Fire Safety Visits	Potential Additional Fire Safety Checks
Option 1	7,011	3,034
Option 2	9,842	4,259
Option 3	11,956	5,174
Option 4	11,956	5,174
Option 5	18,208	7,879
Option 6	20,812	11,749

- 1.5 All areas have some households with particular characteristics which mean they are at higher than average likelihood of having a fire. However, these options are designed move resources to those locations which have a higher concentration of those households. This will result in an overall reduction in risk, saving lives as stated in the table in 1.4 compared to our current actual availability.
- 1.6 It is likely there will be particular areas in Devon and Somerset which may experience a slower first attendance by a fire engine. These will be areas with significantly lower risk to start with and possible impact of the changes in response time will be further mitigated by the use of prevention and protection activity especially for households with particular characteristics which mean they are at higher than average likelihood of having a fire.
- 1.7 Some residents in households with an increase in attendance may have protected characteristics, but they are not disproportionately affected compared to other household groups, with similar protected characteristics e.g some households consisting of mainly elderly residents have an increase in LifeRisk, but most don't.
- 1.8 Considering the types of people most likely to be involved in a Road Traffic Collisions, young people in particular will be affected by an increase in response time to these sorts of incidents. However, overall, all options see a reduction in Life Risk at this kind of incident i.e. additional lives are saved. This means that, similarly, the lives saved are more likely to be young people.

2. BACKGROUND

- 2.1 Equality legislation, in particular the Public Sector Equality Duty, requires public services to assess the impact of changes made to processes and services to ensure any impact and equality-related risks on staff and community are identified and mitigated. This assessment identifies whether changes will have a disproportional impact on people with certain protected characteristics.
- 2.2 Devon & Somerset Fire & Rescue Service takes this duty further by undertaking a full People Impact Assessment to ensure impact is known and mitigating actions are identified whether or not it involves people with protected characteristics. This assessment involves completion of an Equality Risks and Benefits Analysis (ERBA). This analysis is an evidence based tool and has been completed to ensure and evidence that the service does not unlawfully discriminate and that it positively fosters good relations with underrepresented groups, in line with the Public Sector Equality Duty 2011.
- 2.3 This analysis includes some actions, mainly an increase in prevention and protection activity, which mitigate the risks identified in the pre-consultation stage. Further actions will be added and finalised after consultation. This impact assessment will provide a formal sign-off when a decision has been made about the option which will be implemented.
- 2.4 **The proposals to be assessed** concern the development of the Service Delivery Operating Model which looks to reshape service delivery provision to provide an efficient service response to risk, meeting our statutory dwelling fire and road traffic collision duties, addressing over and under capacity, updating duty systems to better match both response requirement and staff needs and release resources to support further investment in prevention and protection activities to reduce future risk.
- 2.5 The operating model encompasses stations, appliances, operational duty systems and staffing levels and changes to it aim to:
- Prioritise and increase our capacity to deliver prevention and protection activities in our communities, ensuring it is targeted and focussed to best aid reducing the known risks in each area
 - Provide the best response possible to match the modern risks of today with the resources available, whilst fulfilling our statutory duties
 - Increase availability to give the right response, at the right time, whilst making the most efficient use of resources
- 2.6 The following groups are affected by the proposals
- All communities in Devon and Somerset
 - Visitors to the area
 - Devon & Somerset Fire and Rescue members of staff
 - Fire Authority Members
 - Devon and Somerset Local Authorities
 - Emergency and Blue Light Service Partners
 - Other Community Partners
- 2.7 In view of the extent of the impact on people, i.e. both our staff and the community, the approach to these groups was developed separately to address their specific needs. This document covers the Community Impact Assessment.

2.8 Considerations in relation to the Community Impact Assessment were based on evidence requested and supplied, including community profiling from the DSFRS Integrated Risk Management Plan (IRMP), an analysis of attended incidents over the past five years in the affected communities, Experian Mosaic Public Sector and Life Risk impact modelling.

3 Community Impact Assessment methodology

3.1 A Community Impact Assessment Group was formed which gathered the relevant data, considered visual representation of that data for ease of analysis, linked the data to protected characteristics for completion of the ERBAs and compiled this report.

3.2 Impacts may come from changing response times of first and second fire engines, due to changes to fire cover at some stations and proposed closure of others. In some areas, response times are predicted to increase, meaning it will take longer on average for an appliance to arrive at an incident.

3.3 This impact can be mitigated with increased prevention and protection activity from the released capacity both through the proposed Service Delivery Operational Model and changes to staff contracts. This activity will be directed at those most vulnerable from fire and the commercial buildings at the highest risk.

3.4 Whether or how much the change in response time actually affects the population in a particular area depends in part on the people who live there (or for RTCs the roads in that area) and thus the underlying risk. A Life Risk modelling tool is used to understand how changes to our response arrangements might impact on the service-wide life risk from dwelling fires and Road Traffic Collisions (RTC).

3.5 Research was undertaken to link the 8 characteristics, which predict fire death i.e. Mental health issues/alcohol use/drug use/smoking/poor housekeeping/ limited mobility/living alone/low income identified in the Fatal Fire Report, to the protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex). In addition, these protected characteristics were linked to MOSAIC household groups where possible.

3.6 Mosaic Public Sector is Experian's comprehensive cross-channel consumer classification data. It provides a detailed, accurate and comprehensive view of citizens and their needs by describing them in terms of demographics, lifestyle, culture and behaviour and allows the Service to gain deeper insights on lifestyles and behaviours of the public to help make more informed decisions.

3.7 Details of the population in relation to protected characteristics were retrieved from census (2011) data and estimates based on the census data.

3.8 Although there is some data on sexual orientation from the 2011 census, this was limited to **registered** same sex partners (same sex marriage was not legal at the time of the census). Registered partnerships only concerns a small percentage of the LGBT population. No further data was available, but the distribution of registered partnerships suggests that LGBT population percentage is higher in urban areas. To ensure their opinions are included in the consultation, specific LGBT groups need to be approached.

- 3.9 Population details together with identification of the geographic areas, which may be affected by the duty system changes, determined by Life Risk modelling, allowed for identification of any community groups who could be impacted.
- 3.10 Considerations also included the impact of changes in provision of other services like co-responding. As part of the process, information was produced which assists in the consultation process with the community.
- 3.11 The following are some examples of the data we have used to support this work to date.
- Fatal Fires Report
 - Devon County Council – Facts & Figures
 - IRMP (Community Risk) Profile
 - Other elements of the IRMP
 - DSFRS incident data
 - Experian Mosaic
 - Office of National Statistics (ONS) data including 2011 census data and population estimates.

4 Population of Devon & Somerset

- 4.1 The population of Devon and Somerset is expected to grow by just over 100,000 in the next decade, partly as people are living longer due to improvements in healthcare and technology. This means that the age profile of the population of the area will alter, with an increase in the proportion of people aged over 65 and aged over 85.
- 4.2 In Devon and Somerset the percentage of the population made up by pensioners is expected to rise from 24.4% in 2019 to 28.1% 10 years later. And by 2039 the Office of National Statistics estimates over 65s will make up 30% of the area's residents. This partly reflects the attraction of the area as a retirement destination, and also the post-war baby-boom generation reaching retirement age.
- 4.3 The population aged over 85 will increase even more significantly with a 43% rise expected in the next ten years and the population more than doubling by 2039 when it is estimated that there will be more than 132,000 people aged over 85 in Devon and Somerset compared to 62,000 in 2019.

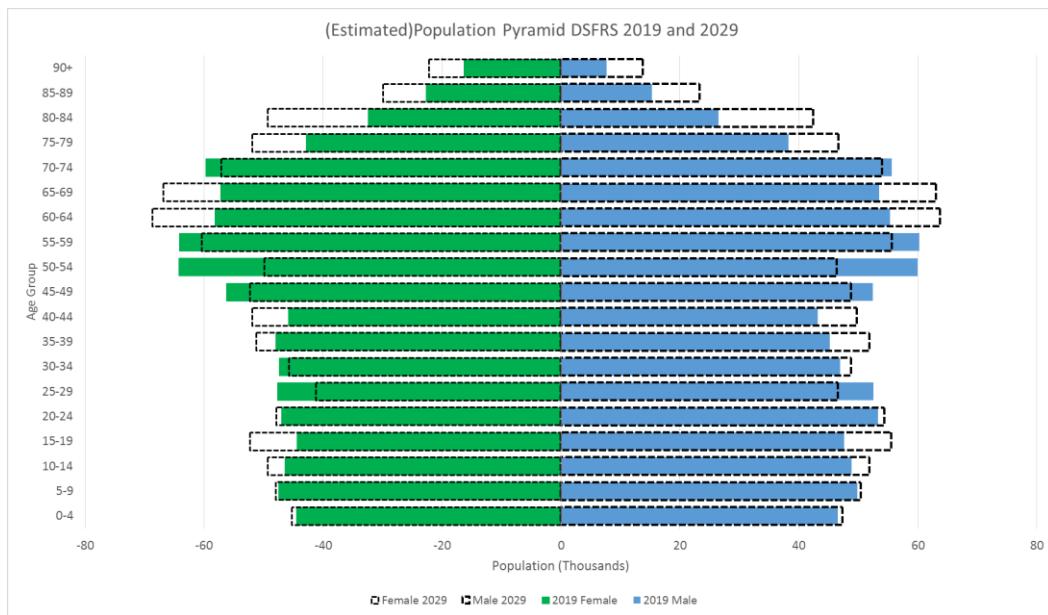
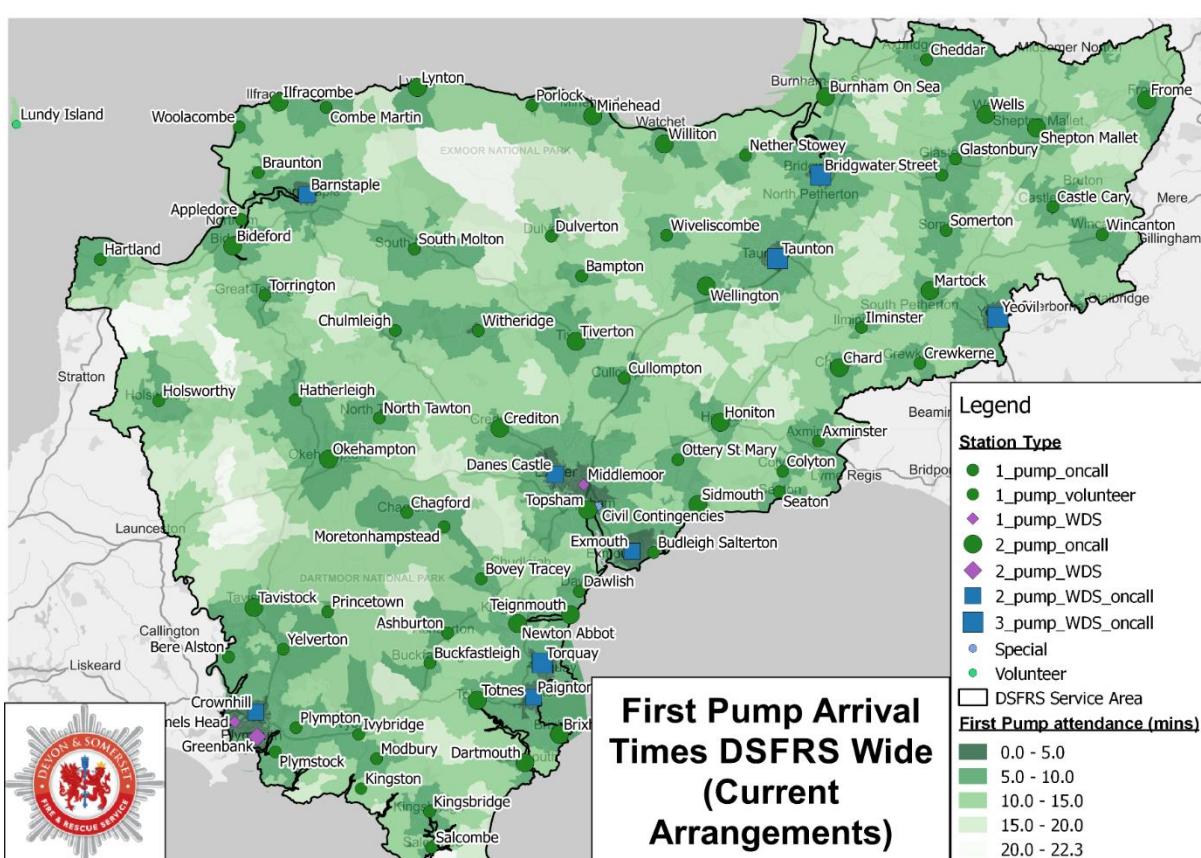


Figure 1: (Estimated) population pyramid Devon & Somerset 2019 and 2029

- 4.4 The above indicates that particular consideration needs to be given to the fire risks in relation to age and age related conditions like mental health issues, limited mobility and living alone.
 - 4.5 Besides the people living and working in both Devon and Somerset, the area has large amounts of visitors and holiday makers each year (1.1m in 2017), which means that at certain times (mainly in spring and summer) and places (coastal resorts, Exeter) the amount of people present is more than the census data for population would indicate.
 - 4.6 Despite the increase in people in the area, there is little seasonality in many of our incident types. Dwelling fires do have a peak in December and outdoor fires occur more during the summer if the weather is good, but there is little to suggest that this is related to tourism. Nearly 60% of fatal fires in the last 5 years occurred at night in the DSFRS area according to the Fatal Fires Report.
 - 4.7 RTCs are slightly different, with the department for transport statistics showing a spike in July for 'out of area' drivers/passengers, i.e. tourists, being involved. DSFRS does not attend every RTC recorded by the department of transport so numbers are lower, but DSFRS data also shows a slight increase in RTC attendances of about 20, during the peak tourist month of July. According to a 5 year average, nearly 60% of RTCs happen during the day.
 - 4.8 It is worth noting that DSFRS peak demand is from about 1700 to 2100 with about 25% of attended incidents occurring in this window.
- ## 5 Community Impact Assessment observations (pre-consultation)
- 5.1 To understand the impact, which the proposed changes to Service Delivery Operating Model will have on the communities that they serve, response times and change to Life Risk (i.e. expected number of fatalities) have been analysed.
 - 5.2 The impacts of six future options for service delivery have been analysed with consideration of how they differ from the current operating arrangements, i.e. 121 appliances available to respond. It is to be noted that the current

arrangements rarely deliver all 121 appliances available to respond to incidents, the last occasion all 121 were available was between 0400 and 0500 on 04/05/17 more than 2 years ago.

- 5.3 DSFRS attend just under 1000 primary dwelling fires per year and the impacts of the 6 options would be as follows on the first pump attendance times:
- Options 1, 2 and 3:** 1.2% of all DSFRS dwelling fires (12 fires per year) with a slower first pump attendance
 - Options 4, 5 and 6:** 9.9% of all DSFRS dwelling fires (99) with a slower first pump attendance
- 5.4 Map 1 shows the geography of the area and current response times, with response times up to 10 minutes in more densely populated areas and longer response times (of 15 minutes or more) in less populated areas.



Map 1: Current Response arrangements

- 5.5 Where response times are increased, there is potential for a negative impact on the community, as at times of emergency the public will have to wait longer for a fire appliance than the current response. However, increased attendance time of the first fire appliance does not necessarily mean more lives are lost. Other factors, like second appliance attendance time and, especially, economic/personal circumstances of the individuals involved, also have an impact.
- 5.6 Life Risk modelling, i.e. considering the changes in expected fatalities, takes those factors in account. The result of this modelling across the entire area and per option is reflected in figure 2.

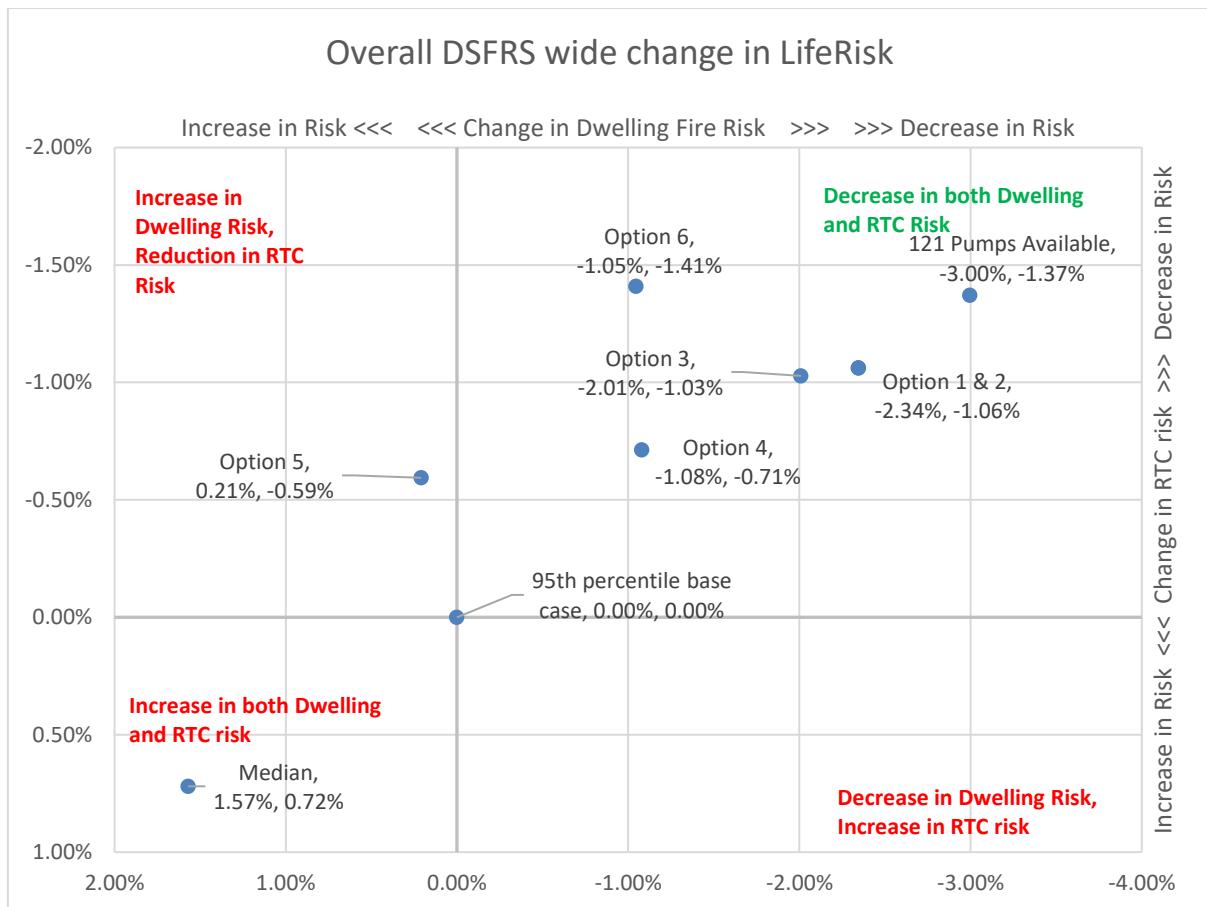


Figure 2: Devon & Somerset area change in Life Risk (dwelling risk %, RTC risk %)

- 5.7 Figure 2 shows a scatter plot of the 6 options with their estimated impacts on Dwelling Fire (horizontal axis) and RTC life risk (vertical axis) compared to availability under the current arrangements (95th percentile base case). The top right of the chart represents an improvement in both aspects (i.e. less risk), with the bottom left representing a deterioration in both (i.e. more risk).
- 5.8 It is worth noting that the centre of the graph is not the risk level of a case when all 121 appliances are available, as that hardly ever occurs within the current operating model. Rather a point is used at which 95% of the time DSFRS is operating at a level of risk greater than the centre of the graph. This means that usually the Service are in the bottom left quadrant. Actually, 50% of the time the risk level is worse than the Median case.
- 5.9 Besides the 6 options, it also shows the position of maximum availability (121 pumps available) within the current operating model, which last occurred more than 2 years ago (para 5. 2), and the median day for appliance availability in 2018 (26th June 2018), 50% of the time the Service was operating with a level of risk higher than this, 50% with a lower level of risk.
- 5.10 It is clear that all options, except for option 5, result in additional lives being saved (a decrease in risk) both at dwelling fires and RTC, compared to availability under the current arrangements.

Dwelling Fire

- 5.11 In the areas with a possible slower response to a dwelling fire, not every household will have the same increase in risk of loss of life. Whether someone or a household will actually have a fire, depends on various factors including economic circumstances, age and life style. And when a household has a fire, there are several factors which predict the likelihood of survival e.g. having a working smoke detector and life style/health of occupants.
- 5.12 To analyse how particular households are affected by the options, they have been categorised by their Experian Mosaic Public Sector (Mosaic) Groups and plotted against the increase in risk of having a fire for each of the options (Figure 3 & 4)
- 5.13 For options 1, 2 and 3, figure 3 shows that the Mosaic groups that have the highest likelihood of having dwelling fires are amongst those which are least affected in the number of households who have an increase in first pump arrival time compared to the full 121 appliances being available. Equally it is notable that all of the groups which have the largest numbers of households affected also have a low likelihood of having a dwelling fire. This relationship between likelihood and impact is not surprising given that the proposed options have been based on the Life Risk model.

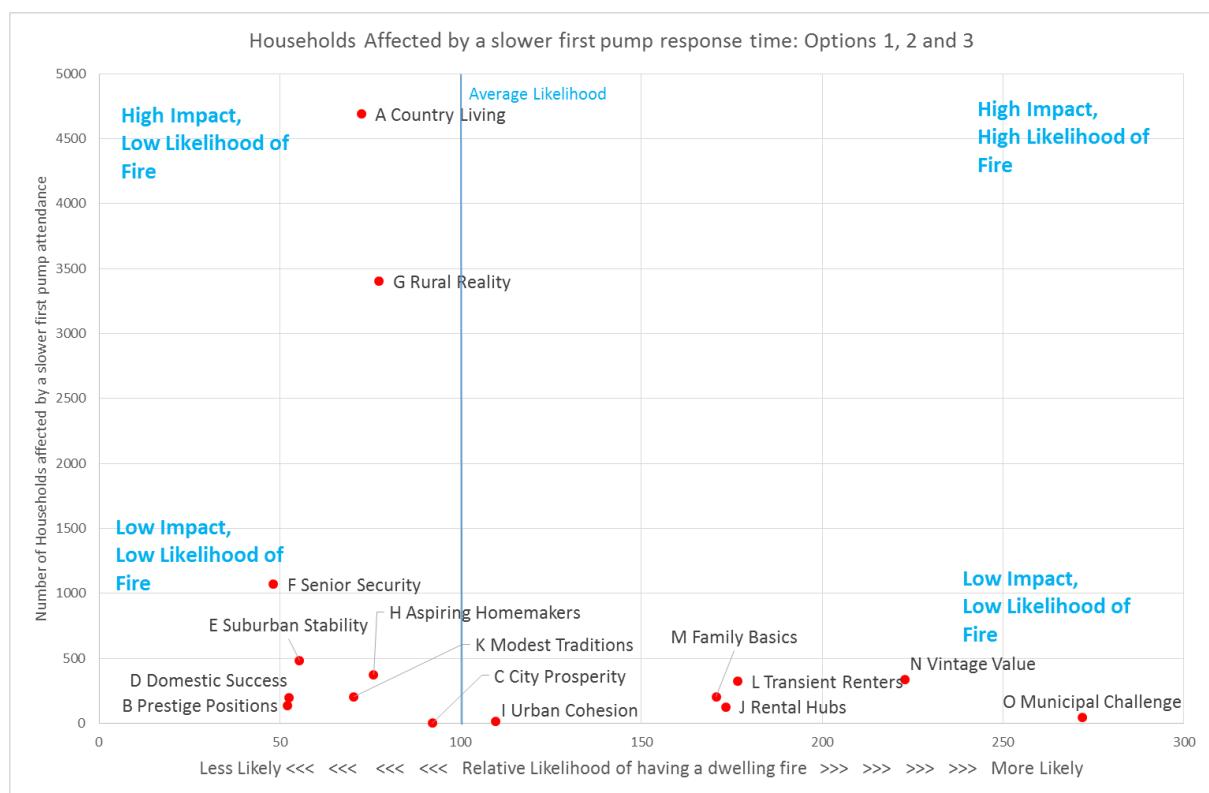


Figure 3: Households affected by a slower first pump arrival time; options 1, 2 & 3 compared to 121 appliance availability

- 5.14 The groups most likely to have a fire (I, J, L, M, N, O) all together have less than 2,000 households affected under Options 1 & 2, although for Group N 'Vintage Value' this makes up about 3.5% of all households of this type in the area. In Option 3, Group N is the most affected both in raw numbers and percentage terms with almost 2,700 households (5.12%) experiencing an increase in Life Risk.

- 5.15 Group N (Vintage Value) are elderly people, many living alone and with a low to basic income. Many of those have health challenges/ disabilities, affecting their mobility or other conditions which affect their ability to escape like visual, auditory or cognitive impairment. These risk factors, amongst others mentioned in paragraph 3.4, are already targeted through community safety activity and will continue to be addressed in that way, together with our partners.
- 5.16 Group I includes people with a diverse/ethnic minority background and Group J are mainly young people/students. The other groups don't have significant differences in relation to protected characteristics. As above, households within these groups are targeted for community safety activities.
- 5.17 Figure 4 shows the net number of households affected in each Mosaic Group under the Options 4, 5 and 6 compared to the full 121 appliances being available; once again the group with the highest likelihood of having a fire, Group O 'Municipal Challenge', have one of the smallest number of households impacted. However, the next highest likelihood group, Group N have a relatively high number of affected households.

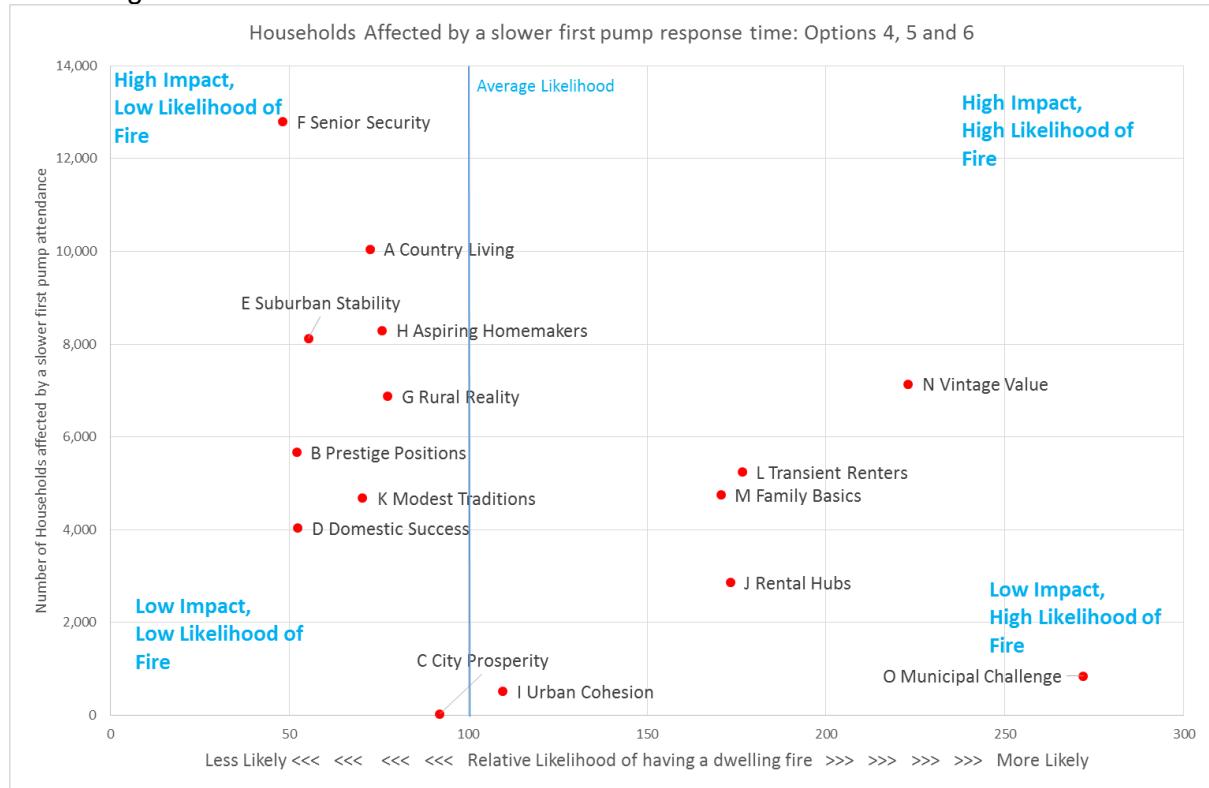


Figure 4: Households affected by a slower first pump arrival time; options 4, 5 & 6 compared to 121 appliance availability

- 5.18 When we consider percentages of households affected against the total population in Devon & Somerset, Group N is standing out as being both significantly affected in terms of the numbers of households affected and having a high likelihood of having a fire. This implies that the people most vulnerable to a possible increase in response time as a result of the proposals are most likely to come from certain protected characteristics, the elderly and people with disabilities in particular. These more vulnerable groups, however, are already particularly targeted for home fire safety visits and this will only increase with the release of resources for additional prevention activities. This additional activity with the relevant groups will mitigate much of the risk.

5.19 A further solution to reduce risk is proposed in option 6 in pre-deploying some fire engines into areas where emergencies are most likely to occur as well as providing additional guaranteed response cover to ensure a more reliable response option is presented. This will mean a fire engine is more likely to be in the right place at the time of emergencies rather than just waiting until they occur then responding from fire stations. The fact that the best location of these roving vehicles can be flexible and determined as the risk changes (e.g. if a large event is taking place we can ensure we bring additional resources in to help mitigate risk or if our data tells us that we typically have a number of accidents at particular times of the day on particular roads) will impact positively on the level of risk of the residents in that area. Crews of these roving appliances will also be undertaking prevention and protection activities, increasing public safety in that way.

Conclusion – dwelling fire

- 5.20 Considering DSFRS attend just under 1000 primary dwelling fires per year the estimated impact on the amount of slower first pump attendances to dwelling fires is relatively small i.e. approx. 1.2% of all dwelling fires attended by DSFRS seeing a slower first pump attendance for options 1, 2 & 3 and 9.9% of all dwelling fires attended by DSFRS seeing a slower first pump attendance for options 4, 5 & 6
- 5.21 There are areas in Devon and Somerset which may experience a slower first pump attendance under the proposals, but not all residents of those areas are affected equally and different households will have different likelihoods of having a fire.
- 5.22 Although some residents with protected characteristics will be in those households with a higher risk, they are not disproportionately affected, because other household groups, with similar protected characteristics, are much more affected in numbers.
- 5.23 What the above does highlight, together with the fact that the percentage of the population older than 65 will increase, is the need to continue to consider risks relating to old age and people with disabilities in relation to community safety actions to mitigate those risks. It is anticipated that the additionally community safety resource the options would provide could further reduce the risks to those most likely to have a fire.
- 5.24 Community safety actions and initiatives have already significantly driven down the amount of fires actually occurring and the way to save lives and keep people safe is to ensure that the fires don't occur in the first place. Targeted visits, as already carried out on a risk basis, have an overall positive impact for groups at risk of fire, including the elderly and people with disabilities.
- 5.25 Despite the increase in risk for certain groups, overall the risk remains relatively low due to the evidence indicating that the occurrence of incidents is in general low.

RTC and other incidents

- 5.26 In the same way as there can be an increase in response time to some fire related incidents depending on the option, other incidents will also be attended with a similar increase in response time. These include:
- Road Traffic Collisions
 - Medical Co-responding
 - Rescue
 - Animal rescue
 - Assisting other agencies
 - Gaining entry
 - Release from lifts
 - Releasing a person or item
 - Flood support
 - Water rescue
- Only fire calls and Road Traffic Collisions require a statutory response.
- 5.27 It is a well-known fact that particularly younger people are more likely to be involved in road traffic collisions. Despite people aged 16 to 25 making up just 11% of the population of the area, they account for 19% of those killed on the roads and 24% of those seriously injured. Therefore, it is likely that young people will be affected by an increase in response time to road traffic collisions. However, considering that, overall, the proposed options are likely to result in additional lives saved, more young people will get a positive impact.
- 5.28 Amongst the 8 stations to be closed as part of the proposals, are 2 stations (Woolacombe and Porlock), which facilitate medical co-responding turn out. Each of those stations attended around 60 incidents in the last 5 years, many outside their station area. Co-responding incidents concerned different age groups, above 18 years of age, in fairly equal measure. Co-responding is being facilitated in rural areas, places where there is a lower percentage of ethnic diversity than in urban areas, meaning that no disproportionate impact will occur in that sense.
- 5.29 All the other incident types, considering their nature, are less likely to involve losing lives and an increase in response time is therefore unlikely to result in a higher Life Risk.

Conclusion - RTC and other incidents

- 5.30 Considering the types of people most likely to be involved in an RTC, young people in particular could be affected by an increase in response time to these sorts of incidents. However, overall, all options see a reduction in Life Risk due to RTC i.e. additional lives are saved. This means that similarly the lives saved are more likely to be young people.
- 5.31 Medical co-responding, although seen as a desirable service, is not a statutory duty for the Fire Service. Analysis of the co-responding turn outs over the last 5 years has indicated that the service is used by a cross section of the community and no group with particular protected characteristics is therefore disproportionately impacted by no longer providing that service from the 2 stations considered for closure.

CONSULTATION PROCESS

6.1 Consultation Methodology

In order to design a fair, transparent and robust consultation process it is important to determine the scale and impact of the proposed changes of the Service Delivery Operating Model on staff, partners, stakeholders and communities.

6.2 The consultation process will be framed around a set of proposed options for the new Service Delivery Operating Model which have been developed following previous involvement and engagement with staff and stakeholders. Respondents will be asked to indicate their level of agreement for each of the proposed options, have the opportunity to highlight alternative options and provide a rationale for their response.

6.3 A stakeholder analysis provided a systematic examination and evaluation of Stakeholders in order to prioritise, manage and engage with them effectively throughout the lifespan of the project. The Stakeholder Analysis identifies stakeholders by their level of power and interest on the proposed consultation options.

6.4 A stakeholder database will be used at the beginning of the consultation process to send out the Consultation Document electronically with an accompanying email to all those stakeholders highlighted in the stakeholder analysis. This action will initially promote and raise awareness of the consultation process and also request partners and key stakeholders assistance in further sharing of the document to other interested parties to ensure as wider coverage as possible. Paper copies of the Document will also be made available with prepaid envelopes for those people who do not have access to the online version, for those people attending the Public ‘Drop-in’ Exhibitions and other local events. Periodically throughout the consultation process, the completed consultation returns will be monitored and if necessary further targeted correspondence will be forwarded to encourage a higher response rate.

6.5 Consultation Quality Assurance Process

DSFRS wants to ensure that our consultation process is fair, robust and transparent. Therefore, the Service is working with The Consultation Institute, a well-established not-for-profit best practice institute who promote public and stakeholder consultation in the public, private and voluntary sectors. The Institute will conduct a Quality Assurance process on our consultation plans so that the Service can proceed with confidence and demonstrate independent evaluation to interested parties and demonstrating the integrity of the programme.

6.6 The consultation process will consist of three core consultation phases: Pre-consultation, consultation period and post-consultation.

6.7 Pre-consultation engagement with communities

The Service needs to be able to demonstrate that stakeholders and the public have provided views and rationales for what they think the Service should consider, take into account and prioritise when designing and appraising potential options.

This engagement with stakeholders and communities during this pre-consultation stage (May and June 2019) endorses the part of the Service’s Vision which

states: '*involving communities and colleagues in designing our services*'. It also minimises the risk of any potential legal challenge.

- 6.8 The Institute supported this pre-consultation engagement by conducting a series of focus groups followed by an options appraisal workshop with stakeholders and communities, the outcomes of which were considered by Fire Authority members at the end of June 2019.
- 6.9 Intelligence from these events informed this Communities Impact Assessment and was used to develop a set of criteria to measure the options and inform the Service which options needed to be included for consideration by the Fire Authority. This clearly evidences early stakeholder engagement and wider involvement in co-designing the proposals and ultimately the impact on our community.
- 6.10 **Consultation**
To ensure there is sufficient time to effectively consult and engage with the key groups, a 12 week consultation process will be conducted starting on Monday 1 July 2019 and finishing on Friday 20 September 2019.
- 6.11 **Consultation Document:**
Available online via DSFRS dedicated consultation website page and in paper format. This document will:
- Provide the narrative of current service arrangements
 - Outline the rationale behind the need for proposed changes to the Service Delivery Operating Model.
 - Define the proposed service options/questions
 - Provide further information on the range of engagement opportunities e.g. details of public meetings, website and email addresses.
 - Outline timeline for feedback and decision making process
- 6.12 Paper copies of the Document will also be made available with prepaid envelopes for those people who do not have access to the online version, for those people attending the Public 'Drop-in' Exhibitions and other local events.
- 6.13 Periodically throughout the consultation process, the completed consultation returns will be monitored and if necessary further targeted correspondence will be forwarded to encourage a higher response rate.
- 6.14 **Public 'Drop In' Exhibitions**
To maximise engagement with our communities, we would look to arrange a number of informal public 'Drop In' Exhibitions over the course of the 12 week consultation period. Actual times and locations to be confirmed, estimated 3-4 meetings per week approximately 26 meetings over 12 week consultation period. Arranged in public venues with locations determined by level of impact of proposed service options, population levels and accessibility. In addition, focus groups will be facilitated for individuals with certain protected characteristics.
- 6.15 Format for informal 'Drop in Exhibitions would consist of:
- A number of pull up story board stands which mirror the format of the Consultation Document which will allow attendees to informally discuss the consultation proposals with Senior Level Officers/personnel involved in the Project.

- Paper copies of the Consultation Document made available (together with any other service information or campaign materials) to capitalise on the engagement opportunities.
- 6.16 **Dedicated email address**
A dedicated email address is used to gather feedback and suggestions: safertogetherprogramme@dsfire.gov.uk. The email address will be made publicly available on consultation documents and through our communications channels. Programme board team will receive and log all emails and field out to appropriate staff members to respond to. The Consultation and Engagement Lead will receive all incoming emails through a dedicated email address and then as necessary disseminate to other colleagues for action and response. A log will be kept of all correspondence via email and any written correspondence received.
- 6.17 **FAQ (Frequently Asked Questions)**
A set of FAQs has been compiled, made available on DSFRS consultation dedicated webpages and will be regularly updated.
- 6.18 A ‘**Safer Together**’ page has been developed and available on DSFRS website from 1 May 2019.
- 6.19 **Engaging stakeholders and partners**
All stakeholders and partners will be targeted electronically using our Stakeholder Database with an email outlining the consultation process and a hyperlink to the Consultation Document. There will also be opportunities for attending any locally planned events and forums promoting face to face engagement activities.
- 6.20 **Post Consultation**
Consultation Findings
At the end of the consultation process the Consultation and Engagement Lead will be responsible for collating, analysing and preparing a Consultation Findings report which will outline the following:
 - Consultation process and methods
 - Respondents profile
 - Highlighting emerging key themes from Consultees responses for each option, including both qualitative and quantitative information
 - Set out a number of key recommendations based on consultation findings for each of the options
 - Review and update the ERBA to reflect the consultation process
 - Develop a Feedback report to be made available both on line and in paper format and promoted through our various internal and external communications channels
- 6.21 This report will be used to support the decision making process on the proposed options on the Service Delivery Operating Model
- 6.22 Internally, the Diversity & Inclusion Strategic Steering Group will be consulted on the proposals. This corporate group has responsibility for monitoring the Diversity & Inclusion objectives and actions. The group includes representatives from Fire Pride, the lesbian, gay, bisexual and transgender network, the women’s action network and our Dyslexia Support Group.

PRE-CONSULTATION OUTCOMES

- 7.1 Following initial pre-consultation engagement focus groups, an options appraisal workshop was held in Exeter on 5th June 2019.
- 7.2 After feedback of the findings of the focus groups and a response by DSFRS to the issues raised at those, the group worked together to establish the criteria by which the ‘long list’ of initial options could be worked through to produce an initial shortlist for recommendation to senior leaders in DSFRS and the Fire Authority.
- 7.3 The appraisal criteria were agreed, in this instance, as comprising two components:
- Hurdle criteria, those set by DSFRS as the minimum that must be met to make the option viable; and
 - ‘Group criteria’ those factors the group felt were important to ensure the options met the needs of the citizens of Devon and Somerset.
- 7.4 These were agreed as:
- Hurdle Criteria:**
- Must provide the ability to deliver more prevention and protection activity
 - Must make sure resources are fairly allocated across the area according to risk
 - Must deliver a balanced budget
- ‘Group’ criteria:**
- Includes enough staff are available to cover the risk (as set by risk areas)
 - Includes enough staff are available at any time to deal with any incident
 - Includes response time targets that are clear and achievable (including clarification of rural response times).
 - Includes in-built resilience (i.e. enough pumps to respond to a major incident).
- 7.5 Each of the original options was appraised by the group using the agreed criteria. Most of the original options failed to pass the hurdle criteria, with only two passing the test and only one unconditional pass.
- 7.6 All the options that did pass were done so with the caveat applied that there must be a full and detailed explanation of the achievable response times. It was acknowledged by DSFRS that this information was not available at that time.
- 7.7 One of two shortlisted options presented back to DSFRS, i.e. the one aimed to balance the risk response between dwelling Fire risk and road traffic collision risk across the service, addressing over and under capacity, along with enhanced prevention and protection provision as a result of greater resource availability, was subsequently used to develop the current options which have received final approval from the Fire Authority on 28 June before going out to consultation.
- 7.8 The Fire Authority approved the options for consultation on the caveat that the public will be allowed to comment on elements within the options. This gives staff and all members of the public the opportunity to comment on any element of the options.

MITIGATING ACTIONS

- 8.1 Although some areas are affected by changes in service delivery, mitigating actions can be put in place to lower the risk. Some of these actions will be generic across the area, others will be very specific to the particular areas and the people who live in them. Any actions in addition to those already mentioned below, will, therefore, be considered within a team of specialists and be informed by the consultation outcomes.
- 8.2 In terms of response, these proposals collectively aim to improve the reliability of emergency cover during the day whilst maintaining a robust On Call model at night. In terms of protection and prevention, the aim is to increase the activity we are undertaking.
- 8.3 The number of home safety visits across the Service will be increased to those people who are identified as most at risk.
- 8.4 An increase in protection activity such as fire safety checks will mean a reduction in the number of fires. This will protect the local economy and keep staff, visitors and Firefighters safe.
- 8.5 Besides increasing capacity to undertake prevention and protection activity, roving appliances as mentioned in option 6, will mean some areas will receive a faster first attendance when a roving appliance is in that area and prevention work undertaken by the crew of the roving appliance will continue to ensure that those households with a higher risk of having a fire receive appropriate advice and guidance to reduce that risk.
- 8.6 These roving vehicles will be crewed with whole time staff during the day which will increase the number of whole time crewed fire engines during the day from 13 to 19. At night, when risk is greater but activity is lower, these roving vehicles will not be required as the On Call model can be better supported, resulting in better availability, at that time by paying On Call staff more money and providing them with contracts that better meet their needs and lifestyle.
- 8.7 The factors that put people at greater risk of a fatal fire are all common factors of risk for our partners especially the Police, NHS and Local Authorities. Many agencies can therefore be targeting preventative and reactive services at the same people at risk in our communities. We will continue to build on the excellent work we already undertake with partners.
- 8.8 Considering the potential impact identified in relation to age and disability, specific opportunities will be created within the consultation period to engage with individuals of those groups to talk about what they think the proposals mean for them and what mitigating actions should look like. Actions can then be considered and added to the final assessment.

APPENDIX A - Equality Risk & Benefit Analysis summary

The ERBA is designed to identify impact on groups who share protected characteristics and score the impact against the likelihood of it occurring against the severity of the outcomes if it does happen. A score in the 'negative column' means that an impact is possible on that group and the coloured highlighting indicates the impact extent (green is low, amber is medium and red is high)

When an impact is identified, mitigating actions will be considered for implementation. These mitigating actions are covered in section 8. These actions either reduce the likelihood or the severity.

Characteristic	Neutral (x)	Negative (score = likelihood x severity)	Positive (x)	
Age	<input type="checkbox"/>	3x2	<input type="checkbox"/>	<p>Some of our communities are significantly older (65+) and this includes Sidmouth 42%, Budleigh 44%, Porlock 44% and Seaton 43%. Villages and rural towns on average consist of a 65+ population of 25-30% and urban areas 15-18%.</p> <p>The South West Fatal Fire Review has shown that the groups of people who are more likely to die in a fire are those with following characteristics:</p> <ul style="list-style-type: none"> • Poor mental health • Poor housekeeping • Alcohol dependency • Smoking • Drug dependency Prescription and illegal) • Limited mobility • Living alone <p>Those aged 80 and over have a higher fire-related fatality rate, accounting for 5 per cent of the population but 20 per cent of all fire-related fatalities in 2016/17.</p> <p>An increase in response times in certain areas at certain times through changes to fire and rescue cover may mean greater risk to life and serious injury. This could have a greater impact on the elderly the eldest in society have the highest fatality rates in dwelling fires.</p> <p>Additional prevention activity, as proposed in the options, will be targeted at individuals with this characteristic, making them safer through ensuring a fire is less likely to occur in the first place.</p> <p>The most elderly in society also see higher than average rates of fatalities in RTCs with 19% of fatalities in the DSFRS area being aged over 75 when they make up 12% of the population.</p> <p>Young People Young drivers (aged 17-24) are known to be in the highest risk group for road traffic collisions. Department of Transport Data shows that in 2013 in Great Britain, drivers in this age group accounted for 5% of miles travelled but 18% of reported road traffic collisions. The road safety charity Brake, highlight that in the UK, male drivers</p>

				<p>aged 17-20 are seven times more likely to crash than all male drivers, but between the hours of 2am and 5am their risk is 17 times higher (2005 data). In Devon and Somerset the 16-25 year olds make up just 11% of the population but almost 22% of those killed or seriously injured on the roads.</p> <p>In 2017, of the 1,793 road deaths, the majority (60%) occurred on rural roads, yet the most casualties (63%) occurred on urban roads. The number of people killed on motorways increased by 6% to 99 in 2017. 279 young people (aged 17-24) were killed on Britain's roads in 2017, down from 299 in 2016. However, whilst young people make up only 7% of licence holders, they represent over 20% of drivers killed or seriously injured in car crashes. The number of road deaths within the older population (aged 60+) increased by 5% to 559 in 2017, up from 533 in 2016. * Reported road casualties Great Britain: Annual report 2017, Department for Transport, 2018</p> <p>Increase in response times to road traffic collisions may affect our ability to provide emergency first aid and extricate casualties as quickly as we can under the current resourcing model. This may have a greater impact on young people (15-29yrs), as they are disproportionately likely to be involved in road collisions, are disproportionately likely to be killed or seriously injured in road collisions.</p> <p>Increased use of wider community safety RTC reduction initiatives may be used to target accident prevention work to at risk groups.</p>
Disability (all forms, visible or invisible)	<input type="checkbox"/>	3x2	<input type="checkbox"/>	<p>An increase in response times in certain areas at certain times through changes to fire and rescue cover may mean greater risk to life and serious injury. This could have a greater impact on those with mobility or mental health issues given their vulnerability statistically to be injured or killed in fire, and on people with mobility issues given that they may have greater difficulty escaping a fire.</p> <p>Between April 2013 and March 2017, of the 90 people who died in an accidental dwelling fires in the South West of England, 33 (36.7%) were known to have mobility issues that affected their ability to escape the fire.</p> <p>Additional prevention activity, as proposed in the options, will be targeted at individuals with this characteristic, making them safer through ensuring a fire is less likely to occur in the first place.</p> <p>Mental Health: The fatal fires analysis highlights mental health issues as a contributory factor to accidental dwelling fire deaths. 10 of the 90 people who died in an accidental dwelling fires in the South West of England between April 2008 and March 2017 were suffering from mental health issues.</p> <p>Race and ethnicity: Differences in the levels of mental well-being and prevalence of mental disorders are influenced by a</p>

				<p>complex combination of socio-economic factors, racism, diagnostic bias and cultural and ethnic differences and are reflected in how mental health and mental distress are presented, perceived and interpreted.</p> <p>Smoking (and Mental Health): Devon County Council's Mental Health needs assessment (2013) also identifies that mental health service users exhibit rates of smoking at significantly higher than that found among the general population. Between April 2008 and March 2017, in the South West of England 29% of the accidental fatal dwelling fires were caused by smoker's materials.</p>
Sex	☒		□	<p>There is no indication that there will be a significant impact on people with this protected characteristic.</p> <p>However, gender does impact significantly on risk and protective factors for mental health and expression of the experience of mental distress.</p> <p>Mental health conditions including depression, anxiety, attempted suicide and self-harm are more prevalent in women than men, while suicide, drug and alcohol abuse, anti-social personality disorder, crime and violence are more prevalent among men.</p> <p>Prevention activity will be targeting people with poor mental health.</p>
Sexual orientation	☒		□	<p>There is no indication that there will be a significant impact on people with this protected characteristic.</p> <p>However, sexual orientation does impact significantly on risk and protective factors for mental health and expression of the experience of mental distress.</p> <p>Those aged 16-24 (4.1%) more likely to identify as LGBT, 0.7% of those aged 65+. In southwest around 2.1%, this may be lower in Devon & Somerset considering the average age is higher. The percentage of same sex partnerships in the area is on average 0.2%.</p>
Marriage and civil partnership	☒		□	<p>There is no indication that there will be a significant impact on people with this protected characteristic</p> <p>However, people who live alone, rather than those who live with partners, are at higher risk of accidental fires and deaths in those fires with more than half (49 of 90) accidental dwelling fire deaths being someone who lived alone.</p>
Pregnancy and maternity	☒		□	<p>There is no evidence that there will be a significant impact on people with this protected characteristic.</p> <p>However, expectant and new mothers could potentially be at risk when escaping from a fire, as emergency evacuation may be difficult due to reduced agility, dexterity, coordination, speed,</p>

				reach and balance. Mothers will also face the additional difficulty of evacuating babies and/or young children. However families have a lower likelihood of having a fire in the first place, with lone adults most at risk (see above).
Race	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<p>There is no indication that there will be a significant impact on people with this protected characteristic</p> <p>The percentages of foreign born individuals in the population and individuals with a foreign citizenship are in general low, 4-7.5% and 2-5% respectively. Urban areas tend to be at the higher end of this range, but the impact of the options is minimal in those areas.</p>
Religion and belief (including lack of belief)	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<p>There is no indication that there will be a significant impact on people with this protected characteristic.</p> <p>However, there is insufficient information to determine whether individuals with English as their second language receive appropriate fire safety provision.</p>
Gender reassignment	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<p>There is no indication that there will be a significant impact on people with this protected characteristic</p> <p>However, gender reassignment and transgender people are at increased risk for some mental health problems – notably anxiety, depression, self-harm and substance misuse – and more likely to report psychological distress than their cisgender counterparts. Mental Health issues is one of the 8 factors indicating higher risk of having a fire.</p>
Carers (protected by association)	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<p>There is no indication that there will be a significant impact on people with this protected characteristic</p> <p>An increase in response times in certain areas at certain times through changes to fire and rescue cover may mean greater risk to life and serious injury. This is likely to have a greater impact on elderly and disabled residents. Their carers may be impacted by association but there is no clear evidence for this.</p> <p>Increased, targeted use of home safety visits should allow a reduction in risk to vulnerable people in higher risk groups. Improved fire safety in these homes may help protect carers by association.</p>