

# **Access to emergency services**

## **Public Services Committee (HoLs)**

**October 2022**

**Written Evidence submitted by Nottingham Trent University**

### **1. Executive Summary**

- 1.1. This submission builds on research and partnerships developed by Professor Rowena Hill from Nottingham Trent University supported by the Department of Psychology and Nottingham Civic Exchange.
- 1.2. It shares insights from work undertaken and led by Professor Hill over the last 20 years through key research areas such as emergency responder health and wellbeing, resilience structures, emergency services collaboration, across all three bluelights at local, regional and national level. This includes learning from the Covid-19 pandemic where Professor Hill and Rich Pickford were the embedded academic leads for a multiagency, cross government department group. We make reference to the outputs of the C19 National Foresight Group (C19 NFG) throughout this submission which was active from March 2020 to January 2021 providing a cross-governmental and multi-agency support function for the UKs Covid-19 response. This group produced over 60 reports. 49 of these are available publicly via the Nottingham Civic Exchange webpages for the committee and other groups to learn from.
- 1.3. Our work has demonstrated through the extended nature of the pandemic, that our emergency and essential services are varied in their offer to their communities. Most of our bluelight governance and funding has suffered from short-termism, and localism through the last era of austerity and through the pandemic. They have also been built and designed to respond to short, rather than long term and widespread incidents. Their short-term response nature (by design) is understandable, but is nearing both its capability and capacity, continuing to perform well in this changing

context. It has become clear that longer-term investment and clarity around statutory obligations, as well as the way in which England completes an assessment of its funding distribution for the bluelights is in significant need of updating. A new approach of a community needs analysis at local level should be completed to reflect the differing challenges of the bluelights in different geographical areas. Alongside investment in other public services which typically operate of the emergency incident area. This includes social care, mental health services and social housing.

- 1.4. The research we were commissioned to carry out by the C19 NFG across the UK has highlighted a consistent challenge in achieving unhindered partnership working due to a lack of coterminous boundaries of services, perceived limitations on data sharing and lack of an integrated data sharing platform, and the lack of resources and capacity to understand social and health inequalities within a geographical location. Our work during Covid-19, which arguably was the prime example of multiagency working, demonstrated that multiagency working at local level, whilst of high quality and committed engagement, was hindered by the sharing of information, strategy, planning assumptions, real-time data and foresight intelligence. In order to increase the effectiveness of the ability for the bluelight services to work more collaboratively, this should be resolved as soon as possible.
- 1.5. Evaluations of bluelight collaborations that we have been involved in evaluating over the past decade have pre-dominantly been focussed on evaluating; co-location of resources and estate; increasing capability; tri-service or blended team prevention work; co-responding (the demand challenge); infrastructure (workstreams - control rooms, systems - IT, processes - procurement). These have been challenged in two ways; social return on investment and governance/political structures. These challenges have had collective effort placed at them – namely the Home Office collaboration team which when operating back in 2018-2020 set up three national working groups to focus on finance, defining the principles of collaboration and exploring how bluelight collaboration was evaluated. This cumulated in a workshop which we hosted to define and trial the outputs of these groups.
- 1.6. If there is one, refining and asserting political appetite for collaboration should be completed once the Fire Reform paper has been finalised. This is after the reforms in health have been implemented with Integrated Care Boards and the view to

addressing some of the challenges of coterminosity. Then, aligned to this appetite a long-term funding settlement is needed to support the efforts of this to benefit local communities, rather than collaboration being a partial solution to reduced funding and ageing estate.

- 1.7. Due to the extended nature and lifecycle of the Covid-19 pandemic and the likely similar experiences coming through the impacts of the changing climate, with its clear consequences for health of the population across the globe, including England, we need to consider new ways our systems and processes can a) super-surge and b) operate for long periods of time at full capacity.
- 1.8. This submission calls for extensive support to be available and clearly signposted to all blue light responders and health colleagues to manage the psychological impact Covid-19, the cost-of-living crisis and the current and immediate future impacts of climate change has had on them in these past three years. This support is required to extend into the future as the psychological impact already experienced by this cadre of emergency services and will be long-lived, as well as new capacity and consequences of large-scale incidents we know are coming due to the change in the climate, support will need to continue for years to come.

## 2. **Submission**

- 2.1. This submission responds to the categories of question laid out in the terms of reference for the inquiry published in October 2022. Our research and engagement with stakeholders during the Covid-19 pandemic highlighted inequity of provision when accessing the emergency services during a health emergency, specifically one that is a long-acting, whole of society emergency. Covid-19 was the first clear challenge of this kind, but the predicted impacts of the changing climate based on changes already started ('baked in'), will mean that complex, wide ranging (regional) and long-standing response and recovery incidents might lead to the bluelights and resilience structures being in simultaneous response and recovery to manage these impacts, as well as responding to shorter, smaller scale statutory obligation incidents, and completing business. The years ahead is currently predicted to test the emergency and essential services to their capacity.

- 2.2. Our research, and that of others has highlighted that the ability of communities to meet net zero targets, and implement risk mitigation for climate change risks already identified (increased adverse weather, flooding, sea level rise, heatwave etc), aligns with the ability of communities to respond to the pandemic, and these both align with areas of social and health inequalities. The social and health divide is increasing in England and will continue to do so for the foreseeable future. The Intergovernmental Panel on Climate Change reports, the Marmot reports, and our Interim Operational Reviews, which align to show where communities ability to be resilient, to recover, and their social and health inequality profiles have clear common geographies. How bluelight services prepare to meet this increase in both nature and scale of demand is their significant challenge of the future.
- 2.3. Our learning of how we built new structures to support a health emergency during the pandemic (such as the Local Outbreak Engagement Boards, Health Protection Boards and the Joint Biosecurity Centre/UKHSA) were designed and implemented without consideration of alignment to local decision-making resilience structures.
- 2.4. Data and intelligence to adequately understand the impact of emergencies on the communities of English continues to be a challenge. This is needed to enable the effective management of protracted emergencies, including health emergencies.
- 2.5. Through the pandemic and cost-of-living crisis the concept of the Multi Agency Information Cells developed through trial and error from a point of significant underdevelopment to a useful addition to local level decision-makers.
- 2.6. The development of these locally focussed situation-awareness knowledge and analysis teams, can significantly enhance support to understand the bespoke needs of communities of local strategic decision-makers. In our work we found this to be specifically meaningful to understand the current and projected social and health inequalities. This enables local level decision-makers to make better informed decisions about their communities.
- 2.7. Support is also needed at national level, where our research highlights the imperative to support the Resilience and Emergencies Division (RED) in the Department of Levelling Up Housing and Communities, and the National Resilience

Framework Team (particularly the Local and Community Resilience Team) in the Cabinet Office, to lead and facilitate the governance, funding and legislative pace of change needed to enable emergency response and management of the future.

- 2.8. Our research during the pandemic consistently found a clear need for information from national structures. This was as relevant when it was an acute urgent health emergency, as it was when it moved to a longer-term focus of diplomacy with communities and coordination in different locations. Relevant departments should be supported to take a collaborative approach to emergency response with the local strategic decision-makers.
- 2.9. Our work during the pandemic and our work on wellbeing of emergency responders, highlights the support requirement for these sectors. Making local support available through national leadership would ensure their continued welfare and enable them to receive help over the coming months and years to prevent further detrimental impacts from their work.
- 2.10. The extended nature of the Covid-19 pandemic has highlighted to us that a new way of conceptualising shared activities across the emergency and essential services to manage a health emergency. As the changes to the climate are not limited by geographical boundaries, recent projections have predicted links between these changes and increasing health impacts.
- 2.11. These new ways of collaborating have continued some of the shared activities we have been involved in evaluating such as that of Bedfordshire, Essex and others.

### **3. Recommendations**

- 3.1. The bluelight services are likely to be put under consistent pressure for an extended period of time in the future. The resourcing of that consistent demand, and care of those within those roles, should be considered and appropriate resource put in place.
- 3.2. There is a need to improve the quality and detail of planning assumptions (to local level) in relation to climate change and more complex incidents (the nature of those impacts and other interdependent risks on the National Security Risk Assessment)

which means the bluelights are likely to stand up for longer periods of time. These should be cross-mapped to include the social and health inequalities, IMD data and those susceptible to the impacts of climate change to identify communities most at risk and most under resourced to mitigate those risks.

- 3.3. The review should consider the difference between shorter-term (local major incident) and longer term (regional or national climate change impacts and other extended emergencies).
- 3.4. Facilitate support mechanisms to be put in place for the foreseeable future for emergency responders to manage the psychological impacts of the pandemic, the cost-of-living crisis and the beginning of England experiencing the consequences of a changing climate.

## **About the authors**

- 4.1. **Dr Rowena Hill** is Professor of Resilience, Emergencies and Disaster Science from Nottingham Trent University. She is currently on secondment as an ESRC Policy Fellow to the Department of Levelling Up, Communities and Housing on Climate Change, she was seconded as the embedded scientist to the C19 National Foresight Group, a cross-governmental group to consider the longer-term impacts of Covid-19 and to provide academic insights and an evidence base to the considerations of the group. Dr Hill has led research projects funded by the ESRC, National Fire Chiefs Council and National Police Chiefs Council. Dr Hill has been researching responder and public impacts from emergencies for the past twenty years and has a strong publication record. Dr Hill has also been the lead author of reports which have informed national policy and strategy for the emergency services.
- 4.2. **Rich Pickford**, Manager of Nottingham Civic Exchange, Nottingham Trent University. He works across a broad spectrum of research and policy arenas developing change opportunities and partnerships. His research areas currently focus on labour exploitation and the role of the informal economy alongside work in the disaster and emergency management space. He has worked on ESRC and AHRC funded research and published across a range of topics.