



How cross-service collaboration between ambulance, fire, and policing services can improve community safety and wellbeing: A systematic review and case study of an area experiencing significant disadvantage.

Final Report

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## TABLE OF CONTENTS

<b>RESEARCH TEAM</b> .....	<b>5</b>
<b>STEERING GROUP</b> .....	<b>5</b>
<b>ACKNOWLEDGEMENTS</b> .....	<b>6</b>
<b>ABBREVIATIONS</b> .....	<b>6</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>7</b>
INTRODUCTION AND BACKGROUND .....	7
<i>Research aim and objectives</i> .....	7
PHASE 1: SYSTEMIC LITERATURE REVIEW .....	7
PHASE 2: THE CASE STUDY.....	9
<i>Research questions</i> .....	9
<i>Background and research design</i> .....	9
<i>Research evaluation</i> .....	10
CASE STUDY FINDINGS .....	11
RECOMMENDATIONS: <i>What needs to keep being done:</i> .....	15
RECOMMENDATIONS: <i>What needs to stop being done</i> .....	16
RECOMMENDATIONS: <i>What needs to start being done which is not currently being done</i> .....	16
<i>The associated risks of the Initiative</i> .....	18
CONCLUSION .....	19
<b>1. BACKGROUND TO THE RESEARCH</b> .....	<b>21</b>
1.1 THE LEGISLATIVE AND POLICY CONTEXT .....	21
1.1.1 <i>Scottish Governments National Performance Framework</i> .....	21
1.1.2 <i>The Christie Report</i> .....	21
1.1.3 <i>The Emergency Services – legislative duties</i> .....	21
1.1.4 <i>Scottish Emergency Services Reform Collaboration Group</i> .....	22
1.1.5 <i>Community Planning Partnerships</i> .....	23
1.2 RESEARCH CONTEXT .....	23
1.3 RESEARCH AIM AND OBJECTIVES.....	23
<b>2. PHASE 1: SYSTEMATIC LITERATURE REVIEW</b> .....	<b>25</b>
2.1 AIMS AND REVIEW QUESTIONS.....	25
2.2 METHODS .....	25
2.2.1 <i>Databases searched</i> .....	26
2.2.2 <i>Eligibility criteria</i> .....	27
2.3 RESULTS .....	30

2.4 CONCLUSION .....	30
2.5 REVIEW REFERENCES .....	30
<b>3. PHASE 2: THE CASE STUDY .....</b>	<b>40</b>
3.1 BACKGROUND .....	40
3.1.1 <i>The CPP and the Strategic Delivery Partnership</i> .....	40
3.1.2 <i>Case study setting</i> .....	41
3.2 METHODS .....	42
3.2.1 <i>Ethical approval</i> .....	42
3.2.2 <i>Ethical considerations</i> .....	42
3.2.3 <i>Sampling and recruitment</i> .....	43
3.2.4 <i>Recording, transcription, and security</i> .....	44
3.2.5 <i>Data analysis</i> .....	44
3.3 FIELDWORK FINDINGS .....	44
3.3.1 <i>Advantages of collaborative working</i> .....	45
3.3.2 <i>Realising intended strategic outcomes</i> .....	53
3.3.3 <i>The interdependencies between strategic, tactical, and operational working arrangements within and across the three blue-light services</i> .....	53
3.3.4 <i>Relationships between tri-service collaboration beyond the case study area</i> .....	58
3.3.5 <i>The unintended consequences and risks</i> .....	63
3.3.6 <i>The risks</i> .....	63
<b>4. DISCUSSION .....</b>	<b>64</b>
4.1 THEORETICAL LENS .....	64
4.2 IMPLICATIONS FOR COLLABORATIVE WORKING IN THE CASE STUDY AREA BETWEEN POLICE, FIRE, AND AMBULANCE SERVICES .....	67
4.3 ABSTRACT SERVICE DELIVERY .....	69
4.4 LINKS TO WIDER NATIONAL OUTCOMES .....	70
4.5 ADDRESSING STRUCTURAL AND CULTURAL SCHISMS .....	71
<b>5. CONCLUSION .....</b>	<b>71</b>
5.1 RECOMMENDATIONS.....	71
5.1.1 <i>What needs to keep being done:</i> .....	71
5.1.2 <i>What needs to stop being done</i> .....	72
5.1.3 <i>What needs to start being done which is not currently being done</i> .....	72
5.2 THE ASSOCIATED RISKS.....	74
5.3 CONCLUSION .....	75
<b>REFERENCES.....</b>	<b>77</b>

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## Abbreviations

Community Planning Partnerships: CPP

Scottish Ambulance Service: SAS

Scottish Centre for Policing & Public Health: SCLEPH

Scottish Fire & Rescue Service: SFRS

Police Scotland: PS

Scottish Institute for Policing Research: SIPR

Scottish Violence Reduction Unit: SVRU

Strategic Delivery Partnership: SDP

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# Executive Summary

## Introduction and background

This report describes the findings of an independent rapid evaluation on behalf of the Scottish Institute for Policing Research (SIPR), the Scottish Fire & Rescue Service (SFRS), Police Scotland (PS), and the Scottish Ambulance Service (SAS).

### *Research aim and objectives*

The aim of this evaluation was to establish how cross-service collaboration can improve community safety and wellbeing and help reduce social and health inequalities. This aim was achieved by two objectives:

**Objective 1: A systematic literature review** undertaken between January and March 2022 to summarise international evidence relevant to tri-service collaboration (Phase 1).

**Objective 2: A case study evaluation** conducted between March and June 2022 of cross-service collaboration through a community hub approach in one local authority case study area experiencing significant disadvantage in Scotland. The case study focussed on perceptions of strategic, tactical, and operational officers from the services concerning collaborative resource use and efficiencies in response to meeting the complex needs of people living in the case study area, considered to be in the 5% most deprived areas in Scotland (Phase 2).

## Phase 1: Systemic literature review

### *Background and methods*

The systematic literature review aimed to establish evidence for effective collaboration between the Fire, Police and Ambulance emergency services on the topic of community safety and wellbeing. The review questions focussed on assessing evidence for reduction in social and health inequalities; primary, secondary, and tertiary prevention; methodology and frameworks required to deliver collaborative benefits; and cost-effective use of resources. Methods used for the systematic review followed internationally accepted standard approaches (see chapter 2).

## Results

The literature review did not yield *any* relevant academic studies from 4,948 reports which were identified and screened on the topic of effective collaboration between Fire, Police and Ambulance services. However, three reports were identified from the 'grey' literature that provided some data of relevance:

- Elias et al., (2021) describes the development, implementation, and initial evaluation of the New South Wales Geriatric Flying Squad's reciprocal referral pathways with emergency responders including Ambulance, Police, Fire and Rescue. The program avoided 331 estimated 9-1-1 calls per month, 144 Emergency Department visits per month, and 52 hospital admissions per month.
- Bronsky et al., (2017) focus on 'superutilizers" who utilise emergency department services in Colorado Springs, USA. A Community-wide collaboration program called CARES (Community Assistance Referral and Education Services) comprised of several providers who interact and intervene at different time points according to individual need. The results of the study showed that the median monthly rate of 9-1-1 calls, emergency department visits, and hospital admissions significantly decreased.
- The Emergency Services Collaboration Working Group (2016) report provides examples of collaborative projects, plans and initiatives from across England and Wales. This includes First Response to cardiac arrest (by provision of defibrillators and training to the three blue light services) which were reported to have improved response times and survival rates; Community Safety Responders (CSRs) who perform the joint roles of Police Community Support Officers (PCSO), Retained on-call Fire-fighter and an Emergency Medical Responder (EMR). Other reports evaluated collaborative initiatives regarding collaborative demand management, Joint Response Units (JRU) and Rural Intervention Vehicles. The latter, a London Ambulance Service fast response vehicle with a single paramedic responds solely to police requests for medical assistance. It suggests that 80% of Joint Response Unit attendances did not require a full ambulance deployment. In March 2014, a jointly crewed Fire/Police response vehicle carried out a range of local engagement activities in communities with a view to providing greater visibility in rural areas and to focus on community safety issues. Public confidence in the emergency services and community safety was said to have increased. Furthermore, quite often they would arrive at a scene faster



than other resources, thus standing down other resources before their arrival, resulting amongst other benefits, in reduced risks arising from unnecessary emergency responses by other personnel. Other reports provide evaluations of shared estate and assets initiatives such as joint control rooms.

In summary, our review uncovered a lack of peer reviewed empirical literature regarding collaboration between blue light services designed to improve Community Safety and Wellbeing. Very little other evidence appears to have been reported (or be available) regarding evaluations of collaborative initiatives in this area. However, where evidence did exist service collaboration initiatives pointed to potential for decreased resource use across all services, increase in public confidence, faster responses, increased survival rates for those attended to, and reduced risks associated with unnecessary emergency responses from other service personnel. Future literature reviews should focus on broader collaboration work that may inform future blue light collaboration. (See Chapter 2 for the review in full).

## Phase 2: The case study

### *Research questions*

The evaluation focused on:

- 1) What are the resourcing advantages arising from a new locally implemented connective community hub approach to collaborative working between police, fire, and ambulance services?
- 2) What is helping or hindering the realisation of the intended strategic outcomes?
- 3) What extent is the collaborative work impacting on safety and wellbeing, and potentially reducing social and health inequalities in the case study area?

### *Background and research design*

The case study area (hereafter routinely described as the 'case study area', where the 'Hub' is located, and where the case study area 'Initiative' took place) was selected following consultation with the project Steering Group whose police, fire, and ambulance service members suggested that the response by public service agencies, through the auspices of the local Community Planning Partnership (CPP), was a vanguard of strategic, cross-public service collaborative response to support and protect vulnerable people and communities envisaged in the Christie Report (2011).

This approach, embedded in the case study area for about a year prior to this case study, following a recognition by the local CPP's Strategic Development Partnership that a new, radical approach was required to enhance individual and community resilience. This new approach involved co-location of CPP resources within the community, with a hope of moving beyond inter-professional working more collaboratively. At the time of data gathering (Spring 2022), this had manifested itself in the co-location of an operational police constable and an operational fire officer in a local primary school office in the case study area that effectively acted as the community hub, together with a police inspector from the Scottish Violence Reduction Unit (SVRU), who provided support as part of wider VRU responsibilities. Both the operational police constable and fire officer's brief was to work hand in glove with one another to establish relationships with as many people as possible in the community and amongst partner agencies, with an expectation that 'the rest will follow'.

This research was a qualitative case-study evaluation comprising of eight semi-structured interviews of nine people in total. Six interviews with strategic, tactical, and operational level police and fire service officers who had direct lived experience of working collaboratively and with other public service and voluntary agencies as part of the case study area Initiative. The Scottish Ambulance Service were not involved in the community hub project in this case study; however, interviews were undertaken with their personnel with a view to understanding what they could offer within this hub context. The remaining two interviews were with an operational level paramedic with lived experience of working in the case study area, and a joint interview with two strategic level personnel from SAS corporate services.

### *Research evaluation*

The evaluation assessed:

- Police and fire service personnel's experiences at strategic, tactical, and operational levels of collaborative working within the community hub in this case study area and their perceptions of the benefits, unintended consequences, and risks.
- Police, fire, and ambulance service personnel's experiences and perceptions at strategic, tactical, and operational levels of the issues and challenges they are facing in trying to improve community health and wellbeing and how they work together in addressing these issues and challenges.
- Within this case study the interdependencies between strategic, tactical, and operational working arrangements within and across the three blue-light services.

- The relationships and touchpoints between the tri-service collaboration in the case study area, and for example, health, social services, other local authority services and third sector who work together to improve public health and health inequalities as perceived by police, fire, and ambulance service personnel.
- What needs to stop being done, what needs to be kept being done, and the associated risks with doing either.
- What collaboration between the blue-light services tells us more generally about wider partnership working within the context of Scottish Government strategic policy direction and how they might work together to improve broader outcomes e.g., reduced contact with criminal justice system, food security, housing, and employment.

## Case study findings

From the participants' interview data, we ascertained there were different ways of working dependent on whether services were collaborating at strategic, tactical, or operational levels, as follows:

- At strategic and tactical operating levels, police and fire services were collaborating primarily through the Community Planning Partnership's (CPP) Strategic Delivery Partnership (SDP), which had been established by the statutory partners to improve safety and wellbeing and to reduce social and health inequalities in the case study area. This partnership was chaired by a senior manager from the local authority and appeared to be guided by a 'top-down' rather than 'bottom-up', inter-professional notion of professionalism rather than the reconfigured connective notion of professionalism<sup>1</sup>.
- At an operational level, this was quite different and not top-down. Instead, the police and fire service officers committed by their respective organisations to work full-time based in the case study area Hub had adapted their agency to develop a connective

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<sup>1</sup> The realities of increasingly complex, heterogeneous modern societies are reconfiguring multi-professional realities of public service work, requiring the development of new ways of working to add societal value (Meurs and Noordegraaf, 2002, p.2). Connective work is "not merely about working on issues but is also about working on how professionals work" in ways which move beyond the constraints of organisational policies and procedures (Meurs and Noordegraaf, 2022, pp.2-3). Determining the response or treatment is no longer a matter of referring to the right institution, identifying the right professional, or applying the right body of knowledge. Rather, the challenge of addressing multi-problems is to combine the relevant institutions, professionals, and areas of expertise in connective practices. Therefore, professionalism can no longer remain protected, but has to be connective" (Meurs and Noordegraaf, 2022, p. 3).

approach to working, which appeared to embody the “radical, new, collaborative culture” suggested in the Christie Commission on the Future Delivery of Public Services (2011, p. viii) in Scotland. Thus, the interprofessional fire and police service team based in the case study area had a more connective form of professionalism, exemplified by Meurs and Noordegraaf (see footnote). This manifested itself in the co-location of an operational level police constable and an operational level fire officer within a shared office in the heart of the case study area (the primary school). Both worked together on a day-to-day basis to identify people in crisis and to ‘get things done’ to help alleviate their immediate multiple-issue problems. When unable to address issues between them, they resorted to a more traditional multi-agency approach, drawing on the resources of other partner agencies.

- At a tactical level, the buy-in and commitment was clear, and collaboration between the police and fire services was found to be primarily through the CPP arrangements. This collaboration was enhanced by the SVRU tactical manager operating across strategic, tactical, and operational levels within the CPP’s Strategic Delivery Partnership.

Barriers and enablers to the operational collaborative working were identified as follows:

- Being based full-time within the Hub was viewed as imperative to the successes achieved so far. Being based there has enabled them to be completely focused on developing trusting relationships, through ‘serial encounters’ with hard-to-reach people in need within the community (Watt, 2012, p. iv). For example, they have pro-actively engaged with people during the twice-weekly food bank, which is held at the primary school, knocked every door in the case study area to make themselves known and in doing so, have identified those in need of support, especially people who were either unknown to public services or if known, were still needing support.
- There was a perception held by the operational police and fire service participants that many of the *hard to reach* people they proactively made contact with in the case study area have much more difficulty contacting increasingly centralised, ‘abstract’ public services than people in more affluent communities - many residents rarely leave the case study area, do not have access to phones or computers and/or may not have the confidence to navigate their way through complex, bureaucratic processes. Others either may not know what support was available, who from, or how to access it. By

actively seeking out and supporting these people, the operational fire and police officers have been helping to bridge this gap.

- When services identified someone in crisis for whom immediate support was required, they adopted an approach of taking ownership and working across and beyond their own professional and organisational boundaries, and often those of other public services, to 'get things done'. It was claimed by police and fire service participants in interview that this not only relieved people's immediate distress, but through regular and frequent 'serial encounters' (Watt, 2012, p. iv) were important in developing professional know-how (Watt, 2012, p.7), and enabled the operational police and fire service officers to get to the bottom of people's problems, which were often complex and multi-faceted. Frontline officers who were interviewed claimed that working connectively across not only their respective professional boundaries but also across those of other services for example, the local authority, they were able to develop solutions which provided longer-term individual resilience. Officers also provided interview evidence to suggest people in the community had been diverted away from the Criminal Justice system, and the Health & Social Care systems, thereby enhancing the potential to alleviate health and social inequality in the longer term.
- This 'bottom-up' approach enabled the development of a more accurate understanding of who in the community needs support, what support they need, and the ability to provide it timeously. This approach moves beyond the structural and cultural confines of delivering an increasingly top-down, 'abstract' service delivery model designed for administrative convenience, to a reconfigured, connective way of working. This connective notion of professionalism moves across professional and organisational boundaries concentrating and maximising the efforts of both services in addressing people's immediate crises, supporting self-reliance, and thereby enhancing individual and community resilience (Christie Report, 2011, p. ix).
- The connective, operational level working approach adopted by the police and fire services in the case study area can be encapsulated in this comment from a tactical level fire officer who said:

*"For me, whoever gets through that door first regardless of what the person needs or wants, I think we've all got a duty of care to make sure everyone is OK, and you don't need to stop where you think your role ends."* 'Jane'

- The successes of the Initiative to date, rests largely on the personal commitment of this small group of individual officers and is therefore, fragile. This fragility stems in part, from other CPP partners having not committed full-time, dedicated resources to the Hub. Future expanded involvement by CPP partners would likely alleviate this observed fragility. Participants reported that SDP strategic ambitions may be hindered by tactical managers within agencies being more focussed on delivering individual organisational priorities and not working across organisational boundaries.
- This fragility also stems, in part, from a reliance on 'cultural congruence' between a small number of highly committed strategic, tactical, and operational police and fire service officers. By cultural congruence, we mean that operational officers must have a shared understanding described by participants as those who "get it" (what needs to happen to make the connective working collaboration be successful). Such internal cultural congruence at strategic, tactical, and operational levels within the police and fire services was perceived to be crucial to the success or otherwise of their involvement in the Initiative.
- Fragility also stems, in part, from the police and fire services being unable to quantitatively evidence the benefits of their work in the case study area.
- Police and fire service participants have experienced cynicism or scepticism from some within their own organisations. Setting up practical approaches to meeting individual and community needs such as a gardening club, painting community benches, sourcing cookers, clothing, furniture and even accompanying people to medical appointments was perceived by some of their colleagues as not being the responsibility of the police or fire services. Indeed, similar perceptions were evidenced by all Ambulance Service participants at interview.
- Despite being one of eight national Health Boards within the broader National Health Service (NHS), the ambulance service is not yet included in collaborative working in the case study area. This was attributed, in part, by SAS participants to the service not being included statutorily in Community Planning Partnership (CPP) arrangements unlike geographic Health Boards. Strategic level participants from the police and fire services suggested that they had not invited the ambulance service to be part of the SDP. This was attributed to their perception that the ambulance service did not have

the capacity to commit resources to it, given the unprecedented Covid19-related demand on SAS at that time.

- The ambulance service has strategic ambitions to develop the capacity and capability to become engaged with Community Planning structures across Scotland.
- At this stage, the data gathered from ambulance service participants suggested that cultural and other barriers to SAS moving towards connective working may remain a challenge. As evidenced by the perceptions of some SAS participants at interview, they perceived the service as a specialist emergency response agency which, although having strategic intention to move towards inter-professional preventative work, may find it challenging to work beyond existing organisational and professional boundaries to the same extent as the police and fire services.

## Recommendations

### *What needs to keep being done:*

- The police and fire services should ensure that their CPP strategic and tactical level officers continue to wholly buy into the operational level officers connective working approach in the Initiative, meaning better linking of the CPP strategic vision with the activity of the operational officers (**recommendation 1 – PS & SFRS**).
- The police and fire services should keep full-time, dedicated operational level officers within the case study area Hub and the Hub should be maintained as a dedicated physical space for that purpose (**recommendation 2 – PS, SFRS & CPP**).
- The freedom of operational police and fire officers to make decisions beyond the traditional constraints of their role should continue (**recommendation 3 – PS & SFRS**).
- Cultural congruity should be maintained between strategic, tactical, and operational level police and fire officers who have a shared vision and 'get it', i.e., instilling shared cultural values in those working within and between services at all levels, to enable a shared vision of working towards the principles of the Christie Report for community resilience (**recommendation 4 – PS & SFRS**).

- In order to maximise the benefits of connective professionalism, operational level officers with the knowledge, skills, and behaviours required to develop long-term, trusting relationships with hard-to-reach people with multiple-problem issues should continue to be carefully selected, should continue to be 'ring fenced' (i.e. not regularly re-deployed to other duties such as football matches), and should continue be retained in post for as long as possible (**recommendation 5 – PS & SFRS**).

#### *What needs to stop being done*

- Data suggests there may be tension within the CPP between the 'top-down' strategic SDP model of collaborative working and the connective 'bottom-up' operational working, which may be manifesting itself as a protective approach by some tactical managers within other partner services e.g., one protective approach is of partner engagement only with those people in the community already known to them, rather than taking a pro-active stance of attempting to engage unknown hard-to-reach people, often with significant issues that do not come to the attention of services. This should be overcome by the SDP (by individual agencies and collectively) as a matter of urgency to address social and health inequality within the case study area (**recommendation 6 - SDP**).

#### *What needs to start being done which is not currently being done*

- For more to be achieved for the benefit of people in the case study community, and for it to be achieved more quickly than other key services from the CPP partnership who are involved in the case study area Initiative review their footprint in the case study area and consider having more staff-time allocated in person in the Hub to work more connectively with the police and fire services to enable trust via face-to-face interactions (**recommendation 7 - CPP**).
- A robust evidence base, comprising both qualitative and quantitative data, should be established both to preserve this local Initiative and to inform any potential future rolling-out of the approach in other communities of similar need. It is recommended that independent evaluations should be conducted of a) SDP organisational cultural perspectives and what unites partners, and b) substantiating claims concerning the development of individual outcomes and community resilience, including those in the community receiving support from operational officers. Prominence should be given to documenting evidence of diversions from other services such as the CJS and health



services as well as any other increased efficiencies in the use of resources (e.g. change in calls numbers to services, change in high intensity user call frequency). Any evidence established would consider any other changes in service working practices that may impact on assessed outcomes. The combination of a) and b) should aim to identify benefits, uncover any unintended consequences, and ascertain likely changes in resource use, including costs (**recommendation 8 - all**).

- The current connective approach to collaborative working in the Hub should be documented by the CPP's SDP for training purposes. Training may include legacy examples of what is defined as good practice that proactively benefits communities and pro-actively engages with 'hard-to-reach' individuals (**recommendation 9 - SDP**).
- Recognising the Scottish Ambulance Service strategic intent, the organisation should consider how to be consistently included in CPP Strategic Delivery Partnerships either informally or through statute (such as Schedule 1 of the Community Empowerment Act, 2015 (**recommendation 10 - SAS**)).
- In the interim, the Scottish Ambulance Service should consider the benefit of developing officers with the capacity and capability to meaningfully participate in the case study Initiative and strategic level officers to formally engage with the CPP SDP, subject to an economic evaluation (**recommendation 11 - SAS**).
- The Scottish Ambulance Service should consider how they might add value to the case study Hub Initiative by working connectively with the police and fire services, and inter-professionally with other public services in adding social value and reducing health inequalities. Subject to an economic evaluation, this may include piloting the secondment of an appropriate operational level officer to the Hub (**recommendation 12 - SAS**).
- Scottish Ambulance Service's strategic intent at the health intersect within collaborative approaches to preventative community health and wellbeing should be developed further. Understanding the benefits and challenges of the ambulance service's role in community planning could be invaluable in this regard and would benefit from future study (**recommendation 13 - SAS**).

- In general, personnel at all levels in all organisations who become involved in the case study Initiative or other similar initiatives should be supported by the CPP SDP (or other local community planning arrangements) to collaboratively develop the requisite knowledge, skills, and behaviours to work inter-professionally and connectively, e.g., through dedicated training and resources (**recommendation 14 - SDP**).
- Operational officers working within the initiative expressed that being able to quickly and easily secure funding to support nimble, effective, and nuanced community responses would best support the needs of people in crisis e.g., in the form of a small ring-fenced 'Reserved Fund' for the case study Hub. This fund could replace current ad hoc arrangements that result in fire and police service officers expending considerable time and effort to secure resources for those people in dire and immediate need of support. Given fiscal constraints across all three services, it is unlikely the blue light services could assume fiscal responsibility for this reserved fund, therefore this is recommended as a wider SDP issue (**recommendation 15 - SDP**).
- Explore with the SVRU to find ways of fulfilling ongoing support within the Hub. SVRU currently plans to withdraw their inspector working within the Hub, and ways of providing a means of support by SVRU should be found to continue to provide the support and interconnectivity which the SVRU inspector has been providing, or work with another CPP agency to provide that resource (**recommendation 16 – PS/ SVRU**).
- Public service delivery models in areas of extreme deprivation should consider moving away from top-down, traditional inter-professional collaborative models to much more connective models where services work jointly and proactively with one another and communities to resolve relevant issues (**recommendation 17 - CPP**).

#### *The associated risks of the Initiative*

- The most significant risk is the fragility of the Initiative. This fragility arises from a combination of resourcing, the extent of cultural congruence within services, the challenge of providing measurable outcomes, and structural and cultural alignments and tensions within the SDP.
- Although there is some realisation and acceptance that the traditional service delivery needs to change (Schein, 2017), without wider acceptance the existing cultural norms are likely to be perpetuated. Services might continue to be developed and delivered in

ways that are more focused on their own cultural or political expediency rather than on addressing the complex needs of people in particularly disadvantaged communities. Research evidence has consistently demonstrated that “most changes attempted in organizations...do not succeed because of cultural incompatibility” (Cameron and Quinn, 2011, p. 163). Unless cultural tensions within the CPP are better resolved, it is likely that the on-going change process will remain in its current, incomplete state. The extent of these structural and cultural challenges should be fully understood (including consideration of Political challenges facing Local Authority areas, and tensions between individual and organisational values) before a programme of reform is developed and implemented.

- This evaluation has revealed a perception amongst those police and fire service personnel involved in the Initiative that this new, connective approach is helping to address the short-term crises being experienced by people. Nonetheless, a combination of quantitative and qualitative data which supports (or refutes) these perceptions does not yet exist. Against a backdrop of increasingly challenging public sector budget settlements in Scotland, this gap may make the Initiative vulnerable to challenge and therefore obtaining evidence to support the Initiative should mitigate against this challenge.

## Conclusion

Whilst the findings from this evaluation (see pages 11-15 above) specifically relate to the case study area, we hope this report will inform policy makers within not only the fire, police, and ambulance services in Scotland but also those Community Planning partners involved in the Initiative. We also hope that in the longer-term the project will inform the wider policy-agendas in several key areas with very high levels of deprivation, such as reducing emphasis on centralised, ‘abstract’ public service models for ‘hard-to-reach’ people and communities and promoting connective professionalism in potentially providing these disadvantaged areas with the “new, innovative, collaborative culture” which the Christie Report (2011) called for.

The operational focus of the police and fire services echoes many of the key elements which were identified by Watt (2012, p. iv) as being required for a parallel service, that of General Practitioners in primary care serving the 100 most deprived practice populations in Scotland:

- that addressing endemic inequality requires more time and capacity to address unmet need,
- that to develop the requisite levels of trust, operational level actors needed to be continually 'on the ground' to facilitate "serial encounters over long periods" (Watt, 2012, p. iv), particularly with hard-to-reach people.

Despite the fragility of the Initiative, there are indications that this new, connective form of professionalism may provide the basis for a national framework which could help to reconfigure how Scotland's public services work to improve individual and community resilience with regards Scotland's most deprived communities and to achieving "the fair and just society to which we aspire" (Christie, 2011, p. vi).

The following sections will briefly describe the background to this study, its underpinning rationale, aims and objectives, design, data collection methods, and analytic approach.

# 1. Background to the research

## 1.1 The legislative and policy context

### 1.1.1 *Scottish Governments National Performance Framework*

The purpose of the Scottish Governments National Performance Framework (<https://nationalperformance.gov.scot/what-it>) is to create a more successful country, give opportunities to all people living in Scotland, increase the wellbeing of people living in Scotland, create sustainable and inclusive growth, reduce inequalities and give equal importance to economic, environmental and social progress. In doing so, the Framework articulates the values which will guide their approach namely to treat all people with kindness, dignity, and compassion, to respect the rule of law, and to act in an open and transparent way.

To help achieve its purpose, the framework set out 'National Outcomes'. Of relevance to this case study are that people are safe, respected and realise their full potential; live in communities that are inclusive, empowered, resilient and safe; values, enjoy, protect, and enhance their environment; are healthy and active; tackle poverty.

### 1.1.2 *The Christie Report*

The Christie Report (2011, p.vi) acknowledged that public services in Scotland “are of particular importance in protecting the vulnerable and disadvantaged in our society” and are “central to achieving the fair and just society to which we aspire.” However, it also highlighted that there had been “a failure up to now, to tackle the causes of disadvantage and vulnerability” (p. vi). It was identified that public services in Scotland “would have to implement reforms that improve the quality of public services to better meet the needs of the people and communities they seek to support (p. vi).

### 1.1.3 *The Emergency Services – legislative duties*

The Police and Fire Reform (Scotland) Act (2012) provided a statutory framework for the realisation of these strategic aims, by redefining in section 32 of the Act, the policing principles:

*The policing principles are –*

*(a) that the main purpose of policing is to improve the safety and well-being of persons, localities, and communities in Scotland, and*

*(b) that the Police Service, working in collaboration with others where appropriate, should seek to achieve that main purpose by policing in a way which –*

- (i) is accessible to, and engaged with, local communities, and*
- (ii) promotes measures to prevent crime, harm, and disorder.*

*Police and Fire Reform (Scotland) Act 2012, section 32.*

However, the Act does not place a similar duty on the fire service.

The Scottish Ambulance Service National Health Service Trust (Establishment) Order 1994, established the Scottish Ambulance Service as one of eight National Health Boards in addition to the 14 geographically based local NHS Boards, as provided for in section 12A of the National Health Service (Scotland) Act 1978. Whilst the Act c.29, Part 1, s.2A (4) requires that “Health Boards must co-operate with one another in discharging their respective functions relating to the provision of primary medical services under this Part”, there does not appear to be any legislative requirement for the ambulance service to collaborate with other public sector agencies to beyond their remit of providing immediate medical assistance to people in need of emergency medical care. Apart from a requirement on them under the Civil Contingencies (Scotland) Act 2004 to collaborate with other public, private, and voluntary sector agencies and organisations to plan for a respond to major civil emergencies, there does not appear to be a similar requirement to that placed on Police Scotland by section 32 of the Police and Fire Reform (Scotland) Act 2012. Neither is the ambulance service a designated organisation within schedule 1 of the Community Empowerment (Scotland) Act 2015.

#### *1.1.4 Scottish Emergency Services Reform Collaboration Group*

The Reform Collaboration Group (RCG) was established at the request of the Chairs of the Scottish Ambulance Service, the Scottish Fire & Rescue Service, & Police Scotland to enable a strategic approach in building collaboration between the emergency services Scottish Emergency Services National Collaboration Strategy (2018). The key aim of RCG is to improve shared outcomes, delivery of services to communities and achieve better financial value through improved collaboration. The Scottish Emergency Services National Collaboration Strategy (2018) specifies this vision of the three services, with the key aim of pursuing collaborative working through the development of projects that will enable better outcomes for the people of Scotland. The intended strategic outcomes include co-location; co-

responding; sharing knowledge; integration of corporate services including training, education and development, and business intelligence.

### 1.1.5 *Community Planning Partnerships*

Community Planning Partnerships (CPPs) is about how public bodies work together, and with local communities, to design and deliver better services that make a real difference to people's lives. It drives public service reform by bringing together local public services with the communities they serve and provides a focus for partnership working which targets specific local circumstances. Partners work together to improve local services and to ensure that they meet the needs of local people, especially those who need the services most. There are 32 CPPs across Scotland, one for each local authority area.

## 1.2 Research context

The Scottish Institute for Policing Research (SIPR) in partnership with the Scottish Fire and Rescue Service, the Scottish Ambulance Service, and Police Scotland, provided competitive funding for this 'Rapid Research Project' to explore how cross-service collaboration across blue-light services can help improve community safety and wellbeing and potentially reduce social and health inequalities. The research was to encompass a review of existing knowledge of how three services integrate, share resources and work collaboratively, and encompass primary research directly supported and facilitated by the services, (see aims and objectives below).

Findings from this study were to help inform a theoretical 'Collaborative Improvement Model' for the Reform Collaboration Group (RCG), which is delivering on ambitions set out in the Scottish Emergency Services Collaboration Strategy. It was thought that a model of successful cross-service working in one community with complex needs could potentially be extrapolated to other Scottish communities with similar needs.

## 1.3 Research aim and objectives

The aim of this evaluation was to establish how cross-service collaboration can improve community safety and wellbeing and help reduce social and health inequalities. This aim was achieved by two objectives:

**Objective 1: A systematic literature review** undertaken between January and March 2022 to summarise international evidence relevant to tri-service collaboration (Phase 1).

**Objective 2: A case study evaluation** conducted between March and June 2022 of cross-service collaboration through a community hub approach in one local authority case study area experiencing significant disadvantage in Scotland. The case study focussed on perceptions of strategic, tactical, and operational officers from the services concerning collaborative resource use and efficiencies in response to meeting the complex needs of people living in the case study area, considered to be in the 5% most deprived areas in Scotland (Phase 2).

Objectives one and two are fulfilled in the following two chapters.



## 2. Phase 1: Systematic literature review

### 2.1 Aims and review questions

We aimed to find and evaluate relevant literature to understand the best ways for tri-partite emergency services (Fire; Police; Ambulance) to collaborate to deliver improvements in community safety and wellbeing. We aimed to evaluate the evidence regarding understanding the: impact upon reducing social and health inequities; primary, secondary, and tertiary prevention; the conditions required to deliver collaborative benefits; and the best use of resources.

The specific review questions were:

1. Across the UK and internationally, what is the range and nature of the evidence for the effective collaboration between the three Blue Light emergency services (Fire, Police & Ambulance) around community safety and wellbeing?
  - a. What is the evidence for reducing social and health inequities?
  - b. What is the evidence regarding prevention?
    - i. Primary prevention
    - ii. Secondary prevention
    - iii. Tertiary prevention
  - c. What is the evidence for the best conditions required to deliver collaborative benefits including the best methodology & frameworks?
  - d. What is the evidence for the cost-effective use of resources?

### 2.2 Methods

This systematic review was completed in accordance with PRISMA reporting guidelines.

The following databases were searched in January 2022 and again in March 2022. Prior to conducting the search in each database, pilot and targeted searches were conducted. This involved searching for terms related to “Police or Fire or Ambulance” and combining these with terms such as “Collaboration; Community safety; Wellbeing; Social inequalities; Health inequalities. This searching process was iterative, and results were not downloaded. Rather this searching was used to try to discover if there were any studies that could meet our inclusion criteria and to indicate the best search strategy to use in more detailed search and screening. This searching did not result in identifying any relevant studies but indicated that subsequent searching of the following databases should involve using the following search architecture:

1. exp Police/ or exp Ambulances/ or exp Firefighters/ or exp Emergency responders/ or (police or fire or ambulance).m\_titl or "rescue service\*".m\_titl or (police and ambulance).m\_titl or (police and fire\*).m\_titl or (ambulance and fire\*).m\_titl or exp Police Personnel/ or exp Fire Fighters/ or exp Paramedics/ or exp Emergency Services/
2. (Interagency collaboration) OR (integrated collaboration) OR (multiagency collaboration) OR (interprofessional collaboration) OR collaboration. M\_titl OR exp Interinstitutional Relations/ OR Interagency collaboration.af.
3. 1 AND 2
4. Limit 3 to published in last 10 years

### *2.2.1 Databases searched*

ASSIA; Sociological Abstracts; Social Services Abstracts; MEDLINE, PsycINFO, Social Care Online, Social Policy & Practice, Social Services Abstracts; Science Citation Index Expanded (SCI-Expanded); Social Sciences Citation Index (SSCI) -- 1900-present; Arts & Humanities Citation Index (A&HCI); Emerging Sources Citation Index (ESCI); Conference Proceedings Citation Index - Science (CPCI-S); Conference Proceedings Citation Index - Social Sciences & Humanities (CPCI-SSH); Book Citation Index– Science (BKCI-S); Book Citation Index– Social Sciences & Humanities (BKCI-SSH); Campbell Collaboration.

Results of database searching were downloaded into a reference management system (EndNote 8).

We also performed extensive and iterative searches of Google and Google Scholar.

We also searched the websites of Scottish Institute for Policing Research (SIPR) [[Home | Scottish Institute for Policing Research \(SIPR\)](#)] (Which also included searching SIPR “select bibliography” of 2,945 records) ; National Ambulance Research Steering Group [About NARSG – Ambulance Research](#); Fire Service Research and Training Trust via the portal Ignite ([research - FSRTT \(firetrust.info\)](#)) to March 2022.

We also hand searched the past editions of the following journals to March 2022: Journal of Emergency Management [Journal of Emergency Management \(wmpllc.org\)](#); International Journal of Emergency Services [International Journal of Emergency Services | Emerald Publishing \(emeraldgroupublishing.com\)](#)

We searched any references and resources supplied by key contacts in the field including contact with Steering Group members and key personnel in the UK regarding any recently conducted local small-scale evaluations of change. The search for ongoing studies was further augmented by sending out a request across our networks on Twitter.

### 2.2.2 Eligibility criteria

We aimed to include reports of any empirical studies designed to explore the effectiveness/benefits and costs of collaborative approaches (by police, ambulance, and fire services) to provide improvements in community safety and wellbeing and reductions in social and health inequalities. Reports of empirical studies included must have provided sufficient information regarding their aims, methods, focus, findings, and conclusions. We also aimed to include grey literature which we anticipated being reports of particular events that have taken place involving tri-partite (or bi-partite) emergency services.

Further inclusion criteria were (i) published between January 2012 and January 2022, and (ii) written in English. We set no limits of country where studies have occurred.

## 2.3 Results

Early testing of different data sources did not yield any relevant studies. Indeed, no member of the study team, close colleagues or Steering Group were themselves able to identify or provide any relevant studies. Following the initial search of multiple databases and additional resources, 4,948 reports were identified and screened.

Further iterative searching of many more thousands of potential documents and references also took place. Contact with key experts and via Twitter elicited a small number of responses but did not yield any relevant studies. Given the apparent paucity of studies, throughout the review care was taken to not exclude potentially relevant studies by retaining *any* that had any relevance to community safety and well-being.

Table 1 (below), lists some of the documents that we excluded, highlighting the focus of the document, and commenting on the relevance of the document to our review. It can be seen that the documents were either not research/evaluations and/or there was no collaboration between any of the blue light services and/or it was not focussed on improvements in community safety and wellbeing and reductions in social and health inequalities. Many documents were news items. Very few publications were found that related to our topic of interest.

Therefore, results did not reveal any relevant empirically based studies. A search of 'grey' literature revealed just three reports that did provide some data of relevance (Elias et al., 2021; Bronsky et al., 2017; Emergency Services Collaboration Working Group, 2016; see table 2 below), as follows:

- 1) **Elias et al., (2021)** describes the development, implementation, and initial evaluation of the Geriatric Flying Squad's reciprocal referral pathways with emergency responders including Ambulance, Police and Fire and Rescue. These innovative pathways and model of care were developed to improve access to multidisciplinary services for vulnerable community dwelling frail older people with the intent of improving health and quality of life outcomes by providing an alternative to hospital admission. The intervention took place in New South Wales. The study was a retrospective observational analysis and reports reductions pre to post intervention on 9-1-1 Call, Emergency Department, and Hospital Visit Rates. Approximately 70% of patients had decreased 9-1-1, ED, and hospital utilization rates, independently. Based on these results, the program avoided 331 estimated 9-1-1 calls per month, 144 ED visits per month, and 52 hospital admissions per month.
  
- 2) **Bronsky et al., (2017)** focus on a subset of individuals who inefficiently and frequently use emergency department (ED) services – so called “super-utilizers.” Community-wide collaboration program called CARES (Community Assistance Referral and Education Services) comprised of several providers including intake and navigation teams, who interact at different time points during the patient's intervention according to individual needs. Providers include Fire fighters and paramedics. The intervention took place in Colorado Springs, Colorado USA. The intervention was described as an example of a sustainable and replicable cross-sector collaboration, achieved through building reciprocal pathways between an existing rapid response geriatric outreach service and emergency responders (Ambulance, Police, Fire and Rescue). The study was a retrospective pre and post intervention evaluation. The study population (n=441) included: enrolled adults with non-compliance of medication or treatment; behavioural health problems; multiple 9-1-1 responses in a short period of time; three or more ED visits within six months; patients with multiple hospital admissions. The primary outcomes of the study were the median rate of 9-1-1 calls/month/person, ED, and hospital visits/month/person. Wilcoxon rank-sum tests were used to compare changes between pre- vs. post-enrolment for each participant. Between pre- and post-enrolment periods, the median (IQR) monthly rate of 9-1-1 calls, ED visits, and hospital admissions significantly decreased by 0.26 (-0.06, 0.90), 0.25 (-0.08, 0.71), and 0.18 (0.04, 0.53) ( $p < 0.001$  for all).
  
- 3) **The Emergency Services Collaboration Working Group (2016) report** provides examples of collaborative projects, plans and initiatives from across England and Wales. Initiatives are reported under the following 6 main headings. There is some limited evidence regarding initiatives that involve collaboration (see table 3 below for a summary).

Regarding initiatives involving provision of “**first response and co-responding**” there was some limited data from: First Response for cardiac arrest (by provision of defibrillators and training to the 3 blue light services); Emergency First Response for cardiac arrest (with a focus on servicing rural communities via collaboration between on-call fire-fighters and the ambulance service); and Co-responding (by firefighters who are trained and assessed in basic life support procedures). All these initiatives involved the provision and deployment of defibrillators. Response times and survival rates were reported to have improved for both first response initiatives. Whilst regarding co-responding, improvements in statutory response times were noted along with cost savings (possibly due to decrease in fines for not meeting targets). Two further initiatives, one involving Community Safety Responders and the other Telecare Response Service provision were highlighted but there was no reporting of any outcomes. Community Safety Responders (CSRs) performed the joint roles of Police Community Support Officer (PCSO), Retained on-call Fire-fighter and an Emergency Medical Responder (EMR) trained to attend ambulance service Red 1 and 2 category calls from their base within the local fire and police stations. Regarding the Telecare Response Service, telecare equipment was used to support people to live safely and independently at home. Using special sensors Telecare can detect potential emergencies at home, for instance: Falls, wandering, medication mismanagement, fire, flooding, carbon monoxide and gas leaks. No outcome data was provided regarding Telecare.

Regarding initiatives involving “**Demand Management and Rationalisation**”, three types of intervention were relevant and provided some outcome reporting: Clinical support desk – Triage calls; Joint Response Unit (JRU); and Rural Intervention Vehicles. In the Clinical support desk intervention, a London-based intervention involves a dedicated team in a control room review cases that come in via control link (as opposed to those coming through the 999 system) to determine the patient’s condition. In Merseyside, a paramedic is based with the Police in the Joint Command Centre. Both of these initiatives suggest that they result in reduction in need for deployment of ambulances. Regarding a JRU intervention, a London Ambulance Service fast response vehicle with one paramedic responds solely to police requests for medical assistance (except Red 1 calls). JRU aims to provide on-scene triage, assessment, and treatment of patients. Piloted in Hackney in 2011, it has subsequently been rolled out in 12 London boroughs. It is suggested that 79.3% of JRU attendances did not require a full ambulance deployment. In March 2014, a jointly crewed Fire/Police response vehicle (operated by a Police Constable and a Fire Watch Manager) carried out a total of 315 local engagement activities ranging from school visits, recruitment

events, home-fire safety checks, crime prevention, farm watch and road watch engagement activities. The service was responsible for providing greater visibility in rural areas and focus more broadly on community safety issues than just traditional areas of Police and Fire business. Public confidence in the emergency services and community safety was said to have increased. Furthermore, quite often they would arrive at a scene faster than other resources, thus standing down other resources, before their arrival, meaning a reduction in fuel costs of larger appliances and reduced road risk.

Regarding “**Shared Estates and Assets**”, an intervention termed “dynamic deployment” aimed to increase patient care and response times through the placement of resources in areas of predicted high demand. The idea is to help ensure that emergency services meet their target of reaching 75% of all life-threatening emergencies within 8 minutes. Faster response times to emergency calls were reported to be one of the benefits. No other initiatives relevant to our review were reported under the heading of shared estates and assets.

“**Joint Control Rooms**” provide opportunities for increased collaboration and closer working which can enable faster and more effective responses to incidents. For example, advanced/senior paramedics working in Police Command Centres (specifically, in times of exceptional demand). There are reported improvements in reducing demand on both police and conveying ambulance resources. Collaboration has been described as hugely beneficial in understanding “each other’s” needs in terms of information requirements, risk assessments and incident prioritisation. It is not clear from this initiative whether or not there was any focus on improvements in community safety and wellbeing and reductions in social and health inequalities.

Regarding “**Wider Collaboration**”, Community Engagement involving collaboration between the services on community projects is said to be well developed. Projects involving community engagement with young people and families, addressing housing issues and developing civil contingency units is said to have been implemented but no evaluations of these are provided.

## 2.4 Conclusion

Although The Policing and Crime Act 2017 places a statutory duty on Police, Fire and Ambulance Services to consider collaboration to deliver efficiency, effectiveness and/or better outcomes for communities, we found a distinct lack of evidence in support of these

collaborations. It is possible that there are ongoing collaborations that have not reported findings or are yet to report and it may be worth updating this review in e.g., five years' time.

Previous reviews have noted that "*Most of the academic literature tends to focus on major incidents, small case studies or responding to major incidents.*" (Parry, 2015). Our review found a substantial evidence gap of peer reviewed empirical literature regarding collaboration between blue light services designed to improve Community Safety and Wellbeing. Very little evidence appears to have been reported (or be available) regarding evaluations of collaborative initiatives in this area.

Of the evidence that we retrieved that provided any mention of outcome data, the outcomes fell under one or more of the following:

- Accessing services
- Emergency service usage and deployment (ambulances)
- Emergency department usage and hospital admission
- Response times and survival rates
- Public confidence

In summary, our review uncovered a lack of peer reviewed empirical literature regarding collaboration between blue light services designed to improve Community Safety and Wellbeing. Therefore, we could not provide comment addressing the review research questions i.e., there was no evidence in support of reducing social or health inequalities, or of methodologies and frameworks to deliver collaborative benefits, or cost-effective use of resources. Future literature reviews should focus on broader collaboration work or on specific topic examples (e.g. Naloxone carriage) that may inform future blue light collaboration.

It is apparent that in rare instances where blue light services have formally collaborated, that there are in general reported reductions in resource use and improved survival rates associated with increased efficiencies and presumably reduced costs. This has been accompanied with suggested improvements in public confidence in emergency services and increased community safety. There is a real need for service collaborations (should they exist) to document and report outcomes stemming from these collaborations to provide evidence of potentially effective collaboration. These collaborations require to also be independently evaluated and published in academic journals to inform future initiatives based on evidence.

Table 1: Example of documents excluded

Source (date)	Focus	Relevance to our review	Link
Avon Fire & Rescue Service (AF&RS), Avon and Somerset Police and the Southwestern Ambulance Service NHS Foundation Trust (SWASFT) 2021	Avon Fire & Rescue Service (AF&RS), Avon and Somerset Police and the Southwestern Ambulance Service NHS Foundation Trust (SWASFT) have joined forces to remind residents of safety advice, to increase safety in their homes, their local communities and when engaging in events and celebrations over the winter period.	News item	<a href="#">Emergency services come together to keep local communities safe this winter   Avon and Somerset Police</a>
Dutch review 2021	"Psycholance" is staffed by mental health professionals, specifically trained to help people experiencing a mental health problem.	News item (Not collaboration between any blue light services)	<a href="https://dutchreview.com/expat/health/psycholance-mental-health/">https://dutchreview.com/expat/health/psycholance-mental-health/</a>
Grimsby Telegraph 2017	The first joint fire and ambulance station in the country has opened in Louth. The blue light collaboration has been hailed as an excellent example for emergency services nationwide.	Newspaper item	<a href="#">Excellent example of emergency services collaboration hailed at official opening - Grimsby Live (grimsbytelegraph.co.uk)</a>
HM Government 2015	Consultation: Enabling closer working between the Emergency Services  Discusses how proposals can be developed and implemented in order to deliver greater effectiveness and efficiency. The proposals do not affect Scotland or Northern Ireland	Consultation paper (HM Government)	<a href="#">Enabling closer working between the Emergency Services (publishing.service.gov.uk)</a>
Journal - Journal of Adult Protection 2017	The Integrated Police Response for Abused Seniors (IPRAS) action research project (2013-2016) in Montreal Canada, developed, tested, and implemented a police intervention model to counter elder abuse. Two linked phases of data collection were carried out: a diagnostic of police practices and needs (year 1) and an evaluation of the implementation of the intervention model and the resulting effects (years 2 and 3)	Inter-agency collaboration mainly between police and health and social services – not collaboration between blue light services	Beaulieu, M., et al. (2017). "Police and partners: new ways of working together in Montreal." Journal of Adult Protection 19(6): 406-417. <a href="https://www.usherbrooke.ca/actualites/fileadmin/sites/actualites/documents/Concours_de_vulgarisation/ArticleScientifique_DavidBaril.pdf">https://www.usherbrooke.ca/actualites/fileadmin/sites/actualites/documents/Concours_de_vulgarisation/ArticleScientifique_DavidBaril.pdf</a>
Journal - Journal of Emergency Services 2017	With the increasing demand on ambulance services, paramedics are tasked to arrange as much out of hospital care as possible, to develop integrated systems of care and work with hundreds of different providers -all in the 15 minutes allocated for assessment.	Not research and no collaboration with other blue light services.	Blodgett, J. M., et al. (2017). "An alternative model of pre-hospital care for 999 patients who require non-emergency medical assistance." International Journal of



			Emergency Services 6(2): 99-103.
Journal - Perspectives in Public Health 2018	The consensus statements provide a narrative of how health and emergency services and the populations they serve can benefit from collaboration and long-term commitment to closer working.	Consensus statements - not research	(2018). "Blue light leadership: developing public health consensus agreements with the fire, ambulance and police services." Perspectives in Public Health 138(6): 297-298.
Journal -Australasian Psychiatry	"PACER was developed as a dual secondary service, with mental health personnel travelling with police and working together to manage individuals in crisis in the community"	Pacer is a collaboration between police and mental health professionals	<a href="https://pubmed.ncbi.nlm.nih.gov/26224696/">https://pubmed.ncbi.nlm.nih.gov/26224696/</a>
Kingsbridge and Salcombe Gazette 2021	Firefighters from across the five South West Fire and Rescue services are to continue to provide vital life-saving support alongside the ambulance service.  Since the early stages of the pandemic, firefighters have been working with ambulance crews from Southwestern Ambulance Service (SWASFT) to assist during medical emergencies.	Newspaper item	<a href="https://www.kingsbridgeand-salcombe.co.uk/news/emergency-services-working-together">Emergency services working together   Kingsbridge &amp; Salcombe Gazette (kingsbridge-today.co.uk)</a>
NHS Northeast Ambulance Service NHS Foundation Trust 2016	JESIP - the Joint Emergency Services Interoperability Programme - is the largest and most ambitious joint training programme ever undertaken by the three emergency services.  The two-year project has been created specifically to further improve the way ambulance, police and fire and rescue services operate together on scene in the early stages of their response to major incidents.	Focus on Major incidents  Not focussed on improvements in community safety and wellbeing and reductions in social and health inequalities	<a href="https://www.neas.nhs.uk/our-services/emergency-planning/working-together.-saving-lives.aspx">https://www.neas.nhs.uk/our-services/emergency-planning/working-together.-saving-lives.aspx</a>
Northamptonshire Fire and Rescue Service 2021	Rushden Fire Station can be highlighted countywide as an example of best practice with the fire crew working hand-in-hand with the town's Neighbourhood Policing team. The two teams have already worked together in combining police attending incidents and working out if there were opportunities for the Rushden crew to carry out home fire safety checks.	News item	<a href="https://www.northantsfire.gov.uk/2021/11/25/rushden-collaboration/">https://www.northantsfire.gov.uk/2021/11/25/rushden-collaboration/</a>
Nottinghamshire and City of Nottingham Fire and Rescue Authority - Policy and Strategy 2018	A good relationship has been established between partners which has enabled beneficial progress to be made, including the procurement of welfare vehicles, will be shared with Police and carry the emblems of both the Police and Fire and Rescue Service. This collaboration saved approximately £70,000. Opportunities have been made available to other emergency services to co-locate estates with NFRS, but not all have been acted upon	Meeting agenda/notes	<a href="https://committee.nottinghamcity.gov.uk/mgAi.aspx?ID=23698">https://committee.nottinghamcity.gov.uk/mgAi.aspx?ID=23698</a>
Scottish Government 2021	Working with others such as other blue light emergency services, public, private, and voluntary organisations and Scotland's communities should be ingrained throughout SFRS. This includes but	Consultation paper (Scottish Government)	<a href="https://www.gov.scot/publications/fire-rescue-framework-">https://www.gov.scot/publications/fire-rescue-framework-</a>

	<p>goes beyond the important and statutory work undertaken through the established Community Planning Partnerships. Partnerships should develop joined up policies to multidimensional problems. Innovative leadership should be provided to facilitate the identification of collaborative opportunities, making the best use of public resources. The aims should be to achieve community safety, drive out inefficiencies, where possible, whilst achieving operational efficiencies and effectiveness to ultimately improve outcomes for our Scottish communities.</p>		<p><a href="https://www.scotland.gov.uk/topics/consultation/pages/9/">scotland-consultation/pages/9/</a></p>
<p>Skills for Justice, a not-for-profit organisation committed to the development of an improved and sustainable workforce across the UK's Justice, Fire and Rescue, Local Government and Armed Forces sectors.</p> <p>2017</p>	<p>Insights from commissioned research by the Emergency Services Collaboration Working Group, through the Home Office, to evaluate existing and emerging emergency services collaboration. The research focused on six emergency services collaboration projects across England and Wales.</p>	<p>News item highlighting some research findings</p> <p>No clear focus on improvements in community safety and wellbeing and reductions in social and health inequalities but there could be if original research findings can be retrieved</p>	<p><a href="https://www.skillsforjustice.com/news/collaboration-emergency-services-uk/">Collaboration of emergency services in the UK (sfjuk.com)</a></p>
<p>Staffordshire Commissioner</p> <p>2019</p>	<p>Staffordshire Commissioner Matthew Ellis has approved funding for an enhanced fire safety team to protect the county and city. Mr Ellis approved an initial boost to the fire safety team, as a result of the already identified £1.4 million savings from police and fire collaboration work. He indicated he would also make further investments down the line into the vital team</p>	<p>News item</p>	<p><a href="https://staffordshire-pfcc.gov.uk/fire-and-police-collaboration-savings-to-fund-enhanced-fire-safety/">https://staffordshire-pfcc.gov.uk/fire-and-police-collaboration-savings-to-fund-enhanced-fire-safety/</a></p>
<p>THAMES VALLEY EMERGENCY SERVICES COLLABORATION</p> <p>2016</p>	<p>There are a number of areas where emergency service partners have been working to improve public value in the Thames Valley.</p>	<p>Presents case studies</p> <p>Not focussed on improvements in community safety and wellbeing and reductions in social and health inequalities</p>	<p><a href="https://www.rbfrs.co.uk/EasySiteWeb/GatewayLink.aspx?allId=3247">https://www.rbfrs.co.uk/EasySiteWeb/GatewayLink.aspx?allId=3247</a></p>

Table 2: Summary of three documents with some potential relevance to our review

Source (date)	Focus	Relevance to our review	Link
Journal of Integrated Care 2021	Describes the development, implementation, and initial evaluation of the Geriatric Flying Squad's reciprocal referral pathways with emergency responders including New South Wales Ambulance, Police and Fire and Rescue. These innovative pathways and model of care were developed to improve access to multidisciplinary services for vulnerable community dwelling frail older people with the intent of improving health and quality of life outcomes by providing an alternative to hospital admission	Case study describing the review of the Geriatric Flying Squad's referral database and quality improvement initiative to streamline referrals amongst the various emergency responders in the local health district. The implementation and initial evaluation of the project through online survey are further described.	DOI 10.1108/JICA-05-2021-0025  Elias et al. 2021. Teaming up for more comprehensive care: case study of the Geriatric flying squad and emergency responders (Ambulance, Police, Fire and Rescue). Journal of Integrated Care Vol. 29 No. 4, 2021 pp. 377-389.
Prehospital Emergency Care 2017	A subset of individuals who inefficiently and frequently use emergency department (ED) services are called "super-utilizers." Community-wide collaboration program called CARES (Community Assistance Referral and Education Services). CARES is comprised of several providers including intake and navigation teams, who interact at different time points during the patient's intervention according to individual needs.	Providers include Fire fighters and paramedics.	Bronsky, E. S., et al. (2017). "CARES: A Community-wide Collaboration Identifies Super-utilizers and Reduces Their 9-1-1 Call, Emergency Department, and Hospital Visit Rates." Prehospital Emergency Care 21(6): 693-699.
The Emergency Services Collaboration Working Group 2016	Emergency Services Collaboration Working Group National Overview. The report provides examples of collaborative projects, plans and initiatives from across England and Wales.	Report (see separate table below for description of projects/initiatives and any outcomes)	Emergency Services Collaboration Working Group (2016) <a href="https://www.apccs.police.uk/media/1114/emergency-service-collaboration-working-group-national-overview-2016.pdf">https://www.apccs.police.uk/media/1114/emergency-service-collaboration-working-group-national-overview-2016.pdf</a>

Table 3: Summary of the Emergency Services Collaboration Working Group 2016 report

Focus of collaborative activity	Summary of activity	Outcomes
1. <u>First response and co-responding</u>	London; Merseyside (Pilot); Greater Manchester; Wales (Mid and West); Essex; Hertfordshire.	
First Response – Cardiac Arrest	Provision of defibrillators and training to blue light services. In the event of suspected cardiac arrests, police and fire and rescue personnel are equipped to respond with automated external defibrillators (AEDs), providing prompter response times and increasing patients' chances of survival and subsequent quality of life.	Response times and survival rates were reported to have improved
Emergency First Response	The Emergency First Response (EFR) scheme was set up to improve clinical outcomes and cardiac arrest survival rates with a focus on servicing rural communities. The scheme involves utilising on-call fire-fighters to provide an EFR in collaboration with the ambulance service.	Response times were reported to have improved
Community Safety Responders (Pilot)	Community Safety Responders (CSRs) perform the joint roles of Police Community Support Officer (PCSO), Retained on-call Fire-fighter and an Emergency Medical Responder (EMR) trained to attend ambulance service Red 1 and 2 category calls from their base within the local fire and police stations	No data
Telecare Response Service	Telecare equipment supports people to live safely and independently at home. Using special sensors Telecare can detect potential emergencies at home, for instance: Falls, wandering, medication mismanagement, fire, flooding, carbon monoxide and gas leaks. Retained firefighters became first responders.	No data
Co-responding	Co-responders are firefighters who are trained and assessed in basic life support procedures, including the use of Automated External Defibrillators and oxygen therapy.	Improvement in statutory response times seen. Costs savings noted (possibly due to decrease in fines for not meeting targets)
2. <u>Demand Management and Rationalisation</u>	Essex; Hampshire (Pilot); Lancashire; Surrey/Sussex; West Midlands Demand management and the rationalisation of services reduces harm by improving the capability of services to deal with incidents. The services can mobilise a faster response to incidents and performance is enhanced by improved interoperability.	
Forced Entry and Missing People	Not relevant to our review	N/A
Revised Policy on Sudden Deaths	Not relevant to our review	N/A
Clinical support desk – Triaging calls	E.g., in London: Instead of automatically sending an ambulance response to all police requests, a dedicated team in the control room	Some data to suggest reduction in need for deployment of ambulance.

	review the cases that come in via control link (as opposed to those coming through the 999 system) to determine the patient's condition. In Merseyside: A paramedic is based with the Police in the Joint Command Centre.	
Joint Response Unit (JRU)	A London Ambulance Service fast response vehicle with one paramedic responds solely to police requests for medical assistance (except Red 1 calls). JRU aims to provide on-scene triage, assessment, and treatment of patients. Piloted in Hackney in 2011, it has subsequently been rolled out in 12 London boroughs.	79.3% of JRU attendances did not require a full ambulance deployment.
PCSOs employed as RDS Firefighters (Pilot)	Not relevant to our review	N/A
Rural Intervention Vehicles	In March 2014, a jointly crewed Fire/Police response vehicle (operated by a Police Constable and a Watch Manager) which would be responsible for providing greater visibility in rural areas and focus more broadly on community safety issues than just traditional areas of Police and Fire business. Two Rural Intervention Vehicles carried out a total of 315 local engagement activities ranging from school visits, recruitment events, home-fire safety checks, crime prevention, farm watch and road watch engagement activities.	Public confidence in the emergency services and community safety said to have increased. RIVs quite often arrive at a scene faster than other resources and have been able to stand down other resources, before they arrive, meaning a reduction in fuel costs of larger appliances and road risk
<b>3. <u>Shared Estates and Assets</u></b>	Shared estates and assets facilitate closer dialogue between the services. Savings are generated through the removal of duplication of property costs, sharing utilities and the possibility of sale or re-sale of existing sites and properties. Costs are also reduced due to diminished travel time	
Shared HQ	Not relevant to our review	N/A
Joint Vehicle Workshop	Not relevant to our review	N/A
Shared Training Centre	Not relevant to our review	N/A
Tri-Service Hub	Not relevant to our review	N/A
Joint Facilities	Not relevant to our review	N/A
Dynamic Activation Posts (DAPs)	The aim of dynamic deployment is to increase patient care and response times through the placement of resources in areas of predicted high demand. DAPs help ensure that EEAS meets its target of reaching 75% of all life-threatening emergencies within 8 minutes.	Faster response times to emergency calls are reported to be one of the benefits.
FUTURE: Fleet Procurement	Not relevant to our review	N/A

4. <u>Joint Control Rooms</u>	Joint Control Rooms provide great opportunities for increased collaboration and closer working which can enable faster and more effective responses to incidents. E.g., Advanced/senior paramedics work in Police Command Centres (specifically, in times of exceptional demand).	Reported improvements in reducing demand on both police and conveying ambulance resources. Collaboration has been described as hugely beneficial in understanding “each other’s” needs in terms of information requirements, risk assessments and incident prioritisation.
5. <u>Strategic Alliances and Partnerships</u>		
Information Sharing	Not relevant to our review	N/A
Community Safety – Operation Insight	Not relevant to our review	N/A
Information Sharing Protocol and Operational Learning	Not relevant to our review	N/A
Embedded Fire Officer into the Northwest Counter Terrorism Unit and Civil Contingencies Resilience Unit	Not relevant to our review	N/A
6. <u>Wider Collaboration</u>		
Community Engagement	Collaboration between the services on community projects is well developed. Current projects involve community engagement with young people and families, addressing housing issues and developing civil contingency units.	Little to no data or evaluations of these.
Housing	Not relevant to our review	N/A
Local Resilience Forums	Not relevant to our review	N/A

## 2.5 Review references

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## 3. Phase 2: The case study

### 3.1 Background

#### 3.1.1 *The CPP and the Strategic Delivery Partnership*

The local authority CPP is overseen by a Community Planning Board chaired by a local Councillor who is also Leader of the local authority. A focus for the CPP, is the socially and economically deprived community of the case study area. Comprising around 1,000 households in the centre of a town in Scotland, the population is estimated to be around 2,000 people, 67.5% of whom are of working age (16-64 years). Over half of the households in this case study area are occupied by single people without children, with 14% of households comprising single parents, and 67% of the properties comprise social housing (Case study area Improvement Strategy 2022-2024). In a Community Survey (2021) one resident stated *“Nobody wants to stay here by choice. Most people that live here have been put here.”* Another said *“I have lived here [names case study area] for over 50 years. Most recently, it is a mess with litter, rife with drug dealing and anti-social behaviour and feels to be getting worse!”* The top priorities identified by those surveyed were addressing drug dealing, crime and anti-social behaviour, personal safety, and littering.

Of those surveyed, more than half (57%) indicated that they were dissatisfied with living in the case study area. The data from the Community Survey (2021) suggested that there were many people living in the community who were experiencing multiple-problem issues and who were in crisis. It had no formal community hub, with the closest thing to it being the primary school gym which doubled as a twice-weekly food bank.

The Scottish Indices of Multiple Deprivation (2020) indicated that almost all of the case study area is in the 5% most deprived data zones in Scotland. However, further analysis by the local Community Planning Partnership suggested that the case study area is within the top 1% of most deprived areas in Scotland (Case study area Improvement Strategy 2022-2024, p.1). Many people living in the case study area are experiencing significant levels of deprivation with regards income, health, education, employment, housing, and crime, and have short life expectancies. The case study area has the highest number of drug and alcohol admissions in the local authority area, with residents being four times more likely to be admitted with alcohol related issues and three times more likely to be admitted with drug related issues (Case study area Improvement Strategy 2022-2024, p. 2). There is a high prevalence of violence, with the



most common crime types being drug disorder and vandalism related (Case study area Improvement Strategy 2022-2024, p.3).

Engagement and discussion carried out by the Scottish Violence Reduction Unit (SVRU), local Police Scotland and the Scottish Fire and Rescue Service commanders with the Local Authority Community Planning Partners (CPP) led to the establishment of the case study area Strategic Delivery Partnership (SDP). Within the CPP governance structure, the case study area SDP has been established which will “provide the main community planning context in relation to the development of the ‘team around the community model’ providing leadership and agreeing to the development and implementation of new ways of service delivery to support the model going forward” to “reduce inequalities and improve outcomes for people living in the case study area which encompasses a public health and trauma informed approach” (‘An Introduction to the Local Authority Community Planning Partnership, June 2021’). It is co-chaired by the local authority lead and Head Teacher of the Primary School in the case study area, with representatives from all key partner agencies. Currently, the underpinning statutory framework excludes the Scottish Ambulance Service (SAS), which has articulated within its 2030 Strategic Plan, a strategic intention to become integrated into these established CPP structures.

For the past eighteen-months, the SVRU committed a police Inspector to provide part-time specialist support to a local police constable and fire officer who have been dedicated full-time to working collaboratively in the case study area. The local authority recently committed a local housing officer to work full-time with the police constable and fire officer, whilst other partners provide demand-led support remotely. At the time of data gathering in May 2022, the SAS had not committed any resources to the initiative.

### *3.1.2 Case study setting*

The case study setting was identified by the Steering Group service partners (Scottish Fire & Rescue Service, Scottish Ambulance Service, and Police Scotland) as a geographical location within which operationalisation of the strategic approach in building collaboration between the emergency services was taking place i.e., to improve shared outcomes, delivery of services to communities and achieve better financial value through improved collaboration.

The case study area Community Survey (Scottish Violence Reduction Unit, 2021) showed that 33% of those who completed the survey were unsure where to get advice and help. In response, the Community Planning Partnership’s Strategic Development Partnership for the case study area has, for the past year, been working to establish a ‘Team Around The

Community' (Introduction to Local Authority CPP, 2021) which includes full-time, dedicated personnel from the police and fire services together with local authority, as well as others from the health service, local voluntary and charity organisations on a part-time basis. Notable anecdotal information suggested many people were unable for a variety of reasons to access an increasing range of public service provision as they may not have a phone, or a computer, and services have been centralised and moved on-line. Many were unable or unwilling to leave the case study area resulting in some being unknown to public service agencies.

## 3.2 Methods

A case study design was used following the methods outlined elsewhere (Yin, 2018). This design facilitated an exploration of how specific local context impacted on opportunities and challenges of collaborative working between police, fire, and ambulance services within the broader context of Community Planning Partnership arrangements.

### 3.2.1 Ethical approval

Ethics approval was secured from the Ethics Committee, School of Health and Social Care, Edinburgh Napier University (March 2022; Ref: 2846874). Approval was granted to interview staff from Scottish Fire and Rescue Service, Police Scotland, and the Scottish Ambulance Service through the auspices of the project Steering Group designated representatives.

### 3.2.2 Ethical considerations

Whilst it was recognised from the outset that “the need for confidentiality can present dilemmas for researchers” (Clark *et al.*, 2021, p.116), the British Sociological Association’s Statement of Ethical Practice (BSA, 2017), states that it is important to “anticipate and guard against, consequences for research participants which can be predicted to be harmful”. This includes ensuring confidentiality of records and participant’s identity, including the publication of data which might inadvertently lead to identification. This is particularly relevant with qualitative research, where “researchers have to take particular care with regard to the possible identification of people and places” (Clark *et al.*, 2021, p.115). Ensuring the confidentiality and anonymity of all participants has therefore, been an important consideration during this study.

There was an inherent tension between the benefits of securing gatekeeper approval from senior police officers and academics, and more junior members of staff, police recruits, or policing students feeling compelled to participate. The principal of fully informed, freely given consent was an important ethical consideration, particularly when senior leaders publicly encouraged their staff to take part or had personally introduced the potential participant to the

researcher. Mitigation included providing all potential participants with written study information, so they were fully informed about its aims and objectives, scope, and approach. It was also explained that they should only take part if their consent were genuinely given freely, that they were free to withdraw at any time, and that should they decline to take part or withdraw later, this would not be made known to anyone else. This was re-emphasised at the start of each interview. Participants were assured of confidentiality and anonymity and that any data provided would be kept securely in accordance with Data Protection legislation.

All participants were informed that the research was being undertaken with the approval of their respective organisations, and that integrity of academic independence was paramount. All participants gave fully informed written consent prior to the interviews commencing and knew they could withdraw in confidence from the study up to the point where their data was pseudonymised and links between their identity and their pseudonym deleted. Potential participants had at least 24 hours between being provided study information and obtaining formal consent. If no response was received, it was assumed that they had declined to take part and were not approached again.

### *3.2.3 Sampling and recruitment*

Volunteers were recruited from the Scottish Fire and Rescue Service and Police Scotland, who were actively involved as part of the Initiative in working collaboratively to help improve community safety and wellbeing in the community. It was initially established that the Scottish Ambulance Service had no personnel directly involved in the community hub project in this case study area. However, an operational paramedic from the local authority area was recruited, together with strategic SAS partners within corporate support roles. The researcher (AT) invited participants to take part in an on-line, semi structured interview at a time and date suitable to both them and the project team. During the interview they were asked about their perceptions of the extent to which collaborative working is helping to improve safety and wellbeing in the case study community. Interviews on average, took sixty minutes, and were digitally recorded (subject to their approval) via MS Teams to aide subsequent transcription.

A deliberative sampling strategy was adopted which represented key strategic, tactical, and operational service leads from Scottish Fire & Rescue Service and Police Scotland directly involved in the Initiative. It also included strategic leads and an operational level participant from the Scottish Ambulance Service whilst not directly involved in the initiative, had lived experience of having attended emergency calls in the case study area.

Strategic level participants were senior staff members from their respective organisations with responsibility for setting or influencing organisational policies and practices within their remit of responsibility. Tactical level participants were 'middle managers' whose responsibility on a day-to-day basis was to ensure organisational policy and practice was implemented through the oversight and direction of operational staff. Operational level participants were those police constables, fire officers, and ambulance paramedics who operationalised organisational policy and practice 'on the ground' through their daily interactions with people in the community.

#### 3.2.4 *Recording, transcription, and security*

All individual interviews were recorded within MS Teams with permission of the participants. Recordings were immediately downloaded onto an encrypted computer, converted from ARF/WRF files, and stored securely as .mp3 digital files on the dedicated Edinburgh Napier University (ENU) secure server. Interview schedules usually lasted about an hour. Transcriptions of interview recordings were created by an ENU approved transcription provider and checked for accuracy against the original audio recording.

#### 3.2.5 *Data analysis*

Transcribed interviews were analysed using NVivo analytical software to support coding management (Saldana, 2016) using Braun and Clarke's (2006) six phases of thematic analysis: data familiarisation, generation of initial data codes, searching for themes or patterns, reviewing themes to generate a thematic analysis 'map', defining and naming the themes, and producing the selection and final analysis of compelling extract examples. Inductive thematic analysis was utilised based on its strength in organising rich data sets, which enabled clear summation of participant views and experiences, and development of key themes. An iterative, continually cyclical approach allowed for patterns, themes and understanding to be developed inductively, and for these to be oriented conceptually within the theoretical framework of the literature (Clark *et al.*, 2021, p.538).

### 3.3 *Fieldwork findings*

Fieldwork employed online individual interviews (n=9) with participants identified through a combination of purposive and snowball sampling. Interviews took place during April 2022. Whilst statutory restrictions on movement and social interaction due to Covid-19 had been removed, the police, fire, and ambulance services were still operating policies of minimising staff in-person contact given the high community infection rates which existed. This prevented

in-person data gathering and 'virtual' interviews were conducted using MS Teams, then transcribed and analysed as described above.

The following section outlines and describes the primary findings of the case study analysis. The section has been organised by theme as identified by emergency service staff.

### *3.3.1 Advantages of collaborative working*

This section addresses the research question: ***What are the resourcing advantages arising from collaborative working between police, fire, and ambulance services and where may there be resourcing challenges?*** This question was intended to capture the insights of collaborative working in the case study area which pointed to better working arrangements between the Blue Light services, including the benefits, unintended consequences, and risks. However, we established early in the case study that the Scottish Ambulance Service (SAS) had yet to commit any resources. As will be discussed more fully in the following section, SAS participants attributed this in part to the SAS having no statutory locus in the local Community Planning Partnership (CPP) arrangements, and in part to not having the capacity to commit the requisite resources.

At a strategic level, inter-professional collaboration between the police, fire, and ambulance services is taking place through the local authority area Tri-Service collaboration group, with professional relationships between the three services described by this strategic level police officer as very good, although they acknowledged that their collaborative work did not extend to the long-term preventative work involved in the Initiative and instead focused on joint training and joint responses to one-off events e.g., LGBTQ History Month.

*“The problem with the Tri-Service work that we’ve done so far has been stuff that probably doesn’t involve protracted, prolonged contact.” ‘Dee’*

It quickly became apparent that long-term, collaborative work improving the safety and wellbeing of people in the case study area was being undertaken primarily through the Community Planning Partnership (CPP) arrangements. As this strategic level participant explained, this involves other public services:

*“...you’ve got the Chief Execs of the Council [local authority] or the Health and Social Care person. [names the strategic level fire officer] sits there or his deputies.” ‘Dee’*

Within the broader local authority CPP, a strategic delivery partnership was established to focus exclusively on the case study area, as this tactical level manager 'Simon' explained:

*“So, the strategic delivery partnership is sitting under the community planning partnership. That was set up to give a focus within the local authority area in [names case study area]. Because every service knew the challenges, knew the need, knew the demand in here. So, for me they should be problem solvers. They should be the people that the operational level feeds back up to, to say 'I need help' or where there's a gap here or there's learning here or whatever that might be.” ‘Simon’*

Discussions at strategic level were positive, with broad agreement as to the direction and the empowerment of tactical level managers within each agency to operationalise the intended strategic outcomes:

*“When we have conversations about [names case study area], exceptionally positive. The whole purpose that we just wanted to agree the direction. And are we empowering people below us to deliver. Set the stall, set the leadership, set the guidance. And everybody agreed to that.” ‘Dee’*

Each CPP agencies agreed to appoint tactical level managers as single points of contact (SPOC) for each area so that:

*“...if there's any issues, get the SPOCs together and let's iron out where any of the communication or the understanding of the joint direction were taken. If anybody is going to say 'I'm not happy because of this, we can get to that level where we can manage it and then push it down.” ‘Dee’*

Returning to collaborative working at a strategic level between *all* three services with regards the Initiative, this evaluation found that none existed. Strategic level participants from the ambulance service attributed this in part to the service not being a statutory community planning partner as defined by Schedule 1 of the Community Empowerment (Scotland) Act 2015 (see recommendation 10) as this strategic level participant explained:

*“Because we're not legislative, it's not part of our work in the same way that Police and Fire, we are not legislatively if you like, part of community planning partnerships. When you look up the guidance of community planning partnerships it does have the territorial health board [but] we're not statutorily part of that” ‘Kay’*

However, the organisation does have strategic ambitions to be recognised as a formal partner within the CPP arrangements in Scotland, as included in their 2030 strategic plan:

*“...it's very much part of our strategy to be part of that community planning, to be engaged in that kind of structure...and adding value to it as well.” ‘Kay’*

That said, it was also acknowledged that whilst being statutorily included in the CPP arrangements would hasten their inclusion, it might take the ambulance service some years to be able to maximise the added value which they could bring. As they explained, the service would first need to create the capacity and capability amongst local management teams (see recommendations 11 and 12):

*“...we don't have a specific community lead as a role. So, whilst we want to be part of community planning partnerships, we need to make sure that we've got the right leadership structure within our own organisation that means we've got the right people there, can add something and go to every meeting. So that's part of our strategy, that's part of our key actions for the next year is to think what that leadership structure looks like?” ‘Kay’*

For their part, strategic level participants from the police and fire services admitted that they had not invited the ambulance service to be part informally of the CPP strategic implementation group for the case study area, primarily as they perceived the service did not have the capacity especially during the COVID 19 pandemic:

*“We know how burst they are with resources, so we haven't even made an ask that we know was an unreasonable ask.” ‘Dee’*

*“And I suppose this is where the Tri Services maybe comes into it. The Ambulance Service themselves are not at the table as an entity for community planning. And that's maybe just something for you to recognise, why have we not made that direct approach. Who sits there? Council [local authority], the Health, and Social Care partnership, NHS, and Public Health. The Ambulance Service are a subset of the NHS, so they don't get the invite.” ‘Dee’*

Whilst the ambulance service was not a statutory member of the Community Planning Partnership arrangements, there were some remote island communities, such as Island Health Boards, where despite having no formal locus within the CPP arrangements, in reality it is, as this strategic level participant from the ambulance service explained:

*“...they are very much part of that community planning. But that's because it's a rural location and Health is such an integral part of the local community.” ‘Kay’*

It is important to note that ambulance service staff engaged in CPP arrangements in Island Health Board have capacity to undertake a role beyond their professional and organisational boundaries, but also that Healthcare services were viewed as “an integral part of the community”. In developing a national framework for the future expansion of initiatives such as the one in the case study area, understanding the benefits and challenges of the ambulance service's role in Island Health Boards and other similar areas could be invaluable and would benefit from future study (see recommendation 13).

At a strategic and tactical level, collaboration between the police and fire service leads was found to be primarily through the CPP arrangements. The extent to which strategic actors were committed to the work undertaken in the case study area was a key influencing factor at an operational level (see recommendation 1). It is important to note the role of police Inspector seconded from Police Scotland from the Scottish Violence Reduction Unit (SVRU). Funded directly by the Scottish Government, the SVRU is a national centre of expertise in preventing

violence. It comprises serving police officers, police staff, experts and people with lived experience who work closely with colleagues and partners across healthcare, education, social work, and many other fields. This police officer's role was to provide expert support across strategic, tactical, and operational levels of the wider local authority CPP, including the Initiative.

Based within the Hub in the local primary school, together with the operational level police and fire officers, and those from other CPP partner agencies who provide part-time support, the SVRU Inspector provided expert advice and guidance to those staff on a day-to-day basis, but also worked inter-connectively within and between partner agencies at strategic and tactical levels. However, this is a temporary role that will be removed once the Initiative is sufficiently well established to operate without SVRU support. It is therefore recommended that either the police and fire services consider filling this role, once the SVRU withdraw, with an appropriate manager who can continue to provide the support and interconnectivity which the SVRU inspector has been providing, or work with another CPP agency to provide that resource (see recommendation 16).

The significance and importance to connective and interconnective professionalism of the Hub needs to be highlighted (see recommendation 2). In the absence of a recognisable community centre or other public space base, the case study area Primary School has become a focal point for the implementation and on-going development of a 'team around the community'. The development of this multi-agency team is a priority area for the case study areas CPP Strategic Delivery Partnership and is intended to help "reduce inequalities and improve the outcomes for people...which encompasses a public health and trauma informed approach" (Introduction to Local Authority Community Planning Partnership, 2021). The headteacher has provided office space within the school, thereby enabling partner agency staff to be based in the heart of the community, be that full time with regards the police and fire services and, since completion of data gathering, a local authority Housing Officer (see recommendation 2), or part time with regards other partner agencies. Police and fire service participants consistently acknowledged that the headteacher had been at the forefront of trying to address poverty and social disadvantages faced by pupils and their families. Examples of such initiatives were launching its own food and clothes banks, together with other necessities such as energy top-ups, light bulbs, and cooking utensils, and gifts for pupil's birthdays.

Thus, for the Initiative to function well, the Hub was key as a dedicated physical space, and with a facilitative leader located within the Hub space.



At an operational level, police and fire services have committed full-time operational officers dedicated to the Initiative. Police Scotland had initially dedicated two operational officers (constables) to the case study area, although one was redeployed shortly after starting. Both the police officer and fire officer were based within the case study area Primary School together with the SVRU police inspector (and joined after this study by a housing officer from the local authority). Operational level staff from other CPP agencies attended at the Hub at the Primary School on an ad hoc basis, primarily when the twice weekly foodbank was in operation during which they would make themselves available to provide help and support to people from the community with regards their specialist area of work.

It was at this operational level, that this evaluation revealed a plethora of rich data that demonstrated police and fire services working “closely in partnership, to integrate service provision and thus improve the outcomes they achieve” (Christie Report, 2011, p. vi). The officers involved had adapted their agency and collectively developed a new way of working which moved beyond not only the structural and cultural boundaries of their own organisations, but also the protective working practices which are still being demonstrated by many of the CPP organisations and which are discussed more fully in section 2.2 (see recommendation 6).

Officers’ initial focus was to build trusting relationships with people in the community. At the end of their first year in post, both officers were confident that by working within the community day in and day out and taking a pro-active approach to developing positive relationships with hard-to-reach people, they had developed a detailed knowledge and understanding of what key local problems were. This was referred to as ‘intelligence’ about the community:

*“So, we worked very, very well as a team, me, [names other operational level participant from collaborative organisation], ... I think we probably knew everybody that lived in [names case study area] whether it was from the school, engaging with the kids, their parents or from the clubs or just going to addresses, and the intel we gathered from that was just amazing.”*  
‘Amy’

By pro-actively seeking out and engaging with hard-to-reach people in the case study area who are experiencing multiple-problem issues, they appeared to be improving individual and community resilience, as this operational level officer explained:

*“So, to try and encourage people to come out and meet other local people, we set up a few groups. So, we got a garden group together and we painted the benches bright colours, the benches were black...So, it was just a case of we’ll just do things ... and no one has come back and disagreed with it.”*  
‘Mary’

Some who subscribe to a protective notion of professionalism (Noordegraaf, 2020) might argue that setting up a gardening club and painting a bench was the responsibility of the local authority, be that social services or environmental services. Indeed, operational officers in this study reported that their peers had frequently criticised them for undertaking this kind of work:

*"I was disgusted if I'm honest...it was like 'you want to work with these guys? There's no helping these guys, they're all just junkies' and stuff like that."*  
'Amy'

Other colleagues complained that:

*"...all I did was make macaroni with junkies..."* 'Amy'

She went on to explain that:

*"We'd go out and do litter picking and stuff. And a lot of people [colleagues] would say 'what are you doing that for? The place is a shit hole'. And I was like 'yeah but see if you look after somewhere and make it nice then people tend to want to keep it nice. So, it was just explained."* 'Amy'

Not only were these criticisms being levelled within the police and fire services, but also from elsewhere:

*"And there's comments that have been made, and I won't attribute them to any organisation or person, but the observation was 'why are the police helping in the soup kitchen? Why are they doing this? Why are they doing that? We're asking people to think differently to make a difference in an area...it's difficult to change the norm.'"* 'Dee'

These comments inferred criticisms came from one of the CPP partner agencies. If so, this suggested cultural incongruities existed within the CPP itself. It is therefore recommended, that a priority activity for the CPP's Strategic Delivery Partnership for the case study area is to understand the extent to which there is cultural congruity within and between the partner agencies and how to extend and support it (see recommendation 8) This could take the form of a cultural audit utilising the competing values framework (Cameron and Quinn, 2011).

By going beyond the structural and cultural constraints these operational officers were being guided by a reconfigured notion of 'connective professionalism'. This meant they had moved from being more protective to more proactive and less risk-averse when interacting with each other and other CPP partners. They identified that the simple act of repainting a public bench would brighten up the gardening club space and, in the process, helped to gain trust and confidence of those in the gardening club by seeing that officers could get things done which improved their wellbeing and the wider community.

In distributing leadership to these operational officers and giving them autonomy to make professional decisions captivated both, to the extent that they frequently gave of their own

time to get things done and help people in the community. There are important lessons here concerning organisational structures, the interplay between organisational control of workers, and of the importance of individual autonomy and professional decision making (see recommendation 3).

There were many examples of operational police and fire officers going beyond protective professionalism and connecting with other professionals to get things done. For example, as 'Mary' explained, they had developed a positive working relationship with a local charity, the Riverside Community Trust from whom they were able to source clothes and furniture for people in need:

*"So, we work a lot with the Riverside Community Trust. And they are really, really good. So, if we speak to people and we're saying 'How are you doing? Are you needing anything?' We can get them clothes from the clothing bank at the school. We've gone back to the school, and we've been picking out clothes off the rails and we've taken them to people's houses for them because they're got no clothes. We speak to Riverside Community Trust, and we'll contact them and say 'This person needs a bed. They need a couch' whatever it happens they need. And if they've got the stuff in stock, they deliver it to them. So, we've been working quite a lot with different agencies to try and help these people. So, it's not just a case of Police and Fire Service approaching your door." 'Mary'*

Again, in this example, operational officers did not simply make a referral to Social Services or signpost people in need to the charity but were proactive and sourced clothing or furniture to be delivered directly. This was particularly helpful for people not known to authorities or to charities, and did not appear on organisational databases and were therefore not 'counted' as part of organisational current and future resource requirements, as this example shows:

*"We met a wee man who was agoraphobic. So, this wee man hadn't been out. His home was like still from the 1970s, his furniture. He must have smoked about 40 rollups a day. Hadn't opened the curtains and he was just a wee sorry soul that life had forgotten about. So, he brought us into his house, and we got him furniture and new electronics and told him about the food bank, and he had an ex-wife who had learning difficulties so she would come and get stuff from the food bank. So, she was then meeting people as well and getting some stuff for herself. So, it was just amazing, if we hadn't done that, that wee man would still be sitting there in his wee house, not knowing that there's a world outside." 'Amy'*

This example highlighted that primary prevention was being enacted by these frontline officers, potentially improving health, wellbeing, and social inequalities. This primary prevention approach supported people who potentially did not have the capability to request help from statutory services, and potentially avoided escalation of problems in the future creating greater demand on services. There were many other examples revealed by this study that some people with chronic, multiple-issue problems did not have the capacity or capability

to ask for help. For example, many do not have access to a telephone or computer, whilst others do not have the confidence to navigate the processes required.

When operational officers fostered and maintained relationships with hard-to-reach people with complex needs and multiple problems, positive outcomes were achieved which potentially avoiding contact with the criminal justice system, mitigated against serious health outcomes requiring emergency medical assistance, and improved the wellbeing of people in the community:

*“We had ... an ex-soldier who had real bad mental health problems. He was abusing drugs. He was getting arrested because he was seeing people outside and it was just horrendous. So, we engaged with him and actually got a good rapport going with him. So much so that I would attend his psychiatrist appointments. I think if we hadn't got involved with him, he'd probably be in jail.” ‘Amy’*

*“‘John’ got offered a house and he confided in [names fire officer colleague] and I saying that he was scared that if he an epileptic fit nobody would find him. So, we helped him, we got a community alarm put in his house. We got him a house, we decorated it, although [a line manager] had said not to but that's what we wanted to do, so we decorated it all for him and it's like a wee palace. And the difference in that man, he can now cook for himself. He's got a lot more confident. He's back in touch with his family. He helps out in the community at the food bank twice a week. And I think without our intervention God knows, he'd be probably back in jail.” ‘Amy’*

The difference between inter-professionalism and connective professionalism was highlighted in other ways. For example, a tactical fire officer said that previously staff attended a fire, extinguished it, and made referrals to other agencies to deal with issues faced by the person in need. However, the case study area Initiative meant that fire and police officers had moved beyond traditional narrower professional boundaries to focus on addressing all the multiple-problem issues if they can, through getting further support and signposting directly themselves:

*“I think we need to join the dots. And that's always been for me where all of the services fell short. Previous to this, .... We would go to an incident, put the fire out, we would leave. Now, and this has gone on now for years and years, we recognise a need or there's an adult risk of harm or an adult in need of support. We fill out form, we get the information, we would contact social services, we would try and get them support and then it kind of stopped there. And then the [names case study area] Initiative kicked off and it's like we'll get them support but we could maybe ask them some open-ended questions without being intrusive. And can maybe get them further support. We can maybe then signpost. We can get in touch with a primary school. We can get them food support, clothes, we can get them through*

*the Riverside project we can get them furniture. We can get people pretty much anything that they need on a day-to-day basis.” ‘Jane’*

This was neatly summed up by ‘Jane’ when she said:

*“For me, whoever gets through that door regardless of what the person needs or wants, I think we've all got a duty of care to make everyone is OK and you don't need to stop where you think your role ends.” ‘Jane’*

This exemplifies what the Christie Report (2011) was arguing for. A reconfiguration of professionalism in which public service organisations in Scotland move beyond inter-professionalism (which in the case of the case study area CPP Strategic Development Partnership is in many respects, protective, ‘silo ‘working) to one which is reconfigured into a notion of professionalism which cuts across professional and organisational boundaries to address at first point of contact, whichever agency that might be, people’s multiple problem issues. However, as this study found there are several factors which appeared to be helping or hindering this reconfigured notion of professionalism, discussed next.

### *3.3.2 Realising intended strategic outcomes*

This section addresses the research question: ***What is helping or hindering the realisation of the intended strategic outcomes?*** The objectives in addressing this question were to highlight issues and challenges police, fire, and ambulance service personnel faced in delivering the strategic direction, and how they worked together to address challenges.

### *3.3.3 The interdependencies between strategic, tactical, and operational working arrangements within and across the three blue-light services.*

This evaluation showed that the trusting and respectful personal and professional interpersonal relationships developed between strategic level participants from the police, fire, and ambulance services through the local authority area Tri-Service collaborative group facilitated operational planning and response outwith the case study area Initiative. As noted previously, whilst this positive relationship between strategic level participants from the police and fire services was carried through to the CPP’s Strategic Development Partnership for the case study area, there was not yet any interaction with the ambulance service at any level (see recommendations 10, 11, 12, and 13).

However, what was revealed is that cultural congruence between strategic, tactical, and operational participants within the police and fire services who ‘got it’ (how to make the case study area Initiative work) were critical to the successful operationalisation of intended

strategic outcomes (see recommendation 1), as these quotations from strategic officers demonstrate:

*“The way we look at the strategic managers and the tactical managers, they just enable us to support people at the local level and the culture is key to this. It's not about the lowest level in the organisation it's about the local level in the organisation because that's where your relationships are and that's where you can make the biggest difference. So, culture is a big part of that as well.” ‘Richard’*

*“My deputies have changed, and they get it. It's very much getting the right people in the right positions to deal with it.” ‘Richard’*

*“I spoke to a couple of cops that I thought would be able to do the role in certain aspects and hey I'm not going to sell them out by any means, but you've got to get it.” ‘Amy’*

Strategic, tactical, and operational level participants from both the police and fire services talked about the importance of having people involved with the initiative who ‘got it’. When probed as to what they meant by this, they explained that it referred to those who understood, genuinely bought into the case study area Initiative and to connective professionalism as a new way of working.

Without cultural congruence between strategic, tactical, and operational level participants, focus on the case study area Initiative could be interrupted. For example, as this operational level participant explained, their tactical level manager who did not buy into the approach which had been adopted, repeatedly diverted them away from the case study area:

*“XXXXX and I went to a very interesting meeting. You could see from the boss [a tactical manager] that he didn't get it and wasn't that enamoured with XXXX and I. And that was quite embarrassing for him. [Names strategic officer] ended up hearing about it and let's just say they weren't in the role that long. I kept getting written up to go to the football games and (orange walks?) and stuff like that. I'm either at [names case study area] or I'm not. Or they would try and get me involved in turning houses and I was saying 'Yeah, I'll come along to turn the house, but I'll be there as a support rather than as a searcher'. Yes, you can wear two hats, I've done it in the past. But it's too confusing for people.” ‘Amy’*

Study findings revealed that maintaining cultural congruence between strategic, tactical, and operational participants who ‘got it’ was perceived as key by strategic officers. As this participant explains, tactical level managers would be given the opportunity to buy into the initiative but if they did not, they would be removed and replaced with someone who did:

*“This is the only bit you might need to word differently. We are now on our third [tactical level manager] in [names organisation] since I started here. We are on our second [tactical level manager]. There's various issues at play there but the [strategic level manager], and he'd say that in a public*

*forum, that people just didn't get it. And he gave them the opportunity to get it and they didn't get it. He has made it clear that [names case study area] is a focus, and he wants it to work. So that direction is clear.” ‘Simon’*

These strategic and tactical actors recognised many of the key elements previously identified by Watt (2012, p. iv) as being required for General Practitioners when serving the 100 most deprived practice populations in Scotland:

1), that to address endemic inequality requires more time and capacity to address unmet need, recognised by strategic, tactical, and operational participants from the police and fire services:

*“So, my main focus, I was told 'Go in there, build some relationships, get to know the people and then things will happen as time goes on'. So that's what we've been doing.” ‘Mary’*

*“When I first went there, I used to just walk about and speak to people and there was a couple of guys with dogs that I tried to speak to, and they wouldn't engage with me at all so I bought dog treats and then I would speak to the dogs and by the end we're pally wally now. And it's just something as simple as that.” ‘Amy’*

*“We are working as a core team to build relationships in the community, to break down barriers so that somebody can come and say to you 'I need a wee bit of help, I don't think I'm getting enough benefits' See if somebody just comes and tells you and then you then get the right people to come and support them. And people don't I think understand. The only people that speak to you as if they trust you. And the only way they're going to trust you is if they get to know you. And that takes time and investment.” ‘Dee’*

2), that to develop the requisite levels of trust, operational officers needed to be continually ‘on the ground’ to facilitate “serial encounters over long periods” (Watt, 2012, p. iv), particularly with those hard-to-reach people within the community who for various reasons were not receiving the help and support they needed, as this example shows:

*“We check in with everybody, we give them all a phone call once a week or whatever, the people that we've got to know in the community. Although we see them most days, we still give them a wee phone just to check up on them.” ‘Mary’*

This example highlights that not only were serial encounters important in building trust, but that proactively seeking such encounters were important, particularly with those people who are hard to reach:

*“XXXXXX [names operational level colleague] and I go out into the queue [at the twice-weekly food bank at [names case study area] Primary School], it's a case of would you like a roll for your lunch? And it gives us an opportunity as we're going along the queue handing out these rolls, we're getting to speak to people. So instead of saying 'I'm here for the [names*

*their organisation] and how's your [names aspects of the person's home which is relevant to the participant's role]'... it's a case of 'Hi how are you? What have you been up to?' and it's just chat. And it gets us to know these people. And now when they're coming back week after week, I'll say 'Hi John, how are you this week?' you're getting to know them. And how's your family or whatever it happens to be. And it's nothing to do with the [names their organisation], it's engagement with them and it gets them to know that the Fire Service and the Police are people as well. We're here to do a job but we're here to help them. And it gets us to know them and the more we get to know them it gets us an inroad into their lives and into their houses as well if they're wanting us." 'Mary'*

Therefore, officers recognised that in supporting hard to reach people in the community with multiple problems, the traditional inter-agency approach reliant on referring people to other specialists within their own organisation or other agencies with specialist knowledge was not the approach required. Instead, they argued that whichever agency or organisation got their foot in the door first needed to take responsibility for dealing with the panoply of problems being faced by those in need of help. This cultural change appeared to reflect the spirit of the Christie Report (2011), further exemplified here:

*"For me, whoever gets through that door first regardless of what the person needs or wants, I think we've all got a duty of care to make sure everyone is OK, and you don't need to stop where you think your role ends." 'Jane'*

Strategic and tactical leads from police and fires services also understood that their organisations needed to be better connected with other professions and services, not only with regards each other, but also with the NHS, the local authority, and others:

*"It's not only about building trust with the community it's about building trust at a partnership level to understand that we can be honest, realise that those resource challenges, those budgetary challenges, that nothing is ever going to be perfect. But how can we do the best with what we've got? And I think the team have just been meandering their way through that." 'Dee'*

Finally, as this strategic service lead explained, leadership needs to be developed at all levels to support this kind of connected professionalism (see recommendation 14):

*"I think about the training and development and all partners involved. And to have that joint understanding, that Jessop model would do for response to bring that into partnership. The joint understanding of this. Co-locate as much as possible what they physically and virtually train people on what their community needs are, the population groups, what the needs are and the issues that's affecting them. Understand what the level of influence is that each partner has and how we can bring it back in together. And being able to give people more skillsets that are even more efficient and effective, not just in [names case study area] but all about." 'Richard'*



This reflects arguments made by Meurs and Noordegraaf (2022), Her Majesty's Chief Inspectorate of Constabulary in Scotland (HMICS, 2020), and SIPR's evaluation of Police Scotland and Local Government Collaborative Leadership Pilots (2022).

The Collaborative Leadership Pilots were designed, overseen, and facilitated collaboratively between Police Scotland, the Improvement Service (IS), and Collective Leadership for Scotland (CLS). The programme aims to "move beyond talking about working collaboratively across Scottish society to actually doing it more effectively in practice, as originally outlined in the Christie Commission report (2011)" (SIPR, 2022, p. 4). SIPR's evaluation was that the programme was inspiring "personal development and more effective local partnership and collaborative working" (p.5). Policy makers may wish to consider utilising aspects of this programme in the development of their people working collaboratively across organisational and professional boundaries with other agencies.

However, as this strategic participant from the ambulance service points out, of the NHS Health Boards in Scotland, 14 are Regional Health Boards, whilst several others are National Health Boards, including the Scottish Ambulance Service. The SAS was formed to be the frontline NHS service dispatching immediate medical assistance and as such, are not a statutory CPP agency (see recommendation 10). This might explain, in part, why the SAS participants perceived their identity as a 'response only' agency with regards immediate, life-threatening calls, with preventative work being referred on to other specialists within the wider NHS. This has potentially perpetuated a protective notion of professionalism rather than connective professionalism, as apparent in these quotations, firstly from an operational paramedic, and secondly from a strategic level participant:

*"Whether me for example going and working permanently or semi permanently in the hub, whether that would be useful to provide that health education I'm not sure. Because it's probably not going to get to the people who need to hear it. The only time we get to them is when they call us. When they feel that they are significantly unwell to call an ambulance and then they hear it from us. But Addiction Services which I think is maybe what we were alluding to before. They are again probably much better placed to deal with that." 'Jack'*

*"We are a responding service...we wouldn't get involved in the social work side of things." 'Kay'*

This protective notion of professionalism guided by an organisational and occupational culture of providing an exclusive emergency response to critical, life-threatening incidents, was one which resonated with participants from both the police and fire services, as this observation from a police officer shows:

*“It’s a difficult one for the Ambulance Service and I really feel for them. We lost the head of the Ambulance Service last week, he’s away to another area. This is an interesting point because we’re doing this through the reform collaboration group or the Scottish National Collaboration strategy. But really, it’s about the wider partners here and the Ambulance Service themselves have always been traditionally seen as response. I think when we start to look at prevention that’s when we start to see Public Health come into it and the wider NHS.” ‘Richard’*

For some participants, this raised fundamental questions about whether the ambulance service had a role to play in the sort of connective, preventative arrangements encapsulated within the case study area Initiative (see recommendations 11, 12, and 13), as the same police officer explained:

*“They’re kind of invisible on the preventative side but that’s not just at the [names case study area] that’s been in many different areas. But when we’re looking at the Ambulance Service, we need to look at the wider NHS because they’re part of the NHS, I think key for me in this one is Public Health and particularly Public Health Improvement Officers. Who are really building a relationship here and they’re a key resource.” ‘Richard’*

Perhaps as this police officer suggests, the argument was not that SAS should plug the health gap within a connective approach, but that it should be outreach from, for example, deep end GP practices to plug the community health gap to provide more integrated healthcare services such as those seen in Island Health Board (see section 3.3.4), not the emergency response team (although they will have a role to play). That said, the SAS’s siloed thinking might change through new initiatives such as those where emergency services staff are being co-located (<https://www.scottishambulance.com/news/fire-station-opening/>). Considering these findings, it is recommended that work be undertaken to scope the SAS’s future role at the health intersect within collaborative approaches to preventative community health and wellbeing (see recommendation 13). There was also a recognition, expressed by this strategic officer from the ambulance service, that leaders within the service would need to develop the skills and knowledge required for working collaboratively within the CPP arrangements.

### *3.3.4 Relationships between tri-service collaboration beyond the case study area*

It was not possible to evaluate collaborative working between the police and fire services in the case study area in isolation from the other statutory and third sector organisations with whom they interact. Despite the largely positive picture painted earlier by ‘Dee’ when discussing the relationships of strategic actors within the local CPP, this study also revealed that strategic, tactical, and operational participants within the police and fire services were frustrated by their partners, as this comment from a strategic level participant highlighted:

*“...it’s like any other partnership. It’s easy to say that everything in the garden is rosy but it’s not.” ‘Simon’*

These frustrations emanated from a perception that whilst the police and fire services had ‘stepped up’ by committing full-time, dedicated resources in the form of operational level officers to the initiative,

*“We’ve [their agency] got a positive image of us stepping up when it might not be a statutory duty.” ‘Dee’*

However, their partner agencies had not, as this strategic level participant explains, they were:

*“...stepping back” ‘Dee’*

This was supported by a tactical level participant, who when challenged as to what, after a year of the case study area Strategic Development Partnership being established, partner agencies were actually doing differently to realise the intended strategic outcomes said that:

*“...it wasn’t received well by the people who took it personally because they’re not doing anything...It was a competition between particular individuals which wasn’t helpful.” ‘Simon’*

This same participant expressed the view that:

*“...we have created an industry where people love to go to meetings, and they love to sit and nod their head about all the great things and all the nice things. And there’s been conversations where this is a ten-year plan. So, waiting nine and a half years before we actually deliver something?” ‘Simon’*

Operational level police and fire service officers embedded full time in the Hub within the case study area Primary School whilst positive about many of the professional working relationships they have developed during the first year of the initiative, frequently expressed frustration that the other CPP agencies had not committed dedicated staff to work with them face to face, as this operational level officer ‘Amy’ explained:

*“I get on really well with the staff, but we would come to the food bank, and they would stand in a huddle, and it would be more of a presence than anything else. And no one wanted to lead on anything. No one wanted to go out there and try to get people engaged. They were quite happy to engage with the people that we already had on board.” ‘Amy’*

There are several key aspects to this comment which deserve to be highlighted. Firstly, the importance of pro-actively engaging with people. Both operational officers from police and fire services frequently commented on how by pro-actively seeking to develop their knowledge and understanding of who was living in the case study area and what their issues were, they were building up a level of community intelligence which went beyond that encapsulated within organisational databases. Against a backdrop of public services becoming increasingly centralised and ‘abstract’ (Terpstra and Fyfe, 2019) and particularly in deprived communities

such as the case study area, this community intelligence is incredibly valuable. Where people lack the capability or capacity to engage with increasingly remote, de-personalised public service delivery models, such as the police service's non-emergency 101 telephone number or on-line reporting, this pro-active, face-to-face contact by local officers on the ground is vital in filling this knowledge gap.

Secondly, the comments by 'Amy' that none of the other agencies wanted to take the lead on anything and that no other agencies wanted to go out there and try to get people engaged, but rather were content to engage only with those already known to the authorities, suggested that it was left to the police and fire services to engage those not known to authorities in order to make the initiative a success. It also suggested that demand and resource planning by these agencies could be based on inaccurate information based on those known to authorities. More importantly however, it suggested that other CPP agencies were still operating in ways which are delivered "top down' for administrative convenience" (Christie Report, 2011, p. ix), and guided by a protective notion of professionalism which was falling far short of the prevention agenda and connective professionalism required (see recommendation 6). As the strategic level participant 'Dee' suggested, they were not "stepping up' as 'Amy' explains in this next quotation:

*"They just say they're too busy. Tam wasn't even allocated a social worker, we had to get all of that for him. We had to organise a wet room and stuff for him as well because there's just no help out there. Whether all the agencies are really busy or not I don't know, but they're [people who are hard to reach] just not getting help."* 'Amy'

Whilst the espoused values (Schein, 2017) of strategic actors within the other CPP partner agencies were to move from inter-professional working to connective working (Meurs and Noordegraaf, 2022) by committing more dedicated resources to the Hub to work directly with the police and fire service officers, these were not being realised. This may have been attributable to structural and cultural factors at tactical and operational levels within these organisations. For example, if there is any cultural incongruence (Cameron and Quinn, 2011) between the espoused values of strategic actors and the underlying assumptions (Schein, 2017) of tactical and operational staff, then reform will be challenging. Tactical and operational staff will not genuinely 'buy into' the intended outcomes espoused by strategic leaders. Whatever the cause(s), from the data provided by police and fire service officers who took part in this study, it would appear that these other agencies are not embracing the new, innovative ways of working guided by connective professionalism embraced by fire and police, as this strategic level officer explained:

*“Now I’ll go into the middle bit a wee bit. Where the challenge comes is when you’re there and then you’re observing, people are saying that rubbish has been lying in that back door for six months, it’s been reported and it’s never been taken away...that bit in the road is not fixed, that lamppost isn’t fixed, that window has been broken...all that stuff. When you then start reaching in to make that low level difference of let’s just try and do it maybe a wee bit like Mayor Giuliani broken windows, let’s clear the decks, let’s make sure we make this place look as pristine and we respond quicker, and we get it as a baseline. But when you start pressing some of these buttons and you speak to certain managers, they think they do that. Even though you’re not criticising them there can sometimes be a bit of pushback.” ‘Dee’*

These comments appeared to reinforce the suggestion that there are structural and/or cultural factors within some CPP partner organisations hindering the operationalisation of the intended strategic outcomes. They also suggest that some relationships within the CPP at a strategic level can be somewhat fragile.

However, it should be noted that as the data collection phase of this study was ending, the local authority seconded one of their housing officers full-time to work within the case study area Hub together with the police and fire service’s operational level officers. Whilst beyond the scope of this study, what it has shown is that the development of collaborative working not only within the case study area but also more widely across Scotland, will necessarily be closely intertwined with other public services. To that end, it is recommended that a further study be undertaken to understand the structural and cultural factors which appear to be hindering or facilitating other CPP partner’s participation in connective working model in the case study area (see recommendation 8).

Turning now to the ambulance service, as discussed earlier, strategic level participants from the ambulance service indicated that the service had strategic ambitions to move from a reactive service delivery model which was focused on responding to medical emergencies to one which also encapsulated anticipatory and preventative strategies, primarily through membership of Community Planning Partnerships, as demonstrated here:

*“So, we can start to put a much more preventative anticipatory care package around all of this so that we’re not always responding to something when a really bad thing happens. And that’s where we see ourselves moving, into that kind of community planning. Where are the areas that they see that local community say has major health needs and how could we influence that?” ‘Kay’*

However, when asked if the ambulance service’s ambition was to develop connective working practices like those of the police and fire service in the case study area, working across organisations and professional boundaries to proactively ‘get things done’, the response was:

*“No, I don’t think we would be. We would refer on. So, we would absolutely in an ideal scenario know where we’re going to refer on to...but I don’t see us taking on that role of that wider social care aspect.” ‘Kay’*

The comments of another strategic level participant from the ambulance service reiterated the proactive professionalism and resistance to the police and fire service’s connective approach:

*“...it’s a capacity thing...if you pick Govanhill...you’ve probably got easily a thousand patients in that or people in that situation. One person going into a hub isn’t going to resolve that.” ‘Sharon’.*

‘Kay’ suggested that the ambulance service would need to increase resourcing and undertake training to create the capacity and capability for the service to undertake a more preventative role within CPPs:

*“...this is not an overnight thing for us... we’ve been training our paramedics when someone responds to deal with that response and then you move onto something else. Changing that mindset over to being actually you don’t just need to respond, there’s other things we can do around that.” ‘Kay’*

Whilst this move to a more preventative approach is to be welcomed, it is arguably not the “radical, new collaborative culture” which Christie (2011, p. viii) was advocating.

However, an answer may lie in the work that the ambulance service has undertaken in Island Health Boards. As this strategic level participant from the SAS explained, in a specific example geographically elsewhere to the case study area, local staff in Island Health Board have been invited informally into the CPP arrangements:

*“So, there are some areas like I said in Island Health Board just because I knew about it, who are very much part of that because that local community, any community meeting we’ll make sure ambulance is part of it.” ‘Kay’*

*“...Island Health Board is a hard place to recruit to generally. So, when they have gaps within recruitment ambulance can step in there and provide a different role. So, they had gaps for example in GP in hours cover. So, in terms of that local community conversations, Ambulance said, well actually we could put a paramedic in there, one of our advanced paramedics in there to provide that triage for in hours and out of hours GP cover.” ‘Kay’*

The observation that ambulance staff in the example of Island Health Board are working beyond their professional and organisational boundaries is of interest. Although this does not specifically relate to the case study area in this research, in Island Health Board and other areas (for instance where it is challenging to recruit GPs), ambulance staff may be working beyond traditional professional boundaries to provide e.g. urgent primary care. This demonstrates that ambulance service is willing to work beyond professional boundaries in some situations within the Health Service, even if not yet across the professional boundaries of the other agencies. Exactly how this is working in Island Health Board and other areas, and

establishing what the benefits, challenges and risks are could be important in informing the development of collaborative working guided by a connective notion of professionalism across Scotland (see recommendation 13).

### *3.3.5 The unintended consequences and risks*

An unintended consequence from the connective approach to collaborative working adopted at an operational level in the case study area appears to have exposed the inability or perhaps created further resistance or unwillingness of the CPP partner agencies to operationalise the same new, radical approach to working. This appeared to be creating some tension at strategic, tactical, and operational levels between the agencies.

### *3.3.6 The risks*

The most significant risk identified by this evaluation is the fragility of the initiative. This fragility arises from a combination of:

- resourcing;
- the extent of cultural congruence within and between partner agencies and the extent to which organisations and individuals 'get it';
- the challenge of providing measurable outcomes;
- capacity to meet the needs and expectations of the community;
- operational level officer's hybrid, connective roles;
- structural and cultural alignments and schisms from within and outwith their own organisations.

The structural and cultural changes required to fully realise the benefits which could be derived from connective professionalism approach to public service delivery should not be underestimated. Unless there is a realisation and acceptance that the old ways of service delivery need to change (Schein, 2017), the existing cultural norms are likely to be perpetuated. Services may continue to be developed and delivered in ways that are administratively convenient rather than focused on addressing the multiple-problem needs of the hard-to-reach people in deprived communities such as the case study area. Research has consistently demonstrated that "most changes attempted in organizations...do not succeed because of cultural incompatibility" (Cameron and Quinn, 2011, p. 163). Unless these cultural schisms within the CPP are resolved, further change is unlikely. The extent of these structural and cultural challenges needs to be fully understood before a programme of reform is developed and implemented (see recommendation 8).

Whilst this evaluation revealed a perception amongst those police and fire service personnel involved in the case study area Initiative that this new, connective approach is helping to address the short-term crises being experienced by some of the hard-to-reach people in the case study area, quantifiable, verifiable data which supports (or refutes) these perceptions, does not appear to exist. Furthermore, evidence of the extent to which this work is supporting the Scottish Government's wider strategic policy direction and how they might work together to improve broader outcomes is limited. Against a backdrop of increasingly challenging public sector budget settlements in Scotland, this gap may make the initiative vulnerable to challenge (see recommendations 8 and 9).

Beyond these strategic, inter-organisational risks, there are also some risks around workforce planning. Whilst the commitment, dedication, and enthusiasm of all participants from the police and fire services was humbling and undoubtedly a pivotal factor in the success of the initiative to date, the loss of any one of them, especially if sudden and unplanned could significantly hinder future progress. Indeed, during the data gathering phase of this study, one of the two operational level officers who have featured so prominently in this report, suddenly retired with only a few weeks' notice following a change to pension regulations. This officer, and their colleague, both had extensive experience of working in specialist, community safety roles and the empathetic world views required for the role. Similarly, the loss of any of the strategic or tactical leaders who 'got it' could significantly undermine the initiative (see recommendations 1, 2, and 5).

## 4 Discussion

### 4.1 Theoretical lens

In analysing and explaining study findings from this study, we draw on two theoretical concepts:

Firstly, the concept of 'inverse care law' first reported by Tudor-Hart (1971) who was a GP in Wales. Hart argued that the availability of good GP care varied inversely with the need for the population it served. Despite the NHS being free to access at the point of need, thereby addressing some inequities in society, people in deprived areas are more likely to have more health issues than those in more affluent areas, and therefore to require more time with GPs (see Marmot [https://discovery.ucl.ac.uk/id/eprint/10056408/1/Marmot\\_inverse.pdf](https://discovery.ucl.ac.uk/id/eprint/10056408/1/Marmot_inverse.pdf) ). As Watt, (2012, p.3) argued, "since 1948, the NHS has supplied GPs in the same way that bread and



eggs were rationed in World War2 – everybody gets the same. In severely deprived areas where healthcare needs are often greater than in more affluent areas, this results in a major mismatch of need and resource, with insufficient time to get to the bottom of patient's problems”.

In this study, the case study area exemplifies a community for whom the ‘inverse care law’ applies, and in extending this beyond health needs and inequities, it is reasonable to assume that this community may have many individuals who do not have the means, inclination, or advocacy to contact statutory or voluntary support services. Where they do, they may have different service use patterns because of health access inequity e.g., high frequency of calls. Those for example, who do not have a telephone or access to the internet are indirectly discriminated against at a time when public services are becoming increasingly ‘abstract’ and online (Terpstra and Fyfe, 2019) i.e., there is less face-to-face contact with the public and a greater reliance on telephone and web-based reporting in the drive for efficiency.

Secondly, the concept of ‘connective professionalism’ (Meurs and Noordegraaf, 2022) will be drawn upon to help understand and explain how the Scottish Fire and Rescue Service (SFRS) and Police Scotland (PS) are working together in the case study area, Scotland to try and improve the safety and wellbeing of people in that community who are experiencing endemic, multi-problem issues.

Noordegraaf (2020) suggested that the protective notions of professionalism are being ‘reconfigured’ into new, more ‘connective’ forms “aimed at dealing with the heterogeneity of modern societies”. This reconfiguration calls into question “certain traditional features of professionalism”, and whilst interprofessionalism “cuts through formerly distinct professional fields” with professionals increasingly working together, ‘connective’ professionalism they argue, “cuts through professionals, fields, organizations” (Meurs and Noordegraaf, 2022, p. 2). As they highlight, this fundamental change “is not a smooth transition” (p.2). It brings about tensions, dilemmas, and contradictions with regards professional identity and organisational logics as new institutional realities are established. Meurs and Noordegraaf (2022, p.2) further argued that:

*‘When professionals shape new identities and new institutional realities, they will also shape professional capabilities and develop new ways of working, standards, routines, and practices.’*

These two theories are utilised here to analyse and discuss the key themes which emerged from this study’s findings.

A central theme from the data analysis was the way in which the police and fire services, especially at an operational level, have developed a new, innovative culture of collaborative working guided by a reconfigured notion of connective professionalism. This has moved beyond the structural and cultural constraints of protective and inter-professional approaches. This new approach is perceived by the police and fire services to be enhancing their capacity and capability for preventative work which is helping people in the community who are particularly hard-to-reach and experiencing multiple-problem issues.

By cutting across traditional boundaries, officers have begun to overcome some of the “fragmented, complex, and opaque “top-down”, administratively convenient ‘abstract’ service delivery models which are not adequately addressing endemic deprivation within the community. They have demonstrated that with only a handful of committed and competent staff, they can maximise scarce resources, and those of other statutory, voluntary and charity organisations to ‘get things done’ quickly. This not only acted to relieve the immediate distress of those in crisis, but also enhanced their individual resilience to the extent that they are reducing demand and lessening inequalities through decreased contact with criminal justice and health agencies (Christie Report, 2011, p. ix).

At an operational level, police and fire officers were adapting their agency to pro-actively develop positive, trusting relationships with some of the hard-to-reach people within the community. Having full-time staff based in the case study area was enabling them to have regular, frequent interactions with people which are important in developing professional know-how (Watt, 2012, p. 7). This professional know-how was enabling officers to get to the bottom of people’s problems, which were often complex and multi-faceted, and to ‘just get things done’ as they frequently described it, especially when people were in crisis and needing immediate help. They were developing their agency to provide the nuanced, personalised support not only to individual people but also considering the particular features of the case study area. In doing so, they are developing their social capital within the community, one which is “based on mutuality and trust...relationships based on personal recognition...effective communication, understanding and respect...positive experiences” (Watt, 2012, p. 25).

However, we found concerns and frustration amongst the police and fire service. These were not about the absence of the ambulance service who they perceived as simply not having the capacity to allocate resources to the initiative, but largely with the protective, fragmented ways of working being maintained by many of their Community Planning Partner organisations. Except for the local authority which has recently committed a full-time housing officer to the

multi-agency 'hub', the other agencies have not yet reciprocated. Resources that have been allocated are not based full-time on the initiative or based permanently within the 'hub'. Police and fire service participants expressed frustration at other agencies' perceived unwillingness to take the lead in getting things done and at the structural and cultural barriers within these organisations. These were viewed as not helping to develop the new, innovative, connective approach to collaborative working which they were trying to implement. Indeed, the perception seemed to be that co-locating as many CPP organisation representatives as possible was needed in the Hub to best resolve complex social issues for people in the community.

## 4.2 Implications for collaborative working in the case study area between police, fire, and ambulance services

Part of realising the intended strategic outcomes contained in the Community Planning Partnership's 'case study area Improvement Strategy 2022-2024' has been the establishment of a 'Team Around The Community'. At the time of this evaluation, this team comprised a central Hub based within the local primary school with a full-time, dedicated police constable, a full-time dedicated fire officer, and a full-time, dedicated local authority housing officer. They are supported part-time by a Scottish Violence Reduction Unit police inspector whose remit extends to the local authority area. Other Community Planning Partner organisations whilst having dedicated some resources to work from the Hub occasionally, have not made the same level of commitment as the police and fire services or as the local authority housing department.

Radiating out from this Hub are several 'spokes' that connect personnel in other partner agencies, with some more firmly connected than others. Importantly, some spokes included hard-to-reach people and third sector groups within the community that did not appear connected with other spokes. Through their pro-active development of face-to-face, serial interactions with people unable or unwilling to engage with the increasingly 'abstract' nature of public services, it was the quality of in-person interactions and contextual knowledge, which shaped the professional know-how of officers in developing social capital. Listening to people and gaining their trust was seen as a key enabler for the police and fire services to undertake their core functions – hence the importance of the services being easily accessible, physically present to help people. The fire and police services, in conjunction with other statutory and voluntary services, were filling gaps left by services that were either withdrawn or moved online. Being sensitive to the individual needs and community context was an important part of understanding how to formulate the overall response. They utilised and developed local

knowledge and networks to organise support that addressed the needs of specific individuals, often by-passing bureaucratic obstacles to 'make things happen' – to "get things done".

In drawing this analogy of a wheel, with a central Hub and radiating spokes, we hope to highlight several implications for collaborative working in the case study area:

- Being small and compact and located in the heart of the collaborative wheel, and by working connectively, the Hubs 'bearings' have developed a close working relationship with one another, are more in tune with one another, are working together to make the wheel turn faster and more efficiently. However, if the other CPP partner agencies are to remain as spokes, connected to the Hub but not an integral part of it, they "have to be short" (Watt, 2012, p. 23). The looser these spokes are and the less well connected they are, the greater the risk that fragmentation of service delivery.
- The longer the spokes connecting collaborative working 'wheel' together, the bigger the wheel and the slower it will turn. The further away those agencies are from the Hub, the less need they are aware of, and the less they can access knowledge and understanding of people and the community to help and plan resource allocation. How to shorten these spokes or become an integral part of the Hub is a significant challenge that should not be underestimated. Part of this challenge will be understanding the extent to which structural and cultural factors within and between those organisations involved in the case study area Initiative are helping or hindering realisation of the intended strategic outcomes.
- The case study area Initiative is still in the early stages of its evolution. The shape of the collaborative wheel is there, but it is uneven and fragile. Removal of the small Hub centred in the heart of the community would greatly weaken the structure. The Hub itself is fragile, reliant as it is on a small number of highly committed staff at strategic, tactical, and operational level who 'get it' despite being subjected to challenge by others within and outwith their respective organisations, including other CPP partners. This fragility is exacerbated by the difficulty of quantifying outcomes from their work, particularly with regards Scottish Government strategic policy direction to improve broader outcomes e.g., reduced contact with criminal justice system, food security, housing, and employment.

### 4.3 Abstract Service Delivery

Striving to improve 'efficiency' and 'cost effectiveness' through increasingly centralised, distanced '*abstract*' services that are accessed primarily through technology may not be sensitive to communities experiencing high deprivation. Face-to-face interactions with locally embedded staff are potentially more sensitive and responsive to local needs in communities of high deprivation such as the case study area. This evaluation illustrates the importance of local community knowledge and visible local services. There is a need to weigh up the pros and cons of efficiency driven improvements prompting these abstract serviced delivery models against the likely qualitative cost in human relationships as perceived by participants as particularly problematic in the case study area.

Participant interview data highlighted how being overly dependent on centralised, rigid systems of service delivery and information, can place hard-to-reach people at a distance from the very services they need. They became "more at a distance" (Terpstra and Fyfe, 2019, p. 399) and we suggest that the structures, processes, and procedures utilised by traditional models of emergency response used by the three services effectively 'kept citizens at arm's length' (Welch *et al.*, 2004, p. 388). As a result, staff did not acquire the depth of knowledge and understanding of the multiple-problem issues of individuals and the wider community. Having police and fire officers embedded full-time in the community has demonstrated that face-to-face frequent contacts with hard to reach people that go beyond emergency contacts only in the case study area are likely to be making a much stronger impact on community safety and wellbeing.

The development of serial, face-to-face interactions and trusting, personal relationships between service providers and the public is important. Within the context of policing, evidence suggests that those members of the public with low levels of trust and confidence in the police often have better relationships with community police officers if they are known personally to one another (Van der Vijver, 2004) and know and understand the communities they serve. Victims of serious crimes often prefer to make a report personally to an officer rather than via an abstract contact system (Boekhoorn and Tolsma, 2015). Indeed, there was just such an example which emerged from this study's data. "Abstract systems depend on trust...but this trust in abstract systems does not provide the 'moral rewards which can be obtained from personalised trust...'" (Giddens, 1990, p. 88). It was readily apparent that the police and fire officers involved in the case study area Initiative were highly motivated and we suggest that this motivation stemmed, in part, from the satisfaction derived from the personalised trust and

support being focused around people with complex needs in the case study area, and with their colleagues from partner agencies.

We recommend therefore, for more to be achieved for the benefit of people in the case study community, and for it to be achieved more quickly that other key services from the CPP partnership who are involved in the case study area Initiative review their footprint in the case study area and consider having more staff-time allocated in person to work more connectively with the police and fire services in the Hub to enable trust via face-to-face interactions (recommendation 7).

#### 4.4 Links to wider national outcomes

In considering the context of wider Scottish Government outcomes, the fragility of infrastructure and relationships within the case study area Initiative needs to be considered. For example, the fragility resulting from the increasing isolation of similar communities from essential services resulting from abstract service provision from larger, physically distanced hubs; the fragility of digital access for some sections of communities at a time when service provision is increasingly moving on-line; fragility of interconnectivity within and between organisations; and fragility of resourcing.

So, there is a real tension, fragility, and uncertainty between national government expectations around strategic outcomes, and the reliance on public services to respond in ways which are ‘radical, new, and create a collaborative culture’ to fulfil the needs of the communities they are serving. The increasingly challenging public sector spending backdrop may well exacerbate this tension, fragility, and uncertainty at a time when the needs of people and communities are increasing. Maximising scarce resources is likely to become an increasing focus for public services. Christie’s argument (2011, p.viii) that “unless Scotland embraces a radical, new, collaborative culture throughout the public services, both budgets and provision will buckle under the strain” is as valid now as back then, perhaps even more so in the post-pandemic, predicted recession era. To that end, we argue that this evaluation has shown that the innovative public service delivery model in the extremely deprived, multi-problem case study area was enhanced by embracing working practices such as those demonstrated in this report, i.e., using public service delivery models that move above and beyond a limited inter-professional traditional notion of professionalism, to working practices guided by connective

notions of professionalism are likely to achieve greater impact on community safety and wellbeing (see recommendation 17).

## 4.5 Addressing structural and cultural schisms

As highlighted through this report, there appear to be structural and cultural schisms within and between those organisations involved in the case study area Initiative which pose a risk to its further development. It has been recommended (see recommendation 8) that before attempts are made to address these schisms with a view to developing greater congruity, that further evaluation is undertaken, initially amongst those strategic, tactical, and operational personnel from CPP partner agencies working within the CPP Initiative, possibly utilising the competing values framework (Cameron and Quinn, 2011). Thereafter, a programme of change could be developed which aims to unfreeze, change, and re-freeze the structural and cultural factors (Lewin, 1947) which are currently hindering the development of a radical, new, connective form of collaboration which appears to be enhancing individual and community resilience in the case study area.

This work should include the Scottish Ambulance Service given their strategic ambitions to become part of the CPP arrangements.

## 5. Conclusion

### 5.1 Recommendations

#### 5.1.1 *What needs to keep being done:*

- The police and fire services should ensure that their CPP strategic and tactical level officers continue to wholly buy into the operational level officers connective working approach in the Initiative, meaning better linking of the CPP strategic vision with the activity of the operational officers (**recommendation 1 – PS & SFRS**).
- The police and fire services should keep full-time, dedicated operational level officers within the case study area Hub and the Hub should be maintained as a dedicated physical space for that purpose (**recommendation 2 – PS, SFRS & CPP**).

- The freedom of operational police and fire officers to make decisions beyond the traditional constraints of their role should continue (**recommendation 3 – PS & SFRS**).
- Cultural congruity should be maintained between strategic, tactical, and operational level police and fire officers who have a shared vision and ‘get it’, i.e. instilling shared cultural values in those working within and between services at all levels, to enable a shared vision of working towards the principles of the Christie Report for community resilience (**recommendation 4 – PS & SFRS**).
- In order to maximise the benefits of connective professionalism, operational level officers with the knowledge, skills, and behaviours required to develop long-term, trusting relationships with hard-to-reach people with multiple-problem issues should continue to be carefully selected, should continue to be ‘ring fenced’ (i.e. not regularly re-deployed to other duties such as football matches), and should continue to be retained in post for as long as possible (**recommendation 5 – PS & SFRS**).

#### *5.1.2 What needs to stop being done*

- Data suggests that there may be a cultural misalignment and tension within the CPP between the ‘top-down’ strategic SDP model of collaborative working and the connective ‘bottom-up’ operational working, which may be manifesting itself as a protective approach by some tactical managers within other partner services, e.g., one protective approach is of partner engagement only with those people in the community already known to them, rather than taking a pro-active stance of attempting to engage unknown hard-to-reach people often with significant issues that do not come to the attention of services. This protective approach should be overcome by the SDP as a matter of urgency to address social and health inequality within the case study area (**recommendation 6 - SDP**).

#### *5.1.3 What needs to start being done which is not currently being done*

- For more to be achieved for the benefit of people in the case study community, and for it to be achieved more quickly that other key services from the CPP partnership who are involved in the case study area Initiative review their footprint in the case study area and consider having more staff-time allocated in person to work more connectively with the police and fire services in the Hub to enable trust via face-to-face interactions (**recommendation 7 - CPP**).



- A robust evidence base, comprising both qualitative and quantitative data, should be established both to preserve this local Initiative and to potentially inform any future rolling-out of the approach in other communities of similar need. It is recommended that independent evaluations should be conducted of a) SDP organisational cultural perspectives and what unites partners, b) substantiating claims concerning the development of individual and community resilience, including those in the community receiving support from operational officers. The combination of both a) and b) should aim to identify benefits, uncover any unintended consequences, and ascertain likely changes in resource use, including costs (**recommendation 8 - all**).
- The current connective approach to collaborative working in the Hub should be documented by the CPP's SDP for training purposes. Training may include legacy examples of what is defined as good practice that proactively benefits communities and pro-actively engages with 'hard-to-reach' individuals (**recommendation 9 - SDP**).
- Recognising the Scottish Ambulance Service strategic intent, the organisation should consider how to be consistently included in CPP Strategic Delivery Partnerships informally or through statute such as Schedule 1 of the Community Empowerment Act, 2015 (**recommendation 10 - SAS**).
- In the interim, the Scottish Ambulance Service should consider the benefit of developing officers with the capacity and capability to meaningfully participate in the case study Initiative and strategic level officers to formally engage with the CDP SDP, subject to an economic evaluation (**recommendation 11 - SAS**).
- The Scottish Ambulance Service should consider how they might add value to the case study Hub Initiative by working connectively with the police and fire services, and inter-professionally with other public services in adding social value and reducing health inequalities. Subject to an economic evaluation, this may include piloting the secondment of an appropriate operational level member of staff to the Hub (**recommendation 12 - SAS**).
- Scottish Ambulance Service's strategic intent at the health intersect within collaborative approaches to preventative community health and wellbeing should be developed further. Understanding the benefits and challenges of the ambulance

service's role in community planning could be invaluable in this regard and would benefit from future study (**recommendation 13 - SAS**).

- In general, personnel at all levels in all organisations who become involved in the case study Initiative should be supported by the CPP SDP (or other local community planning arrangements) to collaboratively develop the requisite knowledge, skills, and behaviours to work inter-professionally and connectively, e.g., through dedicated training and resources (**recommendation 14 - SDP**).
- Operational officers working within the initiative expressed that being able to quickly and easily secure funding to support nimble, effective, and nuanced community responses would best support the needs of people in crisis e.g., in the form of a small ring-fenced 'Reserved Fund' for the case study Hub. This fund could replace current ad hoc arrangements that result in fire and police service officers expending considerable time and effort to secure resources for those people in dire and immediate need of support. Given fiscal constraints across all three services, it is unlikely the blue light services could assume fiscal responsibility for this reserved fund, therefore this is recommended as a wider SDP issue (**recommendation 15 - SDP**).
- Explore with the SVRU to find ways of fulfilling ongoing support within the Hub. SVRU currently plans to withdraw their inspector working within the Hub, and ways of providing a means of support by SVRU should be found to continue to provide the support and interconnectivity which the SVRU inspector has been providing, or work with another CPP agency to provide that resource (**recommendation 16 – PS/ SVRU**).
- Public service delivery models in areas of extreme deprivation should consider moving away from top-down, traditional inter-professional collaborative models to much more connective models where services work jointly and proactively with one another and communities to resolve relevant issues (**recommendation 17 - CPP**).

## 5.2 The associated risks

- The most significant risk is the fragility of the Initiative. This fragility arises from a combination of resourcing, the extent of cultural congruence within services, the challenge of providing measurable outcomes, and structural and cultural alignments and schisms within the SDP.

- Unless there is a realisation and acceptance that the traditional service delivery needs to change (Schein, 2017), the existing cultural norms are likely to be perpetuated. Services might continue to be developed and delivered in ways which are more focused on their own cultural or political expediency rather than on addressing the complex needs of people in particularly disadvantaged communities. Research has consistently demonstrated that “most changes attempted in organizations...do not succeed because of cultural incompatibility” (Cameron and Quinn, 2011, p. 163). Unless cultural schisms within the CPP are resolved, it is likely that the on-going change process will remain in its current, incomplete state. The extent of these structural and cultural challenges should be fully understood before a programme of reform is developed and implemented.
- This evaluation has revealed a perception amongst those police and fire service personnel involved in the Initiative that this new, connective approach is helping to address the short-term crises being experienced by people. Nonetheless, quantitative data which supports (or refutes) these perceptions does not yet exist. Against a backdrop of increasingly challenging public sector budget settlements in Scotland, this gap may make the Initiative vulnerable to challenge and therefore obtaining evidence to support the Initiative may mitigate against challenge.

### 5.3 Conclusion

In conclusion, the data gathered during this evaluation suggests that the bottom-up, connective professionalism adopted by the police and fire services in the case study area is providing the “new, innovative, collaborative culture” which the Christie Report (2011) called for.

The operational focus of the police and fire services also echoed many of the key elements identified by Watt (2012, p. iv) as being required for General Practitioners when serving the 100 most deprived practice populations in Scotland:

- that addressing endemic inequality requires more time and capacity to address unmet need,
- that to develop the requisite levels of trust, operational level public service providers needed to be continually ‘on the ground’ to facilitate “serial

encounters over long periods” (Watt, 2012, p. iv), particularly with hard-to-reach people.

Despite the fragility of the initiative, there were indications that this new, connective form of professionalism may provide the basis for a national framework which could help to reconfigure how Scotland’s public services work to improve individual and community resilience with regards Scotland’s most deprived communities and to achieving “the fair and just society to which we aspire” (Christie, 2011, p. vi).

However, whilst the findings from this evaluation have allowed us to build up a reasonably detailed picture of collaborative working between the police, fire, and ambulance services in the case study area, the constraints of the study’s scope means that the picture presented here is inevitably a partial one, and fails to capture important voices (e.g., residents, other statutory and voluntary agencies). The study has also been context specific (the case study area), therefore, the generalisability of the findings and recommendations should be treated with caution. Additionally, the findings concerning the other organisations involved in the collaborative working arrangements concerning the case study area are based entirely on the perceptions of the police and fire service participants. Claims made by the police and fire service participants with regards the effectiveness of collaborative approach to working in the case study area have not been verified by other independent data, such as for example, the perceptions of those people in the community who they have helped, or other partner agencies.

That said, our conclusions could be relevant to other deprived areas of Scotland and indeed further afield where, as this evaluation has illustrated, the need in areas of exceptional deprivation for a greater feel and understanding of the local context, together with the development of trusting relationships through serial encounters, need to be built back into service provision. In understanding mechanisms from cross-service collaboration that have worked, there is considerable scope and interest in applying principles of any effective practice to similar areas across Scotland.

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