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Katarzyna Lakoma & Yu-Ling Liu-Smith

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# Debate: Lessons learned from the emergency services' response to the Covid 19 pandemic

Katarzyna Lakoma  and Yu-Ling Liu-Smith

Nottingham Business School, Nottingham Trent University, UK

## Introduction

The disruption of Covid 19 from national lockdowns, suspension of travelling, school closures and job losses, resulted in turmoil in economies and unprecedented disruption to the public across the world. Governments had to quickly deal with the changing situation and respond to the Covid 19 outbreaks, and the pandemic created a huge additional burden on often already stretched emergency services. In the face of these challenges, ambulance, police, and fire and rescue services did their best to keep people safe.

## Emergency services' response to the pandemic

In England, ambulance services, like the rest of the NHS, experienced these unprecedented challenges and were the blue light service most affected by Covid 19. Nevertheless, they operated in close collaboration with the police and fire and rescue services, which adopted a more flexible and supportive role in response to the pandemic. Throughout the outbreak, routine and non-urgent NHS services were disrupted and suspended, as priorities inevitably changed. Staff were redeployed or stepped up to different roles to deal with the crisis; technology was innovated to enable staff to work from home; 'virtual' clinics were established to perform consultations and assessments remotely, which in turn reduced the rate of missed appointments; red tape vanished to allow instant actions and streamlined processes; adaptability, agility and team spirit characterised the work of health professionals throughout the pandemic (Karanika-Murray et al., 2023). This period was also characterised as a 'journey of personal and professional emotions' by many ambulance employees (Wankhade, 2023). Subsequent policies regarding responding to unprecedented situations and changes to working patterns for colleagues across the country would not have emerged if the pandemic had not happened.

Fire and rescue services supported the response to the pandemic in many ways, as did the police. They offered front-line support, including driving ambulances, delivering food and prescriptions to vulnerable people, moving the bodies of the deceased and administering vaccines (Murphy & Lakoma, 2023). Regular activities, such as fire prevention, protection and training, were restricted, and in some cases suspended, as the pandemic forced a move to more virtual approaches. The pandemic resulted in a drop in incidents that fire and rescue services had to attend but both staff

absence and presenteeism reduced as whole-time and retained firefighters contributed to the response.

Police forces also had a more supportive role during the pandemic. Their primary role was to enforce public compliance with the Covid 19 rules, although HMICFRS (2021) found that government restrictions were often communicated to police at short notice and were subject to change, which led to some inconsistencies in the policing approach. Nonetheless, the pandemic initially reduced levels of crime. However, the trend changed after the first lockdown, as reported crime accelerated and became more complex with a lot of activity moving online (The Police Foundation, 2022). The police were also involved in sourcing and distribution of personal protective equipment (PPE), issuing guidance, and analysing available data. Communication and positive relations between front-line and senior officers were key to maintaining an efficient and effective police response (Kyprianides et al., 2022).

Many within the three emergency services felt the effects of Covid 19 on themselves and their families. Sadly, some lost their own lives or loved ones. These circumstances ultimately affected the mental health of the emergency services personnel. Many experienced significant levels of anxiety, distress and insomnia, as well as being faced with ethical dilemmas and questions around 'moral injury' (Greenberg et al., 2020). Nevertheless, the pandemic strengthened emergency service staff's dedication to working collaboratively throughout the crisis and generated community (although more limited political) goodwill.

## Collaboration during the pandemic

Collaboration between emergency services in the UK was a strong positive characteristic of the response to Covid 19, both internally within each service, as well as externally when collaborating with other services. While horizontal internal and external relationships were outstanding, hierarchical or vertical relationships, and particularly communications downwards from national decision-making, were much poorer and were often delayed as result of information asymmetry between the central government and emergency services (Murphy & Lakoma, 2023). The Covid 19 pandemic has demonstrated that the boundaries within and between emergency services can be quickly navigated to effectively collaborate in the face of a crisis. Human mindsets can be changed in times of crisis (Karanika-Murray et al., 2023). Developing resilience interventions (Hesketh & Tehrani, 2022) and enhancing staff

wellbeing through organizational support (Brunetto et al., 2023) have been found to be effective tools in dealing with crisis situations. Nonetheless, bringing national and local actors together requires effort and leadership.

In our view, the problems facing the emergency services in England have been years in the making and ultimately stem from long-term underfunding and systemically poor political decision-making. While the problems will not be resolved immediately, the lessons learned from the pandemic and the UK Covid 19 Inquiry need to be assimilated immediately. In our opinion, the innovation collaboration that happened during the pandemic was clearly despite, rather than because of, the country's political leadership and senior civil service. The UK government's response to procuring PPE and Test and Trace (a government-funded service to track and help prevent the spread of Covid 19) was to overcentralize decision-making, call in the private sector, and sideline the public health infrastructure, virtually ignoring any lessons from previous pandemics, when effective collaboration between national and local actors proved to be successful. We suggest that an alternative approach based on distributed decision-making, subsidiarity, and New Public Governance (NPG), assimilating notions of Public Value creation and a strengthened public health infrastructure, would almost certainly have resulted in better outcomes (Heath et al., 2021; Wankhade et al., 2022). By adopting a long-term NPG approach, the ongoing post pandemic burden placed on already stretched emergency services could be reduced through greater focus on prevention in all three services, increases in the budgets for education and training, as well as a long-standing proposal for health and social care integration.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

## ORCID

Katarzyna Lakoma  <http://orcid.org/0000-0002-2583-3813>

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*Katarzyna Lakoma is a Research Fellow in the Centre for Economics, Policy and Public Management at Nottingham Trent University, UK. Katarzyna's research interests include public policy, and in particular governance and accountability, and value-for-money arrangements of emergency services.*

*Yu-Ling Liu-Smith is a Research Fellow in the Centre for Economics, Policy and Public Management at Nottingham Trent University, UK. Yu-Ling's research interests are in health and social care, and early years childhood development.*