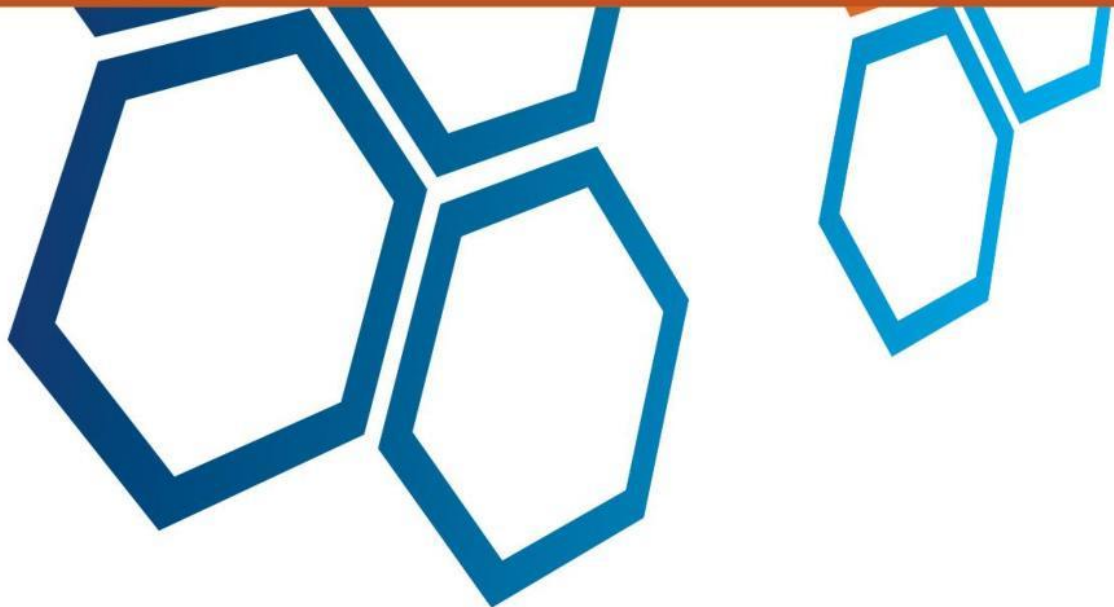




# Phase Two Evaluation of the Public Safety Service Pilot

A report for the North Yorkshire Police, Fire & Crime Commissioner

February 2021



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## MANAGEMENT SUMMARY

In May 2020, North Yorkshire's Police, Fire & Crime Commissioner commissioned Kada Research to evaluate North Yorkshire's Public Safety Service (PSS) Pilot. The Service is designed to keep residents safe and feeling secure, with the aim of improving local capacity across multiple services. The PSS provides generalist support to the community and targeted prevention interventions.

This Phase Two final report investigates the impacts of the Service and its scalability potential.

### PROJECT SUMMARY, STUDY AIMS AND APPROACH

The PSS is a Pilot scheme which aims to improve local capacity across multiple services (initially including North Yorkshire Police, Yorkshire Ambulance Service (YAS) and North Yorkshire Fire and Rescue Service) by providing generalist support and targeted prevention interventions through specific services. It brings together several organisations to improve the safety and resilience of communities in the Craven district. A 12-month Pilot was launched in Craven in February 2020, with two Public Safety Officers (PSOs) carrying out the work in Grassington and Bentham.

This Phase Two report is the final evaluation of the Pilot. The Phase One report summarised the strategic context for the PSS as well as its implementation and delivery during the first four months. The Phase Two report reflects on progress against the scheme's objectives, impacts and benefits, assessing the overall benefit to the public and public services. Recommendations are also made for the future of the PSS, specifically around scalability. Follow up interviews with stakeholders as well as consultations with the public were undertaken to determine impacts and social value, alongside an output and impact analysis to evaluate the PSS.

### RECENT CHANGES AND PROGRESS AGAINST THE PHASE ONE RECOMMENDATIONS

There have been several changes since the interim evaluation. These include personnel changes in Grassington and some changes to strategic personnel; the Grassington officer left and was replaced with a new recruit. Lockdown 3.0 has meant that organisational physical visits and face-to-face engagements have largely stopped. This has forced the Service to be more creative with community engagement.

Several recommendations were made in the Phase One evaluation. The first was to review the content, timing, inclusivity and delivery of training. Despite some reflection, a review is still required. The development of a more bespoke training package would be beneficial (see recommendations at the end of the management summary). A training induction plan would clarify PSO requirements from the outset. Supplementary training would enhance prevention work including crime prevention as well as slips, trips and falls training from YAS. PSO shadowing would be useful for recruits and managers.

The second recommendation was to reaffirm governance and reporting structures as well as to clarify roles and responsibilities. PSOs have a clear understanding of police and fire line management

arrangements. They would welcome an operational YAS contact to go to for support (see recommendations). In terms of strategic governance, all services have strategic representation.

The third recommendation was to refresh the communications and stakeholder engagement plan to raise the profile and visibility of the Service. Internal communications of the Service and the PSO role have increased within the fire service and slightly within the police. YAS has not had the opportunity to introduce internal communications outlining the PSS due to restricted capacity as a result of Covid-19. The PSOs are increasing their presence and visibility in the local communities despite the Covid-19-related reduced opportunities for engagement.

The final recommendation was to accelerate referrals. This is an ongoing process and there is an appetite to build on the considerable successes to date. The referral pipeline has been restricted by Covid-19 during the Pilot. However, as noted, this has also brought new opportunities.

## IMPACTS, BENEFITS AND SOCIAL VALUE

There has been more support offered by PSOs for addressing lockdown breeches as well as advice on restrictions rather than tackling anti-social behaviour, which has not been as prevalent as anticipated. Officers have been 'consciously curious', knocking on doors and using prescription and 'Safe and Well' visits to identify community vulnerabilities. The PSO Pilot has improved engagement, local intelligence and referrals. The case studies throughout the report provide positive community feedback regarding the improved visibility brought about by the Service. The public appears to have confidence and trust in the PSO role and PSS. The presence of a PSO is welcomed by many. One of the key benefits has been reducing isolation and loneliness. There is an appetite to undertake more public health prevention work. The role has improved on-call availability for all three blue light services. There is a desire for more prevention work from YAS.

Most PSO activities were health-related (91%), including delivery of prescriptions, Safe and Well visits as well as regular interactions with lonely and isolated residents. The wide variety of referral sources is extremely encouraging particularly as this has been such an exceptional year. Approximately one in 10 referrals could be considered 'proactive'. There may be more referrals that could be generated by the police and YAS.

The biggest potential cost savings (£448,000) were made by just 8% of PSO logged activities. These were fire-related and included replacing fire alarms, conducting fire safety visits and responding to fire calls. It is not surprising these costs are high since a major domestic fire might require more than one appliance and attendance by other emergency services. Overall, gross potential savings made by PSO activities are estimated to be approximately £509,000 per annum.

The social value analysis identified the costs associated with delivering the PSS and compared that with the savings made to the community if the service did not exist. Over a five-year period, it was estimated that the net savings at current prices would be more than £2,600,000. The costs over the same period at today's prices would be approximately £580,000. The result is a return on investment (ROI) of 1:4.5. This means that for every £1 invested from the costs of the Service, there would be a return of £4.50 in social value benefits. The scheme therefore indicates a significant return on investment as well as good value for money.

## SCALE-UP POTENTIAL

The consensus is that having a localised, place-based prevention is necessary and, as such, the role should be made permanent. Stakeholders believe the Pilot has potential and should be extended for a year with one or two more officers, then scaled up gradually. This would allow the scheme to fulfil its initial objectives, improve understanding and become more embedded. Most stakeholders felt it could operate in urban (especially market towns) and rural areas, but felt it was particularly well suited to rural settings. New locations would need to be considered on a case-by-case basis according to their needs and attributes. The link to a fire station does not have to be definite, especially if partners are willing to contribute financially.

## CONCLUSIONS AND RECOMMENDATIONS

There has been good progress towards the first Pilot objective of 'improved public safety, increased prevention of vulnerability and reduced harm'. The second objective of the Pilot was 'enhanced local partnership working'. This has worked on two levels, operationally and strategically. Operationally, the PSOs have made good links with many local services and groups, while there is evidence of good two-way referrals. This project has started to engage public services around a shared objective of prevention. The final PSS objective was about 'improved community confidence, satisfaction and trust in public services'. The case studies illustrate good progress against this objective.

The immediacy of PSO response is a distinct advantage in isolated rural areas. Overall, stakeholders believe the Pilot has demonstrated that the PSO role is impactful and increasingly respected. It needs to grow its critical mass, publicise its worth and be considered as part of a medium-term financial plan as a legitimate expenditure.

Partners and the Commissioner may need to consider the following recommendations:

- I. **An extension of the Pilot** until the end of January 2022, with an additional post or two to test one or more new locations with different characteristics.
- II. **The development of a tailored training and induction package** for new recruits including new provision of further prevention training, such as crime and falls prevention.
- III. **Funding.** A collaboration agreement with future partners to agree roles and PSS funding.
- IV. **Funding and scale-up.** Securing funding and support for the Service to support the scale-up of the Service, including a shortlist of target rural locations for 2022 and an urban Pilot in 2022. Scale-up ambitions should include more comprehensive coverage of PSOs in Craven followed by a PSO in each local authority district, starting in January 2023.
- V. **A robust operational data collection and monitoring system** to record and track performance and impacts with activities recorded against the set number of categories. A dashboard summary should be shared with partners.
- VI. **Dissemination of the evaluation findings** in appropriate formats to interested audiences, including some press coverage.
- VII. **Working closely with the police and YAS to identify appropriate prevention activities**, for example, a crime prevention campaign, joint work and social media activity.
- VIII. Confirmation of an operational **day-to-day YAS contact**.

- IX. **Partnerships.** Working with local charities that collaborate with teams from NHS Foundation Trusts on home from hospital or other discharge projects as well as deepening relationships with health and care partnerships, safety hubs and local authorities.

## 1. INTRODUCTION

This is the Phase Two report of the evaluation of the Public Safety Service (PSS) Pilot for the North Yorkshire Police, Fire & Crime Commissioner. The PSS is a stand-alone, place-based prevention and early intervention service set in two rural locations in the Craven District: Grassington and Bentham.

This final evaluation assesses the impact of the PSS one year after it started as well as its potential for future scale-up. It has been an exceptional year with the breakout of Covid-19 one month after the Service officially started. The Service has had to adapt and respond to this new situation faced by all.

### 1.1 WHAT WAS THE SERVICE SEEKING TO DO?

The PSS Pilot within North Yorkshire was launched in February 2020 for 12 months as an initiative to keep residents safe and feeling secure. Two Public Safety Officers (PSOs) were recruited and placed into two specific Craven communities: Grassington and Bentham. The PSOs worked to improve local capacity across multiple services, namely, North Yorkshire Police (NYP), Yorkshire Ambulance Service (YAS) and North Yorkshire Fire and Rescue Service (NYFRS), with the intention to expand by bringing in more partners. It is believed that by providing generalist support and targeted prevention interventions, the PSS will improve the safety and resilience of communities in the Craven district as well as the capacity of services in North Yorkshire.

### 1.2 SERVICE OBJECTIVES AND RATIONALE

The key objectives of the PSS are threefold:

- Improve public safety, prevent vulnerability and reduce harm
- Enhance local partnership working
- Improve community confidence, satisfaction and trust in public services.

Progress towards these is considered in Chapter Six of this report.

To achieve these objectives, the PSOs engaged in activities and interventions to improve local community safety and resilience in the following priority areas:

- Visibility, engagement and public reassurance
- Home fire safety and road safety
- Anti-social behaviour (ASB) and crime prevention
- Safeguarding and other risks.

A detailed analysis of recorded incidences was undertaken as part of this evaluation (see Chapter Four).



### 1.3 STUDY OBJECTIVES AND APPROACH

This evaluation consisted of two Phases. The Phase One evaluation (a separate report published in July 2020) focused on the PSS's implementation and delivery during the first four months of Pilot, much of which occurred during lockdown restrictions. The first report included the backdrop for the review, the rationale for the PSS and its design as well as the recruitment of PSOs. It considered the early months of service implementation as well as training, management and communications. Resources and equipment were assessed as well as the implications of Covid-19 on PSO activities. Initial buy-in for the Service was reflected on.

This Phase Two report focuses more on progress towards the Phase One recommendations (Chapter Two) and objectives (see final Chapter), impacts and benefits (Chapters Three and Four), the overall benefit to the public and public services (see Case Studies throughout), as well as recommendations for the future scalability of the PSS (Chapter Six).

This Phase Two report incorporates observations from follow-up interviews with key stakeholders, delivery partners and the PSOs. Annex Two includes a list of consultees. Some additional case studies that were collated at the interim stage appear in Annex One. More recent case studies, which include testimonies from people who have been affected by the Service, appear throughout.

Chapter Two summarises some of the key Phase One findings and reflects on the Phase One recommendations.

#### Case Study 1:

## PSO: A Lifeline for Lonely and Vulnerable Older People



During the lockdown easing in the summer of 2020, the PSO was contacted by a local person working for an elderly people's charity supporting approximately 20 vulnerable people. The charity was concerned about older people who had had very little in-person contact for months due to the health risks associated with the pandemic and so were now experiencing severe loneliness. The PSO offered support in facilitating one-on-one conversations between lonely elderly people by driving them to one another's doorsteps for a socially distanced chat. The PSO also took the opportunity to chat to passengers about his work, including the Safe and Well visits, making them aware of other available support. He also came into contact with a lonely elderly gentleman who did not have assistance and connected him to the charity for support. The charity was grateful for the PSO's support and felt that it would have been difficult to carry out the work without him.

*"Without a doubt I would recommend the service. It's great to have a point of contact. I can always contact him and if he's busy he always gets back to me, he's always true to his word. He's the right sort of person for the job because he's friendly, open, if he can't get an answer for you he networks to find one, he's very knowledgeable. I really can't recommend him enough." Local Resident*

## 2. PHASE ONE SUMMARY AND PROGRESS AGAINST RECOMMENDATIONS

This chapter summarises the findings from the PSS Phase One evaluation, including the strategic context for the Service, its implementation and delivery, and the interim recommendations for the PSS.

### 2.1 STRATEGIC CONTEXT

A key objective for North Yorkshire's Police, Fire & Crime Commissioner (PFCC) is to strengthen and support communities, specifically through a collaborative, place-based approach to service delivery. This is especially vital in this area as the costs of supporting vulnerable people have increased, adding strain to a decreasing budget.

The Phase One report noted that developing a new collaborative service from scratch was an ambitious prospect, not to be underestimated. The services involved in the PSS had different institutional cultures, partly from differing historical prioritisation of prevention, response and investigation in the context of understanding what public safety means. Hence, the governance structure of the PSS needed to recognise and minimise the potential impact of these differences.

The review of literature from the Phase One report noted that collaboration involves sharing buildings and resources, then developing collaborative purpose and cultures. A review of international evidence highlighted that people are of primary importance when undertaking localised public safety work (Sienkiewicz-Malyjurek, 2019). First responders must have a mindset aligned with community needs in order to build up community confidence and work across a range of diverse activities. Successful partnership working emerges out of these relationships. As such, the PSO role presents a radical shift in terms of its governance across institutions but one that is likely to be welcomed by communities.

Findings from the Phase One literature review indicated that the creation of a new PSO role was an ideal way to address the challenge presented by institutional silos, but that challenges should be expected as the new PSO role is embedded. That said, these challenges were not thought to be insurmountable.

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#### LOCATION SELECTION

The OPFCC devised a list of potential locations for the Pilot, informed by evidence gathered from public-health data and service intelligence. A shortlist was then determined through pragmatism and negotiation. Bentham and Grassington were chosen for the Pilot. The two locations offer different perspectives, vulnerabilities and learning opportunities. These are discussed in the Phase One report.

### 2.2 DELIVERY AND IMPLEMENTATION

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#### TRAINING

It became clear in the Phase One evaluation that there was a significant amount of training required to support a PSO. This required considerable commitment and, in the case of fire training, a high degree of stamina, strength and coordination. The PSOs received relevant fire training, police training and

Community First Responder training. The latter was delayed due to the Covid-19 restrictions. There was a short window between the recruitment process and training course start dates. This meant training needed to be identified and sourced quickly.

A review of training was suggested to ensure a more considered approach. The training could be staggered better. The review would look at both the requirements and content, and identify a suitable delivery style, format and process. It would also ensure equality and diversity are embedded into each element and that a more bespoke, dynamic and multipronged training experience is offered. New elements could be explored, such as preventing hate crime or falls prevention, as well as soft skills training. Progress in these areas is considered towards the end of this chapter.

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## MANAGEMENT AND COMMUNICATIONS

Line management for the Service was praised during Phase One of the evaluation. Stakeholders reported regular communication between the services and the PSOs. Officers stressed the importance of maintaining senior buy-in for the PSO role. New project management procedures were welcomed. It was noted that reiterating the project governance structure and delivery responsibilities would be beneficial for ensuring that all delivery partners were familiar with who was accountable for specific elements of the PSS's development and management. Progress in this area is reflected on later in this chapter. A clearer communications plan with regular updates on implementation and milestones was also identified.

Operationally, the Phase One report highlighted that PSOs were using various means to promote and communicate safety messages as well as to advertise events. Officers also produced a highly informative guide to the PSO role to raise awareness of the role and how it aligned with the services. The Phase One report identified an opportunity to develop a strategic plan for inter-agency working. This would help communicate the role, stimulate referrals and widen understanding of the role, thus ensuring that the prevention agenda is covered more broadly.

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## RESOURCES AND EQUIPMENT

The PSO uniform was found to be fit for purpose, giving the PSOs a distinctive identity. Each service has its own IT system, which was highlighted as a challenge. After some amendments, PSOs were able to access both the fire and police systems, but system reliability was noted as challenging. A specific PSO recording activity system was suggested.

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## COVID-19 IMPLICATIONS ON PSO ACTIVITIES

Covid-19 caused some challenges for getting the Pilot off the ground. Officers and line managers had to be creative when fostering community links. Covid-19 put some barriers in place for the effective delivery of the PSS. However, it also brought opportunities to engage in different ways than previously anticipated. Face-to-face engagements were challenging during the first lockdown in the spring/summer, meaning it was hard to get the PSO role publicised and known within communities and services. However, PSOs offered vital support for self-isolating, clinically vulnerable residents during this period. As lockdown eased during the summer, it became feasible for PSOs to do more hands-on activities. The situation then deteriorated with new tiered restrictions in the Autumn. There then followed a huge

increase in Covid-19 cases and the discovery of a faster-spreading variant, with the closure of schools and all non-essential shops from January the 5<sup>th</sup> 2021 (the third national lockdown).

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#### PARTNER BUY-IN

From an organisational perspective, there was a genuine commitment from the key partners for the Pilot to succeed. During Phase One, there was thought to be scope to enhance the scheme's profile and significance within each service, ensuring it maintained sufficient dedicated attention. This was recognised as an on-going process. Beyond the emergency services, partnerships with other agencies and organisations were being nurtured but, as mentioned earlier, there was an opportunity to accelerate strategic engagement with organisations. There was potential for a strategic role in engagement work.

### 2.3 CONCLUSIONS FROM PHASE ONE

The Phase One evaluation highlighted the importance of strong commitment and strategic direction from the outset as well as internal and external communications. The training element of the PSS was perhaps more complex than anticipated, requiring further development prior to scale-up. Stakeholders were generally positive about the PSS. It had a good trajectory for meeting expectations. Covid-19 has resulted in an adjustment of initial expectations, with engagement activity restricted. This was a steep learning curve which tested the resilience and adaptability of the PSS. This situation has continued.

The key success reflected on during Phase One was getting the Pilot up and running. The PSS has enhanced service collaboration and kept stations on-call. The line management of officers was well received. PSOs started to create an identity for the PSS, which has a distinctive brand. The PSOs demonstrated exceptional flexibility, building good community links, and raised the PSS's profile with some good early publicity. Whilst there is more that could have been done to raise the visibility of the PSS, the early months suggested that there was a strong platform to build on during its next phase.

*"Yorkshire Ambulance Service, now at least at a strategic level [have] shown an interest."*

The rest of this report picks up the story from there, starting with a reflection on progress towards recent changes and the Phase One objectives.

### 2.4 PSS CHANGES

Since the interim evaluation, there have been several changes, including some to personnel. A new PSO was recruited to Grassington to replace the previous officer. At the time of writing, lockdown 3.0 has meant organisational physical visits and face-to-face engagements have largely stopped (although this did ease between lockdown periods). Again, this has forced the Service to be more creative with community engagement.

*"Physical visits were off the table. Though delivering medicine has carried on."*

*"Covid-19 has brought new opportunities and ways of working. We have been more creative. We're starting to look a bit smarter about how we engage. Delivering prescriptions and just doing routine errands like that means the PSO becomes a regular face. People will talk to them."*

*Simple things build up that trust within the community. The PSO becomes that person that they know."*

Management staff has changed too, with new strategic representation from all blue light services.

## 2.5 REVIEW OF PHASE ONE EVALUATION RECOMMENDATIONS

Four recommendations were made in the Phase One evaluation. During Phase Two, stakeholders were asked to reflect on progress.

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### A REVIEW OF TRAINING CONTENT, TIMING, INCLUSIVITY AND DELIVERY

A review of training is still required, as is a longer, tailored training package. A training induction plan would clarify the PSO requirements from the outset.

*"A bespoke training package would be great. If we're going to recruit public safety officers externally, they will need bespoke training in one professional package which covers everything."*

Supplementary police crime prevention training, for instance around cybercrime, would be welcome. In addition, slips, trips and falls training from YAS would enhance health prevention work.

*"There is the opportunity to expand the training to cover falls prevention."*

Shadowing other PSOs would provide useful on-the-job training for recruits and managers.

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### REAFFIRMATION OF GOVERNANCE AND REPORTING STRUCTURE

PSOs have a clear understanding of their police and fire line management arrangements. They would welcome an operational 'go to' YAS contact for support. In terms of strategic governance, all services have strategic representation to roles, while responsibilities have been clarified since the Phase One evaluation report.

*"I understand that [name] is my line manager in everything I do day to day whether it's equipment, car, kit, problems etc. But then I also know that [name] being the police lead, anything police problematic, I'll go to them. I know where to go. There's a line manager from police and fire but I wouldn't know who to speak to for ambulance."*

*"I am getting a better understanding of the structure and there is better understanding of the PSO role. Also the fire service is taking more of a strategic lead."*

*"I'm much more satisfied and comfortable that we've got those three levels of governance in place, all of which have their own specific focus covering the strategic, tactical, and operational parts of the role. It seemed quite confusing [previously]. We've now got a structure in place that works and is more able to support the Pilot now and after the trial has finished."*

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### REFRESHING THE COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT PLAN

Internally, strategic understanding of the Service and the PSO role has increased within the fire service and moderately within the police. YAS have had restricted capacity to participate as a result of Covid-19.

*"It has now, it didn't in the beginning [...] now it's built up a bit of momentum."*

*"I believe the role is well communicated within our service."*

Operationally, the PSOs are increasing their profile presence and visibility in the local communities despite the reduced opportunities for engagement due to Covid-19 restrictions.

Deepening support from each of the services and wider partners will ensure its profile remains high and that officers can reach into their respective communities. These partner links can provide an effective source of referrals (see Chapter Four).

*"The stop start approach with Covid-19 has made it [communications] difficult, but despite that, the PSOs have managed to raise public awareness, with various articles and so on. The Bentham PSO has become very well known in the community and developed a good tactical relationship with the PCSOs and the Craven Community Safety Hub."*

*"It's really difficult to reach everybody. I know particularly in Grassington that is the case where you've got quite a heavily elderly population and farming community as well."*

There is a desire to enhance understanding of the Service more amongst prospective partners.

*"I don't think we're realising the full potential and benefits of the role and really formally engaging with other wider partners."*

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#### ACCELERATING REFERRALS

Increasing the number of referrals is an ongoing process for the Service. There is an appetite to build on the considerable successes to date. The Pilot's referral pipeline has been restricted by Covid-19. However, as noted, this has also brought new opportunities and alliances with external services. An example includes pharmacy deliveries and supporting the clinically vulnerable (see Case Studies). In the past few months, new partner links have been made with voluntary and faith-based organisations in Grassington and Bentham.

*"There's still a lot of work to be done around getting the referrals in, but we have tried to accelerate them."*

*"The relationships have now started to build a lot better in Grassington. We are getting there, but I think it was always going to be a slow burn. With Covid-19, it's just dragged it out even more."*

*"My sense is that it's not enough still [...] I think it's really important that the work in relation to preventing vulnerability and reducing harm is there, the other key part is resilience for the community and their services."*



Case Study 2:

## Village Hall Risk Assessment



When the village hall reopened after the first lockdown, the PSO was able to provide support in conducting a risk assessment of the building as he had the required training and knowledge. He assisted the chairperson in going through the building room by room, using his knowledge of fire risks in particular to give a detailed assessment of the building. This left the chairperson feeling far more comfortable in using the village hall, with a good understanding of safety.

*"He came along and helped work room by room really, he was absolutely great."*

*Village Hall Chairperson*

Case Study 3:

## Prescription Deliveries to Shielding Residents

During the COVID lockdown, the local GP surgery was struggling to get prescriptions to those isolating and shielding residents who did not have nearby friends and family to pick up their prescriptions on their behalf. The PSO contacted the GP surgery asking if he could help in any way and was invited to come over for an initial conversation. He was asked to assist the dispensary by picking up medications and delivering them to vulnerable people, allowing him to talk to them, assess their wellbeing and deliver Safe and Well leaflets at the same time. The local pharmacists explained that the PSO is particularly valuable because he already has the necessary DBS checks and permissions to handle restricted drugs. This saves time as he does not have to fill in the forms other people would have to in order to legally collect medication.

From the perspective of one elderly local resident who is shielding and relies on the PSO to deliver his medication, the support is invaluable. He read about the PSO in the local monthly news magazine and got in touch with him to request support in accessing his medication. The resident has been particularly impressed by how quickly the PSO responds to calls and is grateful to the PSO for often stopping to talk for a while during the delivery. This is particularly beneficial for the resident as he has little support locally and enjoys chatting to the PSO. He feels that he can trust the PSO, both because he knows the local

*"He's been brilliant when we need him. He's such a lovely, pleasant chap – he seems to really care and he can't do enough to help. On some days we've had to call him twice when we have another delivery in the afternoon, and he's always been there to help."* Local Pharmacist



area and community so well and because he has the fire and police training to make him reliable in an emergency. He was aware of many of his neighbours also relying on the PSO, and mentioned other community activities the PSO is involved in. The

resident regards the PSO very highly and feels that every community would benefit from having one.

*"You need a friendly, interested, committed person, which of course you have to be to be a fireman. I would be stuck without [the PSO]. I really can't recommend him enough. Every place should have a [PSO], if you could get a mirror image version of [the PSO] it would be great for the community everywhere. The person would need to be interested, kind, knowledgeable and committed like [the PSO]. If you get a chance to speak to the North Yorkshire Police Chief Officer, please tell them that [the PSO] is a credit to the force and I would be glad to speak to them about him."* Local Resident (the PSO) is a credit to the force and I would be glad to speak to them about him." Local Resident

### 3. STAKEHOLDER PERCEPTIONS OF SERVICE IMPACT

This section summarises the qualitative, stakeholder observations of the service impact including benefits, outcomes and potential costs savings. A quantitative review of PSO activities and costs effectiveness follows in Chapters Four.

#### 3.1 BENEFITS AND OUTCOMES

Stakeholders were asked about community and anti-social behaviour (ASB) reductions that might result from the PSO activities. Officers claimed reducing ASB had been limited in the current circumstances. Support in this area is more about addressing lockdown restriction breaches.

*"That has not happened to be honest, I've had very little on youth behaviour. That must have been previously, when I came it [ASB] quickly stopped during the lockdowns."*

*"We've got a different type of ASB going on at the moment, which is people breaking lockdown rules."*

Sometimes it is hard to identify unmet community needs. PSOs have therefore taken the pragmatic approach of being 'consciously curious' by knocking on doors as well as using prescription and Safe and Well visits to identify vulnerable individuals.

*"It's really key that they're out there and looking for stuff before it even raises a phone call to a service."*

*"The 'Safe and Wells' [visits] did pick up, I was averaging one or two a week, which in a little area like this isn't too bad [...] So it seems word of mouth's getting around."*

The PSO Pilot has improved engagement, local intelligence and referrals. One PSO has had a few referrals from Baywater Healthcare, a specialist provider of home oxygen. The PSO also collaborated with Integrated Care Communities who work with vulnerable residents. Links have been made with the mountain rescue group (see Case Studies) and one PSO is now on their alerts system so that they can help with incidents and scene management.

*"I can do that a lot quicker than the fell responders. In the summertime with tourists that will be useful."*

One PSO has also linked up with a rural watch group to offer an 'extra pair of eyes'. Community awareness of the role is increasing (see Case Studies).

*"I'm getting more people stopping and speaking to me."*

The Case Studies show that visibility has improved as a consequence of the PSS. The public appears to have confidence and trust in the PSO role and Service. Awareness has increased and social media has been used effectively, including Twitter. There is potential to use the North Yorkshire community messenger service, which posts crime notifications as well as reports and neighbourhood community news.

*"This is location-based safety work, and local residents, business and visitors have got somebody, every day of the week near enough, available for them to speak to, confide in, talk about their issues."*



*"They have increased their use of social media, they both have Twitter accounts, and that has seen increases in responses. People have been asking me about the PSO role based on that."*

*"Both of them are in communities where, I would argue, the police do not have a presence. [...] I think the reassurance and the opportunity to report incidents is there. They act as a deterrent and give reassurance that they have somebody in the community."*

One of the key benefits has been reducing isolation and loneliness (see Case Studies).

*"I would be stuck without [the PSO]. I really can't recommend him enough. Every place should have a [PSO], if you could get a mirror image version of [the PSO] it would be great for the community everywhere. The person would need to be interested, kind, knowledgeable and committed like [the PSO]. If you get a chance to speak to the North Yorkshire Police Chief Officer, please tell them that [the PSO] is a credit to the force and I would be glad to speak to them about him."*

Fewer hospital admissions are likely to occur as an indirect benefit of a PSO's work. For instance, Safe and Well visits often result in recommendations for fall prevention measures and follow-up specialist referrals. There is an appetite for more public health prevention work.

*"Integrating the PSO role into wider public health could bring benefits in prevention. So the PSO activities that can prevent people from contacting a response service would be very beneficial (local health services rather than ambulance services for example)."*

The role has improved on-call availability for all three blue light services. The PSO has been a first responder for several ambulance incidents. One PSO had two YAS-related incidents within two days. They will be able to improve resuscitation outcomes for similar future incidents. Another PSO attended a fire at a pub, where a member of the public was rescued.

*"I've had two calls. They came within two days of one another in September. One was a person with chest pains, and the YAS first responder arrived just after I did so I let them lead on it while I observed and helped them out. My next one was a cardiac arrest; I was there on my own for fifteen minutes."*

*"The PSOs have had a huge impact on the fire availability. Often the appliance wouldn't have been on the run without them."*

There is a desire for more prevention work from YAS.

*"I would love YAS to give us more prevention work."*

## 3.2 POTENTIAL COST SAVINGS

It is agreed that there will be future cost savings as a consequence of PSOs activities. It is envisaged that the focus on prevention will result in reduced future public service demands (falls, fires and so on). Potential cost savings resulting from the PSOs' work was also recognised as a difficult, but important, measure to quantify. This is considered further in the next chapter.

*"If we are able to identify issues at the very early emergency stage, very much upstream, we are likely to save on demand further downstream and all the costs that are implicated with that."*

*"It is not easy for PSOs to work to their full capabilities at the moment so it's difficult to measure."*

Case Study 4:

## Assistance with Property Inspection

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A local resident rents out a building in the area and has been having a lot of difficulty with their tenant, including a drugs raid by the police on the tenant. As this person has previously been difficult and aggressive, the local resident was anxious about conducting a necessary property inspection with the tenant present. Having tried to contact local police for support, she had only found unmanned stations and did not know who could help. She then spoke to the PSO, who offered to come along during the property inspection just to be on the safe side and ensure nobody was in any danger. This put the resident at ease, and she is grateful to know who to contact in the future. The resident was particularly impressed by how well the PSO knows the local community; for example, when she mentioned a local person struggling to get their driving licence, the PSO not only immediately knew who she was referring to but had already been in touch with the person to ensure they had access to the resources they required to gain their licence.

*"He's very approachable and easy to chat to, makes a point of introducing himself to people in the village. He hasn't been able to do as much in the current circumstances, but even with limitations we often see him. He really has worked to get to know people - gone to council meetings etc." Local Property Owner*

Case Study 5:

## PSO Offers Support at Funeral

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A local vicar has been receiving a variety of support from the PSO. He knows the PSO well, having conducted the PSO's assemblies when he was in primary school. In this instance, the PSO spoke to the vicar whilst walking about the village and offered his support should anything come up. The vicar requested his support for a funeral during the lockdown. Very few people could legally attend the funeral itself, but as most of the local community knew the deceased person, many wanted to stand in the street around the church to pay their respects. The PSO was able to assist in keeping traffic down and ensuring that everybody kept a safe distance from one another, which was a great help to the vicar. The PSO also supported the vicar during the Remembrance Service of 2020, which required careful coordination to stay in line with lockdown regulations, as local forces were there to lay wreaths, and during open-air Christmas carol services.

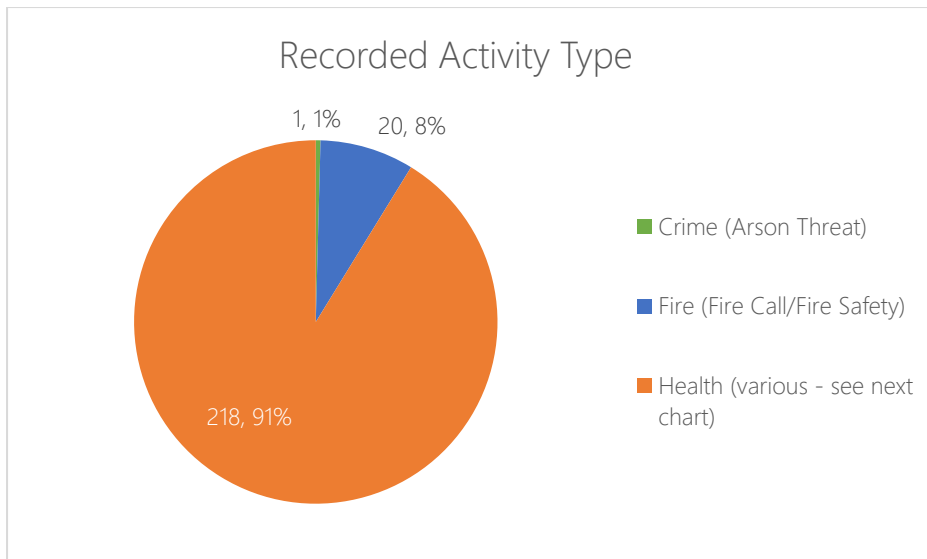
*"The thing is, he has a role to play in just being a visible presence. It's a bit like years ago having a community bobby on the street. You really need a personable and approachable person to liaise and get on with the community." Local Vicar*

## 4. ACTIVITIES AND IMPACTS

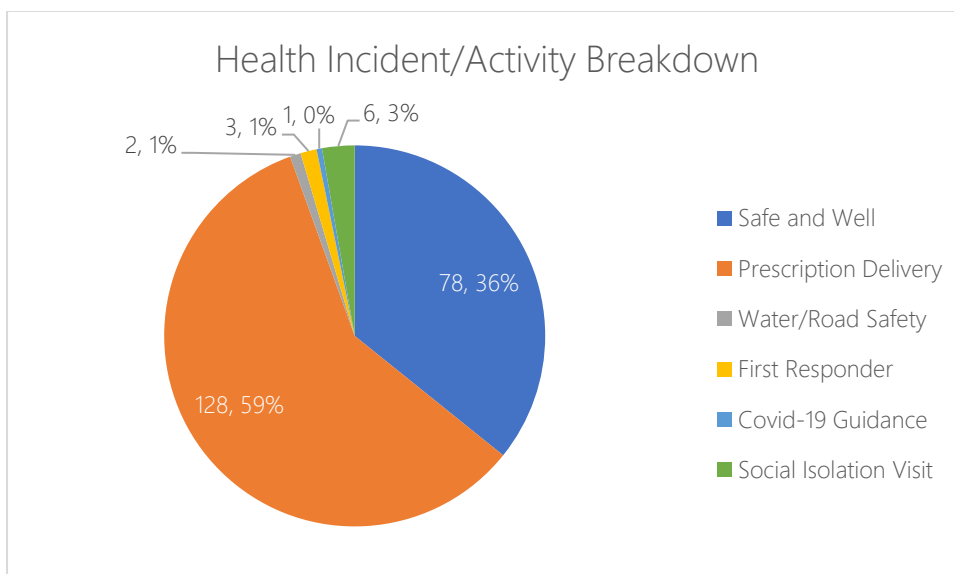
This chapter looks at the activities undertaken by the PSOs and the sources of referral, risks prevented and gross potential savings. It draws on a complete set of data from the PSO activity spreadsheet for Bentham, where there has been an officer in place for the duration of the Pilot.

### 4.1 TYPES OF VISIT MADE

The majority of PSO recorded incidents were health-related. There were several fire-related activities reported, such as fire safety checks and calls to house fires, and one crime-related incident following an arson threat.



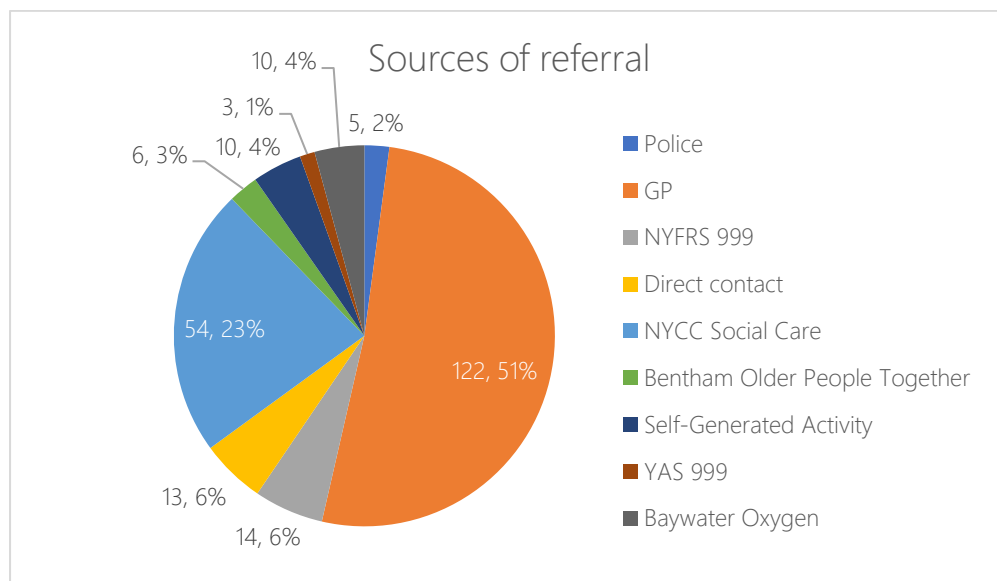
The majority of health activities/visits (95%) consisted of prescription deliveries to vulnerable and shielding residents (59%) or Safe and Well visits (36%).



4.2 SOURCES OF REFERRAL

Due to the high proportion of prescription deliveries, the majority of PSO visits were referred by the local general practitioner/pharmacist. Some 54 visits (23%) were referrals from North Yorkshire County Council (Social Care), primarily for Safe and Well visits. Of the 999 calls, 14 were fire calls via NYFRS and three were first responder calls from YAS, including one case in which the PSO carried out CPR and another in which he responded to a case of anaphylactic shock.

The wide variety of referral sources is extremely encouraging, given it has been an exceptional year. One in 10 referrals could be considered 'proactive'. The PSO was directly contacted in 13 (6%) instances, including contact by family members and referrals generated by an article in the Bentham News, while 10 activities were self-generated. More referrals could perhaps be generated by the police.



4.3 RISKS PREVENTED

Category	Risk*	Frequency	Proportion
Health	Mental Health Decline	133	34%
	Physical Health Decline	2	1%
	Lack of Medication	123	31%
	Social Isolation	9	2%
Safety	Falls	4	1%
	Drowning	1	0.3%
	Fire	108	27%
	Firearm Risks	1	0.3%
	Road Safety	2	1%
	Social Gatherings (Covid-19)	4	1%
Crime and Other	Arson Attack	1	0.3%
	Financial Abuse/Concerns	2	1%
	ASB	5	1%

Source: PSO Activity Data 2020/2021 (\*some individual activities report more than one risk)

## 4.4 GROSS POTENTIAL SAVINGS BY OUTCOME CATEGORY

Using recognised and published unit costs<sup>1</sup>, it is possible to assess the gross potential of prevention activities carried out by the PSO. A summary of these by type appears in the table below. The vast majority of savings relate to fire-related incidents, with total savings of more than £447,500. Health was the next most significant saving at some £48,000. This is perhaps unsurprising given that there were a high number of health-related visits.

Row Labels	Sum of Savings
Crime	£5,008
Environment	£698
Fire	£447,534
Health	£48,092
Police	£8,125
<b>Grand Total</b>	<b>£509,457</b>

Breaking these down, health savings were primarily made by avoiding mental health deterioration (£21,564), which the PSO achieved by speaking to anxious and vulnerable residents, referring residents to local services and ensuring that distressed residents had access to food and medication. Another large potential health saving was in avoiding hospital admissions, for instance, due to falls mitigation measures and keeping footpaths safe in icy weather (£16,434). Within crime, avoiding violence was the biggest potential cost saver (£2,455), followed by property and vehicle crime prevention (£2,307). Police savings were made in relation to highway safety (£8,125) due to the PSO identifying road hazards, controlling traffic at events and speaking to motorists about road safety.

Category Breakdown	Gross Savings
<b>Crime</b>	<b>£5,007</b>
Anti-Social Behaviour	£245
Property & Vehicle Crime	£2,307
Violence	£2,455
<b>Environment</b>	<b>£698</b>
Fuel Poverty	£698
<b>Fire</b>	<b>£447,534</b>
Buildings	£447,534
<b>Health</b>	<b>£48,093</b>
Community Health Provision	£5,746
Hospital	£16,434
Loneliness	£4,349
Mental Health	£21,564
<b>Police</b>	<b>£8,125</b>
RTC	£8,125
<b>Grand Total</b>	<b>£509,457</b>

<sup>1</sup> Unit Cost Database, 2019, Greater Manchester Combined Authority developed more than 800 cost estimates covering crime, education and skills, employment and economy, fire, housing, health, social services and energy. Quality assured and drawn from national sources, including government and academic reports.

#### 4.5 SOCIAL VALUE ANALYSIS

Assessing the impact of an economic investment on a project normally involves the use of economic impact models to estimate the number of jobs created and the economic value (gross value added, GVA) generated for the local economy. Social value is the act of quantifying the wider value of a service provided to individuals or communities. 'Social Value Analysis' identifies costs associated with delivering the PSS and compares that against the savings made to the community if the service did not exist.

The approach is similar to the economic models used by applying several moderating factors, some of which are taken from the Social Value Engine<sup>2</sup> and the Treasury's Green Book guidelines<sup>3</sup>:

- Deadweight, 18% - extent to which the support would have happened anyway (for example thanks to neighbours, family, friends)
- Leakage, 5% - there is little leakage as work is contained within a geographic area
- Attribution, 15% - claimed by other organisations (such as victim support/nurse/ carers)
- Drop-off, 5% - proportion diminishing over time
- Displacement, 9% - other duties of the PSO, and
- Net Present Value (NPV), 3.5% - current value reduction of the cumulative benefit.

The costs and savings estimates for the pilot were applied over a five-year period (these would change should the Service scale-up). The key assumptions for the pilot model were as follows:

- Projecting current pilot cohort (2 FTEs) over five years with an additional PSO from next year.
- Factoring in known activities from Bentham and scaling these up to a full year.
- Estimating the volume of activities in Grassington (based on a conservative estimate of 50% of the activities in Bentham).
- Projecting costs over five years including an additional sum for the extra PSO from next year.

The savings are estimated from the reduction of risk factors that would cost the public purse if the Service was not provided. The savings are taken from public sources (see the previous section). These include the savings from emergency services, reduced costs on hospital admissions and social care. There are other social benefits to the community as a result of the support that cannot be quantified such as maintaining personal confidence and safety, reducing financial worries, and increasing wellbeing. The incidence is only counted once, though it is possible that without preventative measures, multiple public services and/or admissions would be required.

The cost of the Service includes the cost of the PSO salaries, uniform, equipment and ancillary on-costs. This is projected just for the Pilot: two PSOs in year one and an additional officer from year two onwards.

Social Value of Providing Public Safety Services	
Total Gross Savings over 5 years	£7,811,672
Total Net Savings over 5 years	£2,623,988
Total Costs of Public Safety Services over 5 years	£579,079
Return on Investment	1:4.5

<sup>2</sup> Social Value Engine, Rose Regeneration and East Riding of Yorkshire, 2017

<sup>3</sup> Guidance - The Green Book, HM Treasury, 2020. Benchmarks from crime interventions.



The analysis indicates that the estimated net savings (after the moderating factors have been taken into consideration) at current prices are £2,623,988 over five years. The costs over the same period at today's prices will be £579,079. The result is an ROI to the public purse of 1:4.5. This means that for every £1 invested in the costs of the Service, £4.50 of social value benefits is returned. This, therefore, indicates a significant return on investment and good value for money.

Case Study 6:

## Safe and Well Visits

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An elderly recent widow got in touch with the PSO because in her words, "I am older and my husband has passed away. I read about (the PSO) in the parish magazine one month and felt he could be of use to me, so I rang the number." The PSO felt during the call that the lady appeared vulnerable and in need of support, and could benefit from a Safe and Well check. He visited her home, and conducted a full safety check of the home including safety rails etc. He found a number of safety issues impacting on her wellbeing – the smoke alarms needed replacing, her oven was partly unusable due to a missing lever, and her door handle was loose.

Due to his own joinery experience, the PSO was able to mend the door. He also replaced the fire alarms and organised the purchase of the new oven lever. The lady he was helping was relieved as she had been feeling both unsafe and lonely. She was grateful to know her home was now in a safe condition, and that she could speak to the PSO if she needed anything. In particular, as only her husband could drive and he has passed away, her ability to travel is limited. Knowing that the PSO could drive her places if she needed, such as to get her COVID vaccine, has given her great peace of mind.

*"He is very kind, I can accept him as a friend. I know the role is a pilot role and I really feel it's a good idea, he was a great help to me when he came over." Local Resident*

Case Study 7:

## Fell Rescue Collaboration

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The local Fell Rescue team have spoken to the PSO, who wants to get involved with their work. They have included him in their messaging system and plan to invite him to joint training sessions. As they attend a variety of incidents including water incidents, having the joint approach which includes fire expertise will be useful to them. More collaboration between the services will ensure that the Fell Rescue team can provide quicker and more comprehensive support. Additionally, having an extra person will be highly beneficial as the area is expected to become much busier after lockdown.

*"I think we need to collaborate across services more. It's been disjointed over the years for various reasons. Having the PSO there will help us to sort things and bring it all [the services] together." Fell Rescue Officer*

## 5. SCALE-UP POTENTIAL

This chapter explores the future of the Service. There is a general receptivity and enthusiasm amongst stakeholders to exploit the potential of the Pilot across the county. The Pilot should also be extended a further year so that its impact can be fully understood and it has sufficient time to bed in. The potential scale and location of any subsequent expansion are also considered.

### 5.1 MEETING EXPECTATIONS

The Pilot has been in line with expectations for most of those involved, with many seeing further potential. Several stakeholders have, understandably, readjusted their expectations in light of Covid-19, as face-to-face activities and engagements were severely restricted. There is a desire to extend the Pilot to give it sufficient opportunity to deliver on its objectives more fully.

*"I am very glad that we've got the resource there because I think it is necessary that you have extra resources in those chosen areas, because we have withdrawn services from isolated rural communities."*

*"It's difficult to say because of Covid-19, but in many ways yes it has [met my expectations] because the PSOs have done the best they can in difficult circumstances. Outside of Covid-19, everything has worked as well as it can. I suppose nothing this year has met our expectations."*

*"It has met expectations in that we've provided the skills to new officers and they've enhanced Service availability, which at a local level, is now very good."*

*"Well I didn't have any expectations [...]. I just see future potential."*

### 5.2 PSO CAREER PROGRESSION

The PSS will attract individuals who want a long-term career managing a local, place-based safety and prevention service. In time, more senior roles and supervisory posts will be required, where appropriate, for the current PSO cohort to be able to progress into. The Cornwall tri-safety service has developed more senior and managerial PSS positions successfully and invested in team building. Lessons learnt here could be used by North Yorkshire.

*"My idea would be that the current PSOs could take on that supervisory role to oversee newer officers, so they have that level of responsibility [...] it would be good for the PSOs to be able to move onto that supervisory role and a higher wage, they have the skills now and that level of experience."*

*"We have to look for people who want a career as public safety officers, who want to work in a particular area for 5, 10, 15 years. So when it comes to progression, yes they might have an incremental rise each year."*

*"In Cornwall they spent a lot longer on induction and teambuilding, I think that time spent forming a team we could learn a lot from."*



Supervisors or senior PSOs could coach and mentor new PSOs.

### 5.3 SCALE-UP POTENTIAL

The consensus is that having a localised, place-based prevention is necessary and, as such, the role should be made permanent.

*"Yes, I'd like it made permanent, but with the caveat of looking carefully at where we put it. So if it is rolled out further, I'd want to look really carefully at which communities would most benefit. I don't think it's something needed in every rural community or location, we need to analyse where the benefits lie."*

*"Having done it and seen it work, I think it would be criminal to just let it pass."*

Stakeholders believe the Pilot has potential and should be scaled up gradually. That said, there is a desire to extend the Pilot for 12 months as it has been an exceptional year. This would allow it to fulfil its initial objectives. It would improve understanding of the role and give it a chance to become more embedded prior to any scaling up decision.

*"It would be beneficial to extend the Pilot and then scale it up from there. I believe in the role and think if it was rolled out force-wide we would have to give it more time."*

*"I don't think it's ready, it wouldn't achieve its full potential yet. The training won't be ready in April and virtual training won't work if you want good, quality training, it can't be rushed, it's not great online."*

*"I'd grow it slowly. That's what Cornwall did, they went gently. [...] there's potential in other areas like Summerbridge and Pateley Bridge."*

It would be possible to add another officer or two during this extension period (see recommendations in the management summary). Potential locations identified include Crosshills, Settle, Ingleton, Summerbridge or Pateley Bridge.

Most stakeholders felt the scheme could operate in urban (especially market towns) and rural areas but stated it was particularly well suited to a rural setting.

*"I've said this could work in urban areas without a doubt. [...] Having that good old-fashioned point of contact in a community, where people can take a concern and get it dealt with while it's on their mind."*

*"And what we're testing out here is a very rural model. But again, even in an urban area, the more capable guardians you have, the better. So, you need to identify the areas that you want to put them in, in a very calibrated way."*

*"I'd probably go for market towns. The areas I'm most trying to develop aren't the big cities but the market towns."*

*"It's not about the geography, but the number of people in the area. PSOs know everyone in their areas."*

*"You would have a number of PSOs working within more urban locations. The rural benefits I think are greater because that's where services have retracted from, it's the unknown demand we need to respond*

*to. In terms of the immediate expansion, if we can only go for one, we will be able to expand into either Crosshills, Settle or Ingleton."*

It was suggested that new locations would need to be considered on a case-by-case basis. Each area has different needs and attributes.

*'It would have to stay place based and very defined geographically. It's important to know the community and community vulnerability.'*

*"I don't think you could open the application process for four or five roles, you need to handpick for each role. [...] There's a lot of scope for it to go further, the services collaborate anyway, so it makes sense to have this role."*

*"The resource required for a particular locale should be based on the need and the engagement strategy for that place."*

#### 5.4 WHAT NEEDS TO HAPPEN FOR THIS SCALE-UP TO BE REALISED?

There are several considerations for the scale-up ambitions of the Service to be realised. Reiterating an earlier point, there is a preference to scale-up the PSS slowly, following an extension to the Pilot. Having community anchor points where the PSO is based is important and should be maintained.

*"Our hope is to extend the Pilot by a year and expand by one into another area where we can test something slightly different, maybe not a retained firefighter. It would still be in Craven."*

There is a need to deepen engagement with YAS and the police, bringing in more public health and crime prevention activities.

*"We need more police officers to drive it into our organisation, otherwise it's fire service led. The police could get more out of it, especially with the chief wanting more of an early intervention culture."*

*"I do think there's more to do in terms of linking them in with public health. Although linked with the ambulance service, I'd like to see them more widely linked in with the wider NHS, public health etc. and there'd be more benefits from that."*

*"One of the things I've observed with the PSO role, is that the ambulance service are not getting as much out of it. Because, PSOs have a fire role, they have to work within a certain distance of the fire station. The ambulance service maybe wants someone who is a bit of quicker responder. Those nuances need to be worked out."*

A bespoke and robust training package needs to be established that includes shadowing, more face-to-face training and a longer time frame for skills development (see Section 2.5). Subsequent follow-on coaching and training would also be beneficial as the Service matures.

It may be useful to draft some form of collaboration agreement to determine future partners, roles and PSS funding. It was recognised that securing funding and support for the Service was a priority.

*"If we're going to keep PSOs we need to make sure that they're part of the resourcing models that we're looking at in our change programmes that we've got coming. [...] The team hasn't got to [enough of] a critical mass in my opinion for it to actually make a big enough difference currently."*

*"I think the biggest objections that we have are all partners coming to the table and engaging."*

The PSS needs a robust operational data collection and monitoring system with dashboard summaries that can be easily shared with partners such as the community safety hub and strategic officers. In this way, performance and impacts can be tracked and recorded.

*"We need to know what we should be tracking."*

Case Study 8:

## Links with the Integrated Community Care

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*"I'd love to see him remain here beyond the pilot year. Having that tri-role hat would be phenomenal to keep."  
Community Care Team Officer*

At a Craven community partnership event, an Integrated Care Community Development Lead was introduced to the PSO and got in touch with him afterwards. The PSO has been attending monthly meetings and suggesting community events at the fire station post-pandemic, linking to the care team's pro-active engagement work, which includes free health checks and health education. The care team have been able to make referrals to the PSO, particularly when they feel a local vulnerable person requires somebody to check on them. They have also been able to ask the PSO to direct them to local services and people within the community, as he is well-known in the area and familiar with local organisations.

*"He's got a real can-do attitude and everyone is comfortable to go to him. Working with him has been a breath of fresh air. He immediately got our ethos of partnership working."  
Community Care Team Officer*

Case Study 9:

## Local Resident Hands PSO Class A Drugs

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The PSO received a visit at the station from a local resident who wanted to hand in two bags of heroin which had been left on the street. The resident's spouse had been walking their dog the evening before when they came across a van. The driver jumped into the van and drove off, leaving the bags of heroin. The resident could give the PSO exact details of time, location and van description. The PSO passed the case on to the police in Skipton, who identified the dealer based on the information provided.

The PSO feels that the resident would have been unlikely to contact the police themselves in this case, as in this sensitive matter they would have worried about being implicated themselves. As the PSO has a preventative function rather than a crime-responding role, the resident felt comfortable coming to him with their information. Additionally, the presence of the PSO allowed for an immediate response, making the resident feel safer and more reassured.

Case Study 10:

## Gritting Treacherous Pavements

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During a patch of particularly icy weather, the PSO was patrolling the local area. A local resident stopped him and requested that something be done about the snow and ice on the roads, which was a danger to everyone and, therefore, a matter of public safety. The PSO got in touch with Highways at North Yorkshire County Council and the parish council but found that no gritter would be available until the next winter. He then contacted the town council and impressed the situation on them. By the next day, the council had organised a sufficient supply of grit and employed someone to distribute it. By the end of the day, the entire area had been gritted. This would probably not have happened without the PSO intervening on behalf of local residents.

## 6. CONCLUSIONS

This final chapter focuses on progress towards objectives (recommendations for the future of the Service appear in the Management Summary).

### 6.1 INITIAL ASSESSMENT OF PERFORMANCE AGAINST ACHIEVING SCHEME OBJECTIVES

The first scheme objective was 'improved public safety, increased prevention of vulnerability and reduced harm'. It is clear from the analysis of activities in Chapter Four there has been good progress here. For instance, most visits were health-related and included prescription deliveries to vulnerable and shielding residents, as well as Safe and Well visits.

Covid-19 has ensured that PSOs have been able to advise on Government restrictions and support vulnerable citizens (see Case Studies in Annex One and Cornerstone Case Study). One PSO worked with 'Integrated Care Communities', part of the Morecambe Bay Trust, and has assisted the charity in delivering pulse-oximeters<sup>4</sup> to people with Covid-19.

The immediacy of PSO response is a distinct advantage in isolated rural areas. There is potential to assist the police and YAS even more.

*"For a place like Bentham, it's having that immediate response and somebody nearby so that if they ring something in, or see something, it's not a two day wait."*

*"There's a huge benefit for the fire service, and in all likelihood a good benefit for the police. There's probably a big benefit in terms of healthcare prevention, rather than a healthcare response."*

The second objective of the Pilot was 'enhanced local partnership working'. This has worked on two levels: operationally and strategically. Operationally, the PSOs have made good links with many local services and groups, while there is evidence of good two-way referrals.

*"It's not just about referral coming in. It's about a shared resource and, more importantly, a shared understanding of vulnerability."*

*"I think this should be about doing different things. [...] We're very reactive in this force [...] so for me PSOs are an opportunity to do that [prevention work] but with the huge added benefit of combining different disciplines."*

*"They're making those connections and building those networks."*

*"Doctor's surgeries and things like that have started to get involved. [...] The council have started to take a little bit of interest as well."*

This project has started to engage public services around a shared objective of prevention.

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<sup>4</sup> Measures (blood/oxygen saturation) and pulse measurements (Bpm).

*"There is an understanding of the role from all partners and a willingness to have a go at it."*

*"We're learning from each other, there's definitely been a big benefit in being engaged in this scheme because we've understood far more about how all the services work."*

*"Although linked with the ambulance service, I'd like to see them more widely linked in with the wider NHS, public health etc. and there'd be more benefits from that."*

The final PSS objective was about 'improved community confidence, satisfaction and trust in public services'. The Case Studies illustrate good progress towards this objective.

*"[The PSO] has been brilliant when we need him. He's such a lovely, pleasant chap – he seems to really care, and he can't do enough to help." (see Case Study 3)*

*"He's very approachable and easy to chat to, he makes a point of introducing himself to people in the village." (see Case Study 4)*

*"[The PSO's] got a real can-do attitude and everyone is comfortable to go to him." (see Case Study 8)*

*"I went to see a PSO and we went round to a local business. Two or three people walked up the street and all knew the PSO and were saying how fabulous they were. I thought, this person has actually made an impact even in these circumstances."*

The presence of a PSO is welcomed by many.

*"It's about having the resource actually physically in the location, for me, rather than the role itself. It's having a capable guardian. And that capable guardian could be any of the uniformed services."*

*"[The PSO] is doing a great job on the reassurance, the physical presence and continually being there."*

*"I'd be happy if that [improved trust in community services] was the only outcome we got as it's absolutely massive."*

Overall, stakeholders believe the Pilot has demonstrated the PSO role is impactful and increasingly respected. It needs to grow its critical mass, demonstrate its worth and be considered as part of a medium-term financial plan as a legitimate expenditure.

*"It needs to evolve and grow, developing quite quickly and organically. In a sense we have nothing to sell yet but a concept and some nice stories. We want to be able to say we can do it in Bentham and Grassington and all over the country but to do that we need to continue to grow it. We will also need some partner support and resources to do that."*

*"If we're going to keep PSOs, we need to make sure that they're part of the resourcing models that we're looking at in our change programmes that we've got coming. The team hasn't got sufficient critical mass for me to actually make a big enough difference currently."*

*"Ultimately it's a good project and I think there's definitely a place for it. And I think it can only benefit us and the communities going forward. It can achieve and save a lot in the long term."*



## 7. ANNEX ONE: ADDITIONAL CASE STUDIES

### *Anti-Social Behaviour at a Disused Quarry*

A disused quarry was shut down after people began to use the site as a 'party hotspot', attracting 400 cars a day. Drug paraphernalia and litter were found at the site, and visitors were using the small lake at the centre of the quarry for swimming. Residents had safety concerns. It was essential that the ASB and gathering were addressed promptly, as the social distancing measures put in place to limit the spread of Covid-19 were being broken.

The area's PSO was informed of the issue and took action by speaking to Craven District Council, the local policing teams and the representatives of the quarry over the course of a week in order to establish a plan of action. The PSO continued to communicate developments between all parties. The quarry's property owners decided to close the quarry, with gates constructed within 24 hours and security introduced at the entrance within 48 hours. Extra signage was also put in place. Other actions taken included introducing a police presence (PSO and Safer Neighbourhood Team officers) whilst the adaptations took place. Social media was used to announce the closure. Within 48 hours of the quarry's closure, the car count of visitors fell to below 100 per day.

### *Well-Being Inquiry*

A PSO and PCSO attended the address of a female living with dementia and her partner, who was her carer, following concerns from a neighbour that they had been arguing and the female had hidden a large amount of money in the garden. The male disclosed that he was struggling to care for his partner, and had difficulties getting her to take her medication. Following this visit, referrals were made to adult social care and Living Well for both individuals. Additionally, a Safe and Well visit was carried out by the PSO, resulting in new smoke detectors fitted in the home.

### *Covid-19 Breaches*

Whilst out on patrol in town, the PSO was stopped by a volunteer who informed them that a couple had travelled from Liverpool to their holiday cottage in the area. This non-essential journey broke Covid-19 travel restrictions. Using vehicle details provided by the volunteer, the PSO found the vehicle and ran its VRM through Police control, which confirmed that it was registered at a Liverpool address. The PSO followed up by submitting an intel form in NICHE and contacted the Sergeant in the Safety Hub, who forwarded the complaint onto a PC/PCSO, who spoke to the couple. The complainant was also notified of actions taken.

### *Vulnerable Adult*

The PSO found a confused male wandering in a remote location. He was carrying camping equipment, appeared to be foreign and refused to engage or provide the PSO with more details. There was a language barrier and the male in question did not know where he was. There were concerns that he was sleeping rough and potentially breaching Covid-19 rules that prohibited overnight stays. The PSO acted by contacting NYP FCR and relaying details. The PSO monitored the individual and provided updates until officers arrived.

### ***Commercial Crime Prevention***

Whilst on patrol, a local business owner reported to the PSO that a second entry attempt in a week had been made at their business premises overnight. The victim stated that their daughter was now scared to go into the building. The PSO responded by reporting the incident details to GCR with a requirement for Officer attendance and a possible CSI opportunity. Initial enquires were carried out and the business was advised on crime prevention measures. During these enquiries, the PSO spoke to a local handyman, who immediately visited the victim to improve the safety of the premises.

### ***High-Risk Offender Management***

The Community Safety Hub required management of high-risk sex offenders following concerns over their continuing adherence to bail conditions, court attendance and potential risks to Officers regarding Covid-19. Action was taken by the PSO, who collaborated with an NYP Officer to undertake home visits to high-risk sex offenders for welfare and general checks as well as adherence to bail conditions. The relevant intelligence was submitted through the appropriate channels.

### ***Covid-19 Breaches at Beauty Spot***

A resident reported to the PSO that social gatherings had been occurring at a local beauty spot, with up to 10/15 people in attendance at one time. The groups had been lighting fires, with the Fire Service being called on one occasion due to concerns over the site's conditions following a period of dry weather. Concerns over social distancing were also highlighted. The PSO acted by updating the reporting party that appropriate action was being taken. A community message was sent out and social media was used to give details of the incident and request that individuals adhere to Government rules. Signs about social gatherings and non-essential travel were also put up in the location and at surrounding footpaths.

### ***Fire Safety Concerns***

A PSO was part of the crew mobilised to reports of a house fire. On arrival, there were no obvious signs of a fire. One resident stated they believed the fire could be coming from their neighbour's house. The occupant of the house in question was at work, their sister was in the property but initially refused entry for an investigation. The PSO helped to explain concerns and the need for a fire investigation using a thermal image camera. The property was checked for working smoke alarms, and during the investigation, it was apparent that there was significant neglect and hoarding at the property. Firearms were found that were not safely locked away. The PSO spoke to the sister and took details of the property owner for a Safe and Well visit with the PSO and a PCSO. The PSO completed relevant paperwork, outlining warning markers for the property, and ran the occupant through police systems to check they had a gun licence and there were no warning markers for the individual. The Officer also notified the area Firearms Officer, who booked an appointment to see the property owner.

### ***Commercial Premised Fire and Rescue***

A PSO joined the fire crew, who responded to a large fire at the Old Swann Inn pub in Gargrave. The crew, including the PSO, rescued a person from the roof of the building (avoiding a fatality) and put out the fire. A six-pump attendance was required, and an aerial ladder platform was used. Additionally,



nearby properties were temporarily evacuated, and residents were urged to close doors and windows to minimise contact with the smoke spreading from the fire.

### ***First Aid Response***

The PSO was the first on the scene and gave first aid to an injured couple who had been attacked by a cow in the Yorkshire Dales. The incident occurred near Starbotton in Upper Wharfdale. The PSO arrived before police and paramedics and helped the injured couple, who were later taken to hospital by road ambulance with cuts and bruises. Police praised the role of the PSO.

### ***Water Safety***

It was predicted that many people would visit and swim in the River Wharfe at Linton Falls near Grassington during the forecasted period of hot weather. A PSO issued health and safety warnings after concerns were raised about the dangers of swimming in the area following the death of a teenager who had entered the river just a week prior. The PSO advised visitors and residents not to swim in the river as cold-water shock and fast-flowing water posed significant risks to swimmers. This advice was circulated in local news articles.

# Case Study:

## Cornerstone Turns to PSO for Advice on Covid-19 Restrictions



“(The PSO) did all the background work, said leave it to me. Having (PSO) there to discuss with police, it’s so nice that he knows the building, just having somebody there, a face you can go and see. Just his presence in the town.

Local Minister

When tier restrictions were announced in the autumn of 2020, a local church community looked at the regulations and felt that church services would be permitted in the village hall if conducted under the proper protocol. With the help and involvement of the PSO, they drafted COVID-safe guidelines for their services.

Despite church services in the village hall being legal under the guidelines, a local resident complained to the police. On behalf of the minister, the PSO checked the regulations and confirmed that the services were operating within tier restriction guidelines.

During a church service, the local resident contacted the police again and reported an illegal social gathering. The police arrived and asked the congregation to leave, informing them that their service was against the rules. The minister spoke to the PSO, who again confirmed that the service had been lawful. After emailing North Yorkshire Police, the minister received an apology.

The PSO spoke to the resident and explained the regulations as they applied locally, whilst offering his support should the resident be feeling anxious about Covid-19. He also identified underlying issues the resident had regarding churchgoers parking on his road and spoke to members of the church about considerate parking to avoid further conflict.

To avoid difficulties the next Sunday, and to ensure the congregation felt comfortable, the PSO attended the next church service. This was useful, as the minister told us, because:

“Having the PSO there for the service the next week meant we felt safe and knew we were allowed to be there. The other officers who come in are great and very professional but don’t know everybody locally and aren’t embedded in the community like the PSO.”

“

He’s so good at listening, he picks up on the situation straight away, very approachable. He offers help, he doesn’t have to be asked, he says ‘oh I could do that’ when anything comes up.

Local Minister



She concluded:

“I would recommend everywhere have a public safety officer... having someone in the community gives everyone a real sense of safety, which is so important.”

Local Minister

## 8. ANNEX TWO: CONSULTEES

Name	Position	Organisation
Robbie Kirkbride	Public Safety Officer	North Yorkshire Fire and Rescue Service (NYFRS)
Craig Lyons	Public Safety Officer	North Yorkshire Fire and Rescue Service (NYFRS)
Tom Thorp	Policy and Scrutiny Manager	Office of the Police Fire and Crime Commissioner (OPFCC)
Fiona Kinnear	Policy and Scrutiny Officer (Fire & Rescue)	OPFCC
Leigh Birkbeck	Project Manager	OPFCC
Mark Khan	Superintendent	North Yorkshire Police (NYP)
Elaine Malcolm	Former Sergeant	NYP
Phil Whild	Area Manager Head of Risk Management	North Yorkshire Fire and Rescue Service (NYFRS)
Amanda Hanush-Moore	Sergeant	North Yorkshire Police (NYP)
Tony Peel	Craven Station Manager	NYFRS
Dave Winspear	Group Manager and Prevention and Protection	NYFRS
Rachel Pippin	Sector Commander	Yorkshire Ambulance Service (YAS)
Jonathan Stubbs	Sergeant (Community Safety Hub)	NYP

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