

Session One: Participants were asked to discuss the challenges that may need to be overcome if health and well-being initiatives are to be successfully implemented

Challenges Identified

1. Engaging with the workforce. Experience suggests that the staff are cynical about the intentions and success of implementing health and wellbeing initiatives.
2. Ability to clearly demonstrate a return on investment, especially in cases where sickness absence levels are perceived to be increasing.
3. Increasing workloads on staff discourage them from managing their own health and well-being. Belief is that work will accumulate in absence, or that sickness is a sign of lack of capability.
4. Health and Well-being interventions are seen as reactionary and not preventative.
5. Occupational Health, in particular, is perceived as a management tool. Staff believe they are 'sent' to OH as part of sickness absence management. There is often no opportunity for staff to self-refer.
6. There are issues with the overall Occupational Health service 'model', including:
 - the need for GP or management referral
 - there is not fast track for NHS staff; staff often 'slow track' themselves so they are not perceived to be 'queue jumping'
 - NHS provided, on-site dental services could help manage the impact of routine dental care on patient care.
7. The financial regimes do not support more proactive staff health and well-being models of care or care pathways.

Session Two: Participants were asked to identify what needs to be done at a national, regional and local level to support successful implementation of health and well-being initiatives.

	Theme	Comment
National	Commissioning support and priorities	More emphasis with commissioners
		Assist in getting workforce health for providers recognised as a commissioner priority
		Provide evidence to influence commissioners to commission appropriate services
	National frameworks and policy	Framework / best practice document for Healthy Workplace services
		Support dialogue and discussion to ensure an appropriate balance in policy, contracts and SLAs for health and well-being
		National SPF to agree national framework / SLA
		Ensure Operating Framework gives due national priority to workplace health issues
Specialist services	National support for the recruitment of specialist within organisations, e.g. CBT practitioners, dental, ergonomics, etc.	
Referral policy	Designate OH services as a legitimate entry point into further NHS treatment.	
Regional	Good practice sharing and promotion	Development of a regional well-being section on a dedicated website – maybe linked from the National Partnership forum site.
		Benchmarking standards in Occupational Health, health promotion and prevention in organisations
		Regional promotion of examples of good well-being initiatives and their impact
		Share good practices and examples that work
	Regional standards, interventions and monitoring	SHA to monitor health and well-being across region, and share best practice
		Regional high level recognition of value of healthy workplaces
		Regionally accepted standards or targets to be delivered through commissioning
		Apply accepted public health best practice to NHS staff - such as 'short interventions for alcohol'.
		Use NHS based 'pilots' for emerging 'best practice' interventions in public health responses
	Regional support and resources	Develop regional health and well-being economies to focus on issues arising within that region and set up a best practice working network
		Commission specialist support at 'supra-trust' level
		Provide funding for health and well-being initiatives and provide guidance on how to access the funding
		Ensure appropriate balance policies, contracts and SLAs for reactive health and well-being practices –risk, health and safety, etc.

	Theme	Comment
Local	Local Partnerships	Local health economy to accept common issues affecting total NHS workforce (all providers)
		Explore local solutions to address promotion of common issues
		Enter in to local partnerships with providers of health and well-being services
	Staff engagement and facilities	Prioritise staff H&WB to win staff over to wider proactive well-being practices so that OH is a last resort
		Engage more with staff – evidence of what staff want from occupational health
		Promotional proactive campaigns and ensure sufficient capacity to meet demand
		Any scope for shared facilities, e.g. staff gym (acute / PCT / Mental health)
		Redevelopment of hospital structure. Allow space for quiet / rest / coffee area.
		Access time for meal breaks and drinks
	'Occupational Health' access and remit	Commission OH services that provide well-being services not just illness management
		Broaden remit of Occupational Health – very medically focused
		Need greater OH availability and wider remit
		Shared approach – joint referrals to OH with an agreed approach to the management of the well-being of staff.
		Fast track to dermatologists for staff with sore hands, broken skin, contact dermatitis.
		Encourage staff to self refer rather than being 'sent'
		Consistent approach to commissioning health and well-being in workplaces.
	Link to public health initiatives	Higher profiling of NHS workforce as part of local community, and links to health inequalities agenda.
	Local sponsorship	Have a trust board champion for H&WB issues
		Support local health and well-being / support services for employees
	Prevention rather than cure	Staff / teams should be risk assessed before health problems arise to enable preventative actions
Encourage take-up of health promotion activities – very poor staff take up of healthy eating, smoking cessation, etc.		
Further work on healthy work-life balance – 'joined up' approach		
Information management	Draw better pro-active information from sickness reporting systems	
	Measure presenteeism rather than absenteeism – positive messages	