



# NHSHealthandWellbeing

## NHS Engagement Workshop Summary November 2009

## Table of Contents

Chapter 1 - Introduction.....	1
Chapter 2 - Workshop 1: Public Health and Staff Health.....	3
Chapter 3 – Workshop 2: Developing H&WB Services and Staff .....	4
Chapter 4 - Workshop 3: Levers and Principles of Change.....	6
Chapter 5 - Summary of Common Themes by Location.....	8

## Chapter 1 - Introduction

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1.1. The Review of the Health and Wellbeing of the NHS Workforce was announced by the Secretary of State on 25<sup>th</sup> November 2008 as part of the Government's response to Dame Carol Black's report on the health of the UK's working-age population.

1.2. The Interim Report was published on 19th August 2009, and the following Regional Events took place during September 2009 so that each of the 10 Strategic Health Authorities (SHAs) could:

- hear firsthand the findings and recommendations of the Interim Boorman Report
- have the opportunity to comment on and prioritise those recommendations, and
- develop initial planning for the local implementation of those recommendations.

1.3. The Regional Events were attended by approximately 100 people at each venue, and after an introductory plenary presentation from Dr Steve Boorman, each comprised examples of local best practice and the following three workshops:

1. Public Health and Staff Health
2. Developing Health & Wellbeing Services and Staff
3. Levers and Principles of Change

1.4. The event schedule was as follows:

Date	Strategic Health Authority	Location
19 Aug 09	NHS London	London
02 Sep 09	NHS East Midlands	Nottingham
04 Sep 09	NHS East of England	Cambridge
07 Sep 09	NHS Yorkshire and the Humber	Leeds
08 Sep 09	NHS South West	Taunton
11 Sep 09	NHS West Midlands	Birmingham
17 Sep 09	NHS South Central	Newbury
21 Sep 09	NHS North East	Newcastle
24 Sep 09	NHS South East Coast	Gatwick
30 Sep 09	NHS North West	Manchester

1.5. A summary of the engagement events on the website: [www.nhshealthandwellbeing.org](http://www.nhshealthandwellbeing.org)

- 1.6. As indicated above, one of the key purposes of the events was to allow attendees to provide feedback on the recommendations contained in the Interim Report in order to inform local, regional and national planning and also to assist with the development of the Final Report for the review. This feedback was obtained through the three workshops referred to in paragraph 1.3 above, and it is summarised in Chapters 2 to 4 of this analysis.
- 1.7. In addition, some key themes emerged as a result of this feedback. These themes have been based on the opinions of the attendees and have been collated in this document and mapped back to the recommendations contained in the Final Report. The comments, by theme, are shown in Chapter 5 of this analysis.
- 1.8. Finally, delegates were also invited to provide other feedback to the review team via mail, e-mail and the website. This material - including case studies, and other information and evidence - has also been collated and incorporated in other technical appendices, which are also published on the website.

## Chapter 2 - Workshop 1: Public Health and Staff Health

### Highest and Lowest Prioritised Recommendations

(1 being highest, and 11 being lowest)

	Overall	East of England	East Midlands	London	North East	North West	South Central	South East Coast	South West	West Midlands	Yorks and the Humber
Prioritise addressing mental health issues	1	1	1	1	1	2	1	1	1	1	
Management standards for managing work related stress	2	2	2	2	2	3		2	3	2	3
NICE guidance on promoting mental H&WB at work	3	3	3					3	2		1
NHS challenge to reduce obesity in staff					3					3	2
Independent evaluation of the effectiveness of recommended interventions				3		1	2				
NHS challenge to reduce smoking prevalence in line with national targets						10			10		
NHS activity challenge					11		11				
Active participation in Coalition for Better Health and related alcohol interventions	8	10						9	9	11	9
Additional research into presenteeism	9	9	11	11			3	11		10	11
Longitudinal study of a cohort of NHS staff	10	11	9	9	9	9	9				10
Health food initiatives such as the Healthier Food Mark	11		10	10	10	11	10	10	11	9	

## Chapter 3 – Workshop 2: Developing H&WB Services and Staff

### Highest and Lowest Prioritised Recommendations

(1 being highest, and 17 being lowest)

	Overall	East of England	East Midlands	London	North East	North West	South Central	South East Coast	South West	West Midlands	Yorks and the Humber
Implement early intervention programmes	1		1	2	2	1	3		2	1	
Management training to include the role and nature of occupational health services	2			1	3		2	1			1
Review funding for staff health and well-being, including income generation practices	3	1	2			2		2			2
Staff involvement in service development	4		3						1	3	3
Nationally specified minimum service specifications for staff H&WB services, including national metrics	5	2			1	3			3		
Strengthening the evidence base on effective interventions				3						2	
NHS trust to develop commissioning plans for staff H&WB integrated with service improvement plans		3					1			17	
Re-branding occupational health to 'NHS staff health and well-being'								3			

## Highest and Lowest Prioritised Recommendations (cont'd)

(1 being highest, and 17 being lowest)

	Overall	East of England	East Midlands	London	North East	North West	South Central	South East Coast	South West	West Midlands	Yorks and the Humber
Self referral as well as management referral						17					
Implement intelligent protocols and information sharing relating to pre-employment screening								17			
Prioritisation of the recruitment of occupational health clinicians								16	15		17
Service standards currently being developed by professional bodies to be adopted by NHS organisations					16	16			17		16
Establishment of an electronic H&WB library for the NHS	14		16	15	17						
Establish regional specialists on occupational health medicine to support to units without consultant resource	15	16	15				17	15		16	
Undertaking an Equality Audit to any service inequalities	16	17		16	15	15	16		16		
Regional consultant medic to provide leadership and advice to individual units	17	15	17	17			15			15	15

## Chapter 4 - Workshop 3: Levers and Principles of Change

### Highest and Lowest Prioritised Recommendations

(1 being highest, and 17 being lowest)

	Overall	East of England	East Midlands	London	North East	North West	South Central	South East Coast	South West	West Midlands	Yorks and the Humber
Ensure managers are equipped to support staff and tackle H&WB issues	1	1	2	2	2	1		2	3		1
Staff H&WB included as a priority in the Operating Framework	2	2	3		1		1	1		2	
Executive Director responsible for implementing and monitoring staff HWB strategy	3		1	3	16		2	3	1		
Management training to include staff H&WB support and management	4			1	3	2				1	
Questions included in NHS Staff Survey to monitor improvements against constitutional pledge (staff H&WB status)			17				16			3	
Measure effectiveness of managers – return to work interviews, and staff appraisals		3									
Governance frameworks to include targets and measures for staff H&WB											2
Agreed routine metrics for monitoring service effectiveness and return on investment											3
Trust Boards identify senior manager responsible for coordination						3			2		

## Highest and Lowest Prioritised Recommendations (cont'd)

(1 being highest, and 17 being lowest)

	Overall	East of England	East Midlands	London	North East	North West	South Central	South East Coast	South West	West Midlands	Yorks and the Humber
Management training to include staff H&WB support and management								15			17
Sickness absence data collection and reporting		15				16		16			
Agreed routine metrics for monitoring service effectiveness and return on investment		16									
Management appraisals, incentives and progression take account of support for staff H&WB		17									
Measure effectiveness of managers – return to work interviews and staff appraisals										15	
Governance frameworks to include targets and measures for staff H&WB	13			17			17			16	
Provider contracts to include terms on staff H&WB	16 =			16	17	17	3		17		
Sickness absence data collection and reporting	16 =										15
Questions included in NHS Staff Survey to monitor improvements against constitutional pledge (management practices influencing H&WB)	16 =		15				15	17	16		
Health and Well-being Accounts, linked to Quality Accounts	17		16	15	15	15			15	17	16

## Chapter 5 - Summary of Common Themes by Location

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5.1 Several key themes were common to all events, and these are as follows:

- Measurement criteria and governance
- Leadership support
- Case for change and resourcing
- Manager training
- Models of care
- Staff involvement
- Culture change
- Good practice and benchmarking
- Staff health issues

5.2 In this chapter, we provide a summary of some of the comments received from attendees relating to these key themes. The comments provided in this section have been taken verbatim from the workshop feedback.

**East of England 07 Sep 09**

<b>Measurement Criteria and Governance</b>	<ul style="list-style-type: none"> <li>• H&amp;WB metrics should be part of every trust Board</li> <li>• National SLA for H&amp;WB, which provides framework for local plan</li> <li>• Make H&amp;WB part of new contract requirements (incl.in all new tenders)</li> <li>• Include H&amp;WB in Operating Framework, but also in Induction process</li> </ul>
<b>Leadership Support</b>	<ul style="list-style-type: none"> <li>• Need leadership example (leave on time, stop e mailing eve/weekends) to 'allow' staff to prioritise H&amp;WB at work</li> <li>• H&amp;WB Governance – needs Non-Exec Director responsible to keep Board focus</li> <li>• Leadership needs to be brave and invest now in staff health and well-being.</li> </ul>
<b>Case for Change and Resourcing</b>	<ul style="list-style-type: none"> <li>• Create local business case (linked to regional / national / international) and make clear current situation and what funding / savings would be available or made in set period as a result of improved H&amp;WB services.</li> <li>• Review H&amp;WB resource allocation</li> </ul>
<b>Manager Training</b>	<ul style="list-style-type: none"> <li>• Make H&amp;WB part of any new recruitment 'contract'</li> </ul>
<b>Models of Care</b>	<ul style="list-style-type: none"> <li>• Do not rely on income generation to fund H&amp;WB</li> <li>• Self referral is difficult for managers to deal with, and needs to be an assessment of need as Self referral to physio etc. could lead to misuse.</li> <li>• Pre-employment screening needs reviewing: "Clothier Report" = 20 yrs old</li> <li>• Strategic partnership with local authority</li> </ul>
<b>Staff Involvement</b>	<ul style="list-style-type: none"> <li>• Engage staff – make it easy for them to take up</li> <li>• Get staff to train rather than external support to engage staff at the same time</li> </ul>
<b>Culture Change</b>	<ul style="list-style-type: none"> <li>• Need to shift practice and change culture, i.e. eating at desk, reduce pressure, expectations need to be realistic</li> </ul>
<b>Good Practice and Benchmarking</b>	<ul style="list-style-type: none"> <li>• Include PCTs and 3rd Sectors in H&amp;WB activities</li> <li>• Consistent information for benchmarking performance.</li> </ul>
<b>Staff Health Issues</b>	<ul style="list-style-type: none"> <li>• Embed positive mental health thinking in all departments and include in all staff training and induction – HR, OH, commissioning, public health – &amp; Board champion.</li> <li>• 3hr "Working Under Pressure" workshop quarterly to identify stress in self, stress in others, impact on organisation, absence figs, reduction in stress, etc</li> <li>• Employer Assistance Programme including psychiatric / psychological support.</li> <li>• Standardise canteen guidelines to enforce healthy portions</li> </ul>

**East Midlands 02 Sep 09**

<b>Measurement Criteria and Governance</b>	<ul style="list-style-type: none"> <li>• Need to adapt H&amp;WB into targets and frameworks to ensure high on Trust agenda</li> </ul>
<b>Leadership Support</b>	<ul style="list-style-type: none"> <li>• Visible senior management support and commitment with resources allocated</li> <li>• Exec Director champion ? Consider shared approach with local authority, e.g. lead director/manager in both (or either) with wider brief</li> </ul>
<b>Case for Change and Resourcing</b>	<ul style="list-style-type: none"> <li>• Ring fence money to follow through on stress management training for managers</li> <li>• Central funding is essential to expand existing services to develop what is needed</li> <li>• Ensure that a budget can be allocated in the operating framework to the H&amp;WB and that nationally that it is given priority</li> </ul>
<b>Manager Training</b>	<ul style="list-style-type: none"> <li>• Training for managers/HR especially band 7 level so that the culture is supportive of staff referral early to OHD</li> <li>• Managers need stress awareness training as a matter of course not as an optional extra</li> <li>• Essential that managers are trained to be aware of stress in themselves and workforce (which is mainly finance) and respond more effectively (i.e. by being given listening skills training)</li> <li>• Should be integrated with other management/leadership training,</li> <li>• Include “managing own health” training in department programmes</li> <li>• Managers need mandatory training; support and guidance not to be reactive</li> <li>• Review “Professional Training” and vocational training to include “looking after self” and “looking after others”</li> </ul>
<b>Models of Care</b>	<ul style="list-style-type: none"> <li>• More focus on prevention of sickness caused by work. Pro-active not reactive</li> <li>• Need to manage the tension between being supportive / proactive vs. intervening</li> <li>• Better advertising of services that are available to staff to encourage self-referral</li> </ul>
<b>Staff Involvement</b>	<ul style="list-style-type: none"> <li>• Ensure employee buy-in and make sure that interventions meet employee’s interest, wants and needs</li> <li>• Invite staff to decide how HWB can be improved, get champions in workforce</li> </ul>
<b>Culture Change</b>	<ul style="list-style-type: none"> <li>• Leadership development for Band 6/7/8’s to include promoting and sustaining a positive work culture, valuing staff, managing difficult situations.</li> </ul>
<b>Good Practice and Benchmarking</b>	<ul style="list-style-type: none"> <li>• Regional comparison of proposed interventions shared expertise.</li> <li>• Regional bench marking of effectiveness of different intervention</li> </ul>
<b>Staff Health Issues</b>	<ul style="list-style-type: none"> <li>• Collaboration between services such as Public Health &amp; Occ. Health.</li> <li>• Prioritised and combined with Public Health interventions</li> <li>• Conduct local workforce health needs assessment</li> </ul>

London 19 Aug 09

<b>Measurement Criteria and Governance</b>	<ul style="list-style-type: none"> <li>• Need common measurement criteria</li> <li>• Link H&amp;WB data to ESR</li> <li>• H&amp;WB criteria to be included in World Class Commissioning contracts</li> </ul>
<b>Leadership Support</b>	<ul style="list-style-type: none"> <li>• H&amp;WB must be Board responsibility – pref not HR Director</li> </ul>
<b>Case for Change and Resourcing</b>	<ul style="list-style-type: none"> <li>• H&amp;WB funding : should have standards from private sector, with metrics based on them, and costed accordingly</li> </ul>
<b>Manager Training</b>	<ul style="list-style-type: none"> <li>• Mandatory Mental Health training for managers</li> <li>• Consistent, professional, national OH training must be built into management and leadership development – ‘managing staff effectively’ with a focus on helping support / encourage staff</li> <li>• Give managers skills in identifying early signs of mental health and link this to performance assessments.</li> <li>• Managers also need ‘soft HR’ skills training (ie, Emotional Intelligence, coaching, stress management, etc)</li> <li>• Management training is essential</li> </ul>
<b>Models of Care</b>	<ul style="list-style-type: none"> <li>• Early intervention is critical – need to communicate well to ‘sell’ benefits</li> <li>• Focus effort and budget only on interventions that are most effective</li> <li>• Central Staff Health database to eradicate duplication of pre-screening</li> <li>• In-house staff must come first, then external</li> </ul>
<b>Staff Involvement</b>	<ul style="list-style-type: none"> <li>• Staff involvement needs to be meaningful and transparent and staff need to know that their involvement makes a difference</li> </ul>
<b>Culture Change</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Good Practice and Benchmarking</b>	<ul style="list-style-type: none"> <li>• Share scores / ideas with other NHS in region</li> <li>• Benchmark scores with other non-NHS in region</li> <li>• Use staff in regional / national initiatives</li> <li>• Use good examples of practice</li> <li>• Provide case study data on real cases of individual achievement in Health/Wellbeing.</li> </ul>
<b>Staff Health Issues</b>	<ul style="list-style-type: none"> <li>• Use external 3<sup>rd</sup> Party Mental Health support</li> <li>• Subsidise cost of healthy foods to equal ‘dish of day’ or staff diet risks being driven by budgetary considerations</li> <li>• Activity should be encouraged through structural means as well as individually focused initiatives e.g. changing policies to reward active travel as much as car usage/mileage allowances ok.</li> </ul>

North East 21 Sep 09

<b>Measurement Criteria and Governance</b>	<ul style="list-style-type: none"> <li>• Need specific outputs and outcome measures – successful outcomes for staff and employer – back to healthy working or alternative as necessary. Can be a very drawn out process</li> <li>• Operating Framework H&amp;WB measures must focus on long-term not short-term</li> <li>• Improved data collection requires commitment to consistent standards and ESR use</li> <li>• Don't reinvent the wheel, for PCTs this will be included in WCC comp, 'employer of choice'</li> </ul>
<b>Leadership Support</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Case for Change and Resourcing</b>	<ul style="list-style-type: none"> <li>• Build local business case for change</li> </ul>
<b>Manager Training</b>	<ul style="list-style-type: none"> <li>• Prevention important, e.g. living and coping with stress as part of induction/mandatory training for all staff. 'Managing stress' for managers</li> <li>• Training and mentoring of managers in mental health awareness</li> <li>• ALL staff need MHFA (Mental Health First Aid) Training.</li> <li>• Just train managers to an appropriate level e.g. clinical background and a masters degree do NOT make a manager!</li> </ul>
<b>Models of Care</b>	<ul style="list-style-type: none"> <li>• Make it acceptable for NHS staff to have early access to NHS services, e.g. back pain, Mental Health, diagnostics.</li> <li>• Self-referral is important – employee self management, control, reduces stigma</li> <li>• Ensure counselling services are available and accessible via self-referral as well as management referral</li> </ul>
<b>Staff Involvement</b>	<ul style="list-style-type: none"> <li>• Raising awareness of staff's own responsibility for managing stress</li> <li>• Need internal H&amp;WB PR Campaign to promote positive messages</li> <li>• Staff need input to design their own local services – focuses on local issues/needs, removes £ on least needed services, gets 'buy in', improves partnership working - use Staffside input</li> </ul>
<b>Culture Change</b>	<ul style="list-style-type: none"> <li>• Communicate a caring culture where staff feel they matter.</li> <li>• Barriers – NHS culture. Training issues – managers, workforce. Workload and priorities. Pressures: long hours, targets.</li> </ul>
<b>Good Practice and Benchmarking</b>	<ul style="list-style-type: none"> <li>• Benchmark and share best practice across the region</li> </ul>
<b>Staff Health Issues</b>	<ul style="list-style-type: none"> <li>• Link with Public Health activities</li> <li>• Stop staff smoking outside of NHS premises – continue to offer stop smoking support</li> <li>• Promote the messages about safe drinking. Ensure fast-track service when potential problem identified.</li> </ul>

**North West 30 Sep 09**

<b>Measurement Criteria and Governance</b>	<ul style="list-style-type: none"> <li>• National and consistent long term standards are vital for sustainability</li> <li>• Check staff health annually</li> <li>• Quarterly staff H&amp;WB survey rather annual on smaller range of issues</li> <li>• Agree standards, as it's not just % sickness/absence, but also levels of take up of counseling services in Occ Health</li> <li>• Include specific measurable H&amp;WB questions in national staff survey linked to the constitutional pledge</li> </ul>
<b>Leadership Support</b>	<ul style="list-style-type: none"> <li>• Multiple layers focus on H&amp;WB from appraisal through team meetings to Divisional / Directorate meetings.</li> </ul>
<b>Case for Change and Resourcing</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Manager Training</b>	<ul style="list-style-type: none"> <li>• Joint occupational health awareness training by HR and Occ Health</li> <li>• National agreement between Medical education/training education and management training about role of OH and understanding of each others skills</li> </ul>
<b>Models of Care</b>	<ul style="list-style-type: none"> <li>• Same standard for pre-employment screening across all organisations: needs to share more general OH info not just vaccinations</li> </ul>
<b>Staff Involvement</b>	<ul style="list-style-type: none"> <li>• Staff side involvement to recognise H&amp;WB as part of benefits package</li> </ul>
<b>Culture Change</b>	<ul style="list-style-type: none"> <li>• Massive cultural change needed for effective engagement of staff at all levels</li> </ul>
<b>Good Practice and Benchmarking</b>	<ul style="list-style-type: none"> <li>• Similar to IWL we could be called together to share best practice</li> <li>• Examples of standards and best practice to national level.</li> <li>• Facilitate networks of best practice at local level.</li> </ul>
<b>Staff Health Issues</b>	<ul style="list-style-type: none"> <li>• Development of job role (in HR or Occ Health) to support job retention for staff with Mental Health problems – by agreement with Trade Unions</li> <li>• Build on work of national organisations (ie. MIND) on promoting awareness around mental health issues and improve communication to NHS staff on what is provided locally to improve mental well-being support to colleagues</li> <li>• Incentivise cyclists with the highest not the lowest travel allowance</li> <li>• Introduce a “wellcheck” as part of the recruitment process</li> <li>• Guidance (and monitoring) Trusts on food/drink available for sale i.e. most vending machines are put in for profit and do not offer cheaper healthier options</li> <li>• Mandate canteen meals to include two portions of veg – staff have to opt out</li> <li>• Introduce ‘personal MOTs’ as a perk to monitor H&amp;WB, and reward healthy lifestyles?</li> </ul>

## South Central 17 Sep 09

<b>Measurement Criteria and Governance</b>	<ul style="list-style-type: none"> <li>• NHS staff survey to name and shame those trusts with high incidence of stress/mental health in Trust.</li> <li>• Better defined standards on KPI's to use with providers, and better monitoring</li> <li>• If we are going to collect and analyse sickness absence then it needs to be consistent across NHS in terms of what, when etc to enable benchmarking.</li> <li>• Consistent and improved use of ESR</li> <li>• Benchmarking data measuring an agreed set of metrics for monitoring effectiveness</li> </ul>
<b>Leadership Support</b>	<ul style="list-style-type: none"> <li>• Need exemplars at senior levels showing that 'normal' hours are ok</li> <li>• H&amp;WB to be corp. objective with reporting on Trust Board level and Exec and NED accountability</li> <li>• SHA to lead the best practice/directions on commissioning plans</li> <li>• Board and Exec "buy in" essential. So HWB in annual plan to ensure monitoring</li> </ul>
<b>Case for Change and Resourcing</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Manager Training</b>	<ul style="list-style-type: none"> <li>• All staff training – how to report and deal with possible Mental Health issues in colleagues</li> <li>• Managers to be trained in H&amp;WB and to be appraised on how well they support the culture of H&amp;WB</li> <li>• HR/OH joint training for Line Managers on good management and the impact poor management style has on employees health at work</li> </ul>
<b>Models of Care</b>	<ul style="list-style-type: none"> <li>• Local and National – formalise fast-tracking for treating NHS staff. Train managers to refer early to OH</li> </ul>
<b>Staff Involvement</b>	<ul style="list-style-type: none"> <li>• Staff involvement – on how and what service should be provided</li> <li>• Partnership working, steering groups</li> <li>• Local publicity seek involvement.</li> </ul>
<b>Culture Change</b>	
<b>Good Practice and Benchmarking</b>	<ul style="list-style-type: none"> <li>• Link up with local employers / Regional Health / etc</li> <li>• Nationally commissioned evidence-based research into effective H&amp;WB early interventions and appropriate awareness communication</li> <li>• Implement best interventions across the region</li> <li>• SHA to lead the best practice/directions</li> </ul>
<b>Staff Health Issues</b>	<ul style="list-style-type: none"> <li>• Better links with regionally funded programmes to shift the focus to the NHS workforce. Healthy weight, stop smoking, alcohol, etc.</li> <li>• "Healthy workplace canteen code". This should be a 'must' for all NHS Trusts</li> <li>• Understand MH. Avoid stigma. Get people in to talk about MH.</li> </ul>

**South East Coast 24 Sep 09**

<b>Measurement Criteria and Governance</b>	<ul style="list-style-type: none"> <li>• Op Framework has enough measures already – use the data we have</li> <li>• Sickness measures important – but how do you measure wellness?</li> <li>• National H&amp;WB standards - need common framework for operating procedures</li> </ul>
<b>Leadership Support</b>	<ul style="list-style-type: none"> <li>• Ownership of H&amp;WB ? Executive Director ? Get someone with leadership skills and charisma who is passionate about this subject. Promote it, make it fun. Get an Olympic celeb to promote or David Beckham</li> <li>• Change the expectation that H&amp;WB is an HR responsibility – give responsibility another operational director</li> </ul>
<b>Case for Change and Resourcing</b>	<ul style="list-style-type: none"> <li>• “Spend to save” won’t work without some investment or freeing up of resources.</li> </ul>
<b>Manager Training</b>	<ul style="list-style-type: none"> <li>• Mental Health awareness for managers on spotting stress and mental health issues</li> <li>• Mental Health referral and recovery training as part of induction to all staff</li> <li>• Management training to follow HSE management competencies for emotional intelligence. Use experts by experience to co-deliver training</li> </ul>
<b>Models of Care</b>	<ul style="list-style-type: none"> <li>• OH needs to be about H&amp;WB – including MH (stress/burn out etc) – not only pre-employment checks/immunization etc. If funded well, then no need for income generation and therefore not diluting the service</li> </ul>
<b>Staff Involvement</b>	<ul style="list-style-type: none"> <li>• Involve staff in developing team challenges to find innovative ways to increase activity in workplace and rewards/awards</li> <li>• Address individual responsibility – it’s not just about what we can do for staff but what can they do for themselves. Empowerment.</li> <li>• Staff to understand they “own” their own health, and not just others’ health</li> </ul>
<b>Culture Change</b>	<ul style="list-style-type: none"> <li>• Change culture – everybody’s business and everybody’s experience.</li> <li>• Be better at celebrating success and the good things about working in the NHS = increased positivity, feeling better about who we are and what we do.</li> <li>• Organisational values and behaviours need to reflect priority of H&amp;WB</li> </ul>
<b>Good Practice and Benchmarking</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Staff Health Issues</b>	<ul style="list-style-type: none"> <li>• Use all strategic methods to embed mental well-being into all areas of health economy: no well-being without mental well-being.</li> <li>• Re: First 5 = activity, smoking, alcohol, food, obesity: These are all linked – if you deal with MH issues then these will follow.</li> </ul>

**West Midlands 11 Sep 09**

<b>Measurement Criteria and Governance</b>	<ul style="list-style-type: none"> <li>• National and Local targets for obesity, smoking, physical activity, etc.</li> <li>• Analyse the effectiveness of interventions against national measurement criteria (absenteeism, sick days etc)</li> <li>• Include H&amp;WB in Operating Framework</li> <li>• Include H&amp;WB measures or targets as part of appraisal process</li> </ul>
<b>Leadership Support</b>	<ul style="list-style-type: none"> <li>• Strategy – implementation on basis of ‘whole system’</li> </ul>
<b>Case for Change and Resourcing</b>	<ul style="list-style-type: none"> <li>• Need accurate database to be able to demonstrate ROI to gain acceptance of one H&amp;WB strategy</li> </ul>
<b>Manager Training</b>	<ul style="list-style-type: none"> <li>• Develop mandatory management competencies</li> <li>• Develop a national OH – H&amp;WB training framework for local delivery</li> <li>• Management training for all Band 7 + across NHS. These skills for managers to be in competency framework for post and use KSF to develop where needed</li> <li>• Use KSF to support managers properly</li> </ul>
<b>Models of Care</b>	<ul style="list-style-type: none"> <li>• Drop in sessions rather than wholly appointment based?</li> <li>• Self-referral – fundamental to staff H&amp;WB. Joint responsibility between individual and employer.</li> </ul>
<b>Staff Involvement</b>	<ul style="list-style-type: none"> <li>• Listen to staff who have been through it</li> <li>• Involve staff in programme development &amp; comms / engagement</li> </ul>
<b>Culture Change</b>	<ul style="list-style-type: none"> <li>• Create a culture based on prevention coupled to a marketing campaign to get the message over to staff</li> <li>• Culture change important – long hours, taking lunch breaks at desk etc – but it is important to give staff real alternatives, the time and facilities to break the cycle.</li> <li>• Interview/induction that we will all support “organisational health for us and patients”: training, coaching and supervision of skills then provided in order to deliver this</li> </ul>
<b>Good Practice and Benchmarking</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Staff Health Issues</b>	<ul style="list-style-type: none"> <li>• Need to establish some of the causes of obesity – low self esteem, lack of knowledge of foods and increasingly how to prepare food for the family</li> <li>• Stop Smoking: This should be given priority; we need to campaign to stop NHS staff smoking for their own well-being and the example they set to the public</li> <li>• Healthy eating: It doesn’t help when so many canteens/vending machines only offer unhealthy choices, usually because the Trust does not own the building and therefore has less control</li> <li>• Mental Health is key - drinking, smoking, over eating, long hours are signs and symptoms of a life out of balance</li> </ul>

**Yorkshire and the Humber 04 Sep 09**

<b>Measurement Criteria and Governance</b>	<ul style="list-style-type: none"> <li>• Needs measurement</li> <li>• Adopt HSE stress management standards</li> <li>• National targets for managing sickness/absence with trigger points based on no. days absence / frequency etc. included in Leadership targets</li> <li>• We must measure the impact of H&amp;WB policies and show what difference they make to the business</li> <li>• One set of metrics for League Table comparison at regional and national level</li> <li>• Use more KPI from Public Health – this could be supported by a standardised tool</li> </ul>
<b>Leadership Support</b>	<ul style="list-style-type: none"> <li>• Mental Health initiatives need local leadership</li> <li>• Need to re-establish regional groups and networks e.g. quarterly. SHA can have a networking role and leadership role. Ensure NHS actually does it</li> </ul>
<b>Case for Change and Resourcing</b>	<ul style="list-style-type: none"> <li>• Where are financial resources at national, regional and local level for long-term commitment to Boorman Review?</li> </ul>
<b>Manager Training</b>	<ul style="list-style-type: none"> <li>• Implementation of guidance and standards should be mandatory</li> <li>• Inconsistent application of sick absence policies by managers</li> <li>• Manager training must include managers' role in supporting staff H&amp;WB (ie. it's not just Occ Health)</li> <li>• Manager training must be mandatory</li> <li>• An evidence based national training programme on the benefits of supporting staff H&amp;WB must be mandatory training for managers</li> </ul>
<b>Models of Care</b>	<ul style="list-style-type: none"> <li>• Should have choice: self and management referral to OH. Multiple access channels: online, post, telephone</li> <li>• Pre-employment screening. Expand ESR to allow sharing and reduce costs/time for appt. Transferable staff health records based on common minimum standard</li> </ul>
<b>Staff Involvement</b>	<ul style="list-style-type: none"> <li>• Use national guidance, develop baseline strategy outline plan – talk to/involve staff – workshops/focus groups – what do they want from us their employer to do to keep their H&amp;WB</li> </ul>
<b>Culture Change</b>	<ul style="list-style-type: none"> <li>• Needs culture change towards more preventative agenda</li> </ul>
<b>Good Practice and Benchmarking</b>	<ul style="list-style-type: none"> <li>• External comparisons would help</li> <li>• Share ideas</li> <li>• Benchmarked % of Trust turnover on staff H&amp;WB spend.</li> <li>• More sharing of ideas/interventions across NHS organisations</li> </ul>
<b>Staff Health Issues</b>	<ul style="list-style-type: none"> <li>• National Activity Challenge initiatives</li> <li>• Ensure staff are both physically and mentally fit to undertake their responsibilities and offer e.g. basic care.</li> <li>• Do baseline of staff lifestyle and health against KPIs (Public Health) e.g. smoking prevalence and monitor for improvements.</li> </ul>

**South West 08 Sep 09**

<b>Measurement Criteria and Governance</b>	<ul style="list-style-type: none"> <li>• Targets from SHA to local Trusts around Mental Health related absence, to ensure this is on the agenda.</li> <li>• Use data to evaluate, and include other initiatives such as mindful employer – Mental Health First Aid and ASSIST</li> <li>• Standards rather than targets as metric</li> <li>• Agree national sick absence KPI, and standardise at central levels</li> <li>• Collecting sickness data is focussed on what has happened rather than prevention. Let’s start measuring “well-ness”</li> <li>• Include in the SHA assurance audit.</li> </ul>
<b>Leadership Support</b>	<ul style="list-style-type: none"> <li>• Need Board level strategic intent for NHS providers to support culture of positive Mental Health</li> <li>• Must be Board commitment, nationally supported, and part of NHS core business</li> <li>• Executive Director lead essential at local level – what about staff side lead as well? What about NED sign up?</li> <li>• Chief Executive must champion staff H&amp;WB agenda. Exec Director must be responsible.</li> </ul>
<b>Case for Change and Resourcing</b>	<ul style="list-style-type: none"> <li>• Review funding – matrix to capture return on investment</li> <li>• Ensure that income generated externally will be reinforced</li> </ul>
<b>Manager Training</b>	<ul style="list-style-type: none"> <li>• Better and more focused training for managers in dealing with work related stress.</li> <li>• Management training to include role of OH, and all H&amp;WB work going on within a trust. OH is just a part – needs to embrace the whole trust</li> </ul>
<b>Models of Care</b>	<ul style="list-style-type: none"> <li>• Greater investment in OH to provide a ‘proactive’ not ‘reactive’ service</li> <li>• Believe need self-referrals as well as management referrals</li> <li>• Implementing early intervention programmes – share good practice all levels, networking NHS and non-NHS, training</li> </ul>
<b>Staff Involvement</b>	<ul style="list-style-type: none"> <li>• Staff consultation locally. Real involvement as with patients.</li> <li>• Staff involvement in service development (not just OH and related but users).</li> <li>• Through joint staff groups - public health link with directions in SHA.</li> </ul>
<b>Culture Change</b>	<ul style="list-style-type: none"> <li>• Practice development for middle level leaders/managers to develop culture and practice of positive support for mental well-being for staff as well as service users</li> <li>• Need to standardise management behaviour in respect of good practice measures for staff H&amp;WB</li> </ul>
<b>Good Practice and Benchmarking</b>	<ul style="list-style-type: none"> <li>• Share NHS and non-NHS locally</li> </ul>
<b>Staff Health Issues</b>	<ul style="list-style-type: none"> <li>• Standard lifestyle’ issues like: diet, alcohol, smoking, exercise – interventions to modify behaviour</li> <li>• Mental well-being influences how people deal with out LTCs eg MSK. If you are mentally well you will manage your health well.</li> </ul>