



Devon & Cornwall Police

Dorset Police



Working together

Devon & Cornwall Police and Dorset Police Health and Wellbeing Strategy and Development Plan 2017 - 2020

Introduction

It is recognised that the health and wellbeing of staff has a crucial role to play in enabling all organisations to achieve their goals. Research continually highlights the impact that good health and wellbeing has on an individual's ability to perform well at work. The police service is no exception to this rule.

The aim of this strategy is to set out the approach that the Strategic Alliance will adopt in regard to health and wellbeing to appropriately support both Devon & Cornwall Police and Dorset Police in achieving their policing priorities.

The strategy recognises the national and regional context in which both forces operate. Furthermore, it includes references to the Department of Health and the Blue Light Wellbeing Framework, which is supported by the National College of Policing and the National Police Chiefs' Council (NPCC).

Overall aim

The overall aim of this strategy is to provide a coherent and coordinated organisational approach to health and wellbeing (HW) in the workplace. It is an over-arching approach that both police forces may utilise as a framework to meet their respective organisational needs.

The intention is that this is NOT a centrally-driven, top down policy. The central framework is intended to facilitate innovation and entrepreneurship, whereby local command units or police areas take ownership and responsibility for promoting HW in their sphere of influence.

It is intended that individual police officers and police staff assume responsibility for their own HW. Ultimately, both organisations will develop cultures whereby the promotion and maintenance of HW is an integral part of "business as usual".

In taking forward this strategy, Devon & Cornwall Police and Dorset Police will be specifically focusing on the requirements to embed health and wellbeing considerations at all levels of decision making and in managing and supporting the people that work in the respective organisations, in accordance with the joint People Strategy.

Key Drivers

There are external and internal drivers of this strategy:

External

There is a general expectation that public services will do more with fewer resources. This means new ways of working for police forces. The nature of policing is changing and will continue to do so as public priorities and expectations change. Working life is changing: people will be expected to work for longer before being eligible to retire. However, it is more likely that people will have portfolio careers with a reduced likelihood of long service with particular organisations. Healthcare delivery is changing. There will be a greater emphasis on primary care and care in the community. Workplaces form part of that healthcare provision and employers will be encouraged to provide healthcare at work, to reduce the demand on NHS services. Prevention of illness will assume a greater role in NHS forward planning.

There is a high-level consensus that there is a strong correlation between HW at work and organisational performance. FTSE 100 companies report on their wellbeing activities to their boards. In the public sector, inspecting bodies now include employee wellbeing assessments as part of their organisational health checks. The HMIC PEEL inspections include wellbeing as an area of enquiry.

Mental wellbeing of employees has become a key concern for employers. The government strategy – *No health without mental health* – highlights that anyone has a 25% risk, on average, of developing a mental health problem at some time in their life. Tackling mental ill health requires partnership working. The Blue Light programme run by MIND, has targeted emergency services to reduce the stigma of mental ill health and to encourage provision of support for sufferers. The Time to Change campaign has conducted health checks in organisations and provided advice on preventing ill health as well as supporting people with mental health problems. Mental ill health is the second-most commonly cited reason for sickness absence and in some organisations it is the most common cause. It is also commonly associated with presenteeism, said to cost organisations at least twice that of sickness absence.

Internal

Devon & Cornwall Police and Dorset Police are under pressure to respond to policing priorities with reduced resources. This trend is unlikely to change in the foreseeable future. Management of human capital, to deliver services that are heavily dependent on police officers and staff being fit and present at work, will be a pre-requisite for ensuring the resilience of both forces.

Improvement of attendance management has been a driver of investment in health and wellbeing initiatives. Sickness absence is objective and measurable. However, sickness absence rates are influenced by many factors some of which are procedural, some of which relate to work-related hazards and risks and some of which relate to organisational and community cultures. Our sense of wellbeing at work is contingent on how proactive we are in taking responsibility for our own health and our relationship with the organisation in which we work.

There will be continuing pressure to drive down sickness absence rates. The top causes of sickness absence are muscular-skeletal problems and common mental health conditions. An effective strategy for reducing sickness absence rates must address the three components of prevention:

- Primary prevention – promoting good health
- Secondary prevention – early detection of ill health and intervention
- Tertiary intervention – rehabilitation from illness that may be associated with sickness absence, and learning lessons to be used to mitigate or prevent such illnesses.

The Business in the Community Work (BITC) well model used by the force facilitates such an approach. The introduction of the job-related fitness test demonstrates that the service views physical fitness as important. Whilst both forces recognise that such tests present challenges for some, we believe more could and should be done to improve overall activity.

The Time to Talk health check, carried out in Devon and Cornwall, identified actions to be taken to reduce the stigma of mental health. More recently, research carried out by Dr Jonathan Houdmont of Nottingham University and funded by the Devon and Cornwall branch of the Police Federation, highlighted issues of apparent burnout in certain high psychological risk roles. The recommendations for action arising from these reports are all consistent with activities within the area for action of the BITC emotional resilience model.

Links to other Strategy

This strategy is specifically linked to the following detailed strategy documents:

- Resourcing and Talent Planning;
- Learning and Development;
- Employee Involvement and Engagement;
- Organisational Development;
- Health and safety.

Key Dependencies

The specific factors that will impact on the delivery of this strategy are:

- Wellbeing is recognised as an operational imperative by all managers and staff
- Future funding of the Centre for Health at Work wellbeing team and health and wellbeing initiatives
- Development of the Strategic Alliance and other collaboration initiatives
- Leveraging resources: partnership working with local and national agencies, maximizing involvement and engagement within the Alliance
- Activity and outputs from the College of Policing, National Engagement and Wellbeing Forum, Wellbeing and Engagement committee of the NPCC

Strategic Objectives

1. Improvement in global measures of health and wellbeing and emotional resilience.
2. Reduction in numbers of people with sedentary life styles.
3. Further reinforcement of the Centre for Health at Work created to coordinate efforts across the Alliance.
4. Development of an organisational health and wellbeing culture that embraces good health, good work, good relationships and good specialist support.
5. Improved awareness and reduced perceived stigma in respect of mental health.
6. Implementation of the Blue Light Wellbeing Framework developed by the College of Policing and Public Health England.

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Evidence Base

The framework for the strategy is based on the Business in the Community Workwell model and the Blue Light Wellbeing Framework.

Business in the Community Workwell Model

Developed by business for business, and based on robust evidence, the Business in the Community Workwell Model demonstrates the benefits of taking a strategic, proactive approach to wellness and engagement and provides practical support to help businesses take action. Professor Cary Cooper, President of CIPD, has stated that “The Workwell Model highlights the need for collaboration. It’s the employer’s job to create an environment where employees can make healthy lifestyle choices, but employees must take responsibility for their own health and wellbeing”.

The Workwell model has been adapted to focus on emotional resilience. This draws on the collective experience of the Emotional Resilience Steering Group and participating organisations, such as BT, Department of Health, Health and Safety Executive, MIND and the Sainsbury Centre for Mental Health. In the Government’s Mental Capital and Wellbeing Project Final Report (2008), the Steering Group has recommended five simple actions that employers of all sizes and sectors can take to promote wellbeing at work:

- Foster a sense of community
- Get people moving
- Nurture sensitivity in the environment
- Promote learning and development
- Encourage generosity at work

The four main themes of the model are depicted in the figure below. They are good physical health and promoting healthy behaviours, good work and creating a healthy psychological work environment, good relationships with good communication and promotion of social cohesion and good specialist support and management of mental health issues.

HOW EMPLOYERS AND EMPLOYEES CAN PROMOTE EMOTIONAL RESILIENCE AT WORK



Figure 1. BITC Workwell model – Emotional Resilience

The outer ring of the model depicts what employees can do to improve their own wellbeing – the so-called five ways to wellbeing.

Blue Light Wellbeing Framework

In Spring 2017 the College of Policing released the Blue Light Wellbeing Framework which contains learning from across the service, Public Health England (PHE) and academia to provide forces with a self-assessment tool that sets a new standard for policing. Professor Cary Cooper, President of CIPD, states that "The Blue Light Wellbeing Framework is grounded in this research, together with Public Health England guidance. This framework provides invaluable advice and support in the key areas of leadership, environment and resilience, including some of the new risks faced by staff, such as exposure to indecent imagery. This framework demonstrates the police service's commitment and determination to understand and address the issues affecting its people, so that it can focus investment into prevention."

The framework is divided into the following 6 areas;

- Leadership
- Absence management
- Creating the environment
- Mental health
- Protecting the workforce
- Personal resilience

Each of these areas consists of questions on which the Force is scored as fully developed, in development or undeveloped.

Blue Light peer panels in every region will be being developed to follow established peer review methodology which will apply challenge and support in a very strengths-based approach.

Where we currently stand

The Alliance-wide health and wellbeing delivery group has been established. It is responsible for the implementation of the strategy in Devon & Cornwall Police and Dorset Police. Its membership includes the respective leads of the health and wellbeing groups established in BCUs and other functions.

Information about health and wellbeing has been collated from varied sources, including workshops at Leading the Force events, focus groups in CIOS, Force engagement surveys, surveys commissioned by the Police Federation, attendance management data, OHSU and wellness team data, TRiM data, data from the job-related fitness test and from adjusted duties. Reports from the HMIC PEEL inspections 2016 show both forces to be at a good standard for wellbeing.

We currently have 32 active gyms across Devon and Cornwall and eight across Dorset. There is a developing network of health and wellbeing champions and a developing peer support network across both forces. A range of specialist support services are available to support the management of mental health, fitness for work and the case management of attendance at work.

January 2017 saw the launch of the Alliance Centre for Health at Work and a new health and wellbeing programme called ActivAte 2020, which promotes physical activity, healthy eating and sleep quality.

Spring 2017 saw the start of an ActiVate 2020 initiative linked to a research project with Exeter University and a fitness application developed by BUPA called 'BUPA Boost'. This is looking into the short and long term health, wellbeing and physical activity levels of a group of people using wearable fitness technology and how this level changes over time.

Annual Delivery Plan

An annual delivery plan will be produced to prioritise activity and to assist allocation of resources and in February 2017 there was a workshop to assist in scoping activity and to prioritise action for the remainder of 2017/18 and 2018/19.

Quarterly Performance Review

A dedicated quarterly performance pack will be used to monitor delivery and will provide a mechanism for both forces to review progress of the strategy. This pack will include data analysis, ongoing environmental scanning, a detailed risk register, policy review and progress against the annual delivery plan.

Delivery mechanisms

A multi-layered approach will be taken to promote optimal involvement and engagement within the Alliance and to leverage delivery efficiently.

- Four delivery work streams linked to the Workwell model addressing good health, good work, good relationships and good specialist support. Each work stream will have assigned leaders and single points of contact.
- Force-wide health and wellbeing programmes as vehicles for achieving strategic aims.
- Local initiatives coordinated by BCU health and wellbeing groups.
- Utilisation of existing facilities and local talent to support activity.
- Partnership working with external agencies, such as Exeter University, Public Health England, Local Authorities and private sector organisations.
- Effective use of technology to promote motivation and involvement, feedback and awareness, and gamification and challenges.

Success measures

There will be a number of outcomes used relating to the different Workwell model strategic themes to monitor progress against the strategic objective identified in the strategy. Many of these will be reported on in the quarterly packs and will include:

- Good health
 - Current sickness statistics and trends
- Good work
 - Wellbeing measures from the staff survey
 - Levels of internal grievances

- Good relationships
 - Numbers of mediations being undertaken

- Good specialist support
 - Numbers of individuals in psychologically high risk roles receiving support
 - Numbers of individuals using the Employee Assistance Programme

Employee narrative reporting (BITC)

CIPD research shows that investors are interested in human capital management (HCM) information if it is rooted in a business context and provides insight into what drives sustainable organisation performance. Context is critical in terms of explaining the company's current operating environment as well as the challenges it faces and the drivers of performance – past, current and future. Context provides a perspective in which to interpret the data and evaluate management effectiveness. It also impacts on the appropriateness of different approaches at different times. This means that the narrative accompanying any published HCM measures or metrics is arguably as important as the numbers themselves.

Consequently, each set of reporting figures will be accompanied by at least one employee story from the organisation relating to one of the principal areas of the strategy.

Oct-Dec 2017 (Q3)	Jan-Mar 2018 (Q4)	Apr-Jun 2018 (Q1)	Jul-Sept 2018 (Q2)	Beyond
National agenda	National agenda	National agenda	National agenda	
Expansion of Psychological Screening Programme across into D&CP	Completion of Oscar Kilo Blue Light Wellbeing Framework	Collection of OHSU data for HMIC	Review Federation Survey	H1 SMP review
Alliance health and Wellbeing Strategy & Development Plan across D&CP & DP	Psychological sickness Review		Peer Review of Oscar Kilo Blue Light Wellbeing Framework	Consideration of Alliance Health and Wellbeing Charter
College of Policing/ Oscar Kilo draft advice on psychological risk management to be reviewed.	Time to talk day 1 Feb 18			TRiM Review
Dorset & D&C	Dorset & D&C	Dorset & D&C	Dorset & D&C	Review of documented return to work procedures
Roll out of Alliance Resilience Pilot	Analysis of Alliance Resilience Pilot	Development of strategy for delivering mental health training to line managers	Evaluation of DP and D&CP Psychological Screening Programme	Audit of Private medical Intervention outcomes
Expansion of Health and Wellbeing groups into DP	Evaluation of D&CP Peer Support Network	Developing a Macmillan cancer support package	Evaluation and training on use of Risk Assessments in Workplace	
	ActiVate 2020 development plan	Back up Buddy App	Fit Bit - Pilot review	
	Expansion of Healthy Lifestyle Sessions into DP			