

## **BIRMINGHAM/SOLIHULL JHOSC**

**2<sup>ND</sup> DECEMBER 2021**

### **MID YEAR REPORT ON THE STAFF ENHANCED WELLBEING OFFER PRESENTED TO BIRMINGHAM AND SOLIHULL PEOPLE BOARD ON 16 NOVEMBER 2021**

**Presented by: Lisa Stalley–Green, Chief Nurse UHB, Vice Chair People Board**

#### **1.0 Purpose**

The purpose of this document is to provide

1. an overview of what the programme has delivered to date
2. agreed actions following the recent Health and Wellbeing Stakeholder Workshop
3. proposals for the future the ICS employee wellbeing offer

#### **2.0 Background**

The Birmingham and Solihull ICS is one of 14 pilot sites chosen by NHSE/I to develop and implement a Staff Enhanced Wellbeing Offer. In response to the invitation to bid for funding, BSol was awarded funding of £2 million in December 2020 to support the roll out of a series of initiatives it determined would be beneficial for the BSol workforce building on existing good practice within the system. In addition £380,000 was awarded to establish a Staff Mental Health Hub (SMHH). A second round of funding awarded the SMHH an additional £1 million to continue its work. Funding for both programmes is due to end in March 2022.

It is to be noted that BSol were prioritised for both initiatives in recognition of the disproportionate impact of covid across the ICS population and workforce and very specifically on the impact of covid on the mental health of staff working in critical care services.

Both programmes of work have been led by a Strategic Leadership Group chaired by the SRO for the workstream, Lisa Stalley Green Executive Chief Nurse UHB and reporting into the People Board initially meeting monthly in order to get the programme and its governance established. This Group has recently revised its terms of reference to be more of an Oversight Group ensuring delivery and evaluation of the agreed priorities and now meets quarterly.

A Health and Wellbeing Operational Group sits under the Strategic Group and is charged with leading the roll out of agreed initiatives across the Enhanced Offer and providing on the ground feedback on impact, staff feedback and new requirements.

A further Operational Group supports the Mental Health Hub provision in consultation with the CCG through which the funding is now routed.

### 3.0 Programme Delivery

#### 3.1 Staff Enhanced Wellbeing Offer

The primary aim of the programme is to

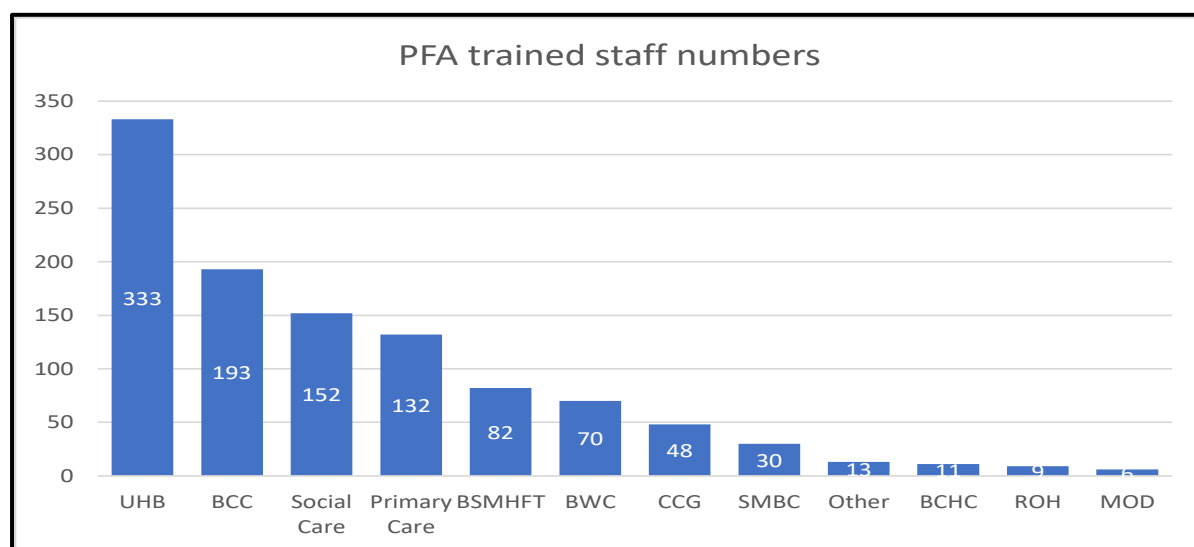
*“Deliver an integrated occupational health and wellbeing offer across the whole of its health and care workforce system which provides staff with priority access to the services they require to enable them to be happy and healthy at work.”*

The initiatives outlined in the following sections have been implemented system wide, incorporating not just the NHS Trusts but also primary care and social care across the two local authorities, and as such have achieved a key aim of making aspects of wellbeing provision consistent across the system.

The following demonstrates the progress to date by initiatives:

##### Staff Offer 1a - Psychological First Aid training

This has probably been the most successful of the initiatives in terms of take up and acceptance by staff. Staff have been trained in psychological first aid in all health and care environments, and work is continuing to ensure a representational spread across stakeholders based on employee head count. The graph below details the spread of PFA trained staff up until the end of September. The data for October is still being cleansed. Presently data shows that approximately 1100 employees are PFA trained with this likely to rise to approximately 1300 when accounting for the October numbers. There are still eight sessions of the training to be delivered.



##### Staff Offer 1b - Supervision of Psychological First Aid trained staff

Those staff who are PFA trained required a reporting mechanism to ensure their psychological safety. This has been achieved through In-house trained supervisors, as well as an agreement with the Staff Mental Health Hub to Provide Reflective Practice Groups

##### Staff Offer 2 - Staff Wellbeing Ambassadors (formerly Staff Safety and Wellbeing Officers)

This initiative is underway with a job responsibilities document drafted and which is aligned to the NHSE/I Wellbeing Champion role. An information collection exercise is being

undertaken with stakeholder organisations to determine current provision. Stakeholders may have individuals already in place with a different name but with similar responsibilities.

#### **Staff Offer 3 - Enhanced Support for Managers**

So far has been in the form of webinars that are both live broadcasts and pre-recorded delivered by NHS Elect. Two live broadcasts per month and pre-recorded webinars that can be accessed at any time are being offered.

There have been five live broadcasts to date with 150 employees booked on to the sessions. Presently figures of those who have accessed the pre-recorded webinars are not available, but these are being collated by the training organisation.

#### **Staff Offer 4 - Physical Health and Wellbeing Hubs**

Funding has been given directly to eight stakeholder organisations via a proposal system to realise this initiative, with one proposal currently outstanding. As a result of the funding a number of stakeholders were able to establish employee wellbeing physical spaces, that would not have been possible without the funding. Other stakeholders have been able to develop or maintain an existing service.

At present we are collecting information from stakeholders on the impact that these physical spaces have had.

#### **Staff Offer 5 - Population Specific Health Clinics**

This initiative has yet to be implemented as it was determined that due to the changing Covid situation, data on employee health priorities may not be accurate. A brief survey was sent to employees across the system to gather this information and there were 180 respondents. The three primary priorities where staff would benefit from an intervention were 1) musculoskeletal 2) counselling 3) physical activity / Inactivity. Discussions are taking place with stakeholders to determine how the priorities can best be realised in tandem with the work to review occupational health services.

#### **Staff Offer 6 - Enhanced Use of Digital Resources**

On September 1<sup>st</sup> 2021 the BSOL ICS website went live, and the website has a section for the health and wellbeing initiatives. The website is important as it brings together information from the individual stakeholders and is a useful resource to advertise and promote system wide initiatives. Presently the pages are information giving but are being developed to be more interactive and product focused including details of training available, community pages, and toolkits etc.

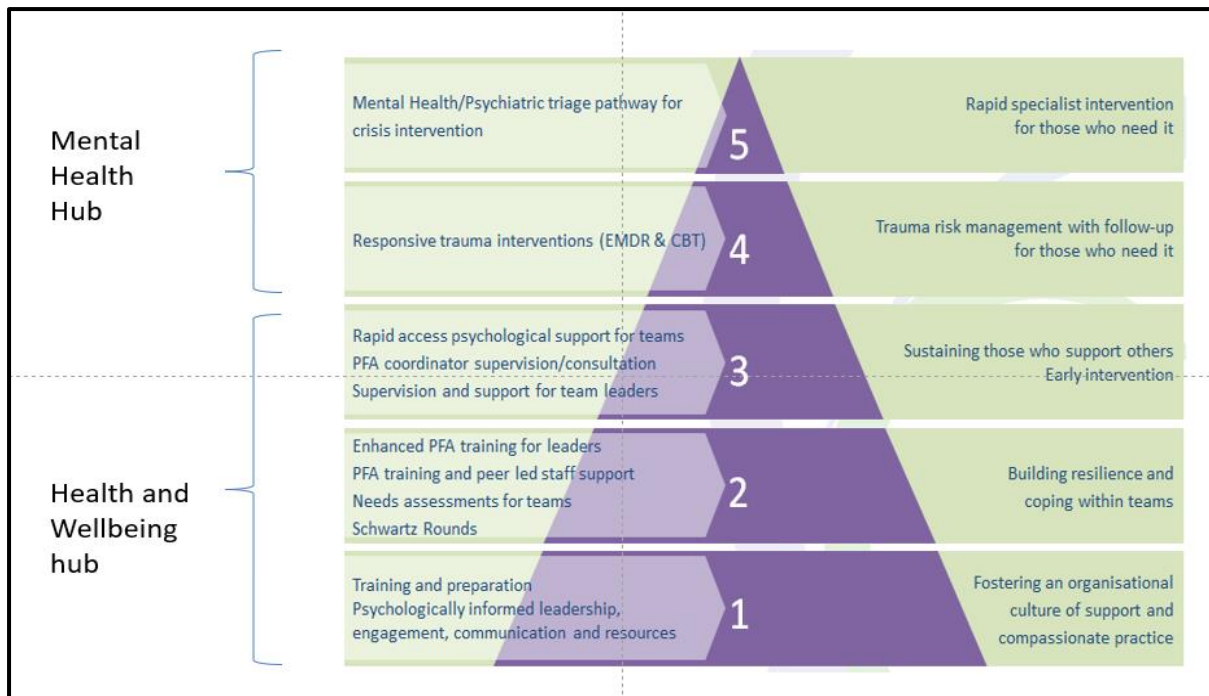
#### **Staff Offer 7 - Tailored support to specific areas of the workforce**

Although this initiative has not been fully realised, advanced discussions are ongoing with internal and external providers. This support includes a menopause app and toolkit, a post covid support package, as well as training and resources to support those with addiction issues.

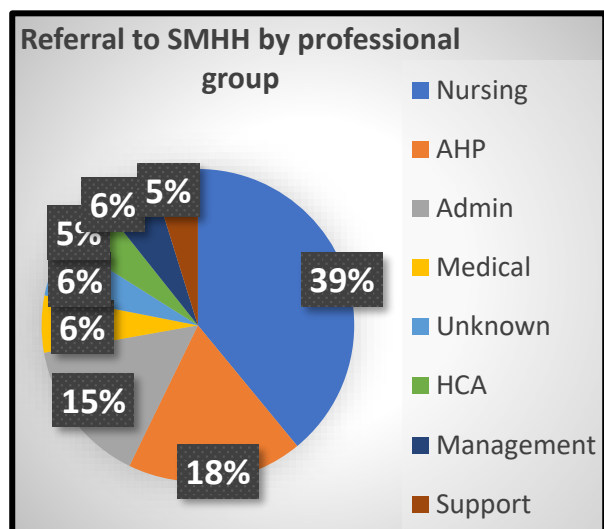
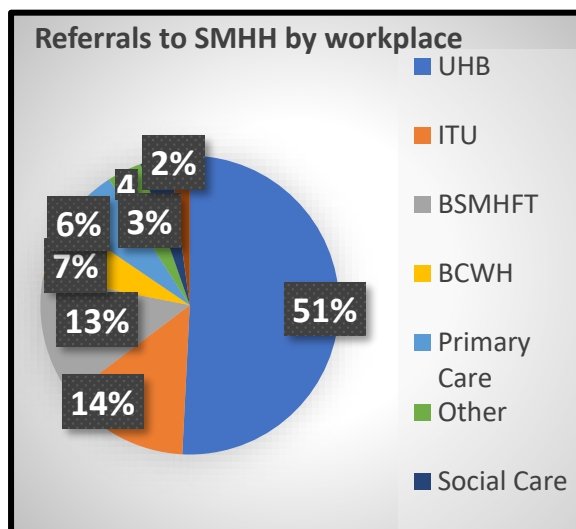
### **3.2 Staff Mental Health Hub**

#### **Staff Mental Health Hub**

The Staff Mental Health Hub was established in January 2021 to provide a service to those employees with more complex psychological needs.



Employees can self-refer or with their permission, be referred by a colleague. The Staff Mental Health Hub is seeing 15 – 30 referrals per month from with all stakeholder organisations represented. The graphs below display data relating to referrals.



The nature of cases include mood and anxiety reactive to covid related stressors, trauma responses often complicated by life events, long covid, pre-existing or concurrent mental health difficulties aggravated by working through covid. Also some non-covid related cases have been seen. Moving forward, the Staff Mental Health Hub intends to:

- More pro-active with social care – currently mapping the sector
- Focus on qualitative and quantitative outcomes evaluation – assistant psychologists
- Consider future with or without continued funding
- Capture learning for future provision at both system and some organisational levels
- Continue to respond to individual referrals as to date
- Continue to support training across system

### 3.3 Staff Vaccination Programme

Additional to the above programmes of work, the ICS People Board played a key role in the early staff vaccination programme supporting the main vaccination hub to identify the social care and private, independent and voluntary sector staff eligible for vaccination. In the first instance this was prioritised to frontline staff so necessitated a significant engagement exercise to identify the eligible staff across these sectors. The work led by the People Board SRO for Health and Wellbeing identified 57,000 staff outside of the NHS organisations across more than 1000 organisations, and worked with their managers / organisations to ensure quick and easy access to vaccination provision. The work undertaken has been invaluable in terms of understanding the wider ICS workforce and its many provider organisations and in establishing key stakeholders in support of the work of the People Board. Subsequent work is under discussion around vaccine compliance resultant from the recent and forthcoming government legislation working with the People Board SRO for Workforce, Cathi Shovlin. The work will focus on the impact on workforce availability, the level of risk presented and the impact and overall management as an ICS.

Trust	1st	2nd	Cumulative	Number of staff	% one dose	% both doses
Birmingham and Solihull Mental Health NHS Foundation Trust	5,003	4,728	9,731	5,954	84.0%	79.4%
Birmingham Community Healthcare NHS Foundation Trust	5,104	4,838	9,942	5,976	85.4%	81.0%
University Hospitals Birmingham NHS Foundation Trust	16,215	15,267	31,482	18,665	86.9%	81.8%
Birmingham Women's and Children's NHS Foundation Trust	5,185	4,958	10,143	5,863	88.4%	84.6%
Royal Orthopaedic Hospital NHS Foundation Trust	1,344	1,284	2,628	1,490	90.2%	86.2%

### 4.0 Review of Future Provision

The current programmes of work are now well established and an evaluation is being commissioned to review the impact of the interventions on staff and how widely the offers have been taken up across different organisations.

It was felt this would be a good time to review future provision both in the context of the continuing impact of covid on staff health and wellbeing and also in preparation for the ICS becoming a statutory organisation and the anticipated changes to the way it will work as a system going forward.

In order to inform a proposed way forward.

**The Health and Wellbeing Leadership Steering Group facilitated a strategic Workshop on 21<sup>st</sup> October 2021**, with approximately 40 colleagues representing all stakeholders, in attendance. Topics discussed included the staff wellbeing needs in the long term, staff engagement and the future of Occupational Health Provision. A summary of the discussions follows.

#### 4.1 Staff wellbeing needs

Attendees brought forward a number of subjects which are included in the table below. These have been linked to the recommendations for health and wellbeing detailed in the NHS People Plan for your information.

THEMES DISCUSSED DURING WORKSHOP	WELLBEING PEOPLE PLAN RECOMMENDATIONS
Safety of workforce x 3	Support staff to use other modes of transport and identify a cycle-to-work lead.
Staff well clinics x 2 Weight loss support Access to substance misuse resources Menopause support x 3	
Staff well clinics x 2 Weight loss support	Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day.
Work life balance – home working	Ensure people working from home can do safely and have support to do so, including having the equipment they need.
Breaks	Ensure people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.
Work culture  Healthy teams / healthy relationships	Prevent and tackle bullying, harassment and abuse against staff, and a create a culture of civility and respect.  Provide a toolkit on civility and respect for all employers.
Physiotherapy	Identify and proactively support staff when they go off sick and support their return to work.
Wellbeing becomes business as usual  Recognition of employee efforts  Doing nice things for employees	Make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout.  Every member of NHS staff should have a health and wellbeing conversation.  All new starters should have a health and wellbeing induction.
Safe spaces	Ensure staff have safe rest spaces to manage and process the physical and psychological demands of the work.

## PEOPLE PLAN RECOMMENDATIONS – NOT MENTIONED DURING THE WORKSHOP

WELLBEING PEOPLE PLAN RECOMMENDATIONS	STATUS
Complete risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, and take action where needed.	Actioned by stakeholders in NHS Trusts
Appoint a wellbeing guardian.	Actioned by stakeholders, in NHS Trusts
Continue to give staff free car parking at their place of work.	Not actioned by stakeholders, in NHS Trusts
Ensure that all staff have access to psychological support.	Actioned by stakeholders in NHS Trusts with some provision in wider health care

### 5.0 Proposed BSol ICS offer

Whilst many organisations had a level of provision prior to covid, the last 18 months have seen a seismic shift in the recognition of the need to focus on staff health and wellbeing across a range of required interventions from early psychological assessment and care through to menopause support, access to addiction help and time and space to rest, reflect and recover.

BSOL has benefited from the funding it has received and which has enabled wide access and some levelling up of workforce support. As a system we now aspire to continue on this critical work and become a **System of Excellence** for delivering a staff wellbeing offer. To realise this aspiration 4 key elements are proposed:

**Proposal 1:** Understanding the workforce

**Proposal 2:** Staff engagement and the staff voice

**Proposal 3:** Future Occupational Health Provision

**Proposal 4:** A wellbeing strategy

### 5.1 Proposal 1 - Understanding the Workforce

The BSOL ICS footprint encompasses 80,000 employees and this number grows substantially when accounting for the wider health and care organisations. To be fully successful in implementing a wellbeing offer that is relevant and includes tailored components for specific groups of the workforce, a detailed understanding of the workforce is required. This understanding includes but is not limited to:

- demographical data – initiatives such as menopause resources and health clinics will be more relevant to certain employees
- primary reasons for sickness absence – initiatives that tackle reasons for absence such as musculoskeletal issues and psychological health will not only keep staff in work but will have a positive financial impact

This understanding also extends to recognising and appreciating the pressures that staff, both clinical and non-clinical have faced, but more important are facing is required. The wellbeing offer can also then be linked to other workstreams such as:

- **Staff Retention** - Health is a key reason for leaving in both Health and Social Care for staff aged 50-54 age category
  - Adult Social Care have 23% aged 55 and above,
  - NHS Providers have 18% of staff aged over 55 and 25% are over 45
  - Retirement accounts for 24.5% of leavers
  - Risk of retirement of staff increasing, due to the increased number of staff over 55 in clinical and non-clinical roles in both Health and Social Care
  - Increase in referrals to the Mental Health Hub for student who are transitioning into qualified roles
- Recommended action is to:
  - Engage with staff over 50 to understand their health, wellbeing and career needs and what would support them to stay in work.
  - To include mid-life career conversations to understand their aspirations and/or wants and needs and role fatigue to enable improvements to be made for future generations.
- **Restoration and recovery** - Workforce is the biggest risk to elective recovery and in addition to this winter pressures need to be managed effectively. There are significant pressures on the current workforce caused by
  - increasing numbers of vacancies across Nursing & Midwifery
  - leavers in the first year of employment now representing 24%
  - clinical support vacancies
  - a trend of rising turnovers across a number of providers.
- Whilst Sickness rates have stabilised in recent months there continues to be pressurised areas such as Emergency Department and Critical Care.
- **Equality, diversity and inclusion** – This key aspect of employee wellbeing has been incorporated into the current staff wellbeing offer. It is paramount that this work continues through analysis of all available data, but more importantly listening to and acting on feedback from the workforce.

**It is proposed that the data required is routinely collected and collated.**

## **5.2 Proposal 2 - Staff Engagement and the Staff Voice**

Staff engagement in promoting and advising staff on the wellbeing initiatives is an essential component moving forward. The recent Leadership Steering Group strategy workshop discussed staff engagement and common methods of communication are presented in the table below.

However messages are communicated to engage staff, it is key to ensure consistency of the message throughout the year. This will lead to embedding a wellbeing culture across ICS. A potential way that this could be achieved would be the creation of the role of a dedicated wellbeing Communications Lead.



TECHNOLOGY	FACE TO FACE	PRINT
Yammer (Microsoft 365)	Verbal briefing packs	Regular updates
Text alerts	Staff Wellbeing Ambassadors	
Short films	Schwartz rounds	
Social media		
ICS website		
<b>To consider:</b> Timing of communications for different working patterns Seek out opportunities to introduce wellbeing into the working day How to embed wellbeing into working practice		

There are many existing ways in which staff views and opinions are collected including the NHS Staff Survey, NHSE/I Pulse Survey and local stakeholder staff questionnaires. Although useful they often provide a snapshot rather than a real time perspective. This shortcoming could be overcome through:

- Regular, scheduled listening events potentially utilising the skills of stakeholder Wellbeing Guardians or similar
- System wide implementation of the Staff Wellbeing Ambassador role (SWA). These individuals, embedded within teams, would provide ongoing rich data on the opinions of staff. Although most likely an unpaid role, to be truly effective, protected time would be required to fulfil these responsibilities.
- The use of technology via the ICS website ([bsolpeople.nhs.uk](https://bsolpeople.nhs.uk)) or commercially available feedback options ([viewpointfeedback.com](https://viewpointfeedback.com)), where short surveys and employee communities can be incorporated

**It is proposed that The People Board accept the points made above as a starting point for the development of a comprehensive staff engagement / staff voice strategy.**

### 5.3 Proposal 3 - Future Occupational Health Provision

The 'Growing Occupational Health' was launched in 2021 for mature and collaborative OH Services to undertake service improvement projects across 4 systems nationally. The Midlands were one of 3 regions who did not benefit from this. Some funding has been ring-fenced for the Midlands to undertake work reviewing OH services locally in two phases over 3 months; the **design** phase to review key players and identify clear purpose and focus of the work; and the **discovery** phase which will review how we can transform OH services, review learning opportunities, gain insights from managers and service users, review service provisions, baseline service provision, use of technology and policy and procedure. Two OH Physicians have been identified, one from Birmingham and Black Country ICS and the other from East Midlands. Leadership support and oversight along with service engagement support have been requested from a Leader within the BSOL ICS with local system and trust experience. An experienced leader from BWC has offered support for a 3 months period, 1 day per week to progress this work on behalf of the BSOL ICS.

**It is proposed that The People Board commission Bethan Downing from BWC to undertake this work on behalf of the BSOL ICS.**

### 5.4 Proposal 4 - A Wellbeing Strategy

An aim of the original pilot proposal on which NHSE/I funding was based read:

*"This pilot will enable this shared ambition be translated from a strategy into the delivery of a health and wellbeing offer for the staff across the BSol region."*

It is proposed that this is the time to formulate a system wide wellbeing strategy that all stakeholders can sign up to. The pandemic has placed a greater emphasis on the health and wellbeing of staff, not just within the NHS but also within the wider health and care community. Colleagues have endured many hardships in the last 20 months and a ICS led wellbeing strategy would not only maintain the focus of “looking after our people” and protect the right to a happy and healthy workplace, it is the right thing to do.

The wellbeing strategy could be built around:

- Recommendations from the NHS People Plan, which are relevant not just to the five NHS Trusts but also to other ICS stakeholders
- Three specific overarching themes - physical wellbeing, psychological wellbeing and workplace culture
- A set of commitments within each theme that provides a baseline standard for stakeholders to implement. These commitments will enable staff to know exactly what the wellbeing offer is but will also underline the importance placed on wellbeing by employers.
- Commitments that each stakeholder signs up to with examples being
  - all new starters should receive a wellbeing conversation within four weeks of being in post
  - staff are entitled to free quarterly health check ups
  - a co-ordinated referral pathway for issues relating to psychological health that incorporates all of the provision across the ICS stakeholders
  - access to safe spaces

**It is proposed that an ICS wellbeing strategy be drafted for consideration by stakeholders.**

## **6.0 Future Role of the ICS**

The centralised funding awarded to enhance the staff wellbeing offer across BSOL has undoubtedly had success in enabling wellbeing initiatives to be implemented at a system level. The delivery of many of the initiatives would not have been possible or would not have reached as many colleagues without this centralised approach and inequalities in provision have been lessened. There is no certainty of future national funding for the enhanced Health and Wellbeing offer and therefore consideration will need to be given to what level of centralised provision the ICS wishes to continue with and therefore resource.

The options to consider are therefore:

- 1) The ICS continues to play a role in both centrally commissioning and providing an agreed level of enhanced health and wellbeing
- 2) The ICS sets the core standard and expectation for a health and wellbeing offer at either the ICS or at Provider Collaborative Level and as such provides support for local provision and assurance for delivery to the ICB Board.

## **7.0 Recommendations**

The People Board are asked to review discuss and support the five proposals which will then be taken forward through the existing governance route described in section 2.