



Meeting	SPA People Committee
Date	29 August 2023
Location	Video Conference
Title of Paper	Q1 2023-24 Health and Wellbeing Report
Presented By	Katy Miller, Director of People and Development
Recommendation to Members	For Discussion
Appendix Attached	No

PURPOSE

The purpose of this paper is to provide members with a closure report of the Health and Wellbeing Programme Review reported to members in February and June 2022 and an oversight of Police Scotland/SPA Health and Wellbeing activity throughout Q1 2023/24.

Members are invited to discuss the contents of this paper.

1. BACKGROUND

- 1.1 Our people's health and wellbeing is now being considered across all processes and activities and although much has been achieved since the launch of 'Your Wellbeing Matters' to establish core systems and support we must strive to further understand our people's needs. 'Your Wellbeing Matters' supports four key areas of wellbeing: Physical, Psychological, Social and Financial.
- 1.2 'Your Wellbeing Matters' is supported by the Health and Wellbeing Programme Review which featured evidence in practice from all aspects of the organisation and aims to drive the development of next generation of the Health and Wellbeing Programme. An overview of the review is provided below.
- 1.3 The team identified an evidence-to-practice gap in health and wellbeing and have therefore adopted a 4-stage systematic approach to facilitate the uptake of evidence in practice. We believe that this process and approach has supported the identification of evidence gaps, produced practice-based evidence, demonstrate efficacy, support dissemination to improve awareness, and facilitate programme/intervention adaptations and adoption.



2. FURTHER DETAIL ON REPORTING TOPIC

2.1 STAGE 1 - HEALTH AND WELLBEING PROGRAMME EVALUATION AND REVIEW

- 2.1.1 The importance of engaging and listening to our people cannot be emphasised enough with the insights enabling us to determine the impact of all aspects of the Health and Wellbeing Programme at present whilst also shaping and driving the future. The engagement of both key internal and external stakeholders had taken many forms, with tools and communications channels such as survey templates, emails, one to one meetings and group meetings utilised. An overview of some of the groups and areas the team heard from is included below:

2.2 INTERNAL STAKEHOLDERS

- ACC Criminal Justice / Major Crime and Public Protection / Operational Support / Organised Crime CT and Intel / Partnership and Prevention / Professionalism and Assurance / ACC Local Policing East / North / West / Divisional Commanders / Digital Information / Finance / Strategy and Analysis / P&D / SPA
- E & D - Equality and Diversity (The Diversity Staff Associations, Christian Police Association Scotland, Disability Carers Association, Scottish LGBTI Police Association, Scottish Police Muslim Association, Scottish Women's Development Forum, SEMPER Scotland, LGBT Allies.)
- SPF- Scottish Police Federation / ASPS / Unison / Unite
- Wellbeing Leads / Wellbeing SPOC's / Wellbeing Boards - some exist within Divisions and Departments / Wellbeing Champions / TRiM Coordinators / TRiM Assessors.

2.3 EXTERNAL STAKEHOLDERS

- Lifelines / Police Treatment Centre / Police Mutual / Eleos / SPRA / Scottish Police Benevolent Fund / Scottish Police Credit Union / Public Health Scotland / Optima Health /Tri Service Wellbeing Group

2.4 WHAT OUR PEOPLE TOLD US

2.4.1 The engagement of our people provided a huge number of insights which allow us to further understand the needs, problems and issues our workforce are currently experiencing. The insights also support us in assessing the efficacy and effectiveness of the current programme. A sample of some of the comments and insights captured are provided below. It is evident that there are a wide range of themes emerging which have influenced the development of health and wellbeing priority areas and framework.

- *The service (Optima Health) being provided is sporadic.*
- *I think the weakness is not perhaps in the process but more the reluctance of the staff to engage or trust the processes. Staff understand the stresses that come with the work – the exposure to difficult situations and the pressure of working in difficult environments – but I think staff feel if they reach out for help it might be seen as a sign of weakness and that you are unable or unfit to do your job.*

- *Health and Wellbeing (HWB) can also be used as a 'tick box' for the organisation to say they've put procedures in place but no good if attitude remains that productivity is all that matters.*
- *As far as I can see there is absolutely nothing in place to tackle the inevitable issues this increased trauma will result in. Only received 1 TRIM session within 21 years' service.*
- *They need to be obligatory as people worry about spending time not working or being seen as weak + not able to cope.*
- *Wellbeing knowledge is limited to the intranet page.*
- *Worried in regard to the transition to agile working/hot desking and it making people feel less part of the organisation and more like a visitor when in the office.*
- *If you are drowning in work the last thing you have time to do is go to a 2-hour wellbeing talk: it's not that these opportunities are not appreciated, it's just not dealing with the root cause of the real problems.*

2.5 STAGE 2 - DEVELOP AND PRIORITISE HEALTH AND WELLBEING PROGRAMME OPTIONS

2.5.1 The insights gathered have enabled us to further define what health and wellbeing means to our people, with some priority areas emerging which provide us with a strategic focus and act as the foundations of a Health and Wellbeing Framework, more info on the priority areas is provided below.

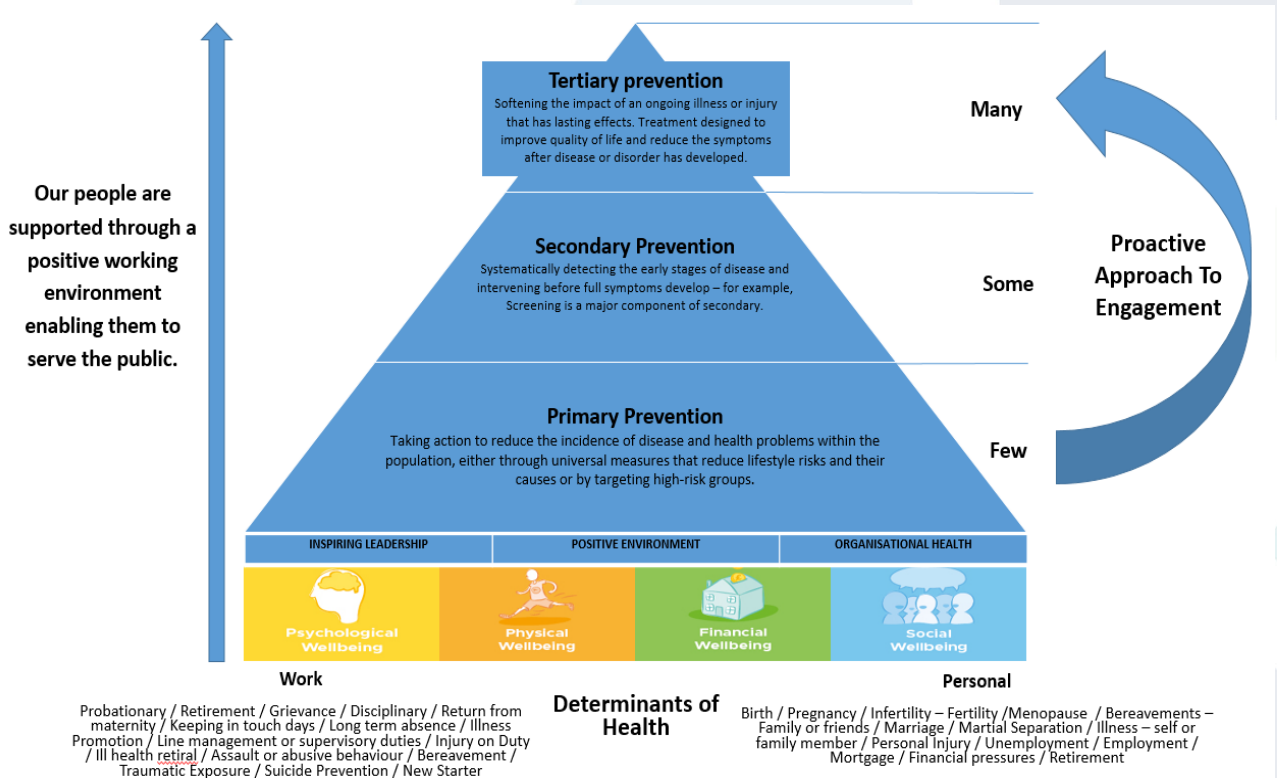
2.6 HEALTH AND WELLBEING PRIORITY AREAS

- Bring the health & wellbeing of our people to the top of the organisation's agenda.
- Develop a coordinated national approach to health and wellbeing, which is robust and driven by investment.
- Proactive engagement of our people in an ongoing health and wellbeing conversation through listening and understanding the need.
- Recognising the significant pressures on our people and develop the support of our people enabling them to achieve a better work / life balance.
- Adopt a person-centred approach to all support pathways and programmes i.e. EAP, OH, TRiM, Wellbeing Champions.
- Prevention to become a primary focus.

- Reduce the stigma which still exists around health and wellbeing, particularly mental health and the seeking of support.
- Development and training of all officers and staff, with a specific focus on those in line management, senior ranks and probationers.
- Recognise the importance and role of peer support amongst our people.

2.7 HEALTH AND WELLBEING FRAMEWORK MODEL

2.7.1 The Health and Wellbeing Framework has been developed to encapsulate the emerging priority areas and the shift in focus and approach to health and wellbeing. The framework is driven by our core aim which is to support our people through a positive working environment enabling them to serve the public. The proactive, preventative and person-centred approach intends to understand and consider what our people are experiencing both inside and outside of work. Recognising the impact of significant moments on people’s lives and providing ‘fit for purpose’ tools and support which empowers and enables our people to take positive action in relation to their health and wellbeing.



2.8 STAGE 3 – DEVELOP AND IMPLEMENTATION OF HWB ACTION PLANS.

2.8.1 The next stage in the process has been to link our identified priorities with action plan areas as outlined below. Within the action plan areas, we have also highlighted some of the key actions and deliverables we are in the process of implementing with the aim of making a significant change.

HWB Action Plan Area	HWB Priority Area - Linked	Examples of Key deliverables
Communications & Engagement	Proactive engagement of our people in an ongoing health and wellbeing conversation through listening and understanding the need.	Development of HWB Communications and Engagement Strategy - Strategy in development with Corp Comms to include HWB Intranet Revamp / Develop and delivery of Annual health and wellbeing campaign calendar / HWB Toolkits - to consider significant moments / Lived Experience Series / Promotion of HWB programme elements
	Recognise the importance and role of peer support amongst our people.	Wellbeing Champions Network - Relaunch proposal approval via wellbeing Gov board and SLB / Recruitment and development of 236 wellbeing champions
		External Partner Engagement - Develop External Partner Forum / Have Memos of Understanding and delivery plans in place for each current working WB Partner
Professional Health and Wellbeing Support	Adopt a person-centred approach to all support pathways and programmes i.e. EAP, OH, TRiM, Wellbeing Champions.	Occupational Health - Delivery of new OH contract
		Employee Assistance Programme - Delivery of new EAP contract
		TRiM - Recruit approx. 50-60 new assessors / Train 10 new Advanced trained assessors / Recruit and train a TRiM Co-ordinator for each specialist department sitting within their own DCU
Preventative Measures	Prevention to become a primary focus.	Your Wellbeing Assessment - Embed Your Wellbeing Assessments (Mental Health MOT) within existing people management support such as My Career.
		Resilience Assessment - Evaluation and Review of impact and place of the assessment
		Mental Health Support Service Programme - Maximus - Access to Work - Proposal developed to pilot with a targeted audience i.e., long term absence

		<p>Operation Support - HWB support and implementation and monitoring of the HWB operation assessment. Current Op support includes Unicorn, Tarn, Arkaig, Apostle, Escarpment, Loch, Moonbeam, Royal Standard, Ex Spring Puma.</p> <p>HWB Support of People Direct Absence Line - Introduction, development and monitoring of health and wellbeing and psychological absence</p>
Mental Health	Reduce the stigma which still exists around health and wellbeing, particularly mental health and the seeking of support.	<p>MH Strategy development - Key focus on Royal Foundation Commitments and Standards</p> <ul style="list-style-type: none"> • Prioritise wellbeing in the workplace by developing and delivering a systematic programme of activity • Increase organisational confidence and capability • Proactively ensure work design and organisational culture drive positive mental health outcomes • Promote an open culture around mental health • Provide mental health tools and support • Increase transparency and accountability through internal and external reporting
Governance and Strategy	<p>Bring the health & wellbeing of our people to the top of the organisation's agenda.</p> <p>Develop a coordinated national approach to health and wellbeing, which is robust and driven by investment.</p>	<p>HWB Governance Group / HWB Advisory Group - key national decision making and discussion platforms for the organisation. Ensure that the ToR evolves to recognise the changing needs of the organisation.</p> <p>HMICS Audit - HWB of the Frontline Focus, working with HMICS colleagues to deliver the HWB review</p> <p>RISK - Monitoring of current organisational wellbeing risks</p>
HWB Learning, Training and Development	Development and training of all officers and staff, with a specific focus on those in	<p>Development of HWB LTD approach - Whole workforce approach / lifecycle of police officer and staff / informed v skilled / particular focus online management, senior ranks and probationers.</p> <p>Lifelines Facilitator Programme - 50 Facilitators trained / Facilitators delivery evaluation structure in place</p> <p>Line manager focus - PMPD / PLPD - Support the development and delivery of the health and wellbeing focus within the programme</p>

Monitoring and Evaluation	Recognising the significant pressures on our people and develop the support of our people enabling them to achieve a better work / life balance.	People Strategy outcomes focus - Pulse Survey development - Regular impact assessment / HWB Dashboard development - Working with Strategic Workforce Development on the development of
----------------------------------	--	---

2.9 STAGE 4 – ONGOING EVALUATION AND REVIEW OF THE PROGRAMME

2.9.1 It is recognised that robust evaluation and review methods must be embedded into the Health and Wellbeing Programme to allow us, at any given point, to fully assess and display the impact of the overall Health and Wellbeing Programme against its objectives and to determine the efficacy of the programme and its many parts.

2.9.2 As a People and Development department we are currently advancing work in this area at pace. The release of the People Strategy in the coming months will provide us with key organisational outcomes which will not only provide health and wellbeing with a focus but enable us to overlay health and wellbeing outcomes with other organisational areas. Alongside this outcomes focus will be the development of in-depth metrics and performances measures. We are currently reviewing the data we hold and how this can be utilised within a People & Development performance dashboard. This dashboard will enable us to link our HWB data sets with organisational data sets such as absence and psychological absence. Our aim is to connect organisational factors (promotion, grievance, duty modifications) with HWB support and interventions, identifying trends and where the true impact lies. An example of some of the data sets we are developing alongside the outlined action plans is provided below.

HWB Action Plan Area	HWB Metrics
Communications & Engagement	<ul style="list-style-type: none"> • Wellbeing platform traffic i.e., google analytics • Qualitative feedback on lived experience series • Number of referrals referencing communications and engagement • Number of new lived experience pieces • Number of Wellbeing Champions • Number of new recruits • Training delivered to network • Number of organisational champions interactions and themes

	<ul style="list-style-type: none"> • Number of referrals made
Professional Health and Wellbeing Support	<ul style="list-style-type: none"> • Number of assessors within the regions and departments / Number of advanced trained assessors / Number of TRiM coordinators within specialist departments • Number of TRiM referrals / Number of TRiM interventions • Frequency and Type of Trauma specific support provided • Shift in health and wellbeing status due to support interventions • Number of referrals / Number of complete referrals • Number of EAP calls / Number of Mental health assessments • HWB support and signposting provided • Shift in health and wellbeing status due to support, counselling / structured support.
Preventative Measures	<ul style="list-style-type: none"> • Number of Resilience Assessments completed • Number of Your Wellbeing Assessments completed • HWB support provided • Shift in health and wellbeing status due to support, counselling / structured support (PHQ/GAD)

2.10 HWB ACTION PLAN UPDATES

2.10.1 An overview of highlight activity within some of the action plan areas during Q1 2022/23 is provided below.

2.11 COMMUNICATIONS & ENGAGEMENT

2.11.1 As part of this year’s Carers Week and Disability Awareness Day activities the Health and Wellbeing team delivered a series of on-line Drop-ins. The sessions, which had over 100 officers and staff in attendance, aimed to prompt thinking around how our people might look after their own health and wellbeing, the daily challenges they face in doing so and how they might overcome these. The team also shared the details of the support available. The session was very much driven by themselves and their willingness to engage and share experiences was fantastic. Some comments shared with the team are provided below:

- *Finding some time to speak with others in a similar position has been helpful*
- *I was part of the wellbeing teams call. I would be keen to get involved with lived experiences series even though I’m sure my story isn’t that unusual/different.*
- *Would it be possible to have a regular group session/forum in order to allow people to share experiences/advice on processes/support that are out there?*

- 2.11.2 A main focus at present is the refresh of the Wellbeing Champions Network. Police Scotland currently have 130 Wellbeing Champions throughout the organisation, due to a number of retirements we have seen the number slightly drop over the last year. The refresh, for which HWB now have approval from the HWB Governance Board and SLB, will include a new recruitment and note of interest process, an ongoing schedule of CPD for champions and embedded monitoring and evaluation methods and platform (interactions, themes within the interactions, signposting and support provided, awareness sessions delivered and impact).
- 2.11.3 The network aims to fully equip our champions with the skills and confidence to support our people in terms of their health and wellbeing when needed. Recruitment to the refreshed network will begin with a focus on the existing champions and will commence in Q2.

2.12 PROFESSIONAL HEALTH AND WELLBEING SUPPORT

- 2.12.1 Occupational Health and HELP Employee Assistance Programme - A key focus during Q1 has been the tendering process for the new Occupational Health and Employee Assistance Programme contracts. The processes are firmly underway with the new contracts to be in place by April 2024. At the time of writing the Occupational Health tender is now live with the EAP process to commence in early August 2023. HWB are working closely with procurement and SPA colleagues on the processes with timelines in place to consider governance pathways.
- 2.12.2 During Q1 we have been focusing on the clinical outcomes of the counselling and structured intervention support our people are receiving as a result of engaging with HELP EAP. Within this area two measures are used to determine this, Combined Patient Health Questionnaire (PHQ) and Combined Generalised Anxiety Disorder Assessment (GAD). PHQ/GAD are standardised clinical questionnaires which measure depression with 9 questions (PHQ9) and anxiety with 7 questions (GAD7).
- 2.12.3 They form part of the data set which is used by the NHS Improving Access to Psychological Therapy when delivering counselling. They help the practitioner understand the severity of depression/anxiety which their client is exhibiting and should be seen as part of the screening process rather than providing a diagnosis. Within Help Employee Assistance these two measures are given at the start and at the end of therapy which enables us to understand whether the severity of the symptoms exhibited by the employee change

over this time. For instance, an employee receiving counselling whose scores on depression move from 'Severe' to 'Mild/Moderate' would have an improved psychological functioning, be more alert and motivated at work with less chance of being off sick with a mental health related illness.

2.12.4 In the last quarter we have seen on average PHQ scores shift from 9.63 (moderate depression) pre counselling to 3.4 (none) post counselling. Similarly, the average GAD scores have been positive with a pre counselling score of 9.0 (moderate anxiety) to 3.0 (mild anxiety). The analysis above is based on the average number of people who took the evaluation before and after counselling.

2.12.5 Trauma Risk Management - The engagement and usage of TRiM across all areas of the service has displayed a noted increase during Q1 in comparison to Q1 22/23. Referrals have increased by 43% during this quarter, with 106 referrals taking place in contrast to 74 at this point last year. The most significant reasons for referral remain as suicides, RTC's and incidents involving children and babies. The noted increase coincides with some significant incidents and the introduction and training of over 50 new assessors to the TRiM programme. The increased presence of assessors throughout the organisation not only improves our ability to process TRiM referrals but also acts a great avenue for raising awareness of the presence and role of TRiM itself.

2.12.6 The HWB team are currently working with the Strategic Workforce Development team to do a deep dive on the TRiM data with a focus on TRiM referral, intervention and absence, particularly psychological absence. The teams are currently working on this Power BI analysis, and we will report on this in the next quarter.

2.13 MENTAL HEALTH

2.13.1 Mental Health Awareness Week took place during May with the overall theme for this year being anxiety. The Health and Wellbeing team worked closely with corporate communications on a series of articles across the week which aimed to inform and empower our officers and staff to take action regarding not only their own mental health but that of those around them. Articles touched on a range of subjects relating to maintaining positive mental health and reminders on where you can get further information and support if you are experiencing negative mental health. A key focus was the lived experience of a Front-line officer, the impact of traumatic exposure and how taking proactive action can provide you with support.

2.14 PREVENTATIVE MEASURES

2.14.1 The Health & Wellbeing Programme continues to place a real focus on prevention and continue to advance the work in relation to two key preventative measures. An overview of the approach and the future implementation of the measures is provided below:

- Your Wellbeing assessment to remain open to all, and whilst not mandatory the assessment must be firmly embedded within the My Career process with consideration to other organisational BAU processes also being made i.e. return to work, attendance management and capability.
- The Health and Wellbeing team are currently developing a 'Scope Development Request' which outlines the features we would like to see embedded within the process.
- The team have also been in conversation with Optima Health regarding a 'My Wellbeing Check' digital tool which would expand the focus to the physical and social aspects of health and wellbeing as well as the psychological.
- HWB are also consulting with the My Career SPOC cohort on the implementation of the new measures. There are 30+ from across all divisions/business areas so it's a great platform for testing and implementation.
- The Resilience Assessment evaluation and review is currently focusing on the analysis and review of existing data set. This analysis is looking to identify the effectiveness of the tool itself and how the success of implementation of the tool across the organisation.
- Operation Lewinrick Support - The Health and Wellbeing team have been providing guidance and support for Operation Lewinrick, the UCI Cycling World Championships. HWB have supported the Operation through the completion of a HWB operation matrix assessment. This matrix takes a holistic view of the event and the determinants to health and wellbeing at play. A preventative approach can then be taken ensuring that timely and appropriate health and wellbeing support is in place throughout with KPI's created to monitor and evaluation this provision.

2.15 HWB LEARNING, TRAINING AND DEVELOPMENT

2.15.1 Our 'train the facilitator' programme delivered by Lifelines Scotland is up and running. The programme will expand our capacity by 61 officers and staff to continue to deliver crucial Lifelines resilience, self-care and post trauma support training through a Police Scotland and peer support lens. The 61 facilitators are at the final stage of the programme and should be ready to deliver sessions within their own areas within the coming weeks. All organisational areas are represented within the cohort with a spread of officer rank and staff roles.

2.15.2 As part of the 'Your Leadership Matters' programme, the People Manager Development Programme (PMDP) has been developed and piloted in Q1 of 23/24. As mentioned previously a core aspect of the programme is a dedicated Health and Wellbeing module which is designed to emphasise the importance of supporting our people and 'Promoting a Positive Workplace'. The PMDP involves two days of training for people managers. The training has been piloted across CJSD, OSD, LP North, and with a group of Superintendents over the last 12 weeks. An evaluation of this pilot is currently underway with some early top line outcomes from the spotlight session which focuses on Health and Wellbeing highlighted below.

- Participants are asked to rate the sessions on a scale of 1-10
 - Health and Wellbeing – 8.35
- Participants are asked whether they feel the content of the sessions are relevant to them and their role.
 - Health and Wellbeing – 96% Strongly Agree
- Participants are asked whether they will be able to apply the knowledge, skills, and understanding in their day job.
 - Health and Wellbeing – 96% Strongly Agree

2.16 GOVERNANCE AND STRATEGY

2.16.1 We are delighted to announce that our new HWB Programme Lead, is now in place. The new lead will be working with the Head of People, Health and Wellbeing, the Health and Wellbeing Manager and team to drive our health and wellbeing programme and in particular our preventative and proactive approach as well as monitoring and evaluation of our work.

3. FINANCIAL IMPLICATIONS

- 3.1 There are financial implications associated with this paper, albeit funding has been secured, which allows for the continuation of the various ongoing projects and the further integration and mainstreaming of wellbeing across the organisation in a meaningful way.

4. PERSONNEL IMPLICATIONS

- 4.1 There are no personnel implications in this report.

5. LEGAL IMPLICATIONS

- 5.1 There are legal implications associated with this paper in that Police Scotland requires to be compliant with the Health & Safety at Work Act 1974. There is direct correlation between an individual's wellbeing and their working environment. We must do everything reasonably practical to provide a safe and healthy workplace for our people.

6. REPUTATIONAL IMPLICATIONS

- 6.1 There are reputational implications associated with this paper in that if Police Scotland do not continue to prioritise the wellbeing of our people, then staff morale and public perception may be negatively impacted.

7. SOCIAL IMPLICATIONS

- 7.1 There are no social implications in this report.

8. COMMUNITY IMPACT

- 8.1 There are no community implications in this report.

9. EQUALITIES IMPLICATIONS

- 9.1 There are no equality implications in this report.

10. ENVIRONMENT IMPLICATIONS

- 10.1 There are no environmental implications in this report.

RECOMMENDATIONS

Members are requested to discuss the content of the report.

