

# Growing Occupational Health and Wellbeing Together: Our roadmap for the future

Improving the health and wellbeing of our NHS people by collaboratively growing our occupational health and wellbeing people, services, and practice

2022

*People Promise*



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## Our call to action

# 1.1 Our professional call to action

Now is the time to act to invest in and grow our occupational health and wellbeing (OHWB) services in the NHS. This strategy represents a collaborative direction of travel for our entire healthcare system to fully realise the value that our occupational health and wellbeing professional services contribute to our NHS.

Over the last few years an enormous pressure has been placed on our NHS workforce. The massive impact of the pandemic and the future burden of underdiagnosed diseases and long-term conditions, make it essential that our NHS workforce gets access to and reassurance from, the very best occupational health and wellbeing support. This will enable them to be safe, healthy, and protected in their roles.

There have been multiple expert-led reviews concluding that the health and wellbeing of NHS staff impacts quality of patient care, organisational efficiency, and ability to deliver regulatory targets. Simply put, looking after the health and wellbeing of our NHS people enables them to pass on good quality care to our patients.

**We not only commend this strategy to our healthcare leaders and fellow occupational health and wellbeing professionals, but we urge you to take action to make this happen.**



**Dame Carol Black**  
Chair, NHS Health and Wellbeing Expert Advisory Group



**Dr Steven Boorman**  
Chair, NHS Growing Occupational Health and Wellbeing Steering Group



## 1.2 Our strategic call to action

Our occupational health and wellbeing (OHWB) professionals are vital in ensuring that our NHS people are safe and healthy. During the pandemic, OHWB rapidly responded to the challenge of keeping our NHS people safe and well and demonstrated the value that they bring. Yet, this also identified variation and an inequality of OHWB provision across our NHS.

The Growing Occupational Health and Wellbeing Together strategy is a united vision and call to action to invest in and grow our OHWB services and multidisciplinary family of OHWB professionals. We want to recognise and thank the many people - OHWB professionals, senior healthcare leaders, and national strategic partners - who have helped to co-design this strategy, and who are also fully committed to working together to deliver it and realise our collective ambitions.

NHS England is committed to working in partnership to realise the vision outlined within Growing OHWB Together. The work outlined in this strategy directly supports our [NHS People Promise](#) 'we are safe and healthy'. It forms part of our wider health and wellbeing programme of work, directly supporting our [NHS People Plan](#) through the commitment of looking after our NHS people with quality OHWB services.

Growing OHWB Together is a collaborative strategy, it requires investment, championing and action in a variety of different needs-driven ways to realise our united vision. We encourage our senior healthcare leaders to join us in realising the ambition within this strategy, with your OHWB professionals in the driving seat and empowered to take action flexibly, based on the health and wellbeing needs of your local NHS people. We encourage our valued OHWB community to join with us as we work together to put this strategy in place to grow and strengthen our OHWB services, in a way that is right for the diversity of the NHS people that we care for.

**As we emerge from the pandemic and the innovation and learning it has prompted, this is a key moment for us to grow our OHWB services and OHWB people. We recognise the crucial role they play to create a culture of wellbeing where all our NHS people feel valued and cared for, which ultimately leads to higher quality and more compassionate patient care.**



**Em Wilkinson-Brice**  
National Director for People,  
NHS England



**John Drew**  
Director of Staff Experience  
and Engagement, NHS England

## 1.3 Acknowledging our supportive community

We would like to thank everyone who has supported the co-design of Growing Occupational Health and Wellbeing Together.

We want to thank the members of our multi-professional OHWB community who shared their knowledge, experience, and passion for making a positive difference to the health and wellbeing of our NHS people.

We also want to thank our NHS employees and managers who are service users of OHWB, organisational leaders, strategic system leaders, experts and national bodies. Your collective contributions were essential in understanding the complexity, challenges, opportunities, best practice and innovations when developing this strategy that take us from where we are now, to where we want to be collectively, in realising the future potential of our OHWB services.

Growing OHWB Together has been commended by Dr Steve Boorman and Dame Carol Black, endorsed by the NHS National Growing OHWB Steering Group and is supported by the national NHS Health and Wellbeing Expert Advisory Group. Key national bodies have united behind Growing OHWB and are committed to working together to realise the vision within this strategy, including NHS England; NHS Health at Work Network; the Society for Occupational Medicine (SOM); the Faculty of Occupational Medicine (FOM); the Chartered Institute of Personnel and Development (CIPD); Health Education England (HEE); NHS Employers; the Social Partnership Forum (SPF); NHS trade unions; and the Council for Work and Health. We are also grateful for the Department of Health and Social Care (DHSC) and the Department for Work and Pensions (DWP) engagement as part of their work and health activity.





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## Introducing Growing OHWB Together



## 2.1 Purpose

Growing Occupational Health and Wellbeing Together provides a strategic and long-term roadmap that enables us to fully realise the value that our occupational health and wellbeing (OHWB) services and our multi-professional family of OHWB people bring to enabling the wellbeing of our NHS people, which in turn leads to better patient care.

It has been purposefully designed as a collaborative and action-oriented strategy to cover the entire English NHS system, acknowledging that we all have a part to play in growing OHWB. It achieves this by:

**Outlining a roadmap** for healthcare organisations and system leaders in England to flexibly work towards when articulating their localised vision and steering their investment in OHWB services over the next five years.

**Empowering and uniting our diverse OHWB professionals** around a common vision when developing services and improving the health and wellbeing of our NHS people.

**Enabling collaborative action** between OHWB stakeholders, NHS organisations and systems and strategic partners to drive action to grow our OHWB services, our OHWB people and enhance their impact.

Caring for  
our NHS people  
enables them to pass  
that care on to our  
patients. Excellence  
in OHWB is  
essential to this





## 2.2 Introducing our vision and collaborative action areas

Growing OHWB Together centres around a united vision for OHWB in the NHS, four strategic drivers and corresponding areas for collaborative action.

**Improving the health and wellbeing of our NHS people by growing our Occupational Health and Wellbeing services and people to be trusted, strategic and integrated partners.**

**Growing the strategic identity of OHWB**

**Growing our OHWB services across systems**

**Growing our OHWB people**

**Growing OHWB impact and evidence-based practice**

### Driver 1. Growing the strategic identity of OHWB

- 1.1 Integrated OHWB
- 1.2 Strategic voice of OHWB
- 1.3 A trusted and proactive brand
- 1.4 Collaborative action and investment in OHWB

### Driver 2. Growing our OHWB services across systems

- 2.1 Inclusive, needs-driven, and well-resourced OHWB
- 2.2 Integrated service user pathways
- 2.3 Common service development framework
- 2.4 Service innovation
- 2.5 Quality improvement
- 2.6 Maximising technology and digital
- 2.7 Integrated Care System collaboration
- 2.8 Improving access for smaller healthcare organisations and primary care

### Driver 3. Growing our OHWB people

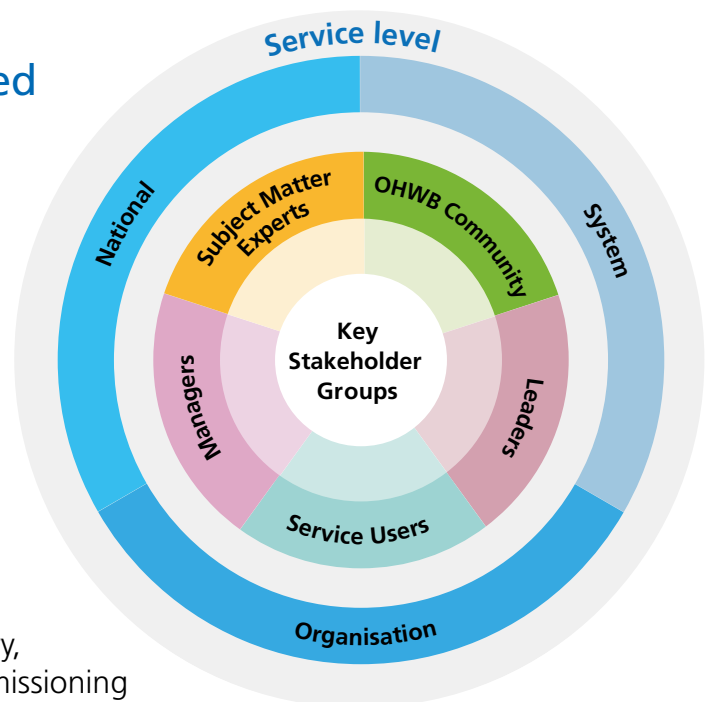
- 3.1 Multidisciplinary OHWB workforce planning
- 3.2 Attractive career pathways and talent management for OHWB professionals
- 3.3 Credible and accessible OHWB education and training
- 3.4 Empowered OHWB leaders
- 3.5 Empowered OHWB workforce
- 3.6 Developing all NHS managers in supporting employee health and wellbeing

### Driver 4. Growing OHWB impact and evidence-based practice

- 4.1 Using data to demonstrate the impact of OHWB
- 4.2 Driving OHWB practice
- 4.3 Demonstrating the value of OHWB
- 4.4 Driving the OHWB market
- 4.5 Demonstrating the impact of this strategy

## 2.3 Co-creating Growing OHWB Together

This strategy represents the united voices of a breadth and depth of people, including our NHS employees and managers who are our OHWB service users, senior healthcare leaders, OHWB experts and our OHWB professional community.



**Collaborative action sits at the heart of Growing OHWB Together**

This is inclusive of all healthcare service areas (e.g. primary, secondary, tertiary and commissioning services) and at various levels (i.e. from frontline delivery, through to system and national working) covered by the English NHS system.

We all must work together to realise the value of OHWB in improving and sustaining the health and wellbeing of our NHS people, to enable them to pass this wellbeing on to our patients. No one person, group or organisation can achieve

the transformational change we need alone so we must unite to grow our OHWB services and people together. This is why collaborative action sits at the heart of our strategy.

The pandemic represented a 'moment of truth' for our OHWB professionals. They demonstrated their value in improving the health and wellbeing of our NHS people by their ability to innovate and work flexibly and collaboratively to achieve this. We identified outstanding practice that not only informed this strategy, but also demonstrated that growing OHWB is already being effectively achieved in many areas.

We learnt how OHWB services have transformed to meet the needs of their organisational workforce around integrated pathways; how ICSs and their organisations have united to maximise economies of scale to create integrated and accessible approaches; and how high quality OHWB services are adapting and meeting the needs of their entire local workforce population.

**We identified outstanding practice in OHWB, that demonstrates how, in many areas, Growing OHWB Together is already a reality**

We also identified the following core enablers that sit at the heart of this collaborative strategy:

- **Organisation and system leaders must empower and invest in OHWB services** to realise their true potential and maximise their value in employee OHWB and ultimately patient care.
- **Our family of OHWB professionals need to be in the driving seat and working as an integrated service and united team** to collaboratively develop their services in a joined-up way to inclusively meet the health and wellbeing needs of our healthcare people.
- **Strategic bodies, influential partners and national OHWB stakeholders need to unite** behind our common vision to fully realise the strategic and transformational change needed in OHWB.

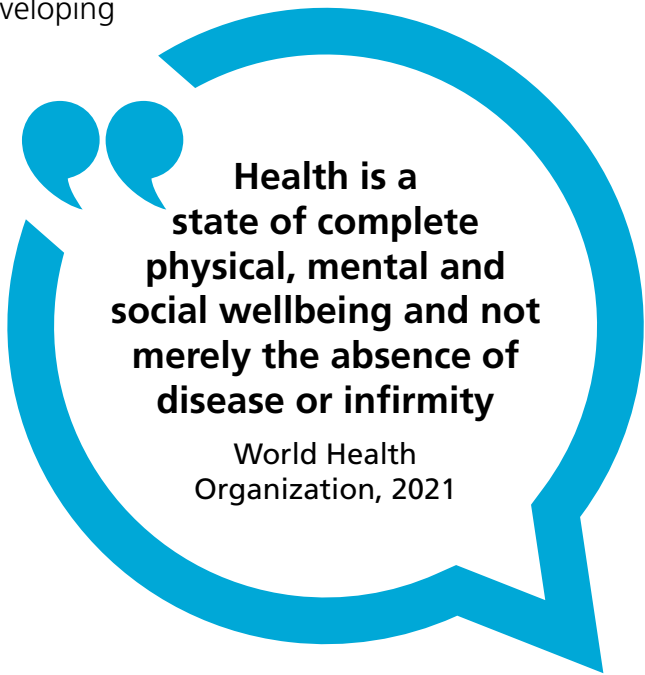
This strategy synthesises the exemplary practice that we identified with the breadth and depth of stakeholder voices, who jointly articulated what we need from future facing OHWB services.

## 2.4 Our definition of OHWB

**This strategy unites occupational health and wellbeing as a multi-professional family of job-roles and services that collaborate to improve the health and wellbeing of our NHS workforce.**

When co-creating this strategy, we heard how developing a 'positive brand and identity' for OHWB was a key driver. We also heard how integration was an underpinning driver and that OHWB needed to unite as a family of professional services that collectively improves the health and wellbeing of our workforce. We were also motivated by the holistic definition of health from the World Health Organization (WHO) and by how many of our healthcare organisations and ICSs have already started to integrate the family of OHWB professions under one umbrella service.

These drivers helped us to create our integrated definition of OHWB as a family of professional services that unite to improve the health and wellbeing of our NHS workforce.



**Health is a  
state of complete  
physical, mental and  
social wellbeing and not  
merely the absence of  
disease or infirmity**

World Health  
Organization, 2021

## 2.5 Working collaboratively to make it happen

This strategy provides a united roadmap for all parts of our healthcare system to collaboratively develop our OHWB services and people and enhance their impact in creating a culture of wellbeing for our NHS workforce, which ultimately leads to better quality patient care.

**Growing  
OHWB  
Together is  
our 'call to  
action'**

This strategy is designed to enable everyone reading it to relate to our united vision and inspire them to identify ways that they can take action to grow OHWB. This includes our OHWB professionals in their services, through to our organisation and system leaders and national OHWB strategic partners. We appreciate that 'one size, does not fit all' and we encourage local translation of this strategy, to lead to local action that will support the realisation of our joint vision, improvement drivers and areas for collaborative action.

**The following outlines our main target audience for this strategy, and ways they can use it:**



### **Multi-professional OHWB community**

This strategy provides a unified voice for you as our OHWB community. It is a 'call to action' to collaborate as a multi-professional family to grow your services and grow together as a community. It empowers you with a direction of travel and offers strategic leverage to influence others to support you on your journey to grow OHWB services that keep our NHS people well, so that they can continue to deliver high quality patient care.



### **Organisational leaders**

This strategy provides a roadmap and 'call to action' to ensure that organisations are prioritising, investing in and leading the development of OHWB services. It offers direction to ensure that your OHWB services are integrated, innovative, add value and are meeting the health and wellbeing needs of your diverse workforce. It provides collaborative action areas that can be flexibly interpreted in your local context, appreciating that every organisation is at a different stage of your growing OHWB journey.





### **Integrated Care System (ICS) leaders**

This strategy outlines areas for collaborative action across ICSs and your organisations to maximise the value of OHWB as part of your strategic people plan. It encourages system leaders to think how you can collaboratively grow OHWB services and your OHWB workforce to meet your local workforce population needs. It poses questions about ensuring equity of access across all healthcare organisations (e.g. provider, commissioning, community and primary care) and how you can work collaboratively to maximise OHWB expertise, resources and economies of scale when empowering future-focused OHWB services.



### **Wellbeing guardians and people directors**

This strategy enables you to hold your organisations to account to ensure that the value of OHWB services is maximised, they are being adequately invested in and are empowered to meet the health and wellbeing needs of your healthcare workforce.



### **National leaders and national bodies**

This strategy connects our national leaders and national bodies in a unified way. It provides a roadmap for national partnership working through tangible collaborative areas to grow OHWB people and services. It provides action areas to focus national long-term investment and transformational change activity and a framework for identification and sharing of best practice.



### **NHS people, as our OHWB service users**

This strategy gives all of our NHS people and managers, as the service users of OHWB, a united voice by articulating how OHWB services need to grow and develop to keep you healthy and well, to enable you to pass this wellness on to those that you care for. It outlines how OHWB is everyone's business and champions all NHS managers in developing skills in looking after the health and wellbeing of your teams.

## The remainder of this strategy:

- Brings the vision, improvement drivers and areas of collaborative action to life by offering more detail, inspiring healthcare leaders and our OHWB community to take action to realise this vision.
- Summarises the evidence that informs this strategy and shares the voices of those who contributed to its design, using inspirational quotes and case studies that demonstrate how growing OHWB can be and already is being done.
- Offers next steps for how this strategy forms part of a five-year and longer-term programme to grow our OHWB services, our OHWB people and the impact of OHWB.





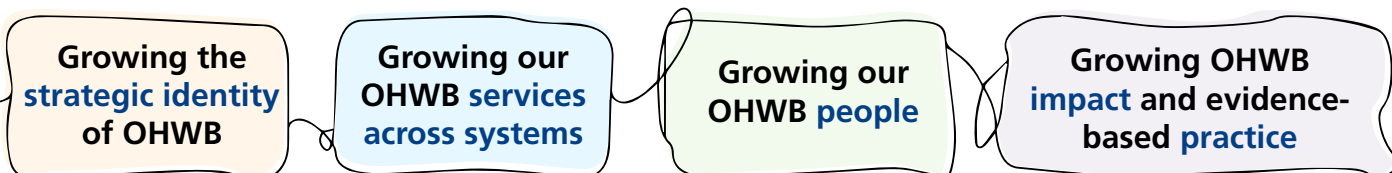


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## Drivers and collaborative action areas

Caring for our NHS people enables them to pass that care on to our patients. This strategy is driven by this and our united vision to improve the health and wellbeing of our NHS people by growing our OHWB services and people to be trusted, strategic and integrated partners. Four drivers for improvement and accompanying areas for collaborative action have been created to outline how we can work together to bring this vision to life over the next five years.

Improving the health and wellbeing of our NHS people by growing our occupational health and wellbeing services and people to be trusted, strategic and integrated partners.



Our four drivers and underpinning areas for collaborative action are designed to be:

- **Collaborative and empowering** - the change needed to grow OHWB in the NHS cannot be achieved alone, and we must unite to achieve the ambitions in this strategy where everyone feels empowered to take action.
- **Future focused** - we want this strategy to move us forward in a united way toward the vision that our variety of healthcare stakeholders have inclusively helped us to co-create.
- **Flexibly interpreted** - the NHS is a complex system where 'one size does not fit all', and our OHWB professionals, organisational and system leaders will need to flexibly interpret and support the ambitions of this strategy in their own context when developing local actions for growth.

The following section outlines our drivers and underpinning areas for collaborative action in detail and explains why these are important. We have included case studies from OHWB services to demonstrate that these areas for collaborative action are the future we want to work towards and are achievable.



## 3.1 Growing the strategic identity of OHWB


### Driver 1. Growing the strategic identity of OHWB

- |     |   |
|-----|---|
| 1.1 | <b>Integrated OHWB:</b> OHWB is experienced by service users as one integrated service and multi-professional family who are working toward the shared goal of improving the health and wellbeing of our NHS people.  |
| 1.2 | <b>Strategic voice of OHWB:</b> OHWB has a strong voice in all organisation and system-wide decisions that impact the health and wellbeing of our healthcare workforce. This is supported by a comprehensive OHWB strategy.   |
| 1.3 | <b>A trusted and proactive brand:</b> NHS employees and managers are the service users of OHWB. They experience OHWB positively as a trusted service that helps them to proactively prevent ill health, improve their personal health and wellbeing, and the health and wellbeing of their teams.                   |
| 1.4 | <b>Collaborative action and visible investment in OHWB:</b> All stakeholders at national, system and organisational level are united around the Growing OHWB Together strategy. They are working collaboratively to realise the vision, improvement drivers and demonstrate the positive impact of OHWB in the NHS. |

**We have an opportunity to evolve the identity of OHWB to be a proactive, strategic and integrated service at the heart of improving the health and wellbeing of our NHS people, to enable them to pass care and wellbeing on to our patients and wider population.**

To achieve this, we need to enable OHWB to be a fully integrated service. We must break down any silo working and unite the professionals, services and interventions offered into one complete package so that our NHS employees and managers experience OHWB as one service, united by clear and accessible service pathways.

This will require not only change to the way our OHWB services operate and are configured, but also cultural change to support OHWB professionals to work collaboratively in this interconnected way.



**“The strength of a future-facing OHWB service is as an integrated service and a trusted brand. They must have a strategic voice at board level, who must in return support investment in the service and engage with it to drive organisational decisions to realise value as a proactive, preventative, through to treatment service that keeps our NHS workforce healthy and well.”**

NHS ICS leader

OHWB people are the experts in improving the health and wellbeing of our NHS people in the workplace. We must empower OHWB to have a strategic voice to help senior organisational and system leaders to consider the health and wellbeing needs of our NHS people in every decision they make.


This will ensure that any strategic or operational decisions made will also positively support the wellbeing of our NHS people. The [wellbeing guardian](#) will have a role to play in helping to realise the strategic voice of OHWB at board and senior leadership level. The [NHS Health and Wellbeing Framework](#) will support this and enable the creation of organisational and ICS OHWB strategy.



**Growing  
OHWB will require  
cultural and  
transformational  
change**

To maximise the contribution and impact of our OHWB services, we must also ensure that they are seen and experienced as a positive and proactive brand. We need to move away from OHWB services that are seen as a transactional service to go to when things go wrong and move toward OHWB as proactive and preventative services that actively help our NHS people to improve their health and wellbeing. To achieve this, we need to give OHWB the capacity to maximise its value in this preventative space. We also need to support OHWB services to develop in a way that inspires trust from our NHS people and a brand that is experienced as supportive, compassionate, and inclusive.

To maximise the value and grow a positive identity of OHWB, we will require collaborative action. We need our OHWB people to unite behind this strategy as a 'call to action' to achieve our shared ambitions. We need our NHS leaders to unite to position OHWB as a strategic voice and invest in its development as an integrated, proactive, and partnership service. This will be supported by our national NHS organisations and OHWB professional bodies, uniting behind this strategy and working together to achieve this unified vision.



**"Taking several months off during my FY1 year [describes personal issues] I wanted to quit medicine. I don't know why but this is how I felt. My training programme director informed me of the importance of involving the appropriate OHWB services during this time. The OHWB service was really helpful in terms of the sessions, techniques and independence of its service. When it came to returning to work and the coordination of that, OH really delivered. I had somebody who was able to listen and understand all the different problems I was going through and accommodate my return perfectly.**

**I didn't even know the capability of OH and the importance of having this service in a workplace until then. This is why I absolutely support raising awareness of the OH part of medicine amongst all health professionals and medical students. As a doctor who had just begun my career, it was a great relief to know there was OH to genuinely support me physically and mentally, to benefit both myself, and my occupation in caring for patients." OHWB service user (FY1 doctor)**



## Case Study: Cambridge University Hospital's OHWB brand and proactive, preventative approach

Occupational health services at Cambridge University Hospitals NHS Foundation Trust (CUH) are on a long-term journey to ensure services provide not just services at point of need, but also pre-empt staff needs in a proactive and preventative way. This underpins the way the whole service operates.

### Developing a trusted brand

As part of their proactive, preventative approach, CUH OHWB team wanted to develop their interactions with their 11,500 staff population. An independent sub-brand 'Oh' was created to offer the health and wellbeing service through its own website and communications to support groups of workers with health and wellbeing initiatives and resources. As a recognisable sub-brand within CUH corporate communications, 'Oh' was able to effectively communicate all health and wellbeing services and offers in a consistent way. The branding and how it is used has made a strong contribution to staff feeling cared about and trusting the OHWB services provided.

### Musculoskeletal (MSK) conditions

The OHWB team has tried a number of different approaches to support staff with MSK conditions in recent years. Having the aim of keeping staff well so they can continue to care for patients, a fast access physiotherapy service for staff was developed, regardless of whether they were injured at work or outside work. Demand has remained high for the service since it was inaugurated. More recently, the physiotherapy team experimented with preventative outreach education sessions for staff, focusing on areas where MSK referrals were notably high, as well as receiving requests from areas and giving staff the tools to support their own MSK health. While the outreach education sessions were running, lower levels of staff absence for back related MSK issues and positive feedback via the staff survey were observed, and the sessions were felt to have played a part in this.

### Staff mental health

A pilot, which brought a liaison psychiatrist into the trust on a sessional basis to work alongside OH team members, combined with another pilot project instigated by the area's mental health trust gave rise to the current staff mental health service provision across Cambridge and Peterborough. CUH was one of the first trusts to pilot this approach, finding the benefits for fast assessment and fast access to specialist advice and treatment for staff and additional support for OH team members, of great benefit to the OH service. There were additional benefits in terms of peer-to-peer learning for the OH team, as well as adding an extra layer of surety and safety to OH clinical practice. The sessional liaison model and collaboration between OH and Cambridgeshire and Peterborough Foundation Trust gave rise to a comprehensive staff mental health service commissioned by Cambridge and Peterborough ICS. There have been benefits seen in outcomes as a result of interventions and better, swifter support for staff with mental health needs.



## Case Study: Using the NHS Health and Wellbeing Framework to strategically develop organisational OHWB strategy and priorities at East Lancashire Hospitals NHS Trust

East Lancashire Hospitals recognises that caring for colleagues is essential to pass that care on to their patients. They used the NHS Health and Wellbeing Framework to create a clear and holistic action plan for improvement and investment, underpinned by a needs-driven and holistic evidence base that supports their employees to feel well, happy, and healthy through high-quality OHWB support for all.

They used multiple sources of information to inform their diagnostic phase using the Health and Wellbeing Framework seven elements model and toolkit. This included staff survey data, OH data, usage trends, attendance data, health needs assessment surveys and wider workforce data. They complemented this by directly engaging their people, staff groups and trade unions to develop their needs-driven and inclusive approach.

This approach enabled them to identify the OHWB needs of their workforce. They were then able to build their OHWB plan and services around the seven elements in the NHS Health and Wellbeing Framework and identified 70 smart actions for investment as part of this plan. This enabled them to drive forward a holistic OHWB approach that was inclusive, proactive, preventative, reactive and restorative. It enabled them to demonstrate visible investment and action to their NHS people that brought their OHWB strategy to life, delivering on their People Plan and People Promise.





## 3.2 Growing our OHWB services across systems


### Driver 2. Growing our OHWB services across systems

- |     |   |
|-----|---|
| 2.1 | <b>Inclusive, needs-driven and well-resourced OHWB:</b> All healthcare organisations can articulate their OHWB requirements strategically and operationally, inclusive of their entire workforce health and wellbeing needs. OHWB services and solutions are well-resourced and fully supported by senior/board-level leaders. This is consolidated within each organisation's OHWB strategy.                               |
| 2.2 | <b>Integrated service user pathways:</b> All OHWB services are working in an integrated way to improve the health and wellbeing of our NHS people. Services and interventions are inclusive of the entire OHWB clinical and employee support pathway, that holistically encompasses surveillance, proactive, preventative, diagnostic and treatment services and interventions.   |
| 2.3 | <b>Common service development framework:</b> There is an established maturity framework that describes core delivery, through to transformative and exemplary levels of OHWB service. This is actively used to drive up standards for both internally delivered, externally procured and hybrid models of service delivery.   |
| 2.4 | <b>Service innovation:</b> OHWB professionals are actively engaged in work that supports service innovation. They are empowered to lead innovative initiatives and are supported to work collaboratively to realise these opportunities to advance practice.  |
| 2.5 | <b>Quality improvement:</b> All OHWB services demonstrate a commitment to continual quality improvement by maximising the use of accredited quality management standards and service development tools.   |
| 2.6 | <b>Maximising technology and digital:</b> The benefits of integrated and innovative OHWB digital technology are maximised. This is reducing demand on OHWB services, increasing OHWB service capacity and widening access to OHWB services for all our NHS people.  |
| 2.7 | <b>ICS collaboration:</b> ICSs have OHWB as a core part of their people strategy. They are collaborating around OHWB service delivery to maximise their combined OHWB expertise and resources, economies of scale, standardisation of services, increased equity of access, and improved quality of OHWB across all their healthcare organisations - inclusive of all healthcare providers, commissioners and primary care. |
| 2.8 | <b>Improving access for smaller healthcare organisations and primary care:</b> There is improved and equitable access to the benefits of OHWB services and interventions in smaller healthcare organisations, including primary care.   |

We have an opportunity to grow OHWB services to inclusively meet the needs of our NHS people across our diversity of healthcare organisations. This will mean empowering OHWB with the same [service improvement tools and resources](#) that our external patient facing services have been encouraged to use for some time. The key difference being that our NHS people are the service users or 'patients' in the eyes of OHWB.

Health and wellbeing is different, to different people, needing different things, at different times. To maximise the impact of OHWB, we need to grow needs driven OHWB services that inclusively support the diversity of our workforce, in their local context, and deliver this in a compassionate way.

This will involve equipping OHWB professionals and services to work in a unified way across integrated service user pathways. This must cover the health surveillance, preventative, and proactive elements of improving health and wellbeing, through to supportive diagnostic, treatment services, and employee assistance programmes, when our NHS people present themselves with periods of ill health or long-term conditions that require adjustments to enable them to return to work and keep working. Population health management (PHM) approaches will support the strategic planning and delivery of services that address the needs and desired health outcomes of our NHS people, including addressing health inequalities, underpinned by improved data driven decision making.



**Health and wellbeing is different, to different people, needing different things, at different times. Our NHS people are the 'patient' in the eyes of OHWB**

To achieve this, all NHS organisations must be able to clearly articulate the needs of their workforce, whether they are smaller primary care practices, healthcare commissioning functions, large healthcare provider organisations, through to collaborative organisations across ICSs. This will require maximising the use of strategic health and wellbeing service improvement tools such as the [NHS Health and Wellbeing Framework](#) to help organisations and ICSs to develop their localised OHWB strategies, their service delivery plan and inform investment requirements. To help grow OHWB services in a forward-thinking way, we will need to develop new service improvement tools, such as a common OHWB service development framework that flexibly outlines what 'good to great' looks like in service delivery and unites OHWB services in how we develop and transform services. To drive up the quality of our OHWB services, we must also maximise the use of accreditations and quality improvement tools such as [SEQOHS](#). This will ensure that internally delivered, externally produced and hybrid models of OHWB service delivery are of high quality.

Technology and digital has the potential to be a significant enabler for OHWB. We have opportunities for 'quick wins', such as improving access through video consultations that became increasingly used and normalised throughout the pandemic. We also have the opportunity to improve the clinical aspects of digital OHWB, such as improving usability and integration of OHWB workflow and patient database systems so that these better support health surveillance, diverse workforce needs and the investment in preventative OHWB interventions.



**Technology and digital has the potential to be a significant enabler for OHWB**


We can better use the capacity of our OHWB people by making these systems easier to use, while also empowering OHWB with data that demonstrates the impact of their services and informs decisions around health and wellbeing. There is also potential to further invest in digital OHWB services such as 'apps' that better support our NHS people in improving and managing their own health and wellbeing. This, in turn, further improves the capacity of OHWB to work more strategically and focus on complex health needs. This will require further work to understand the potential for digital and technology in the OHWB space, build on what is working well already and collaboratively influence the OHWB technology and digital market to better serve our NHS.

Collaborative OHWB service development work across ICSs is also essential. ICS leaders will need to work with their OHWB people across all their organisations to ensure that they truly understand the needs of their entire workforce. They will need to ensure that these needs are represented in their system-wide people strategy and then work collaboratively to resource, develop, and/or commission services that achieve these needs across their system. Working across a system geography empowers OHWB professionals to work collaboratively and explore opportunities for truly integrated working across systems that maximise the contribution of their collective skillsets. It also provides the benefits of economies of scale to get better quality and value from locally delivered and/or jointly commissioned services, to 'go once, go together and go well'.

Having a system-wide approach to OHWB services also enables a collaborative approach to driving up equitable access to quality OHWB services across all local healthcare organisations and provides a more streamlined experience for NHS managers and NHS people accessing these services. While every system will need to do what is right for their local organisations and workforce, this is likely to require collaboration, strong leadership, empowered service development, integrated and multidisciplinary models of service delivery, investment, resourcing and cultural change.



**Our multi-disciplinary family of OHWB professionals must be in the 'driving seat' and empowered by supportive healthcare leaders**



**"The whole premise of our system-wide OHWB programme is to pull together the OHWB services of several very large NHS organisations to work together to deliver better services by utilising the skills, knowledge and experience that sit within those multidisciplinary OHWB teams, and deliver the best possible outcomes to over 30,000 NHS staff across those organisations. The way we are enabling this is looking at the opportunities for technology, for digitalisation, for empowering the service to be future-proof and investing in OHWB services to make them sustainable. We are exploring potential delivery to wider stakeholders, including primary care and our wider ICS partnership. It's very ambitious and really positively received. I really can see how we can succeed in delivering a much-improved service by working collaboratively across the system."**

Integrated Care System (ICS) leader

We need to better support equity of access for smaller healthcare organisations such as those in primary care. This will require further work to explore potential OHWB service models for smaller healthcare organisations, demonstrate the value of OHWB, and encourage resourcing and investment. There is also potential to maximise the opportunities to grow OHWB in smaller organisations that have been put forward within [Health is Everyone's Business](#) and align growth in OHWB to wider national work in this area across all sectors.

Above all, our multidisciplinary family of OHWB professionals must be in the 'driving seat' and empowered by supportive healthcare leaders to drive the development of our OHWB services so that they are delivering what is needed for their local healthcare workforce.



### **Case Study: Developing a consolidated occupational health service across North Central London ICS**

In 2019, North Central London Integrated Care System (NCL ICS) set itself an ambition of establishing a single, consolidated, clinically excellent OH service that consistently delivers high-quality, cost-effective services to all NHS staff working across the ICS. The aims of this were to:

- Move from a reactive, medicalised model to a proactive biopsychosocial model of care.
- Explore the use of other staffing groups and skill mix to help manage demand.
- Improve career pathways for OHWB professionals.
- Automate transactional administrative processes, to free up clinical and development time.
- Improve resilience of OHWB services.
- Provide equity of access to a broader range of services for all employees within the ICS, including psychology and musculoskeletal (MSK) provision.

Collaborative leadership, shared resources and putting OHWB professionals in the driving seat enabled this aspiration to become a success. Leaders worked together across the ICS and jointly prioritised funding from existing budgets for OH service development. The project involved eight partner organisations, with a collaborative of 40 OH professionals. The vision for a shared service and supporting clinical and operational models were co-designed by leaders from within these services.

NCL ICS successfully launched the new consolidated OH shared service in May 2022 as part of its corporate services partnership - North London Partners Shared Services. The integration of a single clinical OH IT system for use across the ICS will continue throughout 2022. As the new service grows, the aspiration is to share the benefits with other partners within the ICS including primary care, and other NHS organisations outside of North Central London.





## Case Study: Developing a collaborative approach to delivering OHWB services in Hampshire and Isle of Wight ICS

Working across one of the biggest ICSs in England, OHWB leaders in Hampshire and Isle of Wight (HIOW) saw the opportunity to expand their programme of strategic and operational development that had been launched to respond to the NHS People Plan, to include Growing OHWB services. The groundwork was already in place, thanks to a strong history of local NHS organisations working together collaboratively and existing trusted strategic relationships. Leaders were keen to incorporate an OHWB workstream into the ICS Health and Wellbeing programme, recognising the greater impact that could be realised by aligning services and taking a high-level holistic view of services, staff and provision.

The ICS team began by undertaking a comprehensive gap analysis to identify best practice, the opportunities to improve and gaps to fill. There was a particular focus on 'quick wins' as well as cost-neutral solutions to build sustainability into the programme plans. Nine areas of collaborative action emerged from the gap analysis, including:

- 'Quick wins' to standardise documents across the ICS and develop an OH passporting process for extra efficiency in intra-ICS organisation transfers.
- The development of a business case to secure funding to set up a connection between one OH IT data management system and ESR (the NHS HR system).
- Developing local education opportunities for aspiring and existing OHWB staff with a local higher education provider partner.

Within the first year of the Growing OHWB programme across the ICS the following successes were achieved:

- Additional resources were channelled into supporting staff MSK conditions, with expanded teams in local areas. The focus was expanded to include treating people close to their home, having gained an understanding that for some people to access physiotherapy services where they work involves a long journey that may exacerbate underlying MSK conditions.
- OH teams in HIOW ICS were able to make referrals for additional care for MSK directly, with joint benefits for the individual who gets speedier care and primary care which has seen a corresponding reduction in demand from NHS people.
- A strong focus on keeping people well and in work in the NHS, with the development of new OHWB services, including a menopause clinic, funding directed into burnout support for senior managers and clinicians, and the development of a new neurodiversity and disability advice service in OH to better support staff and their managers.

These successes enabled funding to be secured for further development of the programme across the ICS.



## Case Study: Developing a collaborative occupational health shared service across North West London ICS

As the North West London ICS began to take shape, the four acute, two community and one mental health trust within the ICS, with support from the NW London Clinical Commissioning Group (CCG), identified that their staff would be best served by a single OH provision. This model also had potential for the 360 GP practices in the area and eight local authorities to join in the future.

The development of OH services for the North West London region had been explored by the ICS pre-pandemic, however the onset of the pandemic drew focus to the pivotal role played by OH services and strengthened the strategic opportunity. A shared services option was identified as the best approach and the vision of a three tiered OHWB service model agreed. This was designed to meet the needs and complexities of the circa 60,000 North West London NHS people and delivering SEQOHS quality standard OH using one common OH IT system.

The core model delivers shared practice and expertise across the ICS and enables sufficient commonality to work at scale, for example, using the same processes, documentation, clinical systems and standardised reporting. The model also consolidates the existing collaboration across ICS organisations, as well as delivering economies of scale and the buying power to afford the best, innovative OHWB solutions. These could include wellbeing apps and physio digital triage self-assessment.

Launching in 2021, the team worked with four 'prototype' partners forming a 'mini shared service' to align documentation, working practices, policies and procedures, to ensure all were working to SEQOHS service quality standards. Alongside this, parallel workstreams were working with software developers on a common OH IT platform, carrying out a strategic estates review and scoping the staffing needs required. Successes for this shared service model include:

- Launching a digital self-triage pilot for musculoskeletal issues experienced by staff.
- A well-received peer support and coaching offer for specialist clinical staff to engage them in shaping the future of OHWB services in North West London.
- Stronger partnership working across the ICS, with a shared focus on keeping staff and patients safe.

The pilot is scalable and it is anticipated that by the end of 2022 other partners across the ICS will join the initial prototype partners in the shared service, leading to the formation of a wider shared service model in 2023.



## **Case Study: Providing occupational health services for GPs and their staff in Leicester and Leicestershire**

University Hospitals of Leicester NHS Trust (UHL) has been providing an OH service for GPs in Leicestershire for 20 years. This was a pioneering approach at the time and is still in the vanguard of innovative OHWB service provision. From the outset, one of the key drivers has been to provide GPs and practice staff with the same access to OH services as staff working in larger NHS organisations.

When initially set up, senior OH nurses from the service visited the 150 practices across the city and the borough to carry out assessments for staff, work with the GP practices to understand workplace risk and support the process of risk assessment for all staff. This approach has been sustained, despite changes in national specifications and commissioning arrangements, with funding prioritised by the local CCG to respond to local demand. From the outset, the service has been valued amongst the local primary care community, with high levels of demand via self and management referral and very low-levels of 'opt-out' from the service contract. UHL OH service has also worked with the practitioner health programme for primary care, promoting the correlation between workplace factors and performance and assisting practitioners to remain in practice.

The benefits of this approach became even clearer during the pandemic. At the start of pandemic, the UHL OH team's remit to urgently develop and support the risk assessment process naturally included those in primary care. This provided a unique whole-system view of staff at higher risk across Leicester and Leicestershire and its insight proved vital to the national work developing a national risk reduction framework for NHS staff at risk of COVID-19 infection. Bespoke advice and information were also provided to those local practices with staff at higher risk.

The UHL team tracked the impact of the provision of OH services to GPs over nearly 20 years, noting and sharing some of the unique OHWB challenges faced by primary care providers, as well as common causes of workplace risk, across the wider NHS knowledge base. As well as ensuring GP staff are kept well and safe, there has been significant skills transfer between OH professionals and the primary care community in Leicester and Leicestershire. This has taken the form of more practices feeling confident to carry out workplace risk assessments, reflecting a wider understanding of OH and workplace risk factors. Research has also shown that there are key benefits provided by extended OH consultations by general practitioners, which can achieve positive self-reported outcomes for patients in employment. The GPs of Leicester and Leicestershire, with a deeper understanding of OH, have fostered years of collaborative working with the UHL OH team and have been pioneers in this area.



## **Case Study: Driving up service quality by using the Safe Effective Quality Occupational Health Service (SEQOHS) accreditation across North East and North Cumbria (NENC) ICS**

The North East and North Cumbria (NENC) ICS recognised the need to improve the quality of future OH services in four of its provider trusts through achievement of the national SEQOHS accreditation. A key objective of their programme was to improve communication and collaboration between the trusts and in turn enable the standardisation of best OHWB practice across the region. One of the key strands was to develop a collaborative approach between them, working with key stakeholders to support each other with the SEQOSH accreditation process. A gap analysis tool was used to identify where learning could be shared.

The benefit of this approach has led to a reduction in time spent by OH professionals on the accreditation process and released capacity to deliver a wide range of OHWB services to their patient group (i.e. NHS employees). In addition, the project has supported the development and promotion of OHWB at a strategic level within the wider health and care system.





## 3.3 Growing our OHWB people

### Driver 3. Growing our OHWB people

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|-----|--|
| 3.1 | <b>Multidisciplinary OHWB workforce planning:</b> A new, national OHWB workforce development plan is in place and representative of the multi-professional OHWB family of roles that collectively contribute to improving the health and wellbeing of our NHS people. This plan includes growing capacity and capability of existing professional roles (e.g. OH physicians and OH nurses), growing newer roles (e.g. wellbeing leads, OH allied health professionals, wellbeing guardians and wellbeing champions) and innovating in new roles (e.g. chief OHWB officer, health business partner, OH apprentices). National NHS bodies and partners are working in a united way to deliver this workforce plan. |
| 3.2 | <b>Attractive career pathways and talent management for OHWB professionals:</b> The family of OHWB professions in the NHS is seen as a valued and attractive vocation. Career pathways in OHWB are clear, accessible and inclusive of a variety of professional entry routes, both clinical and managerial. A talent management approach is used to ensure that there are sustainable talent pipelines and we are growing our OHWB talent to maximise their potential. This is considered at organisational, ICS and national levels.  |
| 3.3 | <b>Credible and accessible OHWB education and training:</b> Credible professional training and education enables entry into the OHWB family of roles through a variety of flexible pathways. Higher education partners and expert OHWB bodies are working collaboratively to develop the family of OHWB professional vocational roles in the NHS.  |
| 3.4 | <b>Empowered OHWB leaders:</b> Through professional development and peer learning, OHWB leaders are enabled to effectively lead their teams, develop their services and enable innovation in OHWB.   |
| 3.5 | <b>Empowered OHWB workforce:</b> The multi-professional OHWB community is enabled to collaboratively develop its skills, capabilities and specialised practice through a combination of personal development and peer development opportunities.   |
| 3.6 | <b>Developing all NHS managers in supporting employee health and wellbeing:</b> All NHS managers are supported to look after their own health and wellbeing and are empowered to pass this wellbeing on to their teams. They are trained in basic health and wellbeing skills, are confident to engage in good wellbeing conversations with their employees and are actively signposting and supporting interventions that improve their employees' wellbeing.   |

We have an opportunity to grow our multi-professional family of OHWB practitioners, with the skills, quantity/increased capacity and ability to rise to the opportunities set out in this strategy. By OHWB family of practitioners, we are referring to anyone who contributes to improving the health and wellbeing of our NHS workforce.


This includes established OHWB roles such as OH physicians and OH nurses, emerging OHWB roles such as wellbeing leads, OH physiotherapists, OH mental health professionals and OH apprentices, wider allied health professionals who are increasingly becoming part of the OHWB family, newer roles such as the [wellbeing guardian](#) advocating the strategic organisational value of OHWB and [wellbeing champions](#) supporting and improving the wellbeing of their team and colleagues in their local workplace.



**OHWB is a multidisciplinary family of professionals, united by improving the health and wellbeing of our NHS people**

Health and wellbeing is everyone's business and this strategy ambitiously includes developing all of our NHS people to feel empowered to take control of improving their health and wellbeing in the workplace and developing our NHS managers in basic OHWB competencies to compassionately and inclusively support the needs of their team members. To achieve this, we will require long-term workforce planning, investment, and making the OHWB multi-professional family of roles attractive to work in. It will also require cultural change, as we market OHWB as a multi-professional family of roles, maximise inter-disciplinary working and create integrated services and pathways.

Developing a new national, long-term and multi-professional OHWB workforce development plan will support national NHS bodies to collaborate in strategically growing our OHWB people and empower local growth in OHWB professions. This ambition will, for the first time, unite OHWB as a family of professions working toward a common goal of looking after the health and wellbeing of our NHS people. It will better enable us to target investment to increase and sustain the numbers of OHWB professionals we need to meet the current and future health and wellbeing needs of our NHS people at local, regional and national level.



**"Increasing occupational health professionals across the multidisciplinary workforce is necessary to meet the demand of providing OH services to all those who work."**

Society of Occupational Medicine, Supporting OHWB Professionals, 2019

However, we also know that currently there are not enough professionals working in this field to meet demand, that we are competing with the private sector for OHWB professionals as a scarce resource and OHWB is not a well known, well defined or easy profession to get into and navigate.


To address this, we need to maximise the potential of our existing OHWB workforce utilising a [talent management](#) approach to identify people with high potential, develop them to advance their practice, while ensuring that they are in roles that maximise their skills, contribution and ambition.

We must also make OHWB in the NHS an attractive place to work by marketing the benefits of working in the profession. In addition to the values-based benefits of caring for colleagues who go on to care for patients, we can also maximise the inclusive and multi-professional nature of working in OHWB. We need to develop career pathways that consider the multi-professional routes into the OHWB profession, inclusive of clinical (e.g. OH physicians, nurses and allied health professionals) and managerial pathways (e.g. Human Resources and Organisational Development (HROD) wellbeing professionals, as represented in the [NHS Future of HROD report 2021](#)).

We can also raise the profile of OHWB as a multi-specialty and flexible career. For example, profiling how medical professionals are already working across OH, general practice and public health in flexible careers, and how mental health, physiotherapy practitioners and wider allied health professionals work across OHWB supporting internal NHS employees, as well as external patient facing practice. We must also maximise the positive impact and raised profile of OHWB resulting from the pandemic and how OHWB welcomed a variety of multidisciplinary professionals to join the profession to support increased capacity. This has raised awareness of careers in the field, increased focus on multi-professional career pathways and demonstrated that it is possible to join OHWB from a variety of professional backgrounds.

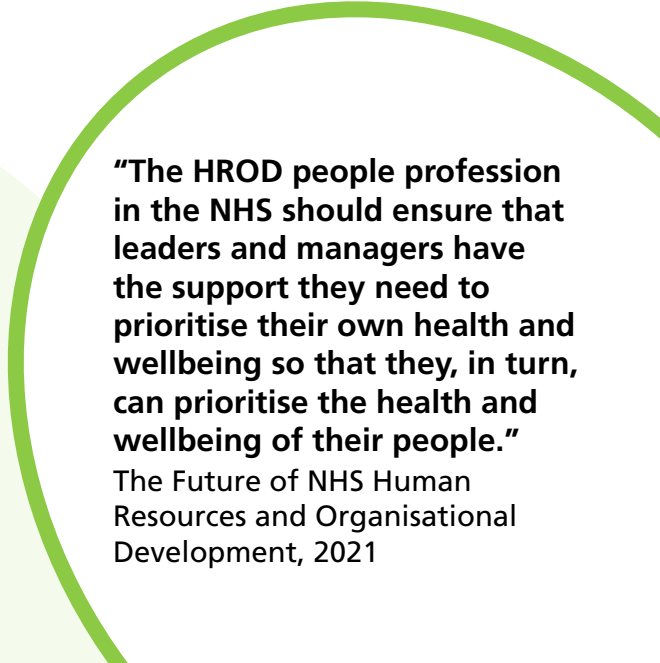
Working with higher education providers and those who lead formal qualifications and training pathways in OHWB is essential, from clinical training such as the National School of OH and Health Education England, through to managerial and human resources and occupational development (HROD) pathways such as the Chartered Institute of Personnel Development (CIPD). In addition to finding resources and ways to invest in the existing OHWB workforce, we must also leverage creative ways to grow the profession, such as maximising the use of apprentices. This will ensure that there is adequate and high-quality training available to support this workforce strategy and professionals wishing to enter and advance their career in OHWB. We must also ensure that our OHWB workforce has opportunities to continually develop their skills and knowledge and to keep their practice contemporary, through wider training and development opportunities. We can connect our community to enable peer support, inter-disciplinary learning and development across the wide family of OHWB professions.

OHWB leaders must also be supported in their development to be capable and confident to rise to the opportunities outlined within Growing OHWB Together and to effectively develop their services. We should develop leaders at all levels of OHWB practice, from future emerging leaders, through to our established leaders.



**"We found some in-house accredited OH specialists had extended their clinical training and used their clinical leadership position to develop business acumen skills for income generation purposes which resulted in tangible benefits for their NHS organisation and local workforce. These include setting up new external contracts and securing additional funding to deliver enhanced OH services such as future staff health and wellbeing initiatives."**

Faculty of Occupational Medicine report:  
Defining the value of an accredited (OH) specialist, 2021



**"The HROD people profession in the NHS should ensure that leaders and managers have the support they need to prioritise their own health and wellbeing so that they, in turn, can prioritise the health and wellbeing of their people."**

The Future of NHS Human Resources and Organisational Development, 2021

Developing new and emerging roles is important to widen the reach of OHWB to support creating a culture of wellbeing across our NHS. Developing our new community of [wellbeing guardians](#) will ensure that wellbeing is a strategic priority for senior leaders and boards, championing the strategic voice of OHWB. Encouraging all NHS organisations to develop [wellbeing champions](#) in each team and service area will provide an additional layer of wellbeing support for our NHS people. We can also explore the development of more strategic OHWB roles to help raise the voice of OHWB, such as health business partners at organisational level, through to accredited specialists, and strategic OHWB officers at system and national levels.

Finally, we need to develop our entire NHS workforce in basic wellbeing competencies, including supporting managers in being confident to have [wellbeing conversations](#) with their teams. This includes the knowledge of how to support each individual's diverse needs in a preventative and compassionate way and how to effectively refer them on to specialist OHWB support when needed. This will support us in creating a culture of wellbeing that prioritises a preventative approach, improving the day-to-day wellbeing of our NHS people. This will also support reducing demand on specialist OHWB services, which will increase the capacity of OHWB professionals to maximise the use of their expert skills and release time to focus on the new opportunities outlined within Growing OHWB Together.

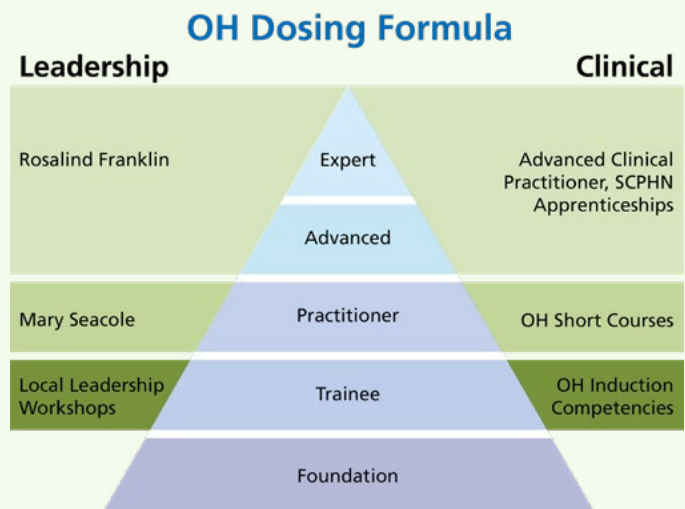


## Case Study: Growing OHWB competencies in North East and North Cumbria ICS

North East and North Cumbria (NENC) ICS has developed a 'dosing formula' strategy to develop occupational health and wellbeing skills across four NHS trusts in its central and southern integrated care partnerships.

This approach is underpinned by all employees in each NHS trust being developed to have a foundation of OHWB skills, which creates a culture of wellbeing by empowering each employee to take control of their health. It includes knowing what services are offered, how they can refer and what health promotion materials are available so they can self-manage their health and wellbeing.

The multi-professional OHWB service team is also being developed through career pathways, which also attracts more people into the profession. Those entering OHWB as 'trainees', undergo a competency-based induction which is overseen by an advanced member of the clinical team. For those who have completed their competencies, they can access OHWB short courses such as in the areas of physiotherapy, mental health training, health surveillance and vaccination. Advanced members of the OHWB team are able to undergo apprenticeships through links with universities. This is being enabled through developing supportive relationships with local higher education providers and utilisation of the range of available apprenticeships and the development of bespoke short courses in OHWB.








## Case Study: Developing all employees and managers in health and wellbeing at Manchester University NHS Foundation Trust

The Employee health and wellbeing (EHW) service at Manchester University NHS Foundation Trust (MFT) is working to create a culture that enables open and honest conversations around mental and physical health. It has developed a comprehensive training package for staff and managers to develop their skills and confidence in health and wellbeing, which acts as an enabler to this cultural change and helps to raise awareness of the wide range of services available to support them. There are a wide range of courses available, including decompressing after a critical/traumatic incident in the workplace, mental health conversation training and a new dedicated health and wellbeing leadership course.

This leadership course equips managers with the necessary training and resources to develop their skills and confidence to support the physical and mental health of their staff, especially when their wellbeing is impacting their work. In only a few months, over 250 managers engaged with this training and there is an extensive waiting list based on its popularity. Feedback is positive, such as:



“It was clear the employee health and wellbeing team had put a lot of effort into considering how to equip managers with the skills to address difficult topics in a very supportive way. I’ve done various bits of management training in the past, but it didn’t touch on anything to do with health and wellbeing which is fundamental to being a good manager, but also a topic that can be really challenging ... I’ve had various challenges in my year as a manager, so it was reassuring to know I was along the right lines with some things and I feel much more confident now moving forward. I am also going to recommend that other managers, particularly those who line manage large numbers of staff, sign up to this.”

Employees are also encouraged to become part of the Mental Health First Aid (MHFA) and Wellbeing Champion programme to help influence and reduce the stigma in talking about health and wellbeing, and to create a positive culture that supports the mental and physical health of MFT employees.

The EHW service is also providing further training and professional development for specialists within internal EHW services. EHW physiotherapists can access upskilling courses provided by the Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE) to ensure they meet the criteria for delivering an EHW service. Rehabilitation specialists are supported to attend a vocational rehabilitation course accredited by the Health and Care Professions Council (HCPC) and the Vocational Rehabilitation Association (VRA).

## 3.4 Growing OHWB impact and evidence-based practice

### Driver 4. Growing OHWB impact and evidence-based practice

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|-----|---|
| 4.1 | <b>Using data to demonstrate the impact of OHWB:</b> OHWB services are using common quantitative and qualitative output-focused metrics, data, and service evaluation methodologies to demonstrate their impact. This routinely forms part of organisational and ICS/system-level board discussions, where wellbeing guardians (or equivalent assurance roles) actively hold organisations to account for improving the health and wellbeing of their NHS people. |
| 4.2 | <b>Driving OHWB practice:</b> The NHS is recognised for driving best practice in OHWB. OHWB research and innovation is supported and best practice that advances OHWB is captured, shared, scaled and spread.   |
| 4.3 | <b>Demonstrating the value of OHWB:</b> Impact data is continually built upon to clearly demonstrate the value proposition for OHWB in keeping our NHS people well and delivering quality patient care, as part of a wider integrated people strategy.  |
| 4.4 | <b>Driving the OHWB market:</b> The united and collaborative voice of OHWB in the NHS is driving up service standards in the OHWB market. This is enabling higher quality, needs-driven, value for money and impactful OHWB services, interventions and support (both internally delivered, and externally procured) that benefits NHS organisations and NHS people.  |
| 4.5 | <b>Demonstrating the impact of this strategy:</b> The Growing OHWB Together strategy is regularly reviewed to establish how all healthcare organisations, systems and strategic partners are supporting realisation of the vision and to oversee progress across all areas for collaborative action.  |

We have an opportunity to demonstrate the value and impact that OHWB has on creating a culture of wellbeing by supporting our NHS people and the value chain in delivering quality patient care. Demonstrating the value and return on investment in OHWB in this way, will support the case for continued investment in the service. While OHWB is a common service across all industries and sectors, being the NHS and health being our primary business, we have an opportunity and duty to 'lead the way' in OHWB practice.



**"To demonstrate the value and impact of OHWB, we need to maximise how we collect, analyse and strategically use OHWB data." Non-executive director and wellbeing guardian**

To achieve this, we will need to maximise how we collect, analyse, and strategically use OHWB data. A standardised approach to using data will enable a common way for all healthcare organisations to demonstrate the day-to-day value of OHWB services. We will need to outline common metrics and key performance indicators (KPIs) for how OHWB contributes to a well running healthcare organisation. We should leverage both quantitative (i.e. statistical) and qualitative (i.e. stories and case studies) as sources of data that contribute to this, to ensure a rounded view of the service. While input measures are useful (e.g. number of referrals, appointments, waiting times, caseload) we must also focus on output measures if we are to demonstrate the true impact and value of our

OHWB services (e.g. outcomes of treatment, successful return to work, management of long term conditions, satisfaction rates with the service, stories from service users, how preventative interventions have improved health and wellbeing, health surveillance data).

We must take a population health management (PHM) and Health Surveillance approach to support the strategic planning, decision making, resourcing, and development of OHWB services. Different people need different things at different times. We have the opportunity to empower OHWB to be a needs-driven service, flexibly addressing the diverse needs of our NHS people, addressing health inequalities, and encouraging a preventative and proactive approach to improving health and wellbeing.



**"To be a needs driven service, more insightful OHWB analytics will drive what we do next." OHWB leader**



**"As a national caring organisation, the NHS has the opportunity and duty to 'lead the way' in OHWB practice." NHS executive leader**

Identifying and sharing excellent practice and learning from testing new ideas is important in supporting OHWB practitioners to take a strategic approach to growing practice and continually improving quality of services. This needs to be encouraged through informal routes, such as peer networking and development opportunities, through to more formal routes where practice is identified and shared in a centralised, wide-reaching, and national scale. We should also encourage formal research studies into OHWB practice. This will increase our formal and academic evidence base, to drive up practice quality and innovation.

Our NHS is complex and there is no 'one size fits all' model to delivering OHWB services. While larger NHS organisations will likely have some form of internal provision, many healthcare organisations will likely procure OHWB services. By using a data driven approach, having established service standards, and growing OHWB practice, this will empower healthcare organisations to make better informed decisions when commissioning OHWB services to support their NHS people. This will support the NHS to drive the market for OHWB, increasing the quality and value of provision.

We must also evaluate the impact of this strategy to understand the difference it is making to growing our OHWB services, OHWB people and OHWB practice. We need to understand how it is driving a culture of wellbeing for our NHS people, and ultimately the difference this is contributing to patient care. This will require NHS England, working with its strategic partners as part of the national OHWB Steering Group, to oversee progress and work together and actively monitor and report on the impact of this strategy over time.



### Case Study: **The Centre for Work and Health in London**

The London Centre for Work and Health (LCWH) recently launched as an NHS based partnership with colleagues at King's College London, University College London, and Imperial College London. Its mission is to formally bring together researchers and academic physicians from complementary medical specialties with policy makers and employee and employer representatives. Its collective strengths will be harnessed and resourced to lead on long-term and sustainable programmes of high quality and impactful research, with outputs that inform government policy and the health outcomes of the working age population. LCWH will form strategic partnerships with funding bodies to enable the delivery of OH research in the UK in the future. The LCWH positioned itself to provide expert advice and functional support to central and local government bodies and be closely aligned with the future implementation and benefit realisation of Growing OHWB Together.







## Case Study: Using OHWB data to design new multi-professional services that support and retain staff with the menopause in London North West Healthcare Trust

OHWB and workforce data in the London North West Healthcare Trust identified a steady rise in the number of female staff being referred to OHWB services with menopausal symptoms. In extreme cases, female staff were also leaving the workforce in their 40s and 50s, citing that they were unable to manage and continue to work while in menopause. With 40% of the trust's female workforce over 50 years of age, the impact on staff retention and ability to work was a significant issue.

The OHWB team developed a new service to support this, facilitated within existing OHWB team resources and expert networks. They ran regular women's health sessions, with topics including managing menopause symptoms and the positive impact that nutrition and exercise has. Following the success of this, the trust then provided additional support for anyone wanting to self-refer to the menopause clinic, regardless of previous medical care offered. This service is run by a menopause specialist pharmacist, who is able to prescribe and link in with GP services with a summary of the advice.

Feedback from staff was very positive, showing that the support improved their quality of life inside and outside of work. This approach is keeping staff with high levels of skill and experience in the NHS and reducing staff taking early retirement due to feeling the menopause is unmanageable. One member of staff shared:

"I had worked for the trust for over 25 years, and a combination of personal bereavement, working solidly through the pandemic and at the same time going through the menopause, I became completely burnt out. I was ready to take early retirement at 53 as it didn't feel possible to carry on in my role, and my GP signed me off with burnout and depression.

Through the support of a fantastic OH service I was encouraged to allow myself the time to recover and to take advantage of the trust's support services. I felt that my health and wellbeing was of genuine concern to the trust, completely understood, and I was listened to properly. OH was able to be an effective partner with my manager to set up plans for me to feel comfortable to return to work and feel able to manage in my role again. My GP was not a specialist in the menopause and I felt the extra layer of understanding from OH had a huge impact on ensuring I had the right level of HRT to manage my symptoms and to assist understanding that my symptoms were not solely down to the menopause.

Having someone within the organisation that I truly trusted and had my wellbeing as a priority has been pivotal in my recovery. I feel completely different, for the better, physically and mentally. I now feel resilient, empowered and in control to make the right decision for me and my ongoing career in the NHS. OH is so very much appreciated."



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**Our evidence base  
for change**

When developing this strategy, we explored the existing and extensive evidence base that informs the future of OHWB services, while also extensively consulting with our stakeholders to co-design our vision and areas for collaborative action together. This section provides a high-level overview of key learning from our co-design work that took place between October 2021 and March 2022.

## 4.1 The voice of our NHS people

Developing this strategy involved an extensive approach to consultation and co-design over a six-month period. We wanted everyone to have a voice and to feel heard within this strategy and we wish to thank everyone who supported the development of Growing OHWB Together.

With the help of national OHWB experts, using the existing evidence base, led by Dr Steve Boorman, we initially developed [Growing a Healthier Tomorrow](#) as a discussion document to engage our diverse stakeholders, explore their needs, challenges, best practice, and opportunities. Extensive stakeholder engagement and co-design work then followed which helped us to iteratively design, test and enhance the vision and collaborative areas for action within this strategy. We achieved this through focus groups, workshops, surveys, attending network events, collaborative design meetings and with the support of our expert Growing OHWB Steering Group, who sit under the national NHS Health and Wellbeing Expert Advisory Group.

Stakeholders that we engaged with included: OHWB professionals, wellbeing guardians, HROD professionals, executive leaders, NHS managers, NHS employees, NHS trade unions, national OHWB experts and expert bodies. We also examined what was working in practice through engagement with over 60% of ICSs who were enhancing their approach to health and wellbeing, and through the support of several ICS 'trailblazers' who were doing extensive work in developing a united and collaborative approach to growing OHWB services and professionals across their system organisations.

## The following represents a sample of the voices we heard, mapped to our vision and four key improvement drivers:

**Vision:** Improving the health and wellbeing of our NHS people by growing our occupational health and wellbeing services and people to be trusted, strategic and integrated partners

"I think Growing OHWB is amazing. If we can deliver on this, I think it will be incredible not just for occupational health but for our staff and for our patients. We know the research says that if staff are happy and well, then we get better patient care, and that's what we're all here for."

**OHWB professional**



"If healthcare staff are to provide excellent care to patients, they need to receive excellent support themselves... OHWB plays an important role in making sure staff get the support they need to do their jobs and to flourish in them."

**OHWB service user (NHS employee)**



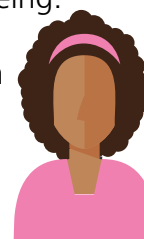
"We tend to fix people once they get broken rather than prevent them from getting broken. I think changing this culture to preventative is a big one."

**OHWB practitioner**



"I want OHWB to be something that's there for me and my staff, before we know we need it - keeping us well and able to pass this wellness on to our service users and patients. Currently, engaging with OHWB feels like going through a process when things are too late, rather than something proactive and adding value to wellbeing. It feels more about managing risk, rather than improving wellbeing."

**OHWB service user (NHS employee)**



"Having that top-down board level buy-in and representation is really important for OHWB to be a true organisational partner. It involves upskilling of staff, it involves training, leadership, and it involves collaboration."

**NHS senior leader**



"There's a wealth of evidence that better staff health is associated with better patient care, higher patient satisfaction, better organisational efficiency and higher performance against regulatory targets."

**OHWB leader**



"I think in terms of the clinical credibility and visibility of OHWB services, they have gone up dramatically during the pandemic... the respect and the extent to which opinions are taken from OHWB colleagues has gone up dramatically."

**OHWB service user (NHS clinician)**





## Driver 1: Growing the strategic identity of OHWB

"OHWB is in a position to realise its true worth and value in terms of staff health, retaining staff and improving the health of our workforce."

**National strategic body leader**



"We are on a cultural journey in developing the relationship between OH and WB, it was difficult to shift perception [to integrate] clinical and non-clinical focused wellbeing - but we are getting there."

**Executive Director of HROD**



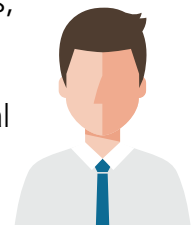
"Organisations where there is strategic buy-in for OHWB, leads on to many other things and more collaborative working. It allows time for these conversations on wellbeing to happen regularly and not be an afterthought or one discussion at board per year to discuss what is happening with OHWB."

**ICS leader**



"Despite our best efforts, I think there's still this lack of understanding about what occupational health truly does."

**Senior leader**



"Very often, OHWB sits in a corporate function, so we're not seen as a clinical function... which is something we've got to change."

**OHWB professional**



"We can help to prevent, teach, train, guide - managers as well as staff. We have to get managers to take OHWB seriously, trust in our service and believe we have something useful to add to their potential decisions."

**OHWB leader**



"When I have had reason to use OH they have been supportive and knowledgeable. I regularly signpost staff to their services."

**OHWB service user (NHS manager)**



"We've brought it all under the same umbrella, both occupational health and wellbeing. It works really, really well... the governance bit is really important... that should be paramount in any decision about this sort of model of combining OH and WB."

**NHS executive leader**



## Driver 2: Growing our OHWB services across systems

"If OHWB has the link into the leadership team of the ICS and you were able to impact your entire workforce across health and social care, I think you'd be able to be much more creative, in terms of how you deliver care and deliver OHWB support to colleagues, and it would also give OHWB that level of independence."

**ICS leader**



"I think the introduction of ICSs is a driver to help to move towards improved and greater sharing of some specialist OHWB clinical expertise, be those specialist nurses and also the accredited specialist doctors as well."

**NHS senior leader**



"We need innovative, flexible and accessible OHWB models... a model that fits smaller non-acute trusts as well as the large acute trusts, and primary care."

**NHS senior leader**



"[OHWB] must be open to innovation, collaboration and happy to direct strategy based on real world evidence by being realistic and pragmatic on what is achievable."

**OHWB professional**



"You can't rush service transformation. A lot of time has been spent influencing different audiences, breaking down barriers, answering the 'what's in it for me' question and building our case for change."

**ICS leader**



"Engagement in a more holistic and proactive way and understanding individuals as a 'person' is important. [For example] we use an evidence-based tool for their musculoskeletal health when staff join the organisation and support them with this and intervene from the start, rather than months down the line when it becomes an issue."

**ICS leader**



"Our focus is also about staff mental health and resilience. We have established a new psychological wellbeing team within the OH service to support staff which is being well-used and is much appreciated."

**OHWB professional**



"We are told very often that we should be a proactive service, but I do feel for those working in the service it feels very much like firefighting on a day-to-day basis."

**OHWB professional**



## Driver 2: Growing our OHWB services across systems

"OHWB is pivotal to the health and wellbeing of staff... from an organisational perspective, from a manager's perspective, from a staff member's perspective, what they need to know is that we've got a health and wellbeing team and... central point of access, and that OHWB can treat each individual holistically, so they're not dipping in and out to different services... there's not as much as a mandate at board level for this, but I think that the focus is improving."

**OHWB service user  
(NHS manager)**



"We need easier access, possibly virtual assessments, as well as out-of-hours support for those who work shifts or nights might not get easy access."

**OHWB service user  
(NHS employee)**



## Driver 3: Growing our OHWB people

"By moving from a reactive medicalised model to a much more proactive, bio-psycho-social, multidisciplinary team (MDT) approach, we are building a multi-professional career path for people to move through our OHWB professions."

**ICS leader**



"The pandemic has seen many NHS organisations respond with empathy and agility, with OH and WB teams developing innovative ways to support their colleagues. As we move towards the recovery phase, there is a great need to build on this focus and momentum, to ensure a healthy, sustainable workforce going forward."

**OHWB national expert**



"I'd like to see investment in leadership training and support for OHWB leaders. I think that's really, really important because the success of OHWB will actually be driven by the OHWB leaders in each organisation."

**NHS executive leader**



"We need to just change the way we think about who can do OHWB and the training of it. We need to be much more open to different disciplines and getting people trained, because we've got a national shortage... we need to attract more people to occupational health. Does it have to be a nurse? The majority of our referrals, over a third, are for mental health. Why haven't we got more mental health practitioners in occupational health? Another third is musculoskeletal? So, why haven't we got more physios and OTs in the profession?"

**NHS senior leader**



"To have skills as a strategic leader and foresight in occupational medicine is very important. You should be able to see things long before they have actually occurred so that you don't always be a reactive person, you are proactive and try to handle situations."

**OHWB leader**





## Driver 3: Growing our OHWB people

"New OHWB roles are important. Wellbeing guardians play a key role in helping senior OHWB professionals to have a strategic voice and to support what matters from a business and organisational point of view."

**Wellbeing guardian and non-executive director**



"We must engage in OHWB national workforce planning. We must support OHWB talent management and succession planning and career development. There is scope for retention of existing staff and for new roles and skill mix to join OHWB."

**NHS senior leader**



"We don't have the capacity or the right [OHWB] people in place... We all have issues around having an OH consultant. It's quite hard for a small organisation or a small team to employ an OH consultant, particularly in the communities."

**Executive director of HROD**



"For most of the people who come into OHWB, it's something that you've happened upon along the way. Not something as a purposeful career move."

**NHS senior leader**



## Driver 4: Growing OHWB impact and evidence-based practice

"I think that what matters is organisational, board-level representation. We need core [OHWB] metrics against which leadership, organisational leadership and regional leadership are measured."

**OHWB leader**



"If appointments [inputs] are the only thing that we're going to be measured by, then occupational health is always going to be failing... instead we must measure [outputs] whether people get back to work, to help turnover, recruitment, retention and staff safety."

**OHWB practitioner**



"The proactive piece is really important for me. We wait for a referral to come in, but we don't look at our workforce data and information and proactively refer the other way, in a preventative way."

**OHWB practitioner**



"Inconsistencies of [OHWB] IT systems and access to data... prevents us from being more strategic and proactive as a service... having a really strong OH IT system that all of us can access is crucial to all of this."

**OHWB practitioner**



"We have a wealth of data that we collect within our service. We collect data on initial mood, so anxiety, depression, work ability, specific things around joints, for example. But, we often aren't able to collect the end data because people get lost in follow up, or they just disappear and don't come back... [OHWB IT systems] are ineffective and it means that we can't use that data very easily... [we need] support to be able to turn data into something useful."

**OHWB leader**



"If we're getting ahead of the curve... more insightful OHWB analytics would drive what we do next."

**NHS senior leader**



"Investment should be made in building academic roles and research within OH, as there is an opportunity for real growth here."

**OHWB academic leader**



"There are an awful lot of wellbeing services being offered where actually the return on investment and the evidence behind them, is extremely limited, and I think one thing we do lack in OHWB is the central spine to do the research, to give evidence-based practice."

**NHS senior leader**



## 4.2 The evidence base and strategic national drivers

### 4.2.1 Demonstrating the value of OHWB

	NHS Employees	Workforce	Employers	NHS Patients	Economy
<b>NHS Occupational Health and Wellbeing Services</b>	<ul style="list-style-type: none"> <li>• Improved health</li> <li>• Maintain workability</li> <li>• Maintain earnings</li> </ul>	<ul style="list-style-type: none"> <li>• Improved attendance</li> <li>• Reduced presenteeism</li> <li>• Improved productivity</li> </ul>	<ul style="list-style-type: none"> <li>• Improved performance</li> <li>• Lower costs</li> <li>• Increased profits (value)</li> </ul>	<ul style="list-style-type: none"> <li>• Improved experience</li> <li>• Improved access</li> <li>• Improved care</li> <li>• Improved health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced cost of healthcare and benefits</li> <li>• Improved GDP</li> </ul>

Table 1: Key benefits provided by OHWB services (adapted from Society of Occupational Medicine, OH Value Proposition, 2022)

Investment in OHWB adds value beyond a financial return on investment, through reduced costs associated with the prevention of ill health, improved health and wellbeing outcomes, improved productivity and a range of other intangible benefits ([SOM - OH Value Proposition, 2022](#)). This includes wider benefits to society as a whole, where having a job is considered one of the most important factors linked with societal wellbeing and where being in a 'high quality' job where an individual's health and wellbeing is supported at work is even more important ([HM Treasury - Wellbeing Guidance for Appraisal, 2021](#)). While the evidence base for the contribution and value of OHWB is ever-evolving, it is clear that when we care for our NHS people, this positively impacts patient care ([NHS England, 2018](#)).

### 4.2.2 Aligning to national strategy and policy

Growing OHWB Together is informed by a variety of national drivers. The NHS of the future will look very different to the service we see today. The [NHS Long Term Plan](#) sets out ambitions for new models of care including those that are digitally enabled, the breaking down of organisational boundaries through the establishment of ICSs and a shift to focusing on the changing needs and expectations of our populations, including preventive care and reducing health inequalities. These ambitions should apply, not only to future service for the populations we care for, but likewise for future OHWB services for our NHS people. The NHS 'quadruple aim' references the need to equally improve NHS employee experience and health and wellbeing, in addition to the historic 'triple aim' which focuses on patient experience, improved population health, and increased value/reduced costs.

Health, work and wellbeing is a cross-Government initiative to protect and improve the health and wellbeing of working age people. The impact of employees' health and wellbeing on performance and productivity has been well documented over the past two decades. It gathered momentum with the publication of Dame Carol Black's report [Working for a Healthier Tomorrow](#) in 2008 in reviewing the health of the working age population, followed by Dr Steve Boorman's report on [NHS staff health and wellbeing](#) in 2009. The initiative was supported by NICE public health guidance for the workplace ([Mental Wellbeing at Work 2009, Workplace Health 2015](#)) and the [Public Health Responsibility Deal](#) (2012). In 2015, the chief executive of NHS England highlighted the [health and wellbeing of NHS staff](#) as a key enabler in moving towards a different NHS.

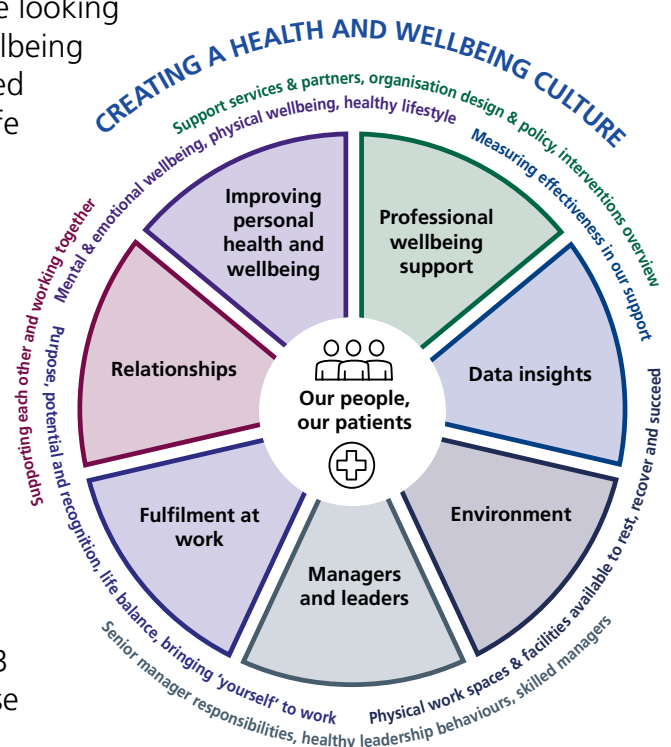
[Health is Everyone's Business](#) (2021) sets out a national way that the Government is seeking to improve the health and wellbeing of those in work and prevent ill-health related job loss. As part of this policy, the need to realise the benefits of OHWB in the workplace is identified, particularly the need to improve access to OHWB in small to medium-sized enterprises (SMEs). These drivers outline the need to increase the OHWB workforce, better use the multidisciplinary team, embrace new OHWB roles, better use OHWB technology and encourage innovation, to drive up quality of services and to provide guidance that supports better purchasing of OHWB services. It also acknowledges that more needs to be done to demonstrate the value and benefits of high-quality OHWB services to encourage investment in them across all sectors.

#### **NHS People Promise: We are safe and healthy**

- We look after ourselves and each other.
- Wellbeing is our business and our priority – and if we are unwell, we are supported to get the help we need.
- We have what we need to deliver the best possible care – from clean safe spaces to rest in, to the right technology.



This is a message that is replicated in the [NHS People Plan](#) which emphasises the need to ensure we are looking after our NHS people with quality health and wellbeing support for everyone, and this is directly supported through [NHS People Promise](#) driver of 'we are safe and healthy'. The [NHS Health and Wellbeing Framework](#) supports this, as a national toolkit that demonstrates seven essential elements for organisations to address to create a culture of wellbeing. It supports healthcare organisations to undertake a needs analysis, create their OHWB strategies, prioritise investment in their OHWB services and interventions and evaluate the impact of this. Most importantly, it advocates that health and wellbeing is different, to different people, at different times. Therefore, it encourages healthcare organisations to understand the diverse needs of their workforce and build OHWB services and supportive interventions around these needs.





Developing and expanding OHWB as a multi-professional workforce is also a key strategic driver. This is endorsed by the work of [Society of Occupational Medicine](#), [The Faculty of Occupational Medicine](#) and the [Future of NHS Human Resources and Organisational Development](#) report by NHS England, which outline the need to grow OHWB professionals as a multidisciplinary community, spanning both clinical and managerial professional routes.

The Faculty of Occupational Medicine (FOM) has been in the vanguard of this work, championing core qualifications for OH specialist doctors, nurses and allied health professionals, developing ethical guidelines for OH, and providing regular briefings to the OH community on new and emerging clinical needs, including more recently the impact of long COVID. Describing and determining the value of new OHWB roles in the NHS has been the recent focus of publications by the Society of Occupational Medicine (SOM) and Faculty of Occupational Medicine (FOM) including work such as defining [the value of accredited OH specialists](#).

### 4.2.3 The impact of the pandemic

When developing this strategy, we unanimously heard how the pandemic highlighted the importance, value, and impact of good OHWB support for our NHS people. However, it also exposed gaps and inconsistencies in OHWB service provision across our healthcare system, the health inequalities of our NHS workforce, and the strategic imperative to address this. This is supported in the evidence, for example in describing OH as the ‘thin line protecting the front line’ in the [Journal of Occupational Medicine](#) which articulates the significant increase in the workload of OH, driven by the pandemic.

NHS organisations working collaboratively across ICSs responded with empathy and agility to the challenges of the pandemic, with OHWB teams developing innovative and integrated ways to support their colleagues. One element, for example, has been the [dynamic risk reduction](#) approach in NHS settings, informed by the work of many NHS OH services during the pandemic, with a focus on vulnerable staff groups. This demonstrates how many aspects in this strategy are already being achieved, yet there is still need to continue to capture, scale and spread innovation and practice arising from the pandemic so that it is not done in isolation.

We also heard the need to maximise the opportunity to harness the increased visibility and understanding of the value of OHWB services following the pandemic. This is especially true for our senior NHS leaders, who have been more involved than ever in actively improving the health and wellbeing of our workforce and empowering OHWB services to achieve this. As we move through the recovery phase, there is a need to build on this focus and momentum, to ensure that the needs of a healthy, sustainable workforce continue to be met proactively in the future so that the NHS is able to deliver a sustainable recovery of services for our patients.



**“For years we have tried to collaborate with other professionals and departments. Finally, during the pandemic, it has been recognised how useful we are and the diverse role we can provide. Our skills are being recognised and how we thrive on research and investigation into any concern that a member of staff may have, and then support and help that staff member to manage the concern and return to their role as quickly and safely as possible.”** OHWB professional

## 4.2.4 The evolving needs of our NHS workforce

Improving access to integrated data and increasing capability in the use of population health management approaches has provided us with greater insight into the changing demographics and associated health and wellbeing needs of the NHS workforce. This approach supports our ability to take a strategic, proactive, and preventive approach to the health and wellbeing of our NHS workforce, including addressing the wider determinants of health and reducing health inequalities amongst our workforce in the future.

When writing this strategy, [mental health and musculoskeletal challenges](#) continue to be at the forefront of the reasons for poor workplace health. However, there are other evolving challenges that are becoming prevalent, such as the increasing need to address [financial wellbeing](#) and its added impact on wider personal wellbeing and more recently the impact of [long COVID](#). There are also issues that have culturally taken time to address, such as becoming more supportive to [women's health including menopause](#), appreciating that women make up the majority of our valued NHS workforce. We have seen how our communities who belong to protected characteristics, such as ethnic minorities, LGBTQ+ and people with disabilities may have different needs and how we need to ensure we are providing tailored health and wellbeing interventions to our diverse healthcare people, rather than blanket approaches.

The way we work is also changing, as are expectations of employers. Digital technology and remote care interventions are evolving, and certain tasks are being automated through use of robotics and artificial intelligence (AI). Greater numbers of employees are working in an agile way because of the pandemic combined with rapid advances in technology. They expect proactive support to maintain more flexible working arrangements and a healthy and sustainable work-life balance. There are also opportunities to explore wider roles and multidisciplinary support for OHWB outside of the traditional workplace, such as the documented benefit of [extended OH consultations by general practitioners](#) in achieving positive self-reported outcomes for patients in employment.

Ultimately, the clear message we heard when co-designing this strategy is that we are not working in a 'one size fits all' environment. We need flexibility in how we locally improve the health and wellbeing of all our NHS people across the diversity of our healthcare organisations. It is important that NHS leaders take a localised approach to understanding the health needs of their workforce and respond in a needs-driven way, supporting the investment in and development of needs-driven OHWB services.

**"We need a more longer-term plan to help move the pendulum from reactive, to proactive interventions."**  
OHWB leader





5

# What next?

# What next?

Growing OHWB Together is a dynamic and long-term strategy. Our ambition is that this first edition of the strategy will cover growth of our NHS OHWB services and people over the next five years. It represents the great work that has already begun in this space and our collaboratively designed future direction of travel. We see Growing OHWB Together as a continuing journey, and each year we will evaluate the impact of our collaborative work to track progress and inform future investment as part of this journey.

Everyone has a part to play in this strategy. This section outlines suggested next steps relevant to our key audience of this strategy, including:

- OHWB professionals
- NHS ICS and NHS organisation senior leaders
- National bodies

## 5.1 Our OHWB professionals call to action

Now is the time to work as a multidisciplinary team of OHWB professionals to unite behind this strategy. Your work in improving the health and wellbeing of our healthcare people is not only valued, but also of vital importance in ensuring that our NHS has a healthy workforce who are empowered to deliver quality patient care.

We encourage you to grow as individuals, as teams, and as a community, to grow your OHWB services to meet the local needs of your NHS people and use this national strategy as your lever to create change. We know that everyone will be at a different part of this journey and we encourage you to do what is right for you, your service and the diversity of people that you care for.

NHS England and our partners are committed to helping you on your journey with flexible resources and support. We are also committed to working with senior leaders to champion increased investment in growing OHWB.



## To get you started on your journey, we encourage you to:

- ✓ **Use this strategy as a lever to create change** that is right for you, your organisation, and your service users.
- ✓ **Work collaboratively with your senior leaders to ensure there is a clear OHWB strategy and investment plan** for your organisation and that this forms part of regular discussions at senior leadership levels. Use the [NHS Health and Wellbeing Framework](#) to help you to create this, and leverage the relationship with your [wellbeing guardian](#) and/or senior leaders responsible for OHWB at executive level to help give you a voice at a strategic organisational level. Use a variety of data to evidence your direction of travel. Help your organisation to **create a preventative culture** where [wellbeing champions](#) are supporting the wellbeing of their teams, and managers are engaging insupportive [wellbeing conversations](#) with each of their team members. **Claim your space in leading the creation of a culture of wellbeing.**
- ✓ **Explore ways to unite as a multidisciplinary professional service** - if you do not already work in this way. Work together to **build an integrated service pathway** and interventions to ensure that you have a good balance of preventative, diagnostic, and treatment services based on your local workforce needs. Use [service development tools](#) and [quality improvement standards](#) to help you to continually grow your services.
- ✓ **Consider your own development needs** when growing the service, your service improvement skills, leadership skills, professional competencies and career ambitions. Take advantage of the development offers presented to help you grow. Take a [talent management](#) approach to maximising your potential, developing yourself and your peers. Build upon your networks and increasingly find ways to work as a community of practice to grow OHWB. Seek out and connect with each other, especially if you are a solo practitioner in your organisation. **We are stronger together.**
- ✓ **Act as professional ambassadors for OHWB**, helping to build the positive OHWB identity and demonstrate the value and impact that a strong, multidisciplinary OHWB service offers and the value chain in supporting our NHS people, to improve their health and wellbeing, to care for our service users and public. **Use data and success measures** to support you to demonstrate your value and impact to encourage continued investment in our OHWB services. **Share your successes and best practice**, to help others to learn from you.
- ✓ **Work with us nationally and engage in the collaborative work and resources associated with the launch and long-term journey of Growing OHWB Together.** NHS England and our partners will offer a variety of opportunities to help you to continue to shape the programme of work associated with this strategy and ways to bring the OHWB community together to work on common opportunities and develop supportive resources to help collaboratively realise the vision in this strategy.

## 5.2 Our NHS system and organisation leaders' call to action

We acknowledge that many of our NHS organisations and ICSs are already on their journey of growing OHWB and have driven the ambitions within this strategy. We also appreciate that there are many who will be starting out on their journey. NHS England is committed to supporting our healthcare organisations and ICSs throughout this dynamic journey in a collaborative way, and more resources and support will become available throughout the lifetime of this strategy.

At the time of publishing this strategy and being at the start of our growing OHWB journey, we encourage our ICS and organisational boards and senior leaders to consider their position in relation to this strategy, and how they can respond to this 'call to action' to invest in and grow our OHWB services and people, with consideration toward the following:

- ✓ **Understanding the OHWB needs of your workforce:** The [NHS Health and Wellbeing Framework - Diagnostic Tool](#) can support you in seeking out data to understand the OHWB needs of your workforce against the seven elements of health and wellbeing.
- ✓ **Creating an OHWB strategy and investment plan:** Following your diagnostic phase, the [NHS Health and Wellbeing Framework - Toolkit and Implementation Guide](#) offers a suite of tools to help you to create your OHWB strategy and investment plan. This will help you to identify how to grow your OHWB services, people and interventions to meet your needs.
- ✓ **Having a wellbeing guardian in place:** A [wellbeing guardian](#) is essential to hold your senior leaders to account for improving the OHWB of the workforce and also is a key role to bring the voice of OHWB to the board and senior leadership team as a key part of the OHWB vision.



- ✓ **NHS organisations enabling strategic, well-resourced, integrated, high-quality and impactful OHWB services:** Every organisation is different, will be at a different stage of their journey and will need different things. Some will internally deliver OHWB services and others will use externally procured OHWB services with varying levels of integration and investment. We encourage organisational leaders to do what is right for your organisation and workforce. In the short-term, we encourage all NHS board and senior leaders to work with and empower their OHWB team of professionals, united under this strategy, to work as a multi-professional and integrated team to develop your local ambition for growing your OHWB services, to meet your workforce health and wellbeing needs. If your OHWB service is delivered internally, [SEQOHS](#) may be a useful accreditation to ensure services are delivered to a good level of quality. More resources and support will be developed over the coming year to support organisational leaders with developing services that are right for their local context and workforce needs.
  
- ✓ **ICSs having OHWB as part of their people plan strategy and investment plans:** We encourage ICS leaders to work together to understand the OHWB needs of their entire workforce across their healthcare organisations and ensure that they are investing in OHWB as part of their people plan. While developing this strategy and working with 'trailblazer' ICSs who are already working towards growing OHWB, in addition to supporting over 60% of ICSs in enhancing their approaches to improved employee wellbeing, we identified many benefits to enabling system-wide and collaborative approaches to delivering OHWB. For example, sharing professional skills and expertise, consistent levels of service, increased/equality of access and economies of scale. Key learning from this work is that ICS leaders who engage in collaborative approaches are more likely to improve the health and wellbeing of their entire healthcare workforce. We encourage ICS leaders to enable system-wide opportunities to invest in and grow OHWB services, in a way that benefits all partner organisations and ultimately improves the health and wellbeing of their diverse local healthcare workforce population.



## 5.3 Our national call to action

NHS England is committed to working collaboratively to realise the vision within this strategy. We are working with our strategic partners as part of a newly formed national Growing OHWB Steering Group chaired by Dr Steve Boorman to collaboratively realise the vision within this strategy.

Partners include NHS England, NHS Health at Work Network, the Society for Occupational Medicine (SOM), the Faculty of Occupational Medicine (FOM), Chartered Institute of Personnel and Development (CIPD), Health Education England (HEE), NHS Employers, the Social Partnership Forum (SPF), Trade Unions and the Council for Work and Health. We are also grateful for the Department of Health and Social Care (DHSC) and the Department for Work and Pensions (DWP) engagement as part of their work and health activity.

We appreciate the partnership and commitment at this national level, knowing that each of our partners has a unique part to play to realise the ambitions within Growing OHWB Together, and supporting our OHWB community and NHS leaders to flexibly realise this vision in their local organisations and systems.

We have created a programme plan for 2022-23 that accompanies this strategy and supports collaborative action for how we are growing our OHWB people, OHWB services and OHWB impact. Several areas of immediate investment within this plan will include:

- ✓ Enabling organisations and systems to create their OHWB strategies and investment plans using the NHS Health and Wellbeing Framework.
- ✓ Investing in and developing our OHWB multi-professional workforce and leaders.
- ✓ Supporting OHWB service development through a community of practice approach and the co-design of a service development framework to support this, with consideration to internally delivered and externally procured services.
- ✓ Creating task groups to work with us to design and enable initiatives that support the realisation of new areas of work to support implementation of this strategy. For example, the effective use of OHWB technology and improving access to OHWB in primary care and smaller healthcare organisations.
- ✓ Capturing best practice, case studies, impact data and sharing this to drive up innovation in OHWB practice.
- ✓ Working with national strategic partners to align our contributions and ability to support implementation of this strategy and support NHS leaders and OHWB professionals to grow their services.

**Growing OHWB Together represents a long-term and collaborative journey. We invite everyone reading this strategy to join us on this journey, as the evidence is clear: when we care for the health and wellbeing of our healthcare people, this enables them to pass that wellbeing on to our patients.**



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*People Promise*

