



Well at Work

Staff Health and Wellbeing Strategy (2024 – 2026)

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Foreword

We are delighted to be sharing with you our refreshed Staff Health and Wellbeing strategy, for both health and social care staff across our South East London (SEL) Integrated Care System (ICS).

In delivering our first strategy in 2021, the landscape looked very different. It was a time when the world had just been through a significant pandemic, and our workforce faced immense challenges. Three years on, we can say with confidence that those challenges haven't gone away. Indeed the demands on healthcare professionals continue to increase. Now more than ever, it is paramount that we prioritise the health and wellbeing of our staff across our system. This strategy reflects our acknowledgment that a healthy and supported workforce plays a crucial role in our ability to deliver the care needed for our population.

With the release of the NHS Long Term Workforce Plan as well as the publication of the SEL ICS People Strategy, it was an opportune moment for us to take stock, and review our Staff Health and Wellbeing Strategy to accurately reflect the current context we are now working in. This strategy covers 18-24 months, as we acknowledge the need to be agile and adapt quickly as things change. We are committed to reviewing this every two years, to ensure our priorities still matter to you.

However, our vision and principles will remain consistent. We want all who work in health and social care across South East London, to have a positive experience whilst at work. We know there are multiple factors which can prevent this from happening. Our approach is to support staff in response to the following:

- **Stress from insufficient support for self care and basic needs**
- **Stress from difficult contact with people using our services and others**
- **Stress from dysfunctional systems in our organisations**

Building on the work from the 2021, this strategy has been updated drawing on input and expertise from members of our Staff Health and Wellbeing (SHWB) Committee and making use of evidence based practice. Our committee includes representation from the wide range of organisations on our patch ensuring the diversity of thought and local needs are represented in views and decision making. We would like to thank them for their time, efforts and contributions in helping update our strategy so that it is relevant for the staff all across South East London.

The intended purpose of this document is to share with you our vision, guiding principles and measures of success. We also share in here a framework and approach to delivering against our priorities for the next 24 months.

As Co-Chairs of the SEL ICS Staff Health and Wellbeing Committee, we are excited to progress against our goals and commitment to supporting staff health and wellbeing across our system. We have already achieved so much and hope that we are able to make a difference for health and social care staff across South East London.



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On Behalf of the South East London ICS Staff Health and Wellbeing Committee

Our journey of Staff Health and Wellbeing in South East London

The SHWB strategy is a truly system wide approach, focusing on areas that would value collaboration and input from our wide range of partners. Our programme of work covers the 'one workforce' across the South East London ICS footprint.

An overview of current workforce estimates in SEL across health and care suggests there are over 153,720 people employed by a variety of organisations including GP practices, care homes, large providers and local authorities.

Key achievements since 2021

Since the 2021 strategy, there have been a number of key achievements including:

Keeping Well SEL

A dedicated team was established in 2022 who delivered the launch of the online Keeping Well SEL Hub, and undertook dedicated outreach and engagement programmes. The delivery of this included Schwartz Rounds, Professional Tree of Life workshops, Stress and Burnout workshops and Wellbeing Conversations programmes. The Keeping Well SEL programme of work came to a close in 2023.

Breathe Arts

Breathe Arts offer a unique variety of sustainable arts-based wellbeing opportunities and have delivered a total of 57 workshops for South East London. Feedback from workshops has been overwhelmingly positive, as Breathe Arts are currently in their 3rd commission, with a focus on primary & social care.

Staff Health and Wellbeing initiatives and pilots

We also funded a number of pilots in organisations across our system, with learning and best practice shared via the SHWB committee. Some of these included:

- Lewisham & Greenwich NHS Trusts Staff Psychology service
- CPD for security staff at GSTT, SLAM and LGT
- LGT Pilot of LAS model of violence reduction officer
- VAA / Trauma informed Care training framework KCH
- Bromley Council Work safe
- Southwark Social care – No place for hate

Why review our strategy?

The strategic context

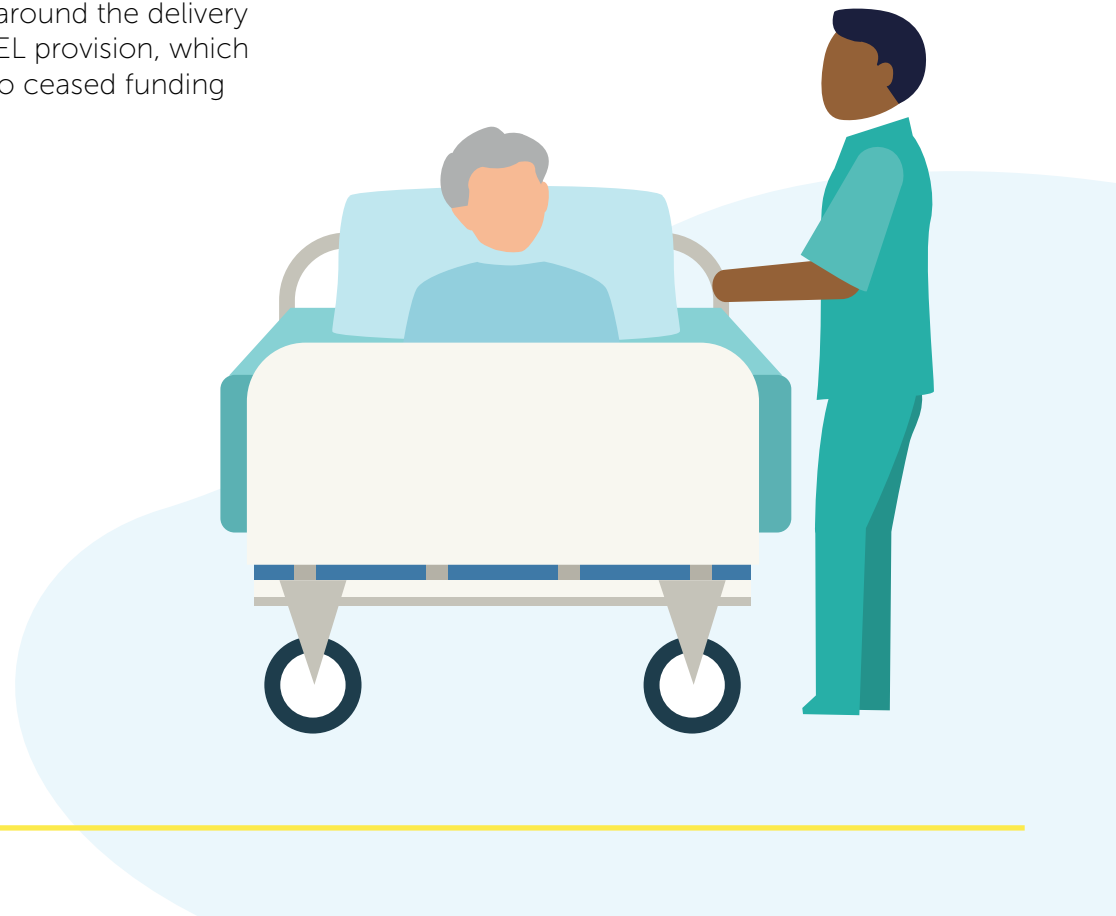
- **NHS Long Term Workforce Plan & NHS People Promise** – published in June 2023, this plan sets out ambitious plans to ensure the NHS has the workforce it needs for the future. It outlines three strategic pillars to which staff health and wellbeing is a core thread of the 'retain' pillar. We will continue to extend the NHS People Promise to all our staff
- **SEL ICS System Priorities** – in delivering our strategy it continues to support the workforce conditions needed to achieve our system priorities of prevention and wellbeing; ensuring a good start in life; children and young people's mental health; adult's mental health; primary care and people with long term conditions
- **SEL ICS People Strategy** – published in May 2023, the ICS People Strategy seeks to tackle the core issues across our 'one workforce' across SEL and enables us to work collectively on a coordinated approach in responding to our system priorities. Five strategic pillars were named to which 'embedding a culture of inclusion and wellbeing' was one.
- **SHWB strategy** – the previous SHWB strategy was due for renewal in 2023.

The operational changes

- **ICS People Programme team** – the ICS People Programme team re-established its structure in 2023 to support the delivery of this strategy
- **Financial position** – with significantly less funding available to support wellbeing initiatives than in previous years, we need to think intentionally about where we place our focus
- **Closure of Keeping Well** – the previous strategy was centred around the delivery of the Keeping Well SEL provision, which has now closed due to ceased funding

Opportunity

A lot has changed since 2021. The context here presented an opportunity for us as a committee to review our strategy and priorities going forward, and this coincided with the renewal date of our previous strategy.



Methodology

Approach

We took the following approach in updating our strategy:

- **Stakeholder interviews** – engaging with members of the SHWB committee to test the current wellbeing strategy and framework and parts which remain fit for purpose, as well as understanding key areas of focus, and any gaps/opportunities.
- **Desktop research** – bringing together and summarising the evaluation of work to date in light of our commitments and measures for success, understanding current data and metrics from staff surveys, seeking out other ICS Health & Wellbeing Strategies and how we compare.

Principles for review

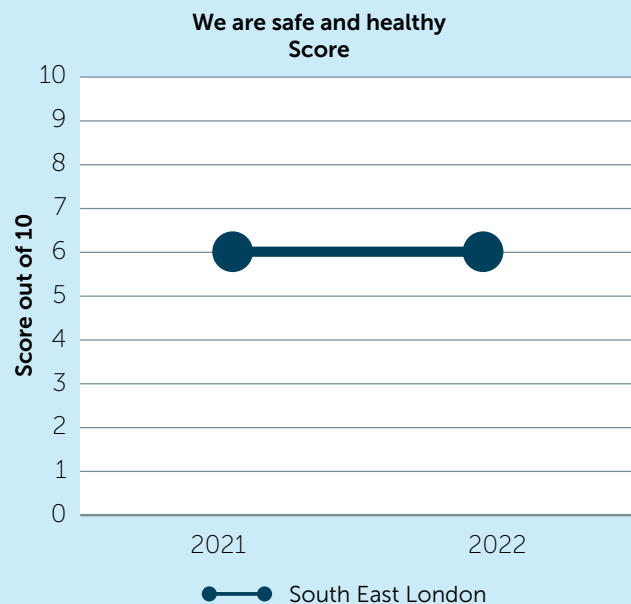
- We acknowledge that extensive work has already taken place, we will build upon this, rather than 'start from scratch'
- We will be curious and not assume that the 'more of the same' is the right approach to take
- We will be evidence led when making recommendations
- We will be people driven, acknowledging that our people are at the heart of what we do



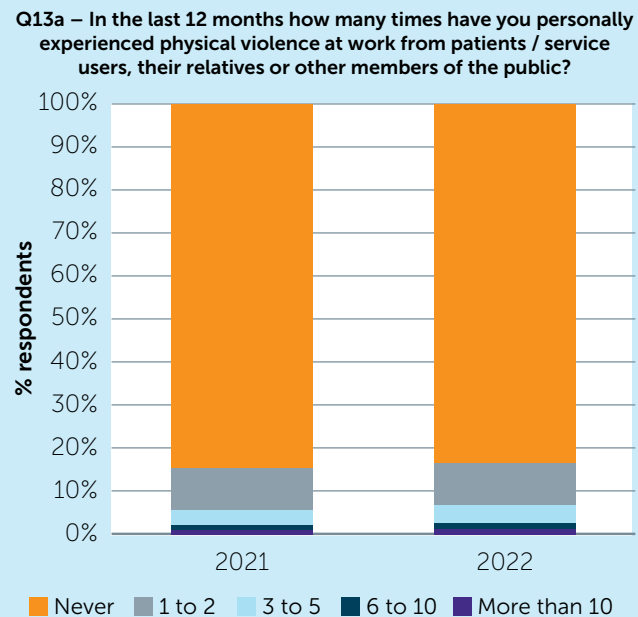
Key findings from strategy review

– Staff survey data

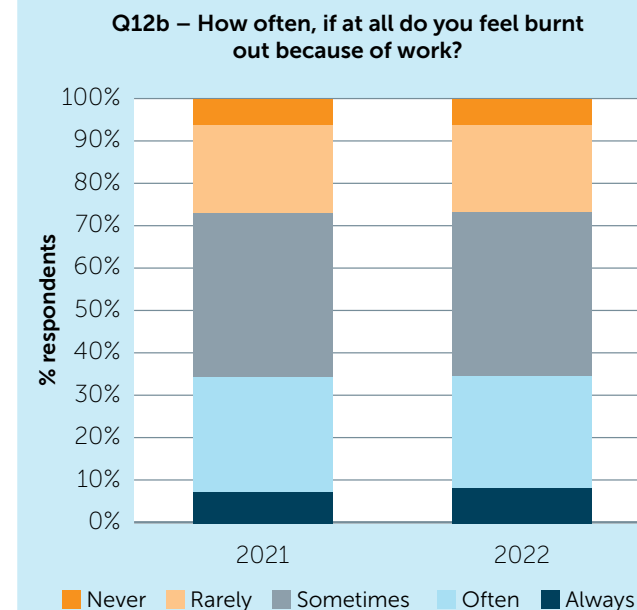
NHS National Staff Survey



The score for SEL for the **'We are safe and healthy'** People Promise theme has remained consistent at around **5.9**. This is roughly in line with other London ICS's.



15% of staff have experienced physical violence at work from service users, their relatives or other members of the public. This has increased slightly from 14.5% in 2021.



More than a third of staff feel burnt out because of work **always or often**, while only 7% never experience it. There was 1% increase in those who responded 'Always' from 2021.

Key findings from strategy review

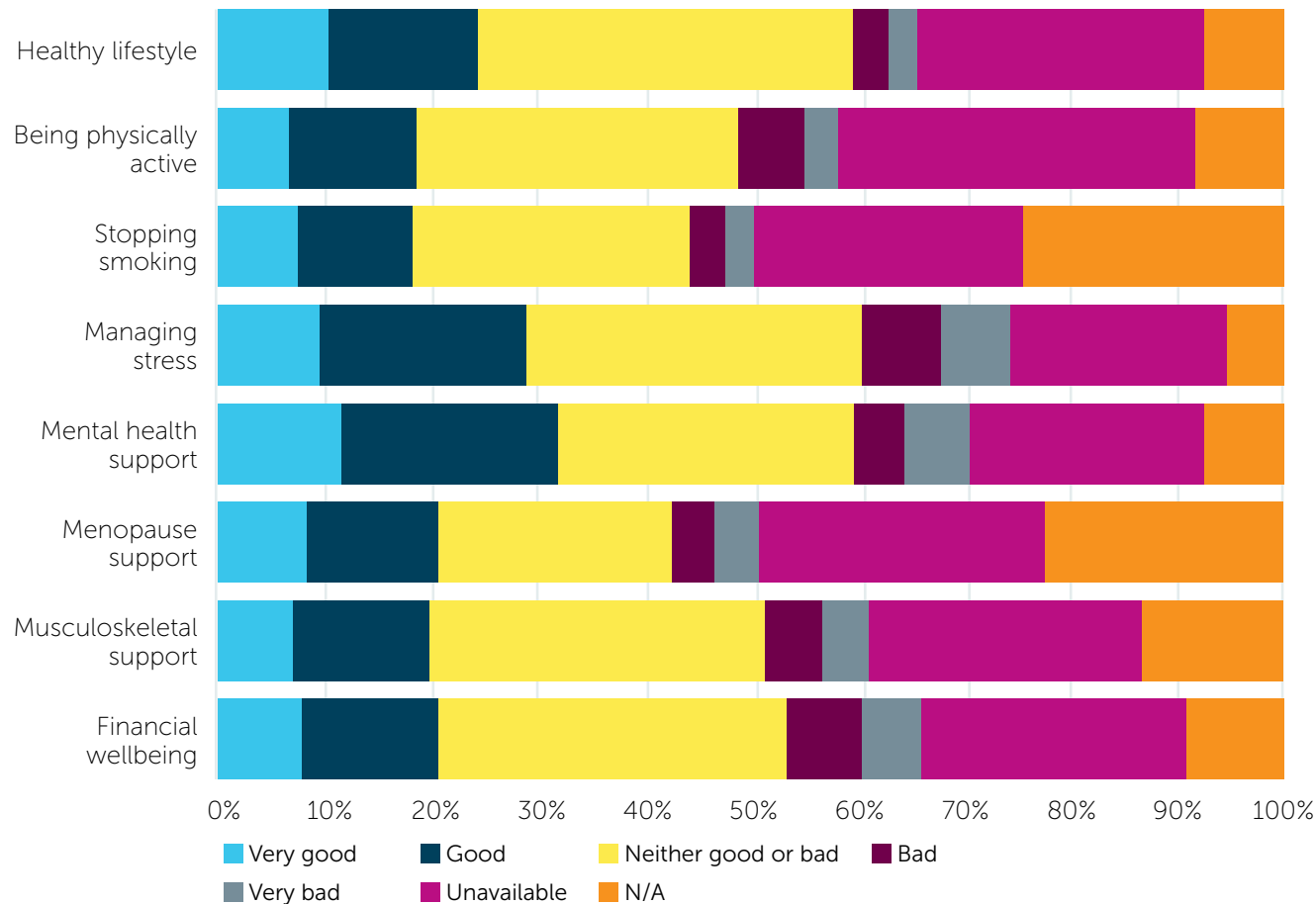
– Staff survey data

Primary and Social care health and wellbeing survey

The results suggest an inconsistent offer for personal health and wellbeing for primary and social care staff.

Qualitative feedback highlighted wider influencing factors on personal

health and wellbeing. Workload was cited as key issue that impacts all aspects of wellbeing. Speed of access to support and specifically menopause support were also highlighted as key issues.



Feedback:

“The problem in primary is workload. This is what impacts all of our well being. We simply don’t have time to focus on well being due to the demands being put on us”

“The primary response to wellbeing is offering support to manage work related stress rather than tackling root cause”

“Provide fast track access to talking therapies/ musculoskeletal services etc. for NHS/ Social Care workers”

“Managers should be more aware, knowledgeable, and understanding of the perimenopause, menopause and its effect on women. Empathy and compassion.”

Key findings from strategy review

– Stakeholder interviews

The key themes from engagement with members of SHWB Committee are summarised below:

Key themes	Overview
Strategy format and scope	<p>The new strategy should be:</p> <ul style="list-style-type: none"> • Clear and concise and outline the vision, principles and priorities for staff health and wellbeing. It should also reflect the changed context and the current evidence and guidance. • Agile and responsive to the changing needs and challenges of staff and the healthcare system. It therefore needs to be shorter term, to ensure adaptability. • Realistic, considering the current financial and capacity constraints and the aftermath of the COVID-19 pandemic.
Data and evaluation	<p>Key focus on data and feedback from staff, such as surveys, audits and co-design. This should also include ways to monitor and evaluate the impact of interventions and to communicate the results to staff and leaders.</p>
Levelling up and collaboration	<p>Promote sharing and collaboration across organisations and sectors, such as sharing resources, expertise, tools, and best practices. Levelling up of primary care and social care remains important.</p> <p>Think global, act local: Design sustainable interventions (in the context of no sustainable funding), that can be easily tailored locally.</p>
Accessibility and equity	<p>The strategy should be accessible and meaningful to all staff, regardless of their background, preferences, or needs. It should also ensure equity of access and opportunity for staff across the system, especially for those who are most impacted by the removal of Keeping Well SEL. Awareness of the language used and a focus on cultural sensitivity are also key.</p>
Community and engagement	<p>Aim to create a sense of community and engagement among staff, as this can help to reduce isolation, break down silos, and foster a positive culture. Important to focus on communicating and interacting with staff, through events and initiatives such as wellbeing fairs, recognition events, theatre forums etc.</p>
Clear governance	<p>Important to assess the relationship between the Staff Health and Wellbeing Committee and the People Board. The former to play advisory role to the People Board on SHWB matters.</p>
Priority areas	<p>Violence, abuse and aggression (VAA): This is a major issue affecting staff wellbeing, especially from service users. The strategy should address how to prevent, reduce, and respond to VAA, and how to support staff who experience it. It should also link VAA to trauma informed care and share learning across the system.</p> <p>Mental health/addressing burnout: Focusing on mental health and addressing post-pandemic burnout are key priorities.</p>

Key findings from strategy review – Other London ICS's and Summary

Other London ICS's

Review of Keeping Well websites has shown what other London ICS's are focusing on:

Top priorities

- **Financial wellbeing:** debt management, pensions etc.
- **Mental and emotional wellbeing:** stress, anxiety, depression, sleep management, bereavement
- **Physical wellbeing:** long Covid, nutrition, weight management etc.
- **Targeted offers:** women's health (menopause a key priority), men's health (increase in referrals)

* Offers include a mixture of self-care guides, webinars, access to apps and training for managers on wellbeing.

Mental health hubs are still provided by South West London (SWL) ICS, North East London (NEL) ICS and North West London (NWL) ICS.

Summary

Key priorities emerging from the stakeholders interviews and desktop research:

Violence, abuse and aggression, as a major issue affecting staff wellbeing

A need to address **staff burnout**

Targeting **organisational factors** that contribute to stress

Levelling up and **sharing of resources and expertise** across the system

Equity of access and opportunity to health and wellbeing support for all SEL staff

Our vision and principles



Defining health and wellbeing

South East London defines health and wellbeing as staff being free from illness or injury, and being comfortable, healthy, and happy, both in and outside of the working environment.



Our vision

We want all who work in health and social care across South East London, to have a positive experience whilst at work, fostering a compassionate and inclusive culture. Our ambition and desire is that all will be able to access health and wellbeing support and that we work together to tackle the systemic challenges we face that may have an impact on staff health and wellbeing.

Guiding principles

We will ensure our work is aligned with our guiding principles in that:

1. Our programme will be inclusive and accessible by individuals, teams, leaders, managers and volunteers across our SEL system, taking into account their diverse needs.
2. We endorse the levelling up of support to areas which may not have access to wide range wellbeing offers – ensuring equity of access to all who work in our SEL system.
3. Interventions will be realistic, fit for purpose and considerate of the financial constraints we face
4. Ensuring sustainability and commitment to long term health and wellbeing aspirations, not just 'quick fixes'
5. We will use evaluation and feedback to assess the impact interventions and continuously learn and improve.
6. We will be flexible and adaptable, refreshing this plan, as the context evolves. We commit to review process every two years of our priorities to ensure we remain relevant to the current need

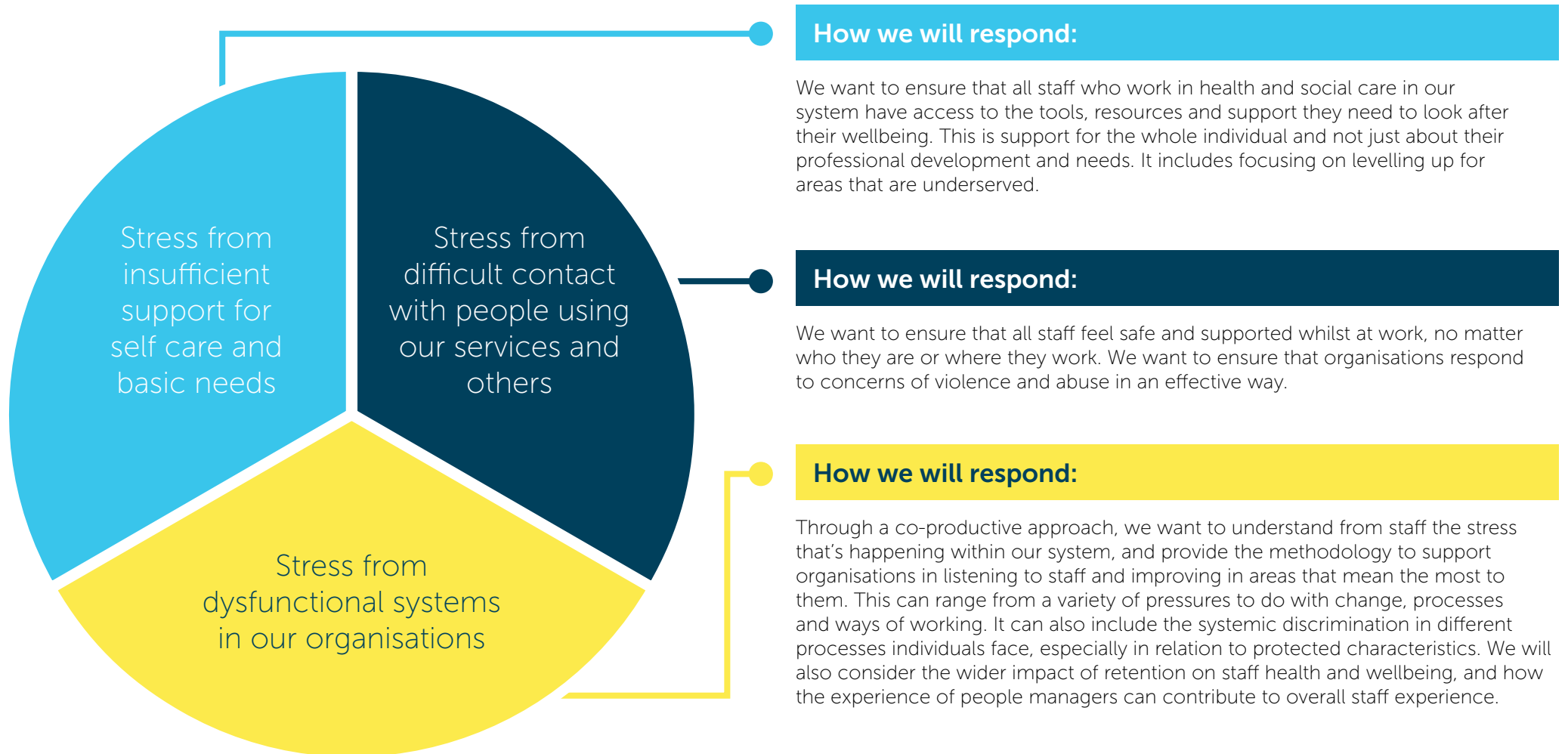
Supporting our SEL ICS People Strategy

Our strategy is an enabling plan which sits under the ICS People Strategy and its 5 pillars:

- Strategic Workforce Planning
- Driving training and education
- Promoting SEL as a great place to work
- Embedding a culture of inclusion and wellbeing
- Enabling innovation

A tripartite approach for supporting Staff Health and Wellbeing in SEL

There are many areas that cause stress and burnout for our workforce. Our model groups these into three areas.



Theme 1: Support for self care and basic needs

It is clear that there is still a need for a holistic approach when it comes to supporting staff health and wellbeing.

We believe that the six pillars of wellbeing introduced in the last iteration of the strategy provide a strong framework for us to reflect and support ourselves and each other when it comes to wellbeing.

These six pillars are:



Work and career

Feeling engaged with our work and career, appreciated by our colleagues/managers, creates an inclusive culture, and also offers a sense of safety. Work and career wellbeing helps us to have a positive attitude and experience satisfaction and pleasure in our role / organisation.



Physical

A healthy active lifestyles help to reduce the potential for poor health and enables better performance, and more resilience against stress.



Mental and emotional

Good mental wellbeing helps us to feel well, resulting in positive mental health. Having emotional wellbeing raises our confidence and self-esteem, which helps us to thrive in our relationships, both in and outside of work.



Social

Having good social wellbeing enables us to develop and maintain healthy relationships. A sense of belonging is essential for our mental and emotional health too.



Spiritual

Our faith and commitment to our beliefs gives us a feeling of meaning and purpose, contributing to our spiritual wellbeing.



Financial

Having the appropriate control of your finances can relieve stress, giving you the time (and money) to pay attention to all elements of your health and wellbeing.



Taking action: what this means for us

Our aim is to increase access to individuals for support in these areas. Over the next 18-24 months we will

- Continue to share and promote messaging that encourages staff to look after their wellbeing via communications channels
- Curate a list of events and offers in these areas, that are available for all staff across SEL to access and share these through our comms
- Develop an online repository of tools and resources in these areas available for all staff to access
- Delivery of wellbeing offer for Primary & Social Care
- Deliver pilot of extension of EAP for Primary & Social Care



Why bother?

A holistic approach empowers individuals to have access to the support they need. Assessing levels of engagement with interventions also enables us as system to understand what areas require more targeted support.



Theme 2: Supporting staff in difficult contacts with people who use our services and others

Preventing and reducing violence in the workplace is a key part of keeping colleagues safe, healthy and well.

We know that locally, organisations will already be doing lots to encourage staff to report incidents of violence and abuse, as well as have measures in place for post-incident support. However, across health and social care, we know that these are inconsistently applied and without any real clear strategy or goals, these activities can become ad hoc and not monitored effectively.

As an integrated care system, we play a crucial role in developing shared thinking in this area, and coming together to set out our system wide strategy. A systemic approach will draw together the things that are already working well and identify areas where new activities or approaches could help.

Preventing and reducing violence creates a culture where colleagues feel safe and supported. It can lead to higher retention, lower sickness absence rates, enhanced employee experience, and subsequent improvement to patient experience and outcomes.

Need for a trauma informed approach

It is important for us to understand the nature of the issue, who is affected and what causes it. We then need to ensure the people, resources and infrastructure are in place to prevent violence from happening, and support colleagues and teams if it does. The trauma informed approach is based on understanding that being exposed to trauma can impact on a person's psychological development. Trauma informed practice does not 'treat' trauma, but rather aims to understand and address the barriers that people affected by trauma can experience when accessing health and care services.





Taking action: what this means for us

We have done lots of work to pilot initiatives and ideas in this area. Over the next 18-24 months we will

- Conduct evaluation of pilots and work previously funded, drawing on, and sharing learnings from initiatives
- Do a benchmarking exercise against the Violence Prevention and Reduction Standard to understand our baseline as a system
- Developing a VAA strategy for SEL, including defining a shared vision and purpose, language, framework and next steps



Why bother?

Data from staff surveys shows that violence, abuse and aggression remains a significant issue for the health and care workforce. Contractually and legally, we have a duty of care to protect the health and safety of our workforce. Not only this, but it is the right thing to do.

WHO classification of prevention approaches

Tertiary

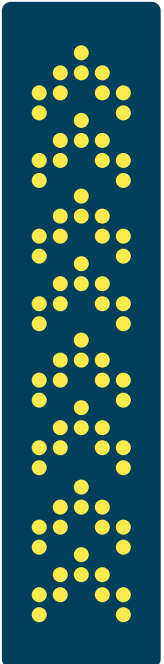
Responses after violence has occurred focused on care, rehabilitation and integration to deal with the long-term consequences

Secondary

Immediate responses after violence has occurred to deal with the short-term consequences and prevent any further escalation of violence where it has not been prevented

Primary

Approaches – such as programmes, policy and interventions that prevent violence before it occurs



Theme 3: Support in identifying and improving dysfunctional systems in our organisations

Stress and burnout also remain a significant issue when it comes to health and social care staff. Continued high demands and pressures and increasingly complex population health needs, make for a stressful working environment.

However, it's important to recognise that sometimes the source of those stressors lies within organisations and their processes, rather than individuals themselves. How can we work together to reduce the stresses from our organisations, their structures and processes, and overall improve working conditions?

Whilst the research shows clearly that having decision making latitude is a very strong anti-burnout indicator, many staff still feel disempowered over the direction of their workload and organisation. We propose that co-production with staff is the best response to that stress - such as an experience based co-design approach, for example.

Experience based co-design

This process was originally designed to improve patient experience and services, however methodology can be applied to how we listen to our workforce and frontline staff.

It involves gathering experiences from staff through deep listening and group discussions. As part of this process, 'key touch points' are identified and assigned a sentiment (positive or negative). Through the use of storytelling, this is fed back to staff in a creative and impactful way. Staff from all levels are then brought together with senior leadership to explore the findings and identify/implement activities that will improve staff experience.

Overall it not only helps in identifying key causes of stress for staff with our organisations, but also encourages everyone to participate in exploring and implementing solutions. This is a fundamental shift in our how we do things, but will lead to staff feeling valued, heard and empowered.

People managers play a crucial role

Through our work, we will also support people management development, ensuring managers have access to training and networks to support them to support their staffs wellbeing.





Taking action: what this means for us

Whilst this approach has depth, we require breadth to translate this to a system wide approach.

Over the next 18 – 24 months we will

- Create and share a toolkit on this methodology, encouraging adoption amongst SEL organisations
- We will collate learning and best practice, through the form of case studies
- Collaborating with OD colleagues on delivery of system wide line management development offer, ensuring wellbeing is a core component of this



Why bother?

We are aware that causes of stress not only lie externally, but can also be internal to the organisation, its ways of working and processes. The report done by the British Psychological Society (2023) on learning from NHS MH hubs outlined that staff utilising services would also bring issues relating to systemic stress in organisations, not just due to the pandemic.

Experience based co-design process for patient experience co-production

Observe clinical areas – gain an understanding of what is happening on a daily basis

Interview staff, patients and families – exploring niggles

Edit interviews into 25-30 minutes film of themed chapters

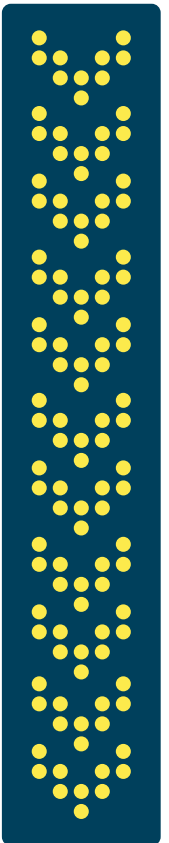
Hold staff feedback event – agree areas staff are happy to share with patients

Hold patient feedback event – show the film to patients. Agree improvement areas

Hold joint patient-staff event to share experiences and agree areas for improvement

Run co-design groups to meet over 4-6 month period to work on improvements

Hold a celebration event



Source: 1. What is Experience-based co-design? – Point of Care Foundation

Intended outcomes and success measures

Outcomes

Our strategy is designed to have the following intended outcomes, in line with our guiding principles:

- Creating an environment whereby we are all supported to look after ourselves well, so that we are in the best position to serve our population and local communities
- Equity of access to health and wellbeing support for all health and social care staff across South East London
- Delivering proactive outreach and engagement, raising awareness of support available across the ICS
- Building capacity in our employer organisations to drive health and wellbeing, through the use of learning and development
- Levelling up, via an enhanced wellbeing support package, for those staff who are currently underserved
- A system whereby we share learnings, findings and best practice in order to continually improve on our programme of work
- Improving the health and wellbeing of our staff community

Measuring Success

What does good look like?

Although it is difficult to measure, a cultural change within the workforce which demonstrates a transition to staff feeling well and happy in work, as well as feeling confident and safe to speak up if they are not.

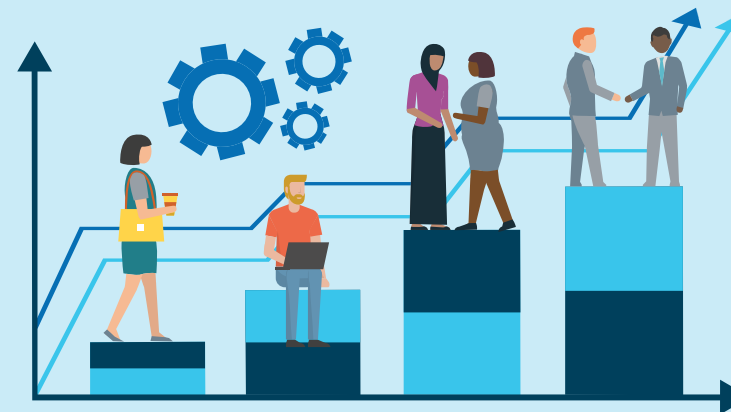
Furthermore, we would hope to see increased levels of engagement, across all of our system partners when it comes to wellbeing interventions and activities, especially from areas which don't have wellbeing offers.

Overall, we should start to see improvements in workforce metrics such as turnover, stability and retention – demonstrating that staff see SEL as a great place to work.

How will we measure success?

We will evaluate our strategy and programme of work through the following measures:

- Gather feedback from staff on support and interventions offered
- Commit to an evaluation exercise after each project/commissioned work
- Regularly review existing data collection points when it comes to health and wellbeing measures (e.g. staff surveys)
- Periodically assess workforce metrics (such as turnover, retention, etc.)
- Conduct a review of our strategy and priorities every 2 years, ensuring our programme is still relevant



How we will work together

Working across all of our organisations and at place, the SEL ICS has access to range of assets including internationally renowned hospice provision, an academic health science centre and health innovation network, education & learning and some of the largest teaching hospitals in the country. We will take full advantage of all the SEL ICS has to offer when supporting staff in health and social care.

We are committed to the principle that our programme of work should be inclusive and accessible for all staff working in health and social care, regardless of employer. The SHWB Committee will also ensure that we link this strategy into the other areas of work (workstreams) across the ICS, to join up our support to you and simplify where we can. In delivery, we will leverage the support of our wider system partners and organisations to work through progressing outcomes.

System working and it's benefits

In it's purest sense, system working will enable collaboration across our organisations, fostering the 'one workforce' ethos. We are hopeful to see many benefits including:

- Achieving our Integrated Care aim of improving health and care together across our sector
- Continuously checking in with staff so we can improve and adapt our offer to meet the changing needs of staff
- Being a leading example of providing health and wellbeing support
- Happy, healthy, workforce –South East London becomes a more attractive place to work and develop a career.

The role of the SHWB committee and SEL People Board

As a sub-committee of the SEL People Board, we will ensure that our programme of work aligns with the wider SEL People Strategy and wider SEL ICS aims. The SHWB committee also play an influencing role in ensuring that all of our People Programme takes into account fundamental wellbeing principles.



Organisation

Health and wellbeing support for staff and managers (inc. OH & EAP services)



Place

Place based activities and support and working together as teams across health and social care



Integrated Care System

Supporting collaboration on health and wellbeing support in learning and sharing across the ICS

Working together identifying and developing opportunities for 'once for SEL' offers and programmes of work

Conclusion

– our ongoing commitment

At the heart of our strategy lies our unwavering commitment to the wellbeing of our diverse workforce. We recognise that by their very nature, our jobs continue to be extremely demanding, especially as the population needs continue to change and become increasingly complex. We acknowledge that stress and burnout are an ongoing challenge for the health and social care workforce and therefore we are dedicated to hearing from you and understanding the causes of this, as it relates to our ways of working, and what we can do as organisation to prevent this from happening.

Addressing violence, abuse and aggression from public and service users is also an integral part of our commitment to fostering a safe and supportive work environment. No one who works with us should have to feel unsafe whilst providing care. Our strategy shares how we want to come together as a system to begin tackling these issues.

Finally, it is our commitment to wellbeing support for all, which leads us to focused efforts on levelling up access to wellbeing resources for those areas which are underserved. These underlying principles will guide the implementation of this strategy and as we continue in our pursuit of ensuring South East London

looks after its staff and is a great place to work. We will use the best evidence available to us to ensure we continue to ensure our staff health and wellbeing services are at the forefront of support available to staff in the NHS, social care, voluntary, charity and third sector.



Further reading

Strategy, policy and information

SEL ICS People Strategy (2023)
[– here](#)

NHS Long Term Workforce plan (2023)
[– here](#)

NHS People Promise (2021)
[– here](#)

SEL ICS People Programme
[– here](#)

SEL ICS Strategic Priorities
[– here](#)

Integrated Care Systems
[– here](#)

Violence, Abuse and Aggression

World report on violence and health, WHO (2002)
[– here](#)

Violence Prevention and Reduction Strategy 2025, Sussex Health & Care
[– here](#)

Violence prevention and reduction standard (2020)
[– here](#)

Mental Health

Learning from NHS Staff Mental Health and Wellbeing hubs, The British Psychological Society (2023)
[– here](#)

Mental health and employers, the case for investment - pandemic and beyond, Deloitte (2022)
[– here](#)

Employee well-being outcomes from individual-level mental health interventions: Cross-sectional evidence from the United Kingdom, Fleming (2024)
[– here](#)

Acknowledgements

Many thanks to members of the Staff Health and Wellbeing committee who took time to contribute in stakeholder interviews and for all of the hard work that you continue to do in your local organisations everyday.

www.selondonics.org

Accessibility

If you would like this in an alternative format, please contact **communications@selondonics.nhs.uk**