

## **National Mental Health Workforce Development Collaborative**

### **A report on taking forward the recommendations of ‘Thriving at work’ - The Stevenson / Farmer review of mental health and employers (October 2017)**

*This report is shared with the intention of facilitating the implementation of the ‘Thriving at work’ recommendations in NHS and other organisations*

**The Mental Health Workforce Development Collaborative members are:**

Avon and Wiltshire Mental Health Partnership NHS Trust

Birmingham and Solihull Mental Health NHS Foundation Trust

Lancashire Care NHS Foundation Trust

Mersey Care NHS Foundation Trust

Nottinghamshire Healthcare NHS Foundation Trust

Oxford Health NHS Foundation Trust

Tavistock and Portman NHS Foundation Trust

# 1. Background and summary of the 'Thriving at work' report.

On January 9th 2017 the Prime Minister asked Paul Farmer (CEO of the Mental Health Charity 'Mind') and Lord Dennis Stevenson (Founding Chair of MQ: Transforming Mental Health a charity which supports research into mental health and promoter of a Private Members' Bill – the "Mental Health (Discrimination) Bill") for an independent review into how employers can better support the mental health of all people currently in employment including those with mental health problems or poor well-being to remain in and thrive through work. The results of their review were published in October 2017.

The review was supported by an independent study on the cost to employers of the mental health problems of staff which was carried out by Deloitte. This study found:

- There is an annual cost to employers of between £33 billion and £42 billion each year made up of the cost of presenteeism (when individuals attend work but are less productive because of their mental health problem), sickness absence and staff turnover
- Poor mental health costs government between £24 billion and £27 billion in lost tax revenue, benefits and NHS cost each year
- Poor mental health costs the UK economy as a whole between £74 billion and £99 billion per year
- Around 300,000 with a long-term mental health condition lose their jobs each year.

This financial analysis is in addition to the human costs of mental health issues.

The report also makes the case that it is in both employers' and the government's interest to invest more in improving the nation's mental health.

## 1.2 The vision

Thriving at Work sets out a vision as to how progress can be achieved. The report's authors envisage that in ten years' time a number of changes will have happened:-

- Employees in all types of employment will have "good work" (consisting of autonomy, fair pay, work life balance, opportunities for progression and the absence of bullying and harassment)
- All of us will have the knowledge, tools and confidence to look after our own mental health and those around us
- All employers of all sizes will be:
  - Equipped with the awareness and tools to address and prevent mental ill-health caused or worsened by work
  - Equipped to support individuals with mental health problems to thrive within the organisation

- Aware of how to access help to reduce sickness absence caused by mental ill-health
- The numbers of people with mental health problems leaving employment each year will dramatically reduce.

## 1.3 Achieving the vision

### 1.3.1 Core standards

The report recommends that all employers adopt a set of “mental health core standards” which all employers should be capable of implementing:

Employers should:

- Produce and implement a mental health at work plan
- Develop mental health awareness among its employees
- Encourage open conversations about mental health and what support is available when people are struggling
- Provide good working conditions
- Promote effective people management
- Routinely monitor employee mental health and wellbeing.

### 1.3.2 Enhanced standards

The report calls for public sector employers and private sector ones with more than 500 employees to deliver enhanced standard which should:

- Increase transparency and accountability through internal and external report of the organisation’s approach to mental health
- Demonstrate accountability by nominating a health and wellbeing lead
- Improve the process for employees disclosing mental health problems, making sure people know why information is needed and providing support for people
- Ensure that tailored in-house mental health support is provided together with good signposting to clinical help.

### 1.3.3 External support for employers

Employers alone cannot create the cultural change envisaged in the report, which sees a role for trade unions, industry groups, professional bodies and accrediting organisation to provide support.

This can be by way of industry groups such as the Federation of Small Businesses providing guidance on how to implement the core standards, or professional bodies such as the Federation of Master Builders including mental health awareness in their training and accreditation programmes.

These bodies can also advise employers on occupational health services and insurance products to help support the mental health of their staff.

#### 1.3.4 The government

A substantial role in effecting change is envisaged for the government. It should:

- Streamline the fragmented and confusing array of information available from the government, voluntary sector and private providers. The report recommend the creation of a single mental health online information platform to promote best practice and help employers implement the core standards
- Streamline the fragmented practical support available to employers to an integrated support service for mental health (as well as other physical health conditions and disabilities)
- Incentivise employers to adopt the core standards with tax incentives
- Introduce supply chain initiatives to encourage suppliers to public bodies implement the core standards
- Legislate to provide further protection for workers and clarity for employers. A more proactive monitoring and enforcement role for the Equality and Human Rights Commission is encouraged.
- Responsibility for completing fit notes should be extended beyond doctors to other mental health professionals and there should be improved (but secure) data and information sharing between health professionals and employers.

### 1.4 Implementation and delivery

Thriving at Work presents an ambitious vision and one that will not be easy to achieve. It envisages that a ten years plan will be needed to achieve the levels of cultural changed needed amongst employers.

Mental health campaigns including information and support for improving workplace mental health are needed, and particular support should be given to small and medium sized employers and to the self-employed. Crucially, more evidence about how workers' mental health and wellbeing can be best supported is needed and there should be further research and evidence building at the heart of the ten year plan.

## 2. The National Mental Health Workforce Development Collaborative

The National Mental Health Workforce Development Collaborative this is a voluntary group of seven trusts that have come together to focus on Mental Health Workforce issues. The Collaborative exists to create a virtual centre of excellence around mental health education, training and workforce transformation which will:

- Provide a “go to” voice for HEE and other national bodies on issues relating to mental health workforce issues.
- Allow members to collaborate (collectively or bilaterally) to develop and share evidence based good practice.
- Support the pursuit of shared business development opportunities in the UK and internationally.

The Collaborative is formed of the Trusts that constitute the founding members, namely:

- Avon and Wiltshire Partnership Trust
- Birmingham and Solihull Mental Health NHS Foundation Trust
- Lancashire Care NHS Foundation Trust
- Mersey Care NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- Tavistock and Portman NHS Foundation Trust

The Collaborative considered the ‘Thriving at work’ report at its meeting and considered that as aspiring exemplar employers then each organisation should be working towards all of the recommendations made and further in that all of the partners aspired to promote good mental health as part of their organisational vision, purpose or strategy then facilitating the promotion of the recommendations would align well to this aspiration.

Hence the Collaborative brought together a group of its own Human Resources and Health and Wellbeing leads and their work on the recommendations is described below in order to assist other organisations in measuring their current practice against the recommendations and to share good practice in developing plans to further meet the recommendations in the future.

## 3. Workshop outcomes

### 3.1 Core standard 1.

**To produce, implement and communicate a mental health at work plan that encourages and promotes good mental health of all staff and an open organisational culture.**

#### 3.1.1 Review of current practice (Where are we today?)-

There is good work going on in relation to raising mental health awareness at work and establishing plans, policies and practices. However, health and wellbeing leads experience a difficulty in influencing wider systems and senior leaders to secure future investments and ring-fence wellbeing agenda as a priority.

NHS Improvement recommends to have a mental health at work plan and organisations are asked to produce such plans. However, it is worth questioning the need for the plan as wellbeing and mental health should be embedded within other strategies and plans. There is a risk that wellbeing might be 'lost' within the existing strategies. Nonetheless, it is worth having a separate plan so we can measure the impact of wellbeing and mental health initiatives. In addition, it creates a sense of accountability.

Various mental health interventions exist within the Collaborative, including, but not limited to:

- Stress Risk Management
- Mental Health first Aid kit
- Mindfulness
- Work Place Charters
- Health and Safety
- Health Needs Assessment – measurable ROI
- 360 feedback
- Employee Assessment Programmes
- Staff surveys
- A live policy document: 'Supporting colleagues at home and at work'

However, every member of staff is different and may require different interventions. Managers should be aware of them and also how to recognise the right tools for staff. Hence, the question if managers have mental health insight so that they can support the mental health of their staff and more importantly, can managers support themselves.

One of the Partner Trusts attempted to create an open learning culture among its employees. This Partner Trust developed a document: 'Supporting colleagues at home and at work' for managers as a toolkit which explains what managers can do within the Trust to support direct lines. The learning from this organisation is that it is important to create an open learning

culture within an organisation and then to look at the Trust's policies with the right lenses of this learning culture and see how the current policies fit or what needs to change.

### 3.1.2 Development of plans (What can we do?)

Integration of different levels of health and wellbeing data from the Collaborative network was discussed. Sharing of these data could lead to better staff and patients outcomes.

Moreover, it is also important to learn how to calculate the Return On Investment for workplace mental health interventions and policies and use it consistently within the NHS Trusts. The calculator would therefore enable the managers to create business cases for workplace health and wellbeing initiatives and most importantly, estimate the return on investment of setting up a health and wellbeing programmes.

However, support for managers from senior leaders is necessary to achieve these plans as well as consistent 'systems' approach across all NHS Trusts.

## 3.2 Core standard 2

**To develop mental health awareness among employees by making information, tools and support accessible.**

### 3.2.1 Review of current practice (Where are we today?)

There are many examples of good practice where the Partner NHS organisations are highly committed to developing mental health awareness amongst their workforce. However, this good practice is not implemented consistently across the Collaborative network and other NHS organisations.

There also is a range of the national frameworks available. Hence, there is a confusion in relation to what we govern oversees against and to the amount of information available regarding support needs.

Examples of current information, tools, and support, including but not limited to:

- NICE guidelines,
- Workplace wellbeing charters,
- Farmer/Stevenson report,
- NHE Employers (but somehow this can be conflicting),
- Time to Talk, Time to Change,
- Mental Health passport,
- Take a break campaign,
- IT equipment enabling staff working from home or other sites.

### 3.2.2 Development of plans (What can we do?)

Numerous frameworks exist and therefore, firstly the questions of what the right framework is needed to be answered and agreed. At that point, it is also important to survey staff and identify their needs as various staff groups can engage differently and hence may have different needs. Secondly, mental health awareness should be everyone's business and be relevant to roles and groups of staff.

It was also pointed out that training for clinicians would be helpful in particular in order to help them to recognise the tools, information relevant for their staff groups to promote mental health awareness. To achieve this staff in the Collaborative could be surveyed to feedback on what approaches are currently working and what would benefit clinicians.

Mental ill health is a major cause of sickness absence and poor wellbeing, yet prevention of mental ill health is not being prioritised in many parts of the NHS. Prevention is the key as managers, staff, and patients have mental health issues. A simple question of 'How are you?' should be asked.

## 3.3 Core Standard 3

**To encourage open conversations about mental health and the support available when employees are struggling during recruitment process and at regular intervals, throughout employment, with appropriate workplace adjustments offered to employees who require them.**

### 3.3.1 Review of current practice (Where are we today?)

The Partner NHS organisations have made significant progress in opening up conversations around mental health and wellbeing and also in attempting to reduce the stigma it invokes. There are a number of initiatives in place within the Partner Trusts, including, but not limited to:

- NHS Employee Assessment Programme
- Corporate Induction Programmes
- 5 Ways to Wellbeing Programme
- Time to Talk
- Time to change
- Stress Risk Assessment
- MECC (Make Every Contact Count)

### 3.3.2 Development of plans (What can we do?)

Having open and honest conversations about wellbeing in the workplace is an important step in dealing with the stigma around mental health. There is evidence that if staff can take good

care of themselves, they will be able to care for others better. Therefore, going forward, everyone should be encouraged to take good care of their mental health, as even small things can make a difference. Therefore, it was proposed that 'wellbeing' should be as a standard agenda item (see a proposed template from Mersey Care in Annex 1). Moreover, simple question of 'How are you?' should always be asked at team and individual meetings, clinical supervisions, appraisals, and recruitment processes. Management should ensure that conversations about wellbeing are supportive, preventative, regular, and observational, not judgemental. It is important not only to ask this simple question of 'How are you?', but also then to wait for answer and do something with the response.

The health and wellbeing of staff is a Trust priority and the Trusts should continue to use more of the NHS Employee Assessment Programmes, more campaigns like 'Time to Talk' and 'Time to change' and allow more 'thinking space' for managers and their staff.

### 3.4 Core Standard 4

**To provide your employees with good working conditions and ensure they have a healthy work life balance and opportunities for development.**

#### 3.4.1 Review of current practice (Where are we today?)

Environment is important and impacts mental health and wellbeing of staff. For instance, the Michel West model points towards a team meeting space as an important investment and not as a wasted resource. However, accommodation is a growing concern across the Collaborative Trusts and also other NHS Trusts. Decisions are made at the very high level without environment considerations and this is a growing concern. Estates and Space Management needs to be aware of the issues and accommodate staff basic needs.

The Partner Trusts reported the following current examples of practices, including, but not limited to:

- Desk occupancy rates
- Agile Working approach
- Working time directive
- Reasonable adjustments
- Work live balance

#### 3.4.2 Development of plans (What can we do?)

Audits and benchmarking of working conditions is very much needed among the Collaborative network. First, an audit should be conducted to identify minimum welfare requirements, for example storage, facilities, fridge, lockers, from staff groups at various Trust's sites. Management needs to be realistic of what can and what cannot be arranged and what is

achievable. Second, Estates and Facilities strategy should be discussed to include the agreed minimum requirements and set of standards. It was reported that some staff groups at different Trust's sites have very low working conditions with no access to a work desk or fridge.

Management should ensure consistency in arranging the working conditions for staff groups at different sites/locations and work collaboratively with the Estates to ensure basics needs are met. It was highlighted that if staff continues to be not happy, staff can leave if adjustments and / or expectations cannot be met and management should not be afraid to say this message.

### 3.5 Core Standard 5

**To promote effective people management to ensure all employees have a regular conversation about their health and well-being with their line manager, supervisor or organisational leader and train and support line managers in effective management practices.**

#### 3.5.1 Review of current practice (Where are we today?)

There are various practices in place amongst the Collaborative network, including but not limited to programmes such as leadership development (coaching, mentoring) and building resilience in a team.

#### 3.5.2 Development of plans (What can we do?)

Line managers are pivotal in shaping employees' experience of work and ensuring effective people management. They have a vital role to play in bringing policies to life and putting practical interventions in place. It is important for managers to be seen as approachable to their staff. Regular catch ups meetings with staff are an opportunity to have a conversation about mental health and wellbeing. These meetings should be seen as a normal part of line management. Managers should also be clear with their staff about the confidentiality of the discussion at the catch up meetings.

One of the practical implications of the above for the Collaborative network is to agree what the right type of a manager profile should be, including right skills and behavioural characteristics and then to train and develop line managers. As previously mentioned, mental health and wellbeing should be part of an agenda item at the team meetings, one to one meetings and appraisals (see Annex 1).

## 3.6 Core Standard 6

**To routinely monitor employee mental health and wellbeing by understanding available data, talking to employees, and understanding risk factors.**

### 3.6.1 Review of current practice (Where are we today?)

The Collaborative currently use various interventions, including, but not limited to:

- Health Needs Assessment
- Diagnostics
- Mood mosaics
- Staff survey
- Occupational Health data

### 3.6.2 Development of plans (What can we do?)

As employers, NHS organisations must not only monitor the mental health and wellbeing of their workforce, but take action to address the issues. It was discussed that collaboration in relation to data collection and sharing within the MH Workforce Development Collaborative partnership will be crucial to show other NHS Trusts best practice of gathering and understanding data amongst the network. Data may include: sickness, incidents, staffing levels, staff turnover, or perhaps triangulation of these data to patient care.

Taking this into consideration it should first be established the type of data (e.g. physical and mental health measures) that will be reported on and how the standard Collaborative network data matrix would look like. In addition, Five Year Forward view talks about the wellbeing aspirations, hence, the Collaborative could think about the matrix and measurement system in relation to these aspirations.

## 3.7 Enhanced Standard 1

**To increase transparency and accountability through internal and external reporting, to include a leadership commitment and outline of the organisation's progress on mental health**

### 3.7.1 Review of current practice (Where are we today?)

The Partner NHS organisations use a number of metrics to prove the case for health and wellbeing initiatives to the board, target key areas for improvement and highlight the need for

further support. The Collaborative use the different metrics for internal and external reporting to measure health and wellbeing, which include, but are not limited to:

- staff sickness absence
- agency and bank staff usage
- staff survey
- appraisal rates
- mandatory training rates

### 3.7.2 Development of plans (What can we do?)

All of the metrics used by the Partner Trusts are really useful in targeting the important areas for interventions and development. However, there still is evidence of failure to see mental health and wellbeing as a priority at the board level. Hence, a reliance in a 'system' not a 'person' should be developed to drive the health and wellbeing agenda forward.

As already mentioned in the Core Standard 6, it would be helpful to establish what type of data should be reported on and how the standard Collaborative network data matrix would look like. In addition, Five Year Forward view talks about the wellbeing aspirations, hence, the Collaborative could think about the matrix and measurement system in relation to these aspirations.

Another suggestion was that health and wellbeing should be included in the organisational annual reports.

## 3.8 Enhanced Standard 2

**To demonstrate accountability by nominating a health and wellbeing lead at Board or Senior Leadership level, with clear reporting duties and responsibilities**

### 3.8.1 Review of current practice (Where are we today?)

Examples of some of the current practices within the Collaborative network include the following:

- Service users on recruitment panels
- Employee Live Rooms
- Non-Executive Directors Programme

### 3.8.2 Development of plans (What can we do?)

It was clear from the discussion that the success of the health and wellbeing plans within the Partner NHS organisation could be achieved with the input from the Non-Executive Director

at the Board level would be responsible for health and wellbeing. It was also highlighted that all Executives should demonstrate ownership of health and wellbeing agenda as this impacts on training, culture and finances.

### 3.9 Enhanced Standard 3

**To improve the disclosure process to encourage openness during recruitment, ensuring employees are aware of why information is required and make sure the right support is in place to facilitate a good employer response following disclosure.**

#### 3.9.1 Review of current practice (Where are we today?)

The Values Based Recruitment Framework already exists. This framework sets out a single, standardised process for trusts to recruit staff for the values of the NHS Constitution and NHS Trusts are already using it to make adjustments and enhance existing their recruitment processes.

#### 3.9.2 Development of plans (What can we do?)

It was highlighted that disclosing mental health problems during the recruitment process can prove to be tricky and risky if not appropriate wording is used. An explanation as to why the data is needed should be included along with the explanation on how the data is used to enable provision of appropriate support. A question around mental health during the recruitment process should be voluntary. In addition, the ERS records should be updated with the statement of 'why?' so that staff understands the purpose and how the data will help them.

It was also suggested that the question of 'What do you do to keep yourself well?' could be asked at recruitment processes, appraisals, and one-to-one meetings.

It is important to look at individual's learning style, most effective time of day and at the same time for a manager to be mindful of what the individual responses are.

### 3.10 Enhanced Standard 4

**To ensure provision of tailored in-house mental health support and signposting to clinical help, including digital support, employer-purchased Occupational Health or Employee Assistance Programmes, or NHS services, amongst other sources of support.**

### 3.10.1 Review of current practice (Where are we today?)

The Partner Trusts reported the following current examples of practices:

- Health App – Viv app (connected benefits)
- NHS Digital platforms - Headspace
- Counselling services e.g. Staff Consultation Services (internal and external services)
- Mindfulness application
- NHS Employee Assistance Programmes
- Mental Health First Aid programme
- In house mental health support – shared best practices
- Resilience Programmes (BT)
- In house physiotherapy
- Stress Management Testing (Fitech)

### 3.10.2 Development of plans (What can we do?)

One of the practical implications of the Enhanced Standard 4 for the Collaborative network is Benchmarking. It was proposed to establish the Collaborative organisational matrix to allow benchmarking between Trusts. This matrix could measure impact of the interventions.

## 4. Next steps and actions plan

- To form standard Collaborative member data set around mental health based on the Farmer/Stevenson work and then to promote it to other NHS Trusts
- To share job descriptions and strategies across the Collaborative members
- To establish set of questions for benchmarking across Collaborative members based on the **Health and Wellbeing Service Proforma from Mersey Care (Annex 1)**

Annex 1.

**Health and Wellbeing Service Proforma**

<b>1. Name of host Trust</b>	
<b>2. Amount of Employees in Host Trust</b>	
<b>3. Who leads the agenda within your organisation? Roles/bands etc.</b>	
<b>4. Key achievements to date?</b>	
<b>5. Key challenges to date?</b>	
<b>6. We have a particular interest in.....</b>	
<b>7. We believe we 'model the way' and are potential trailblazers with regards to....</b>	
<b>8. Annual Staff Physio referral rates:</b>	
<b>9. Staff Support referral rates :</b>	
<b>10. OH Annual referral rates:</b>	
<b>11. Does your organisation have a health and wellbeing strategy/vision?</b>	
<b>12. Do you have an Exec lead?</b>	
<b>13. Additional Costings:</b>	<b>I.E IT systems Vaccines Memberships Access to Gyms /Physical activity etc.</b>