



Champs
Public Health
Collaborative



**COLLABORATING
SINCE 2003**

CHESHIRE & MERSEYSIDE PUBLIC HEALTH WORKFORCE WELLBEING PILOT

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Introduction

Post COVID-19 Directors of Public Health (DsPH) in Cheshire and Merseyside (C&M) expressed concern around the wellbeing of their staff as they view staff wellbeing as a key priority. They collectively commissioned a pilot to understand the current status of wellbeing, the needs of the workforce, what is already in place to support staff, share good practice and identify what additional support may be required. This was conducted across the 9 local places.

Aim of the pilot

The aim of the pilot was to improve, protect and maintain the wellbeing of staff in Public Health across C&M, enabling their recovery from the pandemic, and use this learning for the wider system.

Ripple and Co were commissioned to undertake an assessment of the public health workforce wellbeing across C&M. The pilot covered key areas to gain information and form key recommendations for DsPH to consider and included:

- An assessment of system wide wellbeing needs of the staff in Public Health across C&M and understand from their perspective what they would find beneficial to promote/support their mental wellbeing. Including undertaking a questionnaire to understand needs and beneficial actions, in depth interviews, and specific focus groups.
- A map of current wellbeing assessments of staff already undertaken across the system and identify commonality and good practice.
- A map of current programmes of work, tools, and resources to support staff in relation to their mental wellbeing.
- Identifying the evidence and learning on promoting staff recovery from traumatic work experiences.
- Collating the intelligence from the assessments and the mapping of programmes to identify gaps and form recommendations at place and system level.

Findings from the pilot

The assessment was undertaken in all 9 Local Authority Public Health Teams. The questionnaires were based on 99 respondents, from 9 Local Authorities with a 31% response rate. There was one focus group with 8 participants from 5 Local Authorities and there were 8 in-depth interviews from public health staff from 5 Local Authorities. The questionnaires included the following areas:

1. Wellbeing and public health
2. Wellbeing at work
3. COVID-19
4. Wellbeing resources
5. Development needs
6. Demographic data.

The questionnaire was short using survey monkey as the platform for completion. The interviews and focus group questions were developed from the results of the questionnaires.

Key results

1. Wellbeing was generally considered a priority within the organisation and resources to support wellbeing were well known.
2. 65% of respondents felt mentally well currently and conversely 35% did not feel entirely mentally well currently.
3. The percentages of people unable to switch off from work and not cope with their workload were similar 15% and 17%
4. 24% were not comfortable talking to peers about their wellbeing.
5. 74% were working in Public Health throughout COVID-19 and the same proportion changed their role, either adding to their existing role or significant changes, of which the most common was longer hours expected.
6. 97% of those who responded to positive changes as a result of COVID-19 cited, working from Home/Hybrid/Flexible working as having had a significant positive impact on their work/life balance and on their wellbeing but 3% stated working from home had negatively impacted on their wellbeing.
7. 33% of staff cited they were still experiencing negative impacts from COVID-19
8. 52% of those that cited they were experiencing mental health issues including:
 - Anxiety
 - Depression
 - Financial uncertainty
 - Weight gain
 - Burnout
 - Loneliness
 - Reduced access to GP
 - Tiredness/exhaustion
 - Panic
 - Social anxiety
 - PTSD
9. 48% of those cited they were experiencing efficiency and productivity challenges including:
 - Increased expectations in terms of workload
 - Increased pace of work during the pandemic has been sustained
 - Concern that lessons haven't been learnt in terms of preparedness for a future pandemic
 - Increased health inequalities in the community
 - Unfilled vacancies
 - Reluctance of staff to return to office/community working
 - Greater demand for mental health support without sufficient resources
10. Over 45% of respondents in the questionnaire, plus those who were interviewed and within the focus groups there was a key theme about 'more time for reflection.'

11. 38% thought that more flexible working would improve staff wellbeing in the questionnaire, the focus group and interviewees considered that there needed to be more consistency around flexible working, working from home and hybrid working 'We need hybrid by design rather than by default'.
12. Overall, working flexibly and from home was considered to be a significant positive outcome from the pandemic.

Key themes

Managers

- Reflection and time to step back was important for managers and staff alike
- managers wellbeing training was considered a 'tick box'
- wellbeing support and how effective for staff it was, was often down to the knowledge of the individual manager.

Staffing

- Training for both mental wellbeing and peer or buddy systems were suggested
- more time for reflection across all levels was widely recommended
- Many areas had seen staffing levels reduce which became a significant problem
- ageing public health workforce was highlighted as an issue
- staff often feel too busy to engage with the wellbeing offer and it is more difficult with hybrid working.

Culture and organisational boundaries

- Since COVID-19 use of Information Technology has given greater access to different people at all levels, this needs to be harnessed
- pace of work means there is no time for reflection and to step back
- LA's are generally not a supportive environment for wellbeing.

COVID-19

- There has been no effective de-brief from COVID-19
- pandemic effect of working has continued, and issues exacerbated for the population.

Resources

- There is a significant amount of existing resources
- the link between resources and support for managers highlighting access to the right resources is very important
- many resources are available but not high profile and often the access is through a 'self-help' approach.

Conclusion

It is clear that the COVID-19 pandemic changed the way we work, and organisations are still navigating hybrid and flexible ways of working. Workplaces are examining the best ways to work to enhance productivity whilst ensuring positive wellbeing of their workforce. There is still little evidence about what 'good' looks like, with many of the tools and resources still using pre-pandemic evidence.

Overall, the report shows that Public Health leaders are concerned about the wellbeing of their staff but are often working within a wider system that has demands on them and approaches that may not be conducive to promoting wellbeing. This is particularly more prevalent since COVID-19 with high demands and pace for change expected.

COVID-19 also impacted on us all personally and has changed the way people feel about the workplace. Whether this will be long lasting or wain over time, response is yet to be ascertained. Those working in Public Service contexts can be particularly affected by issues of 'emotional labour' that can have a detrimental impact on personal wellbeing and potentially lead to burnout. It is important that public health considers the new and emerging evidence and good practice on workplace wellbeing in the post COVID-19 world, so we can effectively advise on wider workforce wellbeing.

Next steps

The results will support local DsPH in addressing wellbeing issues within their own authorities and will be shared with the nine local authority teams for consideration.

The results will also be shared with key strategic groups and collaborative actions overseen by the Champs Collaborative Workforce Wellbeing and Development Group. Furthermore, the collaborative actions that were decided upon that could be actioned once for C&M included:

1. Promote the refreshed '**Kind to Your Mind**' website for the workforce in C&M with links to local resources and helplines, aligned with a planned launch **campaign in the summer of 2024**.
2. Commission training for a **C&M Public Health Workforce cohort on Coaching and Mentoring**.
3. Progress the **C&M Public Health narrative work** to promote the profile of public health.
4. Consider the **current training offer on mental health awareness and resilience training** and promote further or increase the offer.
5. **Feedback to the ICB Peoples Board and explore the co-development of workforce wellbeing principles and toolkit**.
6. Develop a **network of Workforce Wellbeing Champions** that meet across Public Health Teams to share good practice.
7. Identify **dedicated capacity** to lead and report on progress of these collaborative conclusions to the **C&M Public Health workforce wellbeing and development group**.
8. **Share the learning** with key stakeholders and relevant organisations.

Thank you

Champs Collaborative Directors would like to thank all the staff who contributed to the survey, focus groups and interviews and to the local leads who advised on the pilot.

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