



**Champs**  
Public Health  
Collaborative



**COLLABORATING  
SINCE 2003**

# **Cheshire & Merseyside Public Health Workforce Wellbeing Pilot: Key Findings**

**Sue Forster – Consultant in Public Health**

Working together to improve health and  
wellbeing in Cheshire and Merseyside

May 2024

# Background



- Champs Directors of Public Health (DsPH) view staff wellbeing as a key priority.
- Champs DsPH value all the excellent work by local teams and particularly during the pandemic.
- The COVID-19 pandemic has had a huge impact on the wellbeing of the population and significantly those working in the public sector.
- **BUT**, do we know how our staff really feel and think about their wellbeing and the impact post COVID?

# Evidence

- Good work is proved to be good for your health, improving financial outlook, social interaction, providing a core role, identity and purpose.
- Conversely being out of work is associated with Limiting long-term illness, cardiovascular disease, poor mental health, suicide and health harming behaviour. (<https://www.gov.uk/government/publications/workplace-health-applying-all-our-health/workplace-health-applying-all-our-health>)
- A recent study by Health Insurers Vitality reveals that poor health in the workforce cost £138.3 billion to the UK economy with Musculoskeletal, depression and poor sleep being the main issues. ([www.vitality.co.uk](http://www.vitality.co.uk) Britain's Healthiest Workplace Survey 2023)
- For every £1 spent on mental health interventions employers could get back £5.30 in reduced absence and staff turnover. (Deloitte UK Mental Health Report (2022))

# Workplace Wellbeing why is it important?

- Good workplace health makes economic sense
- As public health it is a core value of preventative health and affects our own workforce
- It's critical that 'we' can lead by example using the best evidence for our own workforce and to improve population health

# What we did?

- An assessment of system wide wellbeing needs of the staff in Public Health across Cheshire and Merseyside to understand from their perspective what they would find beneficial to promote/support their mental wellbeing.
- Used tools for the assessment questionnaire, focus group and interviews.
- A map of current wellbeing assessments of staff already undertaken across the system, with identified commonality and good practice.
- A map of current programmes of work, tools and resources to support staff in relation to their mental wellbeing.
- Identified the evidence and learning on promoting staff recovery from traumatic work experiences.
- Collated intelligence from the assessments, mapping of programmes to identify gaps and formed recommendations at place and system level.

# Themes from all the surveys, interviews and focus group

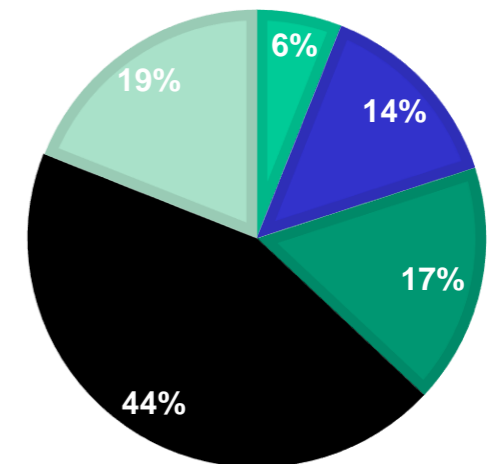
- Questionnaire results, 99 respondents, from 9 LA's, 31% response rate
- Focus Group – 8 participants from 5 LA's
- Interviews – 8 interviews from 5 LA's

# Key findings

- 65% of respondents felt mentally well currently
- Conversely, 20% did not feel mentally well currently
- Wellbeing was generally considered a priority within the organisation and resources to support wellbeing were well known
- The percentages of people unable to switch off from work and not cope with their workload were similar 15% and 17%
- 24% were not comfortable talking to peers about their wellbeing.

## I FEEL MENTALLY WELL AT THE MOMENT

- Strongly disagree
- Disagree
- Neither agree or disagree
- Agree
- Strongly agree





# Key findings

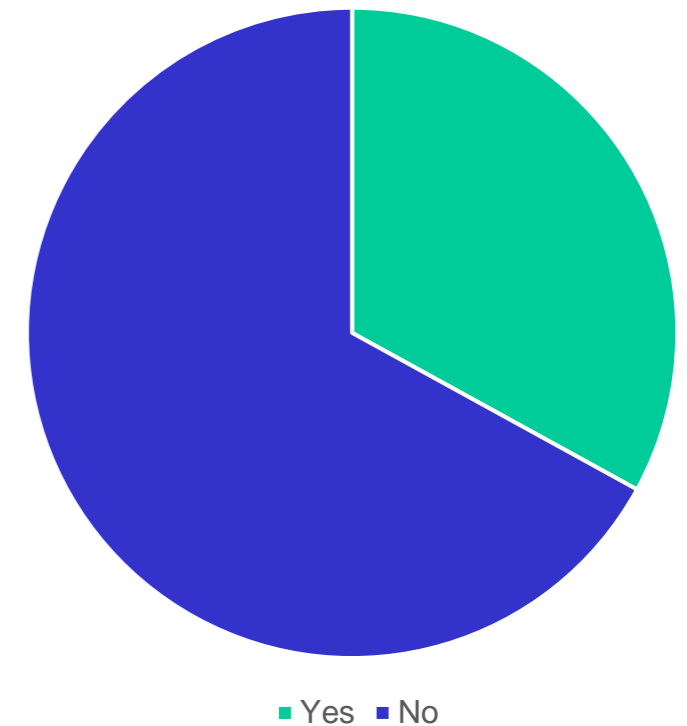
- 74% were working in Public Health throughout COVID
- The same proportion changed their role, either adding to their existing role or significant changes, of which the most common was longer hours expected
- 97% of those who responded to positive changes as a result of COVID cited Home/Hybrid/Flexible working as having a significant positive impact on their work/life balance and on their wellbeing
- 3% stated working from home had negatively impacted on their wellbeing.



- 33% of staff cited they were still experiencing negative impacts from COVID
- *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 and PTSD
- *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.

# Key findings

Are you experiencing any residual effects of the pandemic?



# Key findings

- 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’**
- 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’***

- Overall working more flexibly and from home was considered to be one of the most positive things that have come out of COVID.

## Managers

## Themes

- Managers wellbeing training considered a 'tick box'
- Wellbeing support down to individual manager
- Reflection and time to step back is important for managers and staff alike

## Staffing

- Staffing levels a significant issue as decreased in many areas
- Ageing public health workforce an issue
- Training - mental wellbeing, buddy system
- More time for reflection across all levels
- Staff feel too busy to engage with the wellbeing offer.

## Culture and organisational boundaries

- Political nature of LAs often thwarts joint working across LA's due to decision making processes
- Pace of work and no time for reflection to step back
- LA's are generally not a supportive environment for wellbeing
- However, since COVID use of IT has given greater access to different people at all levels, this need to be harnessed

## COVID

- No effective de-brief from COVID
- Pandemic ways of working continued and issues exacerbated for population

## Resources

- Many resources but not high profile many accessed through a 'self-help' approach
- The link between resources and support for managers highlighting access to the right resources is very important
- IT has enabled access to a wider range of people at all levels and made them more visible, this needs to be harnessed to improve collaborative working

# Conclusions from the Independent Report

- **Hybrid and flexible working patterns** – a consistent approach
- **The perception of Public Health within the LA** – raising the profile of Public Health
- **Training** – wellbeing training, resilience in relation to public health roles, less focus on portfolio training, a buddy system
- **Wellbeing resources** - across LA resource, awareness training for managers, bulletins
- **Absenteeism** – more autonomy in relation to absenteeism approaches for managers.

# Final recommendations around the actions to be taken across Cheshire and Merseyside



# Recommendations

1. Promote **'Kind to Your Mind'** website as the **wellbeing website of choice for the workforce** in C&M with links to local resources and helplines, aligning the planned **campaign**.
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. **Feedback to the ICB Peoples Board and explore the co-development of workforce wellbeing principles** (or integrate in existing workforce charters/anchor programmes) and **toolkit**.

# Recommendations

5. Consider the **current training offer on mental health awareness and resilience training** and promote further or increase the offer.
6. Develop a support **network of Workforce Wellbeing Champions** that meet across Public Health Teams to share good practice.
7. Identify **dedicated capacity** to lead and feedback to the **C&M PH workforce wellbeing and development group** (ask to also specifically consider steps on the **aging workforce and absenteeism**).
8. **Share the learning** with key stakeholders and relevant organisations.

# Learning from the pilot

- Engaging with the local leads on workforce was key. It took time to agree on the survey content, but ultimately this was valuable with a high response rate.
- There was some system uncertainty about the possible feedback from staff and reporting at C&M level was the preferred footprint.
- A briefing on the pilot was also prepared for staff and DsPH shared with local teams.



**Champs**  
Public Health  
Collaborative



**COLLABORATING  
SINCE 2003**

**Champs DsPH wish to thank all the staff that took part in the survey, focus groups and interviews and the local leads that advised on the pilot.**

Working together to improve health and wellbeing in Cheshire and Merseyside