

National Police Wellbeing Service



# Workforce prioritisation guidance



April 2024

## Guidance for health and wellbeing

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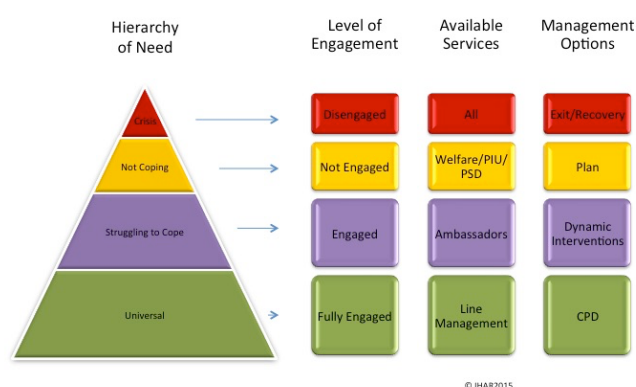
### Overview

In 2013, the national wellbeing and engagement working group was established and a decades' worth of research by Dr Ian Hesketh and partners has clarified our understanding of the wellbeing needs of over 200,000 police officers and staff in England and Wales. In recent years employee voice surveys have begun to provide vital insights into the issues affecting the physical and mental health of our people and have been accompanied by ongoing landscape reviews to assess whether we have the right capability and capacity in place to meet their needs.

It is clear that a whole system approach is required to embed prevention into the system and that prevention must be the focus as opposed to only reacting when crisis point is reached.

In 2015, we published the GAIN model (right) and a gap was identified for a sector specific and single point resource and in 2017, the first iteration of the **Oscar Kilo website** and the Blue Light Wellbeing Framework was launched.

**General Analysis, Interventions and Needs (GAIN) Pyramid**



Most police forces in the UK signed up and began using the Blue Light Wellbeing Framework to benchmark their own wellbeing services. A national police wellbeing programme team was established, and the National Police Wellbeing Service (NPWS) was launched in 2019.

Much needed support for workforce wellbeing has been provided by the launch of a new Police Covenant which received Royal Assent in April 2022 and sets out a challenging ambition to improve the physical protection and health and wellbeing of serving staff, their families and leavers.

## Aims, purpose and objectives

We are now in a strong position to provide clarity on how forces should structure their approach to wellbeing (strategy) as well as what priority interventions create the greatest impact on the ground (tactical). It is recognised that self-assessment will only take us so far and this guidance presents the police service with an opportunity to provide 100% clarity on what is expected and required.

### Aims

The aims of the guidance are:-

- Provide as much clarity as possible to forces, HMICFRS and wider stakeholders on how to deliver an evidence-based, scalable, high quality and affordable wellbeing strategy.
- Identify the priority activities which, if delivered effectively, are proven to improve the wellbeing of police officers and police staff.
- Provide direction on the 'universal' organisational activities which are available to all staff whilst highlighting additional role-specific activities.

### Purpose

The purpose of the guidance is:-

To bring together in one place, a practical and accessible product based on the research, employee voice and learning from the last decade so that the 43 force of England and Wales know exactly what works to provide excellent wellbeing support to their people.

### Objectives

The guidance will also seek to achieve the following objectives:-

- Assist forces to be invest wisely in activities proven to deliver greatest impact and ROI.
- Support forces to become intelligent customers in a crowded wellbeing marketplace.
- Send a strong message to those who work in policing (and wider stakeholders) that their wellbeing is being taken seriously and is of such importance that this guidance is justified.
- Support the professional development of knowledge and skills across the leadership of the service who are influential in delivering strategy on the ground.

## Timeline leading up to this guidance

- 2013 first NPCC wellbeing working group established and further research taken forward.
- 2015 GAIN model published setting out the case for prioritising workforce wellbeing.
- 2015 HMICFRS begin to include question sets relating to workforce wellbeing as part of their PEEL inspection programme.
- 2017 The Blue Light Wellbeing Framework BLWF is developed in collaboration with PHE to provide the first sector specific evidence-based self-assessment tool for use by all forces.
- 2018 policing minister Rt Hon Nick Hurd MP launches Front Line Review accompanied by ONS focus groups across 43 forces.
- April 2019 the Oscar Kilo the National Police Wellbeing Service launched providing a centre of excellence as well as training courses in priority areas and tactical assets such as the 10 outreach vans which are deployed to the frontline.
- 15th August 2019, PC Andrew Harper is murdered on duty and the Officer and Staff Safety Review (OSSR) is led by CC Pughsley to review and improve physical and legal protection for officers and staff.
- April 28th, 2022, the Police Covenant achieves Royal Assent and is enshrined in law as part of the Police, Crime, Sentencing and Courts Act 2022.
- March 2022 all forces are expected to have achieved the foundation level in occupational health standards.
- July 2022 NPCC agrees to establish a new NPCC Operational Wellbeing Board chaired by CC Rowley.
- January 2023 the NPWS Workforce Prioritisation Guidance process commences.

## Governance and legal framework

### Health and Safety at Work Act (HSWA) 1974

This Act places a legal duty on employers to ensure, so far as reasonably practicable, the health, safety, and welfare of employees, and to ensure that employees and others are kept safe.

[Health and Safety at Work Act 1974 – legislation explained \(hse.gov.uk\)](https://www.hse.gov.uk/legislation/hsa1974/)

### Health and Safety Executive (HSE) stress management standards

It is essential to adopt a strategic approach to workforce health and wellbeing which recognises (and seeks to address) a multitude of systemic issues which are proven to drive up stress. HSE have recently refreshed their stress management standards which are best described as representing a set of conditions that, if present:

- Demonstrate good practice through a step-by-step risk assessment approach.
- Allow assessment of the current situation using pre-existing data, surveys, and other techniques.
- Promote active discussion and working in partnership with employees and their representatives, to help decide on practical improvements that can be made.
- Help simplify risk assessment for work-related stress by:
  - identifying the main risk factors.
  - helping employers focus on the underlying causes and their prevention.
  - providing a yardstick by which organisations can gauge their performance in tackling the key causes of stress.

They cover six key areas of work design that, if not properly managed, are associated with poor health, lower productivity and increased accident and sickness absence rates. The management standards are:

- **Demands** – this includes issues such as workload, work patterns and the work environment.
- **Control** – how much say the person has in the way they do their work.
- **Support** – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
- **Relationships** – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- **Role** – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles.

- **Change** – how organisational change (large or small) is managed and communicated in the organisation.

Stress at work - What are the management standards? (HSE.gov.uk)

## **Occupational health standards set by the College of Policing**

These are police specific standards based on existing SEQOHS endorsed by the Royal Society of Occupational Medicine. SEQOHS stands for 'Safe, Effective, Quality Occupational Health Service' and is a professionally led accreditation scheme. It is based on a set of standards for occupational health services in the UK and beyond.

**Foundation standards** - [Foundation occupational health standards | Oscar Kilo](#)

**Enhanced and advanced standards** - [Enhanced and advanced occupational health standards | Oscar Kilo](#)

## **Blue light wellbeing framework** organisational self-assessment (BLWF)

This is a voluntary self-assessment tool comprising of 100 questions in the following seven key areas:

- Leadership
- Absence management
- Creating the environment
- Mental health
- Protecting the workforce
- Personal resilience
- Occupational health

## **The Police Covenant**

The Police Covenant received Royal Assent in April 2022.

The covenant is a recognition by government, policing and society, acknowledging the sacrifices made by those who work or have previously worked in our police forces. It is intended to ensure that officers, staff, volunteers, and their families are not disadvantaged because of their service in the police and seeks to mitigate the impact that this may have on day-to-day life.

In practical terms the Covenant will:

- Place a legal requirement on the government to report annually to Parliament on issues relating to police welfare, wellbeing, and support.
- Aim to improve the working experience of people in policing.
- Help smooth the transition out of policing for police leavers.
- Provide support to the families of those working in policing.

[Police Covenant - gov.uk \(www.gov.uk\)](https://www.gov.uk)

## **MIND mental health at work commitment and MIND Cymru**

The MIND commitment is not mandatory although the NPCC fully supports its use and the six areas of the commitment provide a useful mental health specific framework around which a force, department or team can develop a tactical or strategic plan.

[The mental health at work commitment – mental health at work](#)

[MIND CYRMU](#)

## **Working time regulations (WTR) 1998**

Working time regulations, also known as working time directives, set out the legal requirement for employers in relation to how many hours someone can work between shifts, how many rest periods are required etc. All forces have comprehensive policies in place to adhere to WTR and regulations are clear on why and when they can be exempted from.

[The working time regulations 1998 \(legislation.gov.uk\)](https://legislation.gov.uk)

## **Equality Act 2010**

The Equality Act 2010 provides a legal framework to protect the rights of workers in 9 protected characteristics and all employees from discriminatory behaviour and bullying. Research and enquiries into police culture (Casey et al) recognise there are significant issues in these areas and staff surveys highlight the harmful impact of organisational stressors which the Equality Act seeks to address.

[Equality Act 2019 – Guidance. \(.gov.uk\)](#)

## Delivery

It is recognised that effective delivery of this guidance in an area as wide as workplace health and wellbeing will require activity to be undertaken at every level of the organisation with specific leads in specialist areas. Unlike its operational counterparts this guidance is not intended to be used as a 'game plan' for leaders and managers per se. Rather it is seeking to clarify exactly what high level activities the force prioritises so that funding, time, and resource are most efficiently applied to the areas where current evidence suggests the highest impact will be gained.

The guidance will not specify which 'interventions' (particularly those requiring clinical oversight) are required to provide, for example, a trauma support model. Firstly, because each force has in place its own clinical governance regime and the guidance does not seek to stray into the employer's duty of care. Secondly there is a huge breadth of practice e.g., there are over 50 different types of therapy and forces must choose based on their own assessment of need. Thirdly some areas of practice are contested by experts e.g., psychological screening and each force must decide for itself what interventions it uses based on best evidence at the time.

Advice and guidance (but not policy) can be sought from the Chief Medical Officer for policing via the Clinical Governance Group and the National Police Wellbeing Service.

In Annex B (page 20) a list of recognised lead roles are listed and should guide forces as they adopt the APP and establish governance, reporting and assurance mechanisms.

This guidance has not specified leadership responsibility at different levels although this should be seen as noteworthy practice.

Many forces already integrate the necessary knowledge and behavioral skills required of managers and leaders into their CPD, promotion and training curricula and this is to be regarded as best practice. It is not the case that these responsibilities are seen as additional or stand alone. They are quite often a blend of knowledge and personal development and so the guidance allows for local interpretation rather than prescription outside of the requirement for executive ownership and nominated leads as set out in Annex B.

## Universal

The following six activities / interventions represent the core offer to all operational facing police officers and police staff. Forces should ensure police staff in roles such as contact management, CSIs, custody, and investigations are included. These are considered essential elements of this guidance upon which additional tailored support for specific health needs and roles are developed.

Each of the six areas in the table below are explained in more detail.

Activity	Explanatory comments / links
Blue light wellbeing framework (Self-assessment of organisational promotion and maintenance of wellbeing to inform and drive Force wellbeing strategy)	Plan is seen as a priority at Chief Officer level so that staff can see the drivers of organisational stress and physical harm are being addressed. Importance of regular and accurate data reporting.
Operation Hampshire	Importance of Chief Officer ownership. Data collection and analysis to inform management of conflict and prevention of future assaults. Link Op Hampshire to training and clinical practice issues.
Occupational health (OH) standards / practice	Reduce postcode lottery of quality of OH services.
Peer support	Force mental health strategy and risk management; promote psychological resilience training; establish robust peer support network; Need to monitor effectiveness of interventions; identify beacon services and share good practice. Specific attention and support must be given to officers and staff under investigation particularly if suspended. The use of risk assessments and unskilled peer supporters is viewed as good practice.
Fatigue  Trauma Support Model	Address causes of fatigue – Work demands, hours worked, breaks, shiftwork, Home and family issues, lifestyle factors – sleep hygiene, diet, general fitness, underlying medical conditions, preparedness for annual job-related fitness test and officer safety training.  Forces have well established processes for post incident trauma debriefs and many are now embedding PRAs, demobilise and diffusion and trauma specific education for new recruits and higher risk roles. There is an ambition to establish a consistent approach to flagging high trauma events to help with early intervention.

## **Blue Light Wellbeing Framework (BLWF)**

The BLWF is a sector specific self-assessment tool comprising seven key areas which should be used to inform and drive the force wellbeing strategy. It has been developed with leading experts in the field and is tailored to the needs of police workers. It should not be used at departmental or team level but should be adopted at force level and owned by the Executive team. A digital interactive tool is located on the OK website and every force has a nominated lead responsible for refreshing the assessment annually.

BLWF is requested in HMICFRS PEEL.

## **Operation Hampshire**

Operation Hampshire has been agreed as a national priority by the NPCC and every force must have an Executive lead responsible for delivering the 7-point support plan, data collection and performance monitoring. There is a thriving network co-ordinated by NPWS and a free Power BI App located in the PDS directory which can be adopted. Annually all assaults data will be requested and analysed to identify trends at the national level.

Op Hampshire is requested in HMICFRS PEEL.

## **OH standards / practice**

The foundation standards must have been reached by March 2022. There is a national Chief Medical Officer for policing who is the thematic lead for the standards and every force is required to have a lead who completes the self-assessment as part of the BLWF.

Occupational Health standards are requested in HMICFRS PEEL.

## **Peer support**

Mental Health peer support is proven to provide effective early intervention support to prevent escalation and every force should have a safe, effective, and sustainable peer support system in place. NPWS provides a free training course for peer support which most forces use. If trained by NPWS the force will have a nominated peer support coordinator.

## **Sleep, fatigue and recovery (SFR)**

It has been agreed at NPCC Health and Safety group that fatigue risk management standards should be adopted and used to mitigate the harmful effects of fatigue whilst recognising the need to balance any measures taken with the duty to protect staff and the public. At the time of writing the guidance the NPCC health and safety group has not agreed an assessment framework, and this will be provided once finalised early in 2024.

NPWS provide significant educational resource in sleep, fatigue and recovery all of which is available free for forces and individuals. NPWS also provide access to a police specific biometric programme comprising device, app, online learning platform, peer to peer support and data insights.

Where forces have identified fatigue issues (and specifically for shift workers as required by HSE) sleep, fatigue and recovery education should be considered as a basic requirement.

[Human factors – fatigue \(HSE.gov.uk\)](#)

### **Trauma support model (TSM)**

All forces should have well established trauma support in place to provide appropriate support following exposure. This is not just in relation to large scale traumatic events recognising the need to address the cumulative harm caused by multiple exposures. Some roles are higher risk than others and the force should be able to provide a rationale for which roles are provided greater support. As of June 2023, NPWS provide 6000 psychological risk assessments to force free of charge with specified roles covered.

A trauma support model TSM has been developed (Annex A) and will adapt over time as new research and practice becomes available. Forces should be able to describe their support for trauma in a sophisticated way adopting a whole career cycle methodology as set out in the model. Recognising that much of the model remains work in progress (eg family and leavers support) it is important that forces are progressive and ambitious.

Welfare support for major incidents guidance is available on the Oscar Kilo website and emphasises the importance of establishing welfare leads across the gold, silver and bronze command structures. Monitoring the welfare of staff deployed on mutual aid by providing one to one line manager meetings upon return should be seen as good practice.

### **Major incident guidance – Oscar Kilo**

**See Trauma support model – Annex A page 19**

## Role specific activity – Guidance for NPCC portfolio lead

In addition to the universal activities there are some role specific needs which we intend to set out below. Inserted in the table are some suggested areas based on our research and practice.

It is important to consider the following before proposing a role specific activity / intervention:

- Is there a strong, independent evidence base to support the proposed activity?
- If there is, what implementation issues would prevent us from scaling it up in high quality, affordable and sustainable way?
- Have you gained a consensus amongst your key stakeholders in the NPCC that the proposed activity is achievable and necessary?

### Role specific activity

There is strong evidence to support a tailored organisational and personalised response for certain roles. The guidance will not seek to capture every single role because there needs to be room for local flexibility and should be an outcome of completing the BLWF and OH standards.

The guidance will set out some additional requirements above the core offer under four pillars:-

- Response and Neighbourhood
- Investigations
- Operations
- Wider workforce

### Context

- Response policing involves shift working and unpredictable exposure to physical and psychological risk. They are policing's most public facing role and successive NPWS surveys highlight response officers reporting feelings of being undervalued and lacking organisational support compared to other roles.
- In many forces response and neighbourhood operate together requiring NHP staff to also perform a response role and work shifts on a permanent or frequent basis. As such all guidance relating to response should also apply to NHP and this includes the role of PCSO who, although not a night shift worker, can be exposed to similar levels of trauma exposure and stress as their police officer colleagues.
- Research carried out by NPWS highlights acute issues with sleep, fatigue and recovery which can be mitigated with evidence-based support.
- At the time of writing this guidance, the uplift programme has resulted in a lowering age and service profile as well as improved gender representation. Exit surveys flag the challenges of adapting lifestyle to shift working as a factor in turnover.
- As a result, the guidance will emphasise the importance of focusing preventative effort in the response and NHP workforce.

## Response and neighbourhood

Activity	Comments
Pre deployment mental health and resilience training	Provided as party of all PEQF routes and IPLDP - already in place for PEQF
Fatigue, sleep and recovery (SFR) education (and fatigue risk management to be agreed by NPCC H&S group)	Available in 2023 from NPWS there are a range of online resources and a specific SFR programme for forces to consider. Sleep Fatigue and Recovery education should be considered as an essential requirement for all staff in operational roles particularly those working shifts. <u>Oscar Kilo – Sleep and fatigue</u>
Working time regulations	Pre (and annual) shift worker health assessments are required under health and safety legislation.  <a href="https://www.gov.uk/night-working-hours/health-assessments">https://www.gov.uk/night-working-hours/health-assessments</a>
Targeted psychological risk assessments	Response officers do not receive PRAs as they are not deemed to be a high-risk group. However, there are examples of PRAs being used in a targeted way for individuals and teams who have been exposed to multiple traumatic events or colleagues suicides

### Pre deployment mental health and resilience training

New entrants into operational facing roles represent an opportunity to raise awareness and knowledge in key areas contained within this guidance such as trauma impact and stress management. By including educational content prior to operational exposure individuals are encouraged to raise self-awareness and will be better placed to develop personalised coping strategies which are healthy rather than destructive.

The PEQF curriculum has mandatory content in this area which must be provided as a minimum.

### Fatigue, sleep and recovery (SFR) education and fatigue risk management (FRM)

Research conducted by NPWS and other organisations highlights the risks associated with shift work and stress which can result in poor sleep and high levels of fatigue. Resources are available on the Oscar Kilo site (insert link) and accessible to individuals and managers. Sleep, fatigue and recovery education should be provided to new entrants to help them make the necessary adjustments prior to shift working.

Fatigue risk management is to be viewed as good practice and a template agreed at NPCC Health and Safety group will be available for force health and safety leads to adopt.

### **Working time regulations**

Forces have well established systems in place to monitor and comply with working time directives.

### **Targeted psychological risk assessments (PRAs)**

Force occupational health teams (or providers of OH services) manage the provision of PRAs and the NPWS provides 6000 for high-risk roles. At this time the use of PRAs is limited to those groups, yet it is becoming evident that first responder officers and staff are equally at risk given the unpredictable nature of their role and likely experience post uplift. PRAs should be considered where staff have been exposed to critical incidents involving mass casualties or where trends have been identified suggesting cumulative exposure.

### **Trauma Support - prevention**

See trauma support model – Annex A page 19.

## Operations (including firearms)

### Context

- Operations captures a wide range of specialist roles from firearms, dogs, public order to roads policing. These specialist officers regularly partake in high-risk activities where decision making, and alertness is a priority. Quite often they will work alone with limited supervision and cover a large geographical area.
- Police staff also work in specialist operations roles and should be considered for additional support alongside their police colleagues.
- Post incident procedures can be particularly stressful for these roles and should be given extra attention using established PIM processes and consideration of additional welfare support particularly during misconduct investigations and if suspended.

#### Officer and staff safety review (OSSR)

The OSSR made numerous recommendations and specific mention was made about the support necessary for roads policing staff.

- **Roles** – Forces should review all staff in roads policing roles to ensure they are receiving the right level of support for their role.
- **Current support offer** – Forces should review their current support offer, which should consider operational risk assessment, policy and procedure, kit, equipment, and training for roads policing officers, with due regards to all OSSR road safety recommendations
- **Oscar Kilo** – Forces should review their take up of all services offered by the National Police Wellbeing Service and other existing support groups, this should be wider than ‘specialist’ roads policing officers.
- **Peer to peer support** – when forces introduce ‘peer to peer’ support, this should be structured, such as the ESTIP programme and where learning is introduced as part of the support package, it should have agreed learning outcomes to maximise its benefits.

Activity	Comments
Trauma support - Roads policing	Roads Policing officers should be a focus for the TSM in particular the training of all first line managers in demobilising and defusing (or CISM) processes. TIPT is an evidence-based training package ideally suited to roads policing officers / staff.
Fatigue, sleep and recovery (SFR) education	Available in 2023 from NPWS there are a range of online resources and a specific SFR education programme for forces to consider. Sleep fatigue and recovery education should be considered as essential for high-risk operational roles particularly those where advanced driving and shift work combine.

Working time regulations	Pre (and annual) shift worker health assessments are required under health and safety legislation.  <a href="https://www.gov.uk/night-working-hours/health-assessments">https://www.gov.uk/night-working-hours/health-assessments</a>
Psychological risk assessments (PRAs)	PRAs are already provided to many specialist officers such as firearms and roads policing but consideration should be given to annual face to face assessments also.

## Investigations

### Context

- Investigations covers a wide range of roles as well as officers and staff employed in counter terrorism, child protection and regional organised crime units (ROCU). There is strong evidence to support tailored interventions and support for roles such as OCAIT and UCOL with guidance available through the [national wellbeing of investigators toolkit](#).
- The NPCC Investigators working group have developed a comprehensive toolkit which captures best evidence at the time of writing this guidance and it should be used in every force.

Activity	Comments
Delivery of the national investigators wellbeing toolkit. Nominated senior investigator identified to work with the NPCC investigators group.  <u>Wellbeing of investigators toolkit</u>	The investigators network has developed an 'Investigators wellbeing toolkit' endorsed and supported by Oscar Kilo. It is available free online and there is a thriving and well-established network to support force leads.
Fatigue, sleep and recovery (SFR) education	Available in 2023 from NPWS there are a range of online resources and also a specific SFR programme for forces to consider.
Psychological risk assessments	PRAs are already provided to many specialist investigators such as OCAIT, but consideration should be given to annual face to face assessments also.
Mutual aid / seconded investigators	Investigators who deploy as FLOs, DVI etc on mutual aid should be provided with home force debriefs on return to identify any issues of concern.  Investigators who are seconded to CT, ROCUs etc can often lose connection to home forces OH services and processes to prevent this should be put into place as part of the collaboration agreement.

## Wider organisation

### Context

- This guidance has set out a core offer which applies to the vast majority of roles facing operational exposure. The four pillars capture specific roles and forces must ensure the completion of the BLWF captures the roles which can often be overlooked such as CSI, Contact and other teams who view imagery / read statements.
- During COVID the organisational response to the whole workforce was generally very good with a growing recognition that stress, fatigue, and trauma exposure can affect everyone from time to time.
- The Police Covenant extends consideration for welfare to families and those who leave and whilst at the time of writing this guidance the roadmap has yet to be agreed, it is important that forces start thinking through the implications for the future.
- It is vital that forces establish positive engagement with the whole workforce and staff associations/unions to ensure unfiltered feedback regarding workplace health issues are captured and acted upon.

Activity	Comments
Managing change	How change is managed can have an impact on workforce wellbeing and the inclusion of the wellbeing impact assessment as part of the change process is recommended.
Flexible working	Flexible working is highlighted as key driver linked to attraction and retention. The NPCC have a well-established flexible working group which provides advice and support to forces at no cost.
Hindrance stressors	Hindrance stressors have been identified as responsible for driving a range of negative wellbeing indicators. Forces should be actively addressing this type of controllable stress as business as usual.
Links to diversity, equality and inclusion (DEI)	A good wellbeing strategy will recognise the connections between DEI and wellbeing. Ensuring both strategies are linked through internal governance structures is good practice.
Workload and work quality	Employee engagement, data insights and systems reviews will all highlight low quality work which is proven to reduce meaning and purpose.
Resources	Resource management linked to an understanding of the variable productivity levels of new staff versus those with more experience presents opportunities to match demand to resource effectively.

Non-core demands on policing	The NPCC productivity review will recommend a direction of travel for forces in this area mid 2023
Technology and data innovation to improve work	Forces can identify and adopt solutions which are already funded across policing or are common practice in other sectors e.g. CRM. This is affected by funding and internal capability to deliver.
Employee engagement  Diversity equality and inclusion (DEI)	Employee engagement is proven to increase internal trust, feelings of organisational support, retention, advocacy, and discretionary effort. As such a force must be able to show it is adopting a structured approach using multiple channels of engagement not just an annual survey.  Being treated as a unique individual sits at the heart of DEI and also workplace wellbeing. Health needs are unique and can often relate to a protected characteristic as we saw in COVID. With a changing workforce demographic there must be a recognition of the changing health needs in key areas such as the menopause. This connection must be visible in the HWB strategy, the BLWF and the wider force people strategy.



## ANNEX B - Lead roles

Forces will vary in terms of the title and role of these 'lead roles' and so the guidance sets out the importance of identifying force leads at the senior level to ensure the health and wellbeing plan is prioritised.

Forces must be able to provide evidence that the guidance elements sit within an effective governance and assurance process which drives collaboration and accountability. Many forces achieve this through well-established arrangements under the people strategy.

Issue	Lead
Blue Light Wellbeing Framework BLWF Must be incorporated into the people strategy and strategic workforce planning.	Ownership established as Chief Officer level with accountability for specific elements of the BLWF seven areas clearly identified
Op Hampshire Force lead at chief officer level required	Nominated chief officer with accountability clearly identified at the operational level
Occupational health standards OH lead identified.	OH must be supported by force executive to ensure OH is prioritised in relation to competing demands for resource, funding and change management