# Local healthcare engagement

## Developing shared workforce health and wellbeing models in partnership with health care partners and Integrated Care Boards

The National Police Wellbeing Service

College of Policing

Police Covenant

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# This approach has been developed by Oscar Kilo – The National Police Wellbeing Service

**Oscar Kilo was launched in 2019 to provide support and guidance for police forces across England and Wales to improve and build organisational wellbeing.**

- Evidence based, sector specific service designed to meet the unique needs of police forces, officers and staff.
- Sits with the College of Policing, and works closely with the National Police Chiefs' Council and the Home Office:

    - Helps police forces build world–class wellbeing support for everyone who works for them
    - Improves knowledge and understanding of help and support available
    - Reduces stigma around seeking support or help
    - Encourages people to support themselves and realise their own potential
    - Improves personal resilience and self-help skills

# Our proposed approach with your health board

- Practical support to discover and develop shared approaches between health partners and occupational health teams for improved efficiency, resource use and experiences in health and care.

- Building on shared local partnership objectives  - to reduce the impact of crime and harm on health and wellbeing in communities; by considering the criticality of police duties (and capacity) for crime and harm reduction as part of an integrated population health and wellbeing approach.

- Reporting alignment back into national programmes to help inform the developing Police Covenant as part of a shared government approach.

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INSERT LOCAL HEALTH BOARD LOGO HERE

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# The critical connection between crime related harm and community health and wellbeing

Population health and wellbeing is reliant on a reduction in crime and harm as causal factors:

**Individual level** – crime impact, physical and non-physical influences demand on health and care services.

**Community level** – crime impact such as antisocial behaviour can affect the neighbourhood environment and perceptions of safety which result in measurable health decline seen in joint strategic needs assessments.

**Institutional level** – harms that directly affect businesses, the government and third sector organisations, such as financial losses from fraud and theft offences.

**Societal level** – harms that have wide-ranging impacts that affect society as a whole, such as expenditure of public money to fund victim services.

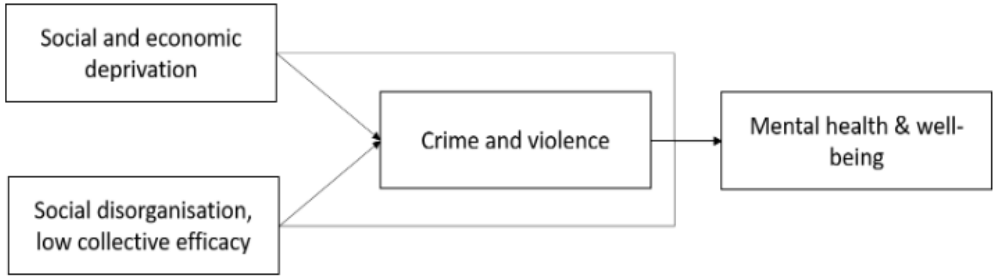


*Figure 1: Neighbourhood crime and mental health*

**Police teams are critical in the reduction of crime and harm in communities, optimising our workforce capacity is key to this approach.**

# Working together with clear intent

- We seek to reduce the demand impact on health and wellbeing from harm caused by crime and offending in communities.

- To achieve this, we aim to work collegiately with health and care partners to optimise police capacity through health and wellbeing ***despite*** rising challenges.

- **We seek collaboration to consider the relationship between local partner health and care resources and our existing occupational health approaches.**

# Police workforce or citizens? Sharing a lens on health and wellbeing in policing

## Courage, containment & personal commitments

Finance, housing, social connection, diet and access to support and health services

Family life & relationships

Caring responsibilities

Shifts, leave cancellation & extended hours

Public & media scrutiny

## Frequency of involvement in challenging & traumatic events

**Blood Borne Virus** exposure and experience of local treatment pathways.

**C/PTSD**
Average career exposure **450 – 600** traumatic events

**MSK Injury**
60% more prevalent than general public

**41,221 assaults**
reported on police officers in 2021/22

**We'd like to explore our occupational health and wellbeing challenges in partnership with local health and care partners who may be treating our officers as part of their existing population:**

- Considering local occupational health approaches already in place;
- Considering interfaces with local services *(and potential resource and cost efficiencies in alignment for all parties);*
- Considering the access and treatment experiences of police and police staff through the lens of their unique role in communities:

## Some early insights as a place to start:

“ I’ve been referred to NHS mental health services for assessment, but the building I’ve been asked to attend is one frequented by those I regularly police – it doesn’t feel psychologically safe or confidential enough for me to attend”

**Mental ill-health prevention**

“ I plan to retire next year; I know from colleagues that retirement gives me space to think about all the things I’ve been trying not to think about over 30 years.  I’m too worried about how someone in the general public might feel about the things I might share”

**Mental ill-health prevention/ retirement planning**

## Some early insights as a place to start:

“ I live in a different county from the area I police, to protect my personal life and family. Pre-arranging an appointment with my GP between shifts and travel is impossible, registering a work address for health identifies me as an officer”

**Security and adaptations to process**

“I have a worsening injury, which needs treatment to recover and will keep me from duties soon. Is there any way for my employer health arrangements and the NHS to work together to keep me at work?”

**Musculo-skeletal injury**

Public Health England

Protecting and improving the nation's health

**Guidance on management of potential exposure to blood-borne viruses in emergency workers**

For occupational health service providers and frontline staff

Following administration of first aid an assessment of the risk of BBV exposure needs to be performed to determine whether further medical intervention is needed, within an hour of the potential exposure incident where possible. This includes both people involved in any biting incident. This should be carried out by an appropriately trained and competent person – such as by a member of occupational health services or at the nearest accident and emergency or urgent care centre.

Within 1 hour

Separately

Leeds Hospitals

# Blood Borne Viruses

Building an empathetic, well-connected local bio-psycho-social model

| Time after incident | Hepatitis B testing | Hepatitis C testing | HIV testing |
|---|---|---|---|
| 4-6 weeks post exposure | HBsAg | Ag/PCR | Ag/Ab combined test |
| 3 months post exposure | HBsAg | Ab (add Ag/PCR if high risk of HCV) | Ag/Ab combined test |
| 6 months post exposure | HBsAg | Ab | Ag/Ab combined test (only if not tested at 3 months) |

Adapted from NICE guidance

First Aid → Risk Assessment → Prophylaxis → Personal Counselling → Occupational Health → Family impact management → Testing /re-testing

Holistic multi-agency blood borne virus management

# What we are asking for:

- **Executive sponsorship from the Integrated Care Board** for a shared programme – starting with a discovery process in partnership.

- **Integrated Care Board Delivery Leadership –** an existing programme lead who can connect our shared programme with the right teams in the NHS to drive and advocate for a shared approach leading to;

- **A shared programme –** connecting health and wellbeing processes for treatment and recovery which may start with police occupational healthcare but can transfer to NHS services without detriment to care continuation.

## Some potential programme start points:

- **A police workforce community needs assessment** which supports our workforce to share insights about health access barriers and experiences and consider their health outcomes based on the unique role they hold in the reduction of risk to community safety and harm prevention.
- **Mental Health & Wellbeing Pathway**
- **Blood Borne Virus Treatment Pathway**
- **Musculo-Skeletal Pathway**
- **Dental Injury Pathway**
- **Shared preparation for retirement** which enables continuation of care as a civilian with police workforce specific needs.
- **An agreed approach to recording outcomes for the police workforce community** which is sensitive to the unique personal, home and family security arrangements which cannot be met by generic confidentiality policies.
- **A benefits realisation plan** which visibly demonstrates the impact of our work together and its cumulative impact on communities *(ultimately leading to the development of the Police Covenant)*