

# National Police Health and Wellbeing Strategy 2024 - 2026

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At a glance abridged version



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# 1. Strategy overview

## Strategic vision

A culture of wellbeing - promoting health, protecting workplaces, and safeguarding the workforce - will give all police personnel the ability to adapt, self-manage, and thrive in the face of work and life challenges. Policing will be the emergency service of choice through inclusivity and diversity giving opportunity for all.

## Strategic objectives

Create, promote, and maintain the conditions for the 'Police Family' – police officers and police staff, employed or volunteers, and their families - to live healthy lifestyles in healthy environments, reducing injury, illness, and suicide as far as possible, to maximise wellbeing, work ability and a sense of belonging.

Support national initiatives to recruit and retain police officers and police staff.

Police forces in England and Wales will adopt a holistic approach to promoting and maintaining wellbeing in the police family. This strategy will help police forces build world class wellbeing support for every one that works for them. This will be achieved by educating and enabling people to live healthy lifestyles in healthy environments.

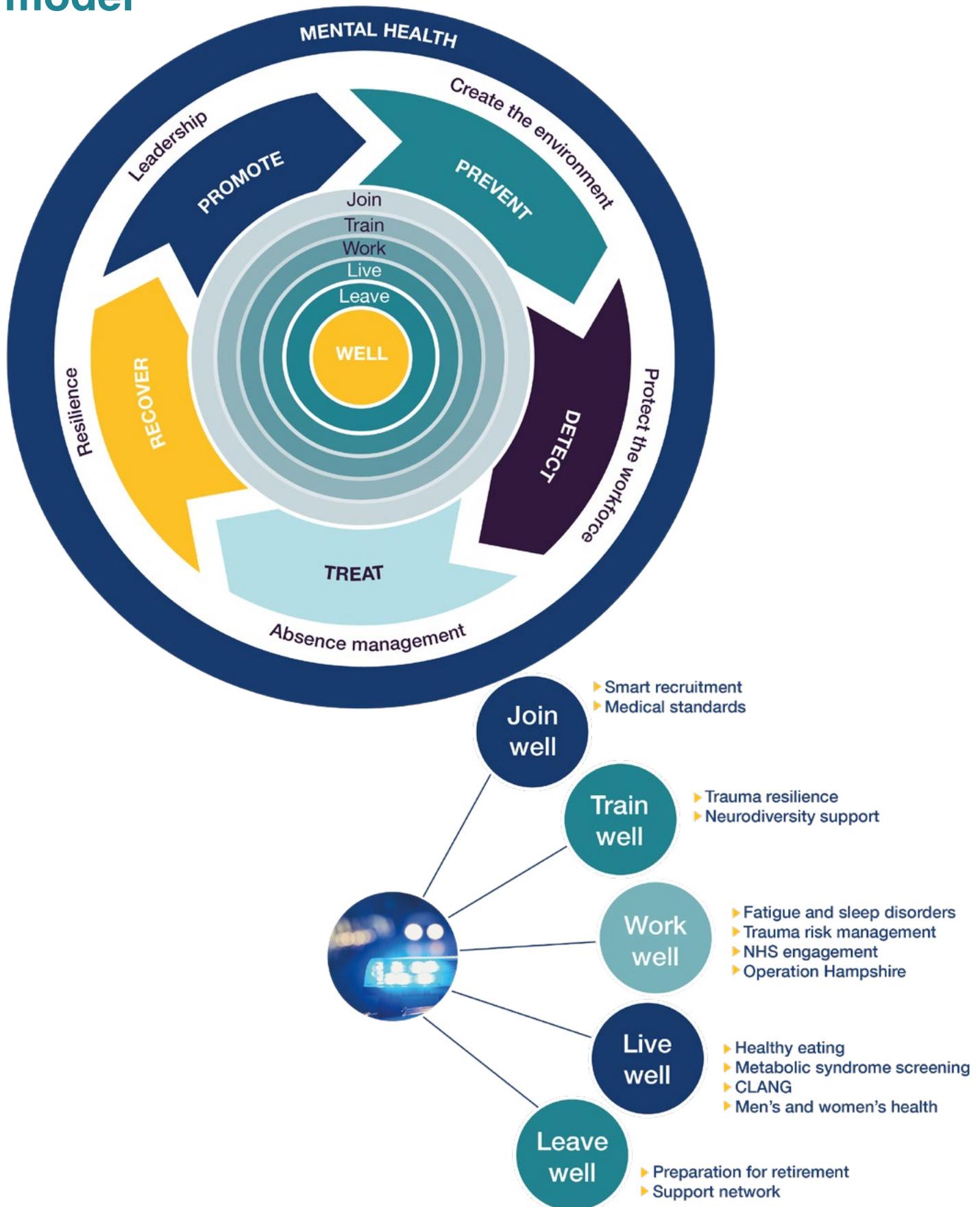
The strategy promotes good health through strong leadership and a culture of wellbeing. It aims to minimise the occurrence of ill health by raising awareness of organisational and lifestyle risks and enabling and empowering appropriate risk reduction. Wellbeing support will encompass prevention, early detection, and treatment of ill health to achieve optimal recovery. In addition, best practice rehabilitation will facilitate effective and timely return to full deployability and productivity. It will underpin individual and force resilience.

**Health and wellbeing interventions will adhere to the following principles:**

- **They will be evidence-based.**
- **Each intervention will follow a plan, develop, deliver, evaluate model.**
- **Collaboration, coherence, and effective communication.**
- **Interventions for all; they will be inclusive and destigmatising.**



# National police health and wellbeing strategic model



## 2. Strategic aim

This document should be read as an accompaniment to the full strategy document. It is a reduced version of the full strategy to facilitate at a glance reading to underpin the operational delivery of force health and wellbeing strategies.

### 2.1 The vision

The strategic vision is anchored in the policing vision 2030. Pillar four is concerned with developing and inspiring our workforce and evolving our culture. Objectives are:

- To attract and retain a representative and diverse workforce
- To develop ethical and professional cultures that include wellbeing as a core capability
- To create health promoting and protecting workplaces
- To safeguard the workforce
- To develop effective leadership at all levels

#### **The police health and wellbeing strategic vision is:**

*'A culture of wellbeing - promoting health, protecting workplaces, and safeguarding the workforce - will give all police personnel the ability to adapt, self-manage, and thrive in the face of work and life challenges. Policing will be the emergency service of choice through inclusivity and diversity giving opportunity for all.'*

### 2.2 The objective

#### **To realise this vision, the strategic objective for policing is to:**

*'Create, promote, and maintain the conditions for the police family, (police officers and police staff, employed or volunteers, and their families), to live healthy lifestyles in healthy environments, reducing injury, illness and suicide as far as possible, in order to maximise wellbeing, work ability and a sense of belonging.'*

*Support national initiatives to recruit and retain police officers and police staff.'*



# 3. The strategic approach

## 3.1 The holistic framework

This is the first national health and wellbeing strategy for policing. It builds on excellent work already in the public domain, such as the Business in the Community Workwell Model, the Defence Health and Wellbeing Operating Model and work surrounding the NHS health and wellbeing framework.<sup>1 2 3</sup> In policing, the Blue Light Wellbeing Framework (BLWF) was introduced in 2017.<sup>4</sup> It contains learning from across the service, academia, and Public Health England (now the UK Health Security Agency) to provide forces with a self-assessment tool that sets a new standard for policing. It provides support in the key areas of leadership, environment, and resilience. How we perform when we feel good is at the heart of getting wellbeing right. Understanding wellbeing holistically is central, as is integrated thinking in the organisational approach to delivery. The third edition of the BLWF can be found on the Oscar Kilo website.

The holistic approach recognises how good physical health enhances, and is itself improved by, good mental health demonstrated through improved resilience, motivation, and morale. Meanwhile, good social health, manifest as strong relationships and realised educational potential, promotes mental health and, in turn, physical health. An individual's holistic health and wellbeing is directly influenced by the environment that they live and work in and how they interact with it, through their lifestyle behaviours. There is an element of choice to some lifestyle factors affecting health, whilst acknowledging that culture and social factors also influence behaviours. Potentially modifiable lifestyle factors include diet, sleep, exercise, sexual activity, smoking, alcohol, other substance misuse and gambling.

Lifestyle choices are often affected by cultural attitudes and facilities within the environments our people live and work in. An individual often cannot directly control the work environment, but their leadership can. Police chief officers and line managers can enable a workplace culture that enables and promotes wellbeing. An inclusive wellbeing culture encourages better health and wellbeing, better work, and better management. It also acknowledges that illness will arise impacting work ability. Effective specialist support ensures that people have access to care focussed on optimal rehabilitation. Better wellbeing arises from both the promotion of wellbeing and the prevention of ill health, taking a whole person (holistic) approach. Better work involves the creation of 'good' jobs through job design. Psychological safety is a key element of this. Better management requires organisations to ensure that managers have the appropriate skills, including the ability to lead and role model health and wellbeing behaviours. These behaviours should be shaped by

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1 'The Business in the Community Workwell Model' (BITC, 29 October 2019) <The Business in the Community Workwell Model - Business in the Community (bitc.org.uk)>

2 Defence People Health and Wellbeing Strategy (Ministry of Defence, 2022) 25 <Defence\_People\_Health\_and\_Wellbeing\_Strategy.pdf (publishing.service.gov.uk)>

3 'NHS health and wellbeing framework' (NHS England, 24 February 2022) <NHS England » NHS health and wellbeing framework>

4 Blue Light Wellbeing Framework (College of Policing, May 2017) 12



governance: policies, processes, and procedures. The importance of the line manager role means that they must be held accountable for their wellbeing performance. Better specialist support is based on good data capture and data insights, leading to early interventions, appropriate workplace adjustments and maximising work ability, in line with workforce planning.

The BLWF contains seven domains, one of which pertains to occupational health standards. The others are leadership, absence management, creating the environment, mental health, protecting the workforce, and personal resilience. Each domain contains a list of organisational statements about the development of the infrastructure that will support the culture of wellbeing. Self-assessment by forces against the statements provides an opportunity for informal accreditation.

Each element of the model – promotion, prevention, detection, treating, and recovery – is linked to a domain of the Blue Light Wellbeing Framework. Thus, these preventative activities include leadership, creating the environment, protecting the workforce, attendance management and resilience, respectively and thus, guidance on best practice. The core of the model sets out five delivery areas that relate to the police covenant and operational priorities:

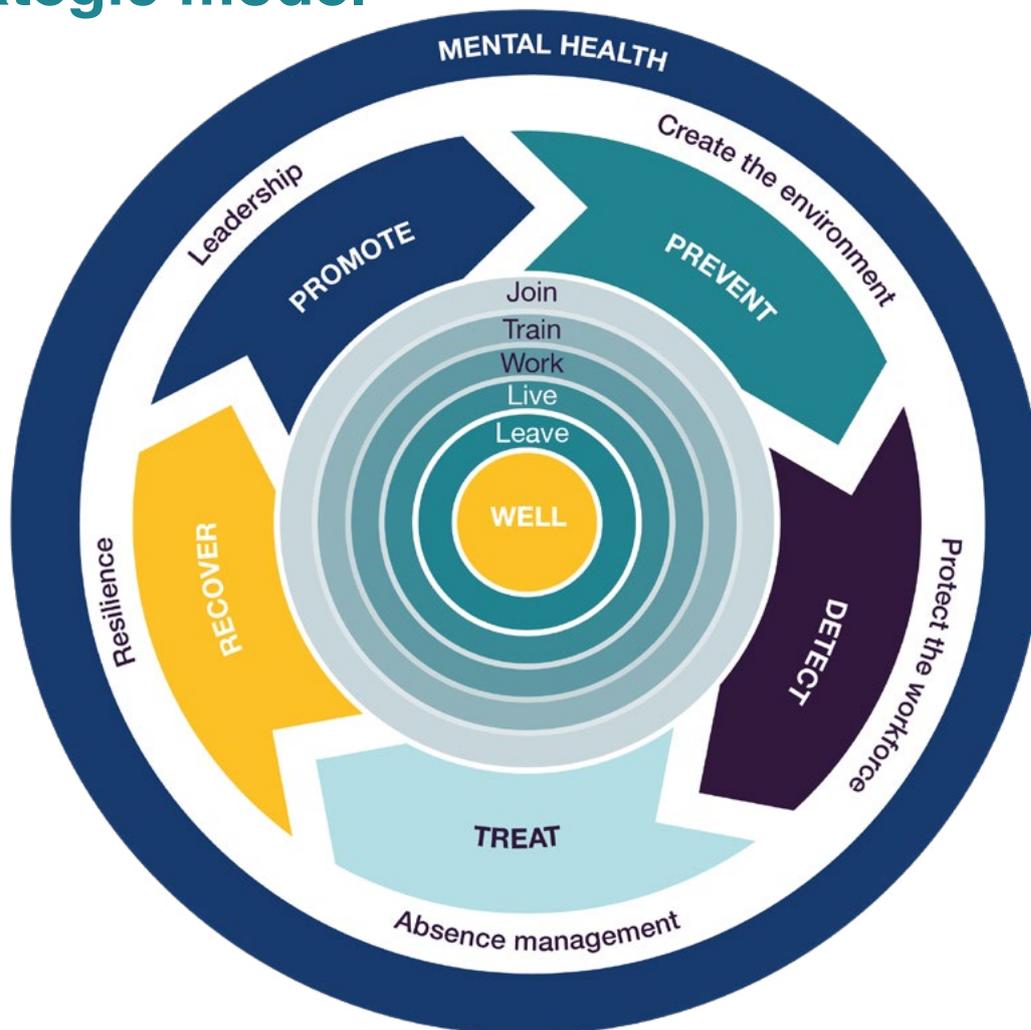


For each delivery area, health and wellbeing interventions will adhere to the following principles:

- They will be evidence-based.
- Each intervention will follow a plan, develop, deliver, evaluate model.
- Collaboration, coherence, and effective communication.
- Interventions for all; they will be inclusive and destigmatising.



## 3.2 The national police health and wellbeing strategic model



**Figure 1. National police health and wellbeing strategic model.**

This model illustrates the holistic and integrated approach that forces should adopt to optimise workplace wellbeing and work ability. At the centre of the model is the ‘employment’ journey. It begins with recruitment, ensuring that the job specification is appropriate, and that the person specification is commensurate with the demands of the role. Recruiting police forces should make clear to job applicants the requirements of roles and the capabilities and capacities that will be assessed during selection. Joining the force is supported by suitable induction. For police officers and the Special Constabulary, training must place health, safety, and wellbeing at its core. In addition, the avoidance of unlawful discrimination necessitates the identification of reasonable workplace adjustments and support to implement them successfully. Working well is concerned with safe systems of work based on risk management and health needs assessments. Living well recognises the interaction between work and lifestyle and the potential for synergy. A culture of wellbeing should facilitate a better understanding of self and the adoption of health behaviours to underpin a sustained quality of life at individual and social levels. Last, but not least, leaving well recognises the importance of people leaving the police in a state of positive wellbeing.



This contributes to a sense of being valued by the force and is an extension of the moral duty to the police family. People leaving the police should feel equipped to move forward with the next phase of their lives. There is also a duty to society to ensure that people leave in the best possible health and potentially enriched and enabled as a consequence of their time in the police.

### 3.2.1 Promote

An organisational culture, supported by health leadership and management, which promotes a healthy lifestyle, and a safe, respectful work environment will encourage our people to make healthy lifestyle choices, live healthier lives and be more productive. Leaders consciously role model behaviours that promote wellbeing and a feeling of inclusion. Bullying and harassment must not be tolerated, and flexible working practices and family-friendly policies should be put in place. Impact on family life should be considered in policy development and decision making. Managers should understand, and be able to explain, the main issues that affect the health and wellbeing of their team.

### 3.2.2 Prevent

The responsibility to create a safe and healthy environment is everybody's responsibility. Fundamental to healthy workplaces are safe systems of work, based on effective risk assessment and control required by health and safety legislation. (See Workforce Prioritisation Guidance in the annex). All police officers and staff should be aware of the need to create a workplace environment that is conducive to wellbeing and be able to communicate this to others. Education and training are critical for effective prevention, providing people with the tools and knowledge to manage and take mitigating action for themselves and those they lead. An example is the Health and Safety Executive (HSE) line manager competency indicator tool for managing stress at work.<sup>5</sup> The HSE, in association with the Chartered Institute of Personnel and Development (CIPD), have designed a series of tools to allow managers to assess whether they currently have the behaviours identified as effective for preventing or reducing stress at work. Awareness and understanding of the wellbeing needs of people with protected characteristics should be part of stress risk assessments.

### 3.2.3 Detect

Detection of the early signs and symptoms of poor health and wellbeing an important component of protecting the workforce. This is a component of a safe system of work whereby the potential for the occurrence of ill health is recognised and acted upon. This is enabled by education, training and screening which equip individuals with the skills to recognise when health and wellbeing may be compromised and they or the people they are leading are reacting, injured or ill. A variety of wellbeing interventions are available to staff that are signposted, governed, and monitored. A specific example is Operation Hampshire. All police forces should be familiar with and have implemented the Operation Hampshire Seven Point Plan. The psychological risk assessment initiative provided by the National Police Wellbeing Service (NPWS) is an example of health surveillance for personnel exposed to psychological trauma.

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<sup>5</sup> 'Line manager competency indicator tool'. (Stress at work, HSE, 2023) < Line Manager Competency Indicator Tool (hse.gov.uk)>



### 3.2.4 Treat

Early detection allows for early intervention, to enable optimal recovery. Treatment activity focuses on the restoration of health and wellbeing and the alleviation of symptoms of ill health. It includes access to effective self-help measures and support, alongside medical diagnosis, and treatment by the NHS. Where medical treatment is needed then access to this must be facilitated as far as possible, to enable optimal recovery. Effective occupational health services are an essential component of attendance management, providing advice to individuals and managers, and are an important interface between force-funded support and external healthcare provision, such as NHS Mental Health Services or NHS Emergency Departments. Attendance management standards in the Blue Light Wellbeing Framework address situations where a member of the police force is unable to attend work and include the presence of relevant policy and procedures to proactively support a return to work with consideration of flexible working and risk-based adjustments for vulnerable people.

### 3.2.5 Recover

Recovery combines the promotion of personal resilience (healthy lifestyles, sleep hygiene, resilience training) with organisational attributes, such as manager skill sets to support ill health at work (active listening and communication skills, understanding workplace adjustments and modifications) and diverse inclusive health and wellbeing services (Employee Assistance Programmes, occupational health). The Personal Resilience domain of the BLWF provides further guidance for individuals and forces.

The aim is an effective and swift return to employability and full productivity. This is optimised through partnerships between the individual, their manager, and the occupational health services available to all police officers and staff. If full recovery is not possible, the police will seek to retain talent and offer alternative employment options where possible. Effective implementation of policies relating to recuperative and adjusted duties, with active monitoring, should be a core activity. If transition from police employment is necessary, then suitable support will be provided at force level to smooth this transition. A new national process for police officer medical retirement has been developed. This would be part of the leaving well area of delivery.

### 3.2.6 Mental health

Improving the mental health and wellbeing of our people is the overarching aim of the strategy. It builds on the cross-government outcomes strategy, No Health Without Mental Health.<sup>6</sup> The life course approach to mental health is consistent with the model's employment journey: Join well, learn well, work well, live well and leave well. (See also the Trauma Support Model in the Workforce Prioritisation Guidance in the annex)

As far as possible mental ill health must be prevented. It will be important to build on the positive attributes of policing and to address the preventable causes of stress at work or work-related mental illness. This will involve carrying out risk assessments to identify high-risk roles. Individual

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<sup>6</sup> 'No Health Without Mental Health: a cross-government outcomes strategy' (DHSC, 2 February 2011) < No Health Without Mental Health: a cross-government outcomes strategy - GOV.UK ([www.gov.uk](http://www.gov.uk))>



and organisational stress risk assessment should be performed and reviewed regularly. Police forces should have a mental health and wellbeing policy that commits the organisation to a culture of positive mental wellbeing as well as the support of people who are negatively impacted by their roles, with early detection of signs of illness, early intervention, treatment, and rehabilitation.

### **3.2.7 10 Steps to implementation (See Workforce Prioritisation Guidance – Annex)**

- 1** Ground the programme in the force business reality; understand the business environment.
- 2** Create a project team.
- 3** Develop key performance indicators based on health needs /risk analysis and the National Police Health and Wellbeing Strategic Model.
- 4** Develop an annual cycle of delivery with specified objectives.
- 5** Ensure good programme management is in place.
- 6** Identify partners to help with delivery.
- 7** Develop a communications strategy.
- 8** Launch the programme.
- 9** Evaluate the impact of the programme and report to relevant governance structures.
- 10** Repeat steps 5 – 10.



# 4. Priorities and outcomes

The priorities listed in table 2 are based on a combination of research, workforce data and stakeholder engagement. They are grouped according to the delivery areas and have stated deliverables / outcomes. Measures of effect and data collection / data insights will be derived from this to monitor progress and assess the impact of the strategy.

	<b>PRIORITY THEME</b>	<b>Deliverable / outcome</b>
<b>JOIN WELL</b>	Smart recruitment	Reduction in numbers of deferrals / rejections post assessment centre.
	Medical standards	Efficient and effective recruitment decisions
<b>TRAIN WELL</b>	Trauma resilience	De-stigmatize mental ill health; trauma aware recruits
	Neurodiversity support	Awareness and understanding of neurodiverse applicants; assessment and implementation of workplace adjustments
	Physical and psychological needs of student officers / probationers	Reduction of leavers within 5 years of service
<b>WORK WELL</b>	Assaults (Operation Hampshire)	<ul style="list-style-type: none"> <li>• Decreased assaults and occupational injuries, including workplace stress</li> <li>• Better data recording</li> <li>• Access to emergency dentistry / NHS services</li> </ul>
	Trauma risk management	<ul style="list-style-type: none"> <li>• National trauma model</li> <li>• Workforce Prioritisation Guidance Wellbeing APP</li> </ul>
	Stress at work	<ul style="list-style-type: none"> <li>• Reduction in hindrance factors</li> <li>• Application of the HSE line manager competency tool</li> <li>• Improved emotional energy</li> <li>• Reduced intention to leave</li> <li>• Feeling 'valued'</li> </ul>



<b>WORK WELL</b>	Suicide	<ul style="list-style-type: none"> <li>• Crisis line pilot</li> <li>• National Action plan</li> </ul>
	Fatigue and sleep disorders	<ul style="list-style-type: none"> <li>• Improved alertness</li> <li>• Improved physiological data</li> <li>• Reduced measures of burnout</li> <li>• Reduced challenge factors</li> <li>• Better OH support</li> <li>• Reduction in errors, complaints, near misses, accidents</li> </ul>
	Recovery support	<ul style="list-style-type: none"> <li>• Improved access to healthcare</li> <li>• Effective OH services</li> <li>• Attendance management / recuperative duties</li> </ul>
<b>LIVE WELL</b>	Cardiovascular risk factors (Metabolic syndrome)	<ul style="list-style-type: none"> <li>• Healthy eating, exercise, weight control</li> <li>• Prevention and management of diabetes mellitus</li> <li>• Reduce cardiovascular risk factors</li> </ul>
	Men and women's health	<ul style="list-style-type: none"> <li>• Menopause support</li> <li>• Carers' support</li> <li>• Men's health</li> <li>• Financial wellbeing</li> <li>• Cancer support</li> </ul>
<b>LEAVE WELL</b>	Preparation for retirement	<ul style="list-style-type: none"> <li>• Confidence in ability to work / live outside the force</li> <li>• Intelligence from exit interviews</li> <li>• Effective and supportive ill health retirement process</li> </ul>

**Table 2: Summary of priorities and associated deliverables / outcomes**



## 4.1 The measures of effect

There is a need to combine measures of individual health and wellbeing with workforce and performance data and to assess the impact on force performance and resilience. Measures might include:

- Presenteeism.
- Leavism.
- Sickness absence, including health data and return to work data.
- Recuperative duties.
- Adjusted duties.
- Ill health retirement.
- Turnover.
- Complaints.
- Grievances and disciplinary cases.
- Occupational health referral data.

The importance of collecting wellbeing and workforce data to underpin a strategic assessment of the workforce has been stressed for nearly a quarter of century. The National Police Wellbeing Service is developing a data collection and data insights capability. Discussions about the creation of a police health observatory are on-going.



# 5. Governance and strategic functions

## 5.1 Roles and responsibilities

Strategic operational responsibility to improve physical and mental health and wellbeing of officers and staff falls to the National Police Chiefs' Council (NPCC). Health and wellbeing priorities will be identified from workforce data insights and from wider intelligence on work-related health needs and reported to the Workforce Coordination committee. Objectives relating to the Police Covenant, set by the Police Covenant Oversight Board (PCOB), will be incorporated into the strategy which will widen the scope beyond organisational boundaries. The College of Policing, and the National Police Wellbeing Service, exercise a leadership role through the creation of resources and standards, professionalism, and consistency. The creation and implementation of force-level health and wellbeing strategies is the responsibility of respective Chief Constables, and each chief officer team should have a nominated health and wellbeing executive who will champion progress and report on achievements.

However, everybody within policing has a role and responsibility to improve health and wellbeing. Individuals are responsible for making healthy individual lifestyle choices and seeking help and support early if their health and wellbeing is compromised. Leaders at every rank must role-model these healthy lifestyle behaviours, whilst delivering a living and working environment that enables them.

The primary focus must be to promote good health and to prevent the occurrence of ill health. Multidisciplinary specialist health and wellbeing support should be based on force health needs assessments and should include occupational health teams, counselling, psychotherapy, physiotherapy and suitably trained equality and diversity professionals.



## 5.2 People governance structure

The NPCC brings United Kingdom police chiefs together to set direction in policing and drive progress. This strategy is concerned with England and Wales only. Progress is achieved via coordination, collaboration, and communication. Health and wellbeing strategic recommendations will be presented to Chiefs' Council by the NPCC Workforce Coordination Committee. Feeding into this committee, through the NPCC health, Safety and Wellbeing board, is the work of the National Police Wellbeing Service working in association with key stakeholders.

The Police Covenant Oversight board is the wellbeing interface between government and operation policing. It has representation from all key police stakeholders.

The national police CMO for England and Wales is a member of the Workforce Coordination Committee, the Health, Safety and Wellbeing Board and the Police Covenant Oversight Board. The CMO chairs the Clinical Governance Group, one of the sub-committees reporting to the NPCC Health, Safety and Wellbeing Board.

## 5.3 Health strategy needs assessment

The CMO, in conjunction with National Police Wellbeing Service, will oversee the health strategy needs assessment. This analysis will inform the police health and wellbeing priorities and recommend interventions for best effect by exploiting the breadth of available data and research evidence and using proxy markers where required. It will also identify data gaps which must be addressed.

This assessment will be formally conducted and consulted upon to underpin this strategy and future iterations. It will:

- Compile and review baseline statistical data for current health priorities and healthcare demand, in order to review strategic effect.
- Identify emerging and evolving health and wellbeing threats from the breadth of available data.
- Review workforce health and performance data in order to identify realised threats to health and inform in-service health and wellbeing preventative interventions.
- Identify evidence gaps to inform future research activity and improve data collection.



## 5.4 Health and wellbeing delivery plans

Every police force in England and Wales is responsible for devising and implementing a health and wellbeing strategy. The national strategy is intended to be used as a guide for forces to adopt when formulating their own strategies. The Workforce Prioritisation Guidance has also been produced (see annex) to assist forces with implementation.

The What Works Centre for Wellbeing advised that beyond what type of activity or programme an employer chooses, it also matters how any given intervention is implemented to help it achieve the intended wellbeing outcomes. Five principles for practitioners to consider when implementing wellbeing programmes have been described: communication, coherence, commitment, consistency, and creativity.<sup>7</sup> A cost-effectiveness calculator is also available.

The development of a health and wellbeing strategy should be an iterative process. Use the data and insights available, make the case for change early, plan as much as possible and then evaluate and learn from the impact of your work. This will require an effective data collection and analysis capability. Data may be quantitative or qualitative. The National Police Wellbeing Service will share learning from its data collection and data insights programme. It is important to be clear on four things when deciding how to improve health and wellbeing in an organisation:

- What are the challenges in your organisation?
- What changes do you want to achieve?
- How will you measure improvements?
- What ideas and interventions will you deliver to get there?

The BLWF was created and designed to assist forces understand their level of development with respect to the key domains of wellbeing that research has shown to be important in achieving workplace wellbeing. This tool can assist in identifying areas to be developed. The NPWS annual survey collects data across a large number of relevant metrics that can assist forces undertake an organisational health needs assessment. In addition, What Works Wellbeing have compiled a question bank to measure and monitor the wellbeing of people.<sup>8</sup>

## 5.5 Health and wellbeing communications

The National Police Wellbeing Service will work with NPCC and the Home Office to co-ordinate communication about priorities, plans and resources supporting the health and wellbeing strategy.

Effective communication about wellbeing has been shown to be a key ingredient of successful wellbeing implementation plans. It is important for three reasons:

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7 'Guidance for better workplace wellbeing' (What Works Wellbeing, 2024) < Guidance for better workplace wellbeing - What Works Wellbeing >

8 Workplace Wellbeing Question Bank (What Works Wellbeing, 2020) 23 < question-bank-workplace-wellbeing-July2020.pdf (whatworkswellbeing.org) >



Communication is a two-way process. Communication enables forces to tailor wellbeing activities to specific workplaces. This involves continually learning from what works, what doesn't, and what needs to be modified.

Regular communication about wellbeing reinforces the message that wellbeing is important, and that something is being done. It facilitates the communication of successes.

Regular communication highlights the integration of the wellbeing programme. A wellbeing programme will probably have multiple parts. This enables people to see there is a coherent and systematic approach to their health and wellbeing.

## 5.6 Cost of implementation

The strategy provides a core framework for forces to use in accordance with their knowledge of the local business environment and business priorities. The expectation is that forces will create their own project teams who will develop a rolling annual delivery plan using available resources. This is likely to include wellbeing teams, occupational health, peer supporters, staff support groups and other business partners. Priorities and objectives will be informed by local health needs assessments.

The overall expectation is that this strategy will be cost neutral. As highlighted, there is evidence that a holistic approach to improving mental wellbeing gives a return on investment of £5 for every £1 spent. This is likely to accrue as a result of reduced staff turnover, reduced presenteeism and reduced sickness absence. Improved operational processes and procedures aligned to wellbeing interventions is likely to see the greatest return on investment.



# 6 Annex: Workforce prioritisation guidance

The Workforce Prioritisation Guidance (WPG) brings together in one place practical and accessible resources to assist the implementation of the health and wellbeing strategy. Its objectives are:

- Assist forces to be invest wisely in activities proven to deliver greatest impact and return on investment
- 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.

The WPG demonstrates that the priority areas of the health and wellbeing strategy are a curation of current health and wellbeing issues and associated resources. The WPG presents these issues in the context of real world policing and signposts to cost-effective and evidence-based interventions.

