



Devon and Cornwall Police and Dorset Police

Mental Wellbeing Plan

January 2019

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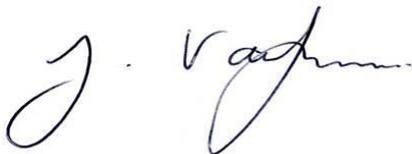
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FORWARD

We wish to recognise the exceptional work of colleagues throughout the force who have brought the issue of mental health to the forefront of our discussions in regard of wider wellbeing. This subject has been undiscussed for too long, denying individuals the opportunity to gain support and limiting our opportunity to assist colleagues in building resilience in protecting their own mental wellbeing and that of colleagues. It is relevant to our wider mission of protecting the vulnerable. I wish to thank all colleagues within this arena who are specifically tasked or volunteer to progress the development of this plan throughout the force. Mental wellbeing is as relevant to our lives and relationships outside of work as well as within it.

Our endeavour means that we must continually seek to promote good mental health yet the nature of policing is such that we also have to mitigate associated ill health. Healthcare treatment in the United Kingdom is the primary purpose of the NHS and should ordinarily be the starting point for all of us. Where needed, the force can supplement some of the roles of the NHS but ultimately, this is not our primary purpose or a matter for which we are constructed by way of service or financial capability. Where there are challenges within the NHS, subject to the views of Occupational Health professionals, the force will write in support of colleagues seeking assistance through the NHS.

Best regards



James Vaughan QPM
Chief Constable



Shaun Sawyer QPM
Chief Constable
Devon and Cornwall Police

AIM

People working for Devon and Cornwall Police and Dorset Police are fortunate to be part of organisations whose focus is the detection and prevention of harm and the protection of the vulnerable in society. There is an understanding that to achieve this it is necessary to promote, protect and support the health of police officers and police staff (figure 1). Being employed is good for health. There is a caveat, of course, that being in good work is good for health and wellbeing. We can go further than this to say that good work is good for mental health. By mental health, we do not mean mental ill health. We all have mental health¹ and it is an integral part of how we feel about our jobs, how well we perform and how well we interact with colleagues, customers and clients (the public)².

This plan is concerned with the implementation of the Alliance Health and Wellbeing strategy for health and wellbeing, the focus of which is emotional resilience. Achieving this requires a holistic, multi-layered and multi-agency approach. The aim of the plan is to specify how we will promote, protect and support the mental health of everyone associated with the Forces and especially those people working on behalf of them.

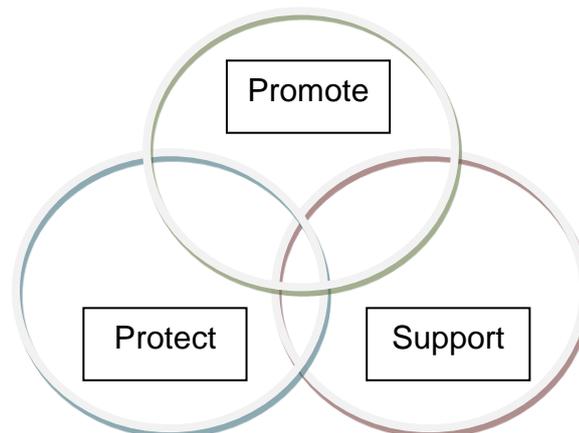


FIGURE 1: AN INTEGRATED APPROACH TO MENTAL HEALTH (HEADS UP³)

This plan will promote positive mental health through better understanding. There is no place for the stigmatisation of mental ill health and everyone associated with Devon and Cornwall and Dorset Police Forces must feel comfortable and safe to talk about their mental health needs, should they choose to do so. Both Forces will commit to taking positive action to prevent mental ill health and mitigate the effects of job-related mental ill health.

As a service of last resort, where resources are finite and demand on services is not, policing is tough. There will be a commitment to assess and address risks to ill health and protect people who are at high risk or who are vulnerable. Consistent with the code of ethics, bullying will not be tolerated; the detection and support of people

¹ Thriving at Work. The Stevenson/Farmer review of mental health and employers

² Mental Health toolkit for employers. BITC.

³ Heads Up – Better mental health in the workplace. <https://www.headsup.org.au/healthy-workplaces/strategies-for-healthy-workplaces/action-plan/identify-priority-areas>

at risk of suicide will be improved and a suicide “postvention” package will be rolled out. Support for people with mental ill health will be reviewed and enhanced, particularly in relation to primary and secondary trauma.

THE NATIONAL CONTEXT

The Home Office “A common goal for police wellbeing” specifies “..that every member of the police service feels confident that their welfare and wellbeing is actively supported by their police force throughout their career..”⁴

Mental wellbeing of employees has become a key concern for employers. The government strategy – *No health without mental health* – highlights that anyone has a 25% risk, on average, of developing a mental health problem at some time in their life. Tackling mental ill health requires partnership working. The Blue Light programme run by MIND, has targeted emergency services to reduce the stigma of mental ill health and to encourage provision of support for sufferers. The Time to Change campaign has conducted health checks in organisations and provided advice on preventing ill health as well as supporting people with mental health problems. Mental ill health is the second-most commonly cited reason for sickness absence and across the Alliance it is the most common cause. It is also commonly associated with presenteeism.

The CIPD Health and Wellbeing at Work survey 2018⁵ highlights that 86% of respondents report observing “presenteeism” (being at work but feeling too unwell to be there) in the workplace. Leaveism (using leave to manage ill health) is also noted to be increasing. 37% organisations have seen an increase in stress-related absence compared to 2017.

The top-three causes of work-related stress reported are:

- Workloads / volumes of work (60%)
- Management style (32%)
- Non work factors (27%)

This plan seeks to maximise the number of people who report:

- a. Being in “good work”, which contributes positively to their mental health, society served and the economy” (Stevenson – Farmer)
- b. Having positive mental health (BITC)
- c. Good access to appropriate support when they need it (Home Office)

The Stevenson-Farmer Report recommends that all employers, regardless of workplace type, industry or size adopt mental health core standards (figure 2). The first of these standards is to produce a mental health plan. The remaining standards will be addressed by the plan that is to raise mental health awareness, encourage open conversations about the support available to people with mental health conditions, provide good working conditions, promote effective people management and routinely monitor mental wellbeing. However, the report also challenges large

⁴ A common goal for police wellbeing (Home Office) 2018.

⁵ Health and Wellbeing at Work – survey report May 2018. CIPD in partnership with Simply Health

organisations to adopt enhanced mental health standards. These are concerned with increased transparency about and accountability for addressing mental health and the provision of tailored in-house mental health support and signposting to clinical help.

1. Produce, implement and communicate a mental health at work plan
2. Develop mental health awareness among employees
3. Encourage open conversations about mental health and the support available when employees are struggling
4. Provide your employees with good working conditions
5. Promote effective people management
6. Routinely monitor employee mental health and wellbeing.

FIGURE 2. CORE STANDARDS FOR MENTAL HEALTH (STEVENSON – FARMER)

A National Police Wellbeing Service is planned to launch in April 2019. This will facilitate the achievement of the common goal by

- promoting a high level organizational police culture that focuses on prevention, early intervention and support of individuals
- embedding clear, consistent, evidence-based standards throughout policing in welfare and wellbeing support provided to police officers and staff through occupational health and line management and signposting to relevant police charities and other providers who deliver treatment and support when requested
- effective sharing of innovation and practice.

Preparatory work for this service has found that 91% police personnel have experienced stress, low mood or poor mental health whilst working for the police service. 61% of respondents to a survey reported personal experience of mental health problems – the highest of all emergency services. However, police personnel are less likely to take time off work as a consequence. 66% of officers indicated that workloads were too high and 67% were not able to meet conflicting demands. 53% were “never” or “rarely” able to take meal breaks. 42% reported that they were “poorly” or “very poorly” supported by the police service.

ASSESSMENT OF NEED

In order to take a needs-based approach to planning how to optimise mental wellbeing we have adopted a structured approach recommended by *HEADS UP* developed by the Mentally Healthy Workplace Alliance and *beyondblue*⁶ in Australia. It is a simple and practical approach to what may be a complex analysis.

There are three steps to the needs assessment:

1. Assessment of awareness and reducing stigma
2. Supporting individuals with mental health problems
3. Reducing risks to mental health in the workplace.

The assessment of need has been informed by a consultation exercise the results of which will be reported⁷ separately.

The consultation was conducted in two ways:

1. A mental conference was held at Exeter Race Course on October 9th 2018. Central to the conference were breakout sessions at which the questions in the consultation document were discussed with the assistance of facilitators.

Approximately 150 people attended the conference. The output from the sessions were captured on flip charts and transcribed for further analysis.

2. An on-line survey was launched to coincide with the conference. This was accessed via the respective Force intranet sites and remained open until the end of October. 42 people responded to the survey.

It was clear from the results that there are real challenges to achieving good work because of concerns about workload, ways of working (including shift work), management style and Force policies and procedures that impact negatively on mental wellbeing.

A RAG rating scheme was used to facilitate an estimation of current progress towards achieving good mental health at work. Green means satisfactory progress. Amber means needs attention. Red means in urgent need of attention. For increasing awareness and reducing stigma the ratings were all amber apart from “roles and responsibilities relating to mental health in the workplace” which was rated red. (Table 1) With regard to supporting individuals with mental health problems all categories were rated as amber. (Table 2)

⁶Beyondblue. <https://www.beyondblue.org.au/>

⁷ Devon and Cornwall Police and Dorset Police Mental Wellbeing Plan – The findings. November 2018.

A different method was used to assess reducing risks to mental health in the workplace. A list of issues to be addressed was presented. (Table 3) There was a high level of support for the list. 88% of on-line respondents supported it.

Issue	RAG rating
Mental health conditions	
Roles and responsibilities relating to mental health in the workplace	
Benefits of mentally healthy workplaces	
Commitment to a mentally healthy workplace	
Ways to reduce stigma in the workplace	

TABLE 1. ASSESSMENT OF NEED – INCREASING AWARENESS, REDUCING STIGMA

Issue	RAG rating
Helping employees with mental health conditions	
Helping employees have a conversation with someone they're concerned about	
Making adjustment to job roles	
Supporting staff with mental health conditions stay at or return to work	

TABLE 2. ASSESSMENT OF NEED – SUPPORTING INDIVIDUALS WITH MENTAL HEALTH PROBLEMS

Challenging work hours
Demanding deadlines and targets
Heavy workloads
High emotional demands
High mental demands
Low levels of recognition and reward (For promoting and managing wellbeing)
Bullying and poorly managed relationships

TABLE 3. ISSUES TO BE ADDRESSED TO REDUCE RISKS TO MENTAL HEALTH AT WORK.

The Home Office publication *A Common goal for police wellbeing* might be seen as yet another “tick box exercise” (a feature of some feedback received). However, it is surely right that it should be a norm for police services to actively support mental

wellbeing. It was encouraging to receive some specific comments supporting this premise. There was also considerable support for the aspiration to address the stigma of mental ill health. It was clear from the responses that, despite comments indicating that progress has been made within the Forces, there is still much work to be done in this area. There was agreement that to do this, we all need to understand what mental health, and ill health, is and how to manage it.

The consultation highlighted the importance of a holistic approach to wellbeing, of which mental wellbeing is an important constituent. The BITC⁸ Workwell model is the basis for the Alliance health and wellbeing strategy. The original model, which we have used, focuses on four key areas of wellbeing – good health, good work, good relationships and good support. In addressing good health we have to ensure that everybody understands mental health and ill health and how this manifests within policing roles, feels confident and safe to discuss mental health and ill health and that we can achieve the aim that there is confidence that support will be present and available throughout people's careers in the police. There is evidence that, at times, this works well but at other times there are examples of managers not being supportive and of failing to implement support plans correctly. This has led to further ill health and absence from work.

There is work to be done regarding the definition of "good work". Whilst there is an evidence base that underpins the phrase good work, we have recognised the need to define this within the respective Police Forces. What is clear is that there are real challenges to achieving good work because of concerns about workload, ways of working (including shift work), management style and Force policies and procedures, and the way in which they are interpreted and implemented, that impact negatively on mental wellbeing. Not being able to take leave or take work breaks on a continuing basis is an obvious hindrance factor to be overcome.

Good relationships are central to mental wellbeing at work. Underpinning this is the code of ethics. Adherence to the code, with role modelling by managers at all levels will impact positively on mental wellbeing. Bullying and harassment is an issue that needs to be better understood. The consultation responses suggest that this has been an issue that has been under the radar to date. Saying "hello, how are you?" and making time to follow up responses was suggested as an easy way for managers and team mates to build working relationships. Recent national surveys have identified that most managers understand that they have a role to play in promoting wellbeing. However, many do not feel confident or competent to undertake this role. This leads to employees being reluctant to discuss mental health problems with their manager. Responses suggested that managers may feel unsupported and time poor when addressing wellbeing issues.

Organisations are at least the sum of the people that work for them and we all have a responsibility for our own health and wellbeing and for that of our colleagues. Some responses suggested that accepting a responsibility to intervene if a colleague was showing signs of not being themselves would be difficult. Responses have indicated that we do need to create a culture that promotes wellbeing and where

⁸ Business in the Community Workwell Model

looking after ourselves and each other becomes the norm, whether this be for physical health or mental health.

There was general recognition for the support that exists within both Forces, including the EAP (Employee Assistance Programme), Peer Support Network, TRiM, referrals to therapists and occupational health. The work of the Chaplaincy was also recognised. Comments indicate that there is room for improvement in terms of consistency and coverage and timely access. Much support work is done by volunteers, in addition to their day job. This is a great example of how we do have a culture of looking after each other that we can build on. However, we must safeguard the mental wellbeing of our volunteers.

WHAT DO WE ALREADY DO?

- ActivAte 2020

Launched in January 2017, this Alliance programme promotes physical activity, nutrition and sleep quality. Components of this programme, which have either taken place or will do in 2019, are presented in the following table.

Investment in 34 Force-wide gyms overseen by the Sports Association in DCP
Treadmill programme investing in 6 additional treadmills in DP
Research into use of FitBits to promote physical activity
Core musculoskeletal pilot in DP
Wessex Heartbeat to carry out physical assessments on 100 DP staff (Before and after wellbeing intervention study)
Walking groups
Outdoor table tennis tables
Outreach lifestyle sessions using smart scales
Eat Well nutrition guide (DCP edition)
Fresh fruit at police stations
Dedicated Health and Wellbeing Sharepoint pages: <ul style="list-style-type: none"> • Healthy weight and lifestyle • Eat Well • Physical Health & Activity • Wellbeing for Managers • Action for Happiness • Sleep well • Apps and Tech for Wellbeing – BUPA Boost; Health Assured Health e-Hub • Health and Wellbeing Grant Fund
Promotional Materials, e.g. water bottles, leaflets, posters, 5-ways to wellbeing
Level 2 Fitness Instructor course in DCP and DP to boost health champions
Virgin Pulse – global challenge

- Mental Wellbeing

Both Forces have an impressive track record of investment and achievement.

Joint signatories for the MIND Blue Light Programme

Time to Change Organisational Health Check
Time to talk initiatives
Black Dog campaign
Action for Happiness conference and manager training
Conferences on issues relating to the menopause
Completion of the Oscar Kilo mental health benchmarking
Mental Health Peer Support with 2019 uplift across the Alliance
Dedicated Mental Health Peer Support Sharepoint site
Psychological support programmes for high risk officers and staff
Mental Health Welfare Officers
Additional mental health Welfare Officer post for 12 months in DP
Line manager training with 2 pilots running in 2019
Regular resilience training workshops
Menopause conferences
Mental Health Round Table for senior leaders DCP
Alliance mental health conference (October 2018)
EAP scheme – currently provided by Health Assured
Occupational Health assessment and support
Dedicated budgets to fund private referrals to psychotherapists
Dedicated Sharepoint mental wellbeing pages: <ul style="list-style-type: none"> • Stress • 5 Ways to wellbeing (Daily CLANGERS) • Mental Wellbeing Network – including Time to Talk videos • Peer Support • Personal Resilience • Support – links to advice, guidance & support • Mental Health at Work – Heads Together programme • Wellness Action Plans • Talking to your employer about your mental health • Spotting the signs • Supporting staff with mental health conditions • Black Dog video • Bereavement and Suicide
Silver Cloud Health – 1-year pilot across the Alliance to provide additional on-line support to 600 individuals, plus in-Force training.

There is an apparent disconnect between the actions that have been taken to promote wellbeing and the perceptions away from HQ about how well the Forces support mental wellbeing. Some of this may be due to a lack of awareness of the support that exists. Communication is an on-going challenge for Forces covering such a wide geographical area. However, it is likely that this is due to:

- The well-documented mismatch between work demands and resources only some of which is within the control of the organisations to solve.
- Organisational factors. This includes the culture of the organisation, the policies, procedures and infrastructure and the skill set of managers.

- Social cohesion and the need to strengthen it.

These factors will be addressed in the plan.

WHAT WILL WE DO?

The framework for action is set out in the following table.

Stevenson-Farmer standards	PROMOTE	PROTECT	SUPPORT
Mental health awareness, reduce stigma	Mental Health conditions; benefits of healthy workplaces; Personal wellbeing	Clarify and communicate roles and responsibilities relating to mental wellbeing at work	Sharepoint resources
Open conversations about mental health	Role modelling; time to talk	Line manager training; “How are you?” initiative; Effective supervision	Peer Support Network; Manager training – conversations of concern
Good working conditions	Define and Commit to healthy workplaces (“Good Work”)	Stress risk assessments; Wellbeing impact assessments for new roles / role change	Reasonable adjustments; meal breaks
Effective people management	People-focussed HR policies	Anti-bullying; ensure work-life balance; promote the “POLICE FAMILY”	Effective case management; rehabilitation back to work; help people with mental health conditions
Monitor mental health and wellbeing	Staff survey; SCARF ⁹	Pulse surveys; Manager 1:1	Psychological support programmes; Meaningful and reliable sickness absence data; recuperative and adjusted duties

(Text in red and amber relates to the RAG rating risk assessment)

This framework addresses the core standards for mental health described in the Stevenson-Farmer report with regard to the promotion, protection and support of mental wellbeing across the Alliance, taking into account the needs assessments (written in red or amber). Also taken into account are the cross-cutting mental health

⁹ See page 18 for explanation of SCARF

standards from the Blue Light Wellbeing framework (Oscar Kilo). There are 19 mental health standards which can be grouped into 4 themes:

- Culture
 - Statement / vision
 - Blue Light pledge
 - Active reduction of stigma
- Risk assessment / management / communication
 - HSE stress management framework
 - Identify high risk areas
 - Monitor mental health – surveys
- PDR and training
 - Enhance knowledge and skills around mental health
 - Links to PDR
- Support / Change management
 - Confidential support services
 - Specialist support, e.g. PTSD
 - Social support groups – volunteering, out of work groups.

There is considerable overlap between these themes and the feedback from the consultation about priorities. Training, culture and stigma and support measures were all highlighted as priorities.

MENTAL HEALTH AWARENESS

This starts at the very top of the organisations. Both Forces have prioritised wellbeing as organisational goals. It has the personal support of both Chief Constables and their executive teams. Wellbeing is an operational priority. However, there is work to be done to ensure that all police officers and police staff understand how common mental health conditions present, should be supported and that they may affect anyone at any time. In some instances, mental illness is a direct consequence of an incident at work. In most cases, however, it is a consequence of a combination of previous life experiences and an upset in the equilibrium between home and work stressors. We all need to understand this and to be clear about the respective roles and responsibilities for promoting good mental health at work, protecting individuals at work and providing support when it is necessary.

Activities	Owner	Timescale	Deliverables (Outputs / outcomes)
Include mental health training for all new recruits	Learning and Development	June 2019	Inclusion in probationer training; On-line mental health training for all police staff
All new Job Descriptions to	Resourcing	April 2019	Agreed JDs across the Alliance

specify role and responsibility for mental wellbeing			
All PDRs to include an assessment of personal wellbeing	People Strategy and Policy (?)	June 2019	Individual and team wellbeing included in assessment of performance
Mental health information on Sharepoint in both Forces and accessible from Home pages.	Centre for Health at Work.	March 2019	Accessible information on mental health conditions and signposting for help, healthy workplaces

OPEN CONVERSATIONS ABOUT MENTAL HEALTH

We know that some people find it hard to talk about mental health. This might be because they find it difficult to talk about mental illness or it might be because they do not understand how to steer such conversations. Other people are comfortable having such conversations and there are many examples of managers providing excellent support. A range of short videos have been produced in which police officers and staff share their experiences of mental ill health. This is called Time to Talk and they can be accessed via the Force intranets. We aim to expand this across the Alliance.

We need all managers to role model behaviours that promote and support good mental wellbeing. This may be challenging when operational demands, sometimes conflicting demands, have to be met with the potential to undermine wellbeing. Taking time to ask “how are you” should be integral to every manager’s day. This links to ensuring there is effective supervision of every individual that works for our respective organisations. All managers should be able to have a conversation of concern when they become aware of individuals who might be struggling. We are expanding the pool of peer supporters across the Alliance. This is a network of volunteers who have been trained to be able to have conversations outside the line management hierarchy with people who feel distressed and in need of assistance. They can signpost people for further help.

Activities	Owner	Timescale	Deliverables (Outputs / outcomes)
Expand the Time to Talk initiative across the Alliance	Centre for Health at Work / Mental Wellbeing Network	On-going	Range of videos made by a cross-section of the workforce. Raise awareness of and de-stigmatise mental ill health. Training video for “diffusing” after

			trauma incidents. Include at Personal Safety Training.
Line manager training pilot	Centre for Health at Work in conjunction with Learning and development	March 2020	Comparison of Mental Health First Aid and Mental Health Champion courses. Identify training for roll out.
How are you? Initiative.	Joint Executive Board	Commence April 2019	All managers to include “How are you?” in 1:1 meetings, diffusing and at PDR. Measure in pulse surveys.
Mental Health Peer Support uplift	Centre for Health at Work	June 2019	Train 120 new Peer Supporters (60 in Devon and Cornwall and 60 in Dorset) to complement existing cohort. Improve coverage across the Alliance; Upgrade of Peer Support Sharepoint site to facilitate access to and management of Peer Supporters
Manager training – conversations of concern	Centre for Health at Work in conjunction with Learning and Development.	Roll out over several years. Possibly combine with mental health training pilot.	All managers confident to have a conversation of concern. Assess via PDR.

GOOD WORKING CONDITIONS

There is a need to define what is meant by “Good Work”. It can mean different things to different people. It is also contextual. A good working environment for someone working in CMCU is different from the working environment of a firearms officer.

We will define core measures¹⁰ of good work informed by research and guidance from the Health and Safety Executive – stress risk assessments – and organisations such as Business in the Community whose wellbeing framework underpins our approach to wellbeing at work. Building on core measures, we will need to produce

¹⁰ See table 3

guidance relevant to specific roles with input from representatives of people working in those roles.

We will, thus, accumulate a library of “Good Work in

A key aspect of creating good working conditions will be the ability to make reasonable adjustments to support people with ill health or a disability. Good working conditions might relate to how work is done rather than the actual work. This may be relevant for someone with dyslexia or Asperger’s syndrome, for example. By adapting work, the development of work-related mental ill health may be prevented.

The importance of taking regular meal breaks has been recognised by both Forces. A survey has been undertaken of current practice in Dorset. The next step will be to prioritise changes in the worst affected roles to address inabilities to take breaks.

Activities	Owner	Timescale	Deliverables (Outputs / outcomes)
Working group to define “Good Work”	Centre for Health at Work	Agree core measures by April 2019; complete task for high risks roles by July 2020	Generic definition of good work; Library of role-specific guidance
Stress-risk assessments for all areas; Develop on-line tool to assist managers and collate	Centre for Health at Work in conjunction with Business Board	Complete by March 2020	Use of the HSE Preventing Work-related Stress Talking toolkit; Compliance with health and safety legislation
Develop on-line guidance to assist managers assess and implement reasonable adjustments	Centre for Health at Work in conjunction with HR Operations	June 2019	Self-service tool for managers to understand and implement reasonable adjustments
Complete “Meal Break” initiative	Business Boards	June 2019	Priority roles have improved access to meal breaks

EFFECTIVE PEOPLE MANAGEMENT

Complaints that Human Resources policies undermine mental wellbeing are often heard and were a feature of the consultation. A review of HR policies is also part of

the preparation of the National Police Wellbeing Service. Common themes relate to use of language, e.g. “Action Plans” and “Unsatisfactory performance” in relation to attendance management, concerns about use of the Bradford Factor and the content of letters received. Changes have already been made to the attendance management policy and a new policy agreed for the Alliance. Further changes will be seen with the advent of a new case management approach which will assist in improving consistency of interpretation of policy and the adoption of support focussed on individual as well as business need.

Feedback from the consultation suggested that bullying and harassment may be occurring within the organisations. There is a need to investigate further. Work-life balance remains an issue to be promoted. This links to other issues, such as good work and culture. We also need to progress thinking about the concept of the Police Family as a means of promoting social cohesion. This refers to how we take care of ourselves when at work but also to the importance of families outside of work. How well do they understand police work and the effects it may have on wellbeing? Part of this concept is how we support police officers and police staff who are under investigation. This is often a traumatic and lonely time. We will review processes to ensure suitable and sufficient support balancing the need for a thorough and correct investigation with supporting people who are innocent until found to be guilty.

Effective rehabilitation back to work is essential to maintaining the resilience of the Forces. However, this must be done appropriately and professionally. Effective case management will require good links with occupational health and access to a wider professional support network. It is widely acknowledged that NHS Mental Health Services in the South West often do not meet the needs of police officers and staff in terms of timely access to the required treatments. Notwithstanding the already huge investment that has been made in this area, there is more to be done to ensure that cost-effective support is available and accessible to meet the specific health needs of our officers and staff. In particular, we need to focus on supporting people exposed to primary and secondary psychological trauma and at risk of or associated with death by suicide. We need to promote usage of the EAP scheme, the Mental Wellbeing Network and of the Chaplaincy via printed and on-line literature and by inclusion in “step-by-step” guidance. We should make better use of information technology and further explore the use of apps such as “Headspace”.

Activities	Owner	Timescale	Deliverables (Outputs / outcomes)
People-focussed HR policies	HR Operations	Attendance management policy agreed; Case management to be implemented February 2019	Consistent interpretation of policy across the Alliance. Changed use of language.
Explore the prevalence of bullying	Centre for Health at Work in association with HR, Police Federation,	August 2019	Understand the nature of the problem, if any.

	Superintendents Association and Trades Unions		
Promote social cohesion via concept of the Police Family	Centre for Health at Work in association with Police Federation / Trades Unions / Sports Association	Family day Summer 2019	Development of on-line and hard copy resources and police family initiatives
Support for trauma-related mental ill health	Centre for Health at Work	Review of TRiM June 2019; Support of officers and staff under investigation. Develop the role of the Mental Wellbeing Network across both Forces; Introduction of Surf Therapy May 2019	Timely and cost effective support for trauma-related mental ill health; Use of local resources / charities to support mental wellbeing.
Suicide pre- and post-vention plans	Centre for Health at Work in association with OPCC & NHS CCGs	Circulation of suicide post-vention plans March 2019; Suicide prevention written plan June 2019	Participation in the Crisis Care Concordat; Suicide risk reduction plans and safeguarding action plans; Risk assessment of self-harming behaviours; Memoranda of understanding with Mental Health Trusts
Review of eligibility criteria for MIF/PMI funds as well type and scope of interventions	Centre for Health at Work in conjunction with Business Board	Submit paper to Business Board March 2019	Clarity and transparency about use of funds; explore possible alternative sources of funding

MONITOR MENTAL HEALTH AND WELLBEING

Metrics for assessing wellbeing are being developed. There are various measures of wellbeing in the annual staff survey run by Durham University. We have agreed the implementation of pulse surveys of wellbeing. In addition, useful data is obtained from the psychological support programmes carried out for roles at high risk for psychological trauma. Data collected in manager 1:1, possibly linked to a stress risk

assessment, could produce real-time data about the mental wellbeing of the organisation.

Previously a survey of engagement was carried out using the SCARF (Status, Certainty, Autonomy, Relatedness and Fairness) model. This produced useful data about one of the BCUs in DCP and facilitated subsequent interactive feedback and agreed actions. This will be explored as a possible annual assessment.

Whilst sickness absence data is a crude measure of wellbeing at work, absences from work attributed to work stresses is an important data set. As this, as well as numbers on recuperative and adjusted duties, is routinely recorded, it should be possible to modify the existing data collection system to collate this information.

Activities	Owner	Timescale	Deliverables (Outputs / outcomes)
Pulse surveys	Centre for Health at Work in association with Strategy and Policy	Begin January 2019	Snapshot data on organisational wellbeing
SCARF	Centre for Health at Work	To be developed	Data set linked to evidenced-based measures of mental wellbeing and engagement.
Meaningful sickness absence data	People Department	TBC	Work-related mental health data for absences and limited duties.

GOVERNANCE

The mental health plan implementation will be overseen by the Health and Wellbeing Strategic Coordination Group which reports to the Strategic People Board, chaired by the Director of People. The Health and Wellbeing Strategic Coordination Group has oversight of the health and wellbeing budgets, the Health and Wellbeing Implementation Groups that sit at BCU or Departmental level in the Forces and the work of the Centre for Health at Work. There is an annual budget for wellbeing with detailed accounting for planned Health and wellbeing activities, which are contained within a service delivery plan. The plan is contained within a performance pack presented to the Strategic People Board every quarter.

RELATIONSHIPS

Successful implementation of the mental wellbeing plan will be dependent on a number of key relationships with:

- The Police Federations
- The Superintendents' Associations
- UNISON and UNITE
- The Mental Wellbeing Network
- The Chaplaincy
- HR Operations
- HR Strategy and Policy
- HR Learning and Development
- Business Boards
- Local BCU / Organisational Senior Management Teams

COMMUNICATION

Successful implementation of the mental wellbeing plan will also require the on-going support of the Internal Communications team. A communications and engagement strategy for the Alliance Health and Wellbeing Team has already been developed and agreed by both Executive Boards. The organisational objectives, communication aims and objectives, communications principles, audiences, communication channels, key messages and branding (Alliance) are all relevant to the implementation of the plan. The Tactical Delivery plan will be amended to reflect that plan's activities.