

London Ambulance Service NHS Trust Wellbeing Strategy®

April 2010





Table of Contents

Executive Summary	3
Introduction	11
PART ONE	
Why Wellbeing?	12
What is Wellbeing?	15
Consultation Process	16
PART TWO	
How healthy are we?	17
PART THREE	
The Key Elements of Wellbeing	23
PART FOUR	
The Four Priorities for Action and the Twelve Strategic Aims	30
PART FIVE	30
PARTFIVE	
From Strategy to Action	42
Promoting Equality	48
Moving Ahead – Action Planning	49
APPENDICES	
Appendix A - Summary of Recommendations	50
Appendix B – The Elements of Wellbeing	55
Appendix C - The Four Key Priorities for Action and the Twelve Strategic Aims	56
Appendix D - Summary of Objectives	57
Appendix E - Trauma and Resilience Proposal (available on request)	59
Appendix F – Personal Responsibility Framework (available on request)	59
References	60





Executive Summary

As health is our core business we must put the Health and Wellbeing of our staff at centre stage so that we become role models for our community. Recent research has shown that investment in staff Health and Wellbeing improves patient care, saves money and adds value to the organisation. We have developed this Wellbeing Strategy in line with current government recommendations and guidance, the implementation of which will integrate existing services and put forward a number of projects and programmes which aim to raise the Health and Wellbeing of our staff and, as a result, our organisation and our patients. One of the key aims will be to deliver a wider choice of up-to-date specialist and high-quality Health and Wellbeing solutions and to provide expert consultation to staff and managers, as required.

What is our Health and Wellbeing Vision?

The London Ambulance Service has a vision that all staff members enjoy the greatest possible state of Wellbeing and our goal is to help staff stay healthy longer.

Defining Wellbeing

We endorse the definition of Wellbeing as:

'A state of emotional, mental, physical, social and spiritual Wellbeing that enables people to reach and maintain their personal and professional potential in their organisation and in their communities'

Also, we endorse the complementary concepts of health promotion, primary prevention and the determinants of health.

In order to reach our goal we need to focus more effort upstream with a preventive and promotion approach that keeps us healthy, instead of mainly focussing downstream on managing ill-health, stress levels and sickness absence. That is, our aim is to adopt a more proactive early interventionist approach rather than focusing primarily on reactive strategies.





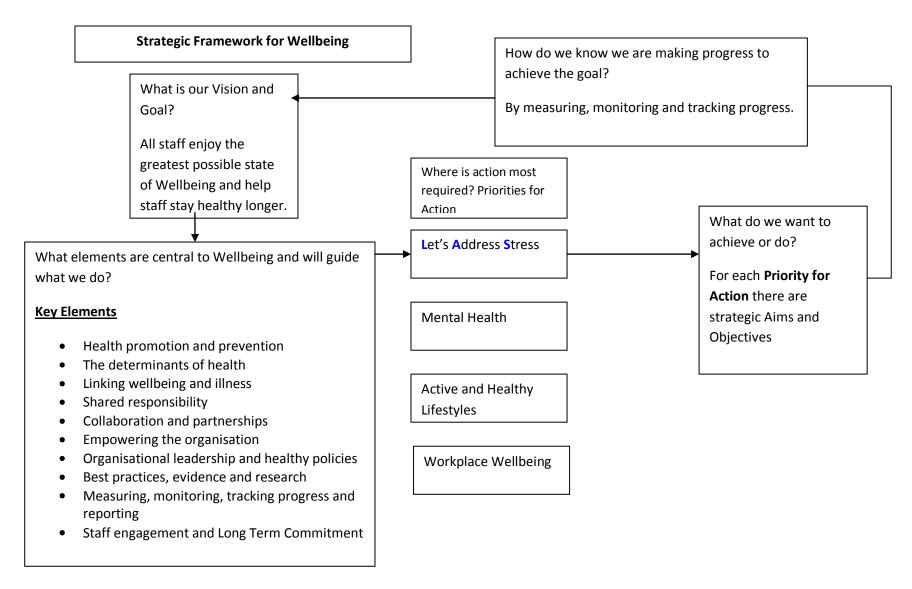
The Strategic Framework for Wellbeing

We have reviewed and consulted with staff on the issue of Wellbeing through diverse processes. We have considered the valuable input received and we are pleased to offer this Wellbeing Strategy report to the Trust Board.

Below is a diagram of our proposed Strategic Framework for Wellbeing. The Strategic Framework provides broad strategic direction for us to work to achieve the goal of helping staff stay healthy longer. The framework includes **Key Elements of Wellbeing**, **Priorities for Action**, **Strategic Aims** and **Objectives**.









Recommendations are offered throughout this report to effectively implement the Strategic Framework for Wellbeing. This report addresses the challenge of how and where we need to place more emphasis on promoting Wellbeing, preventing illness, and addressing the factors that influence Wellbeing, to help staff stay healthy longer.

Research has shown that not all health promotion initiatives are effective, which is why it is important to share information about existing initiatives, thereby enabling us to make better informed choices for enhancing Wellbeing. Through defining Wellbeing, reviewing the Government inventory of Health and wellbeing related programmes, guidance and initiatives, and listening to individuals and staff groups, we discovered that Wellbeing is a broad and comprehensive subject. Therefore, we want to determine and focus on areas where we can make the biggest difference for staff to stay healthy longer.

The **Key Elements of Wellbeing** are the basic building blocks central to our approach to stay healthy longer. They flow from our definition of Wellbeing, and the complementary concepts of health promotion, prevention and the determinants of health. They help to put Wellbeing into action, and guide the **Priorities for Action**, **Strategic Aims** and **Objectives** that follow.

They address the following questions and provide a systematic approach for what needs to be done:

- 1. What elements are central to Wellbeing?
- 2. How do we put Wellbeing into action?

The **Priorities for Action** determine where we think action is most required. For each **Priority for Action**, there are defined **Strategic Aims** and **Objectives**.

The **Strategic Aims** answer the following question:

1. What do we want to achieve or do?

The **Objectives** for each strategic aim determine some of the ways the strategic aim can be achieved. We expect that individual departments would further flesh out their individual objectives, by determining specific actions, activities and measurable outcomes for each.



To achieve our vision that all staff members enjoy the greatest possible state of Wellbeing and our goal of helping staff stay healthy longer, we recommend endorsement and implementation of a Strategic Framework for Wellbeing that includes **Key Elements**, **Priorities for Action**, **Strategic Aims** and **Objectives**.

FIRST STAGE

The first stage of this process was to identify the **Key Elements of Wellbeing** which take into account our unique working environment and culture.

The **Key Elements** to inform our actions to help staff stay healthy longer include:

- 1. Health promotion and prevention
- 2. The Determinants of Health
- 3. Linking Wellbeing and illness
- 4. Shared responsibility
- 5. Collaboration and partnerships
- **6.** Empowering the organisation
- 7. Organisational leadership and healthy policies
- 8. Supporting and sharing best practices, evidence and research
- 9. Measuring, monitoring, tracking progress and reporting processes
- **10.** Staff engagement and long term commitment.

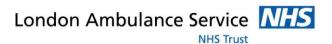
SECOND STAGE

The second stage was identifying **Priorities for Action**.

We have identified Four Priorities for Action:

- 1. Priority for Action Let's Address Stress
- 2. Priority for Action Mental Health
- 3. Priority for Action Active and Healthy Lifestyles
- 4. Priority for Action Workplace Wellbeing





THIRD STAGE

The third stage was identifying the Twelve Strategic Aims:

- 1. To manage stress effectively and build resilience
- 2. To increase knowledge and understanding of mental health issues
- 3. To increase physical activity levels
- 4. To increase adoption of healthy eating habits and maintenance of healthy weight
- **5.** To increase the percentage of non-smokers
- **6.** To reduce the incidence of addiction-related problems
- **7.** To promote workplace wellbeing
- 8. To promote the adoption of long term healthy lifestyles
- **9.** To increase the focus of health promotion and prevention and increase the remit of Occupational Health services
- **10.** To promote healthy work environments
- **11.** To promote healthy organisation
- **12.** To design and action robust measuring and monitoring systems which will enable us to assess whether we are achieving stated aims and objectives and also to inform evidence-based research projects

The identified **Objectives** within this report for each **Strategic Aim** determine some of the ways the strategic aim can be achieved. Each department will further flesh out their individual objectives, by identifying specific actions, activities and measurable outcomes for each.

Change in our Thinking

All the anonymised analysed data and information collected through staff surveys, consultations, counselling sessions, Employment Assistance Programme reports, and Occupational Health business reports, as well as an audit and analysis of current research into both the health of ambulance service staff and the UK population revealed that we need to change our perspective regarding health. That is, there needs to be a shift in the way we think about health; we need to put more emphasis on Wellbeing. This implies the need for a change in our thinking - from thinking of health





as 'illness care' to health as 'Wellbeing' and empowering individuals and communities to take action to improve Health and Wellbeing levels through changing behaviour patterns.

Benefits of Wellbeing

Investing in the Health and Wellbeing of our staff will have the following valuable benefits:

- Improved patient care
- Improvement in service delivery
- Decrease in absenteeism
- Better physical and mental health
- Improved quality of life
- Increased productivity across the organisation
- Achieving Employer of Choice status
- Cost savings in terms of improved attendance and reduced use of health benefits from implementing workplace Wellbeing programmes.
- Greater self-image, increased staff morale and engagement, and feelings of belonging and achievement for individuals.





Recommendations

- 1. This Report recommends endorsement of the definition "Wellbeing is a state of emotional, mental, physical, social and spiritual wellbeing that enables people to reach and maintain their personal potential in their communities".
- 2. This Report recommends endorsement of the vision that all staff members enjoy the greatest possible state of Wellbeing and the goal is to help staff stay healthy longer
- **3.** This report recommends the establishment of a high-profile focal point for Wellbeing within the London Ambulance Service, such as a Wellbeing Secretariat. The Secretariat would have responsibility to:
- work with other departments and stakeholders
- be a source of expertise on Wellbeing
- communicate research findings and information to stakeholders
- release an annual Wellbeing Report
- facilitate and support an organisational approach to improve Health and Wellbeing.
- **4.** This Report recommends the establishment of an interdepartmental coordinating committee, which would work in collaboration with the Wellbeing Secretariat, and be responsible for developing, implementing, monitoring implementation of and being accountable for action plans to respond to all the recommendations, priorities for action, strategic aims, and objectives of the Wellbeing Strategy
- 5. This Report recommends the implementation of a comprehensive inventory of health and wellbeing related policies, staff support services, LINC Scheme, occupational health provision, staff counselling, EAP and other relevant programmes and initiatives so we can both have readily identifiable baselines and best address the health and wellbeing of our staff
- **6.** We recommend that the London Ambulance Service as a whole, and each department:
- Ensure that all policies are developed with consideration of the impact on the Health and Wellbeing
 of staff
- Review existing policies to identify areas that are presently impacting the Health and Wellbeing of staff or impacting on the ability of staff to improve their own Health and Wellbeing
- Ensure that all departments explore, identify and document their contribution to Wellbeing in their corporate strategic planning processes and annual reports
- Incorporate Wellbeing into the corporate performance measurement system
- **7.** This Report also recommends that the London Ambulance Service continues to develop healthy work policies, and reviews existing policies that impact on the Wellbeing of staff or the ability of staff to improve personal health.
- **8.** This Report recommends that all areas and departments within the London Ambulance Service should explore, identify and document their contribution to Wellbeing into their corporate strategic planning processes and annual reports.
- **9.** This Report recommends that effective communication processes should be put in place between each department to identify what we are all doing, thereby reducing the likelihood of resource wastage on duplicate work.
- **10.** This Report recommends that Wellbeing should be incorporated into the corporate performance measurement systems.





INTRODUCTION

The history of public health is a story of actions taken from the centre and mandated from on high; the key challenge now is to change our thinking and our behaviour – both as individuals and as organisations. Today's threats are cancer, heart disease and diabetes, the result of too much fatty food, salt, alcohol, or tobacco. The proportion of health problems relating to personal behaviours such as smoking, obesity and excessive alcohol consumption has grown considerably in recent years. These health concerns are linked to our lifestyles – the choices we make every day - and by their nature they demand a different kind of response. Successful behaviour change requires messages that are not paternalistic or patronising but supportive. The government's Change4Life² agenda embodies this shift.

Research shows that people are not aware of just how common and severe the health problems that fatty food, salt, alcohol and smoking cause. The environment and the communities we live in are also strong influences on the choices we make – often restricting those choices and reinforcing unhealthy lifestyles.

This report includes a proposed definition of Wellbeing, background on why Wellbeing is important, and the benefits we can achieve through investing in Wellbeing. It identifies the **Key Elements** to inform our actions to help staff stay healthy longer, the **Four Key Priorities for Action**, and the **Twelve Strategic Aims** underpinning our Wellbeing Strategy. (Please note that we have decided to initially address the Four Key Priorities for Action by providing comprehensive strategic aims with corresponding objectives which are included in this report).

This report also discusses individual, organisational and shared responsibility for Wellbeing. We believe that Wellbeing is everyone's responsibility and that the levels of working together and engagement will determine the success rates of our twelve strategic aims to improve and sustain the Wellbeing of staff and the organisation. This report also briefly examines the health of the UK population and the health of ambulance service staff which further strengthens the business case for implementing a robust and integrated approach to staff Wellbeing. It also identifies the necessary actions which need to be implemented and puts forward recommendations.





PART ONE

WHY WELLBEING?

The importance of creating healthy working environments and looking after the Health and Wellbeing of staff was highlighted in March 2008 when Dame Carol Black presented her report on the health of the working population - 'Working for a Healthier Tomorrow'. The report called for a number of changes which included the expansion and development of occupational health services and was heavily influenced by the Foresight Project on Mental Capital and Wellbeing (July 2006 – October 2008)⁴, which was put in place with the aim of advising the Government and the Private Sector on how to achieve the best possible mental development and mental wellbeing for everyone in the UK in the future. The Foresight Project addressed areas such as Tackling Obesities⁵ (October 2007) and Mental Capital and Wellbeing and Work⁶ (October 2008), which focussed on stress and mental wellbeing in the workplace. This report revealed that each year stress from work is estimated to cost employers an estimated £3.7 billion⁷, and around 13 million working days are lost as a result of stress-related issues⁸.

The Government responded to Dame Carol's report on 25 November 2008 with 'Improving Health and Work: Changing Lives'⁹. The report identified the NHS as having a major role in driving Health and Wellbeing forwards and endorsed the links between good work and good health. The report led to the Department of Health commissioning occupational therapist Steve Boorman to do an independent review of Health and Wellbeing in the NHS, resulting in an interim report, published on 19 August 2009¹⁰, followed by the NHS Health and Wellbeing Final Report on the 23rd November 2009¹¹.

The Boorman Report calls for staff Health and Wellbeing to be embedded in the core business of NHS organisations as part of what it means to be a good employer and it strongly recommends that staff Health and Wellbeing are placed at the heart of Trust Boards' Agendas in order to improve patient care and increase effectiveness and efficiency.

Another key factor is the Olympic and Paralympic 2012 Games which could be the much needed catalyst for a health legacy for all of us but only if we work together to make it happen. ¹² Go London ¹³ sets out how NHS London, in partnership with other organisations, from Public, Private and Third Sectors, will lead a significant shift in physical activity behaviour in London using the 2012 Games as impetus. Dr Simon Tanner ¹⁴, Regional Director of Public Health for London and Public



Health Advisor to the Greater London Authority, argues that Go London's agenda is to encourage the Public and organisations to increase activity levels in the lead-up to the Games and also put in place robust systems so that physical activity programmes can be sustained after the Games.

The overall business case for investment in promoting the Wellbeing of employees is well established. Overall the cost benefit analysis conducted by the Foresight Project¹⁵ suggested that certain components of organisation-wide approaches for promoting Wellbeing can produce important net economic benefits. The analysis indicated that just performing annual audits of employee Wellbeing would produce financial gains. These gains would be increased by investment of resources in preventive measures in response to the findings of audits.

The costs associated with employees' Health and Wellbeing problems are significant for organisations. These costs are associated with loss in productivity because of sickness absence, early retirement, and increased staff turnover, recruitment and training. Evidence also shows that productivity can be reduced through the lower level of performance of employees who are at work but experiencing stress or mental health problems. This is known as 'presenteeism'. A recent report estimated that impaired work efficiency associated with mental health problems costs £15.1 billion a year, which is almost twice the estimated annual cost of absenteeism (£8.4 billion)¹⁶.

There is now strong and widely shared evidence that physical inactivity ranks alongside obesity, high blood pressure, high blood sugar and lipids, and cigarette smoking as a risk factor for the epidemics of the 21st Century such as cancer, cardio vascular disease and heart disease^{17 18}. The result of this is that the average annual cost of physical inactivity to Primary Care Trusts (PCT s) alone in London is at least £105 million¹⁹.

Physical activity also has a greater role to play in broader cross-society agendas such as environment and crime/antisocial behaviour. For example Transport for London (TfL) in partnership with the Olympic Development Authority (ODA) and local boroughs are developing Olympic Greenways to encourage and enable walking and cycling, help tackle climate change, ease congestion, create more liveable neighbourhoods and improve access to parks and green spaces.

Britain's bid for the Games was clear in its intent to deliver health benefits as part of the legacy for the 2012 Games. The Department of Health has set out a new framework for delivery of physical activity aligned with sport in Be Active, Be Healthy²⁰. The benefits to our health, the environment and the public purse of increased physical activity are now widely understood.





As has been shown above there is a wide range of economic, social and ethical reasons why we at the London Ambulance Service NHS Trust are concerned with the Health and Wellbeing of our workforce.

The London Ambulance Service Wellbeing Strategy, which is underpinned by our vision that all staff members enjoy the greatest possible state of Wellbeing, aims to address the challenge of how we can put more emphasis on the following:

- Promoting Wellbeing
- Preventing illness
- And addressing the factors that influence Wellbeing.





WHAT IS WELLBEING?

Definition of Wellbeing

"Wellbeing is a state of emotional, mental, physical, social and spiritual Wellbeing that enables people to reach and maintain their personal potential in their organisations, families and friends networks and in their communities"

The five aspects of Wellbeing are each imperative, but more importantly they need to be in balance to enable individuals to move towards improved Wellbeing. Also, the concepts of community and workplace are central in achieving higher levels of Wellbeing.

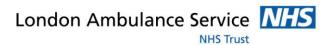
Three other concepts complement our definition, and are essential to understanding how to take action to improve Wellbeing. These are:

- Health promotion
- Prevention
- The Determinants of Health or factors that influence our health

Wellbeing is about more than the health care system. It is important to realise that the health services provided by the health care system are only one factor that influences our health. In fact, the other determinants of health have a larger influence on our health.

The government's Change4Life²¹ campaign has been extremely successful, and as part of the new adult dimension to the campaign, the government is planning a major new initiative to take Change4Life into the nation's workplaces which requires organisations to design and implement comprehensive Wellbeing Strategies which take into account the working culture and environment; a well thought out and holistic approach will tackle Wellbeing and climate change together. The LAS has already made positive steps with GoWalk and Bike4life to encourage staff to walk and cycle more instead of using their cars.





CONSULTATION PROCESS

We started the Wellbeing consultation process in April 2009 via a bespoke Health and Wellbeing pilot survey for Control Services. We have also used anonymised quantitative and qualitative data to inform this report from the following sources:

- Annual NHS Staff Survey
- The external staff counselling and Employment Assistance Programme Reports
- The external Occupational Health Reports
- LINC activity sheets and evaluation feedback reports
- In-house trauma counselling consultations
- Individual Stress Risk Assessment Consultations
- Stress Management Workshops evaluation feedback reports
- 'Water-cooler' conversations





PART TWO

HOW HEALTHY ARE WE?

Traditional health status indicators focus on death and disease, such as life expectancy, mortality rates and hospital admission rates. There are relatively few statistics available on Wellbeing itself or other positive aspects of health. With a Wellbeing approach we can look at the causes of illness, such as risk factors: stress, lifestyle behaviours and the determinants of health, eating habits, tobacco use, and physical activity, to see how our staff fare. With strong engagement and collaborative work we can begin developing a database of metrics and statistics about how healthy we are, identify 'hotspots', and design and implement workable and sustainable solutions.

Public Health and Work

Work (both paid and unpaid) is a health-promoting activity and the benefits have been well documented^{22 23}. In 2006 and 2007, 530,000 people in Britain believed they were suffering from stress, depression or anxiety due to work at a level that made them ill. An estimated 13.7 million working days (full-day equivalents) were lost as a result. In a survey of work-related illness, 242,000 people reported that they had experienced work-related stress, depression or anxiety in the previous 12 months²⁴. Employees in public administration, defence, education and health and social work had some of the highest rates of self-reported stress, anxiety and depression²⁵.

People in lower paid jobs are more likely to experience poor working conditions, such as a lack of control of their workload, lack of job security, limited support and exposure to physical hazards. Consequently, improvements in the quality of work and working conditions may help to reduce health inequalities²⁶. Several diseases and disorders (including coronary heart disease, musculoskeletal disorders and mental illness) are related to social and psychological conditions in the workplace²⁷.

There is evidence to suggest that investment in healthy working practices and the Health and Wellbeing of employees improves productivity and is cost effective for businesses and the wider society^{28 29 30}. Research suggests that successful organisations share the characteristics of a healthy working environment³¹.





UK HEALTH STATUS

Summary of research findings relating to UK population health

- The most up-to-date research shows that cardiovascular disease (including heart attack, cerebrovascular disease and stroke) is the major cause of death. The second leading cause of death is cancer. Men are more likely to die from heart disease, unintentional injuries, cancer and suicide. Women are more likely to suffer from depression, stress overload, chronic conditions (such as arthritis and allergies), and injuries and death resulting from family violence. Although overall cancer death rates have fallen for men, they have not declined for women, largely due to increases in lung cancer mortality rates. Young adults are the age group most likely to report the lowest levels of psychological Wellbeing. Older adults are the age group most likely to have physical illness³² 33 34 35 36 37 38 39 40 41 42 43 44.
- Physical inactivity is an important risk factor for heart disease, diabetes and cancer. Rates of
 physical activity drop quickly as age increases, with males being more active and less
 sedentary than females in every age group^{45 46}.
- Smoking is a significant risk factor for cardiovascular disease, lung cancer and other cancers.
 Smoking rates have dropped significantly since the changes in law were made in July 1st
 2007. However, young women and women in general have not experienced the same decreases in smoking rates. A particular concern is the increasing rate of smoking in the young women group⁴⁷.
- The number of alcohol-related deaths in the United Kingdom has consistently increased since the early 1990s, rising from the lowest figure of 4,023 (6.7 per 100,000) in 1992 to the highest of 9,031 (13.6 per 100,000) in 2008. Although figures in recent years suggested that the trend was levelling out, alcohol-related deaths in males increased further in 2008. Female rates have remained stable. There are more alcohol-related deaths in men than in women. In 2008, males accounted for approximately two-thirds of the total number of alcohol-related deaths. There were 5,999 deaths in men and 3,032 in women. There is variation in alcohol-related deaths across government office regions in England. Over the 1991-2008 period, rates were highest in London and in the northern regions. Alcohol-related death rates have steadily increased in all regions over the period, with the exception of the





female rate in London, which was lower in 2008 (5.8 per 100,000) than in 1991 (6.2 per 100,000) ⁴⁸.

- Body weight is largely determined by eating and physical activity practices. Body weights above the healthy weight range are linked to a variety of health problems, including cardiovascular disease, diabetes and some forms of cancer^{49 50}.
- The latest statistics show that while 1 in 6 people in England suffers from a common mental health problem at any one time only a quarter are getting any form of treatment. The new figures reveal that the impact of mental distress is worsening among some groups. The rate of common mental disorders, typically depression and anxiety, has risen by a fifth among middle aged women since 1993. And there has been an 80 per cent increase in self-harm among women aged between 16 and 24 since 2000⁵¹. A third of GPs' time is spent dealing with mental health issues⁵², and mental ill-health costs the UK economy £100 billion a year⁵³.
- Unquestionably the current recession has had and will continue to have a negative impact on Health and Wellbeing levels.

AMBULANCE SERVICE WORKERS HEALTH STATUS

Summary of Research on the Health of Ambulance Service Workers:

The London Ambulance Service is a unique organisation with very specific staff Health and Wellbeing requirements and needs. In the past few years, researchers have become increasingly aware that ambulance personnel may be at risk of developing work-related health problems. Research on health in the ambulance services has been based on the assumption that such work is inherently stressful and as a consequence of this ill-formed and short-sighted rationale there have been little or no attempts to put in place early interventions to address these concerns. An inclusive and bespoke Wellbeing Strategy would successfully address this short-sightedness and help to develop a centre of excellence which would deliver gold-standard and effective Wellbeing interventions and programmes.

A comprehensive audit and analysis of research papers focussing on the health and wellbeing of ambulance service workers, both nationally and internationally, was carried out in order to best



identify needs and inform recommendations and priorities for prevention of ill-health, promotion of healthy and active lifestyle options and improvements in physical and mental Wellbeing in our workplace.

The research papers audited covered the following areas of concern:

- Post-traumatic stress disorder and/or symptoms Several national and international studies have addressed the prevalence of post-traumatic stress disorder (PTSD) and/or symptoms in ambulance service workers and revealed that the prevalence of PTSD symptoms is consistently high in comparison to the general public and other occupation groups. 54 55 56 57 58 59 60
- Medical impairment and early retirement The main causes of retirement were musculoskeletal, circulatory, and mental disorders, although the main causes did not differ significantly between occupational groups. However, ambulance personnel were more likely to retire because of circulatory and mental problems, especially alcohol abuse, than manual workers. Hence, ambulance workers seem to be at a relatively higher risk of permanent medical impairment and early retirement on medical grounds than other occupational groups. 61 62 63 64 65
- Acute stressors and coping Three cross-sectional studies have reported associations between coping, i.e. suppression of emotions at a neurotic level, wishful thinking, low sense of coherence, ego defence mechanisms (displacement, regression, and projection), and more PTSD symptoms. Other studies have focused on the psychosocial work environment reporting significant correlations between frequency of incident stressors and degree of organisational stress, degree of operational problems, degree of emotional demands and poor communication, length of review following a critical event resulting in loss of life, and PTSD symptoms. Moreover, staff often have to deal with unpredictable and non-specific threats, such as the possibility of contracting diseases from patients or being attacked by mentally unstable and/or violent patients. 66 67 68 69 70 71
- Operational stressors these were associated with more trauma symptomatology and
 psychological strain in all groups. Studies have reported significant relations between high
 job stress and psychological strain. Four studies have reported low social support to be
 associated with more mental health problems. Work-related stress was associated with



mental health problems in seven studies. Low management support was associated with mental health problems in a number of studies. ^{72 73 74 75 76 77 78 79 80 81}

- Somatic health a number of studies have reported that ambulance personnel have more somatic health problems, i.e., higher blood pressure and more self-reported musculoskeletal and physical health problems than the general population and other occupational groups. 82
 83 84 85 86 87 88
- Mortality, fatal accidents and injuries Ambulance workers had a significantly higher risk of dying from ischemic heart disease, the most frequent cause of death among ambulance personnel, and all cancers than the national average. Two studies suggest that ambulance workers have a higher risk of mortality and fatal accidents than the general working population. One study indicates a higher relative risk for injury among ambulance workers compared to the national average. ^{89 90 91 92 93 94 95 96}
- Depression and anxiety a number of studies highlighted the prevalence of depression and anxiety in ambulance service workers which negatively impact levels of Health and Wellbeing and often affects personal and work relationships. Ambulance personnel must also attend to non-emergency work, such as transporting and providing appropriate care to chronically and terminally ill patients, which imposes different emotional demands and which might be experienced as more emotionally exhausting than more sensational events and can often lead to high levels depression and anxiety. 97 98 99 100 101 102
- Life and death circumstances Ambulance workers frequently have to take rapid action and provide medical care under life-and-death circumstances in unfamiliar and inconvenient circumstances while being scrutinised by bystanders and relatives which may negatively impact health.¹⁰³ 104 105
- Burnout A number of studies discussed burnout in ambulance service staff who had been
 working on the frontline for a number of years and how it negatively impacted on their
 health and their inability to return to work due to accumulated chronic stress and intense
 levels of anxiety and depressive symptoms. ¹⁰⁶ ¹⁰⁷ ¹⁰⁸
- Work-related and individual correlates a number of research papers discussed emergency service health concerns for staff with specific personality types which increased the



London Ambulance Service

likelihood of developing ill-health. That is, generally speaking ambulance workers are internally driven by the need to care for others often at the expense of their own Wellbeing. $^{109\ 110\ 111}$

This audit demonstrates the wide range of health problems in an ambulance service work environment. The prevalence of post-traumatic stress symptoms was high in a number of studies. High prevalence rates were also reported for anxiety and general psychopathological problems. Studies indicate that ambulance staff have more somatic health problems, i.e. higher blood pressure and more musculoskeletal and physical health problems than the general population. Also, ambulance workers have increased standardised mortality rate and occupational fatality rate and a high ratio of early retirement. However, although ambulance workers have elevated physiological arousal while running calls¹¹², no study has documented a possible "spill over" effect from the stressful period to the remainder of the workday or on life outside of work, although in-house individual stress risk assessment consultations has consistently shown that unless appropriate early management interventions are implemented aroused physiological, cognitive, behavioural and emotional symptoms will impact other areas of life.





PART THREE

THE KEY ELEMENTS OF WELLBEING

The **Key Elements** directly impacting effective implementation of the Strategic Framework for Wellbeing include:

- 1. Health promotion and prevention
- 2. The Determinants of Health
- 3. Linking Wellbeing and illness
- 4. Shared Responsibility
- **5.** Collaboration and Partnerships
- 6. Empowering the Organisation
- 7. Organisational Leadership and Healthy Policy
- **8.** Supporting and Sharing Best Practices, Evidence and Research
- 9. Measuring, Monitoring, Tracking Progress and Reporting Processes
- 10. Staff Engagement and Long Term Commitment.

1. Health Promotion and Prevention

The World Health Organisation defines health promotion as "the process of enabling people to increase control over and to improve their health". The concept of having 'control over' or being 'empowered' to improve health is especially important.

Health promotion is about encouraging individuals and communities to make healthy lifestyle choices. That is, health promotion is about encouraging and empowering individuals and the organisation to improve their health. Health promotion may focus on healthy lifestyles and personal coping skills, including nutrition, exercise, managing stress and building resilience, reducing alcohol intake and tobacco use, as well as address the determinants of health.

Research on Wellbeing¹¹³ ¹¹⁴ ¹¹⁵ ¹¹⁶ has shown that the best solution is not to coerce people away from unhealthy behaviours, but rather to look at what is prompting this behaviour in the first place;



to make healthy alternatives easier and more attractive; and to provide support if people want to make changes. For example, when addressing smoke cessation, excessive drinking and unhealthy diets, the goal should be to encourage and enable moderating and balancing consumption, rather than attempting to put in place coercive banning mechanisms. For some people, especially those with stressful or difficult lives, unhealthy behaviour – smoking or drinking to excess and eating unbalanced diets - may be coping mechanisms which they rely on and until the root of the stress or difficulty is identified and addressed it is pointless to prevent the unhealthy behaviour as it will not be sustainable.

This is why we are aiming for a holistic approach to Health and Wellbeing in this strategy. We should attempt to intervene in a way that enhances individual autonomy. From a capability perspective, it makes no sense for an organisation to coerce healthier behaviour. In part this is because autonomy is itself associated with higher levels of wellbeing and mental health, but principally because personal agency is valuable in and of itself. This is one of the key reasons for developing and putting in place a Personal Responsibility Framework (see Appendix F) which will further strengthen and underpin the aims and vision of the Wellbeing Strategy and raise levels of autonomy and personal responsibility.

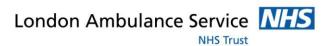
Prevention

"Smoking, poor diets and excessive drinking are behind almost a third of the long-term health conditions that people are living with today. And by increasing physical activity we could save more than a penny in every pound the NHS spends – and we could prevent one in nine deaths...For every extra £1 invested in prevention there was an average of around £1.20 saving".

Speech by the Rt Hon Andy Burnham, Secretary of State for Health; 1 February 2010, on Health and Wellbeing.

Prevention is about preventing disease, injury and mental ill health. In terms of wellbeing, one of our aims is to primary prevention and early interventions; putting in place appropriate activities and programmes aimed at reducing factors leading to health problems, disease and injury.

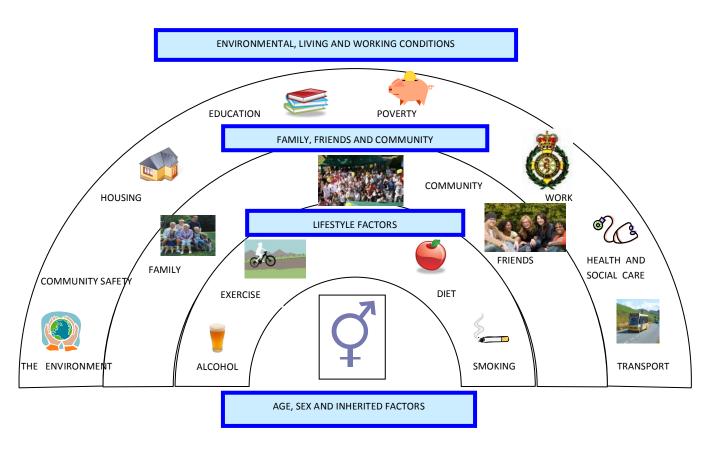




2. The Determinants of Health

A growing body of evidence tells us that there are a number of interrelated factors that influence our health. These factors, called the determinants of health, include: income and social status; social support networks; nutrition and physical exercise; education, employment and working conditions; social environments; physical environments; personal health practices and coping skills; health services; gender and culture. The determinants of health are the foundation of a healthy society.

Therefore, the levels of Health and Wellbeing experienced by individuals are determined by a complex set of factors. The health map illustrated below identifies these factors, and helps to identify some of the key areas the London Ambulance Service Wellbeing Strategy will need to address in order to achieve the vision outlined, both for our staff and the organisation.



Adapted from M. Whitehead and G. Dahlgren, (1991), 'The Determinants of Health and Wellbeing'.





3. Linking Wellbeing and Illness

There are numerous research studies ¹¹⁷ ¹¹⁸ ¹¹⁹ ¹²⁰ which highlight the robust links between Wellbeing and Illness. The work carried out by the Foresight Group, Dame Carol Black and the Boorman Report, discussed above, all highlight the important links between healthy work and healthy staff and how they are very closely related. Their findings strongly argue that productive occupations have health-maintaining and health enhancing qualities. In particular, productive occupations have been found to encourage staff to regularly engage in their productive role, to provide staff with the opportunity to uphold important responsibilities, to help improve staff self-worth, and to provide staff with hope for a better future. These findings highlight the importance of productive occupation and accentuate that meaningful productive occupations can be a valuable aspect of mental health practice and mental health promotion strategies. Therefore, it is important to provide psycho-educational training programmes and initiatives which clearly make links between Wellbeing and illness so that individuals and groups can begin to change the way they think about Wellbeing and also change their behavioural approaches to Wellbeing.

4. Shared Responsibility

Six critical responsibilities come immediately to mind.

- 1. Focussing on Wellbeing and reflecting all the determinants of health
- 2. Investing wisely
- **3.** Making a commitment to devise healthy policies
- 4. Tracking progress
- **5.** Ensuring inclusion
- **6.** Staying abreast of health information technology, community development and other health promotion related issues.

Wellbeing is everyone's responsibility; a Wellbeing Strategy should be framed around shared responsibilities. It is only through the development of partnerships both internally and externally and the engagement of staff that we can make a difference to our present state of our Wellbeing.



London Ambulance Service

With this shared responsibility in mind we have developed an all-encompassing perspective to managing stress – Let's Address Stress – which is based on the four key areas of stress management (Physical, Cognitive, Behavioural and Emotional) and underpins the aims and vision of the London Ambulance Service Trauma and Resilience Centre Proposal which was designed to address the Wellbeing concerns and issues of an ambulance service working environment.

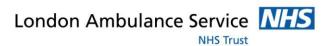
Shared responsibility does not mean that we can shirk responsibility off on someone else, but that we are each individually and collectively responsible for our own health and the health of others. It is for this reason that we have designed a Personal Responsibility Framework (see Appendix F) which outlines the responsibility of individuals and the organisation.

5. Collaboration and Partnership

Collaboration and Partnership are essential for success and sustainability of the Wellbeing agenda. We are all responsible for Wellbeing, and need to work together to address Wellbeing. Working in collaboration and partnership is becoming increasingly important as ambulance services are required to deliver extended services. Collaboration and partnership offers great opportunities to improve services and make savings. This can range from 'soft' collaboration such as collaborative procurement to 'hard' collaboration which put in place formal contractual arrangements to share staff and resources more easily leading to improved facilities, broader and more integrated and well-informed service delivery and improved sustainability. Collaboration and partnerships between agencies, professions, and across sectors in the delivery of public services is now a major policy goal across both the developed and developing world. UK health organisations are increasingly being asked to work together across traditional agency boundaries. Although this sounds easy in theory, doing it in practice is incredibly difficult and complicated.

Often, practitioners and managers are being tasked with making partnerships work without the necessary support. Therefore, it is important to summarise current policy and research, set out useful frameworks and approaches, identify and address the gaps in related evidence-based research on Wellbeing and ambulance service environments and make the necessary recommendations to inform policy and practice, so that we can work more effectively together.





6. Empowering the Organisation

When people in an organisation are empowered, you can walk in the door and feel the difference. People look you straight in the eye. They show a proactive, outgoing curiosity. You sense their confidence; it emanates from individuals, but it is supported by healthy teams, managers they respect, and by the empowering organisation itself. Organisations need to design and utilise systems and structures that will reinforce rather than act at cross purposes to core values and highest strategic priorities; that is, systems that are aligned with an organisation's vision and goals.

The key and inter-related elements of an empowered organisation are:

- performance focus
- effective and supported team working
- visible leadership
- face-to-face communication.

Empowering is about focussing the organisation's talent on the results needed rather than the methods used and then getting out of people's way. Empowering is all about execution. In an empowered organisation, leaders give help and direction only when requested.

Organisational development approaches that empower us to identify and address Health and Wellbeing in the workplace should go hand in hand with other health promotion strategies.

Organisations should be encouraged and supported to adopt an asset-building approach that builds on organisational strengths, such as organisational leadership and healthy staff policies.

7. Organisational Leadership and Healthy Policy

The quality of an organisation's top leaders is a critical influence on its overall effectiveness and continuing adaptability. Leadership and support for Health and Wellbeing cultural changes are essential and critical in driving the organisation forward. Similarly, the perceived quality and fairness of work policies and whether they are consistently implemented impact the Health and Wellbeing of staff and the organisation. Staff's perceptions of their organisation affect their perception of the work climate and culture, which impacts the way they relate to their job, their tasks and their





responsibilities, and how they see their future in the organisation; ultimately impacting their performance and productivity and their Health and Wellbeing.

8. Supporting and Sharing Best Practices, Evidence and Research

Information on success stories and best practices, evidence on effectiveness, and research on health promotion, prevention and the determinants of health are essential to all stakeholders involved in planning, monitoring and implementing Wellbeing initiatives. Actively encouraging staff members who have successfully improved their Wellbeing and sharing their experiences will cultivate noticeable levels of engagement.

9. Measuring, Monitoring, Tracking Progress and Public Reporting

Measuring, monitoring and tracking progress are required if we are to know whether we are successful in improving Wellbeing, and to determine if our Priorities for Action should change over time. This includes ongoing monitoring and reporting of health status, risk factors, the determinants of health, and Government policies and programmes. It is also essential to track the implementation of the Wellbeing Strategy itself.

10. Staff Engagement and Long Term Commitment

The consultation processes undertaken highlighted the important contribution so many staff already make through Health and Wellbeing related initiatives. We want to enable all staff to become involved in the pursuit of Wellbeing.

Investing in Wellbeing will realise benefits such as better health, improved quality of life and increased productivity for staff, but it is essential to realise that these benefits will be achieved in the long term. Dramatic change will not happen over-night or necessarily even in a few years, and therefore the commitment must be long term. The opportunity cost of not investing in Wellbeing is being unable to maintain an affordable and sustainable healthy workforce.





PART FOUR

THE FOUR KEY PRIORITIES FOR ACTION AND THE TWELVE STRATEGIC AIMS

The Four Key Priorities for Action are:

- Let's Address Stress
- Mental Health
- Active and Healthy lifestyles
- Workplace Wellbeing

Flowing from the **Four Key Priorities for Action** are the **Twelve Strategic Aims**:

- 1. To manage stress effectively and build resilience
- 2. To increase knowledge and understanding of mental health issues
- **3.** To increase physical activity levels
- 4. To increase adoption of healthy eating habits and maintenance of healthy weight
- **5.** To increase the percentage of non-smokers
- **6.** To reduce the incidence of addiction-related problems
- 7. To promote workplace wellbeing
- 8. To promote the adoption of long term healthy lifestyles
- **9.** To increase the focus of health promotion and prevention and increase the remit of Occupational Health services
- 10. To promote healthy work environments
- 11. To promote healthy organisation
- **12.** To design and action robust measuring and monitoring systems which will enable us to assess whether we are achieving stated aims and objectives and also to inform evidence-based research projects



Priority for Action 1: Let's Address Stress

The Health and Safety Executive's definition of stress is 'the adverse reaction a person has to excessive pressure or other types of demand placed upon them'.

Under UK law, we have a 'duty of care' to protect the health, safety and welfare of all employees while at work. We also have to assess the risks arising from hazards at work including work-related stress.

We have already implemented a Stress Management Workshop Programme in line with the Health and Safety Executive's Standards for managing work-related stress, ¹²¹ and our LINC Workers are trained to deliver early interventions to better understand and manage stress. We also carry out inhouse bespoke Individual Stress Risk Assessment Consultations, which are also underpinned by HSE's managing stress guidance, so that recommendations and guidance can be shared with managers and staff to improve stress management and build resilience. To help employers understand how to do a risk assessment for work-related stress the HSE has identified six key areas (or risk factors) that can be causes of work-related stress. These are:

- the demands of your job
- your control over your work
- the support you receive from managers and colleagues
- your relationships at work
- your role in the organisation
- change and how it's managed.

It is worth noting that our in-house Individual Stress Risk Assessments also take into account personal factors and personal responsibility, not simply work-related elements, as we believe it is important to base the assessment, which will inform recommendations, on a fully comprehensive consultation.



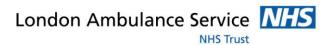
Our proposed Trauma and Resilience Centre (TRC) (see Appendix E) will build on these achievements and help us to have greater success by delivering gold standard services. A well-resourced TRC would provide specialist trauma therapy, training and psycho-education information at the appropriate time, in an appropriate way, and to positive effect. Research has shown that when individuals encounter difficulties and delays in gaining access to appropriate support, the long-term view becomes increasingly negative and the risk of developing severe disorders significantly increases. The primary task is to enhance the natural recovery abilities the majority of people have to manage traumatic stress and not to pathologise individuals and/or situations. By reaching people early, we can keep individuals and organisations functioning healthily, and mitigate long-term emotional suffering. One of the key aims of the bespoke TRC will be to deliver a wider choice of up-to-date specialist and high-quality health and wellbeing solutions for staff involved in potentially traumatic incidents and/or personal events, and to provide specialist training and consultation.

1. Strategic Aim: To manage stress effectively and build resilience

Objectives:

- to ensure staff are not exposed to excessive levels of occupational stress that may affect their health in adherence to the London Ambulance Service Managing Stress Policy and all other legal requirements and HSE/NICE recommendations
- To expand Managing Stress and Building Resilience workshops across the Trust
- To expand the delivery of Individual Stress Risk Assessments, as and when required.
- To develop a gold standard Trauma and Resilience Centre to deliver specialist counselling and training





Priority for Action 2: Mental Wellbeing in the Workplace

The following definition of Mental Wellbeing is from the Foresight Project¹²² and is used in the current NICE Guidance¹²³:

'Mental Wellbeing is a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.'

The Department of Health (DH) asked the National Institute for Health and Clinical Excellence (NICE) to produce public health guidance on promoting Mental Wellbeing through productive and healthy working conditions. The NICE guidance supports implementation of related national strategies and guidance as well as a number of legal requirements regarding employment, including employers' duty of care 124 125 126 127.

Mental Wellbeing at work is determined by the interaction between the working environment, the nature of the work and the individual. Work has an important role in promoting Mental Wellbeing. It is an important determinant of self-esteem and identity. It can provide a sense of fulfilment and opportunities for social interaction. Work can also have negative effects on mental health, particularly in the form of stress. Work-related stress is defined as 'the adverse reaction people have to excessive pressure or other types of demand placed upon them' A sense of injustice and unfairness arising from management processes or personal relationships can also increase stress and risks to mental health. Other stressful conditions include physical factors such as material hazards, noise, dust and dirt. Stress is not a medical condition, but research shows that prolonged stress is linked to psychological conditions such as anxiety and depression as well as physical conditions such as heart disease, back pain and headache.





Promoting the mental wellbeing of employees can yield economic benefits for the organisation, in terms of increased commitment and job satisfaction, staff retention, improved productivity and performance, and reduced staff absenteeism (see footnote for examples 129).

A. Mental Wellbeing

Recommendations

- 1. Adopt a structured approach for assessing opportunities to promote staff mental wellbeing and managing risks:
- Ensuring systems are in place for assessing and monitoring the mental wellbeing of staff so that areas for improvement can be identified and risks caused by work and working conditions addressed. This could include using staff attitude surveys and information about absence rates, staff turnover and investment in training and development, and providing feedback and open communication. It is important to protect employee confidentiality and address any concerns staff might have about these processes of assessment and monitoring.
- Making staff aware of their legal entitlements regarding quality of work and working conditions. Staff
 should be made aware of their responsibilities for looking after their own mental wellbeing. For example,
 staff need to pick personal responsibility to identify concerns and needs relating to support or
 improvements in the working environment.
- Using frameworks such as Health and Safety Executive management standards for work-related stress to promote and protect staff mental wellbeing.
- Responding to the needs of staff who may be at particular risk of stress caused by work and working
 conditions, or who may be experiencing mental health problems for other reasons. Well-implemented
 policies for managing staff absence are important for ensuring that individuals who are experiencing
 stress can be identified early and offered support. Support could include counselling or stress
 management training.





B. Flexible Working

Recommendations

- If reasonably practical, provide staff with opportunities for flexible working according to their needs and aspirations in both their personal and working lives. Different options for flexible working include part-time working, home-working, job sharing and flexitime. Such opportunities can enhance an individual's sense of control and promote engagement and job satisfaction.
- Promote a culture within the organisation that supports flexible working and addresses staff concerns.
 Managers should respond to and seek to accommodate appropriate requests from staff for flexible working and should ensure consistency and fairness in processing applications. Managers' ability to manage teams with flexible working patterns may need to be developed.

C. The Role of Line Managers

Recommendations

Strengthen the role of line managers in promoting the mental wellbeing of staff through supportive leadership style and management practices. This will involve:

- Promoting a management style that encourages participation, delegation, constructive feedback,
 mentoring and coaching
- Ensuring that policies for the recruitment, selection, training and development of managers recognise and promote these skills
- Ensuring that managers are able to motivate staff and provide them with the training and support they
 need to develop their performance and job satisfaction
- Increasing understanding of how management style and practices can help to promote the mental wellbeing of staff and keep their stress to a minimum
- Ensuring that managers are able to identify and respond with sensitivity to the emotional concerns and symptoms of mental health problems
- Ensuring that managers understand when it is necessary to refer an individual to occupational health services or other sources of help and support
- Consider the competency framework developed by the Chartered Institute of Personnel and Development, the Health and Safety Executive and Investors in People as a tool for management development¹³⁰.



2. Strategic Aim: To increase knowledge and understanding of mental health issues

Objectives:

- Adopt an organisation-wide approach to promoting the Mental Wellbeing of all staff, working in
 partnership with them. This approach should integrate the promotion of Mental Wellbeing into
 all policies and practices concerned with managing people, including those related to
 employment rights and working conditions.
- Ensure that the approach takes account of the nature of the work, the workforce and the characteristics of the organisation.
- Promote a culture of participation, equality and fairness that is based on open communication and inclusion.
- Create an awareness and understanding of Mental Wellbeing and reduce the potential for discrimination and stigma related to mental health problems.
- Ensure processes for job design, selection, recruitment, training, development and appraisal
 promote mental wellbeing and reduce the potential for stigma and discrimination. Staff should
 have the necessary skills and support to meet the demands of a job that is worthwhile and
 offers opportunities for development and progression. Staff should be fully supported
 throughout organisational change and situations of uncertainty.

Priority for Action 3 – Active and Healthy Lifestyles

There are several modifiable risk factors for heart disease and strokes; the risk factors that we can change tend to be the same. For example, cancer is the leading cause of premature death, and two-thirds of cancer deaths are caused by lifestyle choices. Similarly, 90% of all diabetes in the UK is Type 2 diabetes, which is preventable.

The keys to prevention are healthy eating and a physically active life. Improved nutrition and activity levels can help lower the risk of an array of chronic diseases – heart disease, diabetes, colon cancer and osteoporosis.



The health risks of inactivity include premature death, heart disease, obesity, high blood pressure, adult-onset diabetes, osteoporosis, stroke, depression and colon cancer. The benefits of regular activity include better health, improved fitness, better posture and balance, better self-esteem, weight control, stronger muscles and bones, feeling more positive and energetic, relaxation and reduced stress, and continued independent living later in life. Also, what we eat on a day to day basis is the primary determinant of Wellbeing or sickness.

Research has repeatedly shown that leading a healthy lifestyle prevents illness. A healthy lifestyle includes being physically active, eating a healthy diet, maintaining a healthy weight, limiting consumption of alcohol, and not smoking or abusing drugs.

Evidence based studies have discussed the negative health effect our increasingly sedentary lifestyle is having on all of us, and especially on our children and young adults. Reflecting the importance of physical activity to Wellbeing, the single recommendation is that we should invest in quality physical activity programmes for staff.

Evidence-based studies have highlighted the significance of nutrition, and the ill effects of poor eating habits on our health. Poor eating habits may be due to lack of knowledge about nutrition and healthy eating, the convenience and ready availability of processed food and fast food, lack of shopping and cooking skills, lack of family resource management skills, as well as other factors such as low income or lack of transportation. It is not only important for individuals to eat properly but also that workplaces promote and offer healthy food choices.

Most smokers want to stop. But most attempts fail and new smokers are constantly recruited, so although there has been a significant increase in the number of non-smokers over the last thirty years, smoking remains a serious concern to wellbeing. Cigarette smoking remains the single most avoidable cause of death and disability in the UK. Sequelae of smoking include cardiovascular and respiratory disease, cancer (e.g., lung, larynx, oesophagus, mouth, bladder, cervix, pancreas, kidneys), and infant deaths related to maternal smoking. Increasingly, the dangers of second-hand smoke, such as cardiac disease and lung cancer, are also recognised by researchers and policy makers. In the long run, the most effective way to eliminate smoking-related illness is to prevent people from starting use of tobacco. For those who already smoke, discontinuing use is the best and surest option for reducing health risks.





The Strategic Framework for Wellbeing addresses four areas to achieve active and healthy lifestyles:

- A. Physical activity
- B. Nutrition
- C. Smoke cessation
- D. Alcohol and other addictions

For each of these four areas, Strategic Aims and Objectives are presented below.

A. Active and Healthy Lifestyles Strategic Aim – to increase physical activity levels

Objectives:

- To promote physical activity
- To identify and implement models to encourage staff to be more physically active (e.g., increase/improve physical education at work, increase participation and reduce access barriers to participation in recreation and sport programmes
 - **B.** Active and Healthy Lifestyles Strategic Aim to increase adoption of healthy eating habits and maintenance of healthy weight.

Objectives:

- To promote healthy eating habits
- To identify and share information about best practices, programmes and existing initiatives that promote and support healthy eating
- To promote the Department of Health's healthy eating guidance.

C. Active and Healthy Lifestyles Strategic Aim - to increase the percentage of non-smokers

Objectives:

- To increase the number of smokers who stop and remain smoke-free
- To identify and share information about best practices, programmes and existing initiatives
- To explore and deliver models of best practice in smoking cessation
- To work towards a smoke-free workplace.





D. Active and Healthy Lifestyles Strategic Aim - to reduce the incidence of addiction related problems (including alcohol, drug and substance abuse, and gambling)

Objectives:

- To put more emphasis on prevention of addictions
- To promote, encourage and support community development approaches to prevent addictions
- To identify and share information about best practices, programmes and existing community addictions initiatives
- To explore models of best practice in alcohol and other addiction reduction

Priority for Action 4 - Workplace Wellbeing

For clarity, it may be useful to define a healthy working environment as:

- A place where health risks are recognised, and controlled if they cannot be removed
- A place where work design is compatible with people's health needs and limitations
- An environment that supports the promotion of healthy lifestyles
- A place where employees and employers recognise their responsibility for their health and the health of colleagues.

A healthy workplace is a workplace in which all staff and departments are working effectively together to improve the quality of everyone's lives. A healthy workplace is a significant resource and support for individuals. As an Ambulance Service it is important to effectively engage in a paradigmatic shift by moving from expert-centred, illness focussed, reactive health care towards one that is more client-centred, health focussed and proactive. This shift must occur at the local level through programmes for capacity development, empowering staff to pursue their health goals. The combinations of health promotion strategies with staff buy-in have the greatest possibility for success. In the late 1970's and early 1980's lifestyle programmes aimed at individuals were seen as the best way to improve Health and Wellbeing. Today experts say that empowerment and participation are essential to improve community and workplace health. The workplace is positioned



as the key starting point for Wellbeing; staff know their workplace's needs and strengths best, and change is likely to be more lasting and meaningful when it is initiated from the 'bottom-up'.

That is, actively engaging staff in developing the appropriate processes and polices for workplace Wellbeing is the best way of achieving success. Also, actively developing partnership working with organisations in the private and public sector will further increase our success and commitment rates. Research has shown that developing support groups and enabling networking and sharing information both internally and externally will also achieve a more effective change in behaviour towards Wellbeing in the workplace and raise levels of shared responsibility.

Wellbeing in the workplace is all about people in the workplace. There is mounting evidence that a healthy workplace is good business. An effective Wellbeing Strategy is the development of a working environment that encourages and promotes positive lifestyle behavioural change. The top workplace health issues identified by research initiatives were mental health (including stress, anxiety and depression); followed by physical injuries, low morale and job satisfaction; risk factors and behaviours that lead to illness (sedentary lifestyle, smoking, alcohol, nutrition), and workplace health and safety concerns.

Priority for Action – Workplace Wellbeing

Strategic Aim – to promote Workplace Wellbeing

Objectives:

- To promote Workplace Wellbeing Programmes
- To ensure that the London Ambulance Service is a role model for Workplace Wellbeing
- To promote the benefits of Workplace Wellbeing programmes to employers (e.g., via a proactive and sustained campaign)
- To identify and develop options to address the challenges of an emergency service workplace environment to offer Workplace Wellbeing programmes (e.g., networking, partnership working)
- To recognise workplaces that are role models for Wellbeing
- To explore and develop incentives for staff who participate in Workplace
 Wellbeing Programmes
- To recognise staff initiated programmes to improve Wellbeing in the workplace





- To explore and develop incentives for staff who participate in Workplace Wellbeing Programmes
- To support and promote the Government recommendations and guidance on Workplace Wellbeing





PART FIVE

FROM STRATEGY TO ACTION

Working Together for Wellbeing

A Strategic Framework for Wellbeing, with Key Elements, Priorities for Action, Strategic Aims and Objectives is not enough, without the commitment and mechanisms to implement it. Wellbeing is everyone's responsibility, but the London Ambulance Service's role to work together with others for Wellbeing needs to be defined. Effective implementation of the Wellbeing Strategy should be guided by the identified Key Elements of Wellbeing, especially the leadership. The London Ambulance Service can demonstrate leadership by endorsing and implementing the Wellbeing Strategy and action the stated recommendations.

A determining factor for success is ensuring that a high-profile focal point for Wellbeing within the London Ambulance Service is established, such as a Wellbeing Secretariat. Te Wellbeing Secretariat would oversee the following recommendations:

Recommendations

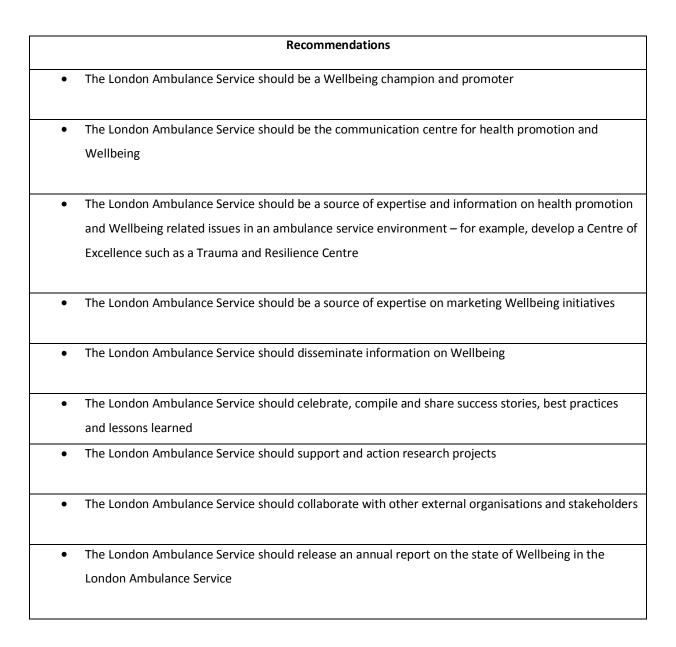
- 1. To promote the Health and Wellbeing agenda across the London Ambulance Service.
- 2. To provide a leadership role in taking forward the Health and Wellbeing agenda through policy and strategy development, working collaboratively with other interested parties
- 3. To form a consultation network
- 4. To identify Health and Wellbeing needs and inequalities in the London Ambulance Service using the wide variety of data sources available
- 5. To support the development of strategies and action plans based on evidence of effectiveness to meet prioritised needs
- 6. To establish Health and Wellbeing outcome indicators and local targets that the Wellbeing Strategy will address, monitor and report back on to the Trust Board
- 7. To work with staff groups, and establish task groups if necessary, to implement action plans and evaluate effectiveness and cost effectiveness
- 8. To identify and bid for funding to enable task groups to implement local plans addressing Wellbeing concerns and issues
- 9. To monitor specific work plans against achievement of outcomes and support task groups as needed





Health is Our Core Business

As health is our core business it makes sound sense that we at the London Ambulance Service take significant steps to become role models for the communities we serve.







Ensuring Success

In addition to the establishment of a focal point for Wellbeing, mechanisms also need to be put in place to ensure that all departments work individually and together to identify opportunities to address Wellbeing, and to implement and be accountable for their contribution to Health and Wellbeing and the implementation of the Wellbeing Strategy.

Recommendations

- Establishing a coordinating committee to be responsible for developing, implementing, monitoring
 implementation of and being accountable for an implementation plan to respond to all the
 recommendations, priorities for action, strategic aims, and objectives of the Wellbeing Strategy
- Establishing an interdepartmental committee to be responsible to and support the Co-ordinating Committee
- Implementing a reporting and communication model identifying who reports on Wellbeing status and progress to achieve the identified health goals
- Requiring all departments to include a section on Wellbeing in their annual reports
- Requiring the corporate performance measurement system to incorporate measurement of Wellbeing
- Ensuring accountability of departments for Wellbeing via reporting to the coordinating committee
- The London Ambulance Service has the opportunity to collaborate with many other organisations and groups to improve the Wellbeing of staff and the community, including but not limited to community groups, other levels of government, other communities, universities, and the private sector





Making it happen

Measuring Success

The collection of metrics information by itself provides only limited value. Value comes when we can compare actual results against present standards and levels. The aim would be to find baselines and then look for improvement from that point forwards. We would need to establish baselines by taking initial measurements to see what the current state is. Our targets would then be based on making some improvements from the recorded baselines. Unless we put in place robust measuring and monitoring systems we cannot measure success or make any necessary changes. Measuring would enable us to assess current performance, set goals for improvement and anticipate any potential deviation or variance.

Communication

Feedback from the consultation process so far makes it clear that staff are keen to be included in the development of Wellbeing initiatives and projects at the beginning of any process and not at the end. Effective organisational communication focuses on openness in communication between senior management and employees, resulting in improved employee engagement and productivity. Therefore, effective organisational communication is critical to actively engage employees, foster trust and respect, and promote productivity. Organisational communication contributes to increased morale, effective teamwork, safety, innovation and quality of decision-making in organisations. In fact, effective organisational communication contributes directly to employee and organisational learning.

Financial Plan

In order to achieve the aims and priorities of this Strategy a financial plan is required to support the required service changes. However it is recognised that funds will, in the main, have to come from existing sources and that there will be no significant increase to allocated budgets.

It will also be essential that financial plans and detail are communicated in a way that leads to more informed decision making, by presenting financial information in ways which better support the redirection of resources.





Recommendations

- Collaboration and partnership opportunities should be actively pursued and identified
- Communicating and sharing of success stories, best practices, evidence, and research will help to
 ensure that all stakeholders benefit from the lessons learned by others
- Measuring, monitoring and tracking progress are critical to the successful implementation of the
 Wellbeing Strategy
- Producing an annual Wellbeing Report which could present information on our Wellbeing status and the progress being made towards reaching the Strategic Aims identified in this report
- To implement this report we need to collaboratively develop action plans which identify lead and secondary responsibility groups to address and respond to all the Recommendations, Strategic Aims and Objectives. In developing these action plans, opportunities for partnership and collaboration with other sectors should be pursued. One of the aims here would be to adopt a learning from experience model where continued improvement within existing measures and indicators of Wellbeing at the local and central level, as well as at the community level, so that stakeholders can better identify and monitor Wellbeing needs, and take action to address them

Effective Implementation

Strategy implementation is inseparable from effective leadership and communication; it is necessary to effectively communicate our vision regarding the Wellbeing of staff; it is essential to continually generate enthusiasm and buy-in at all levels of the organisation; to commit to projects and business results that will achieve our aims and objectives; to support the design of organisational architecture that enables empowerment and effective communication within the organisation; support the creation of plans and short-term goals at the local level; and to position effective action in a context of accountability.

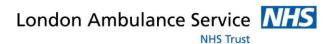




We recommend that the London Ambulance Service work to identify opportunities to:

- Work together with other ambulance services, other health care organisations, the business sector, universities, communities, non-government organisations and community groups to improve Wellbeing
- Work together with the other ambulance services to address Wellbeing issues of common concern.
 Possible examples for collaboration include musculoskeletal and physical injuries, PTSD and Traumatic
 Stress, Mental Wellbeing in the Workplace and physical activity promotion
- 3. Work with the Department of Health, the Health and Safety Executive and NICE to ensure stakeholders have the best available evidence to address Wellbeing
- 4. We recommend that policy development for Wellbeing be an inclusive process that includes an effective means of engaging all staff





PROMOTING EQUALITY

Under the Race Relations (Amendment) Act 2000 and the Disability Discrimination Act (2005), the London Ambulance Service has a statutory duty to eliminate unlawful discrimination and to promote equality. An equality impact assessment is currently being undertaken on this strategy. This includes assessing the role of the Strategy in relation to eliminating discrimination on the grounds of race, gender, disability, sexual orientation, age, religion and language and promoting equality of opportunity and good relations between different groups. As a result of the impact equality process, the services provided should be improved and meet the needs of those using them. The assessment process can also be used to identify actual and potential inequalities.

What we aim to do

Promote the use of Equality Impact Assessment in the London Ambulance Service as a means of considering the effects of health and wellbeing programmes strategies, policies and staff support services on staff and reducing inequalities.

Key areas for action	What we aim to do
Promoting Equality	Promote the use of Equality Impact Assessment in the London Ambulance Service as a means of considering the effects of health and wellbeing programmes, strategies, policies and services on staff and reducing inequalities.
Health Impact	Develop and implement the use of a Wellbeing impact
Assessment Tool	assessment tool as a means of identifying and measuring the impact of the key priority areas identified in this report and how they impact Health and Wellbeing.
Mainstreaming Health	Raise awareness of Health Promotion Programmes and Prevention to increase Wellbeing levels.
Measuring success	Develop and implement a performance management framework and a set of high level indicators to highlight progress in achieving the Wellbeing Strategy's vision linked to annual Action Plans
Communication	Improve the use of communication methods as a tool in delivering the vision of this strategy.





MOVING AHEAD – ACTION PLANNING

This strategic plan has set out the vision and priorities over the next 3 years. The challenge is to make sure that we translate these aims and aspirations into activity that is really going to make a difference. We will be working with groups and departments across the organisation to agree how these priorities are delivered and to ensure that action is undertaken to meet our vision and goal. In order to successfully achieve this it is important to identify targets and outcomes which can be monitored and measured.

The Action Plans will set out how we translate our aspirations into tangible outcomes. The Secretariat will be responsible for making sure that we achieve these outcomes over the next 3 years to realise positive benefits for staff in the London Ambulance Service. Furthermore, by promoting Health and Wellbeing within the workplace we will also aim to significantly impact the Health and Wellbeing of patients, family and the community we serve.

In delivering these objectives we aim to ensure the following outcomes are met:

- Improved Health and Wellbeing
- Improved quality of life
- Opportunities to make a positive contribution
- Ability to exercise choice and control
- Freedom from discrimination and harassment
- Personal dignity

In the writing of this report we gave serious consideration to the valuable advice and information provided by staff during the consultation process. We believe that endorsement and implementation of the Strategic Framework for Wellbeing, Key Elements, Priorities for Action, Strategic Aims, and Objectives will help the London Ambulance Service meet the challenge of putting more emphasis on promoting Wellbeing, preventing illness, and addressing the factors that influence Wellbeing, to help staff stay healthy longer. We know that getting it right requires new ways of working and thinking, and we are committed to exploring these.





APPENDICES

APPENDIX A – Summary of Recommendations

Executive Summary

Recommendations

- This Report recommends endorsement of the definition "Wellbeing is a state of emotional, mental, physical, social and spiritual wellbeing that enables people to reach and maintain their personal potential in their communities".
- 2. This Report recommends endorsement of the vision that all staff members enjoy the greatest possible state of Wellbeing and the goal is to help staff stay healthy longer
- 3. This report recommends the establishment of a high-profile focal point for Wellbeing within the London Ambulance Service, such as a Wellbeing Secretariat. The Secretariat would have responsibility to:
- work with other departments and stakeholders
- be a source of expertise on Wellbeing
- communicate research findings and information to stakeholders
- release an annual Wellbeing Report
- facilitate and support an organisational approach to improve Health and Wellbeing.
- 4. This Report recommends the establishment of an interdepartmental coordinating committee, which would work in collaboration with the Wellbeing Secretariat, and be responsible for developing, implementing, monitoring implementation of and being accountable for action plans to respond to all the recommendations, priorities for action, strategic aims, and objectives of the Wellbeing Strategy
- 5. This report recommends the implementation of a comprehensive inventory of health and wellbeing related policies, staff support services, LINC Scheme, occupational health provision, staff counselling, EAP and other relevant programmes and initiatives so we can both have readily identifiable baselines and best address the health and wellbeing of our staff
- 6. We recommend that the London Ambulance Service as a whole, and each department:
- Ensure that all policies are developed with consideration of the impact on the Health and Wellbeing of staff
- Review existing policies to identify areas that are presently impacting the Health and Wellbeing of staff or impacting on the ability of staff to improve their own Health and Wellbeing
- Ensure that all departments explore, identify and document their contribution to Wellbeing in their corporate strategic planning processes and annual reports
- Incorporate Wellbeing into the corporate performance measurement system
- This Report also recommends that the London Ambulance Service continues to develop healthy work policies, and reviews existing policies that impact on the Wellbeing of staff or the ability of staff to improve personal health.
- 8. This Report recommends that all areas and departments within the London Ambulance Service should explore, identify and document their contribution to Wellbeing into their corporate strategic planning processes and annual reports.
- 9. This Report recommends that effective communication lines should be put in place between each department to identify what we are all doing, thereby reducing the likelihood of resource wastage on duplicate work.
- This Report recommends that Wellbeing should be incorporated into the corporate performance measurement systems.





Mental Wellbeing

Recommendations

Adopt a structured approach for assessing opportunities to promote staff mental wellbeing and managing risks:

- Ensuring systems are in place for assessing and monitoring the Mental Wellbeing of staff so that areas for
 improvement can be identified and risks caused by work and working conditions addressed. This could include using
 staff attitude surveys and information about absence rates, staff turnover and investment in training and
 development, and providing feedback and open communication.
- Making staff aware of their legal entitlements regarding quality of work and working conditions. Staff should be made aware of their responsibilities for looking after their own mental wellbeing.
- Using frameworks such as Health and Safety Executive management standards for work-related stress to promote and protect staff mental wellbeing.
- Responding to the needs of staff who may be at particular risk of stress caused by work and working conditions, or
 who may be experiencing mental health problems for other reasons. Well-implemented policies for managing staff
 absence are important for ensuring that individuals who are experiencing stress can be identified early and offered
 support. Support could include counselling or stress management training.

Flexible Working

Recommendations

- If reasonably practical, provide staff with opportunities for flexible working according to their needs and aspirations in both their personal and working lives. Different options for flexible working include part-time working, homeworking, job sharing and flexitime. Such opportunities can enhance an individual's sense of control and promote engagement and job satisfaction.
- Promote a culture within the organisation that supports flexible working and addresses staff concerns. Managers
 should respond to and seek to accommodate appropriate requests from staff for flexible working and should ensure
 consistency and fairness in processing applications. Managers' ability to manage teams with flexible working patterns
 may need to be developed.





The Role of Line Managers

Recommendations

Strengthen the role of line managers in promoting the mental wellbeing of staff through supportive leadership style and management practices. This will involve:

- Promoting a management style that encourages participation, delegation, constructive feedback, mentoring and coaching
- Ensuring that policies for the recruitment, selection, training and development of managers recognise and promote these skills
- Ensuring that managers are able to motivate staff and provide them with the training and support they need to develop their performance and job satisfaction
- Increasing understanding of how management style and practices can help to promote the mental wellbeing of staff and keep their stress to a minimum
- Ensuring that managers are able to identify and respond with sensitivity to the emotional concerns and symptoms of mental health problems
- Ensuring that managers understand when it is necessary to refer an individual to occupational health services or other sources of help and support
- Consider the competency framework developed by the Chartered Institute of Personnel and Development, the Health and Safety Executive and Investors in People as a tool for management development¹³¹.

Working Together for Wellbeing

Recommendations The Wellbeing Secretariat would oversee the following: To promote the Health and Wellbeing agenda across the London Ambulance Service. To provide a leadership role in taking forward the Health and Wellbeing agenda through policy and strategy development, working collaboratively with other interested parties To form a consultation network To identify Health and Wellbeing needs and inequalities in the London Ambulance Service using the wide variety of data sources available. To support the development of strategies and action plans based on evidence of effectiveness to meet prioritised 5. To establish Health and Wellbeing outcome indicators and local targets that the Wellbeing Strategy will address, 6. monitor and report back on to the Trust Board. To work with staff groups, and establish task groups if necessary, to implement action plans and evaluate effectiveness and cost effectiveness. To identify and bid for funding to enable task groups to implement local plans addressing Wellbeing concerns and 8. To monitor specific work plans against achievement of outcomes and support task groups as needed.





Health is Our Core Business

Recommendations

- The London Ambulance Service should be a Wellbeing champion and promoter
- The London Ambulance Service should be the communication centre for health promotion and Wellbeing
- The London Ambulance Service should be a source of expertise and information on health promotion and
 Wellbeing related issues in an ambulance service environment for example, develop a Centre of Excellence such as a Trauma and Resilience Centre
- The London Ambulance Service should be a source of expertise on marketing Wellbeing initiatives
- The London Ambulance Service should disseminate information on Wellbeing
- The London Ambulance Service should celebrate, compile and share success stories, best practices and lessons
 learned
- The London Ambulance Service should support and action research projects
- The London Ambulance Service should collaborate with other external organisations and stakeholders
- The London Ambulance Service should release an annual report on the state of Wellbeing in the London Ambulance Service

Ensuring Success

Recommendations

- Establishing a coordinating committee to be responsible for developing, implementing, monitoring
 implementation of and being accountable for an implementation plan to respond to all the recommendations,
 priorities for action, strategic aims, and objectives of the Wellbeing Strategy
- Establishing an interdepartmental committee to be responsible to and support the Co-ordinating Committee
- Implementing a reporting and communication model identifying who reports on Wellbeing status and progress to achieve the identified health goals
- Requiring all departments to include a section on Wellbeing in their annual reports
- · Requiring the corporate performance measurement system to incorporate measurement of Wellbeing
- Ensuring accountability of departments for Wellbeing via reporting to the coordinating committee
- The London Ambulance Service has the opportunity to collaborate with many other organisations and groups to improve the Wellbeing of staff and the community, including but not limited to community groups, other levels of government, other communities, universities, and the private sector.





Making It Happen

Recommendations

- Collaboration and partnership opportunities should be actively pursued and identified.
- Communicating and sharing of success stories, best practices, evidence, and research will help to ensure that all stakeholders benefit from the lessons learned by others.
- Measuring, monitoring and tracking progress are critical to the successful implementation of the Wellbeing Strategy.
- Producing an annual Wellbeing Report which could present information on our Wellbeing status and the progress being made towards reaching the Strategic Aims identified in this report.
- To implement this report we need to collaboratively develop action plans which identify lead and secondary responsibility groups to address and respond to all the Recommendations, Strategic Aims and Objectives. In developing these action plans, opportunities for partnership and collaboration with other sectors should be pursued. One of the aims here would be to adopt a learning from experience model where continued improvement within existing measures and indicators of Wellbeing at the local and central level, as well as at the community level, so that stakeholders can better identify and monitor Wellbeing needs, and take action to address them

Effective Implementation

We recommend that the London Ambulance Service work to identify opportunities to:

- 1. Work together with other ambulance services, other health care organisations, the business sector, universities, communities, non-government organisations and community groups to improve Wellbeing
- Work together with the other ambulance services to address Wellbeing issues of common concern. Possible
 examples for collaboration include musculoskeletal and physical injuries, PTSD and Traumatic Stress, Mental
 Wellbeing in the Workplace and physical activity promotion.
- 3. Work with the Department of Health, the Health and Safety Executive and NICE to ensure stakeholders have the best available evidence to address Wellbeing
- 4. We recommend that policy development for Wellbeing be an inclusive process that includes an effective means of engaging all staff





Promoting Equality

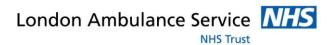
Key areas for action	What we aim to do
Promoting Equality	Promote the use of Equality Impact Assessment in the London Ambulance Service as a means of considering the effects of health and wellbeing programmes, strategies, policies and services on staff and reducing inequalities.
Health Impact Assessment Tool	Develop and implement the use of a Wellbeing impact assessment tool as a means of identifying and measuring the impact of the key priority areas identified in this report and how they impact Health and Wellbeing.
Mainstreaming Health	Raise awareness of Health Promotion Programmes and Prevention to increase Wellbeing levels.
Measuring success	Develop and implement a performance management framework and a set of high level indicators to highlight progress in achieving the Wellbeing Strategy's vision linked to annual Action Plans
Communication	Improve the use of communication methods as a tool in delivering the vision of this strategy.

APPENDIX B

The **Key Elements** directly impacting effective implementation of the Strategic Framework for Wellbeing include:

- 1. Health promotion and prevention
- 2. The determinants of health
- **3.** Linking Wellbeing and illness
- 4. Shared responsibility
- 5. Collaboration and partnerships
- **6.** Empowering the organisation
- 7. Organisational leadership and healthy policy
- 8. Supporting and sharing best practices, evidence and research
- **9.** Measuring, monitoring, tracking progress and reporting processes
- **10.** Staff engagement and long term commitment.





APPENDIX C

The Four Key Priorities for Action and the Twelve Strategic Aims

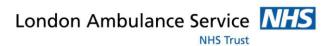
The Four Key Priorities for Action:

- Let's Address Stress
- Mental Health
- Active and Healthy lifestyles
- Workplace Wellbeing

Flowing from the **Four Key Priorities for Action** are the **Twelve Strategic Aims**:

- 1. To manage stress effectively and build resilience
- 2. To increase knowledge and understanding of mental health issues
- **3.** To increase physical activity levels
- 4. To increase adoption of healthy eating habits and maintenance of healthy weight
- 5. To increase the percentage of non-smokers
- **6.** To reduce the incidence of addiction-related problems
- 7. To promote workplace wellbeing
- 8. To promote the adoption of long term healthy lifestyles
- **9.** To increase the focus of health promotion and prevention and increase the remit of Occupational Health services
- 10. To promote healthy work environments
- 11. To promote healthy organisation
- **12.** To design and action robust measuring and monitoring systems which will enable us to assess whether we are achieving stated aims and objectives and also to inform evidence-based research projects





APPENDIX D – Summary of Objectives

1. Strategic Aim – To manage stress effectively and build resilience

Objectives:

- to ensure staff are not exposed to excessive levels of occupational stress that may affect their health in adherence to the London Ambulance Service Managing Stress Policy and all other legal requirements and HSE/NICE recommendations
- To expand Managing Stress and Building Resilience workshops across the Trust
- To expand the delivery of Individual Stress Risk Assessments, as and when required.
- To develop a gold standard Trauma and Resilience Centre to deliver specialist counselling and training

2. Strategic Aim - To increase knowledge and understanding of mental health issues

Objectives:

- Adopt an organisation-wide approach to promoting the mental wellbeing of all staff, working in
 partnership with them. This approach should integrate the promotion of mental wellbeing into
 all policies and practices concerned with managing people, including those related to
 employment rights and working conditions.
- Ensure that the approach takes account of the nature of the work, the workforce and the characteristics of the organisation.
- Promote a culture of participation, equality and fairness that is based on open communication and inclusion.
- Create an awareness and understanding of mental wellbeing and reduce the potential for discrimination and stigma related to mental health problems.
- Ensure processes for job design, selection, recruitment, training, development and appraisal
 promote mental wellbeing and reduce the potential for stigma and discrimination. Staff should
 have the necessary skills and support to meet the demands of a job that is worthwhile and





offers opportunities for development and progression. Staff should be fully supported throughout organisational change and situations of uncertainty.

- Ensure that staff groups who might be exposed to stress but might be less likely to be included
 in the various approaches for promoting mental wellbeing have the equity of opportunity to
 participate. These groups include shift workers and part-time workers.
 - 3. Strategic Aim to increase physical activity levels

Objectives:

- To promote physical activity for all staff by identifying and implementing models to foster encouragement and increase participation and reduce barriers
- To work in partnership with stakeholders to increase participation of staff in physical activity
- To promote government initiatives regarding physical activity, such as NICE Guidelines on Promoting Physical Activity in the Workplace¹³², HSE recommendations and all other related evidenced based research
- To implement the recommendations in Boorman's Final Report
- 4. Strategic Aim to increase adoption of healthy eating habits and maintenance of healthy weight

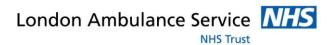
Objectives:

- To promote healthy eating habits for all staff
- To identify and share information about best practices, programmes and existing initiatives, that promote and support healthy eating
- The Department of Health's Five a Day food guide
- 5. Strategic Aim to increase the percentage of non-smokers

Objectives:

- To increase the number of smokers who stop and remain smoke-free
- To identify and share information about best practices, programmes and existing community initiatives





- To explore models of best practice in smoking cessation
- To increase the number of environments that are smoke-free
- 6. Strategic Aim to reduce the incidence of addiction related problems (including alcohol, drug and substance abuse, and gambling)

Objectives:

- To put more emphasis on prevention of addictions
- To promote, encourage and support psycho-educational and psycho-social approaches to prevent addictions by educating staff to identify roots and triggers of addiction and develop reality-based improvement programmes
- To identify and share information about best practices, programmes and existing community addictions initiatives
- 7. Strategic Aim to promote Workplace Wellbeing

Objectives:

- To promote Workplace Wellbeing programmes
- To ensure that the LAS is a role model regarding Workplace Wellbeing through designing and implementing gold-standard improvement programmes and processes
- To recognise staff initiated programmes to improve Wellbeing in the workplace
- To explore and develop incentives for staff who participate in Workplace Wellbeing programmes
- To support and promote the government's campaign via adherence, where reasonable, to HSE, NICE and Department of Health's initiatives, recommendations and guidance on Workplace Wellbeing.

Appendix E – Trauma and Resilience Proposal (available on request)

Appendix F – Personal Responsibility Framework (available on request)





REFERENCES

¹ The policies and strategies that influence this area of work are:

- 1. <u>Dame Carol Blacks Report</u> <u>http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf</u>
- 2. Boorman Interim Report http://www.nhshealthandwellbeing.org/InterimReport.html
- 3. Boorman Final Report www.nhshealthandwellbeing.org/FinalReport.html
- 4. <u>Pricewater Cooper http://www.workingforhealth.gov.uk/documents/dwp-wellness-report-public.pdf</u>
- 5. <u>Business in the Community http://www.bitc.org.uk/resources/publications/healthy_people_.html</u>
- 6. <u>Investors in People</u> <u>http://www.investorsinpeople.co.uk/Interactive/Awards/HWAward/Pages/GettingStarted.aspx</u>
- 7. New NICE guidance aims to improve workplace mental health and well-being http://www.workingforhealth.gov.uk/News-and-updates/News-Summary.aspx?NewsID=65

4 http://www.foresight.gov.uk/OurWork/ActiveProjects/Mental%20Capital/Welcome.asp

The Project findings were launched on 22nd October 2008. The final Project report together with the evidence base for the Project, including scientific reviews, is available from the Project Outputs page.

- ⁵ http://www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/Obesity.asp
- 6 http://www.foresight.gov.uk/Mental%20Capital/Wellbeing and work.pdf
- ⁷ CBI (Confederation of British Industry). 2005. Work-Related Stress: A Guide: Implementing a European Social Partner Agreement. London.
- ⁸ HSC (Health and Safety Commission). 2004. Helping business cut the cost of work-related stress. HSC press release C045:04 3. 3 November 2004.
- ⁹ 'Improving Health and Work: Changing Lives', (25th November 2008), http://www.workingforhealth.gov.uk/Government-Response/
- 10 'NHS Health and Well-being Review Interim Report', Dr Steven Boorman, Lead Reviewer, (August 2009), www.nhshealthandwellbeing.org http://www.nhshealthandwellbeing.org/InterimReport.html
- 11 'NHS Health and Well-being Final Report', November 2009

 $\frac{\text{http://www.nhshealthandwellbeing.org/pdfs/NHS\%20Staff\%20H\&WB\%20Review\%20Final\%20Report\%20VFinal\%2020-11-09.pdf}{\text{http://www.nhshealthandwellbeing.org/pdfs/NHS\%20Staff\%20H\&WB\%20Review\%20Final\%20Report\%20VFinal\%2020-11-09.pdf}{\text{http://www.nhshealthandwellbeing.org/pdfs/NHS\%20Staff\%20H\&WB\%20Review\%20Final\%20Report\%20VFinal\%2020-11-09.pdf}{\text{http://www.nhshealthandwellbeing.org/pdfs/NHS\%20Staff\%20H\&WB\%20Review\%20Final\%20Report\%20VFinal\%2020-11-09.pdf}{\text{http://www.nhshealthandwellbeing.org/pdfs/NHS\%20Staff\%20H\&WB\%20Review\%20Final\%20Report\%20VFinal\%2020-11-09.pdf}{\text{http://www.nhshealthandwellbeing.org/pdfs/NHS\%20Staff\%20H\&WB\%20Review\%20Final\%20Report\%20VFinal\%2020-11-09.pdf}{\text{http://www.nhshealthandwellbeing.org/pdfs/NHS\%20Staff\%20H\&WB\%20Review\%20Final\%20Report\%20VFinal\%2020-11-09.pdf}{\text{http://www.nhshealthandwellbeing.org/pdfs/NHS\%20Staff\%20H\&WB\%20Review\%20Final\%20X$

- ¹² SPEAR (Sport, Physical Education & Activity Research) (2009). A Systematic Review of the Evidence Base for Developing a Physical Activity and Health Legacy from the London 2012 Olympic and Paralympic Games.
- http://www.london.nhs.uk/news-and-health-issues/press-releases/2009-press-releases/new-health-strategy-to-get-londoners-more-active-by-2012
- '4' (Go London: An active and healthy London for 2012 and beyond' Forward by Dr Simon Tanner Regional Director of Public Health for London and Health Advisor to the Greater London Authority
- ¹⁵ Foresight Mental Capital and Wellbeing Project (2008) Final project report. London: The Government Office for Science. http://www.foresight.gov.uk/Mental%20Capital/Mental capital through life.pdf
- ¹⁶ Sainsbury Centre for Mental Health (2007) Mental health at work: developing the business case. Policy paper 8. London: Sainsbury Centre for Mental Health.
- ¹⁷ Department of Health (2009) *Be active, be healthy: a plan for getting the nation moving.* London: HM Government.

² http://www.nhs.uk/change4life

³ Review of the health of Britain's working age population 'Working for a Healthier Tomorrow', Dame Carol Black (17 March 2008), Published by the cross-government Health, Work and Well-being Programme www.workingforhealth.gov.uk

¹⁸ Morris JN (1994). Exercise in the prevention of coronary heart disease: today's best buy in public health. *Journal of Medicine and Science in Sport and Exercise. 26(7); 807-14*



- ¹⁹ Department for Culture, Media and Sport (2008) Olympic Legacy Research Quantitative Report. London: Department for Culture, Media and Sport
- http://www.dh.gov.uk/prod consum dh/groups/dh digitalassets/documents/digitalasset/dh 094359.pdf
- http://www.nhs.uk/change4life
- ²² Acheson D (1998), Independent inquiry into inequalities in health report. London: The Stationery Office
- ²³ Waddell G, Burton A (2006), 'Is work good for your health and well-being?' London: The Stationery Office
- ²⁴ Health and Safety Executive (2008b) 'Self-reported work-related illness in 2006/07: results from the labour force survey'. London: Health and Safety Executive
- ²⁵ Health and Safety Executive (2008b) 'Self-reported work-related illness in 2006/07: results from the labour force survey'. London: Health and Safety Executive
- ²⁶ Siegrist J, Marmot M (2004), 'Health inequalities and the psychosocial environment two scientific challenges'. Social Science Medicine 58: 1463-73
- ²⁷ Marmot M, Siegrist J, Theorell T (2005), Health and psychosocial environment at work. In: Marmot M, Wilkinson RG, editors. Social Determinants of Health. Oxford: Oxford University Press
- ²⁸ Coats D, Max C (2005), 'Healthy work: productive workplaces'. London: The London Health Commission
- ²⁹ Dunham J (2001) Stress in the workplace. Past, present and future. London: Whurr Publishers
- ³⁰ Foresight Mental Capital and Wellbeing Project (2008) Final project report. London: The Government Office for Science http://www.foresight.gov.uk/Mental%20Capital/Mental capital through life.pdf
- ³¹ Pfeffer J (1998) Human equation. Building profit by putting people first. Boston: Harvard Business School
- 32 http://www.statistics.gov.uk/CCI/nscl.asp?ID=6280
- http://www.statistics.gov.uk/hsq/downloads/HSQ45.pdf
- http://www.statistics.gov.uk/pdfdir/canuk0809.pdf
- 35 http://www.statistics.gov.uk/glance/#health
- http://www.dh.gov.uk/en/Publichealth/Healthimprovement
- http://www.hse.gov.uk/stress/
- http://www.stroke.org.uk/media centre/facts and figures/index.html
- http://www.hse.gov.uk/stress/techpart1.pdf
- 40 http://www.hse.gov.uk/stress/techpart2.pdf
- 41 http://www.hse.gov.uk/stress/research.htm
- http://www.mind.org.uk/
- http://www.mentalhealth.org.uk/
- http://www.arthritiscare.org.uk
- http://www.parliament.uk/post/pn162.pdf
- http://www.heartstats.org/atozpage.asp?id=5481
- http://clinicalevidence.bmj.com/downloads/smoking-cessation.pdf
- http://www.statistics.gov.uk/pdfdir/alc0110.pdf

http://www.bhf.org.uk/livingwithaheartcondition/understandingheartconditions/typesofheartconditions/card iovasculardisease.aspx?pid=g&gclid=CLaEy6 qyaACFRmElAod8jZijg

- ⁵⁰ 'Tackling Obesities: Future Choices' Foresight Project is available on Foresight's website at: http://www.foresight.gov.uk/
- 51 Adult Psychiatric Morbidity in England, 2007: Results of a household survey, The NHS Information Centre,
- ⁵² Together, (formerly MACA), National GP Survey of Mental Health in Primary Care, London, 1999
- ⁵³ Fundamental Facts, Mental Health Foundation, 2006
- ⁵⁴ Regehr C, Hill J, Goldberg G, Hughes J: Postmortem inquiries and trauma responses in paramedics and firefighters. J Interpers Violence 2003, 18:607-622. Publisher Full Text
- ⁵⁵ Wastell CA: Exposure to trauma: the long-term effects of suppressing emotional reactions. J Nerv Ment Dis 2002, 190:839-845. PubMed Abstract | Publisher Full Text



- ⁵⁶ Marmar CR, Weiss DS, Metzler TJ, Delucchi K: Characteristics of emergency services personnel related to peritraumatic dissociation during critical incident exposure. Am J Psychiatry 1996, 153:94-102. PubMed
- ⁵⁷ Marmar CR, Weiss DS, Metzler TJ, Delucchi KL, Best SR, Wentworth KA: Longitudinal course and predictors of continuing distress following critical incident exposure in emergency services personnel. J Nerv Ment Dis 1999, 187:15-22. PubMed Abstract | Publisher Full Text
- ⁵⁸ Brough P: Comparing the Influence of Traumatic and Organizational Stressors on the Psychological Health of Police, Fire, and Ambulance Officers. Int J of Stress Manage 2004, 11:227-244. Publisher Full Text
- ⁵⁹ McFarlane AC: The aetiology of post-traumatic morbidity: predisposing, precipitating and perpetuating factors. Br J Psychiatry 1989, 154:221-228. PubMed Abstract
- ⁶⁰ McFarlane AC: The longitudinal course of posttraumatic morbidity. The range of outcomes and their predictors. J Nerv Ment Dis 1988, 176:30-39. PubMed Abstract
- ⁶¹ Boreham CA, Gamble RP, Wallace WF, Cran GW, Stevens AB: The health status of an ambulance service. Occup Med (Lond) 1994, 44:137-140. PubMed Abstract
- ⁶² Crill MT, Hostler D: Back strength and flexibility of EMS providers in practicing pre hospital providers. J Occup Rehabil 2005, 15:105-111. PubMed Abstract | Publisher Full Text
- ⁶³ Rodgers LM: A five-year study comparing early retirements on medical grounds in ambulance personnel with those in other groups of health service staff. Part I: Incidences of retirements. Occup Med (Lond) 1998, 48:7-16. PubMed Abstract
- ⁶⁴ Rodgers LM: A five year study comparing early retirements on medical grounds in ambulance personnel with those in other groups of health service staff. Part II: Causes of retirements. Occup Med (Lond) 1998, 48:119-132. PubMed Abstract
- ⁶⁵ Jonsson A, Segesten K, Mattsson B: Post-traumatic stress among Swedish ambulance personnel. *Emerg Med* J 2003, 20:79-84. PubMed Abstract | Publisher Full Text
- ⁶⁶ Young KM, Cooper CL: Occupational stress in the ambulance service: a diagnostic study. *Health Manpower* Manage 1997, 23:140-7-147. PubMed Abstract | Publisher Full Text
- ⁶⁷ Cydulka RK, Lyons J, Moy A, Shay K, Hammer J, Mathews J: A follow-up report of occupational stress in urban EMT-paramedics.
- ⁶⁸ Clohessy S, Ehlers A: PTSD symptoms, response to intrusive memories and coping in ambulance service workers. Br J Clin Psychol 1999, 38:251-265. PubMed Abstract | Publisher Full Text
- ⁶⁹ Grevin F: Posttraumatic stress disorder, ego defense mechanisms, and empathy among urban paramedics. Psychol Rep 1996, 79:483-495. PubMed Abstract
- Regehr C, Goldberg G, Glancy GD, Knott T: Posttraumatic symptoms and disability in paramedics. Can J Psychiatry 2002, 47:953-958. PubMed Abstract
- ⁷¹ van der Ploeg E, Kleber RJ: Acute and chronic job stressors among ambulance personnel: predictors of health symptoms. *Occup Environ Med* 2003, 60(Suppl 1):i40-46. <u>PubMed Abstract</u> | <u>Publisher Full Text</u>
- James A: Perceptions of Stress in British Ambulance Personnel. Work Stress 1988, 2:319-326.
- ⁷³ Mahony KL: Management and the creation of occupational stressors in an Australian and a UK ambulance service. Aust Health Rev 2001, 24:135-145. PubMed Abstract | Publisher Full Text
- ⁷⁴ Boudreaux E, Mandry C: The effects of stressors on emergency medical technicians (Part II): A critical review of the literature, and a call for further research. Prehospital Disaster Med 1996, 11:302-307. PubMed Abstract
- ⁷⁵ Beaton R, Murphy S, Johnson C, Pike K, Corneil W: Exposure to duty-related incident stressors in urban firefighters and paramedics. J Trauma Stress 1998, 11:821-828. PubMed Abstract | Publisher Full Text
- ⁷⁶ Cydulka RK, Emerman CL, Shade B, Kubincanek J: Stress levels in EMS personnel: a national survey. Prehospital Disaster Med 1997, 12:136-140. PubMed Abstract
- Jonsson A, Segesten K: Daily stress and concept of self in Swedish ambulance personnel. *Prehospital Disaster* Med 2004, 19:226-234. PubMed Abstract
- ⁷⁸ Okada N, Ishii N, Nakata M, Nakayama S: Occupational stress among Japanese emergency medical technicians: Hyogo Prefecture. Prehospital Disaster Med 2005, 20:115-121. PubMed Abstract
- ⁷⁹ Shapiro D, Jamner LD, Goldstein IB: Ambulatory stress psychophysiology: the study of "compensatory and defensive counterforces" and conflict in a natural setting. Psychosom Med 1993, 55:309-323.PubMed Abstract



- ⁸⁰ Pisarski A, Bohle P, Callan VJ: Short communication: Extended shifts in ambulance work: influences on health. *Stress Health* 2002, 18:119-126. <u>Publisher Full Text</u>
- ⁸¹ Akerstedt T: Shift work and disturbed sleep/wakefulness. *Occup Med (Lond)* 2003, 53:89-94. PubMed Abstract | Publisher Full Text
- Balarajan R: Inequalities in health within the health sector. BMJ 1989, 299:822-825. PubMed Abstract
- ⁸⁴ Weiss SJ, Silady MF, Roes B: Effect of individual and work characteristics of EMTs on vital sign changes during shiftwork. *Am J Emerg Med* 1996, 14:640-644. PubMed Abstract | Publisher Full Text
- ⁸⁵ Rischitelli G, Harris J, McCauley L, Gershon R, Guidotti T: The risk of acquiring hepatitis B or C among public safety workers: a systematic review. *Am J Prev Med* 2001, 20:299-306. <u>PubMed Abstract</u> | <u>Publisher Full Text</u> ⁸⁶ Boal WL, Hales T, Ross CS: Blood-borne pathogens among firefighters and emergency medical technicians. *Prehosp Emerg Care* 2005, 9:236-247. <u>PubMed Abstract</u> | <u>Publisher Full Text</u>
- ⁸⁷ Kasl SV: The influence of the work environment on cardiovascular health: a historical, conceptual, and methodological perspective. *J Occup Health Psychol* 1996, 1:42-56. PubMed Abstract | Publisher Full Text Picavet HSJ: Prevalence of self reported musculoskeletal diseases is high. *Ann Rheum Dis* 2003, 62:644-650. PubMed Abstract |
- ⁸⁹ Ohman U, Bylund PO, Bjornstig U: Impairing injuries among medical personnel. *West J Nurs Res* 2002, 24:788-802. <u>PubMed Abstract</u> | <u>Publisher Full Text</u>
- ⁹⁰ Gershon RR, Vlahov D, Kelen G, Conrad B, Murphy L: Review of accidents/injuries among emergency medical services workers in Baltimore, Maryland. *Prehospital Disaster Med* 1995, 10:14-18. PubMed Abstract
 ⁹¹Duchateau FX, Bajolet-Laplante MF, Chollet C, Ricard-Hibon A, Marty J: Exposure of French emergency medical personnel to violence. *Ann Fr Anesth Reanim* 2002, 21:775-778. PubMed Abstract | Publisher Full Text
- ⁹² Hogya PT, Ellis L: Evaluation of the injury profile of personnel in a busy urban EMS system. *Am J Emerg Med* 1990, 8:308-311. <u>PubMed Abstract</u> | <u>Publisher Full Text</u>
- ⁹³ Maguire BJ, Hunting KL, Smith GS, Levick NR: Occupational fatalities in emergency medical services: a hidden crisis. *Ann Emerg Med* 2002, 40:625-632. PubMed Abstract | Publisher Full Text
- ⁹⁴ Maguire BJ, Hunting KL, Guidotti TL, Smith GS: Occupational Injuries among Emergency Medical Services Personnel. *Prehosp Emerg Care* 2005, 9:405-411. <u>PubMed Abstract</u> | <u>Publisher Full Text</u>
- ⁹⁵ Mechem CC, Dickinson ET, Shofer FS, Jaslow D: Injuries from assaults on paramedics and firefighters in an urban emergency medical services system. *Prehosp Emerg Care* 2002, 6:396-401. <u>PubMed Abstract</u> | <u>Publisher</u> Full Text
- ⁹⁶ Maguire BJ: Occupational injuries among emergency medical services personnel. *Prehosp Emerg Care* 2005, 9:405-411. PubMed Abstract | Publisher Full Text
- ⁹⁷ Bennett P, Williams Y, Page N, Hood K, Woollard M: Levels of mental health problems among UK emergency ambulance workers. *Emerg Med J* 2004, 21:235-236. <u>PubMed Abstract | Publisher Full Text</u>
- ⁹⁸ Alexander DA, Klein S: Ambulance personnel and critical incidents: impact of accident and emergency work on mental health and emotional well-being. *Br J Psychiatry* 2001, 178:76-81. <u>PubMed Abstract</u> | <u>Publisher Full</u> Text
- ⁹⁹ Bennett P, Williams Y, Page N, Hood K, Woollard M, Vetter N: Associations between organizational and incident factors and emotional distress in emergency ambulance personnel. *Br J Clin Psychol* 2005, 44:215-226. PubMed Abstract | Publisher Full Text
- Boudreaux E, Mandry C, Brantley PJ: Stress, job satisfaction, coping, and psychological distress among emergency medical technicians. *Prehospital Disaster Med* 1997, 12:242-249. <u>PubMed Abstract</u>
- Mock EF, Wrenn KD, Wright SW, Eustis TC, Slovis CM: Anxiety levels in EMS providers: effects of violence and shifts schedules. *Am J Emerg Med* 1999, 17:509-511. PubMed Abstract | Publisher Full Text
- ¹⁰² Revicki DA, Gershon RR: Work-related stress and psychological distress in emergency medical technicians. *J Occup Health Psychol* 1996, 1:391-396. PubMed Abstract | Publisher Full Text
- ¹⁰³ Sluiter JK, van der Beek AJ, Frings-Dresen MH: Medical staff in emergency situations: severity of patient status predicts stress hormone reactivity and recovery. *Occup Environ Med* 2003, 60:373-374. PubMed Abstract | Publisher Full Text



- Regehr C, Goldberg G, Hughes J: Exposure to human tragedy, empathy, and trauma in ambulance paramedics. *Am J Orthopsychiatry* 2002, 72:505-513. <u>PubMed Abstract</u> | <u>Publisher Full Text</u>
- ¹⁰⁵ Thompson J: Psychological impact of body recovery duties. *J R Soc Med* 1993, 86:628-629. PubMed Abstract | PubMed Central Full Text
- ¹⁰⁶ Sluiter JK, de Croon EM, Meijman TF, Frings-Dresen MH: Need for recovery from work related fatigue and its role in the development and prediction of subjective health complaints. *Occup Environ Med* 2003, 60(Suppl 1):i62-70. PubMed Abstract | Publisher Full Text
- ¹⁰⁷ Murphy SA, Beaton RD, Pike KC, Cain KC: Firefighters and paramedics: years of service, job aspirations, and burnout. *AAOHN J* 1994, 42:534-540. PubMed Abstract
- ¹⁰⁸ Maslach C, Schaufeli WB, Leiter MP: Job burnout. *Annu Rev Psychol* 2001, 52:397-422. <u>PubMed Abstract</u> | Publisher Full Text
- Aasa U, Brulin C, Angquist KA, Barnekow-Bergkvist M: Work-related psychosocial factors, worry about work conditions and health complaints among female and male ambulance personnel. *Scand J Caring Sci* 2005, 19:251-258. PubMed Abstract | Publisher Full Text
- Boudreaux E, Mandry C, Brantley PJ: Stress, job satisfaction, coping, and psychological distress among emergency medical technicians. *Prehospital Disaster Med* 1997, 12:242-249. <u>PubMed Abstract</u>
- ¹¹¹ Chng CL, Eaddy S: Sensation seeking as it relates to burnout among emergency medical personnel: a Texas study. *Prehospital Disaster Med* 1999, 14:240-244. <u>PubMed Abstract</u>
- ¹¹² Lehmann M, Dorges V, Huber G, Zollner G, Spori U, Keul J: [Behavior of free catecholamines in blood and urine of ambulance men and physicians during quick responses]. *Int Arch Occup Environ Health* 1983, 51:209-222. PubMed Abstract | Publisher Full Text
- ¹¹³ 'A liberal dose? Health and wellbeing: the role of the state'. Richard Reeves for Department of Health 1st February 2010 <u>Download A liberal dose? Health and wellbeing: the role of the state (PDF, 399K)</u>
- ¹¹⁴ 'Influencing public behaviour to improve health and wellbeing' Geoff Mulgan for Department of Health, 1st February 2010Download Influencing public behaviour to improve health and wellbeing (PDF, 400K)
- ¹¹⁵ 'Enabling effective delivery of health and wellbeing', Sir Howard Bernstein, Dr Paul Cosford, Alwen Williams CBE for Department of Health, 1st February 2010 Download Enabling effective delivery of health and wellbeing (PDF, 1394K)
- ¹¹⁶ 'The importance of social theory for health promotion: from description to reflexivity', CAPLAN Health Promotion International Journal, 1993; 8: 147-157] http://heapro.oxfordjournals.org/
- 117 http://www.csu.edu.au/faculty/science/cmhealth/research/honours/abstracts/S.lanelli.pdf
- ¹¹⁸ 'Illness Representations and Coping as Predictors of Emotional Well-being in Adolescents with Type 1 Diabetes', K. A. Edgar, DClin Psychol, and T. C. Skinner, PhD., *Brownhill Centre, Cheltenham, and University of Southampton, UK*http://jpepsy.oxfordjournals.org/cgi/reprint/28/7/485
- http://portal2.nottingham.ac.uk/sociology/research/well-being.php
- 120 http://www.therapeuticimagery.net/media/articles/Link%20Between%20Stress.pdf
- Health and Safety Executive (2008a) Management standards for work-related stress. Available from www.hse.gov.uk/stress/
- Foresight Mental Capital and Wellbeing Project (2008) Final project report. London: The Government Office for Science. http://www.foresight.gov.uk/Mental%20Capital/Mental capital through life.pdf
- NICE Guidance for promoting mental wellbeing through productive and healthy working conditions: guidance for employers www.nice.org.uk/PH22
- ¹²⁴ Department for Work and Pensions, (2005) 'Health, work and wellbeing caring for the future'. London:

The Stationery Office. Department for Work and Pensions, (2008) 'Health, work and wellbeing'. London: The Stationery Office



Department for Work and Pensions and the Department of Health (2008) Dame Carol Black's review of the health of Britain's working age population: working for a healthier tomorrow. London: Department for Work and Pensions and the Department of Health

¹²⁶ Department for Work and Pensions and the Department of Health, (2009) 'Mental health and employment strategy'. London: Department for Work and Pensions

HM Government (1996) Employment Rights Act [online]. Available from www.opsi.gov.uk/acts/acts1996/Ukpga 19960018 en 1

HM Government (2005) The Disability Discrimination Act [online]. Available from www.opsi.gov.uk/acts/acts2005/ukpga 20050013 en 1

HM Government (2006) The Work and Families Act [online]. Available from

HM Government (2006) The Work and Families Act [online]. Available from www.opsi.gov.uk/acts/acts2006/pdf/ukpga 20060018 en.pdf

Health and Safety Executive (2004) Working together to reduce stress at work: a guide for employees [online]. Available from www.hse.gov.uk/pubns/indg424.pdf

Health and Safety Executive (2008a) Management standards for work-related stress [online]. Available from www.hse.gov.uk/stress/ and Pricewaterhouse Coopers (2008) Building the case for wellness [online]. Available from www.workingforhealth.gov.uk/documents/dwp-wellness-report-public.pdf

¹³⁰ Chartered Institute of Personnel and Development, Health and Safety Executive, Investors in People (2009) Line management behaviour and stress at work [online]. Available from www.cipd.co.uk/NR/rdonlyres/898B09D3-6F8A-49AF-BD11-

66EC76B086D4/0/stress at work updated guidance for line managers.pdf

¹³¹ Chartered Institute of Personnel and Development, Health and Safety Executive, Investors in People (2009) Line management behaviour and stress at work [online]. Available from www.cipd.co.uk/NR/rdonlyres/898809D3-6F8A-49AF-BD11-66EC76B086D4/0/stress at work updated guidance for line managers.pdf

Promoting physical activity in the workplace. NICE public health guidance 13 (2008). Available from www.nice.org.uk/PH13