

Planning and preparing



Overview of actions

The wellbeing champion network was planned to address major challenges in adult social care, including staff retention, wellbeing and access to support. High stress, poor mental health and rising sickness rates signalled an urgent need for change. Evidence shows that supported, valued staff are more likely to stay, yet many providers lacked resources to deliver this effectively.

“We started with surveys to understand what staff needed. That baseline data shaped everything, from training priorities to health and wellbeing support, and highlighted gaps we didn’t know existed.”

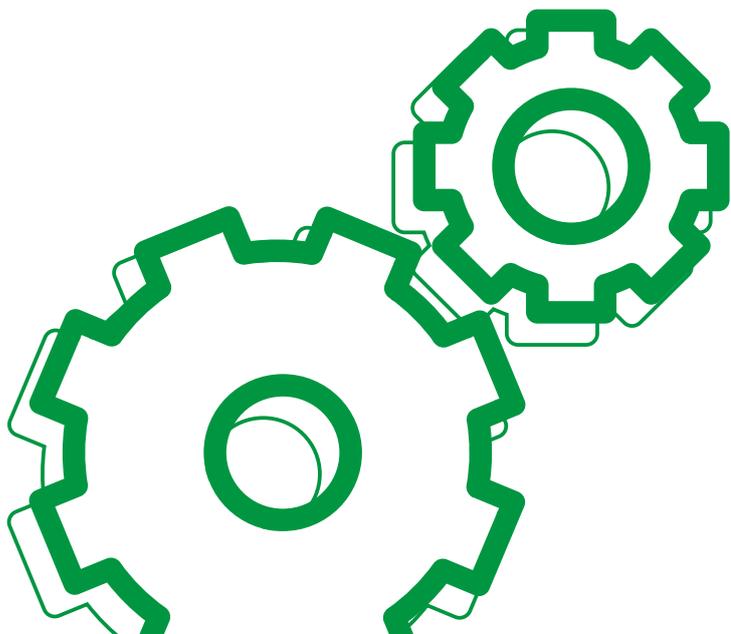
Karina Bennion, Former ICS People Partner for Social Care, Staffordshire and Stoke-on-Trent ICS/ICB



- **Highlighting urgency** – Sickness rates linked to stress, anxiety and depression were described as “through the roof”, making this work both urgent and essential. Poor mental health and lack of support were major contributors to turnover and absenteeism across adult social care.
- **Survey** – At the beginning of the process, a survey with adult social care providers explored the following:
 - What company do you work for?
 - How long have you worked there?
 - Have you been offered a career conversation about your personal and professional development?
 - Are you aware of any training or apprenticeship opportunities that are available to you?
 - Please tick if you know how to access any of the following
 - Staff Psychological Wellbeing Hub
 - Discount benefits available
 - Wellbeing and Recovery college
 - Menopause support
 - What support and information would you like to hear about?
- **Survey results** – The results highlighted major gaps in wellbeing support, learning opportunities and team-building activities. Staff reported feeling underdeveloped and under-equipped. This impacted morale, health and retention, reinforcing the need for a comprehensive programme. These findings were compared with Skills for Care workforce data on sickness absence and retention.
- **Core leadership and co-ordination** – The initiative was driven by a small, dedicated team including ICS health and wellbeing leads, people programme managers and retention partners. Their combined expertise ensured strategic planning, engagement with providers, and integration of wellbeing into wider workforce development efforts.
- **Developing a structured plan** – A logic model was created to define inputs, activities, outputs and outcomes. This is a simple visual planning tool that shows how resources and activities lead to the results an initiative aims to achieve. The logic model ensured alignment with wider workforce strategies, supported evaluation and provided a clear roadmap for embedding wellbeing into organisational culture and operational practices.
- **Initial engagement and communication challenges** – Registered managers were engaged through forums and networks to secure buy-in, but cascading information to front line staff proved difficult due to competing priorities.
- **Strategic pivot** – Within six to eight weeks, the focus shifted to front line care workers who were trusted by colleagues and embedded in service delivery. Volunteers were welcomed, motivated by personal growth and CPD opportunities, ensuring the model was practical and impactful.
- **Wellbeing champion role design** – Champions acted as peer-based points of contact for wellbeing support, promoting initiatives and sharing resources informally. Recruitment was flexible, allowing managers to nominate staff or volunteers to step forward, fostering ownership and engagement across diverse care settings.
- **Supporting champions** – Managers allocated time for champions to attend meetings and engage with networks, and registered managers promoted the programme through forums. These co-ordinated actions ensured champions were equipped and visible within services.
- **Centralised wellbeing expertise** – The ICS Retention team provided ongoing co-ordination, hosting quarterly peer-to-peer meetings and sharing resources. This central point of contact was critical for sustaining momentum, building confidence among champions, and maintaining a safe, supportive network for front line staff.

“Planning was rooted in logic models and stakeholder engagement. We shaped the initiative around real workforce needs, adapting early on to ensure front line staff were directly involved and supported.”

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Key decisions

- Embedded wellbeing into strategic workforce planning to align with system-wide priorities and ensure long-term relevance.
- Developed a logic model to guide planning, implementation and evaluation, ensuring clarity and accountability.
- Expanded eligibility beyond apprentices to include all front line staff, increasing accessibility and impact.
- Engaged registered managers and care providers early to build buy-in and support for the wellbeing champion role.

Key learning

Effective planning requires flexibility and inclusivity to succeed in dynamic care environments. The initiative demonstrated several important lessons:

- **Inclusive engagement strengthens ownership** – Involving staff across roles early on built trust, widened participation and grounded the programme in real workforce needs.
- **Structured planning drives clarity** – Logic models provided a clear roadmap, aligning goals, actions and evaluation from the outset.
- **Early barrier spotting accelerates progress** – Identifying communication and time constraints early allowed timely adjustments that kept delivery practical and achievable.
- **Embedding wellbeing in workforce planning secures longevity** – Treating wellbeing as a strategic priority, not an add-on, ensured sustained commitment across partners.

