Name of Transcription: LAP4Pa 14.2.20

I = Interviewer, P = Participant

(Discussion of consenting etc.)

I: So, just tell me a bit about your role – what you do, what your background is, who you work with, that sort of thing

P: Okay, so, I work in [place] Public Health and my main role is around workplace health. I originally worked in [roles and places]. […] When I moved across to [place] it sort of sat in NHS. So, it was like a community sort of role, if you like.

I: Is that in the PCT?

P: Yeah. It sort of felt like it was a PCT role and we sat in GP surgeries then and supported individuals. They had a lot of complex issues, but a lot of ‘em were related to work. So, the majority of them were in work. So, it’s like retention of work. And then around about four years ago the – when I actually moved into Public Health - we sat in Public Health quite a while ago - but about 4 years ago my role began to change because there was lots of other organisations doing a similar sort of work to what I was doing. But what we realised is there weren’t many organisations actually supporting businesses to look after the wellbeing of their staff. And Public Health England at that time were championing something called The National Workplace Wellbeing Charter. So, what they wanted to do at that point was to encourage local authorities to deliver that in their area and it sort of felt right to sit in public health. So, we looked into it and we said “Right, okay. Why don’t we start to move away from working with individuals in GP surgeries and do some work around this?” cause at that time the Fit for Work service had come in and there were support there anyway. And so, I started to deliver that across [place] and then I linked in, at that point, with the people delivering it in [places]. And [place], and although [place] is a little bit different. But we delivered that for about two years and then that ended because there was an issue around Public Health England and the organisation that they commissioned to actually draw up the actual charter itself and it ended. But Public Health England were actually promoting people to push to sort of look at their own areas and to put something together. So, in [region], we decided to look at something which eventually became the [wellness at work] award and we adapted different sort of – cause there’s a few different models of similar sort of things across – A) across the region and B) across the country. So, that’s what we did

I: So, the [award] stuff is – if you had to describe it in a nutshell, how would you describe it?

P: I would say that it’s – the award is basically – it’s a vehicle, if you like, for businesses to engage with others in the local authority in public health and other organisations that we’ve got links to to look at the agenda of the wellbeing of their staff. It does have criteria, of course, - it’s an award scheme, so – but the main object is to give them something that’s structured that gives ‘em a sort of way in to start thinking about their staff and the wellbeing of their staff. And so it – they can sort of use it, like I say, as a vehicle that says “Actually, right at the beginning, we can get a baseline of where our staff are” cause we give them a health needs assessment and they get a baseline. And then we support them based on the results of that and any other information that they’ve got. So, other information, that might be stuff like sickness absence records, or just knowledge of the staff that says “We know we need to support them in this”. And there’s – it’s sort of split up into areas of what we would call policy-driven stuff to make sure the organisation are promoting the policy-driven areas that, you know, they are looking after their staff legally. And then there’s quite a bit area around what we call public health messages, so, looking after the wellbeing and themselves physical activity, mental health, healthy eating, that sort of stuff. And then there’s a few others looking after the agenda of older people. And people with long term conditions and disabilities. So, that sits in it as well.

I: Okay. And do businesses pay for it?

P: No, it’s free

I: Is it funded through the council?

P: Yeah, so, it’s basically – we’ve sort of put it together as public health people. There’s like add ons. So, within [place] what we would do is we’ve also put together things like awareness sessions, based upon public health messages. So that helps them to achieve the levels of the award, if you like

I: What’s the uptake been like?

P: It is now – it’s something like that takes a while to get embedded. So, now we’ve just reviewed it, so it’s been running sort of like roughly a year. It’s been a year. And the uptake now is beginning to sort of happen, if you like, but it’s – you won’t get a massive amount of organisations, and I think on our books we might have 20, something like that. But there’s a big push from schools at the moment

I: Oh, okay. So, wellbeing of staff at schools?

P: Yeah, and I think someone told me the other day that there’s something written into whatever the people have put together that says wellbeing affects our staff

I: Maybe an OFSTED thing

P: Yeah, that sort of stuff and I think they’ve picked up on it and said “Right, okay” and what they – within [place] anyway, I can only speak for [place] – they had a look at what’s out there that would be able to support us and they came up with the award instead.

I: So, your experience then, cause I don’t much about this field at all, it sounds like – how unusual is this sort of activity between Public Health and essentially businesses. How unusual is this kind of initiative, do you think?

P: I think it’s quite unusual because if you go out and speak to a lot of businesses and mention public health, they still think of environmental health. And they also don’t think that public health have an arm that looks after the wellbeing, or has health at work arm, I suppose. They don’t think that at all. So,

I: Why do you think that is? Why public health and not linking to the working environment?

P: I just think it’s – to be honest, I just think that it’s not recognised. So, if you’re a business, I don’t think they recognise the support they can get from local authority, as such. Then when you pin it down a little bit more they wouldn’t think “Oh, let’s go to public health and get some support from public health” and then “Oh right, and they’ve even got an arm that looks after” you know, talks about wellbeing in the workplace. And I think it might be quite new, you know, it’s not – even though the sort of wellbeing at work agenda’s rising up and everyone knows about it now, these sort of schemes, I don’t think they’re well known

I: So then in your experience, how do businesses then respond? So, you know, public health – I suppose when people think of health they don’t necessarily think about the wider determinants of health. Have you ever had any of those conversations with businesses about things like the wider determinants? (Yeah) And what sort of conversations – how do they go?

P: I suppose it depends on the actual organisation and the size of the organisation. So, a bigger organisation – and quite a lot of bigger private organisations – are switched on. So, they know that, you know, a sort of responsibility around, a social responsibility, they have a responsibility around everything like the environment and – so they know. They know about that. And they also wanna support their staff cause they recognise that their staff might have issues around everything. Could be anything from gambling to debt to, you know, childcare issues, whatever. So, bigger organisations – absolutely. And it, and I think probably cause it benefits them more. And smaller organisations, which are quite difficult to sort of get into, that’s the issue and that’s not just the issue in [place], that’s the issue, definitely, in [region]. To get into small businesses. Maybe we’re just not good at marketing.

I: So, what do you think lies behind that, then, the sort of challenge of connecting with small businesses?

P: They’re keeping afloat. So, their priorities are based upon keeping staff, yeah, definitely, but keeping staff in work and making sure that their widgets that they’re making are the cheapest that they can be whilst, you know, earning a living. So, yeah, I would guess it’s that – I don’t think it’s that they don’t want to look after the wellbeing of their staff, I just don’t think – that’s nowhere near a priority to them.

I: How do you try and engage with them?

P: It’s really difficult and we – we work sometimes in [place] with [?? 0:11:26] which is like our business arm and they sort of introduce us to sort of small businesses and we sometimes try to get through the Chamber of Commerce. And we – we sort of do the stuff around other businesses shouting our corner and saying “It’s quite good” so, we would use another organisation if we’ve got a small organisation to say, you know, it’s worked for us because of this, this and this. But it’s definitely something that we’re finding difficult, where we can’t actually. And we wanna work with ‘em cause it’s free – they would benefit, I think. Cause it’s not just benefiting from – I think it’s benefiting from knowledge and sort of connecting, cause that’s the big thing. What I always say is “If you get in contact with me about anything, I actually might know it or I might know where to go. But if I don’t, I probably do know somebody who might know it as well” and I think that’s

I: Have you had any queries like that from businesses that you’ve supported?

P: Yeah, so someone’s asked about why they’ve got an individual who’s a hoarder. And it’s impacted upon their mental wellbeing. And I didn’t actually know – this is only about three weeks ago – but I actually didn’t know where to go, but I asked somebody in another team and apparently fire service. That’s who they need to get in contact with

I: How would the fire service be connected?

P: Because obviously it’s fire risk, so that’s how it’s linked. And they obviously have a programme where they’ll offer support around that. And I didn’t know that. So, we’ve had somebody ring me up and ask where’s the nearest dentist. And cause – you know, somebody in public health, we know [name] from public health cause he worked with us on this agenda. Let’s just ask him

I: So, you sound like you work as a bit of a broker.

P: Yeah, actually you sort of feel like that, you do.

I: How unusual do you think that is in local authority settings? I mean it’s not something I’ve encountered yet

P: That’s probably unusual. That is probably unusual. I don’t know. Cause – I think the thing with local authority is if you ask someone in public health what everyone does, they probably can’t tell you. They probably can’t pin it down and say “Oh, that person does that, that person does that” so that’s our little circle. So, then it becomes more difficult to know what other people in the local authority do and then what do people out there do as a bigger network? So, we can sort of link into it. So, there’s quite a lot of people ploughing this long furrow and they’re good at it, they’re probably very good at it, but we don’t all know about it. So, when it gets a bit bigger, we don’t know about every other thing either.

I: So, you’re more kind of at the sort of connection between the function of public health into the council and people that are trying to run businesses

P: Yeah. Sometimes yeah, you can be. And schools.

I: Yeah, sure. So, how do you approach in this programme? So, the wellbeing at work award. How do you approach businesses with the messages around health? Because – like I said earlier on - businesses might have a very particular, or people that run the business, might have a very particular view of what health is. So how do you go about introducing health to them?

P: That’s a difficult question, cause it’s – I will say, I always say this thing. I will say – basically, the award’s an award scheme from that point of view, but I always say – “Personally, I don’t care whether you get gold, bronze or silver or whatever on that award. I’ve come here because you’ve shown an interest because it’s the right thing to do for your staff. It’s what you should be doing. And you’ve recognised that.” To sell it, if you like, to somebody out there - you sort of can’t sell it on the right thing to do. You have to sell it on what benefits are the organisation going to get out of it, then you sort of start to feed the other bits in. So, if you’re thinking what they’re thinking is – “Economically, what am I gonna get out of it?” And then you start feeding the other bits in about retention of staff, a good reputation for your organisation, you know, reducing sickness absence. You have to sell it on the bits that don’t sit true to what I believe. You know, that works. It does happen. But what I believe is you’ve gotta do it cause it’s right – morally right, if you like. Cause you should be doing it. You should be looking after your staff.

I: So, the introductory bit, the sort of, you know, “This is why it’s good” is mostly based around what will hook them on to the things that they’re bothered about?

P: Yeah, especially in small organisations. Why would I go through filling all this digital wheel in and all that sort of stuff? What am I actually gonna get out of it as an organisation? And you have to do it on – you’ve gotta think about economics and that’s hard cause that’s not how I really think

I: And so, when you then – do you move beyond that in your collaboration or in your discussions with businesses – does the conversation move onto the broader health benefits or the benefits to the place of [name]?

P: Yes, yeah. I think that happens as you’re working with the organisation. So, you go out and sort of tell them, you know, what the offer is and you sort of feed that other bit in that says “This is what you’re gonna get out of it”, then you back it up by “This is what I can do as an individual” which is, you know, “I can offer you some free sessions, I can put you in touch with these people, I can come and talk to your staff about this, that and the other.” And then they start to realise, I think, that “Actually this is covering quite a few areas of work that we really ought to be looking at.” And then when you sort of, you’ve chatted with them for a bit then I start being honest and say “The award scheme’s a vehicle. That’s not what it’s about, about a sticker and a certificate. It suits bosses upstairs and it suits the organisations’ front facing picture that says it’s a good place to work, but what’s more important that you’re now thinking about what you can do to look after your staff.” You know. And how does that impact – and sometimes we do talk about how does that impact, but it’s a bit later on

I: Yeah, so you build the relationship first. What’s it like trying to build relationships with businesses? Because the sort of work that I’m doing at the moment, it’s mostly about building relationships between different parts of the council and other sort of really important connections like, you know, with elected members and how you collaborate across those sort of boundaries. But how’s it work with businesses? Is it a totally different kettle of fish with how you collaborate?

P: I think it depends on the size of what the actual business does. I think quite often what we will do is we’ll refer to another organisation that we might be working with that are similar to those. And we’d say, you know, “We did this with them.” Or “We’ve done this and we’ve done that. Might have something similar that you might wanna do.” Or you might wanna approach ‘em and ask them what’s been happening. But, yeah, it can be difficult. It’s a lot about individuals, so it’s like if you’ve got the right individual that you’ve got a link to and they’ve got the right ideas, all you’re doin is you’re steering the ship in a way and you’re just saying “Okay, if you need me, just let me know” and some people will just run with it and some people have got good vision that they can look outside the box, if you like, and think “Alright, I wonder if I can do something like that”

I: Are you strategic at all in your links to businesses or do they come to you? So, have you targeted any specific businesses or -?

P: No, we haven’t really got a plan. It’s not – yeah. We’ve thought about it but we’re just sort of – sometimes word of mouth gets out “Oh yeah, I spoke to so-and-so” and stuff like that. And we’ve had push after push on different ways of doing it, but there’s nothing like “This is the approach that you need.” We don’t have that. And I don’t think [place] has it, [place], they won’t have it. It just – you know. So, you can do anything. [Place], we could just go round basically handing some leaflets out to them, you know, out in the sticks and there’s loads of businesses together. We present a – we’ll ask if we can present somewhere. So, like at a school’s event, I think I’ve presented at a couple of schools events. If there’s some sort of small business organisation, we try and have a stall. That didn’t actually work, to be honest

I: It didn’t work?

P: Not if you just have a stall at the small business event. Some people will come over and have a chat but you never seem to hear anything after that.

I: I wonder why that doesn’t work

P: I don’t know. It didn’t work for us in [place]. I think – sometimes I think because it’s free it might lose its, I don’t know. And also because I think if you’re given the opportunity to actually present something, like as a PowerPoint and you can answer questions and stuff like that and people are sat actually watching it, you’re more likely to get engagement. If you just have a little stall at some local small business event, which, and I’m thinking of like [business name], they set them up at [business name] and a few people used to come round and these small business people used to come. It never worked.

I: How important do you feel employers are in the broader sort of Public Health system, I suppose. Yeah, how important do you think they are?

P: I actually think there’s a – it’s a little bit, if I’m gonna flip it, I’ll flip it on its head. They’re a good resource for us to use. So, if you’re sitting in Public Health and you’ve got messages or campaigns or something and there is a link already – so, and obviously in [place] we’ve got a link through the award scheme – the businesses can be used to great effect to get messages out there. So, they are important and they do recognise that in themselves. A lot of businesses will recognise that in themselves. But they’re important to hit a lot of people in a short space of time. And you can use them. You can utilise them, especially – big manufacturing organisations. You can use them to pass – so, say they’d like, in [place] at the moment, there’s a big push around suicide awareness because there’s been a spike of suicides. So, they’ve made a film and stuff. So we could get into businesses and say “Would you promote this awareness campaign? And would you show a film on your TVs at whatever time?” And you can hit hundreds of people like that.

I: Yeah, sure, so they’re a really good vehicle for promoting messages?

P: And I think they’re underused. I think we underuse it.

I: Yeah. What networks do you rely on more, do you think? You know, to sort of – is it just an internal thing, you know, like the council

P: Yeah. We still use CCGs and GP surgeries and stuff like that to pass messages on. We used to have – I think we used to have a bit on a screen at some point. But I do think this is a quicker way of getting messages out there.

I: Yeah, it’s really interesting cause it’s, again, just highlights a different sort of collaboration, really, that I haven’t yet come across. You know, mostly talking about collaborations inside local authorities. Where do you think employment and business, so this kind of connection between this health and work, where in terms of priorities do you think it fits within what [place] council does, you know, working with employers, working with DWP and that kind of thing? Is it high priority? Part of a bigger strategy or programme?

P: I think it’s – if you’d look at, say, look at [mayoral region’s] paper that – there’s quite a lot of talk about good work, good employment. So, I think if you think about local – [mayoral region]– definitely. It sits there. It sits in the local authority’s employment and skills section. They do take it quite seriously. I think it’s quite high up the agenda. I think Public Health England is an arm that works around health and work and they’ve got loads of information. So, definitely in that area. I think it’s getting higher up the agenda because people recognise that obviously if you’ve got, you know, if it’s good work and you’ve got staff that you wanna keep, it’s good for business. So, whether it’s top priority, no, it’s not, I don’t think. But it’s moving up

I: And what do you think helps and what hinders the development of this connection between work and health? Just from your perspective. So, what makes this connection work well and what kind of stops it from working well? And working across to business and employers?

P: What makes it work well is – if there’s something in place that people have been told they’ve got to follow. So, someone’s put a strategy in place, somebody’s put a paper in place, whether that’s local government, whether that’s OFSTED or whatever, that highlights it. So, being told or being directed that you’ve gotta do something about it works well, cause then they think “I have to do it”. Whether they’re doing it for the right reasons or not might be questionable, but there you go. So, every time that’ll work, that’ll work well. And I think it’s about individuals. So, it’s about, yeah, if there’s the right individuals sat in the right organisation and that individual’s got some leeway and some power, then again it works well.

I: Can you think of any individuals where you’ve worked with where it has worked well? What are the characteristics of those people? Power and influence is one thing, but

P: It’s that individual recognises the fact that these little things that – especially this is what I call a little schools work, little kids. She started to put things together because she recognised that she were getting better results from her staff which impacted upon the children. Just by these little things that she started putting in. And she’s been an advocate for workplace health and she’s a big advocate for the award. And so I call them fluffy things what she did for her staff, but they were little thank yous and they were little niceties but the responses that came back from her staff – they started building their – you know, she recognised that “Okay, they’re a lot more responsive. They’re all engaging more now with each other” So it’s like building the team, but also they’re smiling and that means the kids are happy. So, she recognised that and she’s built on that and they’ve done a really good job. And in fact, she’s a little bit of an advocate for other schools, so they’ll say “I spoke to [name] and she’s given me these ideas”.

I: That’s really interesting. Yeah, nice example

P: But the difficult bit would be where does it sit regarding priorities. So, yeah, the difficulty sometimes is businesses – “We just wanna keep afloat. We just wanna make sure that – “ you know, “We’re looking after our staff cause we’re keeping them in a job” basically. And so “All this other stuff, we haven’t got the time or the capacity or whatever to deal with it” so that becomes difficult

I: I wanted to ask you a few questions about the [local cross-sectoral board]. So, obviously that’s a multi-sectoral board across the locality. Is it just for [place] or is it – does it cover [the region]?

P: Each authority has its own [cross-sectoral] board, but it’s overseen by [economic region]. So, they oversee them

I: They report to the regional board?

P: Yeah. There’ll always be somebody from [the economic region] who sits on our [cross-sectoral board]. And how that – it’s sort of evolved because – what it was originally put in place for was to look at what are the barriers that people are facing getting into work and retaining work? And the [board] was there to support the pilots that were running in [place], the sort of working stuff. And originally it was the people who were delivering the pilots were gonna come to that [board] because there were people sat around that table who had a bit of knowledge to say, you know, “These are the blockages within getting people in work or retaining them in work and we wanna pick some brains and say A) what’s a good idea, what can we do? And B) What support’s out there that we can tap into?” So, that was what it was there for originally but it sort of moved away from that because I think [initiative name] and it might have been [name] who had the other contract, they were fetching the sort of cases and they were just dealing with them themselves. So, nothing coming. So, it sort of became more of a networking group, if you like, that says, you know, “Let’s keep up to date. Let’s find out what everyone’s doing. How can we support each other?”

I: And how useful do you find it, relating to what you do?

P: It – part of it’s useful for what I do because I can talk to organisations and just say “Are you aware that there’s this, this and this?” So, that’s useful for me and plus sometimes I like to promote what I do so they can come to me and ask me questions and some people might sign up to the scheme. And that sort of thing. So, they’re looking after their staff as well.

I: Yeah. I’m quite surprised by how many people are actually in the room when I’ve been and also how – so, you know, reflecting on that, how many stakeholders there are in [place] that are not just your Jobcentre Plus or DWP. [general chat about locality]

If you were going to try and distil down what works well when you’re trying to improve working people’s health and wellbeing, what would you say works?

P: I would say – the thing that works. Right, okay, so, the biggest thing that lacks within people who are ill or off sick or trying to get into work or retain themselves from work is the communication. So, there’s a massive issue around communication and I’m thinking a business, a GP, occupational health, all that sort of thing – I don’t think that it is being done properly. So, I think occupational health is being used incorrectly, I think that if an organisation had a better culture that was more open, you wouldn’t be sending people to occupational health as much. And you’re also sending people to occupational health for the wrong reasons. So, if you were able to sort of sit down and have that conversation a bit better, cause an individual knows their sort of health problems themselves, I think. What works- in a way the model that we’ve got in [place]. So, [place] occupational health advisory service, that model works quite well because they have advisors sat in GP surgeries across [place] and a GP can refer straight in. And they can get support for lots of health issues that are just directly related to work and a lot of their stuff’s around retention. So, having somebody sat in a GP surgery, that person doesn’t have to be clinical or medical, that person has to have a knowledge of the sort of the workplace if you like and the issues. So, a bit of everything. That works really good. What else would work?

I: So, in terms of what you do, you know, when you’re sort of trying to promote wellbeing at work, working with businesses. If there was something set up in [local place name] or something and they were trying to setup something similar to what you do, what would you tell them about what your role is and how you engage with businesses?

P: Oh right, okay. So, what works in that respect?

I: Yeah, what works for you as a collaborator?

P: I think an area – you need to have an area of knowledge of the locality. So you need to understand what’s out there first because it’s no good going out there and somebody saying “Somebody wants support around this” So you’ve gotta get that, you’ve gotta get that network, whether it’s – and there’s all partners with that, whether voluntary sector, whether it’s, you know, your local sort of mental health services. Have a vague sort of picture of what they do and when you can tap into them. You definitely need that. It’s about – and I hate saying it – but it’s about selling it to businesses at the beginning on the benefits. You’ve just got to talk about benefits and you’ve gotta talk about benefits in pounds and pence, in a way. That’s how you would hook somebody to come in, cause although it is the right thing to do, that doesn’t come first. What comes first is, you know, “Why should I buy into what you’re telling me? Cause what am I gonna get out of it?” And so even if that’s against what your principles are, so you can guess that’s a little bit against my principles, that’s how you have to start it off.

I: With the bottom line

P: Yeah, cause you won’t get them if you don’t. And then you can sort of say, you know. But, if you – and it’s like if you’re gonna offer something, make it a good offer and back it up with other stuff. So, if you’re gonna say to a business “We want you to look after the mental wellbeing of your staff” and they’re saying “Yeah, but how do I do that? How does that help me? What do I need to do?” Well, you need to – even if it’s just linking them up with some organisations that – or finding out what’s out there first and saying “Did you know about this?” and giving them a couple of good examples, you know. And then “Oh, you can use these leaflets from Northumberland NHS trust. They’re free. Look on them” “Oh, they’re brilliant”

I: So, do you have a suite of materials?

P: I’ve built a bit of stuff up, yeah, you know.

[… talk about materials used] it’d be good to see what kind of suite of materials you use just so that, you know, I can get a picture of different sectors.

P: Yeah, I could sort of link you to what – cause you get in to speak to a business and you get a little hook, so you think “Right, okay, they spoke about this.” So, they say that lots of our staff are struggling with whatever. And we know that, cause they’re off sick or whatever. And so say if it’s mental health, then that’s a quick one, cause you’d say “Do you know that – “ you know “ – this Northumberland mental health trust has loads and loads of self-help material - that’s leaflets, that’s videos?” And I would say everyone uses them in mental health, that I used them when I worked in surgeries in [place] years ago and they’re still using them. So, you can get them, put them up somewhere, you know. And so it’s that – or if it’s “well, we’re not quite sure what’s out there” well we have a link called Making Every Contact Count and you can get on that link and you show them and say “You know, we can train you up to talk to people right if you want. Ig not, if you just wanna use this link” So, you’re a manager, someone comes and says they’ve got a problem with gambling, let’s have a look what we’ve got. So, it’s that

I: Yeah, yeah. Do you use any kind of – so obviously I’m in the sort of research and evidence industry, if you like. Do you ever use research evidence when you’re working across these boundaries between businesses and public health? You know, and if you do, or if you don’t, what sort of evidence is helpful when talking to them?

P: We – I wouldn’t say we use evidence, research. But we pinpoint quite often to guidelines and template stuff. So, for instance, it’s easy for me to talk about this one cause I sat on the committee. So, NICE guidelines around workplace health, long term sickness and capability for work. I’ll say, you know, you can be directed to that and that’ll give you the background. And we are talking about – as part of the award scheme, on the wheel, there are some links to stuff that people might wanna use. And we have spoke, you know, put the NICE guidelines evidence on and guidelines on. And obviously they’ve got a link to all the evidence at the back end. So, yeah, there’s – we do that, but we wouldn’t actually say. And when we do the training, if we do that awareness session, some of it is said “This is research.” And we always say that “This is evidence-based information.” We’re not just saying, you know, 50% of people smoke cigarettes here or whatever. That’s the research through proper stuff. So, we do take that.

I: Just on a point about the award – how sustainable do you see it being moving forward? Cause you’ve been going a few years but obviously everything in public sector’s all about sustainability, so how sustainable do you think it’s gonna be?

P: I don’t know, to be honest. I think – cause, from a personal point of view, we review it and make sure it’s fit for purpose, and it’s still fit for purpose, and you know, we’re reviewing who we’ve got signed up to it but we need to be able to work out the outcomes and the impact that it’s having. And that’s the bit that we’ve got to do some work on. So, I think – a lot will depend upon, you know, what outcomes or impacts. Is it having any at all? And if it is, then it could be sustainable. If we can’t show that – I don’t know.