
Cabinet Meeting – 31st October 2012

Report of the Director of Public Health

Wellbeing at Work: Developing the Dudley Approach

Purpose of Report

1. From April 2012, the Council takes on a new duty to protect and improve the health of the public. Workplace health is an important component of improving the health of the population, and offers Dudley Council an opportunity to turn this new statutory duty into practical action by becoming an exemplar employer. This proposal sets out how Dudley MBC will create its own healthy workplace and then work with local employers to do the same.
2. The report details a structured programme for workplace health to be piloted in selected areas and then rolled out across other council areas, schools and other employers, incorporating the learning from the pilot sites.

Background

3. Dame Carol Black's review of the health of working age people in Britain estimated the annual economic cost to the Country of sickness absence and worklessness to be in excess of £100 billion
4. Promoting wellbeing at work makes good business sense. The most valuable asset of any business is its workforce and having a healthy, fit, happy and motivated workforce brings valuable benefits to any organisation. Workplace health programmes has been shown to reduce significantly the risk of stress, improve workplace performance and staff morale, reduce absenteeism and above financial savings. For example:
 - Air and Ground Aviation Limited reported doubling their turn over and increased staffing levels by 70%
 - Stockport Council reported £1.58m savings and 44% fewer days lost following their Healthwise campaign.
 - Standard life Healthcare reported reduction of 26% in absence
 - Parcelforce Worldwide reported a reduction of 33% in absence, 45% reduction in accidents and an increase in productivity of 12.5%
 - Met Police reported that stress related absence dropped from 10.2 days per officer per annum to less than 1 day per officer.

5. Introduction of workplace health is likely to have similar benefits to the Council. The main reasons for sickness absence in the council are listed below:
- Stress: work related and personal combined
 - Post operation recovery
 - Cold/viral infection/chest infection
 - Sickness/diarrhoea/stomach disorder
 - Back ache/pain
6. The workplace wellbeing charter is advocated as a strategic framework for embedding and sustaining an holistic approach to workplace health within the Council and other organisations:

Workplace Wellbeing Charter:



7. The charter includes a self assessment tool across the full breadth of workplace health that can be used to identify a baseline and then develop a staff wellbeing implementation plan:
- Leadership
 - Attendance Management
 - Health and Safety
 - Mental Health and Wellbeing
 - Smoking and Tobacco related ill health
 - Physical Activity
 - Healthy Eating
 - Alcohol and Substance Misuse

8. The approach takes into account the NICE guidance on workforce health for Local Authorities (July 2012)

The Proposal for Dudley

9. It is proposed that the Council adopts the Workplace Wellbeing Charter and the recommended process to develop the staff wellbeing improvement plan. A preliminary desk top audit against the Charter self assessment tool has been conducted to provide a baseline.
10. It is proposed that the Workplace Wellbeing programme is piloted in 3 sites covering a wide cross section of type and location of Council employees. These are:
 - **Children's and Adults Social Work Teams:** Social work is a stressful job. These groups of staff have office bases across the borough but are also relatively mobile during the working day.
 - **Catering and Cleaning services:** Staff in this service are predominantly part-time female workers geographically spread across the borough.
 - **Lister Road Depot:** Staff in this service are predominantly male workers with a mix of manual workers and some office based staff.
11. This programme aims to make health interventions more accessible to the workforce. Programme delivery will be designed with each of the service area managers to ensure there is no detrimental impact on service delivery. The programme core package will include:
 - A health needs assessment of staff to establish baseline health needs and interests in a format suitable to the service area
 - A pilot site launch event or alternative tailored to the work group health needs and service requirements delivered via Public Health.
 - Staff communication to raise awareness of the healthy workplace programme, what it will involve and how they can get involved.
 - Access to a range of on-site health interventions, lifestyle services and health information to follow on from launch events. E.g stop smoking , get cooking, weight loss courses, health checks, stress management, exercise scheme and health information etc. These will be accessed out of work time at lunch times or at the beginning or after work/shifts.
 - It is recommended that at least 1 Healthy Workplace Champion is identified from each pilot area. These are staff who have an interest in helping their workplace to be healthier and can raise awareness around lifestyle behaviours and how to access local services. Accredited training would be part of the staff member's personal development plan. HR staff supporting sickness absence and Trade Union Representatives will also be trained.

- It is recommended that all staff in the area also have access to 'Making Every Contact Count' training as this can raise awareness generally for staff when working with clients but also for their own health and family members health.
12. Participation by employees is strictly voluntary. Successful piloting will be dependent on successful engagement and motivation of managers in the pilot areas.
 13. The pilots will run from October 2012 to May 2013 and will be fully evaluated using the following metrics devised by Wolverhampton University.
 - Short term measures:
 - Staff health survey uptake
 - Attendance rates at health events
 - Uptake of interventions
 - Staff feedback/evaluation
 - Long-term Measures:
 - Improvement in self reported staff health and wellbeing via before/after survey
 - Staff in post (WTE)
 - Staff turnover
 - Sickness absence (sub categorised into short, medium and long term)
 - Work related injury absence
 - Work related stress absence
 - Retirement due to ill-health
 - Occupational health contacts
 - Performance Review Documents completed
 - Cost of sickness absence
 - Cost of agency staff
 14. A small steering group is developing a detailed action plan to take the project forward.
 15. It must be noted that although the healthy workplace programme results in a reduction in sickness absence, that this reduction is borne about by improvement in staff general health and happiness and not due to a culture or policy that forces staff to return to work when they are ill.
 16. The approach builds on previous partnership work and the implementation of recommendations from a 2009/10 Dudley MBC Health and Adult Social Care Select Committee review of workplace health.
 17. It is also proposed that the Council work with schools, partner agencies and local business to cascade workplace health and encourage sign up to the Workplace Wellbeing Charter across the patch, offering access to Public Health workplace health initiatives. This supports the Council's new duty from April 2013, to protect and improve the health of the public. This action would be undertaken following the DMBC pilot from May 2013 so that learning can be transferred. An action plan for roll-out will be drawn up following the DMBC pilot.

Finance

18. The programme can be delivered and is sustainable within current budget levels and will have the potential to save money in the longer-term. The interventions from Public Health are already available to residents of Dudley and work on organisational policy will not incur costs. The organisational audit may identify desirable structural changes e.g. showers, cycle stands and training needs that may incur minimal non-recurrent costs. It is not essential for these type of changes to go ahead and these changes would not be auctioned unless an appropriate funding source was identified. The staff wellbeing improvement plan will include inter alia any detailed costs and their funding source.

Law

19. The Health and Social Care Act 2012 inserts a new section 2B (in Part 1, Section 12, paragraph 1) into the NHS Act, placing a duty on upper tier Local Authorities to take appropriate steps to improve the health of the people who live in their area.

'Each local authority must take such steps as it considers appropriate for improving the health of the people in its area.'

Equality Impact

20. An equality impact will be conducted at the end of the pilot with a view to test out impact on health inequality. The recommended pilot groups have been selected to ensure a mix of office based and manual staff, full and part time staff and male/female mix. Staff with disabilities will be included and reasonable adjustments to allow their involvement will be made.

Recommendation

21. That the Cabinet support the recommendations as set out below:

- Agree that a Workplace Wellbeing programme as set out in this report is established and specifically;
- Agree to sign up to achieve the Workplace Wellbeing Charter
- Agree the recommended pilot sites subject to implementation discussions
- Agree to establish Healthy Workplace Champions and that HR staff involved in supporting sickness absence management should be trained as healthy workplace champions
- Endorse the proposed pilot scorecard metrics
- Endorse future work with schools, partner agencies and local businesses to encourage participation in Workplace Wellbeing
- Agree to receive an EIA report as part of the pilot scheme review



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