

Healthy Workforce Review

Select Committee on Health & Adult Social Care



Chair's forward

It is generally recognised that a healthier workforce will provide better public services because employees will be able to perform their duties more effectively and there will be less absence due to sickness. Traditionally strategies for reducing absence tend to be more reactive than preventative in responding to sickness.

Tackling sickness absence itself is only one side of the coin. It is far better if the problem is prevented from occurring in the first place – this is the inspiration for our review. The benefits of a healthier workforce performance are likely to be realised in places where health and well-being is protected and promoted.

Influenced by objectives in Dame Black's 'Working for a Healthier Tomorrow' and the Boorman Review of NHS Workforce Health and Well-being Review, we considered what early intervention services were in-place to deliver better outcomes related to ill health in the early stages of absence and the promotion of H&WB practices to encourage a healthier more productive workforce.

Wider health policy is also shifting to reflect the need for people to engage with their own health as a way of preventing illness and the Council's Sustainable Communities Strategy recognises the important role of the Council and its partners in promoting health in our communities. Since many Council and NHS employees are also local residents there are wider benefits from promoting health awareness to staff who may then be able to influence family and friends outside the workplace.

We are all aware of current financial pressures facing the public sector and the Committee remains sensitive to concerns of limited resources. However, it is our view that, even in this time of economic downturn, investment in a healthy workplace can give a competitive edge by improving employee productivity and motivation. Moreover with the age of the UK workforce set to rise sharper focus on work place health has the potential to deliver benefits for all.

We hope our recommendations will be an investment for the future contributing to enhanced services and Dudley's pursuit for healthier communities.

The members of the Committee would like to thank staff, health partners and Council officers who gave generously their time and for submitting evidence to this review.

Cllr Susan Ridney

Chair Select Committee Health and Adult
Social Care



Introduction

The World Health Organisation define health as " a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

In 2005 the Government launched its 'Health, Work and Wellbeing Strategy'¹ as it was recognised that the significance of work impacted the well being of individuals and society as a whole. To build on this the Government asked Dame Carol Black (National Director for Health and Work, Chairman of the Academy of Medical Royal Colleges, Chairman of the Nuffield Trust and Specialist in both clinical and research aspects of connective tissue diseases) to conduct a review of Britain's working age population and the report 'Working for a Healthier Tomorrow'² was published in March 2008. Dame Black highlighted the burden of lost productivity and that the cost of ill health fell on everyone, suggesting the burden would increase if, as society aged, we did not ensure that everyone was able to fulfil their working potential. The review showed the positive links between health and work, and the impact on our personal lives and the national well being.

Dame Carol Black highlighted a vision for health and work in Britain with three key objectives at heart:

- Prevention of illness and promotion of health and well-being (H&WB)
- Early intervention for those who develop a health condition; and
- An improvement in the health of those out of work – so that everyone with the potential to work has the support they need to do so.

Dame Black's review estimated the annual economic cost of ill health in terms of working days lost and worklessness account for £100 billion and The Confederation of British Industry (CBI) estimated 172 million working days lost due to absence cost the employer £13 billion. The report 'Healthy Work – Challenges and Opportunities to 2030' by BUPA³ predicted that by 2030 the average working age will rise from 39 to 43. It is expected that employers would need to have workplace health interventions that target the specific needs of older people and help employees with long term conditions enabling them to better manage their condition in the workplace and prevent it from reaching the stage where they need to take long periods of absence. This leads to the belief that a greater focus on work place health over the coming years has the potential to deliver benefits for all.

Dame Black's review prompted a Review of health and welling in the NHS⁴. The review focused on improving the health of the NHS workforce, helping to prevent people from becoming sick and having to take time off work; and, where sickness does occur, helping to ensure that NHS staff can remain in or swiftly return to work.

¹ HM Government (2005) health, work and well being – caring for our future: a strategy for the health and wellbeing of the working age people

² Working for a healthier tomorrow: review of the health of Britain's working age population (2008)

³ Healthy Work – Challenges and Opportunities to 2030 (BUPA)

⁴ The Final Report of the independent NHS Health & Well-being Review (2009)

It found that improvements to staff health and well-being will save money and improve patient care: the NHS loses 10.3m working days annually due to sickness absence alone, costing £1.7bn per year. A reduction of a third would mean an extra 3.4m working days a year, and annual direct cost savings of over half a billion pounds (£555m). Staff ill health is also recognised as a serious barrier to the provision of consistently high quality patient care; 80% of staff believe that the state of their health affects patient care, and evidence set out in the DH review shows that better overall trust performance occurs alongside higher levels of staff health and well-being.

HASC's investigations centred on objectives in both reviews; considering what early intervention services were in-place to deliver better outcomes related to ill health in the early stages of absence and the promotion of H&WB practices to encourage a healthier workforce.

Summary and recommendations

HASC commenced the review looking at the Dame Carol Black report 'Working for a Healthier Tomorrow' and subsequent Boorman Review 'Improving Health and well-being in NHS because the inquiry focused on preventative practice and intervention services to tackle ill-health and improve productivity.

During this review HASC noted the need to improve awareness and understanding of the importance of work for good health by a fundamental change of thinking. It is HASC's view that, even in this time of economic downturn, investment in a healthy workplace can give a competitive edge by improving employee productivity and motivation. Moreover, the reality of an ageing workforce implies a challenge to ensure sustainable improvements are made to protect staff H&WB.

DMBC highlighted as an organisation supportive of self well-being with an established an ethos of health promotion, taking a role in increasing opportunities for employees to make healthy choices such as promoting healthier journeys to work and discounted gym membership. However it became clear that staff might not always be as aware of the variety of programmes in existence as they might be. HASC also noted programmes that are too specific do not engage all groups and risked being perceived as 'PR exercises' not necessarily addressing underlying health matters. Staff are more likely to participate in initiatives which they have had some role in planning, which they know they are entitled to use, and of which they feel a degree of 'ownership'; it should therefore be a priority to maximise staff engagement in organisational change processes aimed at H&WB.

The importance of good sickness management procedures and for employers to maintain contact with the absent employees operating effective sickness management procedures became clear during the review. Helping to support an employee's return to work, coupled with an employer's ability to adopt a flexible, phased return, light duties and adjustments to the work environment also assists the employee's rehabilitation and return to work – practice echoed in Council strategy.

Occupational Health (OH) presented as an important element of H&WB strategy, however the emphasis must not entirely be on that service, at the risk of perpetuating a medical model of H&WB. The approach must be holistic; there is a danger that there is too much focus on finding solutions to particular problems, at the expense of developing a broader 'model' of H&WB which can be adapted to different, local circumstances.

The review found large organisations appeared to recognise the benefits of a healthy workforce and the benefits of using Occupational Health Services proactively rather than reactively. For example, having the provision of counselling, health promotion and support services available to employees without the need for a manager's referral. HASC recognised the potential benefits of a specialist multidisciplinary team to achieve a greater scope for pursuing a holistic approach which may be particularly important where there could be multiple reasons leading to absence from work. HASC also noted with interest that, in Bolton, Royal Mail was reported to be piloting the offer of health checks not only to employees, but for their families too.

It is understood ill health remains a serious barrier to the provision of consistently high quality patient care. The review found nationally H&WB models in both NHS and Councils tended to be reactive. In understanding this HASC were encouraged by regional NHS Quality, Innovation, Productivity and Prevention (QUIPP) plans to address this through a new comprehensive H&WB programme, acknowledging the importance of preventative strategy; this is also realised in the development of Dudley's Joint Workforce Strategy which HASC hopes will help further promote the gains and benefits of pro-active approaches locally.

It became clear during the review the very definition of H&WB could be acting as a barrier to success as objectives of H&WB policy were not always clear. The review found terms such as health promotion, health and safety and occupational health, were used indiscriminately and interchangeably and the connection was not always clear.

It was noticeable that stress is one of the single highest causes of sickness absence – alongside post operative recovery - in both the Council and NHS, understanding support services required and the impact of mild to moderate mental health problems should not be underestimated; evidence indicates OH referrals are often engaged in the late stages of disciplinary proceedings or had been absent for long periods. It should therefore be an objective to engage these staff groups early on.

Members concluded H&WB needed to be 'embedded' and strongly protected in Governance, to motivate leaders to practice more comprehensive policy; such as the inclusion of H&WB within performance frameworks. However it was highlighted strategy needed to be balanced with individual responsibility: a bottom-up approach which encourages individuals to be responsible for their own H&WB. An approach which is too 'top heavy' could be perceived as paternalistic by staff.

HASC see it as a key role for the major employers in the borough, to address the issues raised by this review. It is vitally important to demonstrate by example the benefits that healthy living promotion and information can bring to an organisation: reducing its rate of sickness absence and encouraging healthier lifestyles which can potentially deliver benefits for all.

Recommendations

1. HASC recognises a combination of factors are needed to be taken in account in order to measure H&WB satisfactorily and ensure the effective development of future practice. HASC requests the Council and NHS Partners consider the scope, feasibility and cost benefits of amending staff surveys to capture more self-reported health measures to supplement data habitually collected on sickness absence in order to attain a more coherent view of H&WB.
2. HASC recognises that leaders need to be motivated to take action on H&WB. It should also be further strengthened in Governance in order to maximise long-term success. HASC would therefore request the Council and NHS partners to consider the scope, feasibility and cost benefits of implementing the following with the aim of making sustainable improvements to staff H&WB:
 - developing performance frameworks to include the management of occupational health and H&WB in performance frameworks linking up to relevant health improvement strategies
 - promoting league tables of accidents
 - develop ways to celebrate of success of staff H&WB across departments
 - inclusion of H&WB issues in managers' appraisals
 - to consider Champion role of non-executives and elected members in promoting H&WB.
3. HASC recommends DMBC and NHS partners explore the feasibility, scope and cost benefits of developing OH services to include a multidisciplinary component drawing on existing health and social care expertise to attain a more coherent view of needs.
4. HASC would encourage the Council and NHS partners to consult staff in the early stages of organisational change processes aimed at H&WB in order to promote ownership and maximise participation.
5. HASC would encourage the establishment of a network of H&WB Champions to consistently promote the aims and objectives of H&WB practice and support staff to lead healthier lives.

6. HASC recognises that stress accounts for a significant part of sickness absence and early intervention is crucial to maximise successful outcomes for employee and employer alike. HASC therefore requests:
 - DMBC and NHS partners consider the feasibility and scope of facilitating staff focus groups and surveys on stress in order to attain a greater understanding about events that provoke stress (stressors) affecting the workforce in order to improve the way in which they are identified and managed
 - DMBC to consider the scope and feasibility and cost benefit of developing services to ensure employees from all Departments are able to access the Counselling Service without management referral.
7. HASC would encourage the Council and health partners, as major employers in the borough, to consider the scope, feasibility and cost benefit of establishing 'health fayres' for their employees with events being run on a themed basis including health checks and health information.
8. HASC would request the Council to review the success of the Royal Mail pilot in Bolton on expanding the health fayres to include employees' families to encourage healthy living for all the family.
9. HASC requests that the Council considers the scope, feasibility and cost benefit of developing a single access point to all information on practices and incentives that aim to support staff H&WB. In addressing this HASC encourages the Council to consider the communication gap with operational employees who not have regular access to computers or email to increase take-up of services.
10. HASC requests the production of an update on the progression of the healthy eating pilot programme discussed at the employee focus group reporting the outcomes and feasibility for roll-out.
11. HASC requests an update on the progress of the Healthier journeys to work programme reporting the outcomes for employees
12. HASC requests an update on the progress of the joint smoking programme with Dudley NHS reporting the outcomes for employees. In addition, the Council and NHS partners consider facilitating focus groups for smokers and/or amending the staff survey in order attain a better understanding of staff attitudes towards the service and barriers to entry.

Approach and Methodology

The review subject correlates to the review by Dame Carol Black '*Working for a Healthier Tomorrow*' which highlights a number of key issues considered relevant to HASC's investigation:

- Any improvement in work-related support for those who develop health conditions will need to be underpinned by a fundamental change in the widespread perception around fitness for work.
- A shift in attitudes is necessary to ensure that employers and employees recognise not only the importance of preventing ill health, but also the key role the workplace can play in promoting health and well-being
- There is a strong case for the NHS being involved in the provision of work-related health interventions.

This review considers what early intervention services are in-place to deliver better outcomes related to ill health in the long and short term of absence and the promotion of H&WB practices and initiatives aimed at encouraging a healthier workforce.

HASC approached this work by examining:

- opportunities for work-related support for those people who develop ill-health conditions,
- the shaping of services to reduce health inequalities across Departments by promoting access to health advice and initiatives, support programmes and maximising opportunities for good health for staff.

The review looked at absence and H&WB practices to identify the health challenges specific to Dudley and considers whether large employers have the support and services in place to tackle these challenges and if the services available were adequate/ working well, addressing needs and providing the level of support required.

Collation of evidence

The review also considers evidence presented at HASC's Committee meeting in September (2009) by the Director of Law, Property and Human Resources on facilities and policies that support staff health and wellbeing.

Secondly, written submissions were received from Human Resources (HR) sections within Dudley NHS and Dudley Group of Hospitals - as large employers in the Borough. Submissions were based on a number of questions to identify the barriers to success for the health and well-being of staff, successful practice and health priorities faced by the sector (see appendix 1).

To supplement this evidence, a focus group of staff and managers from across all Directorates was held (March 2010) with the aim of testing the knowledge of practices that support and assessing the effectiveness of approaches; HR attended the meeting as expert scrutiny witnesses (see appendix 2).

Terms of reference

The review aimed to :

- Identify the main reasons for sickness absence and to examine how the promotion of H&WB practice has been used to encourage a healthier workforce
- To consider the evidence from partners on the success of H&WB practices to improve and health and enhance performance
- To explore best practice of large employers in promoting H&WB
- To assess the effectiveness of Occupational Health Services (OH) in health promotion and test the 'reactive' hypothesis.
- Finally, offer recommendations for consideration on actions to be implemented for improving workforce H&WB

Findings

Dudley MBC (DMBC) Human Resources and Occupational Health Services

DMBC is one of the largest employers in Dudley and HASC wanted to understand what work they were doing to encourage a healthy workforce.

The Council reported that it aimed to encourage a healthier workforce by:

- helping both managers and employees facilitate a healthy return to work through the use of Occupational Health and phased returns,
- promoting a culture of flexible working
- awareness training for manager and employee training
- flexible benefits
- operating the occupational sick pay scheme and welfare visits,

The evidence submitted covered the following areas:

- Staff engagement
- Occupational Health Service and Health Screening
- Flexible working
- H&WB programmes/interventions
- Training programmes

Staff Engagement

A corporate employee survey takes place bi-annually the most recent of which was conducted in 2009. Key results included:

- Over 80% of respondents felt the survey was a good way to feedback how they feel about working for the Council
- Job satisfaction had increased to over 80%

- More people are aware of flexible working policies than in 2007, with the rate standing at 85% in 2009 with an accompanied rise to 65% of those utilising, or intending to use the facility.
- All questions relating to Line Manager/Supervisor were answered very positively with all achieving satisfaction levels above 80%. In addition, 86.8% of staff feel better consulted by line managers/supervisors about decisions affecting them in the workplace, up from 80.9% in 2007.

Members welcomed the survey as a way to engage staff in organisational change and evaluate management support, however felt it lacked in the area of H&WB. The survey highlighted as an opportunity supplement existing data habitually collected on sickness absence providing greater insight into lifestyle profiles of the workforce; enabling benchmarking of health issues over time. Questions relating to stress, lifestyle and work-related ill health could be included in order to gain a better understanding of health problems for different staff groups and Departments.

It was suggested that it could also be used as a H&WB needs assessment to develop new interventions and maximise participation.

H&WB programmes

HR reported the following initiatives aimed to promoting H&WB:

Smoking Cessation

It was noted that in July 2007, to coincide with the legislation, the Council banned smoke breaks during working time. To help employees who wished to give up smoking, Corporate Health and Safety worked with Dudley PCT (now Dudley NHS) to provide on-site smoking cessation sessions to Council employees during work time.

HASC welcomed this intervention particularly as tackling smoking related health risks remained a public health priority in Dudley, alongside obesity.

Members were troubled to note that only 50 employees had attended the smoking cessation sessions since the programme was established.

Conscious this intervention was not explored in much detail and unclear how many would benefit from cessation sessions it was suggested a report on the progress of the programme is produced for HASC; details requested included monitoring arrangements in-place to evaluate and assess performance. Alongside this however, it was suggested that a focus group for smokers would helpful to understand attitudes towards this type of intervention and test the knowledge of practices that support.

Recommendation: HASC requests an update on the progress of the joint smoking programme reporting the success and feasibility of this for employees. In addition, it would request the Council and NHS partners consider facilitating focus groups for smokers and/or amending staff survey in

order attain a better understanding of staff attitudes towards the service and barriers to entry.

The Council's Travel Plan and Healthy journeys to work

The Council's Travel Plan, is a long-term strategy that seeks to deliver sustainable transport objectives. It aims to help organisations manage transport to and from their sites through a package of measures and actions aimed at reducing car use and increasing travel choice.

HR reported walking, cycling, car sharing, public transport, working from home, video conferencing, car park management schemes etc, that form part of the travel plan. A number of promotional events are held throughout the year on a themed basis to promote healthier journeys to work with the aim of reducing car-use. Walk to work days and cycle to work days are some of the events that have been held in the past to try to encourage staff to think about how they travel to work. Where possible events are supported by Dudley NHS by providing blood pressure checks, BMI checks and advice regarding smoking cessation.

Evidence submitted indicated participation varied between 80 – 100 members of staff per event (less than 1% of workforce).

Members welcomed the healthier journeys work programme, however it was unclear what monitoring arrangements were in-place to evaluate success and feasibility for employees. There were also concerns that the number of different events and their short life span meant interventions did not have time to bed-down in order to maximise participation.

Evidence from NHS partners (considered in greater detail further on) suggested initiatives to improve H&WB should ideally be based upon a good understanding of the health needs of staff. Different groups of staff have different health needs, their work patterns and roles mean that they need to be able to access services at different times and at different locations. This is echoed in the Boorman Review which suggests that staff are more likely to participate in initiatives which they have had some role in planning, which they know they are entitled to use, and of which they feel a degree of 'ownership'

Recommendation: HASC requests an update on the progress of the Healthier journeys to work programme reporting the success and feasibility of this for employees.

Gym Membership

Leisure centre membership is available to all members of the public. The benefits include access to:

- Lifestyles gyms with regular programme reviews
- Public swimming
- Aerobics, fitness and yoga classes
- Seven-day advanced telephone and internet booking for various court sports

Corporate Membership is available to key public sector organisations including Dudley Council employees at a discounted rate of £22 per month from £27.50; it was noted that 540 employees have taken this up.

Salary Sacrifice

To promote healthier journeys to work and to reduce environmental pollution, the 1999 Finance Act introduced an annual tax exemption, which allows employers to loan cycles and cyclists safety equipment to employees as a tax free benefit. The exemption was one of a series of measures introduced under the Government's Green Transport Plan. A Salary Sacrifice Scheme for Council employees to enable them to purchase bicycles and equipment is currently being pursued by the Council's Travel Plan Co-ordinator.

Other H&WB practices

At the focus group a range of issues were discussed to encourage members of staff to adopt more healthy lifestyles, such as promotional and awareness raising initiatives, possible incentives such as award schemes, competitions and involving the private sector in promoting healthy food, exercise and recreation facilities.

Members were pleased to learn about a healthy eating programme being piloted by the Directorate of the Urban Environment at the focus group and requested more details given time constraints.

Recommendation: HASC request an update on the progression of the healthy eating pilot programme led by DUE reporting the success and feasibility of this for employees.

Flexible Working

HR reported that flexible working practices are good for business by helping staff to balance their work and home lives. This practice aids retention and can increase productivity.

All council employees have the right to request an alteration in hours to their contract for a temporary period of time, or permanently. In order for the policies to be successful, there is a culture of accepting the need for a good work-life balance and that doesn't place any pressure on employees who are trying to balance their work with the needs of their family or other outside commitments.

It was noted the Council's policy goes beyond current statutory legislation that allow an employees who is (or is the spouse, civil partner or live in partner of the parent of) the parent, adoptive parent, guardian, special guardian or foster parent of a child aged 16 and under (18 if the child is disabled) to request a flexible pattern of working.

It was advised the same legal rights are applied to employees who have a caring responsibility for an adult who is the employee's spouse, civil partner, live in partner, a relative or someone who lives at the same address.

The number of male employees who are part time workers is 858, 22% of the male employees. For female employees, the numbers are considerably higher: 7,243, 62% of the female employees are part-time workers.

It was noted information encompassing the above measures and wider policy that supports is accessible via the Council's intra-net system, however information was not completely standardised or available in a single area. Moreover Members felt a reliance on computers and email to deliver the information created inconsistencies in accessing information to H&WB services; many staff, particularly operational level do not have regular access to email which could act as a barrier to some groups taking up health and wellbeing services. It was suggested a single access point to such information would help enhance knowledge and increase take-up of services.

Recommendation: HASC requests that the Council considers the scope and feasibility of developing a single access point providing a gateway to all information on practices and incentives that aim to support staff H&WB. Also, that the Council considers ways to address the communication gap with operational employees who not have regular access to computers or email to increase take-up of services.

Council Occupational Health Services (OH)

Evidence was submitted on the Council's in-house Occupational Health Service. It was reported a contract for the services of a Consultant Occupational Physician (COP) was in-place with Dudley and Walsall Mental Health Trust; this will be subject to re-tender in December 2011.

The Councils OH service is based at No. 7 Ednam Road and is supported by 2 part-time nurses. HR reported that it aims to:

- Advise managers and HR colleagues on employees health in relation to the job they are contracted to undertake
- Advise employees about their health and healthier life styles
- Advise managers and HR colleagues on areas of reasonable adjustments within the workplace,
- Advise managers and HR colleagues on rehabilitation of employees in order to facilitate an earlier return to work following absence,
- Advise managers on the provision of safe and healthy conditions by means of workplace assessments where necessary; and

Employees are referred to OH if there is an ongoing medical problem, or if the employee is on long-term sick leave. Depending on the circumstances of the case, the manager will either refer to the in-house nurses, or direct to the COP.

The reasons for referral generally cover one of the following reasons:

- To gain an opinion regarding the employee's future employment prospects
- To determine whether there is a genuine reason for the absence,
- To determine whether someone is fit to return to work,
- To determine the likely length of any absence,

- To determine what support can be given to aid their return to work e.g. reasonable adjustments, phased return, etc.

Members noted Health screening checks only applied manual grades.

Advice is offered to the employee and the employer to help reduce the risks associated with carrying their functions. For example, work rotation, personal protective equipment, etc. Approximately 10 employees each month undergo Health Surveillance with the Occupational Health Nurses. Work place assessments are also carried out by OH, invariably to facilitate a return to work. Approximately 9 workplace assessments are carried out each month.

OH is an important element of H&WB strategy. However Members felt the emphasis must not entirely be on that service at the risk of perpetuating a medical model of H&WB; focussing on solutions to particular problems, at the expense of developing a broader 'model' of H&WB adapted to local circumstances.

In understanding this Members wished to explore good practice of other large organisations in order to identify with the potential benefits of using more proactive approaches.

Transport for London (TfL)

TfL were cited by Lord Toby Harris in a debate in the House of Lords in January 2008 for the work they had completed on musculoskeletal disorders and employment; highlighting the benefits of the work by TfL OH physiotherapy team and evidence of its effectiveness. London Underground also won the Employee Benefits 2007 award for Best Healthcare Strategy, for its annual programme of health fayres. The most frequently reported reasons for sickness absence were musculoskeletal illnesses, mental illnesses and colds and 'flu', consistent with HSE data.

Annual sickness absence across all of TfL had decreased for every year the organisation has hosted 31 'health fayres' at different locations with the focus being on operational staff. The aim was to make them welcoming, informal and informative. Attendance continues to increase and feedback is positive.

The nature of the 'health fayres' varied according to the target audience. The 'health fayres' for HR shared services are co-ordinated by a member of the Reward Team, and a monthly desk drop about a health issue is also part of the remit for this group. The health fayres were organised around a theme and include sessions such as laughter yoga in addition to the more traditional health items which had been well received. A stress counsellor had attended every health fair, promoting services for mental health to operational employees and helping to remove the stigma of this area of health. TfL had noted the importance of referring clients with mental health issues to the counselling team as soon as possible - this is echoed in the Boorman review pointing out early intervention was essential.

TfL introduced the Health Improvement Plan (HIP). TfL had reported to see a positive change in sickness absence due to stress, anxiety and depression during

the years of the HIP. They also saw a decline followed by a marginal rise in attendance relating to musculoskeletal (back conditions). The Health Improvement Plan and the more general work of the Occupational Health team had focussed strongly on early intervention and accommodation at work. A mental health strategy had been developed as a work stream of the HIP, with interventions from the organisational level. TfL reported a correlation between the mental health work and the reduction of medical retirements due to stress, anxiety and depression.

The HIP introduced interventions that focus on areas of greatest loss, namely back pain and stress anxiety and depression, and the impact has been mainly on long term sickness.

Large organisations with occupational health services had started to recognise the benefits of a healthy workforce and the potential benefits of using OH services in a proactive rather than reactive way and having more readily available support services for employees. HASC's view is that if large employers in the borough had themed 'Health Fayres', and took it a step further by expanding to include employees' family members given the significant proportion of staff living in Bolton it would be thought provoking for the entire household about healthy living. HASC would like to see all major employers in Dudley to host themed health information events - 'Health Fayres' - for their employees annually.

HASC also noted with interest that Royal Mail also offered health checks to staff but in Bolton were proposing to conduct a pilot by expanding the invitation to employee family members.

Recommendation:

HASC would encourage the Council and health partners as major employers in the borough to consider the scope, feasibility and cost benefit of establishing 'health fayres' for their employees with events being run on a themed basis including health checks and health information

The HASC would request the Council to review the success of the Royal Mail pilot in Bolton on expanding the health fayres to include employees' families to encourage healthy living for all the family and request a report back to the HASC about the success and feasibility of this for employees.

Analysis of Council sickness data

Dudley Council lost 101,239.67 working days between April 2008 and March 2009. Sickness absence has decreased year on year from 11.09 days per full-time employee in 2003/04 to 9.59 days in 2008/09.

HR reported that it makes business sense to support those who are off sick and help them return to work. The Council's return to work interview process aims to identify any underlying workplace issues contributing to the absence. Mediation intervention is used if there is a relationship issue, counselling for personal problems and stress

training to help both the manager and the employee recognise the early signs of stress, whether that be work or non-work related.

In 2008/09 the main cause for absence within the Council's workforce was injury/surgery (21%)- largely post operation recovery counts - a top three priority for all departments particularly DACHS, Schools/Children's Services and Urban Environment; It is noted that these are relatively larger departments employing a higher proportion of operatives. This was followed by 'infections' including colds and flu' (14%), again effecting all Departments particularly Schools, Chief Executives and Finance ICT and Procurement Departments. The third reason for sickness absence was 'non-work related stress' (10%) this was highest in DACHS followed by Schools and Children's Services; it is noted this is the second highest specific condition after post operational recovery. Mental health/other stress affected mainly Chief Executives and Law Property and HR, Finance ICT and Procurement Departments

It is clear that stress overall is a significant contributor to sickness absence. It is difficult to quantify specific reasons for the levels of stress among these groups of employees, however, studies show that stress is often linked with a large number of physical and mental diseases including 'stomach, liver, kidney and digestive problems' which is also relatively high throughout the departments; this pattern is evident in Council sickness data.

The following were highlighted as barriers to supporting employees through sickness absence:

- Sickness absence notification procedures not being followed properly by some staff
- Occupational health referrals not being done as promptly as they should be
- Some managers are not complying with sickness absence procedures
- Some managers are not undertaking sickness absence reviews /return to work interviews.

The support of managers was seen as crucial by the focus group in achieving long-term success of H&WB; Members felt Managers were in a good position to identify actual and potential health problems and appropriate intervention. It was noted that Training workshops were held regularly which helped to reinforce the responsibilities of managers and staff.

It was advised that Council policy supported an employee's return to work through a flexible, phased return, light duties and adjustments to the work environment. Members were pleased that dialogue was encouraged between manager and employee during long-term absence as evidence suggests this reduced stress surrounding the return to work reducing the likelihood of a recurrence of absence.

On Counselling, Members were troubled to note inconsistencies across Departments in accessing the Service. HR reported only staff within DACHS and Children's Services could self-refer i.e without the need for managers approval.

Evidence suggests early intervention regarding stress was essential as clients that had been referred to OH were often in the late stages of disciplinary proceedings

with their employer or had been off sick for a long period of time. This decreased the likelihood of the individual being able to return to work or wanting to retain their existing employment. It should therefore be DMBC's objective to engage service users earlier; it was felt a self-referring Counselling Service was an important way of realising this aiding of staff in their daily lives.

Recommendation

HASC recognises that stress accounts for significant part of sickness absence and early intervention is crucial to maximise successful outcomes for employee and employer alike:

a) DMBC consider the feasibility and scope of facilitating staff focus groups and surveys on stress in order to attain a greater understanding about events that provoke stress (stressors) affecting the workforce in order to improve the way in which they are identified and managed

b) DMBC to consider the scope and feasibility and cost benefit of developing services to ensure employees from all Departments are able to access the Counselling Service without management referral.

Dudley NHS and Dudley Group of Hospitals Foundation Trust (DGOHFT) Human Resources and Workforce Development Departments

Dudley NHS (formerly Dudley Primary Care Trust and DGOHFT) provided a written submission based on questions in appendix 1.

Both acknowledged they themselves had a duty as an employer and healthcare provider to promote healthy lifestyles and a better sense of well being for its employees as well as patients.

When HASC enquired what support an employer was provided to assist their staff with healthy living, it was explained that employers have duties under management of Health and safety at Work Regulation 1999 to assess risk of stress related ill health arising from work activities and also under the Health and Safety at work Act 1974 to take measures to control that risk.

The key factors used in the NHS Boorman review indicating NHS staff health and well-being were:

- Work related stress
- Work related injury
- Job satisfaction
- Intention to leave job.

Both DNHS and DGOHFT reported absence rates below West Midlands average rate of 4.22% for April – June 2009. Work related stress was the main reason for absence in DNHS affecting 21.8% of the workforce.

Barriers to Health and Well-being

It was suggested organisational culture operated as a barrier to H&WB through the working practices/systems it perpetuated. In its submission DNHS reported the need for broader cultural change and that H&WB initiatives often failed to address underlying, systematic problems stemming from the working culture and were not tied into the '*bigger strategic picture*', the number of different initiatives and sometimes their short life span e.g. stop smoking days acts as a disincentive to staff participation and means that interventions do not have time to 'bed down' or to be evaluated; It was highlighted that programmes that are too specific e.g. aimed at weight management do not engage all workforce and risk being perceived as 'PR exercises' not addressing the underlying causes of poor health.

Constant organisational change in NHS was mentioned by one respondent as a barrier both because it causes stress, and because it disrupts health and wellbeing initiatives.

The Trusts reported employment practices of front line staff also acted as barrier to H&WB; shift workers are less likely to be able to attend H&WB services or staff may simply be too busy and over-worked to attend.

Additionally it was suggested the lack of a clear definition of H&WB acted a barrier and the aims of H&WB policies were not always clear. This issue was also raised at the focus group of council staff which indicated that terms such as health promotion, health and safety and occupational health, were used indiscriminately and interchangeably. It was suggested a H&WB champion approach may be a good medium to communicate the H&WB agenda across organisations and promote related programmes. Members also noted evidence from the British Heart Foundation of enhanced staff engagement in organisational processes aimed at H&WB using this approach.

Finally, both Trusts underlined that staff engagement is needed not only to inform staff about the services which are on offer, but also to encourage staff to be involved in decision making about those services; this view is echoed in the focus group findings and consistent with the Boorman Review.

Recommendation:

HASC would encourage the Council and NHS partner consider staff consultation in organisational change processes/initiatives aimed at enhancing H&WB in order to promote ownership and maximise engagement.

Establish a network of H&WB Champions to consistently promote the aims and objectives of H&WB practice and support staff to lead healthier lives.

Occupation Health

The capacity of occupational health or the quality of services delivered by occupational health can be seen as a barrier to health and wellbeing.

DNHS reported OH approaches in the NHS tended to be more reactive than proactive and this was broadly the picture nationally; an approach fundamentally perpetuated by Council practice.

However Members were pleased to note plans to address this issue through the regional NHS Quality, Innovation, Productivity and Prevention (QIPP⁵) by developing of a comprehensive health and well being programme for all staff; as there was extensive research about the benefits and gains by an organisation that proactively took steps to promote health and well being and support their employees.

DNHS also reported that DMBC agreed to join a Dudley wide Health & Social Care group looking at Health & Well Being this will form a work stream from the Joint Workforce Strategy which is being overseen by Dudley's Health and Well-being partnership.

Evidence suggests early intervention facilitating return to work should provide a multi-disciplinary support. Another potential benefit of a specialist multidisciplinary team is the greater scope for pursuing a holistic approach which may be particularly important where there could be multiple reasons leading to absence from work

It was highlighted that a multidisciplinary, competent and well resourced OH service which included physiotherapists, OTs, counselling, occupational therapist, health promotion experts, and health and safety specialists as well as nurses and physicians would deliver a more coherent view of staff needs and priorities (taking into account physical, health, mental health and family circumstances for example); resulting in more successful outcomes for both employee and employer. It was also suggested that OH services are well placed organisationally to providing a strategic lead on the prevention of ill health and promotion of wellbeing

Recommendation:

HASC recommends DMBC and NHS partners explore the feasibility, scope and cost benefits of developing OH services to include a multidisciplinary component drawing on existing health and social care expertise to attain a more coherent view of needs.

Sustainable improvement

Evidence suggests that only once concern for staff H&WB became 'embedded' within the organisation, 'corporately' owned, and more strongly protected in Governance structures, would management change its traditional attitude and practice towards H&WB; It has already been highlighted that Managers are well placed to identify health issues early on

⁵ The QIPP aims to support NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested in the service to deliver year on year quality improvements

Leaders and management need to be motivated to take action and allocate resources to ensure that sustainable improvements are made to staff health and wellbeing. It is therefore crucial that Leaders understand the economic benefits of such investment.

The following measures were suggested engage Leaders and form part of the business case for change:

- Inclusion of management of occupational health and H&WB in performance frameworks (e.g. linking up to public health targets and relevant strategies)
- Introduction of a league table of accidents
- Creation of an award for the Department with the 'best staff health'
- Inclusion of H&WB issues in managers' appraisals

Recommendation:

HASC recognises that Leaders need to be motivated to take action on H&WB and needs to further strengthened in strategy to maximise long-term success. HASC would therefore request the Council and NHS partners to consider the scope, feasibility and cost benefits of implementing the following with the aim of making sustainable improvements to staff H&WB:

- developing performance frameworks to include the management of occupational health and H&WB in performance frameworks linking up to relevant health improvement strategies
- introducing of a league table of accidents
- creation of an award for 'best staff health'
- inclusion of H&WB issues in managers' appraisals
- to consider the Champion role of non-executives and elected members in promoting H&WB.

In terms of measuring success of H&WB it was highlighted that combination of factors should be used assess success for staff health and well-being satisfactorily rather than absence rates on which data is habitually collected. Measures of success reported included:

- Recruitment, retention and staff turnover
- Ill health retirement rates
- Accidents and injuries at work
- Levels of stress
- Levels of smoking/ obesity/ heart problems/ cholesterol etc.

It was suggested that staff satisfaction surveys could be used to supplement existing sickness absence data to attain a greater understanding of workforce priorities; crucial for the effective development of future practices.

Recommendation:

HASC recognises a combination of factors are needed to be taken in account in order to measure H&WB satisfactorily and ensure the effective development of future practice. Therefore HASC requests that the Council considers the scope, feasibility and cost benefits of amending staff surveys to capture more self-reported health measures to supplement data habitually collected on sickness absence in order to attain a more coherent view of H&WB.

RT

REFERENCE PAPERS

The following documents have been relied upon in the preparation of this report or were presented to HASC as part of the investigation:

| Description of document | Location | Date |
|--|--|---------------|
| 'Working for a Healthier Tomorrow' | www.workingforhealth.gov.uk | March 2008 |
| The Boorman Review of NHS Staff Health and Well-being | www.dh.gov.uk | November 2009 |
| TfL Award for Health Improvement Plan | www.tfl.gov.uk/corporate | Feb 2007 |
| Mail centre delivers health at work | www.theboltonnews.co.uk | Dec 2009 |

Appendix 1

The following questions were posed to staff, stakeholders and Council HR and used to support focus group activity; submissions/responses informed the structure for analysis.

Test the knowledge of practices that support and identify with health and well-being priorities

1. What are the main reasons for sickness absences and the impact of health on work performance across Departments?
2. Is there evidence of variation in the nature of absence across Departments?
3. Is there evidence of variation in the way staff health and wellbeing are supported and delivered across the Council? If so, does this lead to inequalities in the ability of different staff groups to access health and wellbeing support and services, and are there varying outcomes as a result?
 - Access to different support provisions
 - Gender differences in prevalence of health and well-being problems
 - Work patterns acting as a barrier to taking up support services?
 - Departmental budgets impacting on Health Inequality
 -
4. Do you feel there is a genuine commitment to health and wellbeing in Dudley?
5. Do you think workplace health and wellbeing practices and initiatives – whether driven by occupational health, management or Personnel – make a positive difference to staff? If so, do you have any examples to support this?

What could be done to improve health and well-being of the workforce

6. Do you have any evidence of workforce understanding, perception, and experience of using occupational health services? What should be done to improve staff experience, perception and effectiveness of these services?
 - What quality assurance systems are in place to ensure services are fit-for-purpose?
 - Were you met with a limited service in terms of short opening times etc
 - Needs and priorities communicated effectively back to Management
 - Good personal experiences?
7. What do you think are the barriers to the implementation, or long term success of health and wellbeing practices and initiatives? What examples, evidence or reasons can you provide?
8. What are key reasons for poor health and long term absence in your area which impact on work performance? Is there any preventative measures that you feel the Council should introduce to counter these issues?
9. Are you aware of current or past health and wellbeing practices that have not been successful? Could you provide any examples?

10. Do you have evidence relating to effective short term measures to improve staff health and wellbeing? What could be done to improve staff health and wellbeing in the long term?

10 a) Better benchmarking systems referred to above prompts the following question:

Is there provision in current information gathering approaches to build an accurate health and well-being profile of the workforce which also allows changes in health to be tracked over time? Is this sort of benchmarking considered important in the development of effective Health and well-being policy and practice?

- Should staff surveys be used as a tool to realise an accurate picture of workforce health and well-being
-

Identify what practices and initiatives have worked well

11. In your view what should 'success' for staff health and wellbeing look like? How should this be measured?

12. Are you aware of current or past health and wellbeing practices that **have** been successful? Could you provide any examples?

Appendix 2

Employee Focus Group

SELECT COMMITTEE ON HEALTH AND ADULT SOCIAL CARE HEALTHIER WORKFORCE REVIEW – FOCUS GROUP

Thursday, 18th March, 2010, at 12.30 p.m.

in Committee Room 3 at the Council House, Dudley

PRESENT:-

Councillor Mrs Ridney (Chairman)

Councillor K Turner (Vice-Chairman)

Also in Attendance

Assistant Director Policy, Performance and Resources (Lead Officer to the Committee)

Aaron Sangian – Scrutiny Officer

Sue Holmyard (Assistant Director Planning and Environmental Health) David Ellis – Post Processing Officer

Kathy Glazzard – Stourbridge Area Community Learning

Jen Beardsmore – Head of Service, Library Operations

Sara McNally – Risk Manager

Diane Jones – Administration Manager

Phil Cutler – Training and Development Manager

Sharon Hartill – Head of Human Resources

Karen Jesson – Human Resources and Citizenship

Mrs M Johal – Democratic Services Officer

CHAIRMAN'S WELCOME AND INTRODUCTIONS

1

The Chairman explained the purpose of the meeting and indicated that the Group had formed to investigate the concerns of the Select Committee on Health and Adult Social Care and to seek ideas on any improvements that could be made for a healthier workforce.

AIMS AND OBJECTIVES OF THE SESSION

2

It was explained that the aims and objectives of the session were to:-

- Test the knowledge of practices that support and identify with workforce health and well-being priorities
- Identify what practices and initiatives had worked well
- What could be done to improve the health and well-being of the workforce
- Explore other observations

3

EMPLOYEE SURVEY 2009 : HEALTH AND WELL-BEING – HEADLINE FINDINGS

A report on the findings of the Health and Well Being staff survey had been attached for information.

4

DISCUSSION ON HEALTHIER WORKFORCE

Discussion on the topic then ensued and the following questions were asked and responses given as indicated:-

- How many office and manual staff were there?
 - There were 1700 staff in the Directorate of the Urban Environment, of which 600 were frontline.
 - The Directorate of Adult, Community and Housing Services had 3000 staff, of which 50-60% were frontline.
- Reference was made to lifting undertaken by social care staff and it was queried whether staff received sufficient manual handling training and how staff were informed about accessing compulsory and other training.
 - The representative for the Directorate of the Urban Environment explained that in-house training was made available and that when employees commenced work with the Council an induction process had to be followed. The induction process aimed to identify training requirements and to inform them of compulsory training together with providing any health and safety equipment. Also if an employee was absent for a long period that employee underwent a reintroduction process as practices and procedures may have changed.
 - With regard to Adult, Community and Housing Services, the representative indicated that most staff in libraries were frontline or involved in the community and that training was tailored to fit the role and it was pointed out that manual handling was offered to all employees. Library staff also underwent an induction and inductions were repeated periodically.

- What percentage of employees undertook compulsory and other training that was offered?
 - With regard to library staff each job had core training and training relevant to the job. A check on whether employees had undertaken training was followed upon during the regular development reviews. It was reported that there was also a high take up of desired training and that figures were available if required.
 - There were a number of mandatory courses and staff were monitored on whether staff had received training. It was reported that internal and external training was available.
 - The IT representative indicated that 1% of the workforce suffered from repetitive strain injury and that health and safety issues such as loud noise was an issue within their unit. Remedial measures taken included offering ear protection and gloves to handle chemicals.
 - It was explained that all Directorates had to comply with Health and Safety and that a Safety Group for all Directorates existed together with divisional safety groups. The aim of the groups at divisional level was to identify accidents and outcomes with a view to feeding back to the Safety Group to pick up on trends and to identify any joint training.
 - An audit was undertaken and each Directorate had an Action Plan and documents could be made available, if required.
 - An issue that had been highlighted was for the need to offer tailored and individual training for various roles. To aid the situation a matrix of different levels of training and those more relevant to individuals had now been compiled.
- The offering of free eye tests was queried.
 - A self assessment at the workstations had to be undertaken and if there were any matters of concern these had to be reported to the Manager.
 - Staff that regularly used computers were offered free eye tests on site by Occupational Health. A contribution in the form of vouchers was also given to buy glasses if required.
 - Members expressed concern that vouchers were only valid for a specific optician and it was usually one where glasses were more expensive, such as Specsavers. It was also commented that the contribution made was usually minimal and it was suggested that the facility should be made available by offering a variety of providers.

- Reference was made to the Obesity and Alcohol Strategy and it was queried how the workforce were encouraged to abide with it.

- The representative for the Directorate of the Urban Environment indicated that a food policy had been trialled in DUE and healthy options were being made more available in vending machines. When contracts were renewed with the vending operator the healthy alternatives would continue to be offered.

- Dudley Catering Services had also agreed to offer healthy options and a choice.

- It was indicated that the Council should use their influence to encourage employees to walk or cycle to work. The Council offered a bike scheme but there was no cycling allowance.

- The DUE representative indicated that there were showers in most of their buildings and cycle racks had been placed for employees' use. Work was also being conducted with a view to improving cycle routes and walkways and discussions were being held with CENTRO with a view to improving public transport. An Air Quality Management Plan to improve the environment was also being pursued and it contained measures aimed at schools to educate parents, such as not to leave engines running.

- Reference was made to the West Midlands Fire Service who had set up a scheme whereby staff could use free cycles from a cycle bank to get in and around the City Centre.

- It was queried whether employees had access to a well men and well women clinic.

- It was reported that there were occasional events that were held in conjunction with the PCT and a recent one that held been was for employees to have their blood pressure checked.

- Reference was made to employees that were off sick, in particular with stress and it was queried what efforts were being made with a view to lowering stress levels.

- Within DACHS, as part of absence management, stress awareness training was provided to help employees with their work/life balance. There was also a counselling service available for employees.

- The DUE representative indicated that good practice such as monitoring staff workloads existed to avoid stress.
- It was also reported that there were two part time nurses working in Occupational Health and that they were based in Ednam Road. It was also indicated that absenteeism levels had decreased and they were lower than neighbouring Authorities and on par with the national average.
- In response to a query about expenditure on external medical costs and those in-house it was reported that figures could be made available.
- It was queried as to what percentage of the workforce were carers.
 - It was indicated that flexible working practices and policies existed to assist those caring for dependents.
- It was commented that there would be a gradual aging workforce and that policies needed to be adapted to cater for them.
- Reference was made to the limited space available for staff to be able to get away from their workstation to eat lunch.
 - It was reported that library staff had an area where they could eat or have a drink, as they were not allowed to eat or drink at the counter.

In conclusion the following comments were made:-

- The Council should be more proactive
- It was felt that two part time nurses were insufficient for the number of employees employed by the Council
- There were a number of employees that had worked for the Council for a number of years and the Council were obligated to assist and protect them
- With regard to alcoholism discretion should be applied and mechanisms in place whereby the employee did not have to involve his/her manager if so required.
- Medical reports provided by the Council's Doctor were sometimes unhelpful and did not resolve the situation

The Chairman thanked all those for attending and welcomed the comments made and it was indicated that further comments could be emailed direct to the Chairman, Vice-Chairman, the Lead Officer or the Scrutiny Officer.

The meeting ended at 1.55 pm

AT