

DERBYSHIRE COUNTY COUNCIL

MEETING WITH CABINET MEMBER, HEALTH AND COMMUNITIES

7 July 2015

Report of the Strategic Director, Health and Communities

DERBYSHIRE HEALTHY WORKPLACES PROGRAMME

1. Purpose of the report:

To provide an update regarding the development of the Derbyshire Healthy Workplaces Programme and to request proactive support for the programme

2. Information and analysis:

Background

- 2.1 The Derbyshire Healthy Workplaces programme was developed as a result of the report 'Working for a Healthier Tomorrow' by Professor Dame Carol Black. The report acknowledged that government and employers should do more to improve the health of the working age population, this is critically important for everyone in order to secure both increased social justice and higher economic growth.
- 2.2 In an assessment conducted by PricewaterhouseCoopers (2008) it was identified that robust systems which support staff wellbeing facilitated a reduction in staff absences by 20-30%.
- 2.3 The current Derbyshire Joint Strategic Needs Assessment (JSNA) highlights the link between employment and health and states there is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing and financial benefits. Evidence also shows that for an employer, the return on investment in wellbeing programmes outweighs the costs of provision.
- 2.4 There is clear evidence to support the need to prevent ill health amongst the working age population. The Labour Force Survey (2014) indicated that 131 million sick days were taken that year at a cost of £28.1bn to the UK economy in direct and indirect costs. In terms of defined public health outcomes the average duration of sickness absence for stress is currently 21 days and for depression 30 days. This is significant given that mental

health charity MIND predict each year 1 in 6 people in work suffer from poor mental wellbeing.

- 2.5 It is important to consider the profile of the workers who are targeted by the Derbyshire Healthy Workplaces Programme. Defined population sub-groups amongst workers have clear identified health inequalities. Public health outcomes for low wage staff are poorer and males and females in low income quintiles are 18% and 14% less likely respectively to eat a healthy diet. Similarly those with routine and manual jobs are 28% more likely to smoke than those in managerial positions.
- 2.6 The long term consequence of poor health outcomes for the working population is evident. Whilst life expectancy has risen over the last thirty years those people in routine and semi-routine occupations have seen the smallest increase in life expectancy since, at 3.9 years compared to professional and managerial groups which was 5.3 years.

Derbyshire Healthy Workplaces Programme

- 2.7 The national Workplace Wellbeing Charter was developed as a framework for business engagement based upon the recommendations of the Black Review (2008). This has formed the basis for the Derbyshire Healthy Workplaces Programme and has been integrated into the delivery framework for the scheme. The Programme has an overarching aim of facilitating integration of a sustainable health and wellbeing approach within individual organisations.
- 2.8 As a means of integrating the service into the local authority framework and to facilitate partnership working across the authority, the Derbyshire Healthy Workplaces Programme was developed in collaboration with a range of internal and external partners, including Economic Regeneration, Trading Standards, Environmental Health and the East Midlands Chamber of Commerce.
- 2.9 The programme has been designed to be proactively driven by the employer, by supporting and enabling the delivery of preventative public health messages and to link employers with providers of appropriate service support across a range of specialisms, such as smoking cessation or weight management. The programme also responds to reactive issues, such as high levels of employee absences for mental health issues. A sustainable approach is promoted to integrate longevity of identified initiatives.

- 2.10 During the initial developmental phase of the project there was collaboration on the development of the programme with several council departments and engagement with countywide commissioned services such as Derbyshire Community Health Services (DCHS), mental health charities and physical activity programmes with the intention of building direct links between workplaces and service providers across the county.
- 2.11 The Derbyshire Healthy Workplaces Programme has utilised the Council's membership of the East Midlands Chamber of Commerce and have used the platform to promote the programme to the business community, for example attending the Chamber's Human Resources Forum to directly engage small and medium sized businesses and working with the Chamber to promote the official launch of the programme.
- 2.12 The Derbyshire Healthy Workplaces Programme and the Council's Communications team have worked closely to develop a website (<http://www.derbyshire.gov.uk/business/healthy-workplaces/default.asp>) and a range of publicity materials with unique branding (http://www.derbyshire.gov.uk/images/Healthy%20workplaces%20information%20leaflet_tcm44-261486.pdf). This has formed the centrepiece of the programme's communications strategy, with a social media presence to drive internet traffic to the council website, to promote the wider council agenda relating to economic development and to facilitate business engagement. The programme will be formally publicly launched in July 2015.
- 2.13 Currently the Derbyshire Healthy Workplaces Programme is developing work-streams across all employment sectors across the county. The team have engaged with private sector employers, including North Wingfield Co-operative and UKATA on Markham Vale. In the voluntary sector the team are working with organisations and providers who employ staff and coordinate volunteers. In the public sector 4,500 members of staff will initially be impacted by the programme across three organisations, this includes two large lower tier councils and Chesterfield Royal Hospital Foundation Trust.
- 2.14 The D2N2 Strategic Economic Plan and Derbyshire Economic Strategy Statement will be supported through work undertaken at the Markham Vale site, which is a key point of development for the programme. The

Derbyshire Healthy Workplaces Programme has been promoted through the onsite newsletter and has made direct contact with Markham Vale businesses in order to encourage uptake of the scheme.

- 2.15 In-house work at Derbyshire County Council has begun with colleagues in Corporate Resources and Economy, Transport and Environment, which have 700 employees in routine and manual occupations based around the county. A pilot study for this workforce is planned to be rolled out across Derbyshire over the next 8 months in collaboration with relevant internal partners, including Occupational Health and Communications. The approach will add further value to the robust ongoing work that the council is doing to support staff wellbeing and to successfully reduce sickness absence rates.
- 2.16 There are four key performance indicators which will be used to determine the efficacy of the Workplace Health programme;
- Number of businesses engaged
 - Number of employees supported
 - Number of businesses engaged and supported in each Public Health topic area (e.g. weight management, physical activity or mental wellbeing etc)
 - Number of participants engaged with each subsequent intervention

3. Other considerations:

In preparing this report the relevance of the following factors has been considered; legal, prevention of crime and disorder, equality of opportunity; and environmental, human resources, property and transport considerations.

4. Background papers:

PricewaterhouseCooper (2008) Building the case for wellness
Dame Carol Black (2008) Improving health and Changing Lives
The Labour Forces Survey (2014)
Cabinet Report September 2014: Healthy Workplaces; 09/09/2015, agenda item 7

5. Key Decision:

No

6. Call-in:

Is it required that call-in be waived in respect of the decisions proposed in the report? No

7. Officer's recommendation:

That the Cabinet Member, Health and Communities notes the report and continues to support the development of the Derbyshire Healthy Workplaces Programme, including proactive support for programme delivery within the council.

**David Lowe
Strategic Director
Health and Communities**