



Report of the Healthier Communities and Older People Scrutiny Panel

Promoting the Health and Wellbeing of North Lincolnshire Council's staff

July 2010

The role of the council's Healthier Communities and Older People Scrutiny Panel is to examine, in detail, selected issues which can affect local people's health and wellbeing or their access to health care. The panel also scrutinises issues related to older people.

The aim is to find out if there are ways in which the council and its health partners could be doing things better, and to influence national issues.

This report is the end result of a review into a particular subject. It sums up how the review was carried out, the panel's findings/considerations, conclusions and recommendations for any improvements which could be made.

Scrutiny report

Promoting the health and wellbeing of North Lincolnshire Council's staff

What is in this report

Page number

Chair's Introduction

Page 3

Membership of the Panel and Glossary

Page 4

The Selection and Scope of the Review

Page 5

Findings and Considerations

Page 7

Conclusions and Recommendations

Page 31

Chair's introduction

I have pleasure in introducing the Healthier Communities and Older People Scrutiny Panel's report into Promoting the Health and Wellbeing of North Lincolnshire Council's staff. As Chair of the panel, I would like to take the opportunity to formally thank the Vice-Chairman and all of the members who were involved in the review for their hard work and dedication.

The panel's report has two inter-related themes. Firstly, ensuring that staff are able to stay as fit, healthy and happy as possible is increasingly the sign of a good employer. There is extensive evidence that a healthy workforce tends to feel productive and supported, and is less likely to be absent from work. Secondly, introducing some relatively simple steps to encourage physical and mental wellbeing has the potential to lead to significant financial savings for the council. Using the evidence-based models provided by the National Institute for Health and Clinical Excellence, the panel calculates that there is the potential to save around £2.25 million every year. Given the current financial climate, this can only be a positive move, supporting the workforce, but also lessening the impact of the recession on local people and services.

Some may argue that, given the current financial situation, promoting staff health and wellbeing should not be a priority. However, we believe that this is a short-sighted argument and there is clear evidence that taking some simple steps will better enable our staff to deal with the financial pressures that the council will have to deal with in the coming months. The panel has made sixteen recommendations that we feel will lead to real improvements within the council, and in the services we provide. We look forward to monitoring progress.

Councillor Trevor Barker
Chair

Membership of the Panel

Cllr Barker (Chair)

Cllr Wells (Vice-Chairman)

Cllr Ali

Cllr Collinson

Cllr Eckhardt

Cllr Sidell

Cllr Simpson

The following members were also involved in the review:

Cllr Jawaid MBE

Cllr N Sherwood

Cllr Berry

Glossary

GP	General Practitioner
HR	Human Resources
HSE	Health and Safety Executive
LGIU	Local Government Intelligence Unit
NICE	The National Institute of Health and Clinical Excellence
NLC	North Lincolnshire Council

1. The Selection and Scope of the Review

The panel agreed to conduct this review for a number of reasons. Firstly, the review is intended to accompany and complement a report published by the Economic Development and Corporate Issues Scrutiny Panel in February 2010 entitled "Revisit of the Review of Sickness Absence in North Lincolnshire Council Completed in December 2003". Whereas this report focussed on reducing the council's sickness absence levels, this review is intended to examine how the council can better support its employees. As such, it is intended to identify methods of changing the culture of the council, rather than responding to a specific problem. Nevertheless, both pieces of work are intended to encourage healthier, happier and more productive staff, who will, in turn, provide better services for local people.

Following discussions with representatives from the National Institute for Health and Clinical Excellence (NICE) in January 2010, members were also aware of the potential significant financial savings that could be made by a relatively modest investment. It is entirely possible that if North Lincolnshire Council takes the appropriate steps,

annual financial savings of *more than £2.25 million* could be found, accompanied by major improvements to the productivity, health and wellbeing of employees. In the current financial climate, this can only be an attractive option.

2. How the review was carried out

The panel conducted a number of evidence gathering sessions, speaking to a range of key officers from the council, and from specialists from NHS North Lincolnshire, the local mental health providers, and NICE. The panel also received and considered a range of written evidence, including local and national best practice, research, guidance and legislation.

The panel then considered their findings, reaching conclusions and making a series of recommendations.

3. The Panel's Findings / Considerations

Encouraging employees to be healthy and content within their workplace is increasingly seen as the sign of a good employer. The evidence is clear that it can also lead to major benefits to the organisation itself, the employee and ultimately, to customers and the wider economy.

The financial cost of poor mental and physical health, and associated sickness absence or lost productivity is difficult to quantify for a number of reasons. However, it is possible, and a key recommendation in the Economic Development and Corporate Issues Scrutiny Panel's report is for the council to routinely cost sickness absences in order to provide information and targets to managers, and to hold them to account for their performance. In addition, there are also significant indirect costs caused by staff that are at work, but are unproductive. Some indications of potential costs and savings are included in the

following pages, but they are undoubtedly significant.

Especially in the current economic climate, it is of fundamental importance that, if North Lincolnshire Council is to provide effective, value-for-money services to local residents, every effort should be made to get the best out of staff. This ensures that, wherever possible, they are focussed, productive and in the best possible health. It then follows that, if the necessary support is in place, staff sickness rates should reduce and work outcomes increase. North Lincolnshire Council can also lead by example, passing on the lessons learned to others across the area.

Composition of North Lincolnshire Council staff

North Lincolnshire Council is one of the largest employers in the area. The council currently employs 7,307 staff across its service areas, and including schools. This is summarised in the following table.

Table 1. Council Workforce Profile

	Gender		Age						Hours	
	F %	M %	<25 %	25-34 %	35-44 %	45-54 %	55-64 %	65+ %	FT %	PT %
NLC	78	22	5	16	28	30	19	2	45	55
Local Population	51	49	15.6	18.2	21.6	20.8	16.8	7	-	-

Quarterly Workforce Monitoring Report - September 2009

The latest figures (September 2009, above) show that employees at the council are much more likely to be female (78%) compared to male (22%). Young people aged under 25 are relatively rare across the council, making up only 5% of the workforce, whereas middle-aged people tend to be over-represented when compared to the local workforce population. There is an even split between full-time employees (45%) and part-time (55%).

Possible implications

Given the large proportion of female employees and those aged 35-64 across the council, it is possible that there will be lower rates of physical activity amongst employees than the local population. Consistently, surveys by the Department of Health¹ find that females tend to be less likely to meet recommended levels of self-reported physically activity when compared to males. The surveys

¹ Health Survey for England 1997, 1998, 2003, 2004, 2006, 2008

also find that physical activity tends to reduce with age.

Whilst it is less clear, there is also some evidence that females may be more likely to be diagnosed with mental health issues such as eating disorders², depression³ and anxiety⁴. However, this is a very complex issue with many social, cultural, and gender-based factors.

Current staff health and wellbeing

The council conducted a comprehensive staff survey in January 2010, in order to collect information on the health and wellbeing of council employees. The findings will be discussed in

² See National Collaboration Centre for Mental Health, *Eating Disorders: core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders*, (2004) the British Psychological Society.

³ Piccinelli, M. Gender Differences in Depression, *The British Journal of Psychiatry* (2000) 177: 486-492

⁴ Pigott, T. A. Gender differences in the epidemiology and treatment of anxiety disorders, *The Journal of Clinical Psychiatry*, (1999) 60 suppl 18:4-15

more depth later in this report, but suggest that a typical employee;

- is moderately physically active;
- is generally in good health;
- tends to be employed in sedentary, desk-based jobs;
- is less likely to smoke than the local population;
- doesn't drink to excess, and eats at least three portions of fruit and vegetables a day,
- is under some level of stress, but has good energy, mood and concentration levels at work.

Of course, the above profile only applies to the employees who responded to the survey.

What is the council currently providing?

North Lincolnshire Council, like all employers, has a legal duty to comply with health and safety and relevant employment law. As an organisation, it provides Human Resource and management support for every member of its staff. The council complies with all relevant employment legislation, and has an established, active link with all appropriate Trade Unions.

More specifically, the council has a number of current schemes to improve or maintain the health and wellbeing of its staff. Some examples of these include:

- A Corporate Health and Fitness Scheme, open to staff and their partners, which provides access to many council leisure activities. There are currently 403 employees signed up to this scheme (5.5% of the workforce), plus 100 partners of staff members,
- A similar Corporate Golf Scheme, open to staff and their partners, providing access to Normanby Hall and Kingsway Golf Courses,
- A VDU eye care scheme in partnership with Specsavers,
- A Display Screen Equipment Policy, including reimbursements for eye tests and a contribution to employees' lenses or spectacles.
- A free to the taxpayer scheme that offers discounts on certain products to council staff,
- Access to the national cycle2work scheme, which provides tax exemptions in order to purchase cheaper bicycles and equipment. Forty nine employees have

taken advantage of this scheme to date,

- Osteoporosis screening sessions. To date, 416 employees have accessed screening (5.7% of the workforce),
- Staff support, particularly for those with disabilities, from The Shaw Trust and North Lincolnshire Employment Support Services (NoLESS),
- A recent “Health Day” held on 24 May, which included health screenings, advice and information, lunchtime Tai Chi and street dancing sessions, etc.
- A Walk to Work Week, with nearly 100 employees signing up, and
- A Confidential Staff Welfare and Counselling Service.

Healthy Workplace Award

As part of its commitment to staff health and wellbeing, the council is currently finalising a submission for a Bronze Award from NHS North Lincolnshire’s Healthy Workplace Awards Scheme. This voluntary local scheme is intended to support businesses and organisations who wish to improve the health and wellbeing of their staff, through seeking evidence of various commitments. These commitments range from core

criteria such as nominating and training ‘Health Champions’ and conducting a needs assessment to additional criteria including supporting good mental wellbeing and preventing muscular-skeletal disorders.

The council has established a Healthy Workplace Award Working Group to co-ordinate an application for a Bronze Award, and to consider future applications for the higher awards. The Group also plays a key role in encouraging staff health and wellbeing through co-ordinating actions.

Health and Safety

The council has a dedicated Health, Safety and Welfare Unit, designed to ensure the organisation complies to national legislation and guidance, and to co-ordinate actions to ensure occupational health, safety and wellbeing. The team works closely with the Health and Safety Executive (HSE) and has an excellent record of effective health and safety work across North Lincolnshire, including ten consecutive Gold Awards for Occupational Safety, as awarded by the Royal Society for the Prevention of Accidents, and the council has suffered no HSE enforcement action since it was established in 1996.

Physical health and activity

There is widespread recognition that physical activity is an essential component of good health and wellbeing. Increased activity is associated with a reduction in the risk of developing some of the most common serious illnesses, such as cancer and coronary heart disease. Physical activity can also protect mental health and reduce stress and depression.

There are many opportunities for employers to encourage staff to be physically active. This can be achieved through active measures such as promoting sports leagues or lunchtime walks, through to exercise referral schemes, etc., or more passively, through providing well-lit stairwells, showers and changing facilities.

The National Institute for Health and Clinical Excellence (NICE) produce public health guidance for the promotion of good health and wellbeing and the prevention of ill health. In May 2008 NICE released a guide to promoting physical activity in the workplace. This included a four part plan to help employers prevent the diseases associated with a lack

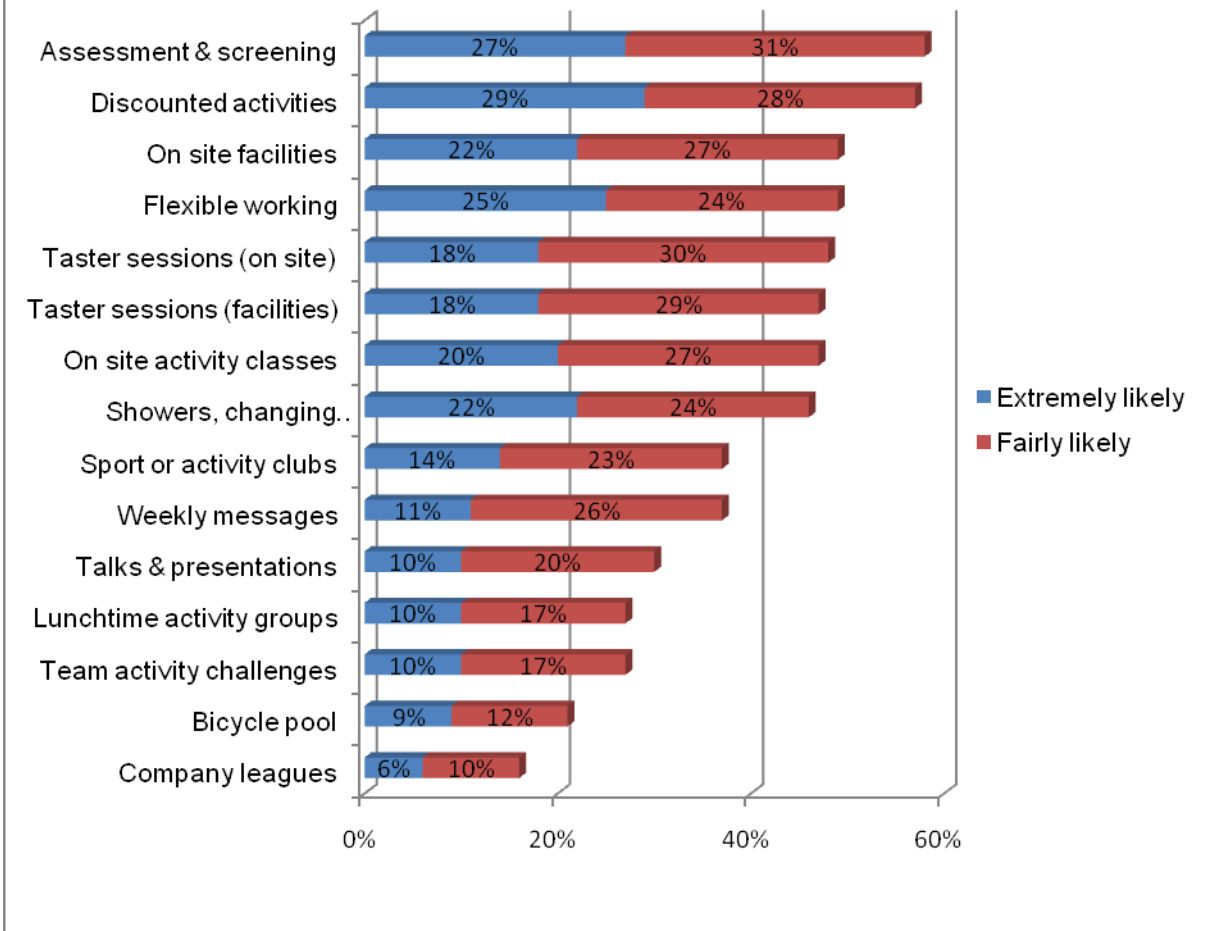
of physical activity. The four recommended steps are to;

- Develop an organisation-wide plan to encourage and support employees to be more physically active;
- Introduce and monitor an organisation-wide, multi-component programme to encourage and support employees to be more physically active;
- Taking into account the nature of the work, encourage staff to be more physically active in and out of the working environment;
- Through the council's role in encouraging more local physical activity, work with partners to support other employers in the area.

As part of the staff survey described previously, employees were asked to identify the barriers to becoming more active. The main responses were time constraints (22%), work commitments (18%), family commitments (16%) and the cost of facilities (12%).

Staff were also asked which of the following initiatives they would be likely to take part in if offered at work. The results are as follows:

Graph 1. Likelihood of Staff Undertaking Physical Activities



NLC, Healthy Workplace Survey, 2010

Cycling, Running and Walking

North Lincolnshire has an encouraging recent history of promoting cycling as a cheap, healthy alternative to car use. This was highlighted in September 2009, as North Lincolnshire hosted the Tour of Britain launch. This was accompanied by a programme of cycling promotion initiatives across the area. However, the promotion of walking and running to staff is, perhaps, less developed. The recent Walk to Work Scheme was a good

example of a simple, cost-effective and green method of encouraging physical activity amongst staff.

The benefits of encouraging cycling, running and walking are clear. It can have marked public health benefits, with an associated reduction in absenteeism. A 2007 evidence review by the government's Transport Research Laboratory found that:

“The most significant finding is that an increase in physical activity of over one hour per week (e.g. 90 minutes), easily achieved through walking or cycling to work, would be expected to lead to a measurable reduction in levels of absenteeism. This is of clear commercial benefit to employees and supports the business case for investing in workplace travel plans”.

Transport Research Laboratory Ltd.
2007
Physical Activity, Absenteeism and
Productivity: An Evidence Review.

What more could the council do?

The Health, Work and Wellbeing Programme is a cross-departmental government initiative to improve the health and wellbeing of Britain’s people of working-age. This programme culminated in Dame Carol Black’s 2008 report “Improving Health and Work: Changing Lives”. The review found good evidence that physical activity programmes at work can reduce

absenteeism by 20%, and that physically active workers take 27% fewer sick days. In North Lincolnshire Council, there are potential savings to the council of more than *eight hundred thousand pounds per annum* if physical activity could be encouraged. There are also non-quantifiable benefits that can result from the introduction of introducing physical health promotion programmes. NICE suggest that such schemes can lead to increased productivity, enhanced reputation as an employer, an improvement on local some targets and indicators, and improvements to team working and networking.

NICE also provides a business case to encourage a calculation of the costs and benefits of promoting staff health and wellbeing through physical activity.

Table 2. Business Case for Promoting Physical Health in the Workplace

Average no. of days sickness absence	Total Number Days Sickness Absence	Average hours worked per employee (full and part time staff)	Total annual cost	% reduction in sickness absence	Potential annual savings
10.25	55,780	5	£4,008,674	20%	£817,735

Information from NICE (2008) and NLC (2010)
Includes schools and on-costs.

Despite the above potential annual savings of more than £800,000, the council does not have a comprehensive, co-ordinated policy towards encouraging physical activity amongst its staff. Some ad hoc work has occurred, mainly as an element of the encouragement of the green agenda. For example, Church Square House in central Scunthorpe adopted a Green Transport Plan in January 2007 which included a number of measures that promote physical activity, such as the purchase of two pool bicycles, improvements to cycle parking facilities and the provision of showering facilities. However, this is not common across the council. As with any workplace, some groups of staff do get together informally outside of work hours to play sport, attend the gym or engage in other physical activities.

Mental Wellbeing

Everyone has a mental health, just as they do a physical health. As people wouldn't expect to go through their entire life without experiencing a physical problem, similarly, everyone can expect to suffer from poor mental health and wellbeing from time to time. Throughout the report, the panel utilises the following definition of mental wellbeing.

“Mental wellbeing is a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community. It is enhanced where an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society”⁵

⁵ Foresight Mental Capacity and Wellbeing Project (2008) Final Project Report: The Government Office for Science.

As suggested above, encouraging a healthy, productive workplace is a key component of encouraging mental wellbeing. Whilst there is a popular misconception that most people with mental illness do not work a survey by the Office for National Statistics in 2000 found that 67% of all adults aged 16-74 were in work, compared to 63% of people with any kind of mental health problem.

Research has repeatedly found that employers have a general tendency to significantly underestimate the prevalence of mental ill health in the workplace. In 2006, the Shaw Trust commissioned a research project that surveyed 550 senior managers in British industry. This found that only 1 in 5 of the managers thought the *lifetime* risk of developing a mental health problem was 15% or more. The true figure is that, *at any one time*, 15.4% of workers will have a recognised mental health problem. If this figure is extrapolated to North Lincolnshire Council, it can be expected that there are around 1,125 people, currently employed, who have a recognised mental health issue. Even this figure may be an under-estimate. In other words, in a team of fifty people it is likely

that between 8 and 10 will have a mental health issue.

Despite this very high level of prevalence, it is likely that many staff do not recognise their own mental health problem, or because of the potential stigma, they report physical illness as a reason for absence, rather than mental illness. In addition, there is a complex and overlapping relationship between physical and mental health. It is widely recognised that mental health problems can increase the risk of a range of illnesses, including coronary heart disease, cancer, respiratory problems, diabetes, and infections⁶.

Because of this complex inter-relation between physical and mental health, many people report physical symptoms that have no underlying medical cause. Nationally, it has been estimated that between a third and a half of all complaints relating to the stomach and digestion (the fourth most common category for sickness absence at the council) have no physical cause, and may be a symptom of mental ill-health. Similarly, a high proportion of muscular-skeletal, neurological

⁶ Prince, M *et al* (2007) No Health Without Mental Health. *The Lancet*, **370** (9590) 859-878

and cardiological complaints are likely to be linked to poor mental health. It has therefore been suggested that mental health problems are likely to account for around 60% of all sickness absence in the UK⁷.

The most common reason for sickness absence at the council is stress, depression, anxiety and mental health (23%). However, the latest figures show that the next most highly cited reasons for sickness absence are muscular-skeletal (19%), infections (14%) and stomach and digestion (12%). Given the above discussion, it could be that some of these periods of absence may be linked to poor mental health and wellbeing. Finally, it is important to recognise the links between poor mental health and a wide range of lifestyle related risks.

What is currently provided?

As with most issues, the initial responsibility for supporting staff with a mental health problem is through the person's line manager. If required, the manager has a number of options available, including contacting the council's Occupational Health Service

provider for advice, support and referral, refer to the council's internal Confidential Staff Welfare and Counselling Service, or advice could be given to encourage the employee to contact their GP. Each GP in North Lincolnshire has access to a mental health worker within their surgery, and can also refer into more specialist services if required.

The Confidential Staff Welfare and Counselling Service is a small team of fully qualified counsellors who offer comprehensive support to around 300 new clients a year. The counsellors deal with a range of conditions and situations, ranging from bereavement to stress. The service enables staff to recognise and deal with their problems constructively, and, in a significant majority of cases, remain in work. This, in turn, leads to fewer staff absences, considerable cost savings and less stress for colleagues having to pick up extra work.

The council contracted WellWork Ltd. as its Occupational Health service provider in July 2009. The service provides a range of occupational services to the council, such as health

⁷ The Sainsbury Centre for Mental Health (2007), Mental Health at Work: Developing the Business Case. Policy Paper 8

assessments, pre-employment and medical retirement checks, employee support and advocacy and sickness absence management.

The council's Digital Inclusion Unit is also working in partnership with the local mental health Trust and other partners on an innovative project called eClinics. This enables everyone in North Lincolnshire to interact with a qualified mental health worker using a medium of the person's choice. This could be through a secure on-line environment, via e-mail or telephone, or face-to-face.

Finally, the council is also beginning to offer some managers Mental Health First Aid training. This is intended to give managers and other employees the confidence and competence to recognise the signs and symptoms of poor mental wellbeing amongst their colleagues, taking appropriate action to help, support, and guide them to more specialised services if required. To date, twenty employees have undertaken this training, with around 60 additional staff receiving an introductory session as part of an Away Day. This training is currently provided free of charge locally.

What more could the council do?

As described above, the extent and potential severity of poor mental health is massively under-appreciated throughout the country. It may be fair to assume that there is scope to improve line managers' knowledge and understanding. If the potential savings outlined later in this report are to be achieved, managers require a much deeper understanding of the issue.

Some organisations have had major success in encouraging good mental health amongst their employees. For example, BT Group plc. ran a service-specific campaign called Work Fit: Positive Mentality in 2006/07. This module based staff programme led to a *30% reduction in staff absence* due to mental health problems, and a vastly improved return-to-work rate of 75% for people with long-term mental health absences. Follow-up surveys after the campaign found that 51% of those who had made changes as part of the campaign had noticed improvements to their mental health and wellbeing. It is likely that this also led to significant financial savings.

Presenteeism

As discussed previously, mental ill-health is an under-appreciated issue, closely tied to staff absence and a lack of productivity. However, the concept of presenteeism is, perhaps, even less understood and potentially a more valuable topic for an organisation to focus on.

Presenteeism is defined as a loss in productivity that occurs when employees come to work, but function less well because of underlying physical and/or mental ill health. Because it is much less visible than staff absence, it is less understood and harder to manage. Despite this, there is accumulating evidence that presenteeism has the potential to have an even greater impact on an organisation's productivity and financial savings. Dame Carol Black's review of the health of Britain's working age population "Working for a Healthier Tomorrow" stated that:

"One initial estimate for the UK suggests that, for those with mental health conditions, reduced productivity accounts for 1.5 times as much working time lost as sickness absence."

Lower productivity may also be linked to lower job satisfaction and wellbeing, which in turn may be due to workplaces that sap morale and energy. There is growing evidence that links employee morale and satisfaction with health outcomes as well as business performance measures."

Despite physical or mental ill-health staff may still come into work because of large workloads, not wishing to add to colleagues' responsibilities, or feelings of job insecurity. Whilst this means that staff are not absent, and are possibly completing some work, the effect can lead to longer recovery times, reduced productivity, poorer family relationships, spreading of contagious illnesses and an increase in the amount of future sickness absence. A recent report from the Health and Safety Executive found that the cost of presenteeism for people suffering from mental health problems and stress was £15.1 billion a year, compared to £8.4 billion for sickness absence.

Presenteeism is a particular concern amongst more senior staff, with productivity losses in professional or executive groups nationally around 40% higher

than manual workers⁸, who tend to be absent from work when they are ill⁹. It may be that this trend applies within the council. The latest Points of View survey of all staff (2008) found that the highest rates of concern about the levels of work were amongst the most senior figures in the council. However, these senior figures also tend to have the lowest rates of absence.

When calculating the costs to North Lincolnshire Council, the following analysis suggests that presenteeism is likely to account for almost *twice the potential saving as absenteeism*.

Business Case for Improvements in Tackling Poor Mental Wellbeing and Presenteeism

NICE have developed a costing tool to enable employers to calculate their potential savings in supporting and encouraging the health and wellbeing of their employees. The panel utilised this tool, and the findings (including school staff) are summarised on the following page:

⁸ Hilton (2007), as cited in The Sainsbury Centre for Mental Health (2007), Mental Health at Work: Developing the Business Case. Policy Paper 8

⁹ CIPD (2007a) Absence Management: Annual Survey Report 2007. London: Chartered Institute of Personnel and Development.

Table 3: Business Case for Tackling Poor Mental Wellbeing and Presenteeism

Total number of employees in organisation	7,307	1
Absenteeism		
Average number of sick days per employee	10.25	1
Estimated proportion of sick days attributable to mental ill health	40.5 %	2
Estimated annual number of sick days attributable to mental ill health	22,591	
Cost attributable for each day	£73.30	1
Annual cost of sickness absence attributable to mental ill health	£1,655,920	
Presenteeism		
Estimated annual number of sick days attributable to mental ill health	22,591	
Estimated ratio of Presenteeism to absenteeism	1.5	3
Annual working days lost through Presenteeism	33,887	
Cost attributable for each day	£88	1, 2, 5
Annual cost of presenteeism attributable to mental ill health	£2,982,056	
Staff turnover		
Total number of employees in organisation	7,307	1
Estimated annual turnover	6.34%	1
Annual staff turnover	463	
Estimated proportion attributable to stress	8.00%	4
Annual turnover attributable to stress (estimate)	37	
Annual cost of staff turnover attributable to mental ill health	£226,625	
Estimated total annual cost of mental ill health	£4,864,601	
Potential savings through simple steps	30.00%	3
Estimated potential savings	£1,459,380	

Promoting mental wellbeing at work
Business Case, NICE, November 2009

- 1 Quarterly Workforce Monitoring, September 2009 and other information, North Lincolnshire Council
- 2 The average of three published papers identifying the proportion of sickness absence attributable to mental health: CIPD (2009) Annual Survey Report; Recruitment, Retention and Turnover (40%), Confederation of British Industry/AXA (2007) Absence and Labour Turnover Survey (37.5%), Singleton *et al* (2001) (44%)
3. Sainsbury Centre for Mental Health (2007)
4. CIPD (2009)
5. NICE Promoting Mental Wellbeing at Work guidance (attributable absenteeism cost per day plus 20%)

implementing a strategy based on the available good practice (see appendix A). This saving only applies to tackling poor mental health and presenteeism. As discussed earlier, additional annual savings of around £800,000 are likely if similar action is taken to improve physical health.

This table summarises the best available evidence that the council could make significant savings of almost *one and a half million pounds a year*, by

Stress

The Health and Safety Executive (HSE) defines stress as “an adverse reaction people have to excessive pressure or other types of demands placed on them”. Stress (with depression, anxiety and mental health issues) is the most common reason for staff absence within North Lincolnshire Council, accounting for 23% of all days lost to sickness absence. This phenomenon is repeated throughout the country, and stress accounted for an estimated 11.4 million lost working days across Britain in 2008/09. Stress is also more widely reported in many local government occupations such as education, housing and social work. Some level of stress has been shown to be beneficial to workers, although when this exceeds a certain level, it can lead to problems for the employee, the employer and the wider workforce.

The HSE produces management standards for dealing with stress. The six key aspects of work which can help to reduce work-related stress are:

- **Demands.** This includes issues such as workload, work patterns and the work environment;

- **Control.** How much say a person has in the way they do their job;
- **Support.** Including encouragement and resources provided by the organisation, line-managers and colleagues;
- **Relationships.** Promoting positive working practices, avoiding conflict and dealing with unacceptable behaviour such as bullying and harassment;
- **Role.** Whether people understand their role in the organisation; and
- **Change.** How organisational change is managed and communicated.

What is currently provided?

Again, action to support employees reporting stress is typically handled initially through their line manager. The line manager then has a responsibility to address work-related issues that may be causing the problem. However, it should be noted that many reports of stress are caused by things that are happening in the lives of staff outside of work. Stress may be caused by family life, children, money or a whole range of issues. The Confidential Staff Welfare and Counselling Service can provide an opportunity for employees to

receive support, and in 2009 received 90 new clients who reported problems with stress.

and guidance to deal with any issues that may arise.

A corporate policy for managing stress is included in the council's Human Resources Manual. The council also supplies a stress gauge and managers' stress pack to enable workers and line-managers to assess stress levels

The council conducted a "Points of View" staff survey in 2008, which provides some evidence of performance against some of the HSE aspects listed on the previous page. Results are rated using the "traffic light" system of green, amber or red.

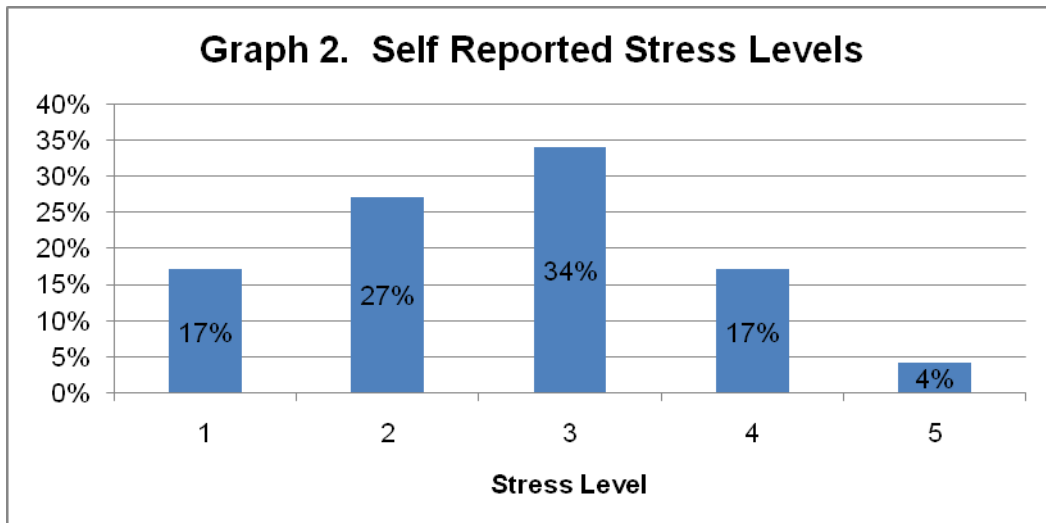
Table 4. Results of Staff Points of View Survey Related to Stress

Work aspect	Question	Result
Demand	The amount of work I have to do is generally manageable	Green
Control	I feel able to say no to unreasonable demands on my workload	Yellow
	I am able to use my initiative to help the customer	Green
	I have access to the training and development I need to do my job well	Green
	I have enough flexibility in my hours/job to help me balance home and work life	Green
Support	I feel supported by my manager	Green
	I can talk to my manager about things that affect me at work	Green
	My team co-operates and works together	Green
	Colleagues in other parts of the council help and support me when I need it	Yellow
	I get the support I need when I am absent from work through sickness	Green
	I get support I need when I return to work from sickness absence	Green
	I feel the range of welfare services available to me is adequate	Green
Relationships	Where I have encountered conflict, it has been dealt with fairly	Yellow
	I am treated fairly and with respect	Green
	I am confident that management would take action if I were treated unfairly	Green
Role	I understand the council's ambitions	Green
	I understand how my team and I contribute to the	Green

	council's ambitions	
Change	I am consulted on changes that affect me at work	
	I can give feedback on changes that have taken place	
	I feel supported by my manager through changes that affect me	

NLC Points of View survey, 2008
2,402 respondents

In addition to the above, the recent staff Healthy Workplace Survey asked employees to rate their stress levels at work on a scale of 1 to 5.



NLC Healthy Workplace Survey (2010)

What more could the council do?

As shown on table 4, there is scope to improve the council's performance in five areas that are currently amber. The "Change" aspect is potentially of particular concern, taking into account the forthcoming WorkSmart initiative. This will be discussed later in the report.

The HSE provides guidance that sets out five steps an employer can take to minimise stress. These are:

1. Undertake a risk assessment for work-related stress;
2. Consult with employees and their representatives to identify problem areas;
3. Make an action plan;
4. Review and refresh policies around equal opportunities, anti-discrimination and reporting and seeking redress;
5. Raise awareness and understanding of mental health issues among the workforce.

Smoking

Smoking is a related cause in 80,000 deaths every year, and it is the leading cause of health inequalities in England. The

number of smokers in the country has reduced significantly in the last decade, although more than 8 million people still smoke. There is good evidence that routine and manual workers are more likely to smoke, with this group making up a large proportion of the council's workforce.

A recent study by the London School of Economics (LSE) found that smokers take, on average, 1.77 additional days of sickness absence every year. Given the financial assumptions in table 3 (above), absences that are *wholly* related to smoking may cost the council around £82,500 every year. Given that smoking is implicated in many illnesses, there are likely to be additional and more significant costs to the council that are, in part, related to smoking. For example, smoking can be a contributory factor in the development of many types of cancer, lung disease and heart problems, and can also lead to a range of serious complaints for those who are exposed to second-hand smoke. All of these can lead to major levels of human and financial cost.

The recent staff survey found that around 14% of staff currently smoke but that 64% of this group are interested in help to give up smoking. This is broadly in line

with a 70% figure nationally. However, national research into this group found that currently only half actually attempt to quit. Additionally, half of the attempted quitters attempt to stop unassisted; the approach most likely to fail. Currently, only about 6% of smokers access Stop Smoking Services every year.

The recent Tobacco Control Strategy for England, states that there will be government support for all Primary Care Trusts to make “support available to all public sector employees, including...staff in social services, health and education. [The government] will also expand...workplace quitting programme to make NHS Stop Smoking Services available at work to a wide range of employment groups.”

In April 2010, the council and its partners launched the Smokefree Homes scheme. This local voluntary scheme encourages people, particularly with children, to take measures to stop smoking in their homes and in front of children. It encourages smokers to make one of the following pledges:

- A bronze promise not to smoke in front of children,

- A silver promise to only smoke in one well-ventilated room and never in front of children, or
- A gold promise to make their home completely smoke free.

An accompanying publicity campaign has also been launched to publicise the scheme, including a feature in the June 2010 Direct magazine.

What is currently provided?

The council has a smoking policy within the Human Resources manual. This includes a smoking ban in all of its enclosed public places, work places and vehicles and also the banning of cigarette breaks. The manual states that “information on the policy will be included in the induction training for all employees and councillors. This will include information on the support available for employees and councillors trying to stop smoking”.

The council has arranged a small number of smoking cessation courses, in partnership with NHS North Lincolnshire. These are advertised occasionally, often to coincide with National No Smoking Day with the latest information to staff included in the internal People newsletter in

March 2009. There is no cost to the council in arranging these sessions.

What more could the council do?

Given the major health implications of smoking on employees' health and wellbeing, and also on the productivity of the council, a relatively small investment in time off to attend Stop Smoking sessions or other support is likely to pay for itself many times over. As described above, nearly two thirds of staff who smoke would be interested in information on how to quit.

The council's leadership took a decision several years ago to allow staff time off to attend council-provided Stop Smoking sessions. However, improvements could be made to how this is communicated to staff and to extend access. This will be discussed in this report's conclusions and recommendations (see pages 36 and 37).

Similarly, further internal publicising of the Smokefree Homes scheme could lead to a reduction in staff members smoking and a potential

reduction to the impact of passive smoking on children.

Drug, Alcohol and Substance Misuse

It is widely recognised that alcohol is regularly misused by a very sizable proportion of the population. Alcohol can add to the risk of users developing a large number of medical complaints, including cancer, heart disease and cirrhosis. Alcohol is regularly a contributory factor in a range of social problems, such as family breakdown and violence. There is also evidence that misusing alcohol can lead to a range of mental health problems, and that people with mental or emotional problems can attempt to self-medicate with more alcohol, potentially leading to dependence¹⁰.

The misuse of both legal and illegal drugs is also widespread throughout society, and can lead to harm to the individual and the wider community. Alcohol abuse amongst employees in England costs up to £6.4 billion a year in lost productivity, with up to 17 million working days lost through

¹⁰ Knight, R. G, Neurological Consequences of Alcohol Use, Chapter 7, International Handbook of Alcohol Dependence, 2001, ed. Heather N, Peters T J, Stockwell

alcohol-related absence¹¹. The recent staff survey didn't ask directly about substance misuse, but found that the vast majority (97%) of respondents said they drank within the recommended weekly alcohol limits.

What is currently provided?

The council has a combined policy for alcohol and drugs. This aims to support staff and prevent any negative impact on the local people that the council serves. The initial approach to suspected misuse is through normal management support, with help from HR if required. If further help is required, this can be accessed from Occupational Health, the Welfare Service or through a recommendation that the member of staff speak to their GP. If deemed appropriate, the GP may refer into specialist services provided by the NHS or other agencies. The Welfare Service also has a referral pathway in to specialist drug and alcohol services. Disciplinary action is open to managers if deemed appropriate.

What more could the council do?

The Faculty of Public Health and Faculty of Occupational Medicine provide guidance on creating a

healthy workplace. Each of their recommendations has been implemented at the council, and it is difficult to identify what more the council could realistically achieve.

Healthy Eating

There are opportunities within the workplace to promote healthy eating for employees. Through encouraging healthy eating, staff can reduce the health risks associated with obesity, high blood pressure and heart disease. A welcome benefit is that employees can take a knowledge of healthy eating back into their families and wider communities. Again, a significant proportion of staff sickness is likely to be related, to some extent, to poor diet.

When staff were asked about how many portions of fruit and vegetables they eat every day, 97 % answered at least one a day. However, only 30% ate the recommended 5 portions a day. The promotion of healthy eating was the third most common response when an open-ended question was asked about what could be provided that would lead to improvements in employees' health.

What is currently provided?

¹¹ Strategy Unit, 2004. Alcohol Harm Reduction Strategy for England. London. Strategy Unit.

The provision of food across the council is generally left to employees. However, those working in schools often access the internal canteens, which have a range of controls on menu and nutritional standards. There is a staff canteen at Pittwood House which offers a range of healthy choices, including fruit, salads and low-fat options. Salt is not routinely added to food and other positive steps are taken such as the use of brown flour in pastries, low-fat sausages and food generally cooked “from scratch”. Drinking water is available at all canteens and almost all other council sites, although 20 employees highlighted a lack of drinking water in the recent survey.

What more could the council do?

The council has limited influence on employees’ eating habits, with many staff bringing their own food into work, going into nearby town centres for lunch or eating at council-run facilities. Obviously, some staff will choose healthy options, whereas others may not. However, there are some relatively simple steps that the council could take to make healthier choices easier, and to better inform staff of the benefits of healthy eating.

For example, many staff sites have vending machines which are almost, if not wholly, stocked with chocolate, crisps and sugary drinks. Providing low-sugar or diet drinks is an easy step to take, and discussions have taken place about subsidising healthier options by increasing the price of less healthy choices. However, take-up of healthy options from vending machines, where this has been trialled, has been poor. The council is currently considering options for better labelling and the publication of nutritional information for the Pittwood house canteen.

Health Inequalities

As with any large organisation, the council employs people from a wide range of backgrounds. Similarly, pay levels vary substantially across the council depending on skills, knowledge and ability. It follows that there will be health inequalities across the entire workforce. Nationally, there is substantial evidence that people with the lowest incomes tend to live in deprived neighbourhoods¹² and are also more likely to be at risk of ill-health, premature deaths from

¹² Daffin C (Ed.) (2009) Wealth in Great Britain: Main results from the Wealth and Assets Survey 2006/08.

heart disease, lung cancer and stroke¹³.

What is currently provided?

The council also has a generally positive culture that supports staff to progress and to undertake training and personal development.

What more could the council do?

In February 2010 Professor Sir Michael Marmot published his strategic review of health inequalities in England. This contains several recommendations that could be adopted by the council. Some of these include:

- Increasing availability of non-vocational life-long learning across the life course,
- Implementing guidance on stress management and the effective promotion of wellbeing and physical and mental health at work.
- Prioritising greater flexibility of retirement age,
- Creating or adapting jobs that are suitable for lone parents, carers and people

with mental and physical health problems,

- Focusing public health interventions such as smoking cessation programmes and alcohol reduction on reducing the social gradient.

As part of the efforts to tackle inequality, Professor Sir Michael proposes universal action to improve the health of all, “but with a scale and intensity that is proportionate to the level of disadvantage.” He terms this approach “proportionate universalism”.

As staff at the lowest pay grades within the council are more likely to smoke, have an unhealthy weight, and have poorer health outcomes, it would be appropriate to ensure that initial work was focussed on these groups of staff. Care must also be taken to ensure that any initiatives do not inadvertently exclude those most in need. It is advisable to consider an equality audit for any intervention or programme to improve staff health and wellbeing, to ensure equity, taking into account the principle of proportionate universalism.

Flexible working arrangements and WorkSmart

¹³ See the Marmot Review, Fair Society, Healthy Lives. Strategic Review of Health Inequalities in England Post-2010 (2010)

The council already has a flexible working policy that is available to staff, if the request fits into the needs of the service. A range of options are available, including compressed working hours, term time working only, and changes to hours worked. Some staff can also request to work from home where there will be no adverse cost or impact on the level and quality of work.

As part of its Transformation Agenda, the council is also working towards a programme known as "WorkSmart". This rationalises the number of council sites across the area in order to yield significant capital receipts and revenue savings of around £450,000 per year. A strategy was agreed by the Corporate Services Cabinet Member in December 2009 and the former Service Director – Human Resources has now been given a full-time role to prepare for this initiative.

As part of the WorkSmart programme, there is likely to be a marked increase in the number of workers who work flexibly – a key principle of WorkSmart is a move 'from work being "a place you go" to "a thing you do"'. Whilst flexibility should be seen positively, there is the potential for upheaval, and an

accompanying level of concern and stress amongst some members of staff. This is recognised by those leading on the project, who envisage a greater challenge for managers. A full training programme is now being considered to enable a smooth transition.

WorkSmart and flexible working will be discussed further within the panel's conclusions and recommendations.

4. Conclusions and Recommendations.

General

The panel is encouraged by the direction that the council is moving in regarding the promotion of staff health and wellbeing. The panel congratulates the council for committing to apply for the Bronze Healthy Workplace Award, and developing plans to subsequently apply for the Silver Award.

The panel feels that there is clear evidence that staff that are motivated, healthy and supported are far more likely to provide excellent services to the population we serve. This scrutiny report also identifies the potential for saving the council *£2.25 million pounds every year*, through relatively simple steps to manage health and wellbeing. In the panel's view, this money could, and should, be re-invested in services for local people.

Implementing the necessary steps, and making the identified savings, will require a genuine corporate response, led by the Leader of the Council and Chief Executive and co-ordinated and supported by each Service Director. Given the potential savings, the panel would wish to see a swift response to this report. Similarly, we do not see the need for lengthy documents,

excessive consultation or numerous meetings.

Recommendation 1: The panel recommends that, in line with the council's constitution (Part D, Rule 5, para. D5.21 (iii)) a comprehensive action plan responding to the panel's recommendation be produced within three months of Cabinet considering this report.

Recommendation 2: The panel recommends that the council review its current policy and performance against the evidence-based guidance from NICE on (i) promoting mental wellbeing at work, (ii) promoting physical activity in the workplace, and (iii) workplace interventions to promote smoking cessation. The panel further recommends that a comparison be undertaken between current policy and performance and other evidence-based guidance referred to throughout this document (see Appendix A)

Recommendation 3: The panel recommends that the council draft a concise but comprehensive staff health and wellbeing strategy, seeking

approval and adoption from the council's Cabinet, and introducing the appropriate monitoring arrangements. This should include evidence-based sections drafted by specialists across the authority and elsewhere (if required) which set out existing and additional proposals to improve staff health and wellbeing. This should build upon the evidence contained within this document, the council's Human Resources policies, national guidance, and best practice elsewhere (Appendix A). We would expect the plan to be culturally sensitive where appropriate, and incorporate measures suitable for **all** staff, including those with a disability.

Recommendation 4: Arising from this strategy, the panel recommends that as part of the budget setting process for 2011/12, consideration is given to an accompanying budget for improving staff health and wellbeing, based on the "invest to save" principle.

Physical activity

The panel notes that the council has several schemes to encourage physical activity. The

cycle2work scheme in particular has been marketed well and members were encouraged by the benefits. The gym and golf membership schemes outlined on page 9 are also positive steps by the council in promoting staff health and wellbeing. However, members are concerned that take-up remains relatively low and that staff knowledge of the scheme is patchy.

The panel compared the council's performance against the four point plan in the NICE guidance outlined on page 11, and were concerned with the lack of co-ordination at a corporate level to encourage physical activity. Notably, there is no organisation-wide plan or programme to encourage activity, and the promotion of physical activity to other local employers is generally led by NHS North Lincolnshire.

There is a clear appetite amongst many staff to increase their levels of physical activity, and it may be the case that when The Pods open in 2011, some staff may access the facilities before or after work. Graph 1 on page 12 shows that staff are likely to undertake physical activity if the council takes appropriate action to support staff. The council has made

some progress, again thanks to the dedication of some key individuals, although this has been relatively ad hoc, with a lack of a corporate budget and lead.

An interesting finding as set out in Graph 1 is that 57% of staff are either “extremely likely” or “fairly likely” to increase their physical activity if discounted activities were offered by the council. However, the corporate health and fitness and golf schemes do provide some elements of this, with access to many council operated facilities. However, this report sets out clear evidence that wider take-up would produce a fitter workforce, reduce costs, and increased productivity. The annual cost of membership to these schemes also provide a modest income for the council. On a related note, the panel was concerned that a minimum annual membership could provide a barrier to some people.

Recommendation 5: The panel recommends that the existing corporate Health and Fitness Scheme be marketed more extensively to staff, and that the

current minimum 12-month membership criteria for the scheme be lowered to 6 months.

Cycling

As stated earlier, the council has made an encouraging start to the promotion of cycling across North Lincolnshire. Cycle routes are improving and the Tour of Britain launch has raised the profile of cycling locally. However, the number of staff travelling to and from work by bike is still too low. We would like to see additional measures to promote the benefits of cycling generally, and for commuting, amongst staff. This will also have a positive impact on the environment.

A range of possible improvements are set out in the LGIU document “Active Communities: Cycling to a Better Quality of Life. Findings and Recommendations”, but include better storage facilities, bike loan schemes, high-visibility vests, showers and changing facilities, etc. Similarly, the Cycle to Work Guarantee sets out a range of actions that can encourage cycling, and that form part of the commitment that companies must make in order to engage in the scheme. North Lincolnshire Council is signed up to the guarantee scheme.

Recommendation 6: The panel recommends that, as part of the strategy proposed in recommendation 3, the council set out a clear policy on how it intends to increase walking, running and cycle usage amongst staff, based upon the above good practice and the commitments the council made when signing up to the Cycle to Work Guarantee scheme.

Mental Wellbeing

The panel is concerned that, as with many other workplaces, mental health and wellbeing issues are not sufficiently acknowledged or understood across all sections of the council. Members believe that a key element in supporting staff, plus meeting the identified savings on page 20, is improving how the council supports people who may be experiencing poor mental health or mental illness and stress. We would expect that the comparison with guidance and best practice as outlined in recommendation 2 would be a key initial element of this, followed by a clear section within the proposed strategy (see recommendation 3) on the steps to be implemented to better support staff. Local mental health commissioners and providers have already

expressed a willingness to work with the council on this, and the panel would wish to thank both NHS North Lincolnshire and Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust for their kind support.

Given the well-documented under-estimation of mental ill health and the stigma that remains attached to mental health problems, the panel believes that the council should ensure that managers receive the required support to enable them to react to a member of their team who they suspect may be having problems related to poor mental health or stress.

Recommendation 7: The panel recommends that, initially, one manager per team or section across the council, receive locally-provided Mental Health First Aid training. This will enable all staff and elected members easy access to a trained manager, with the ability to recognise the problem, discuss the issue with tact, refer or signpost to appropriate services, provide necessary support and to help normalise the issue of mental health across the council. Initially, it may be appropriate to utilise the principle of proportionate universalism, as

described on pages 28 and 29. The panel further recommends that measures be taken to ensure trained managers who may be experiencing mental health issues can also access support from trained peers.

The panel also believes that a key opportunity for raising knowledge of the prevalence of mental ill health and the benefits of practices such as meditation, options for engaging in physical activity, etc. could be through the council's induction process for new staff.

Recommendation 8: The panel recommends that methods of promoting good physical and mental health, including the need for early support and intervention where required, should be a key element of the induction process for all new staff.

The panel heard good evidence regarding the council's Staff Welfare and Counselling Service, and their ability to provide specialist support, enabling staff to remain within their jobs. However, members do have some concerns over future accommodation as the council moves towards the WorkSmart agenda (see pages 37 and 38, later in this report) with an

accompanying reduction in physical sites. Clearly, a dedicated, discreet setting would be preferable for this valuable service, rather than a busy work environment such as Hewson House.

Recommendation 9: The panel recommends that future arrangements must be sensitive to the needs of staff and their families attending the Welfare and Counselling Service. The panel also recommends that any future arrangements take into account where the service could work closer alongside the Occupational Health service.

As discussed on pages 21 to 23, stress is a major concern across the authority. Table 4 (pages 22 and 23) also give clues to where the council is currently under-performing in this area. The panel believes that the five-point guidance from the HSE set out on page 24 should be a key mechanism for ensuring the council has robust plans to minimise and tackle excessive stress.

Recommendation 10: The panel recommends that the council should complete the five steps for employers to reduce stress as described on page 24

of this report, and that its findings and future policies be set out in the proposed health and wellbeing strategy (see recommendation 3).

Smoking, alcohol and substance misuse.

The panel is generally content with the council's policy and performance in these areas. The smoking policy is largely complied with, and the panel heard no evidence of a particular problem with drug and alcohol misuse, when compared with similar organisations or workforces. However, there are some areas where improvements could be made. These are set out below.

The panel notes that around 64% of staff smokers would be interested in help to quit, although very few actually attend the local Stop Smoking service, which provides the greatest chance of helping people to give up. The council has arranged some local-authority provided Stop Smoking sessions for staff, although these tend to be infrequent, with the message about time off to attend only delivered to employees intermittently. Given the clear demand, the success of the service, and the evidence that non-smokers take less time off

with staff sickness every year, it seems odd to the panel that this service, which may be provided free to the council, is not more developed and marketed much more heavily. Accessing regular, dedicated NHS specialist Stop Smoking services is likely to lead to around 60% of staff successfully quitting.

Recommendation 11: the panel recommends that the council begin discussions with NHS North Lincolnshire's specialist Stop Smoking service to provide regular staff sessions based on demand. The panel recommends that, when established, this be publicised to all staff, with guidance on the council's policy provided to managers. The panel also recommends that, although the needs of the service remain paramount, the council's policy on time off to attend council-provided Stop Smoking sessions should be extended to allow access to NHS-provided specialist support. Whilst the panel believes that all staff should be able to access Stop Smoking services, in order to tackle health inequalities it may be appropriate to specifically target the lowest paid workers initially, utilising the principle of proportionate universalism.

Recommendation 12: the panel recommends that the council publicise the Smokefree Homes scheme to all staff via the Internal Communications Network. Again, it may be appropriate to specifically target the lowest paid workers initially, utilising the principle of proportionate universalism.

Health inequalities

North Lincolnshire Council can play a key role in helping to address local health inequalities. Health inequalities are a particular concern locally, and were “Red Flagged” during the recent Comprehensive Area Assessment. The panel believes that the response to this red flag provides an opportunity to re-evaluate how the council supports its lowest paid and most vulnerable staff, and also how it can reach out to others in the community. As discussed on page 29, the Marmot Review includes key recommendations to address health inequalities.

Recommendation 13: The panel recommends that the council review its HR policies to ensure that, wherever possible, all positions are suitable for lone parents, carers, people with

mental and physical health problems and other vulnerable groups. The panel believes that there should also be a review to ensure these groups and staff at the lowest grades can access the available vocational training and life-long learning.

The panel also notes that the council, along with its partners, is making some progress to becoming an “exemplary employer” as part of the local response to the “Socially Excluded Adults Public Service Agreement (PSA 16).

WorkSmart and the Transformation Agenda

Over the next few years, the way that many council employees work is likely to change significantly as part of the WorkSmart agenda. This includes rationalisation of accommodation and more mobile and flexible working arrangements. Whilst the benefits of this approach are primarily financial, the panel believes that there is scope to improve workers’ productivity and wellbeing. Conversely, members note that an unintended side-effect of any changes, if handled poorly, could lead to staff becoming isolated, stressed or lacking motivation.

Senior managers at the council are aware of these dangers and the panel was assured that consultation with staff, managers and Trade Unions is underway. However, the panel has some concerns that many staff remain unaware of WorkSmart. Members share the Programme Director's view that seeking the co-operation of staff and ensuring that they remain supported by managers and colleagues, will be as important as practical considerations such as access to IT, document management, etc.

However, the panel believes that considerations around staff health and wellbeing are currently under-developed, compared to the IT and Business Strategies, Accommodation Strategy and financial planning that makes up the majority of the current business case. Whilst the panel acknowledges that, to some extent, these must be well-developed in order to inform staff, members would wish to ensure that staff are fully engaged and able to feed their thoughts, ideas and experiences into the developing systems.

Recommendation 14: The panel recommends that, as the council proceeds with the

WorkSmart programme, an accompanying staff Health Impact Assessment be undertaken, with guidance from the Director of Public Health and others, as appropriate. This is to ensure that managers can still support all staff, and that staff do not become isolated or stressed. The panel further recommends that the council improves its current staff communication methods on WorkSmart, ensuring all staff likely to be affected are kept fully informed. It may be appropriate to build on the council's lone working policies and the mental health elements of the proposed staff health and wellbeing strategy (see recommendation 3)

Sharing Good Practice

The panel felt that it would be useful to enable a "bottom-up" approach to encouraging staff health and wellbeing, as well as the proposed "top-down" model arising from a corporate health and wellbeing strategy. This would ensure that individual teams or services that are aware of a good example could share this across the council. For example, if in one service, several colleagues used their lunch break to attend a yoga session at a leisure or community centre, then this could be shared with others across the council.

The panel believes that each service's Culture Improvement Team (CIT) should be asked to have a regular item on their agendas for discussion around any aspect of staff health and wellbeing. This may also have the added benefit of encouraging activities or new policies. As discussed above, the panel also believes that examples of good practice should be passed on to other CITs across the council. Currently, there is no formal mechanism for sharing information across CITs, so it is important that the council takes appropriate steps to identify a method for this. It may be that the Culture Communications Group is the best method of achieving this, but it may also be helpful to feed best practice to HR or the Healthy Workplace Group.

Recommendation 15: The panel recommends that each CIT across the council includes an agenda item for their meetings on staff health and wellbeing. The panel also recommends that a method of sharing good practice on staff health and wellbeing, or any other issue, across CITs and other relevant groups is developed and implemented.

A Wider Approach

The panel is aware that, in North Lincolnshire, established links with other partners in the public, private and voluntary and community sectors are strong. NHS North Lincolnshire in particular is leading on encouraging staff health and wellbeing, both internally within their organisation, and through their encouraging work with local employers through their Healthy Workplace Awards Scheme.

It would make sense to avoid any duplication, and to share best practice locally. If the potential financial and human savings outlined within this report can be replicated across, for example, all of the local public services, it is likely that there will be significant annual savings across North Lincolnshire. This could, to some extent, soften the likely impact of the current economic climate.

The panel would wish to see the council regularly raise this issue at the Local Strategic Partnership, and within other more informal networks. Lessons learned at the council may well be able to be replicated elsewhere.

Recommendation 16: The panel recommends that the council raise this issue with all organisations and representatives on the Local Strategic Partnership, highlighting the evidence that relatively simple steps can provide better support for staff, which will in turn lead to major financial savings. In the longer term, the panel further recommends relaying this message to other employers who are not currently represented on the Local Strategic Partnership.

Appendix A

National Institute for Health and Clinical Excellence (2006), *Four Commonly Used Methods to Increase Physical Activity*. Public Health Intervention Guidance no. 2.

National Institute for Health and Clinical Excellence (2009), *Promoting Mental Wellbeing Through Productive and Healthy Working Conditions. Guidance for Employers*. Public Health Intervention Guidance no. 22.

National Institute for Health and Clinical Excellence (2008), *Promoting Physical Activity in the Workplace: Full Guidance*. Public Health Intervention Guidance no. 13.

National Institute for Health and Clinical Excellence (2007), *Workplace health promotion: how to help employees to stop smoking*. Public Health Intervention Guidance no. 5.