

NORTH LINCOLNSHIRE COUNCIL

CABINET

**PROMOTING THE HEALTH AND WELL BEING OF
NORTH LINCOLNSHIRE COUNCIL'S STAFF**

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To consider the conclusions and recommendations of the Healthier Communities and Older People Scrutiny Panel in relation to promoting the health and well being of North Lincolnshire Council's staff.

2. BACKGROUND INFORMATION

- 2.1 At its meeting held on 14 July 2010, the council considered a report of the Healthier Communities and Older People Scrutiny Panel entitled Promoting the Health and Well Being of North Lincolnshire Council's Staff.
- 2.2 The report was approved by council and referred to cabinet for consideration of the recommendations with a view to the preparation of an action plan.
- 2.3 The panel completed its review in July 2010. The review was 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 2003". That report focussed on reducing the council's sickness absence levels whilst this review was intended to examine how the council could better supports its employees. As such, it was intended to identify methods of changing the culture of the council, rather than responding to a specific problem. Both pieces of work were intended to encourage healthier, happier and more productive staff, will, in turn, provide better services for local people.
- 2.4 Following discussions with representatives from the National Institute for Health and Clinical Excellence (NICE) in January 2010, members were also made aware of the potential significant potential savings that could be made by a relatively modest investment. It was possible that if North Lincolnshire Council took the appropriate steps, annual financial savings of more than £2.25m could be found, accompanied by major improvements to the productivity, health and well being of employees.
- 2.5 Following its review, the panel made sixteen detailed recommendations. A copy of the conclusions and recommendations are attached as an appendix to the report.

3. OPTIONS FOR CONSIDERATION

3.1 There are no options associated with this report.

4. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

4.1 There may be some resource implications associated with the recommendations when they are implemented.

5. OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)

5.1 There may be other implications associated with the implementation of the recommendations which will be highlighted in any action plan.

6. OUTCOMES OF CONSULTATION

6.1 The panel consulted widely with other scrutiny members and officers and other organisations and individuals in relation to the preparation of the original report.

7. RECOMMENDATIONS

7.1 That the report and recommendations be approved and adopted.

7.2 That the Assistant Director Human Resources and the Cabinet Member for Corporate Services prepare an action plan in response to the recommendations of the report for submission to a future meeting of cabinet.

SERVICE DIRECTOR LEGAL AND DEMOCRATIC

Pittwood House
Ashby Road
SCUNTHORPE
North Lincolnshire
DN16 1AB
Ref: MDH/LMK
Author: Mel Holmes
Date: 8 September 2010

Background Papers used in the preparation of this report - The report of the Healthier Communities and Older People's Scrutiny Panel

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.