

**To: Bracknell Forest Joint Health and Wellbeing Board  
5 December 2019**

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## **Annual Director of Public Health Report (2019): Berkshire - A Good Place to Work**

### **1 Purpose of Report**

- 1.1 This paper describes the 2019 Director of Public Health Report, Berkshire – A good place to work, which focuses on workplace health and wellbeing.

### **2 Recommendations**

- 2.1 The Bracknell Forest Joint Health and Wellbeing Board is recommended to note the information provided.

### **3 The Bracknell Forest Joint Health and Wellbeing Strategy**

#### **3.1 Bracknell Forest Joint Health and Wellbeing Strategy Priorities**

The programme is aimed at supporting residents to improve their health and wellbeing through improved prevention and early detection as through the national immunisation and screening programmes. This work supports the Joint Health and Wellbeing Strategy priorities: -

- 1) Promoting active and healthy lifestyles
- 2) Mental Health support and services for children and young people
- 3) Preventing people becoming socially isolated and lonely
- 4) Workforce -having enough people with the right skills, and suitable premises from which to deliver services

### **4 Policy Context**

- 4.1 Every year, the Director of Public Health has a statutory responsibility to produce an Annual Director of Public Health Report (ADPHR). These reports highlight topical health issues affecting residents.
- 4.2 The ADPHR aims to inform residents on health issues in their community, to inspire action and guide decision makers' priorities, and ultimately to reduce local health inequalities.

### **5 Summary of report contents**

- 5.1 This year's Director of Public Health Report focusses on work and health. This topic was selected because of the strong relationship between work and health and the opportunity in workplaces to take action to improve health and wellbeing.
- 5.2 Evidence shows that 'good work' improves health and wellbeing, it connects us with others, provides us with a stable income, social interaction and a sense of identify and purpose. On the other hand, unemployment is associated with an increased risk

of poorer health including limiting long term illness, heart disease, poor mental health and health harming behaviour and suicide.

- 5.3** The relationship between work and health is symbiotic, not only is good work good for your health but people in the best health possible can be a more productive workforce for business. To complete the cycle, successful business supports economic prosperity and the wellbeing of communities.
- 5.4** The benefits of improving workplace health extend beyond the individual worker - for an employer, a healthy resilient workforce has fewer sick absences, better productivity and longer careers before retiring. From an economic and wider societal point of view, an unhealthy workforce leads to increased healthcare costs, increased informal caregiving, increased long-term sickness and loss in productivity. These relationships are illustrated in the work and health cycle below:



## **6 Supporting Information: Key messages**

### **Chapter 1: The win: win**

- 6.1** There is a strong relationship between work and health. Good work is good for you and a healthy resilient workforce is good for business. The work place is an ideal venue for improving health. Our health during our working life lays the foundation for our retirement years and we want to increase the length of healthy lives in Berkshire. Workplace health is a win: win for population health, employees and employers.

### **Chapter 2: Working in Berkshire**

- 6.2** We are privileged in Berkshire to enjoy relatively high levels of employment, hosting a large number of well-known companies. A significant proportion of our residents work in public sector or other large organisations. The top industries in Berkshire are Professional, scientific & technical, Information and Communication and construction

and we have a higher proportion of people in Managerial and professional positions jobs than average for Great Britain.

### **Chapter 3: Meeting the Challenge**

- 6.3** Improving workplace health helps us with population health and productivity at work. Life expectancy and working lives are lengthening, but healthy life expectancy is lagging behind. The number of years spent in poorer health varies between places in Berkshire and is closely associated with deprivation. Productivity in the UK is not as strong as other G7 member countries and there is good evidence that improving health the workforce assists productivity. However, workplaces are changing and we therefore need to adapt our approaches to meet the needs of flexible employees and freelancers as well as those with regular places of work.
- 6.4** Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways, to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

### **Chapter 4: What can we do?**

- 6.5** The conditions that contribute to poorer healthy life expectancy, sickness absence and presenteeism have prevention opportunities in common. Access to good work remains a central focus and strong management and HR processes are the bedrock of a healthy workforce.
- 6.6** Fortunately, there are many resources available to help us get started. Evidence shows that engaged and committed organisational leadership, working closely with employees is critical for success. There are tools available to assist with assessing need for workforce health and measuring progress.
- 6.7** Work can support or damage our mental health and there are actions employers can take to prevent stress and increase resilience to mental ill health. Creating workplaces where healthy behaviours are default is challenging but there are examples where businesses have helped their staff be physically active every day, to eat well and stop smoking. Berkshire businesses are already putting these ideas into action and case studies are included in the report.
- 6.8** Some groups of workers need careful consideration as they have more chance of becoming unwell. Shift workers, people at risk of discrimination, people with disabilities, people with caring responsibilities and new mothers need extra support.
- 6.9** Some organisations are bedded strongly in communities over generations, they are anchor institutions and especially influential within their communities

### **Chapter 5: Next steps**

- 6.10** So where do we start? The report suggests:
- Start a better conversation in your organisation about improving health *and listen*
  - Use the evidence on what works to make a plan *and start somewhere*
  - Measure change *and adapt your approach*
  - Share your learning with others *and learn from them*

## **7 Equalities Impact Assessment**

7.1 An Equality Impact Assessment has not been completed on this report.

## **8 Strategic Risk Management Issues**

8.1 None.

### Background Papers

See attached the full report.

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### Contact Officer for enquires

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