

Notice of Meeting

Health and Wellbeing Board

Councillor Dale Birch (Bracknell Forest Council) (Chairman)
Philip Cook, Involve (Vice-Chairman)
Councillor Dr Gareth Barnard, Bracknell Forest Council
Nikki Edwards, Bracknell Forest Council
Cynthia Folarin, Bracknell Forest Council
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Jane Hogg, Frimley Health NHS Foundation Trust
Danielle Lane, Silva Homes
Tessa Lindfield, Strategic Director of Public Health
Dr Jackie McGlynn, East Berkshire CCG
Melanie O'Rourke, Bracknell Forest Council
Dave Phillips, Bracknell Forest Council
Jonathan Picken, Safeguarding Board Manager
David Radbourne, South Central Sub Region NHS
Mark Sanders, Healthwatch
Fiona Slevin-Brown, East Berkshire Clinical Commissioning Group
Fidelma Tinneny, Berkshire Care Association
Dr William Tong, East Berkshire Clinical Commissioning Group
Timothy Wheadon, Bracknell Forest Council



Thursday 5 December 2019, 2.00 - 4.00 pm
Room 8 Ground Floor South - Time Square, Market Street,
Bracknell, RG12 1JD

Agenda

Item	Description	Page
1.	Apologies	
	To receive apologies for absence and to note the attendance of any substitute members.	
2.	Declarations of Interest	
	<p>Members are asked to declare any disclosable pecuniary or affected interests in respect of any matter to be considered at this meeting.</p> <p>Any Member with a Disclosable Pecuniary Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Disclosable Pecuniary Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.</p> <p>Any Member with an affected Interest in a matter must disclose the interest to the meeting. There is no requirement to withdraw from the meeting when the interest is only an affected interest, but the Monitoring Officer should be notified of the interest, if not previously notified of it, within 28 days of the meeting.</p>	
3.	Urgent Items of Business	
	Any other items which the chairman decides are urgent.	

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4.	Minutes from Previous Meeting	5 - 10
	To approve as a correct record the minutes of the meeting of the Board held on 16 September 2019	
5.	Matters Arising	
6.	Public Participation	
	<p>QUESTIONS: If you would like to ask a question you must arrive 15 minutes before the start of the meeting to provide the clerk with your name, address and the question you would like to ask. Alternatively, you can provide this information by email to the clerk at committee@bracknell-forest.gov.uk at least two hours ahead of a meeting. The subject matter of questions must relate to an item on the Board's agenda for that particular meeting. The clerk can provide advice on this where requested.</p> <p>PETITIONS: A petition must be submitted a minimum of seven working days before a Board meeting and must be given to the clerk by this deadline. There must be a minimum of ten signatures for a petition to be submitted to the Board. The subject matter of a petition must be about something that is within the Board's responsibilities. This includes matters of interest to the Board as a key stakeholder in improving the health and wellbeing of communities.</p>	
7.	Actions taken between meetings	
	Board members are asked to report any action taken between meetings of interest to the Board.	
8.	Agency Updates	
9.	<p>Annual Director of Public Health Report</p> <p>Reporting: Tessa Lindfield, Strategic Director of Public Health</p>	11 - 52
10.	<p>Mental Health and Every Mind Matters - Public Health England's Mental Health Campaign</p> <p>Reporting: Cynthia Folarin, Consultant in Public Health, Bracknell Forest Council</p>	
11.	Exclusion of Public and Press	
	<p>To consider the following motion:</p> <p>That pursuant to Section 100A of the Local Government Act 1972, as amended, and having regard to the public interest, members of the public and press be excluded from the meeting for the consideration of the following item which involves the likely disclosure of exempt information under the following category of Schedule 12A of that Act:</p> <p>(3) Information relating to the financial or business affairs or any</p>	

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	particular person (including the authority holding that information) (Item 12, 13 & 14).	
12.	Better Care Fund Plan 2019-20 Reporting: Julia McDonald, Bracknell Forest Council	53 - 114
13.	Primary Care Networks Update: Frimley Community Health Transformation Programme Reporting: Alex Tilley, East Berkshire CCG	Verbal
14.	Mental Health Integrated Community Services (MICS) - Community Health Transformation Programme Reporting: Nadia Barakat, Dr Katie Simpson and Susanna Yeoman, East Berkshire CCG	Verbal

Sound recording, photographing, filming and use of social media is permitted. Please contact Lizzie Rich, 01344 352253, lizzie.rich@bracknell-forest.gov.uk, so that any special arrangements can be made.

Published: 27 November 2019

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**HEALTH AND WELLBEING BOARD
16 SEPTEMBER 2019
2.00 - 3.45 PM**

Present:

Councillor Dale Birch, Bracknell Forest Council (Chairman)
Philip Cook, Involve (Vice-Chairman)
Councillor Dr Gareth Barnard, Bracknell Forest Council
Nikki Edwards, Bracknell Forest Council
Cynthia Folarin, Bracknell Forest Council
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Jane Hogg, Frimley Health NHS Foundation Trust
Tessa Lindfield, Strategic Director of Public Health
Melanie O'Rourke, Bracknell Forest Council
Mark Sanders, Healthwatch
Fiona Slevin-Brown, East Berkshire Clinical Commissioning Group
Dr William Tong, Bracknell & Ascot Clinical Commissioning Group

Apologies for absence were received from:

Dave Phillips, Bracknell Forest Council
Timothy Wheadon, Bracknell Forest Council

Also Present:

47. Declarations of Interest

There were no Declarations of Interest.

48. Urgent Items of Business

There were no Urgent Items of Business.

49. Minutes from Previous Meeting

The minutes of the previous meeting held on 13 June 2019 were approved as a correct record.

50. Matters Arising

There were no matters arising.

51. Public Participation

There were no items submitted for public participation.

52. Actions taken between meetings

Jane Hogg reported that there had been good process with the Integrated Care Strategy, and all partners had been involved in developments. A collective strategy would be submitted to the Board for comment when finalised.

William Tong advised that the CCG was holding its AGM on 17 September 2019 at 1:30pm, and all were invited. The meeting would include promotion of the Primary Care Networks and would include a marketplace for stakeholders to discuss elements of the Primary Care Networks.

Cllr Dale Birch commented that he had presented to the Health and Wellbeing Alliance Board on the importance of healthy housing and healthy neighbourhoods. It was stressed that all partners should take responsibility for promoting healthy housing in their strategies.

Cllr Birch advised partners that the Borough Council had launched a consultation on their Local Plan, and input from Health partners would be welcomed.

Mark Sanders reported that Healthwatch's ICS Engagement Report had been published, and would be useful for all partners.

Mark also advised that Healthwatch had put a bid in to change A&E standards.

Mark also advised that Healthwatch was preparing to deliver reviews of individual care homes and domiciliary care providers.

Mark also commented that Healthwatch were working alongside the Primary Care Network to support the engagement with the population.

53. **Flu Report 2018/19**

Annie Yau-Karim and Jo Jefferies presented the annual Flu Report 2018/19.

Public Health had worked across Berkshire with colleagues in both East and West Berkshire CCGs to promote flu vaccinations and prevent flu outbreaks. A multi-agency workshop was held each May to review update in the previous flu season and assess where improvements could be made.

The review workshop in 2019 had raised a number of actions for the Local Authority and CCG around promotion on websites and social media, along with internal staff news. A new protocol for home educated children had been established. Social care provider forums had been attended to promote the vaccine. Easyread data had been developed for use by Learning Disability teams and would be shared with the Voluntary and Community Sector. The Drug and Alcohol Action Team had developed a targeted training pack to encourage the flu vaccine.

Jo Jeffries would attend the East Berkshire Flu Action Group once a month through the flu season, the first of which had met the previous week. The group had reported on a known delay in the provision of flu vaccines for under 65s at risk, which had been a known issue since the end of July 2019. This delay was due to a delay from one of several manufacturers, and it was understood that there would still be sufficient vaccines. There had been a slight delay in the provision of children's vaccines to schools and GP practices, but these would be distributed during October by BHFT.

East Berkshire CCG colleagues had created a video featuring a Slough GP who was a Muslim, to promote the flu vaccination within the Muslim community. It was hoped that this video could be publicised within Bracknell Forest when available.

A Flu Portal would be available for professionals to access the same documents.

In response to questions, the following points were noted:

- BHFT were asked to share good practice in workforce immunisations, as the Local Authority uptake from frontline workers had been poor.
- There were no concerns arising from the delay to the Sanofi vaccine, but partners stressed that communications should be cascaded around this.
- It was noted that GP Saturday openings for flu vaccine administration were welcomed in principle, assuming the staff and resourcing was sufficient.
- Partners discussed immunisations for Voluntary and Community Sector partners whose volunteers had not been eligible for free vaccinations in past flu seasons. The Board agreed to ask the Flu Group to consider this matter based on national advice. **(Action: Jo Jefferies)**
- The Board requested updates from the Flu group by email. **(Action: Jo Jefferies)**
- It was noted that BHFT had recently created a Health Inequalities Nurse role who would work with the school age immunisation team to provide advice for anti-vaccine families and to promote the flu vaccine.
- The Board recognised the barriers with some workplace vaccination benefits where vouchers offered by employers were not accepted by GPs. It was noted that GPs were able to go into sizable companies to administer vaccines.
- It was noted that homeless people would be administered with vaccines at CCG commissioned outreach clinics.

54. **Building Healthy Partnerships**

Phil Cook presented on the Building Health Partnerships work which had started a year ago to promote healthy workforces within the Frimley footprint, through simple health messages.

Phil asked Board members to contact him to discuss any existing health and wellbeing messages being pushed out to staff, how these were conducted, and how positive messaging might work across the Frimley ICS.

In response to questions, the following points were noted:

- BHFT had just appointed a Wellbeing Lead, and it was expected that the output from this role would be similar to the messaging Phil had described. Alex Gild agreed to connect Phil Cook with the new postholder. **(Action: Alex Gild/Phil Cook)**
- It was noted that having wellbeing priorities on an ICS level did not prevent any organisation from developing their own staff wellbeing strategies locally, and it was expected that the local strategies would dovetail in time.
- Board members were advised of a conference on workplace health being held on 17 October 2019 at Newbury Racecourse, hosted by West Berkshire Health and Wellbeing Board.
- It was agreed that while it would be important to target businesses in the private sector on workplace wellbeing in the future, partners within the ICS had to improve their own policies before doing so.

55. **Joint Strategic Needs Assessment Update & Demonstration of the Berkshire Data Observatory**

Tessa Lindfield was joined by Sam Claridge (Berkshire Shared Public Health team) and Matt Green (Bracknell Forest Public Health team).

Tessa explained that since its creation, the Joint Strategic Needs Assessment had become a frustrating administrative exercise whose output was static and not useful for decision making. The Berkshire JSNA group had been established to develop a system which would assess the health needs of the population with live data and evidence. The principles of the JSNA would be maintained in remaining accessible and open, but the new system would also be agile, locally based and would mix hard data with soft intelligence to advise on decision making. The new system was being developed in parallel with another resource, Population Health Management.

The [Berkshire Data Observatory](#) was delivered by InstantAtlas, an off-the-shelf system which was configured locally. Each of the 6 Local Authorities had their own log in access and could view over 6000 indicators from high level borough-wide data down to neighbourhood data. Access would be extended in time to include the two CCGs.

In response to questions, the following points were noted:

- Although the system could compare areas within Berkshire and against national data, it was not yet possible to compare to outside local authorities.
- The Public Health team were due to visit colleagues in Surrey to discuss the new system and how the two JSNAs might link up over the Frimley ICS footprint.
- Board members were reminded of the difference between validated and qualified data. It was noted that there were risks around incorrect interpretation of data on a public website, however evidence-based decision making was critical.
- Board members were reminded that the new system did not replace the Council's performance monitoring work.
- Primary Care Network data would be built into the system over time, once the geographies of each network were confirmed.

56. **Better Care Fund Plan - draft document**

Sam Morrison, Head of Commissioning attended to present the draft Better Care Fund Plan.

It was noted that the guidance around the Annual Plan had been changed and released late, resulting in tight timescales. The current draft would be shared with Board members before being submitted for regional assurance on 27 September, and the final plan being signed off in mid-December.

Board members were reminded that the Plan also needed to be signed off by the CCG's governance.

It was noted that the Better Care Fund was being reviewed nationally, and the outcome of this would be presented to the December Health and Wellbeing Board meeting along with the final report.

Having discussed the report, it was **AGREED**:

- 1 That the Board award delegated authority to the Executive Director (People) for clearance of the final Bracknell Forest BCF 2019/20 Forward Plan for

submission to Better Care Support England by the deadline of 27 September 2019.

- 2 That the Board agree to include the final Bracknell Forest BCF 2019/20 Forward Plan on the agenda for the 5 December 2019 Health and Wellbeing Board in order to consider feedback from Better Care Support England.

CHAIRMAN

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

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

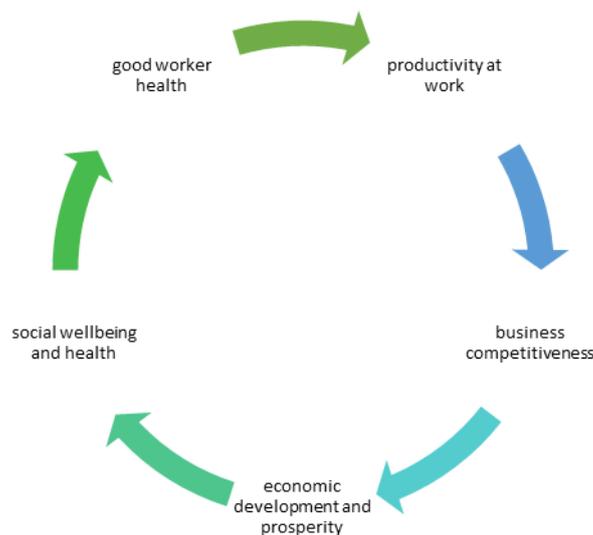
- 4.1 Every year, the Director of Public Health has a statutory responsibility to produce an Annual Director of Public Health Report (ADPHR). These reports highlight topical health issues affecting residents.
- 4.2 The ADPHR aims to inform residents on health issues in their community, to inspire action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

Report Author

Tessa Lindfield, Strategic Director Public Health for Berkshire

Contact Officer for enquires

Cynthia Folarin – Service Lead Public Health

DIRECTOR OF PUBLIC HEALTH REPORT
BERKSHIRE 2019

Berkshire:
A good place to work



*Working
together for
health and
wellbeing*

**Public
Health
for Berkshire**

ACKNOWLEDGEMENTS

Many thanks to all those who contributed to this year's report.

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FOREWORD

On the face of it Berkshire is a good place to work. Whilst there is some variation between boroughs, unemployment is low overall. We know that having a good job, one that pays a reasonable wage, provides security and allows individuals to thrive protects against adverse health outcomes both during our working lives and into retirement. Indeed our health in the years when we are at work lays the foundation for our health in later years.

17

Employers have an interest in maintaining and improving the health of their workforce, avoiding preventable sickness absence and presenteeism which damage productivity. There is a win:win here for population health and employers, particularly in a place like ours where so many people are in work.

People tell us that they want to take responsibility for their health but they need it to be easier than it is now. There are many ways that employers can help employees manage illness and disability and improve their health. A healthy workforce is an aspiration that should be held by every employer.

The nature of work also affects our health. It stands to reason that people who are in unstable or unhappy work environments are less likely to benefit from the health advantages associated with employment. Increasingly common issues such as zero hours contracts, stress, presenteeism and low pay have been shown to adversely affect future health and are important workforce health issues to take into account.

Workplaces are changing, I was at work when this picture was taken, giving out an award for workplace health. Like many, my workplace is not just an office and meeting rooms but also coffee shops, my spare room and my car! Indeed for some companies the concept of a workplace in itself is becoming obsolete. The way we work is shifting too, We see more tasks performed via technology and more remote working. This changes the balance of health opportunities and risks associated



with work, not least how we replace the social interactions we have with our colleagues. If we are looking at good workforce health as a foundation for later life, we need to take this changing context for work and think differently about workplace health.

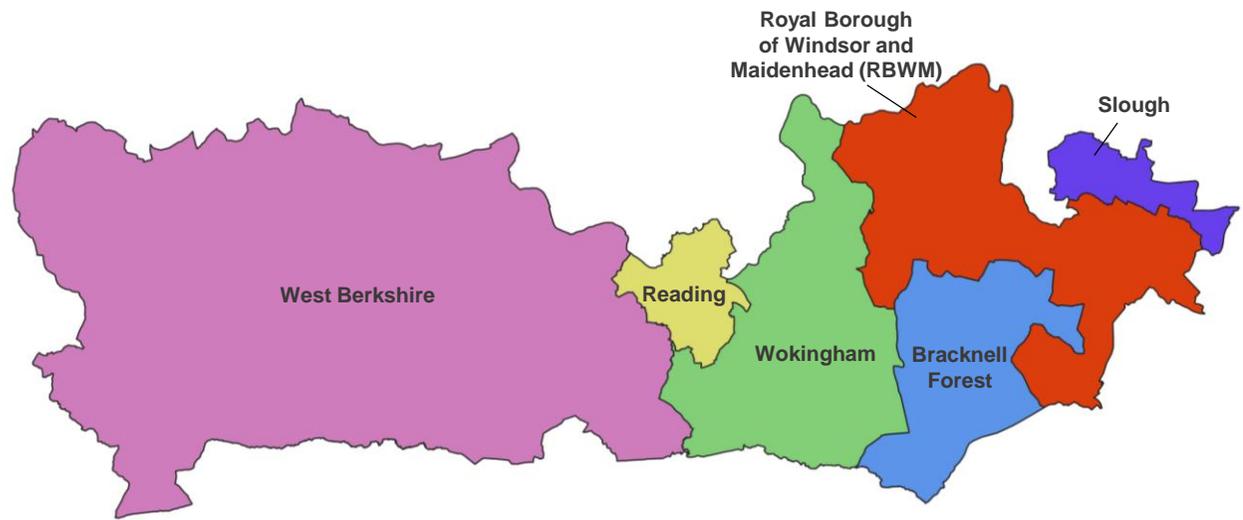
We also need to think beyond individual worker's wellbeing, organisations not only influence the health of their employees but also their families and the communities they form. Employing individuals from a range of different backgrounds and abilities should not be underestimated. This not only helps the individual concerned but also enhances the working environment for other employees and adds to the wellbeing of the organisation.

18

This 2019 Annual Public Health Report outlines what we know about employment and health in Berkshire and offers some ideas to improve the health of our workforce in our ever changing workplaces. The aim is to start a conversation, to inspire us to do more to improve the health of our workforce and our population.

Workplace health presents a win:win for business and population health. We have an opportunity, working together, to make Berkshire an even better place to work.

Tessa Lindfield
Strategic Director of Public Health for Berkshire



CONTENTS

	Acknowledgments	2
	Foreword	3
	Key Messages	6
19	Chapter 1: The Win:Win	10
	Chapter 2: Working in Berkshire	12
	Chapter 3: Meeting the Challenge	17
	Chapter 4: What Can We Do?	22
	Resources and Toolkits for Employers	30
	Case Studies	31
	Chapter 5: Next Steps	36



The Long Walk, Windsor Great Park



SEGRO Business Park, Slough

KEY MESSAGES

The Win:Win

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.

Working in Berkshire

We are privileged in Berkshire to enjoy relatively high levels of employment, so addressing health in the workplace means we can reach a large number of people.

Berkshire hosts a large number of well-known companies and a significant proportion of our residents also work in large public sector organisations.

The top industries in Berkshire are Professional, Scientific & Technical, Information and Communication and Construction.

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

KEY MESSAGES

Meeting the challenge

Improving workplace health helps us with population health and productivity at work. Life expectancy and working lives are lengthening, but the number of years that people can expect to live in good health is not keeping pace with life expectancy, meaning that people are living more years in poor health. This does not affect everyone in the same way, 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 the health of the workforce ²assists productivity.

Workplaces are changing and we need to adapt our approaches to meet the needs of flexible employees and freelancers as well as those with regular places of work. It is important to consider how workplaces enable a healthy inclusive workforce, taking account of physical, mental and cultural needs of all workers.

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.

KEY MESSAGES

What can we do?

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.

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 workforce health needs and measuring progress.

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 the 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.

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.

Some organisations are bedded strongly in communities over generations. These are known as anchor institutions and are especially influential within their communities.

NEXT STEPS

1. Start a better conversation in your organisation about improving health *and listen*

2. Use the evidence on what works to make a plan and *start somewhere*

3. Measure change and *adapt your approach*

4. Share your learning with others and *learn from them*

CHAPTER 1: THE WIN:WIN

There is a strong relationship between work and health.

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 identity 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, health harming behaviour and suicide.

The relationship goes both ways - not only is good work good for your health, but a healthy population has the potential to be a productive workforce for business. In turn successful business supports economic prosperity and the wellbeing of communities. The benefits go 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. Overall, sickness absences and worklessness is estimated to cost the economy £100 billion a year ([Public Health England 2016](#)).



Public Health England; [Health Matters: Health and Work](#)

What do we mean by good work?

It is more than a workplace that is safe. Good work gives a sense of security, autonomy, communication within an organisation and good line management. As Sir Michael Marmot's studies illustrated, it is not just having work that makes a difference, but the quality of our jobs ([Marmot et al, 1991](#)).

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.

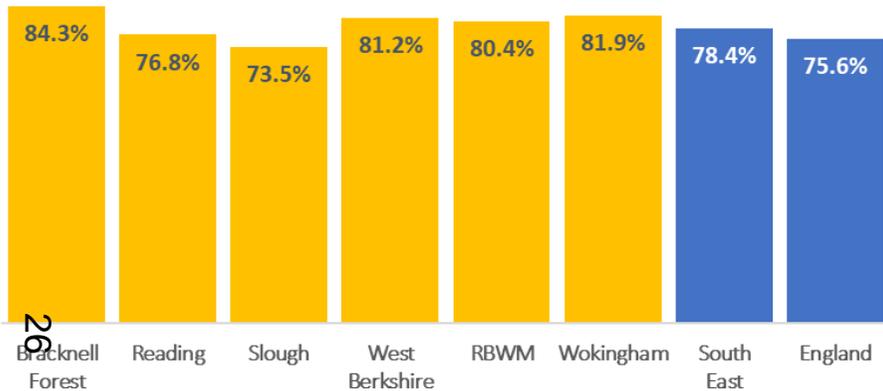
Investing in workplace health makes sense. There is good evidence that the financial benefits of investing in worker health outweigh the costs of managing employee sickness and absence. Benefits include:

- Reduced sickness absence
- Improved productivity – employees in good health can be up to three times more productive than those in poor health and experience fewer motivational problems
- Reduced staff turnover – employees are more resilient to change and more likely to be engaged with the business's priorities

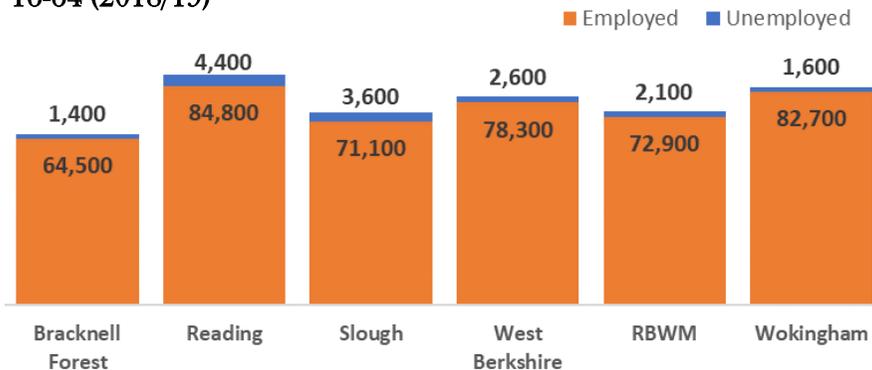
CHAPTER 2: WORKING IN BERKSHIRE

In Berkshire we have a robust economy and one of the highest employment rates in Europe.

EMPLOYMENT RATES FOR PEOPLE AGED 16-64 (2018/19)



NUMBER OF PEOPLE EMPLOYED AND UNEMPLOYED AGED 16-64 (2018/19)

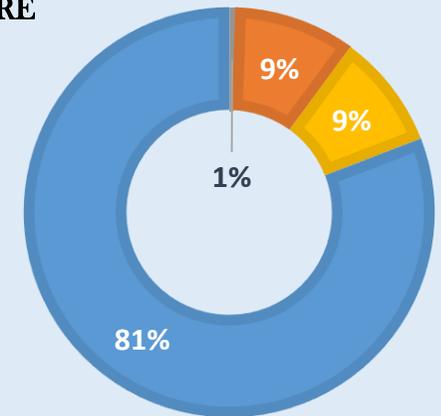


Office for National Statistics; [Labour Market Profile – Thames Valley Berkshire](#)

The majority of Berkshire businesses are micro-businesses, employing four or fewer staff. Despite fewer than 1% of business in Berkshire being large enough to employ over 250 staff, they provide approximately 38% of local employment. This presents a great opportunity to maximise our ability to protect, improve and promote good health in the workplace.

BUSINESS SIZE IN BERKSHIRE (2017/18)

- Large (>250 employees)
- Mid-sized (10-249 employees)
- Small (5-9 employees)
- Micro (0-4 employees)



Thames Valley Berkshire LEP; [Business in Berkshire 2018](#)

TOP 5 BUSINESS SECTORS IN BERKSHIRE (2017/18)

1. Professional, scientific & technical
2. Information & communication
3. Construction
4. Wholesale & retail trade; repair of vehicles
5. Administrative & support service activities

Thames Valley Berkshire LEP; [Business in Berkshire 2018](#)

EMPLOYMENT BY OCCUPATION (2018)

	Thames Valley Berkshire (numbers)	Thames Valley Berkshire (%)	South East (%)	Great Britain (%)
SOC 2010 major group 1-3	259,100	55%	51%	46%
1. Managers, directors and senior officials	56,400	12%	12%	11%
2. Professional occupations	116,700	25%	22%	21%
3. Associate professional and technical	86,100	18%	16%	15%
Soc 2010 major group 4-5	87,000	19%	20%	20%
4. Administrative and secretarial	48,700	10%	10%	10%
5. Skilled trades occupations	38,300	8%	10%	10%
Soc 2010 major group 6-7	65,500	14%	16%	17%
6. Caring, leisure and other service occupations	36,400	8%	9%	9%
7. Sales and customer service occupations	29,100	6%	7%	8%
Soc 2010 major group 8-9	58,600	13%	13%	17%
8. Process plant and machine operatives	21,100	5%	4%	6%
9. Elementary occupations	37,400	8%	9%	10%

Notes: Numbers and % are for those aged 16 and over. % is a proportion of all persons in employment

Office for National Statistics; [Labour Market Profile – Thames Valley Berkshire](#)

LARGEST BUSINESSES IN BERKSHIRE (2017/18)

Name	Number of employees (local estimate)
NHS	16,500
6 local authorities	9,300
Vodafone	5,000
AWE	4,500
University of Reading	3,500
Waitrose (HQ & distribution centre)	3,400
Microsoft	3,000
Telefonica O2	2,500
GSK	2,000
Merlin (Legoland)	2,000
Oracle	2,000
Royal Mail	2,000
SSE	2,000
Fujitsu	2,000

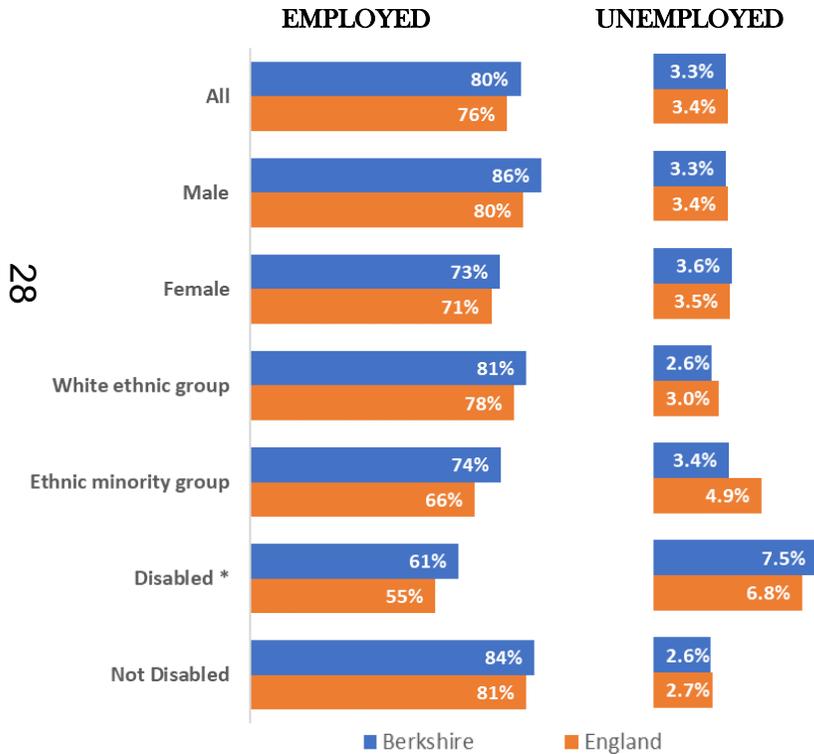
Thames Valley Berkshire LEP; [Business in Berkshire 2018](#)

Over 50% of Berkshire employees work in occupations that are classified in the top three major groups of the Office for National Statistics Standard Occupation Classification (SOC). In particular 25% of employees in Berkshire have professional occupations. This is a significantly higher proportion than the South East England and Great Britain workforces.

Gaps in the local workforce

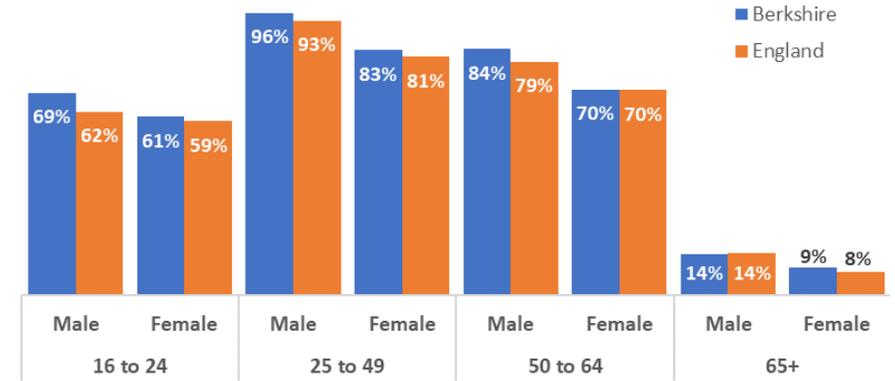
Berkshire's employment rates are higher than the national figures across all population groups. However, it is clear that there are still gaps and inequalities locally which may prevent people from becoming employed.

EMPLOYMENT AND UNEMPLOYMENT RATES IN BERKSHIRE AND ENGLAND FOR PEOPLE AGED 16-64 (2018/19)

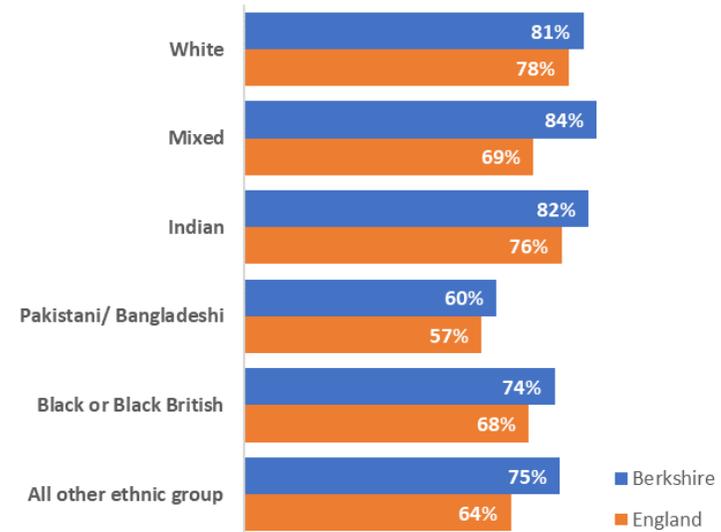


* Disabled includes people who have a long-term disability which substantially limits their day-to-day activities, as well as those that have a disability which affects the kind or amount of work that they might do.

EMPLOYMENT RATES BY SEX AND AGE GROUP (2018/19)



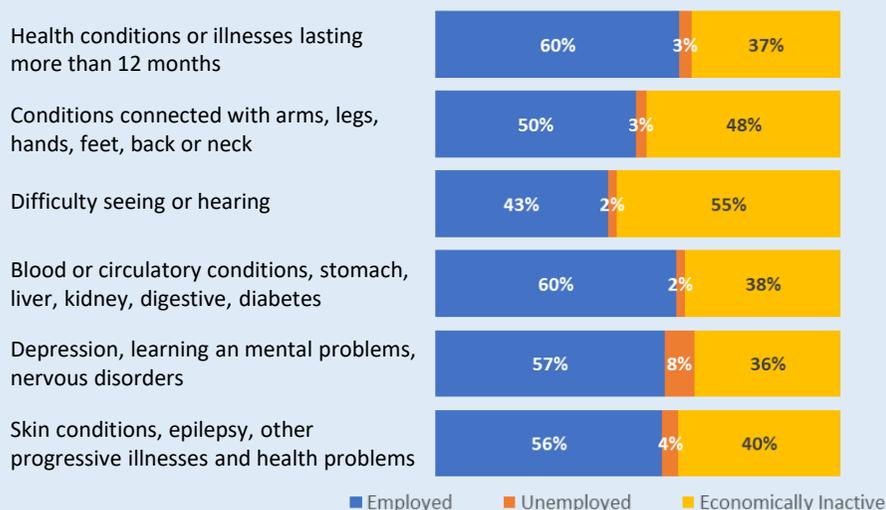
EMPLOYMENT RATES BY ETHNIC ORIGIN (2018/19)



Individuals with disabilities, mental health conditions and limiting long- term health condition face greater barriers to move into employment. Despite a new record high overall employment rate of 76.1% nationally ([Office for National Statistics](#), 2019) the employment gap between these group of individuals compared to people with no health condition remains high.

In Berkshire, over 100,000 people aged 16 to 64 have a long-term disability that substantially limits their day to day activities or affects the kind or amount of work that they might do. This is approximately 18% of the working-aged population. 61% of this group were in employment during 2018-19 and a further 7.5% were unemployed, but seeking employment ([Office for National Statistics](#), 2019)

29 EMPLOYMENT ACTIVITY FOR PEOPLE AGED 16 AND OVER WITH A DISABILITY IN BERKSHIRE (2018/19)



Office for National Statistics; [Labour Market Profile – Thames Valley Berkshire](#)

GAP IN THE EMPLOYMENT RATE BETWEEN KEY GROUPS AND THE OVERALL EMPLOYMENT RATE (2017/18)

Area	People with a Learning Disability	People in contact with Secondary Mental Health services	People with a long-term health condition
Bracknell Forest	74%	68%	5%
Reading	73%	67%	11%
Slough	74%	66%	14%
West Berkshire	77%	69%	15%
RBWM	65%	69%	9%
Wokingham	64%	57%	11%
England	69%	68%	12%

Public Health England; [Public Health Outcomes Framework](#)

Around £13bn is spent annually on health-related benefits. Supporting people back into work does not only empower individuals, but can also bring about returns to the local economy by about £14,436 per person per year ([Public Health England](#), 2016).

In March 2018, 3,672 people claimed unemployment-related benefits in Berkshire. This is a 23.3% decrease compared to March 2010. Many people claiming such benefits would like to work, provided they find the right job and support that accommodates their health needs ([Office for National Statistics](#), 2018).

Where are the inequalities?

This useful infographic from Public Health England and the Work Foundation shows that long term health conditions are more common in unskilled occupations, compared to those in professional occupations. The prevalence of long-term conditions also increases with age.



Health and Work Health of the working age* population



General

1 in 3 of the working age population in England report having at least one **long-term health condition** over 11m people

1 in 7 of the working age population in England report having **more than one** long-term condition

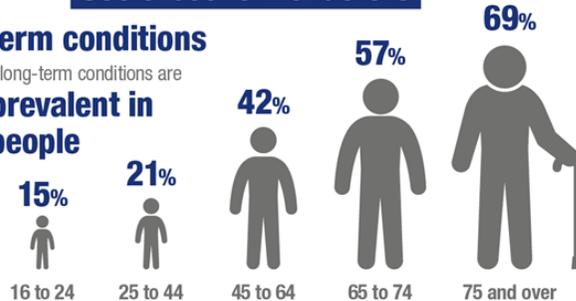
Over half of people with a long term condition say their health is a **health is a**

BARRIER

to the type or amount of work they can do, rising to **over 80%** when someone has three or more conditions

Socio-economic factors

Long-term conditions and limiting long-term conditions are **more prevalent in older people**



Long-term conditions are associated with social class and type of occupation

People in the **poorest communities** have a **60 per cent higher** prevalence of long-term conditions than those in the richest.

£££

£

+60%



Employees from **unskilled occupations** (**52%**)

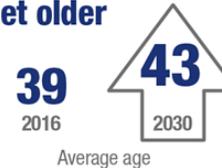
experience long-term conditions more than groups from



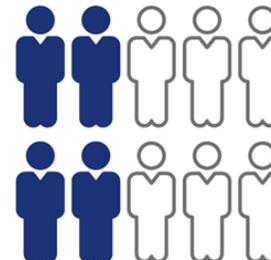
professional occupations (**33%**)

Future

In the coming years the **workforce is projected to get older**



By 2030 **40%** of the working age population will have a **long term condition**



In Berkshire, 12% of workers are employed in the two least skilled occupations groups (process plant and machine operatives; elementary occupations).

The proportion of workers from a Pakistani/ Bangladeshi ethnic group who were employed in these occupations in 2018/19 was much higher at 23%, with 19% of Black British workers also employed in these roles.

Office for National Statistics; [Labour Market Profile – Thames Valley Berkshire](#)

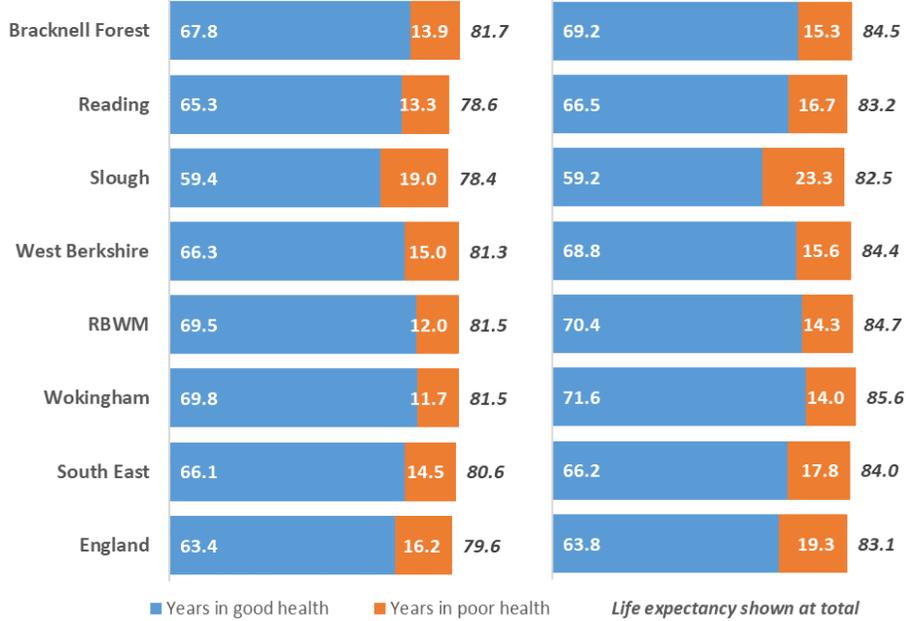
Sources: Steadman et al, 2016; NHS, 2012; Labour Force Survey, 2012; Vaughan-Jones & Barham, 2009

* Working age population: individuals aged 16 to 64

CHAPTER 3: MEETING THE CHALLENGE

We are living and working longer. The state pension age is increasing and life expectancy stands at 80.6 and 84.0 years for men and women across the South East region ([Public Health England, 2019](#)). The number of years living in good health is lower, which means that more people will be working later into life with long-term health conditions, particularly those from poorer communities and in unskilled occupations ([Public Health England, Health Profile for England: 2018](#)).

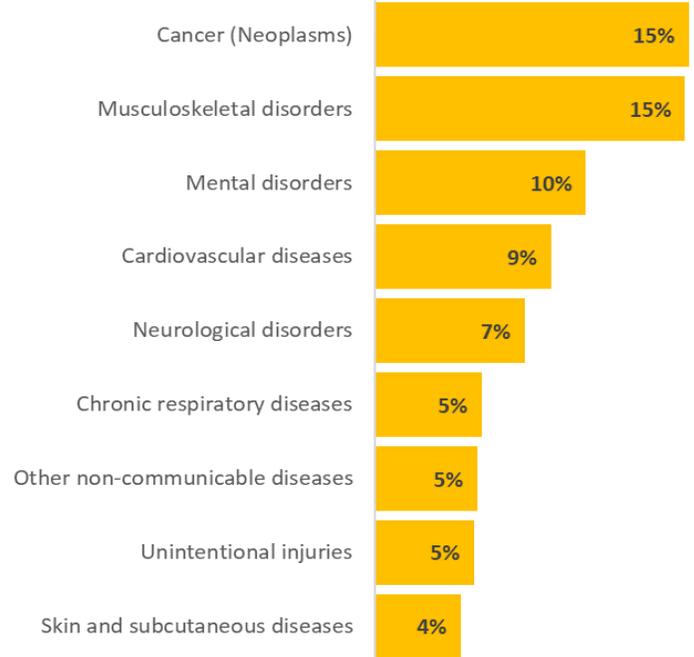
LIFE EXPECTANCY AND YEARS SPENT IN GOOD AND POOR HEALTH (2015-17)



Public Health England; [Public Health Outcomes Framework](#)

The conditions that cause early death and disability across Berkshire are shown in the graph below, with cancers, musculoskeletal disorders and mental orders identified as the main causes. Many of these have preventable elements and opportunities to limit progression.

MAIN CAUSES OF DISABILITY-ADJUSTED LIFE YEARS (DALYS) IN BERKSHIRE FOR PEOPLE AGED UNDER 75 (2017)



DALYS measure the overall burden of disease in an area by estimating the number of years of life lost to ill-health, disability or premature death (deaths before the age of 75).

Institute of Health Metrics and Evaluation; [Global Burden of Disease Compare tool](#)

Some groups have particular issues when it comes to health and work.

Shift work

14% of us work shifts outside regular daytime hours of 7am to 7pm, including healthcare professionals, the police, the fire brigade, manufacturing and transportation industries, all integral members of the Berkshire workforce ([Health and Safety Executive](#), 2006).

Shift work disrupts our body clock and metabolism, leading to:

Short term effects	Long term effects
Poor quality rest and sleep	Indigestion
Shortened attention span	High blood pressure
Impaired memory and decision making	Increased susceptibility to minor illnesses (e.g. colds and flu)
Mood changes	Diabetes

In the UK, tiredness and fatigue accounts for 20% of accidents on major roads and 3,000 road deaths per year. The ability for shift workers to adapt to the changes of the sleep-wake cycle varies considerably. It is estimated that 10-30% of shift workers are affected by shift work sleep disorder ([The Parliamentary Office of Science and Technology](#), 2018).

In a 2017 survey, more than 50% of NHS junior doctors reported being involved in an accident or near miss after driving home from a night shift ([McClelland et al](#), 2017).

The Gig Economy

Whilst all employers have the same legal responsibility to protect the health and safety of employees, workers on zero hour contracts, temporary contracts and gig economy work may not be receiving as much support as permanent, full-time employees.

A recent survey undertaken by the [Institution of Occupational Safety and Health \(IOSH\)](#) reveals that amongst non-permanent workers:

1 in 2

receive full base safety induction

4 in 10

work without paid holiday that they are entitled to

1 in 3

have access to support from occupational health

Sitting and sedentary behaviour

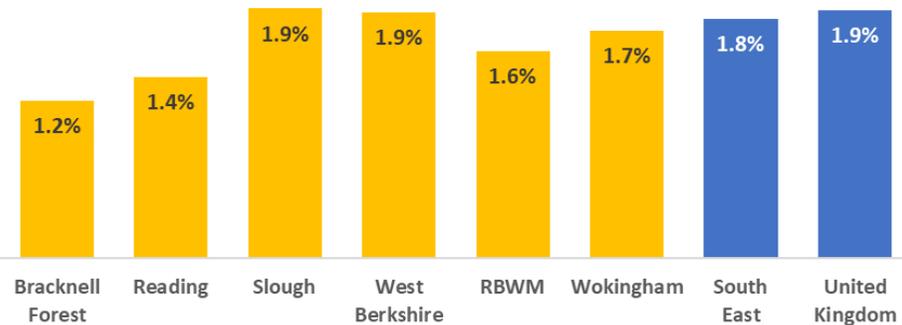
Excessive sitting can increase the risk of diabetes, obesity, heart disease and musculoskeletal problems ([NHS](#), 2019). For certain occupations like long distance lorry drivers or taxi drivers, incorporating physical activities into the working day pose a significant challenge. It is estimated that 10% or more HGV drivers are overweight or obese compared to their peers ([National Institute of Health and Research](#), 2018).

Productivity

There is ongoing debate about measuring productivity, with a move to include the quality as well as the quantity of work produced. Data is limited, but the UK is not performing as well as it might compared to other G7 economies ([Office for National Statistics, 2018](#)).

Sickness absence adversely affects productivity. Latest figures show that in the UK, employees took an average of 4.1 sickness absence days in 2017. Interestingly, there is a difference in the sickness absence rates in the private (1.7%) and public (2.6%) sectors. There is also a difference between occupations, with the highest rate in public sector health workers (3.3%) and the lowest in managers (0.9%). Absence rates are lower for professional occupations (1.7%) and higher for elementary occupations (2.6%) and process, plant and machine operatives (2.2%) ([Office for National Statistics, 2018](#)).

SICKNESS ABSENCE RATES ACROSS BERKSHIRE AND THE UNITED KINGDOM, 2017



Office for National Statistics; [Sickness absence in the UK Labour Market](#)

When comparing the size of organisations, those in large businesses report the highest sickness absence rates (2.3%) compared to smaller businesses employing less than 25 people (1.6%) ([Office for National Statistics, 2018](#)).

Causes of sickness absence

In the UK, 131 million working days are lost each year to sickness absence, and the leading causes are minor illnesses, musculoskeletal (MSK) disorders and mental health issues (namely stress, depression and anxiety) ([Public Health England, 2019](#)).

Mental health conditions

14.3 million days lost

19% long-term sickness in England attributed to mental ill health

£33-£42 billion annual cost to employers

Only 40% of organisations have trained line managers to support staff mental wellbeing

Mental health affects how we think, feel and behave. Having good mental health allows us to cope with challenges we face and helps us build healthy relationships.

People working in professional jobs (comprising a significant proportion of the Berkshire workforce) have the highest rate of work-related stress, depression and anxiety. This is especially prevalent in healthcare, welfare, teaching, educational, legal and customer service sectors.

The most common work-related mental health issues are stress, anxiety and depression. The main factors leading to this include:

1. high workload pressure
2. insufficient managerial support
3. lack of clarity of role and responsibilities
4. experience of violence, threat, bullying in the workplace
5. lack of employee engagement when business undergoes organisational changes

Health and Safety Executive, 2018

Musculoskeletal Health (MSK)

28.2 million days lost

33% long-term sickness in England attributed to MSK

14 working days lost per year for each case

£7 billion annual cost to the UK economy

Musculoskeletal conditions are the second most common cause of global disability.

Musculoskeletal disorder may develop from an injury or be due to conditions like arthritis. Heavy lifting or sitting for long periods in front of a workstation can contribute to back pain, whereas repetitive movement like typing and clicking can lead to wrist and hand injuries. Maintaining a healthy weight and staying strong and active helps protect against musculoskeletal conditions.

Musculoskeletal conditions can be episodic and transient, whereby the pain resolves and recurs again, or they may become chronic and irreversible. They may impair quality of life and mental wellbeing and can limit our ability to work efficiently and participate in social role and activities ([Health and Safety Executive, 2018](#)).

Business in the Community, 2017

Presenteeism

In 2017, **131 million days** lost due to sickness compared to 178 million days lost in 1993

Presenteeism increased by **three times** since 2010

Only **30%** of managers take initiatives to identify the underlying cause of presenteeism

Office for National Statistics 2018

Chartered Institute of Personnel and Development 2018

Although the number of sickness absence days have fallen steadily, presenteeism is on the rise. This is when an individual spends more time at work than is required, including when they're ill and in need of a rest. On average, employees spend nearly 2 weeks at work when they are unfit. According to a business research report by Nottingham Trent University, the leading presenteeism conditions are hand or wrist pain, arthritis and anxiety and depression. This can lead to employees feeling unmotivated and unable to fully engage at work ([Whysall et al, 2017](#)).

Presenteeism also contributes to lower workplace morale and decline in workplace atmosphere. Employees who are unwell at work may take longer to recover and are also more likely to make mistakes or produce work of lower standard.

The changing nature of work

In the UK, as many as **1 in 10** working-age adults now work on gig economy platforms

There are now **6,075** flexible working spaces in the UK alone, which has grown by **7%** over the last 6 months alone

In 2018, there were approximately **12 million** millennials in the UK

Trades Union Congress, 2019

Instant Offices, 2019

Office for National Statistics, 2019

Workers and workplaces are changing. We are moving away from traditional employee, employer relationships.

Commentators talk about the gig economy where people hold multiple roles, working as freelancers.

Technology offers ever more solutions for tasks and even the office or formal workplace is under threat, with people in unrelated jobs working in shared spaces or at home.

Employees are expected to continually develop and learn and the much quoted millennial population is looking for more than a pay check as a reward for work ([Marr, 2019](#)).

CHAPTER 4: WHAT CAN WE DO?

There are actions that all employers can take to ensure the health and wellbeing of their workforce, regardless of their organisation size or the sector that they work in. A range of Public Health England resources and Business in the Community (BITC) toolkits are available in the January 2019 edition of Health Matters, which focuses on Health and Work.

36

There are some actions all employers can take to ensure the health and wellbeing of their workforce is looked after

- Ensure strategic level support to workplace health and **that this is communicated to staff**
- Encourage healthy behaviours in the workplace, including taking regular breaks, eating well and increasing physical activity
- Promote uptake of health risk reduction and promotion programmes, such as the NHS Health Check and NHS Stop Smoking Services
- Provide fast access to occupational health services and physiotherapy
- Provide training for managers, including how to speak to staff about physical and mental health issues
- Consider reasonable adjustments such as flexible working
- Measure and monitor sickness absence levels and use data to target action
- Conduct an annual Workplace Health Needs Assessment

Public Health England; [Health Matters: Health and Work](#)

This chapter highlights some examples of what employers could do within Berkshire to improve and protect the health of their employees, starting with actions for all employees and then focussing on some particular groups

Healthy workplace policies are the essential foundation for a healthy workforce

Understand employees needs	Review organisational policy	Work with employees
<ul style="list-style-type: none"> • Ongoing anonymous surveys and open dialogue at all levels • Co-design of new policies and interventions with employees • Continuous monitoring of impact • Provide employees with access to confidential support services and adjustments to support return to work <p>37</p> <p>Health and Safety Executive, 2019</p>	<ul style="list-style-type: none"> • Ensure adequate workplace assessment, adjustment and interactions • Review workplace design using HSE management standards • Provide training for line managers to identify employees with health needs early and to offer support • Support managers to feel confident to handle sensitive conversations and signpost to appropriate external support where required • Consider employee health and wellbeing in the context of organisational change – poor communication and uncertainty about roles and responsibilities are key triggers for workplace stress <p>Health and Safety Executive, 2019</p>	<ul style="list-style-type: none"> • Organise group activities to improve workplace wellbeing, listening to employee preferences • Promote a positive culture around physical and mental health for all employees • Identify and encourage employees to become wellbeing champions • Ensure policies, processes and culture enables early identification of employees who are struggling and enables them to receive support <p>Health and Safety Executive, 2019</p>

Awareness raising can help to break down stigma

1-31 st October annually: Stoptober	7 th February 2020: Time to Talk Day
11-15 th November 2019: Anti-Bullying Week	16-22 nd March 2020: Nutrition and Hydration week
4-8 th November 2019: International Stress Awareness Week	13 th May 2020: World Sleep Day
1 st December 2019: World AIDS day	18-24 th May 2020: Mental Health Awareness Week

A workplace that supports healthy living

Increasing physical activity



For good physical and mental health adults should aim to be

physically active every

day. Any activity is better than none and more is better still. The scientific evidence continues to support 150 minutes of moderate to vigorous physical activity per week spread across the week ([Chief Medical Officer](#), 2019).

What can employers do?

- Encourage and support employees to walk and stand more.
- Implement sit-stand adjustable desks to enable workers to vary between seating and standing easily.
- Implement incentives to support active travel such as Cycle to Work Scheme alongside facilities such as showers and bike storage.

Healthy food at work



Office cake culture makes it harder to eat well at work ([Walker](#), 2019).

Eating together socially is important but this can be done with healthier options. Reducing the number of 'special occasions' cake days may enhance their social benefits further.

What can employers do?

- Use Public Health England and Business in the Community's Toolkit to start the conversation to create a positive environment for food.
- Take steps to ensure that employees have easier access to healthier food and drink.
- Consider adoption of Government Buying Standards for Food and catering Services (GBSF).

Smoke free



A smoke free work site supports the health of all employees. Giving up

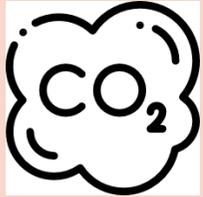
smoking is one of the best things

people can do to improve health. Smokers are off work 2.7 days more per year compared to ex and non-smokers, costing around £1.7 billion ([Department of Health](#), 2019).

What can employers do?

- Make information on local [stop smoking support](#) services widely available at work.
- Be responsive to individual needs and preferences. Provide on-site stop smoking support where feasible.
- Allow staff to attend smoking cessation services during working hours without loss of pay.
- Develop a [smoking cessation policy](#) in collaboration with staff and their representative as one element of an overall smoke free workplace policy.

Reducing carbon emissions



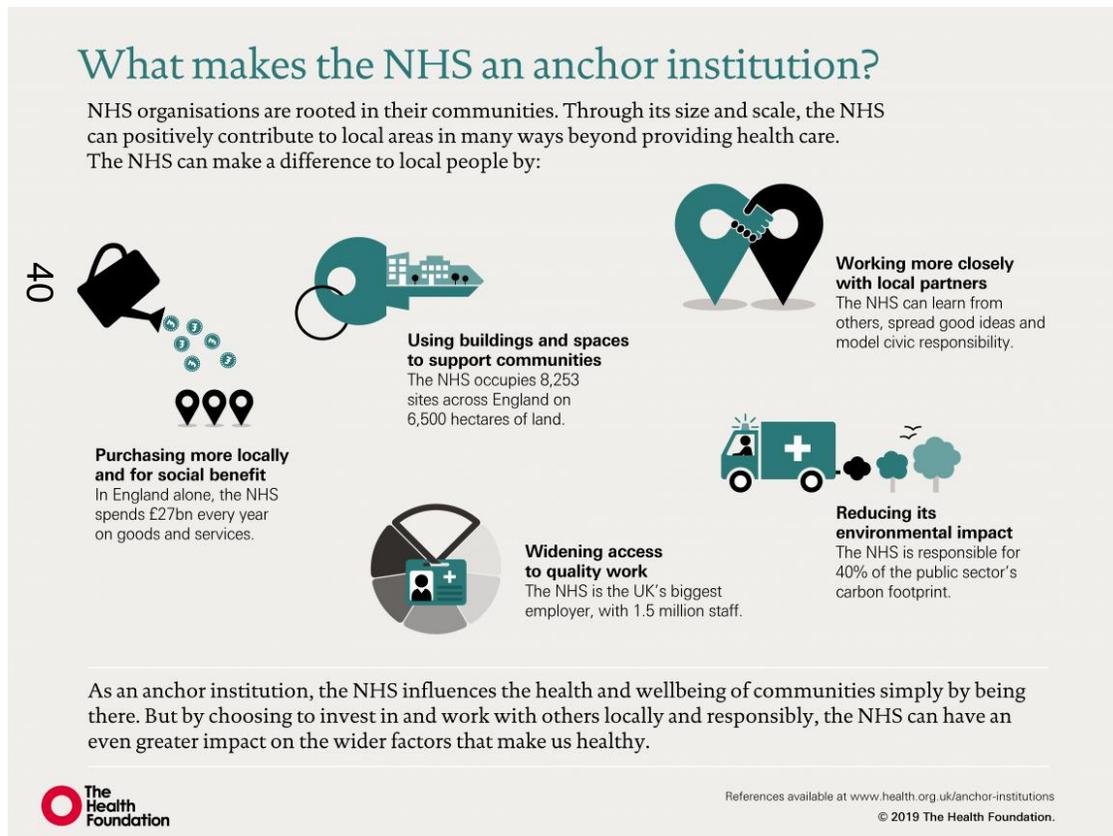
Research has shown that air pollution is bad for both human health and businesses. Researchers found that as pollution increased, consumers are more likely to stay indoors, affecting local sales ([New Climate Institute, 2018](#)). Actions to decrease carbon emissions and improve air quality can have additional benefits for employee health and wellbeing.

Ideas include:

- Creating staff gardens to help reduce greenhouse gas emissions and to provide a space for staff to rest and unwind
- Offering working from home or teleconferencing option to minimise commuting (in line with culture of flexible working)
- Creating incentives for use of shared transport, public transport or cycling - increasing social contact and physical activity
- Encouraging employees to switch off lights after using, or install automatic timer or motion sensor
- Offering healthy food options in the canteen from a sustainable supply chain
- Ensuring taxi or other work vehicles are not allowed to idle when waiting to be used

Harnessing the power of anchor institutions

Anchor institutions are the kind of organisations that are rooted in a place, unlike corporations that tend to shift location all over the world. The UK Commission for Employment and Skills defines an anchor institution as one **which, alongside its main function plays a significant and recognised role in a locality by making a strategic contribution to the local economy**. Local Authorities (Councils), universities and hospitals are examples of anchor institutions. A recent report from [The Health Foundation](#) focussed on the role of the NHS as an anchor institution and noted the opportunities in the graphics below.



Examples of some work done by anchor institutions

- Between 2004 and 2011 the University of Lancaster ran LEAD 2 innovate, a programme aimed at promoting business growth by developing the leadership abilities of small business owners.
- Nottingham University Business School initiated a partnership with the city council to deliver the Growth 100 Programme, helping small firms in the local area to devise and successfully implement business plans.
- A local enterprise partnership in the North East of England is setting up a Business Growth Hub in partnership with business networks, universities and professionals. The Hub will target micro and small firms in the region, signposting where support is available, especially for hard-to-reach businesses in rural areas.

Some groups may need specific actions

Shift workers



Shift work is undertaken outside regular daytime hours of 7am to 7pm.

What can employers do?

- Periodic review of shift work scheduling
- Gather employees feedback
- Provide employees with support to prepare for and recover from shift works

[*The Parliamentary Office of Science and Technology, 2018*](#)

Older workers



We want employees to keep in the best possible health and to prevent health conditions developing.

What can employers do?

- Offer flexible hours, locations and adaptations that meet individual needs and help manage health conditions.
- Consider introducing a “mid-life MOT” to allow people to take stock, manage transitions and plan holistically for the short, medium and longer term focussing on their job, health and finances. This requires management buy-in, as well as HR equipping line managers with support to provide the programme.
- Women over the age of 50 are the fastest growing segment of the workforce and most will go through the menopause transition during their working lives. Guidance is available from [Chartered Institute of Personnel and Development](#).

[*Business in the Community, 2019*](#)

New mothers



Breastfeeding exclusively is recommended for around the first 6 months, followed by breastfeeding alongside solid foods.

Therefore, it is likely working mothers will be breastfeeding on their return to work. Breastfeeding reduces child sickness and increases staff morale and retention.

What can employers do?

- Comply with workforce regulations to provide suitable facilities for pregnant or breastfeeding women to rest.
- The Health and Safety Executive good practice is for employers to provide a private, healthy and safe environment to express and store milk.

[*NHS, 2019*](#)

People with long term conditions



What can employers do?

- Make reasonable adjustments to support varying needs and fluctuating conditions.
- Recognise that LTCs can impact negatively on mental health and motivation
- Provide an open and supportive environment.
- Be aware of specialist support available, such as occupational therapists, physiotherapists and the Fit for Work Service and Access to Work scheme

[The Work Foundation, 2019](#)

Carers



There are growing numbers of informal carers in the UK. Providing care impacts carers' employment outcomes as well as health and wellbeing.

What can employers do?

- Commit to flexible and remote working
- Seek to create a supportive workplace culture with 'carer friendly' policies
- Set up carers' peer groups or support forums
- Provide an online resource to help carers source practical advice and expert support on topics including care, legal and financial information
- Offer online or telephone counselling
- Train line managers to identify and support carers.

[The Work Foundation, 2019](#)

People with disabilities



7.7 million people of working age report that they have a disability. Of these 4.1 million were in employment ([House of Commons, 2019](#)).

What can employers do?

- Develop more flexible and accommodating workplaces
- Prevent people falling out of work with early implementation of return to work plans
- Develop supported employment programmes with intensive personalised support to help individuals at work
- Structured long-term support for people whilst in work
- Work with other agencies to enable people with disabilities to access specialist 'job coaches' or employment advisers

[Department for Work and Pensions, 2013](#)

Part time working



Part-time work negatively impacts promotion and affects more mothers than fathers. Women are more likely to work reduced hours and men and women both reported that it was easier for women to take time off work for eldercare than it was for men.

[Working Families: Modern Families Index, 2019](#)

What can employers do?

- Challenge assumptions that reduced hours means reduced commitment
- Assess the career opportunities for part-time workers and demonstrate it is possible to progress whilst working part-time
- Develop strategies to ensure men understand the part-time and flexible working options open to them and encourage them to use them
- Anytime, anywhere doesn't mean all the time, everywhere
- Develop human-sized jobs that don't require long hours or unreasonable workloads

One size doesn't fit all

Other groups that may require additional support include military families, armed forces veterans, people who use drugs or alcohol, people in temporary or unstable accommodation and those who are new to the UK.

Resources and toolkits for employers

These are just some of the many resources available to help employers create a healthy workplace

Advisory, Conciliation and Arbitration Services (ACAS) – Health, Work and Wellbeing booklet

<https://m.acas.org.uk/media/854/Advisory-booklet---Health-Work-and-Wellbeing/pdf/Health-work-and-wellbeing-accessible-version.pdf>

Department for Business Innovation & Skills – Does worker wellbeing affect workplace performance?

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366637/bis-14-1120-does-worker-wellbeing-affect-workplace-performance-final.pdf

Mental Health at Work – Training, toolkits and resources

https://www.mentalhealthatwork.org.uk/resource/?resource_looking_for=0&resource_type=0&resource_medium=0&resource_location=0&resource_sector=0&resource_sector=&resource_workplace=0&resource_role=0&resource_size=0&order=DESC&orderby=meta_value_num&meta_key=rating

Business in the Community (BITC) – Musculoskeletal Health toolkit

<https://www.mentalhealthatwork.org.uk/resource/musculoskeletal-health-toolkit-for-employers/?read=more>

Business in the Community (BITC) – Physical activity, healthy eating and healthier weight toolkit

<https://www.mentalhealthatwork.org.uk/resource/physical-activity-healthy-eating-and-healthier-weight-a-toolkit-for-employers/?read=more>

Business in the Community (BITC) – Sleep and recovery toolkit

<https://www.mentalhealthatwork.org.uk/resource/sleep-and-recovery-a-toolkit-for-employers/?read=more>

Business in the Community (BITC) – Drugs, alcohol and tobacco toolkit

<https://www.mentalhealthatwork.org.uk/resource/drugs-alcohol-and-tobacco-a-toolkit-for-employers/?read=more>

Public Health England – Local Healthy Workplace Accreditation guidance

<https://www.gov.uk/government/publications/local-healthy-workplace-accreditation-guidance>

Public Health England – Workplace Health Needs Assessment

<https://www.gov.uk/government/publications/workplace-health-needs-assessment>

Chartered Institute of Personnel and Development (CIPD) – Wellbeing at work

<https://www.cipd.co.uk/knowledge/culture/wellbeing>

National Institute of Health and Care Excellence (NICE) – Management practices

<https://www.nice.org.uk/guidance/NG13>

Department for Work and Pensions – Workplace wellbeing tool

<https://www.gov.uk/government/publications/workplace-wellbeing-tool>

The following section showcases some work that local business are doing to improve the health and wellbeing of their employees and communities. There are many more examples of good practice in our area, but there is also a lot more to do.

By sharing good practice and evidence of what works, organisations can learn from each other and take steps to make Berkshire an even healthier place for everyone to work and live.

CASE STUDY 1: JOBCENTRE PLUS

Jobcentre Plus (JCP) is a platform that helps people who are unemployed and claiming benefits to find work. JCP has been running a Work and Health programme for over 18 months to help customers whose health issues pose a barrier to employment but whom are likely to return to work within a year, to receive support from specialist advisers in moving towards work. This is important as those not in employment are more likely to suffer from health issues, and therefore initiatives within JCP are highly critical in facilitating return to work. In the context of workplace health, JCP can be seen as a proxy employer for those not currently in work.

Staff Training

Jobcentres recruited Community Partners to bring in lived or professional experience of health issues (for example: addictions, learning disabilities, mental health) to share their knowledge with JCP staff. For example, work coaches receive mental health training to improve their understanding of the health issues faced by JCP customers; and **specialist employer advisors are equipped to work with micro-employers and ensure they were supported to take on people with health issues.**

Collaborative Working

Across East Berkshire, mental health partner meetings are held on a quarterly basis to discuss collaborative working. JCP partners include the Community Mental Health Team (CMHT), Improving Access to Psychological Therapies (IAPT), Individual Placement Support (IPS), BucksMind, Samaritans, Citizens Advice Bureaus, community learning, voluntary work organisations, police and ambulances. This has led to partners making offers to support the JCP with customer workshops and community engagement events and IAPT employment specialists co-locating within the JCP

Reaching Out

In West Berkshire, JCP had arranged for JobCentre staff to locate for part of the week in their surgeries. This provides the opportunity for JCP to engage and support customers in a different setting. **JCP are also working with employers to ensure they understand potential health issues faced by individuals with health issues and the adjustments that they may require in the work place.** This includes promoting the Disability Confident agenda and upskill on Access to Work to ensure employers feel equipped to provide the right support to employees.

CASE STUDY 2: WOKINGHAM BOROUGH COUNCIL WORKPLACE ACTIVITIES & INITIATIVES

Morning & Lunchtime Yoga



Running for 2 years with 10-15 keen participants weekly. Morning yoga sessions start prior to the workday to help staff utilise their time.

"The sessions help clear my mind, and reduce my anxiety to enable me to relax and switch off"

⁴⁶ Mindfulness Session

10 minutes of guided meditation takes place weekly during lunchtime. Running for 4 months with an average of 17 participants.

"We really enjoy the sessions. Thanks for running the meditation sessions – It's a great idea and I enjoy attending regularly as I find it really important to take some time out."

Cycling

Setting up My Journey information stand on cycling travel information. Organise and promote lunchtime cycle rides, Cycle to Work Day, Bike Week, Urban Limits tour of Berkshire and Love to Ride Challenges. Provide adult cycle training for staff and general public.

Football

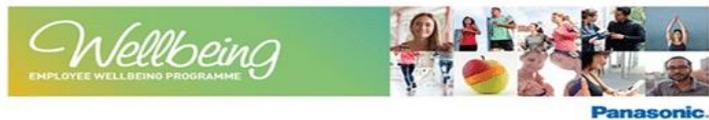


Running for 3 years twice a week. Staff ages range from 22 up to 60. Hosted a 'Mini World Cup' in summer 2018 which saw 5 teams compete in a round robin format. Players often enjoy a well-earned refreshment together after games.

Local partnership with local leisure centre to offer 'before work and lunchtime swims'. Staff can swim for £1.00 at selected times during the week.

New shower facilities provided in the office for staff.

CASE STUDY 3: PANASONIC MENTAL HEALTH AND



Robin's Story

"Running was a sport I hated as a child. During my late 30s all forms of physical sport had been replaced by fast food, beer and armchair participation to the point where in 2012 when I was honoured to be a London Torch Bearer I was also at my heaviest weight tipping the scales at 123kgs. Not long after this, I entered into a team to take part in the Panasonic Global 100 Step Challenge that was on offer as part of our Corporate Wellbeing Initiatives. During the challenge one of my team mates challenged me to run in a 5km and a 10km race. I trained hard for this and could not believe how unfit I had become, so once I completed these two races I decided that I enjoyed the runners high so much that I would continue to be a runner.

During the last 6 years I joined my local running club, trained as a Leader in Running, joined my local ParkRun and subsequently became ParkRun Run Director and Ambassador. I have now competed in about 25 half marathons, 6 marathons and have 2 more in the pipeline! This has resulted in me losing 38kgs since 2012 when I first joined the team taking part in the Panasonic Global 100 Step Challenge.

For me this is all thanks to being given the opportunity to make these healthier lifestyle changes as a direct result of the Panasonic Wellbeing Initiative. I would recommend to anyone to take part and above all make it enjoyable and fun!"

Panasonic has had an Employee Wellbeing Programme for 3 years. One of the key elements of employee support has been mental health. This includes:

Procedural Support

- A stress risk assessment based upon the HSE stress guide
- A whistleblowing hotline
- A stress at work guide
- An agile Working Process
- A flexible working policy
- A harassment and bullying policy
- A monthly event programme, including yoga, reflexology and mindfulness

Training

- An e-learning stress awareness training course for all staff to raise awareness
- Training for a team of Mental Health First aiders (from across the business)
- Specific people manager awareness training

Panasonic collects anonymous sickness and absence data in 4 categories, one of which is days lost to mental health issues. This data helps us to complete trend analysis and highlights departments within the business with specific challenges with mental health. Moreover, at Panasonic, employee wellbeing programme activities are reported on at senior executive managers meetings.

In summary, at Panasonic we understand the value of an Employee Wellbeing Programme. A recent employee survey revealed a feeling of being appreciated raise morale. We believe the Programme is also instrumental in staff recruitment and retention.

CASE STUDY 4: SEGRO MENTAL HEALTH AND WELLBEING



I attended on-site training to become a Mental Health Ambassador for our company. The course was run by a military veteran who is fighting his own battle with PTSD and who provided a brave and inspiring account of what he's dealing with, and how. His knowledge and understanding of mental health and wellbeing made me feel positive that SEGRO can put a supportive plan in place to help break the taboo, openly talk about and tackle this topic."

**Mental Health Ambassador,
SEGRO**

In 2018, SEGRO committed to raising the profile of mental health within the workplace, **encouraging others to recognise changes in colleagues, to create an environment that enables employees to talk openly about the subject.**

During the year, **more than 25 employees across the group were trained as Mental Health Ambassadors.** These ambassadors received guidance as to:

- how to spot early signs of changes in mental health
- how to encourage colleagues to speak openly about it
- If needed, how to guide people to appropriate support

In 2019, SEGRO are furthering the training programme, **hoping to provide all SEGRO line managers with awareness training on the subject.**

The Mental Health Ambassadors have now **formed a working group to plan in events and discussions around mental health and wellbeing,** which helps to encourage ongoing openness around this topic.

SEGRO aims to continually promote mental health awareness within the workplace through a number of initiatives including blogs, employee forums, videos, printed materials and events. **A wealth of support and information is also available on SEGRO's website.**

CASE STUDY 5: ROYAL BERKSHIRE HOSPITAL MENTAL HEALTH & PHYSIOTHERAPY SERVICE

Royal Berkshire NHS Foundation TRUST (RBNHFT) recognises that musculoskeletal and mental health are the two main reasons for staff absence.



Occupational Health Staff Physiotherapy Service

Since August 2017, RBH Occupational Health has been providing a dedicated physiotherapy service to Trust staff. From April 2018 to 4 March 2019:

- **379** staff were referred to the service
- **98%** of staff were discharged and felt their symptoms had improved
- **17%** decrease in MSK-related sickness absence
- **1,600** working days saved

The OH staff physiotherapy service has now started to visit areas within the Trust to provide proactive advice to help reduce the potential for musculoskeletal absence at work.

Mental Health Support

The RBNHFT provides staff with access to an Employee Assistance Programme which provides face-to-face advice, support and counselling to staff for both work and personal issues.

During 2018/19, the Employee Assistance programme dealt with over 370 enquiries from Trust staff. This service allows staff to access a confidential support 24/7, 365 days a year via telephone, internet or smartphone app.

A range of training courses are also available to staff and managers which aim to support the mental health of staff as they carry out their roles in the Trust, such as Let's talk mental health, improving your Impact and Assertiveness at work.

CASE STUDY 6: THAMES WATER MENTAL HEALTH FIRST



Mental health first aiders are a **catalyst for engagement** and have inspired a cultural revolution at Thames Water.

Confidence has grown throughout the company with people now much more willing to come forward, talk and seek support at their time of need, with records showing **there has been five mental health first aid interventions for every physical one over the last year** (2018/19).

Thanks to its holistic approach, Thames Water is leading the way in the utilities sector when it comes to dealing with mental health as an important workplace issue.



At Thames Water, mental health is considered just as important as physical health, if not more so. With more than 5,000 permanent employees and a further 10,000 contractors, many of whom are working in high risk and physically demanding environments.

Thames Water's 'Time to Talk' mental health strategy places a continued focus on mental health and wellbeing in the workplace.



Mental Health First Aid (MHFA) England training is an integral part of this strategy, which overall has resulted in a **75% reduction in work-related stress, anxiety and depression over the last five years**. Mental Health First Aiders (MHFAiders) are clearly identified with a stand-out green lanyard, representing the cultural change that has taken place and opening the door to conversation.

CHAPTER 5: NEXT STEPS

51

1. Start a better conversation in your organisation about improving health *and listen*

2. Use the evidence on what works to make a plan and *start somewhere*

3. Measure change and *adapt your approach*

4. Share your learning with others and *learn from them*

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