

Rochdale Borough Workplace Health and Wellbeing Strategy

Co-operating in Rochdale for Better Health and Wellbeing for employees in the Workplace.

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Introduction

The borough of Rochdale is comprised of 211,700 individuals, two fifths of whom experience relatively high levels of deprivation. The borough's population is ethnically diverse, with 16.5% from non-white British backgrounds, the largest proportion of these being Pakistani (8.3%). Employment levels (65%) are 2.8% lower than the rest of the North West.

Compared to the Greater Manchester area, there is a larger proportion of older working age people (aged 45-64) and more importantly, an anticipated increase of 34.6% of those aged 65 and over by 2025, which could have a significant impact on the working population of the borough. In Rochdale 83.4 % of businesses employ less than 50 people, which is lower than the national average of 96%, meaning more medium to large size businesses. Over 50% of businesses fall into the retail and sales or food preparation sectors.

Background

The Joint Strategic Needs Assessment for Rochdale (JSNA, 2011-2012)¹ has identified the health and wellbeing needs of the individuals living within the borough of Rochdale.

Although increasing, life expectancy in the borough is 2 years less than the national average and there is a great disparity between the most deprived and most affluent groups. The most frequent causes of premature deaths are heart disease, digestive disease (including liver cirrhosis) and lung disease (including lung cancer). The most prevalent long term conditions are obesity, hypertension and depression and the lifestyle behaviours associated with both the premature deaths and the long term conditions, and that are most pertinent to this document are as follows:

- Although similar to national averages of 21%, smoking within the borough increases to 1 in 3 for adults in routine or manual jobs. Furthermore, more people die from smoking than in other areas in the North West and England.
- A quarter of people in the borough binge drink and 7% are estimated to be drinking at high risk levels. Alcohol related hospital admissions are higher in Rochdale than in the rest of England and more people die prematurely due to alcohol compared to other areas.

- Only 12% of adults in the Rochdale borough participate in regular physical activity which links directly to the high obesity rates in the borough; 1 in 4 adults are classed as obese.
- Common mental health disorders such as anxiety, depression and phobias are estimated to affect 14% of the borough's population.
- Wellbeing (as measured by the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is the 6th highest across the North West.

JSNA recommended proactive, population based interventions which covered an individual's life course by encouraging everyone to take responsibility for their health. Consequently the Health and Wellbeing Board and Key Stakeholders identified 5 key priorities in the Joint Health and Wellbeing Strategy (JHWS) for Rochdale borough, (2012-2015)² to improve Health and Wellbeing, 4 of which are relevant to the workplace setting:

- Prevention and early intervention
- Tackling health inequalities
- Wellbeing
- Healthier lifestyles

Finally, there was an emphasis on Healthier Places; the workplace has potential to be an ideal backdrop as an opportunity to promote healthy living and empower individuals to take responsibility for their own health and wellbeing. This has been supported in the 'Healthy Lifestyles Strategy', 2013-2014³, along with 'Healthier People and Healthier Places', 2013⁴.

Additionally, with employment rates in the borough being low (65%), skill levels within the borough being lower than the national average, and a greater propensity of the population being on sickness benefits (compared to North West and national averages)⁵, stakeholders advised maximising job and volunteering opportunities in the borough. They also suggest improving skills and opportunities for training for those who were in low skilled work in order to influence a wider determinant of health.

A healthier workforce has also been emphasised in many other local documents including 'Stronger Together, 2013'⁶, 'Greater Manchester Local Transport Plan, 2011/12 to 2015/16'⁷ and 'Our journey to a low carbon economy:

Sustainable travel in Greater Manchester'⁸, all of which propose an improvement in the health of employees to benefit all. It will also support the Rochdale Borough Health & Wellbeing Strategy, which is being developed to improve the wellbeing of over 3,000 council employees.

It is proposed that there will be overlap between what is recommended in both the Joint Health and Wellbeing Strategy and the Healthy Lifestyles Strategy and the objectives of this document, which will aim to improve access to health and wellbeing services and remove barriers to participation in the workplace, empowering individuals to take responsibility for their own health. There are opportunities to promote key offerings such as Five Ways to Wellbeing and Health Chats and promote healthy behaviours to reduce the prevalence of common disease and long term conditions identified in the borough.

The Business Case for Healthier Workplaces

“A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and wellbeing of all workers and the sustainability of the workplace”

(World Health Organisation, 2010)⁹

There is a considerable push for keeping employees healthy; healthy employees have been shown to take less sickness absence and have greater engagement with their work¹¹. They also have reduced presenteesim, (a concept based on the extent employees go to work when, they are really too sick to do so), therefore are more productive¹². Health interventions in the workplace have a proven return on investment; several key documents from Bupa¹³ and The Workplace Wellness Alliance¹⁴ have provided the evidence base for this. Furthermore, there is an established relationship between work and improved health and wellbeing; and that worklessness is associated with poor mental wellbeing¹⁵.

“Our conclusion from the evidence available... is that the correlation between engagement, wellbeing and performance is repeated too often for it to be a coincidence”

(Macleod & Clarke)¹⁰

More recently, there has been an emphasis on the ageing workforce, due to greater life expectancy, an anticipated increase in this age group, alongside the increased retirement age. This places more emphasis on creating a healthy workforce to sustain an older population, with potentially greater health needs in the workplace. In addition, more organisations are engaging with workplace health as a means of reducing litigation from injury and illness with origin in the workplace.

To surmise, workplace wellbeing is a concept that workplaces can no longer afford to ignore.

Vision

Co-operating in Rochdale for Better Health and Wellbeing for employees in the Workplace.

Mission Statement

To work together to meet the holistic health and wellbeing needs of employees working in the borough of Rochdale to enhance the working experience; leading to greater productivity, higher engagement and employees who flourish both in and outside of the working environment. Improve the health and wellbeing of the working population in Rochdale to improve life expectancy and satisfaction, and improve productivity for businesses in the area.

Objectives

- Promote a culture of wellbeing to organisations in the borough to ensure sustainable practices.
- Integrate Five Ways to Wellbeing into the workplaces in Rochdale borough through promotion of the website.
- Make health and wellbeing services accessible to all workplaces in the Rochdale borough.
- Help organisations to achieve recognition through the Workplace Wellbeing Charter.
- Share good practice with other organisations in the Rochdale borough and throughout the Greater Manchester boroughs.
- Improve links with organisations in the Rochdale borough.
- Evaluate the success of the strategy and outcomes to establish if predetermined objectives have been met, therefore demonstrating success to share with others and secure future interest in the project.
- Consult with employers at all times, rather than paternalistic approaches.

Key Values

- Commitment to a long term strategy for the borough of Rochdale workplace health.
- Provide a strategy that makes workplace wellbeing everyone's responsibility.
- Work with local services and utilise and develop what we've already got in place, raising awareness and communicating health services clearly.
- Aim for a culture of health and wellbeing within businesses in Rochdale borough.
- Recognise that employees have differing cultural and ethical needs external to work, that need to be accommodated in the workplace.
- Where appropriate, support any key documents that aim to improve the wellbeing of the Rochdale population, through the Workplace Health and Wellbeing Strategy.

Stakeholder Engagement

Business needs-employer consultation

Together with it being a public health agenda and better for businesses in the Rochdale borough, workplace wellbeing is an undeniably progressive target area for the population of Rochdale.

Consultation was carried out with ten employers in the borough to understand their position on health and wellbeing and their opinions of the developing strategy. Employers ranged from small to very large, over a variety of sectors, with a fairly even gender split. The average salary of all businesses consulted was circa £23,000 and varying working patterns were adopted across the businesses. Consultation ended when response saturation was reached.

There was an overall enthusiasm for encouraging employee health and wellbeing and a commitment to do so, along with the belief that employees' health behaviours can be influenced in the working environment.

The motivation for improvements in employees wellbeing was both financial (sickness absence rates, increased productivity, staff retention, improved brand image) and personal ('happy' and engaged employees who participated in healthy behaviours), but there were common barriers throughout that had impeded previous attempts to improve health and wellbeing; these included resources, personnel time, conflicting commitments, communication and working patterns. There was also a reaction that businesses weren't aware of how to promote employee health and wellbeing and were keen to gain support to do so.

Stakeholder Consultation

Key stakeholders were invited to join the consultation process to help set objectives and determine what success would look like for the strategy outcomes.

Although it was agreed that no specific health groups from those identified in the JNSA are targeted, it was suggested that certain working groups such as routine and manual were targeted to give a more succinct service. However, it was agreed that important health factors were mental wellbeing (depression, stress and anxiety), health behaviours (physical activity, smoking, healthy eating, alcohol intake) and also financial wellbeing.

It was important to identify barriers and enablers to workplace wellbeing becoming a success, so these outcomes could be broken down and overcome where possible.

Barriers included financial (the current economic climate, time required and financial impact of health programmes) cultural (mistrust of employer from employee, perceptions of health data confidentiality, managers' disengagement with health interventions, the limitations of some services at geographical boundaries that prevent a wider distribution of our health services) and communications (regarding health programmes between employers, employees and health professionals). Enabling factors were the expertise, experience and knowledge that was available from health professionals in

the Rochdale community and the health interventions that were already accessible to those working in the borough.

Stakeholders were agreed that successful outcomes from the strategy would include;

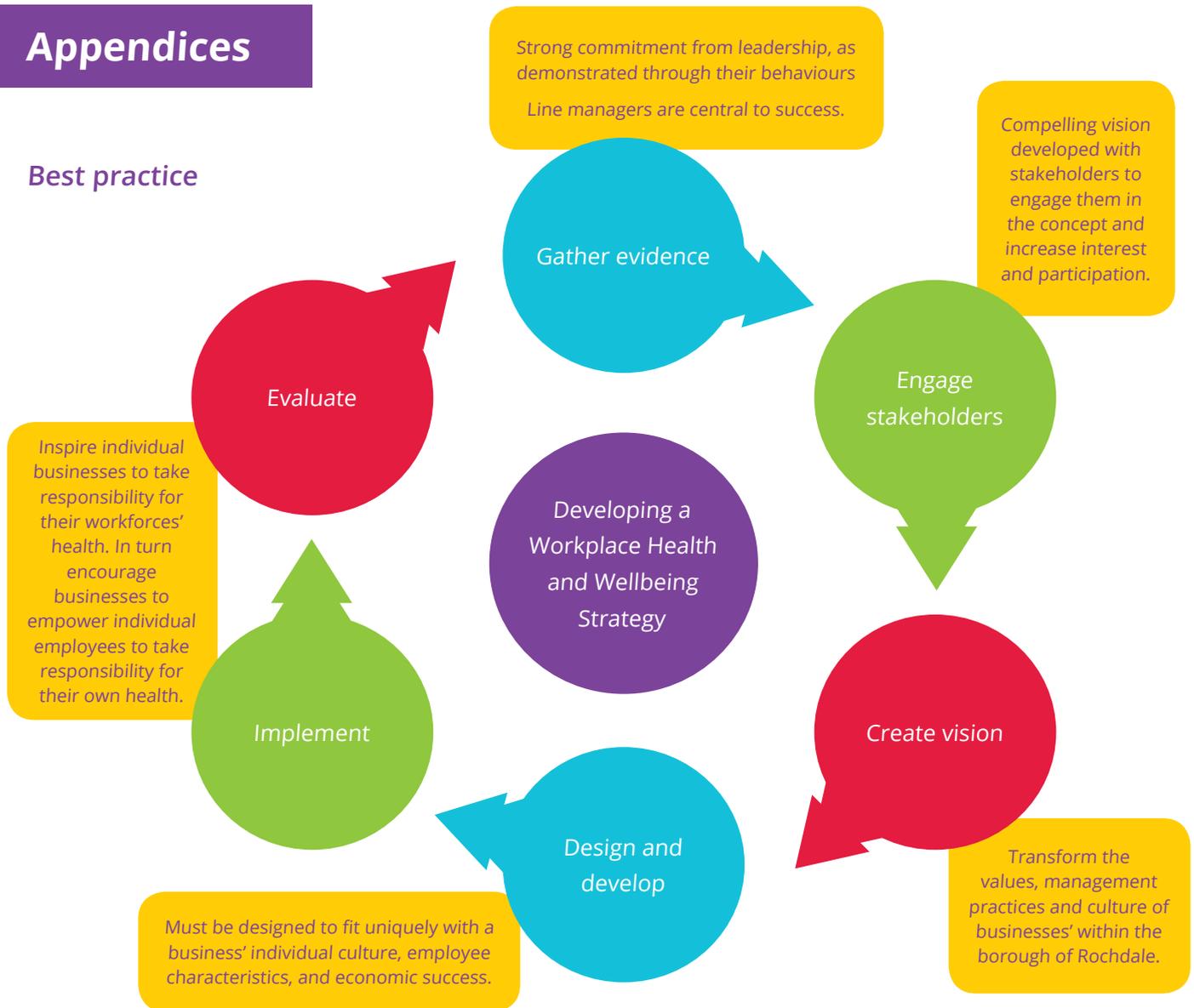
- Reductions in sickness absence and increases in productivity.
- Creation of a culture where businesses are encouraged to take responsibility for their employees' health and wellbeing, and therefore have their own bespoke Health and Wellbeing Strategy, incorporating a rolling programme of health events that businesses and employees engage with.
- An increased awareness of health services offered by Rochdale providers, resulting in local service providers being acknowledged as health experts.
- An increased awareness and recognition of employees with caring responsibilities and the acknowledgement and support for these individuals in the workplace through flexible working practices.
- New business growth in the Rochdale borough due to the increased productivity rates and success of businesses' already residing in the borough.

Recommendations

- Promote health awareness in workplaces in Rochdale borough, particularly smoking cessation for those in routine or manual roles, sensible alcohol consumption, physical activity participation and positive mental wellbeing.
- Delivery of blood pressure and BMI assessments for as many employees as possible to identify those at risk and deliver early intervention to challenge the prevalence of obesity and hypertension in the Rochdale population. Proactive intervention such as referrals to other health professionals and lifestyle education programmes on salt reduction, smoking cessation, increasing physical activity and improving diet will benefit these subgroups.
- Improve communication pathways for all; from employees to employers, providers to employers and employees and between providers. Improve access to health knowledge through relevant websites, literature, and health professionals.
- Despite not being of relevance currently to employers, the ageing employee is anticipated to be of significance in the near future (2025) and therefore needs to be incorporated into a strategy as a proactive measure. Policies to manage flexible ways of working, engaging with an older population group, adjusting current working policies, and adapting to possible health needs of an older population need to be embraced within Rochdale businesses.
- Support businesses to develop and implement strategies to take responsibility for their own population's health and wellbeing.
- Promote and support the implementation of the Workplace Wellbeing Charter as acknowledgement of good practice.
- Develop a Rochdale Healthy Business Award to enable local recognition for healthy workplaces.
- Delivery of an online Health Risk Assessment tool for organisations to use as a health auditing tool to identify health risks among their employees as well as capture health data on the Rochdale working population.
- Encourage the involvement of the Five Ways to Wellbeing concept through the website and through incorporation into policies and decision making in the workplace.
- Adapt health practices to different workplaces e.g. SME's and population groups e.g. demographical groups, avoiding a blanket approach.

Appendices

Best practice



Key Stakeholders

- Rochdale Public Health
- The Big Life Group
- Link4Life
- Pennine Care NHS Foundation Trust
- Rochdale and District Mind
- Rochdale Borough Council
- Public Protection
- Drug and Alcohol Services

References

1. **Joint Strategic Needs Assessment for Rochdale (2011-2012)**
www.hmr.nhs.uk
2. **Joint Health and Wellbeing Strategy for Rochdale Borough Council, 2012-2015 (JHWS)**
www.hmr.nhs.uk
3. **Healthy Lifestyles Strategy, 2013-2014**
www.rochdale.gov.uk
4. **Public Health England (2013) Healthier People and Healthier Places: building a healthy future**
www.gov.uk
5. **The SWAG Report. The full report from Rochdale Skills and Work Advisory Group to Rochdale Public Service Reform Board. Period: December 2013 to March 2014**
6. **Greater Manchester Combined Authorities. Stronger Together, 2013'**
www.agma.gov.uk
7. **Greater Manchester Local Transport Plan, 2011/12 to 2015/16**
www.tfgm.com
8. **Our journey to a low carbon economy: Sustainable travel in Greater Manchester**
www.tfgm.com
9. **World Health Organisation (2010) Healthy Workplaces: a model for action. For employers, workers, policy-makers and practitioners.**
10. **MacLeod and Clarke (2009) Engaging for success: enhancing performance through employee engagement. London: Department for Business, Innovation and Skills.**
www.berr.gov.uk
11. **The Business Case for Employees' Health and Wellbeing (April 2010). The Work Foundation.**
www.theworkfoundation.com
12. **Katherine Ashby and Michelle Mahdon (April 2010) Why do employees come to work when ill? An investigation into sickness presence in the workplace. The Work Foundation.**
www.theworkfoundation.com
13. **Helen Vaughan-Jones and Leela Barham (2010) Healthy Work: Evidence into Action**
www.theworkfoundation.com
14. **The Workplace Wellness Alliance. Making the Right Investment: Employee Health and the Power of Metrics. (January 2013) The World Economic Forum.**
www.weforum.org
15. **Waddell G and Burton AK (2006). Is work good for your health and well-being? Department of Work and Pensions, UK.**
www.workingforhealth.gov.uk