



# Rochdale District Workplace Health and Wellbeing Strategy

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

# Document Control

Document Title: Rochdale District Workplace Health and Wellbeing Strategy

## Summary

Publication Date	July 2018
Related Legislation / Applicable Section of Legislation	
Related Policies, Strategies, Guideline Documents	
Replaces	Rochdale Borough Workplace Health and Wellbeing Strategy, 2014
Joint Strategy (Yes/No)	No
Name of Partner(s) if joint	Link4Life
Strategy Owner (Name/Position)	Fiona Brigg. Health Workplaces Programme Manager
Strategy Author (Name/Position)	Fiona Brigg. Health Workplaces Programme Manager
Applies to	

## Review of Strategy

Last Review Date	2018
Review undertaken by	Fiona Brigg
Next Review Date	2021



## Contents Page

- ❖ Executive summary
- ❖ A changing workforce
- ❖ Developments since 2014
- ❖ Strategic outcomes
- ❖ Background
- ❖ The business case for healthier workplaces
- ❖ Developing issues
- ❖ Rochdale will benefit from a healthy workforce
- ❖ Key actions
- ❖ Target population groups
- ❖ Partners



### **Executive summary**

This strategy aims to meet the holistic health and wellbeing needs of employees working in the borough of Rochdale to enhance the working experience; producing greater productivity, higher engagement and employees who flourish both in and outside of the working environment.

### **A changing workforce**

Since the original Rochdale Workplace Health and Wellbeing Strategy was published in 2014, Rochdale has been part of many developments, most significantly the Greater Manchester Devolution agreement, giving the ten Greater Manchester boroughs autonomy at a local level to make the best possible decisions to benefit the local population. In addition, other local projects have identified work and health as a complex and influential relationship and one which has the potential to make a significant impact on Rochdale residents. These developments have prompted a need to revise this strategy.

### **Developments since 2014**

It is important to emphasise the positive accomplishments in workplace wellbeing in Rochdale since the original strategy; including delivery of almost 500 health assessments per year in workplaces, raising the profile of employee health through the delivery of two Healthy Business Breakfasts, a Healthy Business Award, and the development of resources to support organisations to be accountable for employee wellbeing. Relationships within Greater Manchester, local businesses, stakeholders and service providers have also been established. This has formed the foundation for the strategy, with further recommendations within this document for development.

### **Strategic outcomes**

- Remove barriers in workplaces, to enable employees to improve their health and wellbeing and therefore improve life expectancy and satisfaction, and improve productivity for businesses in the area.
- Promote a culture of wellbeing to organisations in the borough to ensure sustainable practices
- Make health and wellbeing services accessible to all workplaces in the borough of Rochdale
- Support organisations to achieve local and national recognition for their efforts in improving employee wellbeing.
- Share good practice with other organisations in the borough of Rochdale and throughout Greater Manchester.

- Support other initiatives in Rochdale and the Greater Manchester community to achieve a healthy and economically thriving population.
- Improve links with organisations in the borough of Rochdale.
- Evaluate the success of the strategy and outcomes to determine if predetermined objectives have been met, therefore demonstrating success to share with others and secure future interest in the project.

## Background

The population of the borough of Rochdale is comprised of 216,150 individuals, a third of whom live in areas amongst the 10% most deprived in the country (1). The borough's population is ethnically diverse, with 21.4% from non-white British backgrounds. Employment levels (64.4%) are 8% lower than the rest of the Northwest. Over 95% of businesses are small to medium size and wholesale and retail trade (18.1%) and manufacturing (15.3%) are the most prevalent job types in the borough (2).

Whilst improved, life expectancy in the borough is over two years less than the national average, and there is up to 10 years' difference in life expectancy between the most deprived and most affluent groups in Rochdale. The most frequent causes of premature deaths are circulatory disease (heart disease and stroke), lung disease (including lung cancer), respiratory disease (COPD) and digestive disease (including liver cirrhosis) (1).

Almost 70% of Rochdale residents are overweight or obese and a third (30.6%) reported being physically inactive (less than 30 minutes moderate activity per week). Smoking rates have reduced from 22% in 2015/16, to 19.4% (compared to 15.5% nationally), and although alcohol specific mortality rates are significantly above England's rate, alcohol specific hospital admissions have now reduced and are similar to the national average. Common mental health disorders such as anxiety, depression and phobias are estimated to affect 21% of the borough's population (1) and have consistent and embedded links to poor health, poverty and unemployment (3).

Though early identification of disease is crucial, the Rochdale Locality Plan (2016-2021) (4), signifies the requirement for preventative interventions to reduce health risks and premature mortality, such as increasing physical activity, reducing smoking rates, reducing alcohol consumption and making improvements in diet and mental wellbeing. The campaign *Taking Charge Together* reported that 90% of Greater Manchester residents are keen to improve their health and wellbeing (5).

## The business case for healthier workplaces

There is a considerable push globally for keeping employees healthy; healthy employees have been shown to take less sickness absence, have greater engagement with their work, and are more productive (6). Furthermore, health interventions in the workplace have a proven return on investment; several key documents from Health at Work (6), Bupa (7), and The Workplace Wellness Alliance (8) have provided the evidence base for this.

*‘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 well-being of all workers and the sustainability of the workplace’ (9)*

*“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” (10)*

## Developing issues

More recently, there has been an emphasis on the ageing workforce, due to greater life expectancy, alongside the increased retirement age. With the anticipated 8.9% increase in the over 65 population by 2021 locally (1), and an estimated 40% prevalence of long term conditions in the working age population by 2030 (11), planning for an ageing workforce is critical. Additionally, there are increasing numbers of the ageing workforce who are also providing caring responsibilities. Women in particular, are more likely to be sandwich carers (combining eldercare and childcare) and are also more likely to give up work in order to care (12), meaning vital skills are being lost from the workplace. Furthermore, 1 in 5 carers are in poor health compared to 1 in 10 who do not have caring responsibilities (13). The impact of these carers who are leaving employment to provide care, and are of poorer health, are a loss to Rochdale’s economy, and the borough’s overall health status.

## Rochdale will benefit from a healthy workforce

There is an established relationship between work and improved health and wellbeing, and a growing recognition that ‘good work is good for residents’ health (14). In Rochdale there are a larger proportion of individuals employed in a low Standard Occupation Classification role (those in routine and manual roles) (22.9%) than the North West (16.9%), and 14% of the Rochdale population have no qualifications (2), and

are therefore more likely to have poor health (15). 6000 economically active residents of Rochdale are unemployed, and 31.5% of economically inactive residents are long term sick (1) compared to 26.7% in the North West (16). Within the Greater Manchester Working Well programme (19) (appendix 1), the 'In Work' theme advocates the support of those who are at risk of falling out of work due to ill health, to remain in work. Workplace wellbeing has therefore become part of a broader agenda to provide opportunities for quality work, where skills and qualifications can be developed and positive working environments will encourage residents to obtain, and remain in work. There is a real belief that an economically thriving community is one that is mentally and physically healthy.

It is intended that this strategy will support other local approaches to health improvement plans, for example GM Devolution (17), Rochdale Locality Plan (4), Greater Manchester Skills and Work (18), GM Working Well, (19), GM Transport Strategy, 2040 (20), Co-operating for better health and wellbeing: A Plan for 2016-21 (4), GM Low Emission Strategy, 2016, (21) and Rochdale Borough Mental Health and Wellbeing Commissioning Strategy (2014-2017) (22). It will also support the Rochdale Council Employee Health and Wellbeing Strategy, which is being developed to improve the wellbeing of over 3,000 council employees and will meet the aim of GM Health and Employment Programme to have councils as exemplars of employee wellbeing (19).

There will be overlap between what is recommended in both the Joint Strategic Needs Assessment (1), the Healthy Lifestyles Strategy 2015-18 (23), and the Rochdale Locality Plan (4) 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.

### **Key actions**

- Promote health awareness in workplaces in Rochdale borough, particularly positive mental wellbeing, physical activity participation, sensible alcohol consumption, and smoking cessation.
- Support businesses to develop and implement strategies to take responsibility for their own populations' health and wellbeing.
- Endorse policies to manage flexible ways of working, to engage with an older population group, who may be carers, enabling adjustments to current working policies, and adapting to the possible health needs of an older population within Rochdale businesses.
- Promote and support businesses to achieve local and national recognition for their achievements such as Healthy Catering Award, Disability Confident, and the proposed Greater Manchester Good Work Charter and Rochdale Healthy Workplaces Award.

- Support the Greater Manchester Working Well programme to keep a workforce healthy and able to remain in employment.
- Promote and deliver blood pressure and Body Mass Index assessments in workplaces to identify those at risk and deliver early intervention to challenge the prevalence of obesity and hypertension in the Rochdale population.
- Continue to build relationships with partners in Rochdale who support and work with businesses and develop a joint offer, utilising and developing what we've already got in place, raising awareness and communicating health services clearly.
- Capture key recommendations into an annual framework for action and agree a governance and implementation structure to maximise impact.

### **Target population groups**

In addition to the key action points, certain population groups have been identified to improve health outcomes as specified below;

- It is important to support the 95% of Rochdale's businesses who are small to medium size enterprises, who have an anticipated lesser provision for HR and occupational health.
- Within Rochdale there are a plethora of male lower skilled workers, who are at an increased risk of poor mental wellbeing. Reducing stigma within these subgroups within the workplace will help the identification of poor mental health and referral to appropriate services.
- There are 1300 taxi drivers in the borough, who a previous pilot study have shown to be sedentary, have a poor diet and due to the high numbers of Black, Asian and minority ethnic (BME) working as taxi drivers, are an increased risk of type 2 diabetes. It is proposed that identification and referral of high risk individuals will benefit this population sub group.
- As the working population of Rochdale ages, it is anticipated that the number of those in work who have caring responsibilities will also increase. Encouraging conversations about carers in workplaces, and raising awareness of carer friendly employment practices, to enable carers to remain in work is key to the quality of life of this group and the local economy.
- There are 4800 staff employed in schools in Rochdale, and although there are many health initiatives for school age children, teachers and other school employees have little wellbeing support, despite 75% of teachers saying they have experienced physical and psychological symptoms due to work or where work was a contributing factor in comparison to 62% in the UK workforce overall (24). Furthermore, there is evidence supporting the relationship between wellbeing of teaching staff and academic attainment of pupils (25). Therefore, if the health of teaching and



support staff could be enhanced, this would have a secondary, longer term impact on the qualifications and skills of those working in the early years in the borough.

### Partners

- Rochdale Council
- Link4Life
- Living Well
- Transport for Greater Manchester
- Pennine Care NHS Foundation Trust
- Rochdale and District Mind
- Drug and Alcohol Services
- Rochdale Development Agency
- Job Centre Plus
- Working Well



### Strategy Governance

Responsible	Fiona Brigg
Accountable	Fiona Brigg
Ownership	Rochdale Work and Health Steering Group
Consulted	Dianne Gardner. Rochdale Healthy Businesses Steering Group
Informed	Rochdale Work and Health Steering Group. Rochdale Healthy Businesses Steering Group

### Strategy Review Date

This Strategy will be reviewed in May 2021

### Supporting Documents

- Rochdale Workplace Health and Wellbeing Strategy Implementation Plan

## References

1. Joint Strategic Needs Assessment for Rochdale Borough (2017-2018) <http://www.hmr.nhs.uk>
2. Official labour Market Statistics <https://www.nomisweb.co.uk/reports/lmp/la/1946157085/report.aspx?town=rochdale>
3. Elliott, I. (June 2016) Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy. London: Mental Health Foundation
4. Rochdale Borough. Co-operating for better health and wellbeing: A Plan for 2016-21
5. Taking Charge Together. <https://takingcharge.together.org.uk/>
6. Health at Work: Economic Evidence Report 2016
7. Helen Vaughan-Jones and Leela Barham (2010) Healthy Work: Evidence into Action <http://www.theworkfoundation.com>
8. The Workplace Wellness Alliance. Making the Right Investment: Employee Health and the power of Metrics. (January 2013) The World Economic Forum. <http://www3.weforum.org>
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. <http://www.berr.gov.uk>
11. Fluctuating Conditions, Fluctuating Support: Improving organisational resilience to fluctuating conditions in the workforce. The Work Foundation. <http://www.theworkfoundation.com/Reports/378/Fluctuating-Conditions-Fluctuating-Support-Improving-organisational-resilience-to-fluctuating-conditions-in-the-workforce>
12. Carers UK (2000) It Could Be You and Carers UK (2014) Caring & Family Finances Inquiry UK Report
13. In Poor Health. The impact of caring on Health. Carers UK. <http://static.carers.org/files/in-poor-health-carers-uk-report-1674.pdf>
14. GMCA, Greater Manchester Skills and Work (2016-2019)
15. Fair Society, Healthy Lives, The Marmot Review, 2010
16. ONS, Annual Population Survey, 2017
17. Greater Manchester Health and Social Care Devolution. <http://www.gmhsc.org.uk>
18. Greater Manchester Combined Authority, Greater Manchester Work and Skills. Strategies and Priorities, (2016-2019). [https://www.greatermanchester-ca.gov.uk/downloads/file/396/greater\\_manchester\\_work\\_and\\_skills\\_strategy\\_and\\_priorities\\_2016\\_to\\_2019](https://www.greatermanchester-ca.gov.uk/downloads/file/396/greater_manchester_work_and_skills_strategy_and_priorities_2016_to_2019)
19. Greater Manchester Combined Authority, Greater Manchester Working Well, (2017).
20. Greater Manchester Transport Strategy, 2040, Transport for Greater Manchester.
21. Greater Manchester Low Emission Strategy, 2016. Transport for Greater Manchester.
22. Rochdale Borough Mental Health and Wellbeing Commissioning Strategy (2014-2017).
23. Healthy Lifestyles Strategy, 2015-2018 <http://democracy.rochdale.gov.uk/documents/s40814/Append.%20for%20Healthy%20Lifestyles%20Strategy%202015-18.pdf>
24. Health Survey 2017. The Mental Health and Wellbeing Survey of education professions in the UK. [https://www.educationsupportpartnership.org.uk/sites/default/files/education\\_staff\\_health\\_survey\\_2017.pdf](https://www.educationsupportpartnership.org.uk/sites/default/files/education_staff_health_survey_2017.pdf)
25. Healthy teachers, higher marks? Establishing a link between teacher health & wellbeing and student outcomes. The Work Foundation. 2014.

Rochdale Borough Council  
Number One Riverside  
Smith Street  
Rochdale OL16 1YH

 [rochdale.gov.uk](http://rochdale.gov.uk)

 01706 647474

 [council@rochdale.gov.uk](mailto:council@rochdale.gov.uk)

