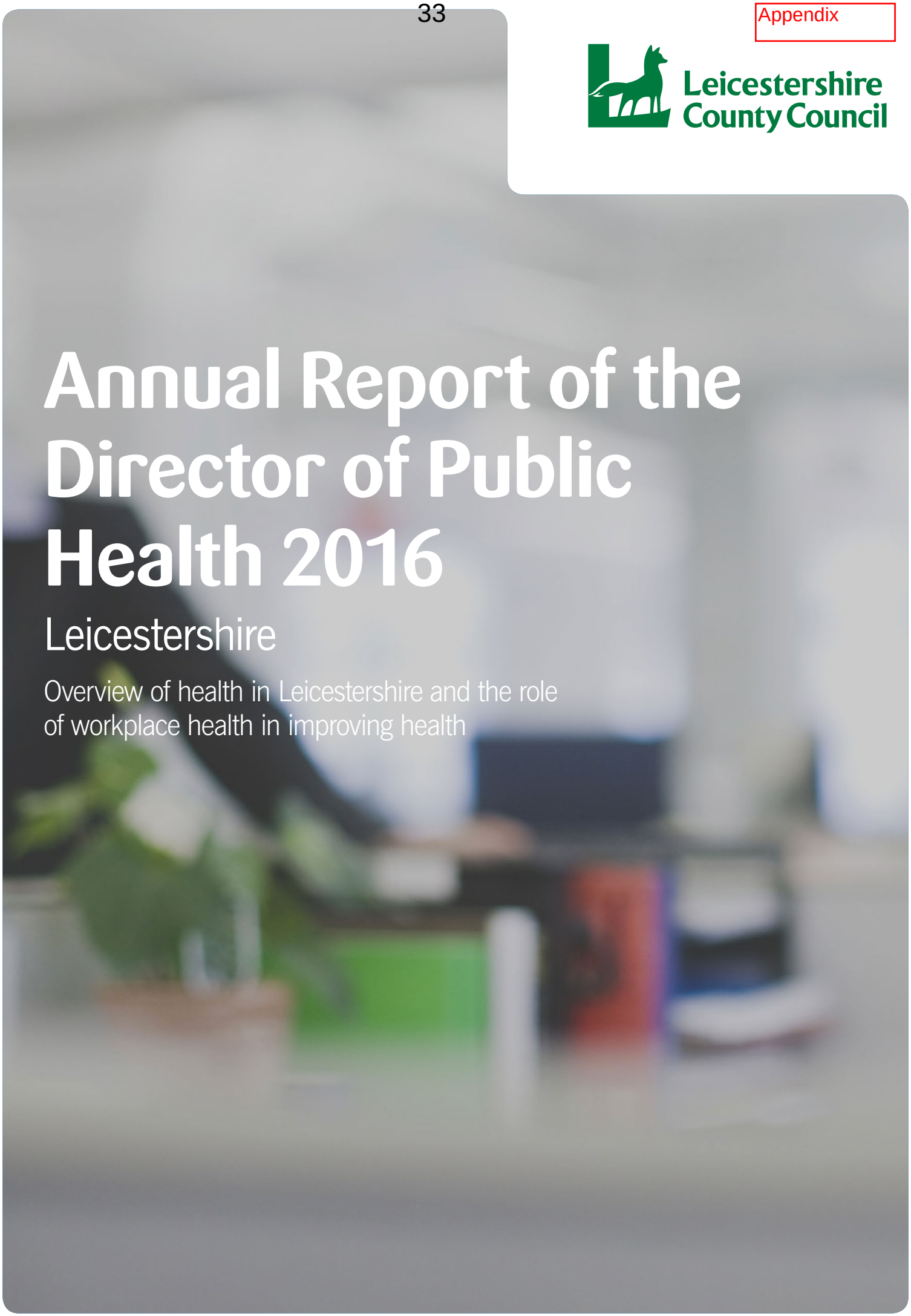
Appendix

Leicestershire County Council



Annual Report of the Director of Public Health 2016

Leicestershire

Overview of health in Leicestershire and the role of workplace health in improving health

Foreword

Welcome to my annual report for 2016. In my last annual report I set out the case for the role of communities in improving health and well being in Leicestershire. As can be seen in 'update on recommendations', the report has led to a renewed focus on community level work through the Prevention Review within the Council, the work of the Communities Strategy, and the work of the Unified Prevention Board within the Better Care Fund.

Mike Sandys
Director of Public Health

Last year I also highlighted the findings of the Joint Strategic Needs Assessment 2015. Presenting the findings using the 'lifecourse snake' went down well with people and partners and reminded me that the annual report can be a useful way of sharing information on the health of Leicestershire.

I have split the report between an information update and a focus on a topic important to health. In the first part of the report I have reviewed the Health Profiles for Leicestershire. These are the nationally produced snapshots of health across the country and set what I believe to be the priorities for action at County and district level in Leicestershire for the forthcoming year.

For this year's topic I have looked at the importance of work and health, covering the health of the working age population and the importance of workplace health. I have also revisited the progress being made on 'the wider determinants of health' from my report of 2014, highlighting how this work will underpin economic development and improved population health.

As always, I hope you find this interesting, informative and a spur to further progress in improving the health of Leicestershire. I would like to thank Gabi Price, Michele Monamy, Liz Orton and Rob Howard for their contributions to this report and the public health department for their continued hard work.

Mike Sandys
Director of Public Health

Contents

Introduction

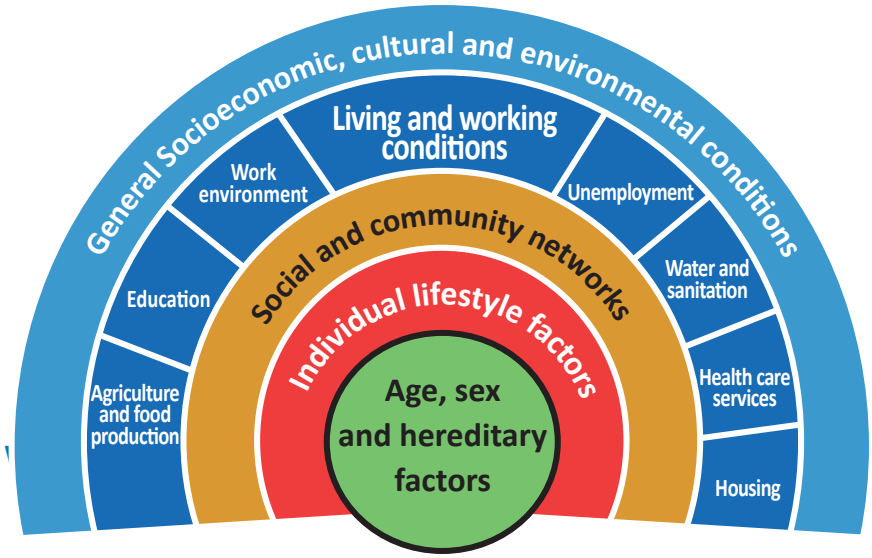
Each year the Director of Public Health publishes an independent report on the health and wellbeing of the local population. This report is a statutory duty and intended to inform local strategies, policy and practice across a range of organisations and interests. The purpose of the report is to highlight opportunities to improve the health and well being of people in Leicestershire.

Evidence suggests that good health should improve an individual's chances of finding and staying in work and of enjoying the consequent financial and social advantages. Furthermore work has an inherently beneficial impact on an individual's state of health (1). The review 'Is work good for your health and well-being?' concluded that work was generally good for both physical and mental health and well-being. It showed that work should be 'good work' which is healthy, safe and offer the individual some influence over how work is done and a sense of self-worth. Overall, the beneficial effects of work were shown to outweigh the risks and to be much greater than the harmful effects of long-term worklessness or prolonged sickness absence (2).

Personal characteristics, such as age, sex and ethnicity, are highly significant for health but cannot be influenced by public health. Consequently they sit at the core of the 1991 Dahlgren and Whitehead, wider determinants of health model (Figure 1). The basis of the model is the concept that some of the factors that influence health are fixed and others can be influenced. Individual lifestyle factors are behaviours such as smoking, alcohol and other drug misuse, poor diet or lack of physical activity. Lifestyle factors have a significant impact on an individual's health. Social and community networks are our family, friends and the wider social circles around us. Social and community networks are a protective factor in terms of health. Evidence tells us that important factors for life satisfaction are being happy at work and participating in social relationships (3). Living and working conditions include access to education, training and employment, health, welfare services, housing, public transport and amenities. It also includes facilities like running water and sanitation, and

having access to essential goods like food, clothing and fuel. General socio-economic, cultural and environmental conditions include social, cultural, economic and environmental factors that impact on health and wellbeing such as wages, disposable income and availability of work.

Figure 1: The Determinants of Health



Source: Dahlgren and Whitehead 1992

"Evidence suggests that good health should improve an individual's chances of finding and staying in work and of enjoying the consequent financial and social advantages."

Recommendations

Building on last year's report, the recommendations have been developed along the three key roles for public health as defined by the World Health Organisation, which include public health as a leader; public health as a partner; and public health as an advocate. The recommendations are set out below:

A Leader – We will refresh our strategic work on tobacco control, in the light of the new Health and Well Being Strategy and the findings of the health profiles 2016.

A Leader - We will continue to lead County Council progress on developing our approach to social value, recognising the impact this can have on economic development, and in turn health outcomes.

A Leader - Alongside Corporate Resources lead the implementation of the workplace wellbeing strategy within Leicestershire County Council.

A Partner - District and borough councils in Leicestershire have a key role to play in our work on the wider determinants of health. We will continue to provide specialist expertise on approaches to health impact assessment and health in all policies, working in partnership with district and borough councils.

A Partner - As a partner to the NHS, we will work with University of Hospitals of Leicester Trust and Leicestershire Partnership Trust on joint approaches to workforce health as part of the LLR response to the NHS 5 Year Forward View.

An Advocate – The Public Health Department will work with the public and private sector organisations to advocate the use of the Well Being Charter by employers, as part of approach to workplace health.

Overview of the health profile 2016

Public Health England publish health profiles for all local authorities in England on an annual basis.

Health Profiles provide useful, accessible summaries of the health of local populations, and help identify inequalities because they allow local authority populations to be compared with the average for England, and also allow comparisons between and within regions. The profiles assist in the planning and prioritisation of services. The indicators included in Health Profiles were chosen because they measure an important aspect of the health of the population and can be communicated easily to a wide audience.

Leicestershire County - Health in summary

The health of people in Leicestershire is generally better than the England average. Leicestershire is one of the 20% least deprived counties/unitary authorities in England, however about 11% (12,800) of children live in low income families.

Health inequalities

Life expectancy for both men and women is higher than the England average but there remains significant differences in life expectancy within Leicestershire. Life expectancy is 6.2 years lower for men and 5.0 years lower for women in the most deprived areas of Leicestershire than in the least deprived areas.

Child health

In Year 6, 16.4% (1,069) of children are classified as obese, better than the average for England. The rate of alcohol specific hospital stays among those aged under 18 is better than the average for England. Levels of teenage pregnancy and smoking at time of delivery are better than the England average.

Life expectancy in Leicestershire is

6.2 years lower for males

5.0 years lower for females in the least deprived areas

Adult health

The rate of alcohol-related harm hospital stays is 596 per 100,000 population, better than the average for England. This represents 3,964 stays per year. The rate of self-harm hospital stays is 126.4 per 100,000 population. This, again, is better than the average for England. This represents 845 stays per year. 908 people died of smoking related deaths in Leicestershire in the last year. Estimated levels of adult physical activity, rates of hip fractures, sexually transmitted infections, people killed and seriously injured on roads and Tuberculosis are better than average.

Likewise rates of violent crime, long term unemployment, deaths from drug misuse, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

The table on page 10 shows how people's health in each district across Leicestershire and Leicestershire itself compares to the rest of England.

"rates of violent crime, long term unemployment, deaths from drug misuse, early deaths from cardiovascular diseases and early deaths from cancer are better than average."

Table 1: Health profiles 2016, comparison of performance across districts and Leicestershire

		Blaby	Charnwood	Harborough	Hinckley and Bosworth	Melton	North West Leicestershire	Oadby and Wigston	Leicestershire CC
Our Communities	1 Deprivation score (IMD 2015)								
	2 Children in low income families (under 16s)								
	3 Statutory homelessness								
	4 GCSEs achieved								
	5 Violent crime (violent offences)								
	6 Long term unemployment								
Childrens and young peoples health	7 Smoking status at time of delivery			↓		↓		↓	
	8 Breast feeding initiation	↑	↑			↑			↑
	9 Obese children (year 6)							↓	
	10 Alcohol-specific hospital stays (under 18)								
	11 Under 18 conceptions		↑						
Adults health and lifestyle	12 Smoking prevalence in adults								
	13 Percentage of physically active adults	↓							
	14 Excess weight in adults								
Disease and poor health	15 Cancer diagnosed at early stage								
	16 Hospital stays for self harm				↓				
	17 Hospital stays for alcohol related harm			↓					
	18 Recorded diabetes		↑						
	19 Incidence of TB								
	20 New sexually transmitted infections (STI)								
	21 Hip fractures in people aged 65 and over	↓		↓	↓	↑		↑	
Life expectancy and causes of death	22 Life expectancy at birth (male)					↑			
	23 Life expectancy at birth (female)								
	24 Infant mortality								
	25 Killed and seriously injured on roads				↓		↓		
	26 Suicide rate								
	27 Deaths from drug misuse								
	28 Smoking related deaths								
	29 Under 75 mortality rate: cardiovascular		↑			↑			
	20 Under 75 mortality rate: cancer								
	31 Excess winter deaths					↓			

Significantly better than England average
Not significantly different from England average
Significantly worse than England average
No significance can be calculated or data not available

No comparison available from 2015 (either new indicator, change in definition, or comparison not possible for technical reasons)

↓ Rag rating has moved from green to amber or amber to red ie performance is not as good as 2015
↑ Rag rating has moved from red to amber or amber to green ie performance has improved from 2015

It is clear that Leicestershire performs well in many indicators, Leicestershire has 19 indicators that perform significantly better than the England average.

There is 1 indicator where Leicestershire County has poor performance where figures are significantly worse than the national average: recorded diabetes. However, it may be that higher recorded rates are actually a sign that GPs are recording diabetes more comprehensively than elsewhere.

Other indicators where the Leicestershire figure is worse than average, but not significantly so, are:

- Breastfeeding initiation
- Smoking Prevalence
- Excess weight in adults
- Infant Mortality

At county level, compared with all other county and unitary local authorities, Leicestershire is ranked in the best 10 (ranked) for violent crime (5th) and deaths from drug misuse (1st).

"Leicestershire is ranked in the best 10 (ranked) for violent crime (5th) and deaths from drug misuse (1st)."

District Council health

In 2014, 2015 and 2016 the districts in Leicestershire County appeared in the best 10 (ranked) performing districts in the country for the following indicators:

Table 2 - District Council performance in top 10 in country

Indicator	2014[1]	2015[1]	2016
Children in poverty / low income families	Harborough (4)	Harborough (5)	Harborough (3)
Statutory Homelessness	Blaby (1)	Blaby (3)	
Alcohol specific hospital stays (under18)		Charnwood (1) Blaby (7)	Blaby (4) Harborough (7)

[1] Rankings are based on data published for the relevant 2014/2015 profiles at http://www.apho.org.uk/resource/view.aspx?RID=142075

Indicator	2014[1]	2015[1]	2016
Excess weight in adults			Charnwood (7)
Hip fracture in over-65s	Charnwood (8)	Charnwood (1) Harborough (2) Blaby (5)	Melton (1)
Excess winter deaths		Melton (1)	Melton (7)
Killed & seriously injured on roads	Oadby & Wigston (2)	Oadby & Wigston (2)	Oadby & Wigston (2)
Violent crime (violent offences)		Harborough (10)	Harborough (2)
Hospital stays for self-harm		Blaby (6) Charnwood (9)	Melton (1) Blaby (6)
Infant mortality		Oadby & Wigston (1)	Oadby & Wigston (1)

In 2014, 2015 and 2016 the districts in Leicestershire County appeared in the worst 10 (ranked) performing LADs in the country for the following indicators:

Table 3 - District Council performance in worst 10 in country

Indicator	2014	2015	2016
Recorded diabetes	Oadby & Wigston (10)		
Smoking prevalence in adults			Hinckley & Bosworth (8)
Excess winter deaths	North West Leicestershire (6)		
Statutory homelessness			Melton (3)

Overall Leicestershire districts have above average health outcomes. Districts in Leicestershire are in the top 10 of national performance for 9 indicators in 2016. This is a decrease from 2015 where districts were in the top 10 for 10 indicators.

Amongst Leicestershire districts, there are 2 indicators in the worst 10 nationally in 2016; smoking prevalence in Hinckley and Bosworth, and statutory homelessness in Melton.

North West Leicestershire has 5 indicators where performance is worse than the national average; Hinckley & Bosworth has 3 indicators where performance is worse than the national average and the following districts each have 1 indicator where performance is worse than the national average: Blaby, Charnwood, Melton, Oadby & Wigston.

Issues of concern

In 2016, Leicestershire is significantly worse than England for recorded diabetes. Recorded diabetes levels analysed by individual districts show the indicator is significantly worse than the England average in three Leicestershire districts (Hinckley and Bosworth, North West Leicestershire and Oadby and Wigston) and in Leicestershire County.

The statutory homeless indicator for Melton is significantly worse than England and is ranked 3rd highest amongst all districts in England while in Hinckley and Bosworth, smoking prevalence in adults is significantly worse compared to the England average and is ranked 8th highest of all districts in England.

Blaby, Hinckley and Bosworth and North West Leicestershire have significantly worse levels of excess weight in adults compared to England. GSCE achievement is significantly worse than England for Charnwood and North West Leicestershire.

North West Leicestershire remains significantly worse than England for breastfeeding initiation. North West Leicestershire has also decreased its rating from 'not significantly different' than England to 'significantly worse' than the England average for people killed and seriously injured on roads.

Compared to 2015, Harborough, Melton and Oadby & Wigston have decreased their rating from 'performing significantly better' than the

"In 2016, Leicestershire is significantly worse than England for recorded diabetes."

England average to 'no significant difference' for smoking status at time of delivery (the percentage of women smoking at time of delivery of their child).

A similar pattern of change is seen for hip fractures in Blaby, Harborough and Hinckley and Bosworth, with a decrease in rating from performing significantly better than the England average to no significant difference from the England average.

It is important to remember that health profiles provide a snapshot of health over a particular reporting time period. Given statistical variation it is likely that the pattern could change next year. Further analysis of trends over time is necessary to establish what is real and enduring and what is artefact.

However, it is clear that some lifestyle behaviours present an enduring challenge to public health. The percentage of adults with excess weight (overweight and obese) adults mirrors the national trend. With around two thirds of adults being either overweight or obese being 'amber' compared to the national average is not a situation that allows complacency.

Smoking prevalence, whilst at an all-time low, remains amber in most districts and in Hinckley and Bosworth is 'red' rated compared to the national average. More work is needed to understand why, but for Leicestershire an 'amber' on such an important indicator is not the level of ambition or performance we should tolerate.

Similarly rates of smoking in pregnancy in Leicestershire are at a level where Leicestershire should be aiming higher.

Whilst further analysis and interrogation of the data is needed to form a fuller picture, we need to focus the efforts of all parts of health and local government, not just the public health department in making the most of the resources and powers available to improve performance in these areas.

"rates of smoking in pregnancy in Leicestershire are at a level where Leicestershire should be aiming higher."

Recommendations

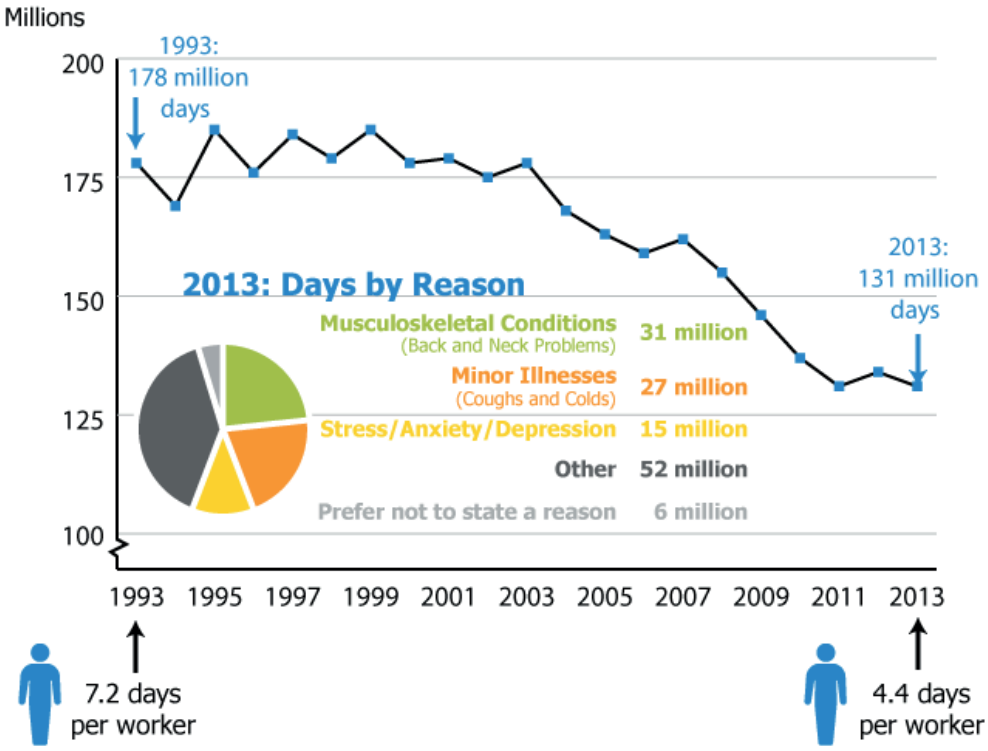
Leader and partner: That Public Health focus their work on district councils on smoking prevalence and smoking at time of delivery. In particular we will work with districts to ensure they make the most of their ability to improve the public's health using the resources at their disposal.

The role of workplace health in improving health

Health and well being of working age adults

Despite life expectancy and numbers in employment being high in the UK, around 131 million working days were lost to sickness in 2013. This is equivalent to over 4 days for each working person. Minor illnesses were the most common reason given for sickness absence (30%) but more days were lost to back, neck and muscle pain than any other cause at 30.6 million days lost (Figure 2). Mental health problems such as stress, depression and anxiety also contributed to a significant number of days of work lost in 2013 at 15.2 million days (5).

Figure 2: Number of working days lost due to sickness absence, 1993 to 2013, and the top reasons for sickness absences in 2013, UK (5).



Work and health

Employment levels provide a high-level indicator of the health of the working age population. Being in employment is a reflection of the health status of individuals, but also of the probability of being in work with a given health status (1). Between January and December 2015, in Leicestershire 332,000 (76.6%) people aged 16-64 were in employment; a rate that is higher than the regional (73.8%) and the national (77.85) average (6). A higher proportion of men (80.8%) than women (72.4%) were reported to have a job in 2015 (Figure 3).

Figure 3: Employment and unemployment (January to December 2015) – Leicestershire, East Midland and Great Britain (6)

Employment and unemployment (Jan 2015-Dec 2015)

	Leicestershire (Numbers)	Leicestershire (%)	East Midlands (%)	Great Britain (%)
All People				
Economically Active†	342,600	79.1	77.5	77.8
In Employment†	332,000	76.6	73.8	73.6
Employees†	287,200	66.9	64.4	63.1
Self Employed†	43,200	9.4	9.0	10.2
Unemployed§	10,500	3.1	4.7	5.2
Males				
Economically Active†	181,000	83.5	83.1	83.2
In Employment†	175,400	80.8	79.1	78.6
Employees†	145,600	68.0	66.5	64.4
Self Employed†	29,100	12.6	12.1	13.8
Unemployed§	5,600	3.1	4.7	5.3
Females				
Economically Active†	161,500	74.7	72.0	72.5
In Employment†	156,700	72.4	68.5	68.7
Employees†	141,600	65.7	62.3	61.7
Self Employed†	14,100	6.2	5.9	6.6
Unemployed§	4,900	3.0	4.7	5.1

Source: ONS annual population survey

† - numbers are for those aged 16 and over, % are for those aged 16-64

§ - numbers and % are for those aged 16 and over. % is a proportion of economically active

Although employment rates in Leicestershire are high, over 87,000 people aged 16-64 were economically inactive with nearly 64,000 (72.9%) stating that they do not want a job. Although the figures for people economically inactive account for students, individuals who are looking after family or home, or are retired, 13,000 people (14.9%) reported long-term sickness as the reason. This again is lower than regional and national average at 21% (6).

"87,000 people aged 16-64 were economically inactive with nearly 64,000 (72.9%) stating that they do not want a job."

Figure 4: Economic inactivity (January to December 2015) – Leicestershire, East Midland and Great Britain (6)

Economic inactivity (Jan 2015-Dec 2015)

	Leicestershire (Level)	Leicestershire (%)	East Midlands (%)	Great Britain (%)
All People				
Total	87,500	20.9	22.5	22.2
Student	26,600	30.4	25.7	26.2
Looking After Family/Home	18,800	21.5	25.2	25.1
Temporary Sick	#	#	1.6	2.3
Long-Term Sick	13,000	14.9	21.6	21.8
Discouraged	!	!	#	0.4
Retired	16,800	19.2	15.7	14.1
Other	11,200	12.8	10.0	10.1
Wants A Job	23,700	27.1	24.1	24.3
Does Not Want A Job	63,900	72.9	75.9	75.7

Source: ONS annual population survey
Sample size too small for reliable estimate
! Estimate is not available since sample size is disclosive
Notes: numbers are for those aged 16-64.
% is a proportion of those economically inactive, except total, which is a proportion of those aged 16-64

Supporting more people with a health condition into work will help to achieve the Government's aim of higher employment. Nationally the employment rate for disabled people has been gradually increasing (1).

The gap in the employment rate between those with a long-term health condition and the overall employment indicator measures the percentage

point gap between people who have a long-term condition who are classified as employed (aged 16-64) and the percentage of all people classed as employed (aged 16-64).

For Leicestershire in 2014/15 this gap was 7.4 percentage points and this is lower than the average for England at 8.6. Leicestershire ranked 11 out of 16 (with 1 having the smallest gap) in comparison with its nearest statistical comparators. At the same time, at 74.9 percentage points, the gap in the employment rate between those with a learning disability and the overall employment rate in Leicestershire was higher than the gap for England (66.9).

Leicestershire ranks 14 out of 16 nearest neighbours. However, the rate of the increase in the gap over the last four years has been slower locally (1.9 percentage point) than the national increase at 3.7 (Figure 5). The gap for employment rate for those in contact with secondary mental health services and the overall employment rate in Leicestershire for the period 2014/15 at 71.3 is higher than the gap recorded for England (61.4). Again it ranks 14 out of the 16 nearest neighbours. Further the rate of increase in the gap over the last four year in Leicestershire has been higher than the national increase.

"Leicestershire ranked 11 out of 16 (with 1 having the smallest gap) in comparison with its nearest statistical comparators."

Figure 5: Gap in the employment rate between those with a learning disability and the overall employment rate

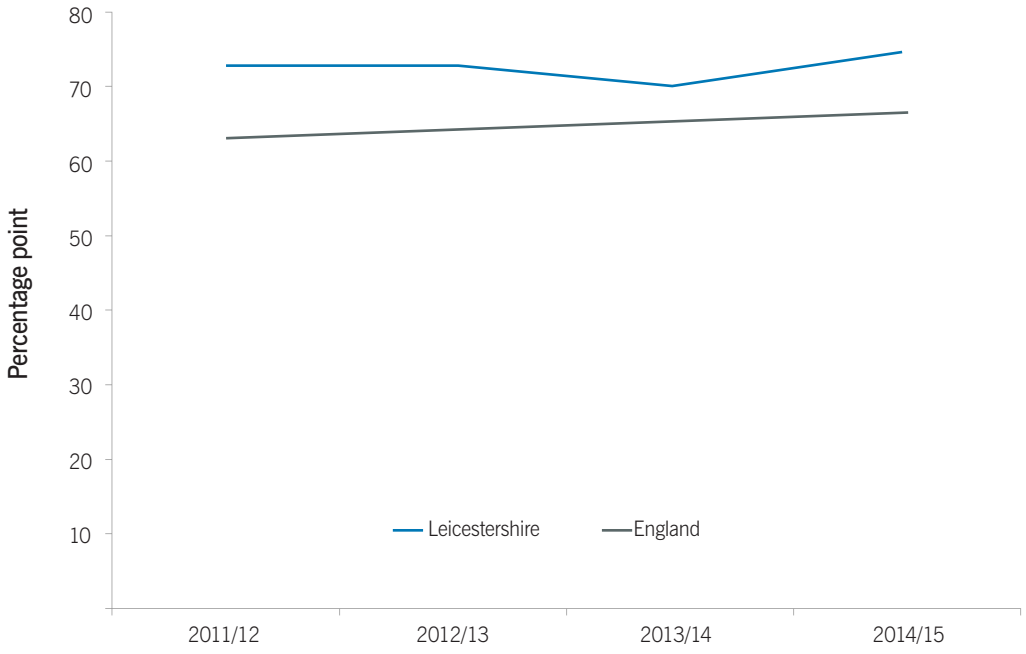
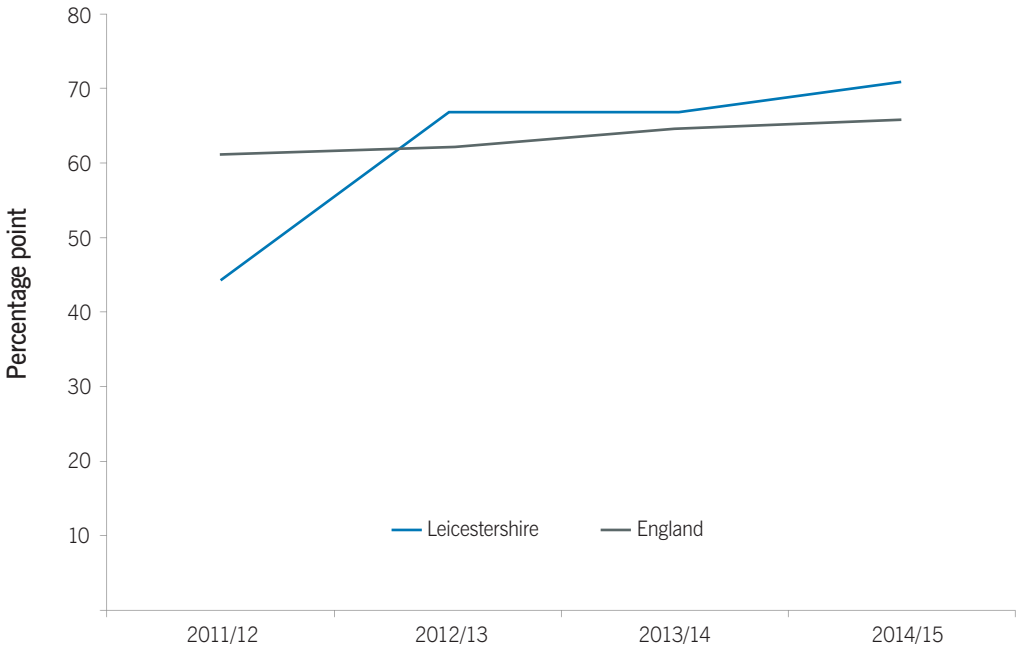


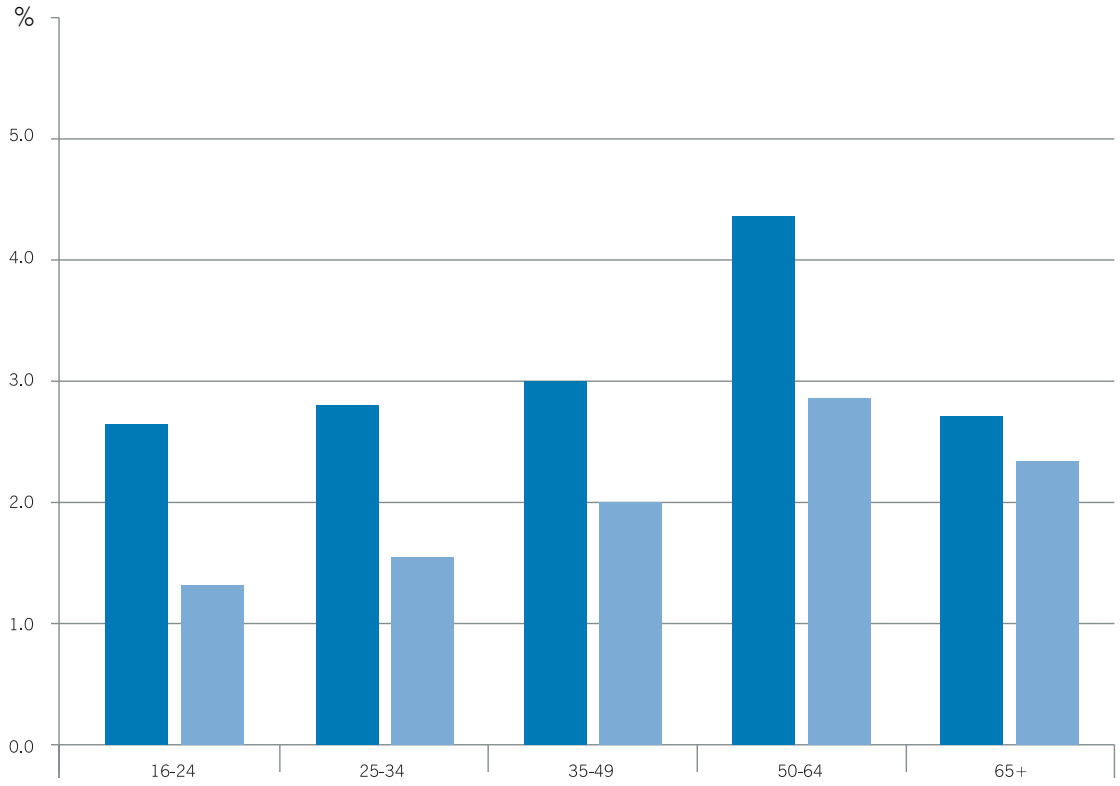
Figure 6: Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (7)



When employees develop a health condition, it does not always lead to absence from work, but can lead to reduced performance on the job. Lower productivity may also be linked to lower job satisfaction and wellbeing, which in turn may be due to workplaces that sap morale and energy. There is growing evidence that links employee morale and satisfaction with health outcomes as well as business performance measures (1). The proportion of population affected by long-term health problems and disability increases with age, whereas the proportion of people that report their health as good or very good decreases. Although nationally the percentage of working hours lost to sickness peaks at ages 50-64, this group had the greatest fall in sickness absence rates between 1993 and 2013. Older workers, aged 65 and over, had the smallest fall at 0.5 percentage points but the rate is lower than that recorded for ages 50 to 64 (Figure 7) (6)

"Lower productivity may also be linked to lower job satisfaction and wellbeing, which in turn may be due to workplaces that sap morale and energy."

Figure 7: Percentage of working hours lost to sickness by age group – 1993 (blue) and 2013 (light blue) (6)



Nationally sickness absence is generally lower than it was in the 1990s, however it is still substantial. The labour force survey provides self-reported information on the number of working days lost due to sickness absence during the previous week. According to the Labour Force survey in Leicestershire between 2011 and 2013, 2.4% of workers took a day off due to ill-health in the previous week. This is similar to the England average and it ranks 9 out of the 16 nearest neighbours (with 1 being the lowest value). For the same period, 1.5% of working days were lost due to ill-health. This is again similar to the England average of 1.5% and ranks 10 out of 16 nearest neighbours. Both percentages show an increasing trend that is faster than one observed nationally with the former increasing from 1.8% in 2009-11 and the later from 1.1% (7).

The percentage of hours lost has fallen for all age groups since 1993

But the smallest fall has been for those aged 65+

This may be related to an increase in the number of people working past state pension age

Incapacity benefits are paid to those who are unable to work because of ill-health or disability. The proportion of the working age population on incapacity benefits – or the equivalent benefits that preceded it – has been increasing from 1970s to mid-1990s, with a small decline in recent years (1). In November 2015 in Leicestershire, 16,820 (4%) aged 16-64 were in the receipt of the Employment and Support Allowance (ESA) or Incapacity Benefits. This was lower than the regional (5.9) and national (6.2%) average. More than 3,000 (0.7%) people were claiming benefits in Leicestershire because they were disabled which is again below regional and national average (Figure 8) (6)

"More than 3,000 (0.7%) people were claiming benefits in Leicestershire because they were disabled which is again below regional and national average"

Figure 8: Working-age client group – main benefit claimants (November 2015) (6)

Working-age client group - main benefit claimants (November 2015)

	Leicestershire (Numbers)	Leicestershire (%)	East Midlands (%)	Great Britain (%)
Total Claimants	31,980	7.6	11.3	11.8
By Statistical Group				
Job Seekers	2,770	0.7	1.3	1.5
ESA And Incapacity Benefits	16,820	4.0	5.9	6.2
Lone Parents	2,660	0.6	1.0	1.1
Carers	5,170	1.2	1.7	1.6
Others On Income Related Benefits	670	0.2	0.2	0.2
Disabled	3,090	0.7	0.9	1.0
Bereaved	790	0.2	0.2	0.2
Main Out-Of-Work Benefits†	22,920	5.5	8.5	9.0

Source: DWP benefit claimants - working age client group

† Main out-of-work benefits includes the groups: job seekers, ESA and incapacity benefits, lone parents and others on income related benefits. See the **Definitions and Explanations** below for details

Notes: % is a proportion of resident population of area aged 16-64
Figures in this table do not yet include claimants of Universal Credit

Employment rates in Leicestershire are high. Nevertheless over 87,000 people aged 16-64 were economically inactive with nearly 64,000 (72.9%) stating that they do not want a job and 13,000 people (14.9%) reported long-term sickness as the reason. There is also a gap in the employment rate between people with a long-term health condition or some of the vulnerable population groups and the overall employment.

For example, the gap for employment rate for those in contact with secondary mental health services and the overall employment rate in Leicestershire is higher than the gap recorded for England and it ranks 14 out of the 16 nearest neighbours (with 1 showing the smallest gap).

Long-term conditions can affect people's mental health and vice versa. They can also affect the ability to work, result in work absence and can reduce quality of life. In 2014/15 a higher proportion of people in Leicestershire than in England were registered with their GP as having hypertension, depression, diabetes, chronic kidney disease, cancer, atrial fibrillation, heart failure and epilepsy.

"Long-term conditions can affect people's mental health and vice versa. They can also affect the ability to work, result in work absence and can reduce quality of life."

Workplace health

Whilst 'good' work is recognised to be good for health, staff health and wellbeing also plays an important role in the overall health and productivity of an organisation.

As described in the previous chapter, people who work are generally healthier than the non-working population (8) but it is known that certain factors in work, such as poor leadership, can lead to stress, burnout or depression (9). Additionally there is evidence to suggest that people who go to work when they are sick are more costly to the business than absenteeism (10). It is therefore important that the working environment is a good one that promotes positive, healthy values.

The national Workplace Wellbeing Charter (11) provides employers with a way to assess and then improve their commitment to the health and well-being of their staff.

What is the Workplace Wellbeing Charter?

The Workplace Wellbeing Charter is an opportunity for employers to demonstrate their commitment to the health and wellbeing of their workforce. It is a set of independent standards against which employers can audit and benchmark, allowing them to identify what they already have in place and to identify gaps in health, safety and wellbeing for their employees. This provides employers with an easy and clear guide on how to develop their health and wellbeing strategies and plans and how to make workplaces a supportive and productive environment. It involves 94 indicators grouped into difference sections such as healthy eating or leadership. Employers complete the 94 questions and are able to identify areas that are good or need developing. The charter provides a framework for this development and organisations can be assessed against the national standard to achieve award status. Achievement of the Award enhances an organisations reputation as well as benefiting staff.

How does the standard work?

There are 3 key elements **(leadership, culture & communication)** and 8 standards in the charter:

- Leadership
- Absence management
- Health and safety
- Mental health
- Smoking and tobacco
- Physical activity
- Healthy eating
- Alcohol and substance misuse

The Standard has three levels:

1. **Commitment**

   The organisation has a set of health, safety and wellbeing policies in place and has addressed each area, providing employees with the tools to help themselves to improve their health and well-being.

2. **Achievement**

   Having put the building blocks in place, steps are being taken to actively encourage employees to improve their lifestyle and some basic interventions are in place to identify serious health issues.

3. **Excellence**

   Not only is information easily accessible and well publicised, but the leadership of the organisation is fully engaged in well-being and employees have a range of intervention programmes and support mechanisms to help them prevent ill-health, stay in work or return to work as soon as possible.

Employers can 'self-assess' themselves against the standards. To do this they need to register as a member on the Wellbeing Charter website: http://www.wellbeingcharter.org.uk/ This enables access to the self-assessment tool and a range of useful links and information.

Organisations can also be formally assessed against the Charter standards, giving further weight and recognition of their achievement. Once accredited, the organisation receives a certificate and the organisation is listed on the national register of award holders.

Box 1 illustrates how Leicestershire County Council has used the charter to progress its commitment to improving staff health and wellbeing.

"Organisations can also be formally assessed against the Charter standards, giving further weight and recognition of their achievement."

Box 1 – Using the National Workplace Wellbeing Charter

'Workplace health' refers to the combined efforts of the employer and the workers to encourage and support healthy lifestyle habits, making healthy choices the easy choices. Creating a health and wellbeing programme in workplaces can boost productivity and help staff to be happier and healthier at work and at home. Evidence suggests that early interventions to improve health in the workplace are effective.

Leicestershire County Council carried out a self-assessment process for its own workforce and then asked its six organisational departments and Unison to look at their self-assessment and say how well they agreed with the organisational self-assessment. The six departments and Unison carried out their own self-assessments and compared these to the organisation's assessment. The resulting comments and feedback were then used to develop a workplace wellbeing strategy for the organisation and newly formed task and finish groups to focus on action in the areas of 'Corporate policies, physical activity, food and nutrition, mental health and substance misuse.

The delivery of the workplace wellbeing strategy is anticipated to deliver:

- Improved attendance and reduced sickness absence;
- Reduced absenteeism;
- A more productive workforce;
- Improved staff engagement;
- Improved resilience to change;
- Greater retention and recruitment of staff

Implementation of the strategy is via action plans facilitated through a communications plan and an organisation-wide network of Workplace Wellbeing Champions that advocate wellbeing in their department. Sickness absence and staff satisfaction as measured through the Staff Survey will be used to monitor the impact of the programme and a process of re-self assessment will take place annually.

Working with partners to improve workplace wellbeing

The Leicester and Leicestershire Enterprise Partnership (LLEP) is a strategic body led by a Board made up of local government and business leaders as well as senior education and third sector representatives. As such, it provides an opportunity to address work and health as a place-based approach, given its remit to engage with business, local authorities, higher and further education establishments and the voluntary sector (see https://www.llep.org.uk/about-us).

The LLEP has produced a series of Sector Growth Plans for eight key sectors:

- Food and drink manufacturing
- Textiles manufacturing
- Logistics and distribution
- Tourism and hospitality
- Creative industries
- Low carbon
- Professional and financial services
- Engineering and advanced manufacturing

An opportunity exists to review each of the sector plans and to work with the LLEP to embed employee health and wellbeing within them, to increase the attractiveness of the Leicester and Leicestershire area for future employees and to increased economic productivity and prosperity.

As an example, on page 27 is an outline of the Food and Drink Manufacturing plan. Opportunities for considering employee health and wellbeing have been highlighted.

Sector plan	Summary overview	Headline targets of the plan	Opportunities for considering employee health and wellbeing
Food & drink manufacturing	Studies have shown the F&D sector in the LLEP area has weathered the recession well and expects significant growth in the next 3 years. The area is ideally placed geographically for growth and the F&D sector has a diverse range of traditional high quality products, allied with both mass production of staple foods and lower volume production of specialist products. Key localities include: Leicester Food Park and Melton Enterprise Zone. In terms of the economic contribution, the F&D sector in Leicester/shire is the second most important after non-food manufacturing and is estimated to be worth over £600 million to the area. Major players would be located in the centre; Walkers (PepsiCo), Samworth Brothers Ltd and Mars Group. Also Everards & United biscuits The percentage of employees engaged in the F&D sector across the LLEP area also are significantly higher than the average for England, only Hinckley & Bosworth and Harborough districts are below the average for England, the majority of the remaining districts are double the average or greater, with Melton Mowbray at 13.6% around 10 times the national average. The number of full time employees in the F&D sector rose from 10,245 in 2009 to 11,293 in 2013, an increase of 10.2%. The number of part time employees rose by only 2.2% in the same period however, from 1,116 to 1,140	People: There is a shortfall in skilled labour-attract, recruit, train & retain Business: There could be more information, better access to university resources, advice on grant applications, etc. These could be addressed by creating a 'Centre of Excellence', ideally a physical location for the F&D sector, but this could be extended to other sectors in order to be cost-effective. Focus innovation & export Places: There is a lack of premises suitable for food grade activities. transport and connectivity are also important issues affecting the growth potential of businesses in the sector imbalance in the promotion of the F&D sector product as well as business brands in the LLEP area and action should be taken to ensure that the wider range of businesses and their products are promoted, rather than focusing on a few	People: investment in workplace health could be significant draw for future workforce and then help to retain and get the best out of staff. Places: developing new premises that are within active travel distances to where people live (i.e. walking and cycling distance) and providing facilities to enable this (showers etc) could help to embed physical activity into daily lives. This is the most efficient way of getting people to be more active every day. There are opportunities to encourage more diverse and 'healthier food' manufacturing in the area, supporting a nutritional and sustainable food plan for the region that would make it nationally and internationally recognised as well as providing food security for the area.

Conclusions

There is overwhelming evidence of financial and operational benefits to having a healthy workforce with lower than average sickness absence levels, greater retention and recruitment of the best candidates. Organisations that tackle workplace health can identify areas for improvement to reduce sickness absence and improve satisfaction of their employees. The national Workplace Wellbeing Charter provides one mechanism of analysing and addressing workplace health in a strategic and systematic way, underpinned by evidence. Finally there is an opportunity to embed workplace health into policy and strategy within organisations and at the regional level in order to reduce health inequalities, invest in all staff, attract the highest quality employees to posts and in doing so, improve the economic prosperity in Leicestershire.

Recommendations

A Leader - Alongside the Corporate Resources Department, Public Health will lead the implementation of the workplace wellbeing strategy within Leicestershire County Council.

A Partner - As a partner to the NHS, we will work with University of Hospitals of Leicester Trust and Leicestershire Partnership Trust on joint approaches to workforce health as part of the LLR response to the NHS 5 Year Forward View.

An Advocate - The Public Health Department will advocate the use of the Workplace Well Being Charter in private sector employers as part of our workplace health programme.

"there is an opportunity to embed workplace health into policy and strategy within organisations"

Improving the economy and improving health by tackling the wider determinants of health

Background

We all know the old adage 'health is wealth'. The vast majority of researchers, though, instead present the reverse argument, that wealth is health. Recent literature, however, reflects changes in the perception of health and longevity such that they are no longer viewed as a by product of economic development but can drive economic development.

Better health does not have to wait for an improved economy. Measures to reduce the burden of disease, to give children healthy childhoods, to increase life expectancy, themselves contribute to creating richer economies.

This chapter outlines how we intend to maintain our focus on wider determinants and take advantage of the opportunity public health has now that it is back 'home' within local authorities.

Creating Healthy Places

Creating healthy places is an essential component of the County Council's focus on prevention. Healthy places can enable people to make healthy choices; promote physical activity and active travel; provide access to green spaces, healthy food and warm homes. In addition creating employment and high quality training opportunities are inextricably linked to physical and mental health and wellbeing.

Social relationships, norms and networks – or the absence of these – have an impact on the development of, and recovery from, health problems such as heart disease. They also affect:

(a) our ability to maintain independence

(b) our resilience

(c) whether we take up and maintain unhealthy behaviours such as smoking.

The Economy and Health

The Leicester and Leicestershire Enterprise Partnership (LLEP), which is made up of both public sector and business representatives, has a key role in economic development which has included the development of the Strategic Economic Plan (2014-20) which provides the framework for achieving the economic vision of the city and county. The plan forms the basis of a short and medium-term prioritisation of investment including Local Growth Fund, European Structural and Investment Funds and Growing Places Fund. The Strategic Economic Plan is being reviewed in 2016, ensuring that it reflects recent changes in the global, national and local economy.

In support of the LLEP's Strategic Economic Plan and the County Council's Strategic Plan 2014-18, the Council has produced a three year Enabling Growth Plan which sets out how it will contribute towards the overarching economic vision and priorities for Leicester and Leicestershire, setting out what the Council will do, and what it will invest in, to improve the economic prosperity of the county and the economic wellbeing of communities, residents and workers.

The Council is currently developing an Infrastructure Plan, which will establish a more strategic approach to infrastructure planning across its service departments by prioritising capital investment to support Leicestershire's economic growth priorities."

The Planning and Infrastructure Members Advisory Group oversees strategic land use planning work in Leicester and Leicestershire and acts as a vehicle for Local Planning Authorities to work collaboratively when preparing a development plan document such as a Local Plan. Its membership consists of representatives from all nine local authorities in Leicester and Leicestershire.

"The Council is currently developing an Infrastructure Plan, which will establish a more strategic approach to infrastructure planning across its service departments"

The proposed development of a Combined Authority for Leicester and Leicestershire will bring more formal governance arrangements to issues of economic development and regeneration, as well as transport by creating a clear and effective platform for accelerating economic prosperity in Leicester and Leicestershire through the creation of integrated, strategic frameworks to enable the delivery of investment plans for planning, transport and skills.

Housing and Health

The Housing Services Partnership's primary objective is for existing homes and housing related services to be improved to meet better the needs of the people of Leicestershire. Board members will be familiar with the progress made on maximising the health gain from housing, through initiatives such as Lightbulb. It also has a role in ensuring that impact on and from housing provision on other strategic outcomes is adequately considered.

Safer Communities

The Safer Communities Strategy Board is made up of the chairs of each of the six Community Safety Partnerships and their officers, the County Council and representatives from the CCG, Public Health, Police, National Probation Service, Community rehabilitation Company. A forward plan of meetings is in place for 2016/17 that sets out the reports going to each of the Boards quarterly meetings. There is a Safer Communities Performance dashboard in place that sets out the performance against each of the priority areas for the Board. The Safer Communities Strategy Board has strong links with the Strategic Partnership Board, chaired by the Police and Crime Commissioner. The Strategic Partnership Board's priorities for 2016/17 include Child Sexual Exploitation, Domestic Abuse and Sexual violence, supporting the most vulnerable and tackling hate.

It is proposed that the Health and Wellbeing Board receives regular, targeted updates from the above groups which will ensure board members gain and maintain a level of understanding about current work in progress across the range of these matters and, crucially their strategic alignment with, and contribution to, place based strategies including Leicestershire's Joint Health and Wellbeing strategy and the STP covering the LLR-wide footprint. The purpose of bringing these matters to the board is therefore to challenge Board Members to:

- leverage the strategic opportunities that arise from these developments across partners;
- take a cross cutting approach to achieving health and wellbeing outcomes;
- seek the added value (both to the Leicestershire citizen and the Leicestershire pound) by maximising the health and wellbeing benefits that can be realised;
- jointly promote prevention and demand management through our joint health and wellbeing strategy and other related strategies and policies.

Health in all Policies

To support the Board in focusing on its impact on the wider determinants of health and wellbeing and measuring this impact, the Health and Wellbeing Board will ake use of an existing tool and systematic approach called "health in all policies" (HIAP), which builds on the application of Health Impact Assessment (HIA). HIA is a systematic and objective way of assessing both the potential positive and negative impacts of a proposal on health and wellbeing and suggests ways in which opportunities for health gain can be maximised and risks to health and wellbeing assessed and minimised. HIA looks at health in its broadest sense, using the wider determinants of health as a framework. HIA highlights the uneven way in which health impacts may be distributed across a population and seeks to address existing health inequalities and inequities as well as avoid the creation of new ones. HIA is a tool to implement a Health in all Polices (HIAP) approach.

HIAP describes a collaborative approach which emphasises the connections and interactions which work in both directions between

health and policies from other sectors. Central to HIAP is the concept of addressing the social determinants of health.

During 2015/16 the Public Health Department undertook a number of HIAs in order to pilot an approach to HIA/HIAP across Leicestershire focusing on healthy places. Examples of the pilot approach to HIAP are set out below:-

Lubbesthorpe

A desk based HIA of the for a proposed major development in Blaby District for over 10,000 people with a variety of homes, schools, shops, places to work, community facilities and parks and natural green spaces was undertaken with support from the New Lubbesthorpe Delivery Group and Blaby District Council. Key evidence based recommendations were made covering:

- road safety and active travel;
- street scene development;
- sustainability of residential units including community energy; and
- use of buildings and land for community develop projects.

The recommendations are being considered by the Lubbesthorpe Executive Board for inclusion into the final plans.

Melton Borough Council Local Plan

The emerging Options (draft plan) provided an opportunity to undertake a HIA. The Local Plan includes the development of at least 6,125 homes and 51 hectares of employment land between 2011-2036. The focus for the HIA was on two new large scale sustainable neighbourhoods – 'Melton North' and 'Melton South' urban extensions.

"The Local Plan includes the development of at least 6,125 homes and 51 hectares of employment land between 2011-2036."

The HIA included policy analysis, literature/evidence review, analysis of health needs and inequalities, and a stakeholder engagement event with members of the Local Plan reference group. Recommendations cover a number of policy areas including:

- minimising the disruption, anxiety and uncertainty – especially during construction phases;
- fostering and enabling community cohesion and social networks
- provision of sufficient and appropriate housing types,
- provision of allotments, community gardens and school gardens,
- accessibility and affordability of sports facilities;
- prioritising active transport and including 20mph zones.

The recommendations will now be considered alongside all other formal consultation responses in the development of the final plan.

North West Leicestershire Housing Strategy 2016 - 2021

This desk based/ rapid HIA also included community engagement as well as evidence appraisal, community profiles gaps analysis and recommendations. The latter covered:

- Supply – holistic delivery of housing; lifetime homes; Training skills and employment.
- Standards – affordable warmth; focus on private rented sector; build for life
- Support – energy advice; homelessness; community development and social networks.

As well as the opportunity to use HIA/HIAP for major strategies, plans and developments, this approach can also be used to enhance major procurements through applying these principles to social value policies. During 2016/17 Public Health will continue this approach in order to determine the most effective use of resources to maximise the impact of HIAP.

Recommendations

A Leader – We build HIAP into the LCC Social Value Policy and ensure a systematic approach to maximise health benefits and mitigate health harms in all major LCC procurements.

A Partner - We will work with Hinckley and Bosworth DC and the Design Council to maximise active transport and physical activity into the development of 800 new home development.

A Partner - We will bring a HIAP lens to the development of the 6 Cs Transport Strategy – 'Delivering Streets and Places 2016'.

An Advocate – We will ensure the Health and Wellbeing Strategy 2016 acknowledges and supports the role of HIAP to support improvement of the factors that affect people's health and wellbeing focussing on housing, education, employment and the wider environment.

An Advocate – We will support the prioritisation and inclusion of health improvement into the LCC Infrastructure Plan 2016.

Feedback from recommendations 2015

A Leader – The council should lead on programmes of work and support initiatives that increase place and asset-based community led interventions. The council should do this by providing opportunities for community capacity building through the allocation of grants, by including community-based approaches in service commissioning and by disseminating and sharing of good practice.

Tier 0 (Community Capacity Building approaches) is an integral part of the operating model for prevention as set out in the Early Help and Prevention Review and Strategy, considered and approved by Cabinet in June 2016.

The work of the Unified Prevention Board (a part of the Better Care Fund Plan for Leicestershire), co-chaired by the Director of Public Health and District Chief Executive lead for health, puts community-based approaches to service commissioning at its heart. This includes the provision of Local Area Coordinators in pilot parts of Leicestershire.

Our SHIRE Community Grants help to deliver the Communities Strategy through funding community projects. During 2015/16, 25 'large grants' of up to £10,000 were awarded, along with 83 'small grants' up to £2,500. The grants helped a range of voluntary organisations to deliver support for vulnerable and disadvantaged people, including vulnerable young people, adults with disabilities, and communities facing a range of challenges such as unemployment and mental health issues.

A Partner - District and borough councils in Leicestershire deliver a wide range services that can improve and protect residents health and wellbeing such as, leisure, housing, planning and environmental health. The Public Health Department should work in partnership with district and borough councils to use a community participatory approach to assess the health impact of their services and policies to enable them to promote the positive impacts and mitigate the negative impacts.

Public Health have supported districts in the application of Health Impact Assessment and Health in All Policies in North West Leicestershire, Melton and in connection with the Lubbesthorpe. In Melton in particular this has involved community involvement in assessing health impacts.

An Advocate – The Public Health Department should continue to advocate that health is integral to all of the council's policies. It should also develop robust community engagement that will feed into a Social Value Framework, which will subsequently apply to all higher value procurements across the authority. This will ensure all major procurements take into account community views and knowledge to improve and protect health and wellbeing.

Work continues on a draft social value framework for the County Council working closely with colleagues in the Commissioning Support Unit.

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