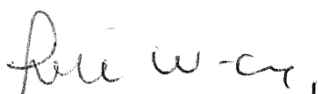


Date of issue: Tuesday, 12 November 2019

<b>MEETING:</b>	<b>HEALTH SCRUTINY PANEL</b> (Councillors A Sandhu (Chair), Smith (Vice Chair), Ali, Begum, Gahir, N Holledge, Mohammad, Qaseem and Rasib)
	<b>NON-VOTING CO-OPTED MEMBERS</b> Slough Healthwatch Representative – Colin Pill Buckinghamshire Health and Adult Social Care Select Committee Representative - vacancy
<b>DATE AND TIME:</b>	WEDNESDAY, 20TH NOVEMBER, 2019 AT 6.30 PM
<b>VENUE:</b>	COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EL
<b>DEMOCRATIC SERVICES OFFICER:</b> (for all enquiries)	JANINE JENKINSON 01753 875018

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



**JOSIE WRAGG**  
Chief Executive

AGENDA

PART I

<u>AGENDA</u> <u>ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
<b>APOLOGIES FOR ABSENCE</b>			
<b>CONSTITUTIONAL MATTERS</b>			
1.	Declarations of Interest	-	-



**AGENDA**  
**ITEM**

**REPORT TITLE**

**PAGE**

**WARD**

*All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 4 paragraph 4.6 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.*

- |    |   |       |   |
|----|---|-------|---|
| 2. | Minutes of the Last Meeting held on 15th October 2019 | 1 - 6 | - |
|----|---|-------|---|

**SCRUTINY ISSUES**

- |    |                  |   |   |
|----|------------------|---|---|
| 3. | Member Questions | - | - |
|----|------------------|---|---|

*(An opportunity for Panel Members to ask questions of the relevant Director/ Assistant Director, relating to pertinent, topical issues affecting their Directorate – maximum of 10 minutes allocated).*

- |    |   |         |     |
|----|---|---------|-----|
| 4. | Frimley Health and Care System Winter Planning 2019/20                        | 7 - 24  | All |
| 5. | Annual Director of Public Health Report 2019 Berkshire - A Good Place to Work | 25 - 68 | All |

**ITEMS FOR INFORMATION**

- |    |  |         |     |
|----|--|---------|-----|
| 6. | Disability Task and Finish Group Implementation Update | 69 - 78 | All |
| 7. | Health Scrutiny Panel - Work Programme 2019/20         | 79 - 82 | All |
| 8. | Members' Attendance Record                             | 83 - 84 | -   |
| 9. | Date of Next Meeting - 16th January 2020               | -       | -   |

**Press and Public**

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Please contact the Democratic Services Officer shown above for further details.

The Council allows the filming, recording and photographing at its meetings that are open to the public. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings. Anyone proposing to film, record or take photographs of a meeting is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.



**Health Scrutiny Panel – Meeting held on Tuesday, 15th October, 2019.**

**Present:-** Councillors A Sandhu (Chair), Smith (Vice-Chair), Ali, Begum, Gahir, N Holledge, Mohammad, Qaseem and Rasib

Non-Voting Co-optee – Colin Pill, Chair of the Healthwatch Slough Board

**Also present under Rule 30:-** Councillor Strutton

**Apologies for Absence:-** None.

**PART I**

**21. Declarations of Interest**

Councillor Gahir declared that he had previously been a Trust member of Wexham Park Hospital before he was elected as a councillor. He remained in the Council Chamber throughout the meeting.

**22. Minutes of the Last Meeting held on 10th September 2019**

**Resolved** – That the minutes of the meeting held on 10<sup>th</sup> September 2019, be approved as a correct record.

**23. Member Questions**

None had been received.

**24. Health Issues by Ward: Updating the Ward Health Profiles Through a New Data Observatory and Website for Public Health Slough**

Members were provided with an overview of how ward health profiles were being updated through the development of a new Public Health Data Observatory and Public Health website.

Historically, the Public Health Team had commissioned 15 ward health profile reviews every two years from the Berkshire Public Health Shared Team. The resultant data represented a ‘snapshot in time’ and stakeholders had expressed frustration regarding the time lag.

The development of the Slough Public Health Data Observatory provided an opportunity to present public health data in a user-friendly format. The data would be automatically updated and published; therefore assuring users that they had the latest data available. Slough Data Observatory would contribute to a library of resources available for decision makers and residents, enabling them to make informed decisions either at an organisational or personal level. The creation of the Public Health website was a key platform for sharing the information.

## Health Scrutiny Panel - 15.10.19

The Chair thanked Dr Liz Brutus, Service Lead Public Health for the report and invited Members to comment and ask questions.

Members had a wide-ranging discussion, during which the following points were raised:

- The development of the Data Observatory was enthusiastically supported by the Panel.
- Members felt the Observatory was an excellent toolkit for policy makers and residents. The availability of timely data would allow officers to target specific health issues by tailoring the provision of services offered to residents.
- The Public Health website would provide residents with data that could be used to improve their own health and to lobby the Council for services to improve the health of their communities.
- It was noted that the website would be 'user-friendly' and would have a language translation option available for the six most commonly spoken languages in Slough.
- Voluntary sector organisations would be able to utilise the data and there could be opportunities to 'up-skill' volunteers to enable them to make the best use of the information available.
- A Member queried how the data could be used to provide reassurance to residents. In response, the Panel was advised that the first stage in the process was to gather reliable data; the next stage would be to consider how the Council could use the information to commission services. Better quality data would highlight health issue 'hotspots'. The Data Observatory and the website would be widely publicised through the Council's Citizen newspaper, Twitter and Facebook. In addition, the information would be promoted through organisations such as Healthwatch, Slough Council for Voluntary Service and the Clinical Commissioning Group.
- A Member asked how the information would be communicated to residents who could not read English. In reply, the Panel was advised that alternative methods of communication were being considered and video/YouTube would be explored. It was agreed that promoting the Data Observatory and website via screens in GP waiting rooms would reach a wide cross section of residents. As a means of reaching all residents, it was suggested that an information leaflet be included with all Council Tax bills.

The Chair then invited Councillor Strutton to address the Panel under Rule 30.

Councillor Strutton welcomed the development of the Public Health Data Observatory and website. He noted that the availability of timely information would enable different Council departments to work collaboratively to tackle

## **Health Scrutiny Panel - 15.10.19**

issues. For example, the detrimental impact that poor quality housing had on residents' health. He said the data could be used by officers to action preventative measures to combat ill health in the Borough.

The Director of Adults and Communities explained that the Frimley Health and Integrated Care System was working in partnership with the local population to target those residents most in need of support. Through a focus on individuals, as opposed to organisational structures, there was increased priority placed on prevention and proactive care rather than reactive treatment. He noted that there were limitations to the services that could be provided given the financial constraints. The Panel was informed that the Slough Wellbeing Board (SWB) had recently considered local health issues as part of a review of its priorities.

The Panel welcomed the report and requested that a link to the Public Health website be circulated to Members as soon as the site was live.

### **Resolved –**

- (a) That the report and presentation be noted.
- (b) That an update report be provided to the Health Scrutiny Panel on 16th January 2020, to demonstrate the Public Health Data Observatory in practice, and present the up-to-date Ward Health and new Ward analyses from the Health Beliefs Research project.
- (c) That a link to the new Public Health website be circulated to Health Scrutiny Panel Members, by the Service Lead Public Health as soon as the site was live.

## **25. Health Beliefs and Physical Activity Research**

Dr Liz Brutus, Service Lead Public Health provided the Panel with an update on the Health Beliefs and Physical Activity research project.

The aim of the project was to provide an evidence base to inform the Council's approach to supporting and engaging with local residents. In particular, the project would support the following Joint Wellbeing Strategy priorities: increasing life expectancy by focusing on inequalities; and improving mental health and wellbeing.

The project had involved an in-depth, community led research project to engage Slough residents in a local conversation on health, primarily focussing on what residents believed they could do to keep physically and mentally well and to prevent poor health. The project had explored residents' health beliefs, health literacy and behavioural insights. In addition, the project had sought to ascertain a picture of residents prevailing rates of inactivity by exploring behaviour and attitude towards undertaking regular physical activity.

## Health Scrutiny Panel - 15.10.19

The project had been delivered in two phases. The first phase, which had taken place between February and June 2019 was a qualitative phase, and had comprised of a borough wide stakeholder workshop, six 'chatabout' and two focus group sessions. This element of the project had utilised the COM-B behaviour change model (Capability, Opportunity and Motivation = behaviour). The COM-B model assisted in identifying triggers and motivations to improve health literacy. The qualitative research stage had shown that residents had a broad capability to lead healthy and active lifestyles, but opportunity and motivation needed to be focussed on.

The second phase of the project was quantitative and had been undertaken between 24 July and 28 August 2019. This phase had involved a statistically representative cohort of residents, selected by random sampling, being asked to complete a survey. Quotas had been set to ensure representation for key population groups of gender, age and ethnicity. The 20 minute survey had been undertaken with 1,605 residents. The findings from the survey would be used to prioritise the actions needed with the relevant sections of the population.

Over the coming months, work would be undertaken with departments across the Council, and partners in Slough to ensure that the learnings of the project were embedded within the work programmes, and were used to inform strategies and develop service specifications.

The Chair then invited Members to comment and ask questions.

Members had a wide-ranging discussion, during which the following points were raised:

- The Panel welcomed the report and commended the project.
- A Member asked if there was any regional or national comparator information available. It was advised that Slough was unique and this type of research had not been undertaken by other local authorities.
- A Member queried how the information could be used to dispel misconceptions in relation to immunisations. In response, the Panel was informed that a working group involving the voluntary sector and Clinical Commissioning Group representatives had been considering how communications to residents could be used to address concerns regarding immunisations.
- Concerns were raised that 44% of residents had not used any Slough leisure facilities, and 37% of those cited time as a reason. Time was cited as the most common barrier along with cost. 32% of residents wished to see free gym and leisure provision, and 30% of respondents had indicated that pricing should be lowered.
- The Panel was informed that the Council's Leisure Strategy aimed to increase awareness of the facilities available and promote usage. The Director of Adults and Communities agreed to circulate a copy of the

## Health Scrutiny Panel - 15.10.19

Council's Leisure Strategy to Panel Members. It was noted that a report setting out the proposed leisure fees and charges would be presented to the Panel at the January 2020 meeting, before being considered by Cabinet. It was explained that the contract with Everyone Active included an income target to offset the cost of the refurbishment. Therefore, fees and charges would increase.

- Concern was raised that 51% of residents claimed to be unaware of the Council's Active Slough programme. The Director of Adults and Communities recognised the need to promote the programme through a variety of channels.
- Members noted the provision of free activities, including the free outdoor Green Gyms.
- Referring to the findings of the qualitative research, a Member noted that good oral health was not consciously linked to leading a healthy lifestyle. In response, the Panel was advised that oral health was a national issue. The Council was undertaking work with Early Years, and vulnerable groups, including people with mental health issues and older people. It was highlighted that the cost of treatment was often a barrier that prevented people visiting a dentist.
- A Member noted the average Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) scores by ward, set out on page 87 of the report. The higher the score, the better the mental well-being. Foxborough and Elliman wards had the highest average, whereas Haymill, Lynch Hill and Upton wards had the lowest. The SWEMWBS scores for differing sub-groups of the sample were small; however, those people who were not working had a significantly lower average score than those who were. Significant factors determining well-being related to levels of deprivation and community support.
- A Member asked what measures the Council was taking to motivate people to use the leisure facilities. The Service Lead Public Health explained that one of the key barriers preventing people from using the leisure facilities was the perception that gyms were for 'beautiful people'. To tackle this perception, a promotional campaign depicting imagines of 'every day' people using gyms was being rolled out. Members were encouraged to promote the use of the Council's Green Gyms and leisure facilities to residents in their wards.

The Chair invited Councillor Strutton to address the Panel under Rule 30.

Councillor Strutton reiterated the importance of Members 'leading by example' and promoting the use of the available leisure facilities. He highlighted the free activities residents could be encouraged to participate in, such as gardening and walking. He noted that historically GPs had referred patients

## **Health Scrutiny Panel - 15.10.19**

to 'exercise by prescription' and this initiative was being relaunched in some areas.

On behalf of the Panel, the Chair thanked Dr Liz Brutus, Service Lead Public Health for the report.

### **Resolved –**

- (a) That the report be noted.
- (b) That the Director of Adults and Communities be requested to circulate a copy of the Council's Leisure Strategy to Panel Members.

## **26. Health Scrutiny Panel - 2019-20 Work Programme**

The Policy and Insight Manager noted that the 'Mental Health Update' had erroneously been listed for both the 20<sup>th</sup> November 2019 and 16<sup>th</sup> January 2020 meetings. It was agreed that this item would be presented to the 20<sup>th</sup> November 2019 meeting and therefore, should be deleted from the list of items for 16<sup>th</sup> January 2020.

Councillor Smith noted that the Council produced an annual Air Quality report and suggested that the Health Scrutiny Panel consider how air quality impacted on the health of Slough residents.

### **Resolved –**

- (a) That the Forward Work Programme be amended, as set out above.
- (b) That a report regarding Air Quality and the impact on Slough residents' health be added to the list of scheduled items for the 16th January 2020 meeting.

## **27. Members' Attendance Record**

**Resolved –** That the details of the Members' Attendance Record be noted.

## **28. Date of Next Meeting - 20th November 2019**

**Resolved –** The date of the next meeting was confirmed as 20<sup>th</sup> November 2019.

Chair

(Note: The meeting opened at 6.30 pm and closed at 8.15 pm)



**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel

**DATE:** 20<sup>th</sup> November 2019

**CONTACT OFFICER:** Rachel Wakefield and Ben Cox – East Berkshire CCG

**WARD(S):** All

**PART I**  
**FOR CONSIDERATION AND COMMENT**

**FRIMLEY HEALTH AND CARE SYSTEM WINTER PLANNING 2019/20**1. **Purpose of Report**

To provide information on the winter planning arrangements for the Frimley Health and Care system, which include details of system planning, implementation arrangements, governance and resilience arrangements during 2019/20.

2. **Recommendation(s)/Proposed Action**

The Panel is requested to note the presentation and system plans and comment as appropriate.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**3a **Slough Joint Wellbeing Strategy Priorities**

The plan links to and addresses the following Slough Joint Wellbeing Strategy 2016 – 2020 (SJWS) priorities:

- 1) Protecting vulnerable children
- 2) Increasing life expectancy by focussing on inequalities
- 3) Improving mental health and wellbeing

3b. **Five Year Plan Outcomes**

These plans will support the following Five Year Plan outcomes:

- Slough children will grow up to be happy, healthy and successful
- Our people will be healthier and manage their own care needs

4. **Other Implications**(a) **Financial**

There are no financial implications of proposed action.

## Risk Management

The risks are reviewed and managed across the Frimley ICS.

### (b) Human Rights Act and Other Legal Implications

There are no Human Rights Act Implications.

### (c) Equalities Impact Assessment

The CCG already assesses these matters as part of current service provision.

### (d) Workforce

The plans are supported by additional workforce requirements during the winter period.

## 5. **Summary**

To receive the information on the Winter Planning arrangements for the Frimley ICS.

## 6. **Supporting Information**

- 6.1 The anticipated Winter challenges are no surprise to Systems every year, however, each year the Frimley ICS System have built upon the excellent work carried out as part of the Urgent and Emergency Care Delivery Plan during the year in order to ensure all System Partners are in a state of readiness for meeting the varied challenges over the Winter period.
- 6.2 In addition to the National Directives shared with Systems during the year around Winter Preparation, the lessons learnt from the previous year is incorporated within the forthcoming Plan and any current associated Plans such as the Surge and Escalation Protocol are reviewed in order to provide a robust Winter Planning Framework.

## 7. **Appendix**

'A' - Presentation on Winter Plans 2019–20 for Slough

## 8. **Background Papers**

Frimley ICS Winter Resilience Plan 19/20 which includes the following:

- "Countdown to Winter" Plan – 14<sup>th</sup> October 2019 – 30<sup>th</sup> November 2019
- "Home for Christmas" Plan – 1<sup>st</sup> December 2019 – 5<sup>th</sup> January 2020
- East Berkshire & Frimley ICS Comms & Engagement Plans
- Frimley North & South Surge & Escalation Protocols
- Frimley North & South Flu Plans



# *SLOUGH*

## Winter Plans 19/20

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Ben Cox

East Berkshire CCG – Winter Lead



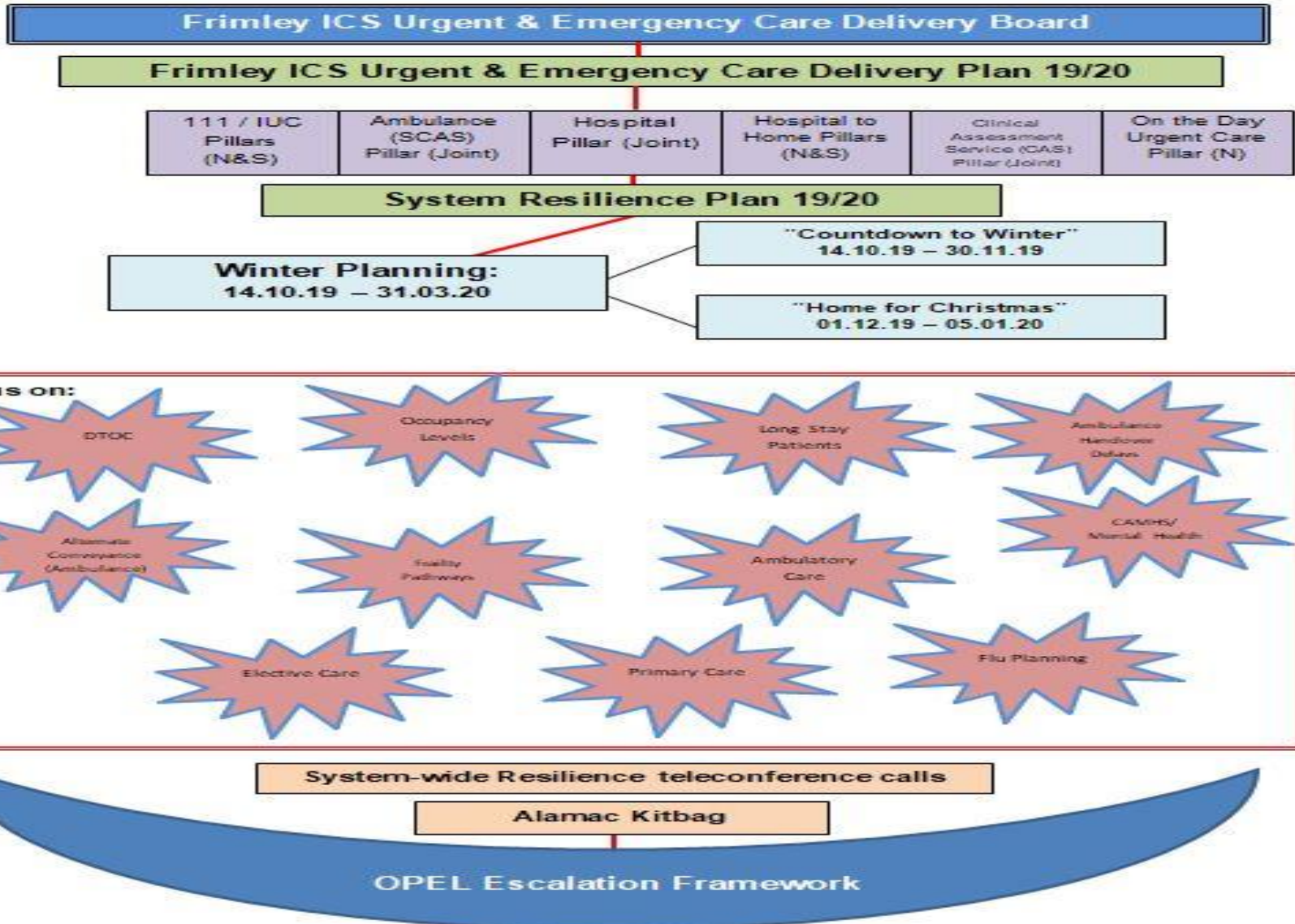


## Key Objectives

- To ensure that the Frimley Health integrated health and care system:
  - Is **RESILIENT** throughout the Winter period - providing safe, effective and sustainable care for the local population
  - Has sufficient **CAPACITY** available to meet likely demands over Winter
  - Is able to deliver quality **CARE** for patients in the most appropriate setting
  - Is able to **ACHIEVE** national and local access targets and trajectories across the system
  - Is compliant with Winter planning, national guidance and also includes the **PILLARS OF URGENT & EMERGENCY CARE**
  - Has learnt from previous Winters locally and from other systems and applied **BEST PRACTICE** to service delivery to ensure safe and effective patient flow
  - Promotes **PREVENTION** and supports **SELF-CARE** – encouraging residents to prepare for Winter and cold weather
  - To raise **AWARENESS** amongst the public of the most suitable place to go for different levels of care
  - Is aligned with **EU EXIT** arrangements and reporting, as necessary



# System Planning & Resilience





# Supporting the Delivery of Elective and Emergency Care – Our Focus

Areas of focus:
• Trust Demand and Capacity Plans
• Flexibility of Clinical Workforce
• Reducing the number of long-stay patients in Hospital
• Reduce the number of beds occupied by long-stay patients by 25%
• Agree enhanced Winter support from local Social Services
• Community Providers bed base
• Triaging patients away from the A&E Department and admitted pathways
• Minimise Ambulance Handover delays
• Healthcare worker & eligible patients flu vaccination
• Primary Care & GP Out of Hours
• Mental Health – ensuring services can respond quickly and comprehensively



## Learnings from 2018/19

- System Partners are keen to build on Winter schemes and pilots implemented in 2018/19, embedding them as business as usual. In particular, it has been identified that where recruitment is required in any future schemes, this must be started early and if necessary, at risk.
- All System Partners were in agreement that Winter Planning is now almost business as usual and should infact be a matter of seasonal planning. It is acknowledged that the Frimley System will still need to demonstrate that Winter and Escalation Plans are embedded and functional, utilising additional schemes and funding astutely.
- There are a number of individual recommendations and lessons identified from the Frimley ICS Urgent and Emergency Care Delivery Board – Winter Review meeting held on 16<sup>th</sup> May 2019. These recommendations and lessons were considered when developing the 2019/20 Winter Plan (**see next slide**):



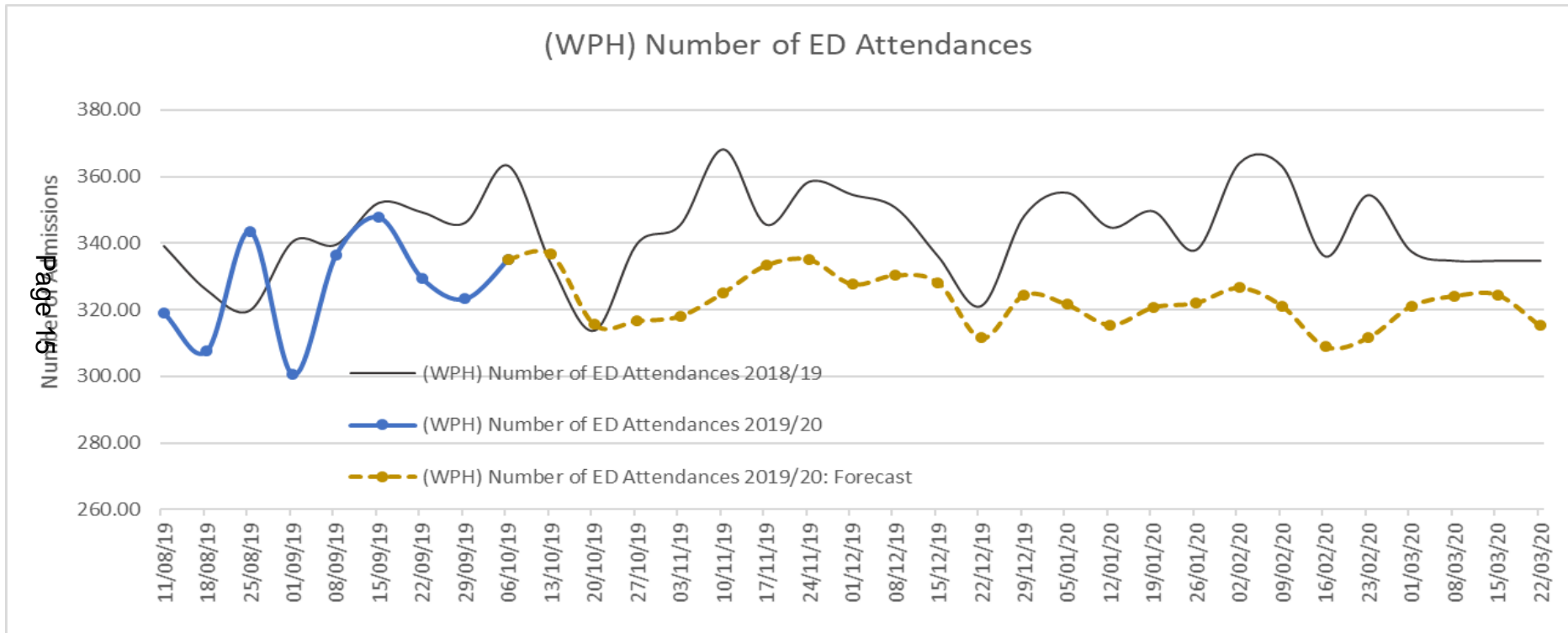
## Learnings from 2018/19

- Review and provide robust assurance over staff annual leave planning for all organisations across the System
- Improve Public Communication Plan throughout Winter 2019/20 – right care, right place, right time – including access to 111 services
- Promotion of 111 services (online & telephone) within ED's and GP surgeries
- Review 7 day and weekend working across the Frimley System
- Focus Group to explore and improve Non-Emergency Ambulance Patient Transport (including at weekends)
- Improve Brokerage Team(s) response
- 7-day Care Home admissions, including Bank Holiday's
- Children's Urgent Care – paediatric pathways to be reviewed and plans for how the community will support
- MiDoS implementation – planning for pre-Christmas
- Winter Table-Top Exercise – to test System planning (scheduled for November 2019)





# Wexham Park Hospital – ED Forecasting (Attendances)

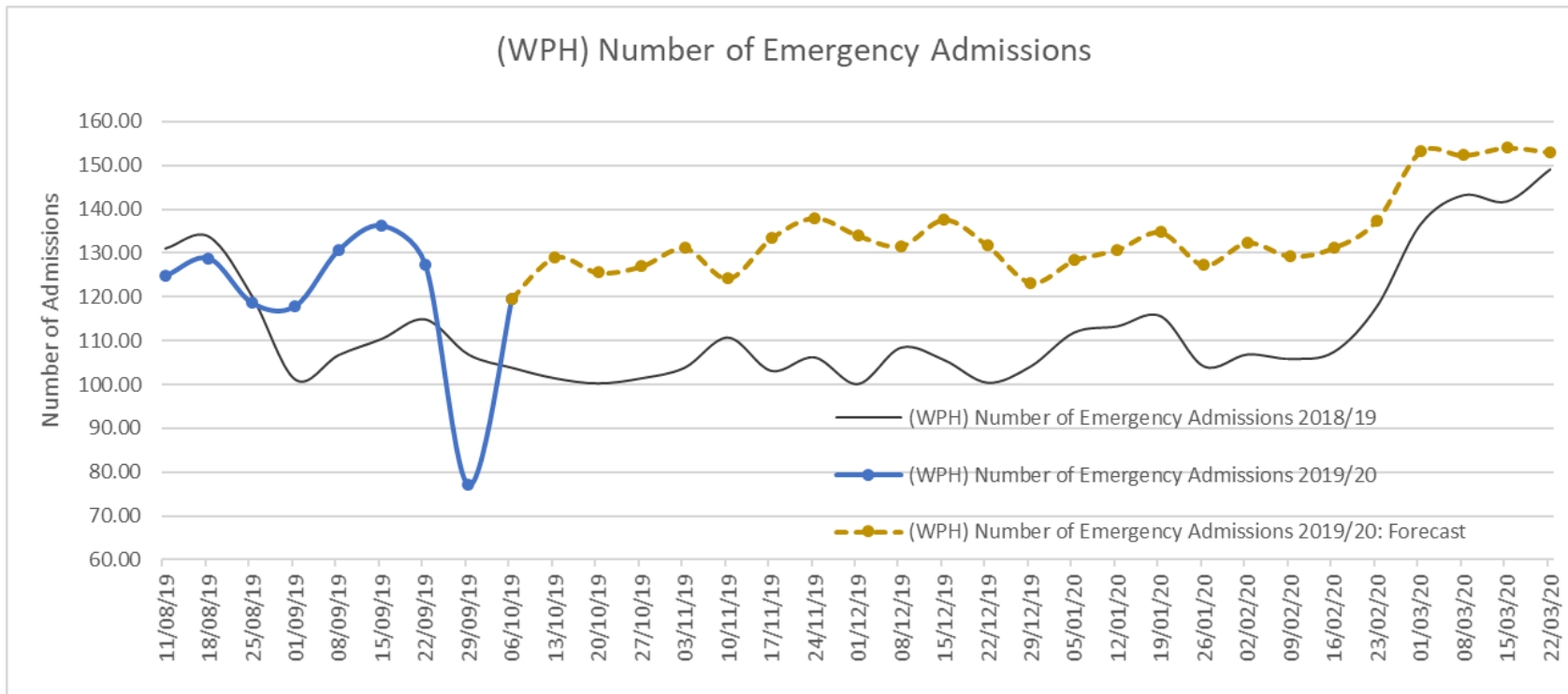


## WPH Attendances – Year on Year

Wexham Park Hospital is predicted to see a decrease in the number of ED attendances during Winter 2019/20. With an average attendance of 322 patients per day compared to 346 patients per day during Winter 18/19. However, the pattern of attendances is predicted to follow the normal variation experienced in previous years



# Wexham Park Hospital – ED Forecasting (Admissions)



## WPH Emergency Admissions – Year on Year

Wexham Park Hospital is predicted to see an increase in the number of ED admissions during Winter 2019/20 to an average of 136 patients per day compared to 114 patients per day during Winter 18/19. However, the pattern of admissions is predicted to follow the normal variation experienced in previous years.



# Winter 2019/20 Local Comms Materials

## Feeling unwell?

Know where to go



East Berkshire  
Clinical Commissioning Group

**HELP US  
HELP YOU**

KNOW WHAT TO DO



### Care at home

Be prepared to care for yourself with medicines at hand and plenty of rest

- cough or cold
- upset stomach
- pain or headache
- cuts and grazes
- sore throat (but if for two weeks or more contact your GP)

For health advice, visit [www.nhs.uk](http://www.nhs.uk)



### Pharmacist

Ask for advice on ailments, medicines and healthier living

- queries about medication dosage, type or suitability plus urgent requests or if related to hospital discharge
- repeat prescription
- sore eyes (but if persists go to optician)
- runny nose
- diarrhoea
- bite or sting



### Call NHS 111 or go online at [111.nhs.uk](http://111.nhs.uk)

When the situation is not life-threatening

- if you think you need to go to hospital
- if you don't know the most suitable place to go or call
- if you don't have a GP to call or if your GP practice is closed
- if you need advice or reassurance about what to do

Available 24 hours a day, every day



### GP practice

Use patient access online or make an appointment if an illness or injury won't go away

- repeat prescription such as for back ache, the pill, etc
- urgent skin problem such as a rash that is spreading
- ear pain
- back ache

Additional evenings and weekend appointments bookable through your GP Practice



### Same day urgent care

Visit for

- minor injuries such as sprains and suspected broken bones
- illness when your GP practice is unavailable

Locally, you can be seen in Maidenhead SL6 6DU Slough SL1 2BJ Bracknell RG12 9RT

See [www.nhs.uk](http://www.nhs.uk) for x-ray availability and opening times



### Emergency department or call 999

Only for very serious or life-threatening situations

If you are unsure, call NHS 111 or go on-line at [111.nhs.uk](http://111.nhs.uk)



### Mental health

Aged between 11 -19 years old?

Visit [KOOH.com](http://KOOH.com) for free, anonymous and confidential online counselling and emotional well-being support service.

If you are over 18 and need urgent support call NHS 111 who will direct you accordingly.

Call 0300 365 2000 to make a self-referral to Talking therapies.

Call the Common Point of Entry on 0300 365 0300 if your concern is more urgent.

If you need someone to talk to, call the Samaritans free on 116 123 (24 hours a day, 365 days a year).

In an emergency, or if someone is in immediate danger, call 999 straight away.

Average cost to NHS

... of being seen

£15

... of a call

£16

... of being seen

£36

... of being seen

£37

... of being seen

£111

... of an ambulance

£235

Register your mobile for the 999 SMS service by texting 'Register' to 999.

Visit [www.interpreternow.co.uk/nhs111](http://www.interpreternow.co.uk/nhs111) to access NHS 111 with a British Sign Language interpreter

take a photo and save on your phone





# Local implementation of the National Comms Campaign

Page 18

	October 2019	November 2019	December 2019	January 2020
Additional local messages and activities - above the national and ICS level messages which will also be shared	<ul style="list-style-type: none"> <li>- working with schools re self-care, flu and where to go when unwell</li> <li>- planning with practice managers for primary care support</li> </ul>	<ul style="list-style-type: none"> <li>- Working with schools re self-care, flu and where to go when unwell</li> <li>- Signposting to range of NHS services.</li> <li>- Self care week 18-24 November</li> <li>- Internal comms with GP practice reception staff re signposting.</li> <li>- Norovirus and other public health msgs</li> <li>-Top 5 illnesses</li> </ul>	<ul style="list-style-type: none"> <li>- Working with schools re self-care, flu and where to go when unwell</li> <li>- GP and pharmacy opening hours.</li> <li>- Order repeat prescriptions.</li> <li>- Options over Christmas</li> <li>- Signposting posters in A&amp;E and on GP TV screens</li> <li>- 12 days of Christmas</li> </ul>	<ul style="list-style-type: none"> <li>- What to do if you have been unwell – signposting.</li> <li>- Pharmacy and GP opening times.</li> <li>- Cold weather msgs</li> </ul>

East Berkshire focus: children and changing parent and caregiver behaviour



## Specific Winter Actions 2019/20 – **FRIMLEY NORTH SYSTEM**

- Discharge to Assess – funding and supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment out of hospital. Patients can then be assessed for their longer-term needs in the right place
- Additional capacity at WPH - including plan to open 28 beds on Ward 17 – as of 27th December 2019
- Adult Integrated Respiratory (AIR) Service – 2 x Nurses at WPH from 08:00 to 16:00 (Mon-Fri) and 08:00 to 12:00 (Sat) – as part of capacity planning
- SCAS has an Urgent Care Pathways project into Wexham Park Hospital commencing on 30th September 2019. Ambulatory care and elderly patients – Ambulance Crews will convey patients straight to assessment beds avoiding ED with the patients being managed by frailty team/medicine on call
- MiDoS – The role out is anticipated to commence early November 2019, an enhanced version of the DOS anticipated to reduce Ambulance Conveyance
- 111 Direct Booking into Primary Care – SCAS are now technically enabled (using GP Connect) and have rolled out in 37 other surgeries across the South. GP Connect allows 111 providers to book appointments into GP Practices and to view the patient record. Plan to have East Berkshire Practices enabled by March 2020
- Mental Health Vehicles Response – deployment of three dedicated mental health response vehicles with specially trained staff to safely and appropriately convey mental health patients rather than using front line paramedic ambulances.
- 111 Online – established in East Berkshire, including a call-back from Out of Hours, if clinically appropriate
- DoS mapping (to reduce inappropriate referrals to services):
  - Bracknell UCC, St Marks UCC and Slough Walk-in Centre have all been promoted and ranked highest for East Berkshire based 111 callers
  - Reduced mileage-search radius adopted – this has helped prevent 111 patients having services listed which are more than approx. 10 to 14 miles away
- Additional capacity in Primary Care – it is planned that a maximum of 16,107 additional appointments will be provided across East Berkshire
- GP Out of Hours providing a comprehensive service to support East Berkshire patients, outside the remit of Primary Care in-hours
- Improvement of the uptake of the flu vaccine – both for NHS staff and eligible patients in the community, General Practice and pharmacy settings – dedicated Flu Comms Plan



## Specific Winter Actions 2019/20 – **SLOUGH**

- Additional OT capacity in Slough Social Care team
- Weekend discharges (including Nursing Homes) – to reduce pressure on inpatient beds & patient flow at the start of the week
- Access to Highways beds – these beds (currently a combination of rehab & respite) will change to become Dementia beds, available for use in November 2019 – primarily for Slough residents
- Regular review of High Intensity Users (HIU)
- Hospital Social Work Team Lead to review “hot days” as per Alamac reporting – forecasting and identifying trends
- Extended GP Access:
  - **Slough Locality:** Monday to Friday 6:30pm–8pm / Saturday, Sunday 8am–2pm
- Slough Walk-in Centre now directly bookable from 111
- Pilot schemes to be investigated:
  - Direct booking into Slough Walk-in Centre from Wexham ED
  - Transport for patients from Wexham ED to Slough Walk-in Centre
- Slough Walk-in Centre will be open 08:00-20:00, 7 days a week (including Bank Holidays)



# Initial Risks to the Delivery of Frimley ICS Winter Plan 19/20

Detailed below are the Risks identified by System Partners to the delivery of the Winter Plan 19/20. These will be reviewed and reassessed over the next few months during Winter, at the Frimley ICS Urgent and Emergency Care Delivery Board:

Risk	Mitigating Actions
<p>A greater than forecast increase in demand could severely compromise the Acute Trust, community services or Mental Health capacity to meet demand</p>	<p>System and Partner performance is monitored on a daily basis with Regular System Wide Conference Calls and Targeted PLATIUNM calls to identify surges in patient activity, to escalate and focus Partner activity to cope</p> <p>Additional Acute, Social and Community beds are to be commissioned throughout the Winter period to provide additional capacity</p>
<p>Pressure on Adult Critical Care, Mental Health in-patient and Paediatric High Dependency Capacity across the Network</p>	<p>Commissioning of additional acute beds to allow more step down capacity</p>
<p>Inability of Partners to respond in reasonable timeframes for discharge planning, health care assessments, appropriate alternative care.</p>	<p>Count Down to Winter and Home for Christmas Plans require partners to provide assurance on staffing and resources over periods of expected high pressures</p>
<p>A tendency for a more complex/dependant case mix leading to an increase in Length of Stay and a subsequent reduction in capacity</p>	<p>Delayed patients are monitored and integrated in the acute Trusts.</p> <p>Escalated patients are raised to the CCH System Resilience team to identify the root cause of the delay and safely progress the discharge</p>



# Initial Risks to the Delivery of Frimley ICS Winter Plan 19/20

Risk	Mitigating Actions
Families delaying decisions / choice	Discussed on System Wide Conference calls.
Infectious diseases – throughout the period could affect bed availability	Internal Partner Business Continuity Plans and Infection Control Policies are in place.
Severe weather	<p>Partner Cold Weather Plans and BCPs are in place.</p> <p>System Resilience teams receive MET Office weather warnings to distribute to Partners for action.</p>
Delays in Assessments by Care Homes	<p>Delays are escalated to the CCG and Commissioners</p> <p>Monitored on System Wide Conference Calls</p> <p>Bridging and Interim Beds will be used were safe and appropriate</p>
NHS 111 Demand and Capacity (including automated overflow and national contingency measures)	System Specific Comms plan, NHSE Winter Pressures campaign 19/20. Demand and Capacity profiled against Winter 18/19. Including increased staffing at forecasted peak times
Non – Emergency Patient Transport	Reviewing and use of Voluntary Sector PTS. Use of Family First as patient transport option were appropriate. Ambulance Service provisions are in place for Winter 19/20
Primary Care Capacity	System Specific Comms plan focusing in alternatives to Primary Care such as Pharmacy, and Self Care Focus weeks. GP Extended Access and additional capacity commissioned for Winter 19/20
Care Home Closing	Monitored at a CCG level with discussion and co-ordination of the Placement of patients. Impact across the System would be monitored on System Wide Conference Calls





# The Frimley ICS Pledge

To support the Frimley ICS Winter Plan during Winter 2019/20, Frimley ICS have 6 pledges for all NHS staff to make:



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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel

**DATE:** 20<sup>th</sup> November 2019

**REPORT AUTHOR:** Tessa Lindfield, Strategic Director Public Health for Berkshire

**CONTACT OFFICER:** Dr Liz Brutus - Service Lead Public Health  
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**WARD(S):** All

**PART I**  
**COMMENT AND CONSIDERATION****ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT (2019): BERKSHIRE - A GOOD PLACE TO WORK****1. Purpose of Report**

This paper describes the Annual Director of Public Health Report (2019): Berkshire – A Good Place to Work, which focuses on workplace health and wellbeing.

**2. Recommendations**

The Health Scrutiny Panel is recommended to note the information provided.

**3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan****3a. Slough Joint Wellbeing Strategy Priorities**

The current programme is aimed at supporting local residents to improve their health and wellbeing through improved prevention and early detection as provided through the national immunisation and screening programmes. This work supports two of the Joint Wellbeing Strategy priorities in particular - around increasing life expectancy and improving mental health and wellbeing.

- 1) Protecting vulnerable children
- 2) Increasing life expectancy by focussing on inequalities
- 3) Improving mental health and wellbeing
- 4) Housing

**3b. Five Year Plan Outcomes**

The outcomes where delivery will be enhanced by the paper are primarily around:

- Outcome 2: Our people will be healthier and manage their own care needs
- Outcome 5: Slough will attract, retain and grow businesses and investment to provide jobs and opportunities for our residents.

#### 4. **Other Implications**

##### (a) Financial

There are no immediate financial implications directly resulting from the recommendations of this report and outlined activities are within the current budget and resources.

##### (b) Risk Management

There are no identified risks associated with the proposed actions.

##### (c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications to the content of this report

##### (d) Equalities Impact Assessment

The content of this report does not require an Equalities Impact Assessment.

#### 5. **Supporting Information**

##### **Policy context**

5.1 Every year, the Director of Public Health has a statutory responsibility to produce an Annual Director of Public Health Report (ADPHR). These reports highlight topical health issues affecting local residents.

5.2 The ADPHR aims to inform residents on health issues in their community, to inspire action and guide decision makers' priorities, and ultimately to reduce local health inequalities.

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

5.3 This year's Director of Public Health Report focusses on work and health. This particular topic was selected because of the strong relationship between work and health and the opportunity in workplaces to take action to improve health and wellbeing.

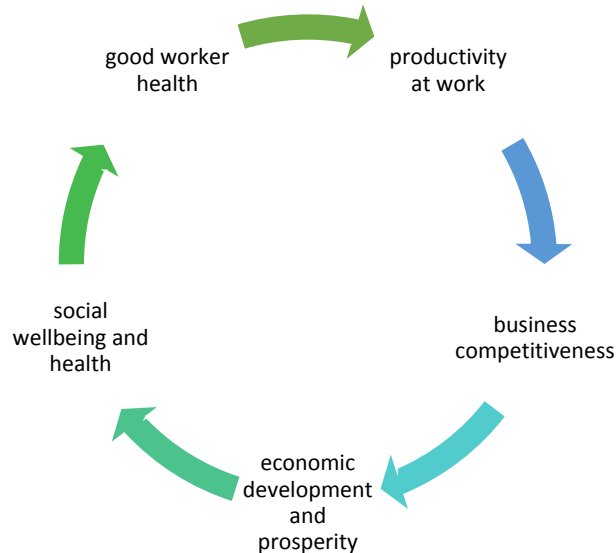
5.4 Evidence shows that 'good work' improves health and wellbeing, it connects us with others, provides us with a stable income, social interaction and a sense of identify and purpose. On the other hand, unemployment is associated with an increased risk of poorer health including limiting long term illness, heart disease, poor mental health and health harming behaviour and suicide.

5.5 The relationship between work and health is symbiotic, not only is good work good for your health but people in the best health possible can be a more productive workforce for business. To complete the cycle, successful business supports economic prosperity and the wellbeing of communities.

5.6 The benefits of improving workplace health extend beyond the individual worker - for an employer, a healthy resilient workforce has fewer sick absences, better productivity and longer careers before retiring. From an economic and wider societal point of view, an unhealthy workforce leads to increased healthcare costs, increased informal

caregiving, increased long-term sickness and loss in productivity. These relationships are illustrated in the work and health cycle below.

Diagram showing the Health and Work Cycle:



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

## **Key Messages from the report**

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

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

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

5.8 We are privileged in Berkshire to enjoy relatively high levels of employment, hosting a large number of well known companies. A significant proportion of our residents work in public sector or other large organisations. The top industries in Berkshire are Professional, scientific & technical, Information and Communication and construction and we have a higher proportion of people in Managerial and professional positions jobs than average for Great Britain.

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

5.9 Improving workplace health helps us with population health and productivity at work. Life expectancy and working lives are lengthening, but healthy life expectancy is lagging behind. The number of years spent in poorer health varies between places in Berkshire

and is closely associated with deprivation. Productivity in the UK is not as strong as other G7 member countries and there is good evidence that improving health the workforce assists productivity. However, workplaces are changing and we need to adapt our approaches to meet the needs of flexible employees and freelancers as well as those with regular places of work.

5.10 Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways, to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

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

5.11 The conditions that contribute to poorer healthy life expectancy, sickness absence and presenteeism have prevention opportunities in common. Access to good work remains a central focus and strong management and HR processes are the bedrock of a healthy workforce.

5.12 Fortunately, there are many resources available to help us get started. Evidence shows that engaged and committed organisational leadership, working closely with employees is critical for success. There are tools available to assist with assessing need for workforce health and measuring progress.

5.13 Work can support or damage our mental health and there are actions employers can take to prevent stress and increase resilience to mental ill health. Creating workplaces where healthy behaviours are default is challenging but there are examples where businesses have helped their staff be physically active every day, to eat well and stop smoking. Berkshire businesses are already putting these ideas into action and case studies are included in the report.

5.14 Some groups of workers need careful consideration as they have more chance of becoming unwell. Shift workers, people at risk of discrimination, people with disabilities, people with caring responsibilities and new mothers need extra support.

5.15 Some organisations are bedded strongly in communities over generations, they are anchor institutions and especially influential within their communities.

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

5.16 So where do we start? The report suggests:

- Start a better conversation in your organisation about improving health *and listen*
- Use the evidence on what works to make a plan *and start somewhere*
- Measure change *and adapt your approach*
- Share your learning with others *and learn from them*

6. **Appendix**

1. Annual Director of Public Health Report – Berkshire 2019: Berkshire - A Good Place to Work (Full report)

7. **Background Papers**

None

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# DIRECTOR OF PUBLIC HEALTH REPORT BERKSHIRE 2019

## Berkshire: A good place to work

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*Working  
together for  
health and  
wellbeing*

**Public  
Health  
for Berkshire**

# ACKNOWLEDGEMENTS

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

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# FOREWORD

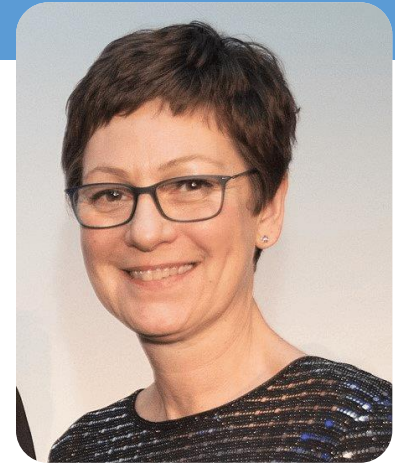
On the face of it Berkshire is a good place to work. Whilst there is some variation between boroughs, unemployment is low overall. We know that having a good job, one that pays a reasonable wage, provides security and allows individuals to thrive protects against adverse health outcomes both during our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

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

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

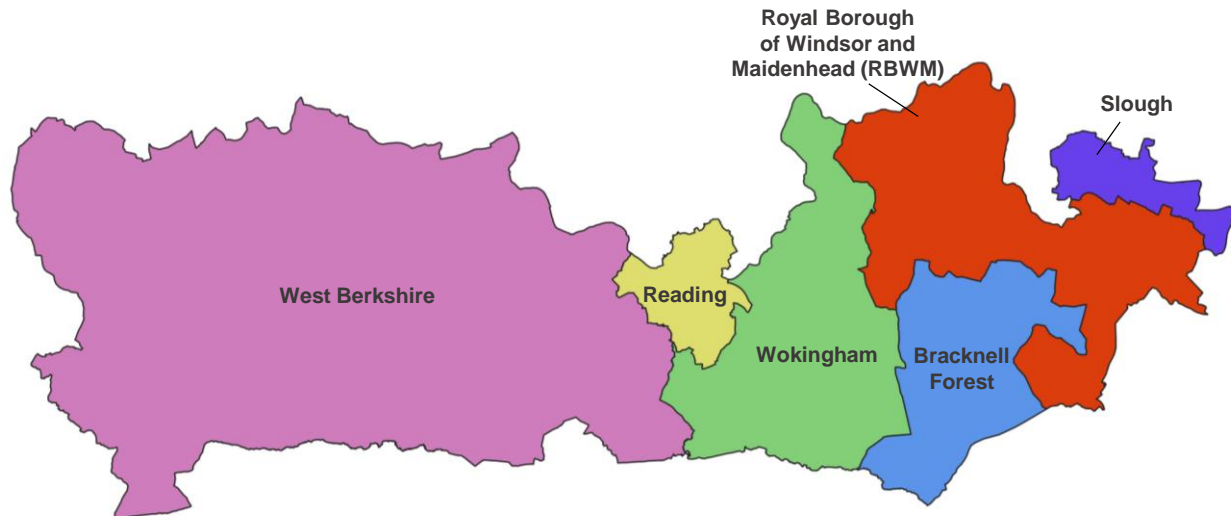
The nature of work also affects our health. It stands to reason that people who are in unstable or unhappy work environments are less likely to benefit from the health advantages associated with employment. Increasingly common issues such as zero hours contracts, stress, presenteeism and low pay have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

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



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

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



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

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

**Tessa Lindfield**  
**Strategic Director of Public Health for Berkshire**

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The Long Walk, Windsor Great Park



SEGRO Business Park, Slough

## The Win:Win

There is a strong relationship between work and health. Good work is good for you and a healthy resilient workforce is good for business.

The work place is an ideal venue for improving health.

Our health during our working life lays the foundation for our retirement years and we want to increase the length of healthy lives in Berkshire.

Workplace health is a win:win for population health, employees and employers.

## Working in Berkshire

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

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

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

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

## Meeting the challenge

Improving workplace health helps us with population health and productivity at work. Life expectancy and working lives are lengthening, but the number of years that people can expect to live in good health is not keeping pace with life expectancy, meaning that people are living more years in poor health. This does not affect everyone in the same way, the number of years spent in poorer health varies between places in Berkshire and is closely associated with deprivation.

Productivity in the UK is not as strong as other G7 member countries and there is good evidence that improving the health of the workforce assists productivity.

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

Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways, to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

## What can we do?

The conditions that contribute to poorer healthy life expectancy, sickness absence and presenteeism have prevention opportunities in common. Access to good work remains a central focus and strong management and HR processes are the bedrock of a healthy workforce.

Fortunately, there are many resources available to help us get started. Evidence shows that engaged and committed organisational leadership, working closely with employees is critical for success. There are tools available to assist with assessing workforce health needs and measuring progress.

Work can support or damage our mental health and there are actions employers can take to prevent stress and increase resilience to mental ill health. Creating workplaces where healthy behaviours are the default is challenging but there are examples where businesses have helped their staff be physically active every day, to eat well and stop smoking. Berkshire businesses are already putting these ideas into action and case studies are included in the report.

Some groups of workers need careful consideration as they have more chance of becoming unwell. Shift workers, people at risk of discrimination, people with disabilities, people with caring responsibilities and new mothers need extra support.

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



# NEXT STEPS

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

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

3. Measure change and *adapt your approach*

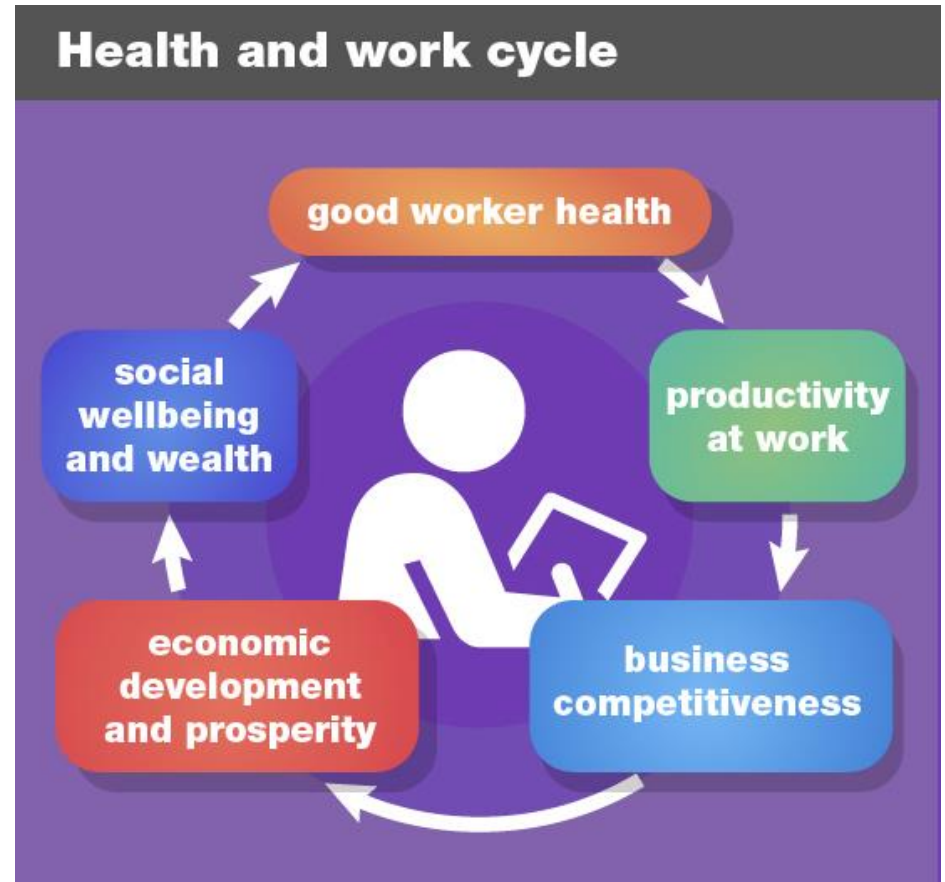
4. Share your learning with others and *learn from them*

# CHAPTER 1: THE WIN:WIN

## There is a strong relationship between work and health.

Evidence shows that 'good work' improves health and wellbeing, it connects us with others, provides us with a stable income, social interaction and a sense of identity and purpose. On the other hand, unemployment is associated with an increased risk of poorer health including limiting long term illness, heart disease, poor mental health, health harming behaviour and suicide.

The relationship goes both ways - not only is good work good for your health, but a healthy population has the potential to be a productive workforce for business. In turn successful business supports economic prosperity and the wellbeing of communities. The benefits go beyond the individual worker - for an employer, a healthy resilient workforce has fewer sick absences, better productivity and longer careers before retiring. From an economic and wider societal point of view, an unhealthy workforce leads to increased healthcare costs, increased informal caregiving, increased long-term sickness and loss in productivity. Overall, sickness absences and worklessness is estimated to cost the economy £100 billion a year ([Public Health England 2016](#)).



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

## What do we mean by good work?

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

Clearly there are times in all our lives when we need to take leave because of illness and many of us are living and working with long term illness and disability. Our workplaces can help us in many ways to stay well, to minimise the impact of health issues on our lives and our work as well as helping us get back on our feet after an episode of ill health.

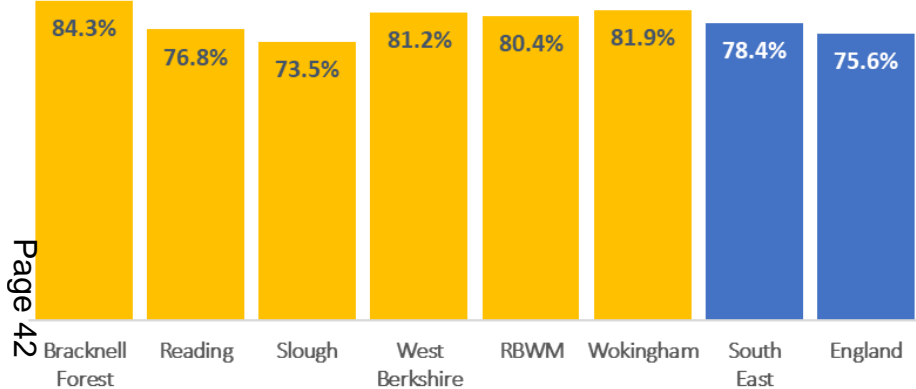
Investing in workplace health makes sense. There is good evidence that the financial benefits of investing in worker health outweigh the costs of managing employee sickness and absence. Benefits include:

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

# CHAPTER 2: WORKING IN BERKSHIRE

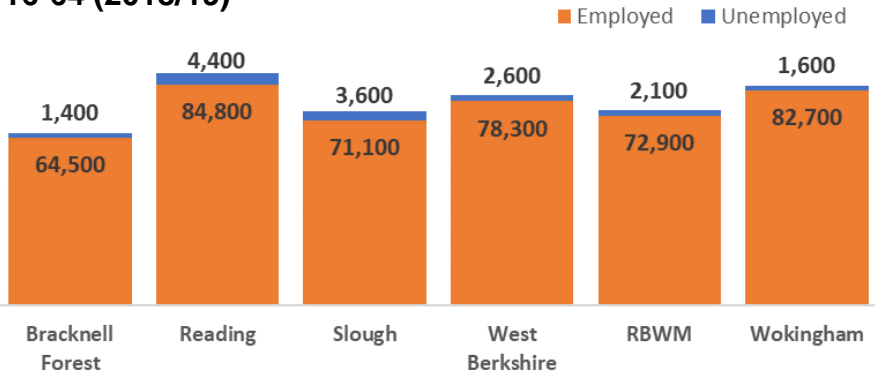
In Berkshire we have a robust economy and one of the highest employment rates in Europe.

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



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

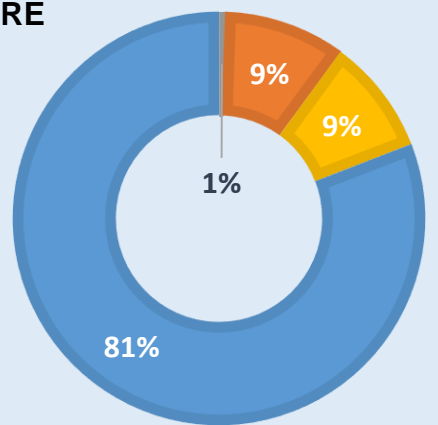


Office for National Statistics; [Labour Market Profile – Thames Valley Berkshire](#)

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

## BUSINESS SIZE IN BERKSHIRE (2017/18)

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



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

## TOP 5 BUSINESS SECTORS IN BERKSHIRE (2017/18)

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

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

## EMPLOYMENT BY OCCUPATION (2018)

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

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

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

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## LARGEST BUSINESSES IN BERKSHIRE (2017/18)

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

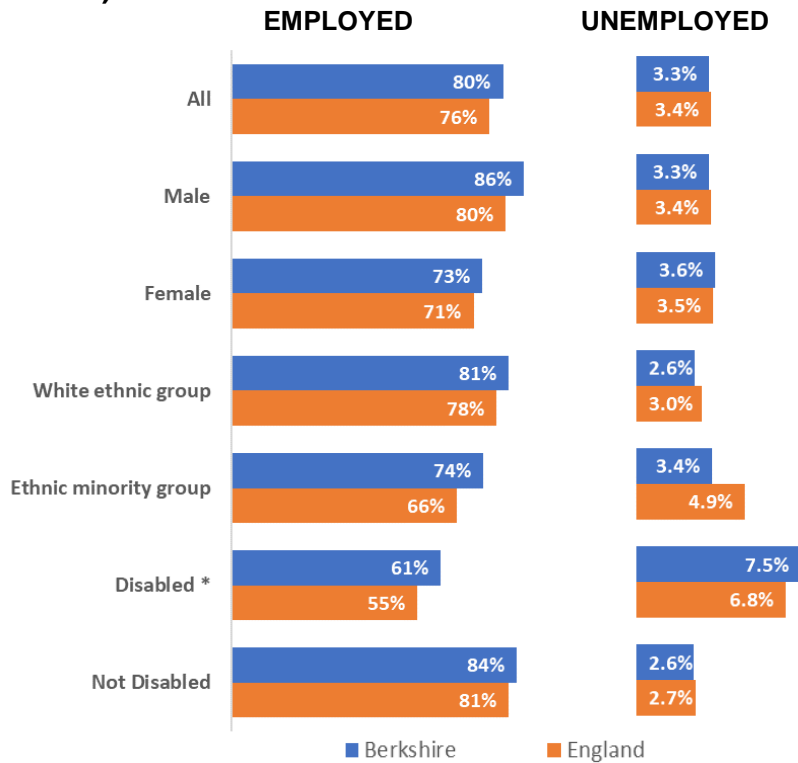
Thames Valley Berkshire LEP; [Business in Berkshire 2018](#)

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

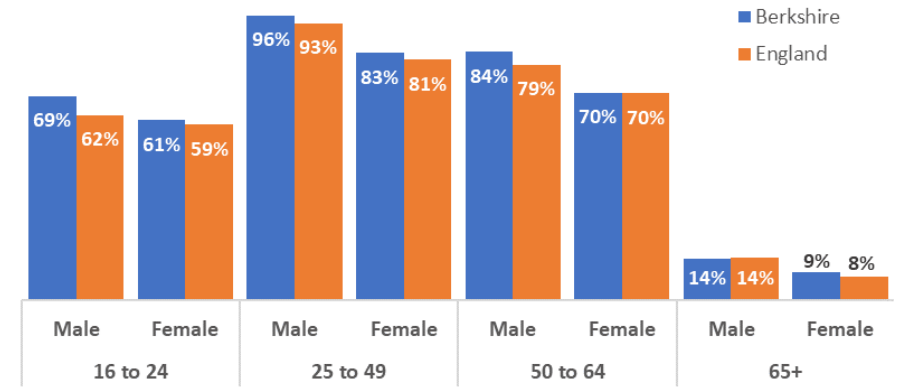
# Gaps in the local workforce

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

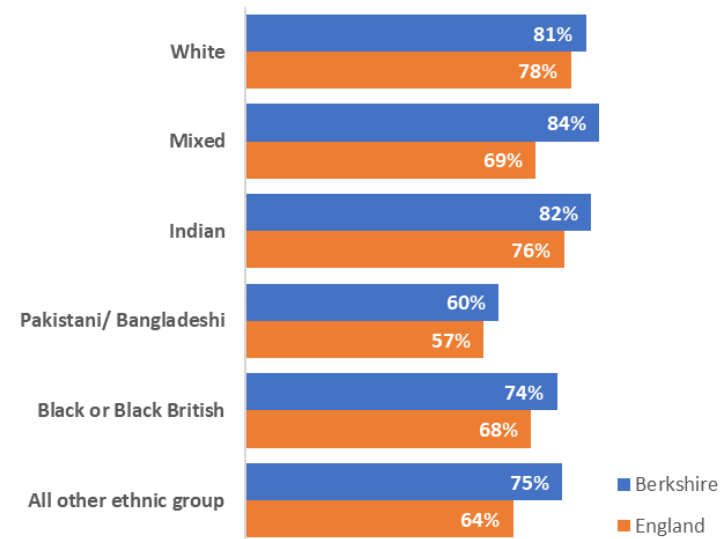
## EMPLOYMENT AND UNEMPLOYMENT RATES IN BERKSHIRE AND ENGLAND FOR PEOPLE AGED 16-64 (2018/19)



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



## EMPLOYMENT RATES BY ETHNIC ORIGIN (2018/19)



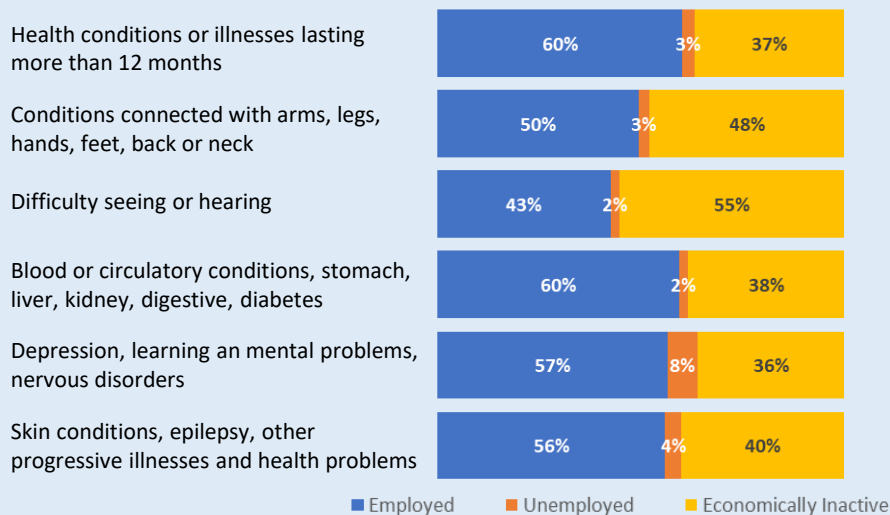
\* Disabled includes people who have a long-term disability which substantially limits their day-to-day activities, as well as those that have a disability which affects the kind or amount of work that they might do.

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

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

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



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

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

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

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

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

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

# Where are the inequalities?

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



Public Health  
England

## Health and Work Health of the working age\* population



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### General

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

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

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

**BARRIER**

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

### Socio-economic factors

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



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

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

£££

£

**+60%**



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

experience long-term conditions more than groups from



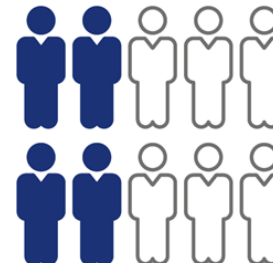
**professional occupations (33%)**

### Future

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



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



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

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

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

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

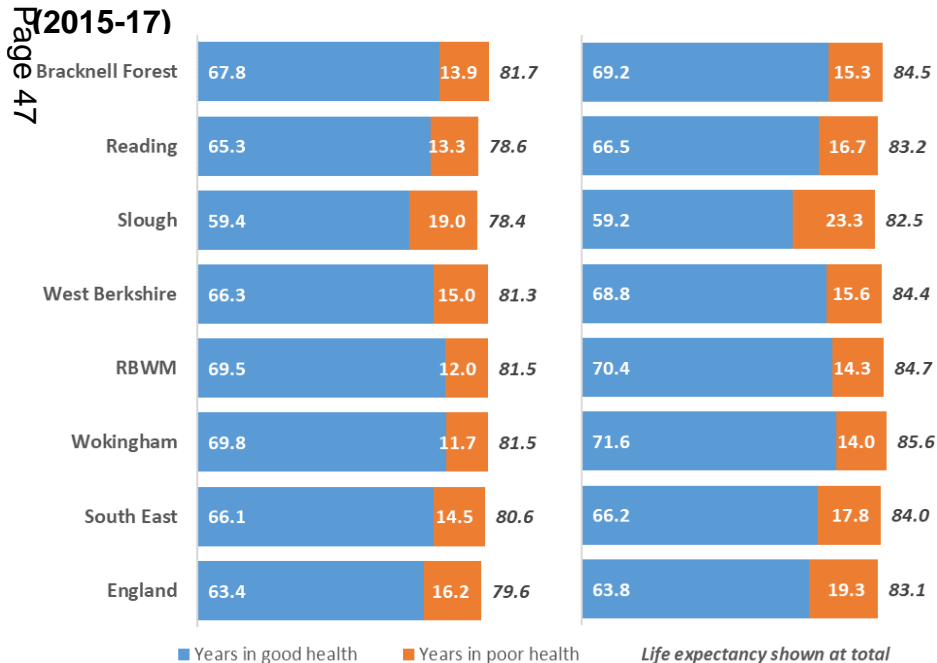
\* Working age population: individuals aged 16 to 64



# CHAPTER 3: MEETING THE CHALLENGE

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

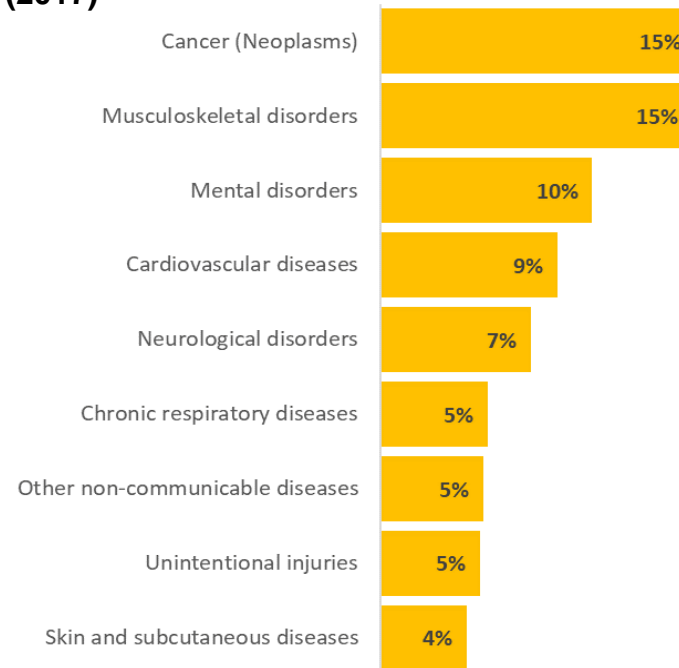
## LIFE EXPECTANCY AND YEARS SPENT IN GOOD AND POOR HEALTH



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

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

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



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

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

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

## Shift work

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

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

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

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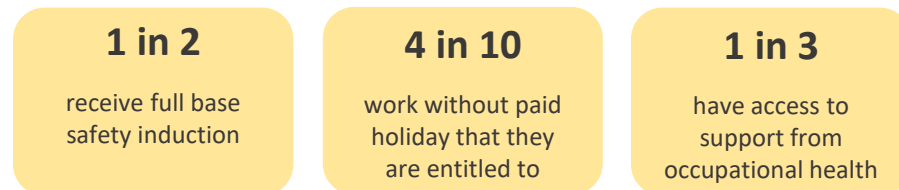
In the UK, tiredness and fatigue accounts for 20% of accidents on major roads and 3,000 road deaths per year. The ability for shift workers to adapt to the changes of the sleep-wake cycle varies considerably. It is estimated that 10-30% of shift workers are affected by shift work sleep disorder ([The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

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

## The Gig Economy

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

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



## Sitting and sedentary behaviour

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

## Productivity

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

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

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

## Causes of sickness absence

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

### SICKNESS ABSENCE RATES ACROSS BERKSHIRE AND THE UNITED KINGDOM, 2017



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

## Mental health conditions

14.3 million days lost

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

£33-£42 billion annual cost to employers

Page 50  
Only 40% of organisations have trained line managers to support staff mental wellbeing

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

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

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

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

Health and Safety Executive, 2018

## Musculoskeletal Health (MSK)

28.2 million days lost

33% long-term sickness in England attributed to MSK

14 working days lost per year for each case

£7 billion annual cost to the UK economy

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

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

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

Business in the Community, 2017

## Presenteeism

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

Presenteeism increased by **three times** since 2010

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

[Office for National Statistics 2018](#)

[Chartered Institute of Personnel and Development 2018](#)

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

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

## The changing nature of work

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

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

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

[Trades Union Congress, 2019](#)

[Instant Offices, 2019](#)

[Office for National Statistics, 2019](#)

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

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

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

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

# CHAPTER 4: WHAT CAN WE DO?

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

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

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

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

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

# Healthy workplace policies are the essential foundation for a healthy workforce

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

## Awareness raising can help to break down stigma

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

## Increasing physical activity



For good physical and mental health adults should aim to be physically active every

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

### What can employers do?

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

## Healthy food at work



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

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

### What can employers do?

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

## Smoke free



A smoke free work site supports the health of all employees. Giving up smoking is one of the best

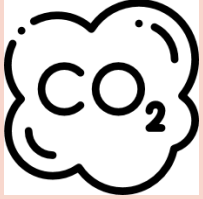
things people can do to improve health. Smokers are off work 2.7 days more per year compared to ex and non-smokers, costing around £1.7 billion ([Department of Health](#), 2019).

### What can employers do?

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



## Reducing carbon emissions



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

Ideas include:

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

# Harnessing the power of anchor institutions

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

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## What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:

- Purchasing more locally and for social benefit**  
In England alone, the NHS spends £27bn every year on goods and services.
- Using buildings and spaces to support communities**  
The NHS occupies 8,253 sites across England on 6,500 hectares of land.
- Working more closely with local partners**  
The NHS can learn from others, spread good ideas and model civic responsibility.
- Widening access to quality work**  
The NHS is the UK's biggest employer, with 1.5 million staff.
- Reducing its environmental impact**  
The NHS is responsible for 40% of the public sector's carbon footprint.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

The Health Foundation

References available at [www.health.org.uk/anchor-institutions](http://www.health.org.uk/anchor-institutions)  
© 2019 The Health Foundation.

## Examples of some work done by anchor institutions

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

# Some groups may need specific actions

## Shift workers



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

### What can employers do?

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

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

## Older workers



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

### What can employers do?

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

[Business in the Community, 2019](#)

## New mothers



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

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

### What can employers do?

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

[NHS, 2019](#)

## People with long term conditions



### What can employers do?

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

*[The Work Foundation, 2019](#)*

## Carers



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

### What can employers do?

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

*[The Work Foundation, 2019](#)*

## People with disabilities



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

### What can employers do?

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

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

## Part time working



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

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

### What can employers do?

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

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## One size doesn't fit all

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

# Resources and toolkits for employers

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

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

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

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

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366637/bis-14-1120-does-worker-wellbeing-affect-workplace-performance-final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366637/bis-14-1120-does-worker-wellbeing-affect-workplace-performance-final.pdf)

Mental Health at Work – Training, toolkits and resources

[https://www.mentalhealthatwork.org.uk/resource/?resource\\_looking\\_for=0&resource\\_type=0&resource\\_medium=0&resource\\_location=0&resource\\_sector=0&resource\\_sector=&resource\\_workplace=0&resource\\_role=0&resource\\_size=0&order=DESC&orderby=meta\\_value\\_num&meta\\_key=rating](https://www.mentalhealthatwork.org.uk/resource/?resource_looking_for=0&resource_type=0&resource_medium=0&resource_location=0&resource_sector=0&resource_sector=&resource_workplace=0&resource_role=0&resource_size=0&order=DESC&orderby=meta_value_num&meta_key=rating)

Business in the Community (BITC) – Musculoskeletal Health toolkit

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

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

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

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

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

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

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

Public Health England – Local Healthy Workplace Accreditation guidance

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

Public Health England – Workplace Health Needs Assessment

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

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

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

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

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

Department for Work and Pensions – Workplace wellbeing tool

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

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

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

# CASE STUDY 1: JOBCENTRE PLUS

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

## Staff Training

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

## Collaborative Working

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

## Reaching Out

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

# CASE STUDY 2: WOKINGHAM BOROUGH COUNCIL WORKPLACE ACTIVITIES & INITIATIVES

## Morning & Lunchtime Yoga



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

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

## Mindfulness Session

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

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

## Cycling

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

## Football



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

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

**New shower facilities** provided in the office for staff.



# CASE STUDY 3: PANASONIC MENTAL HEALTH AND WELLBEING INITIATIVES



## Robin's Story

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

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

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

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

### Procedural Support

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

### Training

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

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

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

# CASE STUDY 4: SEGRO MENTAL HEALTH AND WELLBEING INITIATIVES



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

**Mental Health Ambassador,  
SEGRO**

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

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

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

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

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

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

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

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



## Occupational Health Staff Physiotherapy Service

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

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

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

## Mental Health Support

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

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

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

# CASE STUDY 6: THAMES WATER MENTAL HEALTH FIRST AIDERS



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

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

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



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

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



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

# CHAPTER 5: NEXT STEPS

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

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

3. Measure change and *adapt your approach*

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

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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel

**DATE:** 20<sup>th</sup> November 2019

**CONTACT OFFICER:** Thomas Overend, Policy Insight Manager  
(For all Enquiries) (01753) 87 5657

**WARD(S):** All

**PART I****FOR INFORMATION****DISABILITY TASK AND FINISH GROUP IMPLEMENTATION UPDATE**1. **Purpose of Report**

To provide the Panel with information on the steps taken by SBC so far to implement the recommendations of the Disability Task and Finish Group.

2. **Recommendation(s)/Proposed Action**

That the Panel note the information included in Appendix A.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**3a. **Slough Joint Wellbeing Strategy Priorities**

The work of the Task and Finish group supported the Joint Wellbeing Strategy's second priority:

2. Increasing life expectancy by focusing on inequalities

3b. **Five Year Plan Outcomes**

The Task and Finish Group's recommendations will help the council to deliver the following outcomes of the Five Year Plan:

- Our people will be healthier and manage their own care needs
- Slough will be an attractive place where people choose to live, work and stay
- Our residents will live in good quality homes

4. **Other Implications**(a) **Financial**

There are no financial implications to this report.

(b) **Risk Management**

There are no risk management implications to this report.

(c) Human Rights Act and Other Legal Implications

Some of the Task and Finish Group's proposals relate to Slough Borough Council's obligations under the Disability Discrimination Act 1995.

(d) Equalities Impact Assessment

Should the implementation of the recommendations necessitate such an exercise, it will be carried out as required.

(e) Workforce

The implementation of the Task and Finish Group's recommendations will require officer time and commitment, as well as agreement from line managers.

5. **Supporting Information**

5.1 Background to the Task and Finish Group

The Task and Finish Group was formed in response to the fact that, across a wide range of Health Scrutiny Panel agenda items, the issue of disability access was continually emerging in discussions.

The group's intended aim was to help Slough become a 'disability friendly town', encompassing a wide range of matters such as building access, transport and leisure options.

5.2 Recommendations

The group concluded that the ultimate objective for Slough should be to create a town with full accessibility for all its residents and to provide a safe environment. Based on its investigations, the group identified seven key areas which it recommended form the basis of Slough Borough Council and partner's approach to making Slough a disability friendly town.

- 1) Residents with disabilities should be provided with clear information on services available, and the wider public should be made aware of the challenges faced by them.
- 2) The council should review how its customers might best be able to report concerns around accessibility as part of its ongoing Transformation Programme.
- 3) The council should seek to improve the accessibility and safety of public transportation and taxis in the borough.
- 4) The council should raise awareness of the high quality leisure services available for disabled residents, and facilitate their use.
- 5) Full accessibility should be the default position for all future SBC buildings, and the council should utilise the opportunities presented by regeneration to embed accessibility in our town.



- 6) Further action should be taken to prevent the obstruction of pathways and the council should consider further locations where disabled parking may be appropriate.
- 7) GP surgeries should examine opportunities for implementing 'quick fixes' for improving access, and accessibility should be factored into all future designs as standard.

Within these areas, the Task and Finish Group proposed a number of specific actions it felt would be most effective in helping SBC to achieve these objectives. These are included in Appendix A. The proposals relating to GP practices were shared with the CCG, as SBC is not responsible for their implementation. These have not been included in this report.

### 5.3 Further scrutiny

The recommendations of the Task and Finish Group were endorsed by the Cabinet on 15 July. The Health Scrutiny Panel subsequently resolved that an information-only update should be brought to them every other meeting to inform them of the steps that have been taken to implement the recommendations of the Task and Finish Group so far.

The first such update can be found in Appendix A.

## 6. **Comments of Other Committees**

This report has yet to be seen by any other committees.

## 7. **Conclusion**

Appendix A includes information on timelines for the implementation of the Disability Task and Finish Group's recommendations and the initial steps that have been taken.

## 8. **Appendices Attached**

'A' Disability Task and Finish Group implementation grid

## 9. **Background Papers**

Agenda, decisions and minutes - Cabinet, Slough Borough Council, Monday, 15 July, 2019.

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## Appendix A - Disability Task and Finish Group implementation grid

Recommendation	Target	Progress	Next steps
Submitting freedom of information requests to establish the level of complaints bus companies are receiving from disabled customers in Slough.	Short-term		This will be done through a formal procedure in the Quality Bus Partnership meetings
Ensuring that all SBC regulated taxis have ramps with raised edges.	Short-term		Vehicle checks commencing in November
Undertaking mandatory checks to ensure that taxi drivers were using wheelchair anchoring facilities.	Short-term		Vehicle checks commencing in November
Displaying notices in taxis as to the rights of disabled service users not to be charged differently.	Short-term	Advisory posters and cards have been developed and printed. These will be circulated in due course as well as being put on the SBC website.	
Using mystery shopping of both taxi and bus services to check compliance with standards.	Short-term		This work will be co-ordinated with the Consumer protection team. Officers may also contact Healthwatch Slough for their expertise / experience

<p>Increasing the publicity of Slough's Leisure Offer for disabled residents and their entitlements.</p>	<p>Short-term</p>	<p>Since April 2019 the Active Slough team have:</p> <ul style="list-style-type: none"> <li>• Promoted SBC's disability programme through direct contact and consultation with Destiny Support, delivering an 8 week multi-sports programme.</li> <li>• Had information stalls at autism awareness, Health Watch, Special Voices and Hope College events.</li> <li>• Contacted all supported living homes and care agencies via email.</li> <li>• Publicised to agencies disability sports sessions including football, dance and polybat.</li> <li>• Attended Arbour Vale School assemblies to promote disability programmes.</li> <li>• Launched a teen disability team who were invited to play at Reading Football Stadium.</li> </ul>	<p>Continue to liaise with relevant groups and agencies.</p>
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Reviewing the accessibility of pathways to Slough's new green gyms.	Short-term	SBC has carried out a review of green gyms and have found them to be accessible at all sites. However not all equipment is accessible, but this is dependent on the nature and type of disability.	Continue to research more disability friendly equipment at sites.
Including information on the importance of keeping pathways clear in the aforementioned campaign, as well as the impact obstruction can have upon disabled residents.	Short-term		Officers will work with Comms team to increase awareness via various channels.
Commissioning a survey of disabled bus users, with the results to be reported back to the Health Scrutiny Panel.	Medium-term		This will be done through a formal procedure in the Quality Bus Partnership meetings
Investigating opportunities for establishing further disabled parking bays across the borough, in consultation with disabled residents, and with a particular focus on improving access to shops and local services.	Medium-term		Officers will review disabled parking borough-wide and conduct a statutory consultation on more disabled parking around shopping areas.

Reviewing recently installed crossing points to consider where double-yellow lines might be effective.	Medium-term		Officers will identify locations borough-wide and implement changes
The Health Scrutiny Panel reviewing the impact of the Outcome 4 group's ambitions regarding Category 3 accessible housing in five years time.	Long-term		
Seeking to incorporate separate baby nappy changing facilities and disabled toilets in all new SBC buildings, and installing Changing Places toilets where possible.	Ongoing	<p>Disabled toilet installed at new HQ, however as we do not anticipate this building to be heavily used by the public and because the Trust are not moving we have not installed a nappy changing facility or changing places toilets (as there is one nearby at The Curve). However we have installed transgender toilets.</p> <p>The Task &amp; Finish Group report has also been shared with the Team working on the localities strategy so will be noted in the design process for the new hubs.</p>	
Ensuring disabled residents are consulted in the planning stages for the new town centre, to make Slough an exemplary area for those with disabilities.	Ongoing		The council will ensure EQUI plans are included in consultations on plans for the town centre

As the council regenerates Slough, ensuring that all new or re-designed pathways are DDA compliant.	Ongoing		All schemes and projects have a process for reviewing the accessibility issues and therefore will be addressed through this checklist and audit.
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**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel

**DATE:** 20<sup>th</sup> November 2019

**CONTACT OFFICER:** Ellie Gaddes, Policy Insight Analyst  
**(For all Enquiries)** (01753) 875657

**WARDS:** All

**PART I**  
**FOR COMMENT AND CONSIDERATION****HEALTH SCRUTINY PANEL - WORK PROGRAMME 2019/20****1. Purpose of Report**

For the Health Scrutiny Panel to discuss its work programme for 2019-20.

**2. Recommendations/Proposed Action**

That the panel review the work programme and potential items listed for inclusion.

**3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3.1 The Council's decision-making and the effective scrutiny of it underpins the delivery of all the Joint Slough Wellbeing Strategy priorities. The Health Scrutiny Panel, along with the Overview & Scrutiny Committee and other Scrutiny Panels combine to meet the local authority's statutory requirement to provide public transparency and accountability, ensuring the best outcomes for the residents of Slough.

3.2 The work of the Health Scrutiny Panel also reflects the following priorities of the Five Year Plan:

- Our people will become healthier and will manage their own health, care and support needs.
- Our children and young people will have the best start in life and opportunities to give them positive lives

**4. Supporting Information**

4.1 The current work programme is based on the discussions of the Health Scrutiny Panel at previous meetings, looking at requests for consideration of issues from officers and issues that have been brought to the attention of Members outside of the Panel's meetings.

- 4.2 The work programme is a flexible document which will be continually open to review throughout the municipal year.
- 4.3 At the meeting in September 2019, it was agreed to restrict the agenda for each meeting to two substantive items, with any further reports taken as information-only items.

5. **Conclusion**

This report is intended to provide the Health Scrutiny Panel with the opportunity to review its upcoming work programme and make any amendments it feels are required.

6. **Appendices Attached**

A - Work Programme for 2019/20 Municipal Year

7. **Background Papers**

None.

## Health Scrutiny Panel Work Programme 2019/20

<b>Task and finish Group / Visits</b>
<b>Meeting Date</b>
<b>16 January 2020</b>
<ul style="list-style-type: none"><li>• Immunisations and screening annual report + local update?</li><li>• Adult Social Care Strategy and Budget - including detail on leisure centre fees and charges</li><li>• Mental Health Update</li><li>• New Data Observatory and Website for Public Health</li><li>• Information only - Slough Wellbeing Board Update</li></ul>
<b>23 March 2020</b>
<ul style="list-style-type: none"><li>• Adult Social Care Local Account 2019-20</li><li>• Slough Safeguarding Adults Board Annual Report</li><li>• Air Quality Report</li><li>• Information only - Disability Task and Finish Group - Implementation Progress</li></ul>

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**MEMBERS' ATTENDANCE RECORD 2019/20**

**HEALTH SCRUTINY PANEL**

<b>COUNCILLOR</b>	<b>27/06/19</b>	<b>10/09/19</b>	<b>15/10/19</b>	<b>20/11/19</b>	<b>16/01/20</b>	<b>23/03/20</b>
Ali	P	P	P			
Begum	P	P	P			
Gahir	P*	P	P			
N Holledge	P	P	P			
Mohammad	P	P*	P			
Qaseem	P	Ab	P			
Rasib	P	P	P			
A Sandhu	P	P	P			
Smith	P	P	P			
Colin Pill - Healthwatch Representative	P	Ap	P			

P = Present for whole meeting  
Ap = Apologies given

P\* = Present for part of meeting  
Ab = Absent, no apologies given

(Ext - Extraordinary)

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