Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board - 5 July 2017

Subject: Health and Wellbeing Board Workplace Health Baseline Assessment

Report of: David Regan, Director of Population Health & Wellbeing

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Summary

This paper introduces the Health and Wellbeing Board Workplace Health Baseline Assessment commissioned on behalf of Board.

This report is the culmination of two years' work to deliver on a Health and Wellbeing Board recommendation to demonstrate public service leadership under the Strategic Priority 'bringing people into employment and ensuring good work for all'.

It makes findings in relation to workplace health practice across Board organisations, and recommendations for action at individual organisation level and system level.

The Executive Summary and Appendix is provided along with the full detailed report for reference.

Recommendations

The Board is asked to:

1. Note the findings and support the recommendations in the report
2. Agree that the Manchester HR Directors Workforce Group will take lead responsibility for driving forward an action plan based on the report recommendations
3. That a progress report is brought back to the Board in twelve months' time

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Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	**This report forms a core part of the delivery of this strategic priority and falls under 'ensuring good work for all'**
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled	

families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

http://www.manchester.gov.uk/meetings/meeting/2262/health_and_wellbeing_board
http://www.manchester.gov.uk/meetings/meeting/2641/health_and_wellbeing_board

1. Introduction

1.1 This paper introduces the Health and Wellbeing Board Workplace Health Baseline Assessment commissioned on behalf of Board.

1.2 This report is the culmination of two years' work to deliver on a Health and Wellbeing Board recommendation to demonstrate public service leadership under the Strategic Priority 'bringing people into employment and ensuring good work for all'.

1.3 It makes findings in relation to workplace health practice across Board organisations, and recommendations for action at individual organisation level and system level.

2. Background

2.1 At the meeting held on 25th March 2015, the Board agreed to approve the recommendation that HWBB members should be exemplar employing organisations in relation to workplace health. It agreed to work collaboratively over 2015-7 in order to set improvement goals and to share good practice, including mental health and disability as priority areas.

2.2 The Board requested a Baseline Assessment report to identify how each organisation was performing in relation to workplace health against those organisations which were exemplars. It also requested that clear protocols were set out to assist member organisations to achieve this recommendation.

2.3 Funding of £30,000 was secured through the Transformation Challenge Award Fund (TCA) to appoint an independent contractor to deliver the baseline assessment. PACE and Aspire, a North-West based team of consultants specialising in health and wellbeing, leadership and organisational development were awarded the contract. The work has been supervised by a Steering Group comprising senior managers from organisations represented on the Board, and with involvement of the HR/OD Leads from each organisation.

2.4 The recent events at the Manchester Arena have brought into sharp focus the need to ensure that we support our workforce to maintain their own health and wellbeing as they continue to deliver services in the most extreme of circumstances.

2.5 The response that Employee Health and Wellbeing Assistance programmes provided and continue to offer underlines how important it is to invest in these services. The ability of organisations to respond effectively to the health and wellbeing needs of staff, particularly mental health, during routine service delivery as well as in times of crisis is also essential if we are to get the best from our collective workforces. This has been recognised by the Directors of HR/OD within Board Members, who have offered to take ownership of developing an action plan to drive forward progress on the recommendations in the report.

2.6 To the best of our knowledge this is a unique piece of work which has not been replicated elsewhere. The findings and recommendations in this report present an opportunity for collaborative leadership and action across organisations represented on the Board in Manchester to deliver on the principle of becoming exemplars in relation to workplace health and wellbeing.

3.0 Recommendations

The Board is asked to:

- Note the findings and support the recommendations in the report
- Agree that the Manchester HR Directors Workforce Group will take lead responsibility for driving forward an action plan based on the report recommendations
- That a progress report is brought back to the Board in twelve months' time

MANCHESTER CITY COUNCIL

NHS

Manchester Health and Wellbeing Board
Workplace Health Baseline Assessment

Executive Summary

Introduction

Why focus on the health and wellbeing of our workforce across Manchester?

The health of the workforce across the city of Manchester is central to the realisation of inclusive economic growth ambitions, particularly in the context of longer working lives. The role that employers can play is critical, both in protecting health, and promoting longer, healthier lives to reduce demand on public services.

Manchester Health and Wellbeing Board (HWBB) made work and health a strategic priority, and set a goal that member organisations should be exemplary employing organisations in relation to workplace health. This triggered a request to 'take a transparent look' at how organisations across Manchester were performing in this area. A project was commissioned and funded through the Greater Manchester Transformation Challenge Award Fund and concluded with the production of:

- Workplace Health and Wellbeing Assessment Framework (including mental health and disability)
- Seven individual baseline assessment site reports for organisations participating in the project
- Final report, analysis, findings and collective developmental themes with recommendations
- Case studies of good practice.

This year-long project has highlighted a number of priorities for Manchester HWBB that would have a significant impact on the health and wellbeing of the workforce.

Findings (appendices 1 and 2 show health and wellbeing outcome and intervention data)*

Findings relevant to all organisations:

1. The level of sickness absence across participating organisations represents a very significant cost to Manchester HWBB organisations.
2. The average number of days lost through sickness absence is higher in all participating organisations when compared to national data.
3. The main reason for sickness absence across participating organisations is mental ill health or disability.

Findings relevant to NHS Trusts:

1. In 2016, at least 50% of people working in participating NHS Trusts report going to work when feeling unwell. Although sickness presence has reduced since 2011, it is still higher across participating NHS Trusts compared to national data.
2. In 2016, more people in participating NHS Trusts reported that their manager takes positive interest in their health and wellbeing compared to 2009.
3. There are differences in how disabled and non-disabled employees in participating NHS Trusts experience work. Disabled employees are more likely than non-disabled employees to report experiencing work-related stress, feeling pressured to attend work when feeling unwell, and experiencing bullying and harassment. They are also less likely to report receiving support from their managers and less likely to report that their organisation takes interest and positive action on health and wellbeing.

There are pockets of good practice where valuable and beneficial health and wellbeing interventions are taking place in participating organisations. However, there are also significant gaps, which will benefit from a Manchester-wide collective response, particularly in relation to disability.

It is encouraging that participating organisations can demonstrate good areas of practice in relation to staff health and wellbeing, and that more people (in NHS Trusts) now report their manager takes an interest in health and wellbeing. There is still more work to be done by members of the Manchester HWBB to support participating organisations to bring down sickness absence in line with national averages. More also needs to be done to reduce the costs of sickness absence and reduce presenteeism, by supporting all employees (including those with mental ill health or a disability) to participate in, remain in, and thrive through work.

* Please note that while it is useful to use the CIPD national data to compare the Manchester organisations against each other, it is important to acknowledge that both the CIPD and organisational data are self-reported. There will be some anomalies in this data due to accuracy of recording, differences and inconsistencies in calculating and reporting of sickness absence.

Summary of high-impact recommendations

Strategic priority – Demonstrate that health and wellbeing, mental health and disability at work are priorities for Manchester Health and Wellbeing Board.

RECOMMENDATIONS FOR ACTION

Recommendation 1 – Setting common health and wellbeing improvement objectives that bring about positive engagement and action with staff across Manchester organisations.

Health and Wellbeing Board

1. Appoint a Board-level health and wellbeing champion to ensure that recommendations in this report are taken forward
2. Hold Board organisations to account for developing and implementing an employee health and wellbeing plan linked to the baseline assessment findings
3. Manchester HWBB to receive an annual progress report against the plans

Health and Wellbeing Chief Executives

1. Ensure that health and wellbeing recommendations included in organisational site reports are implemented (this applies to all indicators)
2. Undertake benchmarking of health and wellbeing data across the Manchester system, eg. sickness absence
3. Ensure that Board organisations involve and co-design health and wellbeing strategic priorities with employees
4. Ensure that managers within Board organisations are equipped to effectively support staff with disabilities and mental health conditions and that this is reflected in the staff surveys

Recommendation 2 – Promoting health and wellbeing for all care organisations (including third sector). Pooling resources and learning from each other across Manchester to support the delivery of common evidence-based health and wellbeing interventions, and maximising simple and cost-effective behaviour-change interventions.

Health and Wellbeing Board

1. Consider reviewing Occupational Health and Employee Assistance Programme provision across the Manchester HWBB member organisations to see where they can reduce duplication, enhance the service and offer the service to smaller voluntary-sector organisations
2. Champion healthy lifestyles and create healthier options in the commissioning of services

Health and Wellbeing Chief Executives

1. Align Occupational Health services, standards and provision for Manchester
2. Champion healthy lifestyles in the procurement of service
3. Work in partnership across the system (including voluntary organisations) to provide high-quality health and wellbeing services, particularly those not offered by all health and wellbeing member organisations, so they are accessible to all (eg. health screening checks, physical activity groups, disability and mental health support groups, smoking cessation, substance-use and misuse workshops, diabetes workshops, weight loss and healthy eating workshops)

Recommendation 3 – Encouraging all organisations across Manchester to use the health and wellbeing baseline assessment and agree common data sets for measuring outcomes.

Health and Wellbeing Board

1. Adopt health and wellbeing CQUIN standards 2016 or equivalent across Manchester organisations
2. Hold health and wellbeing Executives to account for developing plans to achieve improved health and wellbeing outcomes within their organisations

Health and Wellbeing Chief Executives

1. Health and wellbeing Executives in a commissioning role ensure that providers deliver on the health and wellbeing outcomes, eg. CQUIN or equivalent
2. Ensure that their organisations review and evaluate the impact of health and wellbeing interventions

Recommendation 4 – Developing a culture that encourages a healthy work-life balance through senior leadership role modelling.

Health and Wellbeing Board	Health and Wellbeing Chief Executives
1. Agree and adopt one performance target per year that drives improvements in employees' health and wellbeing in the organisations of the members of the Manchester HWBB. Monitor the improvements in performance annually	1. Executive leaders identify specific personal health and wellbeing objective and role model positive health and wellbeing 2. Ensure that managers within Board organisations are equipped to effectively support staff with disabilities and mental health conditions and this is reflected in the staff surveys 3. Progress common approach to delivery of leadership and management development (including health and wellbeing emphasis) as recommended in the Manchester Workforce Strategy 4. Adopt a prevention approach for health and wellbeing (HSE management standards)

Recommendation 5 – Emphasising the focus on mental health and disability as part of a wider health and wellbeing approach by monitoring the implementation of the Workforce Disability Equality Standards and supporting the delivery of Manchester's All-Age Disability Strategy.

Health and Wellbeing Board	Health and Wellbeing Chief Executives
1. Endorse the 'call to action' set out in the health and wellbeing Baseline Assessment Framework Indicator 4: Mental Health and Disability (Get In, Get On and Get Further) 2. Endorse the Manchester All-Age Disability Strategy and ensure system and organisational support for its delivery 3. Work in partnership to set out new standards of care for people with mental health conditions in work	1. Implement the 'call to action' in Indicator 4: Mental Health and Disability (Get In, Get On and Get Further) 2. Managers trained in recruiting and supporting disabled staff 3. Managers regularly review and support making reasonable adjustments 4. Appoint an organisational lead for the Manchester All-Age Disability Strategy

Recommendation 6 – Creating a common health and wellbeing branding and logos on everything related to health and wellbeing across Manchester.

Health and Wellbeing Board	Health and Wellbeing Chief Executives
1. Consider a branding strategy for health and wellbeing initiatives and employee health and wellbeing services across Manchester to provide a sense of identity	1. Implement the 'call to action' in Indicator 4: Mental Health and Disability (Get In, Get On and Get Further)

Conclusion

There are pockets of good practice where valuable and beneficial interventions are taking place in organisations within the city. However, findings have also surfaced that show significant gaps would benefit from a citywide consideration and collective response, particularly in relation to disability. There is a tangible opportunity to share best practice and enable organisations to learn from each other without inventing wheels from scratch.

Manchester has an opportunity to be a leader and a positive force for change in relation to establishing a strategic approach to employee health and wellbeing across the city. This work builds on the insights and conclusions that are informing both the Manchester Locality Workforce Plan and the 'Developing a sustainable workforce in Greater Manchester' GM strategy. The findings from this project provide evidence that all seven of the participating organisations are keenly aware of the importance of health and wellbeing and the impact this can have on staff engagement and organisational performance.

Appendix to the Health and Wellbeing Board Executive Summary

Appendix 1

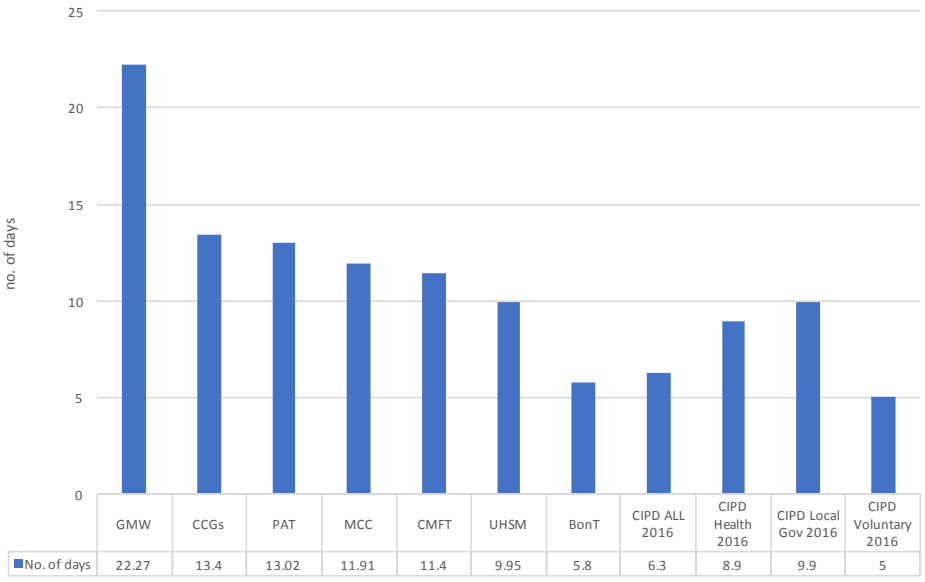
What we found – Health and Wellbeing (HWB) Outcomes

Many studies have demonstrated that being in employment has benefits on general health and wellbeing, hence the increased focus by employers on health and wellbeing in the work place. In addition to collecting information about best practice relating to HWB initiatives across all the sites, HWB outcome data was collected to help gauge the impact of the HWB initiatives. We focused on the following seven measures across all sites:

1. Average days lost due to sickness absence (CIPD comparison available)
2. Average cost of sickness absence (CIPD comparison available)
3. Top 5 reasons for sickness absence (CIPD comparison available)
4. Sickness presence
5. Staff engagement (incorporating friends and family test where available and staff perceptions of management interest in HWB)
6. Cost of temporary staffing
7. Staff turnover rate

Outcome measure one ***- The average number of days lost due to sickness absence per employee per year*** for Manchester organisations is provided in figure 1. The data was collected either at one point in time or over a one year period. The final 4 bars in the chart show the CIPD 2016 average number of days lost due to sickness absence for all sectors depicted earlier in this report, for the health sector, for local government and for the voluntary sectors as a comparison.

Figure 1 – Average number of days lost due to sickness absence per employee per year

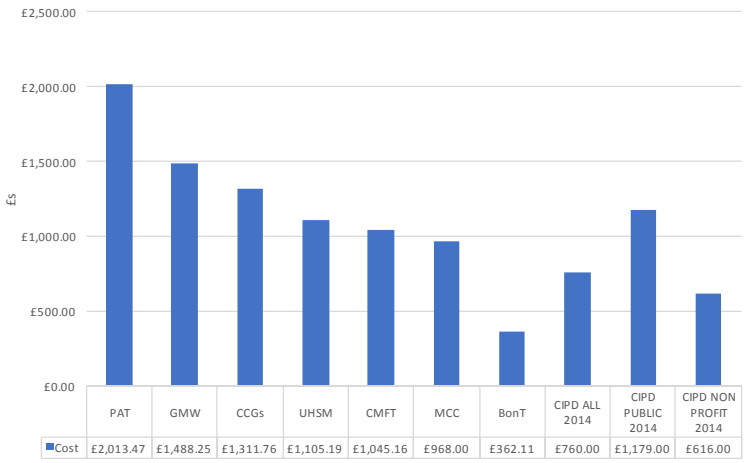


***Please note while it is useful to use the CIPD national data to compare the Manchester organisations against, it's important to acknowledge that both the CIPD and organisational data is self reported. There will be some anomalies in this data due to accuracy of recording, differences and inconsistencies in calculating and reporting of sickness absence.*

The Manchester organisations lose more time in terms of sickness absence days lost than the CIPD average (except for BonT). The health sector average in the CIPD study was 8.9 days and therefore UHSM are closest to that figure. The local government CIPD average was 9.9 and therefore MCC are 2.01 days above this figure. BonT have the lowest average number of days lost at 5.8 which is 0.8 above the CIPD average for the voluntary sector and 0.5 above the CIPD total average.

Outcome measure two **– *The average cost of sickness absence per employee per year*** was also collected from the Manchester organisations. The data was collected either at one point in time or over a one year period. Figure 2 depicts these costs (GMW, UHSM and CMFT provided cumulative costs and so we divided these by the number of employees to give us the average figure). The final 3 bars in the chart shows the CIPD 2014 average cost of absence per employee per year for all sectors for the public sector and non-profit sectors as a comparison (no average figures are available from the CIPD 2016 reports because the median is a more reliable figure). The cumulative cost of sickness absence per annum across all participating organisations at time of reporting was £52,180,302.

Figure 2 – Average cost of sickness absence per employee per year



It is notable that PAT, GMW and the CCG's show the highest costs of absence per employee and also show the highest number of days lost. We want to highlight caution using the average cost of sickness absence, it is not clear how these figures are arrived at in each organisation and whilst the majority of absence occurrences may be short term (1-3 days), longer term episodes can have a considerable influence on both the overall cost and average sickness duration per employee (this is why the CIPD reports in 2015 and 2016 prefer to show the median).

Outcome measure three **- *The top three reasons for sickness absence*** across the Manchester organisations was collected. This data is shown in table 2.

Table 2 - Top three reasons for sickness absence

	PAT	GMW	UHSM	CCGs	MCC	BonT	CIPD*	CIPD**
1	Mental ill Health	Mental ill Health	Mental ill	Mental ill	Mental ill	Disability related	Minor illness	Stress

	(anxiety/ stress)	(anxiety/ stress)	Health (anxiety/ stress)	Health (anxiety/ stress)	Health (anxiety/ stress)			
2	MSK	Cold, cough, flu	Unknown/ unspecified	Unknown/ unspecified	MSK	Cold/ Cough/ flu	Stress	Acute medical condition
3	Gastro	Injury/ fracture	MSK	Gastro	Operations	Gastro	MSK	Mental ill health

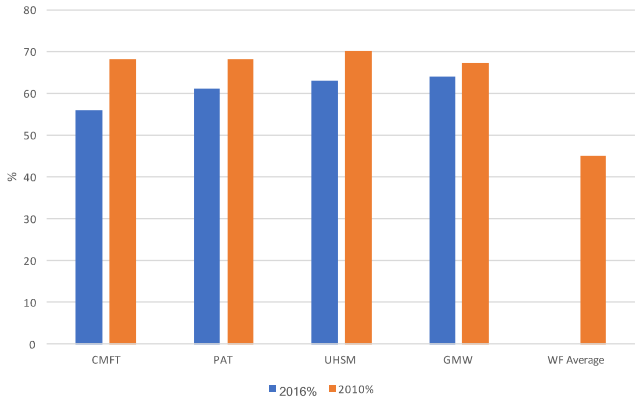
Key: * short term absence, ** long term absence, MSK = musculoskeletal problems, Gastro = gastrointestinal problem ***CMFT do not currently report on reasons for sickness absence across all staff groups (currently piloting reporting on this data)**

It is clear from this data that the number one reason for sickness absence is mental ill health or disability. If looking at the content of the 2nd and 3rd reasons, musculoskeletal and gastrointestinal problems are the next most significant reasons.

When compared to the CIPD data which is also provided in table 2, there are some similarities although the CIPD report included 'stress' as a separate condition to mental ill health. Mental ill health did not come first in the CIPD data either as a short or long term reason for sickness absence. Whether for short or long term reasons, the findings in relation to the Manchester organisations emphasise the need for a strengthened focus on disability and mental health.

Outcome measure four* - *Sickness presence - the annual NHS staff survey asks a specific question about sickness presence 'in the last 3 months have you ever come to work despite not feeling well enough to perform your duties'. Four of the seven organisations participate in the NHS staff survey (BonT, MCC and CCG's do not measure sickness presence). Figure 3 shows sickness presence for 2010 and 2016 and compares the four NHS Trusts to the Work Foundation survey data (WF) which was published in 2010.

Figure 3 – Sickness presence (% of people reporting they come to work when not feeling well)



When comparing the NHS Trusts, we can see that less people are reporting attending work when they feel unwell in 2016 compared to 2010. Compared to the Work Foundation, the NHS Trusts in Manchester show higher levels of sickness presence for 2010 and 2016 (the range for the NHS Trusts was 67%-70% for 2010 and 56%-64% for 2016).

Outcome measure five* - *Staff engagement

All organisations were asked to provide information regarding staff engagement. This data was collected in different ways and the overall picture is presented in Table 3. Staff survey scores for 2016, or equivalent, are depicted in the first column. Also, when available a breakdown of scores for disabled and non-disabled staff are shown, as well as a comparative sector average where possible. Finally, percentage figures representative of whether staff would recommend the organisation as a great place to work or to receive care (friends and family test) are presented in the final two columns.

Table 3 – Staff engagement

Organisation	Staff survey score 2016	Disabled staff score	Non-disabled staff score	Comparative sector average	Recommend as great place to work	Recommend as place to receive care
BonT	4.30	Nda*	Nda	Nda	86%	Nda
CCGs	4.00	Nda	Nda	Nda	84%	Nda
GMW	3.89	3.74	3.95	3.77	71%	82%
UHSM	3.79	3.64	3.81	3.81	61%	83%
PAT	3.64	3.49	3.69	3.81	51%	60%
CMFT	3.84	3.72	3.85	3.80	61%	77%
MCC	Nda	Nda	Nda	Nda	Nda	Nda

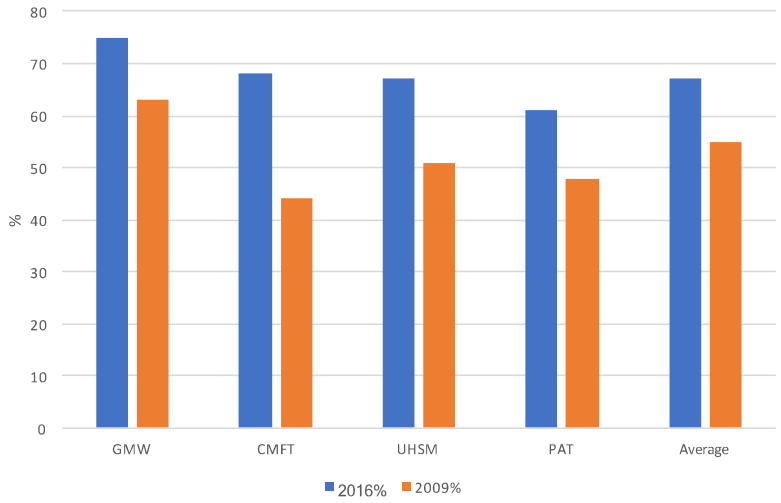
*Nda = no data available in comparable format (for the CCG staff engagement score we have used '% motivated in job' and we have converted the % figure into a 5 point scale, assuming that a score of 79% = 4 on a Likert scale. For BonT 'recommended as a place to work' score we have converted the 5 point scale into a %, assuming that 4.3/5 = 86%.

BonT and the CCG's have the highest engagement scores and also scored highest as recommended as a place to work. Across the larger trusts PAT, UHSM and CMFT have lower scores for 'recommended as a great place to work' as compared to GMW. PAT and CMFT scored slightly lower for 'recommended as place to receive care' compared to GMW, and UHSM.

In 2009 Professor Steve Boorman published the NHS Health and Wellbeing Review interim report[3]. Drawing on the annual NHS staff survey data, the report shows that on average in the NHS, only 55% of respondents

believe that their line manager takes a positive interest in their health and wellbeing (2009). This percentage has risen on average across all Manchester NHS Trusts to 67% (2016). Figure 4 shows line managers interest in HWB for 2009 and 2016 for four of the seven organisations that participate in the NHS staff survey (BonT, MCC and CCG's do not measure line managers interest).

Figure 4 – % of people reporting that their manager takes positive interest in their health and wellbeing

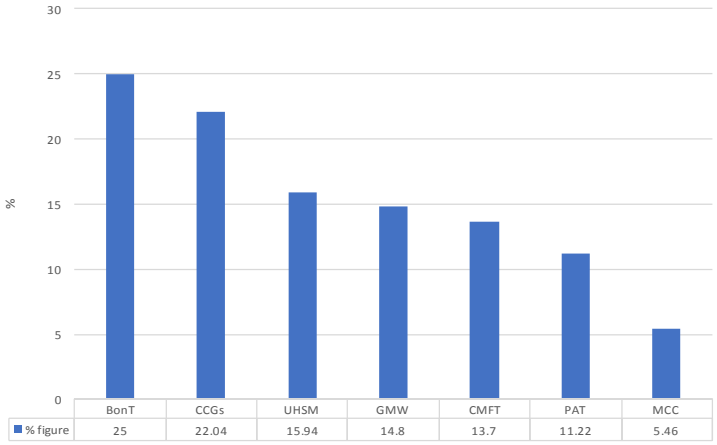


Between 2009 and 2016 across all four NHS Trusts, more people report that their manager takes positive interest in their health and wellbeing. Compared to the average for all NHS Trusts in 2010 PAT, UHSM and CMFT were below average (the range for the NHS Trusts was 44%-63%). Compared to the average for all Trusts in 2016, PAT was below average (the range for the NHS Trusts was 61%-75%).

Outcome measure six - Five out of the seven organisations have been able to provide a figure for the cost of temporary staffing. The range of figures provided in relation to this cost was £14.4 to £42.5 million. ***All organisations calculate these costs over different time periods and include a variety of costs in their overall figure (e.g. some organisations include only agency spend, whilst others include agency, bank and overtime spend in their cost).*** Due to the different ways in which the Manchester organisations presented their cost of temporary staffing data, it is difficult to draw any conclusions. Therefore, moving forward it could be of value for the Manchester organisations to agree how they can record this data for future benchmarking exercises.

Outcome measure seven - Organisations were asked to provide their latest turnover figures as a percentage figure. These were provided by all the organisations and are provided in figure 5.

Figure 5 – Staff turnover presented as a percentage figure



Whilst it can be seen that BonT has the highest turnover score (and engagement score), the top reasons for turnover provide further explanation for this. BonT is a small charity which operates through a range of contracts, grant funding and income generation. The top reason for turnover in this organisation is 'project funding coming to an end' or 'leaving to advance career'. Although anecdotally it has been suggested that people will seek career progression within the sector. Likewise, the CCG have higher levels of turnover (and engagement) compared to the other organisations. The top reasons for turnover here are voluntary unknown and voluntary promotion. The CCG may also employ more people on temporary contracts compared to other organisations. MCC has seen 4000 staff reduction due to voluntary severance. The no compulsory redundancy policy has also seen significant staff redeployed, so this impacts on turnover figures for MCC.

Reasons provided in the other, larger organisations included: voluntary resignation, not known, promotion, work-life balance, relocation and retirement.

Appendix 2

What we found – HWB Interventions

Indicator 1 Good Health for All

Commitment to Health and Wellbeing

HWB outcomes monitored regularly	CCG	GMW	UHSM	MCC	PAT	BonT	CMFT
Health and WB Needs Assessed	CCG	GMW	MCC	PAT	BonT	UHSM	CMFT
HWB strategy aligned with business	GMW	UHSM	PAT	CMFT	CCG	MCC	BonT
Review and act on annual HWB report	GMW	UHSM	PAT	CMFT	MCC	CCG	BonT
HWB Strategy & Budget	GMW	PAT	BonT	CCG	CMFT	MCC	UHSM
Representative Leadership Teams	GMW	BonT	CMFT	MCC	CCG	UHSM	PAT

Health and Wellbeing Service Provision

Counselling/EAP/CBT	CCG	GMW	UHSM	MCC	PAT	CMFT	BonT
Occ Health service	CCG	GMW	UHSM	MCC	PAT	CMFT	BonT
Subsidised gym	CCG	GMW	MCC	PAT	CMFT	UHSM	BonT
Activity classes	CCG	GMW	MCC	PAT	CMFT	UHSM	BonT
HWB included in induction	GMW	UHSM	PAT	CMFT	CCG	MCC	BonT
Smoking cessation	MCC	CMFT	CCG	GMW	UHSM	PAT	BonT
Voluntary work scheme	UHSM	CMFT	CCG	MCC	PAT	GMW	BonT
Health screening	GMW	CCG	UHSM	MCC	PAT	CMFT	BonT
Weight loss/cooking	CCC	GMW	MCC	PAT	CMFT	BonT	UHSM

Health and Wellbeing Workshops / Support Groups

H&S injury prevention	CCG	GMW	UHSM	PAT	CMFT	MCC	BonT
Resilience	CCG	GMW	UHSM	PAT	CMFT	MCC	BonT
Back Care	CCG	GMW	UHSM	PAT	CMFT	MCC	BonT
Mindfulness	CCG	GMW	PAT	CMFT	UHSM	MCC	BonT
Financial fitness	GMW	UHSM	CMFT	MCC	PAT	BonT	CCG
LGBT support	GMW	UHSM	CMFT	MCC	BonT	CCG	PAT
BME support	UHSM	CMFT	MCC	BonT	CCG	GMW	PAT
Substance misuse	GMW	UHSM	PAT	BonT	CCG	MCC	CMFT
Disability (and mental health)	PAT	CMFT	BonT	CCG	GMW	UHSM	MCC
Diabetes	CCG	MCC	PAT	CMFT	BonT	GMW	UHSM
Worklife balance	UHSM	MCC	PAT	CMFT	BonT	GMW	CCG
Heartcare	GMW	UHSM	MCC	PAT	CMFT	BonT	CCG

Health and Wellbeing Environment

Disabled parking	BonT	CCG	GMW	UHSM	CMFT	MCC	PAT
Bike racks	CCG	GMW	UHSM	PAT	CMFT	MCC	BonT
Work env assessment	CCG	GMW	UHSM	CMFT	BonT	MCC	PAT
Clean equiped kitchens	BonT	CCG	GMW	PAT	CMFT	UHSM	MCC
HWB communicated clearly	GMW	UHSM	CMFT	CCG	MCC	PAT	BonT
Healthy food choices	BonT	GMW	PAT	CMFT	MCC	UHSM	CCG N/A
Signposted stair wells	CCG	GMW	UHSM	MCC	PAT	CMFT	BonT
Marked walks	PAT	CMFT	GMW	MCC	CCG	UHSM	BonT N/A
Regular breaks	PAT	CMFT	BonT	CCG	GMW	UHSM	MCC
HWB logo	GMW	MCC	PAT	CMFT	BonT	CCG	UHSM

Health and Wellbeing Policies

	Range	Average
'Fully met' policies	9-26	20.7
'Partially met' policies	1-9	3.4
'Not met' policies	0-6	1.6

Indicator 2 Leadership

Health and Wellbeing Behaviours

Org change managed and lead	CCG	GMW	UHSM	CMFT	BonT	MCC	PAT
Leaders involved in HWB action plan	GMW	UHSM	MCC	PAT	CMFT	BonT	CCG
HWB discussed in team meetings	GMW	UHSM	MCC	PAT	CMFT	BonT	CCG
HWB discussed in 1:1's	GMW	UHSM	MCC	PAT	CMFT	BonT	CCG
Full range of HWB policies applied	GMW	UHSM	MCC	PAT	CMFT	BonT	CCG
Senior leaders hold action groups	CCG	GMW	UHSM	MCC	PAT	BonT	CMFT
Senior leaders model HWB behaviours	CCG	GMW	UHSM	CMFT	BonT	MCC	PAT

Learning and Development (managers)

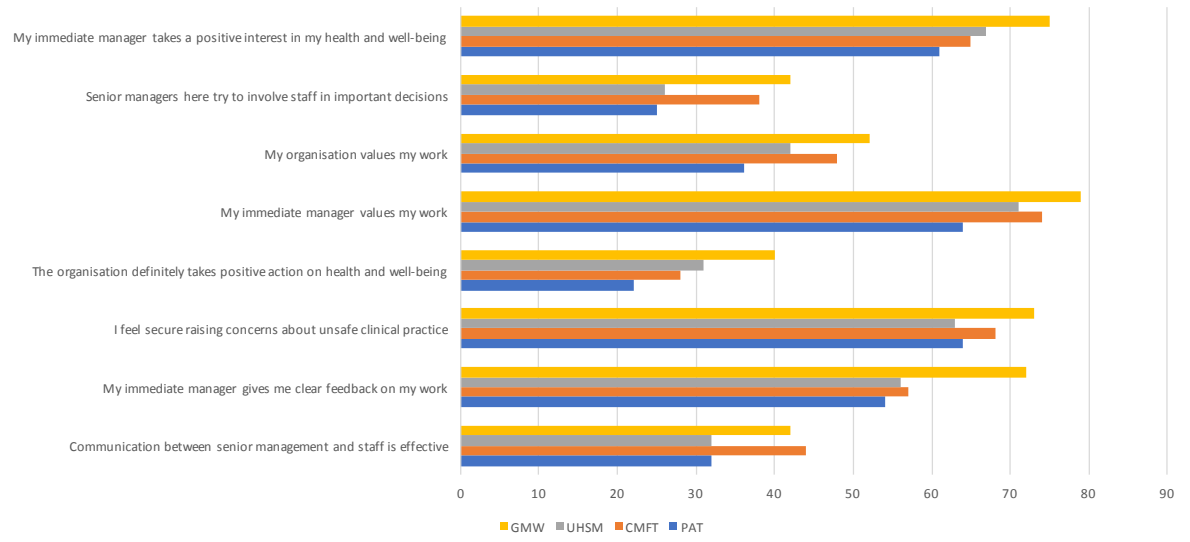
Leaders aware of Equality Act responsibilities	UHSM	MCC	CMFT	BonT	CCG	GMW	PAT
Development for managers to support HWB conversations	UHSM	CMFT	CCG	GMW	MCC	PAT	BonT
HWB policy training available	CCG	GMW	UHSM	MCC	PAT	BonT	CMFT

Indicator 3 Culture

Learning and Development (all employees)

Courageous conversations /conflict workshops available to all	GMW	UHSM	MCC	PAT	CCG	BonT	CMFT
Coaching culture	UHSM	CMFT	BonT	CCG	GMW	MCC	PAT

Norms



Indicator 4 Mental Health and Disability

Get In

Managers trained in recruiting disabled staff	BonT	CCG	GMW	MCC	PAT	CMFT	UHSM
Monitoring of disabled people applying /shortlisted	CCG	GMW	MCC	PAT	CMFT	BonT	UHSM
Representative workforce	BonT	GMW	PAT	CMFT	CCG	UHSM	MCC
Initiaitves to attract disabled staff	MCC	CMFT	CCG	GMW	PAT	BonT	UHSM
Testimonials from disabled staff on website	CMFT	BonT	CCG	GMW	UHSM	MCC	PAT

Get On

Clear process for making reasonable adjustments	CCG	GMW	UHSM	MCC	PAT	CMFT	BonT
Support managers with on-boarding for disabled	CCG	GMW	UHSM	PAT	CMFT	BonT	MCC
Absence mgt adapted for disability related illness	BonT	CCG	UHSM	MCC	PAT	CMFT	GMW
Named person for disabled people to go to	GMW	MCC	PAT	CMFT	BonT	CCG	UHSM
Monitoring of reasonable adjustments	CCG	GMW	CMFT	BonT	UHSM	PAT	MCC
Mental health and disability awareness included in induction	UHSM	PAT	CMFT	BonT	MCC	CCG	GMW
Disability networks	MCC	PAT	CMFT	BonT	UHSM	CCG	GMW
Monitoring broken down by disability	CCG	UHSM	CMFT	MCC	PAT	BonT	GMW
Disability related absence policy	CCG	UHSM	MCC	PAT	CMFT	BonT	GMW
Managers confident in making reasonable adjustments	UHSM	PAT	CMFT	CCG	GMW	BonT	MCC

Get Further

Mentors provided to support disabled staff	CMFT	CCG	GMW	UHSM	MCC	PAT	BonT
Senior role models exist	CMFT	CCG	UHSM	MCC	PAT	BonT	GMW
Career support for disabled staff	MCC	PAT	CMFT	BonT	CCG	CMW	UHSM

Manchester Health and Wellbeing Board
Workplace Health Baseline Assessment

Manchester Citywide Final Report

June 2017

Aspire and PACE are North West based consultancies which specialise in health and wellbeing, coaching, leadership and organisation development. They work collaboratively with employers and employees in a range of sectors to support individuals, teams, organisations and systems to enhance performance and promote positive wellbeing.
The Aspire and PACE team comprised of:

- Su Fowler-Johnson
- Dr Claire Harris
- Dr Penny Cortvriend
- Liz Kundi

Acknowledgements
We wish to thank all the following people who contributed to this report and its recommendations: Especially, the employees who kindly shared their personal and lived experiences of working in the participating organisations, who worked with us in a confidential capacity.

The Steering Group members who work brought their skills, insight and commitment to drive the agenda and shape the final report:

Members	**Organisation**
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Nick Hayes, Michelle Waite, Naheed Nazir, Maura Moss	*Pennine Acute Hospitals NHS Trust*
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Our expert advisor's
Dr Steve Boorman, Empactis and Wyn Jones, Leeds Teaching Hospital NHS Trust
Dr Mike Eeckelaers who provided strategic support reviewed draft versions of the report

Foreword

I am delighted to have been asked to write the foreword for this report on behalf of the Manchester Health and Wellbeing Board. Successful society requires skilled "happy, healthy and here" workforces to provide the services and goods that support a competitive sustainable economy and public service system. The Board's decision to undertake this unique base line assessment across its Members demonstrates that it has the courage and commitment to take employee health and wellbeing seriously. It enables the journey to start to tackle the issues it surfaces.

The last decade has seen a series of reviews and research, improving our understanding that health and wellbeing has enormous economic impact. Dame Carol Black's "Working for a healthier tomorrow" highlighted that ill health amongst those of working age has significant costs for the economy, which led to my review in 2009 which identified that organisations that prioritise staff health and wellbeing perform better and have lower rates of sickness absence.

As a society, we cannot afford to continue to ignore the massive impact that ill health is having. It is morally and economically impossible to ignore the fact that over 300,000 people a year fall out of work due to ill health. It is also impossible to deny that the huge difference in employment rates between those who have a disability, particularly a mental health disability, in comparison with those that haven't is unacceptable. We also know that prevention and health promotion can reduce the economic costs and adverse consequences.

I strongly welcome Manchester Health and Wellbeing Board taking a leadership role in identifying the need for change and prompting the development of local solutions. This report is a timely and valuable call to understand the issues that both Manchester and Greater Manchester are uniquely placed to lead for improvement. This work can contribute to the transformative ambitions of devolution. The evidence is here and it is time to act.

Dr Steven Boorman CBE
Director, Employee Health Empactis

CONTENTS

EXECUTIVE SUMMARY

Introduction - Why focus on the health and wellbeing of our workforce across Manchester

The health of the workforce across the City of Manchester is central to the realisation of inclusive economic growth ambitions, particularly in the context of longer working lives. The role that employers can play is critical, both in term of protecting health and promoting longer, healthier lives to reduce demand on public services.

Manchester Health and Wellbeing Board (HWBB) made work and health a strategic priority, and set a goal that member organisations should be exemplar employing organisations in relation to workplace health. This triggered a request to "take a transparent look" at how organisations across Manchester were performing in this area. A project was commissioned and funded through the Greater Manchester Transformation Challenge Award Fund and concluded with the production of:

- Workplace Health and Wellbeing Assessment Framework (including mental health and disability)
- Seven individual baseline assessment site reports for organisations participating in the project
- Final report, analysis, findings and collective developmental themes with recommendations
- Case studies of good practice

This year-long project has surfaced a number of priorities for Manchester HWBB which would go a significant way to impacting on the health and wellbeing of the workforce.

Findings

Findings relevant to all organisations

1. The level of sickness absence across participating organisations represents a very significant cost to HWBB organisations.
2. The average number of days lost through sickness absence is higher in all participating organisations when compared to national data[1]
3. The number one reason for sickness absence across participating organisations is mental ill health or disability.

Findings relevant to NHS Trusts

4. In 2016, at least 50% of people working in all participating NHS Trusts report coming to work when feeling unwell. Although sickness presence has reduced since 2010, it is still higher across participating NHS Trusts compared to national data[2]
5. In 2016, more people reported that their manager takes positive interest in their health and wellbeing in participating NHS Trusts compared to 2009.
6. There are differences in how disabled and non-disabled employees in participating NHS Trusts experience work. Disabled employees are more likely than non-disabled employees to report experiencing work related stress, feeling pressured to attend work when feeling unwell and experiencing bullying and harassment. They are also less likely to report receiving support from their managers and less likely to report that their organisation takes interest and positive action on health and wellbeing.

[1] National data provided by the Chartered Institute of Personnel and Development, 2016.
[2] National data provided by the Work Foundation, 2010

There are pockets of good practice where valuable and beneficial health and wellbeing interventions are taking place in participating organisations. However, there are also significant gaps, which will benefit from a Manchester-wide collective response, particularly in relation to disability.

It is encouraging that participating organisations can demonstrate good areas of practice in relation to staff HWB and that more people (in NHS Trusts) now report their manager take interest in HWB. There is still more work to be done for members of the Manchester HWBB to support participating organisations to bring down sickness absence in line with national averages, to reduce the costs of sickness absence and reduce presenteeism, through supporting all employees, including those with mental ill-health or disability, to participate in, remain in, and thrive through work.

Summary of high impact recommendations

Demonstrate that improving health and wellbeing, mental health and disability at work is a strategic Manchester Health and Wellbeing Board by:

Strategic priority - Demonstrate that health and wellbeing, mental health and disability at work are a priority for Manchester Health and Wellbeing Board.

<table>
<tr><th colspan="2">Recommendations for action</th></tr>
<tr><td colspan="2">Recommendation 1 - Setting common HWB improvement objectives that bring about positive engagement and action with staff for across Manchester organisations</td></tr>
<tr><td>Health and Wellbeing Board
1. Appoint a Board level HWB champion to ensure that recommendations in this report are taken forward
2. Hold Board organisations to account for developing and implementing an employee HWB plan linked to the baseline assessment findings
3. HWB Board to receive an annual progress report against plans</td><td>Health and Wellbeing Chief Executives
1. Ensure that Health and Wellbeing recommendations included in organisational site reports are implemented (this applies to all indicators)
2. Undertake benchmarking of H&WB data across the Manchester system e.g. sickness absence
3. Ensure that Board organisations involve and co-design HWB strategic priorities with employees
4. Ensure that managers within Board organisations are equipped to effectively support staff with disabilities and mental health conditions and this is reflected in the staff surveys</td></tr>
<tr><td colspan="2">Recommendation 2 - Promoting HWB for all care organisations (including 3rd sector). Pooling resources and learning from each other across Manchester to support the delivery of common evidenced based HWB interventions and maximising simple and cost effective behaviour change interventions.</td></tr>
<tr><td>Health and Wellbeing Board
1. Consider reviewing Occupational Health and Employee Assistance Programme provision across the Manchester HWB Board member organisations to see where they can reduce duplication, enhance the service and offer the service to smaller voluntary sector organisations.
2. Champion healthy lifestyles and creating healthier options in the commissioning of services</td><td>Health and Wellbeing Chief Executives
1. Align Occupational Health services, standards and provision for Manchester
2. Champion healthy lifestyles in the procurement of service
3. Work in partnership across the system (including voluntary organisations) to provide high quality HWB services, particularly those that are not offered by all HWB member organisations, so that they are accessible to all (e.g. health screening checks; physical activity</td></tr>
</table>

	groups; disability and mental health support groups; smoking cessation; substance use and misuse workshops; diabetes workshops; weight loss and healthy eating workshops)
Recommendation 3 - Encouraging all organisations across the Manchester to use the HWB baseline assessment and agree common data sets for measuring outcomes	
Health and Wellbeing Board *1.* Adopt health and wellbeing CQUIN standards 2016 or equivalent across Manchester organisations 2. Hold health and wellbeing Executives to account for developing plans to achieve improved health and wellbeing outcomes within their organisations	*Health and Wellbeing Chief Executives* 1. Health and wellbeing Executives in a commissioning role ensure that providers deliver on the HWB outcomes e.g. CQUIN or equivalent *2.* Ensure that their organisations review and evaluate the impact of HWB interventions
Recommendation 4 - Developing a culture that encourages a healthy work-life balance through senior leadership role modelling	
Health and Wellbeing Board *1.* Agree and adopt one performance target per year that drives improvements in employees' health and wellbeing in the organisations of the members of the HWB. Monitor the improvements in performance annually.	*Health and Wellbeing Chief Executives* 1. Executive leaders identify specific personal health and wellbeing objectives and role model positive health and wellbeing 2. Ensure that managers within board organisations are equipped to effectively support staff with disabilities and mental health conditions and this is reflected in the staff surveys 3. Progress common approach to delivery of leadership and management development (Inc. health and wellbeing emphasis) as recommended in Manchester Workforce Strategy 4. Adopt a prevention approach for health and wellbeing (HSE management standards)
Recommendation 5 - Emphasising the focus on mental health and disability of part of a wider health and wellbeing approach by monitoring the implementation of the Workforce Disability Equality Standards and supporting the delivery of Manchester's All Age Disability Strategy	
Health and Wellbeing Board *1.* Endorse the 'call to action' set out in the HWB Baseline Assessment Framework Indicator 4: Mental Health and Disability (Get In, Get on and Get Further) *2.* Endorse the Manchester All Age Disability Strategy and ensure system and organisational support for its delivery *3.* Work in partnership to set out new standards of care for people with mental health conditions in work	*Health and Wellbeing Chief Executives* 1. Implement the 'call to action' in Indicator 4: Mental Health and Disability (Get In, Get on and Get Further) 2. Managers trained in recruiting and supporting disabled staff 3. Managers regularly review and support making reasonable adjustments *4.* Appoint an organisational lead for the Manchester All Age Disability Strategy
Recommendation 6 - Creating a common HWB branding and logos on everything related to HWB across Manchester	

Health and Wellbeing Board	*Health and Wellbeing Chief Executives*
1. Consider a branding strategy for health and wellbeing initiatives and employee health and wellbeing services across the Manchester to provide a sense of identity	1. Implement the 'call to action' in Indicator 4: Mental Health and Disability (Get In, Get on and Get Further)

Conclusion

There are pockets of good practice where valuable and beneficial interventions are taking place in organisations within the City. However, findings have also surfaced which demonstrate that significant gaps that would benefit from a city-wide consideration and collective response, particularly in relation to disability. There is a tangible opportunity to share best practice and enable organisations to learn from each other without inventing wheels from scratch.

Manchester has an opportunity to be a leader and a positive force for change in relation to establishing a strategic approach to employee health and wellbeing across the City. This work builds on the insights and conclusions that are informing both the Manchester Locality Workforce Plan and 'Developing a sustainable workforce in Greater Manchester' GM strategy. The findings from this project provide evidence that all seven of the organisations that have participated, are keenly aware of the importance of health and wellbeing and the impact this can have on staff engagement and organisational performance.

CHAPTER SUMMARY

Chapter 1 - sets out the need, identified by the commissioners of this report for a fresh and opportunistic exploration of the health and wellbeing initiatives provided by a range of health and social care organisations across the City. Through the strategic oversight work of the Manchester Health and Wellbeing Board, it was identified that the opportunities and incentives that could be utilised through Greater Manchester Devolution to support the interface between the Health & Care and Work & Skills elements, were underdeveloped. Driven through Manchester's Joint Health and Wellbeing Strategy, the Manchester Health and Wellbeing Board's ambition is to ensure that, as public services with responsibility for health and wellbeing in the City, its own organisations are driving good practice and demonstrating leadership in this arena. Seven health and social care organisations were identified to take part in this project that seeks to provide a baseline assessment of health and wellbeing (HWB) provision across the City.

Chapter 2 - provides a clear rationale for the business case in relation to HWB, including a focus on a brief history of HWB in the workplace, followed by an evidence based focus on the costs to organisations of factors that are impacted when HWB is not given the attention it deserves. For example, the median cost per employee of sickness absence was £835 in 2016, with stress being the most common reason for long term absence and the second most common reason for short term absence[1]. Dame Carol Black's review[2] in 2008 led to the development of work place standards for assessing HWB at work and Dr Steve Boorman's work[3,4] in 2009 led to a number of significant recommendations in relation to HWB in the NHS workforce. This work has been highly influential in shaping the focus on HWB at work and has been helpful in the development of the current project.

Chapter 3 - focuses on the context for this project as well as outlining the language used and our definition of disability, which is a prominent issue in this baseline assessment. The commissioning organisations requested that as well as mental health, disability should also be considered as a priority area. The latter two areas were deemed to be important due to the significant impact that poor mental health and disability has across the City's population. It was also believed that these areas were under explored in employing organisations across the City. The overall aim of this strategic piece of work is to underpin a three-year programme jointly owned by the Manchester Health and Wellbeing Board and the Work and Skills Board to drive significant change in organisational practice in relation to workplace health.

Chapter 4 - presents the approach and methods used within this project. These included web-based research methods to develop a baseline assessment framework for the participating organisations. Web based searches were also used to create and develop external case studies and to inform the delivery team in respect of organisational contexts. A range of self-assessment meetings were conducted with leads from the participating organisations; these meetings were designed to enable organisations to complete the assessment framework and provide the delivery team with other relevant information such as health and wellbeing outcomes and internal case studies. Finally, one to one interviews were held with a range of disabled employees and managers, this deep dive method aimed to gain the perceptions of these staff in relation to disability and mental health experiences.

Chapter 5 - contains the analysis and findings from the methods outlined above. Findings and results are provided in relation to the health and wellbeing outcome measures which include staff engagement and days lost due to sickness absence. After this, information relating to the baseline assessment indicators is provided, of which there are four: good health for all, leadership, culture and disability and mental health. The interview findings are interwoven within the indicator 4 results.

Chapter 6 - presents ten high impact recommendations that we believe will have a significant impact on the HWB of staff in participating organisations.

Chapter 7 - offers a brief conclusion, emphasising how HWB starts at work and that responsibility lies both with staff member and employer; how Manchester has an opportunity to be a leader and a positive force for change in relation to establishing a strategic approach to employee health and wellbeing across the City; concluding that working together in partnership to improve the HWB of workers will benefit all.

CHAPTER 1: INTRODUCTION AND CONTEXT TO THE HEALTH AND WELLBEING BASELINE ASSESSMENT

There is a strong evidence base showing that work is generally good for physical, mental health and well-being[5]. The Marmot Review on Health Inequalities[6] evidenced six determinants of improved health, 'creating fair employment and good work for all' being one. The report recommended that ill health prevention, health promotion and reducing health inequalities be a shared responsibility between a range of sectors and services.

The health of the workforce across the city of Manchester is central to the realisation of economic growth ambitions, particularly in the context of longer working lives. This is outlined clearly in the Manchester Joint Health and Wellbeing Strategy's priorities of 'improving people's mental health and wellbeing' and 'bringing people into employment and ensuring good work for all'[7]. The role that employers can play is critical, both in terms of protecting health and promoting longer, healthier lives to reduce demand on public services.

Through the strategic oversight work of the Manchester Health and Wellbeing Board, it was identified that the opportunities and incentives that could be utilised through Greater Manchester Devolution to support the interface between the Health & Care and Work & Skills elements, were underdeveloped. The Manchester Health and Wellbeing Board's ambition is to ensure that, as public services with responsibility for health and wellbeing in the City, its own organisations are driving good practice and demonstrating leadership in this arena. There is a convincing economic case for stronger leadership across public, private and third sector partners at City and local level (locality and community). The impact on public sector partners in terms of absenteeism and lost productivity is significant, and the evidence suggests that current practice lags behind organisations in the private sector. Initial research undertaken ahead of the Health and Wellbeing Baseline Assessment (HWBBA) project identified:

- Sick people cost their employer £620,000 per year in businesses employing more than 500 people.[8]
- Similarly, a DWP report[9] stated that more than 130 million days (ONS) are still being lost to sickness absence every year in Great Britain and working-age ill health costs the national economy £100 billion a year.
- The same report estimates that employers face a yearly bill of around £9 billion for sick pay and associated costs, with individuals missing out on £4 billion a year in lost earnings. Meanwhile, around 300,000 people a year fall out of work and into the welfare system because of health-related issues.
- PricewaterhouseCoopers[10] estimate the cost to be even higher, at an average of 9.1 days of absence per UK worker, costing UK business nearly £29bn a year.
- The Centre for Mental Health[11] estimated in 2007 that the total cost to employers of mental distress and ill health in the workforce is estimated at nearly £26 billion each year. That is equivalent to £1,035 for every employee in the UK workforce.

With this insight and evidence, members of the Manchester Health and Wellbeing Board set a goal that member organisations across the City should be exemplar employers in relation to workplace health. Member organisations were set the objective of working collaboratively during 2015-17 to set improvement goals and share good practice, with the inclusion of mental health as a priority area.

This has been strengthened further within the Greater Manchester Workforce Strategy, *'*Developing a sustainable workforce in Greater Manchester 2016-2021*'*[12]. The strategy's vision acknowledges the critical importance of the HWB of employees and has set five stretching ambitions for working in partnership, pooling resources and '*Establishing clear, compelling and consistent offers to improve staff wellbeing, increase retention and attract talent'.*

The Health and Wellbeing Baseline Assessment (HWBBA) project was commissioned at the end of April 2016 and started in mid May 2016. It was funded through the Department for Communities and Local Government Transformation Challenge Award fund. It was agreed that the project would conclude in June 2017 with the production of several outputs including:

- Workplace Health and Wellbeing Assessment Framework (including mental health and disability)
- Individual baseline assessment site reports for organisations participating in the project
- Manchester City wide report to include: analysis, findings, collective strengths and recommendations
- Case studies of good practice

These will be presented to the Manchester Health and Wellbeing Board and relevant stakeholder Boards of the participating organisations by June 2017.

This document is the Manchester city-wide report, which provides the following insights:

- The case for improving the health and wellbeing of the workforce and wider population across the City
- An overview of the approach and methods undertaken to establish the baseline assessments and any other data collated
- A final analysis of the findings and outcomes from the web based and field work that has been undertaken
- Recommendations that have emerged as a result of the project work

The following organisations were identified by the HWB Steering Group to be involved so that the project could surface areas of good practice to share, identify gaps and make recommendations that will help to drive improvement in practice from the biggest employers across the City of Manchester. The inclusion of a voluntary sector organisation was seen to be critically important as an instrumental partner in delivering health and social care.

- Manchester City Council (MCC)
- NHS North, Central and South Clinical Commissioning Groups *(the data for these three organisations have been subsumed into one and are referred to as CCGs)*
- University Hospital of South Manchester NHS Foundation Trust (UHSM)
- Central Manchester University Hospitals NHS Foundation Trust (CMFT)
- Pennine Acute Hospitals NHS Trust (PAT – *incorporating North Manchester General Hospital*)
- Greater Manchester West Mental Health NHS Foundation Trust (GMW – *became Greater Manchester Mental Health NHS Foundation Trust from 2017; the data used in this report relates to GMW because Manchester Health and Social Care were unable to participate in the baseline assessment whilst they were in transition)*
- Back on Track (BonT) – a charity providing education and work experience to disadvantaged people. Selected through the support of Manchester Community Central (MaCC)

Ultimately this project is viewed as a strategic piece of work that will underpin a three year programme across Manchester Health and Wellbeing Board and Work and Skills Board partners in order to drive significant changes in organisational practice in relation to workplace health.

Since this project was commissioned there have been significant changes within the organisations taking part in the baseline assessment and more widely in the City of Manchester. These local and system changes will have impacted on the health and welling of the workforce. Some of the impact may be reflected in the HWB outcomes measured by the organisations. We recognise that there is significant work taking place to manage the change process across the City, which is still on-going.

It is worth noting that scope of this commissioned work ***did not*** include addressing the other emergent priorities from the 'Manchester Locality Workforce Strategy – 2017'[13], currently out to consultation. This work begins to identify considerations for an 'older workforce' as well as the needs the wider primary care workforce e.g. GP's, general practice nurses, pharmacy teams, dental teams and ophthalmology.

CHAPTER 2: BACKGROUND

The case for focusing on health and wellbeing (HWB) at work is compelling, from economic, person-centred, moral and performance perspectives. The wealth of evidence available to support this statement is diverse and extensive. It is beyond the remit of this document to provide a full review of the evidence available, however, we provide a summary to emphasise the need for the work completed across the City of Manchester, which is the basis of this report.

2.1 THE CASE FOR FOCUSING ON HEALTH AND WELLBEING AT WORK

Early research on workplace HWB began with a focus on stress at work. The term stress was borrowed from the field of physics by the founding father of the term, Hans Selye[14]. His work began in the 1920s when, as a clinician, he focused on the physical health of patients. Traditionally, after this time, health in the work place focused largely on physical safety. However, with a shift from an industrial to knowledge based and service economy there has been a growth in the psychosocial aspects of work place health[15].

Much research focusing on health and wellbeing at work has taken place over the past two to three decades[16] and in the late 1990s, the Health and Safety Executive (HSE) began work on the development of what are known as the 'Management Standards' for the good management of work-related stress. Following this, these seven stressor areas formed the HSE guidance 'Tackling Work Related Stress'[17] which focused on: demands, control, support, relationships at work, role, change and culture. In many respects, these areas have not changed significantly over the past sixteen years and research in this area has burgeoned ever since. During this time, as work became more concentrated and organisations began to merge and 'de-layer' there was an increased recognition that mental health and stress related problems were a key aspect of health at work that impacted on performance and absence.

Today the term 'health and wellbeing at work' is ubiquitous and integral to this term is the role to be played by policy makers, organisations, leaders, line managers and employees themselves. In addition, as well as the physical and psychosocial aspects of work place health, a greater focus has been placed on employee engagement[18]. Engagement has been inextricably linked with wellbeing, and performance and this is of particular interest within the public sector '*within the public sector there is a growing understanding of the importance of engagement as a medium for driving the performance and well-being*' (p5)[19].

Many studies have demonstrated that being in employment has benefits on general health and wellbeing, hence the increased focus by employers on health and wellbeing in the work place. The benefits of supporting employees to stay healthy and well are often shown through measuring the cause and cost of absence from work. The cost and cause of absence has been measured by the Chartered Institute of Personnel and Development (CIPD) in conjunction with 'Simply Health' each year for the last seventeen years. The survey of over 1,000 HR professionals provides benchmarking data and highlights the key absence management trends across private, public and non-profit organisations. Tables 1-4 show:

- Average days lost per employee per year and average working time lost per year for health, local government and the voluntary sectors (as these represent the types of organisations that participated in this baseline assessment work)
- Median costs of absence per employee per year for public, private and non-profit organisations
- The five most common causes of short term and long term sickness absence by sector.

The following data will be referred to, and be used as a comparison, where possible, in the analysis of the data for the current report presented in Chapter 5.

Table 1: Average days lost per employee per year and average working time lost per year (%) (in order to avoid extreme cases, we present the 5% trimmed mean) (Data taken from: CIPD, Annual absence survey reports 2016, 2015, 2014[20])

	Health	Local Government	Voluntary	All Sectors
Average days lost per year 2016	8.9 (3.9%)	9.9 (4.2%)	5.0 (2.2%)	6.3 (2.8%)
Average days lost per year 2015	10.0 (4.4%)	8.8 (3.9%)	7.7 (3.4%)	6.9 (3.0%)
Average days lost per year 2014	9.7 (4.2%)	7.4 (3.2%)	5.5 (2.4%)	6.6 (2.9%)

Table 1 shows that the average days and working time lost per employee, per year, in the health and voluntary sectors has fallen in the two year period from 2014 to 2016. For local government, the average days and working time lost per employee has risen over the three year period. In comparison to the average for all sectors (including private sector), health and local government are consistently above average, while the voluntary sector is consistently below average (except for 2015).

Table 2: Median / average cost of absence per employee per year (this is only reported as private, public and non-profit in the reports) (Data taken from: CIPD, Annual absence survey reports 2016, 2015, 2014[20])

	Private	Public	Non-Profit	All Sectors
Median cost of absence per employee 2016	510 (approx.)	835	515 (approx.)	522
Median cost of absence per employee 2015	400	789	639	554
Median cost of absence per employee 2014	520	914	611	609
Average annual cost per employee 2014 (5% trimmed mean)	697	1179	616	760

Table 2 shows that the median cost of absence per employee has decreased between 2014-2016 across all sectors. The highest cost of absence is within the public sector. It also shows the average cost for 2014 (this was not reported in 2015, 2016 reports due to large variations in figures reported and some extreme responses, the median figures are considered more representative).

Table 3: Top 5 most common causes of short term absence by sector (%) (Data taken from: CIPD, Annual absence survey report 2016[20])

	Private	Public	Non-Profit	All Sectors
Minor illness	96	90	96	95
Stress	42	73	50	47
Musculoskeletal injuries	33	61	53	44
Home/family/carer responsibility	41	20	35	35
Mental ill health (anxiety / depression)	29	52	36	34
Back pain	30	34	37	34
Recurring medical conditions	31	31	35	31

Table 3 shows that across all sectors, over 90% of respondents from all sectors place minor illness such as colds, flu, stomach upsets, headaches and migraines as one of the top 5 most common cause of short term absence (up to 4 weeks). For the public sector, stress and musculoskeletal injuries are also cited as within the top 5 common causes of short term absence and have been cited more frequently than within the private and non-profit sectors.

Table 4: Top 5 most cited common causes for long term absence (Data taken from: CIPD, Annual absence survey reports 2016, 2015[20] – not reported in 2014)

	Private	Public	Non-Profit	All Sectors
Stress	46	75	56	53
Acute medical conditions	49	60	54	53
Mental ill health	43	66	56	49
Musculoskeletal injuries	33	67	46	44
Back pain		44	37	35
Recurring medical conditions	27	28	31	29

Table 4 shows that more respondents in the public sector cite stress as one of the top 5 reasons for long term absence (over 4 weeks) (75% compared to 46% and 56% for the private and voluntary sector respectively).

Overall this data shows that health and local government have higher levels of absence rates compared to other sectors and that the public sector (which includes health and local government) has the highest costs per absence per employee compared to other sectors. Stress is cited by over 73% of public sector respondents as one of the top five reasons for short and long term sickness absence (compared to between 47% and 53% for all sectors). The fact that the public sector has higher levels and more costly periods of sickness absence and that stress features as one of the most cited reasons for short term and long term absence, provides a compelling reason for public sector organisations, such as those in this baseline assessment, to support employees to maintain and improve their health and wellbeing at work.

In addition, there may be interesting areas of health and wellbeing good practice to learn from the non-profit sector (including the voluntary sector) which has much lower levels and costs of absence and is less likely than those respondents in the public sector to cite stress as one of the top 5 causes of short and long term sickness absence. However, it is recognised that the reason for the differences could be varied and may relate to the different terms and conditions employees are provided with, for example.

Sickness presence 'attending work when self-perception of health justifies taking time off' is also related to higher levels of sickness absence and reduced psychological wellbeing. The Work Foundation[21] study into sickness presence in the workplace found that three factors were significantly linked with higher levels of sickness presence, including: personal financial difficulties; work-related stress; perceived workplace pressure (from senior managers, line managers and colleagues) to attend work when unwell. The survey revealed sickness presence was more prevalent than sickness absence. 45 per cent of employees (in finance and insurance industry) self-reported one or more days of sickness presence over a four week period. Over the same period only 18 per cent reported one or more days of sickness absence. One key recommendation was that organisations review how absence management policies are understood and applied by managers at all levels of the organisation.

2.2 RECENT REVIEWS AND THE DEVELOPMENT OF HEALTH AND WELLBEING STANDARDS

It was Dame Carol Black's seminal report 'Working for a Healthier Tomorrow'[2] that resulted in a broader range of health and wellbeing standards to be developed so that employers and employees could focus on staying healthy and well at work whilst maintaining good performance. Some examples, which all include assessments against standards, are:

- The Workplace Wellbeing Charter advocated by Professor Dame Carol Black[22]
- Investors in People have a health and wellbeing framework[23]
- The National Institute for Health and Clinical Excellence (NICE) public health guidance[24]

Shortly after Black's 2008 report[2], Dr Steven Boorman led a review of health and wellbeing in the NHS, which culminated in the publication of interim and final reports in 2009[3,4]. The Boorman report found that staff ill-health and related absence is linked to an increased risk of unsafe care, worse experiences of care for patients and poorer outcomes. Boorman's final report[4] made twenty recommendations for the NHS, including the following:

'all NHS organisations provide staff health and wellbeing services that are centred on prevention…' (p. 29)

'…high priority should be given to ensuring that managers have the skills and tools to support staff with mental health problems' (p. 29)

'…there should be consistent access to early and effective interventions for musculoskeletal and mental health problems in all Trusts, as these are the major causes of ill-health among NHS staff' (p. 29)

'. the NHS Operating Framework should clearly establish the requirement of staff health and wellbeing to be included in national and local governance frameworks to ensure proper board accountability for its implementation; (p. 30).

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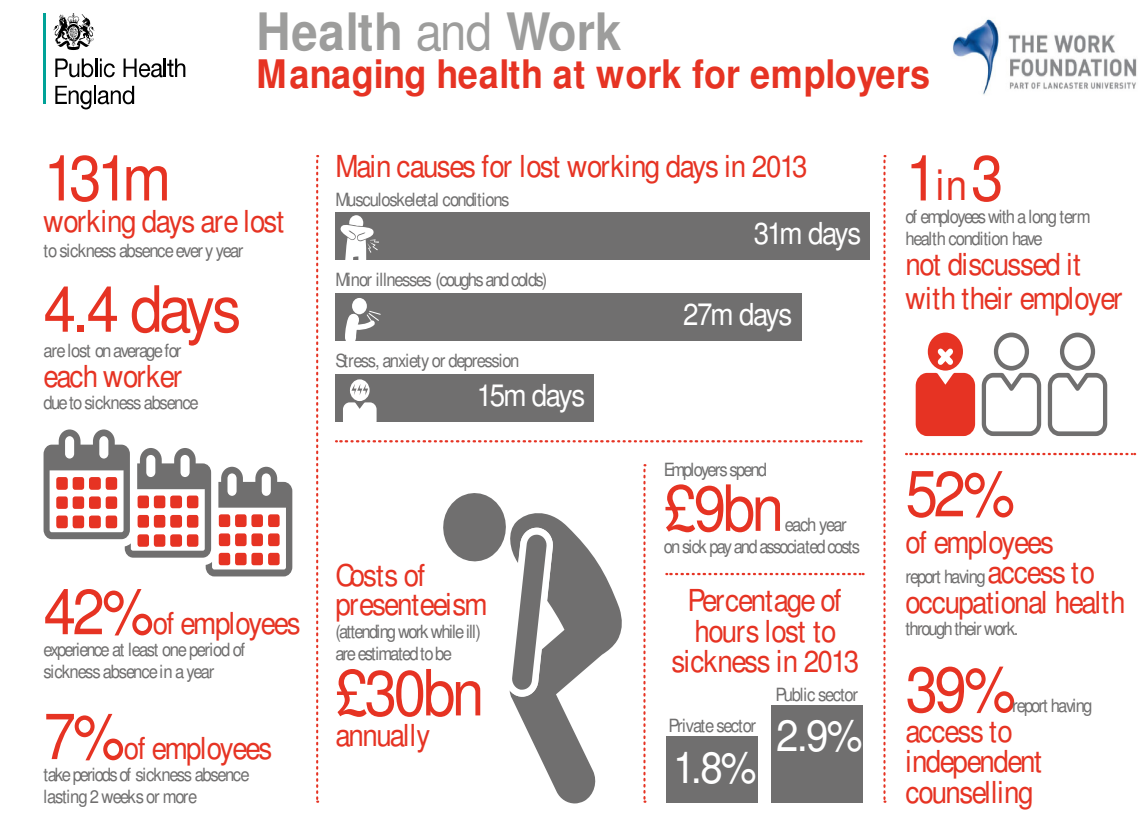
Much of this work informs public sector thinking and policy development at a national level. In 2015, the current Chief Executive of the NHS, Simon Stevens, initiated a range of health and wellbeing strategies for NHS staff designed *'to ensure the NHS as an employer sets a national example in the support it offers its own staff to stay healthy'* as pronounced in the Five Year Forward View[25].

The infographics presented on the next two pages are taken from The Work Foundation website[26] and have been devised in partnership with Public Heath England. The figures depict some key facts and statistics that add weight to the argument that the time has come to focus even more keenly on the health and wellbeing of the working population. The data contained in these graphics are based on large scale surveys and other research studies that have focused on both the private and public sectors.

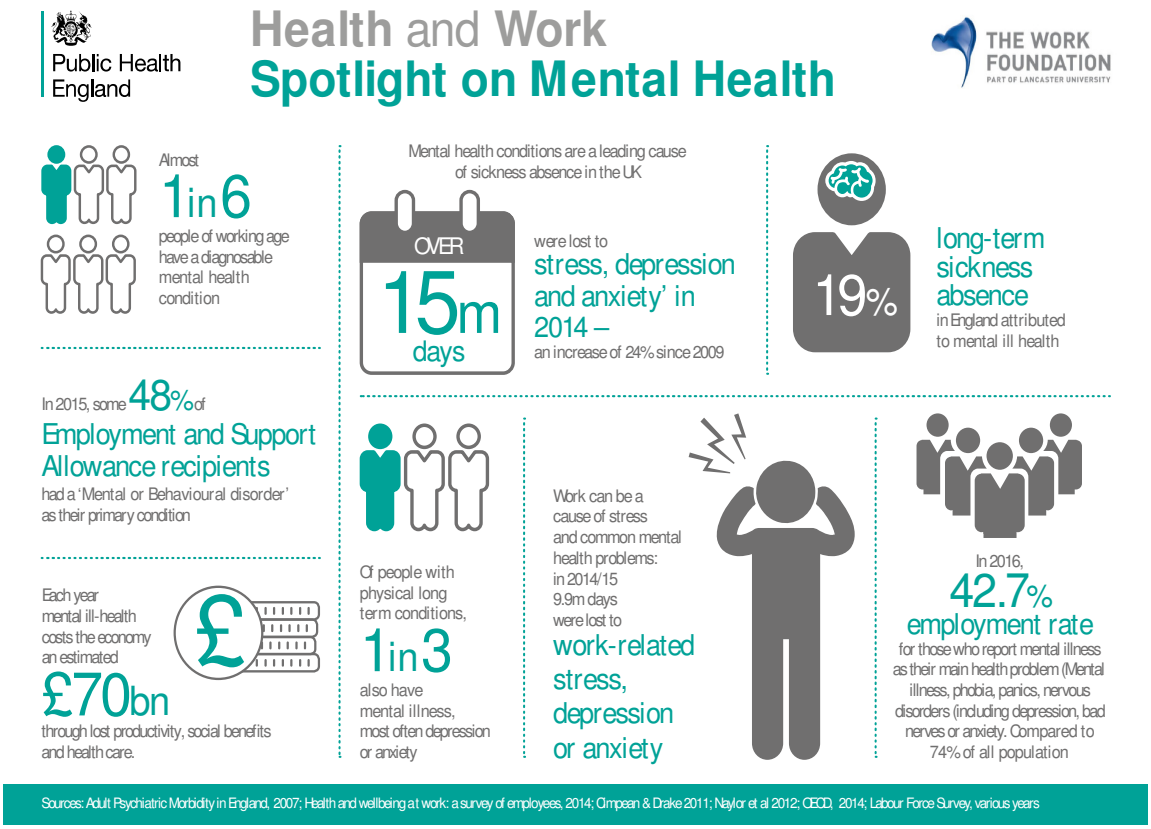
Figure 1: Infographic – Managing health at work for employers



This infographic provides an overall picture of the state of health at work across the UK and some of the key highlights here pertaining to the current study include the following:

- The percentage of hours lost to sickness in 2013 were 2.9% in the public sector, versus 1.8% in the private sector.
- The third main cause of lost working days in 2013 was stress, anxiety or depression which emphasises the need for a focus on the mental health of workers.
- 1 in 3 employees with a long-term health condition have not discussed it with their employer. This may indicate that there is some kind of stigma attached to ill health or that leaders and managers are not offered development opportunities to enable them to open up discussions about health with their team members.

Figure 2: Infographic – Spotlight on mental health



This infographic offers a spotlight on mental health and some of the key elements of this graphic also present interesting facts that are relevant to the current project:

- Almost 1 in 6 people of working age have a diagnosable mental health condition and yet these 1 in 6 may not be known to organisations or their managers and the impact of this may also remain hidden.
- 1 in 3 of people with physical long term conditions also have a mental illness, most often depression or anxiety. This suggests that talking to people about their mental health state as well as their physical state is important and could enable employees in this situation to find ways to improve their mental health.

This chapter has highlighted the case for focusing on employee health and wellbeing as a priority area across the City of Manchester, drawing on local and national local insights. It introduces the national data from CIPD, which provides a comparison for employing organisations across Manchester. Through this project, meaningful and robust standards were identified, but there are no frameworks that specifically include a focus on mental health and disability, which has been found to be a predominant cause of sickness absence in public, private and voluntary sectors. It is therefore fitting that the baseline assessment presented in this report includes disability and mental health as a focus, so that organisations across Manchester can work to improve this area of health and wellbeing with and for staff.

CHAPTER 3: SCOPE OF THIS PROJECT

In March 2015, the Manchester Health and Wellbeing Board approved the recommended principle that the Board's employing organisations should be exemplars in relation to workplace health and that they should work collaboratively over the course of a two-year period with the aim of setting improvement goals and sharing good practice. Mental health and Disability was identified as a priority area within this recommendation.

To this end, the Health & Work Task and Finish Group (which is accountable to the HWB Board and the Work & Skills Board) led the development of a commissioning specification that detailed the purpose and scope of a project designed to create a workplace health baseline assessment which would act as a benchmark across Manchester. The assessment would culminate in a range of reports:

- **An interim report** – this report was published in January 2017 after being approved by the HWB Steering Group. The report focused on interim project results and progress, culminating in developmental themes.
- **Individual organisational site reports** – each of these seven reports were collated and completed by a member of the delivery team for the project in partnership with one or more organisational representatives. Each report was 'signed off' by the organisations prior to any dissemination. The reports were designed for internal organisational use only on the condition that the baseline data would be shared for use in the Manchester City wide report so that baseline data and good practice could be shared.
- **This final, overarching Manchester city-wide report** - which builds on the interim report and integrates the analysis and findings from the whole data set collected between April 2016 and March 2017.

The work was scoped by senior managers from: the three CCGs, Central Manchester Foundation Trust, University Hospitals of South Manchester and Manchester City Council. The specification document proposed that the assessment would identify areas of good practice and key areas for improvement across members of the Health and Wellbeing Board.

As well as identifying and exploring practice in relation to a range of health and wellbeing (HWB) interventions and initiatives, the commissioning organisations requested that as well as mental health, disability should also be considered as a priority area. The latter two areas were deemed to be important due to the significant impact that poor mental health and disability can have across the City's population. As stated earlier, the commission did not include directly addressing considerations for a workforce with an older demographic or the requirements within a wider primary and community care workforce.

The current assessment is timely, given the NHS staff health and wellbeing CQUIN guidance that was published in June 2016[27], together with the strength of the message from Public Health England, which now forms part of the civil service.

3.1 DEFINING DISABILITY AND THE USE OF LANGUAGE

The Manchester Health and Wellbeing Board identified mental health and disability as priority areas for employing organisations to focus on in relation to workplace health and wellbeing. There is a strong case for this, as set out in the 2016 Work, Health and Disability Green Paper[28].
This highlights that:

- Less than half (48%) of disabled people are in employment compared to 80% of the non disabled population.
- Almost 1 in 3 working-age people in the UK have a long-term health condition which puts their participation in work at risk
- Around 1 in 5 of the working-age population has a mental health condition
- As many as 150,000 disabled people who are in work one quarter are out of work the next
- Over half (54%) of all disabled people who are out of work experience mental health and/or musculoskeletal conditions as their main health condition

For the purposes of this report we use the UK Equality Act 2010[29] definition of disability, which states that you are disabled under the act if '**you have a physical or mental impairment that has a 'substantial' and 'long term' negative effect on your ability to do normal daily activities'**. Further detail of this definition can be seen in Appendix 1.

CHAPTER 4: APPROACH AND METHODS

A range of methods were applied to meet the requirements of the project:

- **Web based research** to produce a best practice assessment framework, contextualise the organisations taking part in the baseline assessment and generate exemplar case studies external to the local context
- **Meetings with organisational HWB leads** to complete a baseline HWB self-assessment and generate site specific case studies of good practice
- '**Deep dive' semi-structured interviews** with disabled employees and/or people with a mental health condition (declared under the UK Equality Act or not) and with managers who support disabled people and those with a mental health condition (declared under the UK Equality Act or not)

We provide a summary of the health and wellbeing framework development for information. Further detail is provided in Appendix 2.

4.1 DEVELOPMENT OF THE HWB SELF-ASSESSMENT FRAMEWORK

Because existing health and wellbeing assessment frameworks do not have a specific focus on disability, a health and wellbeing framework was designed for this purpose. A current version of the full assessment framework can be seen in Appendix 3.

The HWB self-assessment framework was developed through web-based research drawn from the practitioner and academic health and wellbeing literature including existing health and wellbeing standards that are largely UK and USA based (please see Appendix 4 for a list of the references and resources used for this part of the study). The research uncovered a considerable range of relevant websites and other literature relating to health and wellbeing and a focus was also placed on mental health and disability issues. Several of the documents and websites listed included indicators, outcome measures, achievements and suggested initiatives that can be used in organisations to sustain and improve health and wellbeing. As a result of this research four indicators became the focus of the assessment framework: Good Health, Leadership, Culture, Mental Health & Disability.

Each of these indicators have a goal statement attached to them and are split under relevant headings that depict the types of initiatives or interventions to be considered within each goal. As a major consideration of this project was to focus on mental health and disability, under the Good Health and Leadership indicators we included interventions and initiatives focusing on mental health and disability (e.g. Good Health focuses on whether induction includes mental health and disability and whether the organisation has mental health and disability workshops and policies. Leadership focuses on whether organisations support managers to have conversations with employees about mental health and disability).

In order to provide a much more in depth focus on disability and mental health, we also developed a specific indicator during the project that focused specifically on these issues. The interventions devised under this indicator were drawn from the NHS Health Education England 'Talent for Care' guidance on 'Getting in, Getting on, Getting further'[30]. Under these three broad headings we asked questions relating to:

- ***Get in*** - A workforce that is representative at all levels of the organisation and that has effective means to specifically target and recruit disabled individuals
- ***Get on*** - Supporting disabled people to be the best that they can be in their jobs
- ***Get further*** – Supporting disabled people to progress in the organisation

The purpose of the baseline assessment was designed to be twofold. As well as being a useful tool throughout the duration of the project, it is believed to be a document that can be adjusted and used by organisations post-project to fit with their local context and climate.

CHAPTER 5: ANALYSIS AND FINDINGS

The chapter is structured as follows:

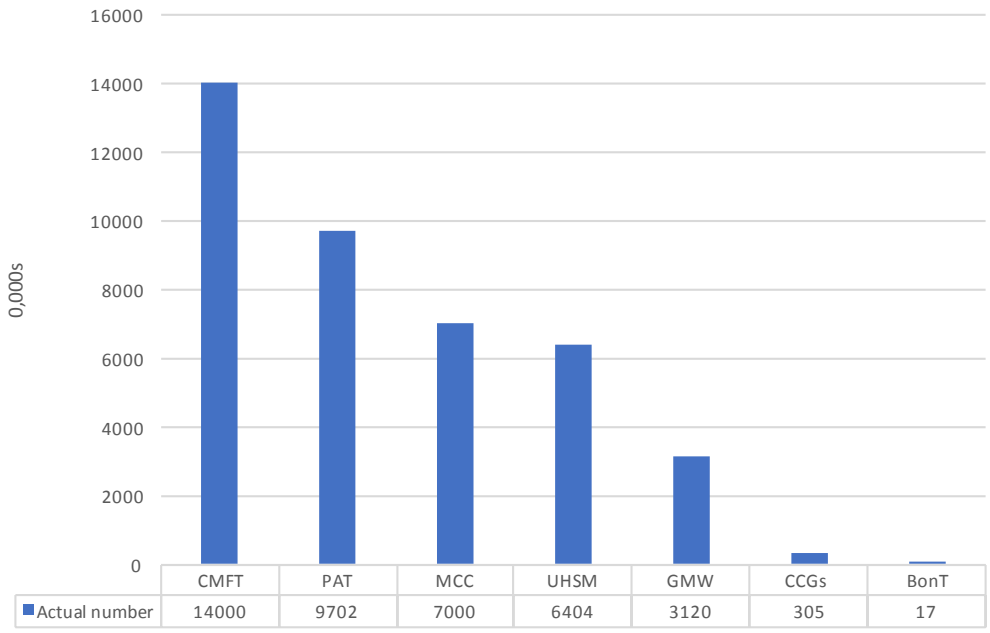
- A description of the organisations
- Overview of Health and wellbeing outcome measures that were collected from organisations
- Baseline assessment results against the four indicators (good health for all, leadership, culture, mental health and disability)

The case studies from the Manchester organisations and the web based review have been woven into the baseline assessment indicators to highlight areas of good practice. The interview findings have been integrated into the results of the fourth indicator (mental health and disability).

5.1 THE ORGANISATIONS

As of November 2016, there were 374,700 people working in the City[31]. The scope of the project focuses on the health, social care and voluntary sector organisations delivering services across the City (40,548 employees), this equates to 11% of the total working population in Manchester. It is important to provide some detail about the participating organisations because of their diverse nature, across a range of factors. This diversity impacts significantly on the analysis and presentation of findings. One of these factors is the size of the organisations, which is depicted by means of staff numbers in figure 3.

Figure 3 – Organisational size by staff number



Organisational size matters when it comes to the provision of HWB initiatives, resources, the environment and context that impacts on the working population, including leaders. For example, all the participating organisations have been subject to major organisational changes, changes to the external environmental and changes in leadership. The organisations also cover a range of sectors and organisational type; each sector developing, or mandated with developing and measuring HWB in a number of ways.

However, each, in its own unique way, is endeavouring to provide the best place possible for its employees to achieve a good level of health and wellbeing. This finding came across strongly when meeting with the site leads as part of the self-assessment process.

It is important to emphasise these differences between the organisations because they influence the manner in which we are able, within this report, to present the analysis of our findings. Whilst we have aimed to compare and contrast the data collected from the participating organisations, it has not always possible to present a picture that offers a like for like comparison, or a homologous picture across Manchester, because of these differences.

In the main, useful and valuable comparisons are made in this chapter and we have been able to compare the Manchester organisational data with the 2016 CIPD data presented in Chapter 2. Table 5 shows how we have compared the Manchester data to the CIPD data.

Table 5: The data we can compare from the Manchester with the CIPD data**

CIPD Data	Ability to compare across Manchester
Average days lost per year	Yes
Median/average cost of absence per employee	Average cost of absence per employee
Top 5 most common causes of short term absence	Top 5 causes of sickness absence
Top 5 most common causes of long term absence	Top 5 causes of sickness absence

***Please note while it is useful to use the CIPD national data to compare the Manchester organisations against, it's important to acknowledge that both the CIPD and organisational data is self reported. There will be some anomalies in this data due to accuracy of recording, differences and inconsistencies in calculating and reporting of sickness absence.*

5.2 OUTCOMES DEMONSTRATING THE IMPACT OF HWB INITIATIVES

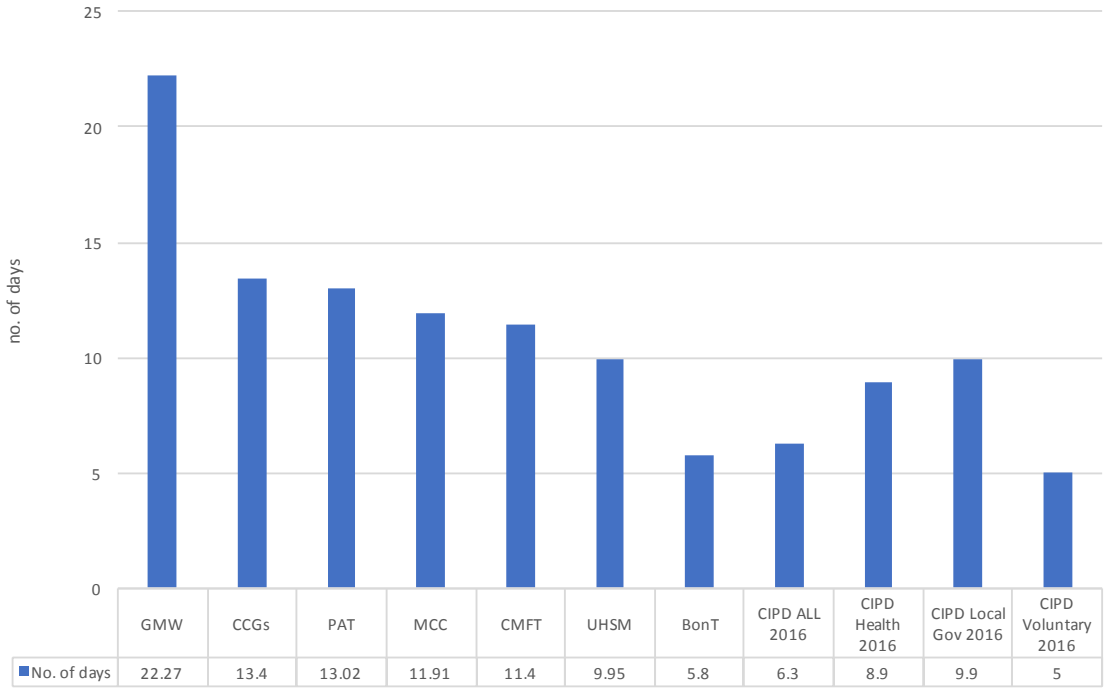
In addition to collecting information about best practice relating to HWB initiatives across all the sites, HWB outcome data was collected to help gauge the impact of the HWB initiatives. We focused on the following six measures across all sites:

1. Average days lost due to sickness absence (CIPD comparison available)
2. Average cost of sickness absence (CIPD comparison available)
3. Top 5 reasons for sickness absence (CIPD comparison available)
4. Sickness presence
5. Staff engagement (incorporating friends and family test where available and staff perceptions of management interest in HWB)
6. Cost of temporary staffing
7. Staff turnover rate

5.2.1 SICKNESS ABSENCE

Outcome measure one **- *The average number of days lost due to sickness absence per employee per year*** for Manchester organisations is provided in figure 4. The data was collected either at one point in time or over a one year period. The final 4 bars in the chart show the CIPD 2016 average number of days lost due to sickness absence for all sectors depicted earlier in this report, for the health sector, for local government and for the voluntary sectors as a comparison.

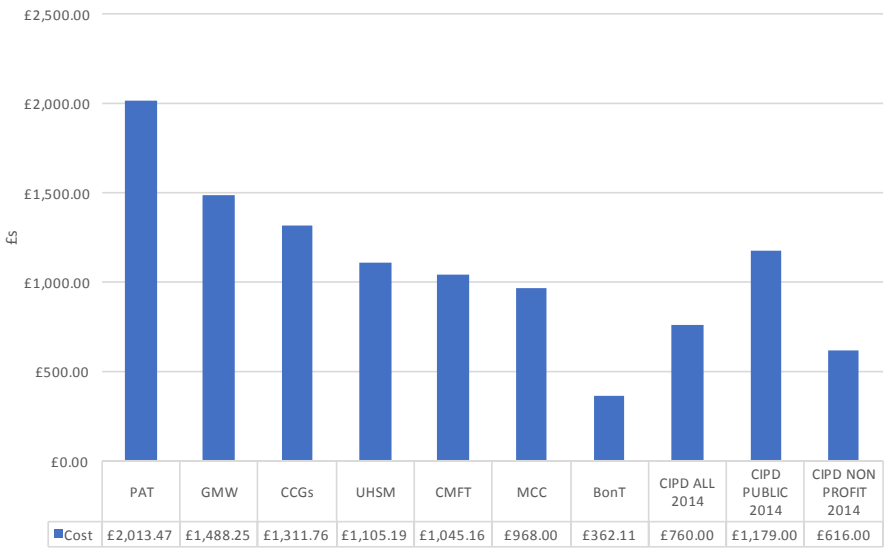
Figure 4 – Average number of days lost due to sickness absence per employee per year



The Manchester organisations lose more time in terms of sickness absence days lost than the CIPD average (except for BonT). The health sector average in the CIPD study was 8.9 days and therefore UHSM are closest to that figure. The local government CIPD average was 9.9 and therefore MCC are 2.01 days above this figure. BonT have the lowest average number of days lost at 5.8 which is 0.8 above the CIPD average for the voluntary sector and 0.5 above the CIPD total average.

Outcome measure two **– *The average cost of sickness absence per employee per year*** was also collected from the Manchester organisations. The data was collected either at one point in time or over a one year period. Figure 5 depicts these costs (GMW, UHSM and CMFT provided cumulative costs and so we divided these by the number of employees to give us the average figure). The final 3 bars in the chart shows the CIPD 2014 average cost of absence per employee per year for all sectors for the public sector and non-profit sectors as a comparison (no average figures are available from the CIPD 2016 reports because the median is a more reliable figure). The cumulative cost of sickness absence per annum across all participating organisations at time of reporting was £52,180,302.

Figure 5 – Average cost of sickness absence per employee per year



It is notable that PAT, GMW and the CCG's show the highest costs of absence per employee and also show the highest number of days lost. We want to highlight caution using the average cost of sickness absence, it is not clear how these figures are arrived at in each organisation and whilst the majority of absence occurrences may be short term (1-3 days), longer term episodes can have a considerable influence on both the overall cost and average sickness duration per employee (this is why the CIPD reports in 2015 and 2016 prefer to show the median).

Outcome measure three **- *The top three reasons for sickness absence*** across the Manchester organisations was collected. This data is shown in table 6.

Table 6 - Top three reasons for sickness absence

	PAT	GMW	UHSM	CCGs	MCC	BonT	CIPD*	CIPD**
1	Mental ill Health (anxiety/ stress)	Mental ill Health (anxiety/ stress)	Mental ill Health (anxiety/ stress)	Mental ill Health (anxiety/ stress)	Mental ill Health (anxiety/ stress)	Disability related	Minor illness	Stress
2	MSK	Cold, cough, flu	Unknown/ unspecified	Unknown/ unspecified	MSK	Cold/ Cough/ flu	Stress	Acute medical condition
3	Gastro	Injury/ fracture	MSK	Gastro	Operations	Gastro	MSK	Mental ill health

Key: * short term absence, ** long term absence, MSK = musculoskeletal problems, Gastro = gastrointestinal problem

***CMFT do not currently report on reasons for sickness absence across all staff groups (currently piloting reporting on this data)**

It is clear from this data that the number one reason for sickness absence is mental ill health or disability. If looking at the content of the 2nd and 3rd reasons, musculoskeletal and gastrointestinal problems are the next most significant reasons.

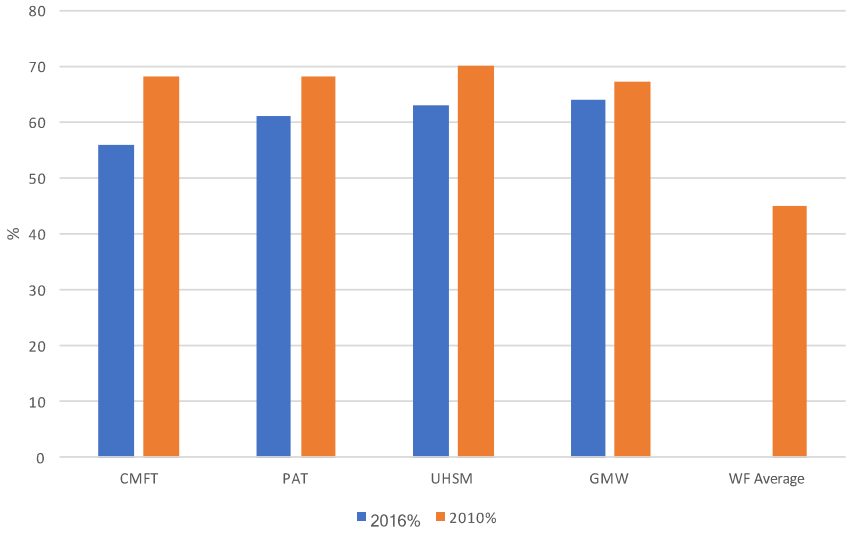
When compared to the CIPD data which is also provided in table 5, there are some similarities although the CIPD report included 'stress' as a separate condition to mental ill health. Mental ill health did not come first in the CIPD data either as a short or long term reason for sickness absence.

Whether for short or long term reasons, the findings in relation to the Manchester organisations emphasise the need for a strengthened focus on disability and mental health.

5.2.2 SICKNESS PRESENCE

Outcome measure four - The annual NHS staff survey asks a specific question about sickness presence 'in the last 3 months have you ever come to work despite not feeling well enough to perform your duties'. Four of the seven organisations participate in the NHS staff survey (BonT, MCC and CCG's do not measure sickness presence). Figure 6 shows sickness presence for 2010 and 2016 and compares the four NHS Trusts to the Work Foundation survey data (WF) which was published in 2010.

Figure 6 – Sickness presence (% of people reporting they come to work when not feeling well)



When comparing the NHS Trusts, we can see that less people are reporting attending work when they feel unwell in 2016 compared to 2010. Compared to the Work Foundation, the NHS Trusts show higher levels of sickness presence for 2010 and 2016 (the range for the NHS Trusts was 67%-70% for 2010 and 56%-64% for 2016).

5.2.3 STAFF ENGAGEMENT

Outcome measure five - All organisations were asked to provide information regarding staff engagement. This data was collected in different ways and the overall picture is presented in Table 7. Staff survey scores for 2016, or equivalent, are depicted in the first column. Also, when available a breakdown of scores for disabled and non-disabled staff are shown, as well as a comparative sector average where possible. Finally, percentage figures representative of whether staff would recommend the organisation as a great place to work or to receive care (friends and family test) are presented in the final two columns.

Table 7 – Staff engagement

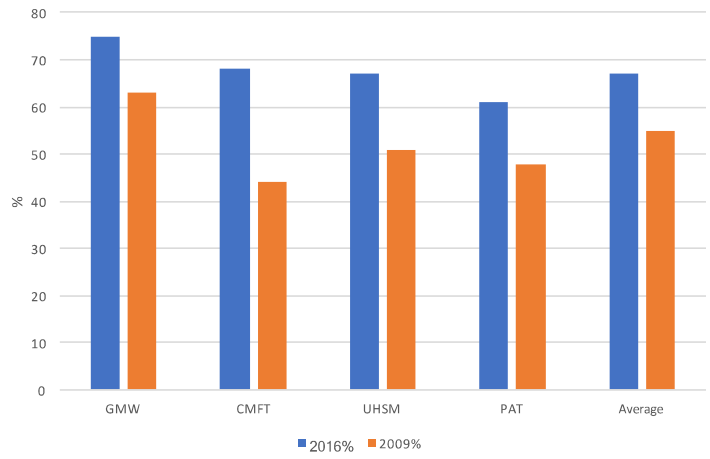
Organisation	Staff survey score 2016	Disabled staff score	Non-disabled staff score	Comparative sector average	Recommend as great place to work	Recommend as place to receive care
BonT	4.30	Nda*	Nda	Nda	86%	Nda
CCGs	4.00	Nda	Nda	Nda	84%	Nda
GMW	3.89	3.74	3.95	3.77	71%	82%
UHSM	3.79	3.64	3.81	3.81	61%	83%
PAT	3.64	3.49	3.69	3.81	51%	60%
CMFT	3.84	3.72	3.85	3.80	61%	77%
MCC	Nda	Nda	Nda	Nda	Nda	Nda

**Nda = no data available in comparable format (for the CCG staff engagement score we have used '% motivated in job' and we have converted the % figure into a 5 point scale, assuming that a score of 79% = 4 on a Likert scale. For BonT 'recommended as a place to work' score we have converted the 5 point scale into a %, assuming that 4.3/5 = 86%).*

BonT and the CCG's have the highest engagement scores and scored highest as recommended as a place to work. Across the larger trusts PAT, UHSM and CMFT have lower scores for 'recommended as a great place to work' as compared to GMW. PAT and CMFT scored slightly lower for 'recommended as place to receive care' compared to GMW, and UHSM.

In 2009 Professor Steve Boorman published the NHS Health and Wellbeing Review interim report[3]. Drawing on the annual NHS staff survey data, the report shows that on average in the NHS, only 55% of respondents believe that their line manager takes a positive interest in their health and wellbeing (2009). This percentage has risen on average across all NHS Trusts to 67% (2016). Figure 7 shows line managers interest in HWB for 2009 and 2016 for four of the seven organisations that participate in the NHS staff survey (BonT, MCC and CCG's do not measure line managers interest).

Figure 7 – % of people reporting that their manager takes positive interest in their HWB



Between 2009 and 2016 across all four Trusts, more people report that their manager takes positive interest in their health and wellbeing. Compared to the average for all NHS Trusts in 2010 PAT, UHSM and CMFT were below average (the range for the NHS Trusts was 44%-63%). Compared to the average for all Trusts in 2016, PAT was below average (the range for the NHS Trusts was 61%-75%).

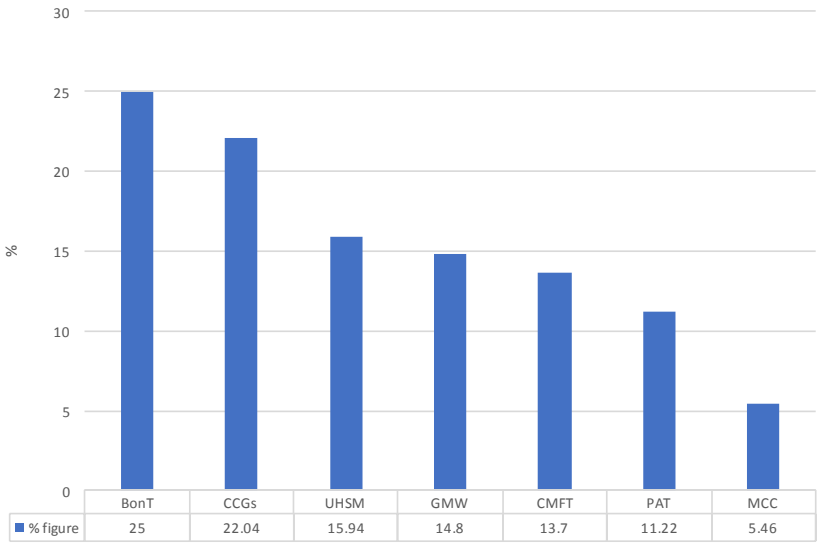
5.2.4 COST OF TEMPORARY STAFFING

Outcome measure six - Five out of the seven organisations have been able to provide a figure for the cost of temporary staffing. The range of figures provided in relation to this cost was £14.4 to £42.5 million. All organisations calculate these costs over different time periods and include a variety of costs in their overall figure (e.g. some organisations include only agency spend, whilst others include agency, bank and overtime spend in their cost). Due to the different ways in which the Manchester organisations presented their cost of temporary staffing data, it is difficult to draw any conclusions. Therefore, moving forward it could be of value for the Manchester organisations to agree how they can record this data for future benchmarking exercises.

5.2.5 STAFF TURNOVER

Outcome measure seven - Organisations were asked to provide their latest turnover figures as a percentage figure. These were provided by all the organisations and are provided in figure 8.

Figure 8 – Staff turnover presented as a percentage figure



Whilst it can be seen that BonT has the highest turnover score (and engagement score), the top reasons for turnover provide further explanation for this. BonT is a small charity which operates through a range of contracts, grant funding and income generation. The top reason for turnover in this organisation is 'project funding coming to an end' or 'leaving to advance career'. Although anecdotally it has been suggested that people will seek career progression within the sector. Likewise, the CCG have higher levels of turnover (and engagement) compared to the other organisations. The top reasons for turnover here are voluntary unknown and voluntary promotion. The CCG may also employ more people on temporary contracts compared to other organisations. MCC has seen 4000 staff reduction due to voluntary severance. The no compulsory redundancy policy has also seen significant staff redeployed, so this impacts on turnover figures for MCC.

Reasons provided in the other, larger organisations included: voluntary resignation, not known, promotion, work-life balance, relocation and retirement.

Collectively this HWB outcome data indicates that:

- All participating organisations have, on average, higher levels of sickness absence days lost compared to the CIPD annual absence survey report
- The average costs of sickness absence are higher than the 2014 CIPD equivalent for PAT, GMW and the CCG
- The top reasons for sickness absence across the organisations are mental ill health, stress related and disability related illness (similar to CIPD report)
- Fewer people reported feeling pressure to attend work when feeling unwell in 2016 as compared to 2010 (in participating NHS Trusts), although more people in the NHS still report feeling pressure to come to work compared to the Work Foundation study in 2010 (finance and insurance industry)
- Smaller organisations (CCG's BonT) have higher engagement scores and score higher on recommended as a place to work, yet also have highest turnover rates
- Perceived management interest in health and wellbeing has risen (in participating NHS Trusts) since the Boorman review in 2009

5.3 HWB SELF-ASSESSMENT FRAMEWORK RESPONSES

This part of the report focuses on the Manchester organisations' self assessment against the HWB baseline assessment framework. The HWB self-assessment framework includes four key indicators shown in table 8.

Table 8: Overview of the HWB self assessment framework

Indicator	Overview
Indicator 1: Good health for all	Assessing criteria related to organisational infrastructure and activities
Organisational commitment to HWB	
HWB service provision	
HWB workshops and support groups	
Environment to support HWB	
HWB policies	
Indicator 2: Leadership	Assessing criteria related to role modelling and learning
Leadership HWB behaviours	
Leadership HWB Learning and development	
Indicator 3: Culture	Assessing criteria and data linked to culture
Learning and development	
Norms	
Indicator 4: Mental Health and Disability	Assessing organisational support around disability and mental health
Get in	
Get on	
Get further	

The important points to note in relation to the baseline assessment and the use of the HWBBA are that:

- The data is based on self-assessed responses and therefore the process was a subjective assessment. Actual evidence was not assessed as part of the methodological approach to this work.
- There are a number of ways to interpret red, amber and green (RAG) ratings and a number of ways in which to word the 'fully met, partially met and not met' criteria.
- A decision was made to award 'fully met' or 'green', only when all interventions were provided underneath a specific intervention heading;
- This may mean that six out of seven interventions are provided by an organisation but they will score 'partially met/amber' rather than green.

It can be seen from the information in Appendix 3, that the majority of organisations scored 'partially met' or 'amber' on most indicator interventions.

- Four organisations scored 'fully met' for assessment under indicator one
- There were five other instances of green ratings:
  - One for leadership practice
  - One for learning and development under culture
  - Two under cultural norms and one for disability: Get in.

There was only one red or unmet intervention which was under service based provision; this score was awarded for the smallest organisation, BonT which, as stated earlier, does not possess the same amount of resources as the other organisations.

Because the amber ratings can hide some of the good practice that was identified within the individual components of each indicator, the following detail aims to complement the quantitative results provided in Appendix 3. Under each main indicator heading within this section of this chapter, the following is provided:

- A description and rationale for the indicator
- Under each initiative heading within the indicator, some textual analysis is presented along with a relevant RAG rating table that compares all the organisations according to their responses for that initiative or set of interventions.
- A list of good practice interventions and strengths relating to that initiative
- Note that developmental areas are not the main focus of this chapter as these will be subsumed in the recommendations which are presented in chapter 6.

5.3.1 INDICATOR 1: GOOD HEALTH FOR ALL

A consistent theme to emerge from both the research literature and existing frameworks is that the HWB agenda is much more than merely creating a physical and cultural environment that does not harm employees[32]. Rather, there is an increasing emphasis on the proactive approach taken by an organisation to maximise and sustain improved physical and mental health through a number of interventions. This principle was acknowledged and in 2016 NHS England incorporated a HWB Commissioning for Quality and Innovation (CQUIN) standard. The goal was to 'improve support available to NHS staff to help promote their HWB in order to stay healthy and well.' This is not to diminish the responsibility that individuals have in taking personal action to maintain and improve their personal health and wellbeing. By combining the role of the employer/manager and the role of the individual evidence suggests general improvements are more likely.

This indicator distinguishes between those initiatives that are provided as part of the overall occupational health service to employees and workshops and support groups that are provided.

Both the NICE Guidance[24] and the Workplace Wellbeing Charter[22] explicitly recognise the importance of addressing environmental issues such as access to fresh air and the existence of appropriate policies to support the HWB agenda, both of which have been incorporated within this indicator.

ORGANISATIONAL COMMITMENT TO HWB

Organisations can demonstrate their commitment to enhancing staff health and wellbeing within their organisations in a variety of ways. Table 9 shows the extent to which the Manchester organisations have done this against the HWB self assessment framework criteria.

Table 9 – RAG rating of Manchester organisations' commitment to staff HWB

HWB outcomes monitored regularly	CCG	GMW	UHSM	MCC	PAT	BonT	CMFT
Health and WB Needs Assessed	CCG	GMW	MCC	PAT	BonT	UHSM	CMFT
HWB strategy aligned with business	GMW	UHSM	PAT	CMFT	CCG	MCC	BonT
Review and act on annual HWB report	GMW	UHSM	PAT	CMFT	MCC	CCG	BonT
HWB Strategy & Budget	GMW	PAT	BonT	CCG	CMFT	MCC	UHSM
Representative Leadership Teams	GMW	BonT	CMFT	MCC	CCG	UHSM	PAT

All seven organisations reported on HWB outcomes regularly (be it via average days lost due to sickness absence, costs of sickness absence, staff engagement, turnover). CMFT were in the process of beginning to record 'reasons for sickness absence' at the time of data collection.

All seven of the participating organisations assess the health and wellbeing needs of staff to varying degrees, at least on an annual basis, with four undertaking pulse surveys at quarterly intervals. These assessments are sometimes completed as part of a wider staff survey, with specific questions being included about HWB, or specific surveys are designed by the organisation concerned.

All four of the health trusts had aligned their approach to HWB with strategic priorities of the organisation and reviewed and acted on a HWB report at least annually. The CCG's and MCC were in the process of aligning their approach to HWB to strategic priorities.

It is interesting to note that of the seven organisations, two have a specific HWB budget (UHSM and GMW). For other organisations, HWB associated spend comes from other existing budgets. Six out of seven Manchester organisations had a HWB strategy (the CCG has a HWB policy).

'Spot light' on good practice relating to this indicator

Measures used to monitor HWB Outcomes
Sickness absence reported monthly to SMT/Directorates
HWB scales used in surveys and reported on Pulse surveys (inc. family and friends test)

HWB strategy alignment
Working toward HWB CQUIN

HWB strategy and budget
HWB budget that staff can apply to access

HWB needs assessment
Via NHS staff survey
Via Britain's Healthiest Workforce Competition, BHeard, I Will If You Will survey
Via pilot site for NHS improvement culture
Via Occupational Health
Via PDR / Appraisal process
Via focus groups / crowdsourcing

HWB annual report
Benchmarking against HWB charter / equivalent
HWB steering group

Other
HWB champions
HWB Executive lead

Case studies
OneYou (Rotherham CCGs)
Identifying HWB needs (CCGs)
Implementing HWB strategy (GMW)

Call to Action

Health and Wellbeing Board

- Appoint a Board level HWB champion to ensure that recommendations in this report are taken forward
- Hold Board organisations to account for developing and implementing an employee HWB plan linked to the baseline assessment findings
- HWB Board to receive an annual progress report against plans

Health and Wellbeing Chief Executives

- Ensure that Health and Wellbeing recommendations included in organisational site reports are implemented (this applies to all indicators)
- Undertake benchmarking of H&WB data across the Manchester system e.g. sickness absence
- Ensure that Board organisations involve and co-design HWB strategic priorities with employees
- Ensure that managers within Board organisations are equipped to effectively support staff with disabilities and mental health conditions and this is reflected in the staff surveys

HWB SERVICE PROVISION

The Boorman review[3,4] highlighted concerns about health and well-being services in the NHS. In 2011, the Department of Health published a policy paper about realigning occupational health services in the NHS in England[33], in order to provide services to prevent staff becoming ill or injured at work, actively promoting health and wellbeing in the workplace and maximising access to and retention of work through timely rehabilitation services. All organisations except for BonT offer an occupational health service that is reviewed regularly. Some of the NHS Trusts provide occupational health services to other organisations.

Organisations can provide services such as occupational health, to help staff focus on improving their own health and wellbeing. Table 10 shows the extent to which the Manchester organisations have done this against the HWB self assessment framework criteria.

Table 10 – RAG ratings of the Manchester organisations' HWB service provision

Counselling/EAP/CBT	CCG	GMW	UHSM	MCC	PAT	CMFT	BonT
Occ Health service	CCG	GMW	UHSM	MCC	PAT	CMFT	BonT
Subsidised gym	CCG	GMW	MCC	PAT	CMFT	UHSM	BonT
Activity classes	CCG	GMW	MCC	PAT	CMFT	UHSM	BonT
HWB included in induction	GMW	UHSM	PAT	CMFT	CCG	MCC	BonT
Smoking cessation	MCC	CMFT	CCG	GMW	UHSM	PAT	BonT
Voluntary work scheme	UHSM	CMFT	CCG	MCC	PAT	GMW	BonT
Health screening	GMW	CCG	UHSM	MCC	PAT	CMFT	BonT
Weight loss/cooking	CCC	GMW	MCC	PAT	CMFT	BonT	UHSM

Overall HWB service provision is good across the Manchester organisations with the exception of BonT. We recognised that larger management structures can't be applied to smaller organisations such as BonT and they don't necessarily have the infrastructure and economies of scale in order to provide some of these interventions.

Six out of seven organisations have an occupational health service (OH) that is reviewed regularly and also offer counselling (and in some case an employee assistance programme (EAP) and cognitive behavioural therapy). Five out of seven organisations offer subsidised gym and activity classes.

All four health trusts have incorporated reference to HWB support into induction.

Access to on-site smoking cessation classes, having a voluntary work scheme (so that staff can do voluntary work during work hours), full health screening and weight loss classes/cookery classes were not fully offered by the Manchester organisations.

'Spot light' on good practice relating to this indicator

Counselling/Occupational Health
Fast track to counselling
Employee assistance programme (counselling)
Fit4Work (advice from OH includes financial fitness, substance misuse etc)

HWB induction
Presentation on HWB support
HWB app to signpost HWB activities

Health screening
Physical health care team run annual health checks on all sites (full MOT)

Subsidised gym and activity classes
Subsidised Zumba, Yoga, Yogalates, pilates
Walking groups
Choir
Painting

Smoking/weight loss/cookery classes
Healthy eating classes
Social enterprise café incorporating health eating

Voluntary work scheme
Facilitation of voluntary work opportunities (e.g. Territorial Army, World Health Org)
Health bank (1 day per year to do HWB activity)

Case studies
Wellness Programme (Adidas UK)
Zumba classes (PAT)
Run Groups MCC
Wild Family Event Programmes (GMW)

Call to Action

Health and Wellbeing Board

- Review Occupational Health and Employee Assistance Programme provision across the HWB Board member organisations to see where they can reduce duplication, enhance the service and offer the service to smaller voluntary sector organisations.
- Champion healthy lifestyles and creating healthier options in the commissioning of services

Health and Wellbeing Chief Executives

- Align Occupational Health services, standards and provision for Manchester
- Champion healthy lifestyles in the procurement of services
- Work in partnership across the system (including voluntary organisations) to provide high quality HWB services, particularly those that are not offered by all HWB member organisations, so that they are accessible to all (e.g. health screening checks; physical activity groups; disability and mental health support groups; smoking cessation; substance use and misuse workshops; diabetes workshops; weight loss and healthy eating workshops)

HWB WORKSHOPS AND SUPPORT GROUPS

Organisations can provide workshops and support groups to help staff focus on improving their own health and wellbeing. A recent review of literature highlighted that e-learning on its own as an intervention was not as effective in changing behaviour or impacting on health and wellbeing as interventions which involve an interactive element [34]. Table 11 shows the extent to which the Manchester organisations have done this against the HWB self assessment framework criteria.

Table 11 – RAG ratings of Manchester organisations' HWB workshops and support groups

H&S injury prevention	CCG	GMW	UHSM	PAT	CMFT	MCC	BonT
Resilience	CCG	GMW	UHSM	PAT	CMFT	MCC	BonT
Back Care	CCG	GMW	UHSM	PAT	CMFT	MCC	BonT
Mindfulness	CCG	GMW	PAT	CMFT	UHSM	MCC	BonT
Financial fitness	GMW	UHSM	CMFT	MCC	PAT	BonT	CCG
LGBT support	GMW	UHSM	CMFT	MCC	BonT	CCG	PAT
BME support	UHSM	CMFT	MCC	BonT	CCG	GMW	PAT
Substance misuse	GMW	UHSM	PAT	BonT	CCG	MCC	CMFT
Disability (and mental health)	PAT	CMFT	BonT	CCG	GMW	UHSM	MCC
Diabetes	CCG	MCC	PAT	CMFT	BonT	GMW	UHSM
Worklife balance	UHSM	MCC	PAT	CMFT	BonT	GMW	CCG
Heartcare	GMW	UHSM	MCC	PAT	CMFT	BonT	CCG

A wide range of workshops or support groups related to HWB are offered by the Manchester organisations. The most common workshops focus on health and safety injury prevention, resilience, back care (interestingly the local government and voluntary sector were less likely to fully offer these workshops). The least commonly provided are those with a focus on diabetes, work life balance and heart care. It is clear that there is significant provision made in relation to mindfulness, mental health/disability and financial fitness.

'Spot light' on good practice relating to this indicator

Health & safety injury prevention/Back care/ WLB
'Lunch 'n' learn' workshops

Financial fitness
Workshops on financial fitness
Credit unions

Disability (inc. mental health)
Via intranet (promoting mindful employer)
Mental health, stress awareness HWB workshops / programme for all employees
Promotion of 5 ways to wellbeing
Induction focusing on disability and mental health

Resilience/mindfulness
Mindfulness drop in sessions
Workshops on personal change and resilience

LGBT/BME support groups
Stonewall diversity champion chairs networking groups
Specific awareness raising training
Promoting LGBT month

Substance misuse/diabetes/heart care
Lunch n learn workshops

Case studies
Financial wellbeing (GMW)
Divisional Health and Wellbeing Day (CMFT)
Developing resilience (CMFT)
Mindfulness training (PAT)

Call to Action

Health and Wellbeing Board

- Review and evaluate impact of HWB interventions

Health and Wellbeing Chief Executives

- Adopt a prevention approach for health and wellbeing (HSE management standards)

ENVIRONMENT TO SUPPORT HWB

Organisations can encourage staff to focus on improving their own health and wellbeing by promoting a healthy HWB environment. Robertson Cooper make the case for ensuring that HWB initiatives have a sense of identify with a compelling brand[35]. Table 12 shows the extent to which the Manchester organisations have done this against the HWB self assessment framework criteria.

Table 12 – RAG ratings of Manchester organisations' HWB environments

Disabled parking	BonT	CCG	GMW	UHSM	CMFT	MCC	PAT
Bike racks	CCG	GMW	UHSM	PAT	CMFT	MCC	BonT
Work env assessment	CCG	GMW	UHSM	CMFT	BonT	MCC	PAT
Clean equiped kitchens	BonT	CCG	GMW	PAT	CMFT	UHSM	MCC
HWB communicated clearly	GMW	UHSM	CMFT	CCG	MCC	PAT	BonT
Healthy food choices	BonT	GMW	PAT	CMFT	MCC	UHSM	CCG N/A
Signposted stair wells	CCG	GMW	UHSM	MCC	PAT	CMFT	BonT
Marked walks	PAT	CMFT	GMW	MCC	CCG	UHSM	BonT N/A
Regular breaks	PAT	CMFT	BonT	CCG	GMW	UHSM	MCC
HWB logo	GMW	MCC	PAT	CMFT	BonT	CCG	UHSM

Bicycle racks and disabled parking are the most prevalent form of environmental provision across the Manchester organisations. As well as this, clean, well equipped kitchens and workplace assessments are common. Challenges in terms of environmental HWB appear to be focused on HWB initiative branding, regular breaks and marked walks on sites. Offering healthy food and drinks can be restricted by external providers that the organisation is committed to use contractually, whilst for one organisation (CCGs), food and drink is not provided in meetings or on site and this is therefore not applicable. Finally, MCC is currently undergoing a major estate overhaul which presents opportunities for improvements in this area. It's interesting to note that Manchester organisations have limited branding relating to HWB initiatives.

'Spot light' on good practice relating to this indicator

Disabled parking / bike racks / marked walks / signposted stairs
Bike racks and changing rooms with showers

Regular breaks
Promoted via the HWB pages on the intranet and through promotion of walking groups in staff magazine
Movement on the hour for 2 mins promoted

Healthy food choices
Nutritionist review menus and healthy options offered
Social enterprise café offers healthy food

Work environment assessment
Functional requirements process to ensure health risks are assessed / reasonable adjustments considered during recruitment

Clean and equipped kitchens
Staff can access lottery fund if they need additional kitchen equipment
Food safes

HWB communication and logo
Using communications experts to incorporate HWB messages into weekly broadcasts
Via health and wellbeing champions
HWB logo used on all HWB communications

Case studies
Awards for Excellence (MCC)
Healthy Herts (Hertfordshire)

Call to Action

Health and Wellbeing Board

- Consider a branding strategy for HWB initiatives and OH services across the City of Manchester to provide a sense of identity

Health and Wellbeing Chief Executives

- Agree and implement branding strategy for HWB

HWB RELATED POLICIES

Organisational HWB related policies can be used to can encourage staff to focus on improving their own health and wellbeing. Twenty five policies are listed in the baseline framework and some of the organisations involved in this project were able to tell us about some that they have developed that are not included on that list. Rather than provide a RAG rated analysis here, the range and average numbers across the organisations are presented in Table 13.

Table 13 – RAG ratings of Manchester organisations' HWB related policies

	Range	Average
'Fully met' policies	9-26	20.7
'Partially met' policies	1-9	3.4
'Not met' policies	0-6	1.6

It can be seen from these numbers that the number of HWB policies in place is high. Some policies were less likely to be offered by the Manchester organisations and these included:

- Supporting and retaining older workers (not offered by BonT, CMFT, GMW, MCC)
- Voluntary work scheme (not offered by BonT, GMW)

In all organisations policies are reviewed on a regular basis and all staff and managers are aware of them.

Call to Action

HR and Workforce transformation community (HRD)

- Consider a commissioning a specific review into approaches to supporting and retaining older workers.
- Identify local partners across Manchester to work with to offer voluntary work opportunities

5.3.2. INDICATOR 2: LEADERSHIP

The existing frameworks and all best practice research reviewed emphasise the important role of leaders and managers in the HWB agenda. The Work Foundation's Health at Work Policy Unit has identified a failure of employers to make effective plans for HWB that are integrated and aligned to individual business needs as a key barrier to implementing HWB interventions[36]. All existing standards consulted focus on the need for organisations to have an overarching strategy/plan/policy for staff HWB and for which a named Board Member is responsible. This is reinforced in health organisation with the introduction of a CQUIN standard in 2016. Other additional insights from the literature and good practice examples identify:

- Emphasis on the ability of organisations to demonstrate that they are true to the values they espouse
- Leadership teams role model behaviours supportive of health and wellbeing
- There is consistent application and use of policies and systems to support HWB
- Leaders and managers need to be equipped with the competence and confidence to take on their role in the HWB agenda
- Education and skills development programmes need to be available to support leaders and managers to fulfil their roles.

LEADERSHIP HWB BEHAVIOURS

Organisations can encourage staff to focus on improving their own health and wellbeing by encouraging their leaders and managers to be HWB role models. Table 14 shows the extent to which the Manchester organisations have done this against the HWB self assessment framework criteria.

Table 14 – RAG ratings of Manchester organisations' leadership HWB behaviours

Org change managed and lead	CCG	GMW	UHSM	CMFT	BonT	MCC	PAT
Leaders involved in HWB action plan	GMW	UHSM	MCC	PAT	CMFT	BonT	CCG
HWB discussed in team meetings	GMW	UHSM	MCC	PAT	CMFT	BonT	CCG
HWB discussed in 1:1's	GMW	UHSM	MCC	PAT	CMFT	BonT	CCG
Full range of HWB policies applied	GMW	UHSM	MCC	PAT	CMFT	BonT	CCG
Senior leaders hold action groups	CCG	GMW	UHSM	MCC	PAT	BonT	CMFT
Senior leaders model HWB behaviours	CCG	GMW	UHSM	CMFT	BonT	MCC	PAT

Whilst some organisations have clear change management processes in place, it appears that many other behaviours remain partially met. GMW and UHSM perform well in this area. It can be seen that role modelling HWB behaviours and listening groups fare less well.

'Spot light' on good practice relating to this indicator

Organisational change managed and lead
Senior leads for change, with policy and protocol
Service change consultation meetings

Leaders involved in HWB action planning
Executive lead for HWB

HWB discussed at team and individual level
Each directorate has HWB action plan which is discussed at team meetings
Supervision policy and practice includes discussion around the 5 ways to WB

Full range of HWB policies can be applied
Training is available for all HWB related policies

Senior leaders hold listening groups
Exec team lead listing groups with HWB as focus

Senior leaders role model HWB behaviours
Leadership behaviours are espoused by the organisation are supportive of wellbeing (e.g. "Encourage the Heart" is the leadership behaviour relating to HWB)
Not organising meetings or sending email OOH

Case studies
Team based assessment (Glaxo)
Health and Wellbeing Champions (PAT)

Call to Action

Health and Wellbeing Board

- Adopt HWB CQUIN standards 2016 or equivalent across Manchester organisations
- Hold HWB Executives to account for developing plans to achieve improved health and wellbeing outcomes within their organisations

Health and Wellbeing Chief Executives

- HWB Executives in a commissioning role ensure that providers deliver on the HWB outcomes e.g. CQUIN or equivalent
- Ensure that their organisations review and evaluate the impact of HWB interventions
- Executive leaders identify specific personal HWB objective and role model positive

LEADERSHIP HWB LEARNING AND DEVELOPMENT

Organisations can encourage staff to focus on improving their own health and wellbeing by providing their leaders and managers with training related to HWB. Table 15 shows the extent to which the Manchester organisations have done this against the HWB self assessment framework criteria.

Table 15 – RAG ratings of Manchester organisations' leadership HWB learning and development

Leaders aware of Equality Act responsibilities	UHSM	MCC	CMFT	BonT	CCG	GMW	PAT
Development for managers to support HWB conversations	UHSM	CMFT	CCG	GMW	MCC	PAT	BonT
HWB policy training available	CCG	GMW	UHSM	MCC	PAT	BonT	CMFT

In the main, leaders have access to learning initiatives that allow them to become aware of responsibilities under the Equality Act 2010. There exist variations in relation to attendance on training about HWB policies. Similarly, there are variations in respect of coaching and other opportunities that could help leaders to have conversations about HWB with their team members.

'Spot light' on good practice relating to this indicator

Leaders aware of Equality Act responsibilities
Mandatory training on the Equality Act
Members of the Equality team support managers

HWB related policy training
All policies on intranet and associated training (if available)

Leaders provided with HWB development
Training managers to have 'effective conversations' to enable more engagement
LEAD programme supports managers on how to have HWB conversations

Other
Coaching support for disabled people

Case studies
Coaching conversations (Caterpillar)
Team based assessment (GSK)

Call to Action

HR and Workforce transformation community (HRD)

- Manchester organisations to assess manager's confidence in applying HWB policies and practices.
- Progress common approach to delivery of leadership and management development (Inc. H&WB emphasis) as recommended in Manchester Workforce Strategy

5.3.3 INDICATOR 3: CULTURE

This indicator is concerned with how the culture of the organisation supports the HWB agenda. Best practice suggests that the organisation's working conditions should promote both physical and mental wellbeing through productive and healthy working conditions. Research suggests that this is not only about initiatives but is about creating a continuous thread of wellbeing that runs through all that the organisation does and guides every decision that is made[36]. A consistent theme in the literature researched and the frameworks consulted was the relationship between staff engagement and wellbeing. Fundamental to creating a healthy culture is the behaviours exhibited by managers. Behaviours that are ultimately recognised as the "norms" for the organisation. The CIPD conducted research to identify behaviours that managers can adopt that will enhance engagement whilst also protecting wellbeing, these include;

- Being open
- Fair
- Consistent
- Constructively managing conflict and problems

Again, whilst not explicitly identified in the existing frameworks we consulted, the behaviours and cultures implied align with that of coaching cultures therefore this indicator put specific emphasis on learning and development activities that would promote such a culture and enable staff to develop the skills to engage in difficult conversations, give and receive feedback and manage conflict.

ALL EMPLOYEES HWB LEARNING AND DEVELOPMENT

Organisations can encourage staff to focus on improving their own health and wellbeing by providing all staff with training related to HWB. Table 16 shows the extent to which the Manchester organisations have done this against the HWB self assessment framework criteria.

Table 16 – RAG ratings of Manchester organisations' employees HWB learning and development

Courageous conversations /conflict workshops available to all	GMW	UHSM	MCC	PAT	CCG	BonT	CMFT
Coaching culture	UHSM	CMFT	BonT	CCG	GMW	MCC	PAT

All Manchester organisations apart from BonT and CMFT provided training for all staff on courageous conversations, giving and receiving feedback and working with conflict. BonT and CMFT partially met this provision. In relation to having a coaching culture, UHSM and CMFT fully met this provision whilst all other organisations partially met it.

'Spot light' on good practice relating to this indicator

Courageous conversations
Specific programmes on effective conversations, managing challenging people
Online training on giving and receiving feedback

Coaching culture
Promoting a culture change supportive of employee HWB
Training up employees to become coaches
Using the Aston Team Journey
Coaching and mentoring available to all
Coaching strategy

Case studies
Onsite Health Service (Airbus)
Lead Programme (UHSM)
The Appraisal Revolution (UHSM)

Call to Action

Health and wellbeing Board

- Agree and adopt one performance target per year that drives improvement in employees' health and wellbeing in the member organisations of the H&WB Board. Monitor the improvement in performance annually

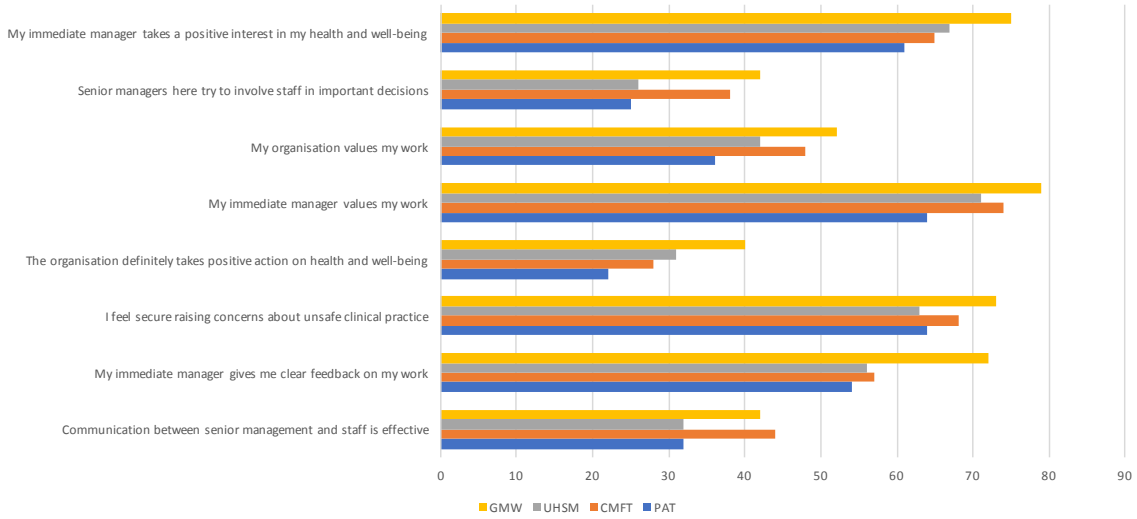
HR and Workforce transformation community (HRD)

- Progress common approach to the development of a coaching culture (Inc. H&WB emphasis) which includes having a coaching strategy, senior leaders modelling coaching conversations, building internal coaching capacity, offering all employees training in coaching conversations, including coaching as a leadership competency which is measured

NORMS

Norms were assessed for each organisation according to some of the assessed statements on the NHS staff survey. Figure 9 shows a comparison of responses from Trusts who participate in the NHS staff survey.

Figure 9: Comparison of staff survey responses by Trust



Two of the organisations participating in this project are not from the health sector and the CCG did not take part in the NHS staff survey, therefore, whilst comparable data was available for these organisations, it is not possible to offer a direct comparison or analyse the findings in the same way as for other data. Out of the four NHS Trusts that did take part in the NHS staff survey, one of them scored higher than average across all indicators in 2016 and so was fully met. The other three organisations were partially met. For the CCG's they were partially met because they scored higher in 2016 as compared to 2015 on four out of six similar indicators. BonT was fully met and MCC partially met.

Call to Action

HR and Workforce transformation community (HRD)

- Ensure that all Manchester wide strategies/cultural diagnostics include focus on HWB (e.g. Manchester Workforce Strategy)
- Agree a common set of questions to ask staff to support future comparison across Manchester organisations. This could be achieved through developing a Manchester 'pulse survey'

5.3.4 INDICATOR 4: MENTAL HEALTH AND DISABILITY

Employment rates amongst disabled people reveal one of the most significant inequalities in the UK today: less than half (48%) of disabled people are in employment compared to 80% of the non disabled population[28]. Of those who are in employment only 2 in 5 disabled people are confident that they have equal career opportunities to non disabled[37]. A concern that seems to be borne out as non disabled people are 3 times as likely to earn £80k or above compared with disabled people[38].

In 2015, the Business Disability Forum published research that identified barriers to retaining and developing employees with long term health conditions/disabilities and found some key themes concerned with the values of the organisation, workplace adjustment processes, the consistent application of policies and the confidence and competence of line managers[39]. Similarly, the NHS Equality and Diversity Council (EDC) has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18[40]. This is based on several published reports which highlight differential experience for disabled staff working within the NHS including:

- Representation
- Disparity between the proportion of staff who declare a disability on the Electronic Staff Record System and those who declare a disability on the anonymous NHS staff survey
- Perceptions about how well disabled staff feel supported by managers, experience of bullying and harassment by peers and managers, how they feel valued by their organisations, employment practices (such as disciplinary and capability processes)
- Differential levels of access to training
- Reasonable adjustments from the recruitment process to the end of employment

Drawing upon these different reports, an additional indicator was developed to explore how each HWB Board member organisation is supporting disabled people (including mental ill health). A series of one to one semi-structured interviews were conducted with line managers and disabled staff using the NHS England Talent for Care guidance on Getting In, Getting On, Getting Further[30] as a basis to frame the questions. The aim of the 34 interviews (21 employees and 13 managers) were to explore:

- Peoples experience of working in the organisation with a disability and or mental health condition (declared under the UK Equality Act or not)
- Managers experience of supporting people with a disability and or mental health condition (declared under the UK Equality Act or not)

In the next three sections, we present the RAG rating analysis and results from the self-assessment meetings, followed by the interview analysis and findings for the Get In, Get On, Get Further processes and interventions. The interview findings are presented from an employee perspective and then from a manager's perspective. The findings from each perspective are reported as:

- Lived experiences
- Recommendations for improvement

To preserve anonymity, the employing organisation is referred to as the organisation and gender neutral statements have been used ('they' rather than 's/he'). Recommendations were made by interviewees; these have been subsumed into the overall recommendations for this report.

Finally, at the end of this section of the report we present some survey data that provides further information with regards to perceptions about disability.

GET IN

'Get in' relates to the recruitment processes and accompanying monitoring methods adopted by organisations.

Table 17 – RAG ratings of Manchester organisations' 'get in' approach to recruiting disabled people

Managers trained in recruiting disabled staff	BonT	CCG	GMW	MCC	PAT	CMFT	UHSM
Monitoring of disabled people applying /shortlisted	CCG	GMW	MCC	PAT	CMFT	BonT	UHSM
Representative workforce	BonT	GMW	PAT	CMFT	CCG	UHSM	MCC
Initiaitves to attract disabled staff	MCC	CMFT	CCG	GMW	PAT	BonT	UHSM
Testimonials from disabled staff on website	CMFT	BonT	CCG	GMW	UHSM	MCC	PAT

CMFT have achieved fully met across all the 'get in' initiatives. It is clear that management training is fully met in most organisations, as well as a monitoring process. There are far fewer instances of testimonials being provided on recruitment websites or initiatives to attract disabled staff.

'Spot light' on good practice relating to this indicator

Managers trained in recruiting disabled staff
Training on disability included in induction and via mandatory training (including unconscious bias)
Uptake of mandatory training (including the Board) monitored
Training includes case studies/workbooks on disability
Panel members must have attended training

Testimonials on website
Video testimonials from disabled staff

Monitoring
Absence Manager initiative will make it easier for managers to spot where staff are needing time off due to a long term health condition
Monitoring of application, shortlisted and appointed by disability

Initiatives to attract disabled staff
Disability confident
Working with Breakthrough to review
Supported internship programmes

Case studies
Autism at Work (SAP)
Fair recruitment (CCGs)
Fair recruitment (IKEA)
Supported internships (CMFT)

Lived experience:

Managers trained in recruiting disabled staff *two key themes emerged here:*

- Ensuring that prospective managers ***explore what new employees can do***, acknowledging their experience: "*my prospective line manager acknowledged my experience as an individual rather than seeing me as someone with a disability*".
- Both managers and employees talked about the ***importance of local induction to discuss working arrangements:*** "*before they started I called them and offered them the job and then explained we would refer them to occupational health…I also sat down with them and explained that we would have regular monthly 1:1's to review (I do this with all my team). I also explained that if their circumstances change they don't need to wait for a 1:1 they can talk to me at any time*". It was acknowledged that managers may need to adapt the induction process: "*The induction process tends to be procedural, focusing on ensuing the person is clear about policies and procedures and able to do the job. It could be 4-6 weeks before they have their first supervision session".*

Call to Action from staff

- **Managers trained in recruiting and supporting disabled staff -** ensuring that training about recruiting disabled staff focuses on exploring with individuals about what they can do. Also, ensuring that training helps managers be aware of their responsibilities under re-deployment policy and how to sensitively handle redeployment.
- Managers regularly review and support making reasonable adjustments

GET ON

This aspect of the mental health and disability indicator relates to the provision of a range of interventions for disabled people once they are employed by the organisation.

Table 18 – RAG ratings of Manchester organisations' supporting disabled people to 'get on' in the organisation

Clear process for making reasonable adjustments	CCG	GMW	UHSM	MCC	PAT	CMFT	BonT
Support managers with on-boarding for disabled	CCG	GMW	UHSM	PAT	CMFT	BonT	MCC
Absence mgt adapted for disability related illness	BonT	CCG	UHSM	MCC	PAT	CMFT	GMW
Named person for disabled people to go to	GMW	MCC	PAT	CMFT	BonT	CCG	UHSM
Monitoring of reasonable adjustments	CCG	GMW	CMFT	BonT	UHSM	PAT	MCC
Mental health and disability awareness included in induction	UHSM	PAT	CMFT	BonT	MCC	CCG	GMW
Disability networks	MCC	PAT	CMFT	BonT	UHSM	CCG	GMW
Monitoring broken down by disability	CCG	UHSM	CMFT	MCC	PAT	BonT	GMW
Disability related absence policy	CCG	UHSM	MCC	PAT	CMFT	BonT	GMW
Managers confident in making reasonable adjustments	UHSM	PAT	CMFT	CCG	GMW	BonT	MCC

Table 18 shows that most organisations have clear processes in place for making reasonable adjustments. In addition, absence management processes are adapted for disability related absence. Managers are supported in respect of on-boarding disabled people. There are several areas where improvements could be made such as those relating to assessing managers' confidence in making reasonable adjustments, having a specific disability policy and monitoring absence by disability.

'Spot light' on good practice relating to this indicator

Reasonable adjustments process/monitoring/ assessment of managers confidence
Sickness absence policy includes guidance on reasonable adjustments
Central portal of reasonable adjustments
Functional capacity assessment and requirement process to support people to remain in work
Evaluation asks for confidence levels pre/post

Absence management adapted for disability absence / monitoring broken down by disability
Work with OH/HR to identify disability related absence
Via completion of equality report

Support with on-boarding
Recruitment training
Support from HR / E&D team / dignity and diversity champions / occupational health / H&S team

Disability (and mental health) awareness in induction
Corporate induction includes case studies / workbooks

Named person / disability networks
Dignity at work champions
Equality diversity and inclusion team / dignity at wo champions / diversity champions
Reverse mentoring scheme

Disability related absence policy
Policy includes paid disability leave for up to 1 week per year

Case studies
Reverse mentoring (CMFT)

Lived experience:

Reasonable adjustments *three key themes emerged here:*

- Managers and employees talked about ***supporting flexible working*** in terms of accommodating hospital appointments, start and end times, working from home, part time working and condensed working week, phased return, re-deployment: "*we accommodated their hours…so they are able to work a full working week"*. Although some employees talked about their ***needs not being accommodated:*** "*I requested to change my hours but this was turned down*".
- Managers and employees talked about the importance of ***workplace assessments and access to specialist equipment:*** "*They were proactive they made adaptations to improve my workspace. This was done very quickly*". Although it was acknowledged that ***funding*** could get in the way and it sometimes ***took a long time*** to get equipment: "*buying any new equipment is a little tricky due to the financial cost. The process was slow as getting approval required going through lots of layers to get signed off*". Some people mentioned the value of the Access to Work Scheme to secure part funding[3].
- Managers and employees talked about taking a ***collaborative approach*** with their employees communicating their needs, considering the needs of the service, being aware of their rights: "*I work with the organisation not against them. I am collaborative and I do consider the needs of the service and they have been collaborative with me*". Although others mentioned that it can be difficult sometimes if ***people do not declare a disability*** but that they can see why people may not choose to declare: "*there is a genuine commitment at the top of the organisation to make it more inclusive and to do the right thing but this gets lost as you move down the organisation. I feel a big problem is that staff will not declare a*

[3] Access to Work' grants help to pay for practical support if an individual has a disability, health or mental health condition to help them start working and stay in work. https://www.gov.uk/access-to-work/overview

disability. This may be due to fear. Fear that it might affect job opportunities or how colleagues and managers will view"

Support with on-boarding and continued support *three key themes emerged here*:

- Managers and employees talked about ***line managers taking time to understand*** and ask about an individuals disability / long term condition and checking in with individuals in a supportive way: "*my manager knew nothing of my condition and has gone out of their way to ensure that they understand it and they keep an her eye out for me, checking in*". Although some people described how their line managers had ***not understood or believed them*** about their condition: "*I felt that the attitude of my manager was If you can't do the job you will have to leave. I had to prove that it was classed as a disability"*
- Managers and employees talked about having ***OH, HR and the union*** to support them: "*I got occupational health involved to go through the policies*". Although some people mentioned not being able to self refer to occupational health, advice from OH about reasonable adjustments being vague, OH not understanding specific conditions enough to make recommendations, not considering the psychological impact, OH only getting involved in crisis rather than proactively supporting people: "*my experience of occupational health is that some staff there are more sympathetic and supportive than others…it is a lack of awareness about my condition that is the biggest problem*"
- Managers and employees talked about access to ***fast track counselling, physiotherapy, coaching:*** "*I have regular 1:1's with my staff and some have gained additional support in form of counselling*". Although for some access was not quick: *"referral to physio can take several weeks but staff are given the time to go during work to see the physio".*

Disability related absence policy *one key theme emerged here:*

- Managers and employees mentioned the importance of ***flexing sickness absence policies*** to accommodate need: "*I have used my discretion around the sickness absence policy".* Although some people talked about ***hitting trigger points*** in the sickness absence policy due to disability related sickness absence and finding it stressful: "*I hit a trigger point in the sickness policy. This was the second trigger point I have hit. The experience has resulted in high levels of stress*". Other people talked about the ***language*** used in the policy and the associated process implying that the individual has done something wrong: "*the sickness policy, is worded in a way that implies the person has done something wrong".* Having a one size fits all policy was mentioned as being too inflexible: "*the sickness policy is too rigid"*

Call to Action from staff:

Reasonable adjustments

- Managers need to respect and understand the individual by listening to them and what they know will work for them
- Managers support individuals to accommodate needs (by for example supporting flexible working around the individual)
- Risk assessment should be done as part of induction and reviewed during employment
- Central pot for specialist equipment and someone to oversee purchasing and speeding up the process
- Assessment of needs [and skills] so not overqualified for redeployment role
- Temporary redeployment opportunities for people with a temporary condition
- Earlier links to occupational health to help with reasonable adjustments and advice to support individuals as circumstances change

Call to Action from staff:

Support with on-boarding and continued support

- Managers being 'more proactive' to understand, asking, finding out and understanding conditions (the facts) and how it impacts
- Encouraging the individual to talk about their condition in a constructive way in relation to the impact
- PDP which includes annual health review with a health professional.
- Named HR manager who staff can talk to about supporting people with a disability or long term health condition
- Refer or not refer line for managers to ring occupational health and seek advice
- Supportive HR to sense check what you are doing and help managers be confident in interpreting the policies, acknowledge that the policies are in black and white but often they involve lots of shades of grey

Call to Action from staff:

Disability and mental health awareness

- People to understand more about mental health, ensuring that it is covered in disability at work training which includes discussion about the way you speak to people. This training should be for everyone and should be compulsory
- Managers understand that an individuals ability to do the job is not always hindered
- Better understanding of the Equality Act 2010, in particular, what is protected in terms of disability
- More awareness of invisible illnesses (many disabilities have variable impairment and managers need to understand and consider this and enable working arrangements to match function if necessary)
- Managers may need to be able to access disability training, not for every manager as supporting individuals with mental ill health comes up infrequently, but when the situation arises it would be good to have access to training programmes

Call to Action from staff:

Named person/disability networks

- Having a workplace 'buddy' system to help people to understand the cultural norms of the organisation when they start work and on an on-going basis
- Disability support mentors could be available to guide individuals through and look at workplace adjustments to see if they are comfortable

Call to Action from staff:

Disability related absence policy

- Having a clear policy on time off for medical appointments and an option to build up a case to say that you have a long term health condition / disability and therefore need to be treated in a different way
- Having a designated person in organisation dealing with prolonged sick leave and disabled staff
- Managers using discretion and flexibility around trigger points
- Distinguishing between disability related illness and ordinary illness when recording illness
- Sick leave policy focuses on retaining people in work
- Consider having carers leave
- Consider having a sickness absence policy which can be tailored for disability related absence

GET FURTHER

This part of the mental health and disability indicator is concerned with the development of disabled staff as they progress through their tenure in an organisation.

Table 19 – RAG ratings of Manchester organisations' supporting disabled people to get further in the organisation

Mentors provided to support disabled staff	CMFT	CCG	GMW	UHSM	MCC	PAT	BonT
Senior role models exist	CMFT	CCG	UHSM	MCC	PAT	BonT	GMW
Career support for disabled staff	MCC	PAT	CMFT	BonT	CCG	CMW	UHSM

It is obvious that this part of this indicator falls behind the previous two with little provided in the way of specific career opportunities for disabled staff, although some senior role models exist and mentors are provided in some organisations. CMFT is rated as fully met on two of the get further interventions.

Some examples of good practice relating to this indicator

Mentors / career support
Reverse mentoring scheme for people with protected characteristics

Senior role models
Several board members have identified as having a disability
Executive lead for equality and diversity

Case studies
Reverse mentoring

Lived experience:

Career support *- one key theme emerged here:*

- Managers and employees talked about the opportunity to discuss development opportunities openly as a team and in 1:1's with line managers was mentioned as important: "*opportunities to progress or develop are discussed openly in the team and I in no way feel that I am discriminated against at all*". Although some people talked about their career being limited due to working part time, not being told about opportunities, applying for higher grades and not getting them or not being supported to go on training as managers are concerned about the health of the individual: "*I have been told that we won't give you a promotion because you are part time*"

Call to Action from staff:

Mentoring, career support and senior role models

- Mentoring and bespoke development
- Having the executive team say, 'we are here to support you and we recommend people talk about mental health'

Summary of findings from qualitative one to one interviews:

- The experience of employees is largely determined by their manager
- Managers experienced challenges interpreting policies consistently and fairly - especially when they are intended to have some flexibility to enable them to be adapted for long term conditions/disability
- The design of and the language used in some policies was unclear and inaccessible
- Emphasis was placed on the importance of distinguishing between disability/long term health condition absence and general sickness
- Employees and managers mentioned the need to be able to access core training in this area and for this to be mandatory
- Some means of ensuring managers and peers develop a greater understanding of the complexities of a disability/mental health/long term health condition was highlighted as important
- Occupational health was mentioned as having a core role in supporting employees and managers (and so they should be reviewed and monitored on a regular basis, with training for OH staff provided that enables them to be clear and knowledgeable)
- The need for psychological safety in the organisation for disability and mental health to be openly discussed was highlighted (this links to the need for a culture that supports health and wellbeing)
- The findings also emphasise the need for a designated budget for HWB initiatives, including those related to equipment needed

Call to Action

Health and Wellbeing Board

- Endorse the call to action in indicator 4: mental health and disability (Get In, Get On, Get Further)
- Endorse the Manchester All Age Disability Strategy and ensure system and organisational support for its delivery
- Work in partnership to set out new standards of care for people with mental health conditions in work
- Ensure that all Manchester organisations undertake the preparatory year for the implementation of the Workforce Disability Equality Standards (2018)

Health and Wellbeing Chief Executives

- Implement call to action in indicator 4: mental health and disability (Get In, Get On, Get Further)
- Appoint an organisational lead for the Manchester All Age Disability Strategy

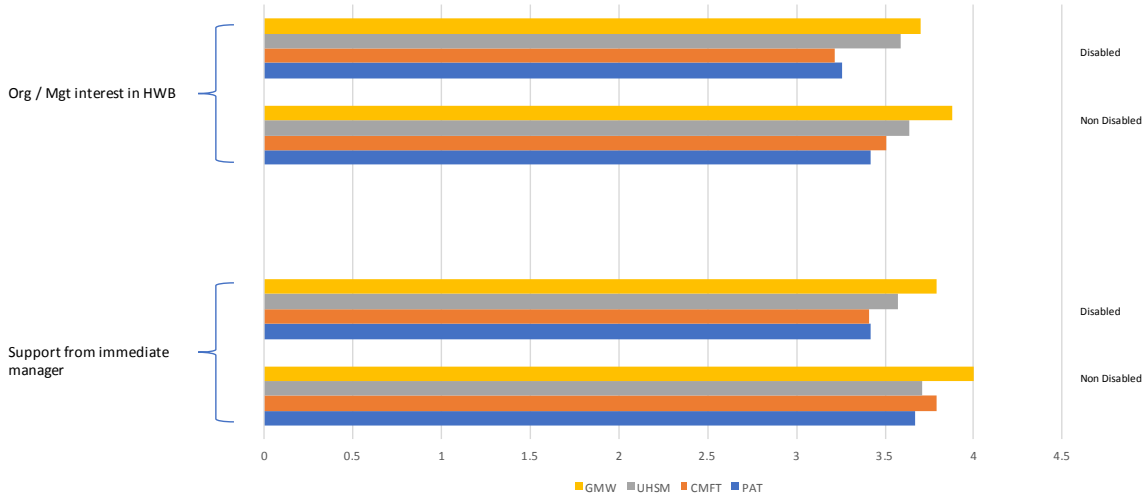
PERCEPTIONS FROM SURVEY DATA

To supplement the data gained about the fourth indicator in the previous section, data was gleaned during the organisational self-assessment meetings about the perceptions of staff in relation to HWB and disability. In four of the health sector organisations it was possible to compare responses of disabled people and people who are not disabled from the 2016 NHS annual staff survey. In three of the organisations (CCGs, MCC and BonT) it was not possible to collect comparable data.

Please note that the definition of disability from NHS staff survey is 'long-standing illness, health problem or disability'.

The responses from the NHS Staff Survey results for 2016, pertaining to PAT, CMFT, UHSM and GMW are depicted in Figures 10, 11, 12 and 13. Figure 10 shows responses to survey statements based on a Likert scale.

Figure 10: Staff survey responses for interest in HWB and support from managers



Non disabled staff perceive that they receive more support from their managers than disabled staff. It is also noticeable that disabled staff, on average, perceive that the organisation shows less interest in, and takes less action on HWB.

Figures 11-13 show responses to statements on the staff survey where the data was collected as a percentage of the staff population agreeing with a given statement.

Figure 11 – Stress, pressure to attend and extra hours

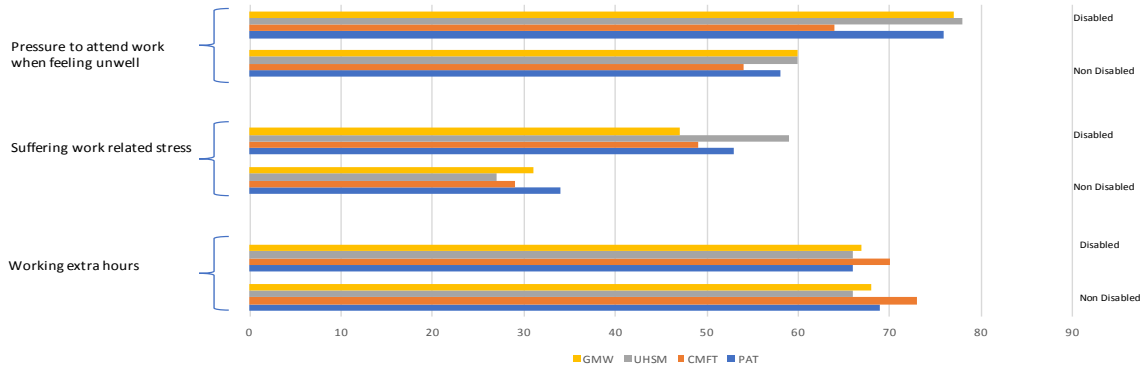


Figure 12 – Equal opportunities for career progression and support with flexible working

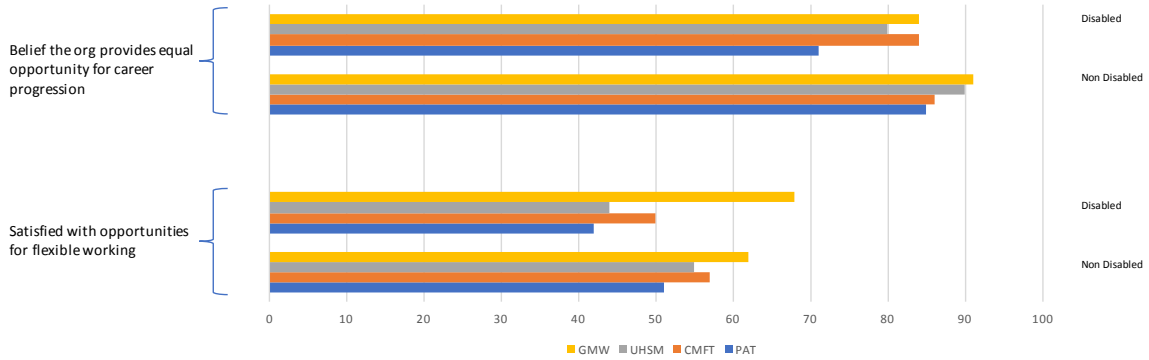
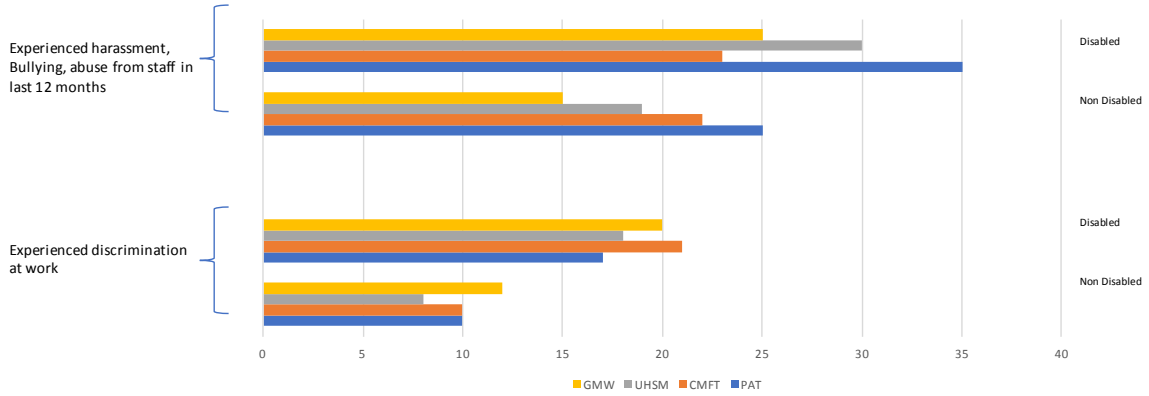


Figure 13 – Bullying and discrimination



There are some noteworthy differences here between disabled and non-disabled respondents when examining the overall mean percentages. For example:

- Considerably more non-disabled staff are satisfied with opportunities for flexible working;
- Many more disabled staff experience work related stress and feel pressured to attend work when feeling unwell
- More disabled staff have experienced bullying and harassment over the last twelve months
- Fewer disabled staff perceive that they work extra hours

67% (UHSM) 79% (GMW/CMFT) 73% (PAT) of disabled people believe that their employer has made reasonable adjustments for them, leaving between 21%-33% with the perception that reasonable adjustments are not made.

There is no data available from BonT or the CCGs in relation to disabled versus non-disabled perceptions. However, MCC underwent a peer challenge in 2015 and achieved 'Excellent' in relation to the Equalities Framework for Local Government (EFLG).

5.4 ORGANISATIONAL GOOD PRACTICE CASE STUDIES AT A GLANCE

As well as the good practice and strengths that have been emphasised in previous sections of the report, organisations were invited to work in partnership with the delivery team to produce good practice case studies of their work in relation to HWB. Fifteen case studies were developed in total from five of the participating organisations. These are summarised in table 20 and full copies of the case studies can be seen in Appendix 5.

Table 20 – Summary of Manchester case studies

TITLE	HWB FOCUS	SUMMARY	KEY OUTCOMES
Wild Family Event Programmes	Mental wellbeing	**GMW** piloted two events with Lancashire Wildlife Trust with very positive feedback and will continue to roll out during 2017	Staff feel valued
Credit Union	Financial wellbeing	Hoot credit union are working with GMW to offer savings and affordable loans to members of **GMW**. Hoot credit union extended its membership to cover all staff and their families working for GMW across the Trusts wide geographical area.	Financial security has a positive impact on mental health, in addition the scheme encourages staff to establish a routine of saving regular amounts, this is deducted directly from salaries so saved before spent.
Implementing HWB strategy over geographically dispersed footprint	HWB needs assessment	**GMW** have put a number of initiatives in place to ensure that HWB activities and support is tailored and accessible across the GMW footprint	GMW scores higher than average on staff survey (2016) question 'organisation and management interest in HWB' For June 2016, the Trust received its best ever results with 81% of staff saying they would recommend the Trust as a place to receive care and 73% saying they would recommend the Trust as a place to work.
Identifying HWB needs	HWB needs assessment	**CCG's** have developed a way of measuring staff health and wellbeing across the new organisation via a resilience measure. This uses absence rates and turnover rates to map levels of resilience across different workforce pay bands.	In progress
Developing resilience	Mental wellbeing	Building resilience through emotional intelligence programme in the **CCGs**	The HR OD team have noted a noticeable change in the interactions between people who have attended the programme.

TITLE	HWB FOCUS	SUMMARY	KEY OUTCOMES
Disability recruitment process	Disability	**CCG's** are working with Breakthrough to look at whether or not the CCG's recruitment process are followed and whether there is any bias or discrimination in the process.	In progress
Mindfulness training	Mental wellbeing	8 week mindfulness training for 8 people at **PAT**, fully evaluated	Reduced stress, increased life satisfaction and mindful practice and reduced sickness absence
Zumba classes	Physical activity	8 week Zumba programme for 50 people fully evaluated at **PAT**	Rise from 32% to 61% who carried out the recommended 150 minutes of physical activity per week
Health and Wellbeing Champions	Health and Well-being support	At **PAT** 50 staff trained in level II qualification in Understanding Health Improvement (Royal Society for Public Health)	Over 80% said the course helped them improve their own HWB and also gave them the skills to help others
Schwartz rounds	Mental wellbeing	Schwartz rounds at **CMFT** allow staff to meet in confidence to discuss and reflect on the emotional impact of their work in a safe, supportive environment.	Over 80% of staff involved state that the rounds help them to work better with colleagues and patients
Divisional health and wellbeing day	Physical and mental wellbeing	Staff in the division of surgery at **CMFT** participated in a HWB day which included massage, mindfulness sessions and emotional support	Evaluated well and will be assessed by means of an annual survey
Supported internship programme	Disability	A year long internship programme at **CMFT** helps young people with learning disabilities to access employment.	64% obtained paid employment and 93% retained paid employment at one year
Reverse mentoring scheme	Disability	This scheme at **CMFT** helps to provide positive action to support BME, LGBT & disabled people and to raise awareness for senior leaders	Enhanced career opportunities/advancement for mentees and a range of leadership development outcomes for mentors
LEAD programme	Mental wellbeing	A leadership development programme at **UHSM** for all levels of staff focusing on resilience, prevention of stress etc.	Increased understanding, awareness and more effective management
The appraisal revolution	Health and wellbeing support	Shortened paperwork and 'big conversations' during appraisals at **UHSM**.	Improved staff feelings of being valued, increased staff engagement and wellbeing
Run groups	Physical activity	12 staff at **MCC** trained to lead 'Run Groups' to increase levels of physical activity irrespective of fitness levels.	Improved staff confidence, social connection and fitness levels
Awards for Excellence	Health and wellbeing category	Health and wellbeing category created to emphasise the importance of health and wellbeing to the organisation **(MCC)**	Raised awareness of health and wellbeing, developed collaborative working, new skills, confidence and improved perceptions of general health and wellbeing.

5.5 EXEMPLAR EXTERNAL CASE STUDIES AT A GLANCE

The case studies chosen are based in England, Scotland, Australia and Germany. The diversity of health and wellbeing programmes selected was purposeful and driven by the wish to provide the reader with cases that chose different interventions across a range of systems and contexts as well as the inclusion of some that provided evidence based outcomes of the programmes concerned.

Note that no case studies were found that linked evidence based outcomes specifically to the interventions chosen. This type of research would be difficult to complete due to the number of variables that can impact on the outcomes of such initiatives.

Table 21 presents a summary of case studies drawn from the web based research. Further detail of each case study is provided in Appendix 6, which include an overview of the Health and Wellbeing focus and key outcomes.

Table 21: Case study summary

Organisation	Sector	Location	HWB focus	Summary	Key outcomes
Ikea	Retail	Scotland	Disability	Specific recruitment practices to increase number of disabled employees with a supportive team/cultural ethos. Ikea works with local specialist employment agencies in the community.	High attendance and low sickness rates. Raised awareness of disability locally and overall organisational and community culture changes.
Hertfordshire County Council	Public	England	General	Updating and revamping the HWB intranet site with employee involvement.	Staff engagement rose from 49% to 60% in one year. Sickness absence reduced from 9.5 to 7.5 days over a 2-3 year period. Use of EAP rose from 7.16% to 9.31%
Glaxo SmithKline (GSK)	Private	Global	Resilience	Team based assessment results are shared with the team leader prior to working with a facilitator to work with the team to uncover hotspots and what is working well. An action plan is developed to reduce pressure in the team.	A 60% reduction in work related mental ill health globally A 29% reduction in work days lost
Caterpillar	Private	Global	Mental health & disability	A telephone coaching and therapeutic intervention service for employees who are presenting with depression. Employees are followed up, in confidence, if they indicate high scores on two items on the staff survey.	Average lost work time for psychiatric short-term disability has decreased over 40%. The total number of long-term disability psychiatric cases has decreased by over 35%.

Organisation	Sector	Location	HWB focus	Summary	Key outcomes
Airbus Operations Ltd UK	Private	UK	Mental health	An integrated approach to providing mental health services to workers suffering from a range of mental health issues. Significant training is provided and much attention is paid to 'reasonable adjustments' so that people can remain at work.	After one year, mental health-related absence reduced from 25% of all absence to 18.5%, after two years to 11.94%. The average length of absence per episode reduced from 49 days to 35 days and to 34 after two years. While receiving support, 89% of all referrals to the service remained in work.
Adidas UK	Private	UK	General	A wide range of preventative interventions are provided for staff including stress related, physical and an onsite GP.	The average sick day per year, per employee is 2.5, compared with an industry average of about 6. Adidas also measures productivity levels which are also higher than average (no specific data are available for this metric).
Rotherham CCG	Public	England	General	One of the Healthy Workforce sites, this organisation has introduced a range of interventions for staff related to the CQUIN indicators.	No metrics or evaluation data available until March 2017.

Key emergent themes

The following themes emerged as a result of the case study review:

- In several organisations initiatives began due to personal experiences of staff in the organisations, for example, a senior manager had a disabled relative or a relative with a mental health condition.
- Health and wellbeing initiatives often start with little or no experience of how to plan or implement the interventions required.
- Projects often started small and then spread throughout the organisation.
- As well as changing attitudes of all workers in relation to health and wellbeing, disability and mental health, the case studies indicated that interventions often resulted in organisational culture change and sometimes community culture changes.
- Working across the community with other organisations was often found to be helpful (e.g. specialist employment agencies).
- Applying an integrated approach by involving a range of workers across the organisation appears to improve success rates and reduce silo working.

CHAPTER 6: RECOMMENDATIONS

Participating organisations are already responding positively to being involved in the project and the themes identified highlight opportunities to share practice and learning across Manchester. It has become increasingly evident from this work that the impact of poor mental health and disability is a common priority for all Manchester organisations, particularly as poor mental health and disability are the commonest cause for sickness absence across the City. Whilst there is evidence of positive progress, it's important that Manchester HWB Board reasserts its ambition to take steps to improve the health and wellbeing of its citizens and the workforce that contribute to the Manchester economy.

This chapter focuses on what we believed would be an overarching priority with ***6 high impact*** recommendations that have emerged from the project. These build on, and are complimentary to, the Call to Action recommendations included in each of the four health and wellbeing indicators sections.

Strategic priority *- Demonstrate that health and wellbeing, mental health and disability at work are a priority for Manchester Health and Wellbeing Board*

<table>
<tr><th colspan="2">Recommendations for action</th></tr>
<tr><td colspan="2">Recommendation 1 - Setting common HWB improvement objectives that bring about positive engagement and action with staff for across Manchester organisations</td></tr>
<tr><td>Health and Wellbeing Board
4. Appoint a Board level HWB champion to ensure that recommendations in this report are taken forward
5. Hold Board organisations to account for developing and implementing an employee HWB plan linked to the baseline assessment findings
6. HWB Board to receive an annual progress report against plans</td><td>Health and Wellbeing Chief Executives
5. Ensure that Health and Wellbeing recommendations included in organisational site reports are implemented (this applies to all indicators)
6. Undertake benchmarking of H&WB data across the Manchester system e.g. sickness absence
7. Ensure that Board organisations involve and co-design HWB strategic priorities with employees
8. Ensure that managers within Board organisations are equipped to effectively support staff with disabilities and mental health conditions and this is reflected in the staff surveys</td></tr>
<tr><td colspan="2">Recommendation 2 - Promoting HWB for all care organisations (including 3rd sector). Pooling resources and learning from each other across Manchester to support the delivery of common evidenced based HWB interventions and maximising simple and cost effective behaviour change interventions.</td></tr>
<tr><td>Health and Wellbeing Board
3. Consider reviewing Occupational Health and Employee Assistance Programme provision across the Manchester HWB Board member organisations to see where they can reduce duplication, enhance the service and offer the service to smaller voluntary sector organisations.</td><td>Health and Wellbeing Chief Executives
4. Align Occupational Health services, standards and provision for Manchester
5. Champion healthy lifestyles in the procurement of service
6. Work in partnership across the system (including voluntary organisations) to provide high quality HWB services, particularly those that are not offered by all HWB member organisations, so that they are accessible to all</td></tr>
</table>

4. Champion healthy lifestyles and creating healthier options in the commissioning of services	(e.g. health screening checks; physical activity groups; disability and mental health support groups; smoking cessation; substance use and misuse workshops; diabetes workshops; weight loss and healthy eating workshops)
Recommendation 3 - Encouraging all organisations across the Manchester to use the HWB baseline assessment and agree common data sets for measuring outcomes	
Health and Wellbeing Board	*Health and Wellbeing Chief Executives*
3. Adopt health and wellbeing CQUIN standards 2016 or equivalent across Manchester organisations 4. Hold health and wellbeing Executives to account for developing plans to achieve improved health and wellbeing outcomes within their organisations	3. Health and wellbeing Executives in a commissioning role ensure that providers deliver on the HWB outcomes e.g. CQUIN or equivalent *4.* Ensure that their organisations review and evaluate the impact of HWB interventions
Recommendation 4 - Developing a culture that encourages a healthy work-life balance through senior leadership role modelling	
Health and Wellbeing Board	*Health and Wellbeing Chief Executives*
2. Agree and adopt one performance target per year that drives improvements in employees' health and wellbeing in the organisations of the members of the HWB. Monitor the improvements in performance annually.	5. Executive leaders identify specific personal health and wellbeing objectives and role model positive health and wellbeing 6. Ensure that managers within board organisations are equipped to effectively support staff with disabilities and mental health conditions and this is reflected in the staff surveys 7. Progress common approach to delivery of leadership and management development (Inc. health and wellbeing emphasis) as recommended in Manchester Workforce Strategy 8. Adopt a prevention approach for health and wellbeing (HSE management standards)
Recommendation 5 - Emphasising the focus on mental health and disability of part of a wider health and wellbeing approach by monitoring the implementation of the Workforce Disability Equality Standards and supporting the delivery of Manchester's All Age Disability Strategy	
Health and Wellbeing Board	*Health and Wellbeing Chief Executives*
4. Endorse the 'call to action' set out in the HWB Baseline Assessment Framework Indicator 4: Mental Health and Disability (Get In, Get on and Get Further) *5.* Endorse the Manchester All Age Disability Strategy and ensure system and organisational support for its delivery *6.* Work in partnership to set out new standards of care for people with mental health conditions in work	5. Implement the 'call to action' in Indicator 4: Mental Health and Disability (Get In, Get on and Get Further) 6. Managers trained in recruiting and supporting disabled staff 7. Managers regularly review and support making reasonable adjustments *8.* Appoint an organisational lead for the Manchester All Age Disability Strategy

Recommendation 6 - Creating a common HWB branding and logos on everything related to HWB across Manchester	
Health and Wellbeing Board	*Health and Wellbeing Chief Executives*
2. Consider a branding strategy for health and wellbeing initiatives and employee health and wellbeing services across the Manchester to provide a sense of identity	2. Implement the 'call to action' in Indicator 4: Mental Health and Disability (Get In, Get on and Get Further)

CHAPTER 7: CONCLUSION

The economic case for focussing on HWB across Manchester is clear, in that participating organisations had

- higher levels of sickness absence days lost (compared to the CIPD data)
- higher average cost of sickness absence (for some organisations, compared to the CIPD data)
- higher levels of sickness presence (compared to the Work Foundation data)

The imperative to have specific focus on mental health and disability is also compelling that the top reasons for sickness absence across Manchester are mental ill health, stress and disability related illness.

To balance the picture, fewer people across Manchester are reporting feeling pressure to attend work when feeling unwell in 2016 compared to 2010 and there is a perceived increase in manager's interest in staff health and wellbeing.

HWB starts at work and that responsibility lies both with staff member and employer. Organisations that are on the front foot and tackle this more proactively are more likely to prevent higher sickness and absence rates and improve outcomes for both organisations and staff.

Manchester has an opportunity to be a leader and a positive force for change in relation to establishing a strategic approach to employee health and wellbeing across the City. This work builds on the insights and conclusions that are informing both the Manchester Locality Workforce Plan and 'Developing a sustainable workforce in Greater Manchester' GM strategy. The commissioning of this project suggests that there is a commitment to focusing on employee health and a recognition that 'doing nothing' is not an option. The findings from this project provide evidence that all seven of the organisations that have participated, are keenly aware of the importance of health and wellbeing and the impact this can have on staff engagement and organisational performance. All organisations are attempting to improve the health and wellbeing of their employees by developing and implementing a range of initiatives which are linked to a strategy or action plan. Overall, senior leaders in the organisations concerned appear to be engaged in the HWB agenda.

There are pockets of good practice where valuable and beneficial interventions are taking place in organisations across the City. However, findings have also been surfaced which demonstrate that significant gaps that would benefit from a city-wide consideration and collective response, particularly in relation to disability. There is a tangible opportunity to share best practice and enable organisations to learn from each other without inventing wheels from scratch. Some of the actions required will be simple and quick to implement (e.g. simply asking managers to ask about health and wellbeing costs nothing), others may take longer and many could be provided by pooling resources across the system (resulting in a range of interventions which organisations can use as a menu to draw down from – having a spectrum of options can be a helpful resource to share). Working together will be fundamental to improving the health and wellbeing of staff in organisations across Manchester and a coordinated approach will ensure that staff feel more valued, healthy and engaged at work.

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APPENDICES

APPENDIX 1: FURTHER DETAILS ABOUT THE DISABILITY DEFINITION

A crucial element of this work entailed defining disability and mental ill health, given that this forms a prominent focus in the work. A web-based investigation was undertaken to ascertain the most relevant language and definition for the purposes of the project.

Disability is difficult to define because it is a complex concept that can be construed under a medical or social constructionist model. When classed or interpreted as an illness, disability is seen as fixed in a person's mind or body. When classed as a social construct, disability is perceived in terms of the cultural and socioeconomic disadvantages resulting from society's exclusion of that individual. More recent thinking suggests that we are all impaired, or may become impaired and therefore drawing a distinction between 'disabled people' and 'non-disabled people' is out dated[41]. All of these views impact on the language to be used when discussing disability issues and so it is therefore worth mentioning here that throughout this report, we use the inclusive language recommended by the government Office for Disability Issues[42]: **'disabled people'** and **'people with a mental health condition'**.

Having examined the formal definitions provided by Australia, the USA and the UK governments, it is clear there are overlaps between the definitions provided and that all three include mental health issues or conditions as disabilities. It therefore appears appropriate to frame mental health issues as disabilities for the purposes of this project. However, it is worth noting that some organisations and/or employees may not frame disability and mental health in this way and may separate the two concepts. This might result in the development and practice of different interventions and attitudes.

Given that the focus of this project is based on UK based organisations, it makes sense to apply the definition from The UK Equality Act 2010[29] which uses a wide definition of disability. This definition, having been revised at the time of the Act, only six years ago, includes those with:

- Physical or mobility impairments
- Visual impairments
- Hearing impairments
- Dyslexia, dyspraxia and dyscalculia
- AD(H)D
- Medical conditions
- Mental health difficulties
- Autistic spectrum conditions
- Chronic fatigue syndrome
- ME
- Unseen disabilities (e.g. asthma, epilepsy, heart conditions, diabetes)

The definition provided under the Act states that you are disabled if '**you have a physical or mental impairment that has a 'substantial' and 'long term' negative effect on your ability to do normal daily activities'**. Further detail of this definition can be seen in Appendix 1.

'Substantial' is more than minor or trivial, that is it takes longer than it typically would to complete a day to day activity such as getting dressed.

'Long term' means twelve months or more.

Daily activities include mobility, manual dexterity, lifting, hearing, eyesight, speech, memory, and the ability to concentrate, learn or understand.

This is demonstrated in the following example provided by the government as part of the explanation of the Equality Act 2010:

'You suffer from depression, so it's very hard for you to make decisions or even to get up in the morning. You're forgetful and you can't plan ahead. Together, these factors make it difficult for you to carry out day-to-day activities. You've had several linked periods of depression over the last two years and the effects of the depression are long-term.

So, for the purposes of the Equality Act, you're defined as a 'disabled person'. Before the Equality Act, you might not have been able to get disability discrimination protection.' (Factsheet Equality Act 2010: What do I need to know? p.3)

A progressive condition is one that gets worse over time; people with progressive conditions can be classed as disabled. However, a person would automatically meet the definition of disability under the Act from the day they are diagnosed with HIV infection, cancer or multiple sclerosis. Some conditions are not covered by the Act's definition, e.g. addiction to non-prescribed drugs or alcohol.

APPENDIX 2: METHODS AND APPROACH DETAIL

A consortium of two external consultancies working as a collaborative, were procured to deliver the project: People and Change Experts Ltd (PACE) and Aspire Personal & Organisational Development Ltd (Aspire). Both companies are based in the North West and are familiar with the local context. The delivery team comprised four consultants who possess a range of diverse experience and expertise including: academia, research, health and wellbeing and organisational psychology. Two members of the delivery team formed part of the steering group that oversaw and monitored the project. The Steering Group met every month and consisted of senior managers from representative organisations.

All organisational data was collected between May 2016 and March 2017.

WEB BASED RESEARCH

The web based research was conducted to develop and create the HWB self-assessment framework, to contextualise the organisational sites and to develop exemplar case studies that were external to the local context.

CONTEXTUALISATION OF THE SITES

A web based investigation was conducted to ascertain any knowledge or information that was already available in the public domain in relation to health and wellbeing knowledge about the organisations identified to participate in the baseline assessment. The findings from this information formed part of the individual organisational reports that have been provided to each organisation. This information was verified by the organisational leads prior to the completion of the reports.

DEVELOPMENT OF EXEMPLAR CASE STUDIES

It was believed that providing case study examples would act as 'good practice ideas/innovations' that could be adopted or amended by participating organisations across the City. The case studies were found by means of a brief web based search. A number of relevant search terms were used to access existing health and wellbeing case studies, as well as health and wellbeing strategies and initiatives. The search was not limited to the UK so that a global and diverse reach could be incorporated into the findings; in addition, the search included case studies from all types of organisations and sectors. Note that this was not a systematic search, being brief and excluding any academic library exploration. In addition, note that further examples are available on the NHS Employers website http://www.nhsemployers.org/

MEETINGS WITH HWB ORGANISATIONAL LEAD

One or more senior leaders were identified by the Steering Group, in each organisation, to be the most relevant contact/s in relation to knowledge and experience of health and wellbeing. It was also envisaged that these leaders could and would search out key information required if they did not know themselves. Each organisation was approached by a member of the Delivery Team and invited to participate in two or more separate meetings. The meetings were designed to capture an organisational level self-assessment against the HWB self-assessment framework, together with the addition of specific questions relating to mental health, disability and health and wellbeing outcome data to indicate the impact of HWB initiatives. We recognised that these outcomes would be influenced by factors additional to the HWB initiative, so the outcomes chosen are only proxy measures.

Each meeting lasted between 1.5 and 2 hours. The information gleaned from these meetings, together with any other relevant organisation metrics/information was written up into a separate report for each organisation, which was shared with and signed off by the organisational lead/s.

At least one of the meetings conducted aimed to generate site specific case studies; in total 9 good practice case studies were developed as a result of this part of the data collection methodology.

'DEEP DIVE' INTERVIEWS WITH EMPLOYEES AND MANAGERS

One of the key remits set by the commissioners of the project was to capture in depth data from employees directly and specifically in relation to mental health and disability. To this end, a significant number of one to one telephone interviews, lasting approximately 30 minutes, were conducted with participants from across five of the organisations involved in the project. The participants included employees and managers. The objectives of the interviews were to explore:

- the lived experience of being a disabled person or person with a mental health condition, working in an organisation (declared under the UK Equality Act or not)
- the lived experience of being a manager of a disabled person or person with a mental health condition (declared under the UK Equality Act or not)

Participants were informed that the personal information they shared with the Aspire / PACE team would remain confidential to the team (no one person name would be disclosed outside the team) and that we would draw out themes from the data to explore areas of good practice and areas for improvement across all five sites (to preserve anonymity).

The participating organisations were[4]

- Pennine Acute Hospitals NHS Trust
- NHS Central, North and South Clinical Commissioning Groups
- Central Manchester University Hospitals NHS Foundation Trust
- University Hospital South Manchester NHS Foundation Trust
- Manchester City Council

Table 22 shows the numbers of employees and managers who took part in the discussions.

Table 22: Number of employees and managers who took part in the lived experience conversations

Organisation	Employees	Managers
Pennine Acute Hospitals NHS Trust	3	3
Central North and South Clinical Commissioning Groups	3	3
Central Manchester University Hospitals NHS Foundation Trust	3	2
University Hospital South Manchester	5	3
Manchester City Council	7	2
Total	**21**	**13**

[4] Greater Manchester West Mental Health NHS Foundation Trust and Back on Track did not begin their baseline audit until January 2017. Due to the short timescales, they did not take part in the qualitative discussions.

Eleven employees had declared a disability to the organisation and line manager. Four employees had not declared a disability to the organisation and line manager, six employees did not share if they had declared a disability to the organisation or line manager.

Employees and managers were recruited to take part in the discussions using a snowball sampling technique. An initial email was sent out to employees and managers from the lead contact within each organisation, asking people to express their interest in taking part in the discussions. To maintain confidentiality, they were asked to respond direct to the Aspire / PACE team. As we held discussions with employees and managers we asked them if they knew of anyone else that might be interested to talk with us. Some organisations also asked people in their disability networks if they would be willing to take part in the discussions.

APPENDIX 3: THE SELF-ASSESSMENT FRAMEWORK AND QUANTITATIVE DATA COLLATED SO FAR AGAINST THE FRAMEWORK

INDICATOR 1: GOOD HEALTH FOR ALL **Goal: Ill health is prevented and good health is sustained and improved for everyone**				
Initiative or intervention	**FM**	**PM**	**NM**	**NA**
Assessment	4	2		
A staff needs assessment is undertaken each year via survey/focus groups to assess the needs and requirements of staff in relation to health and wellbeing				
Staff are asked for their views and experiences relating to HWB at least annually (including a subjective wellbeing (SWB) scale by either: a specific HWB survey; questions added to the annual staff survey; smart phone technology				
Service based		6	1	
The organisation provides an occupational health service that is reviewed and evaluated regularly				
Health screening checks are available to all staff (e.g. blood pressure, weight)				
Free/subsidized gym and/or physical activity classes are provided				
Smoking cessation encouraged/service provided				
Counselling/CBT/EAP services available and accessible				
Weight loss/healthy eating/cooking programmes available and accessible				
Induction programmes include focus on HWB (including mental health & disability)				
Voluntary work schemes are available				

INDICATOR 1: GOOD HEALTH FOR ALL **Goal: Ill health is prevented and good health is sustained and improved for everyone**				
Initiative or intervention	**FM**	**PM**	**NM**	**NA**
Workshops and support groups		7		
A range of workshops/lunch 'n' learns/support groups offered, which might include a focus on:				
Diabetes				
Resilience				
Back care				
Financial fitness				
Work-life balance				
Heart care				
LGBT support/awareness				
Health and safety/injury prevention				
Substance use and misuse				
Meditation				
Mindfulness				
BME support/awareness				
Mental health and disability awareness				
Other(s) – please state:				
Specific workshops are available in relation to helping self and supporting others in relation to mental health and disabilities. Subsequent to these, peer support/buddying systems are put into practice in the workplace.				
Self-directed initiatives are provided to aid learning, development and awareness, e.g. intranet, webinars, videos, libraries				

INDICATOR 1: GOOD HEALTH FOR ALL **Goal: Ill health is prevented and good health is sustained and improved for everyone**				
Initiative or intervention	**FM**	**PM**	**NM**	**NA**
Environment		7		
Healthy food/drink choices in meetings/staff restaurants				
Clean, safe, inviting stairwells with clear signage				
Marked walks across sites				
Bicycle racks				
Disabled parking spaces are provided specifically for staff				
Work environment assessments and adjustments are provided including work load and flexible working hours adjustments				
Clean, well equipped kitchens and restrooms are provided with physical access to all				
Regular breaks are encouraged that include access to fresh air, mindfulness and physical activities				
The HWB strategy and related implementation activities are communicated in a clear and accessible manner via a range of methods				
The HWB strategy and related implementation activities are branded in such a way that HWB initiatives are recognized easily				

INDICATOR 1: GOOD HEALTH FOR ALL
Goal: Ill health is prevented and good health is sustained and improved for everyone

Initiative or intervention	FM	PM	NM	NA
Policies		7		
A range of relevant policies that are accessible and available to **all** staff; these are not treated as a tick box exercise but are fully implemented by leaders, managers and other relevant workers.				
Flexible working				
Supporting and retaining older workers				
Work life balance				
Mental health and wellbeing				
Disability				
Voluntary work scheme				
Absence/sickness				
Return to work				
Bullying and harassment				
Violence at work				
Whistle blowing				
Paternal/compassionate leave				
Home based working				
Alternative work arrangements				
Conflict resolution and mediation				
Inclusive recruitment and selection				
Health and safety				
Substance use				
Inclusion, equality and diversity				
Appraisals				
Lone working				
Organisational change procedure/s				
No smoking				
Work environment assessment				
Dignity at work				

INDICATOR 2: LEADERSHIP

Goal: Leaders and managers in the organisation demonstrate support for HWB and role model HWB behaviours				
Initiative or intervention				
Practices & behaviours	1	6		
Support the HWB Strategy, providing designated budget for HWB, including staff requirements for lead and steering group				
Ensure business objectives and organisational strategy aligned with HWB strategy, interventions and measures				
Review and act upon an annual HWB report on the organisation's physical and mental health				
Leadership teams are representative of the diverse make-up of the organisational and local communities they serve				
Active involvement in and support of HWB strategy/action plan and steering group				
Role model behaviours to support wellness in self and others (e.g. work-life balance, physical activity, resilience)				
CEO and other senior leaders hold listening groups about HWB				
Lead and manage organisational change appropriately				
Leaders and managers know the HWB needs of their own teams/team members and have a plan focused on HWB. HWB is discussed regularly in team meetings				
Leaders have regular one to ones with team members that include a focus on HWB				
Leaders and managers apply the full range of HWB policies as appropriate and are mindful of the psychological safety needs of all organisational and partnership workers				
Active involvement in and support of HWB strategy/action plan and steering group				
Learning and development		7		
Leaders are aware of the organisational responsibility under the Equality Act 2010				
Leaders and managers are provided with coaching and other developmental opportunities in relation to: conversations with staff about HWB issues, specifically mental health and disability				
All line managers can attend training on policies relevant to HWB (as listed under '1' above)				

INDICATOR 3: CULTURE **Goal: The way we do things around here is supportive of HWB**				
Initiative or intervention	**FM**	**PM**	**NM**	**NA**
Learning and development	**1**	**6**		
A coaching culture is applied such that coaching and mentoring is available to all line managers and managers are able to become coaches or attend coaching training				
Workshops and programmes are available to **all** staff about having courageous and difficult conversations, giving and receiving feedback, conflict management				
Norms: this is the way we do things around here	2	5		
People frequently engage in open, honest, safe and courageous conversations				
Recognition and positive feedback is given and received on a regular basis				
The workplace feels psychologically and physically safe and issues are raised without fear of stigma or reprisal				
All HWB policies are adhered to and applied effectively				
Inclusion, fairness, respect and equality are lived values				
All staff feel engaged and are involved in decisions about HWB and other issues that affect them				
Regular discussions are held at self, team and organisational level about HWB				

INDICATOR 4: DISABILITY AND MENTAL HEALTH **Goal: Spotlight assessment**				
Initiative or intervention				
Get in	**FM**	**PM**	**NM**	**NA**
The workforce is representative at all levels of the organisation	1	6		
The organisations have testimonial from staff with disabilities on recruitment websites Mentors are provided to support disabled staff				

The organisation has targeted initiatives				
The organisation has training available to train managers in recruiting disabled employees				
The organisation has a clear monitoring process that is used				
Get on		7		
The organisation has a process for making work adjustments				
The organisation has a disability group/network				
The organisation has disability and mental health included in induction				
Managers are supported with on-boarding for disabled people				
The organisation has a specific disability related absence policy				
The staff survey asks about the extent to which the organisation provides reasonable adjustments for disabled staff				
Managers are supported/trained to use policies and processes				
The organisation sickness absence data recognises disability related absence (including mental ill health)				
Management processes are adapted for disability related absence				
Data is recorded and monitored for disabled staff in terms of staff survey, disciplinary, grievances, promotions, bandings, leavers, training etc.				
There is a named person who disabled staff can go to if they have problems				
Get further		7		
Mentors are provided to support disabled staff				
Senior role models exist				
Specific career support/opportunities are available for disabled staff				

The key to the abbreviations is as follows:

- Fully met – every aspect of the standard has been met or exceeded with evidence available.
- Partially met – some or most of the standard has been met with evidence available.
- Not met – none or little of the standard has been met; activities and systems are still under development or not implemented
- Not applicable – this standard is not applicable to the organisation concerned for some reason.

APPENDIX 4: KEY RESOURCES USED TO DEVELOP THE SELF-ASSESSMENT FRAMEWORK

- Business Disability Forum: various pages http://www.businessdisabilityforum.org.uk Accessed 12.6.16
- Culture of Wellness Organisational Self-Assessment (COW-OSA) www.samhsa.gov Accessed 11.6.16 (SAMHSA is the substance abuse and mental health services administration agency in the US DoH and Human Services that leads public health efforts to advance the behavioural health of the nation)
- Government Equalities Office and Citizens Advice Bureau (2010) Equality Act 2010: What do I need to know? A summary guide to your rights https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/85017/individual-rights1.pdf Accessed 11.6.16
- Investors in People: Health and wellbeing, the framework https://www.investorsinpeople.com/sites/default/files/IIP%20Health%20and%20Wellbeing%20Framework_0.pdf. Accessed 10.6.16
- MIND http://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-your-staff/ and http://www.mind.org.uk/media/43247/Resource1_Mentally_Healthy_workplacesFINAL_pdf.pdf Accessed 11.6.16
- Mindful Employer: various pages – www.mindfulemployer.net Accessed 11.6.16
- NHS Health Education England (2015). Get in, Get on, Go further. https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Talent%20for%20Care%20leaflet%20Feb%202015.pdf Accessed 17.11.16
- No health without mental health dashboard, Department of Health (2013) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/265388/Mental_Health_Dashboard.pdf Accessed 11.6.16
- PWC/Health, Work, Wellbeing (2008) Building the case for wellness https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209547/hwwb-dwp-wellness-report-public.pdf. Accessed 10.6.16
- The invitation to tender for the provision of a Manchester Health and Wellbeing Board Workplace Health Baseline Assessment (CCGs, 2016)
- The workplace wellbeing charter and workplace wellbeing charter self-assessment standards (www.wellbeingcharter.org.uk. Accessed 10.6.16)
- The health, work and well-being: Baseline indicators report (2010) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209560/hwwb-baseline-indicators.pdf. Accessed 10.6.16)
- WHO (2000) Mental health and work: Impact, issues and good practices (http://www.who.int/mental_health/media/en/712.pdf Accessed 12.6.16)

Other resources

- ACAS Promoting positive mental health at work http://www.acas.org.uk/media/pdf/l/a/Promoting_positive_mental_health_at_work%28SEPT2014%29.pdf Accessed 11.6.16
- Mental health and work (2008) Royal College of Psychiatrists https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwb-mental-health-and-work.pdf Accessed 11.6.16
- Canadian Centre for Occupational Health and Safety http://www.ccohs.ca/oshanswers/psychosocial/mentalhealth_work.html Accessed 12.6.16
- Department for Work and Pensions: health and wellbeing case studies https://www.gov.uk/government/collections/health-work-and-wellbeing-case-studies Accessed 11.6.16

- European Agency for Safety and Health at Work (2011) Mental health promotion in the workplace – A good practice report https://osha.europa.eu/en/tools-and-publications/publications/reports/mental-health-promotion-workplace_TEWE11004ENN Accessed 11.6.16
- Harvard Medical School. Mental health problems in the workplace. http://www.health.harvard.edu/newsletter_article/mental-health-problems-in-the-workplace Accessed 12.6.16
- Headsup Australia: various pages https://www.headsup.org.au/creating-a-mentally-healthy-workplace/get-inspired/case-studies Accessed 11.6.16
- International Labour Office, Geneva – various pages http://www.ilo.org/global/about-the-ilo/who-we-are/international-labour-office/lang--en/index.htm Accessed 10.6.16
- NHS Workforce Race Equality Standard https://www.england.nhs.uk/about/gov/equality-hub/equality-standard/ Accessed 11.6.16
- Time-to-change website: various http://www.time-to-change.org.uk/get-involved/get-your-workplace-involved/support-managers/case-studies Accessed 11.6.16
- Workplace mental health promotion Ontario http://wmhp.cmhaontario.ca/case-studiesAccessed 12.6.16
- Workplace Wellness Programs Study: Case Studies Summary Report (2013) RAND Corporation for Office of Policy and Research, Department of Labor https://www.dol.gov/ebsa/pdf/workplacewellnessstudysummary.pdf Accessed 10.6.16
- Your health in mind: various pages http://www.yourhealthinmind.org/ Accessed 12.6.16

APPENDIX 5: MANCHESTER CASE STUDIES

Title:	Mindfulness
Organisation:	Pennine Acute Hospitals NHS Trust
Sector:	Health
Geographical location:	North West England
HWB focus:	Mental Well-Being
Rationale for inclusion:	Focus on mental health and evaluated pilot study
Website reference:	http://www.pat.nhs.uk/downloads/pennine-news/2016/Pennine%20News%20144%20March%202016%20v1.2%20eProof.pdf [page 15, published March 2016, accessed 22/11/16] http://www.pat.nhs.uk/downloads/pennine-news/2016/PENA01%20Pennine%20News%20148%20Aug%202016%20v1.4%20eProof.pdf [page 15, published August 2016, accessed 22/11/16]

Summary

In the past, staff at PAT have experienced high levels of sickness absence due to stress at work (NHS Staff Survey 2015 shows that 40% of respondents reported suffering stress in the last 12 months compared to the average of 36% for Acute Trusts). PAT committed a budget to focus on developing staff health and wellbeing across the Trust and as a result of the Chief Executives challenge in 2015, the Trust decided to invest in mindfulness. The health and wellbeing benefits of mindfulness are vast and include maintaining good wellbeing, managing stress, depression, chronic illness and pain. Mindfulness has also been associated with resilience, compassion and a broadening our capacity to improve our performance.

In January 2016, the Trust commissioned a recommended mindfulness practitioner to run two mindfulness taster sessions, of which 33 members of staff attended. Due to the positive feedback an 8 week 4 session (three half days and one full day with reflective practice in between sessions) mindfulness pilot course was commissioned for up to 12 staff between March and May 2016.

Twelve members of staff from across the Trust and from different professional backgrounds signed up for the pilot mindfulness course. Eight members of staff completed the full course. Following the course the participants started a 'WhatsApp' group to remain in contact and provide a source of support for each other. Additionally, they continue to meet monthly on site to practice mindfulness.

Before the participants started the course, they were asked to complete a pre-course evaluation questionnaire and following completion of the course they were asked to complete a post course evaluation questionnaire. The sickness absence levels of those who attended the course and those who didn't attend were also tracked prior to and post course over a 6 month period. These results are reported as key outcomes below.

Next steps – to build sustainability, the Trust will use the evaluation data to apply internally to the Trust Board for funding to train up in-house mindfulness trainers through an accredited programme. The in-house mindfulness trainers will then be able to roll out the 8 week mindfulness course on a regular basis across the Trust.

Top tips

- you will need an initial HWB budget to be able to pay for the mindfulness course
- you also need support from managers to support staff to attend the programme
- you need good communication to ensure that staff know the programme is being offered – the communication used at PAT was through the HWB intranet pages, staff magazine Pennine News, Operations Manager of the Occupational Health Service was the main point of contact for staff to get further information, the HWB champions shared the opportunity in their divisions

- you may need to provide other wrap around support for staff through Occupational Health
- celebrate success – all 8 participants received a certificate and had their photos taken for Pennine News (staff magazine)
- to make this sustainable and to offer the course to a higher proportion of staff you may consider training up your own staff to deliver the course in-house. More information available from Breath Works at: http://www.breathworks-mindfulness.org.uk/teacher-training

Key outcomes

- *"I feel better able to manage work situations which have previously been quite stressful, which before had a major impact on my work/ home life - this has now lessened! Very positive course."*
- *"I've been able to focus on what I need to do which is great for me at the moment"*
- *'It's been a life changing experience'*
- *"The course has really helped me and I am determined to carry on with the practices that work for me"*
- 75% of participants found the course extremely enjoyable and 25% very enjoyable
- 87.5% found the course extremely useful and 12.5% very useful
- 50% felt the course would make a great deal of difference to their work in the future, 37.5% felt a significant amount and 12.5% quite a bit.
- On average participants stress levels reduced following the programme from 2.88 to 2.03 (10 point perceived stress scale with 0=never and 4=very often)
- On average participants life satisfaction increased following the programme from 4.44 to 5.07 (5 point satisfaction with life scale with 1=strongly disagree and 7=strongly agree)
- On average participants mindful practice increased following the programme from 2.59 to 3.35 (5-facet Mindfulness questionnaire with 1=never or very rarely and 5=very often or always true)
- On average there was an 80% reduction in the number of participant sickness days and episodes 6 months after the programme compared to 6 months leading up to the programme.

Title:	Zumba
Organisation:	Pennine Acute Hospitals NHS Trust
Sector:	Health
Geographical location:	North West England
HWB focus:	Physical Activity
Rationale for inclusion:	Evaluated course
Website reference:	http://www.pat.nhs.uk/downloads/pennine-news/2016/Pennine%20News%20144%20March%202016%20v1.2%20eProof.pdf [page 15, March 2016, accessed 22/11/16]

Summary

The Trust signed up to be a proud partner with the 'I Will If You Will' team (IWIYW). This aims to provide easily accessible fitness programmes for staff and incentives for those who increase their physical activity levels. IWIYW is an initiative to get the women of Bury more active. In addition, following the outcome of the chief executive's challenge in 2015, the Trust developed a Healthy, Happy, Here implementation plan and part of that work included fitness classes and physical activity programmes.

Initially the Trust explored commissioning Yoga and Pilates programmes and soon realised that the 'kit' required to run these programmes would make them difficult to run in their existing physiotherapy gyms, so the Trust commissioned an eight week Zumba pilot fitness programme in 2015. 50 members of staff attended the programme. The pilot was free for participants and subsidised from the Trusts HWB budget.

The Zumba programme has been rolled out from January 2016 at North Manchester General Hospital (Wednesday), The Royal Oldham Hospital (Thursday) and Fairfield General Hospital (Monday). Participants are charged a fee which covers the cost of the instructor. The programme is run on a 10 week block, 4 times per year across three out of four hospital sites for up to 25 people per programme. The Trust is still in negotiations with the Manager of the physiotherapy gym at Rochdale Infirmary to explore the potential to offer the programme on the Rochdale hospital site. The instructor has their own insurance and staff who attend fill out a form to acknowledge that if they have any health conditions they will seek advice from their doctor before participating in the Zumba programme.

The programmes are promoted on the Trust health & wellbeing intranet pages and via the staff bulletin.

All pilot participants were asked to complete a pre programme and post programme evaluation. The results of this evaluation are provided in the key outcomes section below.

Next steps – to ensure accessibility for all staff, the Trust will explore the potential to roll out at the Rochdale hospital site. The Trust are also currently exploring options to open out the Zumba programme to the Bury Employment and Skills Group (which is part of the 'I Will If You Will' programme).

Top tips

- you need an initial HWB budget to be able to pay for the initial taster sessions
- you also need access to a room (such as a gym) to run the programme
- you need good communication to ensure that staff know the programme is being offered – the communication used at PAT was through the HWB intranet pages, staff magazine Pennine News, Operations Manager of the Occupational Health Service was the main point of contact for staff to get further information, the HWB champions shared the opportunity in their divisions
- ensuring accessibility by providing classes on all sites so that all staff can access (if there is demand)

Key outcomes

- 68% of participants carried out less than the recommended 150 minutes of physical activity per week prior to the pilot, this reduced to 39% at the end of the pilot, with a further 32% achieving the recommended guidelines and 29% exercised in excess of the guidelines

- 100% stated that the programme met their expectations
- 93% stated they would continue to attend sessions if made available in the future
- 100% of participants stated they would be happy to pay a nominal fee (e.g. £10 - £15 for block of 10 sessions)

Some of the comments made by participants included:

- Enjoyable, helped fitness levels and encouraged me to do more exercise. Handy straight from work
- Beneficial for my health and the instructor does not push us beyond our limits

Title:	Health and Wellbeing Champions
Organisation:	Pennine Acute Hospitals NHS Trust
Sector:	Health
Geographical location:	North West England
HWB focus:	Health and Wellbeing Support
Rationale for inclusion:	Supporting HWB on a large scale
Website reference:	http://www.pat.nhs.uk/downloads/pennine-news/2016/Pennine%20News%20143%20February%202016.pdf [page 14, February 2016, accessed 22/11/16]

Summary

Prior to the chief executive's challenge in 2015 and Healthy, Happy, Here implementation plan, PAT worked closely with a Health Improvement Trainer from Pennine Care NHS Foundation Trust. Part of this work involved asking for volunteers from around the Trust to become Health and Wellbeing Champions (HWB Champions), so they could signpost staff across the Trust to HWB initiatives, activities and support.

Two trainers from the Trust's Learning and Organisational Development department went on the train the trainer programme to become accredited to deliver a level II qualification in Understanding Health Improvement (Royal Society for Public Health). Three cohorts of staff per year, totaling about 50, have now become certificated in the programme and have subsequently become HWB Champions.

The Trust have developed a staff leaflet to explain the role and each Champion does as much or as little as they feel able to support others around their HWB. The Operations Manager of the Occupational Health Service acts as the coordinator and provides quarterly meetings for the Champions to share their learning, ideas and support one another. She also sends out communications about HWB to the Champions to distribute within their own departments.

The Champions are promoted in the Trust health & wellbeing intranet pages and via the staff bulletin. The Champions were also recognised at the staff awards in 2015 for the work they have done.

Next steps – to ensure accessibility to all staff, the Trust has trained up another 16 Champions in November 2016.

Top tips

- you need an initial HWB budget to be able to pay for the level II train the trainer programme and then you need in-house trainers to roll out the programme
- HWB Champions need support from managers to attend the programme and act within their HWB roles
- you need good communication to ensure that staff know the programme is being offered – the communication used at PAT was through the HWB intranet pages, staff magazine Pennine News, Operations Manager of the Occupational Health Service was the main point of contact for staff to get further information, the HWB champions shared the opportunity in their divisions
- providing support meetings to share ideas and learning for HWB Champions
- celebrate success – 5 HWB Champions went to the staff awards on behalf of their peers in recognition for the work the HWB Champions do across the Trust

Key outcomes

An evaluation of the 1st cohort of Champions work was undertaken in July 2014. 6 evaluation forms were returned:

- 83% reported that the course improved their health and wellbeing knowledge
- 83% reported that the course gave them skills to improve their own health and wellbeing
- 83% reported that the course gave them the skills to improve the health and wellbeing of friends/family
- 83% reported that the course gave them the skills to improve the health and wellbeing of colleagues
- 4 Champions stated they had given **Brief Advice** to **staff** in the Trust on over 10 occasions.

Title:	Inclusive approach to engaging staff to identify health and wellbeing needs and monitor outcomes
Organisation:	NHS North, Central and South Clinical Commissioning Groups
Sector:	Health
Geographical location:	North West England
HWB focus:	Needs assessment
Rationale for inclusion:	Engaging staff in deeper conversations about health and wellbeing needs
Website reference:	

Summary

The CCG recognises their key responsibilities as part of the NHS constitution to support staff to maintain and enhance their health and wellbeing (section 3a "The NHS commits to provide support and opportunities for staff to maintain their health, well-being and safety."). The CCG's will become one CCG by 1st April 2017. They are keen to develop a culture of positive mental and physical wellbeing for their staff in the new organisation. The CCG firmly believes that if staff feel valued it will enhance their ability to commission the best services for their communities and this will then have a positive impact on the outcomes of the people they commission services for.

Their approach to identifying health and wellbeing needs for staff is part of their staff engagement process. This process has in the past and will continue to include asking staff questions in the annual staff survey about their health and wellbeing needs (Q13 "how do you think the organisation can support your health (including your mental health and wellbeing) needs?). As part of the preparations for the new organisation, they are also engaging staff in deeper conversations around their health and wellbeing needs in terms of what does good health and wellbeing look like what gets in the way of good health and wellbeing, what does the new organisation need to pat attention too. This will be done via a series of "thorny issues" engagement groups currently being rolled out across the CCG's (facilitated externally via the same company that supports the CCG with their engagement). In effect the CCG is role modelling how its changing its approach to commissioning, toward a more outcome focus of commissioning, understanding what communities really need and wrapping services around them. They are mirroring this approach in terms of their approach to health and wellbeing for staff, looking at outcome data and asking staff what they need to maintain their health and wellbeing at work.

The CCG's will continue to monitor health and wellbeing outcomes monthly in terms of staff sickness absence and reasons for sickness absence. They are currently in the process of developing a more sophisticated way of measuring staff health and wellbeing across the new organisation via a resilience measure. This uses absence rates and turnover rates to map levels of resilience across different workforce pay bands.

Next steps – the CCG will continue to run their annual staff survey and roll out the thorny issues engagement events (which is being funded as part of the engagement process for the new organisation). This information will get prioritised into a HWB action plan to inform staff development priorities in the new organisation.

Top tips

- In times of change staff focused on staff health and wellbeing
- Building health and wellbeing into overall engagement process helps maintain focus
- Developing ways to identify and report on what's needed in terms of health and wellbeing and the outcomes is crucial to developing the right interventions and monitoring impact

Key outcomes

In progress

Title:	Developing resilience and monitoring outcomes
Organisation:	NHS North, Central and South Clinical Commissioning Groups
Sector:	Health
Geographical location:	North West England
HWB focus:	Mental wellbeing
Rationale for inclusion:	Evaluated course
Website reference:	

Summary

The CCG's are currently moving toward a single commissioning function, which will mean that by 1st April 2017 the three NHS Manchester CCG's will have merged and there will be a partnership arrangement between the CCG and Manchester City Council's commissioning functions. The staff at the CCG and the council were aware that this would happen several months before the partnership agreement was established. The HR and OD teams wanted to support staff from all four organisations through the period of change. The CCG's staff survey and outcome data also highlighted the need to support staff with building and developing their resilience. The CCG's commissioned two open programmes called building resilience through emotional intelligence and one bespoke programme was commissioned specifically for the quality and performance team. The training was delivered by Dale Carnegie.

The programme consisted of three half day modules face to face, over 5-6 weeks. The programme was open to up to 16 participants per programme.

The CCG had a ring fenced OD budget to pay for the programmes.

The first programme was difficult to recruit too as people didn't really know what to expect from the course. Having a well-respected provider helped. Using cohort one as advocates for the programme moving forward has meant the CCG's now have a waiting list of people wanting to attend.

The CCG's have developed a new measure of resilience which uses data on retention and turnover to map resilience across different pay bands (1-4, 5-7 and 8A and above). This measure will enable the CCG's to track organisational resilience over time and will be reported on monthly in the Workforce Performance Report and will eventually be reported by work stream.

Next steps – the CCG's have commissioned a fourth open programme from Dale Carnegie and they will commission a further two open programmes for all CCG and Council staff from the commissioning teams to run over 2017. The CCG are also considering running a follow up session with the three cohorts of participants who have completed the course to explore what they have done differently since attending (this aspect was also built into the programme, participants were encouraged to reflect on how they had put their learning into practice after each half day).

Top tips

- You need a budget to provide the resilience training
- Developing metrics to support the evaluation of training programmes shows impact
- The organisation needs to recognise the value of running programmes such as emotional intelligence and resilience as a means of support people to reflect on and change their behaviour
- Running the programme as resilience through emotional intelligence was impactful in terms of bringing about behaviour change (running resilience programmes in isolation may not have as much impact)

- Getting buy in from participants to attend the first programme can be tricky, so having an accredited programme or a programme run by a well recognised provided can help (the CCG did try to run internal resilience programmes, but take up was low)
- Use participants from the first programme to be advocates to encourage others to attend the programme
- Bespoking the programme for teams is important (e.g. quality and performance team wanted ad additional half day on difficult conversations)

Key outcomes

The HR OD team have noted a noticeable change in the interactions between people who have attended the programme.

Title:	Fair recruitment for people with a disability
Organisation:	NHS North, Central and South Clinical Commissioning Groups
Sector:	Health
Geographical location:	North West England
HWB focus:	Disability recruitment processes
Rationale for inclusion:	Ground breaking work on ensuring recruitment processes are fair
Website reference:	

Summary

The CCG's have prioritised ensuring that they have fair recruitment processes. They reviewed how many people the CCG employed with a disability during 2014-2015 and they discovered that out of the 86 jobs that were advertised during that time period, they did not recruit anyone with a disability. They wanted to find out why this was the case and so they commissioned Breakthrough to help them.

Breakthrough are going to conduct a deep dive using a random sample of about 20% of the jobs advertised to look at whether or not the recruitment process was followed and whether there was any bias or discrimination in the process. The types of things that they will look at are, who applied, make up of the panel, what types of interview questions were asked, interview notes, short list. Breakthrough will also interview people who reported a disability on applying to find out their experience of the recruitment process. The CCG's are funding this piece of work internally.

Next steps – once Breakthrough have completed their desk review and interviews they will make recommendations and the new CCG will ensure that its recruitment policies and processes are fair and in line with best practice. The CCG's will also relaunch its recruitment training for managers. The timeframe for completing this project is end of March 2017, when the new CCG is formed.

Top tips

- analysing the number of people recruited with a disability highlighted that the CCG's current policy/process may not be giving applicants with a disability fair chances of being recruited and so the review was commissioned
- funding is required to review the recruitment process
- because of the new CCG, it was very timely to review process and practice to ensure that the new policies and practices in the new CCG are fair

Key outcomes

The CCG will use the findings and recommendations to inform their recruitment process.

Title:	Schwartz Rounds
Organisation:	CMFT
Sector:	Health
Geographical location:	North West England
HWB focus:	Psychological and emotional impact of healthcare work on staff.
Rationale for inclusion:	Focus on emotional wellbeing of staff, evaluated outcomes
Website reference:	https://www.pointofcarefoundation.org.uk/our-work/schwartz-rounds/about-schwartz-rounds/

Summary - Working in an acute care setting is stressful due to the very high activity levels, the increased burden of illness in patients admitted to hospital, the pressure to decrease length of stay, and high staff turnover. In addition, the nature of caring itself in situations of sadness and tragedy has a cost to caregivers that may be difficult to quantify and express in a working environment where professional behaviour is rightly seen as paramount, and where emotional responses are discouraged in the interests of patient care. A response of this can be staff reporting increased stress, taking time off sick, becoming depressed or withdrawing to protect themselves emotionally.

Schwartz Rounds are designed to allow staff to meet once a month to discuss and reflect on the emotional impact of their work in a supportive and confidential setting. They are experienced as both supportive and transformative and staff attending Rounds report (Lown & Manning, 2010) (Goodrich, 2012): decreased feelings of stress and isolation; improved team work and interdisciplinary communication; increased insight into social and emotional aspects of patient care and confidence to deal with non-clinical issues relating to patients.
Initial approval to develop Schwartz Rounds within CMFT was gained in September 2015. Shortly after, an agreement was drawn up with Macmillan, who paid for the licence with Point of Care Foundation for two years and initial training for the Clinical Lead and facilitators. An Executive Steering group was proposed consisting of the Chief Nurse, Director of HR, Medical Director and Chief Operating Officer, to oversee the Working group, and provide senior endorsement and communication between the Working group, the remainder of the Executive team and the Trust Board.
Rounds have been held every 6 weeks, lasting an hour with food (lunch or breakfast) provided half an hour beforehand. A typical Round would have 3 or 4 staff on a panel presenting a case or speaking to a theme that raises emotional issues. The Rounds are facilitated by a psychologist and the Clinical Lead for Schwartz Rounds within the Trust. Staff in the audience then talk and share their own experiences of similar cases and experiences.
A Working Steering Group meets regularly after each Schwartz Round and key responsibilities include:

- To raise the profile of Rounds
- To share ownership of the Rounds
- To attend monthly steering group meetings
- To help find cases and panellists
- To support the facilitators and clinical lead in their roles
- Debriefing the Round with the clinical lead and facilitator
- To offer contributions in the Rounds to help encourage the discussion, and be available if challenging issues arise
- To ensure that Schwartz Rounds remain relevant over time

Next steps – The positive outcomes suggest that Schwartz rounds in CMFT are meeting a clear, previously unrecognised or serviced, staff need aligned to improving staff engagement and well-being. This programme needs to be considered part of the solution to the significant organisational pressures in workforce, sickness and retention. The next step is to identify funding to continue Rounds after April 2017.
Top tips - Secure senior level commitment, publicise well, include panellists from all parts of the organisation and in diverse roles, both clinical and non-clinical.

Key outcomes Feedback from participants has been very positive to date. There has been a high level of contribution to discussion from participants, attendance rates ranging from 45 – 75 people.
Over 80% agree or completely agree that the Round will help them to work better with their colleagues
Over 80% agree or completely agree that the group discussion was helpful for them

Over 80% agree or completely agree that they have gained insight into how other care for patients
Over 80% completely agree that they would recommend Schwartz Centre Rounds to colleagues
Comments and feedback from the rounds include:

I found it comforting knowing this many people get affected by emotional things at work.

Very emotional and helpful, makes you feel ok to have emotions about patients you see and come across in your line of work.

We all have to remind ourselves that we are "human" and also have emotional needs/support.

Title:	Divisional Health and Wellbeing Day
Organisation:	Division of Surgery; CMFT
Sector:	Health
Geographical location:	North West England
HWB focus:	To support wellbeing of staff within the division of surgery
Rationale for inclusion:	Focus on wellbeing of staff as a key element of staff engagement and in direct response to staff survey data
Website reference:	N/A

Summary

Health & Wellbeing for staff within the NHS is increasingly recognized as a vital. As an employer, the NHS is expected not only to drive down sickness and retain staff, but there is strong evidence to suggest a direct link between "engaged staff" and "safer patients" (West 2012).

A key objective for the division of surgery is nurturing the health and wellbeing of our staff, and with the annual staff survey highlighting that staff did not always feel appreciated, a plan was agreed to create a health and wellbeing day. The Divisional management and senior nursing team value the welfare of staff and feel that by providing this day to support our staff, would lead to a more contented workforce, which in turn would improve the care of our patients. The hope was that we would see a reduction in sickness and absence and by developing a happier workforce; we should also see an increase in recruitment and retention rates.

The Division of Surgery hosted the Health and Wellbeing day in January 2017 which encompassed physical wellbeing with massage, health checks and emotional support, with mindfulness sessions. A "bake off" was undertaken and twitter clinic for staff development and finally a surgically focused Schwartz round involving the wider trust. The final session included an award ceremony to thank all our staff for the hard work they had carried out over the previous twelve months, with individual recognition for our shining stars.

Next steps –

- A Divisional Events team is being created to support new projects across the division that will continue to support for our staff on a more regular basis
- A Health & Wellbeing day will be held every 6 months for all staff within the division.
- Therapeutic Thursdays are being discussed, to include "roaming" massage for those who cannot leave the clinical areas

Top tips

- Request the support of local business where possible for prizes to ensure kudos for prizes
- Ensure planning team is enthused and motivated and representative of all staff
- Encourage blue sky vision, but the details finalised

Key outcomes

The wellbeing event within the division was evaluated. It was extremely well and staff have suggested they felt valued and enjoyed each aspect of the day- we are yet to repeat our staff survey.

Title:	Supported Internship Programme
Organisation:	CMFT
Sector:	Health
Geographical location:	North West England
HWB focus:	A vocational learning and work programme for young disabled adults providing experience in a real work environment leading to meaningful employment.
Rationale for inclusion:	An established initiative target people with disabilities with clear outcomes
Website reference:	N/A

Summary

The Trust has two Supported Internship Programmes that support young people with learning disabilities to access employment. It is a yearlong programme for 20 people aged 18-24. The programme supports the Interns complete three work placements, gain a City and Guilds Award, build confidence, employability skills and obtain and retain employment.

The programme began in 2010 and is delivered in partnership with Further Education establishments, Trafford and Manchester College and Third Sector specialists, Pure Innovations Ltd. Recruitment open days for the programme take place throughout the year, a recent promotional recruitment film is as follows: https://www.youtube.com/watch?v=oSN6NABnJRY.

The numbers of young people participating has grown year on year, with well over half of each intake securing employment at the end of the programme. The Trust has gone on to develop positive action interventions such as working interviews, accessible induction and bespoke training for staff and managers to continue to support the inclusion of disabled talent within the trust workforce.

The Trust has also tried to lead by example and has actively campaigned internally and externally for the talent and skills of disabled people to be recognised, for recruitment processes to be fairer for disabled people and for CMFT to lead the way in training and employing people traditionally disadvantaged in the NHS workforce.

The Trust in turn has seen a positive impact on the engagement and wellbeing of existing staff who have reported to feel motivated and empowered by being part of the programme and encouraged that CMFT makes a strong offer to improve the health, wellbeing and inclusion of disabled people.

Next steps

- To continue to deliver meaningful vocational opportunities to disabled talent
- To maintain employment outcomes above 65%, and retention above 80% @1year
- To continue to change the culture of recruitment in relation to disabled talent
- To continue to embed inclusive practices such as working interviews and accessible training into policy and practice.
- To raise the expectations of trust staff, patients and visitors at CMFT of people with learning disabilities, ('low expectations' of others is often cited by disabled people as a barrier to accessing opportunities and achieving vocational and life goals)
- To continue to work with partners, contractors, suppliers and neighbouring employers to mainstream and sustain the programme and ultimately ensure a strong and inclusive vocational offer is made to all.

Top tips

- Match placement to forthcoming job opportunities
- Develop partnerships with disability specialists experienced in dealing with employers, recruiting managers and staff
- Focus on meaningful employment outcomes

Key outcomes: Sep 2010 – Feb 2017

- 108 Interns accessed the programme
- 99% completed the programme and achieved the qualification
- 64% obtained paid employment either at the Trust or with an external employer
- 93% retained paid employment @1year

Other Outcomes:

- 324 high quality placements ring-fenced for Supported Interns across all areas at CMFT
- Funding secured year on year and programme developed from 1 to 2 cohorts per year, despite significant organisational change in all partner organisations
- Eight strategic events for external employers and supply chain hosted by the Trust to ensure exit opportunities for all interns
- Number of people declaring a disability at the Trust has risen year on year from 1.1% in 2011 to 2.2% in 2016
- Multiple individual and partnership awards and recognition:
    a. James Ward, awarded 'Runner Up' of the North West NHS Adult Learner Awards 2012. http://traineeships.cmft.nhs.uk/outcomes/year-2-outcomes/
    b. The Programme wins the NIACE (National Institute of Continuing Adult Education) Project Award, 2013
    c. Programme features on BBC Radio Manchester, September 2013
    d. CMFT is awarded 'Highly Commended' in the Chartered Institute of Personnel Development People Management Awards 2013 in the category of 'Diversity' http://www2.cipd.co.uk/pm/peoplemanagement/b/weblog/archive/2013/09/18/winners-revealed-at-the-cipd-people-management-2013-awards.aspx, http://www.cmft.nhs.uk/media-centre/latest-news/hospital-work-experience-scheme-highly-commended
    e. Matt Holmes, winner of the NIACE Adult Learners Week 'Learning for Work' Individual Award 2014. http://www.trafford.ac.uk/news/adult-learner-winner
    f. Matt Holmes, second Association of Colleges (AOC) National Student of the year award 2014. https://www.aoc.co.uk/about-colleges/awards/student-the-year-award/past-winners/2014-winners, http://www.trafford.ac.uk/news/triumphant-matt-scoops-second-in-national-awards
    g. Martina Monaghan (Supported Internship, 2013/14) won Trafford College Personal Achiever of the year Award, June 2015 http://www.trafford.gov.uk/about-your-council/our-awards.aspx
    h. Tracy Monaghan and her manager present at a regional 'Disability Confident' launch, presenting to over 80 employers, September 2015. http://www.messengernewspapers.co.uk/news/13799668.Coronation_street_star_joins_MPs_at_Disability_Confident_event_for_Trafford_employers/, http://www.pureinnovations.co.uk/disability-confident-supported-interns/
    i. Wesley Lohan Supported Intern 2015 / 2016 was a runner up for The Manchester College Supported Learning Student of the Year. https://students.themanchestercollege.ac.uk/news/student-excellence-awards-2016-%E2%80%93-finalists-announced
    j. Festival of Learning Awards 2016. Manchester Supported Internship site, received a Certificate of Achievement and Trafford Site, 'Highly Commended'. http://www.pureinnovations.co.uk/recognition-at-national-awards/

Title:	Reverse Mentoring Scheme
Organisation:	Central Manchester University Hospitals Trust
Sector:	Health
Geographical location:	North West England
HWB focus:	Targeted support for staff with protected characteristics
Rationale for inclusion:	An initiative that provides support for disabled staff
Website reference:	N/A

Summary

Central Manchester University Hospitals is committed to ensuring that equality, diversity and inclusion is part of how we work every day. We want our talented and diverse workforce to work together to deliver the Trust's ambitious vision. As part of our on-going commitment to deliver our equality and diversity objectives the Reverse Mentoring Scheme has been established.

Mentoring is when an individual provides support and guidance to someone to help them with their role, career, professional or personal development. Mentoring is extra support that everyone can benefit from. As well as helping the mentee develop and advance through their career, the mentor can build their own skills and gain new understanding from the partnership.

The Reverse Mentoring Scheme has two aims: to provide positive action to support the development and progression of staff in three protected characteristic groups: Black and Minority Ethnic (BME), Disabled and Lesbian, Gay, Bisexual and Transgender (LGBT) and to develop the awareness of senior leaders in the organisation of what it is like to work at CMFT as an individual with a protected characteristic.

The scheme works by:

- Mentees express interest in the scheme and share areas of interest via a Survey Monkey questionnaire
- Mentee is matched to senior leader within the organisation will similar interests to act as Mentor
- Mentee contacts mentor to arrange first meeting; three meetings are advised
- Mentor and mentee agree ground rules and areas for discussion

Next steps –

The scheme has been in place since 2014 and has had two rounds of recruitment, publicising details of the scheme via staff networks and via equality advocates who have spread the word. Over 35 pairings have taken part in the scheme, reporting increased understanding of other people's perspectives and development support as the main benefits of taking part.

The next steps are to widen participation in the scheme more widely and encourage more people to take part.

Top tips

Allow mentees to volunteer to take part, but actively encourage senior leaders to participate; some don't necessarily appreciate the skills and experience they can share. Offer mentoring skills training to those wanting to take part but lacking in confidence to participate

Key Outcomes

For the mentee	For the mentor	For the organisation
Improved performance and productivity	Improved performance	Improved productivity and performance
Enhanced career opportunity and career advancement	Greater job satisfaction, loyalty commitment and self-awareness	Improved implementation of strategies, policies and work streams

Wider perspective on the organisation and the NHS	New knowledge and skills acquired	Improved staff retention, moral and motivation
Improved knowledge and skills development	Leadership development	Improved communication and relationships with colleagues and patients
Leadership development	Reduced conflict and improved relationships with colleagues and patients	Improved knowledge exchange and learning
Greater confidence, well being, commitment and motivation	Understanding of what it is like to work at CMFT with a protected characteristic.	

Title:	LEAD Programme
Organisation:	UHSM
Sector:	Health
Geographical location:	North West England
HWB focus:	Mental Wellbeing
Rationale for inclusion:	Evaluated programme
Website reference:	N/A

Summary: The LEAD Team partnered with subject matter experts (SMEs) from across the Trust deliver leadership and management training for staff at all levels in the organisation. The sessions delivered via the LEAD programme each link to the Kouzes & Posner Five Practices of Exemplary Leadership and are designed to support and empower staff at all levels to work in a collective leadership approach. The sessions include a number of Health & Wellbeing offerings such as: Understanding and Developing Emotional Resilience, Prevention and Management of Stress in the Workplace, CBT Thinking Resiliently, to name but a few. Many of the Leadership & Management offerings directly support the Employee Health & Wellbeing (EHWB) agenda by educating managers to effectively support staff using skills such as coaching, effective appraisal conversations, managing sickness and absence, and Understanding and Leading through Change. This increased knowledge should enable staff to understand what the supportive offerings are for them at UHSM and in turn, managers should feel enabled to have conversations that support the health & wellbeing of their staff members, ensuring that they are happy, healthy and in work.

Next steps – The new LEAD Team are undertaking a review of the full prospectus and all course content (including the Employee Health and Wellbeing sessions) to ensure that we are delivering the right courses for our staff.
A Trust wide Training Needs Analysis has also been run in conjunction with this review to identify any gaps or special requirements in particular areas.
A Managers Induction is being drafted that will ensure all new managers already in post or inducted to the Trust will have an understanding of their responsibilities around staff health and wellbeing and also what the EHWB offer is at UHSM.

Top tips

- Ensure alignment of course content with the true needs of staff across the Trust
- Make education sessions practical and useable in real life rather than purely academic theory

Key outcomes

1. Increased understanding of roles and responsibilities of Managers to support staff members health and wellbeing
2. Increased understanding for staff and managers of how they can proactively look after their own health and wellbeing and manage stress
3. Improved understanding of tools and techniques that will enable quality conversations with staff members about their health and wellbeing
4. Effective management of sickness and absence using EHWB offerings in line with Trust policies and procedures

Title:	The Appraisal Revolution
Organisation:	UHSM
Sector:	Health
Geographical location:	North West England
HWB focus:	General staff wellbeing
Rationale for inclusion:	Approach to mainstreaming HWV
Website reference:	N/A

Summary

The Appraisal revolution was introduced following 12 months of fairly high compliance rates whilst receiving negative feedback from numerous listening events and Pulse survey on the value and quality of appraisal. Additional feedback from The Investors in People review 2015/16 also highlighted the need to provide an approach that is appropriate and meets the needs of all our staff.

Appraisal Revolution - A Big Conversation with Little Paperwork

Following on from feedback from Staff at We're Listening events and via our Pulse Survey the UHSM Appraisal process and paperwork has been reviewed and re-designed making it more user friendly for staff and managers alike. Launched on 1st May 2016 our Appraisal Revolution takes a brand new approach to appraisal. The shortened paperwork has been designed with 'big conversation' as the primary interest and 'little paperwork' as a useful way to structure and enable a collaborative process moving away from the feel of appraisal being just a 'tick-box' exercise to one that is supportive, enabling and aims to leave staff feeling valued by UHSM and their line manager. Improving staff satisfaction levels and ultimately their wellbeing.

Guidance notes, supporting documents; including team and individual objective setting templates and FAQs were made available on the intranet to support staff to use the new approach

The OD team delivered training; enabling staff to learn how to hold a coaching style conversation with Appraisee information sessions improving staff expectations of appraisal. Feedback has been very positive around the new approach including the following from staff:

- Much improved appraisal process – thank you!
- Good presentation – like the new format which should be much more use
- Love the new look – the wheel could really facilitate discussions much better – looking forward to using it

Next steps – we will be looking to review the success of the new process from May 2016, using Pulse data which has shown a 10% increase in the value of appraisal to staff, the impact of training and feedback from appraises. The approach is also to be scoped to understand if it can be applied to offer a more valuable appraisal experience for our medical staff.

Top tips

- Understand what it is the organisation wants to achieve from appraisal, both the Senior leadership and staff, build a system that delivers against this. Appraisal is a key enabler when it comes to transformation and staff engagement, leadership is key

Key outcomes

Improved quality reporting of appraisal, improved levels of staff feeling valued, improved levels of employee engagement, improved wellbeing of staff and staff perception that they are cared for.

Title:	Financial fitness
Organisation:	Greater Manchester West Mental Health NHS Foundation Trust
Sector:	Health
Geographical location:	North West England
HWB focus:	Good health for all – financial support
Rationale for inclusion:	Holistic approach to helping staff to maintain wellbeing
Website reference:	http://www.wisewithmoney.org.uk/vision.html

Summary

Hoot Credit Union is a financial co-operative which is owned and controlled by its members. It offers accessible saving and affordable loans to members, information and services to help members manage their money better. In addition, Hoot works in partnership with Furniture4U offering white goods for sale to members at affordable prices reducing the need to go to lenders who rent goods on a weekly basis at high interest rates.

Demand for affordable loans was highlighted by trade unions as staff were approaching high interest lenders contributing to financial difficulties. This was confirmed in analysis of stress related conditions where financial difficulties were cited as a common factor attributing to stress experienced by staff.

The Health and Wellbeing lead and UNISON representative approached Hoot Credit Union to explore the option of providing savings and loans to GMW staff. Initial meetings were very positive and formed a partnership approach. Training was provided by Hoot to staff to enable them to become workplace champions to promote and process applications. Hoot also attend staff roadshows to promote the credit union and raise awareness to staff.

Hoot credit union extended its membership to cover all staff and their families working for GMW across the Trusts wide geographical area, this involved approaching their board of directors to change their constitution as at the time the credit union covered people living and working in the Bolton area.

Next steps

The Trust is continuing to train up workplace representatives across different areas and will continue to monitor uptake and promote

Top tips

- Use workplace champions to help promote the scheme and enable staff to sign up easily
- Approach the credit union, we have found them to be very positive and actively engaged in working with employers

Key outcomes

The Trust are monitoring uptake of the scheme, requests for loans and feedback from staff.

Financial security has a positive impact on mental health, in addition the scheme encourages staff to establish a routine of saving regular amounts, this is deducted directly from salaries so saved before spent

Title:	Wild Family Event Programmes
Organisation:	Greater Manchester West Mental Health NHS Foundation Trust
Sector:	Health
Geographical location:	North West England
HWB focus:	Good health for all – Work Life Balance
Rationale for inclusion:	Holistic approach to helping staff to maintain wellbeing
Website reference:	http://www.lancswt.org.uk/

Summary

The Trust met with Lancashire Wildlife Trust (LWT) to discuss how they could work together to support staff health and wellbeing and as an outcome of the meeting we decided to start small with some friends and family events to assess the level of interest.

LWT piloted two WILD family events with Greater Manchester West Mental Health Foundation Trust (GMW) in 2016. The first was a Gruffalo themed day ran on the first bank holiday in May (80 staff attended) and the second was a Jungle Book themed day ran on the August bank holiday (62 staff attended) (Bolton and Prestwich). The event had a nominal fee of £2 per family for GMW staff and received very positive feedback.

The event was planned to enable everyone to get involved. The theme also linked to the 5 ways to wellbeing and the Trust wanted to encourage and support staff who weren't interested in taking part in physical activities such as running etc. LWT also work with our Recovery Academy which is open to staff as well as the public and service users to provide practical experience of the effects the outdoor environment can have on our health.

Next steps

Building on the success of the scheme the Trust have negotiated a programme for 2017 which is a minimal cost to cover GMW staff time and resources. The content of the family events going forward will be based on consultation with GMW staff and could continue along the lines of brining stories to life on parks and nature reserves (to reflect the geographical spread of GMW). The proposal includes options:

- 30 days wild – GMW staff encouraged to participate in 30 days wild challenge which involves undertaking something WILD every day for one month in June 2017 either individually or as a team (research from University of Derby found that people who do something wild every day for a month change their attitude to nature and report improvements in physical and mental wellbeing). Staff would be able to download a WILDNess app to share images
- Engage with nature – several delivery locations of GMW are close to nature reserves and parks. LWT could support GMW to encourage staff to improve their physical and mental wellbeing through more regular engagement with these spaces. LWT would encourage GMW staff to download the Wildlife Trust app, develop leaflets highlighting which spaces are local, develop Engage with Nature month resources. GMW could encourage staff to record the number of visits and share images via social media.
- My WILD Garden – LWT would provide GMW with a monthly e-newsletter about wildlife gardening which would include activities that staff can undertake to improve their garden wildlife. There would be information about how gardening is beneficial for HWB. GMW would work with LWT to create a demonstration WILD garden at GMW site(s) to highlight some of the activities that staff can undertake

Top tips

- Assess the level of interest amongst staff and trial a family day before committing to a full programme.

Key outcomes

Staff said that they felt valued as a result of the Trust organising the event.

The Trust will continue to monitor

- Take up – numbers of people attending
- Feedback from events
- Level of interest in LWT

Title:	Implementing a HWB strategy across a geographically dispersed foot print
Organisation:	Greater Manchester West Mental Health NHS Foundation Trust
Sector:	Health
Geographical location:	North West England
HWB focus:	Assessing need and implementation
Rationale for inclusion:	Implementing a strategic approach for all
Website reference:	

Summary
Greater Manchester West Mental Health NHS Foundation Trust provides inpatient and community based mental health care and treatment for adults and older people living in the North West. The Trust provides inpatient services at the Royal Bolton, Trafford General and Salford Royal. The Trust employs over 3000 members of staff across 60 locations.

The Trust has a Health and Wellbeing Strategy which was developed in May 2015 and an accompanying action plan. The Trust has a Strategic Lead for Staff health and Wellbeing and Implementation of the strategy and monitoring of the action plan is undertaken by the Health and Wellbeing Steering Group which is attended by senior leads from each area and professional group.

A key focus was to ensure HWB initiatives were meaningful, relevant and accessible to each staff group and that they were sustainable. The key elements of this are outlined below:

Benchmarking; Following the development of the HWB strategy the Trust undertook a benchmark of the Trust to evaluate the Trusts current position in respect of Health and Wellbeing activities (September 2015). They interviewed Directorate Leads, and gathered feedback from staff via a survey. This formed a 'Health and Wellbeing Benchmark Report' which outlined what each service were doing in relation to health and wellbeing. It also included a traffic light benchmark against best practice in relation to implementation of the HWB strategy.

Locally determined; Each area of the Trust has responsibility for implementing the HWB action plan locally, this is then reported into the steering group to inform the Trust overall plan. This enables each area to develop a bespoke HWB offer to staff which is responsive to HWB needs and working patterns and develops partnerships with local providers. To support local initiatives staff can access a small bids fund to help purchase equipment and training for wellbeing activities.

HWB Champions; The Trust has a network of 120 health and wellbeing champions who help to communicate HWB activities, feedback staff request and help to organise and support events. These are a vital part of the team and without them we wouldn't be able to promote and run events.

Partnership Working; The Trust worked in partnership with our Staff Side leads who were actively involved in planning and implementing the strategy and in supporting and promoting HWB to staff.

Links to local Organisations; The Trust worked in partnership with local organisations to support the HWB strategy – key to this was a partnership with 'I will If You Will' (IWIYW). This is a campaign to get the workforce, particularly female staff living and working in Bury, more active, through promoting the benefits of physical activity, and offering accessible and subsidised activities to encourage staff to make individual life style changes to improve their own health and wellbeing.

Identifying HWB needs: In April 2016, the Trust in partnership with 'I Will If You Will' understood another survey of staff living or working in Bury to understand staff HWB needs, identify HWB champions and existing physical activity levels (HWB staff survey had 400 responses – they enhanced the response rate by offering a prize draw to win a fit bit and had an online and paper based survey). As a result of this a health and wellbeing offer was

provided to staff based on their responses, including yoga sessions, training up run leaders to enable on site running groups for staff, mapped routes for lunch time walks and bikes that can be loaned to staff as well as links to lifestyle services. To reduce sedentary behaviour in the workplace we are trialling stand up desks which were match funded by IWIYW which are currently on trial across different sites.

Workplace challenge: In addition, the Trust are working with Workplace Challenge to support and promote wellbeing activities across locations and representatives from Active Cumbria have attended team meetings to promote the service and support teams to develop their wellbeing offer to staff.

Britain's Healthiest Workforce: The Trust has also taken part in Britain's Healthiest Workforce Competition (2016) where the top three risk factors that posed the greatest risk for GMW employees were identified as: nutrition, physical activity and smoking.

Communication: The Trust has a clearly define HWB logo which is used on all communications.

Next steps

- Continue to offer HWB support to GMW staff.

Top tips

- Use of wellbeing champion to promote and support staff wellbeing are vital as is local ownership for staff wellbeing offers.

Key outcomes

The Trust participates in the annual NHS Staff Survey which asks one direct question about the organisation's and manager's interest in and action on health and wellbeing. The findings for 2016 show the average score for Mental Health Trusts at 3.71. For GMW the score was 3.83 (scores for disabled and not disabled respondents are 3.70 and 3.88 respectively).

Three times a year the Trust conducts the Staff Friends and Family Test (its not run between October – December as that's when the National NHS Staff Survey takes place). For June 2016, the Trust received its best ever results with 81% of staff saying they would recommend the Trust as a place to receive care and 73% saying they would recommend the Trust as a place to work.

Title:	Run Groups
Organisation:	Manchester City Council
Sector:	Local Authority
Geographical location:	North West England
HWB focus:	General staff wellbeing
Rationale for inclusion:	Approach to mainstreaming HWV
Website reference:	N/A

Summary

In 2014 Manchester City Council (MCC) were keen to promote general health and wellbeing through increasing physical activity. The initiative started with a simple email to all staff asking if they would be interested in training to become Council Run Leaders. Approximately 12 staff from various office locations across the Council attended a course that equipped them with the skills, tools and approaches to:

- Set up a run group
- Identify type of exercises you can try out
- Manage different abilities in a group.

The 12 who participated then set up approximately six run groups across the Council. The initial take up was really positive with the most popular two groups being those aimed at following a couch to 5k plan, which combined a mixture of running and walking. These groups have attracted a large amount of females attending and other groups are more mixed. As a 'Thank You' from the Council to the Run Leaders for sustaining the groups, the Council obtained entry to the Great Manchester 10k for the Run Group Leaders. In 2016 this offer was extended to the members of the Run Groups. This was seen as a fantastic opportunity and was really appreciated by the Run Group Leaders and participants. For some it was their first time running in such an event and was a real challenge to aim for and for others it was a chance to set a new personal best.

Over the three years that the Run Groups have existed, there are approximately 3 that have continued. 9 have discontinued, mainly due to the availability of the Run Leaders due to work schedules, retirement or injury.

The groups largely stays in touch and HR have been contacted recently about whether it would be possible to send another staff member on training so they can set up their own group.

Next steps – MCC will be contacting the Sport and Leisure team about whether they can send any more staff on training to become a Run Leader. If funding is available to support the initiative, the intention is to contact all staff to bring new Run Leaders on board with the aim of achieving a good geographical spread across the City. One of the challenges will be that MCC will work to overcome is sustainability. MCC are looking to ensure that at least two people act as Run Group Leaders in each group.

The Councils HR Health and Wellbeing Group have been considering whether it's possible to set up lunch time walking groups.

The current members of the Run Groups have again been given entry to the Great Manchester 10K. There may also be places that MCC can offer out to other staff who may be interested. If this is a success next year MCC will be looking at doing a larger campaign around the Great Manchester 10K to coordinate staff and celebrate the successes of individuals.

Key outcomes

The Run Groups have been successful in getting people new to running interested and committed. The social aspect of the groups means that people keep coming even on the rainiest of Manchester days!

Title:	Awards for Excellence
Organisation:	Manchester City Council
Sector:	Local Authority
Geographical location:	North West England
HWB focus:	Health and Wellbeing Award (Category of Awards for Excellence)
Rationale for inclusion:	Approach to mainstreaming health and wellbeing – Rewards and Recognition
Website reference:	N/A

Summary
Health and wellbeing for employees, residents and services users is a key priority for Manchester City Council. A key objective for the Council is to mainstream health and wellbeing and encourage employees to take an active role to improve their own health and wellbeing and encourage/support positive health and wellbeing behaviours in others.

Health and Wellbeing was introduced as a category of the 'Awards for Excellence' in 2014. The key objective was to raise the profile of the importance that the Council places on health and wellbeing and recognise the efforts of teams and individuals in promoting a culture/activities that fulfils this ambition. In 2014 and 2015 awards winners were identified as having gone above and beyond in their efforts to have a positive impact on health and wellbeing for themselves, their colleagues, service users and local residents. The winners in the category focused on improving physical and mental health & wellbeing.

- ***Peer Led Run Groups*** (Inspiring others to participate) – initiating running, circuit training and other physical activity at lunch time and after work for groups with mixed ability. Those who nominated the winner described being inspired, appreciating the inclusive approach and reported improved sense of health and wellbeing.
- ***Restoring Our Environment*** (Collaboration between staff and customers) – staff and customers worked together to transform the gardens/grounds of a centre to its former beauty. This was achieved through working together to secure funding in order to plant and cultivate the gardens, improve access for all including disabled people to enable learning of new skills, improve physical fitness and general wellbeing. The team and customers received many awards including being nominated for "Manchester in Bloom".

Approach
The Council has an annual 'Awards for Excellence' event to recognize and reward staff. This is part of their overall Recognition and Reward strategy.

The Awards for Excellence launches in the summer when all employees are invited to nominate individuals or teams for 12 different awards (all awards are sponsored by different sponsors). There is a four-week timeframe for the nomination process to complete. The Health and Wellbeing category was one of the 12 award categories in 2014 and 2015 and in both years this category was sponsored by Manchester City Football Club.

This award recognises an individual or team's commitment to improving the health and wellbeing of themselves or others. This employee or team clearly demonstrates their aspiration that everyone should take personal responsibility for their health and appreciate the real benefits of making small changes to improve their health. They champion healthy lifestyle choices and their example or influence has encouraged others to take steps towards better health.

There is a two stage 'judging' process for all the categories:

- Each of the three Directorates reviews all the nominations from their Directorate against a set of criteria and put forward one nomination as a finalist for each category from the Directorate. This means that

there are 3 finalists in total for each of the categories to go forward to the second and final phase of judging.

- The 3 finalists for each category are then judged by a panel consisting of an Executive Member, the sponsor for the award and a senior officer involved directly in the awards process. This panel decide on the winner and the winner is announced at a Gala event which takes place in October (a bit like the Oscars!).

The 3 finalists of each category, are invited to the Gala event along with a guest (has to be a Council employee) and their nominator. The event is a fully sponsored event. The winner of the category receives an engraved crystal award and £100 in vouchers in recognition of their efforts. All the finalists also receive a token award.

Following the Awards ceremony, the winners are announced via broadcast around the Council and via the Council's Intranet pages. A winners booklet (with photos) is produced for sharing internally. This is shared with the sponsors who use it for their own internal communications.
The strategy exists to celebrate the work and efforts of staff that otherwise may go unnoticed.

Key outcomes

- Raised the profile and potential to integrate health and wellbeing activities as part of team and organisational culture, with two winners being selected from 37 individuals or teams being nominated for the category during 2014 and 2015.
- The winners have been able to sustain the positive outcomes from their initiatives. You can certainly say that the individual winner in 2014 (Dave) has continued with his regular fitness and circuit classes which are still well attended and popular. The winners in 2015 have sustained the activity involving service users who have critical and substantial needs. Furthermore, the results of our annual survey told us that the Day Centre Service got the highest score for the wellbeing factor.
- The Council are exploring the development of staff initiated groups and are in the process of developing a 'toolkit' to support activities initiated by individuals or teams

APPENDIX 6: CASE STUDIES

Title:	The Community Team
Organisation:	IKEA
Sector:	Private, retail
Geographical location:	Midlothian, Scotland
HWB focus:	Disability
Rationale for inclusion:	Working with the local community and increasing employment opportunities for disabled people
Website reference:	http://www.susescotland.co.uk/case-studies/ikea-employer/

Summary

The manager of the store had a son with Downs Syndrome and could not find an organisation who would support him to complete some work experience and therefore took him to work at Ikea. The manager asked a staff member (Liz) to support his son. From there grew The Community Team. Liz was daunted by the prospect initially but learned from the internet and local supported employment agencies: Into Work and Real Jobs. Soon after working with the manager's son, Liz agreed to support another four people with disabilities each year from the local community. Liz also had to work with the other employees, some of whom were wary about the new team members and did not know how to speak to them. Liz helped to break down barriers by leading by example and giving practical advice. The Community Team is now supporting 42 people with disabilities each year, about half of whom are in paid employment and the rest on work experience programmes. The process for inducting new people now follows a four-step process:

Step 1: Initial training and potential assessment

Step 2: Supported preparation for an interview in an area of the store the person wishes to work in

Step 3: The employee works with a buddy in the team, with help from Liz and external support worker if needed.

Step 4: Liz stands back and inducts another disabled person. Only she and the line manager know about all the issues experienced by the disabled person and Liz will only work with employment agencies who offer sufficient support to her and the employee.

Important success factors include: company culture and ethos, having a starting point of 'heart' rather than thinking about company kudos and providing time to make the team work.

Key outcomes

There are no specific metrics available but the following outcomes are apparent:

Families, employees and employment agencies attest that the people employed are more confident, feel 'normal', take responsibility and gain greater independence. The team has very high attendance and low sickness absence rates. During heavy snowfalls, the team have always got to work by walking when no transport was available – this motivates other staff too.

Abuse from customers has occurred but is not tolerated and customers have been asked to leave the store on occasion. However, this is raising awareness of disability issues locally and reducing disability discrimination.

Ikea's founder has been to talk to the team and Ikea are currently exploring the possibility of rolling this initiative out globally.

Title:	Healthy Herts
Organisation:	Hertfordshire County Council
Sector:	Public Sector, local government
Geographical location:	Hertfordshire, England
HWB focus:	General
Rationale for inclusion:	From little acorns…. simple updates to a HWB intranet site has produced significant outcomes
Website reference:	http://www.bitc.org.uk/our-resources/case-studies/hertfordshire-county-council-healthy-herts-intranet-initiative-boosts

Summary

When Public Health moved into the Council it was considered an opportune time to practice what is preached to local residents and support employees in improving their own health and wellbeing. Despite austerity measures and organisational changes the Council considered how HWB initiatives could be introduced at little cost. After reviewing existing interventions, it was decided that updating and revamping the HWB intranet site and introducing a new brand and logo, would be beneficial. Employees have been involved in writing on the site which focuses on: healthy mind, healthy body and a healthy work life. An events calendar was also added which advertised events and interventions delivered in partnership with the Public Health team, including cholesterol checks, health talks and an online training course for stress management. The Chief Executive, John Wood stated: "In April this year, our organisation took on responsibility for public health, including promoting healthy lifestyle choices to our residents. We know we have an ageing workforce and healthy staff it is good for us all at a personal level, and makes great business sense, I would like our organisation to set a good example so I'm glad to be supporting our new 'Healthy Herts' initiative."

Key outcomes

Staff engagement measured via the staff survey rose to 60% from 49% the previous year.
Sickness absence dropped from 9.5 days per employee, per year in 2009/10 to 7.5 days in 2012/13.
Use of the EAP (clinical, non-clinical and online) has increased from 7.16% to 9.31% following positive communication about the service.

Title:	Team Resilience
Organisation:	GlaxoSmithKline (GSK)
Sector:	Private Sector, pharmaceutical
Geographical location:	Global
HWB focus:	Resilience
Rationale for inclusion:	A great example of how taking a team based approach to HWB can impact positively
Website reference:	www.workplacementalhealth.org/Pages/

Summary

GSK recognized the role that the work environment plays in relation to staff engagement and therefore introduced TeamResilience, a programme aimed to reduce stress and improve team effectiveness. TeamResilience complements other HWB interventions offered to employees. GSK provide several resilience based programmes for staff including a Personal Resilience Programme and Energy for Performance which help people to learn how to enhance energy through mental focus, emotional connection, spiritual alignment and physical energy.

The TeamResilience programme begins with a team based assessment whereby team resilience scores are aggregated and shared with the team leader. A facilitator then works with the team to explore what is working well for them and where their particular pressure hotspots are. An action plan is then developed to help to reduce the sources of pressure. This initiative is carried out globally and teams are encouraged to re-assess annually.

Key outcomes

A 60% reduction in work related mental ill health globally

A 29% reduction in work days lost

Title:	Depression management programme
Organisation:	Caterpillar
Sector:	Private Sector, manufacturing
Geographical location:	Global
HWB focus:	Mental Health & Disability
Rationale for inclusion:	Focusing on depression has improved employee health and wellbeing
Website reference:	http://www.workplacementalhealth.org/MHWThird2010

Summary

Caterpillar takes a long-term approach to employee health and wellbeing with an emphasis on mental health and substance abuse. All managers related to HWB apply an integrated internal management approach, thus breaking down silo working. In this way, occupational health, EAP, health promotion and disability management managers meet regularly to integrate their efforts.

When working with employees in helping them to manage diabetes, Caterpillar managers noticed that these workers often experienced co-morbid depression, hence, they introduced a depression care management programme. The programme is based on telephone coaching with coaches who have behavioural science backgrounds. To enrol on the programme, employees are either referred by the internal psychiatric disability case manager or identified from their responses to a two item scale patient health questionnaire (PHQ) on the bi-annual staff survey. In the latter case, they are contacted by a counsellor who seeks further information from the worker which includes responding to more items on the PHQ. If their score indicates depression, the worker is encouraged to enter the depression care management programme which is managed by the EAP service. If the depression score is very high, the counsellor discusses different treatment options with the employee. Referrals are also made to the programme by occupational health, health promotion workers and the disability management team.

Key outcomes

Average lost work time for psychiatric short-term disability has decreased over 40% from the baseline in 2004. The total number of long-term disability psychiatric cases has also decreased from the program's start by over 35%.

Title:	Peer Support
Organisation:	Ambulance New South Wales (NSW)
Sector:	Public Sector, Healthcare
Geographical location:	Australia
HWB focus:	Mental Health
Rationale for inclusion:	One example of how a peer support programme can help to change organisational culture and reduce absence
Website reference:	https://www.headsup.org.au/creating-a-mentally-healthy-workplace/get-inspired/case-studies/case-study-ambulance-nsw

Summary

This initiative began after a parliamentary inquiry which identified that staff at Ambulance NSW required more support. Because front line staff frequently become involved in traumatic events, mental health in the work place is an important issue for this organisation. One element of their staff support system is the peer support programme. The program consists of 140 peer support officers and a full-time peer support team coordinator. Peer support officers are paramedics who maintain their regular roles, but also take on a peer support role on a voluntary basis. Staff undergo a two-day training program to become peer support officers and participate in refresher courses and regular contact with an EAP psychologist. The training program covers topics such as mental health awareness, active listening and recognising the signs that someone is at risk of self-harm.

Based on the belief that early intervention prevents mental health issues, the intention of the program is to develop qualified staff members to support their peers – someone they can talk to who understands the difficulties of the job, who they can relate to at their level.

The program also incorporates a staff support activation policy. Through this policy, peer support officers proactively contact workers who have participated in jobs known to have a traumatic impact, such as the death of a child, to check on them and offer support.

Key outcomes

Staff surveys indicate that the programme is well regarded and valued by staff.

There has been a shift in the organisational culture whereby staff now recognize it's OK to talk about emotions and to care for yourself.

The use of the EAP system has increased and leave of absence due to stress has decreased.

Title:	Onsite health service
Organisation:	Airbus Operations Ltd UK
Sector:	Private Sector, Manufacturing
Geographical location:	UK
HWB focus:	Mental Health
Rationale for inclusion:	Providing onsite healthcare helps to destigmatise mental health issues and decrease absence rates
Website reference:	https://www.gov.uk/government/case-studies/airbus-operations-ltd-mental-health

Summary

Like many other organisations, Airbus recognised that absence due to mental ill health came only second to musculoskeletal issues and that this was affecting productivity and performance. Many of the workers in this organisation are men with an engineering background who have often worked previously in the armed forces and therefore post-traumatic stress disorder is prevalent. Depression and anxiety-related illnesses are the predominant causes of mental health absence.

Airbus decided to work with Cheshire and Wirral Partnership NHS Foundation Trust (CWP) to develop an innovative and holistic approach to support employee health and wellbeing. An onsite service was developed that maintained health and wellbeing in the workplace, but also de-stigmatised mental health issues. Some ad hoc sessions were already provided by a consultant psychiatrist, which served to inform in terms of fitness to work. A mental health and employee support team was also established to manage the needs of the business and employees. The existing Airbus Occupational Health and Wellbeing staff engaged with a team of experienced counsellors as an integral part of the function. Additionally, onsite weekly sessions with a registered mental health nurse and monthly sessions with a consultant psychiatrist were arranged. Airbus also trained 2 members of staff as Mental Health First Aid trainers. They provide training to line managers, HR personnel and Trade Union Representatives.

The benefits of this service are that employees can access help, support and treatment during work time which results in taking less time off and increases participation in treatment. The service also aims to be flexible so employees can access the service outside of normal working hours and off site; this also helps to maintain confidentiality.

Advice is provided to the business in terms of 'reasonable adjustment' so that people experiencing mental health issues can remain in work, maintain self-esteem levels and supportive relationships. Managers involved in HWB, together with line managers engage in 'case conferences'.

Key outcomes

Over a one year period mental health-related absence reduced from 25% of all absence to 18.5%, after two years this reduced further to 11.94%.

The average length of absence per episode reduced from 49 days to 35 days and to 34 after two years.

While receiving support, 89% of all referrals to the service remained in work.

Title:	Wellness Programme
Organisation:	Adidas UK
Sector:	Private Sector, Manufacturing/retail
Geographical location:	UK
HWB focus:	General
Rationale for inclusion:	Won the top Healthiest Place to Work award for overall HWB strategy in 2015
Website reference:	https://www.healthiestworkplace.co.uk/casestudy-adidas.html

Summary

The philosophy behind the Adidas wellness programme is that it stops illness before it begins. Adidas provides a Wellness Centre which has two gyms, sports masseurs, nutritionists and personal trainers on hand. Whilst public sector organisations may not have the funds for this kind of provision, working in partnership with local organisations could be beneficial.

Adidas also provide an on-site doctor's surgery at the beginning of the week which was introduced after employee feedback; this means people can come into work on Monday rather than waiting for a doctor's appointment at their local surgery. It was also noticed that musculoskeletal problems were on the rise and therefore physiotherapy services were expanded. When canteen staff noticed an increase in food allergies work was undertaken with catering staff to minimize risk and increase choice.

Stress related issues have been dealt with by working with managers to help them to identify pressure points so that they can help staff more effectively. If staff access health services, they are reassured that nothing will get back to their line manager without their consent.

Other health related services provided include cancer screening and the Passport to Wellness scheme where employees accumulate points and win awards for staying healthy. Managers also lead by example by keeping healthy and active themselves.

Key outcomes

The average sick day per year per employee at Adidas UK is 2.5, which compares with an industry average of about six.

Adidas also measures productivity levels which are also higher than average (no specific data are available for this metric).

Title:	One You
Organisation:	Rotherham CCG
Sector:	NHS
Geographical location:	South Yorkshire, England
HWB focus:	General
Rationale for inclusion:	CCGs are relatively new organisations, thus sharing best practice from one CCG is relevant.
Website reference:	http://www.rotherhamccg.nhs.uk/Downloads/Governing Body Papers/January 2016/Enc 8 - Leading by example

Summary

Rotherham CCG is one of eleven NHS organisations participating in the Healthy Workforce initiative inaugurated by Simon Stevens in 2015. This initiative is emphasized and supported by the CQUIN introduced by NHS England in March 2016 which aims to bolster the health and wellbeing of NHS staff. As such there is currently little information available in relation to outcome metrics or evaluation of the schemes.

So far, given the limited information available on either the Rotherham CCG or NHS England websites, it appears that Rotherham have begun to introduce a number of interventions built around the CQUIN indicators (see the following web page for further detail: https://www.england.nhs.uk/wp-content/uploads/2016/03/HWB-CQUIN-Guidance.pdf:). These interventions include:

- Providing training to line managers to help them to prioritise health and wellbeing
- A range of health checks for staff
- Pilates, walking groups, Salsa classes
- Free access to mindfulness apps
- 50% discount at Weight Watchers classes
- Smoking cessation training
- Mental Health First Aid training

These initiatives are supported and led by a senior team member as well as other staff. In addition, staff involvement has been considered by means of a staff survey as well as a full staff meeting to engage staff in 'One You' and ask staff what health and wellbeing services they would like access to. The organisation has also self-assessed against the Workplace Wellbeing Charter.

Key outcomes

There are no specific metrics or evaluation outcomes available but the websites accessed in relation to this case study (as at August 2016) indicate that evaluations and relevant measurements will take place by March 2017.

Title:	Autism at work
Organisation:	SAP
Sector:	Private Sector, IT
Geographical location:	Germany/Global
HWB focus:	Mental Health & Disability
Rationale for inclusion:	An example of how one organisation has focused on autism to improve innovation and inclusion
Website reference:	http://www.cio.com/article/3013221/careers-staffing/how-sap-is-hiring-autistic-adults-for-tech-jobs.html

Summary

SAP recognizes that truly applying principles of inclusion and diversity can be helpful to both employees and organisational performance. This organisation began to employ people with Autistic Spectrum Disorder (ASD) after realizing that 1% of the population is autistic. Their aim is to increase the number of people they employ with ASD to 650 by 2020 which will equal 1% of the workforce.

SAP work with an employment agency, originally conceived in Denmark, called Specialisterne, who hire high functioning autistic adults and prepare them for IT careers. SAP also work with other supportive organisations in the local community who help autistic adults to find housing, how to navigate transport systems and open bank accounts.

The program includes a month-long screening and interview process which involves, among other aspects, having candidates use LEGOs to build robots based on a set of detailed instructions. The interview process then continues in whatever form a candidate may prefer, for example walking and talking, in a small or large group or on a one to one basis – 'whatever it takes' according to the dedicated manager leading the programme. These employees then follow an additional four-to-six-week, scenario-based program that focuses on soft skills, communication, teamwork, meeting etiquette, e-mail etiquette and disability disclosure. SAP also introduced autism awareness and sensitivity training for its neurotypical workforce as well as a network of neurotypical volunteer mentors who work one-on-one with candidates on the spectrum to help with any issues that arise. Candidates are also paired up with a mentor who becomes their job coach for the first 90 days on the job.

"By concentrating on the abilities that every talent brings to the table, we can redefine the way we manage diverse talents," said Luisa Delgado, member of the Executive Board of SAP AG, Human Resources. "With Specialisterne, we share a common belief that innovation comes from the 'edges.' Only by employing people who think differently and spark innovation will SAP be prepared to handle the challenges of the 21st century." This quotation emphasizes the strength of the application of inclusion and diversity in this organisation, and others, such as Microsoft are following suit. SAP also emphasise that autistic adults are not only suited to IT roles but do take on other specialist jobs in the company.

Key outcomes

There are no published metrics available for this case study but SAP state that teams including autistic adults have increased their productivity and cohesiveness in key areas.