

# tackling worklessness

a series of 'how to' guides  
for councils and their partners

developing a healthy workforce



## 1. why should you address the issue of a healthy workforce?

A healthy workforce – both physically and mentally – is important in terms of benefits to the business and to the individual. For those unable to work, whether they are sick, have poor mental health, are on incapacity benefits or have been injured at work, there is an emotional and actual cost. At any one time around three per cent of the working age population is off work due to illness or incapacity costing the economy over £100bn per year. (see [www.workingforhealth.gov.uk/Carol-Blacks-Review](http://www.workingforhealth.gov.uk/Carol-Blacks-Review)). The average number of sick days per year in the public sector last year was 9.8, costing £1,333 per employee.

The Chartered Institute of Personnel and Development (CIPD) suggests that people take time off mainly for minor ailments such as colds, flu, stomach upsets, stress and back pain. The Sainsbury Centre for Mental Health (SCMH) estimates mental health costing £77bn per year in England. The costs of this to

businesses and individuals “dwarf the sums of money used in treating mental health problems” . Almost four out of 10 adults with mental health conditions are unemployed which represents a loss to the economy of £9.4bn – compared to £6.5bn spent by the NHS on mental health services in 2008. Seven per cent of the working age population is on incapacity benefits. The cost of paying incapacity benefits, including associated housing and council tax benefits, has now reached £16bn.

At a recent conference, Judith Hackitt, chair of the Health and Safety Executive (HSE), indicated that while good progress is being made in reducing deaths and injuries at work, “we are not moving as quickly as I would like to see. We need another step-change in tackling this issue. We still have 200 people killed through work-related incidents every year and between 5,000 and 6,000 people who die as a result of exposure to materials at work.”

There is, therefore, an even greater need to support existing employers to invest more effectively in the health and well-being of their workforce to reduce these costs.

From the figures above, it is clear that good health is good business. Employers can be assisted when employing people who have mental health conditions and helped in considering available initiatives to enable those who are not working, to return to work. By helping businesses, particularly small and medium sized enterprises, access occupational health advice and support on issues of health and safety, their response to their workforce's needs can be strengthened and as a result the number of sick days reduced (see [www.hse.gov.uk](http://www.hse.gov.uk)).



## 2. how do we develop a healthy workforce?

### step 1: develop a good understanding of the issues at local level and identify local priorities and a joint framework for planning and delivery

Sustainable Community Strategies and local area agreement (LAA) targets have required the development of shared local priorities and a joint framework for planning and delivery to agree:

- pooling of budgets
- reward targets for good performance
- access to data and data sharing protocols
- action planning for delivery against the targets.

There are good sources of data and analysis available, for example in the nine regional Public Health Observatories (see the North West Public Health Observatory website [www.nepho.org.uk](http://www.nepho.org.uk)).

The Health and Safety Executive ([www.hse.gov.uk](http://www.hse.gov.uk)) is another good

source of information on, for example, managing stress at work. Intelligence on specific issues, such as mental health needs, is available from local CAMHS (Child and Adult Mental Health Services) teams, by working with local doctors and with local mental health agencies such as MIND.

The Local Government and Public Involvement in Health Act, 2007 placed a joint statutory duty on local authorities and Primary Care Trusts (PCTs) to undertake joint strategic needs assessments (JSNA) for their area. This process identifies the health and well-being needs of a local population over three to five years. It informs the Sustainable Community Strategy, PCT strategic direction and priorities, LAA targets and the Operating Plan of the PCT. It should form the basis of agreed priorities for commissioning that will improve health and social care outcomes and reduce health inequalities. Leicestershire Together have undertaken such a JSNA which was approved in 2008.

## case study 2

### Leicestershire Together

Their JSNA contains:

findings and analysis – brings together all the local intelligence related to health and social care

consultation – using the local intelligence to consult local stakeholders and map local need

executive summary – outlines medium term priorities and identifies how they will be taken forward by multi agency strategic plans and commissioning strategies.

For more information go to:

[www.leicestershiretogether.org/index/strategy\\_and\\_delivery-2/improving\\_health\\_-\\_joint\\_strategic\\_needs\\_assessment.htm](http://www.leicestershiretogether.org/index/strategy_and_delivery-2/improving_health_-_joint_strategic_needs_assessment.htm)



## step 2: establish effective partnership working and appropriate partnership structures

The agreed local priorities need to be underpinned by appropriate partnership structures to ensure effective delivery. These multi agency partnerships will be able to bring partners together around an agreed action plan, avoid duplication, identify needs and gaps, raise the profile of health and work issues, attract resources and funding and share good practice.

Sheffield is an example of how to develop a Health and Work Strategy Group to deliver its priorities.

### case study 3

#### Sheffield Health and Work Strategy Group

Sheffield Health and Work Strategy Group is made up of representatives from the voluntary sector, NHS, council and service users who collaborate to improve health and well-being. They develop local networks, using a holistic approach to service delivery, to help people who are in work and at risk of losing their job; or off sick; or people who are out of work and have aspirations to get back into work.

The group aims to develop effective partnership working, reducing duplication; identifying needs and gaps; raising profile of health and work issues; attracting resources and funding and sharing information and good practice.

For more information go to:

[www.sohas.co.uk](http://www.sohas.co.uk)



Where specific issues are prioritised by partners – for example high numbers experiencing mental health problems or specific requirements of ethnic minority communities - then relevant partnerships may be required.

#### case study 4

##### Leeds Mental Health Employment Consortium

This is a city wide, multi agency group, which is co-ordinated by MIND. It works to address the barriers to work faced by those with mental health problems. It has developed a vocational action plan that has been delivered over the last three years.

For more information go to:

[www.employmentleeds.org.uk](http://www.employmentleeds.org.uk)



#### step 3: develop your action plan

An action plan is developed including programmes of activity to meet the agreed priorities, identifying the delivery partner and the timeframe for delivery. These programmes will need to be tailored to meet local requirements.

#### case study 5

##### Tackling Health Inequalities programme, Burnley Council

Working in partnership with its primary care trust, Burnley Council has developed a programme of activity to tackle health inequalities. This includes, among other health initiatives, helping employers invest in their workforce through their 'workfit' project. This project works with local employers to set up in-house health improvement programmes.

For more information go to:

[www.burnley.gov.uk/downloads/Tackling\\_Health\\_Inequalities\\_Programme\\_2008-09.pdf](http://www.burnley.gov.uk/downloads/Tackling_Health_Inequalities_Programme_2008-09.pdf)

#### step 4: working with local communities and employers

The government's aim of devolving power to neighbourhoods and creating a more patient-focused NHS is clear in Public Health White Paper: Choosing Health: Making Healthy Choices Easier in November 2004 and in Our Health, Our Care, Our Say ([www.dh.gov.uk](http://www.dh.gov.uk) January 2006). This requires an enhanced role for local authorities in terms of moving resources into prevention and integrating health and social care provision at a local level. Resources need to be combined at a local level focusing on local needs. Lincolnshire County Council established their Healthy Living Team in 2001, bringing health professionals together with community development and economic regeneration officers to deliver locally.

#### case study 6

##### Healthy Communities Team at Lincolnshire County Council

In 2001, the former Lincolnshire Health Authority's Healthy Living Team merged with the Community Development Team at Lincolnshire County Council. The general lifestyle, established social and community networks and issues around age, sex and heredity of Lincolnshire's people were seen to be key to health. They felt that by expanding their economic development role to incorporate both health and community aspects they would better understand the complexities attaching to living locally and broaden the resource base to react effectively.

For more information go to:

[www.lincolnshire.gov.uk/section.asp?catid=2886&docid=28443](http://www.lincolnshire.gov.uk/section.asp?catid=2886&docid=28443)

### **Small businesses have been supported by initiatives such as:**

Healthy Workplaces MK, a free service from HSE and Milton Keynes Council, giving confidential, practical advice to small businesses. It provides basic advice and guidance on workplace health and safety, managing sickness absence, and return to work issues.

[www.healthyworkplacesmk.co.uk/healthyworkplaces](http://www.healthyworkplacesmk.co.uk/healthyworkplaces)

#### **step 5: delivering healthy workforces**

There is a range of good practice emerging around developing healthy workforces across the country. The following initiatives are provided as examples that other authorities may wish to consider in developing and delivering their own locally tailored programmes:

Mindful Employer is an initiative led and supported by employers which aims to increase awareness of mental health at work and provides support for businesses in recruiting and retaining staff.

[www.mindfulemployer.net](http://www.mindfulemployer.net)

The Better Health at Work project, established in 2004, is a partnership between Kirklees Council's environmental services, the Health and Safety Executive (HSE), local primary care trusts and Jobcentre Plus and offers advice and support to local businesses.

[www.betterhealthatwork.org.uk](http://www.betterhealthatwork.org.uk)

The Department of Health's Healthy Communities programme has been running for two years and is now extended to 2011. This programme provides funding for local initiatives and helps local authorities to work within their communities to tackle local health inequalities. For more information on this programme and to access the Healthy Communities toolkit go to:

[www.idea.gov.uk/idk/core/page.do?pageId=77225](http://www.idea.gov.uk/idk/core/page.do?pageId=77225)

#### **step 6: evaluate and review**

Evaluation and review processes should be built into partnership working. Local authorities have established effective mechanisms for evaluating programme activity through performance management and monitoring; using feedback tools and techniques. One approach that is under-pinning the Healthy Communities programme is peer review.



## case study 7

### IDeA's Peer Review Process

This consists of a 'healthcheck' and action plan for local authorities. It has a benchmark to use to undertake partnership reviews of success. Peer review teams, led by an IDeA review manager, are brought together to include local authority, health and other relevant partners.

For more information go to:

[www.idea.gov.uk/idk/core/page.do?pagelD=6462074](http://www.idea.gov.uk/idk/core/page.do?pagelD=6462074)



## top tips

ensure that you are accessing good quality, current local health data, keeping it updated regularly and sharing it effectively with your partners. Do you have data sharing protocols in place for this purpose?

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speak to local employers, doctors, people and organisations regularly about their needs – do not assume that you already know what they want – and find out what works locally

.....  
ensure that agreed priorities are embedded in partner's key funding plans – check that this has happened. It is great to agree priorities, but they also need to be funded

.....  
give activities time to bed in, evaluate them continuously, and make sure they are adequately funded and resourced to be successful.

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### 3. glossary

- **CAMHS:** Child and adolescent mental health services promote the mental health and psychological wellbeing of children and young people
- **CIPD:** Chartered Institute for Personal Development is the professional body for those involved in the management and development of people
- **HSE:** The role of the Health and Safety Executive is to protect people against risks to health and safety arising out of work activities.
- **JSNA:** Joint Strategic Needs Assessment is a local process including stakeholder involvement and engaging with communities. It needs to link into other strategic plans and should be used for local commissioning

### 4. further resources

- *Working for a healthier tomorrow:* Dame Carol Black's Review of the health of Britain's working age population:  
[www.workingforhealth.gov.uk/Carol-Blacks-Review](http://www.workingforhealth.gov.uk/Carol-Blacks-Review)

- Government's response to Dame Carol Black's Review of the health of Britain's working age population: *Improving health and work: changing lives.*

This includes proposals to:

- pilot an occupational health support line for small and medium enterprises (SMEs)
- pilot a 'fit for work' service for employees at risk of losing work in the early weeks of sickness absence
- establish local health and work co-ordinators
- to establish a health and work challenge fund for SMEs:  
[www.workingforhealth.gov.uk](http://www.workingforhealth.gov.uk)



- Business health check tool – to help employers assess the cost of ill-health to their business:  
[www.workingforhealth.gov.uk](http://www.workingforhealth.gov.uk)
- Sainsbury Centre for Mental Health: Many useful publications including a report on the costs of mental health:  
[www.scmh.org.uk](http://www.scmh.org.uk)
- Helping employers understand and deal with mental health in the workplace – a good practice resource round-up:  
[www.disabilityfwd.co.uk/costs.php](http://www.disabilityfwd.co.uk/costs.php)
- The Shift line managers guide on mental health issues:  
[www.shift.org.uk/employers/lmr/index.html](http://www.shift.org.uk/employers/lmr/index.html)
- Evaluating Health Initiatives: Health Inequalities Self Assessment Toolkit:  
[www.idea.gov.uk/idk/aio/276453](http://www.idea.gov.uk/idk/aio/276453)  
and Health Impact Assessment  
[www.idea.gov.uk/idk/core/page.do?pageId=8482980](http://www.idea.gov.uk/idk/core/page.do?pageId=8482980)
- Health and Safety at Work:  
[www.hse.gov.uk](http://www.hse.gov.uk)
- HSE stress management standards:  
[www.hse.gov.uk/stress/standards](http://www.hse.gov.uk/stress/standards)



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*Local Government Association*

The Local Government Association is the national voice for more than 450 local authorities in England and Wales. The LGA group comprises the LGA and five partner organisations which work together to support, promote and improve local government.

