



# **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**

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

**Health and Wellbeing Chief Executives**

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**

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

**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 health and wellbeing branding and logos on everything related to health and wellbeing across Manchester.

**Health and Wellbeing Board**

1. Consider a branding strategy for health and wellbeing initiatives and employee health and wellbeing services across Manchester to provide a sense of identity

**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)

## 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.