

## **WILTSHIRE COUNCIL**

### **STAFFING POLICY COMMITTEE**

**4<sup>th</sup> May 2016**

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### **Workplace Health Charter Update**

#### **Purpose of Report**

1. To provide an update on the accreditation outcomes for Workplace Health Charter status.

#### **Background**

2. The Workplace Health project is aimed at raising awareness of workplace health issues and influencing the management of those health risks both by management and by individuals. Inherent within these goals is the achievement of accreditation for the nationally recognised Workplace Health Charter.
3. The principal objective is a shift in individual and corporate behaviours which are perpetuated to become norms of behaviour thus creating a workplace culture in which preventative health management is embraced.
4. The potential for savings is significant with annual sickness absence costs alone currently running at around £3 million per annum. An improved performance would also impact upon service delivery, recruitment and retention and the broad sense of personal well-being and morale.
5. The council submitted its body of evidence against each of the 8 criteria below and was formally assessed by an external verifier over 12-13 April 2016. The assessment included staff interviews as well as scrutiny of documented evidence and case studies.
  - a. Leadership
  - b. Absence management
  - c. Health and safety
  - d. Mental health
  - e. Smoking
  - f. Physical activity
  - g. Healthy eating
  - h. Alcohol and substance misuse

#### **Main Considerations for the council**

6. The council was awarded a rating of 'Excellence' in each of the 8 categories and thus overall too.
7. We believe that Wiltshire Council may be the first local authority in England to achieve this rating.

8. Whilst at time of writing we are yet to receive the final report, the verifier's initial outcome report commented:

*"I would like to express my thanks for inviting me to attend the offices of Wiltshire Council in order to assess the organisation for the Workplace Wellbeing Charter. It was a privilege to be invited and I would like to thank everyone involved who made the assessment a seamless process and for the warm hospitality offered during the visit. It is not often you can honestly leave an organisation and think that it was not a workplace you had left but a community."*

9. The council will receive formal notification of the accreditation outcome in due course and be invited to an award ceremony to receive the accolade. Internal and external communications have been organised to celebrate the award.
10. The next phase of the Charter journey is to compile and implement a benefits realisation plan. This will be presented to CLT and set out the means by which we will:
- a. further influence and embed positive management behaviour in relation to health awareness and sickness absence;
  - b. further influence and engage staff participation in health promotional events and awareness training;
  - c. ensure a consistent and sustained communication strategy that promotes and celebrates positive health as a key workplace priority.
11. The core understanding to be achieved is that healthier staff, achieved through heightened awareness of lifestyle choices plus positive and early management support in the workplace, will lead to cost savings through better attendance, better performance, higher morale, better retention, fewer incidents, lower litigation levels and reputational gains.

### **Environmental Impact of the Proposal**

12. None.

### **Equalities Impact of the Proposal**

13. All employees will benefit from enhanced and consistently applied health management standards. Those experiencing health inequalities will have opportunities to engage positively with support services.

### **Risk Assessment**

14. Staff surveys show a minority of employees do not currently feel that personal health issues, and especially those linked to lifestyle choices, fall within the employer's remit. There is also evidence to suggest that the group most willing to engage with health promotional events are those who would already be considered within the healthier proportion of the working population. Chasing the 'disinterested' or the 'worried well' is not likely to be effective use of resources.

## **Financial Implications**

15. Annual sickness absence costs are currently around £3 million. Costs associated with presenteeism, cases of poor employee well-being, staff turnover and other negatives affected by poor health are likely to be equally significant.

## **Recommendations**

16. The Staffing Policy committee is invited to welcome the outcomes of the accreditation procedure, recognise the enormous amount of excellent work that has been undertaken by staff and to congratulate all those involved in that work.

17. It is also recommended to endorse the ongoing benefits realisation plan and to seek continued updates of progress.

**Frances Chinemana**  
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**The following unpublished documents have been relied on in the preparation of this report:** None.