BRISTOL CITY COUNCIL

HR COMMITTEE

26th September 2019

Report of: Director of Workforce and Change

Title: Draft Health and Wellbeing Plan 2019-20

Ward: N/A

Officer Presenting Report: Mark Williams, Head of Human Resources

Contact Telephone Number: 07795 446270

RECOMMENDATION

That the HR Committee provides it views and observations on the Draft Health and Wellbeing Plan before it is finalised.

Summary

The Draft Health and Wellbeing plan sets our priorities to improve the wellbeing of our workforce. The views of the committee are sought on the plan.

The significant issues in the report are:

- Managers and leaders are vital to improving the health and wellbeing of the organisation
- Positive action on health and wellbeing is likely to impact sickness absence rates, employee engagement, talent acquisition and staff retention
- Employee consultation and engagement is key to creating a positive work environment.

1. Policy

An engaged, healthy and supported workforce will have an impact on the quality of service that we provide to citizens and help achieve the corporate strategy priorities.

An organisation-wide understanding of mental health and our commitments towards supporting those with mental health requirements will provide a consistent corporate narrative and messages for our citizens.

2. Consultation

a. Internal

- Public Health,
- HR team
- OD and Internal Communications
- Learning and Development
- Disabled Employees Group (DEG)
- Trade Unions

b. External

- Nine to Thrive, External contractor with expertise in Mental Health

3. Context

The Organisational Improvement Plan sets out the overarching strategic priority to "create the conditions for everyone to perform at their best, each and every day. We will improve processes and policies, invest in health and wellbeing, and continue the development of our teams and individuals". Based on the OIP targets and the key areas for consideration arising from the data review, the specific objectives of the 2019-20 Health and Wellbeing programme have been set out in the report and this is currently in consultation.

4. BCC progress to date

In 2018-19 there was progress in developing health and wellbeing support for BCC employees:

- BCC signed the Time to Change Pledge In February 2019, celebrated Time to Talk day in February 2019 and Mental Health Awareness Week in May 2019.
- The Organisational Improvement Plan made health and wellbeing one of the top priorities for the organisation.
- Management information on sickness absence and turnover is being routinely monitored

- BCC included health and wellbeing questions in its March 2019 Employee Engagement Survey which will act as a baseline to measure employee perceptions of health and wellbeing support at BCC.
- Thrive Bristol was launched in 2018 and is a ten-year programme to improve the mental health and wellbeing of everyone in Bristol, with a focus on those with the greatest need, whatever their age. Thrive Bristol is part of the One City Approach to bring together partners and communities across the city, to tackle important issues for Bristol, including mental health. The One City Plan includes details around eradicating mental health stigma and discrimination; rolling out Mental Health Awareness training to 1 in 5 people in Bristol over the next decade and creating mentally healthy schools, workplaces, homes & communities.

- MHFA champion training has been delivered to over **500** colleagues across BCC. The course is accredited to Mental Health First Aid England.
- Managing mental health has been delivered to more than 300 managers.
- A new section has been included in the weekly brief to cover health and wellbeing opportunities.
- A TU led menopause initiative commenced in 2019. The first Time to Talk: Menopause groups have taken place in May, June and July. 120 requests were made by people at City Hall to join this, over 80 people at Temple and 100 more across the other venues.

5. Proposal

That the HR Committee provides it views and observations on the Draft Health and Wellbeing Plan before it is finalised.

6. Other Options Considered

Not applicable

7. Risk Assessment

Improving the health and wellbeing is a corporate priority both in the Council's Corporate Strategy and Organisational Improvement Plan. The draft plan is designed to address wellbeing within the council's workforce. Failing to do this will have an adverse affect on employee engagement and productivity.

Public Sector Equality Duties

8a)   Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following "protected characteristics": age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:

   i)   Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.

   ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --

      -   remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;

      -   take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);

      -   encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

   iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
         - tackle prejudice; and
         - promote understanding.

8b)   A draft Equality Impact Assessment is attached at Appendix A. The Equalities Impact Assessment will be finalised at the close of consultation.

Legal and Resource Implications

Legal

There are no specific legal implications arising from this report. The Council's draft Health and Wellbeing Plan supports the Council in meeting the requirements of employment law legislation including the Equality Act 2010.

Legal advice provided by Husinara Jones, Team Leader /Solicitor, 13th September 2019

Financial
(a) Revenue

Financial advice has not been sought as the funding for the draft plan has already been agreed as part of the Organisational Improvement Plan.

(b) Capital

None

Land

None

Personnel

As set out in the report and draft action plan.

(Personnel advice provided by Mark Williams, Head of HR)

Appendices:

1. Draft Health and Wellbeing plan 2019-20
2. Draft Terms of Reference, Health and Wellbeing Group
3. Learning and development courses proposed for 2019-20
4. A summary of other cost items to be included in the plan.
5. Equalities Impact Assessment

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985
Background Papers:

Developing a Health and Wellbeing Programme 2019-20

<u>DRAFT FOR CONSULTATION</u>

1.0 Introduction

"'Wellbeing' refers to 'feeling good' and 'functioning well' - both physically and emotionally. Developing organisational wellbeing is focussed on creating an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organisation" (CIPD, 2007, p. 4). Wellbeing is not merely the absence of ill health or infirmity.

Wellbeing means something different to everyone; some people will place greater value on their physical health, some on maintaining mental wellbeing and for others their wellbeing may be linked to their environment, spiritual needs, financial situation, personal development, career progression or relationships with others. An individual's personal values (for example compassion, creativity, responsibility) and the connection with corporate values is also a key driver in remaining well.

There are many factors at work that contribute to us being healthy, well and thriving. Disengagement or ill-health may result if needs are not met.

The health and wellbeing of an employee should not deteriorate because of work. The knowledge and skill of line managers and leaders is vital to imbedding a culture of health and wellbeing. Good leadership and people management practices form the bedrock of healthy and resilient workplaces.

Good Managers:
- Understand policies and procedures and apply them fairly with confidence to enable person centred support
- Are self-aware, confident and have emotional intelligence, the have effective sensitive 1:1's
- They engender trust, respect confidences and manage conflict

In practice good leaders and managers encourage employees to keep healthy and well and by working with their teams in an open and collaborative environment, monitor wellbeing and engagement and work with employees to prevent any health and wellbeing deterioration. They are able to support employees who report health concerns, preventing these concerns from escalating into absence. If a manager is aware of the challenges faced by individuals, and there is a supportive dialogue between the employee and their line manager, it should be possible for the organisation to put in place supportive measures that could make all the difference in some cases.

Employees report that they often feel that engaging with self-care will be seen as a negative by their manager especially during times of change and uncertainty; in fact self-care and understanding of one's health requirements should be celebrated as an act of personal resilience and long term commitment to the organisation.

Senior leaders and line managers who commit to the value of employee wellbeing, who promote a positive and fair working environment, who bring teams together and who value self-care are likely to see higher employee engagement, higher productivity, less absence and lower turnover.

1.1 Engagement and Wellbeing

Employee engagement and employee wellbeing are intrinsically linked. A report by the World Economic Forum and consultancy Right Management in 2010 found that wellbeing is as much shaped by employee engagement as by physical and psychological health. This same research found that organisations engaged in promoting wellbeing are more likely to have significant improvements in employee engagement, productivity, creativity and lower talent drain. High levels of employee engagement are hard to maintain if health and wellbeing needs are not met (burnout).

The wellbeing of colleagues can affect employee engagement in different ways:

- negative attitudes towards employer
- low job satisfaction
- reduced motivation and clock watching
- lack of commitment and intention to remain with the organisation,
- unwilling to advocate brand
- impact team dynamics and create unrest
- loss of trust
- deterioration in communications,
- increase in fear,
- resistance to change
- increased rigidity,
- deterioration in quality, productivity and client relations.

The developing wellbeing programme is therefor strongly linked to organisational development, learning and development, reward and recognition, HR practices and Equality, Diversity and Inclusivity; all of which, will be linked in through the planned Health and Wellbeing Group.

2.0 BCC progress to date

In 2018-19 there was progress in developing health and wellbeing support for BCC employees.

- BCC signed the Time to Change Pledge In February 2019, celebrated Time to Talk day in February 2019 and Mental Health Awareness Week in May 2019.
- The Organisational Improvement Plan made Health and Wellbeing one of the top priorities for the organisation.
- Management information on sickness absence and turnover is being routinely monitored
- BCC included health and wellbeing questions in its March 2019 Employee Engagement Survey which will act as a baseline to measure employee perceptions of health and wellbeing support at BCC. A new Health and Wellbeing Group is being created to lead this agenda.
- Thrive Bristol was launched in 2018 and is a ten-year programme to improve the mental health and wellbeing of everyone in Bristol, with a focus on those with the greatest need, whatever their age. Thrive Bristol is part of the One City Approach to bring together partners and communities across the city, to tackle important issues for Bristol, including mental health. The One City Plan includes details around eradicating mental health stigma and discrimination; rolling out Mental Health Awareness training to 1 in 5 people in Bristol over the next decade and creating mentally healthy schools, workplaces, homes & communities.

- MHFA champion training has been delivered to over **500** colleagues across BCC. The course is accredited to Mental Health First Aid England and to complete the course, delegates must complete an evaluation. Delegates are asked to rate their confidence and knowledge of MH at the beginning of the course and at completion. 114 evaluations taken to October 2018 show confidence and knowledge increased on completion in 100% of cases. The average commencing confidence was 5.46 and the completion average confidence was 7.75. The average commencing knowledge was 5.54 and the completion average knowledge was 8.041 (n114). This demonstrates the positive impact this session has had on employee confidence, knowledge understanding, recognising and talking about mental health.

- Managing mental health part 1 and 2 is delivered by and external provider with input from HR. The session aims to increase manager knowledge and confidence in supporting employees with Mental Ill-health. 300 managers (29% of all BCC managers) have completed this training to date and feedback shows it is extremely valued. A review of the course content will be carried out for 2019-20 courses to build in some of the key elements of the Time to Change action plan around employee lifecycle management (best practice in health and wellbeing from recruitment through the employee journey). 288 delegate spaces are suggested for The Mental Health for Managers course in 2019-20 (18 courses) which if capacity is achieved, will result in a total of 57% manager completion.

- A new section has been included in the weekly brief to cover health and wellbeing opportunities.

- A TU led menopause initiative commenced in 2019. The first Time to Talk: Menopause groups are taking place in May, June and July. Within the first two days of taking bookings, the City Hall and Temple Street events reached room capacity. 120 requests were made by people at City Hall to join this, over 80 people at Temple and 100 more across the other venues.

3.0 Our Health Data and Organisational Demographics

By using existing data from demographics, absence data, OH usage, EAP usage and feedback from the employee engagement survey it is possible to identify the high level health and wellbeing requirements of employees. The EES has also collected data from Employees and it is important that this data is discussed and analysed in the planned EES wellbeing focus group to ensure the voice of employees is represented in the wellbeing plan.

Overtime and as the sophistication of the health and wellbeing programme develops, a more targeted health and wellbeing plan can be developed by using health and wellbeing data collection tools.

3.1 Mental Health Absence
- In the last year at Bristol City Council **58,712** working days were lost due to employee absence and of these, **23.22%** were absences cited for stress, anxiety or depression.
- Other absence reasons such as Musculoskeletal (19.41%), Gastric (5th highest reason) and Neurological (7th highest reason) are other possible indicators for mental ill-health.

3.2 Gender and Age
- The percentage of women in the workforce at Bristol City Council is 60.25% (as at December 2018). Of these, 2575 women are in the 40 year plus age range and the average absence rate for this age range higher than all age ranges for men and women.
- Both men and women over 40 have on average a higher number of days lost due to ill health absence
- The workforce age has slightly increased to an average of 44.99 years.

- One of the challenges of the rising pension age is that many employees will work for longer. This means that the numbers of employees living with and managing long term conditions in the workplace will rise.

Range	Number of **Women**	**Women** - Total number of Days Absent	**Women** - Average Number of Working Days Lost	Number of **Men**	**Men** - Total number of Days Absent	**Men** - Average Number of Working Days Lost
19 or under	17	97	5.71	23	106	4.61
20 - 29	382	2765	7.24	250	1914	7.66
30 - 39	767	5317	6.93	578	3606	6.24
40 Plus	2575	29,195	11.34	1656	14,106	8.52

Table 1: Absence by Gender and Age (March 2019)

3.3 Disability and long term conditions

- The proportion of disabled employees has increased to 7.86.
- We are unable to establish the number of employees who have a long term condition (not defined as a disability) that they manage at work.
- Anecdotally, the DEG report that some employees may not be supported with appropriate workplace adjustments in order to enable them to remain well and thrive at work.

3.4 Our Staff Engagement Survey Results

The key findings in 2019;

Question 21: I feel this is a workplace which supports good mental health and wellbeing

- 50% of respondents (1553 employees) agreed or strongly agreed that BCC is a workplace that supports good mental health and wellbeing
- 25% of employees neither agreed or disagreed, this may include some employees not having raised or dealt with any mental ill-health (lack of experience) or giving a "somewhat" answer.
- 25% of employees disagreed that the workplace supported good mental health and wellbeing

The free text section of the Engagement Survey asked employees to describe one thing they feel BCC is doing well and one thing that could be improved. The findings are set out below.

One thing we are doing well:
- Flexible working
- Team work
- Collaborations
- Manager competency / approachability

One thing we could improve: (Comments received were varied and widespread)
- behaviour based theme (bullying, diversity and inclusion, negative culture, management behaviour)
- Concerns on limited resources – needing to do more with less resource available.
- The tension around agile working.

3.4 Our Occupational Health, EAP and incident reporting data
- Mental health remains the highest referral reason (2017,2018) and Musculoskeletal is the second highest reason for referral
- The highest reasons for calls to the Employee Assistance Programme (Q4) were related to mental health
- The largest number of incidents/ accidents reported by employees in 2018-19 relates to violence and aggression

3.5 Thriving at Work Feedback
The Public Health Team report from the Thriving at Work workshops that across Bristol key themes from employees and employers as to what is working within organisational mental wellbeing programmes have been reported (mental health specific).

	Employer	Employee
Things that employers/employees have found hardest about mental health in the workplace	1. Where to start – cultural/generational issues, challenges, with those most willing? 2. Communication needs to be a combination of: top down, within teams, 1:1, through champions, one size does not fit all – cannot standardise approach 3. Long term sustainable change – meaningful actions, embedded in policy 4. reasonable adjustments 5. understanding what is meant by MH in the workplace 6. communication: normalisation of talking about MH in the workplace relating to: education, environment and culture; wellness action planning	1. Getting mental health on an open agenda and supported by leaders 2. Stigma – fear of people knowing; fear that progression or promotion will be impacted; presenteeism 3. Communications - Consistent messaging; clarity around policies and consistent application; signposting to resources 4. Starting the conversation – lack of confidence (both employee and line manager); if the job or workplace is a trigger for poor mental health; feeling that their manager isn't equipped to deal with it 5. Not knowing what everyone's role is – MH champions, MHFA's, HR, Manager etc; negative experiences that stigmatise it further 6. Lack of mental health awareness amongst colleagues
resources they have found helpful	1. having internal and external champions 2. training for all levels of staff/managers 3. support groups – internal and external 4. wellness action planning (MIND) 5. signposting – single point of access	1. Social media, apps, signposting 2. EAP, TTC Employer pledge, Workplace charter 3. Mental health champions, MH first aid 4. Minds wellbeing action plan templates (or similar structured questions to ask)

6. education – MHFA; websites like Heads Together; centralised BCC webpage with signposting and resources for SMEs	5. Mental health awareness (ongoing) training, workshops and group discussions; Time To Change awareness videos
	6. Signposting the support available – internally and externally; EAP and occupational health support/services

Table 2: Thrive feedback on successful interventions

4.0 Developing A BCC Health and Wellbeing Plan

Priority areas for developing a Health and Wellbeing programme, according to the current BCC data and literature are;

- Investing to increase manager skill and confidence
- Improve understanding and support for mental ill-health
- Support Women's Health (Menopause)
- Support for disabled people / people with long term health conditions
- Improvements to the workplace (Agile working / Musculoskeletal)
- Demand / limited resources (reduce demand or increase ability to manage demands, resilience)
- Reducing rates of violence and aggression towards employees (health and safety plan is picking this up)

In 2019-20 BCC has set a budget for Health and Wellbeing improvement work as part of the fund to support the implementation of the Organisational Improvement Plan. This section sets out a proposal for the 2019-20 investment. This is intended as a first step towards developing an organisational Health and Wellbeing plan in collaboration with employees. The timing of funding and requirement to get learning and development booked in, means that we are recommending spending for 2019-20 whilst at the same time developing collaborations, looking at results of the employee engagement survey and receiving feedback from employees on their health and wellbeing needs.

An holistic model for health and wellbeing is suggested; This being consideration of all elements of health and wellbeing (good mental health, good work, collective social wellbeing, physical health, values, personal development and financial wellbeing). It's also important to include provision for prevention (of ill health) as well as good support for ill-health. The Health and Wellbeing Group will be able to agree how it wants to articulate the Health and Wellbeing plan. The wellbeing agenda will evolve over time, this is the first step and the Health and Wellbeing Group will be asked to consider the longer term plan with key milestones (Table 3).

Year		Projected Work Plan
Year 1	2019-20	Set up Health and Wellbeing Group Agree on strategic priorities Develop key tools and policies Develop manager skill and confidence Ensure existing signposting routes are robust and effective Raise awareness of health and wellbeing / self-care Create health and wellbeing networks and increase knowledge and capacity across the business

| Year 2 | 2020-2021 | Work with networks to increase locality engagement / employee participation
Listen to feedback
Collation of data (health, demographics)
Tactical assessment of employee health and prioritise actions |
| Year 3 | 2021-2022 | Review health and wellbeing offer
Impact assessment and review
Target improvements
Continual improvement |

Table 3: proposed stages of Health and Wellbeing programme development into maturity

4.1 Objectives

The Organisational Improvement Plan sets out the overarching strategic priority to "create the conditions for everyone to perform at their best, each and every day. We will improve processes and policies, invest in health and wellbeing, and continue the development of our teams and individuals". Based on the OIP actions and the key areas for consideration arising from the data review the specific objectives of the 2019-20 Health and Wellbeing programme are recommended:

4.1.1 Demonstrate organisational commitment and leadership of health and wellbeing

How will we do this?
- o Create a Health and Wellbeing Group (Draft TOR in Appendix 1)
- o Publish the Health and Wellbeing Programme of work
- o Review the sickness absence policy
- o Review the reasonable adjustments policy
- o Recruit to the newly created Disability and Wellbeing Advisor role
- o Improve support for agile working for those with specific needs. Scope priority areas and test improvements (e.g. booths for Dragon users)
- o Develop a communications plan to publicise commitment, engagement and opportunities in health and wellbeing
- o Ensure Occupational Health and EAP services are set up to run smoothly and offer the full services required

4.1.2 Increase management capability, skill and confidence in health and wellbeing

How will we do this?
- o Develop a programme of Health and Wellbeing leadership and management training
- o Mandate the Management of Mental Health Session for all Managers and ensure that managers are clear on the health and wellbeing objectives
- o Develop a new Health and Wellbeing tool to support discussions between managers and employees in Appraisals, 1:1's and any return to work following absence
- o Regularly report on training uptake to ensure adequate participation

4.1.3 Raise awareness of health and wellbeing and increase participation in self-care

How we will do this?
- o Develop a programme of health and wellbeing training (face to face and online, see Appendix 2)
- o Create a programme of health and wellbeing events and groups and use feedback to feed into the health and wellbeing programme (Appendix 3)

- Create a health and wellbeing champion role for colleagues who will volunteer to champion Health and Wellbeing in their work area. This will include receiving Mental Health First Aid Champions Training and being a link person from the central team for communication and information and link to the Health and Wellbeing Group.
- Introduce wellbeing self-care opportunities (e.g. health and wellbeing classes, holistic therapy opportunity, health and wellbeing roadshows, health check technology)
- Support and continue to develop our Mental Health First Aiders and Champions

5.0 Governance Arrangements for 2019-20

We will be creating a new Health and Wellbeing group which will take a strategic over view of the mental health and wellbeing work and will monitor progress with training and actions agreed in the OIP and Time to Change plan. This group will have regular communications to colleagues about progress with the plan and share the actions being taken. We will also agree a measurement plan (how do we know that what we are doing is making a difference)

In 2019-20, we plan to regularly feed training completion data into EDM's to enable the directorate leadership team to identify areas which could benefit from additional delegate attendance (hot spot assessment).

We will be working with the Performance Review team to establish strong links from the PDR to the health and wellbeing training and encourage routine health and wellbeing conversations to happen in 1:1's and PDRs by creating the Health and Wellbeing Tool (passport).

5.1 Risks associated with 2019-20 planning and delivery

Suppliers need to be found within the budget. Every effort has been made to assess going market rates, but there may be an issue in finding suitable suppliers within the budget or agree that less course capacity may be the compromise.

We must ensure that course spaces are maximised. We also need to ensure that there is sufficient administration available in the L&D team to book the venues, arrange the course dates and greet the suppliers. We also need evaluations to be taken and processed to ensure we can determine ROI.

6.0 Action required

Consider the 2019-20 plan, taking into account the journey required for implementation of impactful health and wellbeing programme, and note the steps proposed for 19-20 as the first set of enablers to provide support and awareness to managers (the priority group) with more health information and opportunities for self-care, to be available to all staff across BCC locations.

Following agreed on all or parts of the programme, the plan will be monitored at the new health and wellbeing group and via the OIP governance route.

Draft Terms of Reference Health and Wellbeing Group

Terms of Reference

Purpose

The health and wellbeing of BCC employees is essential to delivering effective services to the citizens of Bristol. The organisation has made a commitment to continue to support and improve the health and wellbeing of employees within its strategic organisational plan 2018-2020.

Wellbeing can be described as "feeling good and functioning well". This group is committed to supporting employees and managers to develop and continually improve the work environment to promote a state of contentment which allows an employee to thrive and achieve their full potential for the benefit of themselves and the organisation.

The Health and Wellbeing Group is focused on providing leadership to the Health and Wellbeing agenda, monitoring effectiveness and seeking out innovative ways to improve the health and wellbeing of employees.

Scope

The Health and Wellbeing remit is wide and varied. The priority areas for the Health and Wellbeing Group to focus on will be set by the Chair annually, according to

- Highest reason given for absence and ill-health
- Demographic information linked to ill-health (e.g. menopause, ageing population)
- Employee engagement survey results
- City health and wellbeing priorities (e.g. Thrive)

Aim

The aims of the Health and Wellbeing Group are to:

1. Champion a culture of good health and wellbeing across the Council at all levels, where employees are empowered to care for themselves and managers take responsibility for supporting good health and wellbeing of their employees
2. Increase awareness of the importance of health and wellbeing both for individuals and the organisation
3. Ensure managers are effectively supporting employee health and wellbeing
4. Monitor the impact of actions in improving health and wellbeing across BCC
5. Listen to employees and identify ways to improve

What the Health and Wellbeing Group will do:

1. Develop, agree and govern an annual health and wellbeing action plan and ensure this is communicated to all employees
2. Govern the Time to Change action plan
3. Govern the wellbeing actions within the Organisational Improvement Plan
4. Agree an annual communications and events plan
5. Use business intelligence (for example absence data, employee engagement survey feedback and learning and development reports) to identify key areas for focus

Governance

Due to the strategic importance of employee health, the Health and Wellbeing Group is chaired on a rolling basis by a member of the executive team. The purpose of sharing the chairperson role across the three Executive Directors is to ensure that the highest level of leadership is provided and each of the executive team are fully involved in supporting health and wellbeing which they can champion across their respective directorate.

The chair persons, with support from the Health and Wellbeing Manager and Head of HR, will agree an annual report to be presented at the Corporate Leadership Board.

Membership

- Executive Director (Chair)
- Health and Wellbeing Manager (Secretary)
- OH and EAP contract lead /MHFA training lead
- Disability and Wellbeing Advisor
- Head of HR
- Head of OD and Communication
- Representative of the Disabled Employees Group
- TU representative
- Representative of People Directorate
- Representative of Resources Directorate
- Representative of Growth and Regeneration Directorate
- Public Health Official
- Mental Health First Aid Champion Representative

Meetings
The Health and Wellbeing Group shall meet three times per year. Meetings shall have the following standard agenda:

1. Minutes and actions from previous meeting
2. Report by the Health and Wellbeing Manager (update on action plans and events)
4. Report from Head of HR (Data analytics report)
5. Training data report
6. Feedback from DEG, TU and MHFA champion representatives
6. Any other business
7. Date of next meeting

Specific additional agenda items must be agreed with the Chair not less than three working days prior to the meeting.
Papers for the meetings shall be issued not less than three working days prior to the meeting.

Quorum
The meeting shall be deemed as quorate where the Chair, Health and Wellbeing Manager and at least two other Health and Wellbeing members are present.

Review
These terms of reference will be reviewed annually.

Learning and Development Courses Proposed for 2019-20

Key for Provision: U = Existing course, to be reviewed and updated N = New course for 2019-20 _E = Existing course, to continue

			Managers and Leaders				
Provision	Course	Mandatory Status	Purpose and Learning outcomes	Delivery	No. courses 2019-20	Course capacity	Cost
U	**Excessive workplace pressure risk assessment training**	**Mandatory** for all managers	Explaining the requirements of the health and safety legislation, the BCC approach to personal workplace pressures risk assessment and how to carry out team risk assessments, analysis results and developing meaningful actions. To be updated to include managing stressors during change.	Face to Face (content to be reviewed)	12	16	
U	**Managing Mental Health**	**Optional** for all managers	This course is for line managers to increase their understanding of mental health in the workplace, and helps them develop the skills to have a supportive conversation with employees NB: this is currently delivered in two parts and will be delivered in one session in 19-20 Include bereavement and loss	Face to Face	15	16	
E	**Managing Mental Health (Part 2 only)**	**Optional for those managers who completed part 1 in 2018-19 only**	To ensure all managers who completed part one in 2018-19, have the opportunity to complete part 2. (150 spaces needed).	Face to face	10	16	
N	**Resilience Training**	**Optional** for Managers (HRBP team to agree priorities)	Resilience is the ability to bounce back from setbacks and adapt to challenges. Resilient individuals are more likely to persevere when faced with pressure and thrive on a daily basis. Resilience training gives managers the skills needed to build their own resilience and impact positively on others. *psychometric questionnaires are used in this training.	Face to Face	10	20	
N	**Emotional Intelligence**	Optional for Managers (HRBP team to agree priorities)	Being emotionally intelligent is a significant contributor to both personal and corporate success. Emotional Intelligence is the ability to understand your effect on others and manage yourself accordingly. By inspiring others, emotionally intelligent leaders can ignite effort, boost productivity and create higher levels of employee engagement.	Face to Face	10	16	
E	**Supporting health and wellbeing through change**	Update existing online change course	Update existing change eLearning package Change and times of uncertainty can cause anxiety and additional workplace stressors. This course will help managers proceed with change programmes, whilst providing support for employees.	Online	Open	Open	
Total Managers investment							

New Managers							
Provisionn	Course	Mandatory Status	Purpose and Learning outcomes	Delivery	No. courses 2019-20	Course capacity	Cost
N	**Managers Induction**	**Mandatory** for new managers	Introduction to new managers on requirements for the management of mental health at BCC and signposting to sources of support and additional training requirements	Face to face			
Front Line and/ or Specialist							
Provision	Course	Mandatory Status	Purpose and Learning outcomes	Delivery	No. courses 2019-20	Course capacity	Cost
N	**Supporting a Neuro-diverse workplace**	Optional	Neurodiversity refers to the different ways the brain can work and interpret information. It highlights that people naturally think about things differently. We have different interests and motivations, and are naturally better at some things and poorer at others.it is estimated that around 1 in 7 people (more than 15% of people in the UK) are **neurodivergent**, meaning that the brain functions, learns and processes information differently. Neurodivergence includes Attention Deficit Disorders, Autism, Dyslexia and Dyspraxia.	Face to Face	20	10	
N	**Secondary Trauma and Vicarious Trauma**	**Optional** for all Front Line employees, supervisors and managers	psychological trauma can have an adverse effect. Typical effects include: burnout, negativity, cynicism, absenteeism, high turnover of staff and a range of debilitating psychological effects. While these are normal responses to working with traumatised people, they are preventable. This course will identify the steps that can be taken to prevent and the role of self-care This Includes a section for managers on how to support people with experiences of psychological trauma.	Face to Face	Open	Open	
N	**Health and Wellbeing Workplace Champions**	Optional for interested employees (ensuring a fair distribution across all BCC workplaces)	Health and Wellbeing Champions use their experiences of maintaining their own physical wellbeing and / or mental health to change the way people think and act about mental health. Workplace Champions will support others in their workplace to understand the benefits of health and wellbeing and support events and awareness raising campaigns	Face to Face	10	16	

Provision	Course	Mandatory Status	Purpose and Learning outcomes	Delivery	No. courses 2019-20	Course capacity	Cost
N	**Menopause Awareness**	Optional for All employees	Menopause may effect a large number of people in our workplace. This course promotes an environment whereby colleagues can comfortably engage in discussions relating to menopause at work. Understand any necessary adjustments colleagues may receive as a result of menopause symptoms	Online	Open	Open	
N	**Sleep**	Optional for all Employees	Sleep plays a vital role in keeping us healthy and well. This course will explore the reasons why sleep may be an issue and give practical guidance on getting a better nights sleep	Online	Open	Open	
N	**Mental Health First Aiders**	Application and Approval only: Target 1:50 employees (125) distributed across BCC premises and services	Mental Health First Aiders will commit to a role description and participate in regular CPD. There will be prerequisite learning and manager approval required. They will; Develop An in depth understanding of mental health and the factors that can affect wellbeing, develop practical skills to spot the triggers and signs of mental health issues. Have Confidence to step in, reassure and support a person in distress. Enhance interpersonal skills such as non-judgemental listening Knowledge to help someone recover their health by guiding them to further support.	Face to face	8	16	
N	**MHFA Train the trainer**	One off	MHFA is currently delivered in combination of in-house and external. To create more in-house capacity it is proposed that 1x additional people from the Safety, Health and Wellbeing Team are trained to deliver. This will reduce costs in 2020.	Face to face	1	1	
Front Line or specialist							

			All Employees				
Provision	Course	Mandatory Status	Purpose and Learning outcomes	Delivery	No. courses 2019-20	Course capacity	Cost
E	**Mental Health First Aid Champions**	**Optional** for all employees	An understanding of common mental health issues, Knowledge and confidence to advocate for mental health awareness, Ability to spot signs of mental ill health, Skills to support positive wellbeing	Face to Face	20	16	
U	**Mental Health Awareness**	**Optional** for all employees	This e-learning course aims to: Increase knowledge and understanding of mental health, Recognise stigma, Increase knowledge of how to support someone with mental health problems	Online (content to be reviewed)	Open	Open	
U	**Stress Awareness**	**Optional** for all employees	Advice and self-assessment exercises designed to help manage low level stressors	Online (content to be reviewed)	Open	Open	
U	**Personal resilience**	**Optional** for all employees	This course is designed to help you understand and think about your own resilience and how it can be improved upon	Online (content to be reviewed)	Open	Open	
Total all employees							

			All New Employees				
Provision	Course	Mandatory Status	Purpose and Learning outcomes	Delivery	No. courses 2019-20	Course capacity	Cost
E	**Induction**	**Mandatory** for all new starters	Signposting to health and wellbeing courses, EAP and mental health commitments of BCC	Face to face			
U	**Corporate Health, Safety and Wellbeing induction online**	**Mandatory** for all new starters	An introduction to health, safety and wellbeing at BCC including links to EAP and mental health support	Online module (content being reviewed)	Open	Open	

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A summary of other cost items to be included in the plan

Event or product	Description	Cost
Menopause Awareness	A TU led initiative which will go out to premises across BCC and host conversations about the menopause, raise awareness of practical help and support available and generate understanding of the workplace needs of those going through the menopause. Red box Scheme set up (period poverty products available in all female toilets), Design and marketing, Desk fan stocks for WPS	
Employee Lived Experience programme	A confidential space (voluntary basis) for those with experience of mental health to share stories of how mental health affected them at work and how their workplace supported them and how they supported themselves. Building a narrative of good practice to share with others.	
Manager Lived Experience Group	A confidential space (voluntary basis) for Manager who have supported employees with mental ill-health, to share best practices, support and advice. Building a narrative of good practice to share with others.	
Health and Wellbeing "Roadshow"	Working with our newly trained Workplace Health and Wellbeing Champions a health and wellbeing "Roadshow" will be taken to BCC premises with information for employees on health and wellbeing covering a wide variety of information sources.	
Time to Talk day 2020 (Feb)	Time To Talk Day February 2020	
Know your numbers	9th September - Promotion of health check technology to be mobilised across BCC Procurement of mobile health check technology (BP, body fat etc) - Advice on personal health and wellbeing is a result of the test (report from machine). Corporate data on health can be collated into report, by location, which will enable future campaigns to be targeted. Hire costs are more than purchase price.	Not for 2019
Mental Health Awareness Week	May 2019 – update staff on EAP, MHFA and other support in place Launch of Mental Health First Aid Champion Identifiers (signature logos to be issues)	Complete
Extension to Counselling Services	Employee Assistance Programmes cannot fully support those who are experiencing moderate-severe mental health - Employees are referred to GP as too serious to manage outside of a clinical setting. GP waiting lists for talking therapy are between 4 and 6 months. In 2018, 53 employees were in this category. Investing here may enable our employees to access talking therapy sooner than the NHS can provide it, meaning we can get employees into recovery and back to work. This investment (trial in 19-20) will enable us to identify if investing here does improve support, and reduce long term absence. Financial assessment on taxable benefits needed here.	
DSE equipment loan library	To improve support for MSK issues - establish a library of DSE loan and trial equipment to improve DSE comfort	
Support those with specialist needs to work effectively in agile working environment	• Scope out requirements with DEG • Agree on priorities • Invest in solutions / trial solutions (eg. Dragon users booths)	
Introduce self-care classes	Pay as you go sessions for Yoga, mindfulness and healthy eating, walking routes etc.	
Total Cost for approval		