



Report to Cabinet

Date:	13 October 2020
Title:	Director of Public Health Annual Report
Relevant councillor(s):	Gareth Williams
Author and/or contact officer:	Dr Jane O'Grady, 01296 387623
Ward(s) affected:	All Wards
Recommendations:	Cabinet is requested to note the Director of Public Health Annual Report and endorse the recommendations within it and the draft action plan.

Recommendations within the Director of Public Health Annual Report for Buckinghamshire Council

- a) The council to consider adopting a 'health in all policies' approach whereby relevant policies and decisions consider how residents health could be improved and poor health prevented as part of business as usual, e.g. when planning new developments or considering transport policies.
- b) The council to consider opportunities to develop its role as an anchor organisation¹.
- c) The council to continue to roll out training to front line staff to encourage residents to make simple changes that could improve their health, wellbeing and independence and ensure staff can signpost people to community assets that can support this.
- d) The Buckinghamshire Council public health and prevention team should support Community Boards to consider the health needs of their population and what simple practical steps they could take to improve health in their local area.

¹ Anchor organisations are typically large organisations that are embedded in communities and unlikely to move due to their long term commitment to a community (for example hospitals, universities and local councils). They have large resources in terms of purchasing power and employment and as such can have a key role in building successful local economies and communities by their actions

- e) To continue to promote the health of the council workforce with good workplace health policies.

Recommendations for Community Boards


- a) Community Boards should work with local communities, public health and wider partners to identify the health and wellbeing issues in their local area and take effective action to address them. Community boards should use their pump-priming wellbeing fund to help improve health and wellbeing in their area.

Recommendations for the NHS and primary care networks

The NHS should:

- a) Increase their focus on preventing ill health and tackling inequalities and ensure this is built into every care pathway.
- b) Consider how to build a health in all policies approach and opportunities to act as an anchor organisation.
- c) Consider how the NHS can best support effective place-based working and community-centred approaches.
- d) Ensure front line staff are trained to support people to make simple changes to improve their health and wellbeing and to signpost people to community assets that support this.
- e) Continue to promote and protect the health of their workforce through effective workplace policies.

Primary care networks:

- a) Should work with their local communities, Buckinghamshire Council public health, Community Boards and other partners to understand and improve the health in their local area.
 - b) Ensure front line staff are trained to support people to make simple changes to improve their health and wellbeing and signpost people to community assets that can support their health.
 - c) Continue to promote and protect the health of their workforce.
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Reason for decision:

The report aims to provide a baseline overview of the health of Buckinghamshire residents for the new unitary council to inform their plans. It highlights the multiple ways the council and members can improve the health and wellbeing of residents. It helps meet the council's responsibility for improving and protecting residents health and supports the councils strategic plan. An early draft of an action plan is included which will be completed with input from partners, community boards and members.

1. Executive summary

- 1.2 Each year the Director of Public Health produces an annual report on the health of their population.
- 1.3 In light of the creation of the new Buckinghamshire Council and its 16 Community Boards, this year's report focuses on the overall health and wellbeing of Buckinghamshire's population. It serves as a baseline against which progress in improving the health and wellbeing of our population can be measured. It highlights the many opportunities that the new unitary council and members have to improve the health of our residents through the council's actions on community engagement and leadership, transport, planning, the environment, the economy, education and other services.
- 1.4 The aim is to support a strategic approach in the new council and partners to address the health of our population.
- 1.5 The report also analyses the health of residents at a more local level both at a community board level and at the level of primary care networks. This will enable the new Community Boards to understand some of the health and wellbeing issues in their local area. The DPH annual report provides further detail on the factors that drive health and should be read in conjunction with the Community Board profiles.
- 1.6 By identifying the health issues and geographical mapping of the Community Boards and Primary Care Networks it is hoped that this will support joint working at a local level between health and local authority partners, other public and private sector partners, residents and communities and the voluntary sector.
- 1.7 The report highlights trends in our health from 100 years ago to more recent trends and also reviews what the future might hold for our health. The report was being finalised as the COVID pandemic struck and therefore does not cover the impact of COVID. There will be a later report on COVID.



- 1.8 A healthy population is vital for the economic and social success of Buckinghamshire. Adopting the recommendations of this report will contribute to improving the health and life chances of our residents and will help reduce the growth in demand on council services and other public sector services
- 1.9 If the recommendations of this report are adopted by the council and partners the outcomes we would expect are:
- a) An understanding of the current health and wellbeing across Buckinghamshire and for specific communities.
 - b) A clear focus on health and wellbeing for Community Boards and their respective priorities and plans.
 - c) Tailored health and wellbeing initiatives driven by Community Boards and funded through the health and wellbeing grant from Public Health.
 - d) Health and wellbeing to be a key consideration for all decisions and policies for the new Buckinghamshire Council.
 - e) The Council to further consider its role as a key anchor organisation in Buckinghamshire and how it can use its resources to further health and wellbeing for residents.
 - f) If these recommendations are adopted we would see improved health and a levelling up of health outcomes across Buckinghamshire specific to particular initiatives e.g. increased safe active travel would reduce long term conditions, improve air quality and air quality related health, improve employee productivity and contribute to educational attainment.

2. Content of report

- 2.1 Our health is influenced by a wide range of factors including our social circumstances, the places and communities in which we live, the health behaviours we adopt and the health and care we receive. Factors such as income, housing, education and transport play a central role in our health and wellbeing throughout the course of our lives. The community we live in is one of the most important factors for our physical and mental health. All of these factors are interlinked – for example, the places and communities we live in influence our behaviour in a range of ways, the quality of the air we breathe, how well we know our neighbours and our physical and mental health.
- 2.2 The four main health behaviours – smoking, physical inactivity, unhealthy diet and alcohol misuse account for 40% of all years lived with ill health and disability. These behaviours are major risk factors driving the development of long-term conditions that account for 70% of all NHS and social care spend.

- 2.3 Much of our behaviour is strongly shaped by our environment and communities, often without us realising. The cues that shape much of our behaviour can be found in the physical, economic, digital, social and commercial environments we inhabit. Interventions that alter our environment to improve our health see the largest health gains and are more likely to reach groups at risk of poorer health than individual based approaches. A combination of individual and population based approaches will deliver the best results.
- 2.4 Buckinghamshire residents generally enjoy better health and wellbeing than the England average. In terms of factors that influence health, our residents have generally higher levels of educational attainment, income, employment and better living conditions than the England average. Over one third of our residents live in the 10% least deprived wards in England. Only 0.3% of Buckinghamshire residents live in the 20% most deprived areas in England.
- 2.5 The over 65 population in Buckinghamshire has a longer life expectancy than the England average, and they spend more of their life in good health compared to this age group elsewhere.
- 2.6 The recorded prevalence of diabetes, heart disease, chronic obstructive lung disease and severe mental illness are all lower than England. Likewise, rates of smoking, drug use, physical inactivity and suicide are also lower in Buckinghamshire when compared to England. However, many residents experience potentially avoidable ill health and disability. The major causes of disease, disability and death among adults are long-term conditions, many of which are potentially preventable.
- 2.7 Despite our overall better health, important health inequalities still exist in Buckinghamshire which means that these benefits are not evenly distributed throughout our local population. People living in the more deprived areas of Buckinghamshire experience poorer health from birth through to old age. Almost 1 in 10 children and young people, and 1 in 13 people aged over 65 years live in poverty, which will increase their risk of poorer health. Differences in life expectancy across the County are related to levels of deprivation. Nationally the impact of the COVID-19 pandemic has replicated existing health inequalities, and in some cases, has increased them.

3. Outcomes from last year's Director of Public Health report

- 3.1 Last year's annual report focused on alcohol and the impact it has on our health and wellbeing in Buckinghamshire.

3.2 As a result of that report, much work has taken place across the county by many partners to further support residents to get the alcohol misuse advice and care they need at the right time in the right place.

3.3 The following is just some of the work that has taken place following the 2018/19 report:

- a) A programme of face to face training on screening and initial brief advice for alcohol has been delivered. Additional training is being organised following the COVID-19 pandemic to further support our residents.
- b) Additional engagement with key groups of residents who may be at increased risk from alcohol misuse has been delivered. This has resulted in the number of alcohol referrals increasing over the last year. Following lockdown for COVID-19, a sharp increase in referrals has been seen.
- c) A pilot online web-based alcohol intervention programme was developed by our alcohol service provider to support individuals with alcohol issues who are unlikely to attend local treatment Hubs. The intervention is currently at the testing stage. Recovery workers have been trained and are currently working through the programme to assess its effectiveness.
- d) The 'Co-existing common mental health problems and substance/alcohol misuse clinical pathway' has been agreed with Healthy Minds. This pathway between Healthy Minds (Improving Access to Psychological Therapies service in Bucks) and One Recovery Bucks (our alcohol service provider) improves the referral process and the relationships between the two services, which in turn benefits clients of both services. It ensures residents can receive the right treatment at the right time.
- e) The Council and the NHS have agreed the process for shared care for individuals taking alcohol relapse prevention medications. Shared care allows for service users who are successful in achieving abstinence to be supported by their GP in Primary Care. To date 12 GP surgeries have signed up to this initiative and service users are being support in primary care.
- f) Work to include alcohol misuse assessment in acute care more widely at Buckinghamshire Healthcare NHS Foundation Trust has progressed over the last year. Due to COVID, progress has been paused but will be picked up once regular acute care services resume.

4. Other options considered

4.1 The recommendations in this report aim to capitalise on the opportunities afforded by the formation of a new unitary council, community boards and primary care networks to help maintain or improve the health of the population. If the

recommendations are not supported and implemented there is potential that valuable opportunities to improve the health and wellbeing of our residents is missed. The COVID pandemic has had a profound impact on our society. The people who have had the most serious outcomes from COVID include those with often preventable long term conditions including diabetes, heart disease, high blood pressure and obesity so it is important that we redouble our efforts to help prevent these conditions for the benefit of our residents and to help keep them safe from COVID. Nationally COVID has also had a more serious impact on certain groups including people from Black Asian and other minority ethnic communities and those living in more deprived areas. COVID has also had an impact on wider determinants that affect our health such as income, employment and education so it is also very important we focus efforts on the broader determinants of health too.

5. Legal and financial implications

- 5.1 This is a report setting out the high level summary of the health and wellbeing of Buckinghamshire's residents. There are no direct financial implications of adopting this report.
- 5.2 No direct legal implications for this report.

6. Corporate implications

- 6.1 Value for Money: This is a high level report covering a diverse range of areas and therefore cannot be covered by a single value for money assessment. Individual policy decisions may flow from the report which will have individual value for money assessments.
- 6.2 Other Consideration: This report is for partners as well as Buckinghamshire Council and will be disseminated and presented after approval by Cabinet in a variety of forums.

7. Consultation and communication

- 7.1 The Public Health Profiles for Community Boards were distributed in July 2020. These profiles are part of the overall suite of information produced as part of this year's Director of Public Health Annual Report. All Community Boards have received their profiles and discussed the information and implications.
- 7.2 The Cabinet Member for Communities and Public Health has reviewed and approved the report. The report has also been shared with the following Cabinet members at the Adults and Health Business Unit Board:

- a) Cllr Gareth Williams – Cabinet Member Communities & Public Health

b) Cllr Angela Macpherson – Deputy Leader & Cabinet Member Adult Social Care

7.3 Local Members will be sent copies of the report after Cabinet Decision and the report is also being presented at the Health and Adult Social Care Select Committee and the Health and Wellbeing Board.

7.4 Beyond the above, normal communication channels will be used to disseminate the report to partners and residents.

8. Next steps and review

8.1 Partners and the council can use the report to inform the health impact of a wide range of their own plans including the regeneration of town centres and development of Aylesbury Garden Town, transport planning and housing development or local health and wellbeing plans. The report will also inform the Health and Wellbeing Strategy and the place based Buckinghamshire COVID recovery plan across all workstreams. A joint high level action plan to implement the recommendations of the DPHAR will be developed and monitored through the Health and Wellbeing Board.

9. Background papers

9.1 The full Director of Public Health Annual Report is included as an appendix to this report.

9.2 The action plan for the Director of Public Health Annual Report is also included as an appendix to this report (Appendix 2).



Appendix 2: Director of Public Health Annual Report **DRAFT** Action Plan (version 2)

Action plan timescale: July 2020 to July 2021

	Detail of action	Lead Team/Directorate	Timescale		Key milestones	Outputs	Outcomes
			From	Completed by			
Recommendation 1: The council to consider adopting a 'health in all policies' approach whereby relevant policies and decisions consider how residents health could be improved and poor health prevented as part of business as usual, e.g. when planning new developments or considering transport policies.							
1.1 NEW	A framework for how each directorate can adopt a 'health in all policies' approach to be drafted and signed up to by the council.	Public Health & Policy Team	August 2020	March 2021	<ul style="list-style-type: none"> Agree council's vision for utilising the Health in All Policies approach Engagement with directorates on how this can work and how best to influence decisions for better health and wellbeing Agree the governance of the framework and its principles Draft framework to be agreed by CMT/Cabinet Final framework to be ratified as a key consideration for all decisions and policies by the council 	Health in All Policies framework specific to Buckinghamshire Council in place	Decisions that include the county's health and wellbeing at their core become standard practice for Buckinghamshire Council
1.2 NEW	Every directorate to reference this framework when	Policy Team/CMT	January 2021	ongoing	Governance in place for ensuring the framework is applied for all decisions at all levels	Inclusion of health and wellbeing as a key consideration of CMT papers Inclusion of health and	All policies and decisions taken by the council will be working to improve health and wellbeing for residents.



	determining and agreeing policies and decisions.					wellbeing in officer and member decisions	
Some example of council work that will include a Health in All Policies approach							
1.3 NEW	Air quality monitoring and air quality action plans: - consideration to be given by housing officers when placing residents with confirmed cardiovascular issues, asthma or other respiratory illness.	Environmental Health	November 2020	March 2022	This approach can be trialled and implemented between Nov 2020 and March 2021. Single strategy to be developed in 2021, must be in place by March 31st 2022. Review of progress with Buckinghamshire's Action Plans by Public Health Consultants, as umbrella Air Quality Strategy for Buckinghamshire is developed.	Protocol and advisory note developed for housing officers. Workshop for PH consultants to review and discuss proposed Air Quality Strategy.	Pre-existing medical conditions are not exacerbated unnecessarily.
1.4	Homelessness Strategy and Allocations Policy. These documents are both to be consulted on and developed for the new Council, between Aug 2020 and April 2021.	Housing	Aug 2020	April 2021	Single Allocations Policy to be implemented by April 2021, subject to governance. Single Homelessness Strategy and various partnership arrangements and operating groups with partners to be implemented after March 2021. Public Health team input to be invited in development work to ensure health is considered fully. Future funding bids to be assessed from a health perspective	Policy draft developed and consulted on with stakeholders prior to seeking political approval in early 2021.	Dependent on how policies and strategies are developed - to be updated as work progresses and metrics to be identified.



					to identify opportunities - e.g. health interventions and advice in rough sleeper initiative locations.		
1.5 NEW	Library service delivery plan 2020/21 to include work to support health and the new libraries strategy will include health and wellbeing as a key priority, particularly around how libraries can support wellbeing of residents given the pressures created by COVID-19.	David Jones / Communities	September 2020	April 2022	<p>Development of new well-being resources in new Marlow library by December 2020</p> <p>Creation of partnership with Making Marlow Dementia Friendly by March 2021</p> <p>Engagement on new strategy with residents and key stakeholders</p> <p>Gap analysis of current versus desired provision</p> <p>Draft strategy by September 2021</p> <p>Final Strategy by April 2022</p> <p>Additional key milestones to be identified once project begins</p>	Increased usage health and wellbeing resources especially dementia and reminiscence collections	Residents with dementia and their carers/family are better able to utilise library resources. Residents better able to identify and borrow high quality wellbeing resources. Also aim to reduce some stigma around self-help groups
1.6	Showcase health and well-being for residents as part of the transformation of Marlow Library.	Libraries/ Communities	July 2020	December 2020	<p>Development of new well-being resources.</p> <p>Create partnership with Making Marlow Dementia Friendly group</p> <p>Deliver new dementia friendly resources for residents.</p>	Well-being section of resources for residents to use and borrow from the library. Dementia friendly design for the library	Residents with dementia and their carers/family are better able to utilise library resources. Residents better able to identify and borrow high quality well-being resources. Also aim to reduce some stigma around self-help resources.



Recommendation 2:

The council to consider opportunities to develop its role as an anchor organisation.

2.1 NEW	A clear understanding of what an anchor organisation is and how it impacts communities to be shared with all directorates and members.	Policy Team and Public Health	September 2020	December 2020	Define what Buckinghamshire Council means by 'anchor organisation' Share the definition and examples of projects with all directorates	Clear definition of what the Council means by anchor organisation Council actions take into consideration its role as an anchor organisation	Decisions about utilising the council's influence and assets have health and wellbeing as a key consideration
2.2 new	A framework for how each directorate is and will contribute to the Council's role as a key anchor organisation in the county.	Policy Team and Public Health	December 2020	July 2021	<ul style="list-style-type: none"> • Determine key areas for the council to utilise its anchor organisation status • Engagement with residents on how this can work • Agree the governance of the framework and its principles • Draft framework to be agreed by CMT/Cabinet 	Final framework to be ratified as a key consideration for all decisions and policies by the council	
Some Examples of Anchor Organisation Projects for Directorates							
2.3 new	Integrated Commissioning to ensure contracts awarded by the council consider the health and wellbeing of provider organisations.	Integrated Commissioning Team	September 2020	ongoing	Develop the integrated commissioning approach to including health and wellbeing into tendering and procurement processes	Agreed approach to ensuring contracts promote health and wellbeing of provider organisations Delivering this approach consistently and robustly	



2.4	The council will continue to explore how the Tatling End model for affordable housing can be replicated for additional affordable key worker housing	Property and Assets	Ongoing	ongoing	Survey key stakeholders to determine what are the key factors for where key workers work and live. Financial modelling to explore viable options.	Report of recommendations once background work and studies are conducted.	Tatling End residential development available for let. Potential future developments would be let on an affordable basis and focus on key workers.
2.5	Continue to develop work and proposals on potential country park.	Property and Assets	Ongoing	ongoing	Further scoping of the requirements to develop existing assets into 2 country parks in the south of the county	Scheme and site evolution and master planning	Additional country park locations available for physical activity, socialising and enjoying nature in the south of the county.
2.6 NEW	Work experience, training and apprenticeships to be provided to help support less advantaged groups, e.g. care leavers, people with disabilities, young people	Human Resources/ Integrated Commissioning/ Children's.	September 2020	Ongoing	10 new start apprenticeships by end January 2020.	Establish more Work Experience for disadvantaged groups in our local place	Disadvantaged groups gain skills and experience to help them access employment/higher education
2.7	Adult Social Care will continue to develop and deliver the Health and Social Care Academy in conjunction with Bucks New Uni, University of Bedford, the LEP and NHS partners to	Adult Social Care / Wider Partners in HEI's, BHT, LEP	September 2020	March 2021 - and beyond for delivery	Autumn 2020 - Inter Agency Agreement prepared by BC ASC and Legal and to be agreed across all agencies; Next stage develop Articles for new Organisation; Work alongside to end March 2021 on first phase for establishing faculty structure	Enhanced learning and development to benefit of Adult Social Care sector	Phase One: Establishing faculty structure including Social Care faculty



	continue growing and developing local talent.						
Recommendation 3: The council to continue to roll out training to front line staff to encourage residents to make simple changes that could improve their health, wellbeing and independence and ensure staff can signpost people to community assets that can support this.							
3.1 NEW	Explore options for continuing to deliver Making Every Contact Count training to front line staff - particularly in light of COVID-19 guidance and social distancing.	Public Health	August 2020	October 2020	PH reserve funding outcome 19th Aug 2020 Develop delivery plan in response to PH reserve funding outcome mid Sept. 2020	Delivery plan and training model developed	Sustainable training available for front line staff to access
3.2 NEW	Service directors to identify key frontline staff to be trained in Making Every Contact Count and ensure they receive appropriate training.	All BC Directorates	October 2020	Ongoing	List of front line staff identified for training produced October 2020 Training model developed to provide training, based on demand and capacity (Oct 2020)	Key staffing groups identified Key groups actively participate in training	Culture of prevention is developed with the council MECC is imbedded across the organisation Staff are skilled and knowledge in MECC and actively use it



3.3 NEW	Deliver a programme of training on Making Every Contact Count to front line council staff.	Public Health	October 2020	Ongoing	Update training package (Oct 2020) Set training dates (Oct 2020)	Existing MECC training package updated to support covid-19 Accessible training is available Training figures will be subject to the staff identified for training by service directors (action 3.2)	Staff are skilled and knowledge in MECC and actively use it Residents are supported to improve their own health and wellbeing
3.4 NEW	All new employees will have the principles of every contact counts explained at induction and will be signposted to further training provided by PH. HR will signpost but content and delivery will be delivered by PH. Reference to ECC training will also be made in the employee essentials workbook.	Human Resources/'Public Health	October 2020	ongoing	Update induction course October 2020	PH to define	PH to define
Recommendation 4: The Buckinghamshire Council public health and prevention team should support Community Boards to consider the health needs of their population and what simple practical steps they could take to improve health in their local area.							
4.1	Create profiles of key health and wellbeing indicators for each	Public Health	January 2020	July 2020			



	Community Board						
4.2	Share the profiles with Community Boards to support their priority setting work for the year.	Public Health	June 2020	July 2020			
4.3	Community Boards will use Community Board Profiles to inform their action plans and work with partners to develop place based approaches to address their local needs and issues.	Localism Managers/Community Coordinators	July 2020	ongoing	CB will develop their action plans - to include health and wellbeing actions		
4.3.1	Community Boards to address health and wellbeing priorities, including COVID-19, using the information from the CB profiles as well as local intelligence on the needs of local communities.	Localism Managers/Community Coordinators	July 2020	ongoing	CBs drive partnership approaches to address priorities. Identify local initiatives tailored to priorities. Initiatives agreed and funded initiatives delivered.	action plans will include initiatives to address health and wellbeing priorities	



4.4	Community boards should use their pump-priming wellbeing fund to help improve health and wellbeing in their area.	Localism Managers/Community Coordinators	July 2020	TBD	CBs work in partnership to identify good projects relevant to local communities. Projects for funding identified to address action plan priorities. Health and wellbeing funding earmarked in line with corporate timescales (given COVID situation) - March 2021 Projects funded and initiated. TBD	50% allocated through councillor crisis emergency fund to support local communities and groups during the COVID-19 pandemic.	Communities support process in place. Vulnerable residents supported through the emergency period by VCS organisations. VCS were able to further deliver health and wellbeing services during COVID-19. Health and Wellbeing Priorities addressed/supported through locally funded projects/initiatives.
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Recommendation 5:

To continue to promote the health of the council workforce with good workplace health policies.

5.1	Public health to inform and influence HRs Health and Wellbeing Champions work programme, ensuring the programme of work is evidence based and links with national public health campaigns and guidance.	Public Health	July 2020	July 2021	Communications team work to be developed in partnership with task and finish groups as per agreed timetable.	PH act as Health and Wellbeing Champions within relevant subgroups (e.g. Physical activity)	The Health and Wellbeing Champions work is evidence based and fully supports behaviour change Staff health and wellbeing improves
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5.2	Human resources to consider current and potential workforce policies are health promoting.	Human Resources	May 2020	March 2020	<p>Health & Wellbeing is embedded within the "Employee attachment and engagement" section of BC's Organisational Development Strategy.</p> <p>You and your wellbeing is a component of BC Council's employee proposition.</p> <p>BC is committed to promoting the health, attendance and well-being of its employees through our Health & Attendance Policy</p>	Training will be available on supporting employee health & wellbeing and managing attendance as part of the Being a Bucks Manager (BABM) framework.	Managers understand their responsibilities under the policies and that supporting employee wellbeing is a key part of their job
5.3	Human resources to consider current and future health and wellbeing programmes, events and initiatives for council staff.	Human Resources	May 2020	March 2020	<p>The Council's Health & Wellbeing Action Plan describes the activities which will be put in place to support employee health and wellbeing. Events and initiatives are identified by the H&W Champions group.</p> <p>Employees can access support and advice, counselling and on-line resources via the PAM Assist, the EAP</p> <p>HR provide a number of Covid 19 related interventions including H&W tips; webinars; team reflective sessions</p>	H&W outputs e.g. Information available via Together Newsletter, The Source, team reflective sessions, webinars etc.	Employees are well informed about health & Wellbeing and able to make informed decisions and access the appropriate support when needed.



					The Council have Mental Health First Aiders/Allies who are available to have supportive conversations with employees as required.		
5.4	BC has signed the Time to Change Pledge	Entire Council	May 20	May 21	Rachael Shimmin and Gareth Williams signed the Time to Change Pledge in May 2020. A Time to Change Action Plan has been developed to support BC in meeting the requirements of the standard.	Time to Change Action Plan and associated actions	Increased openness about and reduced stigma associated with poor mental health. People sharing their stories
5.5	All directorates to ensure quarterly Health, Safety and Wellbeing meetings are held.	Directorates	April 2020	ongoing	Directorates hold quarterly engagement meetings (Directorate Workforce Matters) where health, safety and wellbeing is discussed and champions are invited	Outputs and interventions from meetings	Employees are able to engage with their directorates about health, safety and wellbeing and access information and support needed.

