



**21<sup>st</sup> Annual Health Promotion Conference**

**Promoting Health and  
Wellbeing in the Workplace**

**NUI, Galway, 15 June 2017**

**Workplace Health and  
Wellbeing: Why it Matters...**

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# John Ruskin 1851

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For workers to be in work :

“ they must be fit for it,

they must not do too much of it, and

they must have a sense of success in it.”

Organisations can be good for workers and society if they provide ‘good work’ and ‘good workplaces’,.

# Healthy Workplaces for all

- Different sectors have different workforces and products – but **all employees respond in fairly similar ways** to the presence or absence of ‘good work’ or a ‘good workplace’.
- To avoid bad work/workplaces, employees take sick leave, or if present are not productive (‘presenteeism’).
- Therefore Health and Wellbeing are needed in organisations small, medium or large, public or private, including Higher Education.



# Historical Perspective: 1957

*Clinical Aspects of Absenteeism*, R.S.H 10, 1957, p.681

Paper by **Sir Walter Chiesman**, Treasury Medical Adviser,

- “**Absenteeism is a much more complex problem**, mainly because, although disease initiates absence, the time taken to return to work is influenced by a multitude of social factors little to do with medicine, and the pathological diagnosis of the disease is often in doubt.”
- “**Absence from work is an inaccurate measure of morbidity** – 90% of minor illness does not lead to incapacity. Absence often depends not on a particular disease process but ... dissatisfaction with working conditions can often be counteracted by escape to outside interests, which unfortunately include ill-health and absence. ”

# Preventing people from working or from working well



## Social determinants of health

Common Mental Health problems

Common MSK problems

Chronic medical conditions (multiple?)

Major functional incapacity



Stress, anxiety  
depression

Back pain,  
Neck pain  
Soft tissue  
rheumatism

Diabetes, lung,  
heart (obesity-  
related), cancer,  
Rheumatoid  
Arthritis

Major trauma,  
multiple sclerosis,  
cancer,  
addictions



## Poor workplaces, poor work, poor managers

# The Power of the Workplace for Health and Productivity Improvement

## The potential for large-scale health impact:

- 31 million employees in the UK
- families of employees extend impact further.



## Workplaces can provide :

- leadership from the top
- Board (or equivalent) engagement
- managers trained to understand Health and Wellbeing
- powerful communication and education
- infrastructure for measurement of Health and Wellbeing.

# Total Worker Health

“ A **strategic** and operational **co-ordination** of policies, to **enhance** overall workforce health and wellbeing. .. ”

Sorensen,G. et al. J Occup Environ Med. 2013; 55(12):S12-S18.

## Shared indicators :

- Leadership and commitment throughout organisation
- Co-ordination between all : top management, HR, OH etc
- Organisational policies and practices that support :
  - training and accountability
  - management and employee engagement
  - integrated evaluation and surveillance.

**Still an aspiration in many places.**



# In the Workplace :

## Embedment NOT add-on

- Ensure a firm base for Health and Wellbeing, grounded in the fabric of the organisation.



- **It cannot be an 'add-on'.**
- **Total worker health**



# What is a good Workplace ?

**Key features** common to organisations that have improved **health , well-being, resilience and engagement :**

- Visible senior leadership
- Board-level or equivalent engagement
- Accountable managers throughout organisation
- Enabling engagement
- Attention to both mental and physical health improvements
- Empowering employees to care for their own health
- Evaluation to ensure continuous improvement



# UK - The evolving picture

## Acceptance of the primary importance of

- leadership, managerial behaviour and workplace culture to individuals' health (mental and physical), wellbeing, engagement and productivity ;

**To embed Health and Wellbeing** into workplaces you must start with leaders, boards and managers, and then provide the fruit and bicycle schemes.

- Concept given a major boost by NICE Guideline 2015 : *Workplace policy and management practices to improve health and wellbeing of employees.*



# NICE Guideline 2015 :

## Recommendations

- Make H&WB a core priority for top management
- Value the strategic importance/benefits of healthy workplaces
- Encourage consistent, positive approach to H&WB for all.

**All with remit for workplace health** should address issues of :

- physical work environment
- mental wellbeing at work
- fairness, justice, participation, and trust
- senior leadership
- line managers' role, leadership style, and training
- job design.

# Mental Health and the Workplace

## Organisations need to recognise that :

- Mental health is core business
- The institutional and economic cost of failure is high
- The human cost can be far higher
- **Managers need help to understand MH, and be appropriately trained**
- Most useful interventions are low key
- Poor leadership or management may contribute to ill-health.

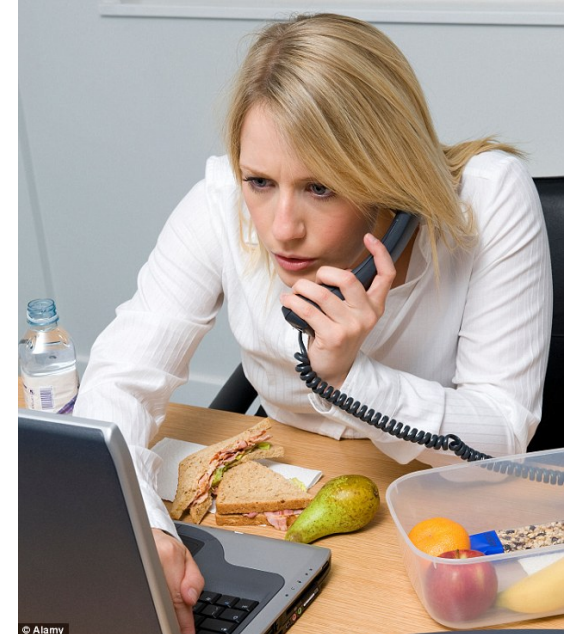


# Physical inactivity at work

**British Heart Foundation** research 2015:

“**sedentary work** is killing people by discouraging exercise”

- they correspond by email even when sitting at next desk
- 52% regularly eat lunch at their desk
- 31% sit so long they even put off going to the toilet
- 78% of office workers feel they sit too long at work
- 62% fear that this could impact health negatively
- 66% say they are less active at work than at home



# Health and Wellbeing of NHS Staff



- **Simon Stevens** said in his inaugural address on 2 April 2014 :

“If like me you believe in a tax-funded NHS you’ll want the Health Service to play its part in growing our nation’s economy, precisely so that we can sustain public health services for generations to come.”

“To do this, NHS employees will need to be **healthy, both mentally and physically, have good well-being, and be fully engaged** in their work towards improved outcomes for patients.”



# Action by NHS England

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- In September 2015 Simon Stevens announced a new initiative to improve health and wellbeing of NHS staff.
- As part of this, RAND Europe was asked to conduct a survey among the 11 “NHS Leadership” organisations chosen for the pilot, and 11 other ‘matched’ NHS organisations.
- The survey used the same methodology as the baseline Health and Wellbeing survey for the Britain’s Healthiest Workplace competition.

# Evaluation :

## *Britain's Healthiest Workplace*

### **Objective:**

- Make society healthier by generating evidence base linking health & wellbeing and company productivity,
- thus **increasing the number of workplaces taking responsibility for employees' health.**

### **Approach :**

- Understand the modifiable clinical and non-clinical risks in the workplace
- Determine the **effectiveness of workplace interventions** in promoting employee health.

# *Britain's Healthiest Workplace*

## How is data collected and fed back ?

### Inputs

#### Organisational Health Assessment

A 40 minute online assessment completed by a company representative

#### Employee Health Assessment

A 20 minute online assessment that is completed on a voluntary basis by employees

### Outputs

#### Organisational Health Report

A comprehensive report outlining the health of the organisation, providing benchmarking information, and offering practical suggestions to support health and productivity improvement

#### Employee Health Report

Confidential report to each employee

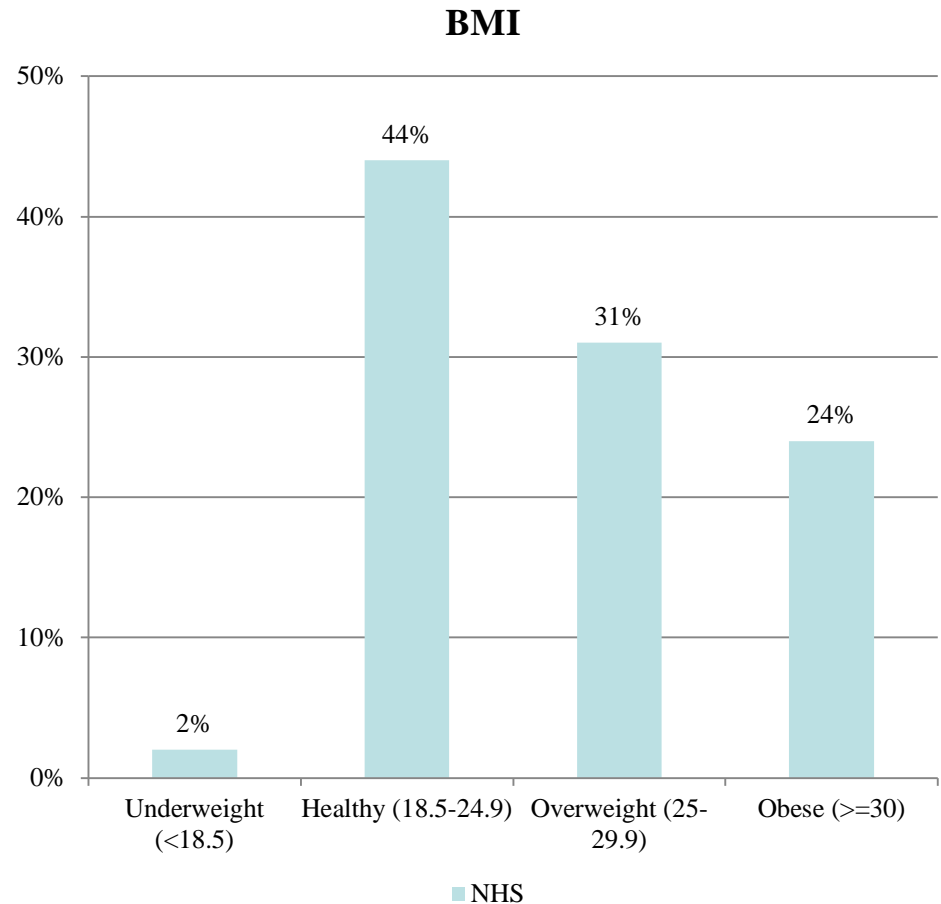
#### Expert consultation

A face-to-face consultation with employer to discuss results and identify future strategies with a workplace wellness expert

# NHS: Overall BMI figures for organisations participating in BHW

- Around 44% of staff in the healthy range
- 31% classified as overweight;
- 24% as obese.

Older age groups tend to have higher overweight and obesity levels.



# Bullying needs addressing

- **12% of NHS staff** report being **bullied at work** (average 11.6% for the Leadership organisations, 12.4% for the matched organisations).
- Among all BHW participants the proportion is **6.5%**.

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	Bullied by patients, relatives or public	Bullied by managers	Bullied by other colleagues
Leadership	2%	6%	6%
Matched	4%	6%	6%

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- Also, 2% of Leadership participants, and 6% from the matched group reported **suffering physical violence** by patients, relatives or public.

# Mental ill-health and financial concerns

- Of all NHS participants, 19% had below-average mental health and wellbeing scores.
- Younger staff, Ambulance personnel, and Nursing or Healthcare Assistants, had poorer scores.
- **Financial concerns** are common among certain groups :

Income band	Percentage concerned	Age group	Percentage concerned
Bands 1-5	37%	18-30	37%
Bands 6-7	27%	31-40	34%
Band 8A-8B	24%	41-50	30%
Band8 C-8D	14%	51-65	22%
Band 9+	16%	66+	11%



# NHS Action Project

started January 2016

Eleven NHS organisations, with 55,000 staff, are leading implementation, committed to **six key actions**, providing :

- Board-level director lead, and senior clinician champion
- Training for all line managers, Mental Health included.
- Health checks for staff aged 40 or over
- Staff access to physiotherapy and MH talking therapies
- Healthy options in food sources on site
- Physical activity - Cycle to Work, walking groups, yoga.

Plus full implementation of NICE Guidelines on workplace health, and a **CQUIN** (a financial incentive to promote Health and Wellbeing).

# CQUIN : Incentive for hospitals to improve staff H&WB

## **Indicator 1a : Improvement of health and wellbeing of NHS staff**

Weighting: one third of 0.25%

Description: Achieving a 5 percentage point improvement in two of the three NHS annual staff survey Qs on health & wellbeing, MSK and stress

Year 1 (2017-18) : improvement should be achieved over two years, baseline the 2015 staff survey.

**Question 9a** : Does your organisation take positive action on H&WB?  
Providers should achieve improvement 5% points in answer “Yes, definitely” compared with baseline, or 45% giving that answer.

**Question 9b** : In the last 12 months have you experienced musculo-skeletal problems (MSK) as a result of work activities ?

**Question 9c** : ... months have you felt unwell due to work-related stress ?

# Good Work

- **Stable and safe work** - that is not precarious
- **Individual control** – part of decision making
- **Work demands** – quality and quantity
- **Fair employment** – earnings and security
- **Reintegrates** sick or disabled wherever possible.
  
- **Flexible arrangements** – where possible
- **Opportunities** – training, promotion, “growth”
- **Promotes Health and WellBeing** – mental and physical
- **Prevents** social isolation, discrimination & violence
- **Shares information** - participation in decision making, collective bargaining, justice in conflicts



(mixture of Marmot and The Work Foundation)

# Safe Healthy Work

- The **Olympic construction** site had an Accident Frequency Rate of 0.17 per 100,000 hours worked, less than half the average for the construction industry – **attributed to strategies known to improve employee wellbeing and engagement.**
- Excellent Health and Wellbeing facilities on site, by contract.
- No deaths in building the 2012 London Olympic Village – a first in modern Olympic history.
- **Organisations with engagement in the bottom quartile have 62% more accidents than those in the top quartile.**



# Reintegration into Work after Cancer

- **775,000** UK working-age people have had a cancer diagnosis
  - **82% of people with cancer want to work**
- BUT ...**
- unemployment is **1.4 times** more likely for long term cancer survivors
  - often their cancer prevents working in their preferred occupation
  - the average fall in household income for a family with working-age cancer is **50%**...
  - . . . and **17%** lose their home.

**Cancer is becoming a long term condition**



*MacMillan Cancer Support*

**- change in culture is needed.**

# SME Awards : Training and Skills

For “the organisation that can best demonstrate how it has worked to sustain the health and wellbeing of its workforce to mutual benefit.”

**Port of Blyth** is a **medium sized port** in Northumberland, male-dominated shift workers handling various cargoes.

**Two needs identified:** - **literacy, numeracy & skills gap**  
- **poor physical health.**

**Solutions:** - a nationally-recognised training programme for literacy and numeracy  
- partnering with local NHS health trainers.

**Results:** - improved productivity, lower staff turnover, healthier staff, sickness absence down from 6 to 4%.

**Judge’s comment:** Taking on a culture change in a very traditional community, Port of Blyth persuaded hard-living dockers to live healthier lives in and outside work – which helped them to take advantage of new employment opportunities.

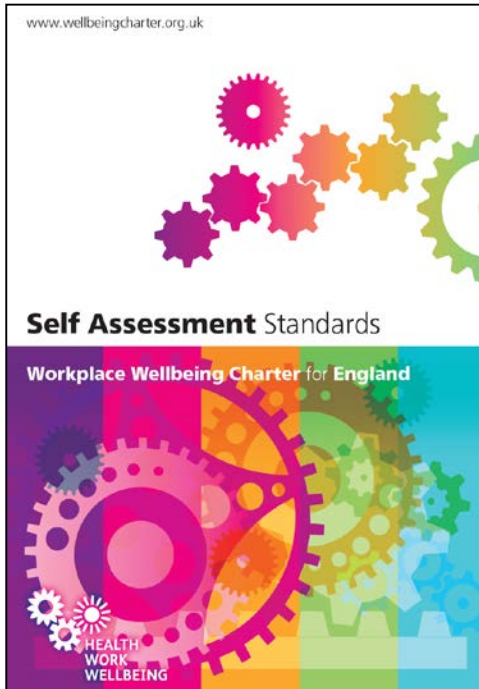




# Newnham College – an SME's journey



# Newnham College – a journey



## Workplace Wellbeing Charter



- 89 staff – initial staff survey May 2013
- Staff Focus Groups May/June 2013
- Initial base-line Assessment 2013
- Newnham started from a low base, and found the Charter helpful.

# Newnham : Workplace Wellbeing Charter

**Leadership Team:** Principal, Bursar, Domestic Bursar (89 staff)

**BEFORE (June 2013)**    **AFTER (Mar 15)**

Leadership	Commitment	Commitment
Attendance Management	Achievement	<b>Commitment</b>
Health and Safety	Excellence	Excellence
Mental Health	<b>No level</b>	Commitment
Smoking	Achievement	Excellence
Physical activity	<b>No level</b>	Commitment
Healthy eating	<b>No level</b>	Achievement
Alcohol & substance misuse	<b>No level</b>	Commitment

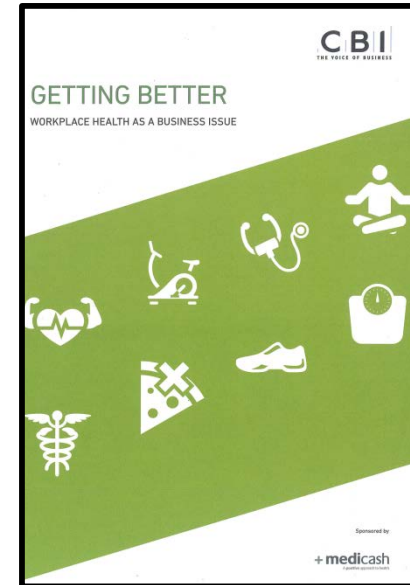
# 2015-17 Activity on Health in Newnham

- **Leadership Days** (first time this had been done)
- **Training for Heads of Dept** – including difficult conversations
- **Focus Groups** on consistent behaviour across departments.
- **Staff Link Day** with multiple objectives:
  - break down barriers between departments.
  - approach to welcoming students for next year,
  - ideas on further wellbeing initiatives for staff.
- **Mental Health Initiatives** inc. **Mental Health First Aid.**
- **Attending** Spring 2017 Healthy Universities meeting, hoping to join.

**2<sup>nd</sup> Staff Survey** completed January 2016

## How to measure success :

- **associated with sickness absence**
  - number of days lost
  - absence rate, frequency and duration
  - OH referral rates and re-referrals.
- **associated with recruitment and retention**
  - average length of tenure
  - voluntary turnover rate
  - successful return to same role after extended time
- **associated with employee wellbeing**
  - changes in engagement or opinion surveys
  - hits on employee wellbeing portal etc
  - uptake of EAP and other employee health benefits



May 20

# “Do evidence-informed, employer-led, workplace health programmes work ?”

Report from Social Science Research Unit, UCL Institute of Education.

This 2016 report, commissioned by DH, sought :

- (i) to understand whether workplace health programmes are effective for improving health and business outcomes, and**
- (ii) to identify characteristics that influence their success.**

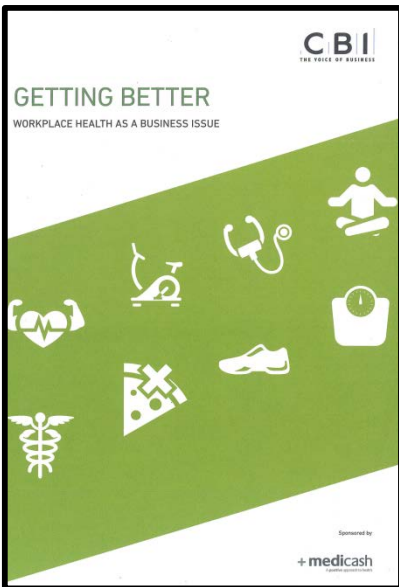
Three sources of evidence :

1. systematic reviews of intervention effectiveness;
2. research on stakeholders' views and experiences;
3. key workplace health policy documents.



# Report Conclusions

- There are benefits, for the business and employees' health, from establishing such programmes (WHPs).
- **Interventions are effective that :**
  - (i) are supported by organisational policy,**
  - (ii) focus on specific health issues, and**
  - (iii) engage employees.**
- Additional benefit may arise if close attention is paid to the context in which a WHP is implemented or received.
- Impacts on outcomes of many promising characteristics of WHPs have yet to be evaluated.



“ The evidence is that developing individual and organisational resilience leads to less ill-health, greater job satisfaction, and increased productivity.

Enhancing psychological resilience is about developing more-adaptable, self-confident and purposeful individuals, who can adapt to challenges and constant changes prevalent in today’s fast-moving and pressured workplace.”