



Global Healthy Workplace Awards Summit

London, 11 April 2013

**Healthy Workplaces :
Opportunities for Enterprises**

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What is our overall goal?

Healthy, engaged
workforces

Well-managed safe
organisations

- A high-performing, resilient workforce
- Enhanced productivity

Contributing to:

- A well-functioning society
- Better economic performance



Lifespan, health, and work

Society needs the maximum number of productive years from as many people as possible. Those not working depend on others.

We need the ratio of earners and wealth-generators to dependants (children, pensioners, unemployed) to be as high as possible.



Being sufficiently healthy is a condition for work, and maximising healthy life as a proportion of total life is therefore a desirable goal for individuals and society, in all countries.

Future populations may live longer, with multiple co-morbidities.

The Challenge: encourage good health from childhood, minimise ill-health and mitigate its effects on function, enabling participation in work and extended working life.

The UK journey started in 2005 ..

The UK Government was conscious of :

- sickness absence a persistent problem
- too many people leaving the labour market permanently with a health condition, with **mental ill-health** the main problem

Resulting in:

- a rising bill for welfare benefits
- **reduced productivity and competitiveness for UK plc**
- increasing healthcare costs – a publicly-funded service

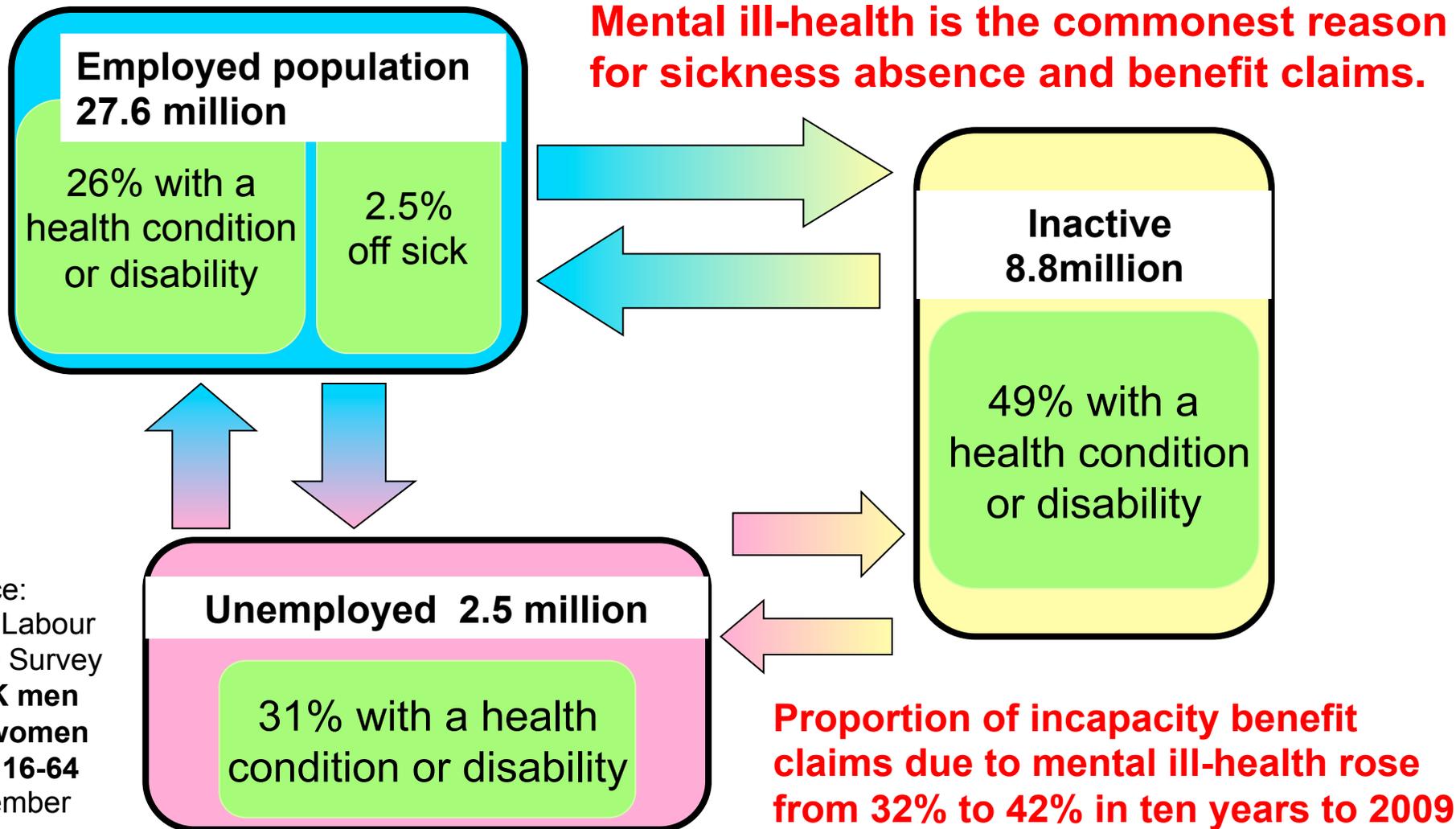
Also : - an ageing population

- increase in chronic diseases (often with mental co-morbidity)
- an epidemic of obesity

Action : cross-government Health, Wellbeing and Work strategy, and appointment of a **National Director for Health and Work.**



UK Employment and Health



Source:
DWP Labour
Force Survey
of **UK** men
and women
aged 16-64
September
2012

What prevents us from working in 2013

The two most common reasons in developed countries :

- common mental health problems
- musculo-skeletal problems
 - High prevalence across population
 - Little or no objective disease or impairment
 - Most episodes settle rapidly, though symptoms often persist or recur
 - Essentially whole people, with what should be manageable health conditions



Psychosocial factors are important :

- managerial behaviour and leadership
- organisation of work - ? ‘good work’

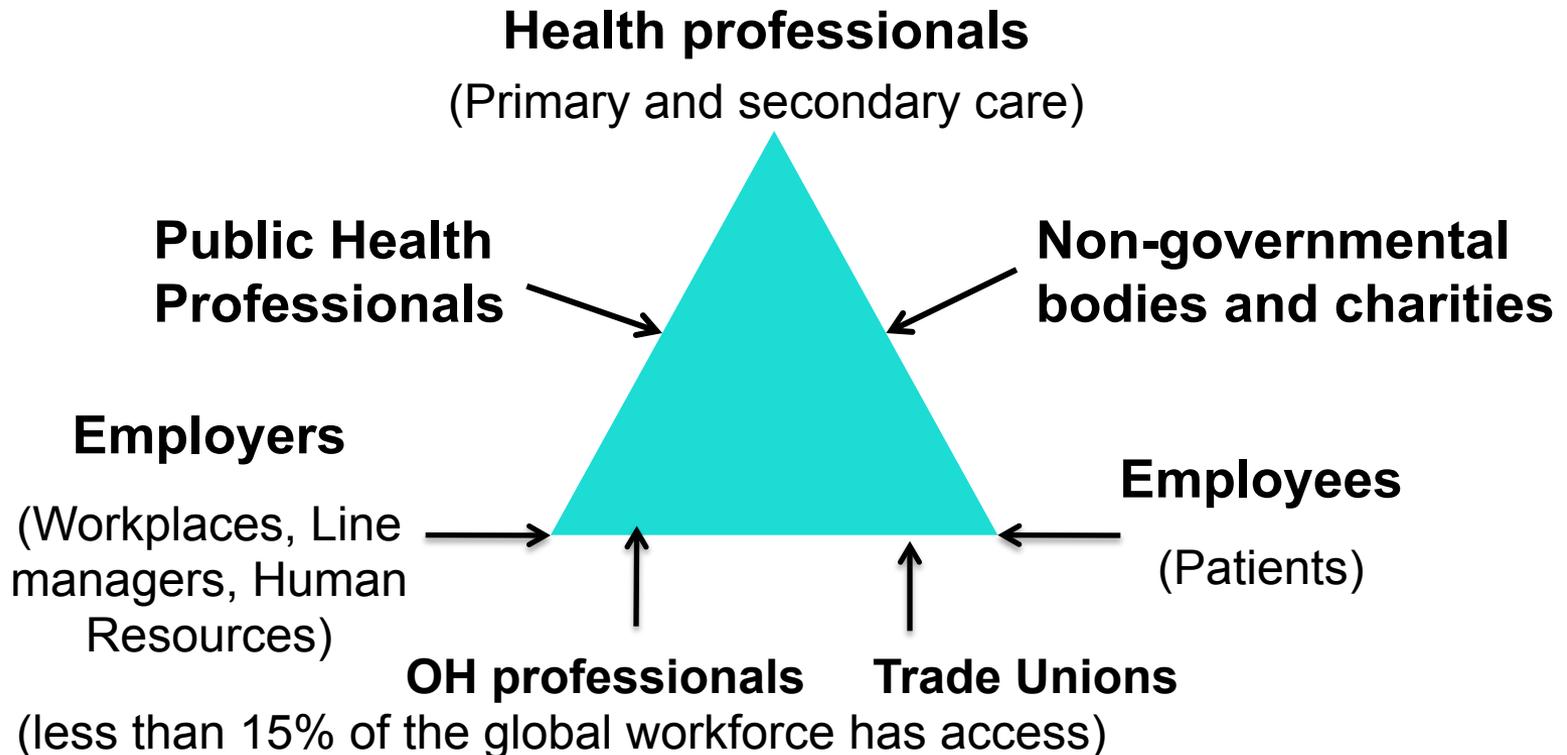
Other important reasons:

- long-term conditions – mental and physical –
which can be obesity-, smoking-, or alcohol-related
- lack of education and/or skills
- deprivation, poverty, lack of jobs.

UK Employment Statistics 2011

- Currently 27.6 million people are employed in the UK
 - 5.5 million work in the public sector (20 per cent)
 - 22.1 million are employed in the private sector (80 per cent)
- In early 2011 there were 4.54 million UK private sector enterprises .
Of these:
 - 3.36 million enterprises have no employees – i.e. they are sole proprietorships or partnerships
 - 1.18 million are employers
- Although the vast majority of employers are small businesses, most of the private sector workforce actually works for medium and larger enterprises
 - **Small businesses with 1-49 employees account for 97 per cent of all employers**
 - **Four out of five of these are classed as micro business (1-9 employees)**
 - Medium and larger enterprises account for almost two-thirds of total private sector employment.
 - Larger enterprises (250+ employees) alone account for almost half of the private sector workforce.

Workplace Health, Safety and Well-being: the key players



**Governments to support, encourage,
initiate, and where necessary legislate.**

What do we need of our health professionals in Primary Care?

- an understanding that work is a determinant of health
- **return to function, therefore often to work, should be a clinical outcome**
- a focus on capacity not incapacity
- an understanding that you do **not** have to be 100% fit to work
- ability to take a good occupational history and act upon it
- communication and collaboration with other key players, e.g. Employers, Public Health and OH



Occupational Health: what we need for healthy workplaces

OH professionals have unique training, expertise and perspective to understand the link between health and productivity, as well as how to help injured, ill and aging workers remain at work and productive.



Occupational Health services must:

- suit the current profile of employment, as work is changing – they must be more than reactive
- form new partnerships, e.g. with Public Health and Primary Care
- **make a greater contribution to the national economy**
- examine the care pathways for working people, and find new ways to support them, before, during and after illness
- relate to, and be further attached to, mainstream healthcare .

Public Health – and healthy workplaces

Major components of the Public Health endeavour worldwide are :

- safeguarding and promoting the health and wellbeing of people of working age,
- minimising the risk of illness, including risks incurred by the working environment, and
- supporting rehabilitation of those who become ill or disabled, enabling them to maintain, resume or take up work.

How should Public Health relate to the workplace and OH in the 21st century?

The Workplace : Opportunities



Work places can be microcosms of society. **All workplaces can ensure:**

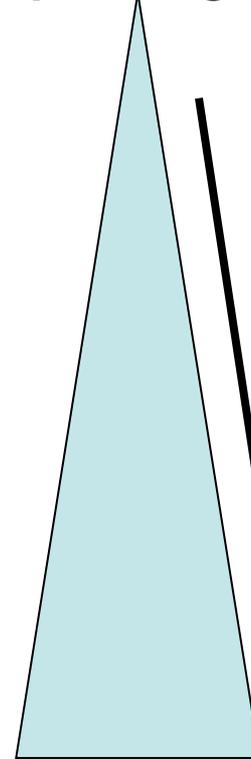
- ‘good work’ and good organisational health
- that all managers are trained in effective communication, awareness and learning with respect to wellbeing and mental ill-health
- development of a culture of health (mental and physical), healthy lifestyles and physical activities at work and among the workforce
- provide powerful communication opportunities, and peer support.

A healthy, engaged workforce with wellbeing is good for business and boosts the bottom line – increasing evidence in many countries.

The gradient in health and motivation in workplaces

- Overall organisational productivity depends critically on **workers' aggregate performance**
 - their contribution is essential to success.
- In particular, there is a need to understand the degree of linkage, in typical pyramid-shaped organisations, between, on average, poorer health (mental and physical) and lower motivation and engagement at work.
- Recognition of this needs to be properly factored in to management thinking about health will enhance productivity

Top management



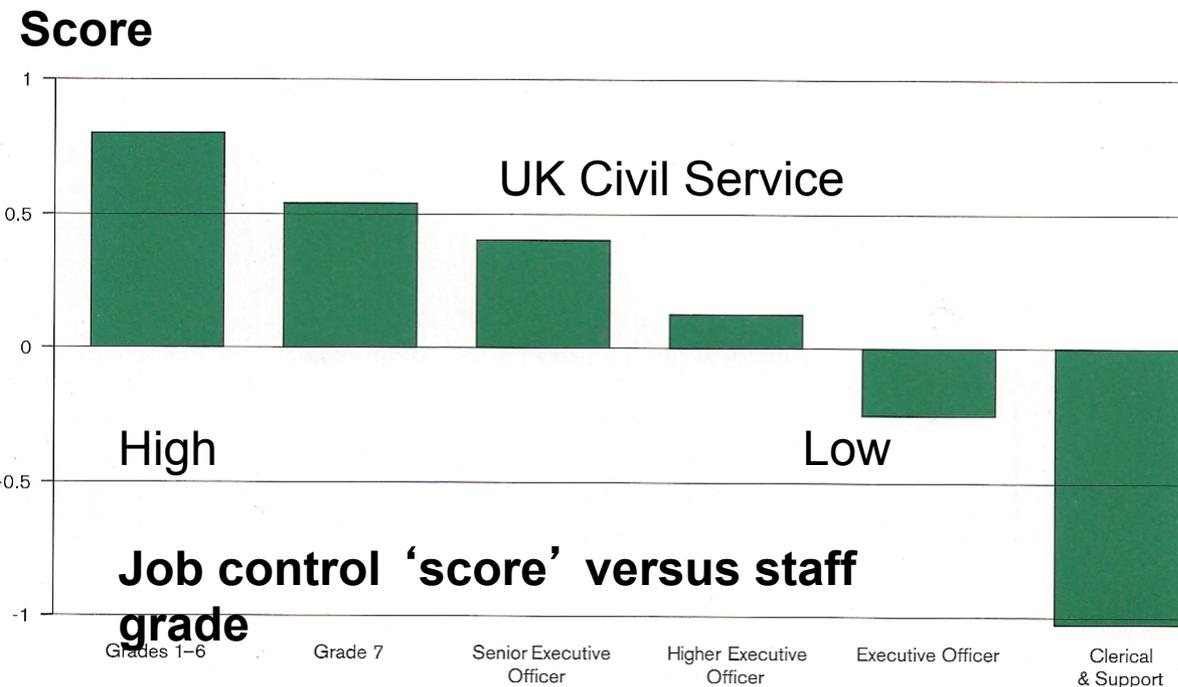
Usually declining income and health

Workforce, many more at the foot, is not uniform in health, wellbeing or motivation

Health and engagement gradients across a government workforce

The Whitehall studies convincingly demonstrate a significant **health gradient across a workforce**

- Those permanently at lower levels suffer worse health outcomes than those who reach more senior levels - and ill-health, mental and physical, lowers motivation and engagement.



Also 'Job control' affects motivation and engagement significantly.

Higher staff grades have appreciably higher scores on job control.

From Marmot, *Fair Society, Healthy Lives*, 2010

Areas of increasing challenge and opportunity

- Leadership
- Management
- Mental Health, Resilience and Engagement
- Integration of OH, safety, health promotion and wellbeing
- SMEs – how to make it happen for them
- Accommodation of chronic conditions in the workplace
- Public Health in the Workplace

Leadership: the most consistent predictor of back pain

After adjustment for age, sex, skill level, back pain severity and other potential confounders, the most consistent **predictors of back pain** were:

- **decision control**
(lowest OR 0.68;
99% confidence interval (CI): 0.49 -0.95),
- **empowering leadership**
(lowest OR 0.59; 99% CI: 0.38-0.91)
- **fair leadership**
(lowest OR 0.54; 99% CI: 0.34-0.87)



Effect of Managers on Employee Well-being

- **A longitudinal interventional study** (n = 188) in a large Danish local government organisation, where poor social support, lack of role clarity and lack of meaningful work had been identified as significant problems.
- **Intervention** (measured at entry and 18 months later) :
 - improved team working with a degree of self-management
 - **Question: Did active middle management support for the intervention mediate its impact on well-being etc. ?**
- **Results :**
 - structural equation modelling showed that active middle-manager involvement, as perceived by employees, correlated with job satisfaction and well-being.

Public sector : Department of Health Leadership in HW&WB

The **Health and Wellbeing Improvement Framework 2011** sets out **five high-impact changes** that **NHS organisations** can follow to improve staff health and well-being, and reduce sickness absence:

Developing
local
evidence-
based
improvement
plans

With
strong
visible
leadership

Supported by
improved
management
capability

Better, local
high-quality
accredited
Occupational
Health services

With all staff
encouraged
and enabled
to take more
personal
responsibility

- The Department of Health is working with NHS Employers and the **RCP Audit Unit** to deliver these 5 high impact changes:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/
PublicationsPolicyAndGuidance/DH_128691](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128691)

Supported by

Improved Management Capability

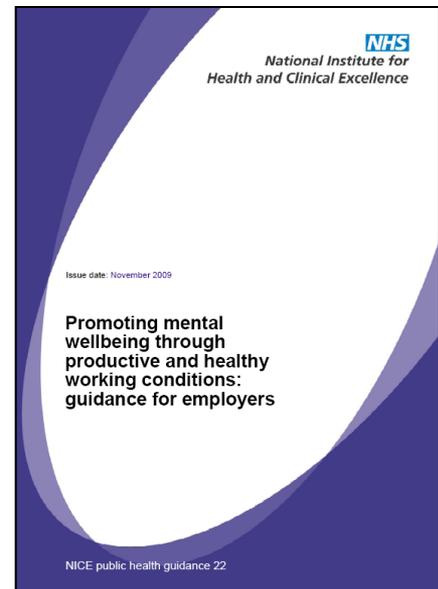
- **Line Managers** know their staff better than anyone. They can promote better health and well-being and manage absence effectively if it occurs.
- **The best providers enable and support managers to follow good practice in building resilience, return to work interviews, recognising and supporting signs of stress, and addressing health in appraisals.**

South West Yorkshire Partnership FT

- Showed that health and well-being of staff is helped by better-quality management, especially during a change
- Managers now undertake a learning programme to help build their teams' resilience and increase productivity.
- Achieved big reductions in working long hours, harassment and bullying, with increase in engagement and take-up of development opportunities for all staff.

NICE and workplace health

- **Workplace Health – the role of line managers**
- **Project started February 2013.**
Executive lead Andrew Dillon, CEO, NICE
(National Institute for Health and Clinical Excellence)
- Workplace policy and practice to improve the health of employees.
- Follows 2009 publication on *Promoting mental well-being through productive and healthy working conditions: guidance for employers. The business case.*



Mental Health Care

Mental Health Care Systems often:

- do not help with employment issues and do not partner with employers/companies
 - leave health care and employment services separate
 - do not include employment among care quality indicators
 - neglect CMDs and provide too few services for them
 - leave healthcare professionals believing that work is neither a realistic aim nor beneficial for people with mental ill-health
 - provide sparse evidence on Mental Health and connection with work
- ... but things are improving in some countries.**



Canadian National Standard

“providing a psychologically safe workplace is no longer something that is simply nice to do, it is increasingly becoming a legal imperative”.

National Standard of Canada, January 2013
Commissioned by the Mental Health Commission of Canada

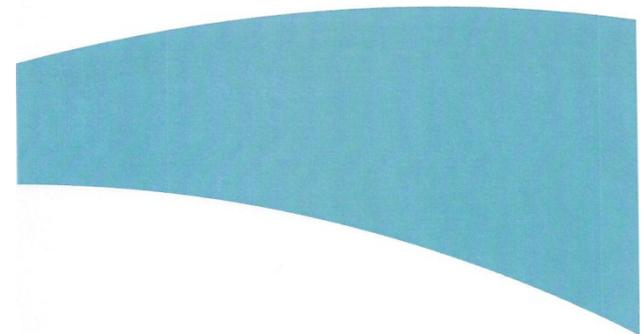
These standards echo the UK Health and Safety Executive's work, and go further, with guidance not only on standards for good work but on how to achieve them in practice, outlined in a sample audit tool.

There is also greater attention to implementation, with a four-step implementation plan.

Improving Access to Psychological Therapies (IAPT)

- **IAPT was launched in 2008** as a large-scale initiative aiming to increase significantly availability in the NHS of NICE-recommended psychological treatments for depression and anxiety disorders, especially **‘talking therapies’**.
- Over 1 million entered treatment in 3 years.
- 680,000 completed treatment
- Recovery rates consistently in excess of 45% (65% significantly improved).
- 45,000 people moved off sick pay and benefits (16% of those who recovered after treatment = saving about £360m per year).

Improving Access to
Psychological Therapies
(IAPT)



Supporting “No health
without mental health”

November 2012



A government funded national project
to improve mental health and well being

Resilience training : GSK

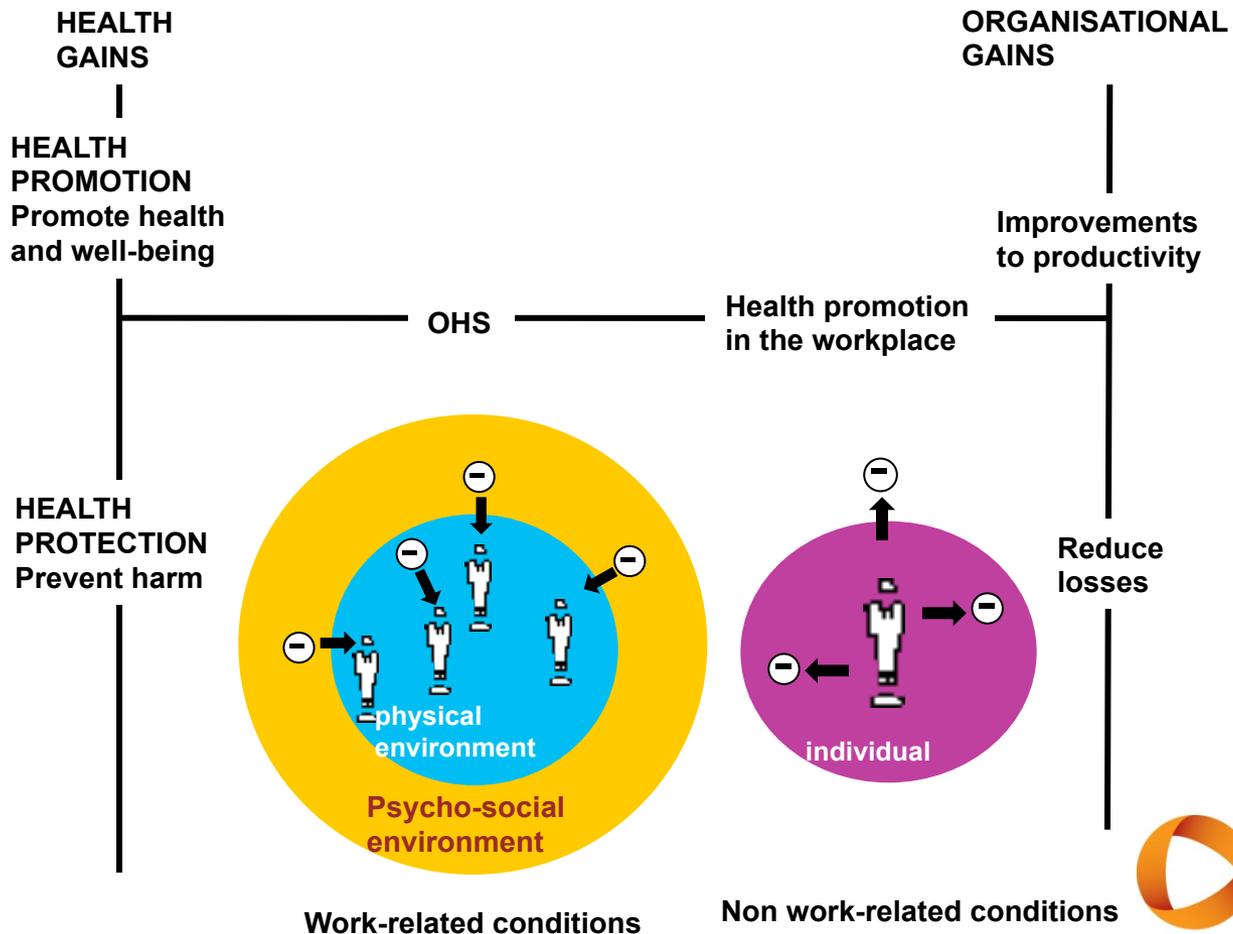
Based on Human Performance Institute's
Corporate Athlete training

- “Strengthen and align energy along four dimensions”
- Course lasts 2.5 days
- **Resilience training of increasing importance**

Outcome :

- Work-related MH cases decreased by 60%
- Mental health absences reduced by 20%
- Pressure due to work/life conflicts fell by 25%
- Staff satisfaction with the company increased by 21%
- 14% increase in willingness among staff to experiment with new work practices

Traditional approach to health protection and promotion

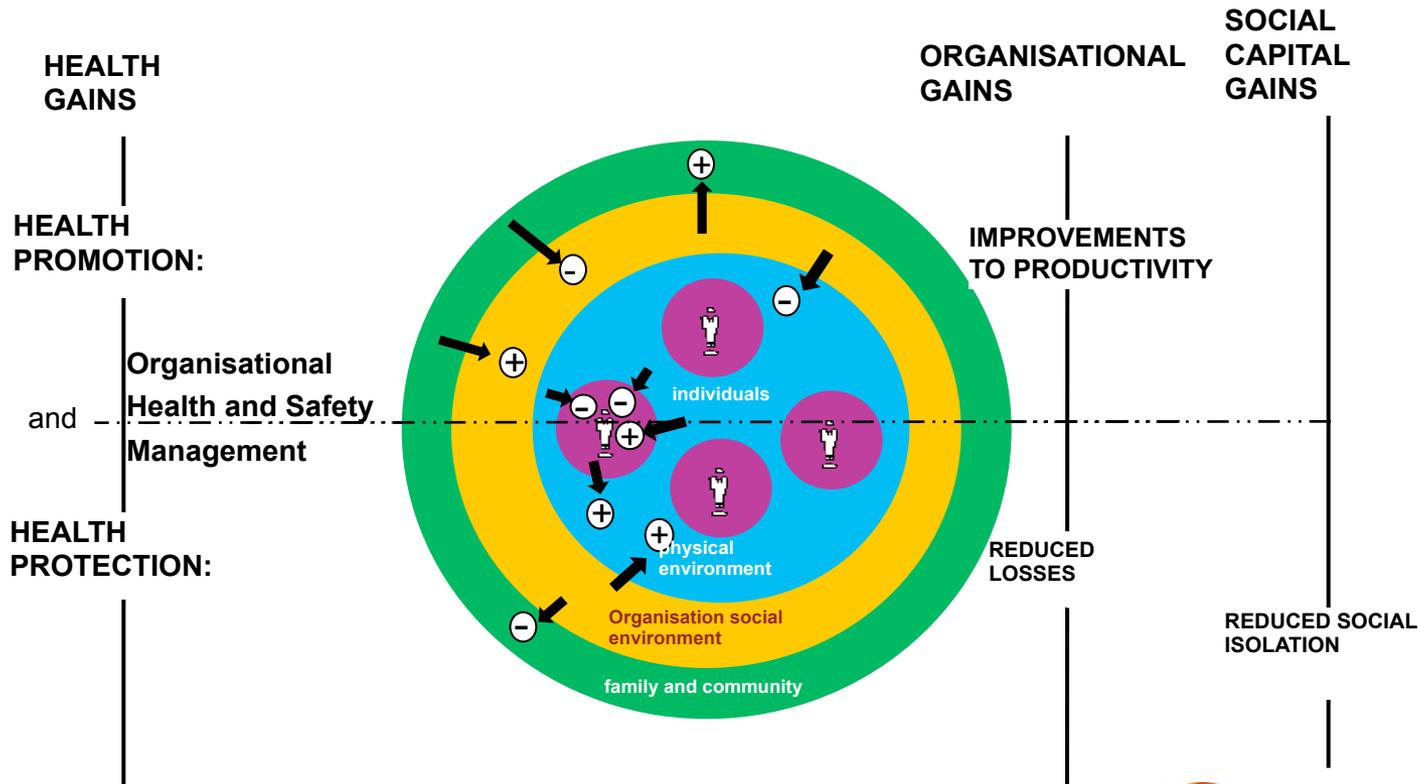


ISCRR

Institute for Safety,
Compensation and
Recovery Research

A joint initiative of WorkSafe Victoria, the TAC and Monash University

Integrated approach to workplace health and safety



Courtesy Professor Niki Ellis



ISCRRR

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Private sector: EDF Energy

- In 2006 an audit at EDF Energy revealed significant problems
 - mental ill-health rife, cost £13m per year.
- **Major initiative launched after consultation with staff.**
- Company recognised that it must move from tertiary to primary prevention
- It took an integrated approach.
- It tackled Health and Safety, and Health Promotion, together - balancing organisational-level and individual interventions.
- This was led by Dr Margaret Samuel, OH physician



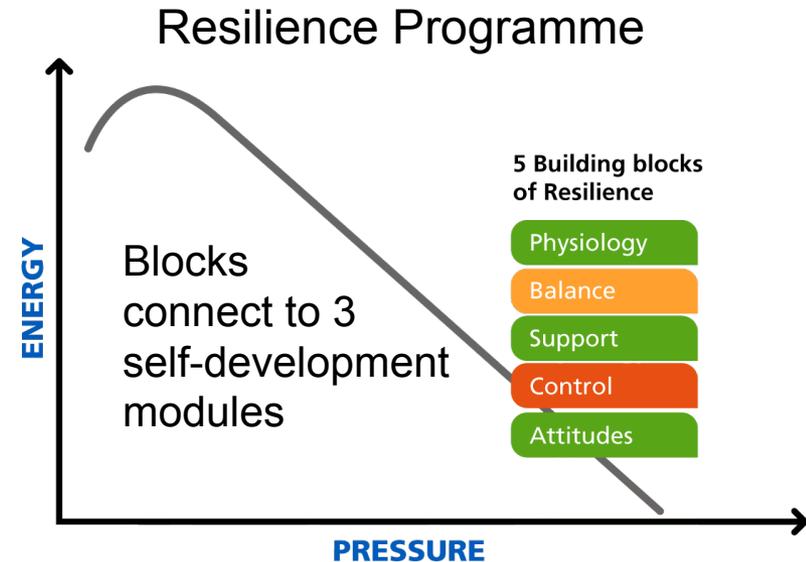
Integration: EDF Energy

- **Staff initiatives** included
 - an EAP (Employee Assistance Prog),
 - physiotherapy services,
 - ergonomic assessments,
 - stress and **resilience** training,
 - healthy lifestyle programmes,
 - ambassadorial roles, in community
 - prevention not reaction.

- **Leadership and managerial training**

- on supporting people through change, and
- use of the HSE Management Standards to design good work.

- **Results** included **large reduction in sickness absence** (savings of £4m since 2006), and the proportion of workers reporting company interested in their wellbeing much higher than UK benchmark (73% against 61%) .



Engage for Success: e.g. NHS

National Health Service :

- high correlation between good employee engagement scores and a range of desirable outcomes for patients
- patient satisfaction is significantly higher in Trusts with higher levels of employee engagement
- Linked to improvements in patient satisfaction were:
 - percent staff receiving job-relevant or Health-and-Safety training
 - prevalence of well-structured appraisal meetings
 - reported good support from immediate line managers which all contribute to good employee engagement.



Research by Aston University, 2009

- **NHS Trusts with high engagement had lower standardised patient mortality rates (2.5% lower than in Trusts with medium engagement)**

Support for Small and Medium-sized Companies

SMEs in the UK often have **NO** Human Resources or Occupational Health in-house. They have different management resources, and so need different kinds of support.

Useful initiatives in the UK for SMEs have included:

- a government-funded multi-channel Health for Work Adviceline (Dept for Work and Pensions)
- a **Workplace Wellbeing Charter**, initially with local government support
- the Government's Response to the recent Sickness Absence Review (Black and Frost, 2011) will provide a Health and Work Assessment and Advisory Service (cross-departmental)
- Trading for Good – a new programme developed by the Dept of Business Innovation and Skills.

Supporting SMEs : the Workplace Wellbeing Charter

- A set of workplace standards to promote good, safe and healthy work, evidence-based, in eight to ten activity areas, **SME focussed**.
- Smaller employers may find it hard to achieve the same level of activity as larger employers. The standards are divided into three levels to reflect this.



COMMITMENT



ACHIEVEMENT



EXCELLENT

- Organisations can get an Award to show that they have achieved the Charter standards.
- All completely voluntary. Employers can use the Charter to assess their approach to workplace wellbeing however suits their business best - only obliged to share self-assessments if going for an Award.

Workplace Wellbeing Standards

Many areas of the UK have adopted the Charter.

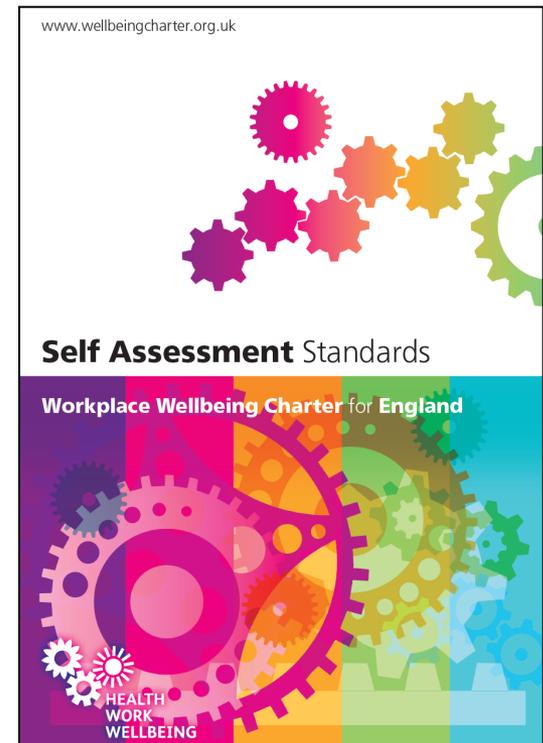
Ten standards :

1. **Leadership**
2. Attendance Management
3. Health and Safety
4. Mental Health and Well-being

5. Smoking and Tobacco-related ill-health
6. Physical activity
7. Healthy eating

8. Alcohol and substance misuse
9. Disability and Well-being
10. Work-life Balance and Flexible Working

www.neweconomymanchester.com



SME Example : TRAC Services

TRAC : 30 employees in Cornwall :

“ a healthier workplace and a business in good health” .

In 2012 they ran a campaign each month:

- January planning
- February healthy heart
- March salt awareness
- April blood pressure
- May pedometer challenge
- June blood donation, cooking
- July mental health awareness
- August sun safety
- September cancer awareness
- October flu awareness
- November men's health & diabetes
- December alcohol awareness.

Monthly Campaign:
Donating Blood



Cook Well Be Well
Challenge



The company used the Cornwall and Isles of Scilly Healthy Workplace Awards programme, won a Silver Award in 2011, and wanted to improve further.

Courtesy: Sarah Trethowan

TRAC Services : Results

- **Sickness absence reduced** from high in 2008. Now much lower than UK private sector average.
- Small firms in the private sector tend to have low sickness absence rates – TRAC in 2012 were **below half the average.**

TRAC's own figures, 2008-2012

Year	Days	Employees away sick	Average	UK Average Public Sector	UK Average Private Sector
2012	26.5	17	1.56	7.9	5.8
2011	23	13	1.77	12.6	3.5
2010	17	13	1.31	8.0	5.0
2009	12	11	1.09	8.3	5.8
2008	32	10	3.2	9.7	6.4

Average days lost per employee: CIPD Annual Absence Survey October 2011

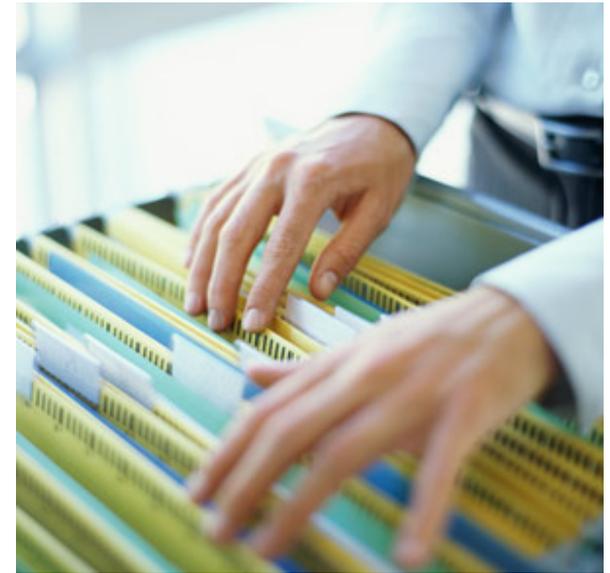
Number of employees	Private	Public
1-49	3.5 	12.6
50-249	5.6	9.1
250-999	9.8	8.0
1,000-4,999	9.4	9.6
5000+	11.8	9.6
Average cost absence per employee per annum	£686	£1,538

Chronic diseases and work: Cancer

Cancer is becoming a long term condition in the UK

most frequently found from mid-life onwards.

- **109,000** working-age people are diagnosed with cancer each year
- **775,000** people of working age have had a cancer diagnosis
- Long term cancer survivors are **1.4** times more likely to be unemployed yet...
- ... cancer patients **want to work**
- **One in four** long term cancer survivors say their cancer is preventing them working in their preferred occupation
- The average fall in household income for a family of working age with cancer is **50%** . .
- . . . and **17%** lose their home.



MacMillan Cancer Support

Making the Shift,

March 2013

The number of UK people living with cancer is set to double by 2030

Predicted numbers:

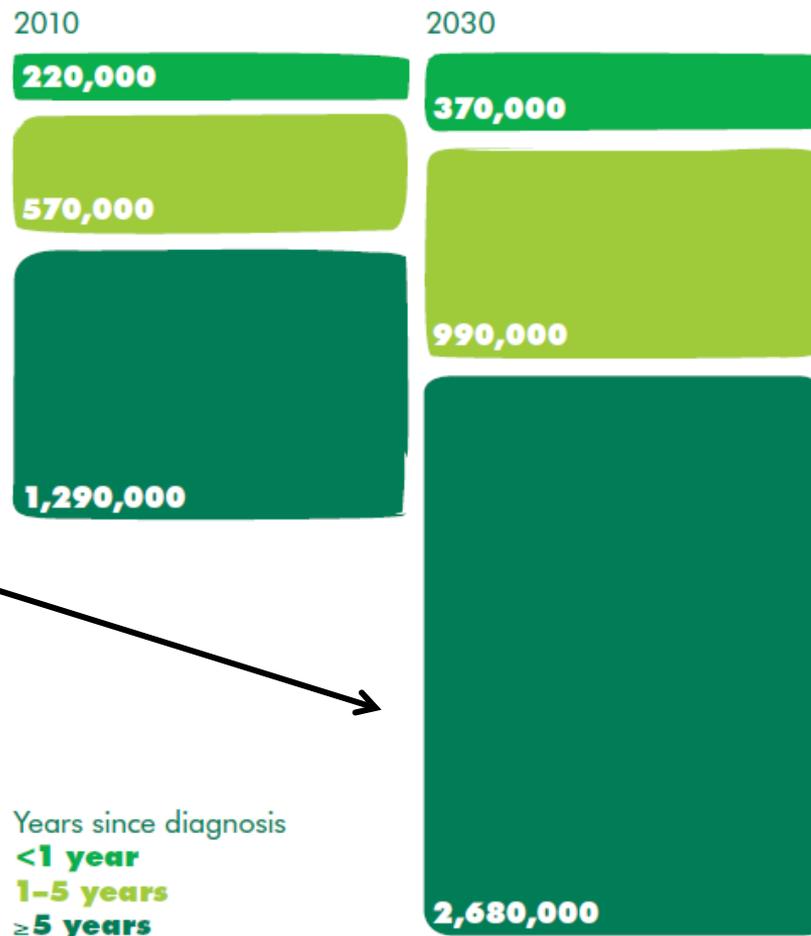
2010 2 million

2020 3 million

2030 4 million

(with over 2.5 m diagnosed over five years earlier)

How do we help these people stay close to the labour market ? c.f. other chronic conditions.



Coalition Government: Public Health Responsibility Deal

“ The Responsibility Deal is a Coalition response to challenges which we know cannot be solved by regulation and legislation alone. It’s a **partnership between Government, business and other organisations** that balances proportionate regulation with corporate responsibility.”

Andrew Lansley, Secretary of State for Health



The **partners are working together** to:

- recognise their vital role in improving people’s health
- actively support our workforce to lead healthier lives
- encourage and enable people to :
 - be healthy and in work
 - adopt a healthier diet
 - be more physically active
 - drink more responsibly

The Responsibility Deal is delivered through 5 networks:

- Food
- Alcohol
- Physical activity
- Behaviour change
- **Health at work**

Health at Work pledges

Eight pledges :

- H1. Chronic conditions guide
- H2. Occupational health standards
- H3. Board Reporting on health and well-being (Board-level engagement)
- H4. Healthier staff restaurants
- H5. Smoking cessation/Respiratory health
- H6. Staff Healthchecks
- H7. Mental Health in workplace
- H8. Young persons' health at work



All developed in collaboration between workplaces and government.

... but the journey is not over ...



“The future has many names. For the weak it is unattainable. For the fearful it is unknown. For the bold it is opportunity.”

Victor Hugo