Healthy Workplace
Conference & Award Ceremony
Wadebridge, 9 March 2020

National overview & update on Workplace Health

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Adviser on Health and Work
NHSI and PHE, England
Total Worker Health

- **Creating Embedment**
  - NOT an ‘add-on’

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

  - It cannot be an ‘add-on’.
  - We are making progress
Let us acknowledge

Progress 2005 - 2020

Growing Evidence Base

- Work Foundation
- IES
- RAND Europe
- Independent Reviews
- Universities
- Acas
- Think tanks
- Federation of Small Businesses
- What Works Centres
- HSE
- Government/PHE/NICE
- BITC/CIPD

Initiatives

- Britain’s Healthiest Workplace
- Workplace Charters
- Public Health Responsibility Deal
- Constructing for Health
- Police: Bluelight Wellbeing Framework
- Mindful Employer
- Mental Health First Aid
- City Mental Health Alliance
- Royal Foundation: Mental Health Portal
- Mental Health at Work
We are still innovating

**Examples:** now and for the future

- Automotive – risk exposure ‘app’ to capture hazardous physical and cognitive job demands.
- Transportation – online sleep-management programme to reduce fatigue and accident risks.
- Military – team-based mindfulness to support ‘change readiness’ and agility.
- Shipping – telepsychiatry interventions to reduce suicide among isolated mariners.
- Financial services – financial wellbeing support programme

*Courtesy S. Bevan 2020*
GMC publication **Outcomes for graduates 2018** as a basis for medical schools to develop their curricula.

GMC Section 2: **Newly-qualified doctors** should be able to: “describe the principles of **holding a fitness for work conversation** with patients, including assessing the social, physical, psychological and biological factors supporting functional capacity ....”

PHE commissioned the University of Kent to develop undergraduate curricula on Health and Work ‘to upskill the next generation of healthcare professionals’.
New Reports and Insights

- Nearly 9 in 10 film, TV and cinema workers have experienced an MH problem (vs 2 in 3 overall).
- Film etc workers are twice as likely as average UK workers to experience anxiety.
- These workers are three times as likely as UK average to have self-harmed.
- Over half of film workers have considered taking their own life (vs 1 in 5 nationally) ….
- … and 1 in 10 have attempted to do so.
Other new Reports

- Recently unemployment has receded as a problem for the labour market.
- The quality of work remains a significant issue.
- Employment growth has not dramatically increased the proportion of people doing good-quality work.
- There is already evidence of what works to improve wellbeing, and how to measure impact.
- Wellbeing evidence can contribute a coherent approach for determining efficacy of different policies and interventions.
What Works Centre for Wellbeing

- Founded 2015, “.. independent collaborative centre providing high-quality evidence for decision-makers in government, communities, businesses and elsewhere.”

- “We bring pioneering thinkers together from across these sectors to share ideas and solutions.”

- “Our goal: to improve, and save, lives through better policy and practice for wellbeing.”

Wellbeing at Work: five main drivers:

Health, Relationships, Security, Environment, Purpose
Employee wellbeing: why invest?

Several studies suggest potential benefits for employers.

**Better performance**
Organisations with high levels of employee WB have outperformed the stock market by **c.2% per year over 25 years**.

**Reduced costs**
Average cost of absence and presenteeism due to ill-health is around **8% of a company’s wage bill**.

**Higher creativity**
Organisations promoting Health and Wellbeing are seen as **3.5 times more likely to be innovative**.
Wellbeing and economic performance

- Wellbeing is increasingly seen as a complementary indicator to economic indicators (e.g. Gross Domestic Product) of how well a society is performing.

- In the workplace, personal wellbeing can include a person’s assessment of satisfaction with their work or job, positive feelings about work (e.g. motivation) and absence of negative feelings about their work (e.g. anxiety or worry).

What Works Centre for Wellbeing
I would like to consider …

… usually …

- Do the things we do measure matter most?

- Or are we missing important factors?
Declining fixation on absence

2005 Sickness Absence considered the measure of workplace health, and an important driver of productivity.

2010 Presenteeism enters the picture. A strange beast – what did it mean?

2014 SA + P is annual loss of productivity on health grounds, P most important

2019 Presenteeism and mental ill-health strongly correlated.

‘Presenteeism’ = being at work but not giving of one’s best.

= loss
Britain’s Healthiest Workplace

2019 participation
130 organisations
26,393 employees

Participation since 2013
520 organisations
184,935 employees

Courtesy Shaun Subel
Britain’s Healthiest Workplace: Data 2019

Attribution of productivity loss

- Presenteeism (80%)
- Absence (20%)

Determinants of absence

- Mental health (33%)
- Physical health (67%)

Determinants of presenteeism

- Mental health (80%)
- Physical health (20%)

Overall around 70% of total productivity loss is due to MH issues.
Solving the productivity crisis requires a solution for presenteeism.

55

FIFTYFIVE MINUTES of every lost productive hour occurs through presenteeism.

Average absence days per employee per year

<table>
<thead>
<tr>
<th>Year</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2.7</td>
</tr>
<tr>
<td>2019</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Average presenteeism days per employee per year

<table>
<thead>
<tr>
<th>Year</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>21.5</td>
</tr>
<tr>
<td>2019</td>
<td>35.0</td>
</tr>
</tbody>
</table>

UK

+0.3 days

+13.5 days
What do we know about presenteeism?

More prevalent at younger ages

- c55% of employees aged 18-25 years suffer from presenteeism.
  - This compares to 38% of employees aged 45 or older.

Driven by poor mental health

- c80% of presenteeism is caused by factors associated with poor mental health.
  - Depression is the most significant determinant of presenteeism.

Incidence is increasing over time

- c45% of employees suffer from presenteeism.
  - This is up from 29% in 2014 and 42% in 2018.

This suggests a whole-of-workforce approach to align interventions to risk.

We need to consider both preventative and curative aspects of mental health.

Influencing organisational culture is key.
Top 10 drivers of presenteeism (in order of significance)

Size of bar represents the strength of predictive power of reporting presenteeism

1. Psychological distress and anxiety
2. Financial concerns
3. Chronic health conditions
4. Unrealistic time pressure at work
5. Insufficient sleep
6. Insufficient physical activity
7. Lack of manager support
8. Lack of clarity on duties
9. Lack of peer support
10. Not being consulted about change at work

- Work stress
- Mental ill health
- Other dimensions of mental wellbeing

I changed the size of the rectangles to reflect relative significance.
Measuring ‘presenteeism’

Not an easy matter – individual workers must be asked whether are operating at less than optimal levels.

- A consensus has emerged on a range of survey tools.
- One widely-validated tool for self-reported absence and presenteeism is the Work Productivity and Impairment questionnaire.
- The WPAI General Health tool is used in the BHW survey.
- Typical question: During the past seven days, how much did health problems affect your productivity while working? (results presented on a 0 to 10 scale).
Key metrics for workforces in BHW:

Health and performance

Traffic light system on long/short term trends

<table>
<thead>
<tr>
<th>Metric</th>
<th>Long term</th>
<th>Short term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Productive days lost per employee per year</td>
<td>38.0</td>
<td>38.0</td>
</tr>
<tr>
<td>% with moderate or severe symptoms of depression</td>
<td>8.5%</td>
<td>8.5%</td>
</tr>
<tr>
<td>% with 1 or more work-related stress factors</td>
<td>56.5%</td>
<td>56.5%</td>
</tr>
<tr>
<td>% with insufficient physical activity</td>
<td>33.3%</td>
<td>33.3%</td>
</tr>
<tr>
<td>% sleeping less than 7 hours per night</td>
<td>35.1%</td>
<td>35.1%</td>
</tr>
<tr>
<td>% not eating a healthy diet</td>
<td>64.9%</td>
<td>64.9%</td>
</tr>
<tr>
<td>% obese</td>
<td>19.6%</td>
<td>19.6%</td>
</tr>
<tr>
<td>% current smokers</td>
<td>10.2%</td>
<td>10.2%</td>
</tr>
</tbody>
</table>

Results compared to 2015 (long term trend) or 2018 (short term). Green = Better, Amber = unchanged, Red = worse (5% difference for productivity, 2% for other metrics).
So ...

... the dial is not moving as quickly as we would wish.

- Health, Wellbeing and productivity gains are not sufficient yet: Why?
Safety and occupational diseases have been transformed by combined science-led industrial practice and legislation.

Taking the same scientific approach to testing interventions to promote health at work could be the key to advances in the next decade.

Yet many organisations, that are systematic and evidence–led about efficiency, productivity and investment, are unsystematic on health improvement.

Health gains are largely measurable, and methods such as randomised control trials should allow us to test rigorously which interventions work.
Identifying promising practices in health and wellbeing at work

PHE commissioned a study by RAND Europe:

- to support understanding of the landscape of workplace wellbeing interventions and the extent and quality of evidence collected
- enable organisations to consider whether interventions have a positive health outcome and how to capture and gauge evidence.

**Methodology**

- Application of Nesta levels to workplace health interventions
- A case-study approach to consider a set of workplace topic areas
Identifying promising practices in health and wellbeing at work - Findings

- Submissions reflected a diverse landscape – 117 total, of which 81 were providers of interventions.
- 73 could be graded on Nesta. Few interventions were graded as Nesta level 2 or above - rigorous methods of data collection are not widely used.
- The most promising interventions related to mental health, sleep, menopause and musculoskeletal health.
- Most case studies were submitted by providers of wellbeing interventions rather than employers.
- No wellbeing interventions were reported for smoking or financial resilience.
- Organisations collected various data types to explore impact of interventions, some investigating direct changes to wellbeing, others focusing more on confidence.
ESCAPE-pain A rehabilitation programme which includes both an education component to learn about the causes of chronic pain and coping strategies, as well as a tailored exercise programme.

**Nesta level: 3** Independent controlled evaluations have been undertaken, investigating and validating the effect ESCAPE-pain has on physical functioning.

**Reach: 500 – 999** Between 50 and 99 organisations have implemented the programme which reaches between 500-999 individuals annually. It is not limited to a workplace setting only.
Developing and embedding workplace health interventions toolkit

PHE has teamed up with CIPD and Northumbria Trust to produce this toolkit, aiming to provide a guide for employers to develop their workplace health offer, including:

- understanding the needs of the workforce
- identifying desired health and wellbeing outcomes
- developing appropriate health interventions
- gathering evidence to assess impact of interventions.

Toolkit to be published in Spring 2020
Understanding the conditions for successful Mental Health training for managers

- Face-to-face training, or e-learning, compared with no training
- 215 participants, many had managed MH issues at work
- Learning outcomes (knowledge, confidence talking about MH, preparedness to take action) compared, then and 6 weeks later.
- Little difference between face-to-face and e-learning.
- **Significant immediate improvement** on all three outcomes, sustained for knowledge and preparedness.
NHS Workforce
Health and Wellbeing Framework

Organisational Enablers

- Leadership & Management
  - Board Leadership
  - Effective Line Management
  - Organisation wide plan

- Data & Communication
  - Data driven decision making
  - Health Needs Assessment
  - Engaging with staff

- Healthy Working Environment
  - Physical Infrastructure
  - Nutrition and Sugar

Developed over two years plus

Health Interventions

- Mental Health
  - Prevention & Self-management
  - Psychological interventions

- Musculoskeletal
  - Prevention & Self-management
  - Accessible physiotherapy

- Healthy Lifestyles
  - Promotion & Self-management
  - Lifestyle change interventions
The Framework is action focused and based on best practice

**Diagnostic Tool**

- Answer 42 questions across the 14 elements of the Framework
- Gives a dashboard view of status against the Framework
- Identifies priority areas for developing a health and wellbeing plan

**Interactive Framework**

- Descriptions of what ‘good’ looks like, case studies and delivery guidance for each element
- Guidance on how to develop a delivery plan, how to evaluate and develop the business case
Direct Support Programme

Working with 73 NHS Trusts in Phase 1, reaching **352,342 staff** out of an NHS Total of 1,208,701 currently employed

Improving Health and Wellbeing
Key messages after one year ....

.... from the Improving Health and Wellbeing: Reducing Sickness Absence programme

73 Trusts on programme showed average 0.5 % point reduction in sickness absence in January (traditionally the peak month for absence) between 2018 and 2019.

This equates to 3,000 fewer days taken off sick in Jan 2019, or 2 more FTE people per Trust back in work.

By contrast, for the 170 Trusts not in the programme, 19,000 more days were taken off sick in Jan 2019 than 2018, an average of 6 more FTE people off sick per Trust.
Eight elements of success:

- Leadership and Management
- Organisation-wide plan
- Know your data
- Communication
- Engagement
- Healthy working environment
- Health Interventions
- Evaluate and act.

https://rebrand.ly/MakingItHappen

Courtesy Steve Boorman
Final thought

“People not assets make organisations thrive.”

Ane Ugglø
Swedish-Danish business woman
Chair, A.P.Moller Foundation