



# **Healthy Workplace Conference & Award Ceremony Wadebridge, 9 March 2020**

**National overview & update  
on Workplace Health**

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# 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

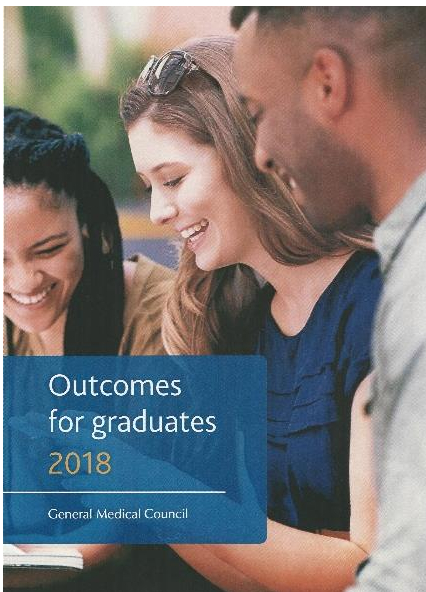
# We are still innovating

## **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

# Education : Waking up

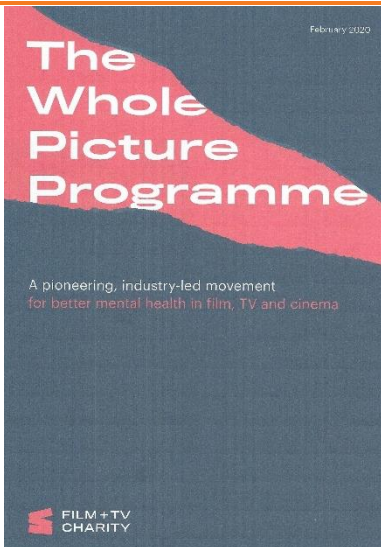


GMC publication **Outcomes for graduates 2018** as a basis for medical schools to develop their curricula.

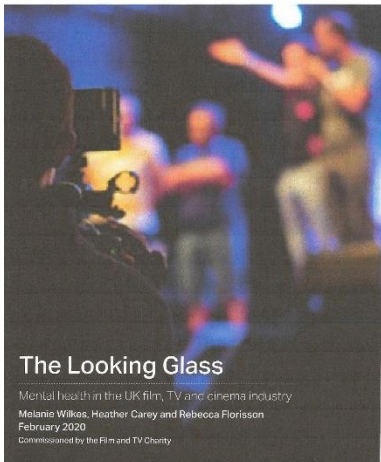
GMC Section 2 : **Newly-qualified doctors** should be able to : “describe the principles of **holding a fitness for work conversation** with patients, including assessing the social, physical, psychological and biological factors supporting functional capacity ....”

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.

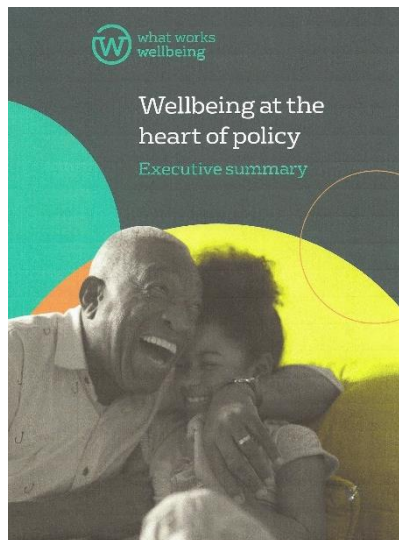




# Other new Reports

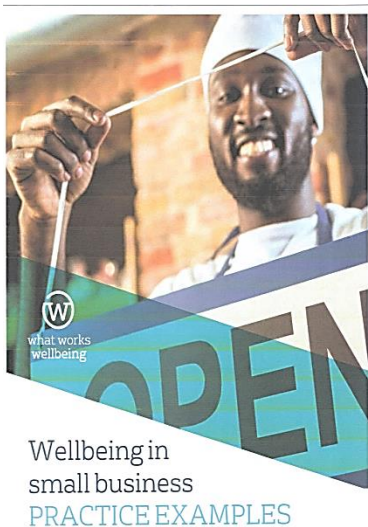


- Recently unemployment has receded as a problem for the labour market.
- The quality of work remains a significant issue.
- Employment growth has not dramatically increased the proportion of people doing good-quality work.



- 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**

London  
Business  
School

2015

BRITAIN'S  
HEALTHIEST  
WORKPLACE

2015

WORLD  
ECONOMIC  
FORUM

2010

# 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



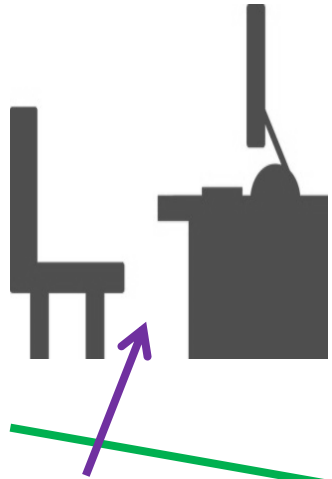
# **I would like to consider ...**

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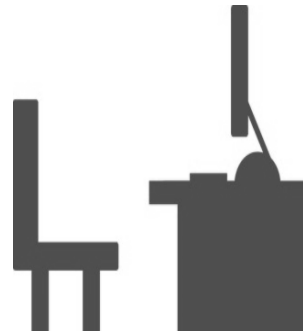
**... usually ...**

- 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 ?

+



= loss

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

**2019** Presenteeism  
and mental ill-health  
strongly correlated.

# Britain's Healthiest Workplace

2019 participation

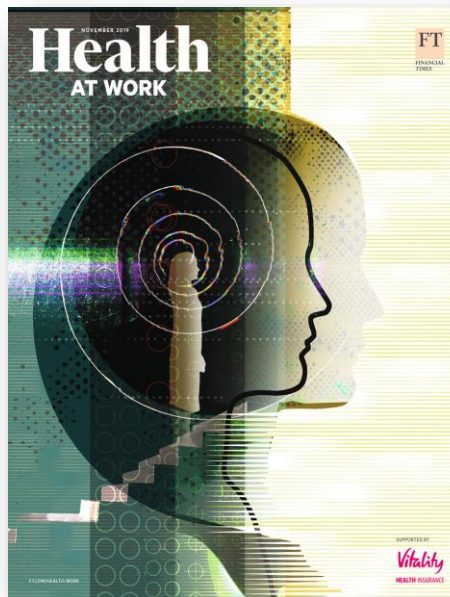
130 organisations

26,393 employees

Participation since  
2013

520 organisations

184,935 employees



## Britain's Healthiest Workplace

Large	Medium-sized	Small
1 Johnson & Johnson 2 Nomura International 3 Arcadis UK (Chiddingfold)	1 Addis UK 2 Glaxo Sciences 3 Tishman	1 Wellness International 2 Salford 3 Healthcare Agencies

## Most Improved Workplace

Large	Medium-sized	Small
1 Wrightsons, Wigan and Leigh 2 NHS Foundation Trust 3 The Co-operative Group 4 NEL	1 Argon Financial Services 2 Taylor Wessing 3 Berkeley St Edward 4 H&M	1 NHS 2 Academy Music Group 3 CABA

## Healthiest New Entrant

Large	Medium-sized	Small
1 Arcadis UK (Chiddingfold) 2 Page Group 3 Thomson Reuters	1 Taylor Wessing 2 H&M 3 Bank of Montreal	1 RCS Consulting 2 World Challenge Equilibrium 3 Maral

Top-ranked sectors include financial services, health, construction, law, music, retail and engineering. The study sector was also well represented, including several units of the National Health Service.

The awards also recognise the Healthiest New Entrants, which for 2017 were Arcadis, a design consultancy, law firm Taylor Wessing and RCS Consulting, an employee-owned management consultancy. In the large, medium-sized and small categories, respectively.

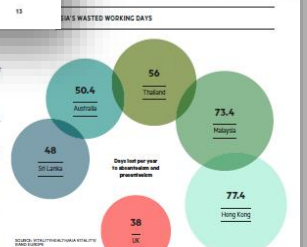
Top-ranked sectors include financial services, health, construction, law, music, retail and engineering



In Hong Kong, which had the worst outcomes across the six countries and territories surveyed, almost 60 per cent of employees worked more than 50 hours per week, but the average amount of productive time lost per year amounted to 7.74 days. In the UK by contrast, only 2.5 per cent of employees worked more than 50 hours a week and employees lost only 0.4 days of productive time per year. "I was surprised when I first got the data but it has three main signs and statistics as to how bad Hong Kong's workers were," says Christian van Dijk, executive vice-president of Rand Europe, which conducted the research.

Samson Tse, who runs a masters programme in computing at the University of Hong Kong and has co-authored a paper on the health of Hong Kong employees, says the Asia Vitality findings do not surprise him. "Employees in Hong Kong suffer from a lack of physical and mental space. There is little job security, and risk workplace culture, transmitted from stressed bosses, are omnipresent."

Hong Kong is not the only area of Asia Pacific that is a cause for concern. Van Dijk says he is worried about what the data reveals about the "pressure cooker" in which workers in Asia operate. He says the research reveals daily lives characterised by poor sleep, lack of control at work, lack of opportunity to take breaks, gigantism stress and a high degree of bullying.

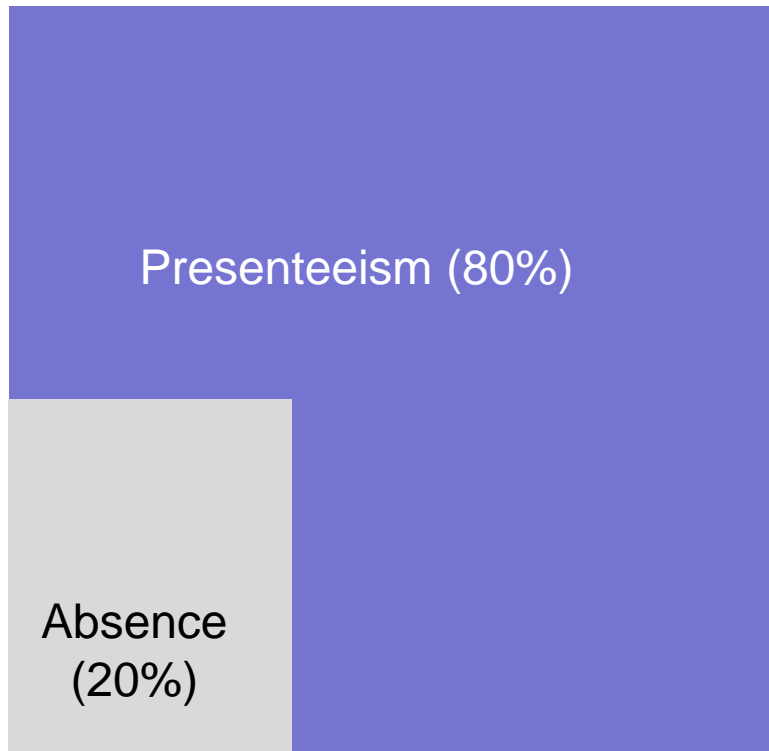


Courtesy Shaun Subel

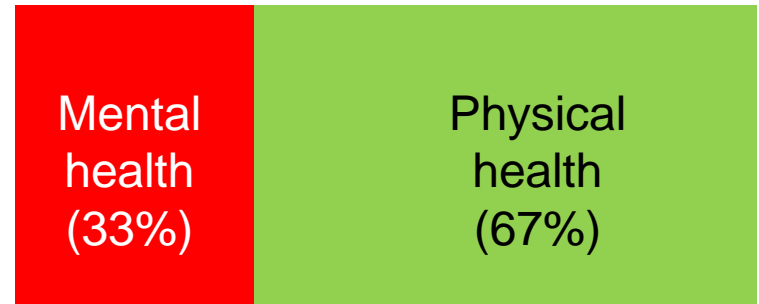
# Britain's Healthiest Workplace:

Data 2019

## Attribution of productivity loss



## Determinants of absence



## Determinants of presenteeism



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



**UK**

**+0.3  
days**

Average presenteeism days per  
employee per year



**+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.

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

## 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.

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

## Incidence is increasing over time

**c45%**

of employees suffer from presenteeism.

This is up from **29%** in 2014 and **42%** in 2018.

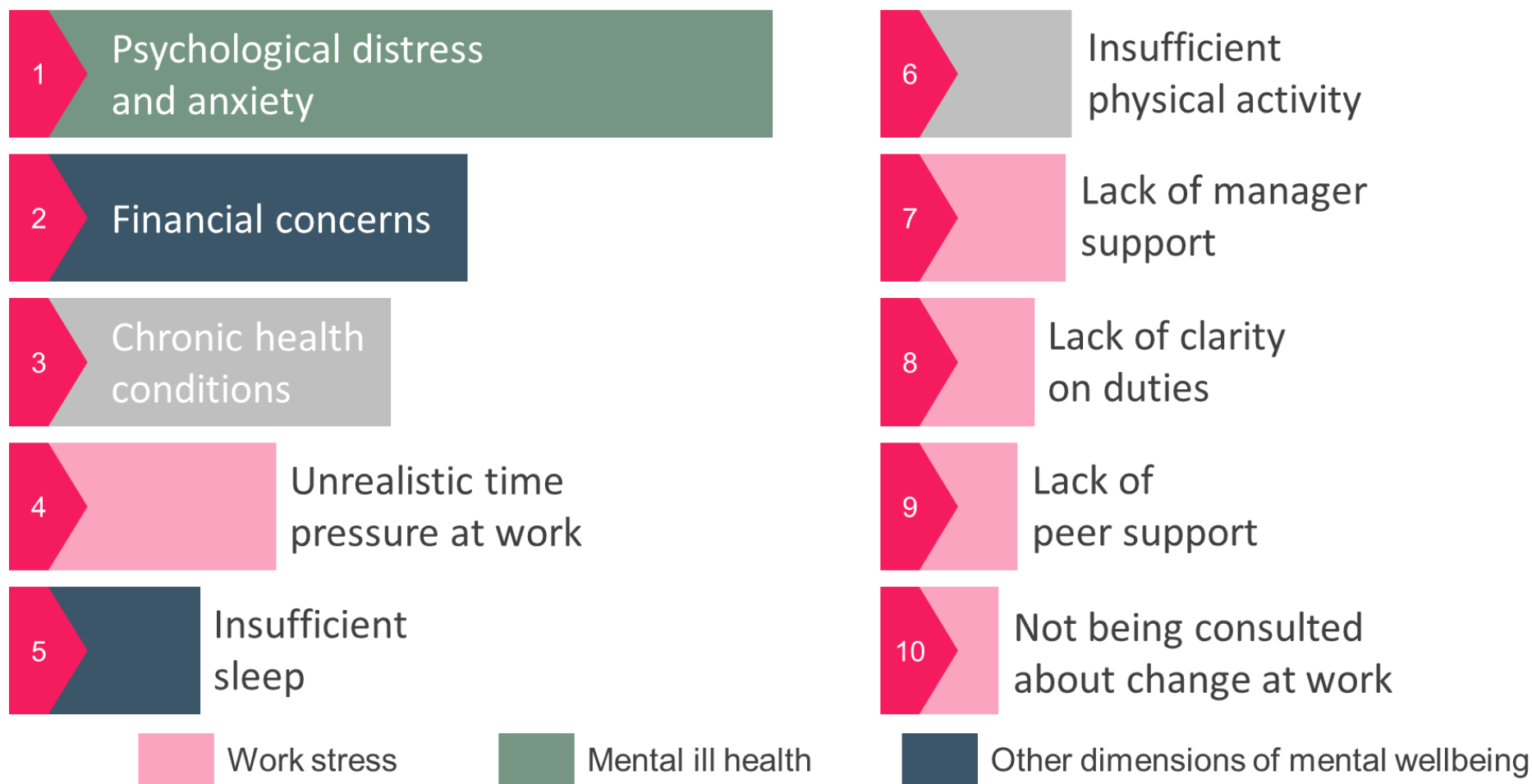
**Influencing organisational culture is key.**

# Top 10 drivers of presenteeism

I changed the size of the rectangles to reflect relative significance

(in order of significance)

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



# Measuring 'presenteeism'

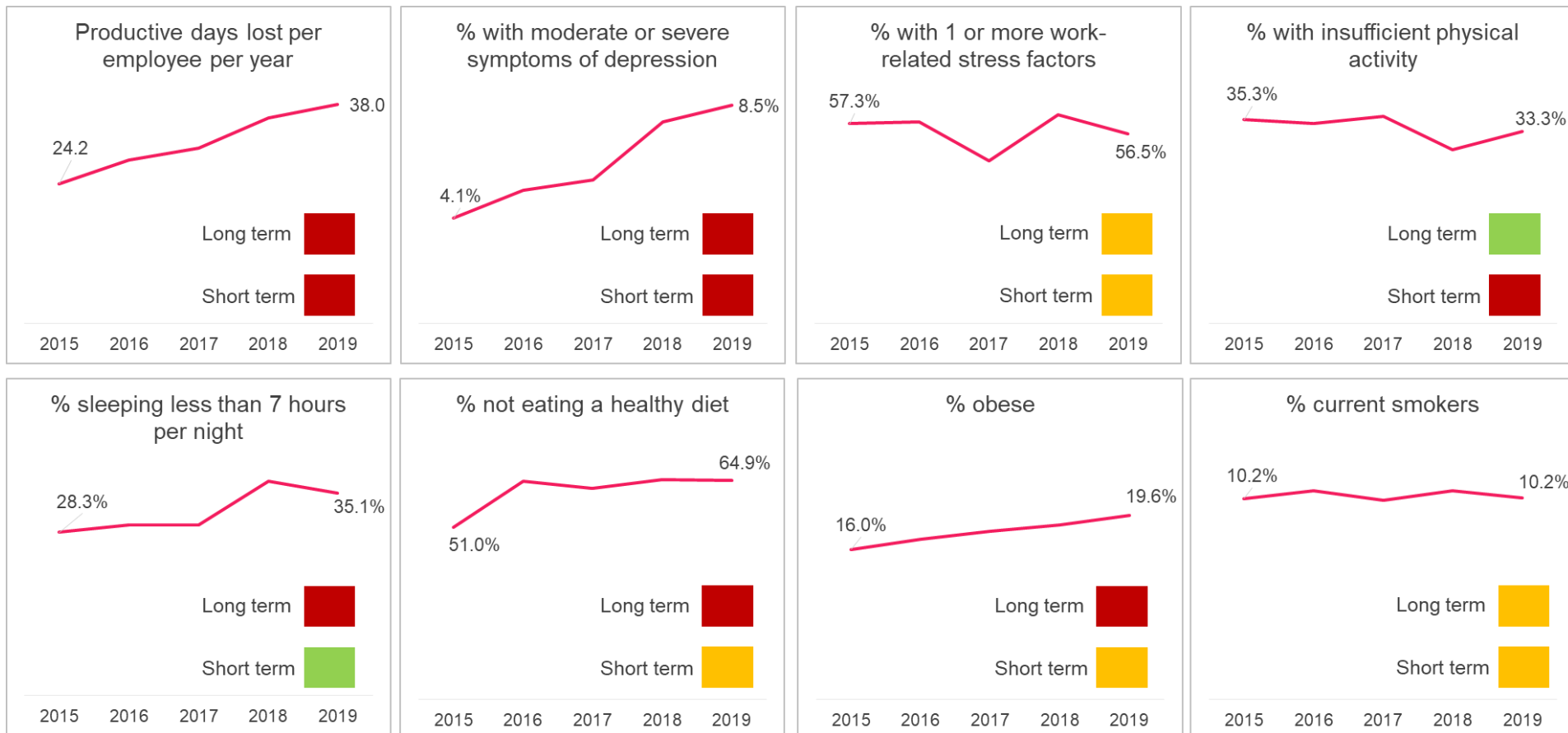
Not an easy matter – individual workers must be asked whether are operating at less than optimal levels.

- 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



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 ...

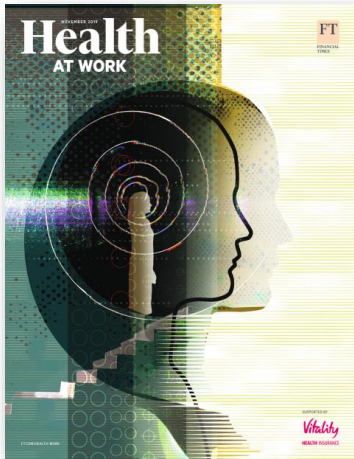


... the dial is not moving as quickly as we would wish.

- Health, Wellbeing and productivity gains are not sufficient yet : Why ?



# Comments: Chris Whitty, CMO England



“ *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 →
- A case-study approach to consider a set of workplace topic areas

**Level 1**  
You can describe what you do and why it matters, logically, coherently and convincingly

**Level 2**  
You capture data that shows positive change, but you cannot confirm you caused this

**Level 3**  
You can demonstrate causality using a control or comparison group

**Level 4**  
You have one + independent replication evaluations that confirms these conclusions

**Level 5**  
You have manuals, systems and procedures to ensure consistent replication and positive impact



 RAND EUROPE

**Promising practices for health and wellbeing at work**  
A review of the evidence landscape

Michael Whitmore, Katherine Stewart, Jack Pollard, Janna van Belle, Miaoling Yang, Christian van Stolk

# 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.

# Example Case Study

## based on Nesta criteria

### Provider submission

**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:

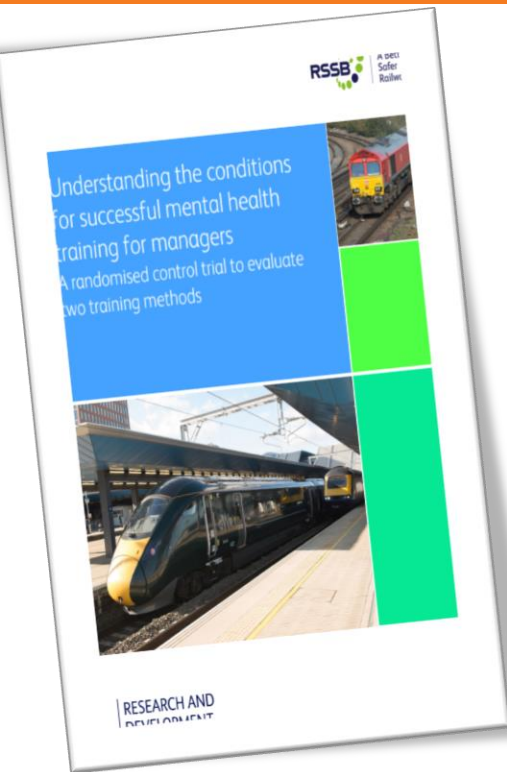
- understanding the needs of the workforce
- identifying desired health and wellbeing outcomes
- developing appropriate health interventions
- gathering evidence to assess impact of interventions.



Toolkit to be published in Spring 2020

# 2019 RSSB (rail safety)

## Randomised Controlled Trial



### *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

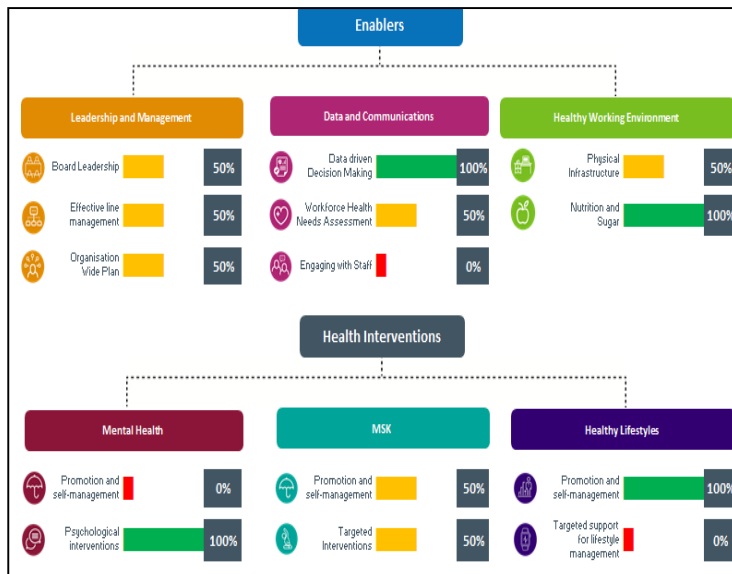


## Health Interventions



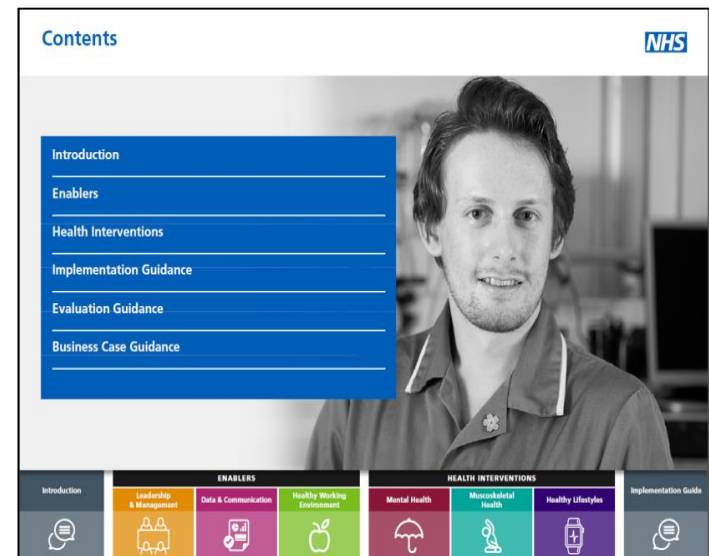
# The Framework is action focused and based on best practice

## 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



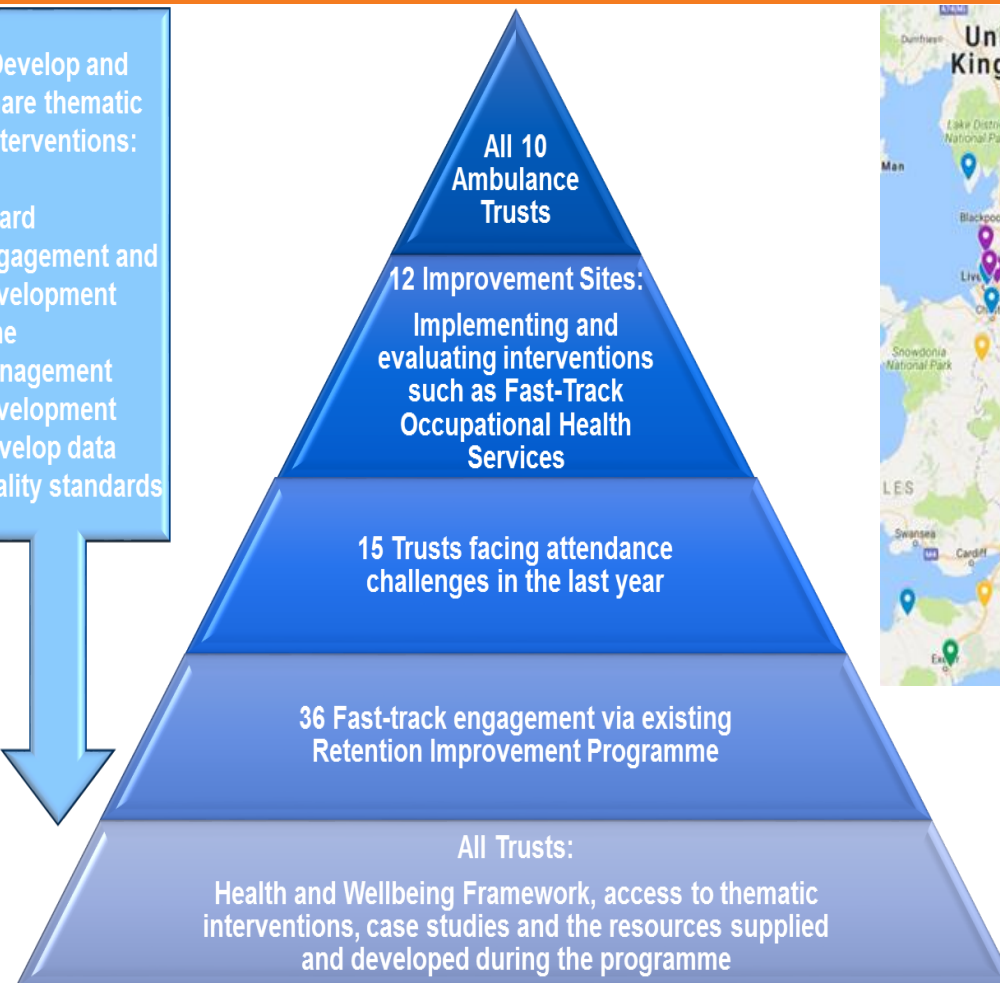
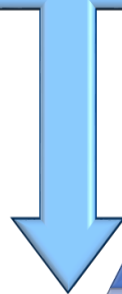
- Descriptions of what 'good' looks like, case studies and delivery guidance for each element
- Guidance on how to develop a delivery plan, how to evaluate and develop the business case

# 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

Develop and  
share thematic  
Interventions:

- Board  
Engagement and  
Development
- Line  
Management  
Development
- Develop data  
quality standards



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.

# An easy guide – making it happen



## Eight elements of success:

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

# Final thought



“ People not assets make organisations thrive. ”



Ane Uggla

Swedish-Danish business woman

Chair, A.P.Moller Foundation