VicHealth Workplace Health Promotion Forum

Workplaces into the Future

Melbourne, 23 March 2016

Workplace Health Promotion - lessons from UK and Europe

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The world of work is changing

• The industrial landscape is changing
• A knowledge-based economy has emerged ...
• ... with digitalisation of the labour market.
• Globalisation of labour markets has reshaped the workforce.
• Female employment is increasing, projected to reach 47.5 % of the total in 2020.
• The number of over-65s is expected to almost double by 2035.
• Life-long learning, changes in career direction, skill mismatch

Mental ill-health is increasing.
Health and wellbeing

• Good health, wellbeing and resilience are crucial to secure engagement and enhanced productivity of a workforce.

• Different sectors have different workforces and different products – but employees respond similarly to the presence or absence of ‘good work’ or a ‘good workplace’.
Good Employment: Essential characteristics

**Good work**

- Stable and safe
- Individual control
- Fair work demands

- Flexible arrangements
- Opportunities training, promotion
- Promotes Health and Wellbeing

- Prevents isolation, discrimination
- Shares information
- Reintegrates sick/disabled if possible

**Good workplaces**

- Visible senior leadership
- Appropriately trained managers

- Integration of OHS with health promotion and illness prevention
- Monitoring & measurement

- Empowering employees to care for their own health
- Enabling staff engagement
Our State of Health: Britain’s Healthiest Company

- **Running for 3 years:** in 2015; 111 organisations (inc. 2 hospitals), 32,500 employees

- **Objective:**
  - Make society healthier by generating a credible evidence base linking employee health & wellbeing and company productivity,
  - thus **increasing the number of companies taking responsibility for employees’ health.**

- **Approach:**
  - Understand the prevalence of modifiable risks in the workplace
  - Add to the evidence base on the effect of clinical and non-clinical risks to productivity
  - Determine the **effectiveness of workplace interventions** in promoting employee health.

Supported by Vitality Health and Mercer: analysis Rand & Cambridge Univ.
Workplace Health : BHC 2015

Challenges : Britain’s Healthiest Company survey 2015

– 20.7% of employees report being obese
– around 50% have suboptimal nutrition
– 28% are not exercising enough
– at least 25% report high blood pressure
– nearly 30% have some health risks related to smoking (present or past)
– 33% have health risks related to alcohol

Any of these could be related to stress and anxiety.

Courtesy C. van Stolk, RAND Europe
Over 15% of employees reported being bullied.

A majority of employees say they face unrealistic time pressures.

Less than 70% feel their manager cares about their health and wellbeing.

A minority of employees feel their line manager has received training to support their health and wellbeing.

Best companies had 24% lower cost of lost productivity (sickness absence and presenteeism) than the worst-performing companies.

Courtesy C van Stolk, Rand Europe
Mental Health and the Workplace

Organisations and companies need to recognise that:

• Mental health is a business issue
• The economic cost of failure is high
• The human cost can be far higher
• Managers need help to understand it
• Most interventions are low key
• Poor leadership or management may contribute to mental ill-health
NICE Guideline 2015: Organisational commitment

- 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.
Recommendations on line managers:

- Recruit and promote those with strong interpersonal skills to promote wellbeing and recognise stress, anxiety, and depression.
- Fully induct them on organisation’s approach and facilities.
- Incentivise them to act as role models for the organisation’s wellbeing approaches, and encourage open culture around mental health.
- Include interpersonal skills as key component of their training.
- Include in appraisal wellbeing of people in their team.
- Equip them with skills, e.g. resilience and mindfulness, to look after their own mental wellbeing.
- Develop clear, simple referral pathways to internal and external specialist support, including self-referral options.
Changing nature of work

• Growing evidence – downsides of technology hamper its delivery of improved productivity.

• Interruptions caused by technology (emails, texts, skype) now occupy 28% of working day. Employees feel 40% more pressurised.

• Meetings with phones, laptops etc lose creativity, criticality and results.

Such interruptions occur far less where co-workers sit together.

Over half respondents felt workplace layout hindered optimal productivity.

Mitie – employee survey
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 less active at work than at home

Physical activity is good for Mental Health.
Since 2004 over 1,400 employers have signed the Charter for Employers who are Positive about Mental Health.

The Charter is a voluntary set of aspirations for employers to work towards. It helps to identify good practice and stimulate action to improve.

Resources available free, discount on MH awareness sessions

In a 2014 survey of 600 employers (20% response):
- **68% provided mental health awareness training** for line managers,
- 64% had revised existing policies on workforce wellbeing.
The course teaches:
- recognising Common MH problems
- providing first-aid help
- signposting to further support
- understanding own wellbeing.
Since 2007 BiTC’s Workwell Campaign has been researching trends in public reporting by FTSE 100 companies.

**Key findings 2015** (the third annual cycle):

- Strongest reporting areas remain Health and Safety and Diversity and Inclusion, reflecting legal needs.
- Companies reporting an Employee Assistance Programme increased, **recognising importance of supporting mental health**.
- Otherwise little change in scores – progress erratic and slow.

“There are signs of improvement, but clearly still work to be done to create a stronger flow towards enhanced public reporting.”
Engagement and Disengagement

Lack of motivation and sub-optimal health cause UK workers to work below peak productivity, holding back potential growth. Study of 5000 workers

- Over a third of teams experience extra stress and pressure due to staff ill health and absences.
- About half of people do not go above and beyond at work, thinking it won’t be acknowledged or rewarded.
- One in four staff admit they don’t want to win new business as it will only mean more work for them.
- Failure to unlock employees’ ‘discretionary effort’ cut a potential £6 bn – about 0.4 per cent of GDP – from the UK economy in 2012.
Engage for Success – a movement: Four Enablers of Engagement

- **Visible, empowering leadership** providing a strong **strategic narrative** about the organisation.

- **Engaging managers** who
  - focus their people, give them scope
  - treat their people as individuals
  - coach and stretch their people.

- An **employee voice** throughout the organisation, for reinforcing and challenging views – employees are seen as central to solutions.

- **Organisational integrity** – the values on the wall are reflected in day to day behaviour; there is no “say-do gap”.

**Engage for Success** is a UK-wide movement, with Regional Groups, tools, bulletin etc

David Macleod, Nita Clarke
Young People with Mental Ill-health: Education and School-to-Work Transition

- Childhood and adolescence:
  Every second mental illness starts before age 14.

- Sufferers from mental ill-health are more likely to leave school early, poorly educated and with greater difficulty in the labour market.

- Education systems have a key role in identifying early and supporting children with MH issues and enabling transition into work.

Policy conclusions:

- Develop MH competencies in teachers and authorities
- Give sufferers timely access to co-ordinated support
- Invest in prevention of early school leaving
- Provide effective support for school-to-work transition.
What’s missing from wellbeing programmes?

Access to Counselling
Employee Assistance Programme
Mental Health
Wellbeing Program
Healthy
Musculoskeletal Health
Senior Manager leadership in communication
Health Food Options
Line Manager Health Training

CIPD, 'Absence Management: Annual survey report 2011
Co-morbidities

• A person with arthritis is 40% more likely to be absent from work, but someone with arthritis and psychological distress is 124% more likely to be absent.

• Patterns of co-morbidity are numerous, but not accidental.

• 30% of people with physical LTCs have mental health problems, and 46% with MH problems have physical Long Term Conditions

• People with 2 or more LTCs are 7 times more likely to have depression.

• Co-morbid mental health problems increase healthcare costs by at least 45% for each person
Musculoskeletal Health in the Workplace Project

An initiative of the Global Alliance for Musculoskeletal Health of the Bone and Joint Decade

A project being led in England by:
- Arthritis and Musculoskeletal Alliance
- The Work Foundation
- Public Health England
- Bone and Joint Research Group, Royal Cornwall Hospital (co-ordinator)

A programme to enable people to have full and productive working lives through promoting musculoskeletal health and preventing work loss due to musculoskeletal problems
Musculoskeletal Health in the Workplace Project

Objective: to move organisations from reactive to proactive approach, by creating an enabling culture and environment, ownership and capability to all.

Aims:
• Enable organisations to promote MS health for entire workforce
• Identify MS health issues and potential solutions
• Develop strategies to promote MS health and reduce work loss
• Training of line managers and employees.

Outcomes:
• Ensure individuals are able to work to their long-term potential
• Help managers recognise the value to MS health of employees to achieving the bottom line
• Help organisations invest appropriately in workforce health.
Two phases, development of:

1. **Assessment process** enabling understanding of staff MS health issues
   - Employer assessments module, based on the Workplace Wellbeing Charter, with supporting guide and a structured interview programme with key managers
   - Staff assessments, using surveys and focus groups, on risk factors, at-risk groups, mentally/physically demanding tasks, health behaviours, interaction of MS conditions with work

2. **Suite of interventions** with workshops for their delivery, training for:
   - **Line managers and team leaders** giving them knowledge and confidence to adopt a proactive approach to MS health
   - **Staff** enabling them to look after their own MS health and encourage self-management
Workplace Wellbeing Charter

• **National workplace standards** to promote good, safe and healthy work, evidence-based, in eight activity areas, **SME focussed**, locally adjusted.

• **Standards** set Leadership, Attendance Management, Health and Safety, Mental Health and Wellbeing, Smoking, Physical Activity, Healthy Eating and Alcohol and Substance Misuse.

• An Award is given to organisations that achieve the Charter standards.

**National website** www.wellbeingcharter.org.uk provides free resources, signposts to local schemes, helps create Charter community.

So far 96 out of 152 local authorities and 1300 SMEs have registered.
New supporting resources from Public Health England

Ten Topic Guides on....

Physical activity, healthy eating, mental health, alcohol, smoking and tobacco control, dementia, supporting carers, weight management, health checks, inclusive employment.

3 tools to help evaluate impact of interventions, measure return on investment and profile your workforce

Case studies of good practice
Focus on the Public Sector

• New drive by NHS England to promote the health of NHS staff, addressing £2.4 bn sickness costs:

• Supported by pilot funding and CQUIN incentives, 10 NHS organisations initially, then all, encouraged to implement programmes addressing all major health issues.

• Accreditation under WWC in each organisation

• Parallel focus through WWC on other areas of public sector – Police etc - in next 12 months

• WWC Accreditation of PHE and then other government departments and related bodies in next 12 months
NHS Staff Health at Work

Ten NHS organisations, with 55,000 staff, leading implementation, committing to **six key actions**, providing:

- Board-level director lead, and senior clinician champion training on staff health for all line managers.
- health checks for staff aged 40 or over
- staff access to physiotherapy and MH therapies
- healthy options in food sources on site
- physical activity - yoga, competitive sport, Cycle to Work

with full implementation of NICE Guidelines on workplace health and Workplace Wellbeing Charter.

Project started December 2015.
Women in the NHS

- Total workforce 1.3 m
- 77% of total workforce is female
- 41% of Chief Executives
- Average age 43 (as for men)
- 81% of non-medical staff
- 7% of female staff are doctors or dentists
- 2/3 of female staff work full-time
- 9% of female staff born outside UK
Women at Work

Now 47% of the UK workforce are female.

The working life of a woman may have to accommodate:

• pregnancy
• child care
• particular pattern of diseases
• menopause
• carer responsibilities.

Have we given enough thought to this?

Women take more sick leave than men.

Dept of Health, briefing Feb 2016
Macmillan: Working through Cancer

Survival journey 27,000 breast cancer patients 2004 to 2011

Limited survival
- Limited survival
- More aggressive complications/recurrence

Limited - Moderate survival
- Patients with other morbidities
- Limited intervention
- Less aggressive complications/recurrence

On-going survival
- Living with or beyond cancer complications
- Living with or beyond other morbidities
- Living beyond cancer
Women, Work and the Menopause

- 3.5 m women of 50 to 65 are in work (10% of workforce)
- Average UK age at menopause (no periods for a year) is 51
- 80% have symptoms – tiredness, poor memory/concentration, depression

In a 2013 survey (Griffiths et al):
- 40% thought performance at work negatively affected
- 25% had discussed this with their line manager
- 53% were unable to control environment or access rest area
- 40% were unable to negotiate working hours.

The future:
- changing the culture
- support and treatment
- early identification
- workplace support (role of OH).

Jane Ellison MP and Dr Gina Radford, Deputy CMO
We are on a journey ...

“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