



IES Annual Conference Health and Wellbeing in the Workplace

London 16 January 2020

**H&WB@W: Past, Present
and possible Future**

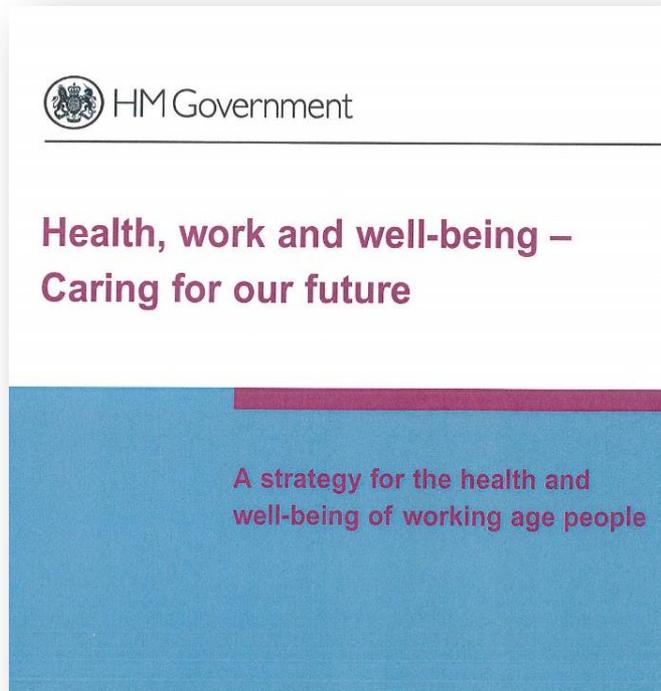
Dame Carol Black

**Adviser on Health and Work
NHSI and PHE, England**

My brief

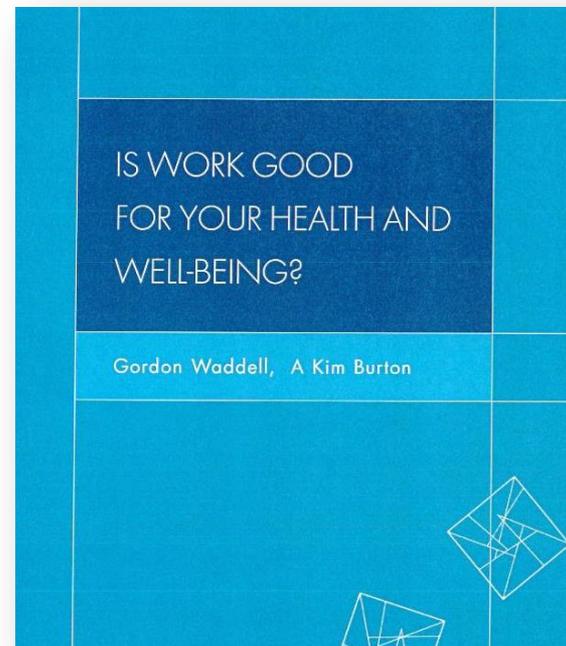
- To review the past 15 years of development in Health and Wellbeing at Work
- To assess where we are now, in concept and in practice
- To look ahead to possible improvements in practice

Health and Wellbeing at Work c.2005



Cross-Government
working, DH, DWP, HSE

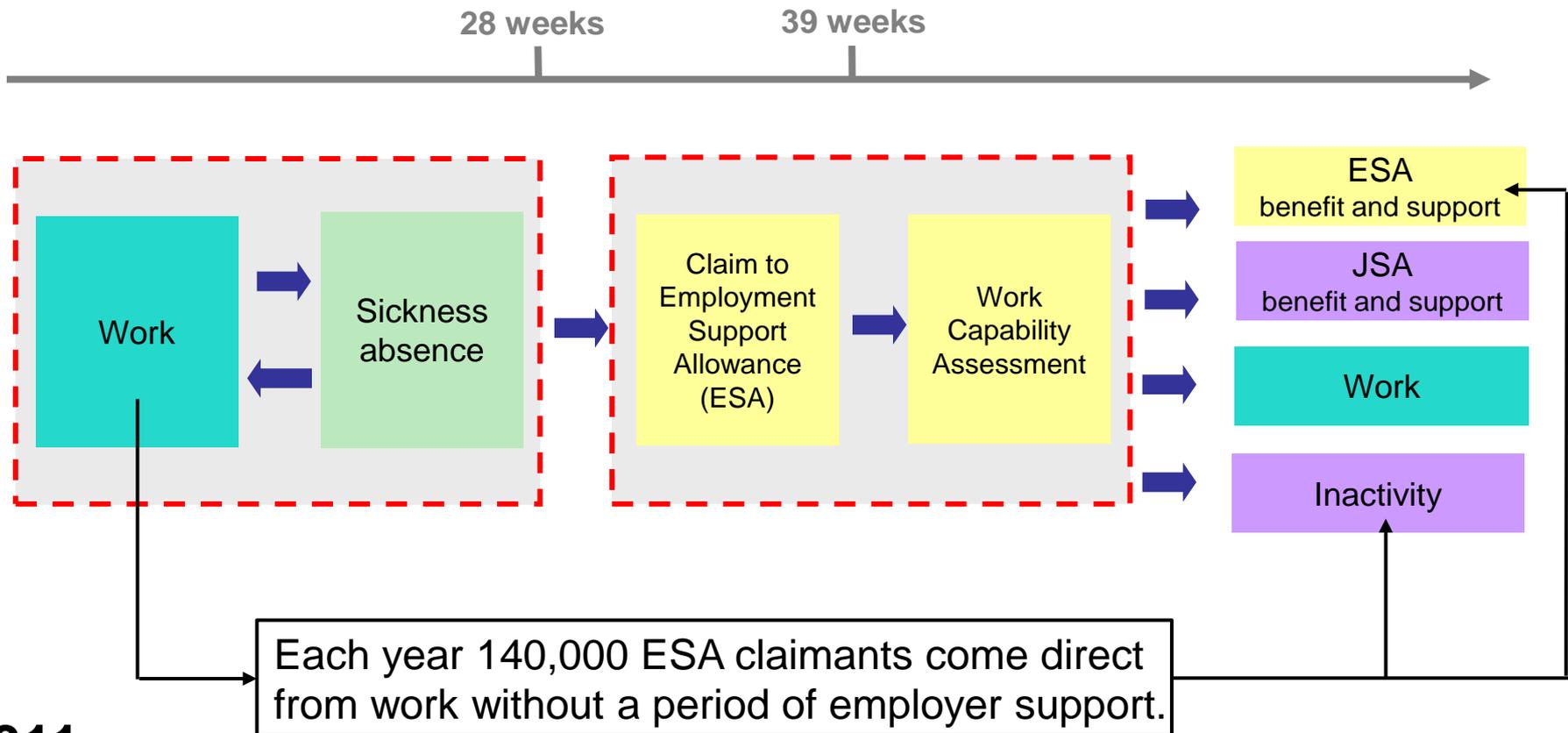
“There is strong evidence that work is generally good for physical and mental health.”



Waddell
and Burton

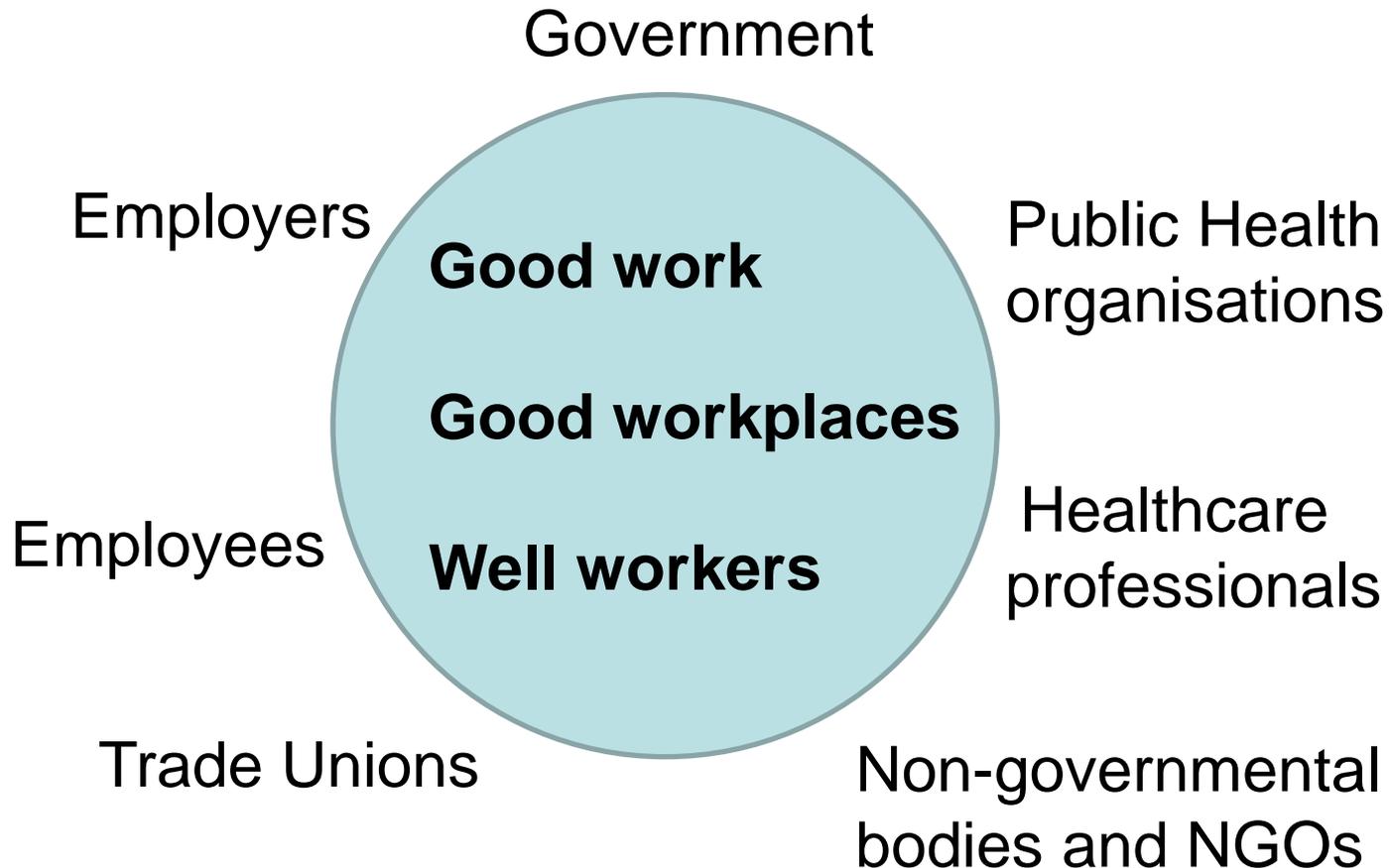
Sickness absence : the journey

Too few drivers in the journey keeping people in work.



2011

Many stakeholders



Black Review 2008: The Challenges

Culture beliefs and attitudes:

Progress since 2008

- Misconceptions about health and work –
e.g. “need to be 100% fit” **Yes**
- Inappropriate ‘medicalisation’ of complex
psycho-social problems **Little**
- Poor retention in work of those with disabilities
or chronic disease **Little**
- Employers: leadership, organisational
behaviour, managers. **Yes**

Next generation :

- Little attention to building mental and emotional
resilience in our future workforce **Starting**

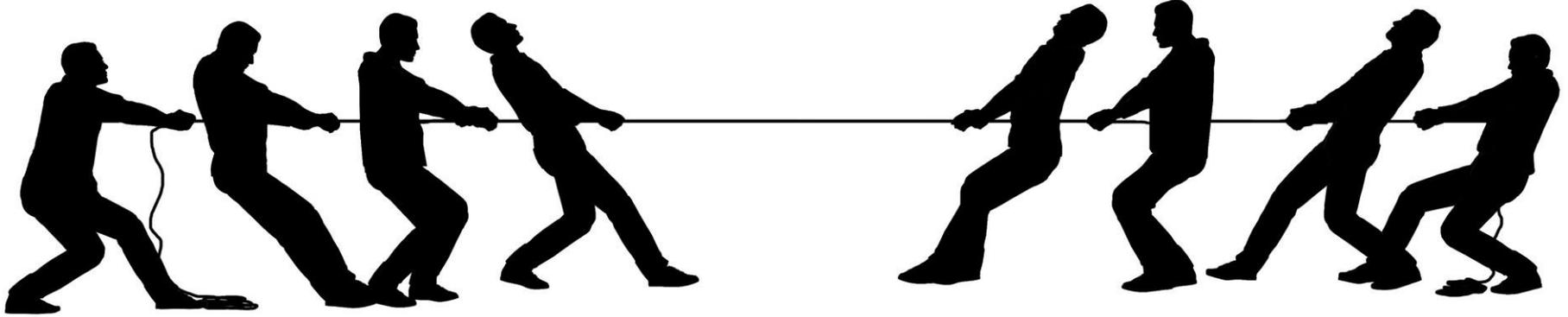
2008: Challenges for systems

	Change since 2008
• Inflexible sickness certification – the ‘sick note’	Yes
• No early intervention pathways for retention or return to work	Little
• Health, Work and Well-being not part of training curricula or clinical practice	Modest
• Poorly-supported healthcare professionals.	Modest
• Rehabilitation to work not a performance measure locally	No
• OH: poor spread and remit too narrow.	Little
• Very poor research base.	Little

OH : the need for change

- Developing an integrated approach to working age health requires Occupational Health to be brought into the mainstream of healthcare provision.
- Its practitioners must address a wider remit, and work with public health, general practice and vocational rehabilitation, to meeting workers' needs.
- This should be underpinned by clear workforce plans, a strengthened academic base, good quality data and analysis, and formal accreditation of all providers.

The tug of war since 2008



Status quo:

- comfortable
- no need for change
- fear of the unknown

Innovation:

- do things differently
- embrace the future
- serve current workplace needs

Preventing people from working or working well



Social determinants of health

Common Mental Health problems

Stress, anxiety depression

Common MSK problems

Back pain, neck pain, soft-tissue rheumatism

Chronic medical conditions (multiple?)

Diabetes, lung, heart (obesity-related), cancer, inflammatory arthritis

Major functional incapacity

Major trauma, addictions, neurological disabilities.



Poor workplaces, poor work, poor managers

2009: A significant report - Boorman

Recommendations:

- 🍏 Lead from the top – get this into operating framework, and commissioning and regulatory frameworks
- 🍏 Enable management capability and development
- 🍏 Address the key health priorities – mental health and physical fitness
- 🍏 Develop **strategic HWB framework** with staff – prevention-focussed
- 🍏 Provide prompt effective treatment services
- 🍏 Improve Occupational Health



Sadly, Report published at end of one Gov't and start of next, and **fell through the gap.**

Leadership from National Health Service England



Simon Stevens, CEO, inaugural address **2014**

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

NHS Five-Year Forward View :

- **measure staff health and wellbeing, know the data**
- implement NICE guidance on workplaces, esp for MH
- promote interventions that seem to work e.g. the Workplace Wellbeing Charter
- strengthen OH with the Faculty of Occupational Medicine.

Summit 10 Dec 2014 led to creation of the **Advisory Board**.

Development of a Framework for Improvement

- **A practical tool** to support Health and Wellbeing of NHS Staff
 - .. developed NHS England with an expert Advisory Board.
 - NHS demonstrator sites co-designed and tested content.
 - **Toolkit** sets out **14 elements** covering enablers and health interventions (inc. MH) – describing good practice, giving case studies and guidance on implementation.
 - A **diagnostic tool** to benchmark quickly on each element, with 3 basic questions on each, to identify gaps.
 - Now being tested in 73 Trusts

(Published on NHS Employers website, May 2018)
Also on NHSI website.

NHS Workforce

Health and Wellbeing Framework

Organisational Enablers



Health Interventions

Improvement

Mental Health



Musculoskeletal



Healthy Lifestyles



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.

NICE Guideline June 2015

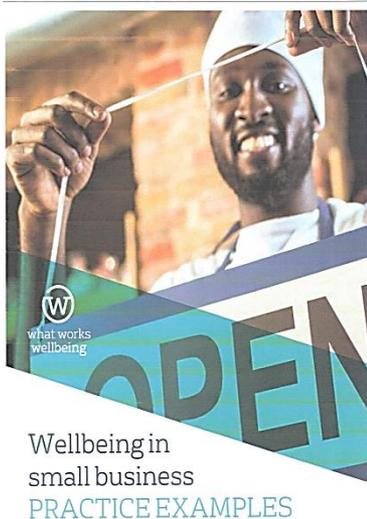
Workplace policy and management practices to improve health and wellbeing of employees.

Recommendations focussed on organisational culture and line managers.

Aims :

- 🍏 promote leadership supportive of H&WB
- 🍏 help line managers achieve this
- 🍏 explore positive/negative effects of organisational culture
- 🍏 provide a business case and economic modelling for strengthening role of line managers.

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



The Work and Health Unit

- The Work and Health Unit, commissioned by the Cabinet Secretary on the instruction of the Prime Minister in June 2015, worked across various Departments :



Department
for Work &
Pensions



Department
of Health

NHS
England



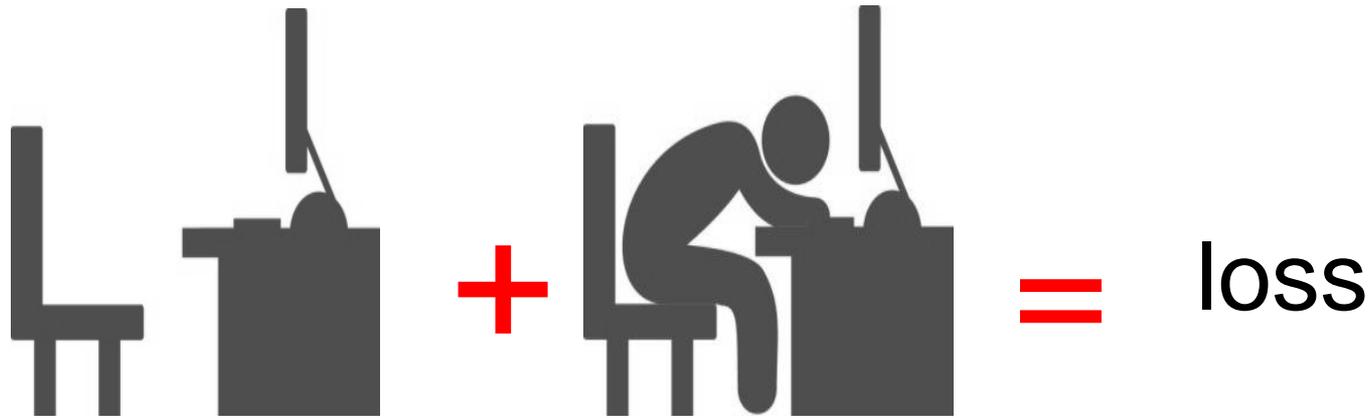
Department for
Communities and
Local Government



Department for
Business, Energy
& Industrial Strategy

- This Unit become in 2019 the Employers, Health and Inclusive Employment Unit, which has embraced *Extending Working Lives* and part of *Disability Services*.
- The Unit's proposals to reduce ill-health-related job loss have been out to consultation - the outcome is awaited.
- Innovation projects are ongoing.

The rise of 'presenteeism'

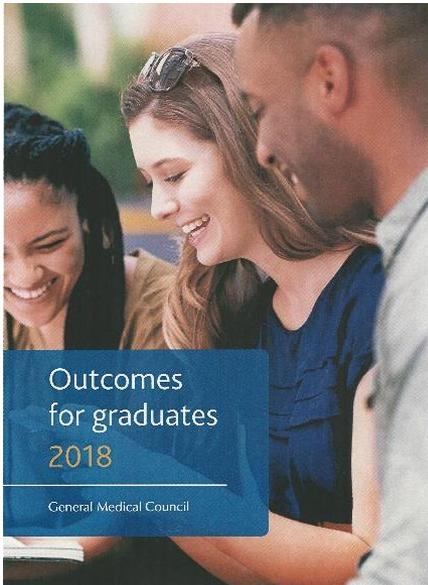


- Sickness absence **plus** effect of presenteeism = **annual productivity loss**
- **Presenteeism** is the most significant component of productivity loss.

Mental Ill-Health – its relationships



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’.

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

- Workplace Charters
- Public Health Responsibility Deal

- Constructing for Health
- Police: Bluelight Wellbeing Framework

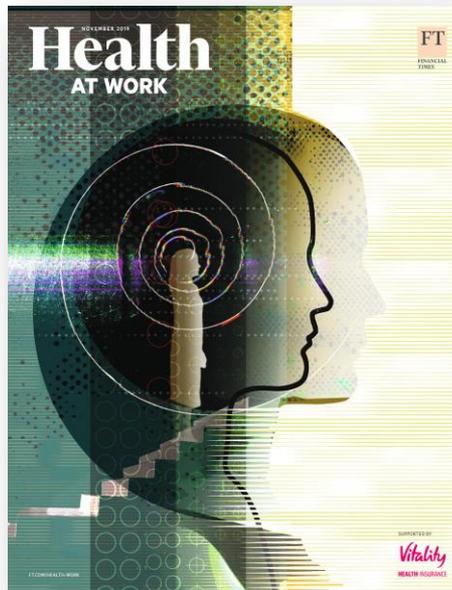
- Mindful Employer
- Mental Health First Aid
- City Mental Health Alliance
- Royal Foundation:
Mental Health Portal
- Mental Health at Work

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	1 Adialis UK	1 Wellness International
2 Nomura International	2 Glaxo Sciences	2 Salford
3 Arcadis UK (Olding)	3 Yohanes	3 Marks & Spencer

Most Improved Workplace

Large	Medium-sized	Small
1 Wipac, Wigan and Leigh	1 Argos Financial Services	1 HPI
2 NHS Foundation Trust	2 Office Depot	2 Academy Music Group
3 The Co-operative Group	3 Barclays St Edward	3 CABA
4 NEL		

Healthiest New Entrant

Large	Medium-sized	Small
1 Arcadis UK (Olding)	1 Taylor Wessing	1 BCS Consulting
2 Page Group	2 Intel	2 World Challenge Equilibrium
3 Thomson Reuters	3 Bank of Montreal	3 Maral

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

The awards also recognise the Shalimar New Entrants, which for 2019 were Arcadis, a design consultancy, law firm Taylor Wessing and BCS Consulting, an employee-mental management consultancy. In the large, medium-sized and small categories, respectively.

The Most Improved Workplace awards, which look at data on rapid participation in the survey, went to Wipac, Wigan and Leigh NHS Foundation Trust, Argos Financial Services and HPI.

The annual survey was developed by former Vitality and is produced in association with Paul Farnley, the Financial Times, the University of Cambridge and consultancy Metric. Britain's Healthiest Workplace 2019, which incorporated data from 120 organisations and 25,212 employees, is the seventh year of these awards.

Paul Farnley, with the backing of AIA Vitality, has now also completed three years of research in countries across Asia. There are plans to expand the research next year and involve more employers and their workforce to help identify important underlying global trends in health at work.

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



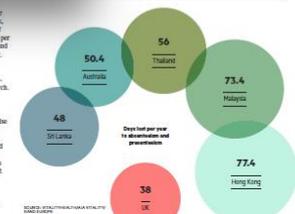
ASIA'S WASTED WORKING DAYS

In Hong Kong, which had the lowest absenteeism across the six countries and territories surveyed, almost 66 per cent of employees worked more than 10 hours per week, but the average amount of productive time lost per year amounted to 77.4 days. In the UK, by contrast, only 24.2 per cent of employees worked more than 10 hours a week and employees lost only 16 days of productive time per year.

"I was surprised when I first got the data but it shows that signs and trends are about how bad Hong Kong's absenteeism is," says Christina van Dijk, executive vice-president of Bank Europe, which conducted the research.

Samson Tai, who runs a masters programme in consulting at the University of Hong Kong and has co-authored a paper on the health of Hong Kong employees, says the AIA 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 the work-life balance is poor, exacerbated by stressed homes, air contamination."

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 days lost characterised by poor sleep, lack of control at work, lack of opportunity to take breaks, frequent stress and a high degree of bullying.

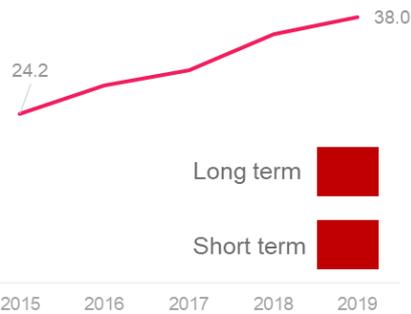


Courtesy Shaun Subel

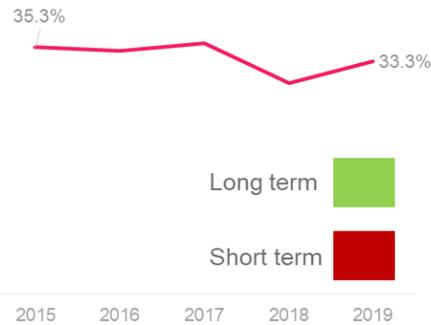
Key metrics for UK workforce : Health and performance

Traffic light system on long/short term trends

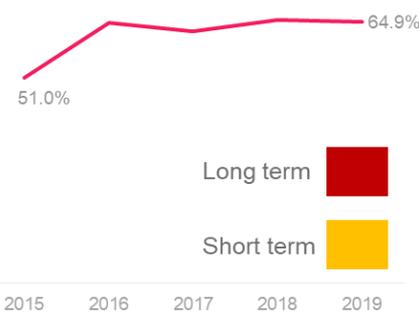
Productive days lost per employee per year



% with insufficient physical activity



% not eating a healthy diet



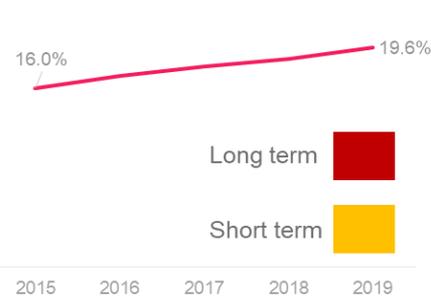
% current smokers



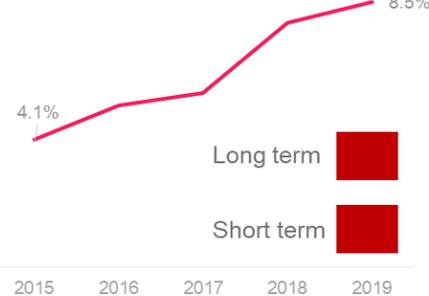
% sleeping less than 7 hours per night



% obese



% with moderate or severe symptoms of depression



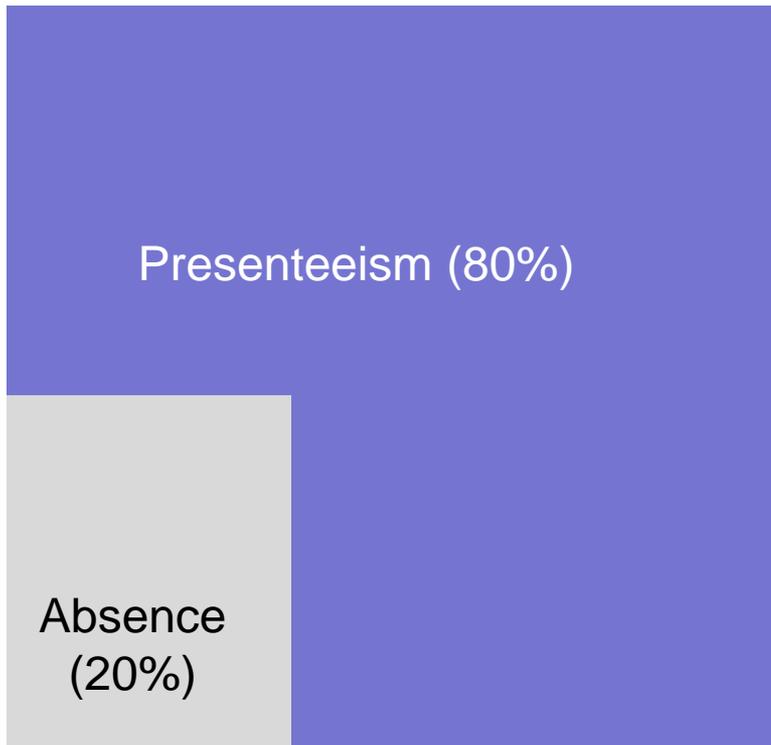
% with 1 or more work-related stress factors



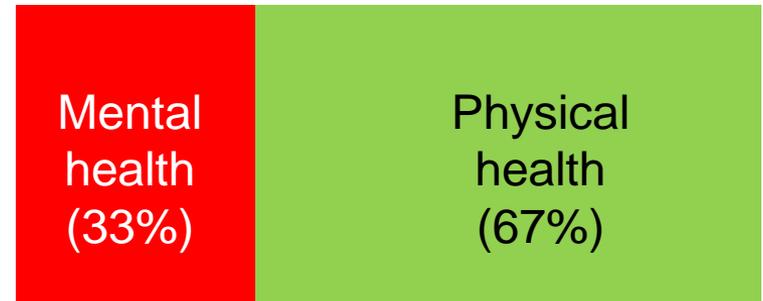
Britain's Healthiest Workplace:

Data 2019

Attribution of work impairment



Determinants of absence



Determinants of presenteeism



Overall around 70% of total work impairment 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%

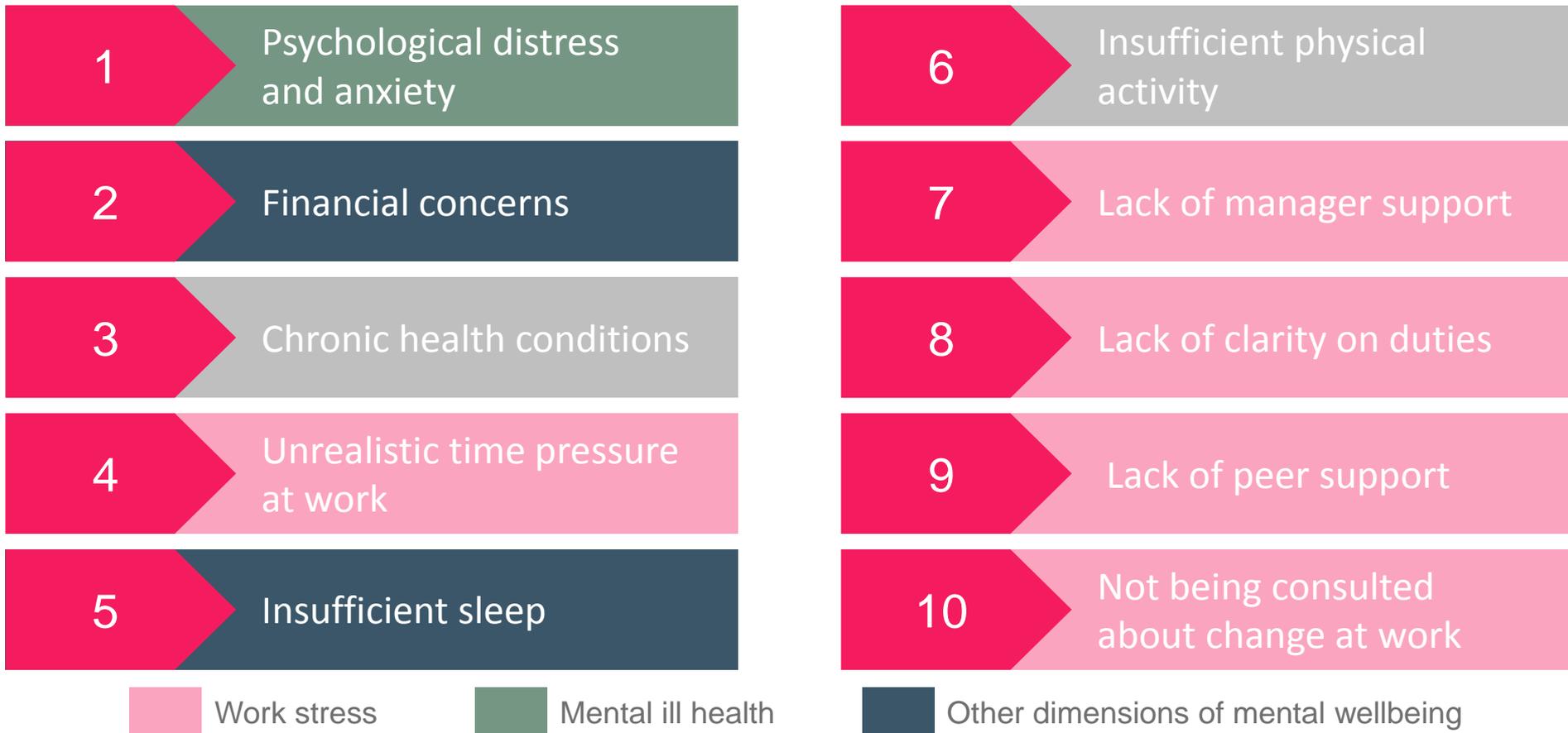
of employees suffer from presenteeism.

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

Influencing organisational culture is key.

Need for a comprehensive mental health strategy :

Top 10 drivers of presenteeism (in order of significance)



Need for a whole-of-workforce approach : Risk profile of younger workers

(adjusted for income and gender)

Age	Productivity	Lifestyle choices						Mental health			
	Lost days	% inactive	% poor diets	% excess alcohol	% binge drink	% smokers	% lack of sleep	% poor quality sleep	% depressed	% with a lot of financial concerns	% with work stress
18-20	Red	Yellow	Red	Green	Red	Red	Yellow	Red	Red	Red	Yellow
21-25	Red	Green	Red	Green	Red	Red	Green	Red	Red	Red	Red
26-30	Red	Green	Red	Green	Yellow	Yellow	Green	Yellow	Red	Red	Red
31-35	Yellow	Yellow	Red	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Red
36-40	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
41-45	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Green
46-50	Yellow	Yellow	Yellow	Red	Yellow	Green	Red	Green	Yellow	Yellow	Green
51-55	Green	Yellow	Green	Red	Yellow	Green	Red	Yellow	Green	Green	Yellow
56-60	Green	Yellow	Green	Red	Green	Green	Red	Green	Green	Green	Yellow
61-65	Green	Red	Green	Yellow	Green	Green	Red	Green	Green	Green	Green
>66	Green	Red	Yellow	Yellow	Green	Yellow	Yellow	Green	Green	Green	Green

Red = worse than average, Yellow = average, Green = better than average

Employers are not effectively utilising digital technologies and interventions to support the health of younger workers

	Intervention category			
	Mental health	Physical activity	Nutrition	Digital health
% of employees with access to at least one intervention	95%	78%	81%	40%
% of employees who are aware of the interventions on offer	25%	34%	23%	17%
% of those aware who engage in at least one of the interventions	21%	29%	51%	49%
% of those who engage who feel the interventions positively impacted their health	74%	84%	80%	71%

Existing digital health interventions are:

- Not mainstream
- Poorly communicated
- Moderately effective

Courtesy
Shaun Subel

Employees perceive physical activity programmes to provide the greatest health benefits

Looking forward

Make it easy for organisations to **do the right thing** ...

- collect and understand their data
- measure presenteeism as well as absence
- tailor interventions to risks
- encourage and possibly incentivise uptake of health-promoting programmes
- measure outcome and impact of interventions.

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.

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.

”

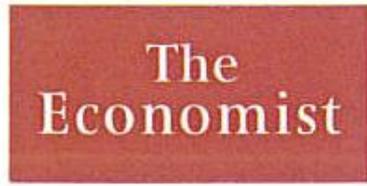
More attention should be paid to ...

- Connectivities: e.g. physical activity and mental health
MSKs and MH.
- Physical activity for its own benefits
- Resilience
- Sleep – its amount and quality
- Vulnerable groups
- Use of digital programmes
- Financial concerns

Best and worst countries to be a Working Woman

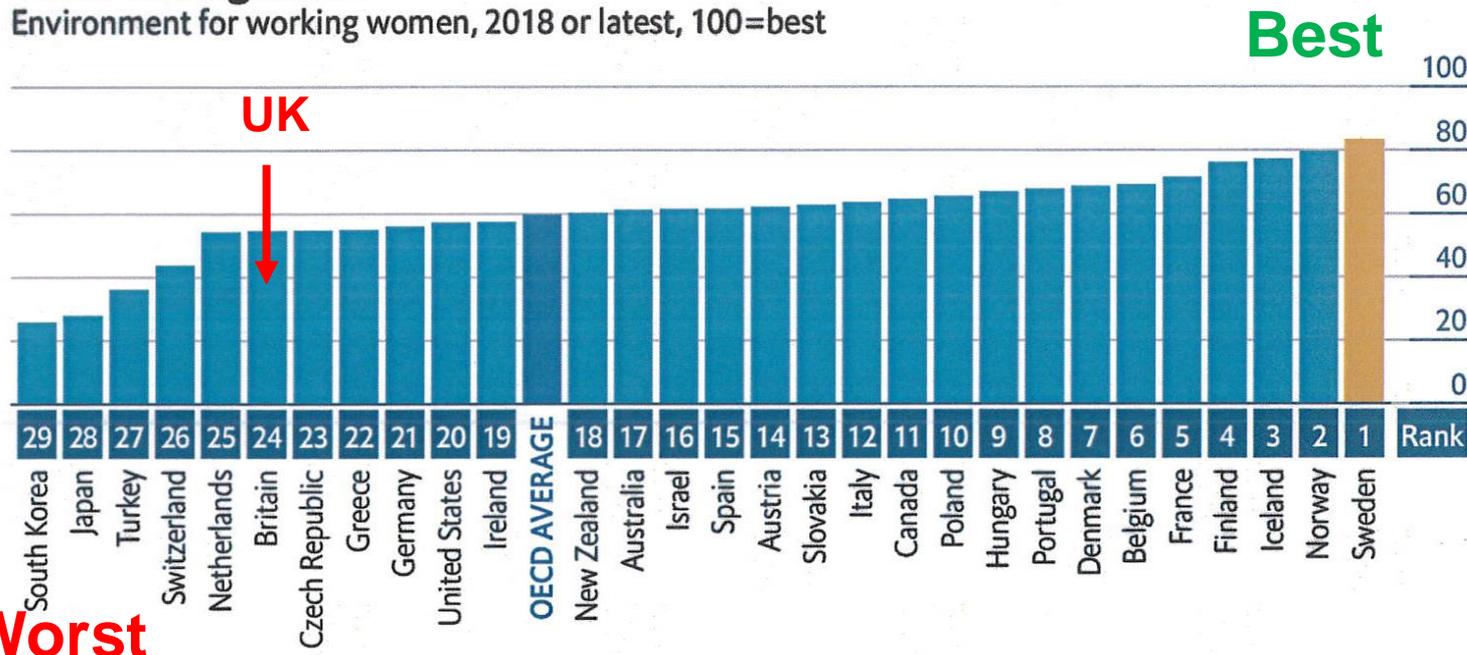
The glass-ceiling index

The latest data suggest progress for women at work has stalled



Glass-ceiling index

Environment for working women, 2018 or latest, 100=best



Britain now no.24, 2 down from last year

Progress has stalled

Sources: European Institute for Gender Equality; Eurostat; GMAC; ILO; Inter-Parliamentary Union; OECD; national sources; *The Economist*

The median pay gap for full-time UK working women is still around 14%

Pregnancy – still a barrier for women in work

UK Commission for Equality and Human Rights 2018 :

- The Commission's 3-year research project (2016) showed over 75% of pregnant women and new mothers (i.e. 390,000 women) experience each year negative and potentially discriminatory treatment.
- This includes 54,000 being forced out of their jobs per year due to pregnancy and maternity discrimination.
- One in five mothers report harassment or negative comments from colleagues or manager when pregnant or returning from maternity leave.
- 25% of mothers under 25 (15% overall) reported negative impact on their health and stress levels.

Women's risks in employment

Caring : 30% of women in their late 50s care for an adult

- 25% women aged 50-64 do caring, only 16% of men

Menopause : Over 50% of women 45-55 find difficulties with it

MSKs : At 50+, more women than men have MSK problems.

Depression : affects 28% of women aged 60-64, 17% of men.

Pensions : by 60-64, men on average have four times the pension wealth of women (five times at 65-69).

Two reports by women
in insurance :



Groups often ignored

- Gig and irregular workers
- Young workers – transition to work
- LGBT+ : stigma, harassment
- Those affected by Domestic Violence
- **Women in the workplace**
- Carers who work

Final thought

“ If you keep on doing the same things and expect things to change, then that’s a definition of insanity.”

Albert Einstein

