

Fit for Purpose?

Helping Employers to Meet the Wellbeing
Challenges of 2030

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Main messages

- Poor workforce health is a **risk** to business and is likely to get worse as workers age
- But good workforce health is a fantastic **asset** & we can do much more to convince employers to **invest** in it
- Few workplace health interventions have strong **evidence** to support them but those which work tend to be unglamorous
- We must build on employer interest in wellbeing by helping them to implement **good practices** & pragmatic **evaluation** of their impact

Changing Health & Work Landscape



*Ageing
Workforce*

*Later
Retirement*

*More Chronic
Illness*

Widening
health
inequalities

Early labour
market
withdrawal

Reduced
productivity

More social
exclusion &
poverty

Poor
Workforce
Health

Increased
healthcare
costs

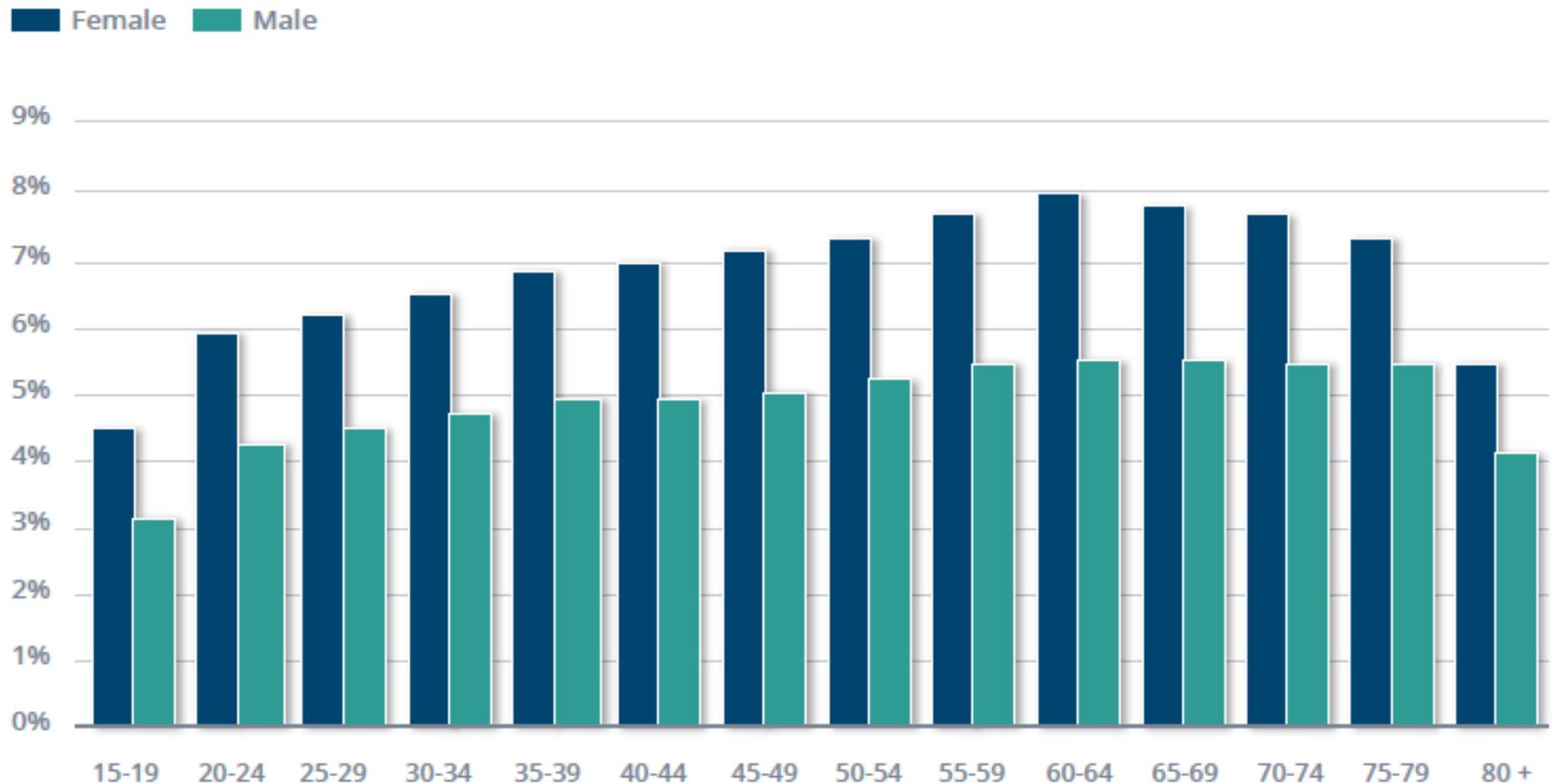
Increased
burden on
families &
carers

Reduced
tax revenue

Increased
welfare
spending

Prevalence of Depression

Global prevalence of depressive disorders, by age and sex (%)



Source: Global Burden of Disease Study 2015 (<http://ghdx.healthdata.org/gbd-results-tool>)

Musculoskeletal Disorders & Work

ONE IN THREE
WORKING AGE
PEOPLE IN
THE UK HAVE
A HEALTH
CONDITION.⁴⁷



ONE IN TEN
EMPLOYEES
IN THE UK
REPORTED
HAVING AN MSK
PROBLEM.⁵²



TOP 3 REASONS FOR WORKING DAYS LOST IN 2017⁵³

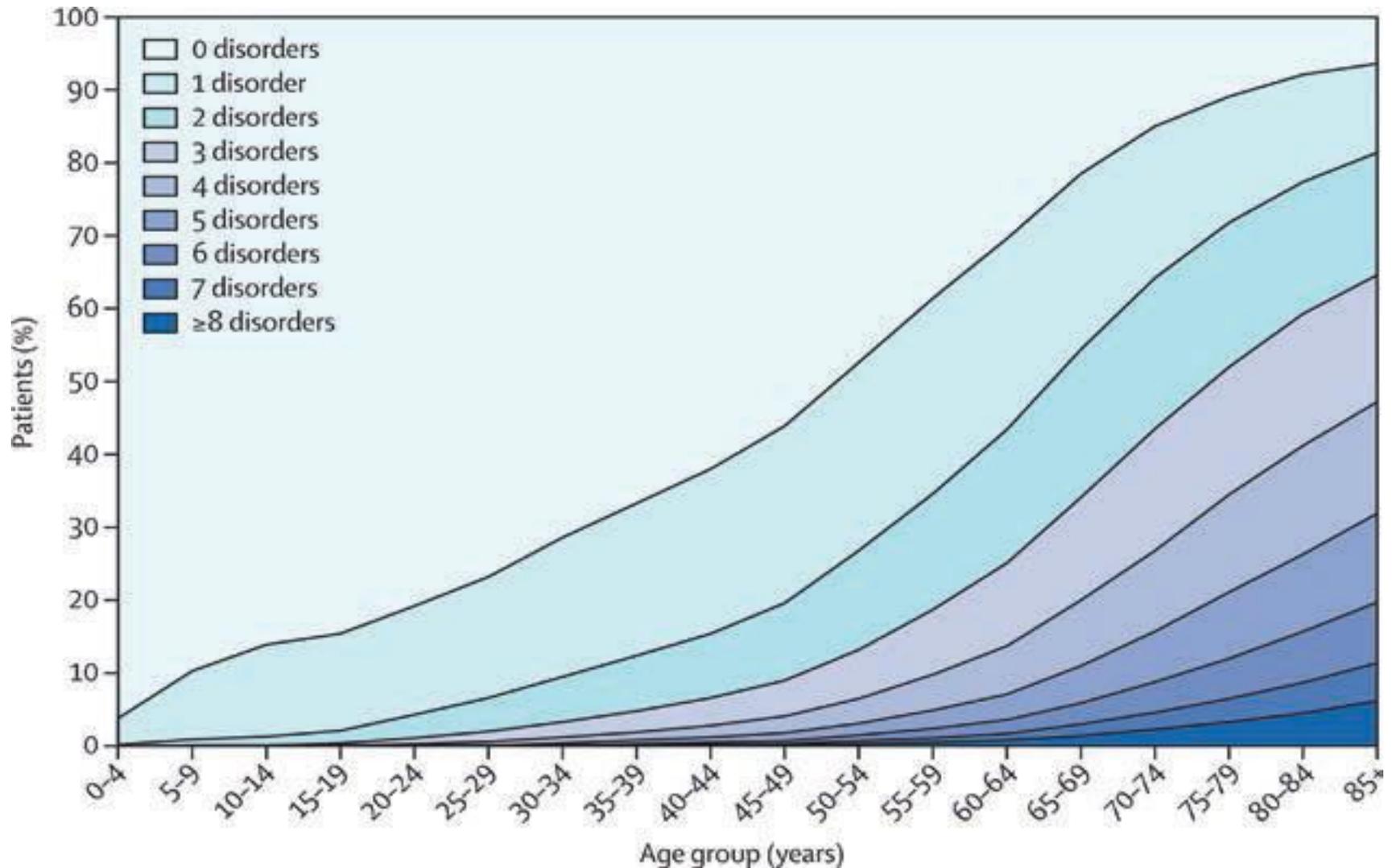


28.2M
LOST TO
MSK
CONDITIONS



15.0M
MENTAL HEALTH
CONDITIONS

Comorbidity & Ageing



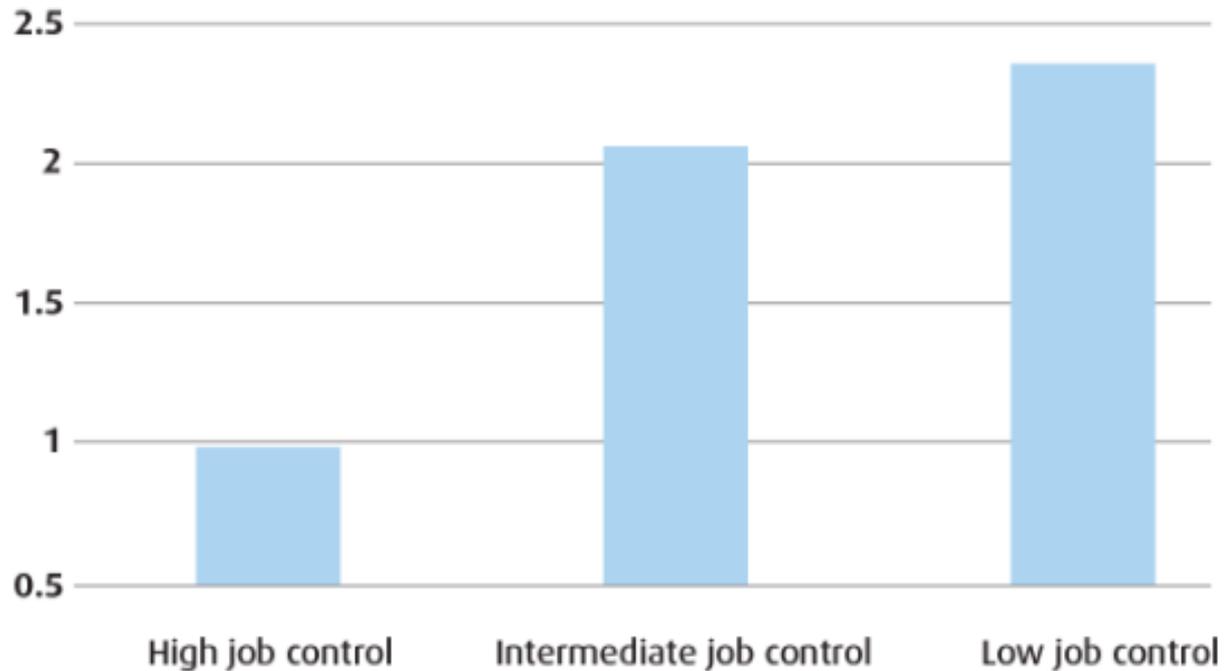
Whitehall II Study (Marmot et al)



Whitehall II Study (Marmot et al)

Self-reported job control and coronary heart disease incidence

Likelihood of CHD



Social Determinants of Health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health services

Life Expectancy & the Central Line

Lancaster
Gate

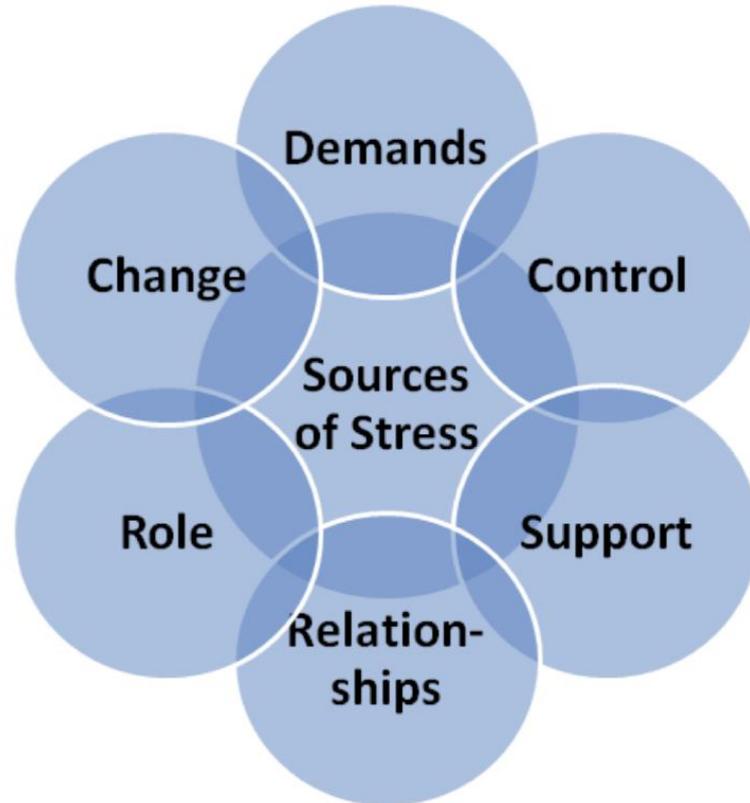
Mile
End



On average, a 20 minute journey

**On average, a 12 year fall in life
expectancy**

Stress Management Standards (UK)



The Health and Safety Executive
Management Standards Framework

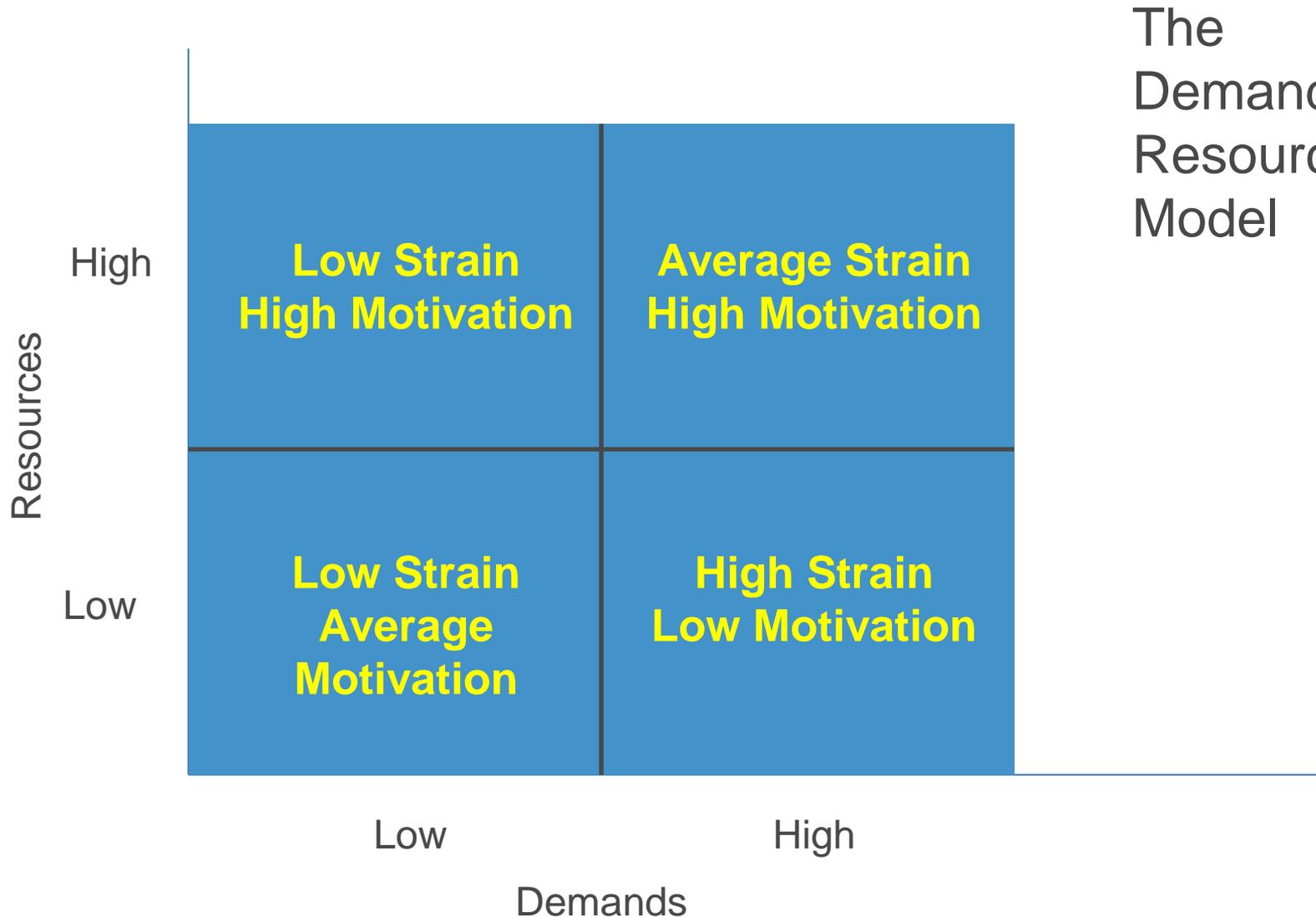
'Good Work', Health & Productivity



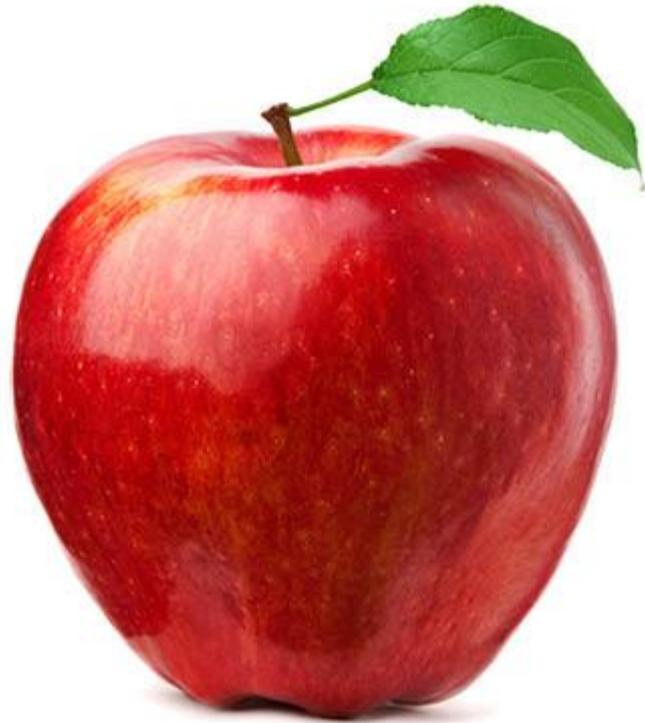
Good Work Good Practice

- In many ways 'Good Work' principles inform **all** good HR practice, good line management, good communication and good job design
- Good health, high levels of 'discretionary effort', high performance and good retention rates are all by-products of Good Work

Job Design & Wellbeing



‘Best Practice’ Innovations and some gaps in employer practice



Workforce health through a 'Business' lens

“To what business problems might a healthier workforce be a solution?”

Improved staff
availability

Quality &
continuity of
service

Fewer
Accidents

Reduced
'displacement'
costs

Improved
Productivity &
Engagement

More innovation,
creativity & agility

Some Innovations (1)

- Public body – no health interventions for which there is no evidence base (eg flu jabs, standing desks, resilience training)
- Military – team based mindfulness to support ‘change readiness’ & agility
- Automotive – risk exposure ‘app’ to capture hazardous physical & cognitive job demands

Some Innovations (2)

- Transportation – online sleep management programme to reduce fatigue & accident risks
- Financial Services – financial wellbeing support programme
- Construction – mental health & suicide prevention (peer support) for young men
- Manufacturing – workability assessment & job redesign for older workers

Some Innovations (3)

- Retail – early referral for employees with Musculoskeletal disorders saving almost £2m in reduced absence
- Oil company – early dementia screening & job redesign to promote job retention
- Shipping – telepsychiatry interventions to reduce suicide risk among isolated mariners

Common Gaps in Employer Practice (1)

- Divided attention (reducing absence costs; providing competitive benefits or improving physical & psychological wellbeing as a driver of productivity & engagement)
- Over-medicalising the problem (and the solutions) – mortality, morbidity or wellness?
- A focus on symptoms over causes
- Little focus on self-management by workers with health conditions – can improve job retention and productivity

Common Gaps in Employer Practice (2)

- A 'deficit'-based rather than capability-based perspective often dominates
- Rare to find coordinated early intervention & VR practices involving line managers & job redesign
- Fruit & Pilates evangelism trumps 'Good Work', culture, leadership, psychosocial health, job design & Vocational Rehabilitation
- Business case 'crowds out' Moral case?
- Evaluation – 'take-up' versus outcomes
- Health as a Risk or as an Asset?

Good practices

- Clear business rationale for action
- Getting senior management support – ‘hearts & minds’
- Good work is good for health, productivity & performance
- Risk and needs assessment, conducted in a participative manner
- Interventions focused on prevention - with a traditional OSH perspective but with a psychosocial component
- Interventions focusing on Work Ability – job redesign
- Active worker ‘voice’ and involvement in design and implementation – focus on line manager role
- Clear evaluation of impact
- Capturing the learning from interventions

A Return on Investment?



Measuring Financial Benefits

- Rarely done because it is difficult!
- Few employers cost sickness absence or measure productivity
- Technical hurdles (eg Human Capital vs Friction Cost methods)
- Most large scale ROI exercises suggest that interventions aimed at reducing absence-related productivity costs yield a 3:1 ROI

The ROI of EAPs

- IES has worked with EAPA to develop an online EAP calculator
- Early results suggest that the ROI of EAPs are positive – sometimes very cost-effective, yet too few employers who use them make effort to promote their use
- <https://www.eapa.org.uk/roi-calculator/>

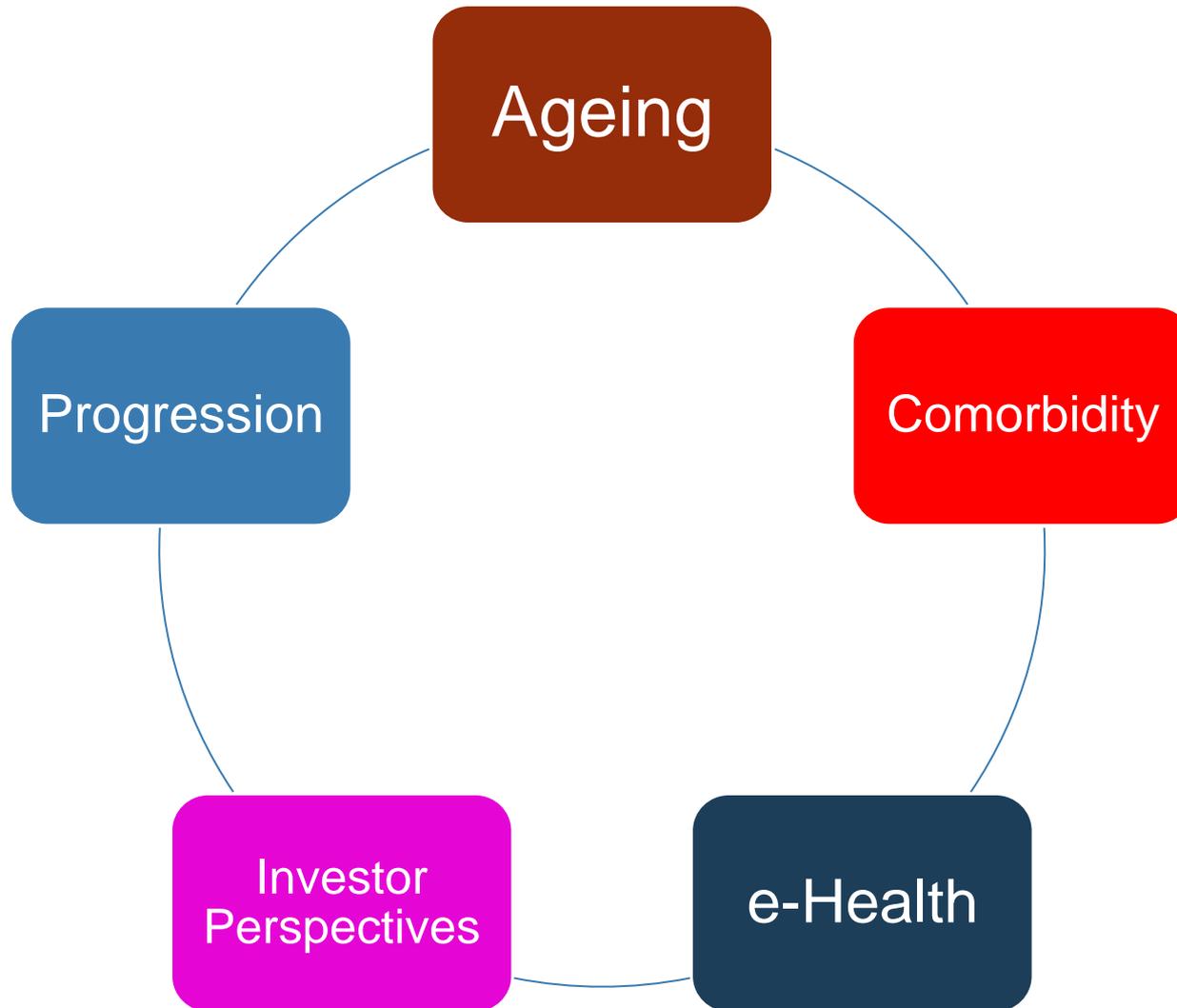
Time to 'Fess-Up - Perks or Interventions?

- Are we trying to compete in a tight labour market or to improve employee health?
- My worry is that, by pretending that health benefits are the same as health interventions, we may be convincing ourselves that we are making a difference to workplace health when we are not

Towards 2030



Challenges for 2030





Centre for
Musculoskeletal
Health and Work

**VERSUS
ARTHRITIS**



Public Health
England

epilepsy *action*

NICE

National Institute for
Health and Care Excellence



European Agency
for Safety and Health
at Work

Thriving at work

The Stevenson / Farmer review
of mental health and employers



GLOBAL HEALTHY
WORKPLACE
Awards Winner



bacp | counselling
changes lives



World Health
Organization



Recent & Current IES Research on Workforce Health & Wellbeing

Evaluation
Studies &
Trials

Studies with
a Sectoral
Focus

Studies of
Health
Conditions

Evidence
Reviews

Secondary
Analysis

Studies of
Interventions

Studies of
Population
Groups

Advisory
Groups &
Judging

IES Workplace Wellbeing Audit

Horizon-Scanning

Capture trends in workplace health, highlight new evidence of 'what works', assess new regulations, identify new policy proposals & consultations, track international evidence.

1

Policy Assessment

Stock take of core policies on absence, H&S, disability, adjustments & assessment of practices (reporting, referral, risk assessment), inclusion & accessibility impact assessment.

3

Process Assessment

Measures of take-up & participation, financial measures of success (ROI, productivity, payback times), sustainability assessment, scalability & transferability potential.

5

Needs Assessment

Demographics, sickness trends & hotspots, direct/indirect costs, spend, take-up & ROI of existing offerings, health risk data, climate survey data, leader readiness, employee involvement & line manager capability.

2

Impact Assessment

Physical health interventions (lifestyle, MSK, chronic illness), mental health (psychosocial risk, work intensity), financial wellbeing, 'good work' audit, impact of in-house & outsourced support services.

4

Action Planning

Strengths & weaknesses of current policies & practices, gaps in provision & plans to fill them, setting priorities, timelines & budgets, getting best value from suppliers, business case for investment & expected outcomes.

6

Further information:

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