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Workplace Health and Wellbeing – an update

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Society needs the maximum number of productive years from as many people as possible. Those not working depend on others.

We need the ratio of earners and wealth-generators to dependants (children, pensioners, unemployed) to be as high as possible.

Being sufficiently healthy is a condition for work, and maximising healthy life as a proportion of total life is therefore a desirable goal for individuals and society.

Currently people live longer, but are often less healthy.
Preventing people from working

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 disease, heart disease, cancer, Rheumatoid Arthritis

Major functional incapacity
- Major trauma, multiple sclerosis, cancer, addictions

Poor workplaces, poor work, poor managers
What interventions work?

- We have a fairly good idea of what interventions work in general terms, to minimise long-term absences and maximise returns to work, e.g.:
  - Early interventions
  - Biopsychosocial assessment – phone v face-to-face
  - Access to quick health care and other support
  - Vocational rehabilitation (inc. career management and job-change support)
  - Case management

Courtesy J. Hillage
Government intervention: the Fit Note

- New ‘Fit Note’ 2010
- **GPs the gateway** to certification & benefits
- They can identify the main problem
- Messages and advice influence patients
- **GPs & advocacy - their role a mismatch?**
- Average consultation lasts about 7 mins
- Investment in training/education and early fit for work pilots
- Electronic Fit Note 2015
- Limited success – can we redesign?
- Could we make work a clinical outcome?
• Difficult to target *employees* especially those from SMEs

• Difficult to engage GPs consistently

• Most clients had a musculoskeletal or common mental health condition plus other non-health problems

• Pilots operated a range of different models.

• Clients spent around 10 to 12 weeks with the service (almost certainly too long), most (72%) returning to work highly satisfied.

• Low cost (telephone) pilots were more cost effective.
The new national *Fit for Work* service based on Black and Frost review 2011

- **As introduced, it provides:**
  - nurse-led intervention, after 4 weeks absence;
  - expert impartial work-related health advice via web/phone and email;
  - an assessment service accepting referrals of employees from GPs and employers
  - support for unwell people to stay in or return to work.

- **However:**
  - very few face-to-face sessions
  - new service cannot issue Fit Notes or refer to therapy
  - no easy link with Fit Note
  - employers are using it more than GPs!

- **Limited funding.**
New emphasis on the need to “invest in innovation to gain better understanding of what works, for whom, why and at what cost” so that promising approaches can be implemented quickly.

We must “share widely information on what works, to support local delivery.”

“We will work with Public Health England to develop work and health indicators and identify how best to bring together and share the existing evidence for local commissioners and delivery partners.”

The Green Paper sees the need to “change cultures and mind-sets across all of society: employers, health services, the welfare system, and individuals themselves …”

… and it announced a review of the Fit Note,
The Power of the Workplace for Health and Productivity Improvement

The potential for large-scale health impact:
• 31 million employees in the UK
• families of employees extend impact further.

Workplaces:
• a place for leadership from the top
• Board engagement (if a Board structure)
• anyone who directs people is a manager and has responsibility for people’s health and wellbeing
• powerful communication and education are possible
• infrastructure for measurement of Health and Wellbeing often in place.
Evaluation:

Britain’s Healthiest Workplace

In fifth year; 160 organisations, 34,000 employees.  
28 NHS organisations have participated so far.

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

Approach:
- Understand the modifiable clinical and non-clinical risks in the workplace
- Determine the effectiveness of workplace interventions in promoting employee health.

Methodology and analysis RAND & Cambridge Univ. Supported by Vitality Health
Interesting trends from 2016 BHW data

- Depression linked to low income and the younger generation
- Lack of sleep for higher earners
- Inadequate physical activity, obesity and high blood pressure are linked to number of working days lost

Public sector workers most likely to:
- Lose work time due to absence and presenteeism
- Have 2+ kinds of work-related stress/ Suffer from depression

£10k to £20k is a problem income range. Workers most likely to:
- Lose work time due to absence and presenteeism
- Have financial concerns and 2+ kinds of work-related stress
Use of offered wellness interventions

### Nutrition

<table>
<thead>
<tr>
<th>Service</th>
<th>% of Employees Engaging in...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietician/nutritionist services</td>
<td>36.3</td>
</tr>
<tr>
<td>Healthy eating information</td>
<td>54.1</td>
</tr>
<tr>
<td>Healthy food alternatives: vending</td>
<td>59.9</td>
</tr>
<tr>
<td>Microwave</td>
<td>76.3</td>
</tr>
<tr>
<td>Healthy food alternatives: canteen</td>
<td>77.9</td>
</tr>
<tr>
<td>Fridge</td>
<td>84.9</td>
</tr>
<tr>
<td>Fresh fruit and vegetables</td>
<td>85.1</td>
</tr>
<tr>
<td>Fresh drinking water</td>
<td>97.8</td>
</tr>
</tbody>
</table>

### Physical Activity

<table>
<thead>
<tr>
<th>Intervention</th>
<th>% of Employees Engaging in...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bicycle purchase scheme</td>
<td>15.4</td>
</tr>
<tr>
<td>Bicycle storage facilities</td>
<td>21.6</td>
</tr>
<tr>
<td>Gym / health club membership</td>
<td>31.4</td>
</tr>
<tr>
<td>Locker room with showers</td>
<td>43.3</td>
</tr>
<tr>
<td>Onsite gym or fitness facility</td>
<td>43.5</td>
</tr>
<tr>
<td>Unpaid fitness breaks</td>
<td>50.2</td>
</tr>
<tr>
<td>Paid fitness breaks</td>
<td>65.2</td>
</tr>
</tbody>
</table>
BHW  Influences on participation

How can employers increase participation in workplace wellness programmes?

Comparison of data suggests that having internal reporting to the Board leads to much-improved participation.

As to programme design, for these organisations, having average participation 58%, participation increases by:

- 11% if participation during work time is allowed;
- 10% if benefits supporting health promotion are offered
- 7% if there are rewards for participation or outcome

(these not necessarily cumulative)
Year-on-year participation generates more meaningful insights for participating companies. 32 of the 39 repeat participants 2014-15 improved score; the most important driver a better culture of health (shown blue)

“The tone from the top is what really matters”
In the Workplace: Embedment NOT add-on

- Ensure a firm base for Health and Wellbeing, grounded in the fabric of the organisation.
- It cannot be an ‘add-on’.
- Total worker health
Total Worker Health (TWH)

“A strategic and operational co-ordination of policies, to enhance overall workforce health and wellbeing. .. ”


Shared indicators:

- Leadership and commitment throughout organisation
- Co-ordination between all involved
- Organisational policies and practices that support:
  - training and accountability
  - management and employee engagement
  - integrated evaluation and surveillance.

Still an aspiration in many places
The NHS Workforce

• Simon Stevens said in his inaugural address on 2 April 2014:

“If like me you believe in a tax-funded NHS you’ll want the Health Service to play its part in growing our nation’s economy, precisely so that we can sustain public health services for generations to come.”

“To do this, NHS employees will need to be healthy, both mentally and physically, have good well-being, and be fully engaged in their work towards improved outcomes for patients.”
NHS Staff health at work
Project started December 2015.

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

- Board-level director lead, and senior clinician champion
- Training for all line managers, Mental Health included.
- Health checks for staff aged 40 or over
- Staff access to physiotherapy and MH talking therapies
- Healthy options in food sources on site
- Physical activity - Cycle to Work, walking groups, yoga.

Plus full implementation of NICE guidelines on workplace health and Workplace Wellbeing Charter, and a CQUIN, a financial incentive for Health and Wellbeing.
In Addition, in 2015:

- RAND Europe was asked to survey staff in 11 selected NHS ‘Leadership’ organisations and other ‘matched’ NHS organisations not part of the leadership group.

- The survey was to collect evidence of the Health and Wellbeing of staff, and of the actions these organisations were taking to improve staff health and wellbeing.

- Methodology from the Britain’s Healthiest Workplace competition designed by Cambridge University and RAND
## Response to survey

<table>
<thead>
<tr>
<th>Survey responses</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>total number of organisations (including NHS England)</td>
<td>19</td>
</tr>
<tr>
<td>total number of employees across organisations (headcount)</td>
<td>105,838</td>
</tr>
<tr>
<td>total number of employees distributed</td>
<td>91,872</td>
</tr>
<tr>
<td>total number of surveys started</td>
<td>8383</td>
</tr>
<tr>
<td>total number of completed responses</td>
<td>7246</td>
</tr>
<tr>
<td>average completion rate</td>
<td>86.6%</td>
</tr>
</tbody>
</table>

Caveat: small sample. Benchmarking difficult. Responders may not be representative.
Around 20% of staff at risk of mental ill-health

- Of all NHS participants, 19% had below-average mental health and wellbeing scores.
- Younger staff had slightly poorer rates, as did Ambulance personnel and Nursing or Healthcare Assistants.
- **Financial concerns** are common among certain groups:

<table>
<thead>
<tr>
<th>Income band</th>
<th>Percentage concerned</th>
<th>Age group</th>
<th>Percentage concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bands 1-5</td>
<td>37%</td>
<td>18-30</td>
<td>37%</td>
</tr>
<tr>
<td>Bands 6-7</td>
<td>27%</td>
<td>31-40</td>
<td>34%</td>
</tr>
<tr>
<td>Band 8A-8B</td>
<td>24%</td>
<td>41-50</td>
<td>30%</td>
</tr>
<tr>
<td>Band 8C-8D</td>
<td>14%</td>
<td>51-65</td>
<td>22%</td>
</tr>
<tr>
<td>Band 9+</td>
<td>16%</td>
<td>66+</td>
<td>11%</td>
</tr>
</tbody>
</table>
Bullying needs addressing

• **12% of NHS staff** report being bullied at work ‘at least some times’ (average 11.6% for the Leadership organisations, 12.4% for the matched organisations).

• Among all BHW participants the proportion is **6.5%**.

<table>
<thead>
<tr>
<th></th>
<th>Bullied by patients, relatives or public</th>
<th>Bullied by managers</th>
<th>Bullied by other colleagues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>2%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Matched</td>
<td>4%</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

• 2% of the Leadership participants, and 6% of those from the matched group reported **suffering physical violence** by patients, relatives or the public (but none by managers or other colleagues).
Overall BMI figures for 19 participating NHS organisations

- Around 44% of staff are in the healthy range
- 31% are classified as overweight; 24% as obese (older workers generally have higher levels)
The figures vary by job group

- Higher prevalence of obesity among Nursing or Healthcare Assistants and Ambulance
### BHW: Overview

<table>
<thead>
<tr>
<th>Healthy Eating Information</th>
<th>% of Organisations Offering</th>
<th>% Employees of Organisations Offering Intervention Who Are Aware of the Intervention</th>
<th>% Employees of Organisations Offering Intervention Indicating They Have Used It</th>
<th>% of Users Indicating the Intervention Improved Their Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy eating information</td>
<td>95%</td>
<td>19%</td>
<td>5%</td>
<td>72%</td>
</tr>
<tr>
<td>Healthy food in canteens</td>
<td>79%</td>
<td>17%</td>
<td>9%</td>
<td>65%</td>
</tr>
<tr>
<td>Healthy food in vending machines</td>
<td>68%</td>
<td>10%</td>
<td>2%</td>
<td>66%</td>
</tr>
<tr>
<td>Healthy food for out of hours staff</td>
<td>37%</td>
<td>5%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Means to prepare or heat own food</td>
<td>95%</td>
<td>22%</td>
<td>19%</td>
<td>73%</td>
</tr>
<tr>
<td>Fresh fruit and vegetables</td>
<td>63%</td>
<td>12%</td>
<td>7%</td>
<td>81%</td>
</tr>
<tr>
<td>Dietician/nutritionist services</td>
<td>26%</td>
<td>6%</td>
<td>1%</td>
<td>76%</td>
</tr>
<tr>
<td>Access to fresh drinking water (other than tap water)</td>
<td>84%</td>
<td>21%</td>
<td>19%</td>
<td>81%</td>
</tr>
</tbody>
</table>
Improving food in NHS workplaces

• In 2016, NHS England linked £150m of incentive payments to improved food provision on NHS premises, including:
  - Banning price promotions/advertisement of unhealthy food and drink
  - Removing unhealthy food and drink from checkouts
  - Improving affordable, healthy options for night staff

• In 2017-19, the CQUIN scheme will encourage further change:
  - Expanding the number of sugar-free drinks lines available
  - Reducing portion size of snacks, confectionery, pre-packed meals

• In addition to the CQUIN:
  - all new supply contractors must meet Gov’t nutrition standards
  - two trials run with DH and PHE showed:
    - 100% increase in water sales, if price promoted in visible location
    - 23% decrease in confectionery sales in a less visible location

Initiatives to be introduced more widely in NHS restaurants during 2017
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

Should we not build in need for more mobility around buildings, rather than ever greater densification?
Ways to Sit Less at Work

- Regular breaks
- Use stairs not lift
- Stand while phoning
- Walk over to talk to colleagues (not email)
- Stand at Meetings
- Limit screen time
- Drink much water
- Take walking meetings
- Move rubbish bin away
- Try a Sit-Stand desk
“Member states may consider adopting appropriate measures, such as regulations or guidelines on health in the workplace, to enable more physical activity during the working day.”

“The measures could include action to address the workplace layout, such as provision of adjustable desks, prominent signs encouraging use of stairs, regular breaks to allow for physical activity, and membership of a gym or sports club.”

“Implementation should be supported by Occupational Health and Safety Officers.”

WHO, Sept 2015
Alison Wolf: The XX Factor

• Lower-status, lower-paid jobs are still predominantly done by women.

“Inequality is growing faster among women than among men – inevitable if more women are getting to the top.”
Are there disproportionate challenges for women?

- **Infant** (0-4): Gender stereotyping early
- **Child** (5-12): Building confidence, resilience, risk-taking
- **Teenager**
- **Work**
  - Maternity leave, working at lower level on return
  - Young worker, job insecurity, low pay
  - Harrassment, sexual etc.
  - Caring responsibility
- **Retirement**
  - May leave labour market early
  - Menopause
  - Family pressures, young family, two workers, financial difficulties

Early influences, social determinants of health

Gender stereotyping early
Menopausal symptoms can pose major and embarrassing problems for some women, leaving them feeling less confident and at odds with their desired professional image.

The majority of women are unwilling to disclose menopause-related health problems to line managers, most of whom were men or younger than them.

It has been noted that in the workplace, the management of gender-specific health issues other than pregnancy are rarely discussed.

In addition to managing potential menopausal symptoms, a quarter of women aged 50 to 64 have informal caring responsibilities for a sick, disabled or elderly person.

People in late middle-age are often caught between generations of family members requiring care: parents and in-laws, spouses or partners, children or grandchildren.

75 to 80% of women of menopausal age are in work.
Final thought

• A healthy working life is:

“One that continuously provides working-age people with the opportunity, ability, support and encouragement to work in ways and in an environment which allow them to sustain and improve their health and well-being.”

Scottish Executive (2004)