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Workplaces: Impact on public health

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• One of the developments listed as necessary is “… working with all sectors of society…”.

• One of these sectors must be employees ….

• … along with employers, in the workplace.
Benefits of Work

- **Health** (with the right type of work, the right job for the right person)
  - Financial
  - Social
  - Status
  - Discipline/routine
  - Opportunity

We need to do more to:

- prevent work from damaging health
- promote health of those at work
- promote work for those with health problems

*Galen* (129-200)  
“Employment is nature’s physician and is essential to human happiness.”
The Power of the Workplace

The potential for large-scale health impact:

- 31 million employees in the UK
- families of employees extend impact further.

Advantages of the workplace:

- a microcosm of society, as to age, gender, income, ethnicity
- a culture of health at work can reinforce positive health behaviours
- good employer/employee relationships can help sustain wellbeing
- powerful communication possibilities
- infrastructure for measurement of health outcomes is often in place
- “Public Health” in the workplace can be promoted.
Preventing people from working or from 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, Rheumatoid Arthritis

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

Poor workplaces, poor work, poor managers
Understand the challenge

So what is the size of the problem?
Britain’s Healthiest Workplace

• devised by Vitality Health, the health insurer

• produced in association with RAND Europe, the FT, the University of Cambridge, and Mercer, human resource consultants.

• The survey seeks to create awareness among employers and employees of the importance of workplace health and wellbeing, …. 

• … and to build an evidence base for:
  - employers to make improvements, and
  - employees to engage with their modifiable risks.

This year the survey generated responses from nearly 32,000 employees in 167 organisations.
The BHW survey process

- online **organisational health assessment** completed by a representative of the organisation
- **voluntary online health assessment** completed by employees, who each receive a personal report
- leading to a **comprehensive report on the health of the organisation and its employees**, benchmarked against others, with suggestions for interventions.

Some recent results:

- **54%** of employees reported at least one form of **work-related stress**
- **36%** were physically active for under 3 hours per week.
Sickness Absence (from BHW)

Additional days per year lost after an employee reports a new condition, the overall results show on average:

- 0.8 days for a musculo-skeletal condition
- 2.6 days after insufficient physical activity
- 4.0 days after diagnosis of a chronic disease
- 5.0 days after being bullied at work
- 5.8 days after new money worries
- 31 days after reporting moderate/severe depression.

Mental and Physical Health are intimately related.
Physical inactivity at work

British Heart Foundation research 2015:

“sedentary work is killing people by discouraging exercise”

• Staff 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% feel they sit too long in the office
• 62% fear a negative health impact
• 66% are less active at work than home.
Benefits of Investing in Workplace Wellness Programmes

- Fewer sick days when tracking low-intensity exercise (tracking steps): 24%
- Reduction in absence with an improved diet: 18%
- Productive time per employee each year: +6 days

Vs. national average

From BHW Survey
Facts that have emerged: (Oct 2017)

- 15% of workers have an MH condition
- 300,000 with long-term MH problem lose their jobs each year
- cost to employers > £33bn per year
- cost to State over £24bn per year
- cost to whole economy > £73bn yearly.

“It is massively in the interest of both employers and Government to prioritise and invest far more in improving MH.”

“Deloitte’s analyses of cases where investment has been made in improving MH show consistently positive return …”
“... a framework for a set of actions which we believe all organisations in the country are capable of implementing quickly.”

- Produce, communicate and implement a Mental Health at Work plan
- Develop MH awareness among employees
- Encourage open conversations about MH and the support available for struggling employees.
- Provide staff with fulfilling work, with purpose, and some control.
- Manage people effectively through line managers and supervisors.
- Routinely monitor staff Mental Health and wellbeing.

Annex A has guidance, suggestions and tools to help implementation.
NICE Guideline 2015: Recommendations

• 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.
Novel RAND Europe study 2017: Micro-level consequences of lack of sleep snowball into societal effects on public health, productivity and performance.

Factors affecting sleep loss (in minutes per night)

- Commute 60+ minutes
- Financial concerns
- Commute 30-60 minutes
- Male
- Separated from partner
- Smoker
- Dependent children

Employers can encourage healthier sleep habits, e.g. limiting use of electronic devices after working hours.
Leadership in the NHS

- 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.”
**Mental Health**: Of all NHS participants,

- 19% had below-average MH and wellbeing scores.
- Younger staff had slightly poorer rates, as did Ambulance personnel and Nursing or Healthcare Assistants.

- 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%.

**Obesity**:  
- 31% of workers classified as overweight, 24% as obese (older workers generally have higher levels of weight)
Eleven NHS organisations, with 55,000 staff, are leading implementation, committed to **six key actions**, providing:

- Board-level director lead, and senior clinician champion
- Training for all line managers, **Mental Health mandatory**.
- Health checks for staff aged 40 or over
- Staff access to physiotherapy and **MH 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 a **CQUIN** (a financial incentive to promote Health and Wellbeing).
### H&WB CQUIN Staff Survey: Progress against targets

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<td>23.1%</td>
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NHSE require 5% improvement year on year

Courtesy Dr Attfield, Barts NHS Trust
From BHW Survey

HOW CAN I INCREASE PARTICIPATION IN WORKPLACE WELLNESS PROGRAMMES?

58%
Average participation in workplace wellness programmes

+11%
Offering benefits that support health promotion

+10%
Allowing participation during work-time

+7%
Providing rewards for participation or outcome
Continue to promote change

We are on an unfinished journey