



Happiness and Wellbeing at Work

Bridging the Gap between Academia, Policy and Practice

London, 21 June 2013

**Is Health and Wellbeing
good for business?**

Dame Carol Black

**Expert Adviser on Health and Work
Department of Health, England**

Principal, Newnham College Cambridge

The Vision 2005-2013

2005

“ We want to achieve a society where work is recognised by all as important and beneficial, and institutional barriers to starting, remaining in, or returning to, work are removed. Success should lead to optimal performance and attendance, with more people able to work than ever before.”

DWP Strategy document: Health Work and Wellbeing – Caring for the Future

2008

“ By working together, our efforts will help us build a workforce for tomorrow By improving health and work we will make a real difference to people’s lives.”

Government Response to the Black Review

2013

“ Welfare reform, investment in the health and work agenda, and our Response to the independent review of sickness absence, will all play a part in improving people’s lives, creating a sustainable workforce for the future and contributing to economic growth.”

A vision that crosses the political divisions.

The UK journey

In 2005 a cross-government strategy developed to :

- create employment and workplaces which both protect and promote health, mental and physical
- enable people with disabilities and long-term conditions, especially mental health conditions, to stay close to the labour market
- reduce sickness absence, job loss, and flow on to welfare benefits
- support people to work to a later age
- ensure health professionals understand work as a determinant of health, and
- **appoint a National Director for Health and Work for five years, to support, promote and deliver this strategic vision.**

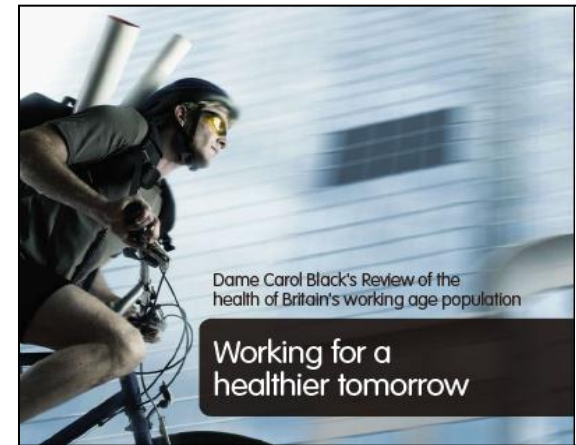


Black Review (2008)

Challenge : “The economic costs of sickness absence and worklessness associated with working-age ill-health are over £100 billion per year – greater than the current annual budget for the National Health Service ... Left unchecked it will diminish life in Britain.”

Factors that stood in the way :

- Culture, beliefs and attitudes
- Inadequate systems
- Work not a clinical outcome for health professionals.
- Lack of OH support and Primary Care involvement
- Limited evidence base. Little UK research.



2008 Review : Research and Evidence

“ Monitoring the baseline set out in this Review will be critical, as will an **extensive programme of research** to inform future action, with a comprehensive evidence base and increased cross-governmental effort to ensure progress.”

“ **Taking the agenda forward: Government**

... also needs to review the research commissioned on health and work, and analyse data. There is a **dearth of research into sickness absence** despite the high costs to employers and the economy, and **little evidence on how effective health interventions are in promoting return to work**, or how effective work interventions are in promoting positive health outcomes. So of the health and work agenda **meaningful cost-effectiveness analysis is almost impossible.**”

Activity and Progress since 2006

Organisations :

Examples of action :

- **Government**
 - Delivering Black Review
 - Public Health Responsibility Deal (Health at Work Network)
 - NICE Public Health guidance
 - DH activities post-Boorman Review (NHS staff health)
- **Employers (private and public)**
 - investment in Health and Wellbeing at work
 - integration of Health, Safety and Wellbeing
- **Healthcare professionals**
 - educational initiatives
 - work to be an outcome of clinical encounter
 - 'fit note' not 'sick note'
- **Trade Unions**
 - engagement with the agenda 'at the table'
- **NGO involvement**
 - e.g. Mind, Tomorrow's People, Diabetes UK, Macmillan Cancer

“Happiness” in the Workplace

Academics may define happiness differently: ‘human flourishing’, ‘meaning’, ‘subjective wellbeing’

... but all agree that happiness makes good business sense.

‘When people become happier they somehow find more energy’

(Prof. Andrew Oswald, Warwick University)

‘Happy people earn more money, are healthier, and more creative at problem-solving, so promoting happiness in the company makes commercial sense.’

(Prof. Christie Scollon, Singapore Management University)

‘Elite workers are extremely expensive to replace, so taking job satisfaction measures is not a soft-minded thing to do, it is a hard-minded thing to do’
(Oswald)



From ‘Feature of the Week’ *The pursuit of happiness in the workplace*
by Delia Bradshaw, Financial Times, 19 May 2013

The Workplace : Health and Wellbeing



Work places can be microcosms of society. **All workplaces can ensure:**

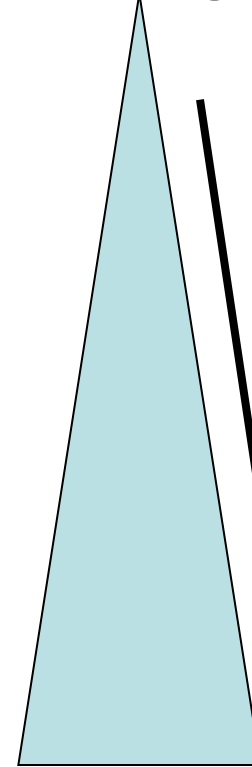
- 'good work' and good organisational health
- that all managers are trained in effective communication, awareness and learning with respect to wellbeing and mental ill-health
- development of a culture of health (mental and physical), healthy lifestyles and physical activities at work and among the workforce
- provide powerful communication opportunities, and peer support.

A healthy, engaged workforce with wellbeing is good for business and boosts the bottom line – increasing evidence in many countries.

The gradient in health and motivation in workplaces

- Overall organisational productivity depends critically on **workers' aggregate performance**
 - their contribution is essential to success.
- In particular, there is a need to understand the degree of linkage, in typical pyramid-shaped organisations, between, on average, poorer health (mental and physical) and lower motivation and engagement at work.
- Recognition of this needs to be properly factored in to management thinking about health will enhance productivity

Top management



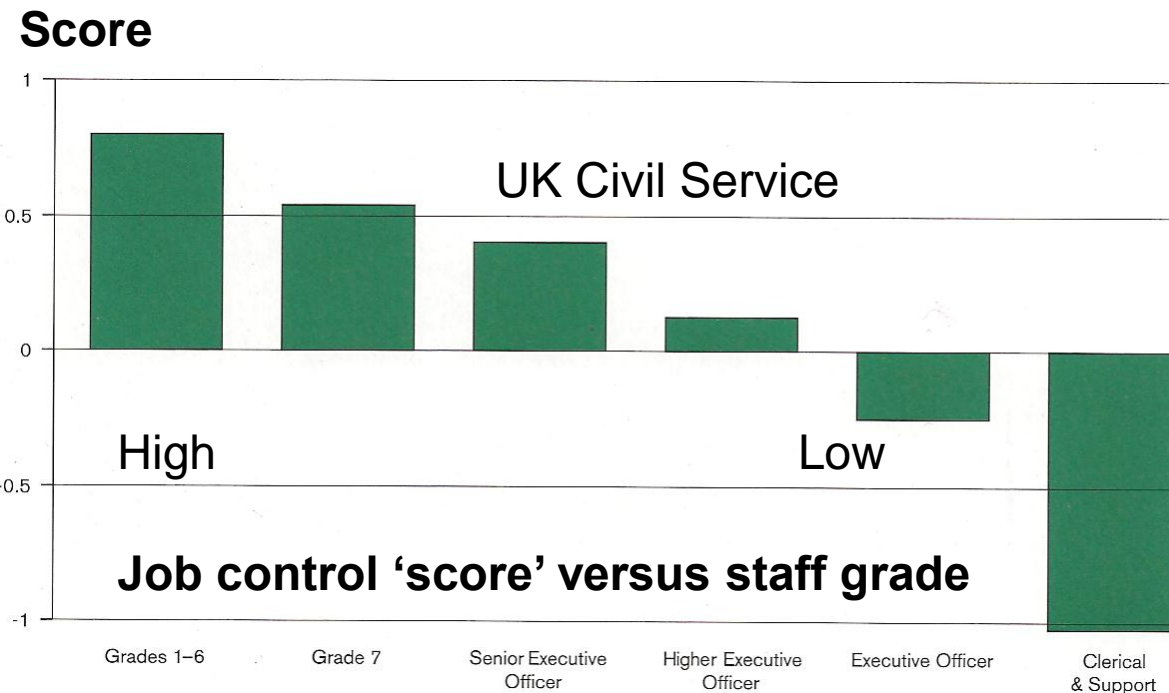
Usually
declining
income
and health

Workforce, many more at the foot, is not uniform in health, wellbeing or motivation

Health and engagement gradients across a government workforce

The Whitehall studies convincingly demonstrate a significant **health gradient across a workforce**

- Those permanently at lower levels suffer worse health outcomes than those who reach more senior levels - and ill-health, mental and physical, lowers motivation and engagement.



Also 'Job control' affects motivation and engagement significantly.

Higher staff grades have appreciably higher scores on job control.

From Marmot, *Fair Society, Healthy Lives*, 2010

Engage for Success: e.g. NHS

National Health Service :

- high correlation between good employee engagement scores and a range of desirable outcomes for patients
- patient satisfaction is significantly higher in Trusts with higher levels of employee engagement
- Linked to improvements in patient satisfaction were:
 - percent staff receiving job-relevant or Health-and-Safety training
 - prevalence of well-structured appraisal meetings
 - reported good support from immediate line managers which all contribute to good employee engagement.



Research by Aston University, 2009

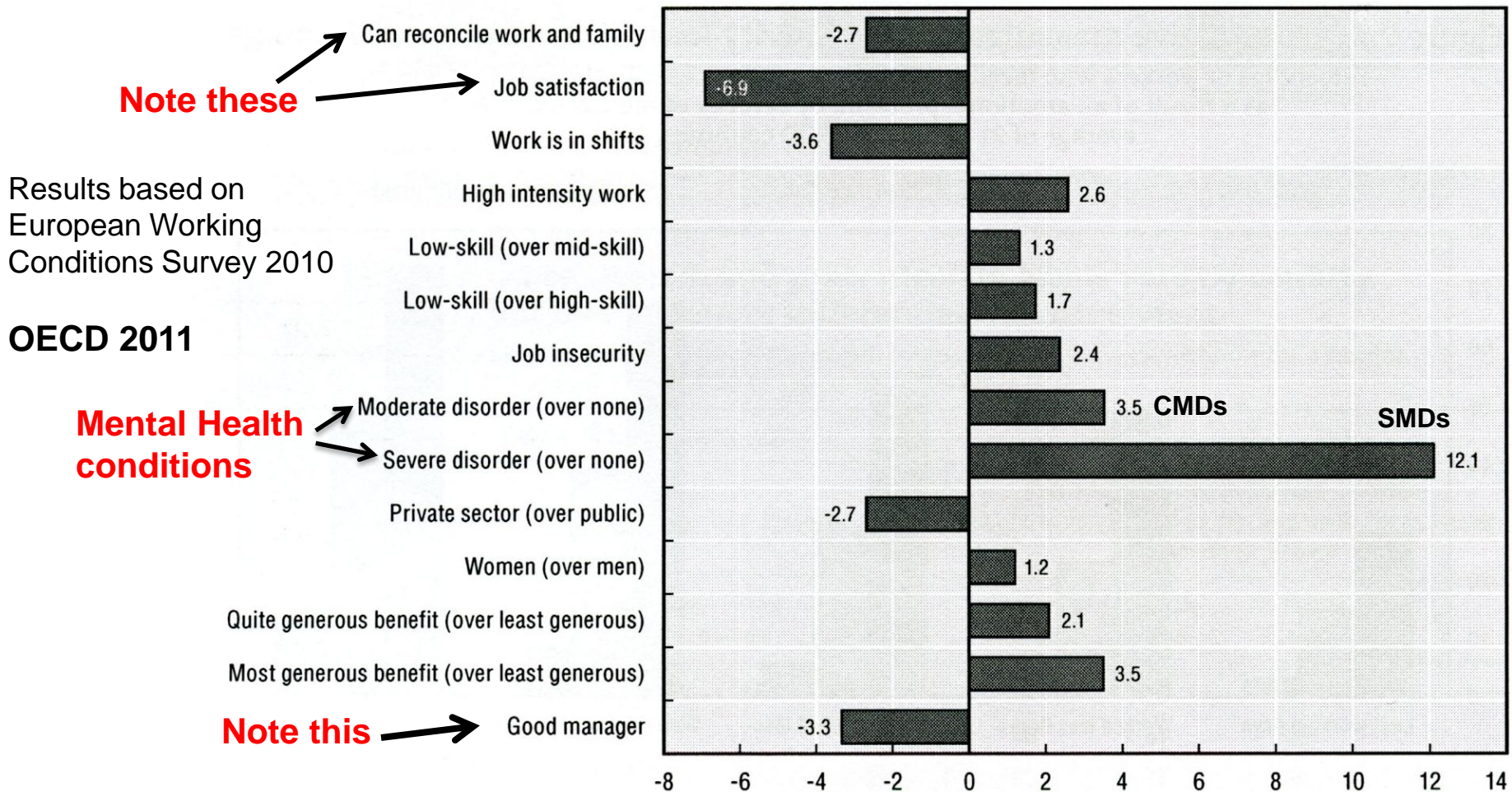
- **NHS Trusts with high engagement had lower standardised patient mortality rates (2.5% lower than in Trusts with medium engagement)**

Workplace Health and Wellbeing : Areas of increasing challenge and opportunity

- Leadership
- Management
- Mental Health, Resilience and Engagement
- Integration of OH, safety, health promotion and wellbeing
- SMEs – how to make it happen for them
- Accommodation of chronic conditions in the workplace
- Public Health in the Workplace

Variables affecting sickness absence

Extra days absence in year for workers with the following characteristics :
(SMDs influence absence more than any other variable.)



Mental Health Care and Work

Mental Health Care Systems often:

- do not help with employment issues and do partner with employers/companies
 - leave health care and employment services separate
 - do not include employment among care quality indicators
 - neglect CMDs and provide too few services for them
 - leave healthcare professionals believing that work is neither a realistic aim nor beneficial for people with mental ill-health
 - provide sparse evidence on Mental Health and connection with work
- ... but things are improving in some countries.**



Resilience training : GSK

Resilience training of increasing importance.

Based on Human Performance Institute's
Corporate Athlete training

- “Strengthen and align energy along four dimensions”
- Course at GSK lasts 2.5 days

Outcome :

- Work-related MH cases decreased by 60%
- Mental health absences reduced by 20%
- Pressure due to work/life conflicts fell by 25%
- Staff satisfaction with the company increased by 21%
- 14% increase in willingness among staff to experiment with new work practices

Leadership: the most consistent predictor of back pain

After adjustment for age, sex, skill level, back pain severity and other potential confounders, the most consistent **predictors of back pain** were:

- **decision control**
(lowest OR 0.68;
99% confidence interval (CI): 0.49 -0.95),
- **empowering leadership**
(lowest OR 0.59; 99% CI: 0.38-0.91)
- **fair leadership**
(lowest OR 0.54; 99% CI: 0.34-0.87)

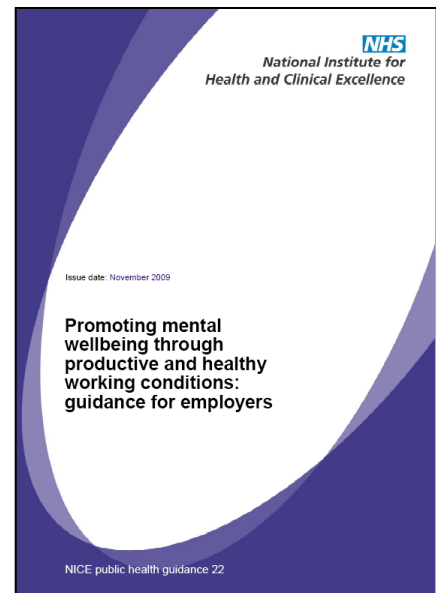


Effect of Managers on Employee Well-being

- **A longitudinal interventional study** (n = 188) in a large Danish local government organisation, where poor social support, lack of role clarity and lack of meaningful work had been identified as significant problems.
- **Intervention** (measured at entry and 18 months later) :
 - improved team working with a degree of self-management
 - **Question: Did active middle management support for the intervention mediate its impact on well-being etc. ?**
- **Results :**
 - structural equation modelling showed that active middle-manager involvement, as perceived by employees, correlated with job satisfaction and well-being.

NICE and workplace health

- **Workplace Health – the role of line managers**
- **Project started February 2013.**
Executive lead Andrew Dillon, CEO, NICE
(National Institute for Health and Clinical Excellence)
- Workplace policy and practice to improve the health of employees.
- Follows 2009 publication on *Promoting mental well-being through productive and healthy working conditions: guidance for employers*. The business case.



Public sector : Department of Health Leadership in HW&WB

The **Health and Wellbeing Improvement Framework 2011** sets out **five high-impact changes** that **NHS organisations** can follow to improve staff health and well-being, and reduce sickness absence:

Developing
local
evidence-
based
improvement
plans

With
strong
visible
leadership

Supported by
improved
management
capability

Better, local
high-quality
accredited
Occupational
Health services

With all staff
encouraged
and enabled
to take more
personal
responsibility

- The Department of Health is working with NHS Employers and the **RCP Audit Unit** to deliver these 5 high impact changes:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128691

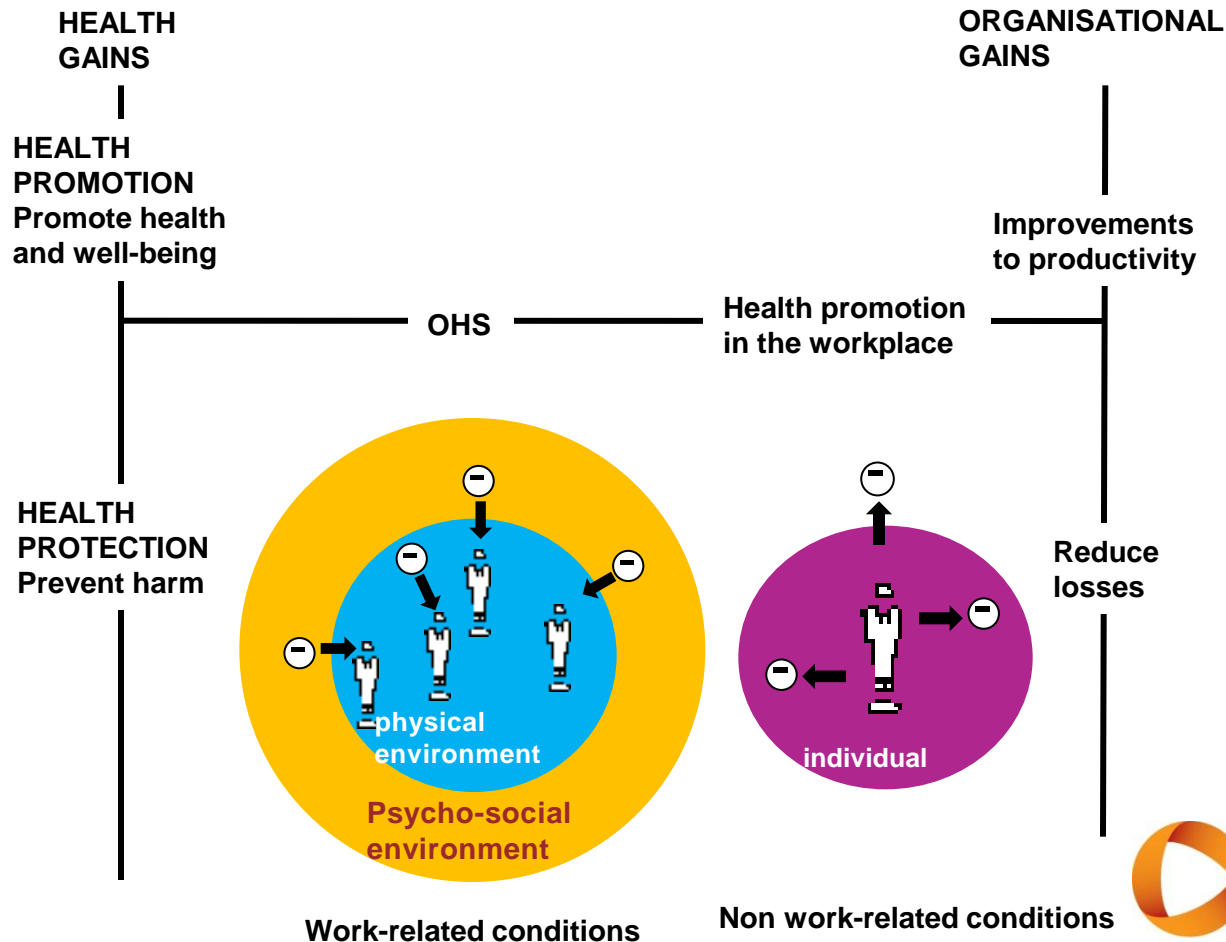
Supported by Improved Management Capability

- **Line Managers** know their staff better than anyone. They can promote better health and well-being and manage absence effectively if it occurs.
- **The best providers enable and support managers to follow good practice in building resilience, return to work interviews, recognising and supporting signs of stress, and addressing health in appraisals.**

South West Yorkshire Partnership FT

- Showed that health and well-being of staff is helped by better-quality management, especially during a change
- Managers now undertake a learning programme to help build their teams' resilience and increase productivity.
- Achieved big reductions in working long hours, harassment and bullying, with increase in engagement and take-up of development opportunities for all staff.

Traditional approach to Health and Safety, and Wellbeing

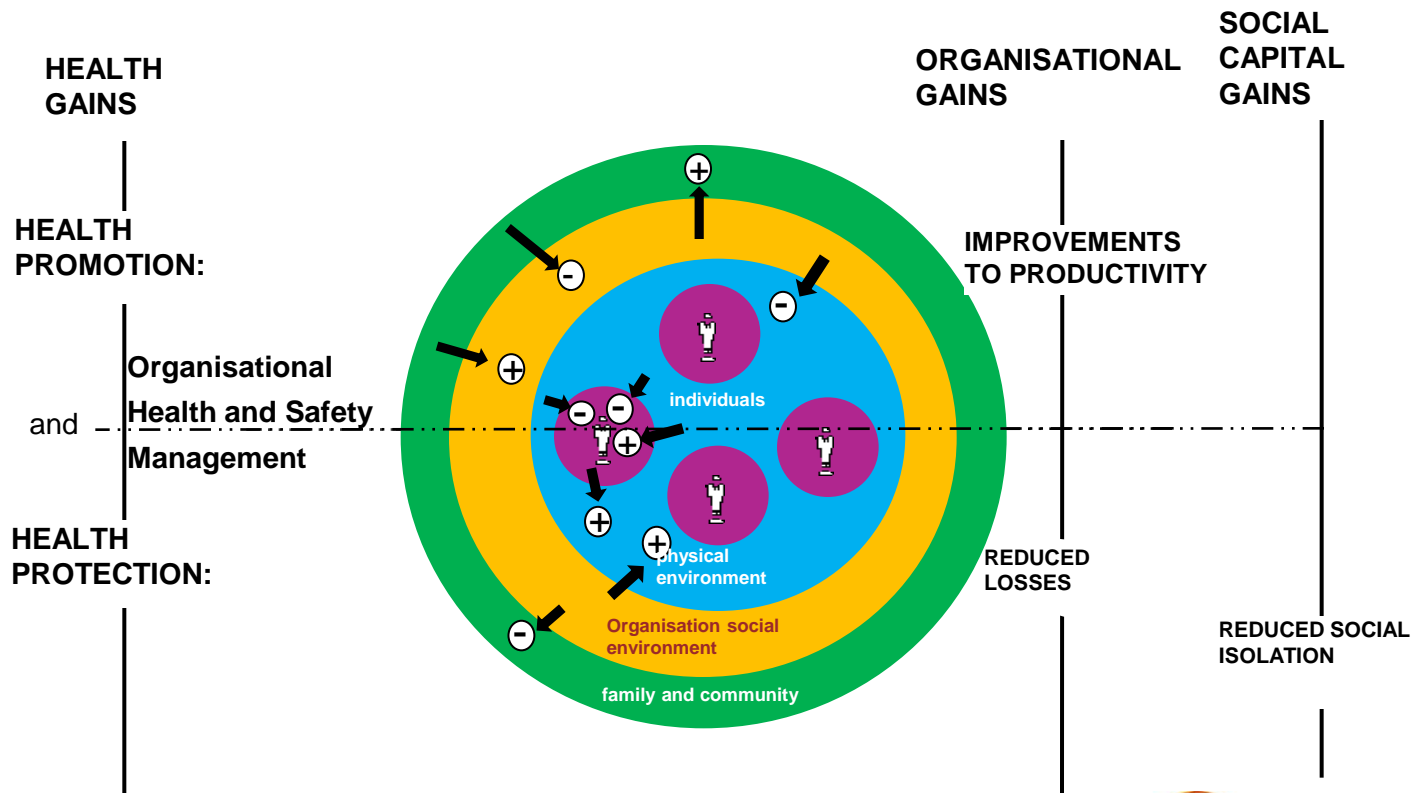


ISCRR

Institute for Safety,
Compensation and
Recovery Research

A joint initiative of WorkSafe Victoria, the TAC and Monash University

Integrated approach to Health and Safety, and Wellbeing



Courtesy Professor Niki Ellis



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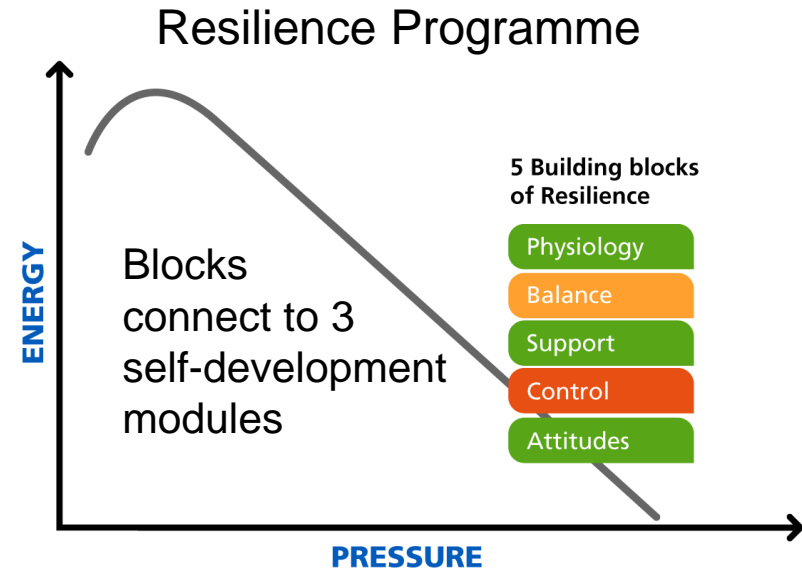
EDF Energy

- In 2006 an audit at EDF Energy revealed significant problems
 - mental ill-health rife, cost £13m per year.
- **Major initiative launched after consultation with staff.**
- Company recognised that it must move from tertiary to primary prevention
- It took an integrated approach.
- It tackled Health and Safety, and Health Promotion, together - balancing organisational-level and individual interventions.
- This was led by Dr Margaret Samuel, OH physician



Integration: EDF Energy

- **Staff initiatives** included
 - an EAP (Employee Assistance Prog),
 - physiotherapy services,
 - ergonomic assessments,
 - stress and **resilience** training,
 - healthy lifestyle programmes,
 - ambassadorial roles, in community
 - prevention not reaction.
- **Leadership and managerial training**
 - on supporting people through change, and
 - use of the HSE Management Standards to design good work.
- **Results** included **large reduction in sickness absence** (savings of £4m since 2006), and the proportion of workers reporting company interested in their wellbeing much higher than UK benchmark (73% against 61%) .



Support for Small and Medium-sized Companies

SMEs in the UK often have **NO** Human Resources or Occupational Health in-house. They have different management resources, and so need different kinds of support.

Useful initiatives in the UK for SMEs have included:

- a government-funded multi-channel Health for Work Adviceline (Dept for Work and Pensions)
- **Workplace Wellbeing Charter**, initiated by Liverpool PCT, now spreading
- the Government's Response to the recent Sickness Absence Review (Black and Frost, 2011) will provide a Health and Work Assessment and Advisory Service (cross-departmental)
- Trading for Good – a new programme developed by the Dept of Business Innovation and Skills.

SME support: National Multi-channel Health4Work Adviceline

- Telephone calls averaging 192 monthly – up 64% on pilot phase.
- 3,410 individuals dealt with personally (50% between tier 1 and 2)
- Web traffic is rising monthly – up 89% on pilot phase
- Social media and e-marketing are the only drivers that have changed
- 22,275 registrations, for newsletter etc, at end March 2013 (i.e. after 16 months)
- By March 2013 over 38,500 downloads of management guides, now running at almost 3,000 per month.
- Approx 50% of all guides viewed relate to mental health issues.
- 70% of users found the Service via on-line activity, 20% via local press
- 95% of users are satisfied with the specialist nurse telephone service

- **On-line interactions now running at c. 9,000 per month**



Supporting SMEs : the Workplace Wellbeing Charter

- A set of workplace standards to promote good, safe and healthy work, evidence-based, in eight to ten activity areas, **SME focussed**.
- Smaller employers may find it hard to achieve the same level of activity as larger employers. The standards are divided into three levels to reflect this.



COMMITMENT



ACHIEVEMENT



EXCELLENT

- Organisations can get an Award to show that they have achieved the Charter standards.
- All completely voluntary. Employers can use the Charter to assess their approach to workplace wellbeing however suits their business best - only obliged to share self-assessments if going for an Award.

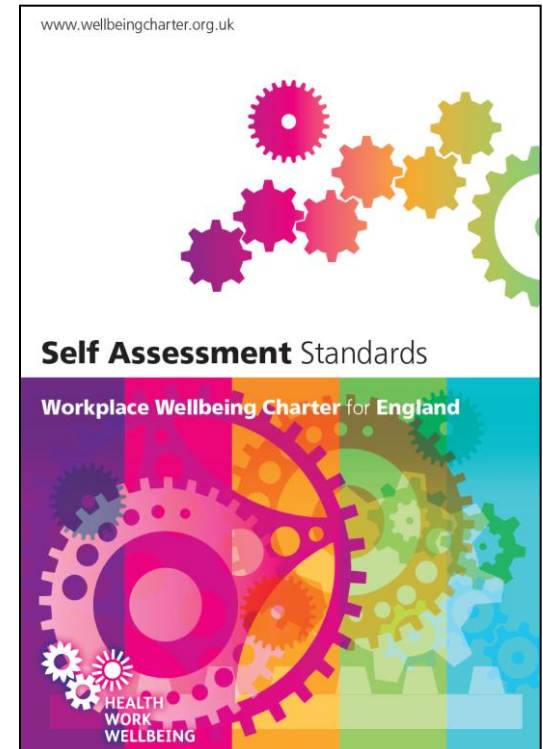
Workplace Wellbeing Standards

Many areas of the UK have adopted the Charter.

Ten standards :

1. **Leadership**
2. Attendance Management
3. Health and Safety
4. Mental Health and Well-being
5. Smoking and Tobacco-related ill-health
6. Physical activity
7. Healthy eating
8. Alcohol and substance misuse
9. Disability and Well-being
10. Work-life Balance and Flexible Working

www.neweconomymanchester.com



SME Example : TRAC Services

TRAC : 30 employees in Cornwall :

“ a healthier workplace and a business in good health” .

In 2012 they ran a campaign each month:

- | | | | |
|------------|-------------------------|-------------|-------------------------|
| - January | planning | - July | mental health awareness |
| - February | healthy heart | - August | sun safety |
| - March | salt awareness | - September | cancer awareness |
| - April | blood pressure | - October | flu awareness |
| - May | pedometer challenge | - November | men's health & diabetes |
| - June | blood donation, cooking | - December | alcohol awareness. |

Monthly Campaign:
Donating Blood



Cook Well Be Well
Challenge



The company used the Cornwall and Isles of Scilly Healthy Workplace Awards programme, won a Silver Award in 2011, and wanted to improve further.

Courtesy: Sarah Trethowan

TRAC Services : Results

- **Sickness absence reduced** from high in 2008. Now much lower than UK private sector average.
- Small firms in the private sector tend to have low sickness absence rates – TRAC in 2012 were **below half the average.**

TRAC's own figures, 2008-2012

<i>Year</i>	<i>Days</i>	<i>Employees away sick</i>	<i>Average</i>	<i>UK Average Public Sector</i>	<i>UK Average Private Sector</i>
2012	26.5	17	1.56	7.9	5.8
2011	23	13	1.77	12.6	3.5
2010	17	13	1.31	8.0	5.0
2009	12	11	1.09	8.3	5.8
2008	32	10	3.2	9.7	6.4

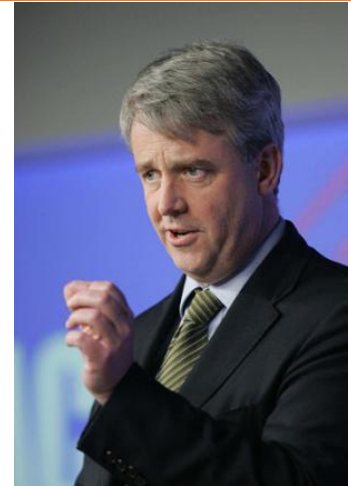
Average days lost per employee: CIPD Annual Absence Survey October 2011

Number of employees	Private	Public
1-49	3.5	12.6
50-249	5.6	9.1
250-999	9.8	8.0
1,000-4,999	9.4	9.6
5000+	11.8	9.6
Average cost absence per employee per annum	£686	£1,538

Coalition Government: Public Health Responsibility Deal

“ The Responsibility Deal is a Coalition response to challenges which we know cannot be solved by regulation and legislation alone. It’s a **partnership between Government, business and other organisations** that balances proportionate regulation with corporate responsibility.”

Andrew Lansley, Secretary of State for Health



The **partners are working together** to:

- recognise their vital role in improving people’s health
- actively support our workforce to lead healthier lives
- encourage and enable people to :
 - be healthy and in work
 - adopt a healthier diet
 - be more physically active
 - drink more responsibly

The Responsibility Deal is delivered through 5 networks:

- Food
- Alcohol
- Physical activity
- Behaviour change
- **Health at work**

Health at Work pledges

Eight pledges :

- H1. Chronic conditions guide
- H2. Occupational health standards
- H3. Board Reporting on health and well-being (Board-level engagement)
- H4. Healthier staff restaurants
- H5. Smoking cessation/Respiratory health
- H6. Staff Healthchecks
- H7. Mental Health in workplace
- H8. Young persons' health at work



All developed in collaboration between workplaces and government.

... but the journey is not over ...



“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