NHS England (East)
Annual Clinical Senate Assembly

Obesity Prevention

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Health and Wellbeing
in the Workplace

Dame Carol Black

Expert Adviser on Health and Work
NHSE and Public Health England

Principal, Newnham College Cambridge

Work and Life span

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.

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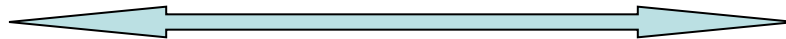
Being sufficiently healthy is a condition for work, and maximising healthy life as a proportion of total life is therefore a desirable goal for individuals and society.

Currently people live longer, but are often less healthy.

Preventing people from working or working well

Social determinants of health

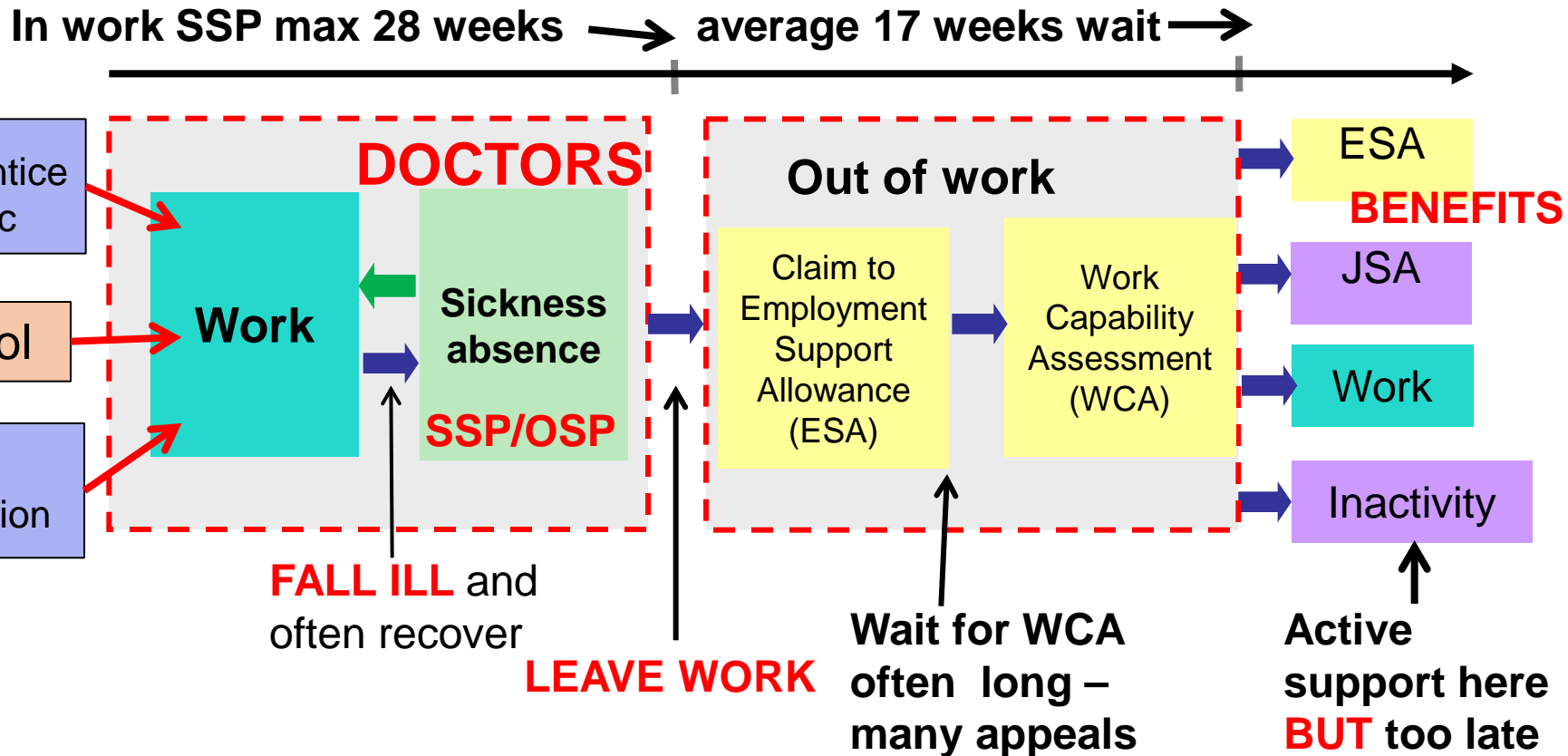| Common Mental Health problems	Common MSK problems	Chronic medical conditions (multiple?)	Major functional incapacity
Stress, anxiety depression	Back pain, Neck pain Soft tissue rheumatism	Diabetes, lung heart **(obesity-related)**, cancer, Rheumatoid Arthritis	Major trauma, multiple sclerosis, cancer, **addictions**

Poor workplaces, poor work, poor managers

The UK journey from work and wellbeing towards benefits

Too few drivers in the journey keeping people in work …

In work SSP max 28 weeks ⟶ average 17 weeks wait ⟶

Apprentice ship etc

School

Higher Education

DOCTORS

Work

Sickness absence

SSP/OSP

FALL ILL and often recover

LEAVE WORK

Out of work

Claim to Employment Support Allowance (ESA)

Work Capability Assessment (WCA)

Wait for WCA often long – many appeals

BENEFITS

ESA

JSA

Work

Inactivity

Active support here **BUT** too late

… a journey that is often unnecessary.

Enabling healthy engaged workers

- **employees** who are health-seeking, with a sense of wellbeing

- **work-knowledgeable** health professionals who understand good work and look to intervene early

- **employers** who create good work and good workplaces

The crucial role of GPs

- 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 ?

All health professionals should …

- Understand that work is a determinant of health, and that being at work can often aid recovery

- See return to functional capacity, often to work, as a key indicator of clinical success.

- Understand that you do not have to be 100% fit to work

- Ensure early intervention
- Think about psycho-social problems and the work environment.
- Enable Vocational Rehabilitation.

Medical training curricula and practice must change
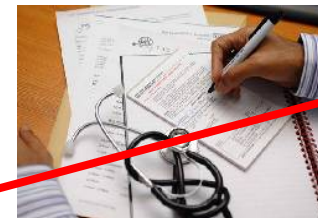
The Power of the Workplace

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 and health
- powerful communication possibilities
- infrastructure for measurement of health outcomes is often in place.

Productivity, Health and Wellbeing

Acceptance of the primary importance of

- leadership, managerial behaviour and workplace culture to individuals' health, wellbeing, engagement and productivity ;

To embed Health and Wellbeing into workplaces you must start with leaders, boards and managers, otherwise the fruit, bicycle schemes, & zumba classes are just sticking plaster.

- Concept given a major boost by NICE Guideline 2015
- Now all workplaces need to act on this.

NICE National Institute for Health and Care Excellence

NICE Guideline 2015:
Organisational commitment

- 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.

Managers : training on Mental Health

- **Good line management** is key to good workplace health.

- **Managers should focus on:**

  – **effective communication** with the employee and other members of staff

  – **awareness of the issues** and the ability to empathise

  – **developing open culture** with employees feeling able to discuss their problems.

- **Learning about Mental Health** enables managers to judge when they need to refer employees to outside help.

- There are many sources of advice and good training courses.

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.

Survey of NHS 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

Evaluation :
Britain's Healthiest Workplace

- **Running for 5 years:**   in 2016 ;   160 organisations,
                                                34,000 employees

- **Objective:**
    - Make society healthier by generating a credible evidence base
        linking employee health & wellbeing and company productivity,

    - thus **increasing the number of companies taking
        responsibility for employees' health.**

- **Approach :**
    - Understand the prevalence of modifiable risks in the workplace
    - Add to the evidence base on the effect of clinical and
        non-clinical risks to productivity
    - Determine the **effectiveness of workplace interventions** in
        promoting employee health.

Supported by Vitality Health: analysis RAND & Cambridge Univ.

Response to survey

Survey responses	Count
total number of organisations (including NHS England)	19
total number of employees across organisations (headcount)	105,838
total number of employees distributed	91,872
total number of surveys started	8383
total number of completed responses	7246
average completion rate	86.6%

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 :

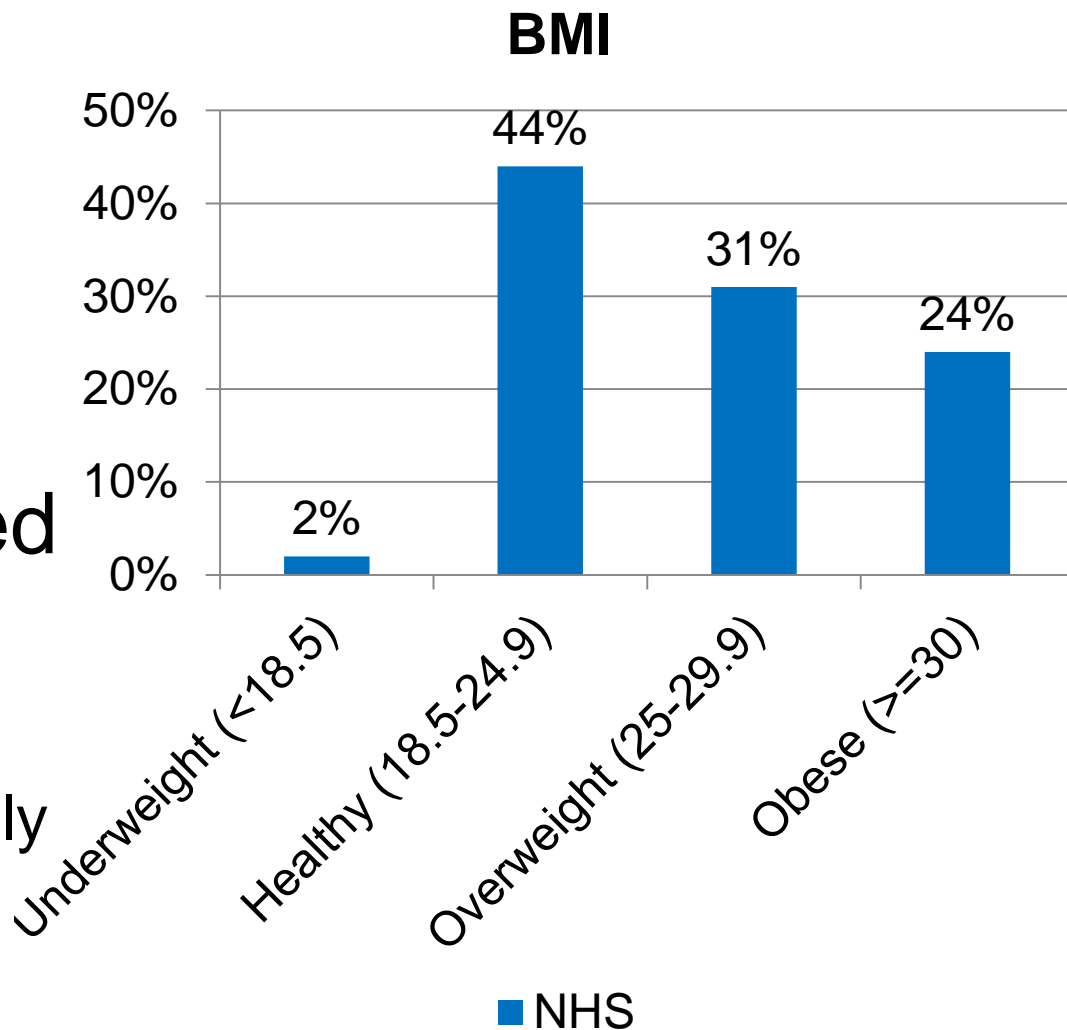| Income band	Percentage concerned	Age group	Percentage concerned
Bands 1-5	**37%**	**18-30**	**37%**
Bands 6-7	**27%**	**31-40**	**34%**
Band 8A-8B	24%	41-50	30%
Band8 C-8D	14%	51-65	22%
Band 9+	16%	66+	11%

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%**.

	Bullied by patients, relatives or public	Bullied by managers	Bullied by other colleagues
Leadership	2%	6%	6%
Matched	4%	6%	6%

- 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).
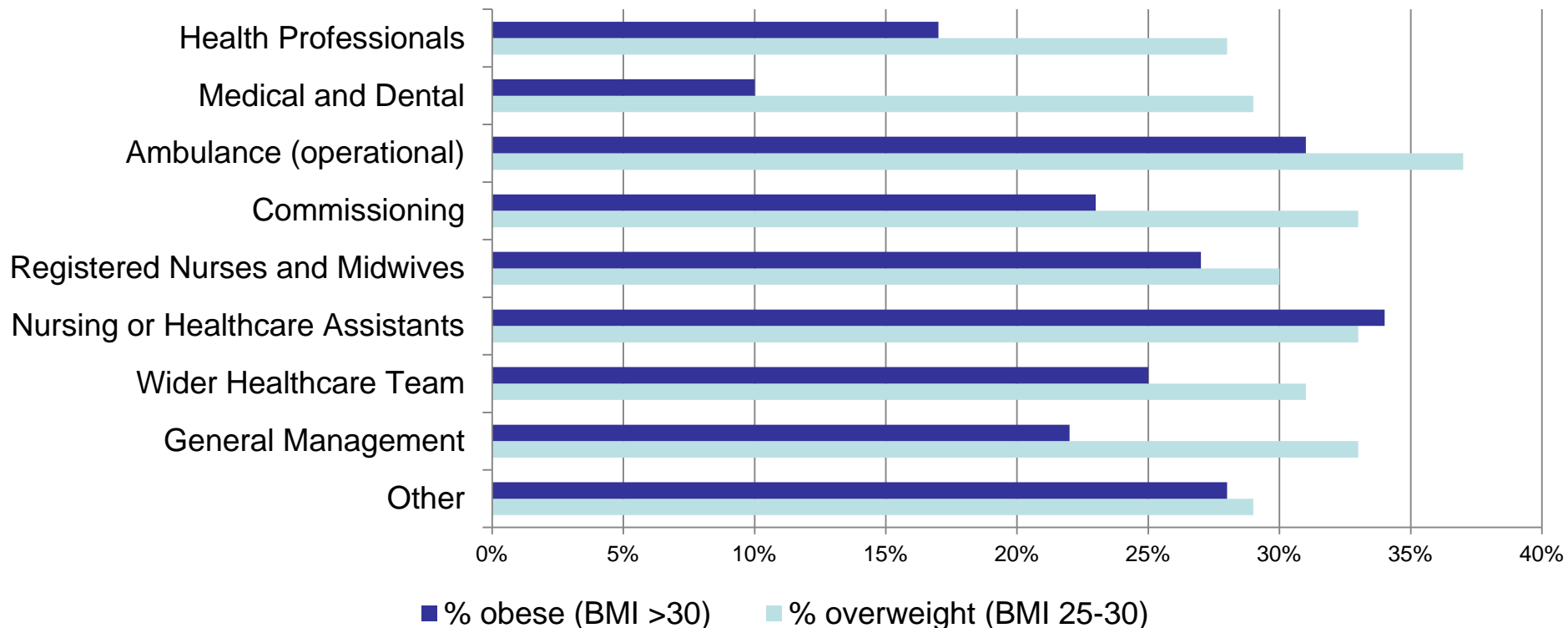
Overall BMI figures for 19 participating NHS organisations

- Around 44% of staff are in the healthy range

- 31% are classified as overweight; 24% as obese (older workers generally have higher levels)

BMI

BMI category	NHS
Underweight (<18.5)	2%
Healthy (18.5-24.9)	44%
Overweight (25-29.9)	31%
Obese (>=30)	24%

NHS

The figures vary by job group

- Higher prevalence of obesity among Nursing or Healthcare Assistants and Ambulance

Health Professionals, Medical and Dental, Ambulance (operational), Commissioning, Registered Nurses and Midwives, Nursing or Healthcare Assistants, Wider Healthcare Team, General Management, Other

0% 5% 10% 15% 20% 25% 30% 35% 40%

■ % obese (BMI >30)   ■ % overweight (BMI 25-30)

Eating habits

- More than 60% of staff eat '5 a day' or more

- Around 18% of staff 'always add salt' to their meal

- Around 19% consume 1 or more sweetened, non-diet cold drinks per day

- Around 28% consume 1 or more sweetened hot beverages per day

BHW : overview

	% of organisations offering	% employees of organisations offering intervention who are aware of the intervention	% employees of organisations offering intervention indicating they have used it	% of users indicating the intervention improved their health
Healthy eating information	95%	19%	**5%**	72%
Healthy food in canteens	79%	17%	**9%**	65%
Healthy food in vending machines	68%	10%	**2%**	66%
Healthy food for out of hours staff	**37%**	**5%**	NA	NA
Means to prepare or heat own food	95%	22%	**19%**	73%
Fresh fruit and vegetables	63%	12%	**7%**	81%
Dietician/nutritionist services	26%	6%	**1%**	76%
Access to fresh drinking water (other than tap water)	84%	21%	**19%**	81%

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

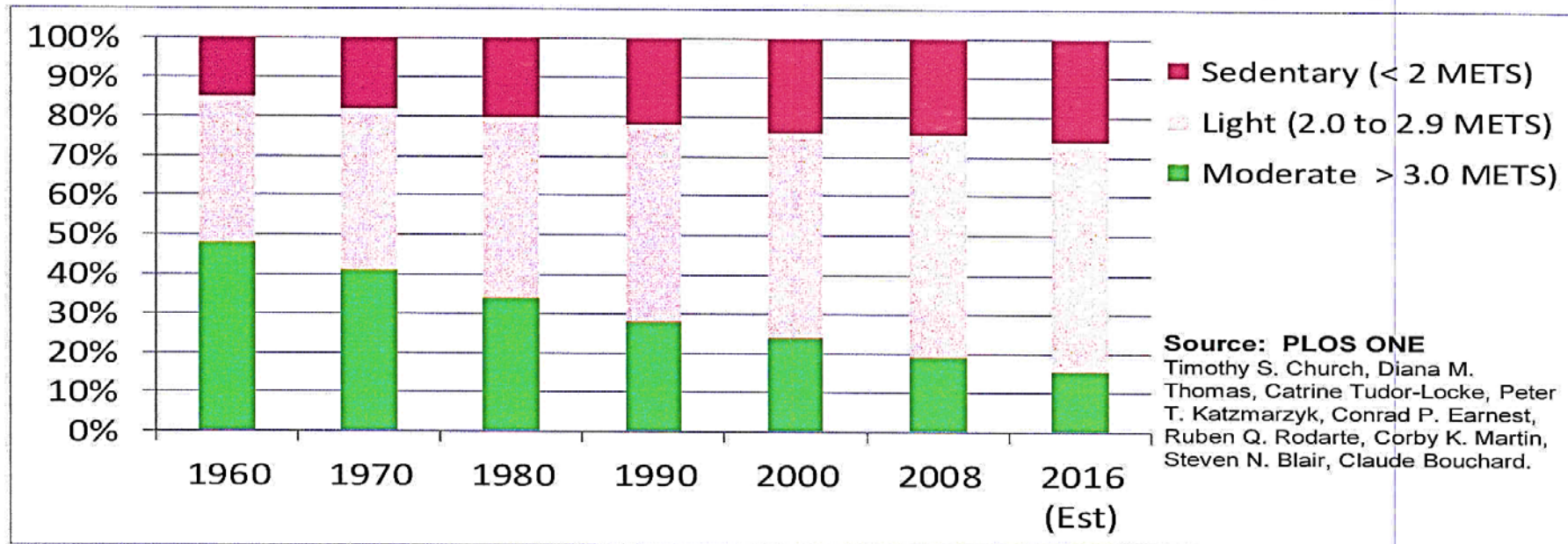**British Heart Foundation** research 2015:

"**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 ?

Loss of Activity in the Workplace

Sedentary, Light & Moderate Intensity Occupations: 1960-2016 (USA)

Legend:
- Sedentary (< 2 METS)
- Light (2.0 to 2.9 METS)
- Moderate > 3.0 METS)

Source: PLOS ONE
Timothy S. Church, Diana M. Thomas, Catrine Tudor-Locke, Peter T. Katzmarzyk, Conrad P. Earnest, Ruben Q. Rodarte, Corby K. Martin, Steven N. Blair, Claude Bouchard.

"Whilst we do not yet have comparative data for the UK it is safe to assume that a similar trend has taken place in Britain"
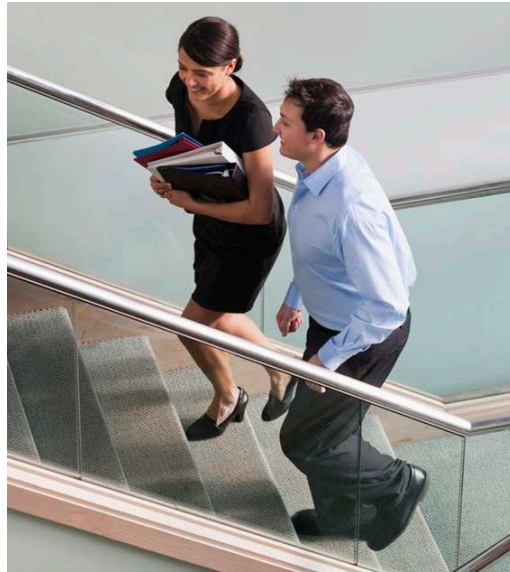
Dr. Stuart Biddle, PhD
Professor of Physical Activity & Health, Loughborough University, UK

ACTIVE WORKING

#SitLess #MoveMore

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

on your feet™ Britain

Benefits of 'Cycle to Work'

Cycle to Work : tax-free, salary-sacrifice scheme, employees hire bicycles etc

- National proportion who cycle to work steady at 2.8% since 2001, but **proportion in London** increased from 2.3 to 3.9%, also in other cities.

- 9% respondents were new cyclists
- 57% were cyclists with increased intensity due to the scheme
- about an **extra 3.6 miles** per day per cyclist, 30 minutes more activity.

- 86% respondents had gained health benefits from cycling, e.g. increased fitness, weight loss, reduced stress etc.

- Overall impact : if regular cyclists take one less sick day per year (saving employer on average £134), is c. £72m per year,
  i.e. benefit/cost ratio about 2:1

Evaluation IES 2016

WHO Physical Activity Strategy

" 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

World Health Organization

ACTIVE WORKING

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Final thought

The best way to predict the future …

…   is to create it.

Peter F. Drucker