

Local government public health briefings

Workplace health

<http://guidance.nice.org.uk/phb2/>

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Introduction

This briefing summarises NICE's recommendations for local authorities and partner organisations on improving workplace health. It is particularly relevant to health and wellbeing boards.

Work is a key determinant of health.

Local authorities can improve workplace health in two ways – in their own role as an employer, and also by encouraging and helping other employers to improve the health of their employees.

The National Institute for Health and Clinical Excellence (NICE) is an independent organisation providing guidance on the promotion of good health and the prevention and treatment of ill health.

For further information on how to use this briefing and how it was developed, see '[About this briefing](#)'.

What can local authorities achieve by tackling health at work?

Boost the local economy

Reduce sickness absence

- Work-related ill-health was responsible for an estimated 22.1 million working days lost in 2010/11 ([Health and safety statistics](#)).
- Physical activity programmes at work have been found to reduce absenteeism by up to 20%: physically active workers take 27% fewer sick days ([Business case tool for promoting physical activity in the workplace](#)).

Keep people healthy and happy

- Workplace programmes aimed at keeping people healthy can increase employee job satisfaction (self-reported wellbeing is a domain within the public health framework, see 'Drive improvement in health' below) ([Building the case for wellness](#)).
- Job satisfaction can help to reduce staff turnover by between 10 and 25% ([Building the case for wellness](#)). This, in turn, can help reduce the number of working-age people claiming employment and support allowance and incapacity benefits.

Drive improvement in health

Improve population health

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- Promoting physical and mental wellbeing at work will help local authorities meet their statutory duty to achieve the indicators outlined in the Department of Health's [public health outcomes framework](#) and the [adult social care outcomes framework](#). Indicators in the former include:
 - Employment for those with a long-term health condition.
 - Sickness absence rates (see 'Boost the local economy' above).
 - Excess weight in adults. (Promoting healthy eating and physical activity in the workplace can help prevent and manage obesity.)
 - Reducing the proportion of physically inactive adults.
 - Reducing smoking prevalence among adults. (Reducing levels of smoking among workers will help reduce cardiorespiratory diseases – also one of the largest causes of sickness absence.)
 - Self-reported wellbeing (see 'Boost the local economy' above).
 - Mortality from cardiovascular diseases (including heart disease and stroke), cancer and respiratory diseases.
 - The government's [Public Health Responsibility Deal](#) includes 7 pledges to help employees lead healthier lives. These cover the management of chronic physical conditions and mental health, providing access to a healthier diet and helping people to stop smoking.
 - The workplace provides an excellent forum for promoting healthy lifestyles to a large proportion of the local population, as many people will pass on what they have heard at work to their family and friends.

Reduce health inequalities

Keeping people in work

Work, the quality of the work and the working environment are major determinants of health inequalities ([Tackling the wider social determinants of health and health inequalities: evidence from systematic reviews](#)).

Being employed can help improve health and wellbeing and reduce health inequalities, while unemployment is linked to higher levels of sickness and psychological morbidity ([Worklessness and health – what do we know about the causal relationship?](#)).

The longer someone is not working, the less likely they are to return to work. Someone who has been off sick for 6 months or longer has an 80% chance of being off work for 5 years ([Is work good for your health and wellbeing?](#)). This can result in poverty and social exclusion.

What NICE says

NICE recommendations

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes
- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines
- an assessment of the effectiveness and cost effectiveness of public health interventions.

Following all of NICE's recommendations on workplace health will help you make the best and most efficient use of resources to improve the health of people in your area. Details of new guidance that NICE is developing on workplace health are on our [website](#).

Offer help and advice

NICE has found that it is effective to offer help and advice, both to improve employees' general health and wellbeing and to address specific, often work-related conditions. The latter typically include musculoskeletal disorders and mental health issues such as stress, depression and anxiety.

General health and wellbeing

People's general health and wellbeing can be improved by introducing workplace policies and practices that:

- Encourage a leadership and management style that supports and improves people's mental wellbeing, for example:
 - Use frameworks such as the Health and Safety Executive [Management standards for work-related stress to promote and protect employee mental wellbeing](#).
 - Consider flexible working, where practical, to enhance employees' sense of control and improve job satisfaction.
 - Promote a management style that encourages participation, delegation, constructive feedback, mentoring and coaching.

For details see NICE guidance on [promoting mental wellbeing at work](#).

- Support a culture of healthy eating. This can be achieved by:
 - providing affordable choices that can contribute to a healthy diet in canteens, vending machines and at hospitality events
 - providing information on how to produce healthier meals and snacks on a budget.

For details see: [workplace – healthy eating](#); [local services – food outlets, public sector catering](#); and [strategy, policy and commissioning for diet – local authorities and partners in the community](#) on NICE's 'Diet' pathway.

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- Support a culture of physical activity. This can be achieved by:
 - encouraging people to walk or cycle to and from work (and during work hours). This includes providing secure cycle parking and, where possible, changing and shower facilities
 - using signposting, good lighting and decoration in stairwells to encourage staff and visitors to use the stairs instead of lifts
 - providing a staff gym or discounted membership of local leisure facilities
 - providing physical recreational opportunities, such as organised lunchtime walks.

For details see: [workplace – physical activity](#); [local services – physical activity](#); and [transport](#) on NICE's 'Physical activity' pathway.

Specific health issues

To address specific health issues NICE suggests:

- Providing a range of options to help people get back to work. For example, for the many people on long- or short-term sickness absence who have musculoskeletal disorders or mental health problems, this could include:
 - multidisciplinary back management programmes
 - cognitive behavioural therapy in small groups (for low back pain or stress-related conditions).

For details see NICE guidance on [management of long-term sickness and incapacity for work](#).

- Helping people to stop smoking. This could include:
 - allowing staff to attend stop-smoking services during working hours without loss of pay
 - developing a smoking cessation policy
 - publicising stop smoking support services.

For details see [workplace – smoking cessation](#) on NICE's 'Smoking prevention and cessation' pathway.

Examples of practice

Examples of how NICE's advice on keeping people healthy at work has been put into practice can be found on our [shared learning database](#). These include:

- [De-medicalising long term sickness absence, human solutions to 'stress' and common mental health problems](#).
- [Promoting physical activity in the built or natural environments through applying NICE guidance](#).
- [Engaging non-NHS partners in implementing NICE guidance to tackle obesity](#).
- [Distribution of information for employers – what you can do to encourage your employees to stop smoking](#).

Note that the examples of practice included in this database aim to share learning among NHS and partner organisations, and do not replace the guidance.

Developing an action plan

Table 1 poses a range of questions which could be asked when developing a comprehensive plan to help your local working population improve their health.

Table 1

Assessing opportunities to promote the physical and mental wellbeing of the local workforce (including those who work in the public sector)	Links to NICE recommendations
1. To what extent do local workplaces encourage employees to be physically active?	Workplace – physical activity

2. To what extent do local workplaces encourage employees to adopt a healthy diet?	Workplace – healthy eating Public sector catering
3. How do local workplaces help people to stop smoking?	Workplace – smoking
4. How do local workplaces support employees' mental wellbeing?	NICE guidance on promoting mental wellbeing at work
5. How do local workplaces manage long-term sickness absence?	NICE guidance on management of long-term sickness and incapacity for work
6. To what extent do local authority services (including environment and transport services) ensure the local workforce can walk or cycle to work safely and easily?	Local services – physical activity Transport
7. To what extent do local authority services (including planning and licensing) ensure food outlets likely to be used at lunchtime promote healthier food and drink options?	Strategy, policy and commissioning for diet – local authorities and partners in the community Local services – food outlets

Costs and savings

Improving people's health at work can lead to the following benefits:

- Sickness absence in Britain costs the economy an estimated £15 billion per year. This includes lost productivity/output, time spent on sickness absence management and healthcare ([Health at work – an independent review of sickness absence](#)).
- Approximately 5 million people of working age receive out-of-work benefits – about half of this group receive incapacity benefits ([The work programme](#)). Health-related benefits cost the state £13 billion a year ([Health at work – an independent review of sickness absence](#)). (Also see NICE's [business case tool for the management of long-term sickness and incapacity](#).)

- On average, employers lose 9.1 working days per employee per year in the public sector, 8.8 days in the non-profit sector and 5.7 days in the private sector to sickness absence ([Absence management 2011](#)).
- The NICE [business case tool for promoting mental wellbeing at work](#) estimated that mental ill health costs UK employers almost £1 million per year. For an organisation with 1000 employees, the annual cost of mental ill health was estimated to be more than £835,000. Identifying problems early – or preventing them in the first place, could result in cost savings of 30%. This is equivalent to cost savings of more than £250,000 per year.
- In 2010, 26% of adults in England were obese ([Epidemiology of adult obesity](#)). On average, obese people take 4 extra sick days per year ([Obesity and sickness absence: results from the CHAP study](#)). In an organisation of 1000 employees who work the national average week of 39.1 hours ([2011 annual survey of hours and earnings](#)) and are paid the national average hourly wage of £15.52 ([NICE business case tool for workplace interventions to promote smoking cessation](#)), this equates to more than £126,000 a year in lost productivity.
- Reducing levels of smoking among workers will help reduce cardiorespiratory diseases – one of the largest causes of sickness absence. Some evidence suggests that, on average, a person who smokes will have 33 more hours off sick per year than a non-smoker ([NICE business case tool for workplace interventions to promote smoking cessation](#)). For an organisation of 1000, in which 25% smoke and are paid the national average hourly wage of £15.52, this absence equates to a loss of more than £128,000 a year.

Facts and figures

- In Great Britain during 2010/11, an estimated 1.8 million people suffered from an illness that they believed was caused, or made worse by, their current or past work ([Health and safety statistics](#)).
- In 2010/11, 75% of new work-related health problems were either musculoskeletal or related to stress, depression and anxiety ([Health and safety statistics](#)).
- At the end of 2011, a total of 2.58 million people of working-age were claiming employment and support allowance and incapacity benefits ([DWP statistical summary](#)).

Support for planning, review and scrutiny

A range of support tools are available via [Into practice](#) on our website. They can help you identify local needs. They can also help with planning and scrutiny activities.

Other useful resources and advice

- Advice, guidance and information (national and local) on issues relating to work-related death and serious injury are provided by the [Health and Safety Executive](#).
- Information and advice on the role of occupational therapy in the workplace is provided by the [British Association and College of Occupational Therapists](#).
- [Improving health and work: changing lives](#) sets out the government's response to the recommendations made by Dame Carol Black's [review](#) of the health of Britain's working age population. It details how national action will assist businesses, particularly small and micro-sized enterprises, to address health and wellbeing issues.

About this briefing

This briefing is based on 6 pieces of NICE guidance published up to July 2012 about workplace health. It was written with advice from NICE's Local Government Reference Group, and using feedback from council officers and elected members.

It is for local authorities and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. This includes local government officers and councillors, directors of public health, and commissioners and directors of adult social care. It will also be relevant to members of local government scrutiny committees and local enterprise partnerships.

This briefing may be used alongside the local joint strategic needs assessment to support the development of the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

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