

<b>Committee(s):</b>	<b>Date(s):</b>
Health and Wellbeing Board	4 <sup>th</sup> July 2013
<b>Subject:</b> Workplace Health	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Discussion</b>

### Summary

Workplace health has been highlighted as a national priority by Public Health England. The Director of Public Health is developing an emerging work stream on workplace health. This will aim to improve practice on a Corporation and City-wide basis and influence others at a national level.

It is important that the City develops its own workplace health policies and practice, in order to ensure that our efforts to improve practice across the City are perceived positively.

Within the City of London Corporation, a number of measures have been identified that could contribute to improved healthy working practices. Additionally, it is hoped that offering support to local business and national profile-raising activities will help the City of London Corporation to advance this agenda at a broader level.

### Recommendation(s)

It is recommended that the Health and Wellbeing Board:

- Consider the option of signing up to the National Public Health Responsibility Deal.
- Consider which pledges (over and above workplace health) the City of London Corporation might commit to.
- Consider a staff health survey to inform the delivery of the workplace health initiative.
- Consider establishing a time-limited task and finish group (with agreed terms of reference) comprising officers of the City of London Corporation to oversee the research and if necessary, commission a bespoke workplace health programme that will address the issues identified in the staff survey.
- Note that the Director of Public Health has written to selected City businesses, explaining the City's new role in promoting public health, and setting out reasons for businesses to engage with workplace health.
- Note that the Town Clerk has asked the Director of Community and Children's Services to organise a conference on workplace health.
- Note that The City of London Corporation is also commissioning a piece of research on best practice in workplace health.

## **Main Report**

### **Background**

1. Improving the health of adults of working age is a national public health priority. Workplace health is an essential component of the UK government strategy to tackle health inequalities and increase healthy life expectancy <sup>(i)</sup>.
2. Working age ill-health is estimated to cost the UK economy over £100 billion a year. Those most at risk of high work sickness absence rates are routine and manual workers: this high risk group represents a large health inequality <sup>(ii)</sup>. In 2011, a total of 131 million days were lost because of sickness absence in the UK <sup>(iii)</sup>.
3. The City of London Corporation is committed to supporting and promoting The City as the world leader in international finance and business services. The City of London Corporation, has set out its intent to establish the City as the world's foremost 'healthy workplace setting' for the circa 350,000 people who commute into the City on a daily basis. The current evidence suggests public health interventions in the workplace can deliver considerable benefits to the City itself and the wider health and social care economy.
4. Benefits include:
  - Improved employee physical health and mental wellbeing
  - Improved workplace productivity and output
  - Better staff retention and recruitment
  - Reduced sickness absenteeism

### **Current position**

5. Workplace health has been highlighted as a national priority by Public Health England. The Director of Public Health is developing an emerging work stream on workplace health. This will aim to improve practice on a corporation-wide, City-wide and national basis.
6. A three-tiered approach has been identified:
  - Improving workplace health within the City of London Corporation
  - Improving healthy working practices amongst businesses in the Square Mile
  - Establishing the City of London as a leader in workplace health, nationally and beyond

## Improving workplace health within the City of London Corporation

7. In 2012/13, the City of London Corporation had an average staffing component of 3000 full time equivalent employees. There were 20,640 sick days attributed to these staff in the year ending 31 March 2013 <sup>(xiv)</sup>.
8. The Corporation has prioritised reducing both long and short-term sickness absence, and there are already a number of specific initiatives in place to support staff and address underlying issues in departments with the highest rates.
9. There is good evidence to suggest that innovative public health focussed workplace interventions could help further reduce the rate of sickness absence across the Corporation, given that a large proportion of the causes of sickness absences are attributable to minor ailments such as upper respiratory tract infections, musculo-skeletal problems and back pain. It may also be the case that developing targeted workplace interventions to address lifestyle related factors, will help to improve the coping mechanisms of staff and help them manage other underlying wellbeing causes of sickness absence i.e. stress and anxiety.
10. Stress is particularly common in the public and non-profit sectors. Those most at risk of high work sickness absence rates are routine and manual workers. This high risk group represents a large health inequality <sup>(iv)</sup>. Initial evidence would suggest that Departments within the Corporation of London with a greater proportion of manual workers have higher rates of sickness.
11. The City of London Corporation has prioritised tackling negative lifestyle behaviours and supporting staff that are more susceptible to sickness absence. Work is currently underway to review and revise There is a need to support manual workers; staff with long term health conditions; and those in demanding roles who may be more prone to succumb to sickness absence.

### The way forward

12. The Government's strategy for public health, '*Healthy Lives, Healthy People*' proposed a Public Health Responsibility Deal as a way of harnessing the contribution of businesses and other organisations to improve public health and tackle health inequalities, through their influence over food, physical activity, alcohol and health in the workplace.
13. The five core commitments to the Deal are:
  - We recognise that we have a vital role to play in improving people's health.
  - We will encourage and enable people to adopt a healthier diet.
  - We will foster a culture of responsible drinking, which will help people to drink within guidelines.
  - We will encourage and assist people to become more physically active.
  - We will actively support our workforce to lead healthier lives.

14. There is a public health responsibility deal toolkit that contains a menu of tools that organisations can use to improve the health and wellbeing of their employees or customers (see appendices).
15. Adopting the public health responsibility deal 'Health at Work' pledge and producing our own local menus of action would demonstrate the Corporations commitment to addressing these issues for our own staff. Carrying out a staff survey to inform a workplace health intervention programme will enable us to ensure that our actions are addressing the key issues and setting up a time-limited task and finish group (with agreed terms of reference) comprising officers of the City of London Corporation to oversee the process will ensure that all the relevant partners are involved. The Health and Wellbeing Board are asked to consider these proposals and how they should be agreed corporately.

### **Improving healthy working practices amongst businesses in the Square Mile**

16. For City businesses public health interventions that address behavioural risk factors (for example, poor diet, excessive alcohol consumption, physical inactivity and smoking) can play a significant role in reducing premature mortality and morbidity and promoting self-care. Self-care is a concept that empowers people living with chronic long terms conditions to take action to better manage the impact of their disease or condition on their health. For working age adults in employment living with a long term condition, better self-management of their condition should lead to fewer sick days (<sup>v</sup>,<sup>vi</sup>).
17. The research report 'The Public Health and Primary Healthcare Needs of City Workers' identified the key behavioural risk factors for City Workers as Alcohol, Smoking and Mental Health. The following sections explore the potential benefits that could arise from supporting public health interventions that address certain lifestyle factors.

#### Alcohol

18. Moderate alcohol consumption for adults of legal age is not normally a major issue; but alcohol misuse or harmful drinking patterns can lead to significant problems for the individual; their family; work colleagues; and society as a whole. Alcohol attributable absenteeism, is estimated to cost the UK £1.7 billion each year (<sup>vii</sup>). Alcohol plays a significant role in incidents of domestic abuse and violent crime. It has a major impact on productivity for employers and teams. Supporting staff that have issues with alcohol within an overall workplace policy framework, is central to the success of any workplace alcohol intervention.

## Mental Health

19. Recent research published by MIND (the mental health charity) suggests 1 in 6 workers is currently suffering from a mental health problem such as anxiety, depression or stress <sup>(viii)</sup>. Mind also found:
- One in five (19 per cent) of workers take a day off sick because of stress, but 90 per cent of those people cited a different reason for their absence.
  - One in ten (9 per cent) resigned from a job due to stress and one in four (25 per cent) have considered resigning due to work pressure.
  - One in five (19 per cent) felt they couldn't tell their boss if they were overly stressed.
  - Of the 22 per cent who have a diagnosed mental health problem, fewer than half (10 per cent) had actually told their boss about their diagnosis.
  - Over half of managers (56 per cent) said they would like to do more to improve staff mental wellbeing but they needed more training and/ or guidance; 46 per cent said they would like to do more but it is not a priority in their organisation.

## Physical Activity

20. On average, an inactive person spends 38% more days in hospital than an active person and has 5.5% more GP visits <sup>(ix)</sup>. Being physically active has a positive effect on reducing a person's risk of suffering from over 25 clinical conditions. Physical inactivity costs the NHS approximately £1.8bn per annum <sup>(x)</sup>.
21. Adults who are physically active have 20-30% reduced risk of premature death, and up to 50% reduced risk of developing major chronic diseases such as coronary heart disease, stroke, diabetes and cancer <sup>(xi)</sup>. The risks to health of being physically inactive are recognised by NICE, who advise that physical inactivity is one of the major causes of preventable ill-health <sup>(xii)</sup>.
22. Physical activity plays an important role in the management of long term conditions. In particular, in supporting physical function in older people. It is estimated that 50% of all functional decline among older people can be attributed to physical inactivity <sup>(xiii)</sup>. Given the changes to UK retirement law, it is important for employers to support older workers who will feature more prominently in the future workforce.

## **The way forward**

23. The Director of Public Health has written to selected City businesses, explaining the City's new role in promoting public health, and setting out reasons for businesses to engage with workplace health. The letter also offers support for businesses to tackle a wide range of issues, ranging from smoking cessation, healthy eating and exercise to addiction and sexual health promotion.

24. The mailing list for this letter has come from colleagues in EDO and the environmental health team, and represents large businesses who the City already has a productive working relationship with.
25. It is hoped that some of the businesses who agree to take up this offer will also agree to being involved in a workplace health steering group.

### **Establishing the City of London as a leader in workplace health, nationally and beyond**

26. The Town Clerk has asked the Director of Community and Children's Services to organise a conference on workplace health. This conference will bring together key decision makers from the business world including chief executives, chairmen, non-executive directors and finance directors for major companies in the City and beyond, together with workplace health practitioners. The purpose of the conference will be
  - To start a dialogue about how to shift workplace health from a "health and safety" focus to holistic wellbeing, including tackling stress and mental health in modern workplaces
  - To improve awareness of the link between healthy workplaces and improved business productivity
  - To establish the City of London as a leader in taking forward the workplace health agenda
27. Suggested titles for the conference include:
  - Work Spaces fit for the 21<sup>st</sup> Century Worker
  - Working to Thrive
  - Healthy Businesses
  - Healthy Working City
28. It is hoped that Duncan Selbie (Chief Executive of Public Health England) and Dame Carol Black (Advisor on Work and Health and the Department of Health) will be able to speak at the event.
29. The City of London Corporation is also commissioning a piece of research on best practice in workplace health, looking at national and international examples, which will further be used to promote the City as a thought leader in this field.

### **Conclusions**

30. The different strands of workplace health activity should help the City of London Corporation to ensure that its own internal practice is of a suitably high standard; that it is providing local support and added value to the businesses in the Square Mile; and that it is providing national and international leadership on this important issue.

## Appendices

*Appendix 1: Public Health Responsibility Deal Commitments and Pledges*

*Appendix 2: Public Health Responsibility Deal: Examples of Local Menus of Action*

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