

Why should we care about Workforce Health and Wellbeing?

Workforce Wellbeing Conference
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Herts Chamber of Commerce

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If all you remember is this....



If all you remember is this....

Managing health at work for employers

In the UK, 131 million working days are lost to sickness absence every year.
Main reasons for sickness absence:



34.3 million days lost

Minor illnesses



28.2 million days lost

Musculoskeletal problems



14.3 million days lost

Stress, depression and anxiety



1 in 3

employees with a long-term health condition have **not discussed it** with their employer

The challenge for our Workforce

- Increasing non-communicable disease
 - Smoking, obesity
- Increasing mental ill health
- Increasing sickness absence
- Increasing loss to business productivity and performance from sick pay
- Avoidable cost of managing and replacing sick and absent staff
- Enduring presence of Covid

The Problem for Employers

2/3 of sickness absence avoidable

- Smoking related ill health
- Musculoskeletal ill-health
- Mental health and stress related
- Increasing risk of preventable disability in employees with age
- The more risks you have, the more illness you have (multiplicative effect)

It's costing you

- Sickness absence
- Productivity

Established relationship between lifestyle related risk factors (smoking, inactivity, obesity) and productivity absenteeism and health claims.

- (Buron et al,2005, Wellsourc, 2006 & University of Michigan, 2006)

Costs and potential savings

just for mental health
1000 employees from NICE Reviews

	Costs (£ per year)
Absenteeism	269,700
Presenteeism	486,000
Staff turnover	79,600
Estimated current cost to the employer of mental ill health	835,300
	Savings (£ per year)
Potential savings (30%)	250,607

Source: NICE

Doing nothing is not an option

- The do-nothing strategy of waiting for sickness and then paying for replacement staff or putting up with absence isn't cost neutral – it costs you
- Lifestyle related risk factors and behaviours of employees as well as unhealthy work environments and practices drive costs.
- High risk employees incur high costs whatever the outcome measure: pharmaceutical, absenteeism, compensation costs or productivity.
- Hidden and not so hidden stress, burnout and anxiety out of covid. Compassion fatigue

If you only read one thing....

- Berry, Harvard Business Review 2010

- “Hard Benefits”

- Morale
- Productivity
- Mental Health
- Loyalty
- Turnover
- Adds up to £££

Why? This is an old paper but is still

- Representative of the consensus of scientific and economic research
- Consistent with National Institute for Health and Clinical Excellence Financial Modelling of Return on Investment

[What's the Hard Return on Employee Wellness Programs? \(hbr.org\)](http://www.hertfordshire.gov.uk)

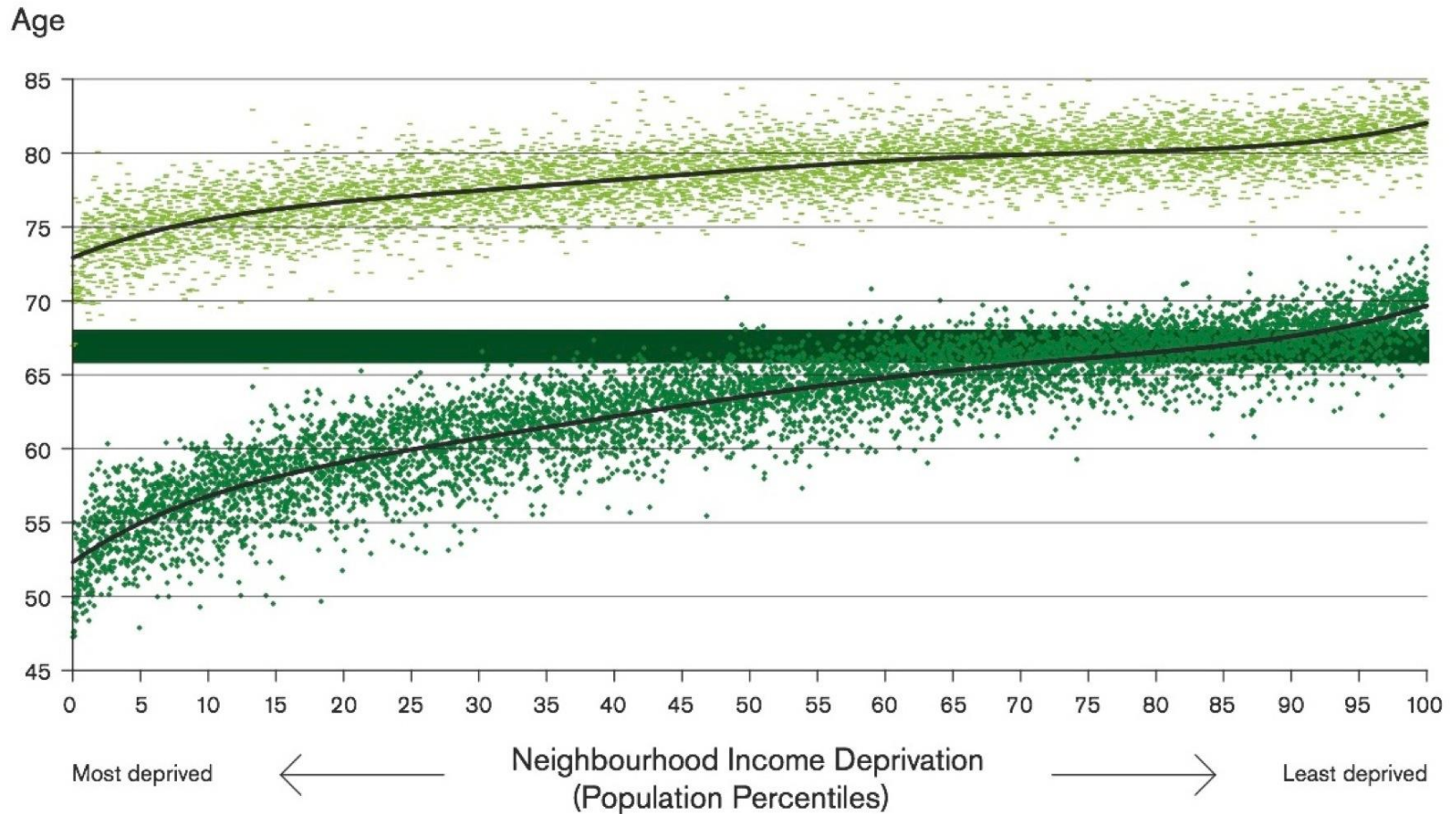
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Figure 1.1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



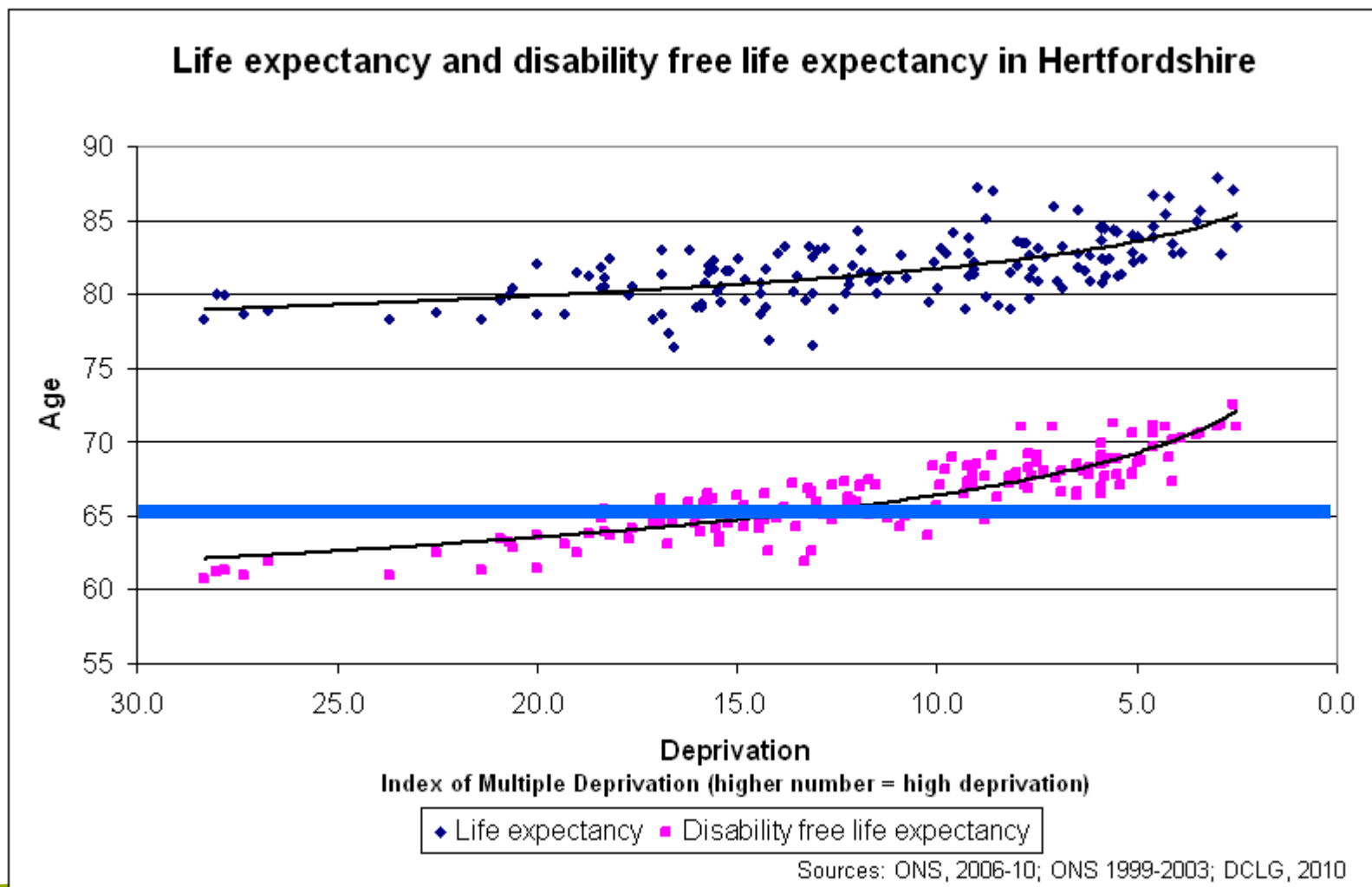
- Life expectancy
- DFLE
- Pension age increase 2026–2046



Source: Office for National Statistics³⁴



And Hertfordshire show same pattern but slightly better



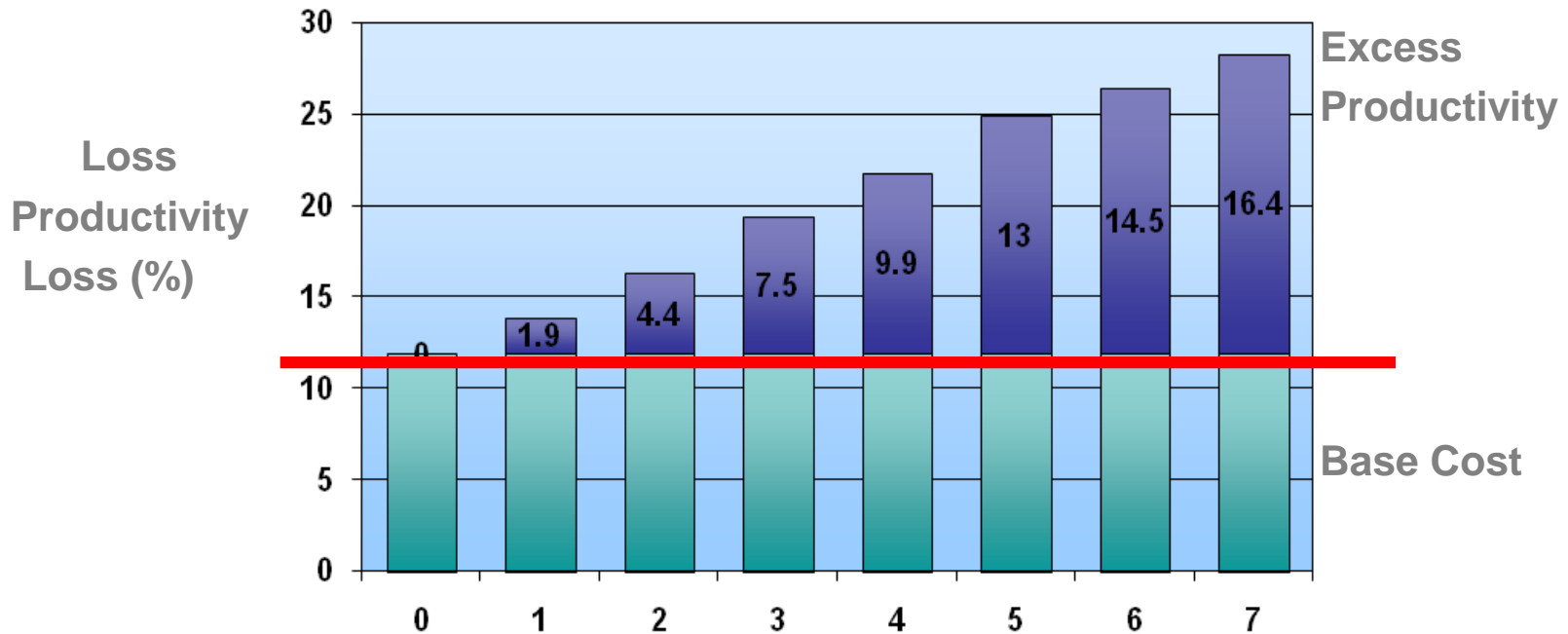
Example - smoking

- £58 m annual cost in smoking breaks
- £50.8m annual cost in sickness absence
- 1500 deaths a year in working age adults
- Smokers 5 times as likely as non smokers to have sickness absence EVERY year from 'flu and chest infections

GETTING THEM TO QUIT NEEDNT COST YOU A PENNY

A Landmark Study : An oldie but a goodie

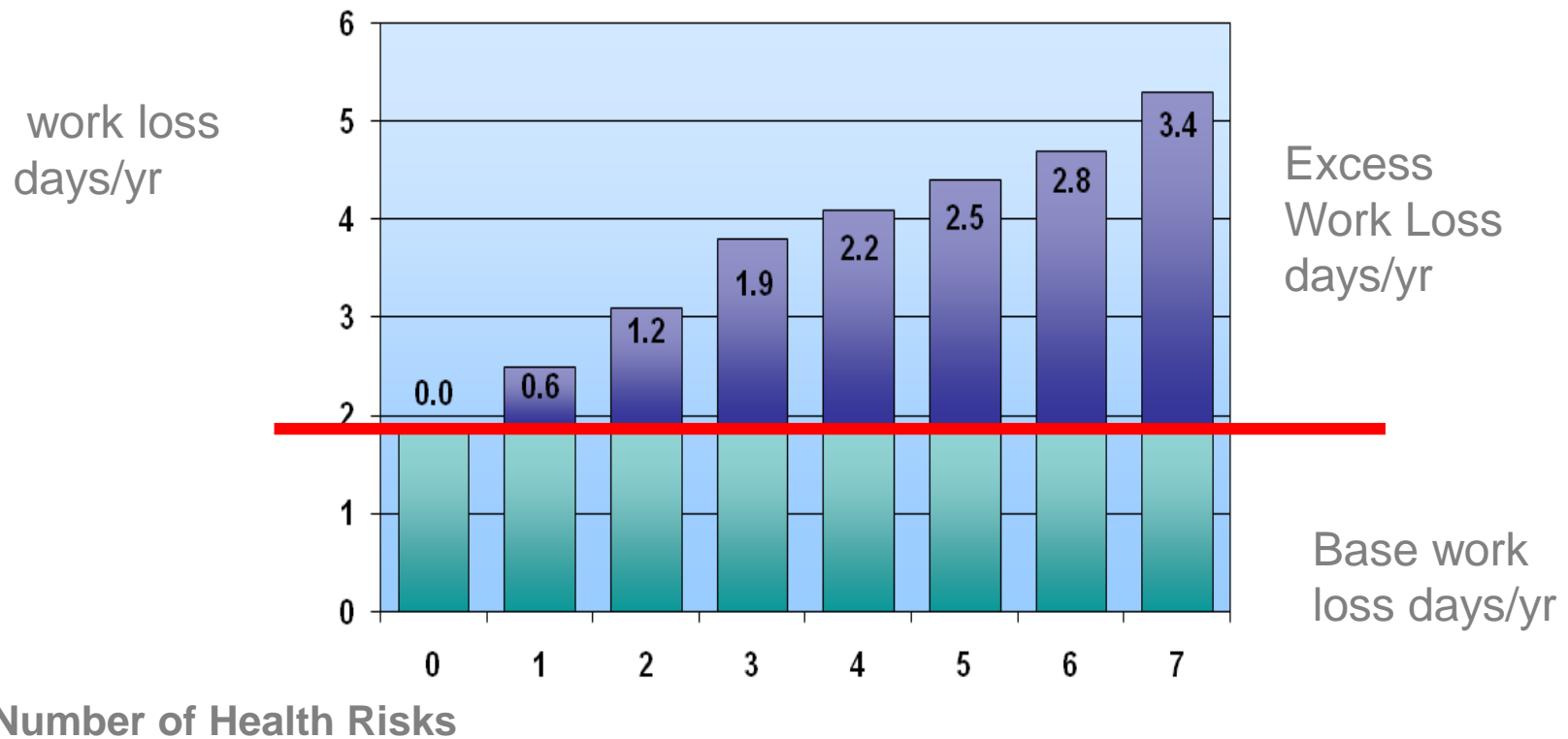
Productivity Decreases with Number of Health Risks



Number of Health Risks

(Journal of Occupational and Environmental Medicine 2005;47:769-77 (n = 28,375))

Absenteeism Increases with Number of Health Risks



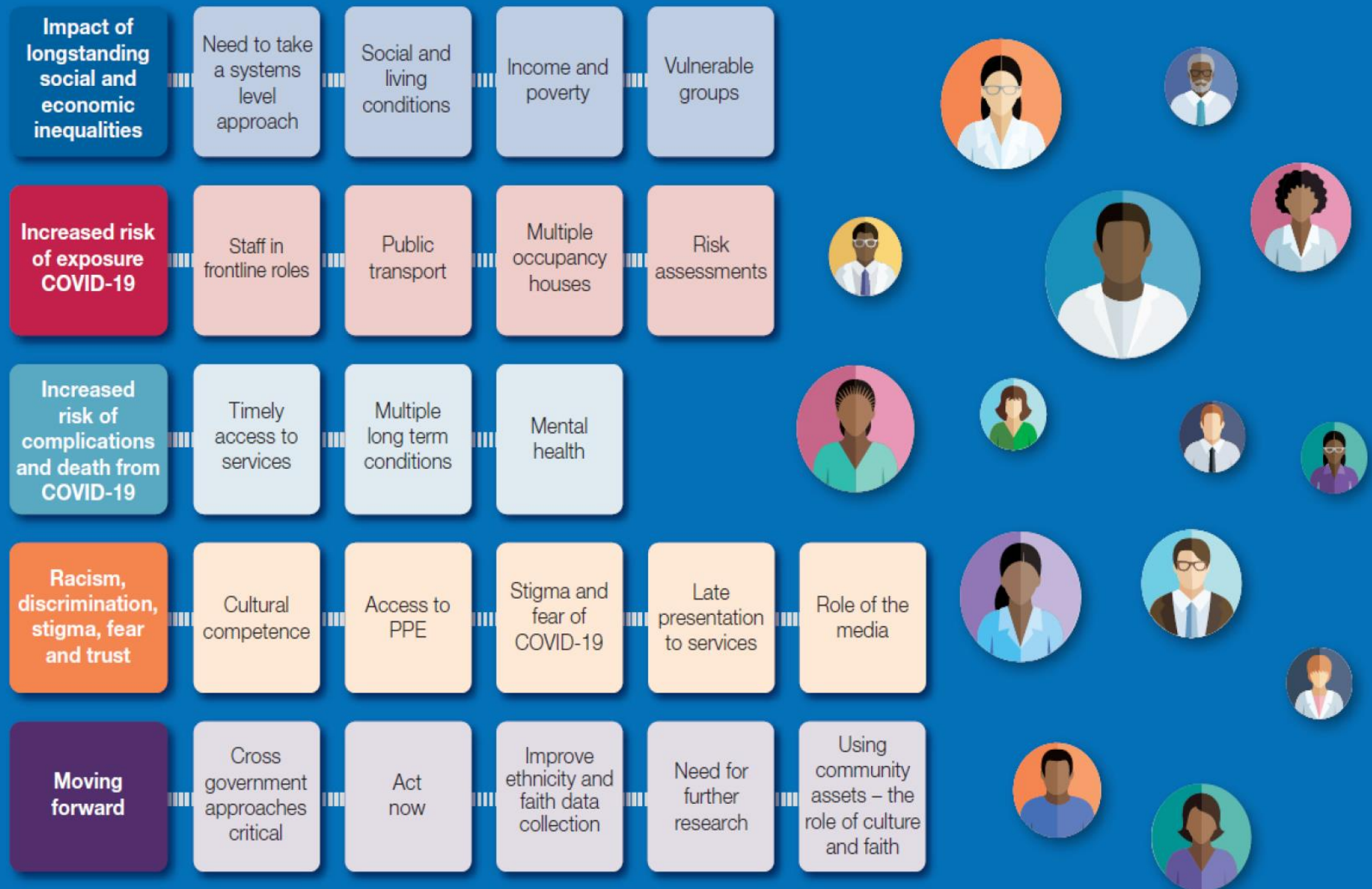
(Journal of Occupational and Environmental Medicine 2005;47:769-77 (n = 28,375))

Mental Health

- Biggest single cause of sickness absence
- Mostly avoidable or remediable at early stages
- Significant cause of ET claims and workplace disputes
- Area most employers feel least prepared for
- 1 in 4 of population have in lifetime
- 1 in 3 of workforce report sickness absence around it
- 1 in 6 staff in any business will have had a mental health issue in past week

Impact of Covid (PHE, 2020)

Major and sub-themes emerging from stakeholder engagement sessions



REVIEW

Economic evaluation of workplace health promotion interventions focused on Lifestyle: Systematic review and meta-analysis

Ana M. Vargas-Martínez, Manuel Romero-Saldaña, Rocio De Diego-C

First published: 19 April 2021 | <https://doi.org/10.1111/jan.14857> | C

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[Read the full text >](#)

Abstract

Aim

To identify and evaluate randomized clinical trials focusing workplace health promotion (WHP) interventions based on activity and nutrition.



ELSEVIER

SSM - Population Health

Volume 13, March 2021, 100743



ELSEVIER

Best Practice & Research Clinical Rheumatology

Volume 34, Issue 5, October 2020, 101558



Musculoskeletal health in the workplace

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Abstract

Musculoskeletal (MSK) problems remain the most frequent reason why individuals are absent from work, including those with work-related musculoskeletal disorders (WRMSDs or MSDs) and those with chronic MSK problems. This paper aims to examine changes in work and the workforce since 2000; how work impacts on chronic MSK conditions and how we can help people with these conditions to stay at work. While our knowledge of the causes of WRMSDs has increased since 2000, there has been limited workplace action in reducing exposure to hazards. A life course approach is needed as individuals of all ages are reporting MSK problems. How people work has also changed and informalisation of work contracts has increased with a perceived concurrent reduction in occupational safety and health (OSH) protection. Retaining people at work with MSK problems requires compliance with relevant safety, health and diversity legislation and a risk management approach. Good and open communication within the workplace and identification of other sources of

place health promotion
ed health of employees
c position: An
ta meta-analysis

roek^c, Karen Oude Hengel^{c,d}, Jantien van Berkel^a,

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Workplace Health Promotion, Employee Wellbeing and Loyalty during Covid-19 Pandemic—Large Scale Empirical Evidence from Hungary

by Eva Gorgenyi-Hegyes ^{1,*} Robert Jeyakumar Nathan ² and Maria Fekete-Farkas ³

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- Hungary, during pandemic
- Internal locus of control variables
 - mental and emotional health
- ‘external locus of control’ variables.
 - healthcare support
- Both contribute to “wellbeing”

What exactly do they mean by wellbeing?

A Four Domains Model

Builds on the biopsychosocial model: (Waddell & Burton, 2004)

Physical

- Integrated health and safety
- Ergonomics assistance
- Onsite/near-site services
- Personalized tools
- Physical environment
- Treatment decision-support
- Navigation support services
- Targeted clinical conditions

Financial

- Measure using HR data
- Use metrics at pivotal moments
- One-on-one counseling
- Personalized decision-support
- Support borrowing, spending decisions
- Monitor group rates for borrowing
- Subsidize student loan refinancing
- Promote family financial decisions

Emotional

- Strategy/action plan
- Psychological safety
- Measure stress
- Redesign EAP
- Programs to support chronic issues
- Resilience training
- Manager training
- Parental leave

Social

- Link to corporate social responsibility
- Incorporate I&D in benefits designs
- Support volunteerism
- Support compassionate donations
- Use social recognition
- Sponsor affinity groups
- Local wellbeing champions
- Key influencers to drive messages



Mental Health is impacted on by ALL four domains

[6 Steps to Ensure Employee Well-Being in Your Company | World Economic Forum \(weforum.org\)](#)

There are some actions all employers can take to ensure the health and wellbeing of their workforce is looked after



Ensure strategic level support to workplace health and **that this is communicated to staff**



Encourage healthy behaviours in the workplace, **including taking regular breaks, eating well and increasing physical activity**



Promote uptake of health risk reduction and promotion programmes, such as the NHS Health Check and NHS Stop Smoking Services



Provide fast access to **occupational health services and physiotherapy**



Provide **training for managers**, including how to speak to staff about physical and mental health issues



Consider reasonable adjustments such as **flexible working**



Measure and monitor **sickness absence levels** and use data to target action



Conduct an annual **Workplace Health Needs Assessment**

So what can we do?

- **Promote** –
 - Positive psychosocial environment
 - Everyone can bring their whole self to work
 - Cardiovascular Health
 - Belonging, Loyalty, Safety
- **Protect** –
 - “Health and Safety”
 - Vaccine Uptake (not just covid)
 - Musculo-Skeletal Health

Thank You!

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