6.2.3 Health in the workplace

Why is this issue important?

In the UK, 75% of people of working age are in employment, with the majority spending 60% of their waking hours at work.[1]

Being in good quality employment is associated with positive health outcomes; it empowers people and reduces poverty and social exclusion. Conversely jobs that are insecure, low-paid and fail to protect employees from stress and danger are associated with an increased risk of poor physical and/or mental health, which can lead to absence due to ill health. Promoting well-being at work is essential not only for a person's health and wellbeing, but it is also good for business as it can reduce sickness absence and improve productivity.[2]

Rates of unemployment are highest among those with no or few qualifications and skills, people with disabilities and mental ill health, those with caring responsibilities, lone parents, those from some ethnic minority groups, older workers and, in particular, young people. When in work, these same groups are more likely to be in low-paid, poor quality jobs with few opportunities for advancement, often working in conditions that are harmful to health.[2]

Across England around 131 million working days were lost due to sickness absence in 2013; this equates to approximately 4.4 days per employee. Minor illnesses, such as coughs and colds were the most common reason given for sickness absence, accounting for 27 million days (30%), although the greatest number of days lost were due to musculoskeletal problems (31 million days). Mental health problems such as stress, depression and anxiety accounted for 15 million days.[3]

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. More than 90% of people with common health conditions could be helped to return to work if basic principles of good healthcare and workplace management principles were followed.[1]

The Marmot review highlighted the need to create 'good jobs' to have an impact on health inequalities.

There is a range of evidence based best practice resources available to help employers implement effective workplace health programmes and to estimate to estimate the return on investment. Employers who invest in appropriate and successful workplace health initiatives have the potential to see a return on investment of between £2 and £34 for every £1 spent.[4]

Key outcomes

- ***Gap in the employment rate between those with a long-term health condition and the overall employment rate (Public Health Outcomes Framework)***

- ***Gap in the employment rate between those with a learning disability and the overall employment rate (Public Health Outcomes Framework) / Proportion of adults with a learning disability in paid employment (Adult Social Care Outcomes Framework)***

- ***Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Public Health Outcomes Framework) / Proportion of adults in contact with secondary mental health services in paid employment (Adult Social Care Outcomes Framework)***

- ***Sickness absence – the percentage of working days lost due to sickness absence (Public Health Outcomes Framework)***

- ***Percentage of people aged 16-64 in employment (Public Health Outcomes Framework)***

Impact in Brighton & Hove

Between 2011 and 2013 1.7% of employees in Brighton & Hove had at least one day off due to sickness absence in the previous working week.

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[1] Black C (Dame). Working for a Healthier Tomorrow. Review of the health of Britain's working age population; 2008.
[2] Marmot M. Fair Society, Healthy Lives: Strategic Review of Health Inequalities Post 2010, 2010. Available at: http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review[Accessed 25/07/2016]
[3] Office for National Statistics, Full Report: Sickness Absence in the Labour Market, February 2014 http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2014-02-25 [Accessed 25/07/2016]

[4] British Heart Foundation. The benefits of workplace health. 2016 (forthcoming report). Available at: https://www.bhf.org.uk/health-at-work/get-started/benefits [Accessed 28/07/2016]
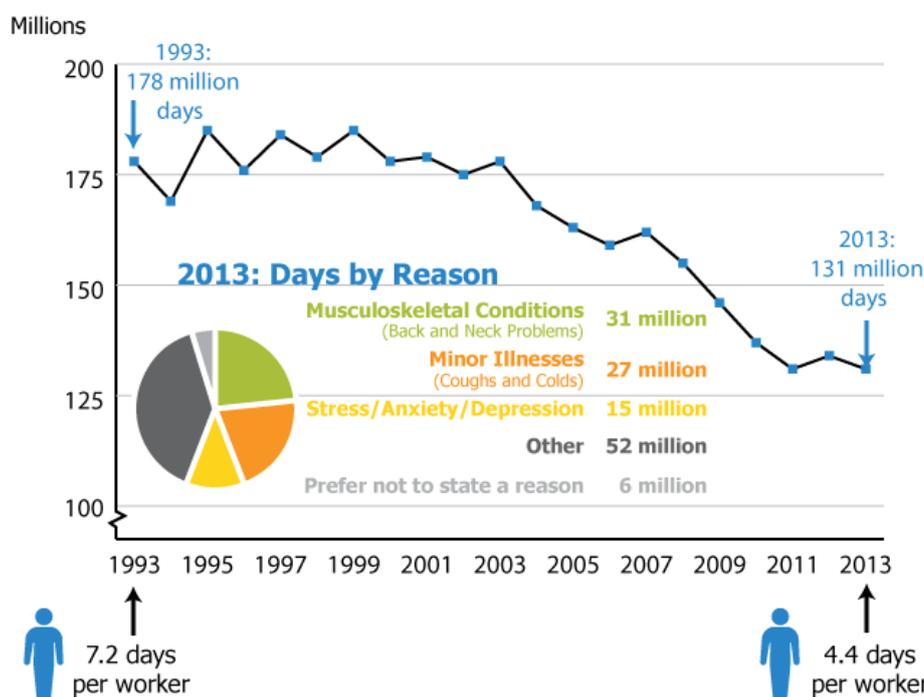
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This compared with 2.4% for England and the South East.[5]

There were 0.9% of working days lost due to sickness absence in Brighton & Hove over the same period, compared with 1.5% for England and the South East.[5]

Trends are not available for the city but in the UK in 2013 around 131 million days were lost through absences due to sickness or injury, down from 178m million in 1993 (these figures include all people aged 16+ in employment) (Figure 1).[3]

The South East region had the second lowest percentage of lost hours at 1.8% for the period October 2012 to September 2013, although the difference in the sickness rates across the regions is partly explained by different types of workforces. The South East has higher than average self-employed and private sector workers.[3]

Figure 1: Number of working days lost, UK, 1993-2013

Source: Office for National Statistics, Full Report: Sickness Absence in the Labour Market[3]

Where we are doing well

Workplace health is a priority area of work for the council's healthy lifestyles team and a key component of the Public Health Schools Programme which launched in 2014.

The Workplace Wellbeing Charter is being promoted to all businesses across the city. Employers receive support to achieve this nationally recognised award.

Health and wellbeing checks and other health promotion opportunities are available to all employers, including schools.

Support is available for employers to conduct a health and wellbeing survey to gain insight into the health and wellbeing of their staff and implement targeted health and wellbeing programmes.

A school staff health and wellbeing fund is available for all for schools to deliver programmes that improve workplace health and wellbeing of staff.

The Council's health and safety team enforce the Health and Safety at Work Act 1974 in approximately 9,000 workplaces in the city. The team's role is to ensure workplaces are safe and do not cause ill-health to workers, residents and visitors. The team achieves this by supporting businesses to comply with their legal obligations.

Local inequalities

In Brighton & Hove double the national percentage of adults with learning disabilities are in employment (12.3% compared with 6.0% for England). However, this is still 62.3 percentage points lower than the overall employment rate (Table 1).

The employment rate for those in contact with secondary mental health services is lower still at 5.6% in Brighton & Hove compared with 6.8% for England and 8.4% for the South East. The employment rate in the city is however in line with similar local authorities. The gap to the overall employment rate is 69 percentage points for Brighton & Hove, wider than England (66 percentage points).

Whilst employment rates are higher for those with long-term health conditions in Brighton & Hove (67%) than England (64%), they are below the South East (71%) and there is a gap of 7.5

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[5] Public Health England. Public Health Outcomes Framework. Available at http://www.phoutcomes.info [Accessed 16/08/2016]

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percentage points locally between the employment rate for those with a long-term health condition and the overall employment rate.

Table 1: Employment rates (and the gap between these and the overall employment rate) for those with long-term conditions, learning disabilities or in contact with secondary mental health services, Brighton & Hove, South East and England, 2014/15				
	Brighton & Hove	**South East**	**England**	**Similar LAs**
Adults with learning disabilities in employment (%)[6]	12.3%	6.3%	6.0%	5.7%
Gap (% point)[5]	62.3	68.8	66.9	65.6
Adults in contact with secondary mental health services in employment (%)[6]	5.6%	8.4%	6.8%	5.5%
Gap (% point)[5]	69.0	69.6	66.1	62.1
Adults with long-term health conditions in employment (%)[7]	67.1%	71.1%	64.3%	-
Gap (% point)[5]	7.5	5.2	8.6	7.3

Source: [6]Health and Social Care Information Centre Adult Social Care Outcomes Framework, [5]Public Health England Public Health Outcomes Framework and [7]Annual Population Survey - Labour Force Survey (NOMIS)

The percentage of working hours lost due to sickness differs by:

- **Gender:** Both sexes have seen a fall in their sickness absence since 1993. In 2013 men lost around 1.6% of their hours due to sickness whereas for women this was 2.6%.

- **Age:** in 2013 around 1.2%-1.5% of hours were lost to sickness for 16-24 and 25-34 years olds, respectively. As workers age and are more likely to develop health problems sickness absences rates increased to around 2.0%-2.8% for workers aged 35-49 and 50-64, respectively.

- **Sector:** The percentage of hours lost to sickness is lower in the private sector compared to the public sector, 1.8% and 2.9% respectively, but the gap has narrowed over the past 20 years. There are a number of things to consider when interpreting these differences such as:

  - Sickness is lowest for managers, directors and senior officials (1.3%) and highest for those working in caring, leisure and other service occupations (2.0%).

  - On average, women have more sickness absence and the public sector employs a higher proportion of female workers.

  - Individuals within the private sector are also more likely to not be paid for a spell of sickness.

  - Looking at differences between men and women in the two sectors, women in the public sector lost the highest percentage of their hours (3.2%). Men in the private sector lost the fewest (1.5%).

- **Employment type:** Self-employed people took less sickness than employees at 1.2% of working hours lost, compared to 2.1%, respectively. Self-employed people do not generally have the same sick-leave cover as employees do and would therefore have more incentive to make up any hours lost due to sickness. Also self-employed individuals are more likely to lose out financially if they lose working hours.[3]

Opportunities to participate in any workplace health programmes should be open to all employees and all groups should be considered during the planning and design, especially those in semi-skilled and unskilled manual jobs and temporary or fixed term workers. Those working long or irregular hours or on non-permanent contracts are more likely to experience poor health, so a focus on these employees may also contribute to reducing health inequalities.

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[6] Health and Social Care Information Centre. Adult Social Care Outcomes Framework. Available at http://ascof.hscic.gov.uk [Accessed16/08/2016]
[7] Annual Population Survey - Labour Force Survey (NOMIS). Available at http://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=17 [Accessed 16/08/2016]

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Nationally, 15.2 million of the 131 million days lost to work-related sickness absence in 2013 were due to stress, depression or anxiety. Work-related stress and mental ill-health are more common among those in more disadvantaged socioeconomic positions. Improving the physical and psychosocial work environment is likely to contribute to improved population health and reduced health inequalities.[3,8]

Predicted future need

On-going consultation with local businesses indicates that employers can see the benefits of addressing the health and wellbeing of employees but are concerned about the return on investment. Further work is needed to promote the benefits to all employers in the city, including small to medium sized businesses.

What we don't know

We don't know what impact the global economic crisis will have on businesses across the city over the next few years.

There is no local data on sickness absence to explore and help inform how to help people stay in work.

Key evidence and policy

The most recent NICE Guidance on workplace health management practices built on the Marmot recommendations and highlighted the importance of senior leadership actively supporting employee health and wellbeing through a participatory leadership style, clear communication, management training and job design. A supportive environment can be created through the development of polices that support of mental health such as work life balance and stress /resilience using the Health and Safety Executive Management Standards for Stress.[2,9]

Management of long-term sickness and incapacity for work (PH19). Public health guidance March 2009. Guidance for primary care and employers on the management of long term sickness and incapacity
http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11779

Effective workplace health programmes require organisational commitment, a clear strategic approach and involvement of key staff. There is strong evidence that promoting wellbeing at work has a positive impact on employee health and can increase employee job satisfaction and reduce absenteeism. Physical activity programmes at work have been found to reduce absenteeism by up to 20%[10] and it is estimated that British business could save up to £8 billion a year if it managed mental health at work more effectively.[11]

NICE Mental wellbeing at work. 2009.
https://www.nice.org.uk/guidance/ph22

Businesses also have the opportunity work towards achieving the Workplace Wellbeing Charter, which was launched by Public Health England as a national systematic method for improving workplace health. The Charter is a standardised national accreditation programme that provides employers with a checklist, or toolkit for improving and embedding good workplace health practice.[12]

Dame Carol Black. Workplace Wellbeing Charter England (2011). www.wellbeingcharter.org.uk

Public Health England, 2014. Local action on health inequalities: Workplace interventions to improve health and wellbeing.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/355773/Briefing5a_Workplace_interventions_health_inequalities.pdf

Recommended future local priorities

The Local Authority, NHS, businesses, and the voluntary sector should continue to lead the way in promoting health and wellbeing in the workplace:

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[8] Public Health England, 2014. Local action on health inequalities: Workplace interventions to improve health and wellbeing. Health equity briefing 5a: September 2014
[9] NICE. Workplace health: management practices NICE guidelines [NG13]2015
https://www.nice.org.uk/guidance/ng13/chapter/Recommendations#role-of-line-managers

[10] NICE. Workplace health. NICE advice LGB2. 2012. Available at https://www.nice.org.uk/advice/lgb2/chapter/introduction [Accessed 16/08/2016]
[11] NICE. Mental wellbeing at work. NICE Public health guidelines 22. Promoting mental health through productive and healthy working conditions: guidance for employers. 2009. Available at https://www.nice.org.uk/guidance/ph22 [Accessed 16/08/2016]
[12] The workplace wellbeing charter. Available at: http://www.wellbeingcharter.org.uk/index.php [Accessed 28/07/2016]

6.2.3 Health in the workplace

1. Recognise their vital roles in improving public health and use the work environment to help people maintain or improve their health.

2. Commission programmes which promote healthy lifestyles, and identify and work towards reducing the barriers to health, work and wellbeing.

3. Support employers to sign up and achieve the Workplace Wellbeing Charter.

4. Provide health and wellbeing checks in workplaces as they will reach people where they are living their everyday lives, including those that are hard to reach through traditional channels.

5. Promote a culture where employees can discuss stress and mental distress openly without stigma or discrimination.

6. Facilitate and contribute to a local workplace health network to share learning and ensure best practice

7. Improve access to support for those who are off sick or returning to with mental health problems or musculoskeletal problems.

8. Maintain the health of staff as they grow older and monitor the effects of the later retirement age on people now having a longer working life.

Key links to other sections

- Employment and unemployment

- Happiness and wellbeing

- Healthy weight (adults and older people)

- Physical activity and active travel

- Mental health

- Adults with learning disabilities

Further information

British Heart Foundation. *Health at Work* https://www.bhf.org.uk/health-at-work

Change 4 Life www.nhs.uk/Change4Life

ONE YOU https://www.nhs.uk/oneyou#1s7iWjRuuJycSjvk.97

Taking *Care of Business* Mind Campaign www.mind.org.uk/employment

Workplace Wellbeing Charter. *Self Assessment Standards* www.wellbeingcharter.org.uk

Last updated

August 2016