

What Good Health at Work Looks Like

The What Good Looks Like (WGLL) programme aims to facilitate the collective efforts of local organisations and wider society (the system) towards improvements in their population health outcomes. This publication represents the practical translation of the core guiding principles of the new Quality Framework for the Public Health system and features of what good local health at work looks like in any defined place. It was developed collaboratively through the synthesis of existing evidence, examples of best practice, practitioners' experiences and consensus expert opinions. It is intended to serve as a guide and will be iterative with regular reviews and updates when new evidence and insights emerge.

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Introduction

[Evidence](#) shows that a good working environment is good for health, and that a bad working environment (characterised by low levels of job control and organisational fairness, and a high effort-reward imbalance) may contribute to poor health. Employment is one of the wider determinants of health. There are impacts of work on health and of health on work. Work can positively impact on health by providing material benefit and income, reduce health inequalities and can create meaningful roles for people to help better integrate within social groups. However, some negative impacts have been associated working, such as high levels of stress, physical occupational hazards and sedentary workspaces which exacerbate other health consequences such as obesity and cardiovascular disease. Unemployment leads to poorer health and shorter life, with associated indicators such as increased smoking at the onset of unemployment; increased alcohol intake, reduced wellbeing with increased self-harm, depression and anxiety. Health can also impact on work as poor health can be a barrier to employment through stigma and discrimination.¹ There are also associated costs to the organisation for making reasonable adjustments if an employee has a long-term change in health status.

There is also [evidence](#) to show that healthier, active and engaged employees are more productive, have lower levels of sickness absence and presenteeism, creating a business imperative to take action as well as a public health one. We know that the extensive use of good people management practices can have benefits for organisational performance and employee wellbeing. A key driver to this is senior executive leadership and commitment to establishing an organisation that supports health at work.

¹ [Waddell G, Burton A. Is work good for your health and wellbeing; 2006](#)

Due to a lack of high quality intervention studies and workplaces varying greatly in both size and type, there is no gold standard, or one size fits all approach which can be recommended. More research is needed in this growing field and the current heterogenous evidence base requires caution when interpreting. However, **this thematic publication on health at work makes a unique contribution to the current publications library by taking both a systems wide and life course approach. It is intended to be an implementation support to direct local systems to appropriate resources and existing evidence-based guidance and insight**

With 74% of adults in employment, and on average spending a third of their waking hours in the workplace², workplaces are a key setting for engaging adults in activities to improve their health and wellbeing to improve the health of the nation, business productivity, economic prosperity and the social wellbeing and wealth of communities. There are three main strands to this engagement:

- **Occupational related risk or illness:** Occupational health support and advice is currently not equitably available in the workplace. Some key roles of occupational health services can include pre-employment health screening, support and advice services (including counselling) and advice on rehabilitation following illness
- **Pre-existing illness or disability:** Research recognises that the chances of return to work diminish with increasing sickness absence. People do not have to be fully fit or recovered before being reintroduced to the work place. Temporary job modifications and personal services may be essential to encourage people back to work, such as early detection of problems and organisational culture development to improve awareness and reduce stigma
- **Health promotion in the work place:** With a captive audience who are a considerable proportion for the population, there are great opportunities to further promote public health principles in the workplace, such as providing healthy choices in canteens and vending machines; removing salt from tables; developing family friendly policies, flexible working hours and supporting breast feeding.

It is recognised that at a population and employer level there is a clear logical connection between the health of the local population and the economic viability and productivity of the area. As most businesses draw their workforce from the local community there is an important correlation between employee health, productivity and presenteeism. This relationship becomes even more important when we consider the relationship between local economic viability, business rate income and the future sustainability of public services.

What does good look like in health at work?

What Good Looks Like for Health at Work includes:

- the provision of good and safe work for all,
- taking a proactive approach to providing workplaces that enable healthier choices for employees,
- providing support for them when they have health issues, which is
- delivered across the system in accordance with evidence-based guidance for best practice and achieves evidence-based outcomes for public health improvement.

This will enable people of working age to access and stay in work and support good health and healthy lifestyles for those in work.

This publication is primarily intended to be used by the PH system in local government as a support for implementation, acknowledging that there are other key players who have a significant role in promoting and maintaining healthy workplaces (see [System Leadership](#) section below)

Behavioural science is used with systems thinking early in the development of policies through to the enhancement of existing services to understand issues and appropriately and efficiently target

² [Public Health England, The importance of health and work; 2018](#)

effective interventions. For a systems approach, consider all available policy levers at all parts of the system; these are: legislation, regulation, fiscal measures, environmental and social planning, communications and marketing, guidelines, and service provision. As examples, key levers of behaviour change are highlighted in *italics* throughout the document. Consider how likely each are going to be affordable, practical, effective, cost-effective, acceptable, safe and equitable.

Local system leadership

Public health system leadership has a critical role to advocate and mobilise resources to support the health and work agenda.

WHO have published a [framework](#) including a model which offers a framework to illustrate the healthy workplace as a concept, which can be applied to workplaces in a variety of contexts.

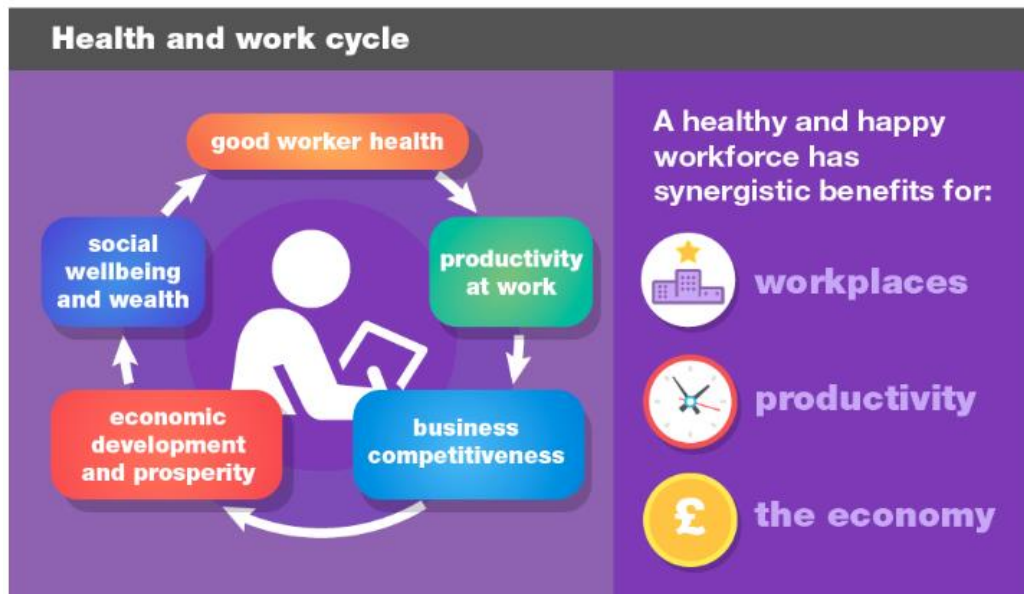


Figure 2: Health and Work Cycle (Source: PHE/LGA, 2016)

Figure 2 shows how having a healthy workplace function in this way has health and economic benefits to both the individual and the workplace.

It is important to emphasise that the health at work system is a complex and evolving one. New business models are creating changes in employment status and what constitutes, for example, 'the workplace'. Even within more traditional workplaces there is huge variety including large public or private sector employers and small and medium enterprises. They will have different capacity and capability for improving workplace health and wellbeing.

Good public health system leadership for health at work is to:

1. Co-ordinate, bring together and facilitate best practice across a wide range of potential stakeholders, networks and communities of interest including:
 - Employer networks and representative organisations e.g. Chambers, Federation of Small Businesses, Trade Unions, LGA
 - Major local employers as exemplars including NHS organisations, local authorities and civil service
 - City Regions and LEPS
 - Government departments, e.g. DWP, BEIS, MHCLG, DHSC
 - Voluntary and community organisations, e.g. MIND, BITC
 - Academic networks
 - Occupational Health specialists and teams

- Royal Colleges, Allied Health Professionals and workforce trainers
2. Enable the communication of consistent messages (*communications and marketing*) about workplace health and good work for all and provides intelligence and evidence-based knowledge across the system to enable action. This will include an assessment of the maturity of the public health system relating to health at work, using agreed criteria and dimensions - the value from using this assessment comes from the discussion it stimulates, rather than the absolutes or “scores”.
 3. Provide tools (*guidelines*) and support to the health at work system³ (*service provision*) to facilitate evaluation and assessment of progress across the key issues of safe and good work, health improving and health enabling workplaces and the reduction of health as a barrier to employment. In areas with devolution partnerships there is the additional opportunity, through the development of regional industry strategy and inclusive growth mechanisms (*environmental planning*), to support the development of good, social value-added work and enhancing the resilience of local communities that benefits economic growth for all sections of those communities.
 4. Maximise the contribution of behavioural and social sciences to improving workplace wellbeing. There are a number of developments currently that will support this, notably Improving people’s health: [Applying behavioural and social sciences to improve population health and wellbeing in England](#) (PHE), the LGA’s [behavioural insights programme and research by the Behavioural Insights Team](#) (BIT) to improve employee wellbeing⁴. Tools are also available to the public health system to apply behavioural science, such as the BIT [EAST framework](#)⁵, and the [UCL Centre for Behaviour Change Resources](#).
 5. Recognise that there are already several workplace health interventions and workplace health accreditation schemes (*regulation*) currently running across different local authorities. The outcomes from these interventions and schemes have been and will continue to be evaluated, contributing to the developing evidence base and local data collection. While evidence on the effectiveness of interventions and accreditation schemes continue to be evaluated, it will be possible to use the information and signposting presented within this document to consider whether interventions of schemes should be implemented locally. This thematic publication complements both the existing [PHE BITC Employer Toolkits](#) and the forthcoming PHE Local Healthy Workplace Accreditation Commissioning Guidance (*guidelines*). This guidance will enable local authorities to set up their own accreditation schemes, tailored at their local business needs and will be made available during 2019.

It should also be noted that the current policy guidance available, such as that in the Taylor Review and Improving Lives, highlights that the public sector – NHS, local government and Civil Service, for example – have a critical role to be exemplar employers (*social planning through modelling*) in relation to employee health and wellbeing. [The NHS Long Term Plan](#) and the role of the regional DPH in the NHS England/NHS Improvement regional teams offer opportunities to promote workplace wellbeing. [The NHS Health and Wellbeing Framework](#) and associated indicators, based on the findings and indicators from the [NHS Staff Survey](#) is an example that can be used.

Use of legislative powers

The legislative powers relating to the health at work system are in the main:

³ [Public Health England, Local Government Association. Health, work and health related worklessness; 2016.](#)

⁴ [Sanders M, Breathnach S. Calling all employers looking to improve staff health & wellbeing Behavioural Insights; 2018](#)

⁵ [EAST: Four simple ways to apply behavioural insights: Behavioural Insights team;](#)

- Primary *legislation* – such as that for Health & Safety; Employment; Equality; Age Discrimination; National Living Wage
- *Regulation/Compliance/Standards* and Directives – Taxation; Working Time; Physical Environment; Benefits; Occupational Health; functions of Inspectorates
- Policies – impact of [Improving Lives](#)⁶, [Thriving At Work](#)⁷ and Taylor Review of Modern Working Practice can take forward further work on the case for legislative change and potential options for reform

Legislative powers can be used to improve health at work through, for example, enforcing rights for vulnerable workers, to *incentivise* employers through tax *regulations* to promote and maintain employee health and wellbeing.

Public policy levers are also available to influence the key principles that have been identified as underpinning the quality of work: overall worker satisfaction; good pay; participation and progression; wellbeing, safety and security; voice and autonomy.

Evidence-based policy

The evidence base for general workplace health and wellbeing (prevention of health-related absence or job loss, and improvement of health for employees) is complex and varied⁸, including [NICE guidelines](#) and [PHE evidence review and briefings](#) (*guidelines*). There is also what is considered good employment practice by bodies such as ACAS and CIPD, as well as legislative requirements as noted in the preceding box, along with financial and ethical justifications for taking action.

There has been some progress over the past five years, with the small, diverse evidence base⁹ developing around which health and work interventions are most likely to have an impact and how cost effective they are.

However, as noted in the introduction, there are too few well-reported, high quality intervention studies that describe, in sufficient detail, the nature of the intervention and its effect – and whether effects are sustained long term it should be understood though that for employer-led action to improve employee health and wellbeing, no individual intervention emerges as the ‘gold standard’. This is partly due to the fact that businesses’ needs depend to a large extent on their size and their sector, but also because there is a lack of data on small organisations and ‘blue-collar’ sectors in particular.

Evaluation of interventions¹⁰ using validated tools as part of workplace accreditation schemes from the outset, for example, and peer learning approaches, such as [sector led improvement](#), can also add to this developing evidence base.

Public Health workforce

- For a specialist public health community, its role in system leadership for health at work is vital. Allied Health Professionals, LA, PH practitioners and specialists need to have appropriate knowledge and skills in relation to promoting good work, health improving and enabling workplaces (*service provision*); using evidence-based resources to support

⁶ [Department for Work and Pensions, Department of Health and Social Care. Improving lives: the future of work, health and disability: Gov.UK; 2017](#)

⁷ [Stevenson D, Farmer P. Thriving at work: the Stevenson / Farmer review of mental health and employers; 2017](#)

⁸ [Department for Work and Pensions. Health, work and wellbeing: evidence and research: Gov.UK; 2013](#)

⁹ [Whitmore M, Stewart K, Pollard J, van Belle J, Yang M, van Stolk C. Promising practices for health and wellbeing at work. RAND; 2018.](#)

¹⁰ [Public Health England. Evaluation in health and well being: overview; 2018](#)

employer led action in the workplace and the use of evaluation tools to measure activity and impact. Work as a health outcome (as outlined in Improving Lives) should also be embedded among health professionals – such as Occupational Health practitioners; GPs etc. training and competencies

- For the wider public health workforce/occupations – to provide education and training (*through service provision*) to the wider workforce ensuring that they are equipped with the requisite skills, competencies and confidence to deliver public health messages across a variety of workplace settings, especially in the role of workplace health champions. Apply [making every contact count](#) approaches to workplace health, ensuring employees are aware of the existing range of employment health support offered in their local area.

For all the public health workforce, the need to support Small and Medium Enterprise employee health with consistent messages¹¹ (*communications*) of the benefits of interventions to the business is crucial.

More detailed guidance and evidence on what good local health at work looks like is contained in the accompanying publication.

¹¹ McEnhill L, Steadman K. This won't hurt a bit: supporting small business to be healthy, wealthy and wise. the work foundation; 2015.