
EXECUTIVE SUMMARY

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Executive summary

At the heart of this vision are three principal objectives:

- prevention of illness and promotion of health and well-being;
- early intervention for those who develop a health condition; and
- an improvement in the health of those out of work – so that everyone with the potential to work has the support they need to do so.

Key challenges and recommendations

- 1** Government, healthcare professionals, employers, trades unions and all with an interest in the health of the working age population should adopt a new approach to health and work in Britain based on the foundations laid out in this Review.
- 2** Government should work with employers and representative bodies to develop a robust model for measuring and reporting on the benefits of employer investment in health and well-being. Employers should use this to report on health and well-being in the board room and company accounts.
Safety and Health practitioners and, where present, trades union safety representatives, should play an expanded role in acting to promote the benefits of such investment.
- 3** Government should initiate a business-led health and well-being consultancy service, offering tailored advice and support and access to occupational health support at a market rate. This should be geared towards smaller organisations. It should aim to be self-sustaining in the medium-term, and be fully evaluated and tested against free-to-use services.
- 4** Government should launch a major drive to promote understanding of the positive relationship between health and work among employers, healthcare professionals and the general public. This should include encouraging young people to understand the benefits of a life in work and its impact on their families and communities.

1. Introduction

Around 175 million working days were lost to sickness in 2006. This is equivalent to seven days for each working person. In addition, around 7% of the working age population are workless and receiving incapacity benefits because of long-term health conditions or disabilities.

Thus, the health of the working age population is important for everyone:

- for individuals and their families, because it impacts on the quality and length of life people lead, affecting their capacity to work and provide for their family;
- for employers, because a healthier workforce is a more productive workforce; having healthier workers also provides an incentive to invest in their training and development, as such investment will yield a higher return; and
- for society as a whole, because the consequences of ill-health lead to social exclusion, lower output and reduced tax revenues. Higher costs in terms of healthcare and social security benefits add to the burden on the taxpayer.

2. The health of the working age population

Ill-health in work

When employees develop a health condition, it does not always lead to absence from work, but can lead to reduced performance on the job.

Absence from work

There are various sources available that measure the level of sickness absence in the British economy. 7 days per employee in the CBI survey and 8.4 days in the CIPD survey. In total, the CBI calculates 175 million days are lost to sickness absence /year.

Trends in our dietary and exercise habits also threaten health. Only 30% of adults eat at least five portions of fruit and vegetables a day. We are becoming more sedentary in our lifestyles, with participation in physical activity at low levels. Twenty per cent of men and around 40% of women meet recommended physical activity guidelines¹⁶.

As a result, over two-thirds of men and over half of women are overweight (see Figure 2.11). If current trends continue, levels of working age adults who are obese or overweight will rise to around 90% in men and 80% in women by 2050¹⁷.

Poor health outcomes related to these factors can include high blood pressure, diabetes, coronary heart disease and respiratory diseases such as chronic obstructive pulmonary disease (COPD).

What keeps people out of work?

Work itself can be a cause of illness. Health and Safety Executive (HSE) figures suggest that around a quarter of days lost through absence may be due to work-related ill-health.

Mental health

Analysis of sick notes issued to people in the Merseyside area over a 12-month period showed that one in four people had a mental ill-health diagnosis. The average time certified for a person with mental ill-health (15 weeks) was nearly twice as long as the average for all conditions (8 weeks).

Musculoskeletal disorders

The average length of time certified for those with MSDs was 10 weeks, almost two weeks more than the average for all conditions.

Costs of poor health

Figure 2.15 Costs of working age ill-health (£ billions)

	2007 (£ billions)
Sickness absence	10
Total economy	103-129

3. The role of the workplace in health and well-being

With almost 75% of working age people in employment, Britain has one of the highest employment rates in the world.

'Most people in employment spend 60% of their waking hours in work... the workplace is a great place to promote the benefits of enjoying a healthy, active lifestyle.' South Ribble Borough Council

Is there a business case to invest?

PwC found considerable evidence from literature reviews and over 50 UK-based case studies that health and well-being programmes have a positive impact on intermediate and bottom-line benefits. Intermediate business benefits include reduced sickness absence, reduced staff turnover, reduced accidents and injuries, reduced resource allocation, increased employee satisfaction, a higher company profile, and higher productivity.

Taxation can be a disincentive for smaller organisations to invest in health and well-being programmes. Certain anomalies exist, for example, larger organisations can build a gym onsite without incurring any additional tax liability. However, if an organisation is too small to justify building an on-site gym, it would incur an additional *tax liability* were it to subsidise membership of external gyms for its employees.

Employees are likely to have worse health if:

- employment is insecure;
- work is monotonous and repetitive;
- workers have little or no autonomy, control and task discretion;
- there is an imbalance between effort and reward so that workers feel exploited or 'taken for granted' (wider than just the wage packet);
- there are few supportive social networks; and
- there is an absence of procedural justice in the workplace i.e. workers cannot be confident that they will be fairly treated by their employer.

Better workplaces have better financial results

The balanced portfolio of the 'Best companies to work for in America' earned 14% per year from 1998-2005, over double the market return, outperforming industry and characteristic matched companies.

Evidence from the Sunday Times' 'Best Companies to work for in the UK' shows that (they) have 13% lower staff turnover, less than half the sickness absence of the UK average, and on the stock market they have consistently out-performed the FTSE 100.

4. Changing perceptions of fitness for work

Employers' perceptions of ill-health

As many as 40%³⁵ of organisations have no sickness absence management policy at all. However, where contact with sick employees takes place in the context of clearly stated policies on sickness absence management, there should be no grounds for fears.

The public

Too many people think that work is bad for health, that work should be avoided when they are unwell and that they should only return to work when they are 100% fit.

Recommendations

Government should launch a major drive to promote understanding of the positive relationship between health and work among employers, healthcare professionals and the general public.

5. Developing a new model for early intervention

Even more importantly, sickness absence varies between individuals, averages hide the fact that many have no days off sick at all, and some are off sick for half the year or more. The CBI estimates that 43% of the 175 million working days lost are due to long-term sickness of 20 days and over. Critically, they estimate that just 6% of employees account for this 43% of total working days lost.

9. Taking the agenda forward

Employers

Employers bear the primary responsibility for establishing the conditions and practices in the workplace which minimise the likelihood of people being made ill by their jobs.

But, as the Review has shown, there is also a compelling case for organisations of all sectors and sizes to move beyond the traditional health and safety agenda to embed health and well-being at their heart and to create an empowering and rewarding work environment for all employees.

The business case for health and well-being is not, however, confined to health promotion, prevention of illness or even good line management. The costs of sickness absence dictate that it is in employers' interests to work with healthcare professionals and employees to consider potential adjustments which could enable employees to remain in or return to work while recovering from ill-health.