



# **Developing Leadership and Governance for Healthy Universities**

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**Health Work and Wellbeing:  
Challenges and opportunities  
for higher education**

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Department of Health, England**

# The vision

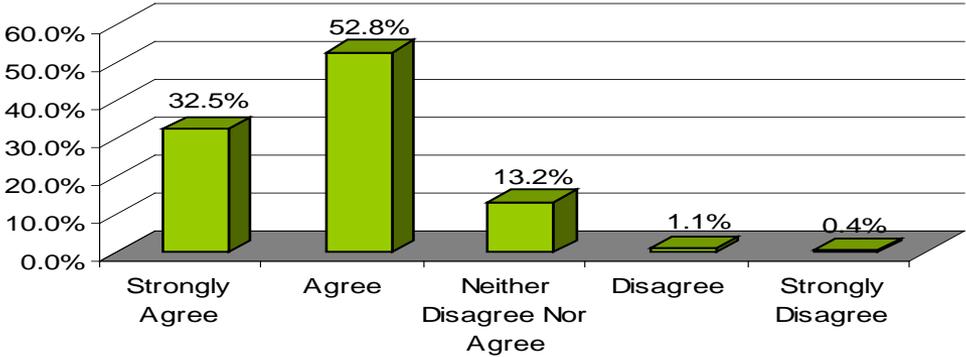
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“A healthy university is a powerful vision – a compelling narrative for health and wellbeing across the whole of the university community – staff, students and wider stakeholders.

But to make it credible it needs a leadership that really worries about the delivery of that vision – allocating clear responsibilities, creating the right standards and – most importantly – acting out the narrative as credible role models and champions.”

# The Boorman review of NHS staff health

## The Impact on Service Delivery and Outcomes



... over 80% of staff felt that their health and well-being impacts upon patient care, and virtually none disagreed...

... yet only 40% think that their institution cares about their health and well-being.

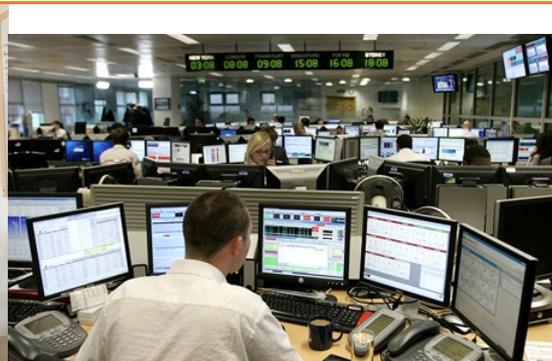
... data correlation also showed some significant relationships...

	Trust A	Trust B	Trust C	Trust D
Absence Rate	4.21%	4.04%	4.58%	4.70%
Turnover Rate	10.5%	9.79%	11.65%	17.02%
Agency Spend	1.70%	2.96%	1.71%	4.57%
Patient Satisfaction	78.9	76.4	77.4	67.5
MRSA rate	0.65	0.88	1.56%	0.95%
Health Check – Quality of Services	Excellent	Excellent	Weak	Fair
Health Check – Use of Resources	Excellent	Excellent	Weak	Weak

# Why invest in the health and well-being of university staff?

- **All staff are role models for students and can demonstrate how to lead a healthy and balanced lifestyle**
- The rewarding but difficult work of education cannot be carried out well by people who are stressed and tired, but can be done well by staff with energy, commitment and a positive outlook.
- Staff well-being may affect institutional performance
  - a study by Birkbeck College in partnership with Work Life Support (2007) suggests that there are links between average teacher well-being in schools and pupil performance – 8% of variation in SAT scores show significant correlation with staff well-being.
- Improved health and well-being can reduce absence and improve retention of staff

# The workplace ... the University



## Advantages of the workplace:

- a microcosm of society, as to age, gender, income, ethnicity
- powerful communication vehicle, peer support
- possibilities for preventions and promotion, including mental health
- a culture of health at work can reinforce positive health behaviours
- good employer/employee relationships can sustain healthy behaviour
- interventions can benefit employees, employers and the public purse
- families of employees extend impact further
- the community can benefit
- the product of the organisation can improve – e.g. students' experience and outcomes, and research.

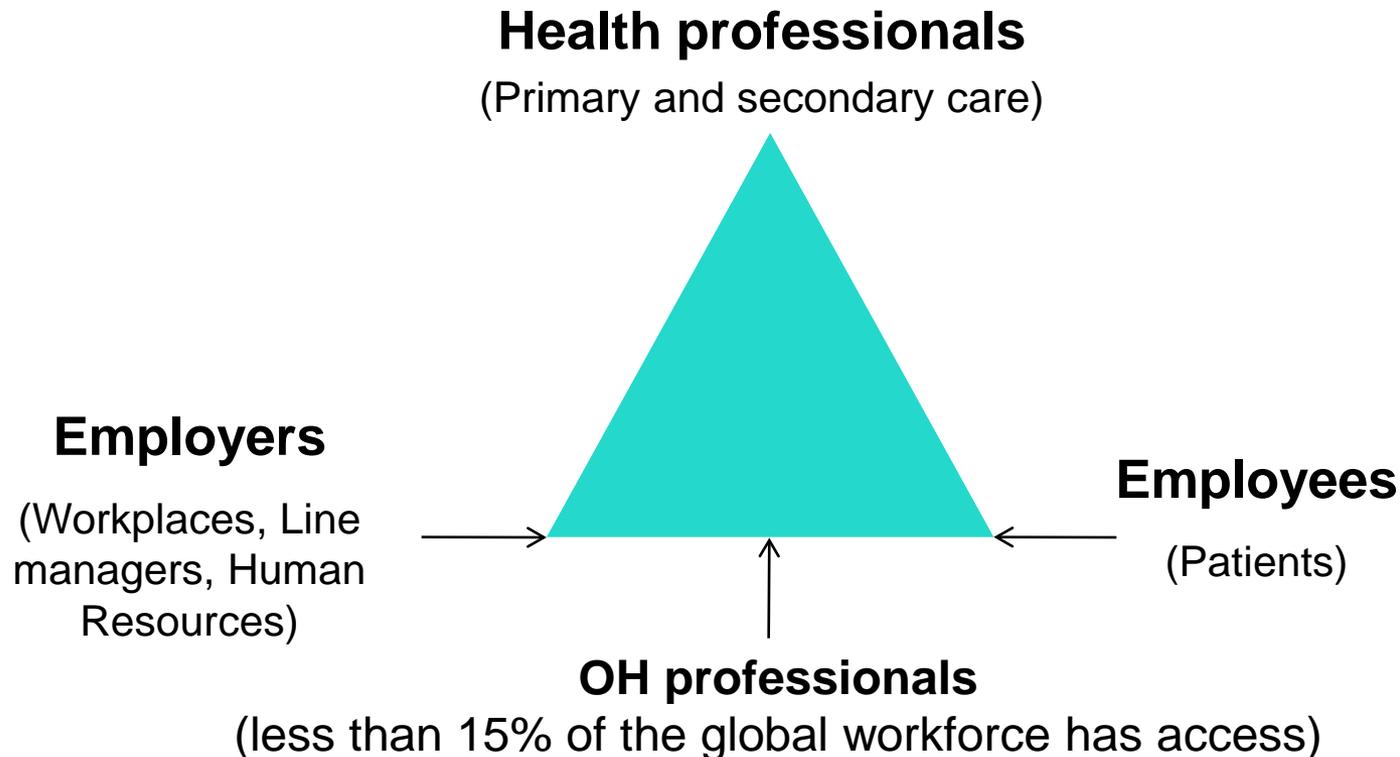
# Positive Workplaces

**Key features** common to those organisations which have achieved success in promoting health and well-being, engagement and productivity:

- **Senior visible leadership**
- **Accountable managers throughout the organisation**
- **Attention to both mental and physical health improvements**
- **Systems of monitoring and measurement to ensure continuous improvement**
- **Empowering employees to care for their own health**
- **Fairness**
- **Flexible work**

**Health and well-being need to be embedded in every aspect of an organisation's structure and work**

# Health, Work and Well-being: the key players



These are crucial relationships.  
The universities as large employers are major players.

# The needs of the worker

- to be healthy enough to work
- safe healthy workplaces
  - physically safe
  - emotionally healthy
- good work:
  - job security
  - work varied and interesting
  - workers have some autonomy, control and task discretion
  - fair rewards (not just financial) for effort
  - supportive social relationships
  - worker engagement.



The various countries of the world are at different stages in providing the above.

The nature of work is changing in many countries.

# Conclusions of research 2010-11

## MRC/CSO Social and Public Health Sciences Unit

- Workplaces can be made more or less healthy
- Findings often supportive of psycho-social models explaining workplace health – especially control
- Negative outcomes more likely in workplaces undergoing downsizing or some forms of economically- motivated task restructuring

### **Workplace psychosocial reviews** (demand-control-support model)

- **Increased participation in the workplace** (18 studies)
  - Most robust = prospective with non-random control
  - Some interventions may benefit employee health as predicted by the demand-control-support model, but may not protect employees from generally poor working conditions.
- **Task re-structuring interventions** (19 studies)
  - Most robust = prospective with non-random control
  - Interventions that increase demand or decrease control affect adversely the health of employees.

# What prevents us from working

## The two most common reasons :

- common mental health problems
- musculo-skeletal problems
  - High prevalence across population
  - Little or no objective disease or impairment
  - Most episodes settle rapidly, though symptoms often persistent or recurrent
  - Essentially whole people, with what should be manageable health conditions
  - Psychosocial factors important – especially in chronic disability
  - **Long-term incapacity is not inevitable**
  - **Prime target for Vocational Rehabilitation.**



## Plus other factors:

- Unhealthy workplaces, managerial attitudes, organisational behaviour, poor leadership
- chronic diseases – mental and physical.
- lack of education and/or skills
- deprivation, poverty, lack of jobs

**Similar problems occur right across the developed world.**

# Improving OH provision to employers: Standards and Accreditation

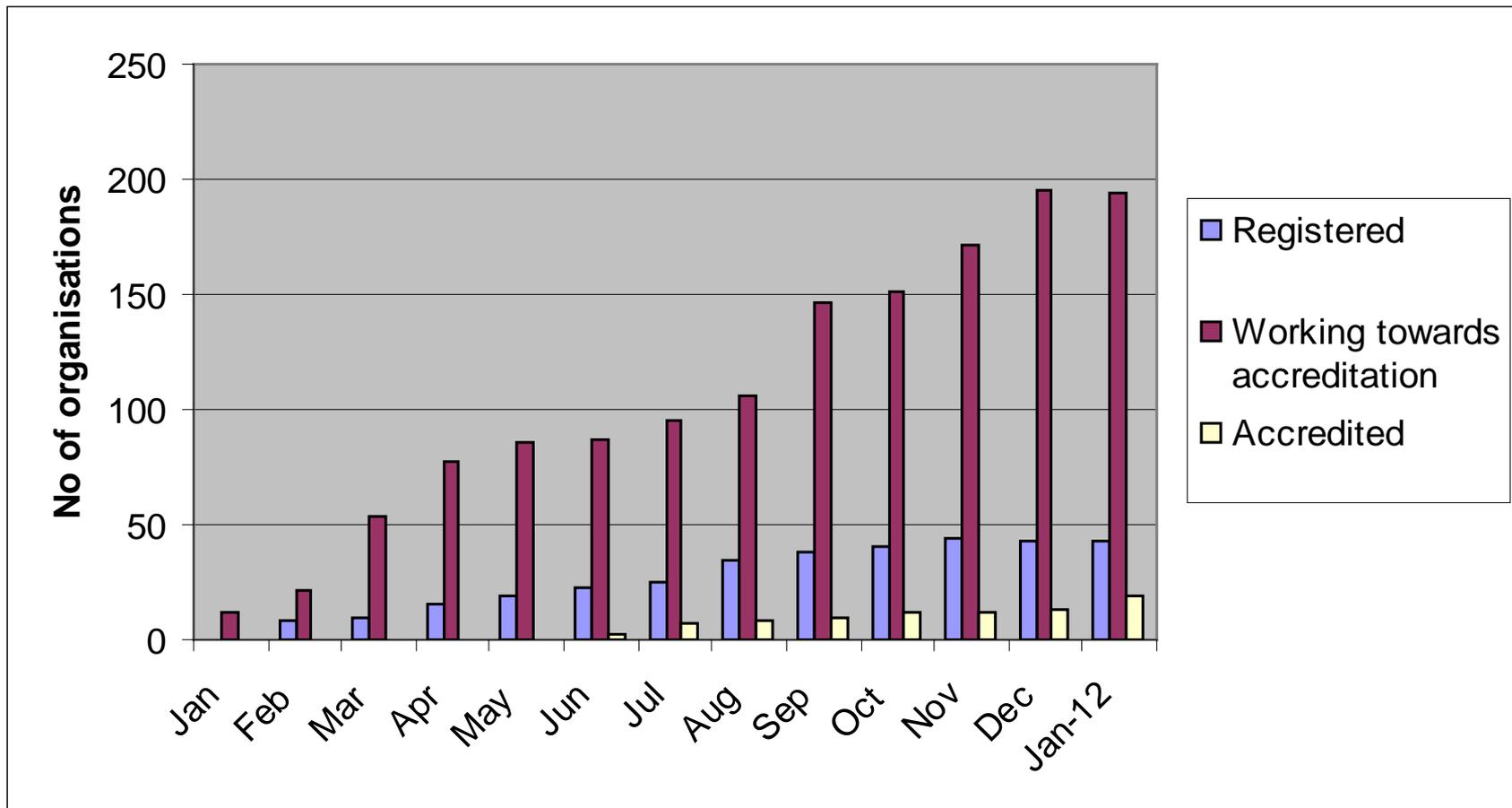
1. Enable services to identify the standards of practice to which they should aspire;
2. Credit good work being done by high quality occupational health services, providing independent validation that they satisfy standards of quality
3. Raise standards where they need to be raised
4. Help purchasers differentiate occupational health services that attain the desired standards from those that do not.



Standards were published in January 2010 and the accreditation scheme was launched in 2011.

[www.seqohs.org](http://www.seqohs.org)

# SEQOHS accreditation as of January 2012



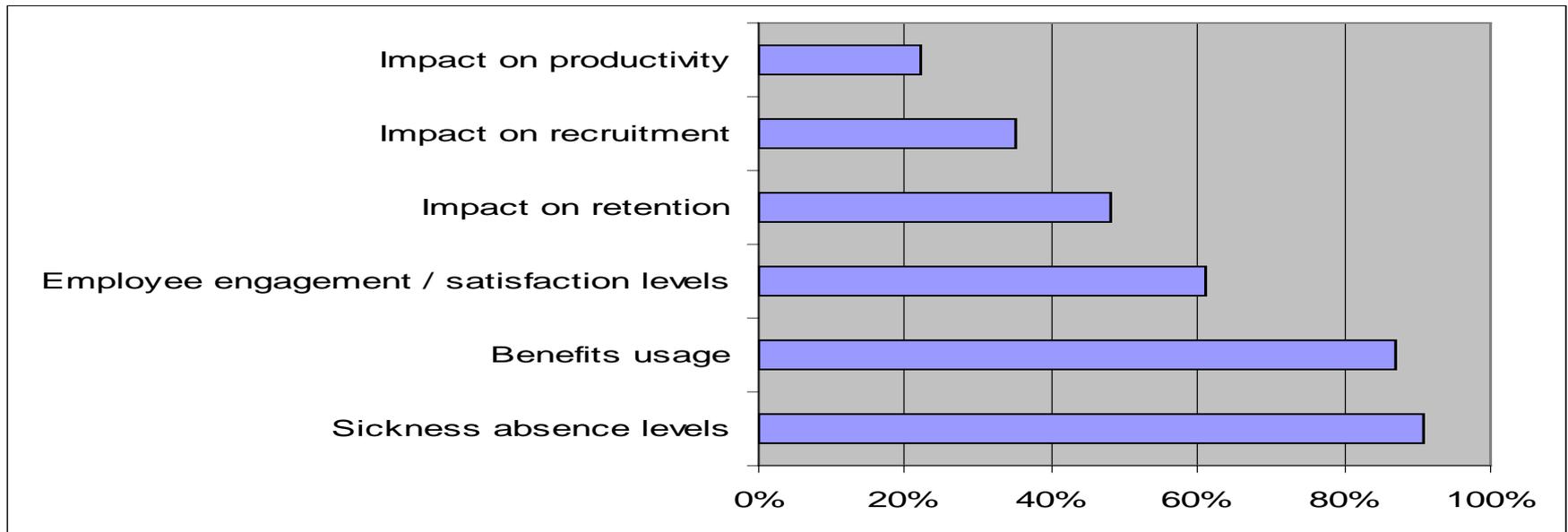
**19 accredited as of January 2012 with 194 registered for accreditation**

# UK Employers: Investing in workplace health

## Reasons why employers invest in workplace health



## What is measured to calculate return on investment for healthcare spend?



**Two in ten organisations do not have a system to record sickness absence.**

# Provision of health, safety and well-being initiatives

Initiatives provided (% of employers)

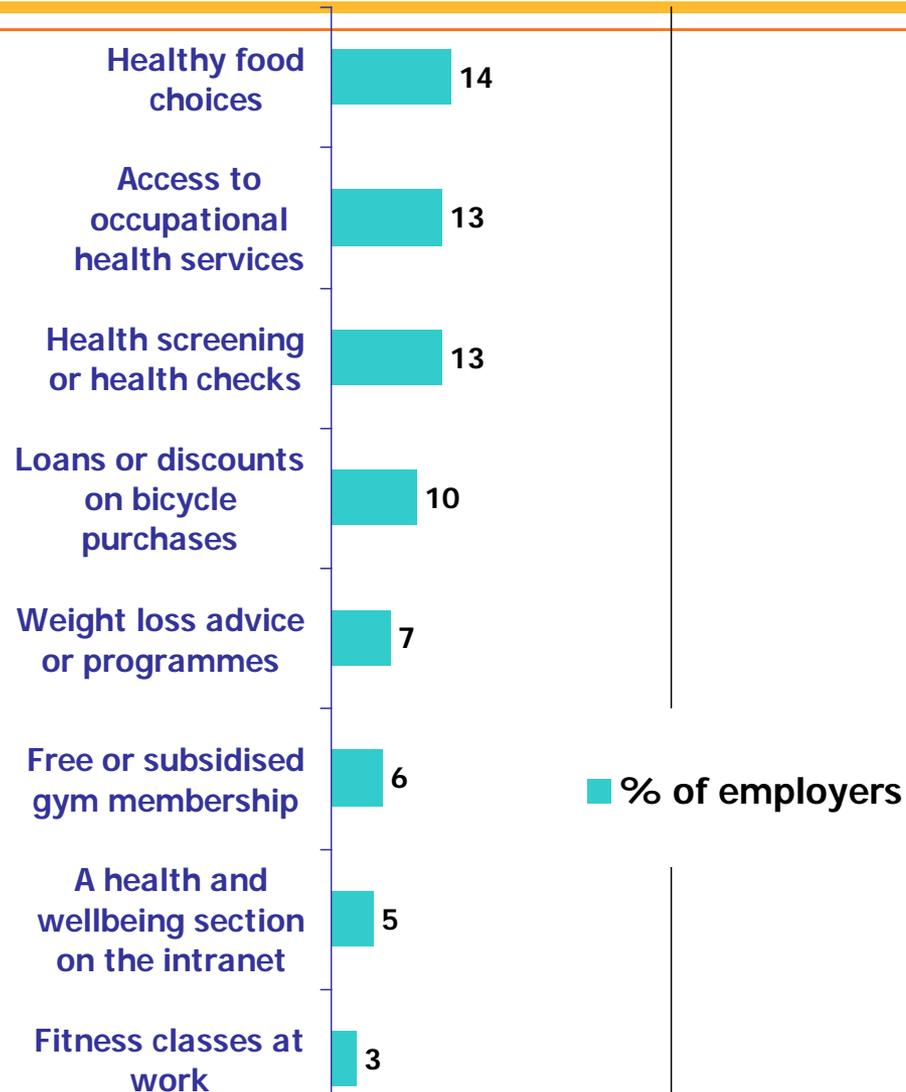
**Safety predominates**



■ % of employers

# Provision of health and well-being initiatives

Initiatives provided (% of employers)



# Award-winning FE college: City College, Norwich

- One of the largest Further and higher Education colleges in the country, training approximately 11,500 students per year and employing 1,000 staff.
- During 2007/08 staff absence was high and the systems in place did not allow the College to record, monitor and address the reasons for sickness absence.
- In 2010, the College undertook staff surveys in order to improve the working environment and staff wellbeing and engagement.
- The 'Big College Healthcheck' looked at emotional resilience, weight, healthy eating, smoking, exercise, drug and alcohol intake, which resulted in a number of initiatives:
  - In house occupational health service
  - Various onsite fitness opportunities
  - Mental health awareness training
  - Training for Managers in stress prevention
  - Healthier canteen



# City College, Norwich - Achievements

- Days lost through staff sickness has reduced by 13.3%
- 225 staff have received free health checks
- 50% of staff have benefited from their mental health, stress and wellbeing training
- Improved local profile as an employer of choice in Norfolk and increased staff engagement

Winner in BITC's Staying  
Healthy at Work Award 2011



# The Responsibility Deal

**“Public health is everyone’s responsibility and there is a role for all of us, working in partnership, to tackle these challenges.”** - Andrew Lansley, March 2011

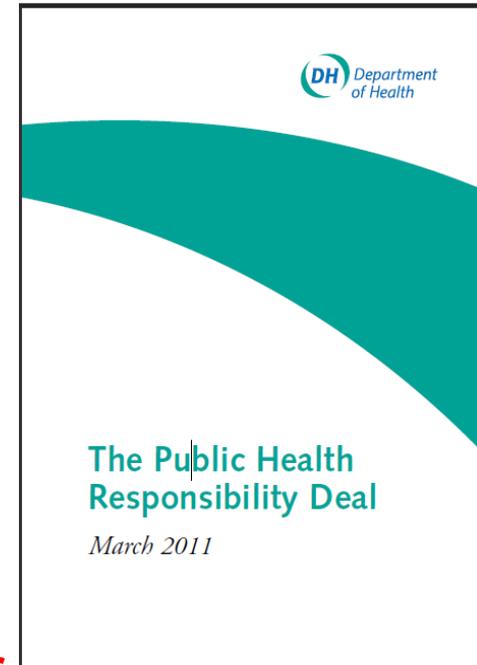
We want to create an environment that supports people to make informed, balanced choices & to lead healthier lives.

Businesses and other organisations can lead the way in positively shaping & creating this environment to improve public health.

**They can make a difference through their influence over the workplace, physical activity, food, and alcohol.**

They can do this as employers, and through their commercial and community activities.

Over 330 organisations have already signed up.



# Responsibility Deal : Health at Work network

The aim of the **Health at Work Network** – one of five networks - is to find ways to help employers use the workplace to improve the health of their employees.

Current work includes:

- Developing pledges for action to help people at work lead healthier lifestyles. The Network has agreed six initial pledges. Now we are publicising them and encouraging uptake.
- Local Business Partnerships: Unilever, Mars UK, Novo Nordisk, mentoring SMEs
- What works for SMEs
- Providing generic guides on managing chronic conditions in the workplace
- Developing ways to make Occupational Health more proactive and preventative



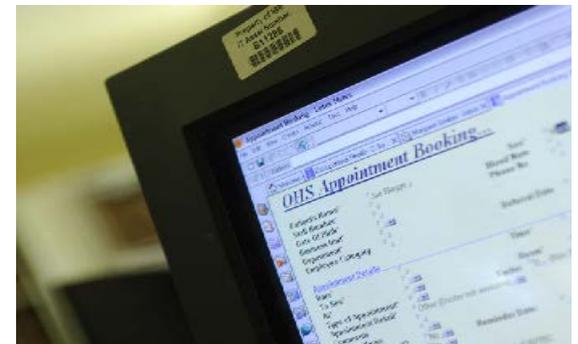
# Health at Work pledges

**Launched in March 2011:**

- H1. Chronic conditions guide
- H2. Occupational health standards
- H3. Reporting on health and well-being
- H4. Healthier staff restaurants

**Launched in September 2011:**

- H5. Smoking cessation/Respiratory health
- H6. Staff Healthchecks



# H1. Chronic Conditions Guidance

## Pledge

“We will embed the principles of the **chronic conditions guides** (developed through the Responsibility Deal’s Health at Work Network) within Human Resources procedures to ensure that those with chronic conditions at work are managed in the best way possible with reasonable flexibilities and workplace adjustments.”

## Context

- There are many long term conditions, some of which are increasing, such as diabetes and heart disease. So more employers need to manage employees with these conditions.
- Employers will benefit from good management of chronic conditions through improved productivity and attendance.
- Employees will benefit from improved health and make them feel valued within the organisation.

# The Guidance

- Two guides published to help employees and employers in the management of chronic conditions in the workplace.
- Also linked to a number of health websites, which offer appropriate guidance on specific long-term conditions.
- Available on NHS Choices at <http://www.nhs.uk/LiveWell/Workplacehealth/Pages/workplacehome.aspx>

Small changes, big difference

**NHS**  
choices  
www.nhs.uk

## Advice for line managers on supporting employees with long-term medical conditions

This guide provides advice to employers and line managers on supporting employees with long-term (also called chronic) medical conditions through practical solutions that will benefit both you and your employees.

### What are long-term medical conditions?

Long-term conditions are conditions that can not be cured but can be managed through medication and/or therapy. They include a broad range of medical issues, for example asthma, diabetes, cancer and arthritis. Advances in treatment and an ageing population mean that many more people with a long-term condition are able to continue working.

Although long-term medical problems may continue over many years, remaining in work can help to reduce their impact.

For further guidance on living with a long-term condition, please visit [www.nhs.uk/Planners/Yourhealth/Pages/Yourhealth.aspx](http://www.nhs.uk/Planners/Yourhealth/Pages/Yourhealth.aspx)

A list of common major long-term conditions accompanies this leaflet.

### Practical steps

#### Simple facts

If someone has a long-term medical condition, it is generally better for him or her to be working if possible. Research shows that people with long-term conditions find that getting back to work is often helpful to their recovery. Simple adjustments at work can make a big difference in helping the person to stay at work.

#### The employee may well know what they need

Nowadays, most patients fully understand their condition and will usually know what they need to help them cope, but they may be reluctant to engage with their employer about accommodating them.

#### Clear communications are important

It will help both you and your employee to have an open and practical discussion about what adjustments can be made to ensure a return to work. If the employee feels



# Signing up as a Responsibility Deal partner

To become a Responsibility Deal partner an organisation:

- signs up to **all** the **core commitments** & **supporting pledges**
- signs up to a minimum of **one collective pledge** [this can be an alcohol, food, health at work or physical activity pledge]
- **registers** with the Department of Health online at <http://responsibilitydeal.dh.gsi.gov.uk>

All partners, and the pledges they have committed to take action upon, are listed on the Responsibility Deal website.

**Any organisation** – public sector, commercial, voluntary – which can make a firm commitment to take action on at least one collective pledge **can sign up to the Responsibility Deal.**

So far, 5 Universities have signed up: Harper Adams UC, Leeds, Northampton, Sunderland, West of England..