

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

PUBLIC HEALTH GUIDANCE

DRAFT SCOPE

1 Guidance title

Workplace policy and management practices to improve the health of employees.

2 Background

- a) The National Institute for Health and Care Excellence (NICE) has been asked by the Department of Health (DH) to develop guidance on improving the health of employees, with particular focus on the role of line managers.
- b) This guidance will support a number of related policy documents including:
 - 'Building Britain's recovery: achieving full employment' (Department for Work Pensions 2009a)
 - 'Equality Act 2010' (UK Parliament 2010)
 - 'Fair society, healthy lives – tackling health inequalities. The Marmot review' (Marmot 2009)
 - 'Mental capital and wellbeing – making the most of ourselves in the 21st century' (The Government Office for Science Foresight Project 2008)
 - 'Healthy lives, healthy people: our strategy for public health in England' (Department of Health 2010)
 - 'Healthy workplaces: a model for action' (World Health Organization 2010)
 - 'Helping people to find and stay in work' (Department for Work and Pensions and HM Treasury 2013)

- ‘Improving outcomes and supporting transparency. Part 1: A public health outcomes framework for England, 2013–2016’ (Department of Health 2012)
 - ‘NHS health and wellbeing – final report’ (Department of Health 2009)
 - ‘No health without mental health: a cross-government mental health outcomes strategy for people of all ages’ (Department of Health 2011)
 - ‘Public Health England: our priorities for 2013/14’ (Public Health England 2013)
 - ‘Social Justice: transforming lives’ (Department for Work and Pensions 2012)
 - ‘Working for a healthier tomorrow – Dame Carol Black’s review of the health of Britain’s working age population’ (Department of Health and Department for Work and Pensions 2008)
 - ‘Working our way to better mental health: a framework for action’ (Department for Work and Pensions and Department of Health 2009b).
- c) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at line managers, professionals, commissioners and managers with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors. It may also be of interest to those working in occupational health, trade unions, professional bodies, employees and other members of the public.
- d) The guidance will complement, but not replace, NICE public health guidance 22 [Promoting mental wellbeing at work](#) (2009). For further details, see section 6.

This guidance will be developed using the NICE [public health guidance process and methods guides](#).

3 The need for guidance

- a) There is strong evidence to show that work is generally good for physical and mental health and wellbeing (Waddell and Burton 2006). Work can be therapeutic and can reverse the adverse health effects of unemployment. Work meets important psychosocial needs in societies where employment is the norm and is central to a person's identity, social role and status (Waddell and Burton 2006).
- b) During 2011/12 1.1 million working people had a work-related illness. Half a million of these were new conditions that started during the year. (Health and Safety Executive [HSE] 2013). Work-related illness was responsible for an estimated 27 million days lost in 2011/12 and cost society an estimated £13.4 billion in 2010/11 (excluding cancer) (HSE 2013).
- c) People's health can be damaged at work by exposure to physical hazards, physically demanding or dangerous work, long or irregular working hours, shift work, poor posture, repetitive injury and extended sedentary work. Conflicts within workplace hierarchies, restricted participation of employees in decision-making, and covert or overt discriminatory practices can also adversely affect health. These factors are most prevalent among the most deprived workers, specifically those in 'precarious jobs' defined as those that are low paid, unsafe and insecure. There is ample evidence on the adverse effects on health and wellbeing produced by these conditions (Marmot 2009).
- d) The World Health Organization (WHO) highlighted the importance of the psychosocial work environment, including organisational culture, as 1 of the 4 arenas in which actions towards a healthy workplace can best be taken (WHO 2010). Examples of hazards related to organisational culture given by WHO included lack of policies and practice related to dignity or respect for all workers,

harassment and bullying, gender discrimination, intolerance for ethnic or religious diversity and lack of support for healthy lifestyles.

- e) Good line management has been linked with good health, wellbeing and improved performance (DH and DWP 2008). Poor-quality leadership has been linked with mental health consequences (such as stress, burnout and depression), whereas high-quality leadership is related to reduced incidences of these negative outcomes and to increased wellbeing (Barling and Carson 2008). Managers' behaviour can influence levels of stress among workers and their engagement with the organisation. (Yarker et al. 2008; Lewis et al. 2011).
- f) Evidence suggests that people attending work while they are sick (presenteeism) is more costly problem for employers than absenteeism (Sainsbury Centre for Mental Health 2007), partly because it is more likely to happen among higher-paid employees. The culture of the organisation and the nature of work may mean people attend work when unwell because they don't want to let their team members down. A Confederation of British Industry (CBI) survey (CBI 2011) showed that almost three-quarters of responding employers reported that presenteeism had an adverse impact on staff productivity levels. It may also lead to people having poorer longer-term health outcomes. (Donaldson-Feilder 2012).

4 The guidance

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 *Who is the focus?*

4.1.1 Groups that will be covered

- a) Employers in small, medium and large organisations that employ more than 10 employees (European Commission, 2003).

4.1.2 Groups that will not be covered

- a) Employers and employees in micro organisations with nine employees or fewer (European Commission, 2003).
- b) Self-employed people and those of working age not in employment.

4.2 *Activities*

The guidance will look at organisational culture and context, and its role in promoting the wellbeing of employees through proactive and supportive leadership style and management practices. Depending on the evidence available, these may include:

- a) Knowledge and application of workplace law, policies and best practice to develop, support and improve healthy workplaces and workforce health.
- b) Promoting a management style that encourages participation, delegation, constructive feedback, mentoring and coaching.
- c) Motivation of employees by line managers, and the provision of training and support to employees to develop their performance and job satisfaction. This support may also include workload management, and adjusting or adapting working practices, patterns or job roles.
- d) Support and training line managers in:
 - managing sickness absence and return to work
 - communication with staff
 - conflict management

- workload management.
- e) Policies for the recruitment, selection, training and development of line managers.
- f) Occupational health services or other sources of help and support for line managers.
- g) Identifying potential risks and hazards and supporting people who have, or are at risk of developing, health conditions.

The Public Health Advisory Committee (PHAC) may consider the principal and relevant complementary and alternative measures or approaches. It will also take reasonable steps to identify ineffective interventions and approaches.

4.2.1 Activities/measures that will not be covered

- a) Intervention or support that an employee accesses on their own, without input from the employer organisation or line manager.
- b) Statutory provision to employees.
- c) Sickness absence management and return to work schemes.

4.3 *Key questions and outcomes*

Below are the overarching questions that will be addressed, along with some of the outcomes that would be considered as evidence of effectiveness.

Questions

- What is the role of the organisational culture and context in supporting line managers, and in turn their employees?
- How can line managers promote the wellbeing of employees? Which interventions or policies are most effective and cost effective?
- Are there actions or activities by line managers that discourage or hinder the wellbeing of employees?

- How can line managers support and motivate employees?
- How can high-level management promote a positive line management style that is open and fair, that rewards and promotes positive behaviours and that promotes good working conditions?
- What are the barriers and facilitators to implementing interventions or policies to promote the role of line managers?
- Which types of support and training for line managers are effective?
- What is the role and value of occupational health services in supporting line managers?
- What is the business or economic case for strengthening the role of line managers in promoting the wellbeing of employees?

Expected outcomes

Outcomes will cover effects within organisations, and effects on line managers and employees. Outcomes may include the following:

- Organisation: employee wellbeing; levels of employee recruitment and retention; absenteeism; organisational measures of productivity; uptake of support services; back-to-work rates.
- Line managers: knowledge and awareness of workplace law, policies and best practice; identification of risks, hazards and causes of health conditions; training and support services; workplace performance; stress and job satisfaction.
- Employee: individual levels of wellbeing, motivation, workplace performance, stress and job satisfaction; training and support services.

Economic outcomes

Health benefits will be measured in terms of quality-adjusted life years (QALYs), which measure both the improvements in the health-related quality of life and any increases in life expectancy as the result of an intervention or

approach. The analysis will be conducted from an NHS perspective, a public sector perspective and a societal perspective.

4.4 Status of this document

This is the draft scope, released for consultation from 18 June until 16 July 2013. Following consultation, the final version of the scope will be available on the NICE website from September 2013.

5 Further information

The public health guidance development process and methods are described in [Methods for development of NICE public health guidance](#) (third edition) (2012) and [The public health guidance development process](#) (third edition) (2012).

6 Related NICE guidance

Published

- [Promoting mental wellbeing at work](#). NICE public health guidance 22 (2009)
- [Management of long-term sickness and incapacity for work](#). NICE public health guidance 19 (2009)
- [Promoting physical activity in the workplace](#). NICE public health guidance 13 (2008)
- [Workplace interventions to promote smoking cessation](#). NICE public health guidance 5 (2007)
- [Behaviour change](#). NICE public health guidance 6 (2007)

Under development

- Workplace health – employees with chronic diseases and long-term conditions. NICE public health guidance. Publication date to be confirmed.
- Workplace health – older employees. NICE public health guidance. Publication date to be confirmed.

Appendix A Referral from the Department of Health

The Department of Health asked NICE to develop:

‘Guidance for employers on management practices to improve the health of employees, with particular focus on the role of line managers. The guidance will cover support for managers, their training, and awareness of employee health issues including managing sickness absence, as well as policies and the organisational context’.

Appendix B Potential considerations

It is anticipated that the Public Health Advisory Committee (PHAC) will consider the following issues:

- The setting and context of the workplace.
- Organisational culture.
- Type of work environment.
- Size of organisation.
- Whether any programme, policy or intervention is based on an underlying theory or conceptual model.
- The target audience, actions taken and by whom, context, frequency and duration.
- Whether it is effective or cost effective and whether this varies according to:
 - type and size of organisation
 - organisational context and culture
 - age, gender or ethnicity of line manager and employee.
- Any factors that prevent – or support – effective implementation.
- Current practice.
- Any trade-offs between equity and efficiency.
- Any adverse or unintended effects.

Appendix C References

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