

## Public Health Guidelines

### Workplace policy and management practices to improve the health and wellbeing of employees - Consultation on Draft Guideline Stakeholder Comments Table

Wednesday 24 September – Wednesday 5 November 2014

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Amateur Swimming Association	Recommendation 1	3	Flexible working culture is mentioned on page 7, we believe it should also be included in recommendation 1, page 3	Noted, thank you.
Amateur Swimming Association	Recommendation 2	4	There should be clear communication and defined roles throughout the organisation	Thank you. The guideline has been amended following consultation with clear communication and roles being more prominent.
Amateur Swimming Association	Recommendation 3	4	Through the ASA active workplace programme we found that staff 'perception' of their colleagues raised questions, creating a bad culture/feeling, 'perception' also needs to be address when discussing culture change.	Thank you for highlighting this.
Amateur Swimming Association	Recommendation 4	5	Organisations should look at how they can embed health based champions to support their approach to health.	Thank you. Recommendation 1 now states that all managers including directors and board members are committed to the health and wellbeing of the workforce and act as good role models.
Amateur Swimming Association	Recommendation 5	5	Line manager training, can supported by an NGB resource pack, providing information and signposting to available activities such as the ASA Active Workplace initiative	Thank you for these suggestions.
Amateur Swimming Association	Recommendation 8	7	Flexibility –specific training for this could be included within HR processes for each individual and line manger	Noted, thank you.
Amateur Swimming Association	Recommendation 10	8	Monitoring is already being achieved through the CSPN workplace challenge database	Thank you.

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Amateur Swimming Association	Who Should take action	9	If one aim is to financially evidence base healthy workplaces, finance teams should be included in the list  NGBs should also be included here highlighting the support and the impact they can have?	Noted, thank you.
Amateur Swimming Association	Context	12	Mental health should be included here?	Thank you. The context section does discuss mental health and that poor quality leadership has been linked to stress, burnout and depression. NICE has also published a guideline on <a href="#">Promoting mental wellbeing at work (PH22) 2009.</a>
Amateur Swimming Association	Considerations	15	Research measuring (three points) – link this to what is already being done with the CSPs and NGBs?	Noted, thank you.
Association of Breastfeeding Mothers	GENERAL	GENERAL	“Health and Wellbeing” in the workplace is a subject on which the ABM welcomes a review.	Thank you
Association of Breastfeeding Mothers			However, we would be grateful for clarification from NICE that the term “Health and Wellbeing” includes the opportunity for mothers to breastfeed and take lactation breaks.	Thank you for raising this important issue however this is outside of the scope for this guideline. However the considerations section of the guideline states:

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				<p>'The Committee noted the important work of the Advisory Conciliation and Arbitration Service (ACAS) in helping prevent and resolve workplace problems. Members agreed that employers may find it useful to use ACAS Codes of practice and guidance'. As I'm sure you're aware ACAS has produced guidance on Accommodating breastfeeding employees in the workplace. The guidance sets out what employers are required to do by law and also gives good practice around managing a workplace issue that can be a sensitive and difficult one for an employee to discuss with their employer, but it is an</p>

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				important one to help their transition back to work after maternity leave and also for the wellbeing of both the mother and child <a href="http://www.acas.org.uk/media/pdf/b/s/Acas-guide-on-accommodating-breastfeeding-in-the-workplace.pdf">http://www.acas.org.uk/media/pdf/b/s/Acas-guide-on-accommodating-breastfeeding-in-the-workplace.pdf</a>
<b>Association of Breastfeeding Mothers</b>			Given the well established risks of formula feeding, we believe that it is important that mothers are enabled to lactate, both for their own health and wellbeing, and also that of their babies.	Thank you, please see previous response.
<b>Association of Breastfeeding Mothers</b>			We believe that the grounds for including lactation within health and wellbeing policies are well made out. However, we note that there are other reasons to advocate lactation including wider social and environmental policy.	Thank you, please see previous response.
<b>Association of Breastfeeding Mothers</b>	Recommendation 2	3 and 4	We welcome the recommendation that facilities, policies and procedures show a commitment to employee health and wellbeing.	Thank you.
<b>Association of Breastfeeding Mothers</b>			We are concerned that there are especial risks associated with the return from maternity, paternity, and adoption leave. These include stress and fatigue (which is relevant to all new parents returning to work from maternity, paternity, or adoption leave), post natal depression, physical issues consequent to birth (which is relevant to all mothers) and the risk of reduction or cessation of breastfeeding or otherwise lactating (which is relevant to all	Again, thank you for bringing these issues to our attention. However these are outside of the scope for this guideline. Please see our previous

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			breastfeeding / lactating mothers, whether or not they have given birth).	response.
Association of Breastfeeding Mothers			We consider that this approach is in line with Gender Justice and Equalities as it supports transgender and surrogate parents.	Noted, thank you.
Association of Breastfeeding Mothers			We are additionally concerned that lactating women are at risk of engorgement, blocked ducts, mastitis, and abscess in the absence of a clear legislative right to breastfeed or express breastmilk during working time.	Thank you, please see previous response.
Association of Breastfeeding Mothers			We would therefore welcome a specific reference to the need to support employees in the transition to becoming a working parent. We would especially welcome all employees being entitled to a risk assessment at this juncture.	Thank you, please see previous response.
Association of Breastfeeding Mothers	Recommendation 6	6	We are concerned that not being able to take lactation breaks may contribute to “internal and external causes of stress”.	Thank you, please see previous response.
Association of Breastfeeding Mothers	Recommendation 7	7	We are concerned that “someone may need support” if they are not enabled to access lactation breaks or find that work pressures impact upon their breastfeeding relationships.	Thank you, please see previous response.
Association of Breastfeeding Mothers	Recommendation 8	7 and 8	We are concerned that “ensuring the way jobs are designed and general work patterns have a positive effect on health and wellbeing” is not possible in a legislative environment where lactation breaks are not a right guaranteed in employment law.	Thank you, please see previous response.
British Association for Counselling and Psychotherapy	Section 1, recommendation 1	3	In addition to incorporating health and wellbeing into all corporate policies, BACP would recommend that employers should draft a formal health and wellbeing policy that is led, championed and delivered by a nominated senior individual at board or senior executive level.	Thank you. Recommendation 1 now states that all managers including directors and board members are committed to the health and wellbeing of the

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				workforce and act as good role models.
<b>British Association for Counselling and Psychotherapy</b>	Section 1, recommendation 2	3/4	To further demonstrate an organisation's commitment to employee health and wellbeing, BACP would suggest the following additions: <ol style="list-style-type: none"> <li>1. Sign up to additional schemes that posit health and wellbeing at the cultural level, such as with 'Best Companies' or 'Best Place to Work'. This ensures that away from traditional corporate matrices, organisations become better by their demonstration and commitment towards their duty of care and therefore, their staff</li> <li>2. Investing in a counselling support services (staffed in-house or via an employee assistance programme) and providing clear confidentiality, access, usage and referral guidelines. Counselling support services for all employees should be voluntary and in no way conditional to any additional employment activity or process.</li> </ol>	Thank you. The guideline highlights the importance of employees accessing internal and external sources of support.
<b>British Association for Counselling and Psychotherapy</b>	Section 1, recommendation 3	4	BACP agrees with the recommendations to ensure fairness and justice throughout the organisation and would suggest that one way to ensure employees 'feel valued, trusted and included' is by way of anonymous surveys and other data gathering measures, ensuring findings are communicated in a timely manner and to all employees, and action taken on problems identified.	Thank you. The guideline has been amended and now includes in the considerations section – 'The Committee noted that organisations committed to workplace health and wellbeing consult employees and should perform needs assessments.'
<b>British Association for</b>	Section 1,	4/5	Leadership must show that they understand and value health and wellbeing	Thank you. The

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<b>Counselling and Psychotherapy</b>	recommendation 4		through good and effective modelling. BACP would suggest defining the values and behaviours that demonstrate good quality leadership in the context of the organisation.	guideline recommends that line managers develop a positive leadership style which includes values and behaviours.
<b>British Association for Counselling and Psychotherapy</b>	Section 1, recommendation 5	5	It is also important to ensure line managers understand the responsibility they have to be a key part of the support process for employees. Line managers need to appreciate that, like their staff, they too may go through life crisis experiences, and so should model how staff support services exist for all staff, including line managers. Empowerment for line managers should therefore be about others and themselves.	Thank you for bring this important issue to our attention. The considerations section of the guideline now includes: 'The Committee recognised that line managers, like the employees they manage, may experience life crisis events such as grief or bereavement, relationship problems or financial difficulties. The Committee noted that at such times line managers will seek and receive staff support services that are available to all employees. Furthermore,

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				the Committee noted that line managers could also seek support for themselves with any mental health or physical health issues they are experiencing.'
<b>British Association for Counselling and Psychotherapy</b>	Section 1, recommendation 6	5/6	The third recommendation in this section suggests that managers should 'show empathy...' BACP would suggest that this is extended to 'actively engage' with empathy. There is a big difference between exhibiting signs of empathy and clearly interacting in a truly empathic manner.	Noted, thank you.
<b>British Association for Counselling and Psychotherapy</b>	Section 1, recommendation 7	7	BACP would recommend that line managers should also: <ol style="list-style-type: none"> <li>1. Understand the value of training in general mental health issues in the workplace, including the incidence of problems, the costs of mental health problems, typical presenting issues to de-stigmatise and help the manager have confidence in how to respond to people in trouble</li> <li>2. Understand how workplace counselling can provide a key specialist intervention to support employees with personal or work-related problems and how to refer employees to a workplace counselling intervention</li> <li>3. Train in coaching/counselling skills so that they learn empathy and people skills and can more effectively understand how, when and where they can support an employee and when they should delegate support to a workplace counselling intervention.</li> </ol>	Thank you. Recommendation 9 now includes that line managers receive training to improve their awareness of mental health and wellbeing issues. This includes increasing their awareness of how they can affect the psychological wellbeing of employees. It also includes equipping managers to identify when someone may

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				<p>have a mental health problem, for example learning to identify signs and symptoms and looking for changes in behaviour and performance.</p> <p>NICE has also published a guideline on <a href="#">Promoting mental wellbeing at work (PH22) 2009.</a></p>
<b>British Association for Counselling and Psychotherapy</b>	Section 1, recommendation 8	7/8	BACP would suggest the addition of applying simple impact or risk assessment to the process of job design and patterns of work.	<p>Thank you for your comment. The following has been added to recommendation 9:</p> <ul style="list-style-type: none"> <li>• How to use stress risk assessment to identify and deal with sources of stress, as well as develop workplace solutions to reduce this risk.</li> </ul>
<b>British Association for Counselling and Psychotherapy</b>	Section 1, recommendation 10	8	Provide funding for large professional associations, such as BACP, to enable them to develop, manage and monitor databases that measure the efficacy of workplace counselling interventions.	Noted, thank you.

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British Heart Foundation	General		The British Heart Foundation (BHF) is the nation's leading heart charity. Our vision is of a world in which no one dies prematurely or suffers from cardiovascular disease. There are currently 7 million people in the UK living with cardiovascular disease.	Thank you for your comments.
British Heart Foundation	General		We welcome the opportunity to respond to this consultation and are pleased to see the emphasis by NICE on the importance of improving the health and wellbeing of employees. It is estimated that 75% of cardiovascular disease is preventable and the workplace provides an excellent environment to support individuals to make healthy life choices.	Thank you.
British Heart Foundation	General		In a survey which the BHF commissioned, one in three people stated that their managers did not care about their wellbeing. <sup>1</sup> Therefore, we are pleased to see the emphasis by NICE on the role of line managers in promoting workplace health. A healthy workforce has reduced stress levels and improves motivation, which results in increased productivity and fewer sick days.	Thank you.
British Heart Foundation	General		In recognition of the importance of the workplace as an environment for promoting healthy lifestyles, the BHF runs the Health at Work programme. <sup>2</sup> This free programme offers tools and resources to promote physical activity, healthy eating, mental wellbeing and quitting smoking within workplaces.	Thank you.
British Heart Foundation	General		While this guideline represents a very positive step in acknowledging the need to promote wellbeing in the workplace, we would like to see more explicit	Thank you for raising this however this is outside

<sup>1</sup> <http://www.bhf.org.uk/HealthAtWork/default.aspx?page=1234>

<sup>2</sup> <http://www.bhf.org.uk/healthatwork/>

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			reference in it to the importance of <b>physical activity, diet, smoking cessation and alcohol awareness</b> .	the scope of this guideline.
British Heart Foundation	General		<b>Physical activity</b> is extremely important in maintaining good health and inactivity is associated with a number of conditions including coronary heart disease, stroke and type 2 diabetes. Adults should do at least 150 minutes of moderate intensity activity a week <sup>3</sup> and it can be challenging for many people to fit this into their lives. Being active at work, whether it is taking a lunchtime exercise class or being supported to develop a more active commute, can be a convenient way to ensure that people are meeting this target. Physically active workforces also show higher rates of productivity and lower rates of absenteeism, as well as improved mental health. <sup>4</sup>	Thank you for your comment. NICE has already published a guideline in this area - <a href="#">Promoting physical activity in the workplace NICE guideline PH13 (2008)</a>
British Heart Foundation	General		A healthy and well-balanced <b>diet</b> is vital to general health and it is estimated that many of us consume around a third of our calories at work. <sup>5</sup> Employers have a legal duty to provide drinking water and eating facilities, but we believe that it is also vital that they provide healthy options which support their employees to have a well-balanced diet. As for physical activity, a healthy workforce is more productive and alert, so there is a good business case for employers to make the effort to provide healthy food at work.	Thank you. Many of the points you have raised are also covered in the NICE guideline <a href="#">CG43 (2006) Obesity: Guidance on the prevention of overweight and obesity in adults and children</a> . This guideline makes a

<sup>3</sup> <http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-adults.aspx>

<sup>4</sup> <http://www.bhf.org.uk/HealthAtWork/getting-active-at-work/why-is-activity-important/benefits-for-employers.aspx>

<sup>5</sup> <http://www.bhf.org.uk/HealthAtWork/eating-well-at-work/why-eating-well-is-important.aspx>

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				number of workplace recommendations to provide opportunities for staff to eat a healthy diet and be more physically active.
<b>British Heart Foundation</b>	General		Smoking remains the UK's single greatest preventable cause of death and quitting smoking can halve an individual's risk of having a heart attack. The workplace provides a convenient and supportive environment for <b>smoking cessation</b> . In 2008, smoking related illness absence cost employers £1.1 billion; £914 million due to smoking related breaks. <sup>6</sup> Supporting individuals to quit provides significant financial benefits as well as substantial health improvements.	Thank you for your comment. NICE has already published a guideline in this area - <a href="#">Workplace interventions to promote smoking cessation (PH5) 2007</a>
<b>British Heart Foundation</b>	General		<b>Alcohol awareness</b> is very important for employers, with £7.3bn lost to UK businesses every year as a result of alcohol-related ill-health, time off work and lost productivity. <sup>7</sup> A business which supports staff to drink responsibly will have a happier, healthier and more engaged workforce.	Noted, thank you.
<b>British Heart Foundation</b>	General		<b>Mental health in the workplace</b> is as important as physical health and we welcome the focus on the management of stress and the promotion of wellbeing in this NICE Guideline.	Thank you for your comment. NICE has also published a guideline on <a href="#">Promoting mental wellbeing at work</a>

<sup>6</sup>Maguire A, Raikou, Jofre-Bonet. An Economic Analysis of the Cost of Employee Smoking borne by Employers. Enterprise LSE Ltd 2008

<sup>7</sup>Institute of Alcohol Studies Factsheet (2009) Alcohol and the Workplace; estimate at 2009/10 prices.

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				<a href="#">(PH22) 2009.</a>
British Heart Foundation	General		Improving the health and wellbeing of employees makes sense for individuals, for employers and for the UK as a whole. By committing to engage on employee health, employers can improve productivity while, at the same time, supporting their workforce to live longer, healthier lives. We are very pleased to see NICE emphasising this area and would be very happy to share our expertise further on the subject. Promoting a healthier workforce will play a vital role in reducing the number of cases of preventable cardiovascular disease in the UK.	Thank you.
British Heart Foundation	General		If you would like to discuss any of the information contained within this response in more detail, including practical examples of where our Health at Work programme has improved individual and employee health, please contact Jennifer Boon, Policy Manager for Research and Prevention on <a href="mailto:boonj@bhf.org.uk">boonj@bhf.org.uk</a> .	Thank you for your useful feedback.
British Medical Association	Recommendation 2	3	The choice of Health and Safety Executive's Management Standards for Work Related Stress as principles to approach all risks seems misguided and would be inappropriate for chemical and physical hazards where there ought to be a reference to <a href="http://www.hse.gov.uk/risk/">http://www.hse.gov.uk/risk/</a> .	Thank you for your comment. The recommendation has been amended to reflect that the HSE stress management standards are simply an example of a risk assessment.
British Medical Association	4.1	14	The guidance states "self-employed people are not included in this guideline" but recognises that self-employed people may be line managed. The guidance should also recognise that some self-employed people may also be employers and in this instance the principles of the guidance should also apply.	Thank you for your comment.

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British Medical Association	Glossary	20	The roles of Occupational Health is inadequately covered with just four bullet points	Noted, thank you. The Committee discussed your comment at length and concluded that the definition will remain as it is.
British Medical Association	General	-	The guidance discusses transformational leadership, but then in section 5.1 talks wholly in terms of management. It is surprising to see no mention of values based leadership.	Thank you. The recommendation has now been amended so it now longer recommends the transformational leadership style and instead recommends a positive leadership style.
British Medical Association	General	-	The guidance does not cover assessing and controlling occupational exposure which is important.	Thank you however this issue is outside of the scope of this guideline.
British Medical Association	General	-	The guidance lacks a robust evidence base	Thank you for raising this. The Committee has made a number of research recommendations in section 5 of the guideline which will help to address the lack of evidence on this topic.
British Medical Association	General	-	The tone of the guidance is unlikely to persuade those employers who are not already committed to investing in employee health and therefore lacks a	Noted, thank you. This issue will be addressed

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			practical value	by the NICE Implementation Team in their work to support the implementation of this guideline.
<b>BT</b>	General		The scope of the draft guidelines looks comprehensive and the content relevant. We would have no further recommendations to make.	Thank you for your feedback.
<b>Bupa UK</b>	General		<p>Bupa's purpose is longer, healthier, happier lives. We view the workplace as a key setting in which to support individuals and their families in achieving better health and wellbeing, and in tackling some of the UK's most difficult and pressing health issues.</p> <p>Bupa supports the sharing of best practice throughout the UK and internationally of examples where employers are prioritising workplace health support.</p> <p>As a significant employer, we work to improve the health of our own people in the UK and across the world. One of our most important goals is that people should be demonstrably healthier because they work at Bupa.</p> <p>To support this objective and in service of those companies we work for, Bupa has invested in extensive research to build our leadership and expertise in workplace health and to trial initiatives and new approaches towards employee engagement and wellbeing with our own people. This is because we view the potential benefits offered by workplace health to individuals, to employers, and to society more widely, including the economy, as immense and a significant contributor to our efforts to fulfil our purpose.</p> <p>Bupa UK welcomes this consultation as an opportunity to continue to support</p>	Thank you for your positive comments.

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			NICE's policy development work. Many of the comments in this consultation response echo those made in our submission to NICE's previous consultation on the <i>Call to Evidence for Workplace policy and management practices to improve the health and wellbeing of employees</i> in October 2013.	
Bupa UK	Recommendation 1 commitment to workplace health	3	We strongly support the importance of leadership and the recommendation that all managers in an organisation, including directors and board members should demonstrate their commitment to the health and wellbeing of their workforce and act as good role models. We would add that there are multiple ways in which senior leaders within an organisation can demonstrate their commitment to health and wellbeing. These include the messages that line managers send to their line managers, the priorities that are set, the policies that managers create and the investments that they make. This commitment could also include their personal approach to the determinants of wellbeing including exercise, activity, nutrition, smoking and alcohol.	Noted, thank you.
Bupa UK	Recommendation 2, facilities, policies and procedures	3	<p>One of the most common barriers that organisations face is a tendency to treat employee health and wellbeing as a benefit, rather than as part of the organisation's values and purpose. Similarly, when treated as a purely performance management concern, it becomes more challenging for line managers to have honest and open conversations with their people about health and wellbeing concerns.</p> <p>In contrast, one of the greatest facilitators to implementing interventions or policies is ensuring that the organisational culture is receptive to the return on investment on employee health and wellbeing. This must also recognise that this value stretches beyond metrics such as reduction to sick days, but contributes fundamentally to attracting and retaining the best talent within the organisation and improving business performance.</p>	Thank you for your useful comment. Recommendation 1 is a key recommendation where we recommend that health and wellbeing is a core priority for the top management of an organisation and that they value the strategic importance and benefits of a healthy workplace.

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			<p>Beyond the overarching point made in the paragraphs above, in Recommendation 2, we support the focus on facilities, policies and procedures and the requirement to comply with standards relating to work related stress. However there is more that organisations can do to improve the physical health of their people through the design of their facilities and the support that they provide for their people.</p> <p>Changes in the environment can be a powerful catalyst for behavioural change, for example changes in the design of a building might encourage staff to undertake more physical activity and changes in the menu in staff canteens or cafes can help staff make healthier choices in their nutrition.</p> <p>Staff can be supported through general initiatives which encourage an increase in physical activity, participation in exercise, healthier diets and reductions in smoking. They can also be supported through specific initiatives such as simple health checks focusing on cardiovascular and diabetes risk, ergonomic reviews, flu vaccination programmes, smoking cessation support or weight management programmes.</p> <p>To help organisations focus on those health issues which are most relevant to them they may want to undertake an analysis or review of the health risks that affect their people.</p> <p>We would also support and encourage an organisational approach which provides general support for physical and mental wellbeing across the whole of a workforce combined with targeted support for those with higher levels of risk. The latter might include the provision of psychological support for people</p>	<p>NICE has also published guidelines on:</p> <p><a href="#">Workplace interventions to promote smoking cessation (PH5) 2007</a></p> <p><a href="#">Promoting physical activity in the workplace NICE guideline PH13 (2008)</a></p> <p><a href="#">Promoting mental wellbeing at work (PH22) 2009.</a></p>

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			<p>with higher levels of stress and anxiety and behavioural change support for people with higher levels of cardiovascular or diabetic risk.</p> <p>We would encourage employers to look at ways in which they can promote the participation of their staff in national screening programmes.</p>	
<b>Bupa UK</b>	Recommendations 4, 5 and 7, leadership and empowering line managers and line manager training	5	<p>Organisational culture, context, policy and process are fundamental factors in supporting line managers and employees to improve health and wellbeing at work. This is because in order to realise the full potential of wellness initiatives, employee wellbeing must be approached strategically, embedded in core business strategy, and aligned to organisational purpose and goals. An organisation's culture will determine how well the workplace adapts to promote health, for example making it easier for people to remain active or eat a healthy diet while at work.</p> <p>In addition, it ensures that manager and employee behaviours reinforce the organisation's stated values and that any efforts to support health and wellbeing are not interpreted as 'nannying' employees or an invasion of privacy. This can be achieved by ensuring that all interventions are reinforced by in-depth engagement exercises, appropriate to the diverse range of workforce within any given organisation.</p> <p>Therefore, we support the recommendation that senior leaders should ensure that line managers are aware that health and wellbeing is a central part of their role and that line managers should receive training to promote their awareness of mental health and wellbeing issues. This should include an understanding of the range of mental and physical health and wellbeing issues that might affect their people and the ways in which they might be able to provide or sign post support for those that need this.</p>	<p>Thank you for your comment. Recommendation 9 now includes</p> <ul style="list-style-type: none"> <li>• Ensure line managers receive training to improve their awareness of mental health and wellbeing issues. This includes increasing their awareness of how they can affect the psychological wellbeing of employees. It also includes equipping managers to identify when someone may have a mental health problem, for example learning to identify signs and symptoms and looking for changes in</li> </ul>

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			<p>There are three domains where leader intervention can be effective:</p> <ul style="list-style-type: none"> <li>• compliance and health and safety – this is a basic minimum, but one where employers can do more</li> <li>• absence management and presenteeism – to address the main causes of ill health in each workplace</li> <li>• wellness and the promotion of healthy habits</li> </ul> <p>Improvements across these domains, and particularly wellness, have a strong correlation with the levels of engagement from employees. Line managers are an important link between their people and the organisation as a whole. In this capacity, line managers can be effective by reinforcing organisational efforts to engage their people, adding these items to team agendas and one-to-one meetings.</p> <p>Line managers can ensure that an individual's objectives and their team's are all linked to the organisation's core purpose: at Bupa, our purpose is longer, healthier, happier lives. An example of this can be that all employees have objectives which set out their own personal health and wellbeing goals, which are then supported but not dictated by the performance management system.</p> <p>One of the most effective approaches for line managers to take is to be role models. However, it is commonly reported that line managers often feel discomfort at a taking a 'hands-on' approach to enquiring about or supporting the health of their people. Training programmes should focus on building managers' capacity to know what they can and cannot do when discussing absence or supporting the health and wellbeing of their people.</p>	<p>behaviour and performance. Ensure line managers can give employees advice on where to get further support.</p> <p>Furthermore, NICE has also published a guideline on <a href="#">Promoting mental wellbeing at work (PH22) 2009</a>.</p>

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			<p>Line managers can reinforce their important leadership role by facilitating open dialogue about the importance of these issues outside of the performance management system. This encourages greater levels of health literacy among their teams</p> <p>While organisational policy can capture health and wellbeing metrics in a consistent and effective manner, line managers must understand the trends and data about their own teams. This data should then provide an important baseline for action and improvement at an individual level.</p>	
<b>Bupa UK</b>	Recommendation 8, job design	7	We support the recommendation about job design but would suggest that details are strengthened by making reference to physical as well as mental health. This might include ergonomic reviews and the provision of advice on posture and on moving and handling physical loads.	Thank you. The recommendation has been amended to include the physical health issues you've raised.
<b>Bupa UK</b>	Recommendation 10, research	8	<p>We support the need for further UK research on workplace health and wellbeing and Bupa is committed to sharing the findings of future work we undertake with NICE and the health and wellbeing community.</p> <p>As we stated in our response to the October 2013 consultation (please see that submission) there is a growing body of evidence to support the business case for investing in wellness programmes. However, there is often a failure to capture and articulate the economic benefits of health and wellbeing in a way that resonates effectively with business and is integrated in and tailored to individual business needs.</p> <p>The recent report of the newly launched Health at Policy Unit (which Bupa UK supported with a grant but had no editorial input into) found that evaluations of</p>	Thank you, the recommendation has been amended to include economic benefits.

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			<p>health and wellbeing programmes can be difficult, especially without good baseline data. If organisations fail to capture all the benefits of their programmes then making a business case for further interventions or development of programmes becomes difficult. We would support the establishment of a national database to encourage the effective collation and analysis of data</p> <p><b>The Way Forward: Policy options for improving workforce health in the UK, Health at Work Policy Unit, The Work Foundation (October 2014)</b>  <a href="http://www.theworkfoundation.com/Reports/372/The-Way-Forward-Policy-options-for-improving-workforce-health-in-the-UK">http://www.theworkfoundation.com/Reports/372/The-Way-Forward-Policy-options-for-improving-workforce-health-in-the-UK</a></p>	
<b>Cheshire West &amp; Chester Council replying on behalf of CCGs in Cheshire and Merseyside</b>	Recommendation 1		<p>Suggest further points are considered:</p> <ul style="list-style-type: none"> <li>• Identify a named Executive Lead for Health, Wellbeing &amp; Engagement within the organisation at Executive / Board Level – clear visible leadership</li> <li>• Develop a statement of commitment for the wellbeing and engagement of staff – Vision / Objectives - Linked to high performing culture</li> <li>• Establishment of a Wellbeing &amp; Engagement Group – Identify Wellbeing &amp; Engagement Champions within the organisation - It will be important that all of the key contributors to employee wellbeing are represented as part of the group to implement a meaningful wellbeing and engagement plan through a partnership approach</li> <li>• Develop baseline data and performance indicators to support the evaluation of Wellbeing &amp; Engagement within the organisation - To create 'hard' data relating to improvements in areas such as attendance and turnover. Through a dashboard reporting mechanism to provide evidence that an investment in the health and wellbeing of</li> </ul>	<p>Thank you for your feedback.</p> <p>Recommendation 1 now states that all managers including directors and board members are committed to the health and wellbeing of the workforce and act as good role models.</p> <p>PHAC also noted that organisations committed to workplace health and wellbeing should consult with employees and</p>

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			<p>staff adds real value to the bottom line and supports Workforce cost improvement programmes.</p> <ul style="list-style-type: none"> <li>Review / Monitor a Healthy Organisation Dashboard via Executive / Board Meeting – ensuring this remains high on the organisations agenda</li> <li>Establish partnerships / access to services via other organisations i.e. access to Occupational Health / Staff Support Services – key to supporting staff Health &amp; Wellbeing</li> </ul>	perform needs assessments.'
<b>Cheshire West &amp; Chester Council replying on behalf of CCGs in Cheshire and Merseyside</b>	Recommendation 3		<p><b>Point 1</b> – it's important for all staff not just various levels of line management to ensure compliance with relevant policies and procedure and for relevant managers to ensure these are adhered to.</p> <p><b>Points 3 &amp; 4</b> – propose these should be combined as its important to demonstrate how employers can make staff feel valued and trusted which is about ensuring staff are involved in decision making and have a voice within the organisation by being able to give constructive feedback on all aspects of their employment. An important factor is also ensuring this is a two-way process i.e. where staff are required to give their views / opinions the organisation provides relevant responses / feedback. Ensuring staff are at the heart of decision making will deliver a collaborative approach to the development and implementation of wellbeing and engagement actions.</p>	<p>Noted, thank you.</p> <p>Thank you. Recommendation 7 now states – 'Use line managers as a 2-way communication channel between the employee and organisation. Line managers should also encourage staff engagement in their role'.</p>
<b>Cheshire West &amp; Chester Council replying on behalf of CCGs in Cheshire and Merseyside</b>	Recommendation 4		<p><b>Point 1</b> – suggest some further clarity may be required i.e. what should be part of the everyday running of the organisation?</p> <p><b>Point 2</b> – suggest this includes support and on-going development for line managers – not just with the implementation of key HR policies and</p>	<p>Thank you, the recommendation has been amended to improve clarity and include ongoing</p>

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			<p>procedures but to develop key skills for supporting staff in the workplace, developing listening / coaching skills to offer appropriate support etc. Particularly as for many organisations the pace of change can be intensive, therefore on-going development during organisational change is essential.</p> <p><b>Additional suggestion:</b> The organisation should also consider ensuring recruitment and selection tools to identify new leaders with the right skills and values which compliment the organisation's vision and culture.</p>	<p>development.</p> <p>Thank you, recommendation 6 now states 'Ensure line managers are aware that supporting employee health and wellbeing is a central part of their role, for example by including it in line managers' job descriptions and emphasising it during recruitment'.</p>
<b>Cheshire West &amp; Chester Council replying on behalf of CCGs in Cheshire and Merseyside</b>	Recommendation 5		– this should be repeated as a separate recommendation but to empower employees to also become responsible for their own Health and Wellbeing. To take ownership and become wellbeing champions within the organisation.	Thank you, an addition has been made to recommendation 1 to encourage employees to take responsibility for their own health and wellbeing.
<b>Cheshire West &amp; Chester Council replying on behalf of CCGs in Cheshire and Merseyside</b>	Recommendation 7		suggest development of coaching techniques should also be highlighted particularly when trying to encourage staff to take ownership of their own health and well-being. Line managers will need to develop the skills and	Thank you

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			confidence to engage in these discussions to look for a suitable resolution through early prevention and to avoid issues escalating.	
Cheshire West & Chester Council replying on behalf of CCGs in Cheshire and Merseyside	Recommendation 8 –		<b>Point 1</b> – While the changing nature of work and shifting employee expectations require a greater degree of flexibility in when, where, and how people work lack of flexibility in roles often stems back to inconsistent practices within an organisation due to unclear policies and procedures / organisational culture / poor communication –it will be essential for organisations to consider these points to ensure flexible working practices can be supported effectively. Recent CIPD research suggests a shift from flexible working to agile working to combat diminished significance of work in people's lives.	Noted, thank you.
Cheshire West & Chester Council replying on behalf of CCGs in Cheshire and Merseyside	Recommendation 9		<b>Point 1</b> – suggest this should also include regular review and feedback from staff	Thank you. This recommendation has been amended to all employers and line managers have responsibility to....
Cheshire West & Chester Council replying on behalf of CCGs in Cheshire and Merseyside	Recommendation 10		Suggest further clarity needed – is this recommendation through networking / bench marking / creating partnerships etc?	This recommendation has been amended to improve its clarity.
Cheshire West & Chester Council replying on behalf of CCGs in Cheshire and Merseyside	General		Document states 'who should take action' includes employees. However some of the recommendations focus purely on line managers, which is certainly recognised as important but it feels as though the opportunity to include recommendations for employees to encourage further engagement may have been missed. Under who should take action employee should also be identified (not currently listed i.e.	Thank you, recommendation 3 has been amended to include employees taking responsibility for their own health.

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			Recommendations 3 & 9). This is also supported by NHS 5 High Impact Changes in relation to encouraging staff to also take responsibility for their Health & Wellbeing as well as employers and line managers.	
Cheshire West & Chester Council replying on behalf of CCGs in Cheshire and Merseyside	General		<p>In terms of particular parts of the guidelines which affect equality of opportunity, organisations will need to consider the following areas:</p> <ul style="list-style-type: none"> <li>To ensure access to training &amp; development opportunities for all staff (including line managers development)</li> <li>Recruitment &amp; Selection Training for all recruiting managers</li> <li>HR Policy Awareness Sessions for line managers regarding individual responsibilities</li> <li>To further assist managers to take a more culturally competent approach in supporting and motivating their staff within a work environment free from discrimination</li> <li>Management development re: Health &amp; Wellbeing of staff i.e. increased workloads / less capacity and resources / undertaking risk assessments / seeking OH advice</li> <li>To gain further feedback / analysis following staff training and development opportunities – to evidence protected groups do or do not participate / have access</li> </ul>	Thank you, recommendation 9 has now been extensively redrafted to include many of the points you have raised including equality and diversity training.

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			<ul style="list-style-type: none"> <li>• Further monitoring / review of HR policies and procedures implemented – i.e. management of policies and their effectiveness in practice – identify relevant KPIs</li> <li>• To further develop Executive Team / Board members awareness of E&amp;D responsibilities / requirements</li> <li>• To undertake regular equal pay review within the organisation referring to relevant Terms and Conditions as appropriate i.e. pay bands / increments / pay progression</li> <li>• Consideration for line managers at all levels to undertake specific Equality and Diversity training annually in addition to current mandatory requirements i.e. to address responsibilities to act at all times in a manner consistent with Legislation, Policy and Procedures in a respect of Equality and Diversity. Promote the principles within the organisation and take appropriate action to ensure compliance.</li> <li>• To use a competency framework for Equality and Diversity / leadership to recruit, develop and support leaders to advance equality outcomes.</li> <li>• To develop robust responses to some key HR themes across E&amp;D, specifically around disability and the need to provide reasonable adjustments associated with an aging workforce and the increase in disability and the potential</li> </ul>	

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			<p>increase in stress and the impact on the workforces mental health.</p> <ul style="list-style-type: none"> <li>• To ensure efficient and effective systems are in place for the regular monitoring of E&amp;D effectiveness and implementing corrective action as required</li> <li>• It is important that policies across the organisation deal with the equality implications around recruitment and selection, pay and benefits, flexible working hours, training and development, policies around managing workers and protecting employees from harassment, victimisation and discrimination.</li> <li>• To ensure HR Policies and Procedures supporting Health &amp; Wellbeing are in line with relevant employment legislation, good practice and does not discriminate relating to age, disability, gender, gender identity, ethnicity, religion and belief, sexual orientation or socio-economic status.</li> <li>• To ensure Equality Impact Assessments are carried out on all new policies and procedures implemented</li> <li>• Staff Engagement – Engage all staff in decisions that affect them and the services they provide</li> <li>• To agree Statutory &amp; Mandatory Training for all staff – includes Equality and Diversity (<i>compliance monitored via Executive Team / Board as applicable</i>)</li> </ul>	

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City of London Corporation	General		For an evidence-based document, rather misses the point that wellbeing initiatives etc. need to be evidence based – it even makes the point about measuring impact but never talks of establishing baselines etc.	Noted, thank you.
City of London Corporation	1. Recommendation 1	3	Workplace wellbeing needs to be needs based. This is one thing that is missing from these recommendations and it is not clear why. They've quoted from the Management Standards but somehow failed to incorporate the key element of that approach – namely to undertake some form of assessment using available qualitative and quantitative data. Where those data sources do not exist, take steps to plan for and secure useful data to enable some form of needs assessment to be undertaken.  Recommendation 1 should have 'undertaking a thorough needs assessment' added	Thank you for your comment. This issue of needs assessment has now been included in the considerations section of the guideline.
City of London Corporation	1. Recommendation 1	3	Uses an example of reasonable breaks and working hours as incorporating wellbeing into policies. Technically correct but feels like a very weak example which MOST people reading this document will almost certainly already aspire to. Could the example be more aspirational? E.g. travel plans for staff going on visits that encourage physical activity such as cycling etc.	Noted, thank you.
City of London Corporation	1. Recommendation 3	4	Consultation with staff is incorporated into Recommendation 3 about justice and fairness. Consultation is about more than just being seen to be fair and just – it's fundamentally critical to understanding the problems within an organisation and assisting in development of solutions.  This has long been understood in health and safety and documented many, many times in numerous case studies. It's a key part of the management standards approach.	Thank you. The guideline has now been amended to include a separate recommendation (recommendation 5) on participation and trust.

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			This deserves its own recommendation.	
City of London Corporation	1. Recommendation 4	5	If workplace wellbeing is to be 'incorporated' then it needs goals and objectives. Shouldn't a key recommendation be that senior management set SMART objectives for their policies which can be measured and audited against to encourage performance and implementation of policies? Otherwise wellbeing will continue to be seen as an 'added extra' rather than part of how the business works.	Thank you. The points you've raised have been incorporated into recommendation 11 on measuring the impact on health and wellbeing of new activities, policies and organisational change.
City of London Corporation	1. Recommendation 6	6	This not only feels unrealistic, it is an unnecessary recommendation given that it essentially requires it all again in Rec. 7 which is far more to the point. Also, I noted that this concept was listed in the 'needs more research' section. So maybe a little less prescription about what a good manager looks like and more on the general 'develop and train line managers to be good managers'. HSE did do research in this field with Goldsmiths in 2007 (report RR553 - not listed?).	Thank you. The recommendation has now been amended so it now longer recommends the transformational leadership style and instead recommends a positive leadership style.
Cruse Bereavement Care	General		The guideline makes no reference to bereavement. Grief and bereavement impact on emotional, physical and psychological wellbeing. Evidence shows that bereavement significantly impacts on an individual's work performance; it affects physical and mental health leading to absences, reduced productivity and increased GP visits. This is described e.g. in the recently launched ACAS good practice guide – Managing Bereavement in the Workplace.	Thank you for raising this issue. The considerations section of the guideline now includes – 'The Committee recognised that line managers, like the employees they manage, may experience life crisis

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				events such as grief or bereavement, relationship problems or financial difficulties. The Committee noted that at such times line managers will seek and receive staff support services that are available to all employees'. Furthermore the considerations section also states 'Members agreed that employers may find it useful to use ACAS Codes of practice and guidance'.
<b>Cruse Bereavement Care</b>	General		Employers, senior managers including directors and board members, occupational health, trade unions and employee representatives have a responsibility to develop a supportive organisational culture and implement policies and practices that ensure bereaved employees have access to timely and appropriate support. Line managers need to provide appropriate management and support, thereby improving the health and wellbeing of employees. At any time, one in 10 employees is likely to be affected (McGuinness, 2009). Research shows that the majority of organisations do not have bereavement policies in place and line managers do not feel equipped to support their staff following bereavement. (MacGuinness, 2009)	Thank you, please see previous response.

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## Public Health Guidelines

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<b>Cruse Bereavement Care</b>	General		Bereavement in the workplace can be challenging to manage. Employees may need to take time off unexpectedly, find their performance is impacted, or be temporarily unable to perform certain roles. However, a compassionate and supportive approach demonstrates that the organisation values its employees, helps build commitment, reduces sickness absence and retains the workforce. (HM Government, 2010)	Thank you, please see previous response.
<b>Cruse Bereavement Care</b>	General		Cruse believes that it is essential that every organisation has a bereavement policy and that all managers provide a caring and compassionate approach in order to improve health and wellbeing. Those who are bereaved can experience difficulties with cognition, concentration, sleep patterns, fatigue, anxiety and mood swings. The support of a line manager can help to minimise stress levels and reduce or avoid periods of sick leave.	Thank you, please see previous response.
<b>Cruse Bereavement Care</b>	General		Relevant research: <ul style="list-style-type: none"> <li>• Socio-Economic Costs of Bereavement in Scotland The SECOB Study, Robert Gordon University (2013)</li> <li>• Workplace support for traumatically bereaved people Gibson(J), Gallagher(M), Tracy (A) (2010)</li> <li>• Grief in the workplace McGuinness (B) (2009)</li> <li>• Review of Current Bereavement Policies and Practices Irish Hospice Foundation, (2006),</li> <li>• Building a compassionate community: developing an informed and caring workplace in response to employee bereavement. Hall, D., Russell,S., Shucksmith. J.(2013)</li> <li>• Absence Management Survey CIPD (2013)</li> </ul>	Thank you for these references.
<b>Cruse Bereavement Care</b>	General		Bereavement and its mental and physical consequences impact on or will affect each individual employee and every single workplace.	Thank you, please see previous response.

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<b>Cruse Bereavement Care</b>	General		Employers have a duty of care to employees and it is vital that they take into account the effect bereavement might have on them undertaking their duties and ensure that line managers are trained and equipped to manage the effects of bereavement in the workplace.	Thank you, please see previous response.
<b>Cruse Bereavement Care</b>	Recommendation 4	5	First bullet point - insert 'in place and' before 'are implemented'	Thank you, we have added your suggested amendments.
<b>Cruse Bereavement Care</b>	Recommendation 6	6	After 'earliest opportunity' insert – identifying sources of internal and external support.	Thank you, we have added your suggested amendments.
<b>Cruse Bereavement Care</b>	Recommendation 6	6	Bereavement needs to be included and the provision of internal as well as external support.  Either add bereavement after 'family issues' or include as a separate bullet point <ul style="list-style-type: none"> <li>• Provide caring and compassionate management and support to bereaved employees. Identify sources of internal support and signpost to further support outside the workplace, where required.</li> </ul>	Thank you, please see previous response.
<b>Cruse Bereavement Care</b>	Recommendation 7	7	After- the importance of maintaining people's health and wellbeing at work, add 'and what this entails'	Thank you, we have added your suggested amendment.
<b>Cruse Bereavement Care</b>	Recommendation 7	7	Under first bullet point, insert additional point after Ensure line managers receive training in - Managing bereavement within the workplace	Thank you, please see previous response.
<b>Cruse Bereavement Care</b>	Recommendation 7	7	Add to 3 <sup>rd</sup> bullet point: Line managers need to recognise when someone may need support, including because of bereavement.	Thank you, please see previous response.

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Cruse Bereavement Care	Recommendation 7	7	There seems to be an emphasis on signposting to external organisations rather than the line manager taking responsibility for providing support, making reasonable adjustments or identifying internal sources of support.	Thank you, please see previous response.
Cruse Bereavement Care	Recommendation 9	8	Add to first bullet point 'and identify and address any gaps'	Thank you, the recommendation has been amended accordingly.
Cruse Bereavement Care	Recommendation 10	8	The national database on workplace interventions should include bereavement.	Thank you, please see previous response.
Cruse Bereavement Care	Context	13	With no statutory bereavement leave organisations do not have to give paid leave. The physical and emotional impact of bereavement may mean that some bereaved employees become unwell and are not able to function at work. Either they have to take sick leave (perhaps being diagnosed with depression, anxiety or stress) or they are unable to obtain a sick note, so are unable to take time off work unless they take annual leave.	Thank you, please see previous response.
Cruse Bereavement Care	4.8	15	This also applies to bereaved employees.	Thank you, please see previous response.
Cruse Bereavement Care	4.11	16	The economic benefits of supporting bereaved employees has been demonstrated.	Thank you, please see previous response.
Cruse Bereavement Care	5 Recommendations for research	17	Research is also needed into: <ul style="list-style-type: none"> <li>- What is the effect of training line managers in managing bereavement within the workplace?</li> <li>- What is the effect of introducing good practice in managing bereavement in the workplace?</li> </ul>	Thank you, please see previous response.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	General		We welcome this guidance, and in particular the inclusion of health-related behaviours.	Thank you for your feedback.

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Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	General		We would like to see more specific examples given of health-related behaviours that could be encouraged. In particular we would like to see a reduction in sedentary behaviours specifically mentioned, since this is recognised as a distinct class of behaviours even in those who are physically active. In addition we would like regular breaks from sitting and from computers to be highlighted,	Noted, thank you.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	General		In terms of the working environment, we would like more specific guidance to be given to employers, for example availability of free, fresh drinking water.	Noted, thank you.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	General		Depending on the size of the organisation, a variety of catering options may be available and the guidance would be strengthened with specific examples. These could include healthy vending machines, food provided on-site being of good nutritional quality and available to shift workers or facilities to heat up homemade food being available. We would also like to see consideration of on-site shops and the healthiness (or otherwise) of their offerings. For example many hospitals have shops which sell high fat, salt and sugary foods and drinks to staff, patients and visitors, contrary to healthy eating principles.	Thank you. Many of the points you have raised are covered in the NICE guideline <a href="#">CG43 (2006) Obesity: Guidance on the prevention of overweight and obesity in adults and children</a> . This guideline makes a number of workplace recommendations to provide opportunities for staff to eat a healthy diet and be more physically active.
Dietitians in Obesity	General		We would also like to see specific examples given to encourage healthy travel.	Thank you for your

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Management UK (domUK), a specialist group of the British Dietetic Association			These could include provision of shower and locker facilities and cycle racks (dependant on the size of the organisation). Employers could support the Cycle to Work scheme. Within work, walking meetings could be encouraged.	comment. NICE has already published a guideline in this area - <a href="#">Promoting physical activity in the workplace NICE guideline PH13 (2008)</a>
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Recommendation 1	3	Under the fourth point, we would like to see the addition of 'including regular breaks from sitting and away from computer screens', after 'have regular breaks'.	Noted, thank you.
Faculty of Occupational Medicine	Recommendations 1	3	It is unrealistic to incorporate health and well-being in ALL corporate policies (for example expecting its inclusion in a corporate policy on insider share trading or other financial matters would not be realistic) All relevant policies would be better	Thank you for your comment. The guideline has been amended accordingly.
Faculty of Occupational Medicine	Recommendations 2	3,4	The bullet refers only to accommodating principles from H&S management standards for work related stress. We think this section should also refer to other relevant health related legislative compliance with perhaps an additional bullet requiring policies to ensure compliance.	Thank you for your comment. The recommendation has been amended to reflect that the HSE stress management standards are simply an example of a risk assessment.
Faculty of Occupational Medicine	Recommendation 4	5	First bullet on this page starts "provide consistent leadership from the top" We think from the top is slang and as the para is headed to refer to senior managers the words from the top are unnecessary – all senior leaders should champion health and well being promotion.	Noted, thank you.

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Faculty of Occupational Medicine	Recommendation 5	5	Last bullet is a bit weak “with a concern for the health and wellbeing of employees” – doesn’t link need for training to understand impact of HWB on organisational performance ... training point also duplicates recommendation 7	Thank you, your point has been included in recommendation 9 on training.
Faculty of Occupational Medicine	Considerations : 4.6	15	We would argue that good workplace health policies should go beyond “cause no harm”, they should seek to maintain and improve health	Thank you. The Committee discussed this issue at length and felt that the bullet should remain as it is.
Faculty of Occupational Medicine	Considerations: 4.11	16	Macleod review highlights competitive advantages to business (productivity, organisational success, quality etc) from improved employee engagement – this is more than simple job satisfaction as you can be satisfied but passive which gives no gain in productivity LSE published “the Value of Rude Health” prof David Marsden which documented return on investment of Royal Mail programme	Noted, thank you.
Faculty of Occupational Medicine	Summarising the evidence	25	Links in this and subsequent section don’t link to supporting evidence but rather to NICE document on ageing workers!	Thank you for bringing this to our attention.
Gloucestershire County Council –People services	Section 1, Recommendation 1	3	The council welcomes and supports the business case for committing to workplace health. This is particularly important at our current challenging times of rapid and uncertain change which requires the council to maintain staff engagement, motivation and resilience. As well as incorporating health and wellbeing in all corporate policies, the council believes employers should draft a formal but practical health and wellbeing policy that is led, championed and delivered by a nominated senior individual at board or senior executive level and clearly sets out the responsibilities of line managers who are key to delivering wellbeing effectively. Employees should also be encouraged to take responsibility for their own health and wellbeing at work and organisations can help by encouraging staff	Thank you, recommendation 3 has been amended to include employees taking responsibility for their own health.

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			activities such as a running club or cycle to work scheme all of which have been introduced by the council. Health and Wellbeing volunteers or 'champions' can help publicise activities and inform management of any barriers to/ or measures to increase a healthy workplace e.g. provide more parking for bicycles.	
<b>Gloucestershire County Council –People services</b>	Section 1, Recommendation 2	3/4	<p>The council recognises and supports the proposition that health and well being should be managed and promoted in a holistic way and incorporate all of the following strategies / policies and processes (this is not comprehensive:-</p> <ul style="list-style-type: none"> <li>• Council's Vision Statement / Culture for "how we do things here",</li> <li>• Organisation Development Strategy,</li> <li>• Talent Management Strategy,</li> <li>• Change Management Protocols,</li> <li>• Staff Engagement Feedback / Surveys,</li> <li>• Risk Assessment,</li> <li>• Recruitment and Induction</li> <li>• Supervision and line management meetings / appraisal processes etc.</li> </ul> <p>The council would also identify that organisations can illustrate their duty of care towards their employees by investing in an Occupational Health service (staffed in-house, ad hoc purchase or by subscription) that provides a holistic range of measures to support the Health and Wellbeing of employees. This should not only include fitness assessments and absence management advice and guidance but also health promotion and ill health prevention activities. Employers should also consider providing counselling support services (staffed in-house, ad hoc or via an employee assistance programme) and</p>	Thank you for your comment.

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			<p>providing clear confidentiality, access, usage and referral guidelines. To supplement this, basic understanding and awareness of staff well being should be built into line manager roles and all appropriate training for managers should incorporate key messages.</p> <p>Managers and Staff should be aware of how to obtain confidential advice and support from Occupational Health professionals and counsellors who are impartial and are able to support both the business needs of the organisation as well as the employee as and when required through both formal and self referral.</p>	
<b>Gloucestershire County Council –People services</b>	Section 1, Recommendation 3	4	The council supports this and seeks to build this into its culture and working arrangements (described elsewhere). The aim should be to ensure employees ‘feel valued, trusted and included’ by way of anonymous surveys (including a regular Staff Engagement Survey and “pulse checks”) and other data gathering measures (e.g. turnover rates, exit interviews), ensuring findings are communicated in a timely manner and to all employees, and action taken on problems identified. Organisations should encourage employees to be part of any process to take action on problems identified including consultation with staff groups and trade unions where these mechanisms exist or in alternative arrangements for securing staff engagement and feedback.	Thank you. The guideline has been amended and now includes in the considerations section – ‘The Committee noted that organisations committed to workplace health and wellbeing consult employees and should perform needs assessments.’
<b>Gloucestershire County Council –People services</b>	Section 1, Recommendation 4	4/5	Leadership must show that they understand and value health and wellbeing through good and effective role modelling and challenging any behaviour or actions which may impact adversely on staff well being.	Thank you, the recommendation has been amended to include the useful points you’ve raised.
<b>Gloucestershire County Council –People services</b>	Section 1, Recommendation	5	The council has covered this elsewhere, but the key is to ensure line managers understand the responsibility they have to be a key part of the	Thank you for bring this important issue to our

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	n 5		<p>support process for employees. This includes being aware of both the skills needed to support staff in the workplace as well as the formal processes involved in accessing support services such as an Occupational Health or employee assistance programme.</p> <p>Crucially, line managers need to appreciate that, like their staff, they too may go through life crisis experiences, and so should model how staff support services exist for ALL staff, including line managers. Empowerment for line managers should therefore be about others AND themselves.</p>	<p>attention. The considerations section of the guideline now includes: 'The Committee recognised that line managers, like the employees they manage, may experience life crisis events such as grief or bereavement, relationship problems or financial difficulties. The Committee noted that at such times line managers will seek and receive staff support services that are available to all employees. Furthermore, the Committee noted that line managers could also seek support for themselves with any mental health or physical health issues they are experiencing.'</p>
<b>Gloucestershire County Council</b>	Section 1,	5/6	The council is working with and agrees with many of the detailed approaches	Thank you.

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<b>-People services</b>	Recommendation 6,		<p>suggested in this list and that there is a strong business case for different ways of working which will support transformational change and at the same time maintain and enhance staff well being and resilience. Leadership faces unprecedented challenges for which traditional answers will not suffice and hence progress will rely on focusing on outcomes, creating a vision / story in uncertainty, different thinking, creativity and the ideas of teams and individuals. This in itself means leaders will need to be engaging with staff more effectively and in different ways and applying coaching and other less directive approaches as appropriate.</p> <p>On bullet point 3 (in the document) suggests managers should 'show empathy' but this should be extended to 'actively engage' with empathy. There is a big difference between exhibiting signs of empathy and clearly interacting in a truly empathic manner. Line managers should exhibit a compassionate interest in the welfare of their staff throughout and remain in contact with employees that have been signposted to support services (e.g. Occupational Health) ensuring; that good two way communication is maintained, that independent reports and advice are taken note of and remedial measures are monitored to ensure their effectiveness.</p> <p>Line managers should be aware of policies and procedures regarding 'reasonable adjustments' and absence management policies. All employees who have been absent from work through sickness should be given back to work meetings and both line managers and the employee should be encouraged to consider what measures will help to avoid future absence. All such discussions should be recorded and any agreed temporary adjustments or remedial measures must be followed up on and assessed for their effectiveness.</p>	Recommendation 7 now states – 'Use line managers as a 2-way communication channel between the employee and organisation. Line managers should also encourage staff engagement in their role'.
<b>Gloucestershire County Council -People services</b>	Section 1, Recommendation 9	7	In addition to general leadership development which focuses on transformational leadership, there should be a focus on:-	Thank you. Recommendation 9 has

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	n 7,		<p>a) Line managers should be trained to understand i) how support services such as Occupational Health, counselling and employee assistance programmes can provide a key specialist intervention to support employees with personal or work-related problems and ii) how to refer employees to these services.</p> <p>b) Line managers are not expected to be an employee's 'therapist' but they should have a basic understanding of key listening skills and the benefits of actively engaging in the health and wellbeing of employees. Line managers should receive training in the importance of early intervention but should also be clear about when to refer to a specialist support service for additional support for an employee</p>	been extensively revised to include some of the points you have raised.
<b>Gloucestershire County Council –People services</b>	Section 1, Recommendation 8	7/8	The council has adopted change management protocols which enable staff to input and feedback on role redesigns and has a series of policies which support work-life balance. However, all such policies need to emphasise the needs of the business as a priority and ensure that individuals are treated fairly and in the same manner. Parts of organisations that have pockets of poor absence, ill health or high levels of presenteeism should be encouraged to complete exercises to address the situation such as employee questionnaires, HSE stress risk assessments or Gallup 12 exercises.	Noted, thank you.
<b>Gloucestershire County Council –People services</b>	Section 1, Recommendation 9	8	The council would support that managers and organisations monitor and review key business intelligence and performance indicators with a view to identifying any staff well being "hot spots" and taking action to address.	Noted, thank you.
<b>Gloucestershire County Council –People services</b>	Section 1, Recommendation 10	8	<p>Provide funding for professional associations, to enable them to develop, manage and monitor databases that measure the efficacy of workplace interventions.</p> <p>The council as the "home" for the local Public Health service recognise the key role that can be played by PH professionals in research, -prioritisation, funding</p>	Noted, thank you.

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			and creating partnership to address staff well being issues.	
<b>Guild of Healthcare Pharmacists</b>	General		The Guild of Healthcare Pharmacist welcomes the guidelines. It also agrees with the comment that implementation of the guidelines by employers could be difficult in the current economic climate. However, where possible the general principles of guidelines should be implemented by all employers whatever the situation as it would help productivity and improve employee moral and general feeling of wellbeing.	Thank you for your feedback.
<b>Guild of Healthcare Pharmacists</b>	Line 4.7	15	We are glad that the Committee picked up on the problem of Aggressive return to work procedures leading to presenteeism. Within the health service this can not only put the health and wellbeing of the employee at risk but also their colleagues and customers	Thank you.
<b>Lundbeck Ltd</b>	<b>General</b>		<p>Lundbeck is an ethical research-based pharmaceutical company specialising in central nervous system (CNS) disorders, such as <b>depression and anxiety, bipolar disorder, schizophrenia, Alzheimer's, Parkinson's disease, and alcohol dependence.</b></p> <p>Lundbeck welcomes the publication of this draft public health guidance 'Workplace policy and management practices to improve the health and wellbeing of employees' and recommends that alcohol misuse is recognised as a key factor that can damage a person's health and wellbeing within the workplace.</p> <p>The current guidance makes no reference to alcohol misuse as a risk factor, despite the significant health challenge it represents in the workplace in placing a serious burden on not only the health of employees, but also in terms of other organisational outcomes; such as increased levels of absenteeism and presenteeism.</p>	<p>Thank you for your comments.</p> <p>However the issue of alcohol misuse in the workplace is outside the scope for this guideline.</p>

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			<p>Research by the Institute of Alcohol Studies found that the heaviest drinkers, and thus those with the greatest likelihood of experiencing alcohol problems, tend to be concentrated in those of working age.<sup>1</sup> According to estimates from the International Labour Organisation, it is thought that globally, 3-5% of the average workforce are alcohol dependent, and up to 25% drink heavily enough to be at risk of dependence.<sup>2</sup></p> <p>In the UK, it is estimated that approximately 200,000 people turn up for work hungover every day, with many more estimated to 'stay off sick'.<sup>1</sup> Lost productivity and absenteeism because of alcohol has been shown to cost the economy 14 million working days<sup>1</sup> and up to £6.4bn each year.<sup>3</sup></p>	
Lundbeck Ltd	Recommendation Number 1	3	<p>Lundbeck recommends that guidance is included within recommendation 1 'Create an organisation committed to workplace health' to encourage employers to put in place an effective policy to manage alcohol misuse in the workplace.</p> <p>In a survey carried out in December 2007 for Norwich Union Healthcare almost four-fifths of employers interviewed identified alcohol as a major threat to employee wellbeing and a factor encouraging sickness absence.<sup>4</sup></p> <p>Despite the clear health harms that alcohol presents for employees and the considerable impact that unsafe drinking can have in the workplace, employee alcohol-management schemes remain patchy.</p> <p>While the UK Corporate Governance Code encourages strong policies for companies to help employees with alcohol and drug problems, and employment protection law requires employers to treat dependence as a form or sickness and give employees the opportunity to overcome the problem, a</p>	Thank you, please see previous response.

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			<p>survey by the Chartered Institute of Personnel and Development found that only 38% of employers pay sufficient attention to the problem of substance dependency issues amongst staff.<sup>5</sup> The fact that many employers fail to support employees with substance dependency problems often means that individuals who need support do not receive it.</p> <p>It is therefore important to have an open and honest workplace environment that does not promote unhealthy relationships with alcohol but rather encourages line managers to be able to support employees in being able to deal with alcohol-related problems as opposed to hiding them away.</p> <p>In a similar vein, it is important that employees feel able to trust their line managers when discussing problems which they may be experiencing in regards to alcohol. Those in managerial positions should be sympathetic towards problem drinkers, and if treatment is sought, time off should be granted in accordance with existing conditions of service regarding sick pay.</p> <p>Where possible it is also important to guarantee employment in the previous job of an employee who has undergone treatment, or redeploy the employee if the problem was caused by the nature of the work.</p> <p>Having clearly defined measures such as these will help ensure that the organisational structure is one that supports both line managers and staff in addressing alcohol problems within the workplace.</p>	
Lundbeck Ltd	Recommendation Number 7	7	<p>There is also a strong economic and business case in strengthening the role of line managers to enable them to better address alcohol-related issues in the workplace, and there is scope to include provision for this within Recommendation 7 of the draft guidance, 'Provide managers with ongoing</p>	Thank you, please see previous response.

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			<p><i>training'</i> and particularly the sub-recommendation of <i>'how to recognise when someone may need support (for example, because of problems achieving a work-life balance, demands of home life or unfair treatment at work) and awareness of the services they could be signposted to.'</i></p> <p>Line managers should be equipped to identify those in need of screening and brief interventions for alcohol misuse. Line managers are well-placed to carry out this identification, and such an approach has been shown to be both clinically and cost-effective in changing a person's behaviour to reduce their alcohol intake over a period of time, and is supported by recent studies:</p> <ul style="list-style-type: none"> <li>• A US study review of existing evidence suggested that screening and brief counselling was cost-saving from the societal perspective and had a cost-effectiveness ratio of \$1755/QALY saved from the health-system perspective. This conclusion of the results make alcohol screening and counselling one of the highest-ranking preventive services among the 25 effective services evaluated using standardised methods.<sup>6</sup></li> <li>• The SIPS (Screening and Intervention Programme for Sensible Drinking) alcohol screening and brief intervention (ASBI) research programme funded by the Department of Health tested interventions of different intensities in primary care. It found that all three intervention approaches tested reduced drinking and alcohol use disorders at 6 and 12 months post-intervention, with reductions in AUDIT score greater at 12 months than at 6 months.<sup>7</sup></li> </ul>	
<b>Lundbeck Ltd</b>	<b>Section 6 - Related NICE</b>	18	As evidenced above, Lundbeck recommends that provision is made to include relevant guidance on alcohol misuse within the 'related guidance section',	Thank you, please see previous response.

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	<b>guidance</b>		<p>such as PH24 'Alcohol-use disorders: preventing harmful drinking'.<sup>8</sup></p> <p>This would bring alcohol in line with comparable significant risk factors to employee health and wellbeing that are included within this section, such as obesity and smoking.</p> <p>Lundbeck also recommends that consideration is given to the inclusion of depression in the workplace within the relevant guidance section. The current guidance document only makes reference to depression in the context of 'poor-quality leadership', however there is scope to include guidance on the cognitive symptoms associated with depression - such as difficulties in concentration - particularly as the relationship between the two areas is well evidenced.<sup>9</sup></p>	
<b>Manchester Mental Health &amp; Social Care Trust, Health &amp; Wellbeing Service</b>	Recommendation 5 Bullet point 4	5 of 35	It would be helpful to have more guidance for employers – particularly those providing public services - on how they can provide adequate time, training and resources for line managers. The work pressures on line managers are often so great that they cannot spend as much time as they would like with individual staff or groups of staff to ensure their health and wellbeing. For example, within the NHS, line managers know that the demands and work pressures on staff create a very high risk of stress for those staff, but they are not in a position to refuse work because of the impact that would have on patients, clients, service users.	Thank you for your comment.
<b>Manchester Mental Health &amp; Social Care Trust, Health &amp; Wellbeing Service</b>	Recommendation 7 Bullet point 3	7 of 35	While it is certainly helpful for line managers to be able to identify when someone is distressed / suffering from stress / may have a mental health problem – it should be made clear that they are not expected to diagnose a mental health condition. They can learn to identify signs and symptoms, and particularly to look for changes in behaviour or work performance. Giving advice on where to get further support should be in general terms, not trying to	Thank you, we have amended this recommendation to include some of the points you have raised.

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			identify specific services for specific conditions.	
<b>Manchester Mental Health &amp; Social Care Trust, Health &amp; Wellbeing Service</b>	Recommendation 7 Additional bullet point	7 of 35	From my experience of running training courses for line managers on tackling stress and promoting mental health and wellbeing, I have found several aspects are particularly helpful: <ol style="list-style-type: none"> <li>1) The HSE Management Standards provide a very strong framework for line managers to discuss and develop simple interventions with their staff.</li> <li>2) Training sessions give line managers opportunities to discuss and share experiences about what works to improve staff mental health and wellbeing – this is identified by participants as being one of the most valuable aspects of the training.</li> <li>3) The Line Management Competency tool, developed by CIPD with HSE, is useful in helping line managers to identify where they may need some help (from their manager, from the organisation and further development of their skills).</li> </ol>	Thank you for this useful comment.
<b>Manchester Mental Health &amp; Social Care Trust, Health &amp; Wellbeing Service</b>	Recommendation 9 Bullet point 1	8 of 35	It is not clear whether 'new activities and policies' relates to business activities and policies or specific health and wellbeing activities and policies. In other words, is it about the impact of changes (new activities) that the business / organisation / employer is making in general terms to do with their functions?	Thank you, the recommendation has been amended to be clearer. The recommendation now focuses on the impact on health and wellbeing of new activities, policies and organisational change.
<b>Manchester Mental Health &amp; Social Care Trust, Health &amp; Wellbeing Service</b>	Additional Recommendation	8 of 35	It would be helpful to have an addition recommendation about the impact of aggressive sickness absence and return to work procedures. See point on paragraph 4.8 below.	Thank you. We have now added this issue to recommendation 1.

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<b>Manchester Mental Health &amp; Social Care Trust, Health &amp; Wellbeing Service</b>	Section 4 Considerations Paragraph 4.6	15 of 35	It would be helpful to have some explanation or examples of “unexpected (and often undesirable) knock-on effects on other employees.” Otherwise this could be used as an excuse by an organisation not to do anything about health and wellbeing.	Noted, thank you.
<b>Manchester Mental Health &amp; Social Care Trust, Health &amp; Wellbeing Service</b>	Section 4 Considerations Paragraph 4.8	15 of 35	My experience of training line managers lends strong support to the statement that “being forced to implement aggressive return to work procedures” can encourage presenteeism to the detriment of the organisation – and to the detriment of the individual and to the manager. It would be helpful to have a recommendation about sickness absence and return to work procedures which addresses this point, and encourages employers to reduce the punitive approach and to write policies in a way which is more supportive to staff who are unwell.	Thank you. These issues have now been added to recommendation 1.
<b>MQ: transforming mental health</b>	General		This guideline is of particular relevance to promoting mental health and responding appropriately to mental illness. <b>It is important to make it explicitly clear that in any mention of health and wellbeing, the guideline is referring to both mental and physical health and wellbeing.</b>	Noted, thank you. NICE has also published a guideline on <a href="#">Promoting mental wellbeing at work (PH22) 2009</a> .
<b>MQ: transforming mental health</b>	1	3-8	Mental health and mental illness are mentioned explicitly only under recommendation 7 (p7 providing line managers with ongoing training). However, the guideline’s recommendations would benefit from making reference to mental illness throughout. <b>The guideline would benefit from more explicit discussion of its relevance to manage mental health and mental illness</b>	Thank you. The guideline has been amended to include a recommendation (recommendation 3) to create a supportive environment to enhance the mental wellbeing of employees. Mental wellbeing is still included

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				in recommendation 9 on training. Furthermore, NICE has also published a guideline on <a href="#">Promoting mental wellbeing at work (PH22) 2009</a> .
<b>MQ: transforming mental health</b>	General		One area that is surprisingly not mentioned in this Guideline is the evidence finding benefits of an Individual Placement and Support (IPS) approach. It is unclear why this is, as workplace policy and the engagement of line managers with such programmes is vital.	Noted, thank you.
<b>MQ: transforming mental health</b>	3	12	This focuses on work-related illnesses. Workplace policy and management practice has the potential to substantially impact the health of employees irrespective of whether or not that illness was first caused by the workplace. The guideline would therefore benefit from increased balance in this respect. The issue of liability is of course most pertinent to work-related illnesses.	Thank you. NICE has also published a guideline on <a href="#">Promoting mental wellbeing at work (PH22) 2009</a> .
<b>MQ: transforming mental health</b>	4.5	15	All of the findings showed a positive association between all interventions and employee health and wellbeing". Could this be qualified? The use of two "alls" is misleading to the reader.	Noted, thank you.
<b>MQ: transforming mental health</b>	General		It is helpful to have the other relevant guidelines listed, such as PH22 <a href="#">Promoting mental wellbeing at work</a> .	Noted, thank you.
<b>MQ: transforming mental health</b>	General		The document should prominently feature the recent CMO report on public mental health. The data regarding days of work lost to mental health problems should be explicitly discussed in the context of this guideline as a wakeup call to employers of the importance of mental health in the workplace. "...in England 113 million working days are lost to sick leave each year. Ill health in the working age population (aged 16–64 years) costs the economy £13 billion in health-related sickness benefits and £9 billion to employers in	Noted, thank you.

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			terms of sick pay and associated costs. Those off work for more than 6 months have only a 20% chance of returning to work in the next 5 years. I am also concerned that mental illness is both a risk factor for 'worklessness', and an outcome of it. Individuals can get trapped in a cycle where their mental illness creates and maintains their 'worklessness', which in turn worsens their mental health. On the other hand 60–70% of people with common mental disorders (such as depression and anxiety) are in work and there is a strong economic imperative to keep them in work....."	
<b>MQ: transforming mental health</b>	General		It will be important to reference the CMO report on Public Mental Health in this document. <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351629/Annual_report_2013_1.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351629/Annual_report_2013_1.pdf</a> This guideline will not be relevant without it.	Noted, thank you.
<b>MQ: transforming mental health</b>	General		The Committee should re-review the guideline with respect to claims regarding wellbeing and health.	Noted, thank you. NICE will review this guideline in 2-3 years' time as per NICE process and this issue will be reconsidered then.
<b>MQ: transforming mental health</b>	4	16	The document would benefit from a discussion of economic hard times and suicide prevention.	Thank you however these areas are outside of the scope for this guideline.
<b>NHS Employers on behalf of employers in the NHS</b>	General		These are standard management practices, which most managers will know and understand however the tone of the guidance seems more like imperatives than recommendations.	Noted, thank you.
<b>NHS Employers on behalf of employers in the NHS</b>	General		The guidance could focus more on the important role of Occupational Health Services and how they can benefit health and wellbeing especially within the	Noted, thank you. The Committee deliberated

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			NHS.	this at length and agreed that there was a need for more research in this area. Therefore a research recommendation was made in section 5 of the guideline.
<b>NHS Employers on behalf of employers in the NHS</b>	General		There is limited reference to health and wellbeing initiatives other than smoking, obesity, exercise and mental wellbeing. The document does not refer to services such as counselling or mediation.	Noted, thank you. The guideline recommends sign posting or offering support to services such as counselling.
<b>NHS Employers on behalf of employers in the NHS</b>	General		The recommended approach to embedding health and wellbeing across all policies, actions and communications of an organisation is very welcome. However, further guidance and evidence is needed to support this in practice.	Thank you. This issue will be taken forward by the NICE Implementation team.
<b>NHS Employers on behalf of employers in the NHS</b>	General		Could an increased focus be given to the training required to develop line managers to be able to manage themselves and their staff in developing shared visions and taking account of contributions of all employees.	Thank you. Recommendation 9 has been revised to cover some of the points you have raised.
<b>NHS Employers on behalf of employers in the NHS</b>	General		The recommendation to monitor and evaluate approaches and activities is also very welcome. Doing this in the local setting will be essential. However more support, tools and dedicated resource will be needed to ensure that this is practicable. Suggest signposting included.	We agree that there is a need to sign post to appropriate tools and resources. This issue will be addressed by the NICE Implementation

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				Team in their work to support the implementation of this guideline.
<b>NHS Employers on behalf of employers in the NHS</b>	General		Training for line managers should also include equality and diversity issues in relation to health and wellbeing. The guidance should apply to all groups, but it must be recognised that some will need increased support from their employers. It should also be recognised that those groups who are not able to work flexibly or have much control over their day to day work may also be groups who experience poorer health and greater exposure to behavioural risk factors. This should be taken account of in the guidance to better promote equality.	Thank you, we have added your suggested amendment to recommendation 9 on training.
<b>NHS Employers on behalf of employers in the NHS</b>	General		The guidelines contain many words and if at all possible could be better presented with lots of white space in-between each recommendation so it is easier to read. As a workable document there is a lot of information from Section 9 onwards that sets out the research methodology used etc. Could this be summarised into an Executive Summary or put within an appendix as a separate document so that the overall document appears more user friendly?	Noted, thank you.
<b>NHS Employers on behalf of employers in the NHS</b>	General		There appears to be very little on protecting and supporting employees with existing health conditions to remain in work or return to work after illness, this may be that it falls outside the scope of these guidelines if the guidelines are purely intended to address 'health promotion'.	Thank you for raising this issue. NICE is currently developing another workplace health guideline on support for employees with disabilities and long term conditions. Further information can be found <a href="#">here</a> .

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NHS Employers on behalf of employers in the NHS	General		The guidelines are trying to group together too many organisational management issues and attempt to prescribe how an organisation should conduct itself. Legislation on Health and Safety which should protect employee health and wellbeing and this should suffice.	Noted, thank you.
NHS Employers on behalf of employers in the NHS	General		Occupational Health have been identified as being involved in all of the recommendations (with the exception of Recommendation 10.) when in fact some of the recommendations are outside of their sphere of influence. Many organisations do not have access to Occupational Health and those who do will likely delegate total responsibility for implementing the entire guideline to their Occupational Health Department. There is a lack of Occupational Health representation on the Committee given that most of the work will fall on them on most large organisations.	Noted, thank you.
NHS Employers on behalf of employers in the NHS	General		It would be helpful to make a reference to employers encouraging employees to take responsibility for their own health and wellbeing.	Thank you. This reference has now been added to the guideline in recommendation 3.
NHS Employers on behalf of employers in the NHS	General		There should be more on how to support employees who face the challenge of living and working with long-term conditions. Are there sufficient flexibilities in this guidance to allow for that?	Thank you, please see previous comment.
NHS Employers on behalf of employers in the NHS	General		It would be helpful if the guidance could site, source or signpost organisations and managers to useful documents that demonstrate the recommendations/expectations. I.e. the business case for health and wellbeing as well some practical examples as how to demonstrate that all managers in the organisation are committed to the health and well-being of their workforce. Encouraging healthy behaviours is a challenge for organisations to achieve and how to deliver this in a way that is non-discriminatory. Some further guidance on this would be helpful.	Thank you, please see previous comment re: implementation of the guideline.  The modelling report and costings statement for this guideline also contains a 'ready

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				reckoner' which will help develop the business case to invest in workplace health policies and practices.
<b>NHS Employers on behalf of employers in the NHS</b>	General		Within the current financial climate, there is a lack of available funding for organisations to focus on health and well-being. Interventions can be extremely costly. Some guidance on how organisations identify funding streams to undertake this extremely valuable work; especially when interventions are extremely difficult to measure qualitatively, would be helpful.	Noted, thank you. However this area is outside the scope for this guideline.
<b>NHS Employers on behalf of employers in the NHS</b>	General		Organisations will need to review the structures and roles that they have in place to deliver against this agenda. The creation of the national database for workplace health and well-being data would be a positive step forward. However some further information on how this data would be collected, what it would be used for and who could access it, would be helpful.	This recommendation has been amended to improve its clarity.
<b>NHS Employers on behalf of employers in the NHS</b>	General		Health and wellbeing interventions should be bespoke and developed around the staff profile of the organisation. Can this be made clearer in the guidance?	Thank you, the issue of need assessment has been strengthened and added to the considerations section of the guideline.
<b>NHS Employers on behalf of employers in the NHS</b>	General		Incorporating the 'who should take action' section into the main body of each recommendation would make the guidelines more accessible.	Thank you for your feedback however we have a standard template for NICE guidelines which has who should take action

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				as a separate section.
NHS Employers on behalf of employers in the NHS	General		The incorporation of Occupational Health in the development of a health and well-being strategy would support organisations to better promote equality of opportunity and ensure that interventions are fit for purpose and meet the needs of the workforce.	Noted, thank you.
NHS Employers on behalf of employers in the NHS	Introduction	1	It should read as guidelines for everyone listed i.e. occupational health, trade unions etc. rather than just that it will be of interest to them. This helps to encourage the idea of health and wellbeing for all staff and changing the culture of an organisation with everyone on board.	Thank you.
NHS Employers on behalf of employers in the NHS	1.3	4	There is no need to make a distinction within the document between Senior Managers/Managers/Line Managers - Senior Managers are also Line Managers. Perhaps the distinction required is strategic level and operational level.	Thank you.
NHS Employers on behalf of employers in the NHS	1.8	7	It should read "Where possible, be flexible about work scheduling, giving employees control and flexibility over their own time 'whilst balancing the needs of the business/service.'"	Thank you, the recommendation has been amended in line with your suggestion.
NHS Employers on behalf of employers in the NHS	4.12	16	It is absolutely key that during times of depressed economic activity that we do focus on the health and wellbeing of staff, as they will sustain the workforce for the future.	Thank you, the considerations section has been amended to include your useful feedback.
NHS Employers on behalf of employers in the NHS	1.1	3	'Incorporate health and wellbeing in all <b>relevant</b> corporate policies and communications. For example, by ensuring employees work reasonable hours and have regular breaks.'	Thank you, the guideline has been amended to include relevant.
NHS Employers on behalf of employers in the NHS	1.2	3-4	The citing of HSE's Management Standards for WR stress is not the relevant source – suggest hse.gov.uk/risk, (these are more relevant for recommendation 7)	Thank you for your comment. The recommendation has

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				been amended to reflect that the HSE stress management standards are simply an example of a risk assessment.
NHS Employers on behalf of employers in the NHS	1.2	3-4	There is no mention of apprentices and young people or specific needs of ageing workforce.	Noted, thank you.
NHS Employers on behalf of employers in the NHS	1.5	5	'Give line managers adequate time, training and resources to ensure they balance organisational performance with a concern for the health and wellbeing of their employees.' Health and wellbeing is impacted by / impacts upon organisational performance and so it is not clear what the key message is here.	Noted, thank you.
NHS Employers on behalf of employers in the NHS	1.6	6	New bullet point: Ensure they always consult employees before making decisions that will have an impact on them and try, where possible, to consider their suggestions.	Thank you, however the Committee felt this issue has been covered in recommendation 5.
NHS Employers on behalf of employers in the NHS	1.7	7	Recommend appraisals as they are an excellent way for incorporating the raising of an individual's health and wellbeing issues – it may be good therefore to have some universally agreed questions added to the online appraisal process.	Noted, thank you.
NHS Employers on behalf of employers in the NHS	1.7	7	Change 'how to support employees by <i>setting them</i> ' to <i>agreeing</i> 'relevant and realistic targets.'	Thank you, the recommendation has been amended accordingly.
NHS Employers on behalf of employers in the NHS	1.8	7	Add 'Where possible, <i>and within the needs of the service</i> , be flexible about work scheduling, giving employees control and flexibility over their own time.'	Thank you, the recommendation has been amended

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				accordingly.
NHS Employers on behalf of employers in the NHS	5.1	17	Is there more research required? There is a lot of research around OH, HR and H&S	Thank you. The Committee discussed this issue and felt there was still a need for further research. Therefore this issue will remain as a research recommendation. We have also emphasised the need for more research of the effective contribution of OH, HR and H&S in the research gaps section.
NHS Employers on behalf of employers in the NHS	7	20	“OHS” could be better expressed “conduct medicals”! This section does not clearly depict the scope and breadth of Occupational Health Services or detail how they influence / support policy and practice to improve employee HWB.	Noted, thank you. The Committee discussed your comment at length and concluded that the definition will remain as it is.
NHS Employers on behalf of employers in the NHS	2	10	Line managers should be added to recommendation 2 as they will also be responsible for clean, safe and good standard of facilities for employees.	Thank you, the guideline has been amended accordingly.
NHS Employers on behalf of employers in the NHS	2	10	Recruitment teams should be added to recommendation 1 as they will also be responsible for talent management	Thank you, the recommendation has been amended accordingly.

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NHS Employers on behalf of employers in the NHS	Introduction		The guideline could also be very useful for human resources and learning and development teams.	Thank you, this section has been amended accordingly.
NHS Employers on behalf of employers in the NHS	1.1	3	Include effective utilisation of workforce planning to enable staff to take breaks and work reasonable hours.	Noted, thank you/
NHS Employers on behalf of employers in the NHS	1.2	4	Include use of evidence based practice where relevant.	Noted, thank you.
NHS Employers on behalf of employers in the NHS	1.4	5	Change to 'actively supports a positive approach'	Thank you, the recommendation has been amended accordingly.
NHS Employers on behalf of employers in the NHS	1.7	7	Include senior managers including the executive team in the training for bullet 1. This supports embedding a culture of health and wellbeing into the organisation.	Thank you. This recommendation now includes senior managers.
NHS England	General		Thank you for the opportunity to comment on the above Public Health guideline. I wish to confirm that NHS England has no substantive comments to make regarding this consultation	Thank you for your comment.
NHS Health at Work Network	1. Recom mendation 7 Providing line managers with ongoing	Page 7	In Mental Health Trusts where incidents can involve physical and psychological trauma to staff it is important that managers are also trained to deal with this. <b>Training in the management of trauma should be added to the list.</b>  See the UK psychological trauma society guidance: <a href="http://www.ukpts.co.uk/site/assets/UKPTS-Guidance-Document-120614.pdf">http://www.ukpts.co.uk/site/assets/UKPTS-Guidance-Document-120614.pdf</a>	Noted, thank you.

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	training		<p>This is an important issue outside the NHS for some businesses e.g. Royal Mail  <a href="http://www.bohrf.org.uk/downloads/traumrpt.pdf">http://www.bohrf.org.uk/downloads/traumrpt.pdf</a>                      HSE also recommends training managers  <a href="http://www.hse.gov.uk/violence/">http://www.hse.gov.uk/violence/</a>                      and sample policy  <a href="http://www.hse.gov.uk/violence/toolkit/examplepolicy.pdf">http://www.hse.gov.uk/violence/toolkit/examplepolicy.pdf</a></p> <p>It is an important addition because staff who have suffered trauma in and out of work can present late with PTSD. Avoidance is a key symptom of the condition and this means that managers need to be aware and sensitive to the possibility, because the staff member may not volunteer that they are having this problem.</p>	
NHS Health at Work Network	1. Recommendation 10	Page 8	Occupational health services that deliver health and wellbeing initiatives on a commercial basis would be concerned about sharing cost information, which is commercially sensitive, on a national database.	Thank you for raising this important issue.
NHS Health at Work Network	2. Who should take action?	Page 9	<p>The table '<b>Who should do what at a glance</b>' is very valuable in ensuring that all groups are clear on their responsibilities and areas for action.</p> <p>However, it seems arbitrary to have separated out line managers, from employers and senior managers, since all managers line manage and board level executives are senior managers.</p>	Thank you for your feedback however we have a standard template for NICE guidelines which separates those who should take action.
NHS Health at Work Network	Incorrect link in document	Page 26	<p>The link to the economic model is not correct and takes you to the NICE website page on the planned guidance for older workers.                      The correct link is <a href="http://www.nice.org.uk/guidance/gid-phg57/resources/workplace-policy-and-management-practices-to-improve-the-">http://www.nice.org.uk/guidance/gid-phg57/resources/workplace-policy-and-management-practices-to-improve-the-</a></p>	Thank you for bringing this to our attention.

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			<a href="#">health-of-employees-supporting-evidence-part3</a>	
NHS Health at Work Network	General		Pragmatic approach to recommendations noted, however, the reality is different and the lack of 'mandated' or 'monitored' elements will inevitably lead to inconsistencies in delivery of this very important approach to the future workforce wellbeing.	Noted, thank you.
NHS Health at Work Network	General		The document reads well and feels to roll well from one element to the next in a steady pathway. The final document should ensure that each recommendation stands out clearly as they currently run together in the list.	Noted, thank you.
NHS Health Scotland	General		Overall the document is very comprehensive and contains some very interesting information supported by the relevant evidence. The text very much places emphasis on the role of line managers in supporting and improving health and wellbeing. It would be good to have this as ALL staff responsibility as they too have a responsibility to engage in the interventions that are put in place to support health and wellbeing.	Thank you, recommendation 3 has been amended to include staff taking responsibility for their own health.
NHS Health Scotland	Recommendation 1 Create an organisation committed to workplace health	3	'Ensure that health and wellbeing is central to talent management' – it may be useful to also ensure that health and wellbeing is part of business planning/any organisational change and acknowledging the impact these have on all staff (it's mentioned in Recommendation 7 but this is within the context of training).	Thank you for your comment. This issue has now been included in the considerations section of the guideline.
NHS Health Scotland	Recommendation 2 Ensure facilities, policies and	3-4	The information lists the HSE standards for work related stress. In addition to the other training mentioned, training managers on how to use stress risk assessment to help identify and deal with stressors, as well as develop workplace solutions to mitigate against the risk, would	Thank you. This point has now been added to recommendation 9 on training.

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	procedures show a commitment to employee health and wellbeing		be helpful	
NHS Health Scotland	Recommendation 6 Develop a positive line management style	5-6	Managers can be more proactive about general health promotion too, not just in 'identifying and addressing issues and concerns early'.	Thank you. This recommendation has been amended following stakeholder feedback and the emphasis is now more proactive including acting as a role model.
NHS Health Scotland	General		I think there should be acknowledgement in the overall text that yes, line managers play a key role but they too are employees and therefore can also be subject to health and wellbeing interventions.	Thank you for your useful comment. The considerations section of the guideline now includes – 'The Committee noted that at such times line managers will seek and receive staff support services that are available to all employees'.
NHS Health Scotland	General		Should we not be encouraging all staff to be empowered to improve health and wellbeing? Culture is about people and therefore all staff	Thank you, recommendation 3 has

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			should feel enabled to improve health and wellbeing for themselves and their colleagues. Placing responsibility mainly on line managers misses the opportunity to make this a much broader responsibility.	been amended to include staff taking responsibility for their own health.
<b>Optical Confederation</b>	General		<p>The Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians and 7,000 optical businesses in the UK who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of the five optical representative bodies: the Association of British Dispensing Opticians (ABDO); the Association of Contact Lens Manufacturers (ACLM); the Association of Optometrists (AOP); the Federation of Manufacturing Opticians (FMO) and the Federation of Opticians (FODO). As a Confederation, we work with others to improve eye health for the public good.</p> <p>Vision impairment - defined as sight impaired (partially sighted) or as severely sight impaired (blind) - affects people of all ages but is mainly age related(1). Through early detection and treatment vision loss can often be mitigated and where it cannot be, people can be better supported to live more independent lives.</p>	<p>Thank you for your comments.</p> <p>Vision impairment is outside the scope of this guideline.</p> <p>The considerations section of the guideline now includes the following:</p> <p>'The legal obligations of employers were also acknowledged, such as health and safety responsibilities, sight tests, supporting those who are visually impaired or otherwise disabled and providing safety equipment'.</p>
<b>Optical Confederation</b>	General		We welcome and support NICE in its attempts to publish public health guidance to improve the health and wellbeing of employees. We note a	Thank you. Please see our previous response.

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			significant omission from this version of the guidance that is the need to prevent sight loss and otherwise support people with sight loss to live active and independent lives as well as stay in work if they so choose.	
<b>Optical Confederation</b>	Recommendation 1 – create an organisation committed to workplace health	3	<p>We support the goal to encourage employees and employers to consider health and wellbeing as an integral part of daily work life. Work is where people spend most of their time and therefore there remains much potential to avoid long term problems with health and at the same time reduce the growing pressure on the health system.</p> <p>However to make this deliver results, key health checks should become part of work. For example despite the highly sophisticated primary eye care service that we have, too many employers and employees do not know that people with visual impairment</p> <ul style="list-style-type: none"> <li>• are three times more likely to suffer from depression (2)</li> <li>• are more likely to be unemployed for longer and earn less than their colleagues (3) and unemployment is a major cause of reduced subjective wellbeing</li> <li>• are more likely to suffer from social exclusion due to reduced participation in society leading to diminished wellbeing (4) and that</li> <li>• 50% of sight loss can be prevented and therefore it is important to detect conditions at an early stage. This will improve peoples' quality of life and reduce long term costs for the health and social care system. Today the societal cost of visual impairment is estimated to be £22bn per year. It is also important to note that the numbers of people with visual impairment are set to double by 2050 unless action is taken (3).</li> </ul>	Thank you. Please see our previous response.

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			Changing the culture in workplaces to improve the uptake of preventative services will be important if this guidance is to deliver tangible results.	
<b>Optical Confederation</b>	Recommendation 2: Ensure facilities, policies and procedures show a commitment to employee health and wellbeing	3	<p>The guidance aims to complement existing NICE guidelines promoting mental wellbeing at work (PH22) and therefore as NICE notes it should be subject to the requirements outlined in the Equality Act 2010.</p> <p>It is essential for organisations to make sure that they provide adequate equipment and services for employees. People with visual impairment for example are under the Health and Safety (Display Screen Equipment) Regulations 1992 entitled to free eye tests if they use display screen equipment for work. These regulations include the requirement of an employer to pay for a full eye examination.</p> <p>However, uptake by employers in the UK is relatively poor and employees are generally unaware of this requirement, e.g.</p> <ul style="list-style-type: none"> <li>• One in ten employers have no eye care policy at all.</li> <li>• One in five big businesses (18%) fail to pay for regular sight tests.</li> <li>• 40% of big businesses say they would refuse to make a contribution towards the cost of spectacles required solely for Visual Display Unit (VDU) work (5).</li> </ul> <p>Therefore organisations would benefit from clear guidance from NICE on these issues and also to ensure employers inform their employees about their rights to a funded sight test – e.g. if they are a regular VDU user or aged 40 years old and over with a family history of glaucoma.</p> <p>Managers of professional drivers should also ensure that their employees have good vision and can drive safely and all companies should have in place</p>	Thank you. Please see our previous response.

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			<p>a policy to check the eyesight of their professional drivers.</p> <p>The NHS already funds sight testing for those aged over 60 years old on a bi-yearly basis (and sooner where clinically required) (6). Therefore there is already a cost-effective system in place to keep employees healthy and independent. However the take-up of this service is low. NICE can help by making both employers and employees aware of the importance of regular sight tests and how these are NHS-funded and available to people over 60, or with glaucoma, a family history of glaucoma, or diabetes, and those on other means-tested benefits. Encouraging uptake will enable people to access services more effectively and doing so will improve workers' health and wellbeing.</p>	
<b>Optical Confederation</b>	Recommendation 3: Ensure fairness and justice throughout the organisation	4-5	The Optical Confederation is supportive of the current recommendations. However rather than being structured as the third out of nine recommendations these values and objectives ought to form an overarching set of norms which every recommendation is subject to.	Thank you. Please see our previous response.
<b>Optical Confederation</b>	Recommendation 5: Empower line managers to enhance employee's health and wellbeing at work	5	<p>Half of all sight loss can be prevented. Working preventatively and encouraging employees to undertake regular sight tests will both help and support people and prevent significant future costs.</p> <p>The main reasons that sight test services are currently under-utilised is due to poor information and a culture that does not place sufficient emphasis on prevention. NICE can help improve the health and wellbeing of employees by highlighting the importance of regular sight tests for employees in its guidance. Employers in turn, by focussing on eye health, will be promoting and ensuring wellbeing of their employees.</p>	Thank you. Please see our previous response.

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Optical Confederation	Recommendation 7 – provide line managers with ongoing training	7-8	<p>The Optical Confederation is supportive of NICE's mention of the need to promote the awareness of mental health and wellbeing.</p> <p>This is something that is relevant to employees with sensory loss as visually impaired people are more likely than their colleagues to suffer reduced subjective wellbeing. This can take the form of social exclusion due to reduced participating in society or depression. People with visual impairment are three times more likely to suffer from depression than their colleagues (2).</p>	Thank you. Please see our previous response.
Optical Confederation	Recommendation 10 – create a national database for workplace health and wellbeing data	8	In principle the Optical Confederation is supportive of creating a national database for workplace health and wellbeing data. However as the recommendations are currently written it is difficult to foresee how this will be achievable in the near future.	Thank you. Please see our previous response.
Optical Confederation	References		<ol style="list-style-type: none"> <li>1. Access Economics (2009) Future Sight Loss (1): The economic impact of partial sight and blindness in the UK adult population, 1.1 Definitions of Partial Sight and Blindness</li> <li>2. Evans JR et al (2007) "Depression and anxiety in visually impaired older people". Ophthalmology. 114(2): p283–8</li> <li>3. Access Economics (2009) "Future Sight Loss (1): The economic impact of partial sight and blindness in the UK adult population". P.170</li> <li>4. Gjonca et al (2005) "An investigation of the circumstances of older people with sight loss: An analysis of the English Longitudinal Study of Ageing"</li> <li>5. Research study conducted by Opinion Matters between</li> </ol>	Thank you for providing these references.

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			8 – 12 February 2010. Sample: 255 HR Professionals. 'Square Eyed Britain' report conducted by 72 Point between 1 – 9 August 2005. Sample: 2,750 Office Workers.  6. NHS Choices - Eye health tips for older people <a href="http://www.nhs.uk/Livewell/over60s/Pages/eyehealth.aspx#close">http://www.nhs.uk/Livewell/over60s/Pages/eyehealth.aspx#close</a> 28.10.2014	
<b>Royal College of Nursing</b>	General		We welcome the guideline but wonder how a number of the recommendations around fairness, justice, behaviours and cultures can be measured. It would be helpful for NICE PHAC to make some suggestions around measurement (be it through qualitative or quantitative means) at an organisational level.	Thank you. We agree that there is a need to make suggestions around measurement. We will forward your comment to our NICE Implementation Team who will consider this in their work to support the implementation of this guideline.
<b>Royal College of Nursing</b>	General		The scope of the document is somewhat confusing e.g. why facilities and work patterns have been singled out but yet little detail on the physical working environment/equipment/resources or access to OH.	Thank you. The guideline has been amended to include a new recommendation on the physical work environment (recommendation 2).
<b>Royal College of Nursing</b>	General		Generic points pop-up recurrently in this document. The reality is that the good employers and management teams will be doing these things anyway the challenge will be to get the measures adopted by everyone. The key point	Noted, thank you.

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			<p>is that managers and more senior executives require an understanding of these issues, their importance and how to manage them. This needs to be integral to their role and an explicit requirement as part of job descriptions. Otherwise, the situation evolves whereby managers with poor people skills, interpersonal skills or empathy are promoted because of their technical abilities, which then has a negative impact.</p> <p>This quote from the draft (Section 4, Page 15) explains why - <b><i>“4.7 The Committee recognised that within most organisations promotion opportunities normally involve increased management responsibilities. However, some people with excellent technical skills do not have (or do not want to develop) the necessary ‘people skills’ to line manage. The Committee noted that these people may benefit from alternative promotion and development opportunities.”</i></b></p>	
Royal College of Nursing	Recommendation 1/General	3	<p>It would be helpful to cross reference relevant statutory requirements within the recommendations e.g. working time regulations, management of health and safety at work regulations. Our experience is that employers are not necessarily meeting the statutory requirements.</p>	<p>Thank you.</p> <p>Recommendation 2 on the physical work environment states:</p> <ul style="list-style-type: none"> <li>• Develop and implement workplace policies and procedures to reflect statutory requirements and existing best practice (for example, manual handling and display screen equipment).</li> </ul>

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				Furthermore the consideration section now includes:  The legal obligations of employers were also acknowledged, such as health and safety responsibilities, sight tests, supporting those who are visually impaired or otherwise disabled and providing safety equipment'.
<b>Royal College of Nursing</b>	General/Recommendation 1	3	We do not view safety as a sub-set of health and wellbeing but rather an integral part. Without safety there is no health or wellbeing e.g. a major injury caused by a poor physical working environment can lead to permanent health problems and impact on wellbeing. For this reason we prefer using the phrase <i>health, safety and wellbeing</i> .	Noted, thank you.
<b>Royal College of Nursing</b>	Recommendation 2	3	It is not clear what is meant by 'facilities' – is this the working environment, welfare facilities such as rest rooms and toilets or access to equipment to make the job safer/ergonomic?	Thank you. The guideline has been amended to include a new recommendation on the physical work environment (recommendation 2) which we hope is clearer.

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Royal College of Nursing	Recommendation 3	4	We would like to see a reference to monitoring protected characteristics as a means to check that policies and procedures are fair and equitable as well as inclusive.	Thank you. As part of the NICE guideline process, an equality impact assessment is undertaken. This documents the consideration of equality issues made in each stage of the guideline development. This includes the protected characteristics as outlined in the Equalities Act 2010. The Equality Impact Assessment for this guideline will be available on the NICE website on the webpage for this guideline.
Royal College of Nursing	Recommendation 3	4	The document talks about trade unions taking action on each recommendation but fails to recognise the role of workplace representatives in supporting health and wellbeing and positive workplace cultures by being the voice of the workforce ( Department of Trade and Industry (2007) <i>Workplace representative: a review of their facilities and facility time</i> , BERR consultation document, London: DTI and HSE 2013 <i>Consulting employees on health and safety</i> ). There is evidence on how partnership working with staff side organisations can improve engagement ( <i>IPA 2014 Meeting the Challenge: employee engagement in the NHS</i> ). There is also a	Thank you, the recommendation has been amended to include the role of trade unions and workplace representatives.

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			legal requirement to consult trade union safety representatives on matters which could impact on the safety and health of members they represent.	
Royal College of Nursing	Recommendation 4/6	4,5,6	There is a reference to the HSE management standards in the document but no reference to the CIPD/HSE standards on line management behaviours and stress. These are evidence based and would add value to the guideline.	Thank you. The CIPD/HSE standards are the same as the HSE management standards referred to in the draft guideline.
Royal College of Nursing	Recommendation 7	7	With respect to the early point around safety, managers should also be trained in the need to provide a <i>safe</i> and healthy working environment.	Noted, thank you.
Royal College of Nursing	Recommendation 8	8	Poorly designed shift patterns can have a big impact on health and wellbeing – it would be good to see more detail on shift patterns, access to breaks and restorative rest periods between shifts in this recommendation as well as a cross reference to the requirements of the working time regulations. We also believe there has been some research around the benefits of self-rostering.	Noted, thank you. However the areas you have raised were outside the scope for this guideline.
Royal College of Nursing	Recommendation 9	8	With a cross reference to recommendation 3, we would like to see acknowledgement of the role of workplace reps/trade unions in providing valuable feedback to support the measurement of the impact of new activities and policies.	Thank you. We have now acknowledged the role of workplace reps and trade unions in the 'Who should take action' section.
Royal College of Nursing	General		There needs to be an overarching statement to the effect that a knowledge and understanding of these subjects is an important part of the repertoire (toolkit) of every manager and executive – prior to appointment. Policies on these various issues must be in place and must be supported by documentation on practice (what is to be done, how, how it can be measured & actions to be taken in the event of poor performance). Doing things in this way ensures that these considerations are built in to the	Thank you for your useful comment. Recommendation 1 is a key recommendation where we recommend that health and wellbeing is a core priority for the

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			fabric of the organisation and, as part of <b>integrated management</b> , they are the role of managers, not specialists.	top management of an organisation and that they value the strategic importance and benefits of a healthy workplace.
<b>Royal National Institute of Blind People</b>	General	General	<p><b>About the RNIB:</b></p> <p>Royal National Institute of Blind People (RNIB) is the UK's leading charity providing information, advice and support to almost two million people with sight loss.</p> <p>We are a membership organization with over 12,000 members throughout the UK and 80 percent of our Trustees and Assembly members are blind or partially sighted. We encourage members to get involved in our work and regularly consult them on matters relating to Government policy and ideas for change.</p> <p>As a campaigning organization we act or speak for the rights of people with sight loss in each of the four nations of the UK. We also disseminate expertise to the public sector and business through consultancy on products, technology, services and improving the accessibility of the built environment.</p> <p>RNIB is pleased to have the opportunity to respond to this consultation.</p>	<p>Thank you for your comments.</p> <p>Sight loss is outside the scope of this guideline.</p> <p>The considerations section of the guideline now includes the following:</p> <p>'The legal obligations of employers were also acknowledged, such as health and safety responsibilities, sight tests, supporting those who are visually impaired or otherwise disabled and providing safety equipment'.</p>
<b>Royal National Institute of Blind People</b>	General	General	<b>Equalities Act 2010:</b>	Thank you. Please see our previous comment.

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			We believe that all NICE work should reflect the duties of public bodies under the Equalities Act 2010, not just in relation to communication and accessible information, but in relation to non-discriminatory treatment. We would expect NICE to take steps to meet their legal obligations. This not only requires public bodies to have due regard for the need to promote disability equality in everything they do - including the provision of information to the public - but also requires such bodies to make reasonable adjustments for individual disabled people where existing arrangements place them at a substantial disadvantage.	
Royal National Institute of Blind People		3	<p>We welcome the inclusion of recommendation 2 'Ensure facilities, policies and procedures show a commitment to employee health and wellbeing'. However, we believe this section should also have covered the broader aspects of what the manager may need to do to protect their employees from any risks associated with their work.</p> <p>In particular:</p> <ul style="list-style-type: none"> <li>We recommend employers promote the need for regular eye tests. At present there is a misconception that such tests only determine a prescription for eye glasses or contact lenses. In reality these tests allow early detection of common eye diseases such as Glaucoma and Macular Degeneration, which left untreated can result in sight loss.</li> <li>Working with display screen equipment (computers, laptops, hand-held devices). At present there is no evidence that display screen equipment work causes any permanent damage to eyes. However, long periods of display screen equipment work can lead to tired eyes,</li> </ul>	Thank you. Please see our previous comment.

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			<p>temporary short-sightedness and headaches. Hence, full eye tests should be recommended to those employees who habitually use display screen equipment as a significant part of their normal day to day work.</p> <ul style="list-style-type: none"> <li>• Colour vision examination. In companies where colour vision needs are associated with safety-critical systems then colour vision testing is crucial in deciding on their fitness for work. However, in companies where colour vision needs are not associated with product quality, colour vision testing is valuable and should be recommended to avoid costly errors.</li> <li>• Personal protective equipment. Employers have duties concerning the provision and use of personal protective equipment at work (Personal Protective Equipment at Work Regulations 1992). It can include items such as eye protection when exposed to harmful chemicals or when on building sites.</li> </ul>	
<b>Sustrans</b>	General		Thank you for the opportunity to comment on this draft guidance	Thank you for your feedback.
<b>Sustrans</b>	Section 6: Related NICE guidance	PP 18 - 19	<p>We have only one comment on this draft, which is to question whether a number of other NICE guidance documents, not specific to the workplace, should also be cited here.</p> <p>For example, there are elements of PH8 and PH41 which address some of the things an employer needs to do in order to make physically active travel a realistic choice for employees, while PH42 addresses the leadership or exemplar role that an employer should play.</p>	Noted, thank you.
<b>The British Psychological Society</b>	General		The Society welcomes the guidance in this area and believes that the guideline covers the necessary areas very well. This will be useful to organisations in clarifying necessary actions that will support a healthy,	Thank you for your comments.

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			motivated and engaged workforce, potentially influencing business productivity and effectiveness.	
<b>The British Psychological Society</b>	General		<p>The Society would however, like to draw attention to some general points for consideration.</p> <p>Firstly, more direct reference might be included on the responsibilities of employing organisations to ensure good standards of conduct and behaviour - particularly with respect to managers and those in positions of power. Aside of the worst examples emanating from the financial crisis a US survey (link below) into office bullying illustrates the need for organisations to tackle inappropriate conduct.</p> <p><a href="http://www.careerbuilder.com/share/aboutus/pressreleasesdetail.aspx?sd=9%2F18%2F2014&amp;id=pr842&amp;ed=12%2F31%2F2014">http://www.careerbuilder.com/share/aboutus/pressreleasesdetail.aspx?sd=9%2F18%2F2014&amp;id=pr842&amp;ed=12%2F31%2F2014</a>.)</p>	Noted, thank you.
<b>The British Psychological Society</b>	General		<p>The current estimate is that mental health issues are costing the UK economy £105 billion pa and It is now substantially evidenced that work environments characterised by low levels of fairness and psychological safety are a serious risk factor for depression<sup>1</sup> (Grynderup et al 2013).</p> <p>The ability of workplace policies and management practices to improve the health and wellbeing of employees is directly linked to the degree of psychological safety and fairness created in any workplace (Edmondson 1999, Dollard &amp; Bakker 2010). Predictors of low psychological safety are deficiencies in work design, role ambiguity, high demands, deficiencies in leadership behaviour and evidence of tolerance for bullying, (Einarsen 1999, Herscovis et al 2007). In addition, a history of 'organisational trauma' described as survivor syndrome (Baruch &amp; HInd 1999) is predictive of low</p>	Thank you. The guideline has been amended to include a recommendation (recommendation 3) to create a supportive environment to enhance the mental wellbeing of employees. Mental wellbeing is still included in recommendation 9 on training. Furthermore, NICE has also published

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			<p>safety perceptions. The Society believes that these guidelines would benefit from making this connection explicit so that workplace policies are purpose focused and avoid the tendency to a 'tick box' approach to implementation.</p> <p>Furthermore, we believe that these guidelines need to link directly with workplace anti-discrimination policies and practices because the impact of low psychological safety in a workplace context on minority employees is more harmful to minority ethnic group development than for majority groups (Singh et al, 2013). It must also be noted that a failure to properly recognise the impact of low psychological safety at work is potentially an unconscious but nonetheless unlawful form of discrimination in the workplace and so failure to implement these guidelines for all is also leading to unlawful as well as unhealthy outcomes. We believe that this needs to be addressed as a distinct need in considering wellbeing for all in the workplace for all (Wilde forthcoming, Guillaume et al 2013) as the creation of inclusive organisations (Atewologin D &amp; Nitu M forthcoming) and the reality of 'equal opportunities' requires explicit and distinct consideration as part of this overall set of public health guidelines.</p>	a guideline on <a href="#">Promoting mental wellbeing at work (PH22) 2009</a> .
<b>The British Psychological Society</b>	General/equality of opportunity		<p>Many people who are employed are also carers - for children, partners, friends and/or older relatives who may have physical and/or mental health diagnoses. There are considerable psychological and physical demands on carers (and employed carers) which could be helpful to make more explicit in this document. Please refer to this recent CIPD publication:</p> <p><a href="http://www.cipd.co.uk/pressoffice/press-releases/cipd-absence-management-061014.aspx">http://www.cipd.co.uk/pressoffice/press-releases/cipd-absence-management-061014.aspx</a></p>	Noted, thank you.
<b>The British Psychological</b>	General/equality		The Society would recommend the inclusion of the impact of paid care work	Noted, thank you.

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Society	of opportunity		such as health; education and social care would be relevant.  It would be particularly useful to include human services staff given the potential impact of stressed/distressed/absent/poorly managed staff on quality of care for vulnerable people.	
The British Psychological Society	General		Cross-referencing across policies could also be beneficial and aid clarity within the document. For example, referencing the existing mention of the forthcoming NICE guidance about employees with long term conditions, guidelines on people with physical and/or sensory disabilities and/or supporting employees in the event of accidents at work. There is a substantial psychology at work literature that could inform each of these policy areas that are outside the scope of this consultation but should further details be required the Society would be happy to assist.	Thank you for your offer of help. Section 6 of the guideline lists the related guidelines in development which includes the workplace health guideline on support for employees with disabilities and long term conditions.
The British Psychological Society	General		The Society recommends the inclusion of policies for staff in occupations in which there is an increased risk of exposure to traumatic events such as members of the emergency and armed services.	Noted, thank you.
The British Psychological Society	Recommendation 1	3	With consideration to where the responsibility lies for the well-being of employees, it would be beneficial to demonstrate that employee health and wellbeing is a shared responsibility for both employers and employees (a combination of employers taking responsibility for employee well-being, but also empowering employees to autonomously take control of their wellbeing). The rationale for this is embedded in the Health and safety Executive Managerial Standards, strongly influenced by Occupational Psychology, which point to control at work as one of the 6 key factors contributing to stress prevention. The growing practical application of this understanding is evidenced in the growing psychological literature supporting mindfulness and	Thank you, recommendation 3 has been amended to include staff taking responsibility for their own health.

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			other interventions in the workplace.	
<b>The British Psychological Society</b>	Recommendation 1	3	We would recommend inclusion of an additional point: All employers should.....' Demonstrate commitment to the health and wellbeing of the workforce through actively encouraging employees to become healthy workplace champions'. (Blake & Chambers, 2012)	Thank you. Recommendation 1 now states that all managers including directors and board members are committed to the health and wellbeing of the workforce and act as good role models.
<b>The British Psychological Society</b>	Recommendation 2	3-4	The Society recommends the inclusion of an additional point:  All Human Resources/people management policies, procedures and practices build in an element of care and consideration for employees, providing opportunities for them to voice concerns and provide their views on issues (e.g. appraisals, team meetings, return-to-work interviews, communications practices etc).  The current focus on mental health issues at work has also encouraged a focus on the access to and availability of 'talking therapies' with an associated growth in Employee Assistance Provision, offering fully developed Psychological Services within the employment context. We would recommend explicit reference to the factors that can enable 'cure' of mental health difficulties in the workplace as well as those that are currently listed as preventative of mental health problems.	Thank you. Recommendation 5 on participation and trust includes  • Encourage employees to have a voice in the organisation, and actively seek their contribution in decision-making through staff engagement forums and (for larger organisations) by anonymous staff surveys. Value and acknowledge employees' contribution across the organisation.

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				Furthermore, NICE has also published a guideline on <a href="#">Promoting mental wellbeing at work (PH22) 2009</a> .
<b>The British Psychological Society</b>	Recommendation 2	4	We would recommended inclusion to 'relationship' bullet point:  And to encourage openness and thus a psychologically safe environment in which individuals feel able to learn from experience, notice and act on errors and share concerns without fear of reprisal. (Edmondson, 1999)	Thank you. Please see our previous comment.
<b>The British Psychological Society</b>	Recommendation 3	4	We would recommend amending the final bullet point:  <i>We would add that if it is not practical for employees' contributions to lead to action, then clear feedback should be given as to why not.</i>	Thank you for your comment. The recommendation has been amended accordingly.
<b>The British Psychological Society</b>	Recommendation 4	5-point 2	Wording amendment recommended: Provide support to ensure that effective workplace policies and <u>high support, low hassle</u> interventions are implemented for line managers, so that they in turn can <u>identify issues and</u> support the employees they manage. (Neilsen, 2013)	Noted, thank you.
<b>The British Psychological Society</b>	Recommendation 5 & 6	5 & 6  5-6	The document refers to empowering line managers (R5) and ensuring that employees 'share the same motivation to fulfil their goals' (R6). Also to promote employee engagement and working with employees to agree on personal development plans (R6). However, it does not tie all these things together as is possible according to recent research on motivation and engagement and the importance of two-way exchange.	Noted, thank you.

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	R8	7-8	<p>For example, May et al (2004) explains that employee engagement is most closely associated with job involvement (Brown, 1996) and 'flow' (Csikszentmihalyi, 1990). Job involvement results from 'the need satisfying abilities of the job' and 'the degree to which the job situation is central to the person and his or her identity' (Lawler &amp; Hall, 1970), and flow is defined in terms of successful experience with challenging tasks.</p> <p>These two factors, identifying with the nature of the task and encountering appropriate challenge, represent a common theme running through several decades of research on intrinsic motivation. They have been combined in a self-assessment questionnaire which empowers managers to engage in two-way discussion with employees on how best to match their motivational drivers with the requirements of the job.</p> <p>In simple terms, the two halves of the questionnaire present an objective view of what you want to do (satisfying needs) and how you want to do it (the goals you will set yourself), which together represent self-concept relating to work (seeing the job as what you should be doing). The match between the employee's self-concept and the role is the primary factor in the 'meaningfulness' of the job (May et al, 2004), which in turn is 'the most important driver of engagement for all employee groups' (Kerstin et al, 2010). The benefit of using this technology is that it enhances employees' wellbeing through the positive experience of 'being where you want to be' while also equipping line managers to make best use of them. It is a very practical way of encouraging employees to be involved in the design of their role (R8), and a key part of training managers in transformational leadership (R6/7). Satisfying employees' needs is described by researchers in transformational leadership as 'the essence of the leaders' power' (Burns, 1978) which enables them to</p>	
	R6/7	5-7		
	And General			

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			engage the full potential of their workforce and to achieve 'performance beyond expectations' (Bass, 1985). These authors are cited in a recent paper which shows how the impact of transformational leadership on performance is mediated by 'needs satisfaction and work engagement' (Kovjanic et al, 2013).	
<b>The British Psychological Society</b>	Recommendation 6	6	Bullet point 2: We recommend adding a sub-bullet-point about ensuring health and wellbeing is protected.	Thank you.
<b>The British Psychological Society</b>	Recommendation 6	6	The Society recommends adding to this recommendation that line managers: <ul style="list-style-type: none"> <li>• Show integrity and authenticity</li> <li>• Proactively manage workloads, monitoring them on an on-going basis, planning future work etc</li> <li>• Manage conflict in their team through early intervention, mediation and with objectivity, supporting employees through incidents of bullying/abuse and following up conflicts to ensure resolution</li> <li>• Provide positive feedback as well as developmental feedback</li> <li>• Are accessible to their employees and available to talk when needed</li> <li>• Manage their own wellbeing and emotions.</li> <li>• Be inclusive and encouraging of employee contributions but open about constraints in the system to foster a psychologically safe environment</li> </ul>	Thank you for your feedback. This recommendation has been amended following stakeholder feedback and now includes many of the points you have raised.
<b>The British Psychological Society</b>	Recommendation 6	6 –Bullet point 3	We recommend a wording amendment:  Consider adding signposting to support also <b>within</b> the organisation as many organisations do have internal sources of support for example counselling or psychology or debt advice and support materials.  Also to ensure that access to any in-house support services is not in itself	Thank you, the recommendation has been amended to include support both within and outside the workplace.

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			stigmatising to employees.	
<b>The British Psychological Society</b>	Recommendation 6	6	The Society recommends an additional bullet point:  To actively support a psychologically safe environment where employees feel able and safe to highlight areas of concern within the organisation through confidential disclosure processes. Lowry et al. (2013)	Thank you however the Committee felt they were unable to add this additional bullet.
<b>The British Psychological Society</b>	Recommendation 7	7	The Society recommends re-emphasising that employers need to ensure that line managers have time to manage people (not just focus on tasks) – it is covered in Recommendation 5, but bears repetition. A large body of literature (e.g., Bakker et al., 2005; Jourdain & Chenevert, 2010) associates a lack of job resources (to include relationship with and support from supervisor) with employee disengagement, cynicism (depersonalisation) and lack of professional self-efficacy therefore demonstrating the importance of time to manage and maintain employee relationships.	Thank you, we have added the issues you have raised to the considerations section of the guideline.
<b>The British Psychological Society</b>	Recommendation 7	7	The Society recommends the inclusion of impact of physical health diagnoses on well-being, including less visible and/or fluctuating conditions such as diabetes, pain, epilepsy. Also diagnoses on the autistic spectrum and learning disabilities. Consider cross-referencing to this July 2014 document: <a href="https://www.gov.uk/government/publications/employing-disabled-people-and-people-with-health-conditions/employing-disabled-people-and-people-with-health-conditions">https://www.gov.uk/government/publications/employing-disabled-people-and-people-with-health-conditions/employing-disabled-people-and-people-with-health-conditions</a>  It would also be helpful to mention that people in line management positions should not only be aware of their potential impact on employees but be specific their awareness about seeking support/help for themselves with any mental health or physical health issues.	Noted, thank you.  Thank you, we have added the issues you have raised to the considerations section of

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				the guideline.
<b>The British Psychological Society</b>	Recommendation 8	7-8	We would recommend the inclusion of additional points : <ul style="list-style-type: none"> <li>• Ensure that all employees are consulted on decisions that affect them.</li> <li>• Ensure employees are actively involved in determining health and wellbeing needs in the organisation, and continually review employee needs.</li> </ul>	Thank you for your feedback. This recommendation has been amended following stakeholder feedback and now includes the points you have raised.
<b>The British Psychological Society</b>	Section 2: Who should take action	9	If previous recommendations (recommendations 1) regarding workplace champions and employee involvement in expressions of needs are made then employees should be included under 'who should take action. Employees would take action relating to recommendation 1 (employees as healthy workplace champions) and recommendation 8 (involvement in expression of needs). They would also take action under recommendation 3 (employees have a voice in the organisation) and recommendation 6 (sharing ideas).	Thank you. Employees have now been added to the 'Who should take action' section.
<b>The British Psychological Society</b>	Section 4.8	15	'Return to work planning' with the support and direction of mental health professionals.  It would be helpful to include appropriate and phased returns to work (whatever the reason for absence) as inappropriately managed returns could contribute to further stress/distress (see for example <a href="http://www.mentalhealth.org.uk/content/assets/PDF/publications/returning_to_work.pdf?view=Standard">http://www.mentalhealth.org.uk/content/assets/PDF/publications/returning_to_work.pdf?view=Standard</a> ). So for line managers to work alongside (or appreciate the involvement of) occupational health colleagues in any phased return plans and to be an advocate or ally for the employee against any 'aggressive return to work procedures'.	Thank you. Return to work is outside of the scope for this guideline.  NICE has published a guideline on <a href="#">Long term sickness and incapacity for work (PH19) 2009</a>
<b>The British Psychological Society</b>	5.2	18	The Society recommends inclusion of outcome measures: Measures of organisational commitment or employee engagement will be pertinent to	Noted, thank you.

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			include here,(for example, Blake et al, 2012; Oi-ling Siu (2002).	
The British Psychological Society			<p><b>References:</b></p> <p>Atewologin D &amp; Nitu M (forthcoming) What is inclusive leadership: A Systematic Review. Accepted for DOP conference Glasgow Jan 2015</p> <p>Bakker, A. B., Demerouti, E., &amp; Euwema, M. C. (2005). <i>Job resources buffer the impact of job demands on burnout</i>. Journal of Occupational Health Psychology, <b>10(2)</b>, 170–180.</p> <p>Baruch Y &amp; Hind P (1999) <i>Perpetual motion in Organizations: Effective management and the impact of the new psychological contract on 'survivor syndrome'</i>. European Journal of Work and Organizational Psychology Vol 8, 2</p> <p>Bass, B. M. (1985). <i>Leadership and performance beyond expectations</i>. New York, NY: Free Press.</p> <p>Blake, H &amp; Chambers, D (2012). <i>Supporting nurse health champions</i>. Health Education Journal; <b>71</b>: 205–210.</p> <p>Blake, H., Zhou, D., Batt, M.E. (2013). Five-year workplace wellness intervention in the NHS. <i>Perspect Public Health</i>; <b>133(5)</b>: 262-71.</p> <p>Brown, S. P. (1996). <i>A meta-analysis and review of organizational research on job involvement</i>. Psychological Bulletin, <b>120</b>, 235–255.</p> <p>Burns, J. M. (1978). <i>Leadership</i>. New York, NY: Harper &amp; Row.</p> <p>Csikszentmihalyi, M. (1990). <i>Flow: The psychology of optimal experience</i>.</p>	Thank you for providing these references.

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>New York: Harper.</p> <p>Dollard M F &amp; Bakker A B (2010) <i>Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement</i>. Journal of Occupational and Organizational Psychology, <b>83</b>, 579–599</p> <p>Edmondson A 1999 <i>Psychological safety and learning behavior in work teams</i>. Administrative Science Quarterly, <b>44</b> 350-383</p> <p>Einarsen, S. (1999). <i>The nature and causes of bullying at work</i>. International Journal of Manpower, <b>20</b>, 16-27</p> <p>Fernet, C., Austin, S., Trépanier, S-G., &amp; Dussault, M. (2013). <i>How do job characteristics contribute to burnout? Exploring the distinct mediating role of autonomy, competence and relatedness</i>. European Journal of Work and Organisational Psychology, <b>22(2)</b>, 123-137.</p> <p>Guillaume Y. R. F., et al (2013) <i>Getting Diversity at work to work: what we know and what we still don't know</i>. Journal of Occupational and Organizational Psychology, <b>86(2)</b>, 123-141</p> <p>Grynderup et al (2013) <i>Work-unit measures of organisational justice and risk of depression--a 2-year cohort study</i>. Occupational and Environmental Medicine. <b>70(6)</b>, 380-5.</p> <p>Jourdain, G., &amp; Chenevert, D. (2010). Job demands-resources, burnout and intention to leave the nursing profession: A questionnaire survey. International</p>	

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Journal of Nursing Studies, 47, 709–722.</p> <p>Kerstin A., Truss, C., Soane, E. C., Rees, C., &amp; Gatenby, M. (2010). <i>Creating an engaged workforce: findings from the Kingston employee engagement consortium project</i>. London: Chartered Institute of Personnel and Development.</p> <p>Kovjanic, S., Schuh, S., and Jonas, K. (2013). <i>Transformational leadership and performance: An experimental investigation of the mediating effects of basic needs satisfaction and work engagement</i>. Journal of Occupational and Organizational Psychology, <b>86</b>, 543-555.</p> <p>Lawler, E. E. &amp; Hall, D. T. (1970). <i>Relationship of job characteristics to job involvement, satisfaction, and intrinsic motivation</i>. Journal of Applied Psychology, <b>54</b>, 305–312.</p> <p>Lorinkova et al (2013) <i>Examining The Differential Longitudinal Performance Of Directive Versus Empowering Leadership In Teams</i>. Academy of Management Journal, <b>56(2)</b>, 573-596</p> <p>Lowry et al. (2013) <i>The drivers in the use of online whistle-blowing reporting systems</i>. Journal of Management Information Systems, <b>30(1)</b>, 153-190.</p> <p>May, D. R., Gilson, R. L., and Harter, L. M. (2004). The psychological conditions of meaningfulness, safety and availability and the engagement of</p>	

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			<p>the human spirit at work. <i>Journal of Occupational and Organizational Psychology</i>, <b>77</b>, 11–37.</p> <p>Neilsen, K. (2013) How can we make organisational interventions work? Employees and line managers as actively crafting interventions. <i>Human Relations</i>, <b>66(8)</b>, 1029-1050.</p> <p>Oi-ling Siu (2002), Occupational Stressors and Well-being among Chinese Employees: The Role of Organisational Commitment. <i>Applied Psychology</i>. <b>51(4)</b>, 527–544</p> <p>Singh, B., et al (2013) <i>Managing diversity at work: does psychological safety hold the key to racial differences in employee performance?</i> <i>Journal of Occupational and Organisational Psychology</i>; <b>86(2)</b>, 242-263</p>	
<b>The Royal College of Surgeons of Edinburgh</b>	Recommendation 10	8	There should be also a check plan in addition to the research and database collection. This check can be on national or regional basis to ensure the appropriate delivery of support and to facilitate a robust system in place to give confidence to the staff in the fairness of system.	Thank you for your feedback.
<b>The WellBeing and Performance Group</b>	1	4	The issue about communications and expectations is that mutual expectations are seldom established. So, the sentence 'Make communication clear,,,' should reflect the two way flow of communication and expectation, for example: 'Make communication clear to ensure that employers and employees have realistic and mutual expectations.	<p>Thank you. Recommendation 1 now includes:</p> <ul style="list-style-type: none"> <li>• Make communication clear to ensure that employees have realistic expectations of</li> </ul>

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				what's possible, practical and affordable.
<b>The WellBeing and Performance Group</b>	1	5	Transformational style is no more or less effective than transactional style – they are simply different uses of behaviour in different situations( the description in the document has equal application to other styles) The style that has a major and significant impact on wellbeing and performance is Adaptive Leadership, which is a process based on the principle of 'sharing responsibility for future success of the organisation' – this plays to strong social engagement with its strong and positive impact on wellbeing and performance. The behaviours used are both transformational and transactional depending on the purpose at the time.	Thank you. The recommendation has now been amended so it now longer recommends the transformational leadership style and instead recommends a positive leadership style.
<b>University of Nottingham</b>	General		The guidance is a helpful addition to the guidance already available. In particular it supports implementation of the HSE Management Standards approach. The emphasis on the importance of leadership and line management and developing and empowering managers is an important recognition.	Thank you for your comment.
<b>University of Nottingham</b>	General		The presentation and style, including how the provisional recommendations have been grouped and ordered, is clear and logical.	Noted, thank you.
<b>University of Nottingham</b>	General		Given the previous lead by HSE guidance relating to many aspects covered by the proposed guidelines there might be potential for confusion relating to status and primacy of the various guidance documents. Clarification between NICE and HSE would be welcome.	Thank you for raising this.
<b>University of Nottingham</b>	Section 1, Recommendation 9	Page 8	Recommendation 9 "Measure the impact of new activities and policies" might be better characterised through the addition of practical examples of approaches that have been found to be effective.	Thank you. We agree that there is a need to make suggestions around measurement. We will forward your

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				comment to our NICE Implementation Team who will consider this in their work to support the implementation of this guideline.
University of Nottingham	Section 2	Page 9	“Who should take action”. The list seems to identify the right actors however it mostly assigns all the actors to all the recommendations whereas it is likely that different groups will have a greater or lesser involvement that varies between the recommendations. Consideration might be given to prioritisation to identify and distinguish between the leader(s) and enabler(s) for each recommendation.	Noted, thank you.
Unum	General		Unum is one of the UK’s leading financial protection insurers, selling Income Protection, Critical Illness cover and Life Insurance. Unum UK is part of Unum Group, which currently protects more than 20 million people worldwide, serving the needs of 170,000 businesses in the US and UK. At the end of 2013, Unum protected almost 1.6 million people in the UK and paid claims of £320 million - representing in excess of £6 million a week in benefits to our customers - providing security and peace of mind to individuals and their families.  Income protection provides regular replacement income if you are off work long-term because of illness or injury. It can also help minimise the time you are off work as companies like Unum work with employees, employers and healthcare providers to help people with medical problems stay in or return to work.	Thank you for your comments.
Unum	General		We very much welcome this guidance and the growing focus within NICE and the health sector more generally on the links between work and wellbeing and	Thank you.

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			the role of the workplace in improving public health.	
Unum	General		We do not see any potential inconsistencies or any disagreement with the Public Health Advisory Committee's interpretation of the evidence and its applicability.	Thank you.
Unum	1	7	Under recommendation 7 "provide line managers with ongoing training" there is an omission that is not covered but which is within the scope of the guideline. Section 4.2f of the scope document proposes looking at "supporting and training line managers in... managing sickness absence and return to work". However training for line managers on how to manage sickness absence is not listed under recommendation 7. There is an opportunity to provide a mutually reinforcing link between <i>PH19 Managing long term sickness and incapacity for work</i> and <i>GID-PHG57 Workplace policy and management practices to improve the health of employees</i> through this bullet point. Currently neither guideline includes a recommendation that line managers should be trained on managing sickness absence.  <b>We propose that an additional bullet point be added to recommendation 7 to read "ensure line managers have training on how to manage sickness absence in line with NICE guideline <i>PH19 Managing long term sickness and incapacity for work</i>".</b>	Thank you for this useful comment. We have now amended this recommendation and have added your suggested bullet point.
Unum	1	8	Recommendation 10 is welcome but we believe would be far more effective if it also called for greater co-ordination of research within the public sector and sought to engage those holding data and carrying out research in the private sector.  Within recent months alone there have been numerous related initiatives and calls for action on workplace wellbeing across a host of different areas within government.	Thank you for your useful feedback.

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			<p>To name just a few, the Chief Medical Officer annual report recommended (1):</p> <ul style="list-style-type: none"> <li>• “employment status should then become a routine part of all patient records</li> <li>• that the ONS continue to work with expert psychometricians as they further develop the Measuring National Wellbeing Programme and all other related activity</li> <li>• NICE should analyse the cost benefit of providing a fast and efficient integrated pathway for psychiatric provision for people with mental illness, who risk falling out of work, aimed at maximising their ability to stay in work”.</li> </ul> <p>Under a section entitled “NHS support to help people get and stay in employment”, the NHS England Five Year Forward View states the NHS will “test a win-win opportunity of improving NHS services for at-risk individuals while saving downstream costs at the Department for Work and Pensions” (2). The Forward View also includes plans “to ensure the NHS as an employer sets a national example in the support it offers its own 1.3 million staff to stay healthy”.</p> <p>The Department for Work and Pensions is running a randomised Control Trial for Employment and Support Allowance claimants with long-term health conditions (3). They will also commission research on the lessons that can be learnt from running the Fit for Work service.</p> <p>The Cabinet Office and civil service measure “the wellbeing of civil servants through the annual Civil Service People Survey...to target initiatives designed to tackle lower wellbeing” (4).</p>	

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			<p>There is does not appear to be any coordination of all the research across government in to understanding the £22bn a year problem of sickness absence and how best to tackle it (5).</p> <p>Furthermore, income protection providers and major employers have a great deal of data and carry out research on work and wellbeing that could prove valuable to this database.</p> <p><b>We propose that recommendation 10 should not just call for a database but also for a government-led strategy to develop a sustained, coordinated and systematic research programme on work and wellbeing. The strategy and database should engage all public bodies involved in work and wellbeing, including The Cabinet Office, Department of Business, Industry and Skills, NHS England, Department of Health, Department of Work and Pensions, HM Treasury, employers and income protection insurers.</b></p> <p>(1) Annual Report of the Chief Medical Officer 2013: public mental health priorities. Department of Health. 2014. Available from <a href="https://www.gov.uk/government/publications/chief-medical-officer-cmo-annual-report-public-mental-health">https://www.gov.uk/government/publications/chief-medical-officer-cmo-annual-report-public-mental-health</a></p> <p>(2) The Five Year Forward View. NHS England. 2014. Available from <a href="http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf">http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf</a></p> <p>(3) Fuller working lives: a framework for action. Department of Work and Pensions. 2014. Available from</p>	

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			<p><a href="https://www.gov.uk/government/publications/fuller-working-lives-a-framework-for-action">https://www.gov.uk/government/publications/fuller-working-lives-a-framework-for-action</a></p> <p>(4) Civil Service website, checked 4.11.14, <a href="http://www.civilservice.gov.uk/about/improving/health-and-wellbeing">http://www.civilservice.gov.uk/about/improving/health-and-wellbeing</a></p> <p>(5) £22bn figure taken from The Five Year Forward View. NHS England. 2014. Available from <a href="http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf">http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf</a></p>	
Unum	2	9	<p>Recommendation 10 is listed as an action for professional bodies, research organisations and national agencies only. However as noted above many public bodies, private employers and insurers are conducting relevant research and gathering potentially valuable data. All of these should be involved in the database and supporting a government-led strategy to develop a sustained, coordinated and systematic research programme on work and wellbeing.</p> <p>To illustrate how many government departments are accountable for work and wellbeing and should contribute to a government-led strategy to develop a sustained, coordinated and systematic research programme on it ,the following list shows the responsibilities for work and wellbeing across each department (5):</p> <p>Department for Work &amp; Pension</p> <ul style="list-style-type: none"> <li>• Unemployment and active labour market programmes</li> <li>• Benefits for the disabled</li> <li>• Other out-of-work benefits (including job seeker's allowance)</li> <li>• Health and safety at work – including enforcement and the impact of</li> </ul>	Noted, thank you for these suggestions.

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			<p>work on the health of the working-age population (Health &amp; Safety Executive)</p> <p>Department for Business, Innovation &amp; Skills</p> <ul style="list-style-type: none"> <li>• Skills policy, including in principle skills utilisation as well as skills supply (UK Commission for Employment &amp; Skills)</li> <li>• Productivity and organisational performance</li> <li>• The regulation of the labour market including workplace citizenship, individual employment rights and dispute resolution (ACAS and the Central Arbitration Committee)</li> <li>• The national minimum wage (Low Pay Commission)</li> <li>• Promoting good practice – including healthy workplaces (Investors in People)</li> <li>• Corporate governance and reporting</li> <li>• Equality in the workplace – equal pay, rights against discrimination on the grounds of gender, race, sexuality, disability, faith and age (Equality &amp; Human Rights Commission).</li> </ul> <p>HM Treasury</p> <ul style="list-style-type: none"> <li>• Productivity and economic performance</li> <li>• Enforcement of the national minimum wage (Treasury)</li> <li>• Public-sector pay</li> <li>• Sickness absence in the public sector</li> <li>• Support for low-income households in work – tax credits</li> </ul> <p>Department of Health</p> <ul style="list-style-type: none"> <li>• Health in the workplace – and the quality of employment</li> </ul>	

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			<ul style="list-style-type: none"> <li>Health promotion</li> </ul> <p>Cabinet Office</p> <ul style="list-style-type: none"> <li>Public-sector productivity</li> <li>Public-sector pay</li> <li>Good practice in public-sector employment</li> </ul> <p>Ministry of Justice</p> <ul style="list-style-type: none"> <li>Employment tribunals and Employment Appeal Tribunal</li> </ul> <p><b>We propose the ‘who should take action’ section for recommendation 10 be widened to include all public bodies, private sector employers and insurers involved in relevant research or gathering potentially valuable data on work and wellbeing.</b></p> <p>(5) Taken from Making work better: an agenda for government. The Smith Institute. 2014. Available from <a href="https://smithinstitutethinktank.files.wordpress.com/2014/10/making-work-better-an-agenda-for-government.pdf">https://smithinstitutethinktank.files.wordpress.com/2014/10/making-work-better-an-agenda-for-government.pdf</a></p>	
<b>Vocational Rehabilitation Association (VRA)</b>	General		The Vocational Rehabilitation Association (VRA) is a charitable association for professionals dedicated to supporting those disadvantaged by injury or ill health, into work or returning to work.	Thank you for commenting on our draft guideline.
<b>Vocational Rehabilitation Association (VRA)</b>	General		We are delighted that NICE is developing this guidance as it gives welcome credence to the importance of manager competencies in the health and wellbeing of employees and furthermore it highlights the links between work and wellbeing and the role of the workplace in improving public health. These are important issues for vocational rehabilitation, because without them the road back to work can be very difficult, and can create unnecessary	Thank you,

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			barriers to individuals who might already face significant challenges.  It also identifies important preventative strategies which can help workplaces avoid unnecessary sickness absence	
Vocational Rehabilitation Association (VRA)	General		We do not see any potential inconsistencies or any disagreement with the Public Health Advisory Committee's interpretation of the evidence and its applicability.	Thank you.
Vocational Rehabilitation Association (VRA)	1	7	<p>In line with our introductory remarks we see an opportunity to underscore the importance of a particular management skill. Under recommendation 7: "provide line managers with ongoing training", we think it would be helpful to highlight the necessity to support and train line managers in managing sickness absence and return to work".</p> <p>This would create a helpful link to other NICE guidance, including PH19 <i>Managing long term sickness and incapacity for work</i> and <i>GID-PHG57 Workplace policy and management practices to improve the health of employees.</i></p> <p>In particular it would be helpful to refer specifically to particular actions or behaviours which can assist or harm workplace health and wellbeing, and where these actions can lead to harm, to recommend measures which would avoid such harm.</p> <p>For instance in the promotion of health and wellbeing in the workplace, employers must have an effective absence policy which is:</p> <ul style="list-style-type: none"> <li>agreed with workforce representatives and understood throughout</li> </ul>	<p>Thank you. Return to work is outside of the scope for this guideline.</p> <p>NICE has published a guideline on <a href="#">Long term sickness and incapacity for work (PH19) 2009</a></p> <p>However we have amended recommendation 9 and have added your suggested bullet point.</p>

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees*



## Public Health Guidelines

### Workplace policy and management practices to improve the health and wellbeing of employees - Consultation on Draft Guideline Stakeholder Comments Table

**Wednesday 24 September – Wednesday 5 November 2014**

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>the organisation including local union reps and line managers</p> <ul style="list-style-type: none"> <li>• preferably included in any induction programme</li> <li>• able to discriminate between absence for voluntary, social or sickness reasons.</li> </ul> <p>Complementing these health and wellness approaches must be an effective approach to the management of employee illness, which includes a practical and straightforward absence policy, access to experts in sickness absence when the need arises, and a clear pathway on RTW planning.</p>	

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