

PUBLIC HEALTH GUIDELINE

SCOPE

1 Guideline title

Workplace policies and approaches to promote and protect the health of older employees

1.1 Short title

Workplace health – older employees

2 Background

- a) The National Institute for Health and Care Excellence (NICE) has been asked by the Department of Health (DH) to develop a public health guideline on policies and approaches to promote and protect the health of older employees.
- b) For the purposes of this guideline, the term ‘older people’ mainly refers to those aged 50 and over ([Improving opportunities for older people](#) Department for Work and Pensions 2013). However, the nature of some occupations may mean some people who are chronologically younger may need to be considered as part of this group.
- c) This guideline will support a number of related policy documents including:
 - [Building Britain’s recovery: achieving full employment](#) (Department for Work and Pensions 2009)
 - [Engaging for success: enhancing performance through employee engagement](#) (Department for Business, Innovation and Skills 2009)
 - [Equality Act 2010](#) (HM Government 2010)

- [Fair society, healthy lives. The Marmot review](#) (Marmot 2010)
- [Healthy workplaces: a model for action](#) (World Health Organization 2010)
- [Helping people to find and stay in work](#) (Department for Work and Pensions and HM Treasury 2013)
- [Improving opportunities for older people](#) (Department for Work and Pensions 2013)
- [Mental capital and wellbeing – making the most of ourselves in the 21st century](#) (The Government Office for Science Foresight Project 2008)
- [NHS health and wellbeing – final report](#) (DH 2009)
- [No health without mental health: a cross-government mental health outcomes strategy for people of all ages](#) (DH 2011)
- [Public Health England: our priorities for 2013/14](#) (Public Health England 2013)
- [Social Justice: transforming lives](#) (Department for Work and Pensions 2012)
- [Working for a healthier tomorrow – Dame Carol Black’s review of the health of Britain’s working age population](#) (Department of Health and Department for Work and Pensions 2008)
- [Working our way to better mental health: a framework for action](#) (Department for Work and Pensions and Department of Health 2009)

d) This guideline will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at: employers and employees (particularly those nearing or aged 50 or over), human resources professionals, trade unions, professional bodies, health professionals (particularly those working in occupational health), and commissioners and managers with public health as part of their remit. They could be working in the NHS, local authorities and the wider public, private, voluntary and community sectors. It will

also be of interest to people who are self-employed and other members of the public.

- e) The guideline will complement NICE guidance on [Promoting mental wellbeing at work](#) and [Managing long-term sickness and incapacity for work](#). For further details, see section 5.

This guideline will be developed using the process and methods described in [Methods for development of NICE public health guidance](#) (2012) and [The NICE public health guidance development process](#) (2012).

3 The need for guidance

- a) The proportion of people aged 50 to 64 in employment has increased from 62% in 2001 to 67% in 2013. For people aged 65 and over, the employment rate has increased from 5% in 2001 to 10% in 2013 ([Older workers statistical information booklet](#) Department for Work and Pensions 2013). By 2020, older people will account for almost a third (32%) of the working age population (Office for National Statistics 2011 cited in 'Older workers statistical information booklet' Department for Work and Pensions 2013).
- b) In 2010, more than 50% of workers aged over 55 in the UK said they were planning to work beyond the state retirement age ([Employee outlook: Focus on the ageing workforce](#) Chartered Institute of Personnel and Development 2010). Financial reasons were most commonly given. Others included a desire to continue using their skills and experience, as well as the social aspects of work. Removal of the default retirement age in 2011 and increases in the state pension age may mean the proportion of people wanting to continue in employment increases.
- c) It is predicted that more than three-quarters of the population will have some kind of disability before the age of 68 (the new state

pension age as from 2026). For example, data suggests that around 1 in 10 (10.7%) adults aged 40 to 69 have a substantial hearing impairment (Dawes et al. 2014). Other data show that older people who earn less tend to retire earlier than their middle income peers, due to ill health and disability (Banks and Tetlow 2008). This may reflect the fact that they are more likely to be doing manual and unskilled work. If people are to work until this age, actions will be needed to raise the general level of health and reduce health inequalities ([Fair society, healthy lives](#) Marmot 2010).

- d) The proportion of older workers is similar across all sectors ([HSE horizon scanning intelligence group demographic study – Report](#) Health and Safety Executive 2006) but their value is not always appreciated. They are appreciated in areas where their knowledge and experience is recognised or there is a skills shortage. This is not the case in sectors with a lower skills base and where there is no shortage of suitable applicants ([An ageing workforce: the employer's perspective](#) Institute for Employment Studies 2009). However, over the next 10 years it is predicted that there will not be enough young people to fill the jobs available. So employers will become more reliant on this group ([Managing a healthy ageing workforce: a national business imperative](#) Chartered Institute of Personnel and Development 2012).
- e) Strong evidence shows that work is generally good for people's physical and mental health and wellbeing ([Is work good for your health and well-being?](#) Department for Work and Pensions 2006). However, it should feature the characteristics of 'good work' as highlighted by [Good work and our times](#) (The Work Foundation. 2011). 'Bad work' features characteristics such as lack of adequate reward, job strain (physical or mental stress), job insecurity, low social support and little control over decision-making. These have all been linked to physical and mental health problems (Bosma et al. 1997, Stansfeld and Candy 2006).

- f) English data from the 2011 census show that nearly 2 million people aged between 50 and 64 were unpaid carers. The number of carers aged over 16 who were also working rose by 11% between 2001 and 2011 ([Census briefing May 2013: Census data update. Carer age, gender, ethnicity, employment and health – local and national datasets](#) Carers UK 2013). In another survey 26% of carers of working age said caring responsibilities had affected their ability to take up or stay in employment. Only 27% of carers who worked full-time and 24% in part-time employment were aware of their right to request flexible working arrangements from an employer ([Survey of carers in households – England, 2009–10](#) Health and Social Care Information Centre 2010).

4 The guideline

This document defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on a referral from the Department of Health (see [appendix A](#)).

4.1 Who is the focus?

4.1.1 Groups that will be covered

- a) Employees in micro¹, small, medium and large organisations. This includes volunteers.
- b) People who are self-employed but who have a line manager within one of the organisations they work for.

4.1.2 Groups that will not be covered

- a) People who are self-employed who are not within the group in 4.1.1.(b).

¹ A microenterprise is defined by EU legislation as an organisation that employs fewer than 10 persons and has an annual turnover and/or annual balance sheet total that does not exceed EUR 2 million.

4.2 Activities

4.2.1 Activities/measures that will be covered

- a) Organisational policies and initiatives for older employees, for example: policies on promoting health and wellbeing, staff retention, development and progression, and the transition between work and retirement.
- b) Changes to the way work is organised and changes to the work environment to improve health and wellbeing and to support older employees. This includes: flexible working policies; incentives to stay in work; job design (including the nature of the work); adaptations to the equipment used or workspace to mitigate any functional decline related to ageing. (Note: workplace support for people with a chronic disease will be covered in future NICE guidance, see section 6.)
- c) Activities to counteract or challenge ageism in the workplace.
- d) Retirement planning and training (either as a recipient or trainer/mentor).
- e) Other initiatives in the workplace and wider business communities, and by organisations representing employees, to promote all of the above.
- f) Activities may be delivered at individual, community (for example, in the workplace or by a trade union) or population-level, as appropriate.
- g) Health benefits may be measured in terms of both days of work lost and quality-adjusted life years (QALYs). The latter measure both improvements in someone's health-related quality of life and any increases in life expectancy due to an intervention or approach. The analysis may be conducted from an NHS, public sector, employer and a societal perspective.

The Public Health Advisory Committee will take reasonable steps to identify ineffective measures and approaches.

4.2.2 Activities/measures that will not be covered

- a) Changes to employment and health and safety legislation.
- b) Changes to organisational structure.
- c) Policies in relation to the health of the whole workforce, unless most employees are over 50.
- d) Activities for line managers, for example: policies on the recruitment, selection, training and development of line managers (these will be covered by other NICE guidelines in development, see section 6).
- e) Interventions for the whole workforce to promote physical activity, mental wellbeing and smoking cessation and to manage long-term sickness absence and the return to work. (See section 6 for published NICE guidance on these topics.)

4.3 Key questions and outcomes

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

Question 1: What are the most effective and cost-effective methods of protecting and promoting the health and wellbeing of older workers at both an individual and organisational level? What supports, or prevents, implementation of these methods?

Question 2: What are the most effective and cost-effective methods of supporting workers who wish to continue in employment up to and beyond the state pension age? What supports, or prevents, implementation of these methods?

Question 3: What are the most effective and cost-effective ways of helping older workers plan and prepare for retirement? What supports, or prevents, implementation of these methods?

Expected outcome/s:

- measures of health and wellbeing (including job satisfaction)
- changes in work patterns and tasks (including changes in the work/life balance)
- sickness absence and turning up for work when unwell ('presenteeism')
measures of work ability, work longevity and staff retention
- measures of work efficiency
- work environment
- employers', managers' and colleagues' values and attitudes
- changes in the barriers and facilitators to activities (as listed in 4.2.1).
- for the economic evaluation quality-adjusted life years (QALYs) if appropriate, along with all other outcomes.

4.4 Status of this document

This is the final scope, incorporating comments from a 4-week consultation between 26 March and 28 April 2014.

5 Related NICE guidance

Published

- [Behaviour change](#) NICE public health guidance 49 (2014)
- [Preventing type 2 diabetes: risk identification and interventions for individuals at high risk](#) NICE public health guidance 38 (2012)
- [Preventing type 2 diabetes: population and community-level interventions](#) NICE public health guidance 35 (2011)
- [Managing long-term sickness and incapacity for work](#) NICE public health guidance 19 (2009)
- [Promoting mental wellbeing at work](#) NICE public health guidance 22 (2009)

- [Promoting physical activity in the workplace](#) NICE public health guidance 13 (2008)
- [Workplace interventions to promote smoking cessation](#) NICE public health guidance 5 (2007)
- [Behaviour change](#) NICE public health guidance 6 (2007)
- [Obesity](#) NICE clinical guideline 43 (2006)

Under development

- Disability, dementia and frailty in later life – midlife approaches to prevention. NICE public health guidance. Publication expected February 2015.
- Workplace policy and management practices to improve the health and wellbeing of employees. NICE public health guidance. Publication expected April 2015.
- Workplace health – employees with chronic diseases and long-term conditions. NICE public health guidance. Publication date to be confirmed.

Appendix A Referral from the Department of Health

The Department of Health asked NICE to:

‘Produce guidance for employers and employees on effective and cost effective policies and approaches for promoting and protecting the health of older workers, including workplace adaptations and work adjustments to changing needs to extend working lives and as preparation for retirement.’

Appendix B Potential considerations

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

- The target audience, actions taken and by whom, context, frequency and duration.
- Whether the intervention is based on an underlying theory or conceptual model.
- Whether it is effective and cost effective.
- Critical elements. For example, whether effectiveness and cost effectiveness varies according to:
 - the diversity of the population (for example, in terms of someone's gender or ethnicity, socio-economic status, employment sector or work role)
 - whether some people who are chronologically younger than 50 may need to be considered as 'older' (due to their occupation)
 - the status of the person delivering it and the way it is delivered
 - the intervention frequency, length and duration, type of work environment where it is used and whether it is transferable to other settings
 - its intensity.
- Any trade-offs between equity and efficiency.
- Any factors that prevent – or support – effective implementation.
- Any adverse or unintended effects.
- Current practice.
- Availability and accessibility for different groups of older workers.

Appendix C References

Banks J, Tetlow G (2008) 'Extending Working Lives', Chapter 2 in Banks J, Breeze E, Lessof C, Nazroo J (eds.), [Living in the 21st century: older people in England ELSA 2006 \(Wave 3\)](#). London: Institute for Fiscal Studies

Bosma H, Marmot MG, Hemingway H et al. (1997) [Low job control and risk of coronary heart disease in Whitehall ii \(prospective cohort\) study](#). British Medical Journal 314: 558

Dawes P, Fortnum H, Moore DR et al. (2014) [Hearing in middle age: a population snapshot of 40- to 69-year olds in the United Kingdom](#). Journal of Ear and Hearing 35(3):e44-51

Stansfeld S, Candy B (2006) [Psychosocial work environment and mental health - a meta-analytic review](#). Scandinavian Journal of Work Environmental Health 32(6): 443–62.