

Business ^{in the}

Community

Business Action
on Health



kindly sponsored
by the Health and
Safety Executive





Employers can work with their employees to create environments where individuals enjoy ease of movement and lead productive working lives.

Contents

- 2 About the Working Joints and Muscles Toolkit
- 4 Foreword: Jane Willis - Director, Cross-cutting Interventions Directorate, Health and Safety Executive
- 5 Employee health and wellbeing is the key to long-term sustainability: Stephen Howard - Chief Executive, Business in the Community
- 6 A healthy workforce keeps your business moving: Alex Gourlay - Chief Executive, Health & Beauty Division, Alliance Boots and Chairman, Business Action on Health Campaign
- 8 Why promoting musculoskeletal health is important
- 16 The business case for promoting musculoskeletal health
- 22 A recipe for success: Towers Perrin Action Model
- 24 PLAN your initiative
- 26 EXECUTE your initiative
- 37 REVIEW AND UPDATE your initiative
- 42 Useful resources and information

About the Working Joints and Muscles Toolkit

This Toolkit provides practical guidance in promoting musculoskeletal health in companies as part of an integrated health and wellbeing programme.

Created by employers for employers, this unique resource draws on the collective experience and expertise of Business in the Community's Musculoskeletal Health Steering Group - Birds Eye, Centrica, Groupama Insurances, the Health and Safety Executive (HSE), Land Registry, Parcellforce Worldwide, Wates Group, the Work Foundation and WSP Group - with support from Business in the Community and BackCare.

The Toolkit has been designed to be used in conjunction with the *Towers Perrin Healthy Workplace Action Pack* and includes:

- The business case for promoting musculoskeletal health among employees;
- Examples of best practice and lessons learned from companies;
- A 12-step model for planning, executing, reviewing and updating your own musculoskeletal health initiative;
- Additional resources and information.

This Toolkit includes research, case studies and suggested actions which employers can take to promote musculoskeletal health in the workplace, including:

- Enhancing individuals' capacity to manage their own musculoskeletal health;
- Health promotion programmes which increase awareness of musculoskeletal health and provide opportunities to minimise risk of musculoskeletal disorders (e.g. physical activity, increasing body awareness);
- Facilitating rehabilitation and return to work of employees with musculoskeletal health disorders.

What do we mean by 'working joints and muscles' and 'musculoskeletal health'?


The Steering Group who produced this Toolkit agreed that 'working joints and muscles' is a clear, non-medical way of describing 'musculoskeletal health' - defined collectively by the Group as 'the ability to perform comfortably the physical tasks of daily living'.

Facts about Musculoskeletal Health

Over 100 million European citizens suffer from chronic musculoskeletal pain (CMP) and musculoskeletal disorders (MSDs) account for a higher proportion of sickness absence from work than any other health condition. Over 40 million workers in Europe are affected by MSDs attributable to work. It is estimated that up to 2 per cent of European gross domestic product (GDP) is accounted for by the direct costs of MSDs each year.

The UK National Audit Office has calculated that while the costs of treating an additional 10 per cent of new patients with MSDs (2,600 each year) within 3 months would be around £11million, this earlier treatment could deliver productivity gains for the economy of around £31 million due to reduced lost employment and reduced sick leave, a ratio of close to £3 return to the UK economy for every £1 spent in the NHS.

Bevan, Quadrello et al., Fit for Work? Musculoskeletal Disorders in the European Workforce (The Work Foundation, 2009)



Alignment and balanced use of structures is central to musculoskeletal health.

Work-related musculoskeletal disorders result in 8.8 million working days (full-day equivalent) being lost on sickness absence annually - more than a quarter of all work days lost due to work-related ill health. This includes an estimated 4.1 million days for work-related back conditions alone. On average, each person suffering takes an estimated 16.4 days off annually, equating to an annual loss of 0.37 days per worker.

Health and Safety Executive statistics (2007/8)

After minor illnesses (such as colds, flu, minor stomach upsets and migraines), musculoskeletal injuries (such as neck strains and repetitive strain injury) and back pain are the biggest causes of employee absence in the UK.

The main causes of long-term absence (four weeks or more) among manual workers are acute medical conditions, followed by back pain, musculoskeletal conditions, stress and mental health problems.

CIPD Absence Management 2008 and 2009 Surveys

Musculoskeletal disorders are the most commonly reported cause of work-related ill health in the UK, affecting an estimated 1,012,000 people in 2005/2006 - twice as many as those suffering from 'stress'. The cost of these conditions to society, adjusted to 2007 prices, is over £7 billion per year.

Bevan, Passmore and Mahdon, Fit For Work? Musculoskeletal Disorders and Labour Market Participation (The Work Foundation, 2007)

Foreword



Jane Willis - Director, Cross-cutting Interventions Directorate, Health and Safety Executive

As a member of the Government-led Health, Work and Well-being initiative to protect and improve the health and wellbeing of working age people, the Health and Safety Executive is pleased to sponsor the Working Joints and Muscles Toolkit. The Toolkit has been developed to help employers reduce ill health, injuries and days lost due to work activities.

Most adults spend a large part of their daily lives in the workplace, so employers can play a vital role in maintaining and promoting the physical and mental health of their employees. This means improving the health of people at work as well as enabling those with health problems to stay at work and helping those not in work to enter or return to work more quickly.

Dame Carol Black's 2008 Review of the Health of the Working-age Population and the Government's response have highlighted the importance of: taking a proactive approach to preventing the causes of work-related ill-health; promoting employee health and wellbeing; and communicating the benefits for individuals, employers and communities of early, sustained intervention in tackling health issues.

With the introduction of the Government's new Fit Note system, GPs can help both individuals and organisations by switching focus from what people recovering from illness cannot do at work to what they can do, supported by reasonable adjustments such as flexible working or temporarily reduced duties.

Although not all incidents of back, joints and muscle pain can be prevented, the business case for pro-active management of musculoskeletal health is clear. Beyond the legal requirements for employers to minimise risks of injury and musculoskeletal disorders, case study research commissioned by HSE (Nicholson et al., 2006; Hanson et al., 2006) has established that investment in reducing musculoskeletal health risks through ergonomic interventions

and effective case management of musculoskeletal disorders produces a measurable return for employers.

To help employers promote the musculoskeletal health of their employees as part of an integrated health and wellbeing programme, Business in the Community's Business Action on Health campaign convened a Musculoskeletal Health Steering Group to create this Toolkit. It complements other practical tools developed by Business in the Community's network of businesses to help companies develop, manage and measure integrated health and wellbeing programmes.

I would like to thank the members of the Musculoskeletal Health Steering Group - Birds Eye, Centrica, Groupama Insurances, Land Registry, Parcelforce Worldwide, the Work Foundation, WSP Group and Wates Group who served as chair. With the support of Business in the Community and BackCare, they have contributed their collective thought leadership, practical advice and best practice examples to this publication.

Commit to act now

Using this Toolkit as a practical guide, we invite you to develop your own initiatives to promote musculoskeletal health as part of a general health and wellbeing programme. We also ask you to support Business Action on Health's call on all organisations to report publicly on health and wellbeing by 2011.

Jane Willis
Director, Cross-cutting Interventions Directorate, Health and Safety Executive

Employee health and wellbeing is the key to long-term sustainability



Stephen Howard - Chief Executive,
Business in the Community

Now, more than ever, employee health is critical to ensuring that companies can survive in uncertain economic times. People expect their employers to help protect their health and wellbeing to an even greater extent during periods of adversity, particularly if they are expected to do more with fewer resources.

According to YouGov research commissioned in 2007 by Business in the Community's (BITC) Business Action on Health campaign, six in 10 workers would consider quitting employers who fail to address workplace health and wellbeing and eight in ten (83%) say employers' attitudes towards health are an important factor when making a decision about a job.

A growing number of companies have recognised employee health and wellbeing as a key corporate responsibility issue. The number of companies participating in Business in the Community's Corporate Responsibility Index electing to report on their Health, Safety and Wellbeing performance as a key social impact issue rose from 81 in 2007 to 85 in 2008. Our 2009 CR Index results demonstrate that businesses understand it is their people, and the workplaces that support, empower and nurture them, that will largely determine success or failure.

Our Business Action on Health campaign is providing companies with practical guidance in developing, managing, measuring and reporting on the impact of their health and wellbeing programmes. This Toolkit is the latest in a series of "how to" guides for employers, produced by our Business Action on Health campaign.

We thank the Health and Safety Executive for sponsoring this publication as well as the other members of the Steering Group who have worked together to produce it. The *Working Joints and Muscles Toolkit*, like the other Toolkits in this series, exemplifies the valuable intellectual capital which our member companies, supported by our partner organisations, can produce for the benefit of their peers seeking guidance in developing responsible business practices within their own workplaces.

With employee health and wellbeing now recognised as a vital element of corporate responsibility, as well as general business strategy, we are calling on all BITC members and other companies to report publicly on the health and wellbeing of their employees by 2011. You can learn more about making the commitment to reporting on our website at <http://www.bitc.org.uk/commit> and about the campaign resources available to 'get your board on board' and support your organisation on your journey at <http://www.bitc.org.uk/health>. Please dedicate your company to achieving this goal - for the health of your employees, your business and the wider community.

Stephen Howard
Chief Executive
Business in the Community

A healthy workforce keeps your business moving



Alex Gourlay - Chief Executive, Health & Beauty Division, Alliance Boots.
Chairman, Business Action on Health Campaign.

A growing number of companies are recognising that there is a robust business case for investing in the general health and wellbeing of their workforce, particularly during difficult economic times. We are now at a 'tipping point' on this issue, as evidenced by the sharp increase in FTSE 100 companies reporting on health and wellbeing (81% in 2008, up from 68% in 2007) as well as international research by Buck Consultants (November 2008) revealing that 34.5% of UK employers have begun implementing a health promotion and wellness strategy, while another 16.4% of employers have already fully done so.

Why this Toolkit is needed: helping employers promote workplace health

While nearly two-thirds (64%) of businesses agree that employee wellbeing has a direct impact on workforce productivity levels, according to Norwich Union Healthcare's January 2008 "Health of the Workplace" report, 24% are failing to invest in the wellbeing of their staff because of insufficient access to relevant occupational health information.

To bridge this 'guidance gap', Business in the Community launched the Business Action on Health campaign in October 2007 to help companies promote health and wellbeing in their organisations for the benefit of their businesses as well as their people. We are working in partnership with Government to raise awareness of the business case for investing in employee health and provide practical guidance to employers in developing, managing and measuring the impact of health and wellbeing programmes.

Musculoskeletal health: a business-critical issue

According to the Work Foundation, musculoskeletal disorders affect over a million people each year in the UK - twice as many as those suffering from reported stress-related disorders. The HSE estimates 11.6 million working days are lost annually as a result - including 4.1 million days to back pain alone - costing society as a whole over £7 billion. Businesses therefore need to take drastic action to reduce this economic burden in order to remain sustainable over the long term.

About the Working Joints and Muscles Toolkit

Building on the 12-step framework developed for the Towers Perrin Healthy Workplace Action Pack, this Working Joints and Muscles Toolkit has been produced with the support of the Health and Safety Executive to supplement the Action Pack with more in-depth information on promoting the musculoskeletal health of employees. This guide provides a flexible framework for action and can therefore be used by companies of any size, ranging from small and medium-sized businesses to large organisations.

We appreciate the work by the members of our Musculoskeletal Health Steering Group to produce this Toolkit. The examples of action they and others have provided illustrate that even relatively simple interventions incurring minimal cost can have a significant impact. It is therefore worthwhile for all companies, regardless of their size, to consider investing in the health and wellbeing of their employees for the benefit of their business as well as the workforce.

To be effective, this Toolkit should be used in conjunction with the Healthy Workplace Action Pack, not as a standalone module. We have learned that rather than undertaking piecemeal initiatives, adopting a holistic approach which integrates health and wellbeing into overall business strategy is most likely to produce measurable business benefits.

Alex Gourlay
Chief Executive, Health & Beauty Division, Alliance Boots.
Chairman, Business Action on Health Campaign.



Musculoskeletal health is vital to sustaining individual wellbeing and quality of life as well as the long-term health of organisations.

Why promoting musculoskeletal health is important

Even a small on-going investment in the wellbeing of your staff can pay big dividends for your business. It can help improve your bottom line. It can reduce absenteeism and improve staff retention. And you will reap the rewards that come from having motivated staff and a vibrant workplace.

Professor Dame Carol Black - National Director for Health and Work

Source: Healthy People = Healthy Profits http://www.bitc.org.uk/resources/publications/healthy_people_.html

Musculoskeletal health is important to individuals' quality of life as well as to the productivity and health of companies and wider society in the UK and across Europe. Chronic musculoskeletal pain affects 100 million people in Europe and is widespread in Europe's working age population - although it is undiagnosed in over 40 per cent of cases. Despite the growth of stress-related illness among European workers, musculoskeletal disorders (MSDs) remain the single biggest cause of absence from work. It is estimated that up to 2 per cent of European gross domestic product (GDP) is accounted for by the direct costs of MSDs each year.

In the UK, MSDs - including back pain, joint injuries and repetitive strain injuries - cost society an estimated £7 billion a year. It is therefore imperative that individuals, employers, the NHS and other health service providers work together to reduce the incidence of musculoskeletal disorders and build a culture which promotes musculoskeletal health as part of a holistic, integrated approach to health and wellbeing.

The Fit Note: moving towards a proactive approach to musculoskeletal health

The new medical Fit Note, part of the Fit for Work project first proposed in the 2008 Review of the working-age population by Dame Carol Black, embodies a fundamental shift towards promotion of health and wellbeing in the workplace. Prevention of illness and early intervention - including adjustments to the workplace ergonomic environment, modified duties or working hours - can help workers remain at work or return to work as soon as possible.

This pro-active approach not only protects the quality of life of workers by minimising the risks associated with losing contact with the workplace - including long-term absence and early ill-health retirement - but also promotes the productivity and long-term sustainability of organisations that employ them. The Fit for Work project signals a move beyond the culture of compliance with health and safety regulations to focus on the benefits of promoting health and wellbeing for employees, employers and communities.

Active management of musculoskeletal health adds value to organisations

To help employers manage musculoskeletal health pro-actively, the Health and Safety Executive (HSE) works with employers to minimise health and safety risks associated with a range of musculoskeletal disorders (MSDs). These MSDs include upper limb disorders (ULDs) - relating to the use of display screen equipment (DSE) for example - and low back pain arising from manual handling tasks including lifting, lowering, pushing, pulling and carrying. Aside from these broad categories of MSDs, a smaller number of individuals suffer from specific MSDs, including rheumatoid arthritis and ankylosing spondylitis (see descriptions below).

HSE has demonstrated through its own research that investment in preventing or minimising MSDs is cost effective (read more in the next section, "The business case for promoting musculoskeletal health").



Upper limb disorders (ULDs) affect the arms, from fingers to shoulder, and neck. They are often called repetitive strain injuries, 'RSI', cumulative trauma disorder or occupational overuse syndrome.

Source: www.hse.gov.uk/msd/uld/

Low back pain is common and can be extremely painful. It can be difficult to cope with the severe pain but fortunately it is rarely due to serious disease. Back disorders are the most common form of ill health disorders at work – prevention and management are key.

Source: www.hse.gov.uk/msd/backpain/

In contrast to work-related musculoskeletal disorders, two additional groups of chronic, progressive disorders, **rheumatoid arthritis (RA)** and **spondyloarthropathies (SpA)** - a family of inflammatory conditions including ankylosing spondylitis (AS), reactive arthritis (ReA)/Reiter syndrome (RS), psoriatic arthritis (PsA), spondyloarthropathy associated with inflammatory bowel disease (IBD) and undifferentiated spondyloarthropathy (USpA) - are not caused by work but can be made worse by work.

Research by Bevan, Quadrello et al. (2009) concludes that for RA and SpA as well as work-related MSDs, well-designed work environments and flexible working arrangements can support job retention and phased return to work. Furthermore, good-quality work can be good for health, wellbeing and recovery.

Almost 400,000 people in the UK have **rheumatoid arthritis (RA)**, with 12,000 new cases reported each year. It is estimated that almost a quarter of RA sufferers stop work within five years of diagnosis. This figure can rise to 40 per cent if the effects of related conditions such as depression, cardiac and respiratory complaints are taken into account.

Source: Bevan, Passmore, Mahdon, 2007

Ankylosing spondylitis (AS) is a progressive and chronic rheumatic disorder that mainly affects the spine, but can also affect other joints, tendons and ligaments. Over 200,000 people visit their GP with AS every year. Reported unemployment rates are three times higher among people with ankylosing spondylitis than in the general population. It is a condition which is most often diagnosed among men in their early twenties and, in the most serious cases, can severely curtail the working lives of sufferers.

Source: Bevan, Passmore, Mahdon, 2007

Musculoskeletal health risks in the workplace

A wide range of workplace activities can create a risk of musculoskeletal health disorders. These include:

- repetitive and heavy lifting
- bending and twisting repeating an action too frequently
- uncomfortable working position
- exerting too much force
- working too long without breaks
- adverse working environment (e.g. hot, cold)
- psychosocial factors (e.g. high job demands, time pressures and lack of control)
- not receiving and acting upon reports of symptoms quick enough



Computer workstations or equipment can be associated with neck, shoulder, back or arm pains, fatigue and eyestrain. These aches and pains are sometimes called **upper limb disorders (ULDs)** or **repetitive strain injuries (RSI)**. These problems can be avoided by following good practice.

www.hse.gov.uk/msd/dse/



Nearly 11 000 workers suffered serious injury as a result of a **slip or trip** in 2008. Reducing this unnecessary injury toll is a priority and the HSE provides information about causes of slips and trips and how to prevent them in the workplace.

www.hse.gov.uk/slips/

Hand-arm vibration comes from the use of hand-held power tools and is the cause of significant ill health (painful and disabling disorders of the blood vessels, nerves and joints).

www.hse.gov.uk/vibration/hav/



More than a third of all over-three-day injuries reported each year to HSE and local authorities are caused by lifting, carrying and handling of loads. **Pushing and pulling** of loads is a way to avoid manual lifting and carrying of objects such as by putting the load on a trolley. However, pushing and pulling entails other musculoskeletal risks which need to be managed.

<http://www.hse.gov.uk/msd/pushpull/>



Whole-body vibration (WBV) is transmitted through the seat or feet of employees who drive mobile machines, or other work vehicles, over rough and uneven surfaces as a main part of their job. Large shocks and jolts may cause health risks including back-pain.

www.hse.gov.uk/vibration/wbv/

Legal duties of employers

Employers have specific legal responsibilities to promote the health and safety of their employees under UK law. This takes into account European requirements.

UK requirements

Employers have a legal obligation to protect the health and safety of their employees and other people who might be affected by what they do. Some health and safety regulations are particularly relevant to dealing with MSDs in the workplace:

- Management of Health and Safety at Work Regulations 1999 regulation 3 requires that all employers assess the risks to the health and safety of their employees while they are at work.
- Manual Handling Operations Regulations 1992 (as amended) (MHOR) require an employer to carry out a risk assessment on the manual handling tasks that pose a risk of injury.
- Health and Safety (Display Screen Equipment) Regulations 1992 as amended (DSE Regulations). Some users of visual display units may get aches and pains, including back pain. The regulations set out what employers need to do if their employees are habitual users of DSE. Specific advice on DSE and the DSE regulations.
- Control of Vibration at Work Regulations 2005: regular long-term exposure to Whole Body Vibration (WBV) is associated with back pain. The regulations require an employer to take actions to protect persons against risk to their health and safety arising from exposure to vibration at work. More information can be found at the HSE's vibration website.

Source: Health and Safety Executive website www.hse.gov.uk/msd/backpain/employers/legalduties.htm

European requirements

European legal requirements relating to musculoskeletal disorders (MSDs) include international conventions and standards, European Directives and European standards.

At the international level, the International Labour Organisation (ILO) has issued several **conventions** that relate to MSDs. Before these conventions became legal obligations, they had to be ratified by a certain number of states.

At European level, several **Directives** have been published, relating directly or indirectly to MSDs. A European Directive requires national implementing legislation in each Member State before it comes into effect there. Generally, a Directive fixes the agreed objectives to be pursued by the EU Member States, but leaves freedom of choice in how to reach them. These Directives are supplemented by a series of European EN **standards**, which fill out the details and enable them to be implemented.

A Framework Directive (Council Directive 89/391) sets out general principles to encourage improvements in the safety and health of workers at work:

- Avoiding risks
- Evaluating the risks
- Combating the risks at source
- Adapting the work to the individual
- Adapting to technical progress
- Replacing the dangerous by the non or the less dangerous
- Developing a coherent overall prevention policy
- Prioritising collective protective measures (over individual protective measures)
- Giving appropriate instructions to the workers

The International Organisation of Standardisation (ISO) has published **international standards** which deal with ergonomic requirements for work stations, methods of risk assessment and other aspects related to MSDs.

Source: European Agency for Health and Safety at Work website osha.europa.eu/en/topics/msds/legislation_html

Managing musculoskeletal health in the Workplace

Importance of a holistic approach to musculoskeletal health

Evidence indicates that musculoskeletal health issues are intertwined with other health issues and are influenced by psychosocial, as well as physical, features of the work environment.

Bevan, Quadrello et al. (2009) cite a growing body of literature suggesting that individuals with MSDs are also likely to have depression or anxiety problems related to their conditions, reducing the likelihood of an early return to work. Because national statistics or surveys may record only one primary health condition, it is therefore likely that some secondary conditions may be both under-reported and, by implication, under-emphasised by policymakers.

Both the Health and Safety Executive and the charity BackCare have emphasised that musculoskeletal health is influenced not only by physical factors but also psychosocial factors at work:

Evidence shows that good industrial relations, job satisfaction and partnership between employers and employees are key elements in the successful management of back pain problems. It may also help you to retain skilled and loyal staff.

Health and Safety Executive website
www.hse.gov.uk/msd/backpain/employers.htm

[Aside from physical risk factors] there are also a number of other risk factors that you may not directly associate with back pain. These psychological risk factors include distress, mental stress, job dissatisfaction and beliefs about back pain. We know that back pain is best controlled by a comprehensive approach that addresses multiple risk factors.

BackCare website
www.backcare.org.uk/373/Employers.html

Employers who recognise the importance of addressing the whole person - encompassing both physical and mental factors - will be more successful in maintaining musculoskeletal health.

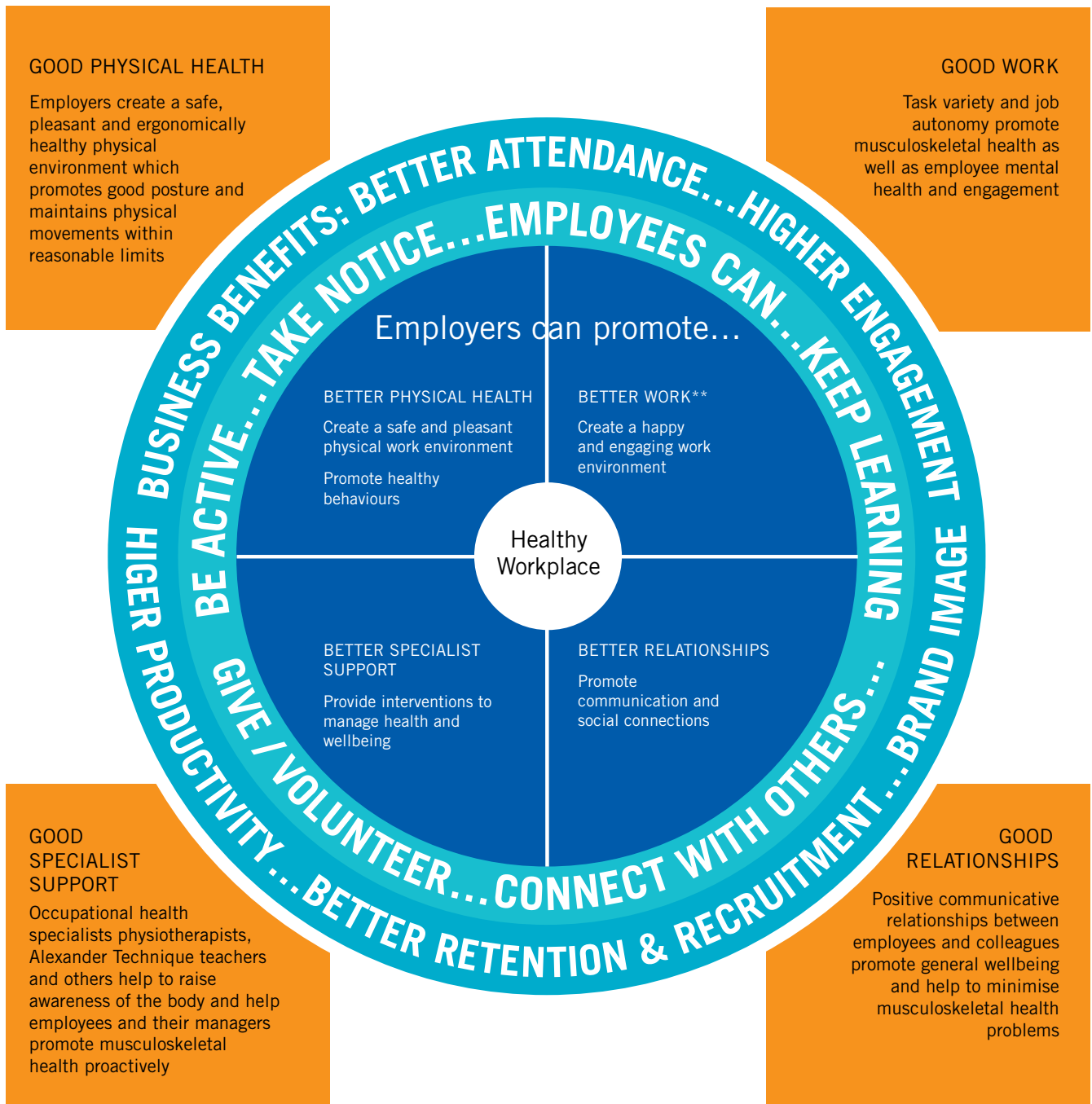
Because health and wellbeing is influenced by a variety of inter-related factors, a 'joined-up' integrated approach will be most effective in promoting musculoskeletal health in the workplace.



Employers who tailor workplace environments to meet the ergonomic needs of employees not only meet legal requirements but also help to ensure the continuing wellbeing and productivity of their workforce.



BITC Healthy Workplace Model



- Employee actions recommended by Foresight Mental Capital report
- Employer actions - recommended by BITC
- Interventions recommended by Musculoskeletal Steering Group

**Using good work criteria defined by Coats and Lehti (September 2008)

Putting the holistic approach into practice: The BITC Healthy Workplace Model

The Business Action on Health campaign Leadership Team and its linked network of specialist practitioners have together developed a model of the 'Healthy Workplace' which supports all aspects of health and wellbeing. The model shown in the diagram suggests actions which employers can take to create a healthy workplace which supports its development. These include:

■ Promoting better physical health by:

- Providing a physically safe working environment with optimal air quality, temperature, noise, lighting and layout of work spaces;
- Promoting healthy behaviours such as healthy eating, physical activity, smoking cessation, sensible drinking and avoidance of drug misuse.

■ **Providing a better environment for 'good work'** which, according to a Work Foundation report by Coats and Lehki (September 2008) is characterised by the following features:

- Management style and culture promoting mutual trust and respect;
- Employment security;
- Work that is not characterised by monotony and repetition;
- Autonomy, control and task discretion;
- A balance between the efforts workers make and the rewards that they receive;
- Whether the workers have the skills they need to cope with periods of intense pressure;
- Observance of the basic principles of procedural justice;
- Strong workplace relationships (social capital). This overlaps somewhat with the promotion of communication and social cohesion to support 'good relationships' (left).

Creating opportunities for 'good work' which benefits health and wellbeing is a central recommendation of Dame Carol Black's Review of the health of the

working age population (*Working for a healthier tomorrow*, March 2008) and the Government's response to the Review (*Improving health and work: changing lives*, November 2008).

■ **Promoting communication and social cohesion** to support good relationships in the workplace, particularly among colleagues in teams and between line managers and employees. Relationships outside work can also be supported through flexible working practices which allow employees to spend time with friends and family. Good relationships - at work and at home - provide the "social capital" which individuals need to maintain mental health.

■ **Providing better specialist support** to manage health and wellbeing. Practitioners working in human resources, occupational health, providers of employee assistance programmes or providers of training for employees and line managers can help teams manage musculoskeletal health issues at work or facilitate a return to work for those off work.

Applying the Healthy Workplace Model to promoting musculoskeletal health

This 'Healthy Workplace' Model developed by the Business Action on Health Leadership Team and practitioner Steering Groups suggests areas of intervention which employers can take to create a foundation for good musculoskeletal health:

Specific interventions undertaken by members of the Musculoskeletal Health Steering Group and actions suggested by HSE, BackCare and other organisations are set out in the 'EXECUTE your initiative' section of this Toolkit.

The business case for promoting musculoskeletal health

Steering group members endorse benefits of promoting musculoskeletal health

The health and wellbeing of Birds Eye employees is key to ensuring the company remains competitive and healthy. By using a holistic approach and looking after our employees proactively, protecting the musculoskeletal system is seen as just one aspect of caring for our employees both mentally and physically.

Musculoskeletal problems are one of our biggest concerns, particularly in the factory environment and integrating preventative initiatives into our “BE Well Aware” programme has seen a decrease in issues over the years. Our health initiatives programme encourages employees to be made more aware of their own health and what they can do to manage this proactively.

The musculoskeletal health of our employees is fundamental to delivering our business, and we invest through the whole employee life cycle from fit for purpose education programmes, rehabilitation back into the workplace, and seeking re-deployment opportunities when an employee’s health is compromised. Our programmes evolve as our business operations change to ensure they always meet the need of the employee and our business.

Anne Murphy - General Manager, UK & Ireland, Birds Eye

Health & Wellbeing is a business issue - it affects our bottom line.

Graeme Collinson - Group HSE Director, Centrica

Promoting healthy backs and reducing the number of employees affected by wrist, neck or elbow pain are important areas for health and safety within Health and Safety Executive.

Gordon Macdonald - Chair of the Health and Safety Committee, Health and Safety Executive

The nature of the construction industry means that the risk of musculoskeletal disorders is significant. Not only does focussing on this and other health issues support our Respect for People Value, it makes good business sense. We are committed to achieving zero accidents and workplaces that are free from risks to health - our Occupational Health and Wellbeing programme is part of this commitment.

Dave Smith - Chief Operating Officer, Wates Group Limited



Employees and employers can work together in partnership to promote the health of individuals and the organisations that employ them.

Business in the Community's values compel us to ensure that we act in accordance with the same principles of responsible corporate behavior to which we ask our member companies to commit their businesses. Our core policies require all our staff to co-operate in establishing and maintaining safe and healthy working conditions. We promote musculoskeletal health through our Health and Safety Policy by undertaking regular workstation risk assessments. Our Employee Wellbeing Policy encourages staff to increase their physical activity by participating in 'fit for work' exercises and we have recently commenced stress reduction initiatives. We also actively promote cycling and walking to work.

Stephen Howard - Chief Executive, Business in the Community

With companies facing unprecedented pressures to perform in the wake of the global economic downturn, investing in employees' physical and mental health is becoming more important than ever. Such investment pays tangible dividends: research by corporate governance watchdog Regnan and Goldman Sachs JBWere (October 2008) has found that companies with workplace health and safety systems outperformed the S&P/ASX 200 (the top 200 stocks listed on the Australian Securities Exchange) by 38.4 per cent.

Case study research conducted by PwC for Dame Carol Black's March 2008 review of health at work found that investment in employees' health and wellbeing is being driven by several macro-level factors, including:

- an ageing and increasingly diversified workforce requiring greater employer support to remain productive at work;

- increasing levels of chronic disease in the general population;
- rising costs of ill-health in the workplace associated with increased absenteeism and reduced performance;
- external societal pressures such as growing expectations that employers will promote wellness programmes as a duty of corporate social responsibility; a need for employers to distinguish their

offerings to attract recruits in an increasingly competitive labour market; and attempts by government to reduce public health expenditure.

Some of the specific benefits of health and wellbeing programmes have been documented by companies recognised as Big Tick winners in the Healthy Workplaces Award category of Business in the Community's Awards for Excellence.

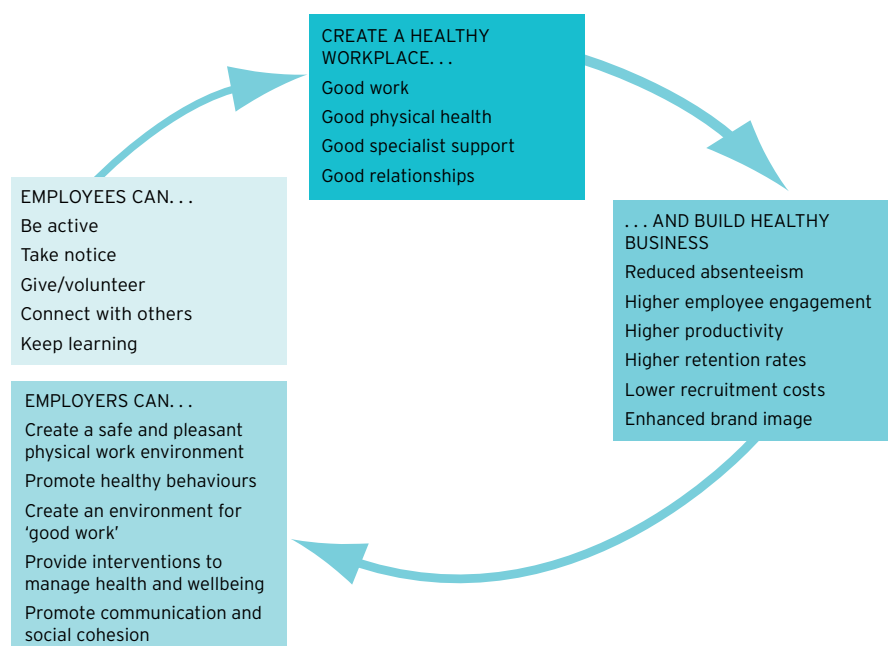
Measured health and financial outcomes include:

Improving	Reducing
Staff health and wellbeing	Stress
Staff engagement and satisfaction	Sickness absence rates
Staff recruitment and retention	Staff turnover
Productivity	Recruitment costs
Product and service quality	Agency cover costs
Brand image	Health-related employee benefits
Customer satisfaction and loyalty	Liability cover
	Litigation costs

WORKING TOGETHER TO BUILD A HEALTHY BUSINESS

Musculoskeletal disorders have a proportionately large impact on the health of the workforce, affecting over a million people each year in the UK. The HSE estimates 11.6 million working days are lost annually as a result - including 4.1 million days to back pain alone - costing society as a whole over £7 billion.

The BITC Healthy Workplace model described in the previous section suggests how both employers and employees can benefit from taking action to promote musculoskeletal health and general wellbeing in their organisations.



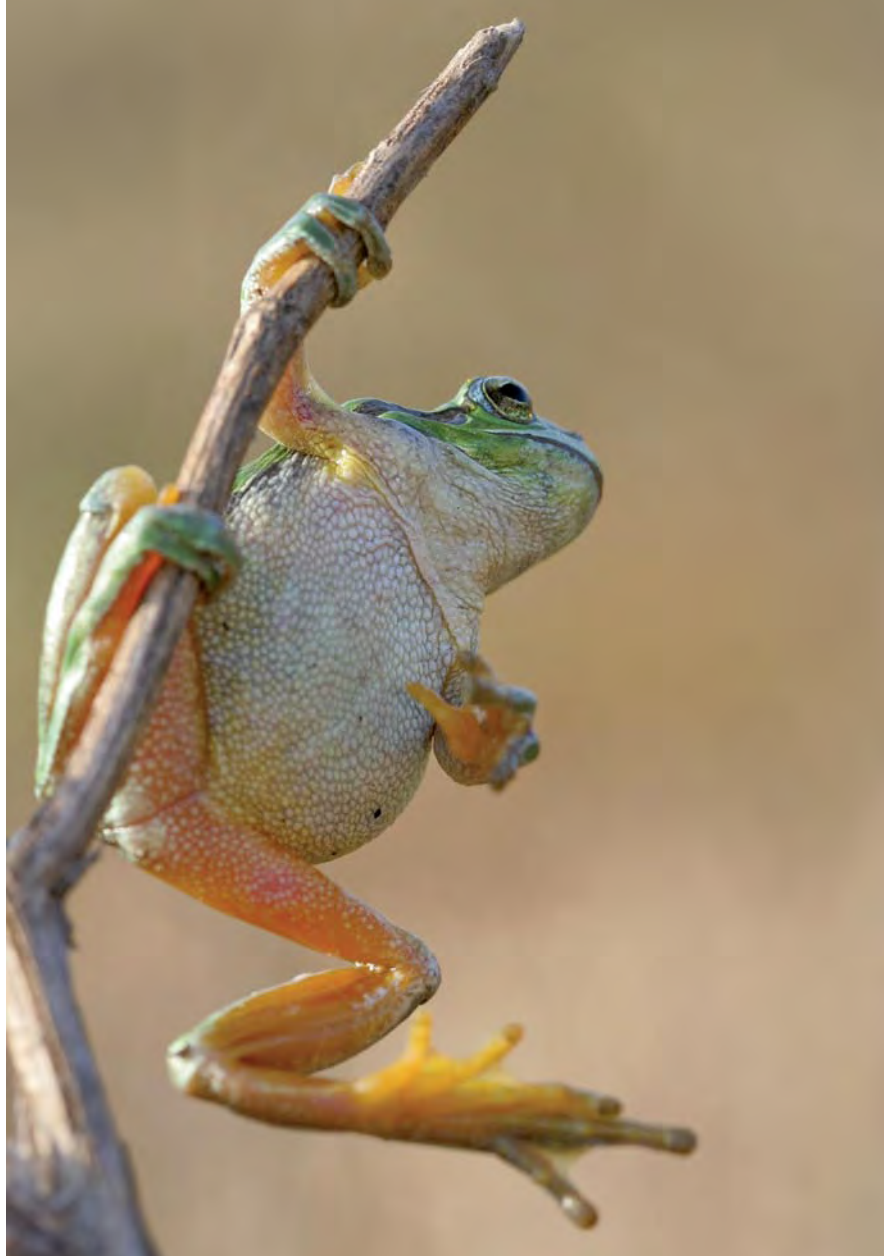
Benefits of managing musculoskeletal health issues

Research by the Health and Safety Executive (Hanson, Burton et al., 2006) has documented the costs and benefits of adopting an active case management approach which aims to keep employees at work and facilitate early return to work for those suffering from MSDs. A separate review of ergonomic interventions in a range of industries (Nicholson, Smith et al., 2006) demonstrates how investments in reducing musculoskeletal risks have resulted in financial benefits to the company through cost savings, or increased productivity and quality of output. The wide-ranging interventions encompassed the design of the task, the equipment, workstation and environment, to the organisational context in which the work was done, demonstrating the value of a holistic approach to managing musculoskeletal health.

Business benefits for SMEs

For small and medium-sized businesses with limited resources, documenting business benefits of managing MSDs is challenging as these organisations rarely track the costs of accidents and ill health systematically. However, case study research by HSE (Antonelli, Baker et al., 2006) has identified specific business benefits resulting from occupational health and safety initiatives in six SMEs, including:

- Significant reductions in absence;
- Reduced or static costs of insurance premiums and public liability insurance;
- Greater client confidence resulting in less time spent on client site inspections;
- Increased competitive edge and access to a wider market based on factors beyond price.



Businesses of any size can benefit from investing in the musculoskeletal health of their employees.

The study also identified key motivators for SMEs to invest in health and safety, despite the investments of capital and time required:

- Health and safety is an integral part of being a “good business”;
- Maintaining reputation;
- Higher productivity - especially absence reduction;
- Keeping within the law, hence avoiding the likelihood of having action taken against them from local HSE Inspectors;
- Avoiding cost of accidents;
- Containing insurance costs;
- Meeting client demands;
- Being a ‘good’ employer.

SMEs and larger employers can therefore build a business case for health and wellbeing investment where benefits can be demonstrated in their own organisations. The HSE has developed a range of tools to help organisations with this process. Similarly, the Government’s Health Work and Wellbeing initiative developed a Business HealthCheck Tool (subsequently re-developed in response to user feedback) to help employers assess the cost of ill-health to their business and the impact of wellness programmes on these costs. See the ‘Useful Resources’ section at the end of this Toolkit for more information.

CASE STUDY

Oaklands Care Home

Oaklands Care Home, based in Llangynidr, Wales, employs approximately 20 staff. The team implemented a health and wellbeing programme when they recognised that so much time had been invested in caring for patients that employees were being neglected.

What was done?

A small wellbeing working group was formed to implement a wide range of initiatives encompassing:

- General health and safety;
- Musculoskeletal disorders - including promoting and raising awareness of the Welsh Backs initiative;
- Nutrition - including "taste and try" days and recipe swapping;
- Physical activity - including promotion of cycling and engaging staff in charity events such as Race4Life;
- Alcohol awareness;
- Smoking cessation.

The home also piloted, and achieved, the Welsh Assembly's Workplace Health Award.

What were the business benefits?

- A September 2008 report by the Care and Social Services Inspectorate Wales found that staff turnover was low, employees were enjoying their work and committed to undertaking training beyond minimum statutory requirements;
- Absenteeism decreased;
- Teamworking improved and employees were generally more engaged.

"The benefits for our business have been very good - a greater culture of team spirit and learning to work together at a different level than we have been used to. The Small Workplace Health Award brings together staff skills and interests and shows that we care about them."

Julie Cashell, Manager

The value of early intervention

Research by Fit for Work Europe and The Work Foundation (Bevan, Quadrello et al., 2009) suggests that early intervention to address musculoskeletal health issues can produce a wide range of economic and social benefits.

The report highlights the value of assessing the costs and benefits of early intervention from a societal perspective. While UK Government figures (National Audit Office, 2009) estimate that increasing the proportion of patients receiving interventions within 3 months of diagnosis by 10 per cent could lead to an initial increase of NHS costs by £11 million over 5 years, productivity gains of £31 million

could accrue over the same period, along with a 4 per cent gain in quality of life over 5 years for the individuals who are treated.

Conversely, failure to intervene can result in longer sick leave and greater difficulty in returning the employee to work.

Delays in intervention can be particularly problematic for SMEs. In contrast with larger organisations, employees suffering from MSDs in small-to-medium sized businesses may feel they must "soldier on" and remain at work, particularly as economic pressures increase. However, these individuals then risk "presenteeism" - becoming progressively less engaged and productive, despite remaining at work - and can develop more

serious, longer term illnesses which can have damaging consequences for the business as well as their own health.

Rising unemployment precipitated by recession also increases the risk of people with MSDs becoming disengaged from the labour market (Bevan, Passmore and Mahdon, 2007) and experiencing further declines in physical and mental health.

Early intervention therefore benefits not only the health of individuals with MSDs but also the health of the organisations that employ them as well as creating wider socio-economic benefits for the health service, employers and the wider community.



A proactive approach to promoting musculoskeletal health protects quality of life for individuals and helps sustain organisations that employ them.

A recipe for success: Towers Perrin Action Model

Working in partnership with Business in the Community's Business Action on Health campaign, global professional services firm Towers Perrin created the Healthy Workplace Action Pack, a step-by-step guide to help companies develop and maintain a health and wellbeing programme. The Action Pack was published as part of the campaign launch in October 2007.

This Toolkit complements the Action Pack by providing the employer with more in-depth guidance for developing a Musculoskeletal Health initiative as an integral part of their health and wellbeing programme. It is therefore meant to be used in conjunction with the Action Pack and not as a standalone resource.

Copies of the Action Pack and other health management resources and services can be obtained from Towers Perrin (<http://www.towersperrin.co.uk>). See page 42.

The 12-step model which underpins the Action Pack provides a framework within which companies can identify the actual health needs of their workforce and the risks to their business. Companies can then address these needs in the most appropriate, targeted and efficient way possible through a cohesive and structured programme which is based on an annual calendar cycle.

An Overview of the 12 Steps to Developing Your Health and Wellbeing Programme

1. Identify perceived health and wellbeing issues and programme vision. Even before conducting any level of formal needs analysis, you are likely to have some idea of potential health issues within your workforce. These might be generic commonplace issues or be based on instinct along with no particular evidence.

2. Know the business environment. A successful programme must work within your organisation's physical environment, management structure, business strategy and activities. It should involve all key stakeholders, including your employees. You should identify existing and future strategies and business activities that will impact upon the design of the programme and when these will take place.

3. Create the project team. To optimise the success of your programme it is vital to have representation from all internal stakeholders from business leaders to employees, with a defined central programme manager, programme coordinator and information analyst.

4. Evaluate current resources. Find out what you already have available which might fit with your programme. Clarify the profile of your employees, including their demographic profile and geographical spread. The content and style of your programme will depend to some extent on the demographic and geographical spread of your workforce, both across the company as a whole and within specific sites or business units.

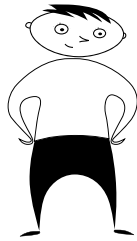
5. Create/review the core framework.

This framework is the means through which your programme is funded, co-ordinated, delivered and measured and through which future needs are identified for targeted intervention. It is developed by realigning your existing provision and services; identifying any remaining gaps; establishing the most effective approach to interaction between stakeholders; establishing the portal through which employees will access the programme; and branding the programme.

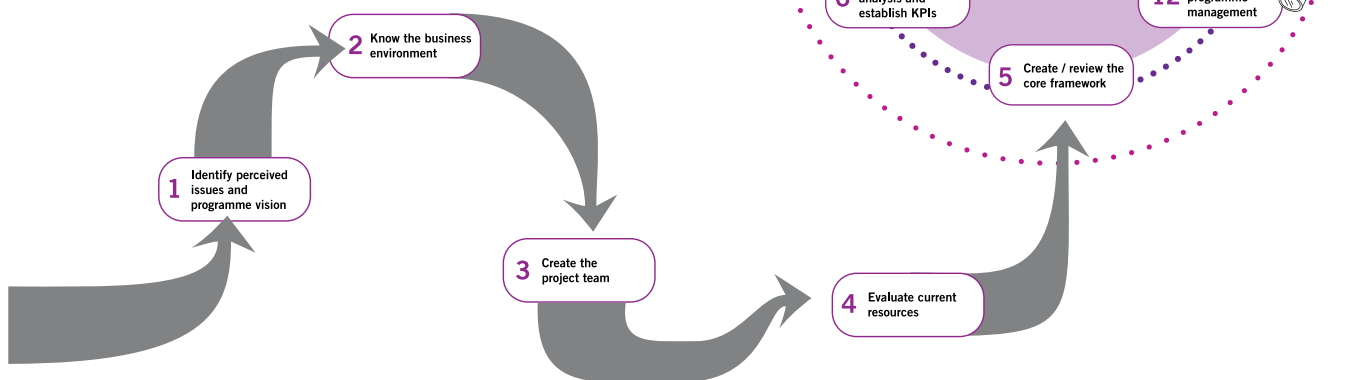
6. Undertake a needs analysis and establish KPIs. Your needs analysis should be structured in such a way as to provide a 'snapshot' of the current health of your organisation in measurable Key Performance Indicators (KPIs) to compare against future performance. What you can or should measure will depend on your existing structure and provision.

7. Clarify initial objectives. Having undertaken the needs assessment, you should now be in a position to clarify your initial objectives for the programme. Evaluate and prioritise the objectives that you would like to address within the first 12 months of the programme and 'park' less important issues for consideration in later years.

8. Develop the year's programme. The programme will consist of the interventions needed to address the goals you have identified in Step 6. It will include programme management activities, needs analysis, data collection and interpretation and targeted interventions. Here is the point at which your Musculoskeletal Health initiative will be established alongside interventions tackling other HWB issues.



12 Steps to Developing Your Programme



9. Find the right business partners. The in-house facilities, services and capacity available to your business will vary significantly. Partners and suppliers will largely fall into two categories: core providers (usually insurers or administrators of any health-related employee benefits or services you offer staff) and ancillary providers (specialists who deliver targeted initiatives).

10. Communicating the programme. The communication of your initiatives is key to their success. If employees are not aware of them or do not participate in them, they have failed. To optimise awareness, interest and engagement, each intervention should be supported by a relevant campaign.

11. Launching the programme. Once the core framework and key events are developed, providers are in place and the branding and communications are prepared, you are ready to launch your programme to staff. In launching the programme, consider

the expectations you will be raising to ensure that the programme will meet them; and demonstrate that you have taken on board feedback and information from the needs analysis stage.

12. Evaluation and ongoing programme management. Ongoing management is essential in maintaining an efficient, effective, sustainable and continually relevant programme. Once the programme has been launched, Steps 5 to 12 will continue to be relevant. It is important to share with relevant stakeholders the programme results including key findings of data analysis; progress made; return on investment; success stories; and learning experiences.

More detail on these steps is available in the Appendix and in the Towers Perrin Healthy Workplace Action Pack.

To guide companies of all sizes in setting up their Musculoskeletal Health initiative, a simplified version of the 12 step model is set out below, with steps grouped under the following headings:

Plan your initiative - corresponds to Steps 1 - 7;

Execute your initiative - corresponds to Steps 8 - 11;

Review and Update your initiative - corresponds to Step 12.

Each section contains examples of action taken by Musculoskeletal Health Steering Group organisations.

PLAN your initiative

UNDERSTAND THE BUSINESS ENVIRONMENT

Understanding the context in which your initiative must work is vital to its success. Wider business strategies and ongoing activities which impact your workforce, such as restructuring, will impact upon its design and timing.

Engage stakeholders

Getting 'buy in' from key stakeholders - including employees - is essential to the success of health and wellbeing programmes.

Key internal stakeholders in Musculoskeletal Health Steering Group companies included senior directors, site and line managers as well as specialists in Human Resources, Occupational Health, Welfare Officers, Health & Safety, Corporate Services, Marketing and Communications, as well as union representatives.

Align health and wellbeing with business strategy

For many organisations, promotion of health and wellbeing generally and musculoskeletal health specifically is linked to the strategic goals of increasing productivity, reducing absence-related costs, retaining employees as well as enhancing corporate reputation as an 'employer of choice'.

Create the project team

Establishing a core team with responsibility for developing, managing and measuring the impact of health and wellbeing interventions is critical to success.

Steering Group members' project teams engaged a variety of representatives from across the business including Board Directors, the HR Director, specialist advisers from Health & Safety, Occupational Health, Corporate Responsibility, Training, Unions and Communications as well as factory managers and heads of business units. Some teams included external partners (e.g. occupational health services providers) whose role was to challenge, support and advise on ongoing programme developments.

Responsibility for programme delivery could be devolved to departments with outcomes measured against key performance indicators standardised across the business.

Evaluate current resources

In determining the resources required to deliver your programme across the company as a whole, consider what health-related services, benefits and interventions which you already have in place at your various sites and business units. Most organisations will already have established in-house some of the elements, or potential elements, of a workplace health programme.

Steering Group members drew on a range of existing resources, both inside and outside their organisations, to support their health and wellbeing programmes including:

- expertise of internal specialists;
- intranet and email facilities;
- facilities for production of leaflets and posters;

- time off (e.g. for employees to attend musculoskeletal health training sessions, rehabilitation sessions or as the result of adjustments to working schedules);
- support from third party suppliers to deliver health checks and other services;
- budgets for activities including general health promotion events, training to raise awareness of musculoskeletal health issues, health checks and rehabilitation services from occupational health providers.

Make provision for data gathering and analysis

Collecting data on measures which are relevant to the aims of your health and wellbeing programme - and, more broadly, the business - is essential to determining its effectiveness. Steering Group members gathered data on a diverse range of measures including:

- Employee attendance at work and absence related to ill health (including musculoskeletal disorders such as back pain or upper limb disorders);
- Reports of lost time injuries;
- Improvements in employee engagement as assessed through surveys;
- Increases in productivity;
- Attendance at health promotion events (separate from annual leave or absenteeism);
- Utilisation of health checks or other occupational health facilities;
- Anecdotal reports of lifestyle or other behavioural changes.



Aligning your health and wellbeing programme with business strategy at the planning stage is the best way to ensure the greatest possible return on your investment.

Identify what you want to achieve and how success will be measured

Steering Group companies collected a wide range of health and wellbeing data on their employees - both to ascertain the levels of need for interventions and also to benchmark programme effectiveness against Key Performance Indicators (KPIs) - from a number of sources including:

- Statistics on sickness absence and absence related to musculoskeletal disorders;
- Feedback from training and internal communications;

- Online health risk assessments;
- Staff surveys;
- Employee engagement and satisfaction scores;
- Employee motivation and behavioural change;
- Anecdotal evidence.

Set your goals

Steering Group companies adopted a range of objectives for their musculoskeletal health initiatives, including:

- Improvement of employee awareness of health and wellbeing and musculoskeletal health issues;

- Modification of behaviours (e.g. posture, physical activity) which affect musculoskeletal health as well as general performance and productivity;
- Improvement of the general wellbeing of staff;
- Improvement of colleague participation in health promotion programmes;
- Reduction in sickness absence rates and associated costs.

EXECUTE your initiative



Promotion of physical activity is fundamental to promoting musculoskeletal health in a Healthy Workplace.

Organisations engage in a wide range of interventions to promote musculoskeletal health at work. These encompass general health awareness promotion; ergonomic improvements to the work environment; training to improve employee manual handling, posture and other physical habits as well as managerial training to manage stress and other psychosocial aspects of the work environment; job/task re-design; flexible working policies and other changes to general working practices.

The diverse nature of these interventions reflects the multi-faceted nature of musculoskeletal health and its interdependence with

the psychosocial, as well as the physical, aspects of the workplace environment as set out in the BITC Healthy Workplace model.

Musculoskeletal Health Steering Group members profiled in this Toolkit:

- Created holistic health and wellbeing programmes into which musculoskeletal health promotion activities were integrated;
- Provided workplace assessments, tailored training and other opportunities for employees to learn how to minimise risks of musculoskeletal disorders in their work;

- Encouraged employees to become more aware of and manage their own health and wellbeing proactively;
- Engaged line managers, specialists (e.g. in-house occupational health teams, physiotherapists and external partners) and other colleagues in supporting musculoskeletal health promotion and rehabilitation.

A summary of actions taken by each of the Steering Group members in their own organisations and the resulting impacts is shown in the following table.

Organisation	Type of business/ activity	What were the key business and/or health challenges?	What was done?	What were the impacts?
Birds Eye	Fresh frozen food manufacturer	Ensure shift workers remain productive with increased factory automation and vulnerability to musculoskeletal disorders (MSDs)	<ul style="list-style-type: none"> • Proactive reporting of aches and pains • Physio/OH support • BE Well Aware brand launched • At least one MSD awareness campaign/year • Rehabilitation programmes which facilitate remaining at work or returning to work through reduced hours or restricted duties 	<ul style="list-style-type: none"> • Reductions seen in both short- and long-term sickness absence cases • Significant reduction in number of work related illnesses reported
Business in the Community (BITC)	Network of 800+ companies committed to promoting responsible business behaviour	Promote the health and wellbeing of the workforce to support BITC's performance on behalf of, and as an example to, its member companies	<p>As part of BITC's business and HR strategy, musculoskeletal health promotion is integrated into a holistic Employee Wellbeing programme featuring:</p> <ul style="list-style-type: none"> • A Fit for Work initiative promoting cycling and other forms of physical activity • Co-ordinated Environment, Health, Office Support and HR team events, clubs, training and infrastructure • Resources supporting emotional resilience 	<p>BITC monitors the impacts of its Employee Wellbeing programme through:</p> <ul style="list-style-type: none"> • Staff surveys • Absence and attendance tracking • Staff turnover statistics
Centrica	Gas and electricity supplier	Reduce incidence of MSDs among field engineers whose vulnerability is exacerbated by obesity risks	<p>Work with external partners to deliver:</p> <ul style="list-style-type: none"> • Education with focus on Apprentice induction • Education for those with back pain • Rehab programmes (e.g. 'prescription gym') 	<ul style="list-style-type: none"> • Reductions in MSD-related absence relative to norms for participating employees • Significant return on investment with increased productivity, reduced absence-related costs (ROI = 31:1; £1660 saved per employee)
Groupama Insurances	Insurance Provider	Promote health and wellbeing to ensure employee engagement and productivity	<ul style="list-style-type: none"> • Preferred Employer Taskforce (PET) established to focus on employee engagement and wellbeing • Holistic awareness campaigns to focus on all aspects of positive health • On-site wellbeing workshops • Health Matters portal created 	<ul style="list-style-type: none"> • Number of cases requiring occupational health intervention has been reduced • Positive recognition received from external companies as well as employees e.g. recognised through recent IIP assessment and positive feedback given by employees through the organisation's culture survey

Organisation	Type of business/ activity	What were the key business and/or health challenges?	What was done?	What were the impacts?
Land Registry	Government department which maintains the Land Register of England	Reduce sickness absence - a key performance measure	<ul style="list-style-type: none"> • Developing Management Capability training includes Management of Work Related Upper Limb Disorders • Line managers engaged in prevention and rehabilitation roles • Software package to support management of work-related upper limb disorders 	Ongoing - gathering data from Investors in People Health Check tool and health screening checks
Parcelforce Worldwide (Royal Mail Group)	Provider of parcel delivery and collection and courier services.	Reduce work-related long-term and recurrent musculoskeletal conditions and associated costs.	<p>Working in partnership with occupational health services provider Atos Origin, Royal Mail Group provided a comprehensive health service (Feeling First Class) which included:</p> <ul style="list-style-type: none"> • A national physiotherapy and occupational therapy service • An improved 24/7 National Contact Centre • Musculoskeletal rehabilitation clinics • Employee Assistance Programme • Mobile Health Unit which provides information booklets and leaflets to our people on a wide range of Health Care issues • Benenden Healthcare services provided free to employees 	<ul style="list-style-type: none"> • Sickness absence rates reduced • Unplanned absence rates reduced • Accident rates fell • Costs of absence and restricted duties dropped saving Royal Mail Group over £1m per year • Rates of ill-health retirement/severance have declined • RMG performance improvements in key target areas include reducing costs of absence management, improved communication, management information, customer service rating and making Royal Mail a better place to work.
Wates Group	Building and construction company	While health and safety programme was embedded in company and culture, company wanted to ascertain status and organisational impact of employee health and wellbeing	<ul style="list-style-type: none"> • Appointment of Occupational Health provider to conduct health checks and screen pre-employment questionnaires, management referrals and executive medicals • Launched online interactive health assessment tool • Manual handling presentation rolled out across business • Health checks catalyzed employee lifestyle changes • Conducted campaigns on smoking cessation, men's and women's health and breast cancer awareness 	<p>Between 2007 and 2008, health checks revealed</p> <ul style="list-style-type: none"> • reduction in proportion of employees reporting a musculoskeletal disorder (50% to 38%) and those reporting work-related MSDs (14% to 4%) • number of days lost to MSDs reduced by 19%

Organisation	Type of business/activity	What were the key business and/or health challenges?	What was done?	What were the impacts?
WSP Group	Provider of management and consultancy services to the built and natural environment	Company aiming to achieve recognition as a leader in areas of safety and corporate responsibility.	<ul style="list-style-type: none"> • “Work related health” virtual team established and improving the musculoskeletal health of staff was identified as one of the key action areas for development • Pre employment health questionnaire for all new starters, and referrals to external occupational health service • Review of health and safety training, which has led to integrating awareness of musculoskeletal risks into site and office training courses • Guidance on work related health issues published on health and safety intranet website • H&S and HR team monitoring sickness absence and work-related incidents. Line managers involved in return-to-work reviews • EAP and some subsidised gym memberships provided • Recent Business Travel Roadshow (multi site training) expanded to include ergonomic work/life balance and sustainability issues 	Ongoing - impacts still to be evaluated, absence data and occupational health referrals being monitored.



Providing employees with guidance and support to improve flexibility and ease of movement can enhance their confidence and transform their lives, at work and beyond.

5 a day actions to promote musculoskeletal health

Help employees practise healthy behaviours

The Foresight Mental Capital and Wellbeing project commissioned the Centre for Wellbeing at nef (new economics foundation) to develop a set of evidence-based actions to improve personal wellbeing. The final Mental Capital and Wellbeing report (2008) identified five suggested actions for individual action to promote mental health and wellbeing - the equivalent of “five fruit and vegetables a day”:

- 1. Connect...** With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.
- 2. Be active...** Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.
- 3. Take notice...** Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.
- 4. Keep learning...** Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.
- 5. Give...** Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.



In designing musculoskeletal health initiatives, employers need to align training and other interventions with employees' specific task requirements and work environments.

The Business Action on Health Leadership Team and practitioner Steering Groups developed corresponding '5 a day' actions which employers could take to promote these healthy behaviours:

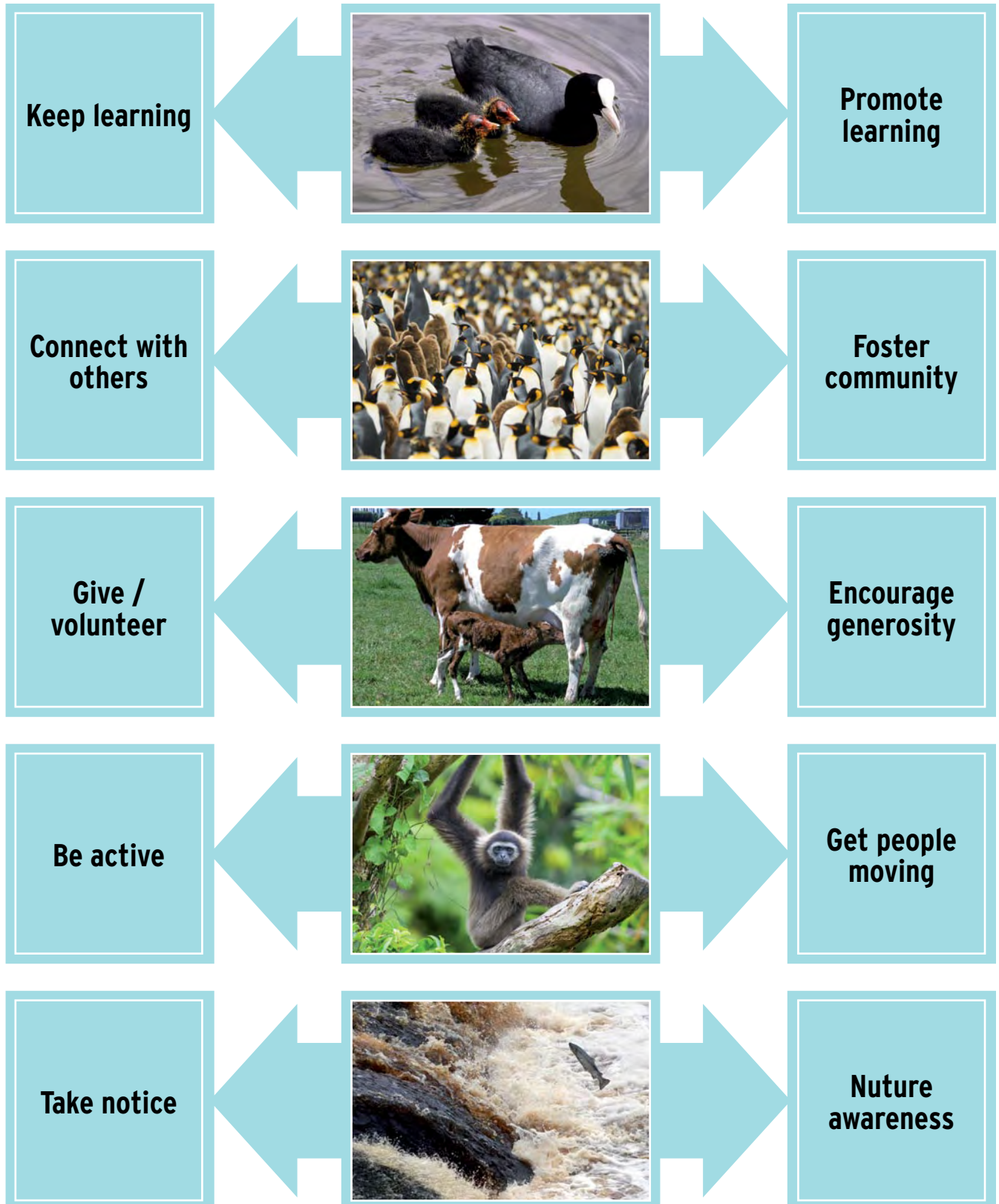
What employers can do to promote wellbeing at work	
1. Foster a sense of community.	Encourage colleagues to become aware of, and connect with, others within and beyond their immediate workgroups, whether it's through collaborative work projects, eating together in communal break areas or canteens, participation in sports or other physical activities, informal networking, formal social events inside/outside the workplace or community volunteering. This will make the workplace a fun place to be and enhance the effectiveness of the organisation as a whole.
2. Get your people moving.	Prioritise, and provide opportunities for, physical activity as part of a healthy lifestyle. Encourage colleagues to walk or cycle to work; use stairs instead of taking lifts; exercise at lunchtime instead of sitting at desks; get up and walk around during break times; engage in team sports or other group activities which build camaraderie. Alongside physical activity, provide opportunities for healthy eating to optimise energy levels. The resulting improvements to physical and mental health can help reduce absenteeism, improve engagement at work and aid recruitment and retention of staff.
3. Nurture sensitivity to the environment.	Ensure that colleagues have opportunities to take regular breaks, leave their workstations, go for walks or find other ways to vary the rhythms of their daily routines so as to enhance awareness of, and enjoy, life around them. Encourage people to focus attention fully on whatever they are doing - whether it's listening to a colleague, concentrating on completing a task or relaxing during a work break - instead of trying to do several things at once. This will not only enhance the quality of life of individuals but improve their effectiveness at work as well.
4. Promote learning and development.	Provide opportunities for colleagues to develop and apply new skills, take on new responsibilities or challenges, or pursue new interests, whether it takes the form of learning on an existing job, a secondment into a new role, the result of job re-design or work re-organisation, or formal training or education courses. This will enhance both their capabilities and their sense of wellbeing, benefiting the workplace community as a result.
5. Encourage generosity at work.	Promote respect for others, regardless of their formal status in the organisation. Encourage managers to say 'please' and 'thank you' and publicly recognise the efforts and achievements of their colleagues. Support contributions to the local community by allowing time off for volunteering or providing other resources (e.g. cash, expertise, access to services and networks) to community groups or voluntary organisations. This builds goodwill with colleagues as well as with potential recruits and the wider community.

The Musculoskeletal Health Steering Group have adapted this advice to individuals and employers, encompassing actions which could be taken to promote musculoskeletal health, regardless of the size of the organisation.

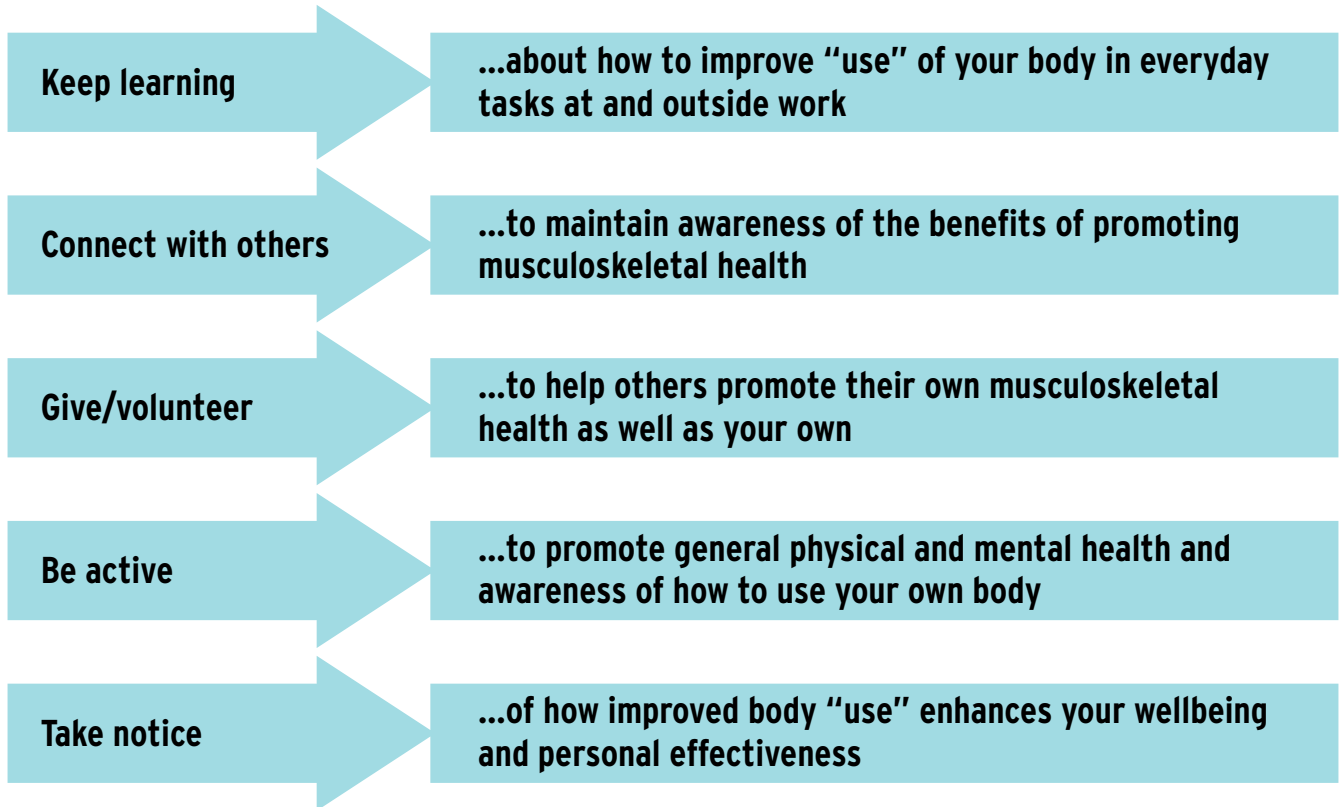
5 A DAY ACTIONS TO PROMOTE MUSCULOSKELETAL HEALTH

EMPLOYEES CAN...

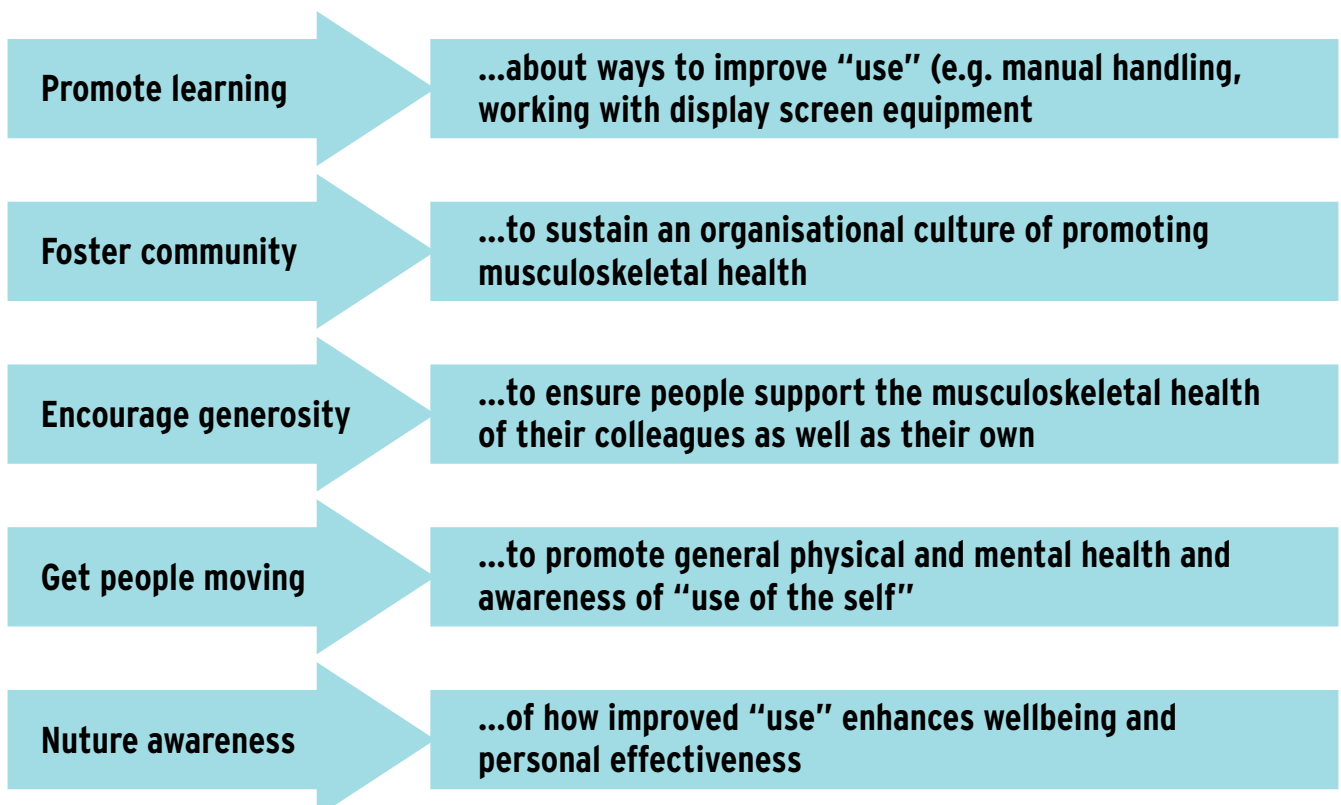
EMPLOYERS CAN...



5 A DAY ACTIONS FOR EMPLOYEES



5 A DAY ACTIONS FOR EMPLOYERS



CASE STUDY

Parcelforce Worldwide's training promotes employee awareness of body "use"

Parcelforce Worldwide recognised that injuries and ill health resulting from the manual lifting and handling activities employees perform could have a hugely detrimental impact on their staff and their business. Working with a new supplier, the company invested in a new approach to providing manual lifting and handling training to all operatives and managers at their national and international hubs.

The starting point for the project was to involve the local union H&S representative in the site management team's discussions with the supplier to ensure that he bought into the approach.

Previously all training of this type was delivered entirely in house, mainly in a training room and using generic videos. The new approach was designed to be more engaging, with face to face training delivered to smaller groups of front line staff and managers in the actual work environment. The training aimed to develop awareness of how people feel when they are loading and unloading trailers of parcels and was tailored for people working in different on-site environments with different equipment. The trainers also addressed employees' personal concerns about what they lift and how, which was well received. All front line managers were also trained to coach employees in the techniques being taught.

"I found it to be an excellent course. It's good that the business has secured the services of an outside professional to come in and deliver the sessions. The trainer was very knowledgeable, he went through each part step by step. I enjoyed it."

Darren Meakin, Hub Operative

This general advice is consistent with more detailed, stage-specific recommendations for employee and employer actions set out by the Health and Safety Executive**.

	EMPLOYEES can	EMPLOYERS can
BEFORE PROBLEM OCCURS	<p>Minimum</p> <ul style="list-style-type: none"> • Participate in safe workplace • Be aware of workplace policies and procedures • Try to keep fit and active <p>Additional</p> <ul style="list-style-type: none"> • Learn about effective Return to Work (RTW) approaches 	<p>Minimum</p> <ul style="list-style-type: none"> • Comply with legal duties; i.e. identify hazards, assess and reduce risks, and provide employees with information, instruction and appropriate training • Encourage staff to report any problems or symptoms early • Have established policies and procedures on Managing MSDs
ONSET OF DISCOMFORT OR PAIN	<p>Minimum</p> <ul style="list-style-type: none"> • Use a self-help approach • Maintain activity as far as possible • Seek advice from reliable sources (e.g. occupational health advisors, pharmacists, GPs, etc). • Use simple (over-the-counter) pain relief medicine • Be aware that early reporting of significant problems to your employer can be beneficial • Understand what healthcare can and cannot provide concerning MSDs (i.e. healthcare is not the full answer) 	<ul style="list-style-type: none"> • Promote a Stay in Work culture • Be committed to using the workplace as the site for effective rehabilitation • Identify MSD problems amongst staff by absence / injury • Identify any organisation obstacles to rehabilitation, 'black flags' <p>Additional</p> <ul style="list-style-type: none"> • Educate and inform staff in effective RTW approaches

	EMPLOYEES can	EMPLOYERS can
REPORT OF PAIN OR DISCOMFORT	<p>Minimum</p> <ul style="list-style-type: none"> • Report symptoms if work tasks or safety is affected • Tell line manager about difficult tasks 	<p>Minimum</p> <ul style="list-style-type: none"> • Activate procedures and systems for managing MSDs • Consider the work, workplace and healthcare needs of the individual to help them stay in work. Ask what can be done to help the individual stay in work
SEEK HEALTHCARE (IF NO IMPROVEMENT)	<p>Minimum</p> <ul style="list-style-type: none"> • Stay active and try to stay at work • Discuss Stay in Work options with healthcare provider • Follow treatment advice about work tasks and hours, activities, and pain relief 	<ul style="list-style-type: none"> • Identify suitable tasks and work hours if required <p>Additional</p> <ul style="list-style-type: none"> • Assign someone to maintain contact with employee concerning their discomfort • Assign a 'case manager'
IF OFF WORK	<p>Minimum</p> <ul style="list-style-type: none"> • Stay active • Maintain contact with workplace • Attend work meetings and social events • Agree RTW plan • Talk to healthcare provider about return to work <p>Additional</p> <ul style="list-style-type: none"> • Learn self-help strategies 	<p>Minimum</p> <ul style="list-style-type: none"> • Agree RTW plan • Obtain occupational health advice if needed • Maintain regular contact • Discuss transitional work arrangements with employee • Review the risk assessments related to the employee's tasks and their abilities/needs • Make necessary changes to work / workplace
RETURN TO WORK FOLLOWING ABSENCE	<p>Minimum</p> <ul style="list-style-type: none"> • Gradually increase hours • Continue as many usual activities as possible • Discuss progress with employer 	<p>Minimum</p> <ul style="list-style-type: none"> • Implement graded RTW plan <p>Additional</p> <ul style="list-style-type: none"> • Obtain occupational health advice if needed • Check on the RTW progress
ONGOING SYMPTOMS AFFECTING WORK (4 TO 12 WEEKS)	<p>Minimum</p> <ul style="list-style-type: none"> • Tell line manager about tasks that are still difficult • Stop unhelpful treatment <p>Additional</p> <ul style="list-style-type: none"> • Consider work options 	<p>Minimum</p> <ul style="list-style-type: none"> • Suggest all parties meet to discuss employment options <p>Additional</p> <ul style="list-style-type: none"> • Provide altered workplace, equipment or work arrangements for temporary period; the suitability of and need for these should be regularly reviewed
ONGOING SYMPTOMS AFFECTING WORK (MORE THAN 12 WEEKS)	<p>Minimum</p> <ul style="list-style-type: none"> • Consider negotiating new job description • Identify transferable skills • Learn new tasks 	<p>Minimum</p> <ul style="list-style-type: none"> • Provide modified work arrangements, adjustments to tasks, or work environment • Consider re-deployment, additional training

Factors influencing long-term disability and work loss have been classified according to a 'Flags Model' used by occupational health professionals which highlights the diverse features of the workplace that can influence the rehabilitation process.

- **Yellow flags** are psychosocial risk factors, such as beliefs and emotional responses. These have been shown in the scientific literature to predict chronicity.
- **Blue flags** are features of the work or social environment that have been shown to increase the rate of symptoms, illness or work loss. For example, high demand/low control and poor social support from colleagues.
- **Black flags** are national/organisational policies or procedures that can impede rehabilitation.
- **Red flags** are conditions indicative of serious medical pathology, such as, rheumatoid arthritis and carcinoma. These have been described in guidelines published by the Faculty of Occupational Medicine.

Source: Medical Advice on Return to Work with regard to Musculoskeletal Disorders (HSE, 2006)

Investing in musculoskeletal health contributes to the wellbeing of individuals as well as the health of their employers and the wider community.

REVIEW AND UPDATE your initiative

To sustain your programme or initiative over a longer-term period after its launch, the repetition of Steps 5 - 12 will be important. Measuring, analysing and communicating the achievements and outcomes of your programme - using the KPIs established in Step 6 - will be particularly vital in documenting the return on investment in your programme and ensuring that your management and stakeholders continue to recognise its value.

The Health and Safety Executive have developed a cost-benefit model, based on case study research (Nicholson et al., 2006). The costs associated with MSDs calculated before and after an intervention encompassed:

- Instances of musculoskeletal sick leave and their duration;
- Ratio of personnel on sick leave because of MSDs before and after an intervention;
- Staff turnover;
- Compensation claims;
- Reduced working time leading to reduced productivity on certain tasks because of the risk of MSDs or excessive fatigue.

The benefits encompassed cost savings or increases in productivity associated with:

- Greater output over a given time period;
- Reduced wastage of raw materials (occurring for example when personnel were able to work more efficiently because the task had been designed around operator capabilities);

- Higher quality output - fewer mistakes in better designed jobs;
- Savings in wage costs from jobs which were made less manually intensive.

These are similar to the improvements which Steering Group companies reported as a result of their health and wellbeing programmes and musculoskeletal health initiatives:

- Reductions seen in short, long-term and unplanned sickness absence cases;
- Reductions in MSD-related absence and number of MSD cases reported;
- Number of cases requiring occupational health intervention reduced;
- Reductions in accident rates;
- Reductions in costs of absence and restricted duties;
- Reductions in rates of ill-health retirement/severance;
- Performance improvements in key target areas including communication, management information, customer service rating and perceptions of work environment and employer.



BENEFITS OF MUSCULOSKELETAL HEALTH PROGRAMMES FOR EMPLOYEES

I have **suffered with back problems** for many years. This year it became worse and I had time off work from Jan-April. MRI and X ray showed I had **degeneration of 4 of my lower discs**. Upon return to work I had rehabilitation and restriction from lifting. I work in a laboratory and have to lift a basket of bottles and jars into the autoclave. Upon my return to work the OH nurses came and assessed my work area and it was **agreed that lifting equipment was required**. My manager then organised for a company to come in and make an A frame with a powered lifting device on for use. It had to be **made specially** as the area is cramped. This equipment has meant there is no more heavy lifting for myself or my colleagues. Since my return to work my back pain has been a lot more manageable. Going forward by using the lifting equipment I will hopefully not have anymore sickness **absences due to my back pain**.

Birds Eye employee

Being a sufferer of **Rheumatoid Arthritis** I was starting to get a great deal of **extra discomfort** while at work in my **back and shoulders and arms**. I was sent a chair to complete for my body dimensions whilst seated (as I'm 5'10" this was also an added problem).

I was within a few weeks able to accept delivery of an amazing chair that has many interchangeable positions that I was able to adjust to my needs. From the first time I used it **the difference was incredible**. I have no pain in the small of my back and the seat can be raised high, which is good for my height. As I spend a lot of time at my desk this has made such a difference to me as I can concentrate on my work **free from pain**.

Wates employee

To keep the programme fresh and relevant, update its contents in light of feedback from employees and the changing needs and risks of the workforce. Repeat the needs analysis on an annual basis, measure the outcome of your interventions and adjust these accordingly.

EMPLOYEE RESPONSES TO CENTRICA BACKCARE WORKSHOPS

Centrica BackCare Workshop in 2005 **transformed my life**. Surgery was only option. . . **fantastic trainer**. . . exercise and advice...affected home life. Now can go fishing, play cricket and ride my motorcycle, had **no problems or absence since**...

Mark Murkowski, Technical Engineer

...thought they were **looking after their backs**...not though... had expert advice...not just a one off...**but advice for rest of life.**

Stuart Rider, Manager

Before the back care workshop I would leave work in **constant pain**, however it taught me how to **correct my posture** and with the practical exercises I can now increase my **movement and flexibility**.

Naomi Wilson, Customer Escalations Advisor

From the **knee care workshop** I learned lots of valuable information about the workings of the knee joints and the make up of the knee, such as tissue, bone etc. Also learned some **fabulous exercises** that really helped ease the pain. Even though I still suffer from 'clicking' within the knee I suffer **no pain at all**.

Robert Pritchard, Team Manager

At one point I was **really worried** about doing any high impact exercise as I thought it would do me more harm than good. Going to these sessions gave me the **confidence** to start exercising again and taught me how to **avoid further damage** to my back.

Claire Palmer, Customer Service Advisor

I **damaged 14 of my ribs** in an accident outside of work but I was referred to the back care workshop on my return and it was **excellent**. They taught me how to bend down without **hurting my ribs** and also showed me what exercise I could do to help heal my ribs smoothly. This helped me to **control the pain** more myself and meant I did not need to take as many pain killers. They also gave me advice on what extra tools I could use to help, such as a **memory foam mattress** and adjustable bed. All the information they provided was really useful.

Hitesh Vyas, Customer Service Advisor

I had an issue with my knee and it was causing me a lot of pain. From attending the **knee care workshop** I found out that it was due to the way I was walking. They taught me the **correct way to walk** and it has benefited me lots.

Daniel Thompson, Engineer





Interventions to promote musculoskeletal health can improve the quality of life for employees, their families and the wider community.

Lessons learned by Steering Group companies

Importance of employee involvement in programme development

“What came across very strongly when our needs analysis was carried out was that employee involvement and consultation will contribute greatly to the success of the initiative. When carrying out the needs analysis, the trainer involved the people doing the work and asked them how they carried out lifting, what difficulties they faced and what their ideas were. Solutions were not imposed on individuals but more along the lines of “try it this way, how was that for you, was it better?” This in turn generated enthusiasm in the employees that were involved because they had contributed to establishing the solution. We will be following this philosophy when taking this programme forward.”

Sustained action leads to culture change

“What we have done over the years has empowered people to evaluate their health and workplace ergonomics and this has created an endemic attitude toward MSD’s.”

Value of measuring impacts

“[We need to] have a better method of measuring how many staff have accessed the information and a more formal method for feedback.”

Value of programme branding

“Treating [the Musculoskeletal health initiative] as an individual initiative with its own communication plan etc. would have positioned it better, as we have experienced with other initiatives.”

USEFUL RESOURCES AND INFORMATION

Business Action on Health website

The Business Action on Health website, part of the Business in the Community family of websites, provides access to publications, campaign event details, case studies and other information to support employers in developing, managing, measuring and reporting on their health and wellbeing programmes.

Visit the website at www.bitc.org.uk/health.

For more information about committing your company to reporting publicly on your employees' health and wellbeing, visit the Healthy Workplace Commitment page at www.bitc.org.uk/commit.

Health and Safety Executive (HSE) website

The Health and Safety Executive website provides information and advice to employers as well as workers and health professionals on a number of topics related to musculoskeletal disorders, including low back pain, joint injuries and repetitive strain injuries. This encompasses legal duties, risk assessment, monitoring health as well as preventing and managing MSDs and supporting employees returning to work.

www.hse.gov.uk/msd/ (HSE information on musculoskeletal disorders)

www.hse.gov.uk/msd/mac/ (HSE Manual handling Assessment Chart Tool)

<http://www.hse.gov.uk/research/rrhtm/rr707.htm> (HSE Assessment tool for Repetitive Tasks of the upper limbs)

books.hse.gov.uk/hse/public/saleproduct.jsf?catalogueCode=9780717628827 (Managing sickness absence and return to work. HSE Books, 2004)

BackCare

BackCare is a national charity that aims to reduce the impact of back pain on society by providing information, support, promoting good practice and funding research. BackCare acts as a hub between patients, (healthcare) professionals, employers, policy makers, researchers and all others with an interest in back pain.

www.backcare.org.uk

Health, Work, Wellbeing (HWWB) website

The Government's Health, Work and Wellbeing initiative has compiled a range of resources from downloads to links, to help answer questions about Health, Work and Wellbeing, help organisations improve their approach and provide signposts to people outside government who have an interest and expertise in this area. The Business HealthCheck Tool, an evaluation tool to help employers assess the cost of ill-health to their business and the impact of wellness programmes on these costs, has been piloted and subsequently redeveloped in response to user feedback.

www.workingforhealth.gov.uk/Resources/

Towers Perrin Healthy Workplace Action Pack

The Musculoskeletal Health Toolkit is to be used in conjunction with the 12-step guide to help companies develop and maintain an integrated health and wellbeing programme, created by Towers Perrin. The Action Pack is available from Towers Perrin (<http://www.towersperrin.co.uk> and select 'Human Capital Services' then 'Health and Wellbeing Consultancy' or call 020 7170 2000 and ask for the Health and Risk Consulting Practice).

Additional websites providing practical guidance to employers and individuals

DESCRIPTION	WEBLINK
Arthritis and Musculoskeletal Alliance (ARMA) is the umbrella body providing a collective voice for the arthritis and musculoskeletal community in the UK. Their Standards of Care (Nov 2004) provide recommendations to local service commissioners and service providers for the main groups of musculoskeletal conditions.	http://www.arma.uk.net/overview.html
Bone and Joint Decade's Musculoskeletal Portal - includes news, information and other content supporting BJD's work to keep people moving and reduce the burden and cost of musculoskeletal disorders to individuals, carers and society.	http://www.boneandjointdecade.org/
British Chiropractic Association is the largest and longest-established association for chiropractors in the UK and provides an online search facility for BCA-registered chiropractors.	www.chiropractic-uk.co.uk
British Institute of Musculoskeletal Medicine aims to promote education and research in the science and art of musculoskeletal medicine for the ultimate benefit of the public.	www.bimm.org.uk
Chartered Society of Physiotherapy provides a wide range of member services and campaign on behalf of physiotherapists and the physiotherapy profession.	www.csp.org.uk
Constructing Better Health is a not-for-profit organisation committed to improving the health of the construction industry workforce. Includes guidance and resources for managing musculoskeletal health.	www.constructingbetterhealth.co.uk/article.asp?id=331
An international organisation for professionals using knowledge of human abilities and limitations to design and build for comfort, efficiency, productivity and safety.	www.ergonomics.org.uk
European Agency for Health and Safety at Work (OSHA) provides employers, workers, OSH experts and other interested parties with a set of links to information sources related to tackling MSDs. It includes both good safety and health practice to prevent musculoskeletal disorders in the workplace, and information on rehabilitation, reintegration and retention of workers at work.	osha.europa.eu/en/good_practice/topics/msd
Fit for Work Europe - an initiative committed to working with healthcare professionals, policy makers and patients to help improve the quality of working life for people with musculoskeletal disorders.	http://www.fitforworkeurope.eu/
General Osteopathic Council works with the public and osteopathic profession to promote patient safety by registering qualified professionals and setting, maintaining and developing standards of osteopathic practice and conduct. Osteopathy focuses on the diagnosis, treatment, prevention and rehabilitation of musculoskeletal disorders.	www.osteopathy.org.uk
Institution of Occupational Safety and Health (IOSH) is the world's biggest body for health and safety professionals. It sets professional standards, supports and develops members and provides authoritative advice and guidance on health and safety issues.	www.iosh.co.uk
IOSH Training Resources section provides access to MSD factsheets, guidance, information, training materials and web links aimed at employers and employees.	www.ohtoolkit.co.uk/topic.asp?issueId=2&issueName=Musculoskeletal%20disorders&topicId=11&topicName=Training%20material
Occupational Health Toolkit is a 'one-stop shop' for health and safety professionals.	www.ohtoolkit.co.uk/issue.asp?issueId=2&issueName=Musculoskeletal%20disorders
National Institute for Health and Clinical Excellence (NICE) guidance on the treatment of chronic low back pain.	http://guidance.nice.org.uk/index.jsp?action=folder&o=44335
NHS Back Pain at Work page provides advice to individuals for prevention and management of low back pain.	www.nhs.uk/Livewell/workplacehealth/Pages/Backpainatwork.aspx
Scottish Centre for Healthy Working Lives Back Pain and Repetitive Strain Injury page provides advice on minimising risks, manual handling, and managing health related to backs and RSI.	www.healthyworkinglives.com/advice/work-related-illness-injury/rsi-back-pain.aspx

DESCRIPTION	WEBLINK
Society of Teachers of The Alexander Technique (STAT) is the oldest and largest professional society of teachers of the Alexander Technique, which works by helping people identify and prevent the harmful postural habits that aggravate, or may be the cause of, stress, pain and under-performance.	www.stat.org.uk
Walkit.com is an urban walking route planning site which highlights the health, as well as environmental, benefits of walking.	www.walkit.com/walking-for-health/
Welsh Backs offers advice on managing back pain to employers, health professionals and individuals and includes case studies of people's experiences.	www.welshbacks.com

Research

DESCRIPTION	WEBLINK
Antonelli, A., Baker, M., McMahon, A. & Wright, M. Six SME case studies that demonstrate the business benefit of effective management of occupational health and safety. Research Report 504 (Health and Safety Executive, 2006)	http://www.hse.gov.uk/research/rrhtm/rr504.htm
Bevan, S., Passmore, E. and Mahdon, M. Fit For Work? Musculoskeletal Disorders and Labour Market Participation. (The Work Foundation, September 2007)	www.theworkfoundation.com/research/publications/publicationdetail.aspx?oltemId=44
Bevan, S., Quadrello, T. et al., Fit For Work? Musculoskeletal Disorders in the European Workforce. (The Work Foundation, September 2009)	http://www.fitforworkeurope.eu/default.aspx.locid-Oafnew009.Lang-EN.htm
Burton, A. K.; Balagué, F. et al. European guidelines for prevention in low back pain. European Spine Journal, vol. 15, Supplement 2 (March 2006).	http://www.springerlink.com/content/h84246r606k61146/
Chartered Institute of Personnel and Development, Absence management 2009. (July 2009).	www.cipd.co.uk/subjects/hrpract/absence/_absence_management_2009
Chartered Institute of Personnel and Development, Absence management 2008. (July 2008).	www.cipd.co.uk/subjects/hrpract/absence/_absence_management_2008.htm
Coats, David and Lehki, Rohit. 'Good Work': Job Quality in a Changing Economy - examines the broadening of the 'health at work' agenda to encompass the impacts of job quality and work organisation. (The Work Foundation, September 2008)	www.theworkfoundation.com/assets/docs/publications/197_good_work_final2.pdf
Hanson, Margaret; Burton, Kim et al. The costs and benefits of active case management and rehabilitation for musculoskeletal disorders. Research Report 493 (Health and Safety Executive, 2006)	www.hse.gov.uk/research/rrhtm/rr493.htm
Kendall, Nick; Burton, Kim; Main, Chris; Watson, Paul. Tackling Musculoskeletal Problems: A Guide for Clinic and Workplace. Identifying Obstacles Using the Psychosocial Flags Framework (The Stationery Office, July 2009).	http://www.tsoshop.co.uk/bookstore.asp?FO=1159966&Action=Book&From=SearchResults&ProductID=9780117037892&trackid=000009
Little, Paul; Lewith, George et al., Randomised controlled trial of Alexander technique lessons, exercise, and massage (ATEAM) for chronic and recurrent back pain. British Medical Journal 2008;337:a884	www.bmj.com/cgi/content/full/337/aug19_2/a884
National Audit Office, Services for people with rheumatoid arthritis (NAO, July 2009).	http://www.nao.org.uk/publications/0809/services_for_people_with_rheum.aspx
Nicholson, Andy; Smith, Calum, Mitchell, Arran and Wright, Russell. Cost benefit studies that support tackling musculoskeletal disorders. Research Report 491 (Health and Safety Executive, 2006).	www.hse.gov.uk/research/rrhtm/rr491.htm
Palmer, Keith; Walsh, Kevin et al., Back pain in Britain: comparison of two prevalence surveys at an interval of 10 years. British Medical Journal, 2000;320:1577-1578.	www.bmj.com/cgi/content/full/320/7249/1577
Veale, A., Woolf, A. and Carr, A. (2008), Chronic musculoskeletal pain and arthritis: Impact, attitudes and perceptions. Irish Medical Journal, 101(7), 208-210	http://www.imj.ie/Issue_detail.aspx?issueid=+&pid=3515&type=Papers
Waddell, G. and Burton, A. K. Occupational health guidelines for the management of low back pain at work: evidence review. Occupational Medicine, 51 (2), pp. 124-135, 2001	occm.oxfordjournals.org/cgi/reprint/51/2/124.pdf

Join the growing movement of employers committed to promoting the health and wellbeing of their employees and improving the vitality of their companies and communities.



Make a public commitment to promote the health of your employees

As members of the Musculoskeletal Health Steering Group, we recognise the importance of investing in employee health and embedding it in core business strategy. We are committed to boardroom reporting on our workplace health and wellbeing programmes as part of that strategy.

We are calling on your organisation, no matter how large or small, to join us in this commitment, using those indicators which are relevant to your operations.

This commitment will support the goal of Business in the Community's Business Action on Health campaign to ensure that health and wellbeing are embedded at the heart of business by making reporting on health and wellbeing standard practice in UK boardrooms. www.bitc.org.uk/commit

For more help in getting started with your Musculoskeletal Health initiative, contact Business Action on Health at Business in the Community on 020 7566 8650 www.bitc.org.uk/health

Members of the Business in the Community Working Joints and Muscles Steering Group



in association with



supported by



Business in the Community - mobilising business for good. We inspire, engage, support and challenge companies on responsible business, working through four areas: Marketplace, Workplace, Environment and Community. With more than 850 companies in membership, we represent 1 in 5 of the UK private sector workforce and convene a network of global partners.

www.bitc.org.uk
Email: information@bitc.org.uk

Business in the Community
137 Shepherdess Walk
London N1 7RQ
T +44 (0) 020 7566 8650
F +44 (0) 020 7253 1877
E information@bitc.org.uk

November 2009

