

Best Practice in Promoting Employee Health and Wellbeing in the City of London

RESEARCH REPORT CITY OF LONDON CORPORATION



Best Practice in Promoting Employee Health and Wellbeing in the City of London

RESEARCH REPORT CITY OF LONDON CORPORATION

www.cityoflondon.gov.uk/economicresearch



Best Practice in Promoting Employee Health and Wellbeing in the City of London is published by the City of London Corporation. The author of this report is Cavill Associates Ltd in collaboration with the University of Salford.

This report is intended as a basis for discussion only. While every effort has been made to ensure the accuracy and completeness of the material in this report, the author, Cavill Associates Ltd in collaboration with the University of Salford, and the City of London Corporation, give no warranty in that regard and accept no liability for any loss or damage incurred through the use of, or reliance upon, this report or the information contained herein.

March 2014

© **City of London**

PO Box 270
Guildhall
London EC2P 2EJ

www.cityoflondon.gov.uk/business/economicresearch

Authors and Acknowledgements

This report was prepared for the City of London Corporation by Cavill Associates Ltd in collaboration with the University of Salford.

Dr. Nick Cavill. Director, Cavill Associates Ltd, and Senior Honorary Research Fellow, University of Salford.

Dr. Margaret Coffey. Reader in Public Health, School of Health Sciences, University of Salford.

Mike Parker. Director, Progress Health Partnerships Ltd.

Prof. Lindsey Dugdill. Professor of Public Health, School of Health Sciences, University of Salford.

The authors would like to thank the City of London Corporation for commissioning this research and for their input throughout the research process; and the employees of those City firms who kindly gave up their time to be interviewed.

Contents

Foreword	3
Executive summary	4
1. Introduction	6
2. Overview – health and wellbeing in the City of London	13
3. Health promotion/wellness programmes: evidence of best practice	17
4. Mental health programmes: evidence of best practice	25
5. Musculoskeletal disorders: evidence of best practice	33
6. Organisational approaches	39
7. Conclusions	45
8. Recommendations	47

Foreword

The City of London is a global financial hub which is host to a highly talented and productive workforce. The City is an attractive location for global businesses and mobile employees for a number of reasons, including quality of life and a competitive business environment. Workforce health plays a key role in these aspects, and makes good economic sense – evidence suggests that a healthy workforce is more productive and has lower turnover. Clearly, the need to prioritise employee health and wellbeing is a key consideration that benefits both individuals and businesses, and the wider economy.

The City of London Corporation is responsible for promoting the health and wellbeing of those who live and/or work in the Square Mile. For example, we provide information, advice, guidance and health signposting services for City workers, as well as NHS health checks for targeted groups of City workers in 'high-risk' groups. To inform and support our role in this capacity, in 2012 we published research looking at the health needs of the City workforce. This also highlighted the difficulties for some employees in accessing health professionals when and where they needed them.

Effective workplace health promotion is therefore particularly significant for the City Corporation's public health agenda and a strategic priority for the City of London's Health and Wellbeing Board, which brings together local leaders in health and social care. In support of this, this report considers existing evidence for the effectiveness of workplace health promotion for City-type businesses, and explores the experiences of City employers who are actively engaged in promoting employee health, to look at priority areas and what others can learn from them. This report therefore provides a sound body of evidence that highlights existing good practice in City firms, identifies areas where practice could most effectively be developed, and considers practical suggestions for firms considering developing new or existing programmes.

This report is therefore useful both for businesses looking to put health support measures in place for the first time, and those building on their current programme. It will also underpin our own healthcare work - the City's Health and Wellbeing Board is already engaged in proactive steps, including liaising with City employers and raising awareness of workplace health issues, and exploring how local services for workers can help maintain and improve employee health; both through direct commissioning, and working with our partner network, which includes local NHS trusts and pharmacies. We also want to ensure the City of London Corporation acts as an employer role model, for example by committing to the Mayor of London's Healthy Workplace Charter.

By helping to benchmark best practice in workplace health, this report contributes to the City Corporation's commitment to the workplace health agenda and its role in supporting City firms in this area.



Mark Boleat
Chairman of Policy and Resources Committee
City of London Corporation

Executive summary

This research looks at best practice in supporting the health needs of City workers, focusing on large financial and professional services companies. This was informed by a comprehensive review of academic literature, looking in particular at the health conditions arising in the employee population in these sectors, along with interviews with 20 City employers – a relatively small sample in firm numbers but together employing tens of thousands of people in the City - looking at the interventions these firms have in place. This body of work will help to guide others considering implementing or further developing similar initiatives.

Best practice for improving health and wellbeing in the workplace

There is a strong body of evidence in the published literature to support the development of workplace health promotion programmes. Approaches to improving the health of employees are effective in a number of areas:

- **Health promotion/wellness programmes.** Multi-component programmes covering a range of lifestyle issues (e.g. physical activity; diet; smoking cessation; et.), designed in participation with staff, and supported by senior management, appear to be the most effective in improving aspects of employees' health, at least in the short term.
- **Mental health programmes.** The evidence is strong for interventions to reduce stress in the workplace, particularly in relation to cognitive behaviour therapy; and moderate short-term for interventions targeted at people with an existing diagnosis of depression.
- **Back pain and musculoskeletal health.** Although there are a number of clear and promising interventions, the evidence for effectiveness does not appear particularly strong. This may be at least in part due to the challenge of measuring musculoskeletal outcomes.
- **Organisational approaches.** The evidence supports holistic embedded organisational approaches to workplace health improvement.

What is current practice in the City?

The research found that City firms hold a sophisticated understanding of the key aspects which link health and wellbeing to the bottom line, for example the links between staff engagement and productivity, CSR enhancing global brand profiles, organisational culture and employee retention and recruitment.

The interviews with City firms also highlighted a number of good practice examples across different workplace health issues.

- **Health promotion/wellness programmes.** Interviewees recognise the need to be proactive about managing employee health and provide a range of health promoting opportunities. Most have well developed occupational health and Employee Assistance Programmes. Fewer companies appear to have programmes that are developed in conjunction with staff, and not all are supported explicitly by senior management.

- **Mental wellbeing.** This is an area of workplace health that most companies want to develop. Mental health issues are not currently integrated and managed within the workplace system by most organisations – provision is very much at an individual level. However, there are some exemplar organisations who are attempting to address this, through for example mental health champions. There is growing awareness of the need to be open and 'talk about mental health'. Management training for recognising and managing mental health issues is also increasingly common.
- **Back pain and musculoskeletal health.** Firms largely take a preventative approach to help manage musculoskeletal disorders in their workforce. Current provision includes ergonomic work station assessment; access to physiotherapy (fast-track in some instances) and exercise provision.
- **Approach.** There is variation in how City firms approach health and wellbeing in their organisation. Engagement with staff; management training and buy-in; and partnership working with external organisations are all increasingly common.

How firms can improve their workplace health programmes

In terms of key lessons learned from the published evidence and company interviews, to be most effective workplace health programmes should be: strategic in nature; developed across the organisation; built on staff needs; and aim to tackle health problems at the source rather than dealing with the outcomes of poor health.

This research also provides a number of practical suggestions as to how large firms in the financial services and professional services sectors can continue to support the health needs of their workforce:

- **Assessing** organisational and individual determinants of health within their organisations.
- **Planning** programmes with the help of a steering group, comprising employees at all levels of the organisation.
- **Designing** programmes with the active involvement of staff, based on known evidence of effectiveness and identified staff needs.
- **Implementing** changes to the work environment and work practices to reduce negative influences on health and wellbeing at their source.
- **Establishing** organisational-level programmes to raise awareness about mental health issues.
- **Developing** individual-level interventions that have been shown to be effective, in all areas including mental health, musculoskeletal health, physical activity, diet and smoking.
- **Ensuring** that processes are in place to deal compassionately and effectively with employees who have diagnosed mental health problems.
- **Encouraging** the development of social support networks in the workplace.
- **Evaluating** all approaches to workplace health promotion so that the evidence base and business case can be improved.

1. Introduction

1.1. Outline of the research

This research, carried out by Cavill Associates in collaboration with the University of Salford, was commissioned by the City of London Corporation in support of the Corporation's commitment to improving workplace health and wellbeing across the City, and more broadly to support City-type businesses looking to implement health support measures or build on those they already have in place.

The research reviews international literature on the effectiveness of workplace health interventions to identify and explore best practice characteristics and examples of interventions relevant to the financial and professional services sector in the UK, in particular large companies (250+ employees) who have the scale and resources to run such health programmes. This literature is assessed for its transferability to firms in the City and similar employers and organisations across the UK. The research is supported by a number of in-depth interviews with managers in City firms, to explore how they are implementing health and wellbeing interventions, how this reflects the best practice identified in the literature, and lessons as to how such programmes can be implemented most effectively. Drawing upon the research findings, the report sets out practical recommendations on implementing effective workplace health interventions.

1.2. Research objectives

- To identify, from existing literature and case studies, best practice in workplace health interventions relevant to the City, and UK financial services and professional services firms more widely.
- To identify current practice within City firms, identify areas of good practice, and draw out lessons from best practice in the literature.
- To develop practical recommendations to help guide firms in upholding best practice in employee health and wellbeing in the workplace.

1.3. Summary of research methods

The research consisted of the following:

- A review of 68 published systematic reviews from the academic literature on the effectiveness of organisational or individual-level interventions to improve workplace health and wellbeing. Reviews were included if they covered health promotion approaches or programmes conducted in (or applicable to) workplaces of 250+ employees; were evaluated by an independent agency; and presented some outcome data.
- A second systematic review of literature, focusing on literature exploring interventions in the banking, professional services and financial services sector, to identify best practice in health improvement within these sectors. This was intended to find studies that were applicable to this sector, and/or which had not been included in any review to date. Thirteen studies were identified, of which three were relevant. The remaining ten were considered unsuitable either as they didn't measure the effectiveness of workplace

health and wellbeing interventions or the study context was not comparable to City-type businesses.

- A review of 'grey literature' (literature which has not undergone the peer-review process and is not published in an academic journal). This resulted in 45 case studies. Following screening, 17 case studies were included.
- Semi-structured interviews with 20 senior managers in large (250+ employees) City firms to explore their experiences of implementing health and wellbeing programmes in their workplaces. The interview sample comprised of firms across the banking/finance (three), legal (seven), accounting (two) and professional services (four) sectors, and an additional five firms from other sectors such as telecommunications. These were identified from business databases and known contacts. Employee interviewees had a range of job titles, such as: Human Resources Director; Health & Wellbeing Officer; Global Head of Corporate Responsibility; Wellbeing Advisor. Interviews were recorded, transcribed and analysed for relevant experiences and examples of practice.

Further detail on the research methodology, interview schedule and research findings are available separately online in a full technical report¹.

1.4. The importance of workplace health and wellbeing

Poor health in the workplace is estimated to cost the British economy over £100 billion annually through sickness absence and worklessness². In London, an average-sized firm with 250 employees is estimated to make a loss of around £250,000 annually due to sickness absence³. The latest figures from the Office of National Statistics show that in 2011, 131 million workdays were lost due to sickness absence in the UK⁴. An estimate for 2012 by the Confederation of British Industry is higher at 160 million working days lost⁵. Clearly, the high cost of sickness absence means that employee health is an important issue for business and the UK economy, as well as at an individual level. Employers have a duty of care to their employees and in the vast majority of cases are willing to invest in programmes to promote employee health. However, there is a limited understanding of the nature of effective programmes, which can mean that time and money may be wasted on poorly planned and executed health

¹ Cavill Associates Ltd with the University of Salford (March 2014) Best Practice in Promoting Employee Health and Wellbeing In the City of London – Technical Report, City of London Corporation -

<http://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Pages/Best-practice-in-promoting-employee-health-and-well-being-in-the-City-of-London.aspx>

² Dame Carol Black's Review of the Health of Britain's Working Age Population: Working for a Healthier Tomorrow (March 2008) -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwww-working-for-a-healthier-tomorrow.pdf

³ GLA Economics (May 2012) London's Business Case for Employee Health and Wellbeing

<https://www.london.gov.uk/sites/default/files/health-wellbeing-2012.pdf>

⁴ Office for National Statistics. Sickness absence in the Labour market. 2012.

http://data.gov.uk/dataset/sickness_absence_in_the_labour_market

⁵ CBI (2013) Fit for purpose: Absence and workplace health survey -

http://www.cbi.org.uk/media/2150120/cbi-pfizer_absence_workplace_health_2013.pdf

promotion initiatives⁶.

Workplace health promotion is defined as 'the combined efforts of employers, employees and society to improve the health and wellbeing of people at work'. This is achieved through a combination of: improvements in organisational practice and the working environment; promoting the participation of workers in the process; enabling employees to make healthy choices; and encouraging their personal development⁷. These approaches have been summarised in a number of workplace health models, for example by the Centre for Disease Control and Prevention⁸, which has developed a four-step model:

1. **Assessment** – to define employee health risks and concerns and describe current health promotion activities, capacity and needs.
2. **Planning** – to develop the components of a workplace health programme including determining goals, prioritising interventions and building the organisational infrastructure.
3. **Implementation** – putting strategies and interventions in place and making them available to employees.
4. **Evaluation** – investigating the worth and quality of the programme.

The World Health Organisation's healthy workplace model⁹ (see Figure 1) breaks these steps down further into eight processes, which include: mobilise; assemble; assess; prioritise; plan; do; evaluate; and improve. The model highlights how these interact with the key areas for action identified as:

- The physical work environment;
- Personal health resources;
- Enterprise community involvement;
- Psychosocial work environment.

This is underpinned by core principles of: ethics and values; leadership engagement, and worker involvement.

The key messages from both of these example models are that systematic, coordinated and comprehensive approaches, which include employee involvement, are essential to promoting health and wellbeing within the workplace.

⁶ Geotzel (2009) - Do prevention or treatment services save money? The wrong debate. Health Aff (Millwood); 28:37–41

⁷ European Agency for Safety & Health at Work (2005) Workplace Health Promotion - <https://osha.europa.eu/en/topics/whp>

⁸ CDC (2013) Workplace Health Model - <http://www.cdc.gov/workplacehealthpromotion/model/index.html>

⁹ WHO (2010) Healthy Workplaces: a model for action for employers, workers, policy-makers and practitioners - http://www.who.int/occupational_health/publications/healthy_workplaces_model_action.pdf

Figure 1: WHO healthy workplace model¹⁰



1.5. The City of London

The City of London is internationally recognised as a financial hub and is home to major international businesses in the financial services and professional services sectors, among others. In 2012, around 400,000 people were employed in the City, including working owners, sole traders and sole proprietors¹¹.

Within the City there are over 14,000 businesses, of which 215 would be considered 'large'¹² (employing more than 250 people), based on the European Parliament definition¹³. The City's contribution to UK output, measured by Gross Value Added (GVA) is estimated to be 3.7% of the total. In the tax year to March 2013, the financial services sector contributed around £65bn to UK government tax receipts, 11.7% of the total¹⁴. The financial services sector accounts for 9.7% of the total national income of Great Britain, and represents 22.1% of the total income of London¹⁵.

¹⁰ Reproduced from WHO (2010) Healthy Workplaces: a model for action for employers, workers, policy-makers and practitioners

http://www.who.int/occupational_health/publications/healthy_workplaces_model_action.pdf

¹¹ Office for National Statistics, (2013) Business Register and Employment Survey, September 2013

¹² Office for National Statistics (2013), Inter-departmental Business Register, October 2013.

¹³ European Commission (2003) Commission recommendation of 6 May 2003, concerning the definition of micro, small and medium-sized enterprises [http://eur-](http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:124:0036:0041:en:PDF)

[lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:124:0036:0041:en:PDF](http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:124:0036:0041:en:PDF)

¹⁴ PwC (2013) Total Tax Contribution of UK Financial Services Sixth Edition, City of London Corporation -

[http://www.cityoflondon.gov.uk/business/economic-research-and-information/research-](http://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Pages/Total-tax-contributions-of-.aspx)

[publications/Pages/Total-tax-contributions-of-.aspx](http://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Pages/Total-tax-contributions-of-.aspx)

¹⁵ Oxford Economics (2013) The Contribution of Financial and Professional Services to the City of London, Greater London and UK Economies, City of London Corporation -

1.6. Key health issues in the financial and professional services sector

The UK leads the world in a number of financial services, including: cross-border banking; foreign exchange; over-the-counter derivatives; and marine insurance, and is a European leader in most other financial services¹⁶. As highlighted earlier, maintaining employee health is of paramount importance to the national economy. For the City, where on average employee productivity (£105k in GVA output per employee) is higher than in London (£57k) and the UK (38k) more widely¹⁷, this is an even greater consideration.

The nature of the financial services sector – working across international time zones, in a competitive culture – means some employee health issues are more significant than others for the sector. A report by the UNI Global Finance Union¹⁸ highlighted the effects of working conditions and job losses on bank workers since 2011. The survey of workers in 26 countries found that 80% of banking unions in Europe reported deteriorating health is a major problem for their members. In the last year, the media has reported on cases of stress-related incidents in banking and the financial services in the UK, for example senior staff resigning or taking time off work due to stress-related exhaustion¹⁹. The UNI Finance report, looking at banking practices across the world, identifies various factors as associated with such incidents, including: sales targets; economic pressures following the recession; a limited pool of appropriately qualified staff; and changes in organisational structure aimed at improving overall efficiency, which can have knock-on effects on job roles and requirements²⁰.

Looking more broadly at national sickness absence rates across sectors, these have been found to be highest amongst large workplaces (250+), and were estimated at 1,780 cases per 100,000 in the working population in 2011/12²¹. The ONS Labour Force Survey estimates that the main work activities related to work-related stress (averaged over 2009/10 to 2011/12) are:

- Workload (including tight deadlines, too much work, pressure or responsibility);
- Lack of managerial support;
- Violence, threats and bullying.

<http://www.cityoflondon.gov.uk/business/economic-research-and-information/statistics/Documents/FS-PBS-%20April2013.pdf>

¹⁶ City of London Corporation (2011) The City Prospectus: City of London Economic Assessment 2010

¹⁷ TBR (2014) The Impact of Firm Migration to the City of London: Summary Report, City of London Corporation - <http://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Documents/Research-2014/Impact-of-firm-migration-on-the-city-of-london-FullReport.pdf>

¹⁸ UNI Finance, (2013) Banking: The Human Crisis: Job Losses and the Restructuring Process in the Financial Sector - <http://www.uniglobalunion.org/sites/default/files/attachments/pdf/final%20job%20loss%20survey-e.pdf>

¹⁹ Newcombe T, (2013). Personal health crisis looming in global banking, says study. -

<http://www.hrmagazine.co.uk/hro/news/1119165/personal-health-crisis-looming-global-banking-study>

²⁰ Op Cit - UNI Global Finance Union (2013)

²¹ HSE (2013) Stress and Psychological Disorders in Great Britain, 2013.

<http://www.hse.gov.uk/statistics/causdis/stress/stress.pdf>

In the UK, the number of sickness absence days has decreased in recent years. However, research by Price Waterhouse Coopers (2013) highlights that:

“While UK employees are taking less unscheduled absence days compared to two years ago (9.8 days in 2013, compared to 10.1 days in 2011), the number of these days that are due to illness has risen over that time (9.1 days in 2013, up from 8.7 days in 2011) and so the associated cost of staff sickness has also risen. Sick days now account for £28.8bn of the UK’s overall £31.1bn absence bill”.²²

In 2013, sickness days in the finance, banking and insurance sectors were estimated at 6.1, 7.4 and 7.4 days per employee respectively. These are relatively low absence rates compared to the national average, perhaps reflecting the competitive nature of work in these sectors. However, sickness absence is only one measure of workplace health. This research considers both sickness absence and the broader factors which can affect employee health before time is taken off work, both in the literature review and interviews.

1.7. Promoting employee health and wellbeing in the City

Under the Health and Social Care Act (2012) the City of London Corporation is responsible for promoting the health and wellbeing of those who live and/or work in the Square Mile. Previous research published by the City Corporation in 2012²³ looked at the health needs of the workforce across the Square Mile, to help inform the healthcare support provided. This research also highlighted the difficulties that some employees had in accessing health professionals near home, particularly for those who commute in to work or work long hours. In this context, workplace health promotion may be particularly important in the City. Alongside these health needs, the high cost of sickness absence to the UK economy makes effective workplace health promotion important at both an individual and business level.

Companies are increasingly interested in workplace health. There is a compelling body of evidence that successful companies tend to have healthy, productive workforces, and employers have a vested interest in reducing absenteeism and increasing productivity by improving the health of their employees. However, employers’ commitment to health and wellbeing often goes further than this: many recognise that offering positive health programmes to their staff can help improve staff recruitment and retention, as well positively contributing to corporate social responsibility. Employers increasingly recognise that investing in the health of their staff makes good business sense²⁴.

²² Price Waterhouse Coopers (2013) Rising sick bill is costing UK business £29bn a year – PwC research <http://www.pwc.co.uk/human-resource-services/issues/the-rising-cost-of-absence-sick-bills-cost-uk-businesses-29bn-a-year.jhtml>

²³ PHAST (2012) The Public Health and Primary Healthcare Needs of City Workers, City of London Corporation and NHS North East London, <http://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Documents/research-2012/The%20Public%20Health%20and%20Primary%20Healthcare%20Needs%20of%20City%20Workers.pdf>

²⁴ WHO (2010) Healthy Workplaces: a model for action for employers, workers, policy-makers and practitioners - http://www.who.int/occupational_health/publications/healthy_workplaces_model_action.pdf

This report highlights the range of workplace health and wellbeing interventions that organisations might consider investing in, in order to retain their competitive edge in a challenging economic environment. It investigates the published evidence for the effectiveness of workplace health promotion, and explores the experiences of City employers who are actively trying to promote the health of their staff.

1.8. Report structure

The remainder of this report is divided into separate chapters, each looking at a different employee health issue. Chapter two provides an overview of health and wellbeing practice in the City of London, based on interviews with 20 large financial services and professional services firms in the City. Chapter three considers findings in respect of health promotion/wellness programmes, mental health is covered in chapter four and musculoskeletal disorders such as back pain in chapter five. Finally chapter six considers organisational approaches to workplace health and wellbeing.

These chapters first consider the evidence in the academic and grey literature on the effectiveness of workplace health interventions in these different health categories. The literature review findings are then combined with the findings from interviews with City employers, in order to investigate the nature and extent of evidence-based practice in the City. It is worth noting that due to the small size of the sample, and its non-representative nature (only 20 firms were interviewed) it is not possible to draw generalisable conclusions from the interview findings. However these 20 firms also represent tens of thousands of employees in the City and therefore the interviews provide a useful indication of what large City firms are doing to promote employee health and wellbeing. The chapters conclude with practical suggestions for 'City-type' businesses (large firms in the financial services and professional services sectors), for effective workplace health interventions.

Chapter seven provides a set of overall conclusions for the research and chapter eight sets out practical recommendations for future action for City-type businesses, based on the research findings.

2. Overview – health and wellbeing in the City of London

Workplace health and wellbeing interventions can be characterised by their intent and focus around key health issues, such as health and safety; mental wellbeing; lifestyle behaviour change; and organisational good practice, as shown in the WHO workplace health model (2010) (see Introduction).

2.1. Workplace wellness programmes in City firms

All 20 City firms interviewed have some kind of workplace wellness programme in place and displayed a great enthusiasm for these. Most commonly, their workplace wellness programmes include health and safety; ergonomic assessments of employee workstations; the provision of healthcare/benefits packages; or some aspect of lifestyle health promotion, usually in the form of exercise opportunities, followed by dietary intervention. Other, less common areas of focus in City firms include mental wellbeing such as stress; alcoholism; and organisation-wide interventions such as changing work practices. In general the approach adopted by the City firms interviewed varies; some for example take quite a strategic approach which is implemented across the organisation, through the use of workplace wellness 'champions' for example.

There are also a wide range of other health promoting opportunities offered, for example: cycle to work schemes; subsidised or free gym membership; yoga; massage therapy; in-house sports clubs; social clubs; and volunteering. In addition, health education opportunities are offered most commonly for: nutrition; physical activity (particularly posters regarding using the stairs); and stress management. Health education opportunities are also offered for issues such as cancer awareness; sleep hygiene; resilience; self-esteem; weight control; and alcohol use; although these are less common.

A large number of organisations identified that the health and wellbeing agenda is crucial to their business, particularly in terms of retaining their competitive edge; employee retention; attracting 'top talent'; and winning external tenders. The need to be proactive about managing employee health came through strongly. In particular interviewees understand the need to be proactive and maximise the health and wellbeing of their workforce, rather than waiting to react to when people take sickness absence.

Healthcare challenges

The key health issues of concern reported in the interviews mirror national trends, and are mental health issues (see chapter 4), musculoskeletal conditions (see chapter 5), and minor illnesses (including coughs, colds etc.). Sickness absence was reported to be either lower than national trends or not identified as a particular problem by the organisations interviewed.

Access to healthcare, particularly GPs, has been reported as a potential problem for employees who often travel some distance to work²⁵. However, this is mitigated in many of the companies interviewed, by either providing in-house

²⁵ PHAST (2012) – Op Cit.

GP services, or access to private health care centres. As part of the benefit packages most organisations that were interviewed offer the opportunity to employees (sometimes without cost, sometimes subsidised) to access a range of healthcare services such as dental; optical, private medical insurance; flu jabs; physiotherapy services; smoking cessation clinics; and health/medical checks.

Organisational approach

All the organisations interviewed also provide more traditional medical healthcare benefits including Occupational Health (OH) and Employee Assistance Programmes (EAPs). For these companies, the role of Health and Wellbeing lead is an adjunct to their main jobs. As one company identified, this more traditional provision has remained a priority even with the challenge posed by the recent economic recession:

“...times are hard and we're making redundancies... ...we do have somebody who is working on safety...slips, trips and spills...more your traditional health and safety type approach” (Global Head Corporate Responsibility – Financial Services).

However in addition to this traditional focus, a number of organisations also have very well integrated systems, with designated Health & Wellbeing leads, and some have supporting teams and regional networks across the company. These organisations are more likely to take a more proactive 'joined up' approach to health and wellbeing.

“There are three of us who are specifically focused on health and wellbeing...we also work closely with our colleagues in our Rewards Team. We have sort of centralised everything to do with health and wellbeing under one team...to try and ensure we're being more coordinated and joined up” (Senior Manager - Employee Relations - Professional Services).

“We're trying to move towards being more proactive in our approach towards wellbeing, because although absence isn't a big issue for us...we want to do as much as we can to improve the proactive side of things, investing in preventative approaches such as up-skilling our line managers and appraisers to understand when an individual is perhaps feeling under pressure, and putting measures in place at that point to prevent it becoming a bigger issue” (HR Manager - Legal Firm).

Case study: Disability employees' network

A City law firm has set up a Disability Employees' Network, which offers a forum for sharing information among employees with a disability. This service has recently been extended to employees who care for someone with a disability. Employees who use it have reported it being very helpful for sharing information and also as an informal 'buddying' or mentoring system.

Source: interview with City law firm staff member.

Business environment

All interviewees mentioned that there is a competitive, target-driven culture in the City which lends itself to long working hours. They also flagged that the recession has had an additive effect on work pressure, with some interviewees reporting leaner workforces and less spare capacity.

“Our staff work in a very competitive environment involving long hours. Due to the competitive nature of the business the pressure is very high – much of this though comes from the individual though who is very ambitious and looking to progress their career, it’s become a ‘cultural thing’. With the pressure though comes significant reward for the individual” (Health & Wellbeing Officer - Legal Firm).

“It’s still a very difficult economic climate ... you see people left behind having to pick up the work because that doesn’t go away... I guess that’s just a result of the tough economic times” (Global Head Corporate Responsibility – Financial Services).

There is a distinction between companies who work at a national and international/global level, particularly in respect of working across time zones, and the transferability of the approaches, philosophy and policy environment between countries.

“We are an American firm so we do have restrictions and an issue of cultural understanding with our US counterparts...” (Rewards Manager - Legal Firm).

The City was described by some interviewees as having a ‘male dominated’ culture, particularly in respect of its competitiveness, and target-driven approach. This is reflected by 2011 Census data that shows that City workers are largely between 20 and 50 years of age, with the greatest proportion of women aged between the mid-20s to mid-30s, while men are aged between the mid-20s to mid-40s. There are over half as many male (220,265) than female (139,813) daytime City workers²⁶. The younger age and male dominant profile of City workers is likely influenced by the male-dominant finance and insurance industries representing 40% of the workforce (this proportion equates to 67% when including financial, insurance and professional services)²⁷.

Some interviewees reported that the perceived male-dominated culture influences early intervention/medical treatment in their organisation, with staff ‘shrugging off’ symptoms of ill-health, in particular mental health issues. In

²⁶ City employment by gender figures are from the Office for National Statistics 2013, The Workday Population of England and Wales: An Alternative 2011 Census Output Base. These figures differ slightly to those quoted above from the Business Register and Employment Survey (BRES) given in section 1.5, due to last available data being from 2011, differences in methodology (Workday Population figures are based on census data while BRES is based on sample data), and differences in the definition of ‘employment’ (the workday population of an area is defined as “all usual residents aged 16 and above who are in employment”, while BRES employment includes employees and working owners, including sole traders and sole proprietors).

²⁷ Office for National Statistics, (2013) Business Register and Employment Survey, September 2013.

addition, it influences the way initiatives are viewed with respect to personal or organisational responsibility.

“This is very much a personal view, I find it slightly ‘big-brotherish’ when we start doing things like that, what they should eat and when they should give up smoking.” (Head of Compensation & Benefits – Financial Services).

Business case – key drivers for improving health and wellbeing in the City

The majority of interviewees articulated a sophisticated understanding of the key aspects which link health and wellbeing to the business agenda, for example the links between staff engagement and productivity, corporate social responsibility and enhancing global brand profiles, the link between the culture/nature of the organisation, and employee retention and recruitment.

“...we've evidenced a business case from both a business reputation and leader point of view ... it's seen as kind of key to us being a purposeful company, a sustainable responsible business, and also the links between wellbeing and engagement, performance and business success.”
(Wellbeing Advisor – Telecommunications).

“It's part of my job to make sure that our people are the healthiest and the wellest they can be in order to perform at the top of their game really”
(Head of Compensation & Benefits – Financial Services).

However, most interviewees highlighted that putting together the business case is difficult, particularly in light of the challenges associated with measuring effectiveness (see section 3.4 for more detail on the business case).

“I think one of the challenges is certainly around positioning wellbeing as a business benefit... getting the leadership to see that actually it is a priority and it's not just about nutrition and fitness...it's about having a happy and fulfilled workforce...you know, the direct business benefit of someone being more engaged and feeling better in themselves” (HR Manager - Legal Firm).

3. Health promotion/wellness programmes: evidence of best practice

In many ways this is the traditional aspect of health promotion in the workplace, building on foundations including healthy eating in staff canteens and subsidised gym membership. While these types of initiative now represent only a small aspect of the total approach to employee health, they are important and popular interventions for many employers as they represent an opportunity to do something tangible and positive for employee health.

3.1. Findings from the published literature

Programmes reviewed in the literature address a wide range of health issues including diet; fitness; physical activity; smoking; self-perceived stress; and autonomy and control over work. Interventions include screening programmes; integrated wellness programmes; staff incentives; dietary change; physical activity opportunities; smoking cessation and alcohol awareness programmes.

There is a good evidence base for the short-term effectiveness of these types of programme, with eight reviews investigating various aspects of wellness programmes, and a further fifteen reviews covering specific health topics.

What works?

Multi-component interventions

A clear finding is that multi-component interventions appear to be effective, especially in the short term, when they combine aspects from different health issues into an integrated programme. Health topics covered include physical activity; diet; and smoking, combined with cognitive approaches to behavioural change. There is evidence of positive effects of wellness programmes on exercise; dietary; smoking; alcohol; and mental health outcomes as well as physiological markers (body mass index, blood pressure and blood cholesterol) amongst participants. One review for example found the effectiveness of multi-component interventions is greatest in younger populations (<40 years old) and when contact with participants is weekly, for example through a tailored onsite fitness programme, employed by one bank in the Netherlands²⁸.

Specific health topics

The evidence is particularly strong for physical activity interventions, which tend to be the dominant focus of literature in this area. One notable example from the grey literature is a workplace health pilot that aimed to help more than 1,677 employees in factory and office settings to improve their health and fitness. The programme worked by engaging employees in health checks, providing attention-grabbing nutritional information in employee restaurants and empowering staff, rather than preaching at them. Staff reported a number of

²⁸ Rongen, A., Robroek, S.J.W., van Lenthe, F.J., & Burdorf, A. (2013) Workplace Health Promotion A Meta-Analysis of Effectiveness, American Journal of Preventive Medicine Vol. 44(4), pp. 406-415.

positive health outcomes, including a 26% decrease in the weight of factory workers and a 9% decrease in office workers who were overweight or obese. At the same time, 13% fewer factory workers and 12% fewer office workers finished the scheme with an 'at risk' body fat level²⁹.

In comparison, the evidence for the effectiveness of dietary interventions alone in the workplace is not so strong. While there is modest evidence that combined physical activity and diet programmes can influence employees' weight in the short-term, there is little evidence that weight loss is sustained in the medium- to long-term. Though as the example above illustrates, employee engagement in programmes can help to improve the chances of effectiveness. There is less available evidence on alcohol interventions but what evidence there is suggests that interventions to reduce alcohol-related harm in the workplace can be effective.

There is evidence for the short-term effectiveness of interventions in the following areas:

Physical activity

- Prompts to increase stair use;
- Pedometer programmes;
- Internet-based approaches (such as online walking or cycling challenges);
- Access to places and opportunities for physical activity;
- Education, employee and peer counselling/support;
- Multi-component interventions combining nutrition and physical activity;
- Programmes matching the individual to their stage of behavioural readiness (i.e. stage of change³⁰).

Nutrition

- Multi-component interventions that include physical activity as well as nutrition (strategies such as nutrition education, dietary prescription, behavioural skills development and training to control adult overweight and obesity);
- Enhanced access to and availability of nutritious foods (especially fruit and vegetables);
- Promotions of healthy foods at point-of-purchase.

Tobacco control

- Interventions directed towards individual smokers to increase the likelihood of quitting smoking;
- Tobacco policies and bans to decrease cigarette consumption during the working day and exposure of non-smoking employees to environmental tobacco smoke at work;

²⁹ <http://www.employeebenefits.co.uk/workplace-offers-potential-in-tackling-obesity-crisis/10132.article>

³⁰ Prochaska JO, DiClemente CC. Self-change processes, self-efficacy and decisional balance across five stages of smoking cessation. *Prog Clin Biol Res.* 1984

- Incentives and competitions can be effective, but only when combined with additional support such as client education, smoking cessation groups, and telephone cessation support.

Alcohol

- Brief interventions to encourage employees to consider their alcohol intake and contemplate changes;
- Interventions contained within health and life-style checks;
- Psychosocial skills training;
- Peer referral (in which a colleague or peer recommends someone for an intervention).

Organisational factors for success

In line with the workplace health models discussed in the Introduction, Bellew (2008)³¹ reports that a range of high level organisational factors are important in the successful implementation of health promotion interventions in the workplace, including:

- Involvement of senior management;
- Engaging staff in helping to plan the programme;
- Integrating workplace health promotion programmes into the organisation's operations;
- Ensuring that targeted employees have easy access to high-quality training;
- Technical assistance and documentation;
- Providing incentives for use and feedback;
- Giving targeted employees time to learn how to deliver and use the programme, and redesigning work processes where necessary;
- Simultaneously addressing individual, environmental, policy, and cultural factors affecting health and productivity;
- Targeting several health issues within one programme;
- Focusing primarily on employees' needs and tailoring programmes to address specific needs;
- Optimising the use of on-site resources;
- Ensuring long term commitment to the programme;
- Rigorously evaluating programmes;
- Disseminating successful outcomes/promising practices to key stakeholders.

The literature clearly highlights therefore that taking a more strategic approach to health in the workplace, one which is built on meeting staff needs, is more effective than programmes run in a more 'ad-hoc' fashion.

Evidence of economic impact

There is evidence for positive economic benefits of workplace health promotion/wellness programmes to business, especially with respect to

³¹ Bellew, B. Primary prevention of chronic disease in Australia through interventions in the workplace setting: An Evidence Check rapid review. Chronic Disease Prevention Unit, Victorian Government Department of Human Services; (2008)

reduced healthcare costs and sickness absence. One review of eight studies³² for example, found that all but one study identified significant decreases in healthcare costs following implementation of wellness programmes.

A meta-analysis of wellness programmes³³ found that participation in fitness-only or comprehensive wellness programmes (those that include prevention and educational elements) is associated with decreased absenteeism and also increased job satisfaction. This provides support for the assumption that employees who participate in such programmes are generally healthier and therefore take fewer days off sick.

3.2. Current practice in the City

Occupational health

All 20 companies offer Occupational Health (OH) support, and confidential programmes (Employee Assistance Programmes - EAP), although these vary in their levels of comprehensiveness.

"It [the EAP] provides both counselling and advice around cases, like legal issues, caring issues, and relationship issues." (Wellbeing Advisor – Telecommunications).

"...they look after things like childcare, they can just contact the EAP and they will search the local area for local child-minders and they help with supporting elderly relatives in terms of finding care." (HR Projects & Policy Officer – Legal Firm).

Involvement of staff in informing the health and wellbeing agenda at work

As highlighted in section 3.1, the literature evidence clearly supports the involvement of staff in the identification and design of workplace programmes. There are varying levels of staff engagement in helping to set the health and wellbeing agenda in City firms:

"...if you ask people what they want they are always going to want something that perhaps we can't offer, you might not be able to deliver on it..." (Group HR Advisor - Insurance).

However overall, there are good examples of staff being involved in an ongoing way, or where staff demand has informed provision.

"We have staff fora which act as a mechanism to get feedback from our people but also to inform and communicate about various programmes we might be running." (Benefits Manager - Law Firm).

"We have resilience training....which will help people identify mental health conditions, sort of provide them with support on what they should

³² Oscilla et al., (2012) Systematic review of the impact of worksite wellness programs. The American Journal of Managed Care, Vol 18(2), pp 68-81

³³ Parks K.M., Steelman L.A. (2008). Organizational wellness programs: a meta-analysis. Journal of Occupational Health Psychology, Vol. 13 (1), pp. 58-68

do...we've got queues of partners queuing up wanting their whole teams to attend, which is great" (Senior Manager - Employer Relations - Professional Services).

3.3. Challenges to promoting health and wellbeing in the City

One of the challenges faced in delivering health and wellbeing initiatives is joining up the diverse range of people who have responsibility for some aspect of staff health across the organisation. For example, healthy food in the canteen may be the responsibility of the facilities team, private healthcare insurance may be the responsibility of the rewards/benefits team, and sickness absence management will be the responsibility of the HR team.

Challenges were also identified in respect of communicating health and wellbeing messages to staff and managers. To overcome this, most of the organisations interviewed post information on their intranet, and display posters etc., throughout the organisation.

"...and everything's advertised on the firm's intranet. We'll be running health and wellbeing workshops so that people know what's available to them, we're constantly advertising it. We have a weekly magazine as well with a page on health and wellbeing where there will be links to all the relevant pages where they can find information" (HR Projects & Policy Officer – Law Firm).

Some organisations identified that they wanted to be more proactive in this respect, by actively ensuring that information reaches employees – for example by running workshops or dissemination via staff teams – rather than relying on employees to ask for information.

Barriers to promoting health and wellbeing were also cited in respect of the lack of physical space available within the City. In some organisations, this affected their ability to provide facilities such as cycle storage, showers, canteens etc., though newer office buildings are more likely to have appropriate provision in this area.

Budgets for health and wellbeing were generally cited as adequate, although interviewees were conscious of the need to provide value for money. Companies tend to draw on one-off examples or anecdotal evidence, for example, a decline in sickness absence since the implementation of health support. Few companies specifically monitor the outcomes of investment into health and wellbeing activities.

"...so, I've always got to justify things that I'm spending money on, not just because I think it's a good idea, it's like where is the cost-benefit here, or where is the potential upside if we spend this, can it reduce costs somewhere else..." (Head of Compensation & Benefits – Financial Services).

Whilst budgets for the rewards/benefits packages are more clearly delineated, in respect of less formal initiatives, for example, stress management or resilience training, the interviews suggest there are limited ring-fenced budgets, or these are spread across a range of different departments within an organisation.

3.4. Evaluating the effectiveness of interventions

Evaluating the effectiveness of interventions in the workplace is traditionally very difficult, and this was mirrored in the general lack of metrics used to support the effectiveness of initiatives in the organisations interviewed. Firms do apply some measures where data is available, for example where there was evidence of a reduction in insurance premiums or staff were found to return to work faster than otherwise if health support was provided. All the firms did acknowledge the need to demonstrate effectiveness of provision, particularly given the economic climate, and the requirement to put forward a robust business case for further investment in health and wellbeing.

“...there's no kind of hard facts around what is the most effective part of the health programme...” (Group HR Advisor – Insurance).

Those companies interviewed who are currently making business cases for health and wellbeing investment largely use qualitative descriptors to rationalise the investment. For example, identifying links between investment and improvements in company reputation, or justifying investment as part of the firm's corporate social responsibility. It is notable that 'cost effectiveness' per se was not reported in the interview findings, in terms of monetary spend versus savings.

“We've done a lot of work sort of establishing the business case for the work around this area so we've written quite a lot of papers and done a lot of calls and presented to the Operating Committee and to the HR Leadership Team around different aspects of health and wellbeing and mental health in particular, and we've evidenced sort of a business case around taking action in this area, both from a company perspective but also from a business reputation and business leader point of view, so it's seen as kind of key to us being a purposeful company, a sustainable, responsible business and also the links between wellbeing and engagement, performance and business success.” (Wellbeing Advisor - Telecommunications).

There are some examples where health and wellbeing intervention has led to a significant benefit to the organisation.

“We had a situation a few years ago where we only had one insurer that would insure us because our long-term sickness claims were so bad, whereas when we introduced the musculoskeletal and the occupational health system as well, for over two years we had no claims at all and we had insurers pretty well fighting over us in terms of getting our business. Our premium went down from over one million pounds per year to under half a million.” (Head of Compensation & Benefits – Financial Services).

Uptake of certain types of health and wellbeing provision, such as occupational health use and uptake of rewards packages (e.g. gym membership; private medical insurance; eye tests etc.) is monitored fairly consistently. Less formalised training and health education opportunities are monitored less closely, and in most cases uptake is less well known, and evidence of uptake and effectiveness is largely anecdotal.

3.5. Discussion

Overall, most health promotion and wellness programmes in the companies that were interviewed reflect a more traditional approach to workplace health and wellbeing. They are generally aimed towards individuals, encouraging them to change their behaviours on targeted lifestyle issues. The evidence for effectiveness in the literature shows that multi-component programmes, designed in participation with staff, and supported by senior management, appear to be the most effective, particularly in improving aspects of employees' health (or key behaviours) in the short term. The literature also shows that individual health interventions in the workplace are likely to be taken-up by those individuals who already practice 'healthful behaviours', i.e. 'the worried well', something for employers to be aware of.

The interviews show that traditional programmes are a popular option for many City firms, who see them as a positive way to make and demonstrate a commitment to investing in their employees' health.

To be effective, the design and delivery of workplace health and wellbeing programmes need simultaneously to address individual, environmental, policy, and cultural factors. For example, if a company wants to encourage cycling to the office, it not only needs to provide showers, but also to tackle issues such as mileage allowances; bike parking; dress standards; maps of safe routes; and also perhaps to run promotional and awareness-raising campaigns such as the London Cycling Campaign 'Dr Bike' maintenance sessions in which bicycle mechanics visit organisations to help maintain employees' bikes.

Interviewees were knowledgeable and very enthusiastic about the health and wellbeing agenda, and recognise the need to be proactive. Some firms have very well-integrated systems in place, though overall the degree to which health and wellbeing programmes are integrated across the organisation in terms of strategy and governance structure, varied.

Effective health promotion and wellness programmes are based on the needs on staff, with employees involved at every stage of the design, delivery and evaluation of any programme. From the interviews, most health and wellbeing programmes appear to be largely designed by HR or equivalent teams. Staff involvement or needs assessment was undertaken in some firms, though levels of staff engagement did vary.

Key challenges to workplace health promotion include the competitive nature of the financial services and professional services sectors; economic climate; engaging all staff in programme design; and difficulties with measuring the effectiveness of interventions. These challenges also hindered the ability to produce robust business cases for some organisations.

3.6. Best practice implications for employers

Taken from the literature review evidence and company interviews, best practice in implementing health promotion and wellness programmes involves:

- Using existing data and/or conducting surveys to highlight key health needs in the organisation.
- Convening a steering group comprising employees at all levels of the organisation to consult with staff and drive the health and wellbeing agenda.
- Designing a health and wellbeing strategy based on the evidence of effectiveness and staff needs.
- Ensuring the programme is delivered in conjunction with staff.
- Evaluating the programme to measure impact, and developing the systems within organisations to collect relevant metrics in order to measure impact of health and wellbeing programmes.

4. Mental health programmes: evidence of best practice

Positive mental health is an important issue for employers; in the UK, one in four people will experience a mental health problem each year. Mental illness is also the single largest cause of disability in the UK³⁴. Many companies make serious efforts to focus on mental health, from programmes to reduce stress in the workplace and improve working conditions, through to programmes working directly with people with known mental health problems, including resilience-building approaches.

4.1. Findings from the published literature

There is a good volume of evidence on this topic: eleven reviews reported on some aspect of the relationship between working environment (including working practices) and psychological outcomes, including mental health and wellbeing, and depression. Of these, five reviews addressed the effectiveness of interventions to treat people with depression, with one specifically looking at the effectiveness of workplace counselling and another at the factors associated with disclosing a mental health problem in the workplace. Three studies looked at interventions aimed at reducing workplace stress; two considered the promotion of positive mental health in the workplace; and one looked at mental health and employment. In addition, a 2014 review for the Department of Work and Pensions and the Department of Health provides some key insights into this area³⁵.

Interventions include approaches such as: cognitive behavioural therapy; occupational therapy; anti-depressant medication; psychodynamic therapy; enhanced primary care and psychological treatment; multi-modal approaches (approaches using more than one technique or method); stress management; personal support; social skills; and coping skills training.

What works?

Treatment of depression

A critical area of activity for many employers is the delivery of programmes or interventions to help members of staff who have been diagnosed with mental health issues, such as depression (as opposed to programmes promoting positive mental health in general).

There is strong evidence for the effectiveness of treatment for depression in the workplace. For example a meta-analysis³⁶ conducted on the effects of

³⁴ <http://www.nhs.uk/nhsengland/NSF/pages/Mentalhealth.aspx>

³⁵ van Stolk C, Hofman J, Hafner M, Janta B. (2014). Psychological Wellbeing and Work. Improving Service Provision and Outcomes. Rand Europe (for Dept of Work and Pensions and Dept of Health.)

³⁶ Martin A., Sanderson K., Cocker F. (2009) Meta-analysis of the effects of health promotion intervention in the workplace on depression and anxiety symptoms. Scandinavian Journal of Work, Environment & Health, Vol. 35(1), pp. 7-18.

workplace-based health promotion interventions on depression and anxiety symptoms showed that interventions are broad ranging, and include:

- Increasing physical activity;
- Cognitive behavioural therapy (CBT) (including computerised programmes);
- Work-stress reduction, including problem solving techniques and changes to the work environment;
- Motivational interviewing;
- Improving knowledge in respect of mental health;
- Cycling and walking to work;
- Counselling;
- Meditation.

The results indicate small but positive overall effects of such interventions with respect to symptoms of depression and anxiety, though no effect on overall mental wellbeing. A broad range of health promotion interventions appear to be effective in reducing symptoms of depression and anxiety in employee populations. Though the effect of these interventions tends to be small, they can provide support for employees to remain in or return to work.

Workplace counselling

Workplace counselling, provided either in-house or externally by employers, has been the focus of a number of reviews. This is defined as an intervention that is:

- Voluntarily chosen by the client;
- Responsive to the individual needs of the client;
- Primarily intended to bring about change in an area of psychological or behavioural functioning.

There is substantial evidence in respect of client satisfaction with counselling services. The balance of evidence suggests that participation in workplace counselling is generally effective in ameliorating symptoms of stress and low self-esteem/levels of wellbeing. Similarly, the balance of evidence shows that workplace counselling is generally effective in bringing about a reduction in symptoms of depression. There is also evidence from a small number of studies that workplace counselling can be beneficial for a range of work-related psychological and behavioural problems such as anxiety; low self-esteem; emotional burnout; occupational post-traumatic stress disorder; and substance abuse. However, the evidence tends to support the short-term effects of workplace counselling; less is known about long-term impacts.

Stress

Stress is a common concern among employers, and many efforts have been made to reduce levels of perceived stress in the workplace. The evidence base is quite strong here, including a meta-analysis of occupational stress management intervention programmes³⁷. This covered resilience-building

³⁷ Richardson K.M., & Rothstein H.R. (2008) Effects of occupational stress management intervention programs: a meta-analysis. *Journal of Occupational Health Psychology*, Vol. 13(1), pp.69-93

interventions aimed at reducing the severity of an employees' stress symptoms, as opposed to preventing them occurring. The interventions are diverse, comprising:

- Stress reduction/education seminars;
- Meditation;
- Relaxation training, including muscle relaxation and deep breathing;
- Cognitive behaviour therapy (CBT) skills;
- Goal setting;
- Exercise;
- Social support groups;
- Keeping a journal of stressful events;
- Assertiveness training;
- Stress inoculation training;
- Personal skills development.

The review found “a significant medium to large effect” for interventions including cognitive-behavioural therapy; relaxation; organisational; multi-modal; or alternative interventions. Cognitive-behavioural programmes consistently produce larger effects than other types of interventions, but if additional treatment components are added the effect is reduced. Within the sample of studies, relaxation interventions are most frequently used, while interventions integrated across organisational practices continue to be relatively uncommon.

The evidence also shows that stress management programmes appear to be effective in reducing absenteeism shortly after an intervention is implemented, but there is no evidence to support a long-term impact³⁸.

It appears that stress management programmes that aim to address organisational issues alongside individual-level outcomes are beneficial at both individual and organisational levels. There is evidence that the majority of interventions are focused at the individual rather than organisational level. Of these, programmes based on CBT seem to produce larger effects than the other interventions. These can be either one to one (i.e. traditional counselling sessions) or delivered online via the internet or intranet. Most of the interventions report short-term effects, with longer-term impacts being less clear.

Primary prevention includes actions to prevent a condition, for example stress, developing in the first place (perhaps by introducing flexible working); secondary prevention aims to detect and treat stress before it becomes symptomatic (stress management or relaxation classes); and tertiary prevention is directed at those who already have symptoms, to prevent further deterioration (e.g. CBT). Approaches implemented across an organisation and which focus on primary prevention and secondary/or tertiary prevention, have been found to be beneficial at both individual and organisational levels.

³⁸ Damiani G., Federico B., Pinnarelli L., Sammarco A., Ricciardi W. (2006) Evaluating the effect of stress management programmes on work-site absenteeism reduction: a systematic review. *Italian Journal of Public Health*, Vol. 3(2), pp. 38-43

Promotion of positive mental health

Within the literature reviewed, a number of interventions have aimed to promote positive mental health among employees. Effective interventions identified include:

- Face-to-face training on mental well-being;
- Altering shift patterns;
- Psychosocial intervention training;
- Stress management training (paper-based and involving a trainer, rather than online);
- Counselling and cognitive behavioural therapy.

In terms of promoting wellbeing, participatory interventions seem to be more effective, and there is some evidence of face-to-face training for managers being effective in helping to reduce indications of stress in their staff. Stress management training, delivered face-to-face by a trainer, also appears effective. In the short term, there is some evidence that changing work hours/shift patterns is effective.

In respect of ease of implementation – here the process is the primary concern, rather than the intervention itself. The factors which facilitate ease of implementation include: identified need; employee engagement/participation; and buy-in from senior management. Without these factors in place the same intervention – for example a no-smoking policy - can be extremely problematic to implement.

There are different costs associated with each different form of intervention, some of which have been evaluated for cost-effectiveness and other types of cost benefit in the literature (see online technical report for more information on return on investment³⁹). However, the cost-effective evidence base is not conclusive in the literature, or in practice. This is largely because studies are carried out in different contexts - in different countries, at different times, with different modes of intervention delivery, and are rarely evaluated effectively, which makes comparison impossible. Some types of intervention can be achieved at minimal cost, for example changing work patterns, or policy implementation, or delivering online training. In comparison, other interventions are more costly, for example providing cycle storage facilities/shower facilities.

4.2. Current practice in the City

Addressing workplace stress

Employees in the financial services and professional services sectors, such as those working in the City of London, tend to face a particular set of workplace health challenges. These might relate to the need to work across international

³⁹ Cavill Associates Ltd with the University of Salford (March 2014) Best Practice in Promoting Employee Health and Wellbeing In the City of London – Technical Report, City of London Corporation - <http://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Pages/Best-practice-in-promoting-employee-health-and-well-being-in-the-City-of-London.aspx>

time zones, which can require late night working or working long hours; and a competitive, fast-moving environment. More generally, challenging economic times can also create additional work pressures. These factors all contribute to the potential for workplace stress.

There was a consensus among the firms interviewed that stress is one of the top issues of relevance in the City. There was a growing awareness of the need to tackle the problem, and a variety of organisational and individual interventions are being made available to employees.

"I'm seeing more instances of mental health referrals...people with anxiety, depression, on occasion stress, so I am seeing an increase in that and it's something that we're keeping an eye on, we're not tracking it particularly carefully at the moment but it is something we're aware is increasing." (HR Advisor – Insurance).

Many of the interviewees mentioned that resilience training and stress management/support is becoming much more 'embedded' in working practices within their organisation. They also identified a growing interest in talking about mental health issues and welcomed working in partnership with other organisations across the City in approaching and addressing such issues. In some cases there was a degree of unwillingness to engage with mental health issues and reluctance to draw attention to mental ill health; though, this was linked more to a desire to avoid stigmatisation for employees than a denial of the importance of mental health issues.

"We also find that quite a number of our occupational health referrals that we do currently are for mental health issues. I slightly shy away from doing publicity campaigns around it 'cos I don't want to alarm people and I also don't want to alarm senior managers that we've got an issue with stress in the workplace" (Head of Compensation & Benefits – Financial Services).

"...it's about breaking the taboo really about being open...I think as a population generally we find it much easier to talk about a bad knee or a broken arm than we do talking about depression or anxiety...I don't think as a sector we're great at that." (Environment, Health & Safety Manager – Legal Firm).

Some of the companies interviewed are well advanced in tackling workplace stress at an organisational level whereas others are still using more traditional, reactive approaches to stress management by offering individual counselling to staff. EAPs are currently commonly provided by most organisations as a confidential source of support for health and social issues faced by staff e.g. dealing with debt, dealing with caring responsibilities.

Management training, particularly around recognising and managing mental health issues are offered in some, although not all, organisations consistently. One organisation reported that in-house directors and partners are trained to act as mental health champions.

"We had someone talking about resilience to our partner group and that was incredibly popular. I think there is now a sort of acceptance to talk about it openly, I think there is more willingness to accept that you are not a

failure and that you can have a period of physical or mental ill health and recover and still do a good job for the firm.” (Senior Manager - Employer Relations - Professional Services).

“There are a network of directors and partners who individuals can call upon completely confidentially if they want to talk to someone about a mental health issue and so that network will work with that person to understand the issues and give them some support” (HR Manager - Legal Firm).

Sickness absence

All 20 organisations interviewed routinely monitor sickness absence, although there are differences in the way that data is collected and used. Though most organisations do not explicitly link their sickness absence data to health and wellbeing indicators, some employ a sophisticated approach to interpreting and using their data, including some examples of data being used to tailor interventions to meet employee needs. One organisation adopted a particularly innovative approach to monitoring potential stress levels, looking at the hours that people have worked, and the overtime they had submitted.

“...we are a very metrics-driven organisation so we monitor a lot of wellbeing matters across the company ...we look at sickness absence overall, but we also break it down into the main causes and mental health is one of them. So every month we have a ‘mental health dashboard’ ... and we also look at data from our employee assistance provider around mental health and we also look at data from our own internal online risk assessment tool.” (Wellbeing Advisor – Telecommunications).

“...we have now got 12 months’ worth of robust absence data which we will begin to look at in more depth in order to understand reasons for absence, and then we will tailor some initiatives around that.” (Rewards Manager - Legal Firm).

The organisations interviewed were at different stages in dealing with the key causes of sickness absence. For example, most organisations have comprehensive ergonomic workstation assessment and adjustment provision in place, which is also augmented with physiotherapy provision. However, in respect to mental health-related issues, organisations exhibited variable levels of current provision, although they all recognised the importance of the issue.

Case study: Mental health champions

Deloitte introduced the *Mental Health Champions* network to increase openness around the subject of mental health among staff. A retired partner of the firm worked with the mental health charity Mind to create a network of ten partners and directors.

Having this structure in place allows those experiencing mental health problems to talk to a senior person within the business confidentially, outside of the normal management structure. They can talk to someone who knows the business well and who has received training. Mental Health Champions can provide support to the individual or any line managers/appraisers who may be

concerned about a fellow colleague. The approach aims to allay fears and act as a sounding board in a completely confidential setting, and to signpost the person to further professional help.

The network itself continues to grow and forms part of Deloitte's wider commitment to wellbeing across the firm. The founder of the network is now able to provide more intensive advice and support and also helps those who, despite the confidentiality offer, are still too worried about disclosure to speak to a partner.

Source: interview with Deloitte staff member.

4.3. Discussion

Mental health is clearly a critical issue for employers, and the need to tackle mental health issues with positive approaches was recognised by the City firms interviewed.

There is strong evidence in the literature for the effectiveness of interventions to reduce stress in the workplace, and some moderately strong evidence for interventions targeted at people with an existing diagnosis of depression. It is harder to measure the impact of programmes promoting positive mental health, but it appears that these do have some positive impacts.

The interview findings demonstrate that City firms take mental health issues seriously, and increasingly recognise the need to talk openly about this, though in some cases there is still some reluctance to do so. As with health and wellbeing programmes, mental health programmes tend to be individually - focussed rather than applied across the organisation. Alongside counselling programmes and stress management training, it is important to consider working conditions or practices where these can help reduce the levels of stress that employees experience on a day-to-day basis.

4.4. Best practice implications for employers

Taken from the literature review evidence and company interviews, best practice in implementing mental health programmes involves:

- Assessing mental health issues among staff. This might be incorporated as part of an annual staff survey, involving for example Health and Safety Executive 'stress management standards'.
- Considering making changes to the work environment and work practices to reduce identified stressors. Generally, firms tend to react to individual situations rather than address the causes of work-related stress at source.
- Ensuring that processes are in place to deal compassionately and effectively with employees who have diagnosed mental health problems.
- Encouraging open discussion around stress and mental health issues. There were some positive examples of this approach being taken, notably through EAPs.

Best Practice in Promoting Employee Health and Wellbeing in the City of London

- Designing and delivering training programmes, including recognising the early signs of stress, stress management, assertiveness, CBT, relaxation and resilience.
- Encouraging physical activity, social events, and social support groups.

5. Musculoskeletal disorders: evidence of best practice

Musculoskeletal disorders, including back pain, are a significant problem for workforces. In industrialised countries, up to 80% of the population will experience back pain at some stage in their life, and in Europe, during any one year, up to half of the adult population will have back pain⁴⁰. This can result in absences from work and loss of productivity - in the UK 12.5% of all sickness absence days are estimated to be attributable to back pain⁴¹.

5.1. Findings from the published literature

There is a considerable body of review-level evidence on workplace interventions on musculoskeletal disorders, with fifteen reviews identified. These relate primarily to neck/upper extremity and shoulder pain as well as lower back pain.

Despite the volume of evidence, the quality of evidence in this field is still low to moderate in most cases and studies show high levels of heterogeneity, making comparisons and recommendation for practice, challenging.

What works?

Neck/upper extremity/shoulder

The literature includes reviews assessing a range of types of interventions, including exercises; manual therapy; massage; ergonomics; and energised splints (a type of splint to support wrists and stimulate recovery). Limited published evidence of effectiveness was found for the following:

- Exercise compared to massage;
- Adding breaks during computer work;
- Massage as an add-on treatment to manual therapy;
- Keyboards with an alternative force-displacement of the keys.

There is some high quality evidence on the effectiveness of multidisciplinary rehabilitation (i.e. offering a range of different types of intervention – including massage; energised splints; and exercises) for non-specific musculoskeletal arm pain in workers who had been absent from work for at least four weeks.

There is moderate-quality evidence on the effectiveness of interventions such as arm supports and ergonomic interventions, for example from a randomised control trial study on the use of an arm support with alternative mouse, to reduce incidence of neck/shoulder musculoskeletal disorders. However, evidence for educational interventions is not as strong – another review aiming

⁴⁰ Burton A.K., Balaque F. et al, (2006) European guidelines for prevention in low back pain. European Spine Journal, Vol. 15(2), pp.136-168

⁴¹ Beavan, S. (2012) The Impact of Back Pain on Sickness Absence in Europe, The Work Foundation p.5 – http://www.theworkfoundation.com/DownloadPublication/Report/313_The%20Impact%20of%20Back%20Pain%20on%20Sickness%20Absence%20in%20Europe%20FINAL.pdf

to assess the effectiveness of patient education for neck pain failed to show effectiveness of educational interventions in various neck disorders.

A review by Larsson et al., (2007) of the risk factors and effectiveness of preventative interventions on neck pain concluded that, from the available evidence, key risk factors associated with neck-shoulder pain include being female (which may be linked to women being more likely to work in certain sectors or types of job); repetitive movements; high force demands; work posture; computer work (postural constraint); work-related psychosocial stress; and high work demand, among others⁴².

The following interventions can be identified from the literature as effective for neck/shoulder/upper extremity pain prevention and management:

- Exercise;
- Adding breaks during computer work;
- Massage as add-on treatment to manual therapy;
- Keyboards with an alternative force-displacement of the keys;
- Multidisciplinary rehabilitation for non-specific musculoskeletal arm pain;
- Arm support with alternative mouse;
- Ergonomic training: helping employees to adapt their working conditions – such as height of desk or workstation – to reduce pain or fatigue
- Use of a multidisciplinary approach involving physical, psychosocial and organisational components;
- Participatory approach involving employees and stakeholders;
- Primary prevention in physically heavy manual jobs;
- Reduced exposure to biomechanical risk factors through organisational changes and workplace adjustments;
- Reduced sedentary behaviour as sedentary workers with low levels of leisure-time activity have higher prevalence of neck disorders⁴³;
- Strength/resistance training as an intervention for decreasing neck pain severity.

Lower back pain

There is moderate evidence for the effectiveness of multidisciplinary rehabilitation on lower back pain, such as a workplace visit or more comprehensive occupational healthcare intervention. The outcomes of such interventions include increased speed of return to work, fewer sick days and alleviation of subjective disability. There is some limited evidence that exercise has significant positive effects on reducing the amount of sick leave taken; associated costs for the employer; and the risk of new episodes of lower back pain, but there is no evidence on the impacts of interventions on levels of pain. There is also limited evidence of the effect of multidisciplinary interventions

⁴² Larsson, B., Søgaard, K. and Rosendal, L. (2007). Work related neck-shoulder pain: a review on magnitude, risk factors, biochemical characteristics, clinical picture and preventive interventions. *Best Practice & Research Clinical Rheumatology*, Vol. 21 (3): 447-463.

⁴³ Proper k.I., Koning M., Van der Beek A., Hildebrandt V.H., Bosscher R.J., Van Mechelen W. (2003) The Effectiveness of Worksite Physical Activity Programs on Physical Activity, Physical Fitness, and Health. *Clinical Journal of Sport Medicine*, Vol. 13(2), pp.106-117

(such as physical therapy; exercise; ergonomics; behavioural therapy; and pain prevention) on lower back pain.

Implications for practice regarding lower back pain prevention and management identified from the literature include:

- Multidisciplinary rehabilitation that includes a workplace visit, for employees with sub-acute low back pain;
- Ensuring exercise is included as part of a multidisciplinary approach (including other therapies such as physical and behavioural).

Combined approaches

One review reported on the effectiveness of workplace-based interventions for managing musculoskeletal-related sickness absence and job loss, among employees who have already taken sickness absence (i.e. a reactive approach). Interventions include prescribed exercises; behavioural change; ergonomic assessment; and additional external support services. The mean reduction in sickness absence for people with musculoskeletal conditions, who had taken time off work, in the intervention group when compared with the control group, was 1.11 days in a month. The benefits of intervention were greater in those workers who had less than 12 weeks of sickness absence at baseline when compared with workers who had had more sick-leave. Those interventions that were brief (shorter than 12 hours in total) were found to be more effective than those that lasted longer.

From the literature, the following approaches appear to be promising:

- Ergonomic chair-based interventions and workplace modifications;
- Comprehensive, multidisciplinary approaches such as: referral to a physiotherapist; rehabilitation specialist; occupational physician or GP; appointing a case manager; employing intensive multidisciplinary treatment over several weeks; small group CBT or programmes providing education on stress and coping;
- Stakeholder involvement in workplace decision-making regarding treatment/intervention.

Evidence of economic impact

The literature review identified two moderate quality economic evaluations, which indicate that interventions with a workplace component are more effective than those without. One study reported that cost per return to work-day gained was £17. A second study, using a different measure, reported that the insurance provider saved £46 per day by returning an employee to work – in this case the cost-benefit ratio was 1:7.7. The difference in these two figures is due to the different measures used, different contexts, and different factors such as salary costs etc. In this respect, the first measure indicates that intervention that helps employees to return to work sooner, costs £17 per day gained (i.e. the intervention itself costs £17), therefore the greater the employee salary, the greater the saving. In the second case, when both a cost-benefit analysis and a cost-effectiveness analysis are carried out, then the overall cost saving for the insurance provider by the intervention is £46.

Stakeholder participation and changes to workplace practice appear to be more effective in general (as well as more cost effective) at helping employees on sick leave with musculoskeletal conditions return to work, when compared with not offering a programme, or only encouraging employees to exercise.

5.2. Current practice in the City

The majority of interviewees acknowledged the importance of preventing and/or treating musculoskeletal problems in the workplace. These are seen to be not only a drain on company resources but also a significant source of discomfort for employees. In many cases it was acknowledged that a lot of musculoskeletal issues are preventable:

“...when you look at the private medical insurance utilisation statistics you can see the big kind of risk areas in mental health, cancer, musculoskeletal issues, etc. Those really big areas are largely preventable.” (Environment, Health & Safety Manager – Legal Firm).

Most companies interviewed reported that their staff has access to ergonomic workstation assessment and physiotherapy services (including fast-track physio services). Most workplaces also pay particular attention to the needs of pregnant/disabled workers also, in line with legal requirements. It was also mentioned in some cases that musculoskeletal issues might come from sport-related injury rather than being work-related.

“Musculoskeletal is the biggest area of spend on the private medical insurance usually in law firms and that is, there's two causes to that. There's the sedentary nature of office work and, you know, obesity issues that find themselves working through into MSK problems, but equally in a high achieving lawyer population you do, certainly I saw it at [previous employer], you have a population that work hard, play hard. You have the sports injuries, you know, the extreme sports.” (Environment, Health & Safety Manager – Legal Firm).

“...the fact that we're a knowledge-based kind of workforce, sedentary kind of position, like many other people who work in offices, sitting at desk all day in front of a screen probably isn't the best for your musculoskeletal system.” (Benefits Manager – Legal firm).

A number of companies have introduced programmes to try to address musculoskeletal issues in their workforce, including introducing ergonomic assessments and physiotherapy services:

“...12 years ago musculoskeletal injury was the firm's biggest problem due to the use of computers and people not leaving their desk from morning to night. However through support from the City of London Corporation we introduced two-yearly workstation assessments – these are all done by me face to face at their desk. This not just reduces musculoskeletal injuries but allows staff an opportunity to chat to me about wider health and wellbeing issues – it's a fantastic opportunity.” (Health & Wellbeing Officer – Legal Firm).

“Well we work with BUPA, occupational health providers and they provide us with an advisor who works on site two days a week and we also directly employ the services of a physiotherapist, she comes into the office two days a week and she provides sort of hands-on treatment for anybody that requires any physiotherapy but she also runs some educational and awareness sessions which we call a posture workshop...We've been doing this for a number of years now and we've obviously realised that the main problem with people is the posture and day-to-day posture, so sitting, sleeping, standing, and so we're trying to sort of raise awareness and get people to be proactive in that matter.” (Health and Safety manager - Legal firm).

“...we've got 1,600 employees, but we've got 1,200 men and the situation with most blokes is that they tend to ignore minor niggles or aches or pains, so we introduced a fast-track musculoskeletal rehab ... it's reduced the amount of MRI scans and surgeries...so we've been able to capture these things a little bit earlier than we would have done normally by making it easier for people to access services” (Head of Compensation & Benefits – Financial Services).

Case study: Fast-track physiotherapy services

One City firm has introduced a fast-track musculoskeletal rehabilitation (physiotherapy) service. They found that traditionally with private medical insurance, employees have to go to a GP (which is often difficult in the City), get a referral to a specialist, then go and see the specialist before treatment even begins. So they arranged with their private medical insurer to dispense with the GP referral for musculoskeletal conditions, so people can go along to a local sport medicine/sports injury service. They have found it to work much more efficiently and it is popular with staff.

Source: interview with City law firm staff member.

5.3. Discussion

Interventions to reduce back pain and musculoskeletal conditions represent a very tangible area for action by employers, where significant cost-savings can potentially be made (e.g. through fast-track physiotherapy). The responsibility for action on musculoskeletal health is perhaps even greater for employers than for other health conditions, as many employers feel that problems may be caused or at least exacerbated by working conditions, especially long periods of desk-bound sitting. In addition, the benefits of action on musculoskeletal health are perhaps felt more immediately by employees, particularly compared to some of the more complex health areas, such as stress.

Although the interviews indicate there are a number of clear and promising interventions in place, it appears that the published evidence for effectiveness in this area is not particularly strong. This may be at least in part due to the challenge of measuring musculoskeletal outcomes.

5.4. Best practice implications for employers

Taken from the literature review evidence and company interviews, best practice in implementing programmes to address musculoskeletal disorders involves:

- Initiating and maintaining a programme of on-going ergonomic assessment for all staff that encourages staff to maintain good posture and also move regularly.
- Rolling out a comprehensive programme of musculoskeletal interventions including physical activity; regular screen breaks; massage; alternative keyboards, chairs, desk design (including standing desks) and screens.
- Maintaining good practice and improving access to fast-track physiotherapy services.

6. Organisational approaches

This is a critical area, covering health issues that can be addressed through changes to organisational structure; approach; management style; environment; or working practices. The category is very broad and tends to overlap with some of the interventions reviewed above. However this distinct area is less concerned with developing interventions aimed at the individual employee, and more at addressing the root cause of any ill-health, through changes within the organisation itself.

6.1. Findings from the published literature

The evidence base is reasonable for this issue, with eight reviews including five focused on organisational level interventions; two on the effectiveness of occupational health and safety interventions; and one looking at flexible working conditions, identified.

What works?

Health and Safety

Occupational health and safety interventions appear to be effective, with improvements reported in levels of hazard reporting by employees; more organisational action taken on occupational and health issues; and decreased worker compensation claims. Additional benefits include: improved employee perceptions of the physical and psychosocial working environment; increased participation in health and safety activities; reduced rates of lost injury time; and increased productivity. Interventions included comprised lectures; printed materials; hands-on practice; and feedback.

Employee control

There is evidence for a positive impact from 'task restructuring interventions', which include interventions implemented at the organisational or departmental level which can affect workers' everyday psychosocial environment. It appears that team-working interventions seem to improve the psychosocial work environment, although the health impacts of these are less apparent. Interventions aimed at increasing employee control also seem to result in improved health. One study found some evidence of health benefits (particularly in respect of mental health, including reduced anxiety and depression) when employee control improved, or when workload demand decreased or support increased.

Effective interventions involving improved control include:

- Health circles (staff discussion groups on improving potentially harmful working conditions);
- Participatory committees;
- Control over hours of work;
- Task structure work reorganisation;
- Enlarging task variety;
- Collective decision making;
- Autonomous groups.

Studies that evaluated changes to work organisation included a focus on: changes from an eight hour, five day working week to compressed working (12/10 hours for a four day week); and changes to shift work schedules/weekend work. Overall there was evidence that organisational level changes to the psychosocial work environment can have generally beneficial effects on health, and could potentially impact on reduced health inequalities amongst employees. While some organisational-level participation arrangements might benefit employee health, they may not protect employees from generally poor working conditions, as found in two studies of participatory interventions that took place alongside redundancies, which resulted in a negative impact on health.

Flexible working

Flexible working conditions have been studied for their impact on employee health and wellbeing, including self-scheduling of shift work; flexitime; and overtime; 'contractual flexibility'; partial/gradual retirement; involuntary part-time work; and fixed term contracts. Four of the studies on temporal flexibility, and one of the studies on contractual flexibility reported statistically significant improvements in either primary outcomes (including systolic blood pressure and heart rate; tiredness; mental health; sleep duration; sleep quality and alertness; and self-rated health status) or secondary health outcomes (co-worker support on sense of community), and had no ill health effects. Flexitime was not found to have significant effects on either physiological or psychological outcomes. The overall findings suggest that flexible working interventions that increase worker control and choice are likely to have a positive effect on health outcomes, whereas those that are motivated or dictated by organisational interests (e.g. fixed term contracts or involuntary part-time employment) have equivocal or negative effects.

Organisational change

Changing organisational/environmental factors, rather than targeting individuals, can be beneficial to employees' health. The findings indicate strong evidence for dietary interventions that involve changes to vending machine/canteen facilities in respect of the availability of healthy foods/low-fat options/fruit and vegetables; advertising campaigns encouraging healthy eating habits; and food labelling. The findings are less conclusive in respect of physical activity walking interventions.

Occupational health and safety interventions, including training, are generally found to have positive effects in the workplace. Training is found to have a positive impact on employee behaviour, although insufficient evidence was found in respect of its effectiveness on health.

Interventions aimed at improving workers' everyday psychosocial environments, particularly in respect of control, were considered (although most studies in this field relate to manual workers or hospital employees). Overall, studies that increased control seem to result in improved health (particularly mental health), and had the potential to reduce health inequalities. Interventions aimed at improving control include changes in work patterns/work hours; health circles; participatory committees; and task structure/work organisation. The findings are

less clear in respect of increasing support, and more evidence is needed in respect of *how* interventions are being implemented.

Examples from the grey literature suggest that taking a global approach can strengthen workplace health protection and promote good general health, wellbeing and performance. One company for example has adopted a *health metric scorecard* which can be used by management teams to assess the development and performance of key preventive elements of site health programmes. This annual appraisal includes a self-assessment of management team 'health leadership' behaviours. Health scorecard data are also analysed at a corporate and regional level to track performance and target improvement activity. The programme has been associated with a reduction in the corporate occupational illness rate from 5.3 cases per 1000 employees in 2008 to 2.7 in 2012/13⁴⁴.

Sickness absence/return to work

The majority of reviews that look at managing sickness absence or return to work focus on musculoskeletal disorders. There is evidence for the effectiveness of interventions on sub-acute back pain, and for chronic back pain, that intense physical conditioning has a positive effective on sickness absence. The factors that seem to make physical conditioning more effective in respect of sickness absence/return to work are workplace visits or carrying out the intervention in the workplace, i.e. integrated care.

The most important contextual factors were found to be:

- Level of support for interventions from top management;
- Size and structure of the organisation;
- Level of financial and organisational investment in the management of long-term sickness absence;
- Quality of the relationships between managers and staff.

Similarly it appears to be important *how* workplace health promotion programmes are implemented, as they psychosocial as well as physical factors at work need to be addressed. Participatory interventions are found to be most effective.

Presenteeism

In respect of 'presenteeism' (the term used to describe workers who are present but who have a health condition that limits their productivity), strong evidence was found from two studies for positive impacts from interventions that aimed to address presenteeism. The first involved worksite exercise and the second looked at the impact of a supervisor education programme focused on mental

⁴⁴ Business in the Community, May 2013. <http://www.bitc.org.uk/our-resources/case-studies/better-physical-and-psychological-health-johnson-matthey>

health promotion. A range of other wide-ranging interventions were also found to have some positive benefits.

6.2. Current practice in the City

An organisational approach is one that requires multiple levels of intervention. This means, looking at organisational structure; management style; ethics and values; the policy environment; physical environment; and working practices, for example, primary prevention. The importance of an organisational approach is that it has the potential to systematically influence the entire workforce. However, many companies highlighted that their principal approach to investing in employee health comes through improving access to healthcare services foremost.

Health and safety

All of the interviewees report complying with health and safety requirements, for example: workstation ergonomic assessments and adjustments and eye checks for computer users.

Commitment from top management

Managerial commitment is generally good, and seen as essential to drive the health and wellbeing agenda forward in City firms, although it was potentially challenging. The best examples came from those organisations which had the most integrated health and wellbeing strategies, which tend to be valued highly and their importance recognised at very senior levels.

“The health and wellbeing policy that we have on our intranet is fully supported by the very senior management of our company...it's definitely something that is embedded as part of our culture.” (Senior HR Business Manager – Financial Services).

Less ‘joined up’ programmes seem to reflect less involvement by very senior management, or health and wellbeing being a lower priority, given competing business interests.

“...it will be a challenge in the sense that they [management] will cynically see it [i.e. time to attend health and wellbeing events/provision] as time away from someone's desk...it's kind of making them see it a different way, that for one hour away from their desk it will mean in the long run 35/40 hours more work...” (Rewards Manager - Legal Firm).

Flexible working/flexitime

The majority of firms offer a range of types of flexible working, which allow people to work from home, or work remotely.

“I am phoning from home today, our boys are in nursery so it works for me. They were picked up for nursery this morning at 7 o'clock. I logged on at 7.10 and then when they are dropped off at 6, you know, I'll finish at 5.30 tonight. Quite a long day, but the fact is I chose to do that because I've got the option”. (Environment, Health & Safety Manager – Legal Firm).

While flexible working is common, 'flexitime approaches', such as building up time in lieu, or starting work late or finish work early, were not mentioned. While one organisation mentioned that flexitime might be something that staff wants, it was not generally considered possible to implement within the organisation, due to the nature of work demands.

Partnerships with external organisations

In terms of harnessing local resources/expertise to enhance health and wellbeing provision, some organisations are exemplars in this respect, drawing upon an extremely wide range of public sector and charitable organisations for support. These include Mind, Alcohol Concern, British Heart Foundation, NHS health check providers, NHS stop smoking services, and cancer charities, among others. The City of London Corporation is also identified by some organisations as playing a key role in facilitating these links.

"We have engaged over the last few months with the Department of Health and we're signing up to some public health responsibility pledges with Dame Carol Black next month... we see it as a differentiator in terms of helping with employee engagement as well" (Senior Manager - Employer Relations - Professional Services).

"...Alcohol is a tricky one and we've done some kind of lower key communications around that and certainly in our last set of road shows we had people from Alcohol Concern being available for advice" (Wellbeing Advisor – Telecommunications)

Case study: Integrating occupational health into workplace systems

One interviewee reported that their company has been trying to pilot a more proactive and flexible use of the occupational health (OH) service, to support an employee who has a condition similar to ME (sometimes known as chronic fatigue syndrome). The OH service reviewed the employee's situation and recommended allowing a day off in the middle of the week for the employee to manage their tiredness. In consultation with the employee, this is then treated flexibly, so that some weeks only a half day is taken, at other times when the condition is worse; it is increased again to a day. The critical elements of this approach seem to be making sure that a health professional is listening to the employee and making recommendations based on the person's health needs, and being flexible. The result is that the individual feels valued and wants to continue working for the employer.

Source: interview with manager in City finance company.

6.3. Discussion

To maximise achievement in health and wellbeing it is important to incorporate all areas of workplace health, as identified in the WHO (2010) model (see

Introduction)⁴⁵. Most of the interviewees described workplace health and wellbeing programmes and interventions that were narrower in their focus, and more individualistic.

Many of the companies interviewed articulate a very sophisticated understanding of the link between workplace health and wellbeing investment and business outcomes. However, the main challenge for many companies is measuring the health and economic impact of their current investment in workplace health and wellbeing programmes.

6.4. Best practice implications for employers

Taken from the literature review evidence and company interviews, best practice in implementing organisational approaches to workplace health and wellbeing involves:

- Assessing organisational determinants of health and wellbeing to inform interventions, e.g. through comprehensive staff surveys, and health and wellbeing steering groups.
- Adopting more 'primary approaches' to promote health and wellbeing, e.g. flexible working, while allowing employees to continue performing at the same level in their job role.
- Sharing best practice across organisations, for example in the form of a health and wellbeing resource network. This would have to be managed carefully, to protect companies' confidentiality and market position.
- Increasing employee participation in the development of workplace health promotion activities across all levels of the organisation.

⁴⁵ WHO (2010) Healthy Workplaces: a model for action for employers, workers, policy-makers and practitioners - http://www.who.int/occupational_health/publications/healthy_workplaces_model_action.pdf

7. Conclusions

Investing in staff health and wellbeing is clearly an important issue for employers. Companies want to reduce expensive sickness absence; increase productivity; and improve general wellbeing among employees. Among the 20 City firms interviewed there was a real enthusiasm to improve workplace health and a strong recognition of its business importance among employers. There was also recognition that the City as a whole can work together on this issue to help give London a global advantage over other cities.

There is a strong evidence base for investing in workplace health and wellbeing. There are established models of practice that emphasise the importance of systematic, coordinated and comprehensive approaches based on employee involvement, rather than one-off initiatives. This is strengthened by an impressive body of evidence for the effectiveness of workplace health promotion programmes identified here: 68 systematic reviews covering hundreds of individual studies. This therefore represents an advanced field of public health research, and clearly reflects the importance attached to the topic.

There are a number of common threads across the main workplace health topics found in the literature: health promotion/wellness programmes; mental health promotion; and prevention/treatment of musculoskeletal disorders, particularly back pain. In all three areas, programmes designed with the active participation of staff are found to be most effective. Programmes also benefit from being multi-factorial and attempting simultaneously to address individual, environmental, policy, and cultural factors. The evidence overwhelmingly points towards tackling the root causes of ill-health in the workplace, rather than a reactive, 'sticking plaster' approach, where workers are treated once they've taken sickness absence.

Among the sample of City firms interviewed, there are many examples of good practice. Health and wellbeing provision for City workers is excellent in respect of health care provision; health and safety requirements such as ergonomic assessment; and confidential individual support services. There are also good examples of lifestyle programmes regarding physical activity; nutrition and access to healthy food; although these are slightly less well developed. The topic of mental health provision and comprehensive organisational approaches is the least advanced in most cases, though still considered an important area of focus.

There are some exemplar companies who have embedded 'integrated' health and wellbeing programmes across their organisations (with designated teams driving the agenda), demonstrating a wider range of multi-component packages, and with buy-in from senior management. There are also excellent examples of work with external agencies to support a comprehensive set of health promotion activities in a less resource intensive way, with the City of London Corporation acting as a 'sign-poster' in some cases.

Companies are already implementing interventions that can fast-track people back into work if they have a health problem or before they go off sick (i.e. secondary prevention). Discussing and dealing with mental ill health was sometimes considered challenging, and it was felt that there may be a role for

external organisations, such as the City of London Corporation, to play a role and work in partnership across the City to help encourage openness and discussion in this area.

Many of those interviewed flagged that they want to move their health and wellbeing strategy forward, for it to be more proactive and in future helped to prevent more workers from having to take sickness absence.

In terms of the lessons learned from the research, an area to focus on developing is monitoring and assessment of health and wellbeing and business (i.e. sickness absence) metrics, which could be improved and better linked to the interventions offered. Also, companies looking at introducing interventions should assess employees' needs before putting interventions in place. Most companies interviewed recognise this and want to develop better metrics and make a stronger business case to their Board in order to develop their strategy for the future.

From the interviews, there is clear potential for HR managers and health and wellbeing leads within firms to work together to share good practice.

7.1. Areas for future development

The interviewees identified a range of ways in which they could potentially collaborate and where an organisation such as the City of London Corporation could play a role in supporting the future health and wellbeing agenda. These include for example: signposting organisations to a wide range of support services; raising the profile of health and wellbeing; particularly the acceptability of mental health issues with senior level staff; potentially providing/facilitating shared facilities across organisations (e.g. bike storage facilities); sharing best practice across the City; having a City-wide voice sending out consistent key messages to organisations and staff

“if my employees are not just hearing the message from me; they are also potentially hearing it from their friends who are working at the company two doors down...it's a bit more joined up really.” (Head of Compensation & Benefits – Financial Services).

“We don't do kind of blanket training around awareness of mental health but, you know, maybe we should do, maybe that's something the City of London could help with in terms of helping running some of those programmes that you could send managers on?” (HR Advisor – Insurance).

“We don't talk to any other HR departments... it's a very competitive environment, we all have the same issues in terms of health and wellbeing, it's not as though you're releasing anything confidential. So from that perspective it's good to have things like forums or informal meetings with our counterparts.” (Head of Compensation & Benefits – Financial Services).

8. Recommendations

Based on the research findings, the following practical recommendations have been put forward. These are made on two main levels: across the City of London, and at an employer level.

8.1. Coordination across the City of London

- There is scope for the formation of a strategic partnership group to develop a workplace health and wellbeing strategy for the financial and professional service sector in the City. To maximise the effectiveness of this group it would need to be visible and ideally, chaired by a senior figure.
- An effective workplace health and wellbeing strategy would be developed in partnership by City firms to identify areas for consideration. This might include: encouraging organisational buy-in; harnessing joint resources, for example bike storage facilities; sharing best practice across organisations; building capacity around key health issues, particularly mental health and organisational level interventions; sharing evidence of effectiveness; capitalising on external partnerships with external organisations to facilitate a City-wide health and wellbeing resource network; and fostering a City-wide approach of excellence to the health of the workforce.

8.2. Employers

The following areas and activities have been identified as best practice factors for financial services and professional services firms, based on the review of literature and interviews with a sample of large City firms in these sectors. The suggested areas for action are based around the structure of the Centre for Disease Control workplace health model (see Introduction):

Assessment

- Undertake comprehensive assessments of organisational and individual determinants of health within organisations. This can be done through staff surveys; consultation; and establishing health and wellbeing steering groups. These should use established approaches where possible (such as the HSE stress management standards).

Planning

- Establish a steering group, comprising employees at all levels of the organisation, and led by senior management, to help drive the health and wellbeing agenda forward.
- Design health and wellbeing interventions with the active involvement of staff, based on known evidence of effectiveness and identified staff needs. These should revolve around the expressed needs of staff, rather than solely being designed by Human Resources or equivalent teams.

Implementation

- Place the greatest emphasis on making changes to the work environment and work practices to reduce negative influences on health and wellbeing

at their source. This means trying to prevent problems from occurring in the first place rather than waiting for issues to arise before reacting.

- Establish organisational-level programmes to raise awareness about mental health issues, facilitate an open dialogue, and enable early recognition of stress in all staff. This should emphasise the quality of relationships (particularly between managers and workers) and optimising work demands, control and support.
- Consider individual level interventions that have been shown to be effective, such as face-to-face stress management training; cognitive behavioural therapy (delivered either online or face-to-face); and physical activity programmes;
- Continue to emphasise good practice around delivery of comprehensive programmes of musculoskeletal interventions including physical activity; regular screen breaks; massage; alternative keyboards, chairs, desk design (including standing desks); and appropriate screens.
- Initiate and maintain a programme of on-going ergonomic assessment for all staff that encourages staff to maintain good posture and also be encouraged to move regularly.
- Further develop good practice and improving access to fast-track physiotherapy services.
- Ensure that processes are in place to deal compassionately and effectively with employees who have diagnosed mental health problems. This can be an important area of activity for employers where mental health problems may go undiagnosed.
- Maintain and develop good practice in the provision of healthy food choices, physical activity provision; smoking cessation and alcohol programmes.
- Encourage the development of social support networks. These can be marketed as social or fun events for staff.

Evaluation

- Evaluate all health and wellbeing programmes against the key aims and objectives of these programmes.
- Develop systems to collect relevant metrics in order to measure the impact of health and wellbeing programmes on both health and business indicators. It is essential to establish the business case for investment in health promotion activities.

Best Practice in Promoting Employee Health and Wellbeing in the City of London

RESEARCH REPORT CITY OF LONDON CORPORATION MARCH 2014



www.cityoflondon.gov.uk/economicresearch

