

# GETTING BETTER

WORKPLACE HEALTH AS A BUSINESS ISSUE



Sponsored by

#### **About the sponsor**

At Medicash we specialise in providing healthcare solutions for organisations of all sizes. The products we offer promote health, wellbeing and welfare – all three of which result in a healthy and productive workforce. We are dedicated to providing services to businesses that improve the health of their staff while also impacting positively on results.

Established over 140 years ago in Liverpool, Medicash has a corporate and individual membership of over 150,000, meaning it is one of the oldest and most established healthcare cash plan providers in the UK. Our corporate clients include Amec, Hill Dickinson, DWF and the Children and Family Court Advisory and Support Service (Cafcass).

We are also committed to delivering an unsurpassed service and have been awarded the highest ranking of 'exceptional' by Investor in Customers for our levels of customer service – we are the only cash plan provider to achieve this and it is the highest ever accreditation awarded to an insurer.

A dynamic strategy of investing in research and product development has seen Medicash stand the test of time, becoming market-leaders in innovation, offering cost-effective healthcare solutions to companies, individuals and intermediaries throughout the UK.

Medicash is a not-for-profit organisation which invests ethically, using all surplus funds solely for the benefit of its members. We also care about our communities and have donated over £1m to charity over the last ten years.

# Contents

<i>Foreword – Neil Carberry, CBI</i>	<b>4</b>
<i>Foreword – Sue Weir, Medicash</i>	<b>5</b>
<i>1 Time for a new agenda</i>	<b>6</b>
<i>2 There is a strong business case for investing in health and wellbeing</i>	<b>8</b>
<i>3 It is time for business to move to a proactive approach</i>	<b>15</b>
<i>4 Rising to the challenge: Planning, reviewing and evolving strategies</i>	<b>25</b>
<i>4 Summary of recommendations</i>	<b>32</b>
<i>5 References</i>	<b>34</b>

## Foreword



*The working world is getting ever more complex, with flexibility and globalisation beginning to break down the barriers of what we are used to. In the UK, we need to compete on the quality of what we do – and that makes staff performance and productivity vital. And workplace health is essential to both of those key factors.*

Having healthy staff is an essential part of running a healthy business. Our 2013 absence survey *Fit for purpose* highlighted the impact of absence on a business, but we need to be equally worried by the prevalence of workplace presenteeism. Being at work but under-performing is a big issue.

In response to all of this, many companies are introducing innovative initiatives which focus as much on health management and building employee resilience as they already do on absence or safety management. Not only is this simply the right thing to do, but a healthy, happy workforce will also be an engaged and high-performing one, having an impact on bottom-line productivity and quality of product.

It is our great pleasure to work with Medicash on this report. To inform business decision-making, we look at the clear benefits of investing in the health and wellbeing of staff, and the effectiveness and cost-effectiveness of initiatives.

While there is no one model for investment in health and wellbeing, and firms will have varying access to resource and expertise depending on their size, our case studies demonstrate a range of successful, targeted approaches which are working that can be tailored to individual firms' capacity.

This good practice shows how businesses can lead the way in tackling key demographic health trends among their staff today and in the future. Above all, real value lies in moving from a reactive approach to a proactive one. There is, of course, a role for government to play here in supporting businesses as they embrace the challenge of putting more preventative and early intervention measures in place.

I would like to thank all those who contributed to the report, and I hope they and all users find this a useful and practical toolkit when developing health and wellbeing programmes.

**Neil Carberry**  
CBI director of employment & skills

## Foreword



*As one of the oldest and most respected healthcare cash plan providers in the UK, it gives us great pleasure to work with the CBI in delivering this insightful report. The nature of our business means we place health and wellbeing at the heart of everything that we do.*

This report provides an essential and practical toolkit which allows businesses to understand the real and alarming cost of staff absence and presenteeism, to grasp the importance of investing in the health and wellbeing of their staff, and to develop a targeted and measurable approach that works for them and their employees.

Within the report there are a number of real life case studies which demonstrate best practice. They show how some employers are leading the way in prioritising health and wellbeing and benefiting greatly from doing so. An investment in health and wellbeing can deliver real, tangible savings for a business.

With staff living and working longer it is more important than ever for them to focus on looking after their health. Businesses need to be considering the age demographic of their workforce now and start putting strategies in place to help employees to take a proactive approach to their health.

The earlier members of staff can access appropriate support or treatment, the earlier they're able to get better and return to work. If medical conditions can be identified swiftly, early interventions can be made to prevent a problem reaching the stage where a return to work becomes impossible. Such early intervention also minimises the impacts of illness on an individual's health, and the knock-on effects for a business.

Investment in a targeted and well executed health and wellbeing policy makes sound business sense – because healthy staff are less likely to be absent from work and are more productive.

This report proves how good health is key to a good life both inside and outside of the workplace. I hope you find the report as interesting, informative and useful as I have.

**Sue Weir**  
Medicash chief executive

# Time for a new agenda

## SECTION 1



*Absence levels and employee health have long been issues of concern for business. The CBI has surveyed businesses regularly since the mid-1980s to monitor sickness absence levels and the steps taken by organisations to improve employee attendance at work and employee wellbeing. But as competitive pressures intensify, it's time to move to a more proactive approach to managing employee health and wellbeing.*

The reality is that a less than fully healthy workforce imposes costs on a business. There are benefits to be gained by moving upstream – in other words, by investing in positive health management, not just managing the consequences of absence. Drawing on the good practice showcased by our case studies, this report sets out the case for a long-term strategic commitment from both business and government.

### The wellbeing agenda is challenging businesses to re-assess how they manage workplace health

Firms' attitudes to absence and health at work have changed markedly since the CBI first started measuring them in the 1980s. Back then, the focus was largely on absence measurement and management as a developing science, with companies beginning to use a range of tools to monitor absence and help employees return to work.

In the same way that the GP sick note has been rebranded as the capability-based fit note, emphasis is now shifting from a focus on managing absence and ill-health to looking at ways to proactively ensure the workforce is healthier, happier, fitter and therefore more productive. Employees spend a substantial proportion of their life in the workplace. This means there is scope for firms to influence behaviours, promote a culture of good health and support those with health problems to remain in or return to the workplace.

### This is still an agenda in its fledgling days...

There has been a welcome downward trend in the number of fatal and non-fatal accidents at work since 2000,<sup>1</sup> but health and wellbeing still remains an area where there is more that can be done. The CBI's 2013 absence survey showed that the average rate of absence in 2012 was 5.3 days per employee – down from 6.5 days in 2010, but we found a gap of more than three days a year between the best performing quartile of organisations and the worst performers.<sup>2</sup> To see progress, businesses have much to gain from placing the same emphasis on workplace health as they already do on workplace safety.

In the past, organisations have approached health and wellbeing at work with caution. It is difficult to quantify the highly subjective area of employee 'wellbeing' and, without a generally accepted framework, firms have found it hard to demonstrate tangible benefits or a return on investments made. The challenge is made all the greater by the impact of lifestyle choices and home-life on the health of employees, an area which is beyond the control of a business. In some cases, the time-lag between factors contributing to ill health and the onset of a visible health condition can be years. This 'storing-up' means that critical opportunities to intervene early have often been missed by business.

### ...but with a growing evidence base and wider government initiatives, now's the time for action

The case for action, however, is now clearly established. Recently, academics as well as individual companies have been able to produce datasets linking effective investment in health and wellbeing programmes not only to reduced absence costs but also to productivity and performance. The evidence shows workplace health is a key business issue.

Companies now see positive health initiatives as offering a real competitive advantage. There is also a strong moral case for investing in a healthy workforce – it is the right thing to do. Best practice from a handful of firms is beginning to spill over into the wider business community. With economic growth picking up and new initiatives being brought forward in government following the Frost/Black review,<sup>3</sup> there has been no better time for businesses to concentrate their efforts on doing more in this space – with real benefits for everyone.

In this report, we set out that:

- There is a clear business case for investing in the health and wellbeing of staff, with progress in this area promising to benefit businesses, employees and the economy. This is about recognising the significance of managing health in the modern workplace, not just safety
- Businesses can be proactive in leading the way, by 'getting upstream' and developing joined-up programmes as part of a holistic approach. Having robust systems in place to effectively manage absence and the return to work is essential, but a purely reactive strategy is not enough. Those businesses already demonstrating good practice have shown that moving 'upstream' – putting proactive and preventative measures in place – gives firms a competitive edge
- For a holistic approach to be successful, all relevant stakeholders need to be fully engaged. Healthcare professionals need to work closely in partnership with business to deliver common aims, as do employees. There is also a key supportive role for the government to play in continuing to raise awareness of the importance of health at work and incentivising business to fund timely interventions.



# There is a strong business case for investing in health and wellbeing

## SECTION 2



*The costs of absence and presenteeism are a major burden at a time when businesses' attention should be on investing for growth. Firms without robust tools and strategies in place for absence measurement and management risk substantial costs to their bottom line – not just today but also in the future. But while having steps in place to successfully manage absence and the return to work is an important part of any business model, best-practice firms are seeing real value in focusing on the health and the health management of the entire workforce year round – not just when an employee is off sick.*

Larger organisations may have the resource and capacity to invest more in broad programmes, however there are still smaller steps which those businesses with less resource can take. This is not a time to relax efforts, but to champion them.

### The costs of absence and presenteeism to business, the economy and the employee are too significant to be ignored...

Absence is a major cost to business. The CBI's 2013 absence survey found the average total cost for each absent employee in 2012 was £975, while the median cost of absence per employee totalled £622.<sup>4</sup>

Costs to individual organisations vary greatly depending on their business model – an office-worker's tasks may be covered temporarily by their team, while a specialist on a production line may need an instant replacement in order to continue business as usual. Nevertheless, the combination of direct costs and

indirect costs – less tangible though still substantial – can be an avoidable drain on resources (**Exhibit 1**). For example, one large engineering firm lost an estimated £76m to absence between January and September 2013 alone, with an average cost of £525 per working day lost.<sup>5</sup> Smaller firms with fewer resources will struggle to absorb albeit lower costs, estimated in 2011 at around £1,500 a year.<sup>6</sup>

Businesses also face costs from the growing phenomenon of 'presenteeism'. A scarcely-used term before the 21st century, definitions of presenteeism vary from 'attending work while sick', 'sickness presence' and 'lost health-related work productivity'. As a guide, the Centre for Mental Health calculates that presenteeism based on psychological health problems alone costs the UK economy £15.1bn a year.<sup>7</sup> Further research in 2010 estimated the multiplier to be anywhere between one and seven times the costs of absence.<sup>8</sup>

### Exhibit 1 Direct and indirect costs of absence to business

Direct costs	Indirect costs
Sick pay	Business management and administration time
National Insurance Contributions	Lost output and production
Insurance premiums	Lost knowledge
Provision of cover through temporary or overtime	Lower quality of service
	Attrition and the cost of advertising for a replacement



Although it has come down from previous years, in 2012 the direct costs of absence to the economy were estimated at over £14bn.<sup>9</sup> Turning to the benefit bill, the total public sector expenditure on incapacity, disability and injury benefits in 2012-13 was over £36bn,<sup>10</sup> with Employment and Support Allowance (formerly Incapacity Benefit) being claimed by 2.47 million people in August 2013.<sup>11</sup> It is in the interests of business as a taxpayer that these costs are reduced.

For the employee, quantifiable costs may include the loss of income and the extra expenditure of dealing with injury or ill-health. The subjective costs of pain and suffering and the risk that long-term absence turns into long-term unemployment should also not be disregarded. Evidence shows many causes of absence are mild conditions that are compatible with work – and that work can even help an individual return to health.<sup>12</sup> Work is vital in providing an employee with the economic stability, confidence and social environment which may help them get better, a positive health-related outcome as well as a positive work-related outcome. Worklessness, on the other hand, is associated with poorer physical and mental health and wellbeing.

### ...and costs will only increase as changes in workforce demographics have knock-on health effects over coming decades

Future demographic changes are likely to have a major impact on the health of employees, and the corresponding costs to business. The greatest challenge will be the ageing of the UK's workforce, for which many firms have yet to prepare. The number of older people in work has been rising rapidly and there are already over ten million people in the UK aged over 65, a figure set to double in the next 30 years.<sup>13</sup> The impact of this has led to a number of government policy changes, including an accelerated rise in the state pension age that will keep people in employment for longer. Employees in their forties will not be entitled to a state pension until they are 68, while those in their thirties will be expected to reach 69 before they can receive their state pension.

Despite technological developments, research shows that older workers are more likely to have long-term health problems, chronic conditions and be absent from work due to sickness for longer periods of time.<sup>14</sup> Businesses have a role to play in helping to keep the ageing workforce healthy, and ensuring robust systems are in place so health conditions linked to age can be effectively managed, with a focus on capability rather than disability. Now is the time for companies to embrace forward-looking practices, including supporting the specific needs of older employees through clear policies around job design, redeployment and flexible working (**Exhibit 2**).

#### Exhibit 2 Measures to support the health and wellbeing of an ageing workforce

- Businesses need to have clear policies in place for when someone can no longer fulfil their contractual obligations, bearing in mind the Equality Act 2010 and relevant age discrimination legislation
- Regular health screenings are key to making sure any issues are identified early
- Redeployment strategies are becoming an increasingly common framework for moving an employee to other positions available in the organisation, aiming to keep any move as local as possible
- Where possible, flexibility can be used as a useful tool for phased retirement as well as a way of keeping valuable talent, extending the working life and transferring knowledge
- Best practice organisations have financial advice in place for employees seeking to manage income as they move towards retirement.

### There are emerging trends which demand action

In the modern workplace, leading companies are taking stock of key physical and psychological risk factors and staying ahead of the curve by tackling these trends head on as they become all the more evident. In the context of a changing workforce and rapidly evolving workplaces, there are three emerging issues that particularly demand action:

- Businesses need to recognise mental wellbeing as a widespread issue in desperate need of attention
- As public health issues are filtering into the workplace, businesses must place increased focus on the physical health of employees
- The impact of technological developments on musculo-skeletal disorders requires swift solutions to manage persistent problems.

Below we look at these three critically important areas.

### Businesses need to recognise mental wellbeing as a widespread issue in desperate need of attention

A productive workforce is a physically fit and psychologically resilient one. In tandem with a renewed focus on physical wellbeing, the importance of mental wellbeing cannot be ignored. The government is beginning to sit up and take notice of this 'Cinderella issue', as demonstrated by Nick Clegg's recent 'mental health action plan'<sup>15</sup> and the London Healthy Workplace Charter,<sup>16</sup> endorsed by the London mayor.

An OECD report published in January 2014 found that mental ill-health costs the UK economy £70bn a year – equivalent to 4.5% of GDP – through lost productivity, social benefits and healthcare payments.<sup>17</sup>

### Exhibit 3 The City Mental Health Alliance: creating mentally healthy workplaces

#### The City Mental Health Alliance

Launched in October 2013, the City Mental Health Alliance (CMHA) was formed when a number of senior business leaders in the City recognised that mental health was an important business issue and that more could be done if firms joined forces. The alliance is business-focused and membership comprises many of the City's, and the world's, leading businesses. For the alliance, it is critical that members have senior level business sponsorship of the issue as cultural change requires support from the very top.

#### The CMHA vision

- People at all levels in the City are able to, and are, talking about mental health without fear of stigma
- Mental health is recognised as a boardroom issue, and is considered essential to maximise business performance, critical to managing maximising business risk and vital to safeguarding organisations' people responsibilities
- Prevention is recognised as equally important as treatment to address mental health problems.

#### The CMHA strategy

- Increase mental health literacy – developing knowledge and understanding in the City of the full spectrum of mental health issues, providing appropriate language and confidence to talk articulately and with impact, and engaging

proactively with the media to encourage a better understanding and positive reporting of mental health issues in the City

- Create a culture of openness – supporting people, especially senior business leaders with experience of mental health problems, to tell their stories and inspire others to speak out about their experiences
- Enable practical steps to be taken by employers – providing City employers with practical tools and opportunity to share and hear other companies' experiences.

#### CMHA activities

The CMHA is engaged in activities which include quarterly events to provide opportunities for networking and sharing knowledge, updates and information on key issues. The alliance is also developing benchmarking and academic research for members in conjunction with academics, charities, and governmental organisations.

*"For most organisations, we are pushing on an open door when it comes to the business case for mental health. The challenge is how to translate the desire to improve into practical measures. Our purpose is to create an environment in the City where mental health is discussed in the same way as physical health."*

**Peter Rodgers** – chair of CMHA and deputy general counsel at KPMG International

Encouragingly the OECD suggests the UK is more innovative in the areas of 'mental health and work' than other OECD countries. However, with mental health identified by UK business as a leading cause of both long- and short-term absence, there is no room for complacency.

In particular, there is much to be done on tackling the unacceptable stigma that exists around mental health. The most common mental health conditions include stress, anxiety and depression and the line between work-related and non-work-related mental health conditions is often blurry. A study last year showed that 44% of the British population are currently suffering from stress<sup>18</sup> and one survey highlighted that one European employee in ten has taken time off work because of depression.<sup>19</sup> Ignorance about mental health is preventing it from being tackled effectively. The stigma and mistrust of non-visible health conditions needs to be removed and this can only happen with increased awareness in the workplace. The City Mental Health Alliance (**Exhibit 3**) is an excellent example of a business-led initiative seeking to do just this.

### As public health issues are filtering into the workplace, businesses must place increased focus on the physical health of employees

The lifestyle choices which individuals make can contribute to ill health. Certain conditions can be exacerbated by poor nutrition, smoking, excessive drinking and lack of exercise – and some even caused by them. As a result, in the public health space chronic diseases are rising disproportionately. While companies cannot dictate employees' decisions, firms can often find ways to influence the choices made both in and outside of the workplace.

Businesses will have to manage the ill health of today's workforce and also of the coming generations of employees. For example obesity is a ticking timebomb. The National Obesity Forum published a report this year predicting 50% of the UK population will be obese by 2050. It would cost the government around £50bn a year to treat the resulting increased health risks, such as type two diabetes.<sup>20</sup>

Perhaps even more worryingly, 9.5% of children who were attending reception class in 2011-12 – the future workforce – were already obese.<sup>21</sup>

Other conditions linked with obesity include high blood pressure, strokes, heart attacks and coronary heart disease, one of the most costly diseases to business at nearly £4bn a year.<sup>22</sup> Physical health issues growing in society as a whole will also be reflected within firms' workforces. To combat this, the gains of having a physically fit, physically active workforce must be recognised. This attitude needs to be embraced and embedded fully within modern workplace culture (**Exhibit 4, page 12**).

### The impact of technological developments on musculo-skeletal disorders requires swift solutions to manage persistent problems

Absence levels have always been higher among manual workers due to the nature of their work, but combined with the ageing workforce and the consequences of lifestyle choices, absence caused by musculo-skeletal disorders (MSDs) is far too high. Health & Safety Executive statistics this year show that the total number of MSD cases in the UK in 2011-12 was 439,000 – 141,000 of which were new cases. This amounts to an estimated 7.5 million working days lost.<sup>26</sup>

MSDs relating to the movement of muscles and limbs were cited as a widespread cause of short-term absence in our 2013 absence survey, which also identified both acute and chronic back pain as leading causes of absence. While it is difficult to attribute a single cause to back pain, prolonged repetitive tasks such as working on a production line and sitting at a computer can contribute significantly. The British Chiropractic Association last summer highlighted its concerns over the number of young people suffering from back or neck pain because of the amount of time they spend sitting down and using electronic equipment.<sup>27</sup> This is now an issue spanning all age groups, rather than concentrated among older workers.

Technology means keyboard work is now commonplace and may be storing up problems for employees which companies will have to deal with in future. This time lapse means businesses may be hesitant to act now, in particular as interventions can be costly. Introducing new legislation will achieve little in terms of health outcomes, given the multifaceted nature of these conditions and the difficulties in separating work-related and non-work-related disorders. But the risk of harm, sometimes permanent, which in turn will impact on employee performance means the onus is on firms – with support from government and healthcare professionals – to learn to prevent and manage conditions swiftly and effectively.

### Workplace health must therefore be a business priority

To address these issues, workplace health must become a recognised business priority, based on:

- Investment in programmes to reduce absence
- Using those programmes to develop employees' productivity and resilience
- Strengthening employee engagement.

#### Exhibit 4 Nike: the importance of having a physically active workforce

In 2012, Nike co-developed and released the *Designed to Move* framework for action, which highlights the growing epidemic of physical inactivity, especially among children. It became clear that something needed to change, and fast. At a company whose employees live by the words "If you have a body, you are an athlete", the news that physical inactivity is on the rise was simply unacceptable.

Nike decided that it was time for its employees to lead by example and that it was time for them to embrace the Nike culture of sport, activity, and movement. This has been interpreted differently by groups of employees around the world, but in short the internal campaign was about celebrating Nike's culture and DNA by providing the means for employees to integrate physical activity into their daily lives and breaking down (often perceived) workplace barriers to doing so.

For Nike UK employees, the programme is simple:

- Company policy to encourage physically active employees, flexible working hours and an understanding that it's OK to take time out throughout the day to be active
- Providing showers for employees to enable active travel solutions, as well as secure bike racks for those who prefer to cycle rather than run or walk
- Encouraging trained employees to lead fitness classes and providing facilities for them to host them – for example lunchtime yoga and pilates classes and evening run clubs

- An effort to reduce job-related sitting – acceptance of active meetings, taking a walk with colleagues to discuss issues as opposed to booking a meeting room
- Time for incorporating physical activity – options include in corporate meetings and off-sites
- A corporate policy on hotels – preferring those with gym facilities among the traditional required facilities
- Fitness balls instead of chairs, which are widely recognised to increase posture and core strength
- On-site gym access or subsidised gym membership for those who prefer the traditional approach.

The case is beginning to be made on the business realities for incentivising employees to be more active. In a typical working week, people spend on average five hours and 41 minutes a day sitting behind a desk.<sup>23</sup> This inactive, sedentary behaviour that is a normal part of an office job is not only bad for your physical health but is also associated with a decrease in mental wellbeing. Statistics show that those who have sedentary jobs are more likely to be less active outside of work.<sup>24</sup>

A 2006 Department of Health report estimated that 16 million work days a year are lost due to obesity and related illnesses. More are lost due to illnesses and conditions related to physical inactivity.<sup>25</sup> This is a disturbing trend, yet the potential gains of encouraging employees to be physically active are immense. As an employer, Nike understands these benefits and works hard to ensure it provides a culture where physical activity is not only accepted but the norm.

### Exhibit 5 The financial benefits of individual health and wellbeing programmes

Research by the Health Work and Wellbeing Executive<sup>28</sup> into a number of organisations provided cost savings estimates attributable to reduced sickness absence. In many cases, these were based on an average cost (eg lost wages) per absence day multiplied by the absence reduction over a period of time:

- A car manufacturer estimated gross cost savings of £11m owing to a one percentage point reduction in absenteeism rates over a three-year period
- A manufacturing company estimated costs associated with short-term injury sickness absence were cut from £130,000 to almost zero
- A manufacturing company estimated gross savings associated with reduced sickness absence (including additional over-time and temporary recruitment) of around £50,000 a year
- A university estimated the cost saving associated with reduced sickness absence as £165,000 over a four-year period, owing to a reduction of total sickness days of around 350 days a year
- A professional services company estimated the cost saving at £23,000 associated with reduced sickness absence of 0.5 percentage points.

Further cases provided actual cost savings estimates attributable to reduced injuries and associated claims:

- A manufacturing organisation calculated that injury claims fell from £700,000 to zero in six years
- A pharmaceutical company cited health insurance savings of £200,000 a year.

### Investment in targeted health and wellbeing programmes can reduce the costs of absence and increase productivity...

While the costs of absence and presenteeism to business are high, companies can invest in health and wellbeing programmes to get 'upstream' in tackling emerging trends and ensuring their business achieves peak performance. To make the business case, many firms want to be sure that any investments will have a sufficient impact on the bottom line. One of the clearest benefits of investing in programmes is the cost saving which can be made through a reduction of absence levels and working days lost. **Exhibit 5** demonstrates the financial benefits which some businesses were able to attribute to their individual health and wellbeing programmes.

Recent ONS data shows output per hour in the UK was 21 percentage points below the average for the rest of the G7 industrialised nations in 2012. Measured on an output per worker level, UK productivity was 25 percentage points below the average.<sup>29</sup> One of the strategies available to business is to ensure that each hour worked is more productive – and workplace health can contribute to this.

Linking absence to lost output, the Frost/Black review in 2011 concluded that transforming sickness support would boost productivity. Recent studies clearly confirm the Frost/Black review's conclusions, demonstrating that lower absence is associated with higher productivity, performance, efficiency, quality of service provided and profitability of the firm.<sup>30</sup> **Exhibit 6** (page 14) illustrates this, identifying the positives of a proactive three-year health and wellbeing programme at Royal Mail Group.

### ...and maximise workforce talent by increasing resilience

Making the business case does not only involve absence management and the bottom line. Firms should also aspire to create healthy working environments for a healthy workforce, which will in turn have a worthwhile impact on employee productivity, resilience and engagement. This is in many ways about an attitudinal shift away from focusing on mitigating the negative impact of ill health towards bolstering the positive impact of good health.

#### Exhibit 6 Key findings of *The value of rude health* report for the Royal Mail Group and Parcelforce<sup>31</sup>

- **Return on Investment (ROI):** Looking at the impact of health and wellbeing policies at Royal Mail Group, LSE evaluated the ROI over three years at 5:1. During this period, the Group achieved significant reductions in absence – from 7% to 5% – and LSE's estimates suggest that reducing absence by 2% between 2004 and 2007 would have contributed to a total saving across Royal Mail Group over the three years of as much as £227m direct costs
- **Performance:** In its Parcelforce business unit, reducing absence by 2.5% increased quality of service – a key Royal Mail Group performance indicator – by 0.2%, all things being equal. Reducing absence enabled depots to bring in more business through building a reputation for reliability with customers
- **Sales/net income:** Together with reduced dependence on replacement labour, this is said to have improved net income by £448,000. This is primarily as a result of cost savings and improved efficiency.

Firms need to ensure that a decrease in absence does not result in a corresponding increase in staff presenteeism, as this is at least as damaging to productivity. Instead, supporting employees to develop resilience, particularly psychological resilience, is crucial. This is less about managing ill-health in the traditional sense and more about making those who are well, even better and able to continue adding value (**Exhibit 7**).

#### Exhibit 7 The correlation between mental wellbeing and performance

Research has shown a direct correlation between psychological wellbeing and performance. A study on a sample of 750 employees in the north west showed that an increase of one point on a psychological wellbeing scale of 1 to 5 points is associated with an increase in productivity of 8%.<sup>32</sup>

#### Engagement is a driver of productivity closely associated with health and wellbeing programmes

Health and wellbeing are closely linked with employee engagement. High morale is not rocket science. Firms know that simple things like praise for a job well done and regular feedback from senior management go a long way to creating a positive work environment and countering stress. This has a positive knock-on effect in terms of retention, attraction and talent management.

Raising engagement to drive productivity was highlighted by CEOs in the 2014 CEO Challenge study<sup>33</sup> as a major focus, part of ensuring operational excellence. Research looking at high-performing FTSE companies concluded that employee engagement is a key driver of success, with positive measures to support wellbeing considered an integral part of achieving this engagement.<sup>34</sup> Indeed, a three-year study across 41 global companies showed that operating margins improved by 4% in organisations with high employee engagement and declined by 2% in those with low employee engagement.<sup>35</sup>

Above all, firms increasingly recognise that wellbeing and engagement go hand in hand – showing strength in one area without showing strength in the other is damaging for both the employee and for business. Best-practice businesses are reaping the benefits of linking up health, wellbeing, productivity and engagement aims as part of one overarching wellbeing strategy. In a competitive marketplace, businesses can benefit from approaching wellbeing and building a 'sustainable workforce' as part of their corporate social responsibility strategy.

# It's time for business to move to a proactive approach

## SECTION 3



*The business case is clear. Renewed efforts are needed to reduce absence, alongside a focus on staff wellbeing. There can be no 'one size fits all' approach when it comes to formulating health and wellbeing programmes: individual companies are coming up with their own strategies and frameworks responding to the needs of their workforce. Increasingly firms are finding real advantage lies in 'getting upstream', staying ahead of emerging health trends and moving from a reactive approach to one which also encompasses proactive strategies.*

Value and success can be found in a broader approach, typically categorised into the model of:

- » **Primary prevention:** taking a proactive approach to health and wellbeing provides an opportunity to influence employee behaviour and engage the workforce
- » **Early intervention:** employees and managers must be equipped with the knowledge and support to handle health conditions as swiftly as possible
- » **Tertiary rehabilitation:** effective rehabilitation and a smooth return to work are vital to ensuring employees do not fall into unemployment.

**Primary prevention: taking a proactive approach to health and wellbeing provides an opportunity to influence employee behaviour and engage the workforce**

With employees' lifestyle choices increasingly having an adverse effect on their health, many businesses now offer a range of benefits which encourage staff to lead healthier lives. And initiatives do not have to be costly. Through correct identification of preventable lifestyle and behavioural risks, organisations can take appropriate measures to mitigate the dangers of employees developing health conditions. Firms can aspire to go beyond their legal requirements and simply managing risk to look for evidence-based and tailored solutions. While the NHS may have the resource to handle illness once it is already present, businesses have the opportunity to actively manage health from the outset.

Information and support can empower employees to take responsibility for their own health. By raising the awareness, health education and health literacy of the workforce, individuals' decisions can be influenced. Through the promotion of good habits, levels of absence and presenteeism can be reduced and resilience increased. Engagement can be fostered through positive interactions with employees where both parties understand the mutual benefits. In particular:

- Messages and campaigns must be carefully targeted to employees
- Incentives can be effective in boosting engagement further
- Ensuring employees can take ownership of their job role is part of embedding wellbeing into workplace culture
- The government has its role to play in raising public health awareness and providing refreshed support for business.

### Messages and campaigns must be carefully targeted to employees

Messages and campaigns focusing on physical or mental wellbeing can range from simple poster campaigns to health awareness days, sessions with speakers and wider communications campaigns. Any health promotion or initiative needs to be risk-based and should be joined-up in a clear branding strategy (**Exhibit 8, page 16**). Marketing appropriately is vital to guaranteeing messages are sufficiently targeted at those at greatest risk. Whether it be giving out sunblock samples to outdoor construction workers



## CASE STUDY

**Exhibit 8 Europcar: an internal communications brand is used to foster engagement**

Car rental company Europcar has an employee engagement programme called **one**: The brand **one** is used across a number of activities designed to engage the team while communicating the company's strategy internally. Key initiatives include a suggestion scheme, directors going 'back to the floor' and a staff recognition programme called 'Extra Mile' which encourages a healthy competitiveness among employees. A programme to obtain valued feedback from Europcar's staff includes surveys and focus groups.

as part of raising awareness of skin cancer, or focusing on men's health in the knowledge that male employees can be more resistant to acting on health concerns, it is vital that the right messages reach the right people. This cannot be one-sided however – feedback from employees should be encouraged as part of two-way communication. Involving employees in the design and development of initiatives is likely to improve awareness, understanding and uptake.

Campaigns do not have to be costly or time-consuming. To boost impact further, businesses can piggyback on national initiatives and align their approach with the agenda of the day. There are also free resources and support available for businesses to use (**Exhibit 9**).

**Incentives and employee benefits can be effective in boosting engagement further**

Employee buy-in is crucial if messages are to be well-received. Engagement and motivation can be nurtured if businesses align their health aims to their rewards and benefits packages. For example, some firms are leading the way in providing in-house gyms or subsidised gym memberships as an incentive for staff to stay fit. Other benefits include cycle-to-work schemes, flu jab clinics, health MOT-type assessments, wellbeing audits, health insurance and lifestyle coaching.

Low-cost alternatives include fostering a sociable competitive spirit by offering prizes or gifts to encourage employees to get involved in staying healthy together, or by setting up charity initiatives. Group challenges which are both useful and attainable for the employees involved are most likely to engage interest (**Exhibit 10**).

## CASE STUDY

**Exhibit 9 Unipart: working together with external support**

Unipart Group has a diverse range of operations across different sectors and operates out of many different sites, across the UK and also globally, all of which are encouraged to actively promote healthy lifestyle choices. Unipart embraces the many resources available which are low cost or even free. For example:

- Regular health assessments – Unipart has a small occupational health team which runs regular 'health MOTs' (blood pressure checks, diabetes checks, lifestyle questionnaires) and can give specific tailored advice
- Charity days – Unipart invites health promotion charities such as British Heart Foundation, Macmillan and Diabetes UK to come on-site to talk to employees and combine this with charitable activity to raise funds for that charity (such as dress-down day or cake sale etc). These days are popular with employees and give the charity concerned an opportunity to engage directly with people
- Local NHS services – Unipart makes extensive use of the excellent services offered by local NHS trusts. This has been particularly useful for campaigns such as 'stop smoking'.



## CASE STUDY

**Exhibit 10 Marks and Spencer: the wellbeing weight loss challenge**

Each year Marks and Spencer (M&S) runs an annual 'wellbeing weight loss challenge' as one of a range of initiatives and campaigns under the M&S wellbeing programme offered to all employees. A feeling is created that being part of the challenge is a benefit itself and losing weight is the bonus – though to date participants have together lost over eight metric tonnes in weight in total as part of the challenge.

M&S engages employees and encourages participation via a strong targeted communication plan across the initiative, utilising internal communication channels and team networks to build an online community of those taking part.

This generates a spirit of employees staying healthy together and in some cases losing weight not just for themselves but to the benefit of charity and their community too. The challenge is free, simple and open to all employees, with a support package on keeping active and eating well wrapped around it that really drives success.

M&S uses in-house teams to brand and market the challenge and refresh this each year. It offers a small number of prizes to the winners, such as spa vouchers and a month's supply of M&S healthy food – however, it has found it is by promoting natural competition, fun and community across the business that the biggest levels of participation and engagement occur.

### Ensuring employees can take ownership of their job role is part of embedding wellbeing into workplace culture

Businesses can empower employees through their wellbeing strategies and personnel policies, for example through supporting flexible working arrangements where this suits the needs of both the firm and the employee. While with some business models job redesign is not possible, many companies can think actively about the ways the design of job roles can promote individual wellbeing.

Offering family-friendly policies and opportunities for employees to have a healthy work/life balance promotes a culture of positive psychological wellbeing

and can be a key driver of engagement. With changes to extend the right to request flexible working to all employees on the horizon, there are opportunities for companies to embrace more forward-thinking and innovative approaches as new working arrangements become more widespread.

This approach requires a mutual understanding – that employees are provided with the resources and support such as facilities and management systems, and in exchange they will strive to take advantage of these in order to stay healthy. Wellbeing is not something done to you – it is about giving options to enable employees to make the right choices (**Exhibit 11**).

**Exhibit 11 Linklaters: giving employees the support to take responsibility for their own health**

Linklaters summarises its 'Our deal' policy in these terms:

*"We take seriously our responsibility to care for our people in the same way that we expect our people to care for themselves and support each other. What we ask of our people is an awareness of when they need support, the courage to ask for it and a duty of care when colleagues ask for their support."*

*We recognise that Linklaters is a demanding working environment and we offer support to ensure our people are best able to maintain positive health and wellbeing. The focus of our strategy is to help our people take responsibility for their own physical and mental health and build their resilience. We also strive to help our leaders support the health and wellbeing of people in their teams, recognise and address the signs of ill health – mental and physical – and refer people to the resources the firm provides."*

### The government has its role to play in raising public health awareness, and providing refreshed support for business

The government must continue its efforts to raise awareness around key public health issues so both businesses and employees are aware of key trends and also know where they can find publicly available support and resource. The extensive system of UK health and safety law and best practice is generally well understood – the HSE and others have well-established standards and examples that are readily accessible, such as the stress management standard. These support employers in identifying risk factors and underlying causes and provide a framework for how these can be addressed. However, government outputs need to be continually refreshed and publicised so that they can be applied in all UK enterprises.

There is also more the government can do to ensure health education is as widespread as possible, in particular through the new agency Public Health England. This will involve running effective public health campaigns aimed at the general population as well as working closely with companies to ensure that the right messages are reaching the workforce. Legislative action will only drive a compliance approach – what business needs is support in tailoring its approach, rather than unnecessary box-ticking exercises. For example, the Department of Health's public responsibility deal is important in encouraging firms to engage with the public health agenda on a proactive level, while the development of the National Council for Work and Health and the Health and Wellbeing boards can be further utilised to make sure information is filtered down effectively.

The government must also recognise and promote the benefits of flexible working practices and the positive impact they can have on employee engagement and wellbeing. From offering flexible hours to supporting someone with a health condition to remote and home working where it suits the needs of both the employer and the employee, flexibility can be a vital tool for managing employee health.

### Early intervention: employees and managers must be equipped with the knowledge and support to handle health conditions as swiftly as possible

Research has shown the value of early intervention where employees develop a health condition. Businesses can be a part of proactively supporting staff to take swift action.<sup>36</sup> Fostering a culture of openness that aids early intervention can result in cost savings and it is clear that the timeliness of any health intervention is key. The earlier individuals can access appropriate support or treatment, the earlier they will be able to resume work as usual. Indeed, where appropriate, early intervention initiatives should encourage employees to appreciate the positive aspects of work in helping recovery. This is not simply a case of making sure employees have access to the correct interventions as soon as possible, it is also about equipping managers and employees with the knowledge and understanding of workplace health to take ownership of health issues. In particular:

- To ensure businesses intervene early, clear absence management policies should trigger appropriate action where necessary
- Adequate line manager training is paramount for early detection while advice and assistance for (self-)management needs to be widely available
- Prompt access to appropriate treatment and vocational rehabilitation with the right specialist support is key
- The government can do more to support business to fund early interventions through tax relief and incentives.

### To ensure businesses can intervene early, clear absence management policies should trigger appropriate action where necessary

Managing attendance effectively is a staple part of ensuring workplace health. It requires robust measurement systems and metrics to make sure monitoring is accurate and appropriate. Organisations need a clear picture of their absence levels not only to benchmark progress over time and have a clear overall picture of the position of their workforce, but also to make sure that individual cases of absence which require support do not go unacknowledged.

The CBI's past absence surveys confirm that 95% of firms surveyed have triggers that lead to management action.<sup>37</sup> Clear policies, understood by both employer and employees, can ensure that individuals get the necessary attention where spells of absence are extended or repeated – though it is vital that actions following these triggers are not delayed. In certain cases, tailored monitoring programmes or temporary adjustments will then be the best way forward.

### Line manager training is paramount for early detection while advice and assistance for (self-) management needs to be widely available

Early intervention is not just about having the right policies in place. It's also about equipping individuals to help themselves and others. The proactive, early identification of conditions is essential to preventing a problem developing or escalating to a stage where barriers to returning to work become overwhelming. While businesses cannot be expected to become workplace doctors and diagnosticians, organisations have benefitted from training managers to understand early warning signs and know how to respond to these, with courses offered by ACAS, Mindful Employer and Mental Health First Aid. Handling workplace health can be a difficult area for managers, and it is up to the individual business to focus on helping and supporting their development in this area. Some best-practice organisations choose to provide all line managers with training, while others up-skill their health & safety team or another group to be peer-to-peer educators.

Companies with mental health strategies find stress management training is effective for ensuring managers have the necessary confidence and knowledge for an early intervention if needed. It also nurtures an awareness of ways to prevent stress from arising in the first instance, by effectively managing the working patterns, workload and work environment of a team for example.

Guidance on how to proactively manage employees with diagnosed conditions can be made available for managers, often via online web portals or intranet sites. Best practice shows that empowering employees with essential advice to take appropriate steps to self-manage can deliver results. An increasing number of businesses are offering Employee Assistance Programmes (EAPs).

Indeed, between 2008 and 2013 the EAP market in the UK grew by 69% with 13.8 million people supported by EAPs in 2013.<sup>38</sup> To ensure the greatest take-up, it is important that employees are aware of this service where it is available to them.

### Prompt access to appropriate treatment and vocational rehabilitation with the right specialist support is key

Appropriate referral should direct employees to appropriate treatment as smoothly as possible. Treatment offered by specialist services can include physiotherapy, counselling, psychotherapy and, increasingly, cognitive behavioural therapy. Generally as the distance from employment increases, there will be a need for more support from a wider range of services in healthcare, rehabilitation and possibly retraining. Services that fulfil business needs can be provided by the public, private or voluntary sectors – but these must be innovative and in line with the overall approach of the business. Providers have a role to play here in adapting to the marketplace and ensuring services are delivered effectively.

Businesses with the resources can offer treatment in-house via Occupational Health (OH) services, or may choose to fund private treatment recommended by OH providers or contracted OH services. These can be fully integrated into a company's business model. On the other hand, firms may choose to offer healthcare cash plans, private medical insurance and other health insurance packages as employee benefits. Private medical insurance (PMI) typically pays for the costs of private medical treatment, often including inpatient and outpatient treatments, specialist consultations and diagnostic tests. Healthcare cash plans reimburse their clients for everyday health treatments, such as dental and optical care, health screening, physiotherapy and EAPs. The benefit of these various options is that they provide speed of access for the end user, avoiding employees adding to NHS queues.

Interventions such as physiotherapy are ones with real business benefits but often require the greatest capital investment. While these interventions can be costly, in many cases the cost benefit has been proven to override the initial cost where businesses have ensured this is tailored practically to their workforce, although there will inevitably be a lead time before a return on investment becomes visible.

### Exhibit 12 The Madrid study: early intervention and reduced absence

Looking at the impact of early physiotherapy for individuals showing musculo-skeletal problems, 13,000 employees were assessed and treated in Madrid after five days of sickness. The Madrid clinic succeeded in reducing temporary work absence by 39% and permanent absence by 50%. It is estimated that 35 million work days are lost to MSDs each year at a cost of 2% of EU GDP. If the UK had a similar system, employees would be able to work an extra 62,045 days.<sup>40</sup>

This is particularly the case for organisations that seek to handle musculo-skeletal disorders in the workplace at the earliest possible point (**Exhibit 13**). Evidence suggests that interventions which utilise cognitive behavioural therapy are most effective in relation to work-related stress. However, the evidence also shows that other forms of therapy, such as counselling and psychotherapy, are more effective than no intervention.<sup>39</sup>

The forthcoming Health and Work Service, which was introduced as one of the recommendations of the Frost/Black sickness absence review, will mean that individuals off sick for more than four weeks will be referred to the service by GPs or their employers.

The service will then provide an assessment and a return to work plan identifying measures GPs or employers may take to improve access to rehabilitation-related services. To enable the service to achieve positive results, firms' access and input into the return-to-work plan recommendations will be vital.

### The government can do more to support business to fund early interventions through tax relief and incentives

Early interventions may be costly, but the government can do more to encourage businesses to take the burden off the NHS via tax breaks and other incentives. This will benefit those employees who will be able to access treatment from other providers without facing the delays they would if receiving NHS treatment, and this in turn reduces NHS waiting lists. If the success of an intervention relies in part on the speed at which the intervention takes place, the earlier it takes place the more likely an employer will be willing to fund it.

### Exhibit 13 John Lewis Partnership: the benefits of early intervention for musculo-skeletal disorders

The approach by John Lewis Partnership exhibits the benefits of early intervention demonstrated by the Madrid study (**Exhibit 12**) in practice. The partnership is co-owned by its 90,000 partners and underpinned by a constitution which explicitly recognises that the health and happiness of its members is instrumental in delivering customer service and a sustainably successful business.

Partnership absence levels are generally low, and in common with other large organisations musculo-skeletal injuries account for a large proportion of lost productivity. Following a strategic review of its internal OH service, the physiotherapy provision moved from a face-to-face treatment model to a blend of telephonic support and face-to-face treatment after analysis showed many partners could be supported through a targeted exercise programme, with clinical telephone support.

*"We recognised that if we could intervene sooner and reduce the treatment cycle time we would help Partners back to full health and impact productivity faster. With half of Partners at work while receiving treatment this provided a real opportunity to create value for the business",* says Nick Davison, head of partnership health services.

The new model sees all service requests directed into a central hub where they are initially triaged and clinically assessed. The outcome of the assessment determines the care pathway that follows. Typically, two thirds of cases are routed through the ten-day remote case management service, provided by qualified physiotherapists and supplemented with video exercises, rather than the traditional course of face-to-face treatment, which typically ran over five weeks. More complex cases continue to receive hands-on treatment.

In the first eight months of the new service, partnership health services has saved 23,000 days productivity for the partnership by fast-tracking partners, with partners themselves reporting a 50% reduction in pain, a 21% increase in their movement and increased productivity of 1.1 days per person per week.

The introduction of the government's new Health and Work Service is an opportunity for the government to boost business engagement in this respect. We welcome the government's decision to extend the tax relief – up to a cap of £500 – for employer-funded interventions recommended by the Health and Work Service to include those interventions managed independently by in-house OH services for example. Nevertheless, as firms will receive tax relief only if the employee is absent for four weeks or more there is no incentive for businesses to act faster and intervene in that first month of absence which would be in the interests of both employer and employee.

Once the new Health and Work Service has had a chance to bed in, we urge the government to review the system's progress and look for further opportunities to incentivise employer-funded interventions – including at earlier points than four weeks of absence. With the wider benefits to the economy so stark, we need a clear commitment from the government that they will do more to support businesses.

**Tertiary rehabilitation: effective rehabilitation and a smooth return to work are vital to ensuring employees do not fall into long-term unemployment**

In 2013, the Burton review found a strong scientific evidence base for many aspects of vocational rehabilitation – and a good business case for it. Not all ill-health absence can be avoided, so clear policies and procedures must be in place to facilitate a successful return to work once an employee has been absent for a prolonged spell.

These are the 'reactive interventions' which will involve core OH capabilities and treatment. But they can also be proactive in nature and timeliness is key: while a worker off for four to 12 weeks stands a 10-40% chance of being off work for one year, a worker off for six to 12 months has a 90% chance of never returning to any form of work in the foreseeable future.<sup>41</sup> In any case, improving capability for work must be the end goal.

In particular:

- While the employee is absent from the workplace, communication pathways between the employer and healthcare parties involved are critically important
- A carefully planned return to work will increase the likelihood of the employee re-entering the workplace and regaining productivity
- To support business further, the government still needs to ensure GPs' buy-in to the new fit note and the forthcoming Health and Work Service.

**While the employee is absent, communication pathways between the employer and healthcare parties involved are critically important**

For many common health problems, tertiary rehabilitation is about identifying and addressing health-related, psychological and occupational obstacles to the return to work. Outsourcing services to OH providers and other healthcare providers are an important part of many health and wellbeing strategies. However businesses can excel in moving beyond a purely transactional relationship with providers to implement a joined-up, end-to-end strategy which involves working closely with all relevant stakeholders, healthcare professionals and a good integrated OH service (**Exhibit 14, page 22**).

Clear pathways for dialogue between business representatives and OH services or other healthcare providers are needed to enable all parties to understand the adaptations that can be realistically made to facilitate return to work and the part this can play in recovery. Treatment providers and healthcare professionals must be on board and clear about an organisation's business model, values and above all, the aims of any health and wellbeing programme. This includes understanding the details of any other 'assistance' services a business offers to its employees.

Businesses in turn can tailor any referral to OH to the circumstances of the case. Simply enclosing a job description may not be going far enough: OH needs to understand the employee's day-to-day activities and responsibilities. Many organisations already engage OH by holding regular case conferences with the company doctor along with the account manager from the OH provider.

**Exhibit 14** Severn Trent Water: successfully managing a return to work

Severn Trent Water's (STW) approach aims to ensure it is 'doing the right thing' for its employees and proactively managing attendance and engagement at work.

From September 2011 to August 2012, STW had 7,109 sickness days due to musculo-skeletal related absence alone. This does not capture the cost of 'backfill' which STW assumes to be three times the cost of a direct employee. Nor does it capture the knock-on effect on customer experience due to decreased productivity and overall company performance.

**STW's trends and challenges from a rehab side**

Severn Trent Water had a growing number of employees who were either off long-term sick or had been on long-term restricted duties which affected productivity and performance. Prior to the introduction of the new physiotherapy service, there was poor access to timely, effective physiotherapy intervention.

**Approach to deal with this**

The company scoped out a work-focused approach to physiotherapy and introduced a functional rehabilitation programme across the business delivered by expert clinicians (RehabWorks). They made sure RehabWorks understood the firm's working environments and job designs and could offer practical routes back into productive work activity.

STW also developed a partnership model for an integrated OH service so that its partners now have one reporting, interlinked model of delivery.

**Impact and results of this approach in year one**

- A 1,208 days reduction has been achieved in musculoskeletal absence
- Twenty-two employees went through the specialist functional rehabilitation programme. Of these, 19 have returned to full duties
- Employment engagement survey gives a positive 81% engagement score.

STW has now introduced an injury prevention programme for their operational employees over a three-year period.

**A carefully planned return to work will increase the likelihood of the employee re-entering the workplace and regaining productivity**

A return to work can be tricky to manage and can require clear personnel policies on workplace adjustments and phased returns to be successful. It is a company, not the doctor, which has the legal duty of care to check that an employee is fit to return to work and does not need additional support. Research shows good practice can reduce the length of sickness absence. Bearing in mind that more than 70% of people with a mental health problem fully recover and resume normal duties and responsibilities for example,<sup>42</sup> businesses must be a part of supporting that return.

Above all, communication between employer and employee is essential. Managing the employee during a period of absence requires regular catch-ups between employer and employee, a low-cost action with enormous benefits. Agreeing their manner and frequency with an employee at the beginning of the absence means the employer is managing expectations and setting clear boundaries from the start.

This contact does not have to focus purely on the return to work, but can also include updates about the business, social events and staff so the employee feels engaged. Best practice companies have implemented training for staff to carry out effective welfare calls and return-to-work interviews as an intervention proven to stop short-term sickness becoming a long-term sickness case.

Making reasonable adjustments can help employees back to work. Getting this right requires a knowledge of legal requirements in tandem with personnel policies. Typical adjustments may include a phased return to work, appropriate redeployment, introduction of flexible working or modified duties.

**Exhibit 15** outlines key steps to effect a successful return where changes may need to be considered.

**To support business further, the government still needs to ensure GPs' buy-in to the new fit note and the forthcoming Health and Work Service**

More intensive cooperation between GPs and business is vital to success. Firms are looking to work in partnership with government and medical professionals to help employees successfully return to work as soon as they are able to.

**Exhibit 15** Employer checklist for effective management of an employee's return to work<sup>43</sup>

- Obtain medical advice on number of hours, working pattern, and duties before your employee returns to work – the small things can have a big impact on the likelihood of success
- Arrange a pre-meeting to ensure your employee understands and accepts the return to work plan, and keep in regular communication, reviewing the plan on a weekly basis
- Start small and set achievable milestones to boost confidence – but keep monitoring progress
- Consider your pay arrangements to ensure they work for your organisation: some policies in respect of pay can act as a disincentive to return to work on reduced hours
- On reasonable adjustments: assess the requirements of the role and of your business, and consider cost and your resources, the impact on colleagues or customers, and the extent to which the adjustment will 'cure' the disadvantage to your employee; what you are able to accommodate temporarily might not be reasonable permanently.

The fit note is a key enabler for this. Our 2013 absence survey, however, demonstrates that in the eyes of business the new fit note introduced in 2010 has been found wanting despite a recent revamp. There is more the government can and must do to ensure GPs have a clear understanding of workplaces and that fit notes contain insightful and constructive advice. Promoting capability-focused medical certificates is by far the most important step, and encouraging GPs to embrace the new electronic fit note will be part of transitioning to a more efficient and co-ordinated system.

As the new Health and Work Service is rolled out over the course of 2015, there is also real opportunity and room for a step change (**Exhibit 16**). Above all, GPs must be encouraged to consider the new service as a default choice for all employees absent for four weeks (except for in specific conditions and circumstances), rather than an optional one. 'Mandating' the Health and Work Service in this respect will be key to the take-up of the service and is an action government must consider in the future. We also urge the government to draw up clear guidance to ensure that businesses and GPs are required to co-operate to draw up an effective return-to-work plan alongside Health and Work Service advisers. **Exhibit 17** (page 24) demonstrates what can be achieved from a targeted, holistic approach over the course of a year.

**Exhibit 16** Summary of actions for government to support businesses in their proactive approach**Actions for government:****Workplace Health Awareness**

- Where necessary, refresh and publicise health management standards and best practice to guide businesses
- Continue to use media and other outlets to raise wider health education and awareness levels – in particular of key ill-health trends
- Promote the benefits of flexible working practices in supporting employee health and employee engagement
- Ensure GPs gain a wider understanding of the workplace and this is reflected in their use of the fit note as capability-focused.

**Actions for government:****The Health and Work Service**

- Once embedded, review the service to look for further opportunities to incentivise employer-funded interventions – including at earlier points than four weeks of absence
- Encourage GPs to consider the service as a 'default option' for those absent for four weeks or more and look towards mandating this in the future
- Promote the service as an attractive and effective route for employees to ensure buy-in
- Draw up clear guidance so that businesses, employees and health and work service advisors can work together to ensure a smooth return to work plan is drawn up.



## Exhibit 17 London Overground: delivering impact through promoting a healthy lifestyle and utilising occupational health effectively

### Targeted steps taken

London Overground's (LOROL) health and wellbeing approach is both targeted and holistic, focusing on five key wellbeing work streams:

- Promoting a healthy lifestyle – encouraging 'small' steps
- Managing employee relations – dealing with issues fairly and promptly
- Addressing health and safety – self reporting and employee working groups
- Utilising occupational health (OH) – helping employees back to work
- Engaging the trade unions – working closely to implement improvements.

This is supported by a package of health and wellbeing benefits for employees which includes private medical insurance or membership to a discounted health scheme, access to an Employee Assistance Programme, annual health 'MOT' and winter flu jab clinics, 'taking care of you' initiatives, stress management courses, lifestyle coaching and training for drivers, stress and conflict avoidance training for station staff, subsidised gym membership, health ambassadors programme, employee-led sports clubs, cycle-to-work scheme and occupational health support for long-term sickness.

Some successful health and wellbeing initiatives as part of 'promoting a healthy lifestyle' developed over the past year include:

- **'Taking care of you' programme:** aimed at helping employees to be happier and healthier at work, this included upgrading of uniform and better quality waterproofs, distributing winter care packs containing a hand sanitizer, a packet of pocket tissues, lip salve and a winter health and flu advice leaflet. This was also supported with regular tips and advice on a range of health and wellbeing issues which are disseminated through LOROL's key communications channels including a weekly e-newsletter, bi-monthly magazine and weekly bulletins posted on plasma screens located in staff rooms across the network
- **Industry award-winning driver DVD training series:** over the past 12 months, LOROL has developed a series of three training DVDs addressing lifestyle issues such as fatigue, concentration and the effects of social media on drivers' performance
- **All aboard the wellbeing bus:** to support the wider winter flu and health 'MOT' clinics, staff were also given the chance to visit the wellbeing bus. Stationed at one of the station depots, this offered health and wellbeing advice and information plus the chance to participate in a basic health check.

Real value was found in focusing on the return to work and utilising OH:

- LOROL carried out compulsory training for every line manager on how to carry out effective welfare calls and return-to-work interviews alongside the implementation of an absence database that records sickness absence as and when it occurs. This enables the executive board and HR team to see on a daily basis who is absent from work and why
- The company's OH provider has also been engaged in dealing with absent employees. Initiatives which assist include case conferences with the company doctor held monthly along with the account manager, as well as working with the company on wellbeing initiatives and education programmes.

The impact on the business following these initiatives includes:

- Attendance has improved from 96.1% to 96.8% in the last 12 months
- LOROL has reduced the number of days lost to absence by 1,600 days in 2012/13, which represents an estimated saving of more than £340,000 for the period
- LOROL's annual employee survey shows the percentage of employees agreeing that their workplace conditions are good has almost doubled since LOROL took over the concession, up from 43% in 2008 to 80.5% in 2013
- 92% of employees agree that the company is committed to providing a safe workplace/surroundings (up from 88% in 2011 and 58% in 2008).

### Next steps?

The next steps for the business are to focus on fatigue and shift working and assist employees with lifestyle choices. Initiatives which will be implemented later this year include:

- A further DVD to all drivers on lifestyle and food choices
- A working group set up to focus on the management of stress
- A survey for employees looking at fatigue.

The company is also looking into the possibility of adding some time to the regular health assessment required for safety critical staff to discuss health and lifestyle issues and advice. A further benefit of early detection cancer screening is also being considered.



# Rising to the challenge: planning, reviewing and evolving strategies

## SECTION 4



*To achieve optimal outcomes for businesses and employees, health and wellbeing programmes must not be put in place as a tick-box exercise and then ignored. Addressing the health and wellbeing of the workforce is a continuous process, requiring data collection and getting upstream of new trends. The planning and implementation of a programme is only the start.*

Leading firms in this field seek to review and refine what they have in place, ensuring it is as appropriate as possible for their workforce and develops as rapid technological developments shift the health landscape. In this chapter, we look at the practical steps organisations can take when delivering health and wellbeing programmes and toolkits which can support this:

- Planning for a systematic approach based on leadership, consistency and a people-focused strategy
- Reviewing on the basis of robust measures of results
- Evolving strategy to ensure resources are redeployed to best effect.

### Plan

**Any effective planning stage starts with a systematic needs assessment...**

Implementing and maintaining a successful health and wellbeing programme requires careful planning if companies are to get the most value. The first step in planning a health and wellbeing programme is to undertake a systematic needs assessment (**Exhibit 18**).

**...then clear aims must be drawn up as part of a targeted approach**

With a gap analysis complete, the next step is to draw up the proposed outcomes of the company's health plan. In a large enterprise, this would most likely be a 'big picture' plan for the next three to five years, focusing on organisational priorities and tailored to the workforce.

**Exhibit 18** Conducting a needs assessment

Questions to consider	Where to find answers	Gap analysis and next steps
<ul style="list-style-type: none"> <li>• At what stage is your company currently?</li> <li>• Where is the need that requires the solution?</li> <li>• What are your policy aims?</li> </ul>	<ul style="list-style-type: none"> <li>• Benchmarking</li> <li>• Staff surveys</li> <li>• Informal interviews</li> <li>• Focus groups</li> <li>• Review of current data</li> <li>• Review of current policies</li> </ul>	<ul style="list-style-type: none"> <li>• Compare current services against identified needs</li> <li>• What are the key risks you need to address?</li> <li>• Are there areas of inefficiency where improvement is needed?</li> </ul>

Businesses must decide how to deliver their aims, the appropriate actions to be taken and the costs of these to both the business and employees. In many instances, delivery of the programme will require working with third parties such as providers or charities – these parties must be carefully selected and relationships will need to be developed from an early stage.

### The benefits of being data-rich must be taken into account...

The collection of data is vital in any programme – although it is important to note that presenteeism, as well as the difference between long- and short-term absence means that data is never black and white. Nevertheless, clear data allow firms to map progress, develop fact-based insights and identify areas for development. Best-practice companies use knowledge management systems and technology which costs absence and pools data for monitoring and reporting purposes. Some organisations might record information on the causes of sickness absence via a classification or coding system to aid keeping track of workforce trends.

Businesses must decide how to capture data from the outset – which systems and metrics need to be put in place – to prioritise reducing the most common and most expensive forms of absence via absence management measures or interventions. Properly integrating data into any strategy will be vital to consolidation of the service and its future development. Good data is needed to evaluate success and ensure return on investment is properly understood.

### ...and established frameworks can provide valuable guidance

Some organisations choose to follow well-established frameworks to guarantee a holistic approach. Examples include the Workplace Wellbeing Charter developed by the NHS and BITC's Workwell model, developed collaboratively by business for business in order to create a clear framework and put wellbeing and engagement on the map.

### Leadership, consistency and a people-focused approach are the key enablers to successfully implementing your strategy

Once strategies have been planned, a step change in management culture is necessary to recognise health and wellbeing as a boardroom issue. Without senior buy-in and leadership, any programme can only go so far. Board approval for plans needs to be secured via a clear and convincing business case and getting this right is key to the investment HR or health and safety teams will receive. **Exhibit 19** demonstrates the steps that an HR or other relevant professional can take to put together a compelling business case for the board.

An overarching, consistent strategy which is locally relevant is key. Often businesses may be pursuing a number of isolated initiatives with no overarching aim. A joined-up holistic approach is the only answer. Any wellbeing offer needs to be aligned to the business model, values and aims of an organisation in order to be embedded in the culture. Third parties such as OH and EAP providers must be thoroughly briefed and on board with what an organisation is trying to achieve. While the overall approach to health and wellbeing should be group-wide, areas of focus can be adapted to local needs with local buy-in.

#### Exhibit 19 Compiling the business case to take to the board for your organisation<sup>44</sup>

- Context – scope and background
- Existing position – costs and activity
- Value proposition – desired business outcomes
- Focus – the problem(s) to overcome and proposed solution(s)
- Deliverables – outcomes, deliverables and benefits
- Workload – approach and phased stages of delivery
- Required resources – team and budget schedule
- Review – evaluation
- Timescales.

“*At Accenture we understand that the health and wellbeing of our employees is critical to our success as a business. It is essential that our people feel physically and mentally able to give their best for our clients. From board level down, Accenture see our people’s health and wellbeing as a top priority and we continue to ensure that this receives the level of commitment and investment that it deserves.*”

**David Sawyer**

Accenture geographic operations managing director,  
board member and executive sponsor of health and wellbeing

Without employee buy-in, any programme will miss out on its desired results. Employees must help shape any offer from the start, and then be involved at subsequent stages. Employee surveys, interviews and focus groups can help an organisation establish what employees feel they want and need (**Exhibit 20**). This can also help businesses to avoid shoehorning initiatives into something typical but irrelevant – such as smoking cessation programmes where there are few or no smokers. The offer must then enable employees to take responsibility for and manage their own health, with the right amount of employer support.

### Review

Measuring something which can be highly subjective and dynamic in a rigorous, robust way is difficult. While metrics may provide a financial evaluation and insight into cost effectiveness, it is harder to judge whether people are exhibiting a health-related behavioural change because of an employer initiative – in particular proactive initiatives. **Exhibit 21** looks at differing ways of measuring success.

Research suggests that while many businesses struggle to clearly map out the financial implications of a wellness programme, modelling this does not always have to be a complicated process. This is often a case of identifying a link between programme costs, intermediate benefits and the change in key financial variables before and after programme initiation.<sup>45</sup> While placing the information in the public domain is seen by some as a competitiveness and confidentiality issue, many organisations benchmark data and performance against relevant indices.

### Evolve

From an evaluation, an organisation can then decide how to reallocate – or sometimes withdraw – resource. Once up and running, the employer must make sure any programme is always relevant and responding to business and employee needs (**Exhibit 22**, page 30).

Businesses can increase value by learning to reduce the cost of their programme and become more operationally efficient too. This is a virtuous circle: once a model is implemented, absence costs should drop and the organisation will have cost savings which it might be able to invest in further preventative action.

## Exhibit 20 Lend Lease: planning a targeted approach

In aiming to position themselves as a leader in the field of health and wellbeing, Lend Lease used employee engagement forums and workshops to identify a number of key focal areas pertinent to their property and construction business:

### Safety-critical workers

Safety is the business' overriding priority across each and every project with which they have a touch point, with worker safety paramount.

### Drug and alcohol management

This approach to safety incorporates Lend Lease's drug and alcohol management policy, appropriate for site and office-based workers and focused on education, awareness and support.

### Mental health and workplace stress

Sound physical and mental health are essential both to Lend Lease's employees and the communities in which they operate. The firm is developing a mental health management strategy which includes detailed impact measurement.

### Community health

In conjunction with this, Lend Lease is proactively identifying opportunities to explore community health initiatives. This might involve having medical facilities on a project site open in the day for employees then available in the evening for the local community, or encouraging workers to go out into the community and volunteer.

### Travel health

Lend Lease's travel health policy includes a cycling programme in line with safer cycling schemes.

### Fatigue management

Similarly in keeping with its culture, Lend Lease plans to monitor and assess the effects of working activities on employees and the supply chain through a best practice model of fatigue management.

**Exhibit 21** How to measure success

Success associated with sickness absence	Success associated with recruitment and retention	Success associated with employee wellbeing
Number of days lost	Average length of tenure of staff	Changes in employee engagement survey and/or opinion survey
Absence rate, frequency and duration <sup>46</sup>	Voluntary turnover rate	Hits on employee wellbeing portal and related traffic
OH referral rates and re-referral rates	Percentage of people returning successfully to same role after extended time off	Uptake of EAP and other employee health benefits provided – for example healthcare cash plans and/or medical insurance
		Customer satisfaction with service provided by employees

“The evidence is that developing individual and organisational resilience leads to less ill health, greater job satisfaction and increased productivity. Enhancing psychological resilience is about developing more adaptable, self-confident and purposive individuals, who can adapt to the challenges and constant changes prevalent in today’s fast moving and pressured workplace.”

**Professor Cary L Cooper**  
Lancaster University Management School

## Exhibit 22 BT's approach to health and wellbeing: fine-tuning an up-and-running strategy

### An overview of BT's strategy and approach

BT's strategic approach to health and wellbeing has been in place now for 11 years. The overall aim of the approach is to try and move employee mindsets and behaviours from dependency to interdependency, where employees take personal responsibility for their wellbeing and that of those around them. That means driving a culture of self-help among the workforce and managers with support available from 'experts' when needed, but primarily provided online through comprehensive and easy-to-use materials. Management information collected from a variety of sources is used to target areas for attention with a particular focus on mental health and wellbeing. In this way resources are targeted to where they are likely to achieve the greatest impact for the business and deliver services in a cost-effective manner.

BT has established a simple evidence-based framework to foster workplace wellbeing, which is underpinned by metrics to show the impact of the wellbeing programme on business performance. By making this data publicly available via reporting, BT also hopes to demonstrate its progress in creating a culture that facilitates growth, even in times of austerity.

### What's in place?

To shift employees' mindset around wellbeing, BT has instigated discussion through a number of forums and a community of health, safety and wellbeing champions and business leads. Each line of business has a tailored action plan, aligned with an overall strategic approach, and ownership of the plans is vested in individual leadership teams and developed in close association with the group wellbeing adviser, a clinical psychologist. BT works to a three-tier framework with a portfolio of resources/services at each level: primary prevention, secondary intervention and tertiary rehabilitation.

A portfolio of resources and services has been, and continues to be, developed within each of the three framework areas. Some of BT's specialist support services for employees include an Occupational Health Service (OHS), a musculoskeletal disorders service, an Employee Assistance Service providing counselling and specialist advice, a mental health service and a vocational rehabilitation and reasonable adjustments advisory service.

### Mental health

BT has developed a mental health 'toolkit' to support the framework which comprises a range of resources of escalating sophistication. Two of the more recent additions include cognitive behavioural therapy (CBT) for common mental health problems – a focused mental health service to complement the employee assistance programme – and resilience training for people managers.

### CBT service

The CBT service comprises:

- Triage by telephone and advice by a case manager within 48 hours of the referral
- An information pack about the mental health condition sent to the individual.

Where clinically indicated, referral for:

- Self-help with telephone support, based on CBT
- Computer-based CBT
- Skills-based training and CBT coaching
- Telephone or face-to-face CBT through a network of local therapists
- Case managers to liaise with the line manager with the individuals' consent to advise on progress and any workplace adjustments.

The mental health service is based on the model developed for musculo-skeletal disorders and both are funded through an insured solution in order to remove the risk of cost volatility and short-term budgetary pressures at business unit level. This approach also improves visibility of costs and provides economies of scale, strengthening the business case for rehabilitation. Management at a central level by Group Risk advised by in-house specialists has also helped drive innovation and efficiencies.

### Resilience

The resilience training for people managers was developed with the support of Action for Happiness, part of the Young Foundation charity. The aim is to provide managers with the knowledge and skills to build their own resilience as well as promoting that of their people thereby enhancing wellbeing, engagement and performance.

## CASE STUDY

Following a successful pilot in 2012 of a two-day course, 230 people managers across the business have now been trained to enhance their own personal resilience and support that of their teams. Improvements have been demonstrated on standardised psychological measures and BT's own wellbeing index.

Key impacts as a result of BT's wellbeing activity include:

- Faster access to appropriate services for employees enabling them to remain in work or return to work
- 92% of people return to their own role on full duties after company funded rehabilitation
- BT's sickness absence rate has decreased from 2.29% (March 2013) to 2.20% (December 2013) alongside maintenance of employee engagement levels
- Recent surveys showed that 81% of BT employees 'agreed' or 'strongly agreed' that the opportunity to participate in health promotion campaigns made them feel that BT cared about their health. Fifty-eight percent said it made them feel valued as an employee and 64% said that it made them feel proud to work for BT
- The metrics used to track progress have showed a gradual improvement against a previously rising trend. BT's wellbeing index has improved significantly from 3.65 (end of financial year 2012/13) to 3.80 (end of December 2013). BT has seen reductions in lost time injury (LTI) rate and work-related ill health which remains significantly below CBI best quartile results.

### Looking forward

*"At BT we believe that health, safety and wellbeing are critical contributors to our future commercial success. Wellbeing is a fundamental driver of sustainable employee engagement and high performance, contributing to business success and thriving communities. Our goal at BT is 'zero avoidable harm'. To achieve this goal, we commit resource and effort as well as measuring ourselves against publicly available targets.*

*But there is no room for complacency and there is always more to do. With the continued blending between work and personal life, organisations need to adopt an increasingly holistic and integrated approach to wellbeing that includes overall life satisfaction and positive emotions including happiness. The differing expectations of a more inclusive, multigenerational workforce require further clarification of wellbeing issues to be addressed and improved through customised programmes.*

*There is a need to continue to improve organisational resilience with an increased focus on operational management to build competence in people management, wellbeing and personal resilience building. Organisations need to be more aware of the role of social support in wellbeing and do what they can to improve access to a denser network of social capital. For those who require them, access to specialist support services should be simple, timely and well-integrated. To truly make a difference, wellbeing must be embedded in the organisational culture as business-as-usual."*

**Dr Catherine Kilfedder**

BT group wellbeing adviser





# Summary of recommendations for government and business

## Actions for government: workplace health awareness

- Where necessary, refresh and publicise health management standards and best practice to guide businesses
- Continue to use media and other outlets to raise wider health education and awareness levels
  - in particular of key ill-health trends
- Promote the benefits of flexible working practices in supporting employee health and employee engagement
- Ensure GPs gain a wider understanding of the workplace and this is reflected in their use of the fit note as capability-focused.

## Actions for government: the Health and Work Service

- Once embedded, review the service to look for further opportunities to incentivise employer-funded interventions – including at earlier points than four weeks of absence
- Encourage GPs to consider the service as a 'default option' for those absent for four weeks or more and look towards mandating this in the future
- Promote the service as an attractive and effective route for employees to ensure buy-in
- Draw up clear guidance so that businesses, employees and health and work service advisors can work together to ensure a smooth return to work plan is drawn up.

## Actions for business

- Develop joined-up health and wellbeing programmes which factor in key emerging trends as part of a holistic approach
- Move 'upstream' by taking a proactive and preventative approach to health and wellbeing in order to influence employee behaviour and engage the workforce:
  - Messages and campaigns must be carefully targeted to employees
  - Incentives can be effective in boosting engagement further
  - Ensuring employees can take ownership of their job role is part of embedding wellbeing into workplace culture
- Equip employees and managers with the knowledge and support to handle health conditions as swiftly as possible:
  - Clear absence management policies should trigger appropriate action where necessary
  - Line manager training is paramount for early detection while advice and assistance for (self-)management needs to be widely available
  - Prompt access to appropriate treatment and vocational rehabilitation with the right specialist support is key
- Ensure robust systems are in place to effectively manage absence and the return to work:
  - While the employee is absent from the workplace, communication pathways between the employer and healthcare parties involved are critically important
  - A carefully planned return to work will increase the likelihood of the employee re-entering the workplace and regaining productivity.





# References

- 1 According to the Health and Safety Executive statistics 2012/13, the rate of fatal injury decreased from 1.0 per 100,000 workers in 2000/01 to 0.5 in 2012/13: <http://www.hse.gov.uk/statistics/overall/hssh1213.pdf>
- 2 *Fit for purpose: Absence and workplace health survey 2013*, CBI/Pfizer
- 3 *An independent review aimed at reducing the cost of sickness to employers, taxpayers and the economy. Transforming sickness support will boost productivity and the economy*, Black C and Frost D, 2011
- 4 *Fit for purpose: Absence and workplace health survey 2013*, CBI/Pfizer. The average is pulled up by a small proportion of employees on costly long-term absence
- 5 The average daily direct cost for absence was estimated at £175 and this was multiplied by the firm three to take into account indirect costs including loss of quality, re-work, overtime and temporary labour
- 6 *Voice of Small Businesses survey*, Federation of Small Businesses, 2011
- 7 <http://www.centreformentalhealth.org.uk/employment/presenteeism.aspx>
- 8 *Presenteeism in the workplace: a review and research agenda*, Johns G, 2010
- 9 *Fit for purpose: Absence and workplace health survey 2013*, CBI/Pfizer
- 10 Public expenditure statistical analyses 2013 (PESA), HM Treasury, 2013 <http://www.nomisweb.co.uk/>
- 12 *Is work good for your health and wellbeing?*, Waddell G and Burton K, 2006
- 13 <http://www.theguardian.com/society/2013/dec/18/ageing-population-key-to-economic-prosperity>
- 14 *Healthy work challenges and opportunities to 2030*, Vaughan-Jones H and Barham L, 2009
- 15 <https://www.gov.uk/government/publications/mental-health-priorities-for-change>
- 16 <http://www.london.gov.uk/priorities/health/focus-issues/health-work-and-wellbeing>
- 17 *Mental health and work: United Kingdom*, OECD conclusions and recommendations, February 2014
- 18 As part of research led by BUPA, YouGov Plc surveyed 10,241 adults from 16-22 October 2013
- 19 The Mori survey of 7,000 people was carried out for the European Depression Association (EDA) in seven EU countries – Britain, Germany, Italy, Denmark, Turkey, Spain and France
- 20 *State of the nation's waistline*, National Obesity Forum, 2014
- 21 *Statistics on obesity, physical activity and diet*, The Health and Social Care Information Centre, 2014
- 22 *Statistics on obesity, physical activity and diet*, The Health and Social Care Information Centre, 2014
- 23 British Psychological Society (BPS), 'Office workers spend too much time at their desks, experts say.' Science Daily, 2012 <http://www.sciencedaily.com/releases/2012/01/120113210203.htm>
- 24 British Psychological Society (BPS), 'Office workers spend too much time at their desks, experts say.' Science Daily, 2012 <http://www.sciencedaily.com/releases/2012/01/120113210203.htm>
- 25 *Economic costs of obesity and the case for government intervention*, McCormick B, Stone I and the corporate analytical team, Department of Health, 2006
- 26 The Health and Safety Executive annual statistics 2012/13: <http://www.hse.gov.uk/statistics/overall/hssh1213.pdf>
- 27 *Sedentary lifestyle leaves young people in pain*, press release – British Chiropractic Association, August 2013
- 28 *Building the case for wellness*, PricewaterhouseCoopers, 2008
- 29 *International comparisons of productivity – final estimates for 2012*, ONS, February 2014
- 30 *Boorman NHS Health and wellbeing review*, Boorman S, November 2009
- 31 *The value of rude health*, Professor Marsden D and Morcione S, LSE, 2008
- 32 *Wellbeing, productivity and happiness at work*, Robertson I and Cooper C, 2011
- 33 <http://www.conference-board.org/subsites/index.cfm?id=14514>
- 34 *Engaging for success: enhancing performance through employee engagement*, Macleod and Clarke, 2009
- 35 *Global workforce survey*, Towers Watson, 2010
- 36 *Is work good for your health and wellbeing?*, Waddell G and Burton K, 2006
- 37 *Healthy returns? CBI/Pfizer Absence and workplace health survey*, 2011
- 38 *Market watch report*, EAP Association, 2013
- 39 *Vocational rehabilitation: what works, for whom, and when?* Waddell G, Burton K, Kendall N, 2013
- 40 *Reducing temporary work absence through early intervention: the case of MSDs in the EU*, Bevan, The Work Foundation. 2013
- 41 *Is work good for your health and wellbeing?*, Waddell G and Burton K, 2006
- 42 *British Psychological Survey*, 2000
- 43 Provided by Hannah Swift, senior associate and Kate Sheenan, senior associate, Eversheds, 2014
- 44 Dr Bridget Juniper, Work and Wellbeing Ltd [www.workandwellbeing.com](http://www.workandwellbeing.com)
- 45 *Building the case for wellness*, PriceWaterhouseCoopers, 2009
- 46 *Measuring, reporting and costing absence*, CIPD, explains in detail



For further information or a copy  
in large text format, please contact:

Hannah Murphy  
CBI policy adviser  
Employment and skills directorate  
T: +44 (0)20 7395 8068  
E: [hannah.murphy@cbi.org.uk](mailto:hannah.murphy@cbi.org.uk)



May 2014  
© Copyright CBI 2014  
The content may not be copied,  
distributed, reported or dealt  
with in whole or in part without  
prior consent of the CBI.



Printed by Colourscript on  
Revive 100 pure white silk, containing  
100% recovered fibre certified by the  
FSC®. Colourscript is certified to ISO 14001  
and registered to EMAS environmental  
management systems NEZ052.

Product code: 10287

CBI  
Our mission is to promote the conditions in which  
businesses of all sizes and sectors in the UK can  
compete and prosper for the benefit of all.  
To achieve this, we campaign in the UK, the EU and  
internationally for a competitive business landscape.

**[www.cbi.org.uk](http://www.cbi.org.uk)**