Health and Well-being Local Business Partnerships: final report

Summer 2012

Background

Keeping the workforce as healthy and productive as possible, up to retirement and beyond, is a priority for employers and employees. It is also a priority for government – which bears the brunt of spending on sickness and early retirement – and a Health at Work Network has been established under the Public Health Responsibility Deal in England, to encourage the private sector to create workplaces – and workplace cultures – that are more conducive to healthy lifestyle choices.

Large companies can establish comprehensive workplace health programmes, covering a range of issues and monitoring and evaluating the impact of the programme. However, small- and medium-sized enterprises (SMEs) – which employ almost 60% of the private-sector workforce in the UK – face very significant workplace-health challenges, notably lack of economies of scale and limited resources. The Health and Well-being Local Business Partnerships (HWLBP) pilot was established to address these challenges.

The HWLBP in brief

The Health and Well-being Local Business Partnership was a pilot project undertaken by three large companies based in the south-east of England. From January 2011, as part of their commitment to the Responsibility Deal, the companies extended their established and successful workplace health (WPH) programmes to the employees of a number of small, local businesses. The three companies all saw the HWLBP as being well aligned with social-responsibility values and it presented a good opportunity to foster relationships locally – with the community (for example, the local chamber of commerce), political figures (local councillors and MPs) and the media, as well as with the SMEs. The SMEs became involved to improve the health of their employees, and also to improve business links with the larger companies. An average of nine SMEs took part in each location, and participants included a printing company, hairdresser, residential care home, restaurant, police station and taxi company.

Each of the larger companies rolled out a different aspect of their WPH programme. One company developed a branded workplace health website through which the SMEs could access advice, posters, recipes and activities with which they could join; another delivered health risk assessments by an external occupational health provider and recreated its ‘wellness week’ for the SMEs; the third also offered information and health risk assessments, as well as an opportunity to join a walking challenge.

The aim of this pilot project was to establish the principles upon which a mentoring relationship of this kind could best be replicated elsewhere. As the working population ages, their health should be a priority: without it, the costs of ill-health to SMEs, employees and the NHS are likely to continue to rise unsustainably.

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At the HWLBP launch: Christine Hancock (C3 Collaborating for Health); Earl Howe (parliamentary under-secretary of state for health); Dame Carol Black (national director of health and work)
Successes and challenges of the HWLBP

The documented successes were the response to the initial offering and the reach of the project:

- First responses to the HWLBP – from both the three main companies and the SMEs – were very positive. The networking by the larger companies – contacting local chambers of commerce and holding breakfast meetings to engage the local SMEs – was well received.
- The launch of the partnerships was attended by local councillors, members of local chambers of commerce and national politicians, as well as SME representatives. It was covered in the local media.
- The offerings made available to SMEs – including materials, health impact assessments and exercise classes – will significantly have increased the access of employees in the smaller organisations to information and help in making healthier lifestyle choices. The HWLBP was offered to 26 SMEs in total, each with between 9 and 75 employees.

The main challenges to the HWLBP were threefold:

- **Resourcing:** Successful workplace health requires sufficient dedicated resources to maintain the enthusiasm of employees and encourage their ongoing participation for the duration of the programme. Managing the pilot proved to be time-consuming and demanding, with staff changes complicating the relationships between large companies and SMEs.
- **Engagement:** It was not always easy to engage the SMEs – there was both a lack of take-up of offered initiatives and a low response rate when asked for feedback.
- **Evaluation:** It proved challenging to gather ongoing evidence on the impact of the programme. Attempts to survey employees within the SMEs were largely unsuccessful at the end of the 15 months of the initiative.

Note: More information about the methodology of the pilot is available in an interim report on the HWLBP.

Making the model work: key principles

These principles on which a mentoring relationship can best be replicated elsewhere draw on the recommendations of the interim report and on the successes and challenges faced throughout the HWLBP pilot.

1. **Ensure a strong engagement strategy**

   Strong engagement between and within organisations is essential for the success of an HWLBP initiative.

   - The SMEs should work with the large company to ascertain which aspects of the WPH programme would be most relevant and useful in the SME context. A sense of ownership and involvement and a long term strategy will help to make the initiative more sustainable. SMEs need to be self-motivated and not too dependent on the large company.
   - Internal engagement within the SMEs is important – for example, finding a strong ‘champion’ within each organisation (and ensuring that they remain on the project for its duration) will help to foster engagement internally.
   - The personal touch was much more successful: phone calls and face-to-face meetings were found to be significantly more effective than email/letter, at least initially. A balance needs to be struck between online engagement (which is less resource-intensive) and a personal approach (which is – at least initially – more effective).
   - Using existing networks (such as the local chambers of commerce) were found to be effective – and engagement with the new local health and wellbeing boards could also be useful.

2. **Build in evaluation**

   When time and resources are being dedicated to an initiative, evaluation is essential to demonstrate the impact of the project – whether quantitative (‘hard’ evaluation – e.g. return on investment) or qualitative (‘soft’ evaluation – e.g. the impact that it has had on individuals). The HWLBP pilot was challenging to
evaluate for a number of reasons – for example, each of the three companies shared their own workplace health programme, so the offer to the SMEs was different in each location, complicating comparisons between the three pilots.

- Monitoring and evaluation were made harder by the limited response to the online survey at the end of the project. To address this, monitoring and progress reviews should be ongoing, with deliverables clear from the outset, and with participation in the HWLBP contingent on full evaluation by the companies at the end of the initiative (or regularly, if the initiative is ongoing). Information-gathering is also likely to be easier if engagement is more enthusiastic.

- Privacy issues may also be a complicating factor – for example, the data from health impact assessments will need to be carefully handled. Without this assurance, participation may be lower than anticipated.

- Finally, there is a need to be realistic about the impact that the HWLBP can have in a limited time. Qualitative evidence may indicate that it has had an impact on lifestyles – which has not yet been noticeably reflected in personal health. Small changes are significant.

3. Ensure adequate resourcing

- There is a need to be realistic about the personnel, time and finance resource required to manage the programme within the larger company, with dedicated resource allocated for the initiative’s duration.

- There are, however, avenues to explore that may reduce the resource-intensiveness of the programme – for example, sharing existing materials, running joint classes or helping signpost the SMEs to other local resources.

- The HWLBP was provided free of charge to the SMEs – but investigating whether it should be minimally charged for could also be addressed in future programmes. This would not be to recoup the costs of the HWLBP, but could encourage greater involvement of the SME with the programme.

4. Make the case

- Essential to the success of any workplace health initiative or corporate social responsibility programme is making the business case – aligning business objectives with the HWLBP, and showing return on investment, as there will need to be a commercial or corporate social responsibility benefit.

- More data could be helpful on the impact of an HWLBP initiative on the reputation of the larger companies and any impacts that it has on the bottom line, and on the impact of the HWLBP on the health and productivity of the SMEs (both employee health and the health of the business).

- Incentives might be one way in which to encourage investment – for example: tax incentives on the extension of the workplace health programme for the larger company or if HWLBP participation were to become a strand of corporate awards (such as Investors in People), for which the larger companies could be recognised.

5. Foster good communications

- Communication between the large and small companies is essential for the whole duration of the HWLBP – and good initial communication will allow the SMEs to choose which aspects of the larger companies’ programmes are most appropriate for them: one size will not fit all!

- Once the HWLBP is established, feedback should be encouraged on the successes and impact of the initiative – this will help to build the business case for continuing with the programme, even if (initially) the feedback is qualitative rather than quantitative.

- It may be that a third-party organisation will need to play a role in facilitating the initial discussion on the needs of the SME, and in ensuring that communication channels remain open throughout the project – although the latter may not be needed if both large company and SMEs are fully engaged.

The key lesson learned from the HWLBP pilot is that there is much scope for such initiatives to be beacons of good business practice under the Responsibility Deal, as well as being part of the required ongoing efforts across society to improve the health of the population.