AN OPEN LETTER TO BUSINESS LEADERS

Since we launched Britain’s Healthiest Workplace five years ago, the findings that have emerged have shown emphatically that employers have a key role to play in influencing employee health and wellbeing.

The results also demonstrate that accountability at senior level within companies is a key driver of success for workplace health programmes, by creating a culture which is authentically conducive to supporting employee engagement and wellbeing.

We’ve all heard the saying that an organisation’s people are its greatest asset, and the Britain’s Healthiest Workplace findings back this up. Employee health is a key business risk, with employees’ lifestyle choices having far-reaching implications for engagement, productivity, and therefore for business outcomes. I hope that these findings can provide impetus in tackling the health and productivity challenge facing Corporate Britain, which can help deliver significant benefits for your business and your employees alike.

Yours sincerely,

Neville Koopowitz
CEO, VitalityHealth

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Call to action

For managers, investing in efforts to prevent and reduce workplace risks makes unassailable good sense. Help is available to get started

Protecting employees’ health and safety is a moral and legal imperative. But good practice can also help attract the best staff and even help win market share. Companies wanting to increase productivity, improve profitability or enhance workforce wellbeing should, therefore, take a closer look at occupational safety and health.

In Europe we can be proud our working conditions are the best in the world, but there is a lot that we need to do. The most recent survey by the European Agency for Safety and Health at Work (EU-OSHA), covering 50,000 establishments across 36 countries, showed over three-quarters of workplaces report one or more psychosocial risks such as excessive workload, working with difficult customers or job insecurity. Yet only one-third have a plan in place to prevent work-related stress.

Work-related stress and work-related musculoskeletal disorders such as back pain are a major concern in Europe: 37 per cent of workers in the EU report working all or almost all of the time to tight deadlines; 62 per cent carry out repetitive hand or arm movements; and 34 per cent almost always have to work at high speed. In 2015-16, according to statistics from the UK Health and Safety Executive, stress, depression or anxiety accounted for 45 per cent of working days lost to ill health in Britain, and work-related musculoskeletal disorders for 34 per cent.

Even leaving aside avoidable pain and suffering, the economic cost of work-related ill health and injuries is estimated to equate to 3–5 per cent of the EU’s GDP. Ill health and injuries are also responsible for about 4,000 avoidable deaths, due to accidents and about 160,000 deaths due to work-related illness every year. Over the years we have seen a steady decrease in occupational accidents, but the same cannot be said of cases of work-related illness, such as occupational cancers, mental health problems or musculoskeletal disorders.

The good news is something can be done to reduce this burden. We spend a third of our life at work, so it is only sensible to think about promoting good health in the workplace, through steps such as raising awareness of the benefits of good nutrition and regular exercise. However, there is a risk of focusing on the individual, rather than taking action at the organisational level. Policies to ensure a manageable workload, good staff relations and adequate training require significant management commitment but have a far greater impact and coverage of all staff than the provision of “fruit and Pilates” that will only be taken up by a few.

EU-OSHA runs two-year campaigns; the current one promotes a healthy and safe environment throughout working lives in the context of the ageing workforce. These campaigns promote action. Persuading managers and workers to participate is an important precursor to success: effective interventions are neither top-down nor bottom-up, but involve the whole organisation.

As an EU agency, we face challenges in health and safety just like any other employer. We are a relatively small organisation, so work pressure can build very quickly — it only takes a couple of urgent requests to come on top of our usual commitments and our workload mounts. We work closely with staff health and safety representatives, who survey staff at EU-OSHA to help management establish priorities.

Recently we have been working to manage the workload better through improved planning and efficiency and better definition of roles and responsibilities. We provide coaching over the phone to EU-OSHA employees and — prompted by interest from staff members — have started short mindfulness sessions once a week as well as regular voluntary stretching sessions. A decade ago, we started replacing fixed-leg desks with ones with height-adjustable legs.

Policies to ensure adequate training and good staff relations have more impact than ‘fruit and Pilates’

Our official campaign partners, which include companies and organisations in the public and private sector, are just as active. In March this year, for example, a branch of German software multinational SAP received our Good Practice Award for its Run Your Health initiative. Height-adjustable desks introduced into its offices reduce the risk of staff developing musculoskeletal disorders and encourage employees to move more frequently throughout the day. The company has offered fitness trackers to help staff monitor their progress. PSA Group Spain won recognition for the development of age-sensitive risk assessments. The aim is for each task to be completed by as many different workers as possible, regardless of physical limitations or age. Such interventions can help organisations tackle the challenges posed by an ageing workforce.

For Europe’s managers, investing in efforts to prevent and reduce workplace risks to safety and health makes unassailable good sense. The costs of not doing so are greater than the costs of taking action. There are tools available to help organisations analyse and tackle risks; a good place to find these is the EU-OSHA website (osha.europa.eu).

For policymakers, a range of strategies are available, including providing incentives and making recommendations for good occupational safety and health management. We have some good examples to share.
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Benefits all round

Britain’s Healthiest Workplace survey reveals employers recognise the value of wellness schemes for staff but also the productivity boost they bring. By Andrew Jack
Illustration by Nanette Hoogslag

Every working day after 7pm and throughout the weekend, the staff at Health Innovation Network are encouraged to disengage with email. If anyone is determined to write messages out of hours, they are urged to save them in draft and hold off sending them until the next weekday morning.

“We want to make sure people switch off, so we have a curfew for recharging. You need to be with your family and have a digital detox,” says Tara Donnelly, the chief executive. The move is one of several initiatives she has overseen to help ensure her organisation promotes healthier living for its staff as well as clients.

Her approach reflects that of a growing number of top executives from employers of all sizes in the public, private and non-profit sectors alike. They are exploring ways to promote better workplaces in order to recruit and retain staff, support their health and, in the process, boost productivity.

Health Innovation Network, a unit of the UK’s National Health Service that employs 70 staff, including nurses and paramedics, has a particular justification. It specialises in supporting innovative but proven approaches to effective healthcare, such as doctors prescribing gym sessions rather than just drugs to tackle pain, depression or the development of chronic illnesses.

Help offered to staff at Health Innovation Network range from free yoga and mindfulness classes to desks that can be used standing up, mental health awareness training and the provision of showers to encourage physical exercise such as cycling to work. Employees can join the book club or running club, and are encouraged to leave their desks to chat with colleagues in the office garden. “It feels very appropriate that we do everything that helps people live a healthy lifestyle ourselves,” says Donnelly. “Our only asset is our staff. We need to look after them and keep them. It makes sense morally and it makes business sense.”

There has been similar thinking outside the healthcare sector, too. Skyscanner, an internet travel search site, offers subsidised gym membership, weekly massages, treadmill desks and access to a mindfulness app. It recently launched an extended leave programme for longer-serving employees, a chance for expatriates to spend three weeks back in their home country and for any staff member to work for up to a month in another country where the company has offices.

“We believe it’s our duty to provide a workplace in which employees can thrive,” says Julia Clement, talent director. “Some of our initiatives have been driven by employee requests and suggestions, some are natural parts of our office design, and others are driven by our culture and values as a business.”

The increased awareness among employers has been tracked in Britain’s Healthiest Workplace survey, devised by VitalityHealth, the health insurer, and produced in association with Rand Europe, the research institute, the Financial Times, the University of Cambridge and Mercer, the human resource consultants. The survey seeks to identify the extent and impact of such interventions and this year generated responses from nearly 32,000 employees in 167 organisations.

“There has been a growth in interest,” says Shaun Britain’s Healthiest Workplace survey shows staff value support for walking or cycling to work.
has jumped from below 4 per cent to nearly 6 per cent this year. Two-thirds of employees said they have at least some financial concerns — which the survey also identifies as a significant cause of stress.

Furthermore, these patterns are likely to be underestimates, given the data are based only on employers and employees who voluntarily complete the questionnaires and are typically already convinced of the value of workplace health interventions. Many of the least healthy staff and least enlightened employers simply do not participate.

The responses suggest that wellness programmes have a positive impact. Among initiatives to promote physical wellbeing, the survey shows that staff value on-site gyms, fitness breaks and classes, running clubs and support for walking or cycling to work. For mental health support, respondents said massage or relaxation

Subel, director of strategy at VitalityHealth, which has built a significant business model in several countries by offering health insurance and providing incentives to encourage the take-up of activities to improve wellbeing. Dame Sally Davies, the UK government’s chief medical officer, is one leading figure who has been trying to raise awareness of the benefits of workplace wellbeing programmes. Public Health England, which advises and supports national health services, has developed toolkits and is analysing online health apps to encourage best practice.

In the private sector, associations such as Business in the Community, a business-led charity that promotes ethical and sustainable behaviour, and the British Safety Council have become more active, issuing guidelines and holding events to spread the message. Companies such as GlaxoSmithKline, the pharmaceuticals group, have started to develop benchmarks to try to assess the impact of workplace programmes they offer.

There is little question that an even greater focus on wellness is required. A sobering fact to emerge from Britain’s Healthiest Workplace is that over the past four years, the state of the national workforce has been deteriorating. The average number of annual working days per staff member lost to absenteeism or presenteeism — when employees come to work but are not productive — has risen from 23 to 30.

That mirrors a rise in unhealthy lifestyles. While the proportion of people smoking and reporting excessive alcohol consumption and insufficient physical activity has dropped slightly since 2014, the number not eating healthy diets has jumped from 52 per cent to 62 per cent. Equally, the number of those getting less than seven hours’ sleep a night has risen from 26 per cent to nearly 30 per cent.

Mental health problems can lower productivity significantly, and even relatively minor concerns, such as employees feeling they lack control over their work, or that their manager does not support them, can have a negative impact. The proportion of respondents who reported suffering from moderate or severe depression
classes, cognitive behavioural therapy and training in time management would help them most.

But there is no simple menu from which employers can pick to transform their workforce. The first challenge is the difficulty in gathering rigorous data on how effective any particular intervention might be in comparison with another. When companies do try to improve their employees’ health, they tend to employ several approaches simultaneously, rather than just one. In addition, the interventions that staff and their managers might value the most do not appear to correlate closely with the actual impact.

“There is an absence of evidence,” says Theresa Marteau, director of the behaviour and health research unit at the University of Cambridge. She is researching the impact of calorie labelling, portion sizes and the prominence given to healthier food as a “nudge” to better eating at workplace canteens.

A second challenge is uptake. Even among participants in Britain’s Healthiest Workplace, while 62 per cent of employers offered wellness programmes, only 28 per cent of employees used them. Although physical fitness facilities prove popular, mental health provisions — which the BHW research suggests would have the greatest impact because of mental health’s disproportionate effect on productivity — are less so.

Subel at Vitality Health warns that simply adding additional wellness programmes will not necessarily provide a corresponding benefit. “There’s not a linear link,” he says. Employees who are already committed will often be responsive when offered more options, but companies can achieve far bigger returns if they can accomplish the harder task of getting those who are unengaged to participate.

Subel says incentives for employees — rewards of some kind for choosing salads rather than chips, for example — are fundamental to achieving the best results. Engagement of senior executives in the initiatives is also an indicator for success.

Peter Simpson, chief executive of UK utility company Anglian Water, agrees. “Wellbeing is written into our business plan and our annual reporting,” he says. “It has become a strategic boardroom issue. Employees should be on the balance sheet in the same way as you account for cash. People think it’s a bolt-on, but we say this is part of our business strategy.” He recalls a two-day board meeting at which a full day focused on employee development and wellbeing.

He has changed the type of food in the canteen, provided adjustable desks and personal “resilience training” for managers to teach them how to bounce back from adverse events. He has also promoted health checks for staff and encouraged “walking meetings” rather than seated ones around a table. He calculates the result has been an eight-fold return on investment, measured through factors such as a reduction in absenteeism, improved customer satisfaction with staff, and falling illness claims, which have halted inflation in private healthcare premiums.

A final difficulty with expanding wellness programmes is finding the resources to pay for them. Some policymakers have called for tax write-offs or business rate deductions for those who provide support. Authorities in the UK’s West Midlands have decided to pursue another route, and are even exploring the idea of “early adopter” grants for employers willing to test the impact of different programmes by the start of next year, according to Sean Russell, director of implementation for West Midlands Mental Health Commission. Russell says the focus will be on two of the biggest burdens: workplace stress and musculoskeletal conditions. “In lots of organisations, people won’t talk about mental health but they will talk about a bad back,” he says.

As the UK economy shows signs of slowing down, wellbeing initiatives that could boost productivity in the long run might start to become more widespread. 
Nomura, Adidas UK and Forster Communications have once again been recognised as Britain’s healthiest places to work. Alongside some newcomers, the bank, sports apparel and public relations companies earned first place in the large, medium-sized and small company divisions, respectively, in Britain’s Healthiest Workplace survey — now in its fifth year. The ranking recognises organisations with the healthiest workforces that also make the best efforts to improve staff health.

This year, 31,950 employees from 167 organisations participated in the survey, covering large, medium-sized and small companies — defined as those employing more than 1,000 people, between 250 and 999, and less than 250 — from across the public and private sectors.

By adjusting for demographic profile and examining culture and leadership, the survey not only captures those companies that have recruited healthy and productive workforces, but also those that help employees to improve their health and productivity.

The winners have not only achieved high healthiest employee scores — compiled by gathering data on nine different risk factors, including smoking habits, nutrition and physical activity — but have also scored highly in the healthiest employer category, which takes into account workplace wellness interventions, facilities and services.

This year the researchers also recognise for the first time Britain’s Healthiest New Entrant, also in large, medium-sized and small companies. The Most Improved Workplace award takes into account only repeat participants in the survey.

The annual assessment was developed by VitalityHealth, and is produced in partnership with the Financial Times, Rand Europe, the research consultancy, the University of Cambridge, and Mercer, the human resources consultants.
Britain’s Healthiest Workplace
Top-quartile companies
LARGE
Nomura
Johnson & Johnson
Arqiva
University of Aberdeen
United Utilities
Skanska UK
Siemens Rail Automation
NATS
CH2M HILL
Pinsent Masons
Belfast Health & Social Care Trust
Mott MacDonald
Wrightington Wigan & Leigh NHS Foundation Trust
Deloitte Corporation
Aggregate Industries

MEDIUM-SIZED
Adidas UK
Sweaty Betty
Gilead Sciences
PayPal
Phoenix Group
AbbVie
Skyscanner
Trowers & Hamlin
Thames Tideway
Henderson Global Investors

MEDIUM-SIZED
Forster Communications
Ruffer
Health Innovation Network
Slalom
MHFA England CIC
Everbuild Rail
NBA
Hampton Knight
Alliance Pharmaceuticals
ROQ

SMALL
First Advantage Europe
Academy Music Group
DNOW UK

LARGE
ASCO UK
Dixons Carphone
Skanska UK

MEDIUM-SIZED
Neovia Logistics
MB Aerospace Holdings
Fareham College

SMALL
Health Innovation Network
Slalom
MHFA England CIC

MEDIUM-SIZED
Skyscanner
Thames Tideway
Sika & Everbuild
Building Products

LARGE
NATS
Pinsent Masons
Belfast Health & Social Care Trust

MOST IMPROVED ORGANISATION

HEALTHIEST NEW ENTRANT

See the advisory board overseeing Britain’s Healthiest Workplace on p5
Driven to despair

Isolation, stress, fatigue, physical hazards... life in the ‘gig economy’ carries risks that the providers of the work have been slow to address. By Sarah O’Connor

Sam needed money and Uber seemed like a good way to make it. He could clock off after an eight-hour shift at Tesco, the supermarket, hop into his car and log straight on to the ride-hailing app. But the long hours were a struggle. Sometimes he found himself falling asleep at the wheel. “I had to force myself to stop the car in the middle of nowhere sometimes, get fresh air, get Red Bull, just something.”

This, the 29-year-old says, is a hidden danger of the so-called “gig economy”: he says the roads are filling up with exhausted drivers who have only an app for company and no one telling them when to stop.

“It’s quite shocking; nobody really knows about it,” he says. “If you go at night to Shoreditch, Soho, Clapham [in London], you will see a lot of Uber drivers in accidents; nine times out of 10 it’s because of tiredness.”

Uber does not currently restrict the time drivers in London can be logged in to the app, though a spokesman says the company sends messages to people who have been driving for a “prolonged” period to remind them of the importance of taking breaks.

Even if Uber did limit the number of hours people could work per day, Sami says, the company would not know about people like him who had worked a full day elsewhere before logging on. He also worries about the slow-burn damage being done to drivers’ physical and mental health. “It’s very, very lonely — it’s just you inside your box, driving with London traffic, with all this stress. The long-term effect, honestly: it’s like a bomb waiting to explode.”

Gig-economy companies like Uber connect workers to customers via online platforms. They usually allow people to “log on” to work when they want, but the companies often control and monitor the work, and some also set the fee. There are roughly 1.1 million people working in the gig economy in the UK — about the same number as in the National Health Service, the country’s largest employer. Ask someone who works in the gig economy what attracted them and they almost always say “the flexibility”. The promise of being able to choose when to work is a powerful one, particularly for lower-paid workers whose other job options can be inflexible and disempowering.

One 21-year-old student at Leicester University, who did not want to be named, said he signed up to deliver food on his bicycle for ‘gig’ company Deliveroo, after his hours were cut in his bar job. To be able to top up his income flexibly via Deliveroo was “quite freeing”, he says. “It was good for my confidence, not being reliant on one thing.”

Multiple studies have shown that genuine flexibility is good for one’s health. Francis Green, professor of work and education economics at University College London, says data from the long-running European Working Conditions Survey (which covers 44,000 workers in 35 countries) show a remarkable link between wellbeing and the option to “take an hour or two off during working hours to take care of personal or family matters”. A 2015 study of virtual secretaries — white-collar “gig economy” workers who do administrative tasks for clients from home — flagged this same positive factor. “It’s the flexibility of it. I’m here for my daughter and it doesn’t matter if she’s sick; it doesn’t matter if she’s on school holiday. I haven’t got to panic about childcare. That is absolutely fantastic,” one virtual secretary told the researchers.

But for Joanna Wilde, a consultant organisational psychologist and board director of the Council for Work and Health, these health benefits do not outweigh the risks for gig economy workers. “The flexibility to be around when your daughter is sick — absolutely [that’s good]. But that is not a benefit of working for Uber; that is a benefit of working for a good company,” she says.

Occupational health experts have yet to investigate properly the potential risks of “gig economy” work. But a paper published by the American College of

‘The long-term effect of all this stress: honestly, it’s like a bomb waiting to explode’
Occupational and Environmental Medicine in April called on the profession to start worrying about it. The article pointed out that “both offline gig work in transportation and services and online gig work are characterised by a number of health and safety hazards”.

In the case of food-delivery bike riders, demand often peaks at times when conditions are most hazardous. People will often order takeaway meals when it is cold, dark and wet. One winter night in Brighton, south-east England, in near-freezing temperatures, a Deliveroo cyclist called Eugene Zakharenko was cycling up a hill when he felt a sharp pain in his stomach. He phoned a doctor who concluded he had hypothermia. “I tried to learn from it — if you sweat, you immediately get cold.”

Part of the problem is the waiting outside in bad weather for Deliveroo’s algorithm to assign riders an order.

Then there are the longer-term health consequences — what Wilde calls “slow accidents”. She says any gig job that combines a lack of control over how the work is done, insecurity of income, low pay and isolation represents an “absolute recipe for a stress-related illness”. She adds: “You couldn’t treat a human being in a way that is more guaranteed to generate some sort of mental health problem.”

Kevin Daniels, professor of organisational behaviour at the University of East Anglia, says isolation is particularly hazardous to health. “Hundreds of high-quality studies” show that social relationships are critical to wellbeing and safety at work, he says. He has published a study on the health and safety of “remote” workers that shows being able to talk, preferably face-to-face, with a line manager is also critical.

Yet one of the defining features of gig-economy work is the lack of human line managers. The platforms
classify the workers as “independent contractors” and most communication is done via the app or email. When Yaseen Aslam first switched from a traditional minicab company to Uber in 2013, this was one of the things he loved about it. Unlike at the cab company, where he felt favouritism led to some drivers being given more jobs, the Uber algorithm played fair. “If a job comes, you would get it,” he says. But as time went on, Uber cut the fares and he had to drive for longer to maintain a decent income. He says he was driving about 40 hours a week initially and earning about £1,000 after expenses; two years later, just before he stopped driving for Uber, he was sometimes working about 70 hours a week and taking home about £500.

He also felt stressed by the customer-rating system. Uber “deactivates” drivers whose average ratings drop too low, though the company says they are given “several opportunities” over a two-month period to improve their rating before they are deactivated.

Aslam began to miss the social aspects of his old minicab job. “When the work was quiet, you’d go back into the office: all the drivers would be there, you’d mingle, you’d have a little chit-chat.” Uber was lonely by comparison because everyone was operating on their own, often with fixed costs such as car-loan repayments hanging over them.

He thinks many Uber drivers have depression but avoid seeing a doctor for fear it would go on their medical record and affect their ability to drive. “You go in the morning to work and you need to earn ‘X’ amount of money; you’re sitting there all day, you’re not talking to anyone, you’re isolated — it does get to you,” he says. “You notice these low mood swings; there’s times where you can’t talk properly, you’re shaking, you’re not thinking straight.”

But what obligation, if any, do gig-economy companies have to protect these workers’ health and safety?

Some of the platforms are making changes in response to growing concerns. A spokesman for Uber says the company is planning to introduce a limit “later this year” on the number of hours a driver in London can use the app within a given period. Uber also started offering discounted illness and injury insurance to UK drivers this year. “With our app, drivers are totally free to choose if, when and where they drive, with no shifts or minimum hours so they can balance driving with other commitments,” says Fred Jones, head of UK cities at Uber. He says drivers’ average fares are £15 an hour after Uber’s fee “and, even after costs, the average driver took home well over the national living wage” of £7.50 an hour.

Meanwhile, Deliveroo is hiring 50 “operations liaison” staff who will be “named, physical points of contact that riders can approach whenever they have safety concerns”. “As a point of principle, Deliveroo believes that the people who ride with us should be kept as safe as possible,” says a Deliveroo spokesman. “We provide all of our riders with helmets and lights free of charge and give them safety guidance before working with us.”

Will Shu, Deliveroo chief executive, has said he would like to do more for couriers. “I’m the first to admit there are some anxieties out there about this new way of working — in particular, whether certain benefits and protections, like sick pay or insurance, should be on offer,” he said earlier this year. But he went on to say that if Deliveroo were to offer such benefits, the courts would view Deliveroo riders as “workers”, who would require pre-arranged shifts. “This would not only put at risk the flexibility our riders cherish but would limit our ability to respond to customer demand,” Shu added.

Aslam believes the best way to help Uber drivers is to force the company to treat them as “workers” rather than “independent contractors”. Last year, he and another Uber driver called James Farrar took this argument to an employment tribunal. The judges ruled in their favour, saying it was “faintly ridiculous” for Uber to present itself as “a mosaic of 30,000 small businesses linked by a common platform”. Because Uber controlled the fees and funnelled the work to the drivers, the three-person panel pointed out, the drivers had no power to “grow their business” other than to “spend more hours at the wheel.” Uber is appealing against the ruling.

A spokesman for the Health and Safety Executive, which enforces UK health and safety law, says the “changing nature of employment is an area we are following closely in order to identify and explore possible health and safety impacts”.

Aslam says people who feel under pressure should ask for help. “Not talking about it means it’s not being dealt with,” he says. “And these guys are getting worse and worse.”
Far from being paragons of health, many UK nurses are obese, the work environment being a significant factor. By Sarah Neville

It is a jarring image: the nurse who is treating us and whom we might expect to exemplify a healthy lifestyle, is him or herself not just overweight but obese.

As the conditions associated with carrying too many extra kilos exact an ever greater toll on stretched health budgets, the irony of clinical professionals whose own weight is further straining limited resources is becoming harder to ignore.

Yet tackling so delicate a subject is never going to be easy, nor is the task of working out what to do. Is it simply a matter of individual willpower, or is the environment in which nurses work playing a substantial role, putting an onus on employers to do more?

What is not in question is the scale of the problem. Research commissioned by the Healthy Weight Initiative for Nurses (WIN), a multi-agency project, found 25 per cent of UK nurses have an estimated body mass index of more than 30. This places them in the obese category and is in line with the British population overall — an equivalence that “provides little solace, given that prevalence is so worryingly high”, say academics Richard Kyle and Iain Atherton, who carried out the research last year. Even more concerning, they say, is the higher prevalence of obesity among unregistered care workers: almost a third are estimated to be overweight.

In Scotland, almost 40 per cent of nurses are obese, a significantly higher proportion than the general population where the figure is about 30 per cent.

While the data may suggest the environment of a hospital or other healthcare setting is “obesogenic” for its staff, other health professionals are not overweight to the same degree, according to the researchers. They point out, however, that the proportion of doctors, physiotherapists and other professionals indicated to be obese is still “notable” at 16 per cent.

This is not only a British problem. Kyle and Atherton say previous work has found nurses in other countries are also more likely to be obese than the general working population.

Other academic researchers, they say, have found a similar pattern of obesity among nurses in the UK, Australia and New Zealand. However, they say there is a lower prevalence of obesity among nurses compared with the general population in the US.

Christine Hancock, who runs C3 Collaborating for Health — a non-profit body that along with London’s South Bank University, the UK’s Royal College of Nursing (RCN) Foundation and the Burdett Trust for Nursing makes up WIN — says that, to deepen its understanding, her charity interviewed more than 400 obese nurses.

“Almost without exception they want to lose weight and have tried to, and a very high percentage think it affects their work: either their ability to do their work [or] how they communicate with patients about eating more healthily,” she says.

Given the sensitivity of the issue, “we were very surprised at the enthusiasm with which nurses wanted to talk about this”, adds Hancock, who for 12 years, until 2001, was general secretary of the RCN. Her charity subsequently set up focus groups of obese nurses to investigate potential solutions “that nurses themselves think might work”, she says.

Hancock says the discussions threw up “some really quite shocking anecdotes” about hospitals and other health premises where there is nowhere to store food, or canteens that are either too far from wards to allow nurses to get there easily in their breaks or are closed during night shifts. “Some people were even saying they didn’t have access to drinks or water while working,” she adds.

The groups came up with the idea of a service to deliver healthy food to hospitals, but the charity ruled it out as unworkable within the timescale and budget of the project. However, a second, and unexpected, idea has gained traction, Hancock says: the notion that weight should be a factor in career appraisals.

Far from seeing this as an intrusion, the nurses in the focus groups envisaged it as a way to seek the support of their line managers in addressing the issues at work that might be hindering them from shedding the pounds, she says.

The UK healthcare system's obesity problem may not be just a case of lack of individual willpower.

One in four UK nurses is classified as obese, as defined by the body mass index measure.
Some hospital executives are looking favourably on the plan, she says, although the high degree of consultation through which any changes to appraisal regimes have to pass means it might be tricky to spread the approach widely.

The squeeze on the finances of Britain’s National Health Service (NHS) is also making it harder for nurses to live healthily, suggests Kim Sunley, senior employment relations adviser at the RCN. “Because of pressure on the system at the moment, our members tell us shift patterns have gone to pot.” Nurses might be called in to do a night shift, then two days later find themselves back on an early shift. “There is no time to rest and recuperate”, Sunley says.

A lack of resources has also affected whether nurses have somewhere to keep food or eat a meal during a break, she suggests, since in some hospitals rest facilities have been commandeered for use as storerooms or clinical areas.

Meanwhile, there is a “hidden workforce” of community nurses, who lack a physical base and often end up buying unhealthy snacks as they drive between patient appointments.

Sunley welcomes a scheme that has been introduced by NHS England to combat the number of sugary snacks on sale in canteens by introducing an NHS-wide “sugar tax”. However, she adds that “you can have all the healthy options in the canteen, but if work is so pressurised that you can’t get to that canteen or have breaks”, its impact will be limited.

While staff make their own decisions about any food they bring to work, “hospitals across England are now being incentivised to offer healthy, tasty and affordable meals, [and] health and exercise facilities, and to work with retailers to ban the sale of sugary drinks in hospitals and curb the sale of unhealthy foods”, NHS England says.

A total of £250m has been made available over three years for all NHS providers that improve food and drink on their premises, with hospitals receiving a percentage of the contract value to spend elsewhere on their budgets if they meet their targets.

‘Because of pressure on the system, nurses’ shift patterns have gone to pot’
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A dose of reality

Opioid abuse is reported to cost US employers $18bn a year but many are only starting to appreciate it is in their interests to tackle the crisis. By David Crow

Aged 33, Bill Butler was in excruciating pain from a back injury, the product of more than a decade working in various manufacturing jobs. “He was the type of guy who would always lift more than he should to help other people,” recalls his brother Rex. It was just two weeks until he was due to have surgery, but the painkillers his doctor had prescribed were no longer effective.

After a telephone consultation Bill was given a prescription of methadone pills, which he collected at the pharmacy that night. He took more tablets than he should have — having always found that the recommended doses rarely worked — and settled down to watch television with his wife and children in their farmhouse in eastern Iowa.

The next morning his wife was making breakfast and asked their son to find his father. After searching the house, he found Bill in the attic. He was blue. “He’d had respiratory failure from taking too much methadone and passed away during the night,” recalls Rex, who still misses his brother terribly. “There is a special relationship there — it really impacted me.”

In the years following his brother’s death in July 2006, Rex became alarmed by the large number of newspaper articles about people who had suffered a similar fate. “Almost every day after that a story would pop up about opioid addiction and overdoses, and things like that,” he recalls.

The US is in a opioid addiction crisis that has been described as a national epidemic by health officials. Each day 91 people die after overdosing on the drugs, according to the Centers for Disease Control and Prevention. More Americans now die from drug overdoses than in car accidents or from gun violence put together, and more than 2.6m are addicted to opioids, according to CDC figures.

Too often, the opioid epidemic is portrayed as a problem for either the poor and vulnerable or the rich and famous — people who live in trailer parks or pop stars like Prince, who died from an accidental opioid overdose last year. But as Bill Butler’s case and those of countless others show, the crisis cuts across all strata of American society, not least middle-class people working in the private sector — the people seen as the foundation on which the country is built.

Although official statistics indicate the percentage of employed people with an opioid abuse disorder is in the low single digits, Axial Healthcare, a technology start-up that has developed a predictive healthcare platform, has arrived at a figure of 8 to 12 per cent.

People who have abused opioid-based painkillers are at a much higher risk of becoming heroin addicts. Nearly 80 per cent of heroin users in the US reported using prescription opioids prior to the illegal drug, according to the National Institute on Drug Abuse; both contain active ingredients derived from the opium poppy.

Since his brother died, Rex has tried to educate employers on their role in tackling the crisis, with varying degrees of success. In 2010, he attended a conference of 16,000 human resources professionals; just 70 of them came to a session on opioids.

It is in employers’ interests to come up with answers, however, as the crisis is costing them billions of dollars a year. The first reason is obvious: if workers are hooked on prescription painkillers, they are less likely to be able to perform their roles effectively, reducing productivity and, ultimately, profitability.

The same would be true of a substance abuse crisis in any country. But the problem is particularly acute for US companies, which face a second challenge because of the vagaries of private healthcare in America. About two-thirds of citizens are in insurance plans that are funded predominantly by employers rather than by the government or out of their own pockets. The scale of employer coverage in the US is unparalleled elsewhere in the world and can be traced to wage freeze policies implemented during the second world war, which prompted companies to compete for talent by offering perks such as free healthcare rather than pay rises.

It is an absurdity, not lost on employers, that they end up paying for the painkiller pills that can lead to abuse and addiction. An executive in charge of healthcare at one large US employer, who asked not to be named, says it is particularly galling that the company is “lining
It is an absurdity, not lost on employers, that they end up paying for the painkiller pills that can lead to abuse and addiction

the pockets of drugmakers, and the doctors who write prescriptions that are unnecessary and borderline abusive — who are throwing these pills out like they are candy”. Yet the cost of the tablets themselves is nothing compared to the cost of what happens once a person starts abusing them.

Of all the types of substance abuse, from alcohol to marijuana and cocaine, people who are hooked on opioids end up in hospital the most, according to the National Safety Council, a non-profit organisation focused on workplace health and safety. “Outpatient doctor visits and emergency room admissions tend to be the biggest factors,” says Tess Benham, NSC senior programme manager for prescription drug overdose initiatives. “People end up overdosing or they get impaired and end up in a car crash.”

The combined cost of lost productivity and the bill for caring for people with an opioid abuse disorder is difficult to quantify, but it is undoubtedly large. Castlight, a Silicon Valley-based company that specialises in health data, estimates the total employer outlay at roughly $18bn a year, made up of $8bn in extra healthcare spending and a further $10bn lost to absenteeism and lower productivity.

Given the huge costs, and that the opioid crisis started some years ago, it is perhaps surprising that so many employers are failing to tackle the epidemic. Part of the problem is denial. In a survey for the NSC of human resources specialists at more than 500 employers, fewer than one in four respondents agreed with the
statement “misuse and abuse of prescription drugs is a problem in my workforce”.

The design of some employer-sponsored insurance plans is also exacerbating the crisis. In recent years, companies have cut healthcare budgets to boost profits, in large part by pushing a greater share of the burden on to employees themselves. The efforts were tacitly approved by the Obama administration, which wanted to turn patients into price-conscious consumers who would pick cheaper drugs and treatments, and thus reduce the nation’s soaring healthcare bill. About 50 per cent of Americans are now in “high-deductible” plans, where they are sometimes forced to contribute thousands of dollars a year towards their health costs before their insurance fully kicks in.

When it comes to treating pain, however, opioid painkillers are much cheaper than alternative and safer options such as a course of physical therapy. The differential is reflected in the patient’s personal “copay” — a fixed amount the patient has to pay towards an insurance-covered healthcare service. This might be $600 for a session with an orthopaedic physical therapist versus as little as $30 a month for a daily dose of opioids.

‘Alternatives like therapy and massage could be made available at lower copays’

“Employers have a really important role in designing their benefit plans to ensure that opioids are not being overprescribed, such as covering alternatives like physical therapy, acupuncture and massage — and making these available at lower copays,” says Benham.

There is a widespread reluctance among US employers to talk about opioid abuse, but some are taking action. One large organisation, which asked not to be identified, employs more than 100,000 workers, and already offers them access to a physical therapist at no personal cost. But the senior executive in charge of benefits says the group is trying to do more and has decided to take a “dual-edged approach to the opioid problem”.

“The first is a diligent focus on people who are already facing challenges. We are working hard to identify these people and get them into the behavioural...
‘If you’re an employer, 40% of your overall healthcare costs are going to be attributable to that 8% with an opioid problem’

health system,” he says, referring to practitioners who treat pain and related conditions such as anxiety and depression without prescribing drugs. The executive says this drive is aimed particularly at those employees who are frequently absent from work.

Second, the company is “narrowing the networks” of doctors and hospitals to which it will refer employees in case of musculoskeletal complaints. That means workers are more likely to see professionals “who are completely aware of the problem, and effective at managing pain and dealing with opioid issues”, the executive adds. Increasingly, the company is turning to sports medicine specialists who are used to treating pain in athletes, he says.

Spotting employees who are abusing opioids, or who are at risk of developing a disorder, is not always easy, and can be especially difficult in the fragmented US healthcare system. If a person changes jobs, more often than not they will also switch insurance company, meaning their records end up in two places. Warning signs, such as a person who is visiting multiple doctors to get multiple prescriptions, or who has been on the pills for more than a year, could be missed.

Axial Healthcare believes its platform — a “predictive pain management system” — could help solve the problem. The company has signed agreements with many of the biggest insurers to build a database of more than 190m people that cuts across different healthcare plans. Algorithms mine the data to identify patients who might be abusing opioids, such as those who visit multiple doctors or regularly switch their primary physician. The platform also tries to identify those who have not yet developed an abuse disorder but are at risk of doing so, such as those in pain who are taking long-term medication for conditions such as depression or anxiety.

“If you’re an employer, 40 per cent of your overall healthcare costs are going to be attributable to that 8 per cent with an opioid problem,” says John Donahue, Axial chief executive. “You need to zero in on them and get them to high-quality physicians who will be able to mitigate their behaviour and taper their opioid use down.”

Axial also offers what it describes as a “cognitive decision support system”, which syncs with a patient’s electronic medical record and automatically informs doctors when they are consulting with a patient who might be abusing opioids or is at risk of doing so. “The minute [a patient] walks in, then ‘bang’ — the physician receives an alert that tells them the person is being treated for complex pain,” says Donahue. The system then comes up with a “care pathway”, which might advise the doctor that the patient be referred to a behavioural or physical therapist, or switched to a non-opioid painkiller such as ibuprofen or naproxen.

Yet some believe employers need to stop workers ending up in pain in the first place, pointing to figures showing that rates of substance abuse are almost twice as high in physically demanding occupations such as construction, compared with desk jobs.

“Many of these people really are in extreme physical pain,” says Adrienne Abbate, executive director of a community wellness partnership in Staten Island, New York, where there is a high rate of opioid misuse, reflecting the preponderance of people working in blue-collar jobs or the police or fire services. Where workers are more prone to physical injury, employers “should have better safe workforce practices so people don’t sustain injuries on site in the first place”, Abbate says.
A few years ago, White & Case, the international law firm, was renovating its Washington DC office when some of its younger associates made a request for an amenity to be added to a proposed “wellness room” — sleep pods.

“One of the other desired features of our new office was improved coffee, so this probably got both ends of the spectrum,” says Francis Vasquez, a partner at the firm’s Washington office, which acquired two pods last year.

He says they have been well received by the 300 employees there, and they are used five to eight times a day. “From our perspective, it’s giving our people what they want. And happy employees make better employees, so we’re happy to make them happy.”

The sleep pods, which cost about $13,000 each, have been popping up in Silicon Valley for nearly a decade. MetroNaps, the New York-based company that makes the pods, counts among its other clients Nasa, the US space agency; Uber, the ride-hailing app company; Samsung, the technology group; JetBlue, the airline, and Zappos, the online clothing retailer.

“We have a number of IT companies — Google, Cisco — it’s a question of companies that are interested in attracting and retaining good-quality employees,” says Christopher Lindholst, MetroNaps’ chief executive. “We also have more traditional companies — [consultancies] PwC and KPMG, White & Case — it’s anyone out there competing for talent.”

The law firm’s investment in the pods reflects a growing trend in business, as sectors beyond technology, aviation and medicine, which have long had rules and initiatives around rest, focus on sleep as a part of their wellness programmes and efforts to improve productivity. These range from flashy gadgets to more mundane screening for sleep disorders.

“Until fairly recently, sleep wellness was missing from most wellness programmes — they tended to focus on diet, weight, exercise and smoking cessation. That’s been kind of unfortunate because of the major
fitness-for-duty guidelines related to sleep disorders”. Sleep disorders are increasing in prevalence, says Ana Krieger, medical director of the Center for Sleep Medicine at Weill Cornell Medicine and New York–Presbyterian Hospital. She blames factors such as our attachment to smartphones and the increased stress of being constantly connected to the office.

For pilots or firefighters, whose errors can lead to loss of life, sleep disorders or disturbances are seen as critical, she says. “But where do you draw the line?” she asks. “When someone is working in finance and makes a bad decision because they are not well rested, and that leads to a company failing or an agreement failing and many people losing their jobs, what do you do then?”

Another problem is that people try to chip away at the hours they need to sleep — between six and nine hours a night for the average adult. “Biologically and physiologically, we obviously need to breathe, eat and sleep,” says Krieger. “Obviously it’s hard for us not to eat because we get hungry and breathing is more of a function that we don’t have voluntary control over, but we can easily try to steal time from sleep. Then the result is that we are tired during the day.”

In Switzerland, global accounting firm PwC has a flexible working hours system — employees can arrive and leave early, take midday breaks and generally design their own workdays so long as they complete their tasks and work all of the hours they are paid for over the course of the year. It stresses the importance of rest to keep its employees from “stealing” those working hours from sleep.

Michaela Christian Gartmann, the firm’s human capital leader for Switzerland, says some of PwC’s bigger offices have sleeping rooms, but about two years ago it stepped up its efforts to persuade employees to use them when it launched a wellness programme focused on boosting employees’ energy. The idea, in part, was to remove some of the stigma “sleeping on the job” might have with some employees.

The firm “invited sleep experts to talk about good and bad habits, the importance of taking regular breaks and how a quick snooze can work wonders”, she says. The flexible working system also makes it “easier to visit this room than if you were in another working environment”.

But, she says, PwC has not yet tried to measure whether its napping rooms have boosted productivity. Speaking of the sleeping room in her premises, Gartmann says: “We have no quantifiable data. We have this room and people can use it or cannot use it. What we know is that when we launched our energy programme, this room was visited much more than before, and those people who go there on a regular basis, of course, love it.”

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contribution that sleep makes to health and wellness,” says Lawrence Epstein, director of the sleep medicine fellowship programme at Brigham & Women’s Hospital in Boston and an instructor at Harvard Medical School.

“More and more, we’re seeing how sleep disorders affect work productivity, healthcare costs and workplace accidents,” adds Epstein, a former president of the American Academy of Sleep Medicine. “The cost of insomnia in the US is estimated to be over $100bn when you add in reduced productivity, absenteeism and presenteeism [when employees are unproductive at work].”

Programmes that screen for sleep disorders have been shown to reduce healthcare costs and workplace accidents, and increase productivity, says Epstein. He cites a 2012 study by the Union Pacific Railroad Employees Health System, a pension and health fund manager, which found such a programme would save the organisation nearly $5m over two years. Union Pacific says it is “in the process of developing additional

29.6% of employees sleep less than 7 hours per night and lose an equivalent of 4.7 productive days per year

Source: Vitality Health & World Europe

We can easily try to steal time from sleep. The net result is that we are tired during the day’
The fight on flab

A calorie-rich diet has made Singapore’s office workers prone to obesity and diabetes. Now the state is taking action. By Jeevan Vasagar

Lan Qing Lin drops into a fighting pose and throws punches in time to the instructor’s rhythm. Battling a post-pregnancy tendency to gain weight, the office worker spends just over an hour a week at a BodyCombat class, working through a whirl of boxing stances in time to music.

“After a long day, I can punch out all the negative stuff in my mind,” says Lin, 36, who works in the corporate affairs department at Far East, a Singapore-based property developer. “After this, when I come home, I can be a nice wife and daughter-in-law. It’s me-time for a working mum.”

Last year, Singapore’s health ministry declared “war on diabetes”. As part of a broader push to curb the rise of the condition, Singapore authorities have encouraged employers and office landlords to host fitness sessions.

About 11 per cent of adults in Singapore have diabetes, according to official figures, one of the highest proportions in the world. The government estimates that, if left unchecked, about a quarter of Singapore residents will have diabetes by 2050. Lin does not have diabetes herself, though her father-in-law does. She exercises because, like many Singaporeans, she has a sweet tooth. “We all love cakes,” she says.

Behind Singapore’s vulnerability to diabetes is its extraordinary transition over five decades from a developing nation to Southeast Asia’s most prosperous country. The calorie-rich diet that fuelled labourers on the docks, or workers on the farmland that once dotted Singapore, makes less sense for the current generation of city-dwelling, white-collar workers. Singapore’s lifestyle has changed but the dietary preferences of its people — for bowls of white rice, fried noodles and deep-fried breads — has not.

Added to that is a genetic propensity to develop the condition; people in Southeast Asia become diabetic at a lower body mass index than Europeans, according to the World Health Organization. Rising obesity has contributed to the wider prevalence of diabetes in the country. The proportion of obese Singaporeans rose from around 7 per cent to nearly 11 per cent between 2004 and 2010, according to government figures.

That means Singapore offers a glimpse of Asia’s future. Its approach to tackling diabetes provides clues for its giant neighbours, China and India, where the disease is also on the rise as incomes grow and populations shift rapidly from the countryside to cities.

In a country known for its paternalistic style of government, a combination of nudging and admonishment has achieved mixed results. “Educating people will only go so far,” says Yoong Kang Zee, chief executive of Singapore’s Health Promotion Board. “We just need to restructure the environment they are living in, so there is a new set of norms.”

One example of shifting norms has been the claiming of public space — from parks to office atria and shopping malls — for fitness programmes such as Zumba. “We will pay a trainer to go to the park,” Zee says. “There’s no marketing, just a trainer and a boombox and see what happens. The first day a few curious aunties start dancing. It’s a handful by the second week. After three months it’s 60-100 people.”

Authorities here pay close attention to the psychology of exercise, noting that small companies tend to be more enthusiastic about corporate...
walking challenges, for example, as the social ties are stronger. Larger companies have been able to harness similar social bonds by organising internal teams for sporting activities.

At the BodyCombat session, Lin says the classes have encouraged her to broaden her circle of friends. “This is free for staff, and it’s quite good bonding time for me to meet colleagues from different departments,” she says. “We have now made friends and help each other at work.”

The government’s public health agency has targeted office workers with free early-morning workouts at fitness studios across the city. Called Sunrise in the City, this programme has now signed up 8,000 subscribers, up from 200 participants when it launched in 2013.

“When I look at how many people of different age groups there are out exercising [in Singapore] and compare that to the UK, it is miles apart,” says Julian Sham, Asia-Pacific lead for health at Accenture, the consultants, pointing out that Singaporeans are exercising more.

Singapore’s approach has emphasised flexibility, offering health screenings at car service centres as a way of reaching taxi drivers, who have traditionally used such service breaks as an opportunity to eat a curry puff, the local version of a meat pie. These screenings were followed up with one-to-one health coaching.

A pilot screening programme, also among taxi drivers, generated significant health improvements, the government says, with about half of participants who had unhealthy results at their screening seeing at least one improvement in a health indicator — such as blood pressure, blood sugar levels or cholesterol — a year later.

Efforts to encourage Singaporeans to change their diet have been less effective, however. Office workers tend to go out for their lunch breaks, heading to hawker centres, or markets, where stall-holders serve up traditional favourites such as chicken rice — a dish of roasted or poached chicken with rice cooked in the stock — or laksa, a spicy noodle soup.

Hawker stalls are a central part of Singapore’s social make-up, a place where all strata of society dine together and even the poorest can get a filling meal. “It’s fair to say that we have an attachment to our food,” Zee says. “It’s part of our identity.”

Authorities in Singapore have encouraged food outlets to offer lower-calorie options, to use healthier blends of oils for cooking, and to include whole grains, fruit and vegetables. Brown rice is now on the menu at bus drivers’ canteens. The emphasis has been on making small dietary changes. “We’re not going to get people to eat salad. We can’t change your char kway teow,” says the health agency chief, referring to a popular dish of fried ricecake strips. “But we can change the oil that’s used for your char kway teow.”
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Data compared Vitality members shopping on Ocado before and after the launch of the healthy food benefit. Terms and conditions and a monthly spend cap apply. Vitality Health is a trading name of Vitality Corporate Services Limited which is authorised and regulated by the Financial Conduct Authority.
Intervention strategies

Illustrations by Scott Chambers

SCREENING PROGRAMMES SHOW PREVENTION IS BETTER THAN CURE

Volvo, famous for its role in increasing driver safety with the introduction of the three-point seat belt in 1959, is trying to apply the same ethic to improving the health of its workforce. Since last year, the company’s UK arm has been offering regular health screening for its employees, including checks for common cancers as well as comprehensive physical assessments for management.

“There are two ways of minimising the impact of an accident,” says Simon Eade, human resources manager at Volvo Cars UK. First, he says, there is preventing the accident in the first place and, second, minimising the impact after the accident has occurred. “Health checks are like preventative safety to avoid people having accidents,” he says.

Volvo introduced its programme after a long-serving member of the team at the company’s headquarters in Maidenhead, south-east England, was diagnosed with breast cancer. She survived the scare, but the incident highlighted how important health checks can be.

Putting an exact number on the direct benefits of health screening is difficult, not least because its positive effects are hard to distinguish from those resulting from other health initiatives, but those who are monitoring such programmes say the benefits are evident.

“We see through our own engagement surveys that a fit and healthy workforce is an engaged workforce that is more innovative, more creative, and is going to deliver better outcomes for your clients,” says Tony Horan, head of human capital and diversity at Accenture UK, the consultancy, which offers health assessments to its employees every five years.

Likewise, feedback from screening programmes can help employers to identify health issues across the company and in roles that have differing mental and physical challenges. “We get trends and analysis from the company that provides the health screenings so that we can target our [occupational health] education programmes,” says Hamish Watson, UK human resources director at Scottish Power.

67% of employees have had blood pressure screening in the past 12 months

26% of employees remember their blood pressure levels

Source: VitalityHealth/Rand Europe, Britain’s Healthiest Workplace
The UK utility company’s employees are split between office-based retail and customer service teams and a technical field operation.

Pinpointing a problem can help to manage risk and improve performance. “Because of the kind of jobs that some of our people do, it’s hugely important to us,” says Watson, who says strong powers of concentration are particularly vital for some of Scottish Power’s employees. “That’s a major safety issue in the field. We want to make sure we’ve given them every opportunity to be as fit and as able as they can be.”

Companies’ understanding of their employees’ health on the job might soon be supplemented by information from wearable technology. Such devices could monitor anything, from heart rates to hormone levels, that may affect performance. However, their use raises ethical questions. Tesco, the UK supermarket chain, is conducting a trial of wearables on small groups of employees. Natasha Adams, people director for the UK and Ireland, says Tesco appreciates that there are questions of privacy and that “there will be fears around that”.

In the US, privacy advocacy groups have protested against proposed legislation on wellness programmes that would allow employers to collect their workers' genetic information. But Adams says that, unlike in the UK, where companies are allowed to impose financial penalties — such as higher health insurance premiums — on employees for not participating in wellbeing initiatives, Tesco’s programmes are voluntary. “We will understand more as we work through the trial,” she says. “But we have no ambition to monitor colleagues for anything other than to continue to support people being well at work.”

Sebastien Ash

HEALTHY EATING INITIATIVES HAVE TO BE MADE APPETISING

Timberland’s Victory Garden started as a small plot in the front yard of its headquarters in New Hampshire in 2008. Today, it consists of four large raised beds where, each season, green-fingered staff produce hundreds of kilos of fresh produce and flowers.

While giving employees at the US clothing manufacturer and retailer the opportunity to volunteer and spend time outdoors, the organic fruit and vegetables produced in the garden are also sold to staff — and in the company café — and the proceeds donated to a local charity.

“A large part of why VF Corporation [Timberland’s owner] chose to invest in wellness initiatives at both a global and brand level is the return on investment for the company and culture,” says Beth Reichl, human resources business partner at Timberland.

In the case of the Victory Garden, $15,000 has been raised for the local food bank since its first harvest. At the same time, staff have had the opportunity to use ingredients from the garden in quarterly cooking workshops with the company chef.

When it comes to healthy eating, education is crucial, employers such as Timberland argue. Dun & Bradstreet UK would seem to agree. The data and analytics company has offered nutrition workshops for the past two years, including talks from specialists. The sessions teach the company’s 500 UK-based staff how to use food “to influence how you’re feeling”.

“Part of our focus on nutrition is to show how you can make sure you feel properly fuelled so that you can be at your best when you need to be and, as you go through your day, how you can keep yourself topped up,” says Julian Prower, Dun & Bradstreet chief human resources officer.

In an area as personal as food habits, there is a risk of employers lecturing staff. “We haven’t gone down the road of saying, ‘You can’t eat this, don’t do that,’” says Prower. “We wanted to go down the route of saying, ‘Let us give you the knowledge and the insights, so that you can make the right choice for you’.”

Beyond giving staff a more detailed understanding of healthy eating, an increasing number of workplaces are offering employees more nutritious food options. At UK insurance services provider Phoenix Group, this has meant stocking a locally sourced menu — including

3.5 productive days a year are lost by employees with poor diets. Reducing fat intake to a healthy range reduces work impairment by 2.5 days per year.

Source: Vitality, Health & Wellbeing

Britain’s Healthiest Workplace
a salad bar, fresh fish and chicken — at the restaurant in the company’s offices near Birmingham. Working with the local environmental health service, it promotes nutritional information and portion advice — for example, how long it would take to walk off the calories from a particular food.

Last year, when popular foods such as chips were taken off the menu on healthy eating days, staff complained, says Lucy Symonds, the company’s corporate responsibility manager. “This year when we took chips off, we offered alternatives such as sweet potato fries, which were positively received,” she says. “We are making sure what we offer is still appetising; ‘healthy’ doesn’t necessarily mean ‘bland’.”

Tailoring initiatives to staff needs is vital, says Liz Ellis, human resources director at the early-life nutrition business of French food group Danone. The company — which states that its mission is to bring “health through food to as many people as possible” — carried out a study that found a high percentage of people in the UK did not know their cholesterol levels, and indeed 90 per cent of its own employees did not know their levels either.

This prompted the company to launch its own healthy eating initiative by first offering free 30-minute health assessments to staff. Its trained nutritionists now offer bespoke eight-week healthy eating courses and encourage teams to dine together in the office.

“Before setting up your healthy eating initiative, try to get comprehensive insights into your workforce’s habits,” Ellis advises. “You need to understand what support they need and why.”

Hannah Murphy

HOW A FOCUS ON PHYSICAL FITNESS CAN STOP ILLNESS IN ITS TRACKS

During the run-up to a charity swim held by Adidas UK, one employee developed a feeling of butterflies. However, she confessed she had been having the uncomfortable sensation off and on for a while. “The minute we put her on the ECG to do her exercise stress testing, we discovered she had a heart problem,” recalls Tricia Kalloo, chief executive of Wellness International, a provider of occupational health and wellness services. “The doctors told her if she proceeded with the event, it might not have been a good outcome.”

The employee later had heart surgery to have stents inserted. Though she made a full recovery, early intervention was made possible by the health and wellbeing services put in place by Adidas’s partnership with Wellness International. The sportswear company has achieved particular success with its physical health interventions. “Adidas has developed the concept that physical activity is just a lifestyle,” says Kalloo.

It is 20 years since Adidas established its health and wellbeing centre at its head office in Stockport, northwest England. Performance and testing labs provide employees with health markers such as their VO2 max score, which measures oxygen consumption and gives an indication of improving fitness levels. Meanwhile, bespoke programmes tailored to each individual’s limitations ensure people of all fitness levels are engaged.

“We educate the individual. Because the wellness centre is on site, we build a level of trust. We work with employees in their comfort zones. If you’ve had past injuries, we’ll have you see a physiotherapist,” says Kalloo, explaining how access to facilities at work means employees are less likely to call in sick.

Iris Worldwide has achieved similar success. The marketing agency network formed wellbeing policies that grew out of the recognition that having healthier employees means greater productivity.

Led by fitness director Rebecca Cox, Iris has reinforced the importance of personalised care. All staff have access to one-to-one consultations to help develop a lifestyle plan based on everything from their commute to sleep duration. “People can train in groups specific to their needs, whether it be a running class or back care; there’s a whole timetable of things,” says Cox.

The sessions give trainers at the company a better sense of other things taking place in employees’ lives, allowing them to take a more holistic approach in understanding what motivates individuals to exercise.

Nomura, the global investment bank, has been able to shrug off the banking sector’s poor image on work-life balance to present itself as a company that champions the health of its staff. Ian Edwards, programme director at private healthcare provider Nuffield Health who heads the wellness services centre on site, says “we’ve been able to save £3m on presenteeism — the cost to a company of an employee turning up for work but being unproductive — over two years, from 2015 to 2016. The company runs a cycle scheme used by 150 staff each day and has an integrated fitness and medical centre.

About half of its workforce are active members of the centre, Edwards says. “We’ve been focused on taking a proactive rather than reactive approach,” he says.

All three companies base their provision on the notion that there is no such thing as not having enough time to exercise. Iris promotes the idea of short, high-intensity workouts to demonstrate this. “You don’t need an hour at the end of the day to work out,” says Cox.

Hasan Chowdhury
When international law firm Gowling WLG marked Britain’s Mental Health Awareness Week in May last year with a series of events in its UK offices, one employee told organisers he had been reluctant to attend — in case doing so gave the impression that he himself had a mental health problem.

“Our hearts sank when we heard that sort of feedback,” says Lorna Gavin, head of diversity, inclusion and corporate responsibility at the 3,500-strong firm. “Because that was the living embodiment of the stigma [around mental health]. That’s what told us we needed to break the stigma down.”

For employers, raising awareness of mental wellbeing — and supporting staff who suffer from ill health — requires both sensitivity and openness. The potential benefits are compelling: in the UK, nearly 11.5 per cent of sickness absence in 2016 was mental health-related, according to the Office for National Statistics, while the OECD puts the cost of mental ill health in the UK at some 4.5 per cent of GDP through lost working days, lower productivity and increased healthcare spending.

For Gavin, the employee’s comments reinforced her belief that senior figures, in particular board members, need to be a visible part of any workplace mental health initiative to lend it credence and ensure other staff feel comfortable participating. This year, she made sure senior staff promoted the programme organised in support of Mental Health Awareness Week and found that it was quickly oversubscribed.

There is growing recognition globally of the psychological and social costs of mental ill health. This momentum has shifted employees’ expectations, says Ed Thurman, managing director of financial institutions at the UK’s Lloyds Banking Group. “Ten or 15 years ago, we were handing out subsidised gym memberships to keep people physically fit,” he says. “Today, [our graduate population] expect to be looked after in terms of overall wellbeing. They expect a package.”

He says companies should try to give managers the latitude to shape these packages according to the needs of their teams. “What works for our London trading floor might not work for an operations centre out in Reading [south-east England] because they have different profiles in terms of people and working patterns.”

Many companies offer employee assistance programmes to help with personal or work-related problems, often including occupational health support, private medical insurance that covers wellbeing or counselling, and even massages. Some organisations also train staff to recognise when colleagues have a problem and how to manage that.

But employers should also fashion “proactive” and preventative interventions on top of their “reactive” programmes, says Philip Gibbs, director of organisation and people analytics at GlaxoSmithKline, the pharmaceutical group. “Given today’s culture of back-to-back meetings, emails throughout the day and phones next to the beds, employees need a period of ‘recovery’ and this is what we want to push,” he says, citing recent legislation in France that allows employees to ignore their work email after they leave the office.

He points to “Time for a Moment”, GSK’s new online course, which teaches participants mindfulness and one-minute meditation techniques. “It’s about how to ensure sustainable performance,” he says.

Indeed, targeted campaigns can be effective, many employers argue. Gowling WLG introduced an initiative recently around domestic violence and mental health that included training “domestic violence champions” to spot the signs and provide initial support. However, “the biggest difference came from putting posters on the back of loo doors”, Gavin says. These outlined different domestic violence scenarios with the strapline “Help is closer than you think”. More than a dozen people came forward from every level of the organisation and were able to get help.

“It’s practical, tactical things as much as it is big rhetoric coming from the organisation,” says Thurman.

Hannah Murphy
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MAKE TOMORROW, TODAY
South Africa is a country of contrasts. Many people in its cities enjoy privileged lives working for multinational companies with workplace health, safety and wellbeing provisions that match the best in the US or Europe.

At the same time, more than half the population lives in poverty, according to the World Bank. South Africa has scored consistently as one of the most unequal societies in the world, as defined by the Gini index, a measure of income distribution.

Nowhere is that story of contrasting fortunes more evident than in the mining industry, whose workforce is particularly vulnerable to health and wellbeing problems. While South Africa’s mining companies have been praised for their response to the HIV-Aids epidemic, they have been widely criticised for their failure to protect workers against lung diseases.

In March 2016, mining companies Anglo American and AngloGold Ashanti agreed a settlement with 4,400 mine workers who had contracted silicosis — a lung disease caused by inhaling fine dust — at work. The companies did not admit liability but agreed to pay up to R464m ($35m) into a trust to compensate the claimants.

More significant for the industry is a class-action lawsuit against 29 companies, which have operated or continue to operate gold mines, for their failure to protect workers from silicosis. A second suit charges that the companies also failed to protect workers from conditions that led to them contracting tuberculosis — silicosis sufferers are particularly vulnerable to the disease. According to some estimates, the incidence of TB among miners is four times the national average.

The two cases are being heard as a single class-action suit that includes current and former miners who have worked since 1965 and developed the diseases, and the dependants of those who have already died.

Mineworkers from neighbouring Lesotho are also affected. Puseletso Salae, country manager of the Lesotho-based Mineworkers Development Agency, which assists former miners and their families, says that for decades in his country, there was no follow-up of the thousands of workers who had left the mines in South Africa. Lesotho, which is encircled by South Africa, has minimal health infrastructure and, until recently, had no specialist centre to treat occupational lung diseases. The result was tens of thousands of mining families thrown into poverty by the illness and death of their breadwinner. “The mines have just exploited our people,” he says. “These men have been in South Africa for years. When they come back home the only thing they have with them is silicosis and TB.”

Gold mining goes back well over a century in South Africa. Although the sector is shrinking, the South African Chamber of Mines, an organisation representing employers in the mining industry, estimates about 120,000 people are employed in the country’s gold sector.

Silicosis — identified as a threat to mine workers’ health more than a century ago — can take 10-30 years after exposure to appear. In allowing the class-action suit
to go ahead in May last year, the High Court judge said hundreds of thousands of miners may have been affected.

South Africa has had a modest compensation system for more than 40 years, but it has been criticised as inadequate. “It is well known that the lung disease compensation system has over the past number of years become very badly administered, which has meant very long delays and a growing backlog in payments to eligible claimants,” says Alan Fine, spokesman for the Working Group on Occupational Lung Diseases, which was formed in 2014 and represents six of the largest South African mining companies. The group aims to strengthen the compensation scheme, bolster prevention measures and improve medical care for occupational lung diseases in mining.

Fine defends the mining companies’ records on employee wellbeing, pointing out that those the working group represents were among the first organisations in South Africa to provide anti-retroviral treatment (ART) for employees with HIV.

They began offering ART in 2002, contradicting the policy of the South African government, which under President Thabo Mbeki denied that the disease was caused by a virus and refused to provide the treatment. According to the working group, ART has also helped reduce TB rates. Companies now offer regular TB screening and treatment as part of their employee healthcare service, although they admit there are “challenges regarding former mineworkers, particularly those living in rural areas”.

In recent years the companies have also begun taking action on occupational lung disease. In 2003, they committed to a Mine Health and Safety Council (MHSC) goal of no new cases of silicosis among mineworkers who had not been exposed to the disease before 2008, but because silicosis takes so long to appear, it will be many years before they know whether they have been successful.

They have also pledged to meet new 2014 MHSC guidelines on significantly reducing dust levels in mines and making investments in improved anti-dust measures in drilling, ventilation, filtration and blasting, among others.

The improvements have been acknowledged by many involved in the class-action suit.

But when asked why, given the link between mining and silicosis, the companies did not implement better measures to protect workers sooner, Fine says: “South Africa has a long and troubled social and political history and the mining industry was part of that.”

As the court process continues, the working group and lawyers for the mine workers are trying to agree a settlement for the class-action claimants. Several companies’ most recent financial results show provisions to settle the claims.

But the clock is ticking. Richard Spoor, a lawyer specialising in occupational health and safety and a member of the team representing the miners in the class-action litigation, says about 4 per cent of the miners in the suit are dying every year. “There is a general consensus that we need to achieve a settlement quickly and get benefits to people while they’re still alive. It’s in everybody’s interests.”
“Cobot”, or collaborative robots, are making inroads into work previously considered too difficult to automate. But as cobots get better at performing tasks such as material handling or packaging, their designers are having to consider the effects on their colleagues of the machines’ improved ability to interact with humans.

In its early stages, this new technology has been safe if underwhelming, says David Mindell, a professor at Massachusetts Institute of Technology. Of the cobots, he says: “They don’t do much collaboration, but at least they won’t cut your head off.”

Small, light and slow moving, cobots are generally harmless — the sensors and machine-learning software that enable them to “understand” their environment have a simple override: if a human gets too close, they are programmed to shut down.

The first job has been to design the software models to allow robots to operate in the human world, says Manuela Veloso, head of machine learning at Carnegie Mellon’s School of Computer Science. “It’s very important to be able to envision a mobile creature moving around in our space,” she says. For instance, getting machines to work alongside people will require an understanding of “safety zones” of the body: “We’re trying to model a person. You don’t want to hit an eye — an elbow is less important.”

As the software becomes more sophisticated, it promises more flexible machines that can be released from their cages. “We’ve got people doing jobs today because the regular robots can’t do it,” says Jim Lawton, head of product and marketing at Rethink Robotics, a Boston-based maker of cobots. These often involve repetitive actions that strain human limbs, are mind-numbingly dull and consign workers to jobs with no chance of career advancement, he says.

Mindell, author of Our Robots, Ourselves, a 2015 book about human-robot interaction, agrees there is much to be gained in the way of worker wellbeing: “If your work is truly about to be augmented, or made less dangerous or less straining, these are good things.” But he says that limits in both the technology and imagination on how to apply it have made this more promise than reality.

Designing complex interactions between robots and people will take a change in mindset, he says, adding that the history of automation has largely been about treating humans like robots, to fit into automated processes. “The computer science world still has a long way to go before it has a clue about how to deal with people,” he says.

At a simple level, makers of cobots are working to reduce the sense of weirdness for people working alongside machines whose level of intelligence they find hard to judge. Rethink, for instance, experimented with putting smiling mouths on its robots to make them seem more “human”. The result was the opposite, says Lawton: people thought the machines were smirking at them, and found them “arrogant and condescending”. Moving into the “uncanny valley” where robots start to copy humans too closely “spooked people”, he says.

Veloso says there are hurdles that will have to be overcome to improve the human experience of working with the machines. One is that the machines have to be more understandable. “The more humans infer what a robot will do next, the safer it will be,” she says.

Rethink’s answer has been to give its robots “eyes” (an image on a tablet computer) that indicate the direction the machine is about to move in — a simple

Meeting of minds?

Ever more intelligent technology has clear business benefits but its impact on the wellbeing of human workers is harder to judge. By Richard Waters
way to prepare people around them that they are about to do something, says Lawton.

Another key is to design a form of robot-human symbiosis in which each helps the other achieve its goal, says Veloso. That will mean teaching people to respond head-to-head with Gordon and his colleagues on the floor of the exchange during the day.

Gordon, pictured, says he used to handle between 500 and 750 trades a day. In his nearly 25 years as a trader he recalls recording only two months of losses. But even the high volumes that a successful trader like Gordon could handle were quickly overshadowed by the volumes electronic systems were capable of processing.

For Gordon, working alongside the electronic market was like being hit by a truck. “I saw the transition was coming and knew [traders] were going to get run over,” he says. He eventually left and retrained as a social worker.

He was wise to do so, because a few years later, in 2016, CME Group, which owns the New York Mercantile Exchange (Nymex), closed the last of its remaining commodity-trading pits.

Gordon says some of his former colleagues have struggled to cope in their new lives. “Some have done quite well, but for many of the people it really broke their lives and their spirit.”

Losing a job to a machine or algorithm carries a unique psychological burden, says Marty Nemko, a psychologist and career counsellor.

No training exists that can help a human match the speed and efficiency of artificial intelligence. “There is an inevitability of [one’s] inferior ability that accrues,” Nemko says.

Tim Leberecht, a consultant on business leadership, agrees. “If we lose our jobs due to automation and can’t get back into the workforce, then there is this huge void of purpose and meaning.”

“The big issue with this fourth industrial revolution is that we don’t have the social institutions that are facilitating and enabling the transition,” says Ravin Jesuthasan, managing director at Willis Towers Watson, and leader of the consulting group’s research area, “Future of Work.”

Research on the threat of automation paints a complicated picture. A 2016 OECD report found an average of 9 per cent of all jobs across the 21 countries the research covered could be automated, given current technology. A report by consultants McKinsey puts the global figure at less than 5 per cent.

Many researchers suggest the more nuanced effect of this transition will be on the handful of tasks across all sectors that are routine and repetitive.

According to another McKinsey report, more than 70 per cent of tasks performed by workers in the food service and hospitality sector could be carried out by machines. In manufacturing, nearly 60 per cent of tasks in jobs such as welding and maintaining equipment are at risk.

Higher-paying jobs are not immune from the disruption. McKinsey found that up to 50 per cent of tasks in the financial services industry could be automated, as could about a third of jobs in healthcare.

Jesuthasan says this refocusing of tasks can give people the space to do more meaningful work. “Leaving behind all of those routine things [creates] a huge emphasis on creativity and empathy and care,” he says.

After witnessing his original job as a trader vanish, it is perhaps no surprise that Gordon has found himself engrossed in his new life. “I want to do my part,” he says. “Will I make a difference? I don’t know, but I’m going to give it a shot.”

Aimee Keane
Rewards for the taking

If companies can be persuaded of the financial benefits, they might take greater responsibility for workers’ wellbeing. By Sarah Neville

Norman Lamb may have surrendered his ministerial red box when the UK’s experiment in coalition government ended in 2015, but the former health minister is energised by a new mission: to persuade employers to play a far bigger role in keeping their workers healthy.

In those countries where employer-funded insurance forms a major part of health provision, companies have a substantial incentive to keep their staff healthy. In the UK, however, most bosses will not bear the cost of staff sickness in the form of higher premiums because their employees are covered by the taxpayer-funded National Health Service.

Lamb, a Liberal Democrat MP and former minister for community and social care, is determined to shift perceptions about where UK employers’ responsibilities lie. Interviewed in his office in the Palace of Westminster in London, the MP radiates excitement and enthusiasm about the prospect of employers taking active steps to keep their workforce healthy. Although he represents the North Norfolk constituency in eastern England, the testbed for his approach will be more than 100 miles inland in the West Midlands, which has become hospitable terrain for this kind of innovation following the region’s successful application for devolved powers from Westminster.

In 2015, Lamb, whose ministerial responsibilities included mental health, was appointed to chair a mental health commission in the West Midlands after the region’s 18 constituent local councils identified poor mental health and wellbeing as a significant driver of demand for public services, which in turn had a negative impact on the economy.

Lamb explains that originally he was asked to produce only a set of recommendations. “I decided there are so many reports with recommendations that get welcomed and then ignored [that] I got them to agree to an action plan and got all of the relevant bodies in the West Midlands to sign up to it, which gives us a degree of accountability to try and make things happen.”

He was also keen to see employers more involved in

The health and wellbeing of their staff, to help reduce some of the pressure on his own strained departmental budget.

The mental health commission came up with the idea of a “West Midlands workplace wellbeing commitment”, a voluntary agreement to a plan of action, which it is encouraging private and public sector employers to sign. The goal is to commit employers to “a standard of behaviour towards employees”.

Some big employers have agreed to take part, including carmaker Jaguar Land Rover and the West Midlands fire service, but local organisers aspire to attract 200 employers over the next two years.

Lamb knew the commission’s ideas were in line with those of Simon Stevens, chief executive of NHS England. The plan contains a commitment to evaluate the proposal Lamb is most excited about, the “wellbeing premium”. Aware that Stevens had championed the idea of fiscal incentives, Lamb and his team came up with a proposal to offer businesses a discount on their business rates — local authority taxation — provided they implemented specific interventions that were known to work. The proposal has been put out to consultation.

The plan of action was launched at the end of January as part of the wider programme developed by Lamb’s commission. Outlining measures that participating businesses might be expected to implement in return for the discount, Lamb says better training of line managers has been one of the most effective ways of improving wellbeing in the workplace.

“If you’ve got line managers who treat their team better, who are more sensitive and effective at handling sickness absence or underperformance because of stress or anxiety [and] who avoid a bullying culture, then you

‘If we just keep pleading for companies to do more, some will but most won’t’
Norman Lamb believes his scheme will be so effective that companies will continue with it out of ‘enlightened self-interest’.

have a positive impact on wellbeing of that workforce. You reduce sickness absence; you reduce presenteeism — people turning up at work who aren’t performing — and, potentially, you reduce the number of people falling out of work because of ill health,” he says.

Acknowledging that to approve the tax incentive proposal, tax authorities would need to be convinced that the savings would justify the initial outlay, Lamb cites the potential fruits of his approach as “reduced benefit payments, potentially improved tax revenues, reduced use of the NHS and improved productivity”.

Nor, he believes, would an ongoing public subsidy be required. The MP envisages the rates discount would last two years and believes the scheme will prove so effective in keeping staff healthier and happier that “enlightened self-interest” will persuade companies to continue with it thereafter.

He is hopeful that both Whitehall’s work and health unit — staffed by civil servants from the health department and work and pensions department — and NHS England will contribute money to ensure the scheme gets off the ground.

The action plan also proposes a separate scheme to implement individual placement and support (IPS), which he describes as an internationally evidenced and intensive programme for people who are out of work and have severe and enduring mental ill health.

The programme prepares people to re-enter the workforce and supports them for a period after they have found what he calls “real jobs” rather than “supported workshop-type employment”. The commission has been given about £8.5m by the work and health unit to run a trial, which he hopes will pave the way for the scheme’s wider adoption.

Implementing the mental health commission’s ideas is vital if employers are to take their place in the front line of employee health, Lamb argues. “Exhortation on its own won’t work; if we just keep pleading for companies to do more or even demanding that companies do more, some will but most won’t.”

But if companies invested in improving training or the ergonomics of office tasks, for example, they would see a positive impact on their bottom line, he suggests. “And once you’ve lifted their horizons and got them to see the benefits of doing these things, then you don’t need to continue a public subsidy. For the sake of £2m or £3m [the estimated cost of the rates discount pilot], that seems to me to be well worth it,” he adds.
Workplace smoking remains widespread in China but local initiatives are starting to turn the tide. By Tom Hancock

Working at a state-run hotel in China’s Sichuan province in the 1990s, Wu Luorong recalls cigarette smoke filling the lobby, restaurants and corridors. “We couldn’t say anything even if we didn’t feel happy with people smoking in the office,” she says.

Now a hospital administrator, Wu, 49, says things have changed. “There is a smoking area for staff and patients’ families. Especially in the respiratory department, we tell smokers to go there,” she says.

China is home to some 300m smokers, more than any other country; about half of men are regular smokers. However, there is a lack of national legislation to ban smoking in workplaces. The World Health Organization estimates that a complete nationwide ban on smoking in the country’s workplaces would reduce prevalence of smoking among Chinese men by 13m, averting 6m premature deaths.

But Wu’s experience reflects a national trend: local campaigns are beginning to turn the tide against workplace smoking, experts say, even while enforcement remains uneven. The statistics are startling: more than 54 per cent of Chinese people who work indoors witnessed smoking in their workplaces in 2015, according to a government survey. But that number represents a fall from about 60 per cent in 2010.

Likewise, nearly 40 per cent of people surveyed in 2015 had witnessed smoking in government buildings, and more than 35 per cent had seen smoking inside hospitals. But that was an improvement on 2010, when the figures were 55 per cent and 37 per cent respectively.

Public health observers say that even though a national ban has been delayed — apparently because of the influence of the Chinese tobacco industry, a major source of government revenue — there has been a shift in attitudes, with greater opposition to smoking.

This has been driven by aggressive public health campaigns highlighting the risks of second-hand smoke, and by individual cities launching legislation aimed at reducing smoking indoors.

In 2015, Beijing’s municipal authorities passed the toughest anti-smoking legislation in China’s history, making smoking in offices, restaurants, hotels and hospitals punishable with fines. Businesses that fail to rein in smoking on their premises can be fined up to Rmb10,000 ($1,530) and repeat offenders can have their licences revoked. Individual smokers can be penalised Rmb200. A hotline was set up for public complaints, and teams of inspectors were enlisted.

Many were sceptical about enforcement when the law came into effect, citing the difficulties of changing long-entrenched habits. But a year later, Bernhard Schwartländer, head of WHO China, said the enforcement had “exceeded expectations”. The city said it had collected more than Rmb1m in penalties.

Groups of smoking workers are now a common sight huddled outside office buildings in Beijing, Shenzhen and Shanghai — the latter two cities having followed suit with similar laws in January and March this year.

“You can only smoke on the platform outside on the second floor or on the ground floor,” says Stella Sun, who works at a brokerage in the Shanghai World Financial Center, a 101-floor skyscraper in the city’s Pudong district. “There are smoke detectors everywhere in the building,” she adds.

Dressed in a sharply ironed white shirt and naval-style hat emblazoned with China’s national emblem, sanitation inspector Zhang Jun is one of the officials tasked with enforcing the rules in Shanghai. A black satchel holding a badge and a bundle of papers for handing out fines bounces around his waist.

“Sanitation department, here for an inspection,” he says, flashing his badge at a receptionist in the lobby at a hospital. Zhang walks through the corridors, checking that no-smoking signs are properly displayed, sniffing the air for smoke and peering into bins for tell-tale cigarette butts.

“There were a lot of calls to the hotline at the beginning after the law went into effect,” Zhang explains. “But the number has decreased now,” he adds, attributing the drop to greater self-regulation.

“Usually when a smoker sees us in our uniforms, they will put out their cigarette. In that case we will just give them a warning.”

About half of men in China are regular smokers

National habit
But inspectors are overstretched, with just five to cover a population of tens of thousands, Zhang says, adding that they have additional duties, such as checking water quality in swimming pools.

“We haven’t given out many fines since March, to be honest, because often by the time we get to a place where there has been a complaint we are too late,” says Li Yuna, another inspector.

Enforcement is even less reliable in the 20 or so other cities that have introduced various laws against indoor smoking. Shenzhen, Beijing and Shanghai have very strong laws, but we don’t see that across the whole country — it really depends on the locality,” says Kelvin Khow Chuan Heng, of the WHO’s Tobacco Free Initiative, a global programme to reduce death and disease from smoking.

“A lot of the problem with these laws is that they don’t have resources put into enforcement,” he says.

“We still struggle with some venues, especially entertainment venues, karaoke bars — these are also workplaces. Those venues we definitely find much more problematic.”

Even hospital worker Wu says that enforcement can be lax in the small city of Mianyang where she is employed. “Some doctors will smoke in non-smoking areas — like, offices — sometimes, but once the leaders come investigating, they will move to a smoking area,” she says.

State-owned tobacco companies remain an influential group, hindering efforts to introduce a national smoking ban. A draft law circulated last year was watered down, public health observers say, allowing for “smoking rooms” in offices.

Some initiatives by individual companies have helped. Internet giant Baidu committed to smoke-free office environments in 2011, thereby protecting the health of some 40,000 employees.

Chinese and US health authorities launched a joint initiative in 2012 to promote smoke-free workplaces in China. The programme to educate the public and promote cessation services at workplaces follows earlier efforts that have also targeted workplaces. “One thing is legislation and the other implementation. What an enterprise can contribute is vital,” said Wang Ke’an, head of the Research Center for Health Development, a think-tank and one of the Chinese groups involved.

There is also space for bottom-up pressure from employees. Newspaper illustrator Zhao Liang says his attempts to give up smoking were hampered by colleagues who have turned parts of the workplace into a “smoking centre”. “If I quit smoking, I won’t be able to tolerate anyone smoking in my office ever again,” he adds.

Additional reporting by Wang Xueqiao

‘Some doctors will smoke in non-smoking areas, but once the leaders come, they will move to a smoking area’
Danger signals

Suicide is a complex, personal matter but employers and colleagues can take steps to try to prevent it or at least alleviate the ensuing distress. By Emma Jacobs
Illustrations by Nanette Hoogslag

Michael Mansfield finds that addressing employers about suicide prevention is a way of “channelling the feelings, the anger”. The eminent English barrister’s daughter, Anna, committed suicide in 2015. “I can’t get to grips with it,” he says.

The reasons for suicide are complex and personal. But Mansfield believes employers should do more to help employees at risk. There is “a collective responsibility”, he says. In his daughter’s case, her mental health deteriorated after she was made redundant. While Mansfield knows that his daughter’s decision to take her own life was complicated, Anna also had two young children with health problems — he believes that employers should be vigilant about trying to detect signs of distress in employees, whether they are secure in their role or about to be made redundant.

“Companies are not alive to personnel issues,” he says. “Employees require a space where they feel comfortable talking about their difficulties. [People with mental health problems] worry that if they reveal vulnerabilities to line managers they will get chucked out.”

Louise Aston, wellbeing director at Business in the Community, a UK charity, agrees. She says few companies feel comfortable talking about suicide. This means they are neither good at talking to those who may be at risk nor do they know how to care for the workforce if an employee kills him or herself. “The biggest mistake is that companies are reactive,” she says, whereas she believes they should have policies in place in such circumstances.

If an employee takes his or her own life it is not necessarily a sign they worked for a bad employer, she says. “But a responsible employer should have mental health policies embedded into the organisational culture.” This is particularly important because people with suicidal thoughts are not necessarily in touch with mental health services and might continue to turn up at work, even as their feelings intensify.

Talking about mental health is less of a taboo than it was, but the stigma around suicide is still strong.
‘I’ve heard mental health discussed as part of corporate policy but rarely suicide. We need more openness’

says Aston. Rachel Suff, employment relations adviser at the UK’s Chartered Institute of Personnel and Development, agrees: “I’ve heard mental health discussed as part of corporate policy but rarely suicide. We need more openness.”

To improve matters, some suggest companies need to tell staff, particularly line managers, what signs to look for (see box, page 45). Poppy Jaman, chief executive of Mental Health First Aid England, a mental health training provider, believes colleagues and managers should be trained to observe changes in people’s behaviour. In a recent report, she wrote: “We teach people that if they are concerned about someone, not to be afraid to ask the question, ‘Are you having suicidal thoughts or feelings?’, because if they are, then they can be supported to access the right professional help and quickly.” Contrary to popular mythology, she says, talking about suicide does not encourage people to take their own life. It could, however, be the first step towards prevention.

There are some occupations that experience higher suicide rates than others. The Office for National Statistics (ONS), published a report earlier this year, that showed that between 2011 and 2015 the suicide rate in England among males aged between 20 and 64 years was 18.9 deaths per 100,000. Men working in the lowest-skilled occupations, had a 44 per cent higher risk of suicide than all men.

In Australia, according to Mates in Construction, an organisation that looks at mental health in the industry, construction workers are six times more likely to die from suicide than from an accident at work.

A study published in Psychological Medicine (2013) found that socio-economic forces are a major determinant of high occupational suicide rates in Britain. It identified those in mainly manual occupations, such as...
merchant seafaring, labouring in building trades and window cleaning, as being particularly at risk. Those sectors of the labour market had “undergone major contraction and reconfiguration, particularly during the 1980s, resulting in the loss of traditional patterns of employment in some communities, which may have affected suicide rates for these occupations”. The authors suggested the high suicide rates were partly due to difficulties adjusting to change and handling stress.

As employment has become more precarious, organisations might also need to consider the mental wellbeing of contractors. “The structure of the workplace is changing. If you are at a distance from the office, organisations need to think about how to assess people’s mental health,” says Suff.

Samaritans, the UK charity, said in a 2012 report that middle-aged men from disadvantaged socio-economic backgrounds were highest risk because they were less likely to talk about their feelings.

“Problems with relationships and employment during mid-life are experienced intensely, because by this life stage people have typically invested a great deal in work and relationships, and the possibilities for making changes in these areas are limited,” the report said.

It identified the current generation of men in their mid-years as “the buffer generation — caught between the traditional silent, strong, austere masculinity of their fathers and the more progressive, open and individualistic generation of their sons”.

There is a difference between the genders. The authors of the study in Psychological Medicine wrote: “More of the high-risk occupations among women than men were professional or non-manual rather than manual, which suggests that socio-economic forces are a stronger determinant of occupational suicide rates among men than among women.” The ONS found that among women the risk of suicide was highest in artistic, literary and media occupations.

Employers should think not just of prevention of suicide but also so-called “postvention” — strategies to support employees if a colleague has died through suicide. “My estimation is not many employers have protocols in place,” says Aston.

The impact of suicide on co-workers may be profound. “It can be a shock. People who kill themselves may not have shown signs. People will feel deep guilt about what they could have done to prevent it,” says Aston. She stresses that the reasons someone might decide to kill themselves are very complex. “Suicide is a

**11.6%**

of people aged 18-20 suffer from depression

**2.1%**

of people aged 56-60 suffer from depression

Source: VitalityHealth/Rand Europe, Britain’s Healthiest Workplace

‘Problems with employment during mid-life are experienced intensely’
feeling of unbelievable pain.” The reasons that someone chooses to die “can never be fully known.”

Suff says that if a suicide happens to a colleague, it “can be completely devastating” for their peers at work. But if employers have a framework in place and can support employees, the distress can be somewhat alleviated.

Employers will need to be mindful of employees’ divergent ways of reacting and perhaps try to decrease workloads, and allow time off. A suicide prevention “toolkit” published by Business in the Community, a charity supporting ethical business practices, and Public Health England suggests managers should make themselves available to employees, including those who work remotely. It gives guidelines on memorial services, advising employers to commemorate the life of the deceased rather than dwelling on their death.

Line managers might be particularly affected and become the target of recriminations from colleagues, but managers can also be role models, talking of their methods of coping, occupational health experts say. The important thing is to communicate. If the workforce feels valued in the wake of a suicide, it can help them manage their own feelings but also foster trust in their leaders. A vacuum can have the opposite effect, destabilising the workforce and destroying trust. “It is a crisis,” says Suff. “You have to try to manage a crisis and support colleagues.”

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**SIGNS THAT SOMEONE IS SUFFERING WITH THEIR MENTAL HEALTH**

**Changes in productivity**
1. Deterioration in performance at work
2. Lethargy in a previously energetic person
3. New pattern of unexplained lateness or absences
4. Recent inability to concentrate on work
5. Recent inability to complete work

**Changes in social functioning**
1. Deterioration in social functioning
2. Withdrawal from colleagues, isolation

**Changes in personality or behaviour**
1. Extreme mood swings
2. Acting anxious or agitated
3. Showing rage, uncontrolled anger
4. Behaving recklessly

**Increased alcohol or drug use**

**Changes in eating and sleeping patterns**

**Signs of (self-inflicted) physical harm**

*Source: Business in the Community/Public Health England, Reducing the Risk of Suicide: A Toolkit for Employers*
Global medical inflation is forecast to be 9.7% in 2017, three times the rate of general inflation.*

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In January, when 29-year-old Matthew Dreiling joined the US arm of professional services group PwC as an associate, he was delighted but a little anxious. His starting salary was high, but not enough to stop him fretting about his $90,000 of student loans. “I would revisit this topic pretty constantly in my mind, and analyse it, and try and figure out how I was going to pay it off,” he says. “I wouldn’t say it was a health concern, but it was definitely a worry.”

He was lucky. Last year the US division of PwC became one of the first of a growing number of companies that help pay staffers’ education loans. Dreiling gets $1,200 worth of such assistance a year. “That goes a long way to covering the interest and, over time, helps reduce the burden of that debt,” he explains.

As consumer indebtedness rises, employers are becoming aware of the impact of financial stress on employees’ productivity and mental health, and how to do something about it. “This is the hot new thing among HR and wellbeing professionals,” says Sally Purbrick, head of reward at Anglian Water, a British utility company that helps employees to save and to consolidate their loans. In agreement is Jennifer Hanson, head of associate experience and benefits at Fidelity Investments, another large employer to offer student loan reimbursements in the US. “After we launched [in January 2016] we had phone calls with about 100 other employers wanting to know about what we were doing. Now it is popping up in benefit programmes all over the place.”

Employers’ focus on debt is growing. “One in six Britons is over-indebted and 16.8m people in the UK do not have more than £100 put aside,” says Katie Evans, head of research at the Money and Mental Health Policy Institute, a British charity. In the US, household debt has surpassed its pre-crisis peak as rates of arrears on student and car loans also rise.

Financial ill health costs companies time and money, survey data show. According to Rand Europe, which surveyed 30,000 Britons this year for the Britain’s Healthiest Workplace project, problem debt directly affects employees’ productivity. “Around half of people we survey say they have financial concerns, and this makes them less productive,” says Marco Hafner, research leader at Rand Europe. “They lose on average six days per year more, in absenteeism and presenteeism, than someone who does not have financial concerns.”

The financially distressed also sleep less and put on weight, says Hafner, who says his findings are controlled for other variables that may affect respondents’ wellbeing, such as childbirth or chronic illness.

More than two-thirds of workers who report financial difficulties show at least one sign of poor mental health, according to the Money and Mental Health Policy Institute. “Our qualitative research shows that financial difficulties can also affect relationships with colleagues, motivation and likelihood of sickness absence,” Evans says. She adds that around half of workers in financial difficulty say they achieve less at work or work less carefully.

Anglian Water’s Purbrick says that while employers are keen to stop such situations developing, large financial services organisations have yet to respond to this need with products and solutions that help staff save or escape problem debt. “There just isn’t a lot in the market,” she says, adding that the bank that runs the Anglian scheme to help employees save part of their salaries was forced to adapt its employee sharesave programme to carry out the function.

For loan consolidation, Anglian is in partnership with Neyber, a British fintech start-up that lends to employees through the payroll, with repayments deducted from salaries. Monica Kalia, Neyber co-founder, says her customers have usually borrowed on credit cards charging around 20 per cent annual interest. Refinancing £10,000 of such debt at Neyber’s mid-rate of 6.9 per cent would save customers £101 a month, she says. Borrowers range from those “just about managing” to the relatively affluent: 5 per cent of those who apply for debt consolidation earn more than £50,000 a year.

PwC’s Dreiling says he is a prime example of “someone who earns a good amount but still has to budget around debt repayments”. However, he says the $1,200 a year from PwC has gone a long way to ease his stress. “It is nice to know I’m not alone in these repayments. It feels more of a manageable burden.”
Out of the firing line

In dangerous industries such as security, a culture of training and support is potentially life-saving. By Joe Leahy

In the early hours of the morning this April, residents of Ciudad del Este, a city on Paraguay’s border with Brazil, awoke to the sound of automatic gunfire and the blaring of car alarms.

In a scene straight out of Hollywood, a criminal gang was attacking an armoured-truck depot belonging to Prosegur, a Spanish security company, using explosives and assault rifles. After subduing the guards, the robbers blew a hole in the building with dynamite and raided the safes, while others set cars on fire on the approach roads to block the police.

They escaped with $40m in what Brazilian media reported was the biggest heist in Paraguay’s history, crowning a series of military-style attacks against security trucks and depots by gangs operating out of Brazil over the past two years.

The scale and violence of this attack highlight the challenge facing private-sector security companies in Brazil itself. In a country in which armed robbery is commonplace, private security guards face a constant threat. This makes maintaining a mentally and physically healthy and motivated workforce a particular priority for their employers.

“Our activity is one of high risk. It’s a highly dangerous activity in which at any moment you could take a bullet,” says Mário Baptista de Oliveira, the head of Grupo Protege, a competitor of Prosegur. “They [our staff] know that.”

There are no readily available national statistics on armed robbery, but Brazil has one of the highest murder rates in the world, at about 29 per 100,000 people in 2015, or more than 59,000 deaths. Countries use different criteria to compile their homicide rates, but to give this number some context, this far exceeds the 4.9 murders per 100,000 reported in the US in the same year.

While much of this violence takes place between the country’s so-called military police — the front-line officers in charge of maintaining law and order on the streets — and drug gangs, private security guards are also in the line of fire in the war against crime.

Over the past two years, similar large-scale raids on security-truck companies have occurred in Campinas, an important industrial and technological hub about an hour from São Paulo, as well as in nearby Santos, South America’s largest port, and further inland in Ribeirão Preto, Brazil’s sugar cane capital.

But private security officers are constantly being attacked in smaller robberies, sometimes at their depots or while leaving clients’ premises, or even while driving down motorways in broad daylight. Such attacks can have a devastating effect on employees, rendering them unable to work, according to private security workers’ unions. One union member, Luiz Cláudio Antônio dos Santos, describes an incident in which he was shot while driving an armed escort unit on the Linha Vermelha. The highway, which links Rio de Janeiro to its international airport, passes between favelas run by drug gangs, and has become so notorious for attacks that it has been dubbed the “highway of death”.

To prepare employees for such a high-risk profession, large private security companies say they are rigorous
about recruitment and provide the carefully selected employees with training and generous benefits.

In Brazil, those wishing to enter the security industry must first pay out of their own pocket for an obligatory security guard training course that is certified by the federal police. Protege has a network of such schools that account for half of those trained in the city of São Paulo, according to Baptista de Oliveira.

Training is provided for employees at all levels, from doormen to armed guards. For those working in armoured vehicles there is additional training in personal security and defensive driving techniques. “This means by nature that our recruits are not just that guy who was at a loose end out there and had no other options than to work in security,” Baptista de Oliveira says.

Another critical aspect for security companies is to develop a strong culture so that employees understand what is expected of them in any given situation, from operational discipline when working in the field to personal integrity. Vera Lúcia Tavares, director of human resources at Brink’s Brasil, an arm of the US-based security company, says the company surveys staff annually to check on “their engagement with the values of the organisation”.

At Protege, all employees, from cleaners to managers, must complete an opening course on integration into the company. “No new functionary will receive an entry pass [for the front gate] until they have completed the obligatory integration module. From that the worker will know the rules, the history of the group, the group’s clients and more about the post for which he or she was contracted,” Baptista de Oliveira says, adding that there are more than 100 modules that employees can complete as their careers progress.

Founded by Baptista de Oliveira’s father 46 years ago, Protege today has 18,000 employees deployed throughout Brazil. The company has made efforts to give employees and their families a sense of belonging, helping to keep staff turnover low and maintain a motivated workforce.

The key to this is the company’s “personal development” section, a team of 20 people who run programmes in employees’ residential areas to foster skills among the spouses of workers and their children. “We have put together classrooms to promote digital inclusion, teaching them [children of staff] how to use Excel and PowerPoint and the like,” Baptista de Oliveira says.

When a traumatic event such as a robbery occurs, Protege and Brink’s say they have psychologists on hand to help employees and their families cope. The importance of such interventions cannot be underestimated.

Santos, the armed guard shot in Rio, says: “The colleague who was with me [during the attack] is still suffering psychologically. I am too. I am still traumatised today. If I hear any kind of banging sound, I think it is a shot. I stand there glued to the spot, unable to move.” ●

‘Our training means our recruits are not just those guys who were at a loose end with no other options’
The tech titans of Silicon Valley never seemed to care too much about architecture. Their mythical origins were in suburban garages, their actual offices were in generic business parks. Now all that has changed. Suddenly they appear to have realised that to attract workers they need to create places that feel good to be in and they have hired architecture’s biggest names to see what they can do.

Apple’s new Norman Foster-designed headquarters (with a reported price tag of $5bn) in Cupertino is slowly opening its doors. Facebook hired Frank Gehry, the architect of Bilbao’s Guggenheim museum, to design its new Menlo Park headquarters and Google has commissioned probably the hippest young architect, Bjarke Ingels, alongside Thomas Heatherwick to design its Mountain View offices.

So what does disruption look like when it is applied to the slowest of the arts, architecture? The answer, perhaps surprisingly when you consider the huge piles of cash being spent, is not really that disruptive at all. If there is a change, it is a sign of an acknowledgment that the office might not be enough — what goes on outside might count too.

To understand why, we need to switch our minds back to a moment, not that long ago, when the internet was supposed to mean the end of the office.
From now on, went the schtick, everyone would be working from home in their pyjamas. The grind of the daily commute would remain only as an urban myth. The office was over.

It didn’t happen. People, it turns out, quite like to be around other people. Coffee shops appeared as the fabled “third space” and freelancers and coders started lounging around lattes as the enchantment of being able to work anywhere began to be realised. But the office survived. The much-heralded revolution in working turned out to be a collection of childish tropes borrowed from ad agencies — the foosball and ping-pong tables, the breakout spaces and cafés in caravans, the nagging feeling that you were in an adult kindergarten rather than a place of serious thinking.

The giants of Silicon Valley have added pretty much nothing to the way we work other than making it possible to be working all the time — in the hotel, in the airport, at home. The effect of the internet was not to make the office redundant but to make everywhere a potential office. Tech’s ultimate impact on office life has not been its end, but its endlessness.

Apple’s Norman Foster-designed office appears to be at the top of the pile for architectural ambition. Its sleek new ring is a remarkable building, but the new Apple HQ appears to be an object as much as it is architecture. Steve Jobs’ last public appearance on June 7 2011 was his pitch to Cupertino city council to build it. “It’s a little like a spaceship landed,” he told the meeting. And it is. There is something of the boyish sci-fi fantasy in this great UFO. There are huge curved glass doors that open the café up to the landscape. “There’s not a straight piece of glass in this building,” said Jobs. There is a passive ventilation system which allows air to trickle in beneath the eaves. The windows do not open, of course, as that would interfere with the smoothness of the curve. This building is, like the iPhone, a closed system. It does not allow adaptation and cannot be extended if the company needs to grow or change. When it is fully populated there will be 12,000 people inside.

There will be 9,000 parking spaces outside. There will also be 9,000 trees. Yet for all its green credentials and its undoubted elegance, Apple’s new HQ is still a suburban business park, a campus in the mould of 1950s corporate planning for a fossil-fuel age.

Mark Zuckerberg’s association with his big-name architect, Gehry, has had a rather different outcome. The 88-year-old did something rather different with Menlo Park. It might not sound particularly revolutionary but when Gehry was outlining the designs just before the building was completed in 2015, he said: “Look, this is the largest open-plan office building in the world!” He was clearly enthused. Unlike Apple’s HQ, Gehry’s is a bit of a deliberate mess. “We want our space to...
feel like a work in progress,” said Zuckerberg at the time. “When you enter our buildings, we want you to feel how much left there is to be done in our mission to connect the world.”

“It is not,” said Gehry emphatically, “a grand design statement. Mark wanted an unassuming, matter-of-fact space. He did not want it over-designed,” Gehry said. “And it was cheap. Under budget and on time.”

If there is a similarity between Apple and Facebook’s new HQs it is their suburban location. But that is about it. Facebook’s offices are a throwback to Gehry’s early Los Angeles architecture, an ad hoc assemblage of the industrial and the mass-produced to make a quirky, unpredictable landscape with colliding, slightly chaotic volumes. This is a super-sized mash-up of the urban loft, the self-consciously youthful advertising studio and the creative mess of an architecture school. Its volumes are continuous and huge but broken up by booths and boxes affording a little privacy. The stairs are spacious and frequent — intended as spaces of serendipitous encounter. At ground level there is parking and, on the roof, a garden.

The HQ Google is planning for itself in Mountain View is something different again. It is a kind of revival of the 1960s ideal of a free space beneath a megastructure roof — allowing flexibility and adaptation as demands change. “It’s space that anyone can actually hack if they want to,” Ingels said earlier this year, “more a workshop than an office, and it could be updated by construction robots.”

These titans of tech have fundamentally altered the way we communicate and consume, the way we work and the way we live. The question is whether, with these buildings, they have done anything that will change the places in which we work? The answer seems to be: no. The last major change in office culture arrived in the 1950s with the Bürolandschaft (office landscape), a German innovation that was a reaction to the rigid
regimentation of Nazism through the creation of a non-hierarchical open-plan interior intended to foster collaboration. Between then and the launch of Facebook not that much has happened. Perhaps there were more rubber plants then, more soft-play areas now, but that is about it. To underline how little has changed, we might also want to consider the spaces where, for instance, many of Apple’s products are made — Foxconn’s factory in Shenzhen, China. Apple may boast of accommodating 12,000 people in one beautiful building but the company that makes its products has perhaps 450,000 workers labouring under a fierce regime in its plant. Similarly, we could look at Amazon’s vast warehouses populated by workers struggling to meet strenuous targets and having to run between the high-stacked shelves to keep up. These are every bit as much the workspaces of the digital economy as the flagship HQs.

Back in Silicon Valley, the biggest change in the wake of these huge projects appears to have been a sudden recognition that the office is not enough. The landscape is as important as the interior. Facebook has hired architects OMA to design a new “village” beside its Menlo Park campus. The renderings show generic parkland but also an attempt at building streets and even housing.

But these token efforts might not suffice. Just as millennials are shunning their parents’ flight to suburbia and returning to live in the cities, the companies that want to attract the best of them are stuck in the suburbs. Today’s youngsters want to be urban. They shun cars in favour of bikes, eschew taxis in favour of Uber. Their relentless search for authenticity keeps them in coffee shops with bare brick walls and naked lightbulbs — city structures stripped back to the bare bones. The dream of a perfect industrial modernism is stuck in an infinite loop (which is also, coincidentally, the address of Apple’s current HQ).

Residents of San Francisco — the magnet all young techies seem to be attracted to — are annoyed by the extra traffic and the property-price inflation. Why, you might ask, are these companies not building in those areas of cities that are desperate for regeneration, using the existing fabric of factories and derelict buildings as a skeleton for their vision? Imagine the boost they could have given to nearby cafés and restaurants if their staff left the office, and walked or cycled to nearby outlets to buy their lunch instead of having free buffets inside. Could the technology giants not build whole new cities rather than isolated corporate campuses? If there is a resentment towards them it is because they do not seem to give back to society. The companies’ transnational nature means they pay their taxes where they are lowest and they feed off cities like San Francisco without feeding anything back in. Health in the workplace is as much about a healthy city as an ergonomic office chair. This includes the spaces to walk to and from work, the parks to run in or eat lunch in, and the other features of public infrastructure of everyday life.

The big new headquarters were the perfect opportunity to show that the technology titans could contribute. They could have built places that were at least in part open to the public rather than private fiefdoms. They could have built streets and squares, the seeds of new cities. So far, that has not happened.
Whether you are riding a bike or a motorbike, helmets in India are not the “done thing”, says Matthew Rae. For Vodafone’s director of health, safety and wellbeing, dealing with the safety and wellbeing of workers across the group’s supply chain means he often encounters local practices that are drastically at odds with the standards he is tasked with maintaining at the FTSE 100 telecoms company’s London head office.

In India, where Vodafone has thousands of suppliers and a large logistics operation, the company responded five years ago by requiring all staff and contractors on two-wheelers to wear helmets — several years before the authorities tightened regulation on the same thing.

Managing those nuanced cultural differences requires “perseverance and consequence management”, says Rae, adding that the group has developed strict procedures to guide supplier behaviour if things go awry.

Multinational companies such as Vodafone face considerable challenges to ensure the health and wellbeing of their wide network of staff and suppliers. Some 40 per cent of senior business leaders surveyed by the Economist Intelligence Unit say adverse events associated with their suppliers are becoming more frequent. Risks range from suppliers being involved in criminal activity to breaches of regulations on human rights, they say.

Many developing countries find it hard to achieve compliance with international standards. Research suggests that only 10 per cent of the working population in developing countries is effectively protected by health and safety laws. “Globalisation means there are increasingly complex and extended supply chains,” says Richard Jones, head of policy and public affairs at the UK’s Institution of Occupational Safety and Health.

There has been some progress in recent years. For example, clothing retailers made efforts to improve health and wellbeing among their suppliers in the wake of the 2013 Rana Plaza disaster, when a garment factory in Bangladesh that supplied overseas companies collapsed, killing more than 1,100 people.

“A big driver in this area now is reputation,” says Jones. “There’s this corporate desire for maintaining a ‘social licence to operate’ that can help companies to attract and retain talent in their workforce, [and] to secure investment.”

Beyond reducing accidents, there are proven business benefits to improving supply chain safety.
and wellbeing. Research by Tufts University for the International Labour Organization shows that garment factories in the global supply chain where workers report better working conditions and better compliance on health and safety are more productive and more profitable. In contrast, the research found, putting suppliers under too much pressure to complete jobs quickly and the threat of penalties for late deliveries can result in greater stress among supervisors, which in turn can increase verbal abuse in the workplace.

“It’s fundamental that we don’t see safety as a competitive element... it’s something we see as a shared goal and value,” says Vodafone’s Rae. The company has established its own safety forum where four times a year it meets with global suppliers that it believes represent the highest risk of falling below safety standards.

Workers in other industries are also affected by time and cost pressures. Lawrence Waterman, who oversaw health and safety for the Olympic Delivery Authority during London’s 2012 Olympic Games, says the “most powerful programmes” around supply chain health are linked directly to the job the contractors have been asked to do.

During construction of the venues Waterman noticed an uptick in the number of minor accidents in the morning involving building workers — incidences of fainting, for example. He soon discovered that many workers were eating takeaway food late at night, then skipping breakfast the following morning. He decided, therefore, to offer porridge breakfasts for just £1 at the canteen. As well as cutting the number of accidents, this “aligned safety, health and wellbeing — and was a way of demonstrating to the workforce that we really did care about looking after them”, Waterman says.

Getting that right boosted other areas of collaboration, he says. “At London 2012, by working cooperatively with the construction companies on health, safety and workforce wellbeing, it made co-operation in all sorts of other areas, like logistics, so much easier because the relationship had been built up,” he says. “There was trust there.”

Sometimes small changes can make a big difference. UK utility company Thames Water says one initiative that has had a surprisingly positive impact was its requirement that workers in the supply chain wear protective equipment but also drive vehicles bearing the company logo. “The family has been branded,” says Karl Simons, Thames Water’s head of health, safety, security and wellbeing, of the company, which has 10,000 supply chain workers. “Above all, it shows they are working in compliance with our standards and expectations.”

Karen McDonnell, occupational health and safety policy adviser at the UK’s Royal Society for the Prevention of Accidents, agrees. “Successful organisations should have very clear values and monitor the supply chain — as opposed to over-managing them — to ensure some kind of cultural transference,” she says.

On top of a careful selection process when bringing suppliers on board, companies should carry out regular audits of their existing supply chain to identify strengths and weaknesses, she says, then work with them to raise their standards where needed. Training offered to core employees should be rolled out to the supply chain where possible.
Economists have long marvelled at the Asian economic miracle, but such productivity is coming at a much higher cost than they might realise, a survey across four nations in the region shows. The AIA Vitality Healthiest Workplace research found that in Hong Kong the average amount of time lost per employee per year because of absence and presenteeism (when employees turn up to work but are unproductive) amounted to nearly 71 days — two to three months’ worth of lost time. Employees in Malaysia and Singapore lost an average of 66 and 54 days, respectively. This compares with 45 days in Australia but only 30 days in UK.

“The most striking factor was the high level of mental health issues and the stigma associated with them,” says Christian van Stolk, home affairs and social policy research head at Rand Europe, the research consultancy that analysed the data collected in Asia and compared them with data from Britain’s Healthiest Workplace.

“The other trend was the very high number of days lost to productivity: people are working very hard but to no effect, while doing harm to themselves.”

In Hong Kong and Malaysia about 12 per cent of respondents reported symptoms of depression — around double the proportion in Australia, Singapore and the UK. Meanwhile, rates of bullying in the workplace in Hong Kong, Malaysia and Singapore were almost three times the UK’s level of 6.6 per cent.

Yet van Stolk says there is little sign employers or governments in the region are tackling mental health problems. He adds that there are also relatively few support services, such as counsellors and psychiatrists, for those who do want to seek help. “Asians were taught to be reticent and reserved in expressing any emotions, so they keep their feelings to themselves. Plus, mental health resources and services are not as readily available as in western countries,” says Winnie Mak, professor of psychology at the Chinese University of Hong Kong.

The AIA Vitality Healthiest Workplace survey polled more than 100 employers and 10,000 employees from Asia’s economies may have prospered but the health of the region’s workers is in somewhat poorer shape. By Andrew Jack

### ASIA’S WASTED WORKING DAYS

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<th>Country</th>
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Sources: AIA Vitality/VitalityHealth/Rand Europe
employees who did not eat at least five portions of fruit and vegetables per day. They were also less physically active, with fewer than 40 per cent reporting at least 150 minutes a week of exercise. In Australia, as in the UK, about 65 per cent of employees took that much exercise.

The Asian results need to be viewed in their context. Basic safety concerns remain significant factors in many Asian workplaces, with particular concerns around poor prevention and physical safety risks for accidents on construction sites.

Certain companies in the survey performed very well, however, including Announcer, an Australian financial services business. Anna Smallfield, digital marketing manager says the company offers programmes such as flexible working and gives staff the option of working one day a week from home. This allows them to cut down on the stress of long commutes and spend one day in a more relaxed and less disruptive environment. The company also promotes physical exercise by allowing staff to take two hours out of the office each day to participate in a fitness activity of their choice.

“We have low sick leave rates,” she says. “We measure the results of our health and wellness programme on how happy staff are — and the results are outstanding. A lot of our team have been with Announcer for 10 or more years and that is a testament to the culture that has been created.”

For the future, the company is exploring stronger forms of mental health support. “Working in financial services and so closely with our clients means we are close to their lives and can be a support pillar for any issues that may arise. That is why we want to further our support of our staff,” she says.

Yi Mien Koh, medical director at insurer AIA in Hong Kong which funded the research, says: “Organisational culture and practices have a significant impact on employee job satisfaction and morale. Clear and transparent workplace policies that are implemented fairly contribute to mental wellbeing at work.” She says employees in different countries favoured different interventions that companies could make to improve employee wellbeing: in Australia respondents said they would like fitness trackers; access to fresh fruit and vegetables was valued in Hong Kong; healthy canteen options in Malaysia; and participation in volunteering or charity work in Singapore.

Van Stolk argues that in Asia, with its rapidly ageing population, employers and policymakers will need to pay increasing attention to wellbeing in the workplace. He also highlights one area for optimism: the receptiveness in the region to digital health interventions, such as the use of apps to track health initiatives. Embracing new technologies could help more enlightened companies leapfrog those in the UK and elsewhere in the developed world.
Employee wellbeing is not just about safety but about improving people’s lives as a whole — an approach from which everyone benefits.

Happy, healthy and engaged employees are more productive and less likely to leave, or be off sick. So far, so obvious, but at Anglian Water there is a bigger prize for championing employee wellbeing. Understandably for a company with public health at its core, health and safety is where our wellbeing journey began. In 2005, private medical cover was costing us £2m per year, and was forecast to rise by 10 per cent every year. We could see a clear line to a £4m bill, with sickness levels averaging 10 days per employee per year. We had a choice of reducing the cost of the medical cover by changing benefits, or thinking differently to keep people well and at work.

The evidence for a focus on wellbeing was compelling. Sickness absence due to mental ill health costs the UK economy more than £8bn per year, according to the Centre for Mental Health charity, while the cost of reduced productivity from those suffering from mental ill health who turn up to work is a further £15bn every year. The question was not, “Why should we take a holistic approach to wellbeing?” but rather, “Why wouldn’t we?” We set a clear ambition, now enshrined in our company charter. It focuses on supporting others, and being seen to be doing so, thereby creating what we call the “shadow of the leader”.

Programmes help leaders to try to create a culture of genuine care and concern. It focuses on supporting others, and being seen to be doing so, thereby creating what we call the “shadow of the leader”.

Once committed to wellbeing, we had to define it in a way that resonated in the boardroom. We turned to the Workwell Model from Business in the Community, the UK-based charity and business lobbying group. The model allies corporate experience with academic best practice. We integrated it into our business plan to identify gaps and to signpost our intention to give equal consideration to mental and physical health. The model put employee wellbeing at centre stage in boardroom discussions. It helped improve employer brand and customer engagement. It reduced staff absence and raised productivity. We were soon able to demonstrate the benefit consistently outstripped investment — for every £1 we spent, we got £8 of benefit back.

The focus on wellbeing has also helped to improve safety standards across our workforce. Last year, direct employees, and those employed by contractors, partners and other affiliated businesses, worked 1.24m hours and recorded zero accidents — a first for Anglian Water. In 2009, for example, the company recorded an accident frequency rate of 0.37 per 100,000 hours worked.

Our managers are leading this. Three years ago we partnered with performance consultants Lane 4 to transform the way we lead our people. Run by Adrian Moorhouse, the former Olympic swimmer, our programme helps leaders to try to create a culture of genuine care and concern. It focuses on supporting others, and being seen to be doing so, thereby creating what we call the “shadow of the leader”.

It has been a journey — and one we are still on. By fundamentally changing our approach, we have halved spending on private medical care. Sickness absence rates have reduced to just four days per employee from 5.5 days lost on average in 2012. Our goals of improving service and productivity have been met. This has made it easier to recruit good people and has attracted praise from independent sources too. Anglian Water was recently named Responsible Business of the Year 2017 by Business in the Community.

We’re now in a more mature position when it comes to wellbeing. We focus on the “whole person” — we still spend on safety, but not exclusively. We have provided nutritional advice from John Briffa, the well-known health writer. Thousands of staff have attended wellbeing roadshows on ending the stigma around mental health as well as on administering CPR in the workplace. Personally teamed up with Mind, the mental health charity, pledging to support its Time to Talk campaign. And we have partnered with Neyber, the fintech platform, to offer financial advice and loans through employer partnerships.

Feedback from colleagues has been fantastic.

‘Work can have a positive effect on colleagues that will repay the business many times over’

One of the most important tools we have developed allows us to quantify the bottom-line impact of wellbeing initiatives. Working with Philip Gibbs at GlaxoSmithKline, the pharmaceuticals company, we have developed a “wellbeing calculator”. This tracks the shift in spending from reactive to proactive. The tool shows that over the past four years we have reduced reactive costs by eight times the amount we spent on proactive, preventative measures.

Our goal is to implement ways of working that improve the whole life of our employees. This is a far more ambitious vision than simply keeping them safe at work. I really believe work can have a positive effect on colleagues that will repay the business many times over.

As the benefits become clearer and easier to quantify, more companies will see the merits in promoting the wellbeing of their workforces. As chair of Business in the Community’s wellbeing task force, I hope to help galvanise small and medium-sized enterprises into action, so that they too can reap the benefits of having healthier and happier employees.
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