

<b>Committee(s):</b>	<b>Date(s):</b>
Health and Wellbeing Board	23 January 2013
<b>Subject:</b> The London Healthy Workplace Charter	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Information</b>
<p><b>Summary</b></p> <p>This report provides an update on the London Healthy Workplace Charter, which has been piloted in the City of London. The charter is designed to provide a framework for businesses to improve workplace health for their employees. So far, one large business in the City has successfully achieved a charter accreditation for Excellence</p> <p>The Environmental Health team has allocated resource to promoting the Charter, and supporting businesses through the process, until April 2014. Uptake and effectiveness of the charter for City businesses will be reviewed at the end of the 2013/14 work year and reported back to the Board.</p> <p><b>Recommendation(s)</b></p> <p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• Note this report and its contents</li> </ul>	

## Main Report

### Background

1. Workforce health will be an area of public health responsibility for local authorities from 1<sup>st</sup> April 2013. For the City, this issue is particularly important, due to the sheer volume of workers in the Square Mile.
2. Nationally, 175 million working days were lost to illness in 2006<sup>1</sup>. Health related productivity losses are estimated to cost the UK's economy about £30 billion per year<sup>1</sup> – with the City of London's contribution to the national income estimated at 2.4% of the total<sup>2</sup>, this would translate into losses to employers in the Square Mile of £720 million per year.

<sup>1</sup> Black, C. Working for a Healthier Tomorrow

<sup>2</sup> Office for National Statistics and Oxford Economics

3. Health and Safety Executive (HSE) figures suggest that around a quarter of days lost through absence may be due to work-related ill-health<sup>3</sup>. In the finance sector, up to 70% of work-related ill health may be attributable to mental ill health (including stress, depression and anxiety)<sup>4</sup>.
4. For employers, this results in ill health-related productivity losses and associated costs of staff turnover, loss of skills base, downtime, recruitment and re-training.
5. The business case for investing in health and wellbeing includes:
  - corporate social responsibility; improving the quality of life of the workforce and their families as well as of the local community and society at large;
  - competition; in a competitive labour market there is pressure on employers to distinguish themselves in order to attract and keep quality staff; and
  - high costs; for some it has become clear that, unless an initiative is introduced, the costs of sickness absence could threaten the business itself.
6. Work is generally good for both physical and mental health and well-being<sup>5</sup>. Having an employer who encourages a healthy workplace, and discourages unhealthy working practices can impact upon an individual's health.
7. Smoking, drinking and obesity, have a significant impact on health conditions experienced by the working age population. These can impact on high blood pressure, diabetes, coronary heart disease and respiratory diseases such as chronic obstructive pulmonary disease (COPD)<sup>6</sup>.
8. Other common conditions affecting the working age population are mental illness and musculoskeletal disorders (MSDs) which, along with cardio-respiratory conditions, account for two-thirds of sickness absence, long-term incapacity and early retirement.

### **In the City**

9. City worker health research showed high rates of smoking and alcohol consumption amongst City workers, as well as high levels of concern about stress, anxiety and depression.

### **The London Healthy Workplace Charter**

(Previously called The Workplace Wellbeing Charter)

10. In September 2011, the City of London was invited to be a pilot area for the Department of Health's Workplace Wellbeing Charter. This scheme was piloted to City businesses by Environmental Health Officers, working alongside the Healthy City Development Manager within the City of London.

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<sup>3</sup> *Health and safety statistics 2006/07*, Health and Safety Executive.

<sup>4</sup> Health and Occupation Reporting Network (THOR), a research programme of the Occupational and Environmental Health Research Group of the University of Manchester

<sup>5</sup> Waddell, G. and Burton A.K. (2006), *Is work good for your health and well-being?*, London: TSO (The Stationery Office).

<sup>6</sup> Waddell and Burton (2004); *Concepts of Rehabilitation for the Management of Common Health Problems*. London: TSO.

The team initially tried to engage with a limited number of employers, in order to trial the pilot materials and assessment process.

11. The charter is a framework that supports businesses self-assess health and well-being activities and procedures
12. It provides:
  - Clear guidance on how to make workplaces more productive and supportive
  - An accreditation process that demonstrates the commitment of employers
  - Opportunity to learn from other businesses taking part in the scheme
13. The scheme is free to participate in, and firms who are successful in completing the charter will receive accreditation.
14. The charter has three levels:
  1. **Commitment** level shows a commitment to and promotion of health in the workplace;
  2. **Achievement** level highlights the organisation has moved beyond basic promotion to active involvement in the health and wellbeing of its staff; and
  3. **Excellence** level indicates the organisation is fully-engaged; employees have a range of intervention programmes and support mechanisms for the promotion and delivery of health and wellbeing in the workplace.
15. The areas it covers are:
  - Leadership
  - Attendance
  - Health and Safety
  - Healthy Eating
  - Physical Activity
  - Mental Health and Wellbeing
  - Alcohol and Substance Misuse
  - Smoking and Tobacco-related ill health
16. Businesses are assessed against their current achievement, are helped to identify gaps, and then supported to tackle these appropriately.
17. For example, at the Commitment level, employers are asked to demonstrate that:

*“Employees are provided with information about the effects of alcohol and substance misuse. Sources of further information and support are readily available.”*
18. This can be achieved through providing leaflets or notices about the effects of alcohol and substance misuse. Photographs or copies of posters / leaflets /

information promoting safe drinking, etc., can be used as evidence that the business has enacted this measure.

### **Current Position**

19. Our team piloted the charter with Deloitte in the City. Deloitte is a large international business with many offices and staff located both around the City and around the UK. Deloitte is already considered a market leader with regards to workplace wellbeing, and so was eager to participate in the latest opportunity to receive an accreditation for good practice.
20. As part of the charter process, Deloitte attended an assessment day in October 2012. It subsequently received a charter award for Excellence (the highest level of award).
21. Responsibility for the charter has now passed from the Department of Health to the GLA. The pilot project phase has now been evaluated, with positive results suggesting that the charter is seen as a useful, practical and relevant tool for London businesses. The GLA has used Deloitte as a case study for other large businesses who wish to undertake the charter process.
22. The City of London team also undertook their own informal evaluation of the charter pilot within the City, and what we thought had been the positive and negative aspects of the scheme.
23. We encountered a number of issues and practicalities in undertaking the charter process; in particular the team was concerned that one of the pilot criteria required to earn an award was actually lower than the legal minimum requirement. Additionally, companies with a number of offices in a locality may be forced to apply for the charter in each workplace, using a separate application and assessment process for each.
24. Despite these issues, we believe the charter is a useful tool for engaging with businesses around work and health issues, and gives the Environmental Health team an offer for City businesses (which includes the possibility of receiving accreditation as a London Healthy Workplace).
25. The charter is also a useful tool for smaller and medium sized enterprises, which are likely to be the organisations which need most help and guidance. It was felt by Environmental Health Officers that targeting the charter at SMEs, as an information resource and “something to strive towards”, would most probably do more in improving workplace health than focussing on large employers like Deloitte, who are already fully engaged with this agenda.

### **Next steps**

26. The GLA hopes that the Healthy Workplace Charter will continue to be used across London to engage businesses and help them to improve their workplace health practice.

27. The Environmental Health team has allocated resource to promoting the Charter, and supporting businesses through the process, until April 2014. Uptake and effectiveness of the charter for City businesses will be reviewed at the end of the 2013/14 work year and reported back to the Board.
28. Locally, the Environmental Health team will be organising an event so City businesses can find out about the charter and how they can use it to tackle some of the key health issues for workers in the City, with an emphasis on stress, anxiety and depression. The team is adopting NHS Westminster's approach, by sending out an email to organisations put forward by other Environmental Health and Trading Standards Teams. The charter may also be promoted through PRO; using Deloitte as a case study for an article in City AM or similar.

### **Conclusion**

29. The Healthy Workplace Charter has had a promising start, and could be used as one of the tools used to encourage City of London Workplaces to look after the health of their employees.

### **Appendices**

None

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