

# Health at Work Strategic Plan 2008-2011 EVALUATION REPORT

*Results of a 3 year  
Workplace Health  
Improvement Programme  
in NHS Greater Glasgow and Clyde*



# **Health at Work Strategic Plan 2008-11 EVALUATION REPORT**

## ***Results of a 3 year Workplace Health Improvement Programme in NHS Greater Glasgow and Clyde***

This report outlines the outcomes and learning from the implementation of the Health at Work Strategic Plan 2008-11.

The Plan can be requested from the address below or online at:

[http://www.healthatwork.org.uk/pdf.pl?file=haw/files/1HAW\\_Strategy\\_2008-11.pdf](http://www.healthatwork.org.uk/pdf.pl?file=haw/files/1HAW_Strategy_2008-11.pdf)

### **Health at Work**

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Health at Work delivers to the NHS Greater Glasgow and Clyde area in Scotland, UK, is funded by NHS Greater Glasgow and Clyde and the Scottish Centre for Healthy Working Lives, and is hosted by Glasgow City CHP

*NHS Greater Glasgow and Clyde, Glasgow, October 2011*

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# 1. Overview

## 1.1 Background

The first Health at Work Strategic Plan spanned three years from April 2008 to March 2011<sup>1</sup>.

The Plan set out Health at Work's mission which was to establish effective health improvement programmes within the workplace setting in Greater Glasgow and Clyde in order to:

- promote healthy working environments, health equality, employability, and healthy lifestyle choices
- prevent work related ill health
- respond to local needs and relevant strategies and targets.

The work of Health at Work was a component part of wider public health efforts in the area and closely linked to national and local NHS performance targets, contributing the Scottish Centre for Healthy Working Lives (SCHWL) Strategic Plan. The three year period covered by the Plan saw the team align its work more obviously with local and national policy, reflected a commitment to continuous improvement, and responded to the move to community based healthcare. Importantly it set out to address the noted priority issues for the Greater Glasgow and Clyde (NHSGGC) area: addictions, mental health, obesity and employability. These issues are an integral part of the area's complex social problems and the workplace was identified as a key setting in which to tackle them. Facilitating the Healthy Working Lives Award was a key priority for the team in that it firmly established the role of the workplace in contributing towards population health and wellbeing.

Focusing on these five key areas, Health at Work planned to bring about workplace culture change, with an aim to strengthen the role of the employer in contributing to population health goals.

## 1.2 Progress Summary

In the three years of the Plan the Health at Work team (HAW) has implemented or facilitated approx 50 interventions and small projects in partnership with workplaces in the NHSGGC area. These were designed specifically to improve the health of employees in the local population, with a planned ripple effect on friends and families.

Between April 2008 and March 2011, Health at Work's customer base increased by 65%, aided by SCHWL Marketing campaigns and a planned HAW communications strategy. Employers perceive Health at Work to have brought real benefits to their organisation, hold the team in high regard and would recommend them to others. Even companies who disengaged from Health at Work did so for external reasons. Employers rate the level of service provided by Health at Work highly at an average of 8.4 out of 10<sup>2</sup>.

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<sup>1</sup> URL: [http://www.healthatwork.org.uk/pdf.pl?file=haw/files/1HAW\\_Strategy\\_2008-11.pdf](http://www.healthatwork.org.uk/pdf.pl?file=haw/files/1HAW_Strategy_2008-11.pdf)

<sup>2</sup> work2health Ltd, December 2010, Evaluation of the Health at Work Strategic Plan 2008-11: the Views of Partners and Clients Produced for Health at Work

Over 200,000 employees have had the opportunity to improve their health as a result of HAW support in their workplace. Furthermore the team have engaged with over 10,000 of them directly via awareness raising sessions, web tools, groups, interactive sessions, grant funding and e-newsletter subscription. 80% of employees surveyed reported that they would recommend Health at Work.

The team achieved their aim to attract funding, additional income or other benefits and this totalled approximately £30,000: over £15,000 in grant funding; in-kind benefits gained by a partner's delivery of team objectives of approx £15,000; and £1,500 from product sales. This was directed back into the workplace health agenda, enabling NHS efficiency savings.

### **1.3 Performance and Planning**

Project concepts arose from stakeholder consultation exercises and desk research of the existing and emerging policy drivers. Logic models linked to national and local outcome models, HEAT targets, and Single Outcome Agreements were developed and utilised at project planning stages. Project leads designed and evaluated each project using LEAP frameworks. Progress was measured against outcomes and outputs for each work area. Final evaluation reports were prepared for key projects in order to share the learning with colleagues and other interested parties.

Overarching Key Performance Indicators (KPIs) for Healthy Working Lives activities were monitored and managed under a Service Level Agreement with NHS Health Scotland. Additionally, external consultants were commissioned to evaluate the team's partnership working with stakeholders colleagues and customers.

A monitoring framework observed progress of the numerous projects and initiatives against target measures. This was completed and reported every six months, with a final version at March 2011 tracking the full three years' progress<sup>3</sup>.

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<sup>3</sup> URL:[http://www.healthatwork.org.uk/doc.pl?file=haw/files/Monitoring\\_report\\_Mar\\_2011.doc](http://www.healthatwork.org.uk/doc.pl?file=haw/files/Monitoring_report_Mar_2011.doc)

## 2. Workplace Health Improvement Work Streams

### 2.1 Healthy Working Lives Award Service

Healthy Working Lives (HWL), and in particular the framework of the Healthy Working Lives Award has proven popular to employers in the area. Between 2008 and 2011, 121 new workplaces registered for the Healthy Working Lives Award, with 55 of those being Small to Medium Enterprises (SMEs). Allowing for deregistration and organisational restructure, the total number of HWL Award registrations increased by 65%, from 142 in March 2008, 235 in March 2011, showing 93 new customers engaging regularly with the team. Taken in full, this represents 202,000 employees, over a third of all employees in the area.

Activities by which the team support the achievement of HWL awards in local workplaces include, one to one advice, policy development support, annual Training & Seminar Programme, health needs assessment support, and health campaign materials. A Communications strategy detailed the activities by which workplaces were to be recruited to HWL and these include business sector networking events, marketing materials and events, advertising, business umbrella group liaison, website ([www.healthatwork.org.uk](http://www.healthatwork.org.uk)), and *Health e-News* e-newsletter.

<b>Outcome met:</b> <i>Improved and supportive working conditions</i>
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*HWL Award targets were set annually for the registration of new companies to the award, and for Award attainment. Target achievement over the three years of the Plan exceeded expectations:*

- 115 new registrations to the Healthy Working Lives Award (target of 108).*
- 235 workplaces in the area now have regular awareness raising and interactive campaigns in their workplace which support health improvement outcomes for tobacco, mental health, alcohol, drugs, physical activity, healthy eating, sexual health, cancer and oral health. Furthermore they have made a commitment to staff health improvement by establishing an infrastructure to take it forward in their workplace including establishing a working group, and conducting a staff 'health needs assessment'*
- 145 Healthy Working Lives Awards achieved, 80 Bronze (target of 45), 36 Silver (target of 30), 23 Gold (target of 15), 6 MHCA (target of 6).*
- 188 workplace representatives attended 12 HWL training sessions with 93% reporting an improvement in knowledge, skills & confidence regarding the award*

### 2.2 Addictions

#### Tobacco

The aim of this programme was to reduce smoking prevalence within the workplace and increase the awareness of available support services and resources.

**Outcomes met:**

*Increased understanding of smoking related risks and harm;  
Improved knowledge and skills in how to access support;  
Compliance with existing laws*

- *Funded 11 smoking cessation groups in the workplace setting. Average success rates at end of 7 week group are 53% which compare favourably with NICE recommended rates of 35%.*
- *80 workplaces supported to implement comprehensive No Smoking policies*
- *No Smoking Day campaign in over 150 workplaces*
- *Total participants entering Quit & Win workplace smoking cessation competition over the three years of the Plan was 292 individuals registering at week one, with overall 89 individuals remaining smoke free for the 12 weeks of the program (30% of participants).*

**Alcohol and Drugs**

Alcohol and drug misuse has risen as a priority health issue within the past five years, and current political appetite predicts that this focus will continue. Initiatives in the workplace from 2008-11 hinged around prevention and education.

**Outcomes met:**

*Reduction in drinking before and after work;  
Increased knowledge of recommended limits and unit content and the risks and consequences of misuse of alcohol;  
Increased knowledge of the risks and consequences of illicit drug use*

- *75 Playsafe alcohol awareness sessions for employees delivered in workplaces to approx 1000 employees*
- *18 workplaces conducting Alcohol awareness week campaign*
- *75 managers were trained in Alcohol and Drugs skills. Over 75% of evaluation respondents felt skilled and knowledgeable in how to implement a policy and support staff with an addictions problem*
- *Piloted 9 drug awareness session to 151 employees. Of the 141 evaluation respondents, 100% increased their knowledge about: sources of advice or help about drug use, the potential effects associated with drug use, the potential risks associated with drug use, and how drugs can affect driving performance.*
- *36 workplaces supported to implement comprehensive Alcohol & Drugs policies*
- *Between 67% and 100% of the 45 trained in a new Alcohol Brief intervention training for Occupational Health Practitioners reported increased skills, knowledge and confidence*

**2.3 Mental Health and Wellbeing**

With many people spending a significant proportion of their lives in workplaces it is a key setting through which to promote public mental health. Research

suggests that a key theme is the complexities and inter-connectedness associated with positive mental health. Informants outlined four areas of concern that they felt commonly led to mental health problems amongst employees. These are work life interface, role demands, social relationships and support and experience of stigma. Health at Work sought to tackle these issues within its programme of work.

**Outcomes met:**

*More mentally healthy workplaces;*

*Increased knowledge and attitudes of discrimination and stigma within society*

- *10 sessions of HWL Mentally Healthy Workplaces Line Manager Training delivered to 145 managers. Between 75% - 100% of attendees reported increased knowledge, skills and confidence around supporting staff on mental health issues.*
- *Work Positive training - online stress risk assessment tool: 19 participants in total attended the 2 Work Positive training sessions. 12 organisations were recruited to a pilot approach which created a network of SMEs and provided peer support and specialist assistance to complete the Work Positive process. 7 of the original 12 completed the process showing that such intensive support was effective.*
- *Two original HAW research reports on workplace mental wellbeing 'Positive Mental Wellbeing at Work'; and 'Low Paid Employees and Mental Wellbeing' resulted in the development of a new Positive Mental Health intervention to be piloted in 2011-12.*
- *14 Understanding Mental Health sessions delivered to employees with approximately 200 participants –96% of the 85 evaluation respondents felt that the learning objectives were met which included increased knowledge and confidence*
- *Cynthia Show – a commissioned theatre-in-education performance. A total of 8 Workplace Mental Health plays (Cynthia Shows) were delivered to 331 employees. Of the 180 evaluations, participants reported greater understanding/awareness of mental health and reported intent to change their behaviour as a result of seeing the show. 11 out of the 16 participants that completed a follow up survey suggested they had done something differently as a result of seeing the show.*
- *23 registered workplaces have achieved a HWL Gold Award which is evidence that they have developed and implemented a strategic approach to employee mental health & wellbeing. 6 registered workplaces have also achieved the HWL Mental Health and Wellbeing Commendation Award which requires both the implementation of a strategic approach and the implementation of a formal written policy on Mental Health and Wellbeing.*

## **2.4 Obesity**

The Obesity Route Map (2010) identifies the workplace as an ideal setting to effectively deliver healthy eating and physical activity programmes to empower working age people with the knowledge, confidence and skills to make healthier lifestyle changes. In order to reverse the obesity epidemic the whole population need to consume a healthier and safer diet and be more

physically active. Obesity is influenced significantly by the obesogenic environment we live in. This includes ready access to poor diets, sedentary lifestyle, the urban environment, and the transport system, the commercial marketing of food and our popular culture.

**Outcomes met:**

*Increased awareness and knowledge of healthy eating and physical activity guidelines;*

*Increase in worksite physical activity and healthy eating provision*

- *Promotion of Healthy Living Award and HLA Plus: 80% of current HWL registered workplaces in area have achieved a Healthy Living Award indicating provision of healthy food choices.*
- *31 Shape up sessions were delivered to a total of 270 employees. 89% reported an increase in awareness of healthy eating recommendations; 92% reported an increase in knowledge of physical activity recommendations; 40% reported intention to sign up to Shape Up programme.*
- *52 workplaces engaged in the Pedometer Challenge, with 1107 employees taking part, and 386 completing 12 week challenge. 83% of 179 survey respondents report intention to walk rather than use car or public transport. 62.4% are more aware of their diet, 55.5% have noticed a lift in their mood, 95% enjoyed taking part, 80.2% would like more information on walking initiatives.*
- *66 workplaces took part in Activity Works, a HWL gym subscription scheme, with 386 employees benefiting, 88 of which continued gym membership for at least 4 months after the initial 8 week subsidy period.*
- *Design, launch and evaluation of new stair climbing resource pack, which was used by 62 workplaces. Of the 534 employees that responded to the evaluation, 37% had increased their stair use, and 71% were more aware of the benefits of physical activity.*
- *Eat Up weight management intervention was delivered to 7 workplaces in an East End pilot, to a total of seventy seven participants. 93% of participants were able to list at least one useful thing they learnt from the session and 78% were considering eating more healthily following the session.*
- *36 organisations developed healthy eating and physical activity organisational 'statements of intent' to pledge organisational commitment to providing support to staff on these topics.*

## **2.5 Employability**

40% of NHSGGC residents live within a household with no adult in employment. It is widely recognised and supported by evidence that, in general, being in good work is good for health. There is also a strong link between unemployment and deterioration in physical and mental health and well-being. Evidence suggests that, with appropriate support, over 90% of people with common health conditions can be helped to work and that the numbers leaving work to claim incapacity benefits could be reduced by 20-

60%. Following a government review of the working age population<sup>4</sup> a number of measures were recommended to address employability:

Work needs to be undertaken to assist employers in:

- Recruitment to reach and work with those most at a distance from the labour market
- Rehabilitation and retention to support those who have ill health to return to and remain in the workplace
- Empowering employees to develop skills and to progress in the workplace

**Outcomes met:**

*Individuals with health issues supported to return to /remain in work and well;  
Improved awareness and knowledge of employability services, pathways and referral routes to support individuals*

- *57 delegates attended a Sickness Absence Management seminar. Of 46 evaluation respondents, 98% reported increased knowledge of the Fit Note and 96% increased knowledge of how to support an employee to return to work using the Fit Note.*
- *2 Musculo-skeletal disorder training sessions delivered to 30 people, with between 75% and 100% of respondents to the evaluation survey reporting improved knowledge of MSD at work and increases awareness of support services.*
- *Low Paid Workers and Workplace Health Promotion Grant fund was administered from 2008 to 2011 in four funding rounds. 47 workplaces received a grant, benefiting 2,356 low paid workers, with evaluation showing a reported improvement of staff morale and absence levels.*
- *Facilitated RNID Noise awareness sessions to 10 organisations with 100% of employees who attended and completed evaluation survey reporting increased knowledge of hearing difficulties and increased awareness of how to access additional information about hearing issues.*
- *Facilitated SBC Job coaching training to 8 workplace representatives attended training and pledged commitment to directly support an employability client*
- *Facilitated FSA money management seminars: 5 workplaces hosted money management seminars for employees*

## **2.6 Engagement**

### Partners

A more concentrated focus on partnership working was a key aim of the plan and a stakeholder analysis exercise was carried out at the outset to create an engagement plan.

Engagement activities that were carried out include:

- Consultation event November 2007 - leading to the development of the 2008-11 Strategic Plan

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<sup>4</sup> Black, C., 2008, "Working for a Healthier Tomorrow", DWP, London, TSO

- HAW Conference and Consultation event October 2010 – Evaluation of the 2008-11 Plan and planning for 2011-14 Plan
- Partnership Agreement developed with Scottish Centre for HWL
- Individual consultation of key partners to develop programme plans for HWL, Addictions, Obesity, Mental Health and Employability
- Equality Impact Assessment published 2010
- Integration into key planning groups – EHSG, FFNG, LMGMA Group, MHI Network, Regional Tobacco Alliances and Communications Groups for both Alcohol and Tobacco, Health Improvement Group, Glasgow Works Employer engagement Group, HWL Corporate Leads Group, Scottish HWL Awards groups
- The formation of dedicated workplace focused planning and delivery groups – Mentally Healthy Workplace Group, Glasgow Works Action 11 Group

The benefits of this closer working were many and include:

- influencing partners to adapt own work plans to include the workplace setting as one of their target groups, thus enabling workplaces access to free resources and training sessions
- developing new work together including training programmes, conferences and joint funding bids
- having a more accurate prediction of future developments in a certain work area or health topic, for example new topic guidance or team restructures

**Outcomes met:**

*Improved links and collaboration between partners, workplaces and service providers*

- *Good level of partnership working achieved by Health at Work: 'It is clear [...] that the partners and clients of Health at Work greatly value the input that Health at Work make to the services that they deliver, to organisational performance and to individual working lives. Partners are complementary of the Health at Work team, with some providing only wholly constructive comments.'* (work2health, 2010)

Employee engagement

A new goal was to directly engage with employees in order to respond to their health needs and concerns as well as those of their employers. This work was also designed to reinforce HWL interventions carried out in their workplace, and to spread health messages wider to families and friends.

As well as the awareness raising sessions, grant funding and group behaviour change classes detailed in the sections above, a new website [www.checkmylifestyle.com](http://www.checkmylifestyle.com) and a two-monthly Local Lifestyle e- newsletter were developed. Check My Lifestyle website was launched in 2009 –a computerised lifestyle change tool for employees focused on tobacco, alcohol, physical activity, healthy eating, and mental health. Users were invited to subscribe to Local Lifestyle in order to reinforce health behaviour change and signpost to local health opportunities.

**Outcomes met:**

*Increased knowledge of local support services for health behaviour change*

- *Of the 4,176 'Check My Lifestyle' website users by March 2011, 762 subscribed to Local Lifestyle e-newsletter, which supports the learning from the website and promotes readers to engage with local health activities.*
- *In a customer survey with 88 responses, 100% were satisfied with the newsletter and website and 50% have passed on health information to wider social networks.*
- *In total, over 200,000 employees have had the opportunity to improve their health as a result of HAW support in their workplace via their registration to the HWL Award*

## **2.7 Team Working**

Creating and improving an ethos of team working was identified in ethos and value statements as crucial to the implementation of the Strategic Plan. This took the form of:

- strong leadership from the management team – fostered by 6 weekly management meetings including two development days
- team development - 6 weekly team meetings, two team building sessions per year, and three development sessions
- individual supervision, development and support - annual programme of internal staff training, Staff Support System pack produced detailing annual EKSF development meetings, quarterly supervision meetings, three objectives meetings and one formal annual appraisal
- promoting the employee Healthy Working Lives messages that we advocate with others – fruit bowl, team jog/walk events, walking meetings, weekly aerobics class, active commuting days, massage therapies, charity fundraising, environmental audit action plan.

**Outcome met:**

*Staff are well informed; appropriately trained; involved in decisions which affect them; treated fairly and consistently; and provided with an improved and safe working environment.*

- *Year on year improvement in Team Performance Survey scores. Probability of HAW having a high performing team was 77.2% in 2009, 80.6% in 2010 and reached 81.9% in 2011. In 2011 60% of team members scored as 'high performing', up from 44% in 2009.*
- *Prompt creation and sign off of individual annual objectives, with between 90% – 100% rates of achievement toward agreed objectives.*
- *60% achievement of March 2009 NHS KSF target and 100% achievement of NHS EKSF target within team*
- *From 6 discrete evaluation surveys, scores averaged between 85%-100% where HAW staff reported that they believed teambuilding days would improve their own and the team's effectiveness.*
- *100% of HAW staff found the team meetings useful.*

- *90% of HAW staff reported that the internal Healthy Working Lives activities had helped them to improve their own health.*
- *100% of HAW staff felt competent in HWL award delivery as a result of 12 internal training sessions.*

### **3. Project Evaluation Reports - Abstracts**

In the three years of their Strategic Plan the Health at Work team has implemented or facilitated approximately 50 interventions and small projects in partnership with workplaces in the NHSGGC area. Key projects were closely monitored and evaluated to provide evidence of success and also to enable learning. A range of evaluation reports were completed by HAW team members about their pieces of work and the following section showcases the range of activity in NHS GGC area between 2008 and 2011. Abstracts for each evaluation report give a flavour of the development work of the team, however full reports are available on request.

Please contact us to request full reports:

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#### **Health at Work – Health Improvement Fund: Low Paid Workers & Workplace Health Promotion. Summary report: 2008 - 2011**

***Author: Angela Ingram***

***March 2011***

Health at Work established a Health Improvement Fund which enabled workplaces to seek funding to carry out workplace health promotion activities. The fund was solely available for low paid workers. Over the three year period from April 2008 to March 2011 four tranches of grant funding totalling £37,042.50 were administered. The funding was used by 47 workplaces in the area, and 2,356 low paid workers benefited from the fund. A range of workplace health improvement activities were implemented and evaluated by the workplace, including health checks, taster sessions, health events, lifelong learning and purchasing of resources. Findings were that the marketing and administration of the fund was satisfactory, that health checks and complementary therapies were the most common activities, and that there was a reported improvement of staff morale and absence levels. Recommendations included: an evaluation of employee views, an improvement in NHS financial administration, greater involvement of those low paid workers targeted the creation of linkages to the Keep Well programme, and increased liaison from Healthy Working Lives advisors to workplaces about the grant fund.

#### **Check My Lifestyle & Local Lifestyle E-Newsletter**

***Author: Graeme Stevenson March 2011***

In March 2009 Health at Work launched a new online lifestyle check tool – [www.checkmylifestyle.com](http://www.checkmylifestyle.com) (CML). The site developed in conjunction with HAW and Tic Toc Design is targeted at employees across Greater Glasgow and Clyde. The aim of this resource is to contribute to the wider public health issue of individual responsibility, engage with sections of the population who

would not normally liaise with the NHS and increase the individuals responsibility for their own lifestyle behaviours.

Check My Lifestyle offers a suite of online questionnaires about the following health topics:

- Healthy Eating
- Physical Activity
- Smoking
- Alcohol
- Mental Health

By answering a series of questions about their own lifestyle, the individual receives a report detailing positive and negative health behaviour and ways that they can make changes to their lifestyle. A newsletter, Local Lifestyle, is also produced for subscribers through CML that gives hints and tips on making positive changes, news on national health campaigns and local information on health events in the NHS GGC area.

Two years on, CML has over 3000 users and Local Lifestyle has 680 subscribers. Over 50% of the subscribers have passed health information on to their wider social networks. 50% of users have also recommended CML to friends and colleagues.

### **Shape Up Taster Sessions**

***Authors: Catherine McMahon, Lindsay Jack, Graeme Stevenson March 2011***

Overweight, obesity and physical inactivity are significant problems throughout Scotland. To help address the problem in Glasgow, NHS GGC Health Improvement, nutrition, physical activity and healthy weight team developed Shape Up in collaboration with Glasgow Life (GL). Shape Up is a 10 week diet & exercise programme designed to help participants lose weight, feel good and look great. The course consists of weekly weigh in and workshop. These interactive workshops cover topics such as food labelling, goal setting, portion size, alcohol and calories. As part of the programme, participants receive 10 fitness credits to use in any of the GL gyms or against one of the 300 fitness classes across over 20 GL centres. The programme aims to provide participants with the tools they need to make healthy and sustainable changes to there diet and activity levels.

To promote change in healthy eating and physical activity levels in those of working age, Health at Work (HAW) and GL developed a thirty minute lunchtime Shape Up taster session for the workplace based on the topics reported above and information on how to incorporate activity into daily life. In response to the recommendations resulting from the evaluation of the previous taster sessions delivered, the content was amended slightly, waist measurements and getting the balance right were removed and the alcohol and calories section changed to 'guess the calories in popular drinks'.

The workshops were delivered in the weeks prior to the programmes commencing at the various GL centres with the hope that employees were motivated enough to sign up. HAW received funding to subsidise the

programme through Activity Works, providing employees with the opportunity to sign up at the reduced rate of £25 as opposed to £63. 11 sessions were delivered to a total of 114 employees.

89% of employees who attended a session reported that they had increased their awareness of healthy eating recommendations. 92% of employees who attended the sessions reported that they had increased their knowledge of physical activity recommendations. 40% of participants reported that they intended to sign up to a Shape Up session and only 15% had heard of Activity Works. The taster session continues to be an effective method for promoting healthy eating and physical activity recommendations in the work place. Provision of a key fact sheet along with the programme content for each week of shape up and dates of forthcoming courses was well received and recommended for future sessions. Information on the actual number of employees signing up to the Shape Up programme has proven challenging to obtain due to changes in staff at GL.

### **“Fit Note” seminar & workshop: Implications & implementation of Fit Note**

**Author: Catrina Henderson**

**April 2011**

From the 6<sup>th</sup> April 2010 a new medical statement called the “Fit Note” was introduced in the UK Employers have a key role to play in supporting and implementing this. Whilst the DWP provide basic written guidance Health At Work (HAW) as part of the Glasgow Works Action 11 subgroup proposed to support employers in Greater Glasgow and Clyde (GGC) by providing training on the new Fit Note and its implications.

A half day seminar was delivered for 57 delegates in GGC, representing approximately 36 Organisations, with presentations from Occupational Health professionals and an employment lawyer. There were breakout workshops which considered DWP case studies and an expert panel provided a question and answer session.

The seminar evaluated well and those who attended reported an increased knowledge of the Fit Note. Three month follow up evaluation showed they had implemented changes in their organisations as a result of the seminar around managing the Fit Note

Those who attended identified a need for follow up seminars and an opportunity to consider more case studies and Equality Act implications A follow up seminar will be planned to address this.

### **Health at Work Pedometer Challenge**

**Author: Graeme Stevenson January 2011**

The Health at Work Pedometer Challenge was a 12 week physical activity initiative aimed at workplaces in the Greater Glasgow and Clyde (GGC) area. The challenge was to virtually walk 400 miles from Glasgow to London using pedometers to count daily step totals. Prize incentives were offered in order to

encourage continued participation and reward those who kept going. The aim was to increase levels of physical activity and awareness of the benefits to health in workplaces across GGC.

The project was promoted to all non-NHS and City Council workplaces via email and the monthly Health E-News bulletin. Participating workplaces nominated a workplace coordinator to supervise the challenge in their workplace and send weekly step totals to Health at Work. Weekly emails of encouragement and tips for increasing step totals were sent to each participant.

Overall 52 workplaces registered covering 1107 employees across Greater Glasgow and Clyde. 386 employees completed the 12 week challenge from 27 workplaces. The demand for pedometers showed the appetite for such an initiative and the evaluation survey that took place after the 12 weeks demonstrated positive results. 95% of respondents enjoyed taking part and 83% are now more likely to walk rather than using their car or public transport. All prizes were delivered to participants chosen at random and to the individual with the highest step total. Anecdotal feedback suggests the challenge has helped people to be more active and to lose weight.

From the results of the evaluation we can recommend that the challenge should be repeated in 2011 with new and existing workplaces. It should take place earlier in the year to make the most of increased daylight hours. Also the timescale should be reduced from 12 to 10 weeks to ensure as many people as possible complete the challenge. A briefing for workplace coordinators would also be beneficial prior to commencing the challenge to ensure everyone is aware of their responsibilities.

### **Activity Works: Pilot in Partnership with Culture & Sport Glasgow and Scottish Centre for Healthy Working Lives in 2009/2010**

***Author: Graeme Stevenson      February 2011***

The pilot of Activity Works was a joint initiative established through consultation with Culture and Sport Glasgow (CSG), the Scottish Centre for Healthy Working Lives (SCHWL) and Health at Work (HAW). The physical activity programme was aimed at workplaces that fall under the Glasgow City Council area and offered discounted access to the Glasgow Club for all workplaces. Funding supplied by SCHWL allowed employees to access facilities at 50% of the normal cost. The individual or their employer paid the remaining 50% for the 8 week membership.

Activity Works offered three options for Glasgow based workplaces. The first – Activity Works Bronze, was the basic option which was an 8 week Glasgow Club membership including access to the gym, swimming and classes. The second, Bronze Plus was the same as Bronze with the addition of 8 sports coaching sessions. The third was Shape Up, a 10 week nutrition and physical activity option.

HAW were responsible for advertising Activity Works to Glasgow based workplaces. We also had input to the early meetings with CSG and SCHWL around what the programme would offer and how it should be rolled out. SCHWL provided the funding and CSG provided the facilities. 500 places were made available and Activity Works was launched in July 2009 via an email sent directly to Glasgow workplaces by HAW.

Overall the targets of registering 10 workplaces and 500 people through Activity Works were surpassed. 62 workplaces covering 552 employees registered. 98 people continued their membership for a further 4 months. These figures were reached towards the end of 2010. The fact that the programme launched in July 2009 indicates that the amount of work that went in to reaching the targets was far greater than initially anticipated.

### **Eat Up Taster Sessions**

**Author: Lesley McBrien**

**June 2010**

Overweight and obesity is a significant problem throughout Scotland. To help address this problem, community Dieticians deliver a weight management programme called Eat Up. This six week programme delivers practical healthy eating advice in group based sessions at local community venues. In order to promote weight management to people of working age, Health at Work funded the development of a short introductory session to Eat Up to be delivered in workplaces during lunch breaks or at the end of the day. The session was also used to raise awareness of other local community based weight management interventions.

Seven Eat Up taster sessions were delivered to workplaces in the East End of Glasgow, to a total of seventy seven participants. 93% of participants were able to list at least one useful thing they learnt from the session and 78% were considering eating more healthily following the session. However, only 7% of participants said they would consider attending a local weight management group such as Eat Up or Waist Winners. In contrast, the number of participants who said they were interested in attending a workplace weight management group was considerably higher than interest in local groups. This seems to indicate the potential for using the workplace as a setting to promote healthy eating.

### **Munro Themed Stair Climbing Posters**

**Resource Evaluation**

**Authors: Lesley McBrien & Lindsay Jack**

**November 2010**

The high levels of obesity in Scotland are predicted to rise, bringing with them higher costs to individual health, and subsequent pressure on health service resources and the wider Scottish economy. Physical activity has been shown to be a major factor in maintaining a healthy weight. Moreover, levels of physical activity can be influenced by individual behaviours, coupled with changes to public policy and also the physical environment.

The use of motivational posters to encourage stair climbing has been shown to have a positive short term impact on individual physical activity levels and, as such, NHS Health Scotland developed posters to be displayed in Scottish workplaces. In 2009, these posters were re-designed with a 'munro' based theme and the posters were subsequently re-launched in 2010. The posters were promoted by Health at Work (HAW) staff to workplaces across the NHS Greater Glasgow & Clyde (NHS GGC) Health board area and sixty two organisations requested posters.

This report details the evaluation of the re-launched 'munro' themed posters and aims to assess how effective these posters were at increasing stair use in workplaces in the NHS GGC health board area. The results revealed that there are several issues with the distribution of these resources, but that the messages on the posters raised awareness of the benefits of physical activity and encouraged individuals to take the stairs at work. The impact of the posters also seems to have been greater in workplaces that promoted the posters when they were first displayed, and those employees who thought they had increased their stair use as a result of the posters said that the posters acted as a positive encouragement to them.

### **Waistwinners Workplace Pilot**

**Author: Kaye Shearer**

**May 2011**

Overweight and obesity is a significant problem throughout Scotland and its prevention and management is seen as a local as well as national priority. In response, community dieticians in Glasgow East run free local weight management groups called "Waistwinners". This programme, delivered in community venues, consists of 8 weekly group-based sessions, each including a weigh-in along with practical healthy eating and physical activity advice. Topics covered at weekly sessions include: balanced diet; portion control; food labelling; eating out; food shopping and physical activity.

To trial this service in a workplace setting, Health at Work funded the delivery, by community dieticians, of pilot workplace Waistwinners programmes for 2 companies in Glasgow's East End. The weekly group sessions were also used to promote and signpost to other Glasgow based healthy eating, weight-management and physical activity services i.e. Eat Up, Shape Up, Glasgow Weight Management Service and other local Waistwinners groups.

Weekly lunchtime sessions were delivered to a total of 17 individuals from the 2 participating organisations. 94% of participants found these sessions helpful with 76% indicating they would like their weight management group to continue after the pilot sessions ended. 65% of respondents indicated they would be happy for their group to continue, with support, but without an external facilitator. This seems to indicate the potential for the development of a weight-management pack specifically for use in workplaces.

**Alcohol & Drugs Training  
Workshop for Managers  
Author: Alex Connor**

**March 2011**

The Scottish Centre for Healthy Working Lives (SCHWL) in partnership with Alcohol Focus Scotland and Scottish Drugs Forum developed a half-day training programme which is designed to give information and guidance to employers to help deal with workplace issues on both alcohol and drug in the workplace and help contribute towards achieving their Healthy Working Lives awards. As stated in the Silver criteria that managers must be provided with guidance/training around alcohol & drug policies. Health at Work co-ordinated 3 sessions within the Greater Glasgow & Clyde area and had a total of 45 participants over the 3 sessions. The training evaluated well and those who attended reported an improved knowledge, awareness and confidence in dealing with alcohol & drug issues within the workplace. Follow up evaluation was carried out to see what participants had done in the workplace as a result of the training. The comments received were positive, which included dissemination of information to other managers within the organisation or updating policies within their workplace. A further 3 sessions have been planned for 2011/12.

**Health at Work Support to Workplaces for Swine Flu Pandemic  
Author: Alison McGrory January 2010**

At short notice, Health at Work provided support and advice to employers about the outbreak of swine flu in spring 2009. Models of infection showed that working age people would be those worst affected. Educating employers quickly could assist NHS Greater Glasgow & Clyde's public health department in reducing the spread of infection.

Over an eight week period, a seminar was planned and delivered with partners Glasgow Chamber of Commerce. The seminar took the format of presentations from experts and panel question time. Objectives were: raising awareness of the key public health messages and occupational health policies and procedures; participants reviewing their practices and implementing some of the recommendations.

46 delegates attended the event. 14 of these were from existing Healthy Working Lives workplaces and 32 were from new contacts representing 28 new workplaces.

Evaluation of the event was by online survey, and of those who responded, two thirds found the seminar 'very useful', and approximately a quarter implemented actions as a result of it. Working with the Chamber was an effective way to promote the event and this is demonstrated in the comparably larger numbers attending this seminar and the fact that many were new contacts for Health at Work. The ability to deliver on this agenda shows that Health at Work can respond to key health issues at short notice, reaching its target audience with key public health messages. Swine flu will be monitored over the coming months to see if there is a need to include ongoing activities in new work plans.

**Stress Management Network Support Programme:  
Supporting Employers with Stress Risk Management**  
*Authors: Work and Wellbeing Consultants Ltd for Health at Work and  
Scottish Centre for Healthy Working Lives February 2010*

The Stress Management Network Support Programme aims to engage and support local small and medium sized workplaces (SMEs) with stress management (with a particular focus on the stress risk assessment process and training).

The objectives of the programme are to recruit around six local workplaces to increase the support currently available for employers and to provide:

- A group network of support for workplace representatives to carry out the stress risk assessment process
- Central training for line managers
- Stress awareness training for employees in individual workplaces.

This document reports on the outcomes of the evaluation conducted during delivery of the Stress Management Network Support Programme. The evaluation aimed to establish the impact of the programme on awareness, understanding, risk assessment activity and likelihood of uptake of other health improvement activities in participating workplaces.

All workplaces worked systematically through the process, although one is still to submit their action plan. Feedback from workplaces, managers, staff and advisers was very positive. Workplaces and advisers reported a positive impact on the approach taken by workplaces to manage stress in the workplace as well as wider engagement in health improvement activity.

All workplaces reported a positive impact of the programme on increased understanding of mental health, raising awareness of the positive impact the workplace can have on promoting mental health and wellbeing, taking action to create a wellbeing culture in the workplace, and encouraging staff to raise concerns about their work, work arrangement and work environment.

Three workplaces reported that they would not have undertaken a risk assessment if they weren't involved in the programme (two may have done). Two wouldn't have provided training for managers (two may have done) and two wouldn't have provided awareness session for staff (two may have done).

Recommendations are made to build on the strengths of the programme around clarification of roles and responsibilities, the design of the programme, communication, evaluation methods, and long-term sustainability of the network approach.

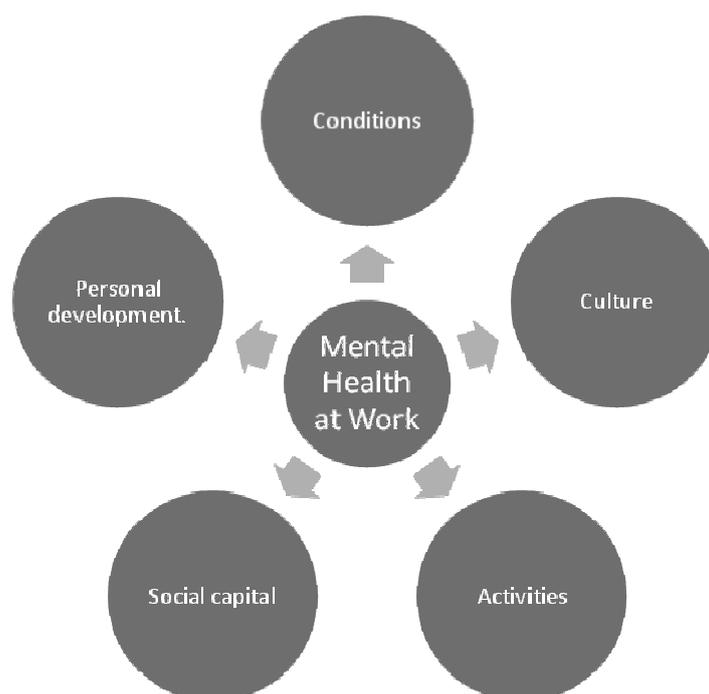
**Pieces of a Jigsaw: *Creating a Mentally Flourishing Workplace***  
**Authors: *Melissa Teixeira, Mental Health Foundation; Alison McGrory, NHS Greater Glasgow and Clyde; Lee Knifton, Mental Health Foundation.***  
***Prepared for Health at Work January 2011***

Positive mental health within the workplace is known to be determined by a combination of the work environment, the nature of the work, and the individual (NICE, 2009). In 2010 the Mental Health Foundation in partnership with Health at Work explored how best to promote positive mental health in a workplace setting, particularly in challenging economic times.

After a thorough literature review, semi-structured interviews were conducted with individuals (n=17) with expertise in mental health both academic and service delivery and employers (n=10), with links to the existing mental health promotion work conducted through Health at Work, were invited to a focus group.

The model below was developed through the research and to inform further work. It describes the complexities and interactions that workplaces could consider when seeking to promote positive mental health.

Figure 1 Five Element Model (Teixeira et al 2011)



Most people questioned felt that the existing stigma that people hold towards labels of 'mental illness' and 'mental health problems' would inhibit or put off employers and employees and lead to negative initial assumptions and low uptake of any intervention labelled for mental health. The term 'wellbeing' was reported as more acceptable, and people indicated positive language or titles for interventions should be developed. It was recommended that further engagement with employees and employers is needed in development of a program.

## **The promotion of positive mental health in the workplace: a review of literature**

**Author: Maria Osuji      July 2009**

Work is an important determinant of health, and the workplace is a key setting for promoting health and well-being of the working population. Providing a healthy workplace involves much more than addressing risks factors to employees' physical health but also addressing psychosocial risk factors at the workplace. There is growing evidence on the importance of mental health to the physical health, and the overall sense of well-being of an individual. Many factors in the workplace influence the mental health of employees; a broader understanding of these factors and how to promote positive mental health in the workplace would have benefits for both employers and employees. Creating supportive environments for mental health promotion in the workplace could be challenging, nevertheless the need to foster enabling environments and positive workplace culture cannot be over emphasised.

The aim of this review is to summarise and integrate pertinent literature on mental health promotion in the workplace, giving a general overview of the major trends in this area with the goal of providing a sound evidence base for Health at Work (HAW). Hopefully recommendations based on the findings from this literature review would inform future work and development plan for HAW in its continued commitment to workplace mental health improvement.

## **Mental Health Improvement in the Workplace: Views of Employees in Entry-Level Jobs**

**Author: Lisa Buck      September 2010**

Low income employees are a group which are shown to suffer from poorer health and mental well-being, and the workplace may provide one suitable opportunity for the improvement of their health. This exploratory qualitative study investigates the views of employees in entry-level jobs about workplace mental health improvement strategies, and by doing so aims to inform future practice.

Located in Scotland UK, the study sampled employees who occupied entry-level jobs within organisations that were judged to offer high quality mental well-being support for employees. Data were generated by three audio-taped focus group discussions with 13 participants in total, and a thematic analysis was applied.

Focus group discussion findings offer important insights into the lives, perceptions and experiences of entry-level employees. Multiple stressors at work and home, and unhelpful individual responses to these, had the capacity to affect their health and mental well-being negatively. There was low awareness and uptake of workplace mental health improvement strategies. When accessed, they were viewed as helpful however barriers to accessing these supports were evident. Having a good workplace culture, including supportive management and colleagues, was valued above all. Participants suggested improvements in relation to: targeted planning and promotion of

initiatives, improving organisational support processes and reviewing working conditions.

Recommendations emerge for workplaces regarding the mental well-being of employees in entry-level employment: assess health needs, reduce barriers to accessing support for mental well-being, actively promote initiatives using peers and management, and strengthen self-care competencies. Health professionals are recommended to promote treatment and rehabilitation services to entry-level employees in a less stigmatising way.

### **Healthy Working Lives Award in NHS Greater Glasgow and Clyde 2008 - 2011**

**Author: Frances Rankin                      April 2011**

The workplace provides an ideal opportunity to positively influence health behaviours of employees. A healthy working life provides obvious benefits to individual employees as well as economic benefits to employers resulting from a healthy workforce. Health at Work set up a service delivery model to ensure the dissemination, support and assessment of the Healthy Working Lives (HWL) Award Programme within Greater Glasgow and Clyde. The service was promoted by a three year Communications Strategy and underpinned by annual Training and Seminar Programmes.

From the period 2008 -2011 HWL Award targets were set annually for the registration of new companies to the award, and for organisations attainment of the Award at the successive levels of Bronze, Silver and Gold and the Mental Health and Wellbeing Commendation Award. The average percentage of target achieved per year exceeded expectations for registration and at Bronze, Silver and Gold award levels. There was also 100% achievement of the Mental Health Commendation Award (MHCA) target. For the period 2008 – 2011 there were 115 new registrations to the Healthy Working Lives Award (target 108). For the same three year period a total of 145 Healthy Working Lives Awards were achieved, 80 Bronze (target 45), 36 Silver (target 30), 23 Gold (target 15), 6 MHCA (target 6). At present, in GGC area, 235 organisations are registered with the HWL Award scheme. This represents 202,500 employees which is approximately 30% of the working population of the area.

The HWL Award attainments over the period 2008 – 2011 suggest that a higher target for Award completion could be considered, although a reduction in the target for registrations is more realistic in considering 2008-2011 attainments and the present economic climate.

### **Workplace and Environment Training Seminar**

**Author: Margaret Comrie                      February 2011**

Like many of the world's developed countries, Scotland uses a disproportionate amount of the planet's natural resources. Steps we can take in our everyday home and working lives can have a positive impact on the quality of our environment, our health and the health of future generations.

With this in mind, Health at Work has been co-ordinating the delivery of workplace environment seminars on an annual basis. To date two seminars have been delivered to a total of 39 workplaces. The seminars were well received, with 90% of delegates rating them as 'good' or 'excellent' whilst 75% increased their awareness of support available to develop environmental initiatives in the workplace; and 50% increased their confidence in tackling the environmental elements of the Healthy Working Lives Award criteria. This seems to demonstrate the effectiveness of the seminars.

**'Be Active at Work' Training Seminar**  
**Author: Margaret Comrie      April 2011**

Many employers recognise that they have an obligation to the health and wellbeing of their workforce. Investing in the health of employees can also bring business benefits such as reduced sickness absence, increased loyalty and better staff retention. Workplaces therefore have an important role in helping to prevent the diseases associated with a lack of physical activity.

Health at Work has been co-ordinating the delivery of physical activity seminars for workplaces on an annual basis. To date two seminars have been delivered to a total of 32 workplaces. The seminars were well received with 100% of delegates rating them 'good' or 'excellent'. In addition, 100% of attendees increased their knowledge of physical activity in the workplace setting; 92% increased their confidence in organising physical activity initiatives; and 92% also increased their confidence in delivering the physical activity elements of the HWL criteria. This seems to demonstrate the effectiveness of the seminars.

**The Cynthia Show – Mental Health at Work**  
**Author: Jenny Macdonald      September 2011**

Health at Work has a comprehensive mental health programme for workplaces. This includes raising awareness of mental health issues and reducing stigma amongst employees. As part of this the Health at Work team promotes the increased involvement of workplaces in local and national initiatives including the Scottish Mental Health Arts and Film Festival.

*The Cynthia Show – Mental Health at Work* is an interactive drama production developed by Creative Training Unlimited. The show was delivered to employees across Greater Glasgow and Clyde (GGC) as part of the 2010 Mental Health Arts and Film Festival. The show was hosted by organisations engaged with HAW and promoted to employees throughout GGC.

All shows were evaluated using a pre and post evaluation consisting of qualitative and quantitative data to measure attitude and behaviour change. A total of 331 participants attended eight (8) shows. 180 participants completed the evaluation consisting of 140 women, 38 men and two (2) not specified. The average age of attendees completing the evaluations was 41 years old and the age range was 17 – 71 years old.

The results suggest that prior to the show, participants' attitudes towards mental health problems appear to be generally positive, and there is a trend toward even more positive self-reports following the sessions. Furthermore qualitative data identified participant's intent for behavior change as a result of seeing the show.

### **Drug Awareness Sessions for Employees**

**Author: Jenny Macdonald      September 2011**

A 2007 survey by the Chartered Institute of Personnel and Development (CIPD) found that one-third of organisations report that drug misuse has negative effects in the workplace and results in employee absence and loss of productivity.

It is estimated that 40% of organisations do not have an alcohol or drugs policy in place to help them manage this challenging issue. Evidence suggests that organizations that do have an alcohol and drugs policy which refers employees to a specialist treatment, or give them rehabilitation support, report more than 60% remained working for the organisation after successfully managing their problem.

As well as legal requirements for employers to control risks from substance misuse, raising awareness of alcohol and drugs issues in the workplace has benefits for individuals and for organisations. Health at Work in partnership with Glasgow Council on Alcohol delivered 8 awareness sessions to workplaces in Greater Glasgow and Clyde raising awareness of drugs in the workplace via an interactive session. A total of 151 employees accessed the pilot sessions and results show an increase in participant's knowledge surrounding drug use and support.

Due to the success of this pilot the drug awareness sessions are now available free of charge to all workplaces across GGC.

### **Quit and Win – Workplace smoking cessation competition**

**Kevin O'Neill      September 2011**

The Health at Work Quit & Win Competition is an annual workplace initiative to encourage employee smoking cessation. The competition has been running since 2003 and in 2011 was in its eighth year. It is open to all workplaces across Greater Glasgow and Clyde, offering organisations support and opportunity to provide an enabling and supportive working environment to encourage and motivate employees who want to quit smoking.

Promoting smoking cessation through the workplace setting is good for business, benefiting employers, employees and customers. The workplace also provides an easily accessible audience for an interactive intervention like a quit competition. Quit & Win contest was first developed by the Minnesota Heart Health Programme and was run in 3 Minnesota communities in the

early 1980s using mass media, posters and brochures distributed to schools, workplaces and medical facilities<sup>5</sup>.

The Health at Work Quit & Win competition runs for 12 weeks each year and starts on No Smoking Day every year. The main objectives of the competition include: to provide information on smoking cessation; to signpost to relevant resources and support services; provide motivation for a quit attempt by providing prize incentives.

Workplaces themselves play a key role in promoting the competition and monitoring those who remain in the competition, also offering signposting support. Health at Work coordinates 3 prize draws at 4 weekly intervals for those employees who remain smoke free, also sending supportive email messages to all entrants.

A total of 75 participants from across 17 workplaces entered for the 2011 competition. At the final week, 12 weeks post quit, 30 (40%) reported that they were still smoke free. This is comparable with the success rates of local services and is above the recommended minimum success rates for NHS Smoking cessation groups at 4 weeks post quit (35%).

### **Evaluation of the Health at Work Strategic Plan 2008-11: the Views of Partners and Clients**

***Authors: work2health Ltd. Produced for Health at Work December 2010***

The strategic plan of Health at Work expires in 2011. In order to prepare for the next one, a review of the success of the current approach was commissioned by Health at Work. This review aimed to evaluate elements of the strategy and provide insights that will assist in the development of the next plan.

The review and evaluation was designed to ascertain the extent to which the partners of Health at Work think that it:

- leads the way in its field
- is integral to the success of key partnerships in its field
- provides the best service possible to its partners
- develops innovative practice and is bold in embracing change
- involves partners in its decisions
- contributes to the delivery of partners' key objectives

and also to ascertain the extent to which Health at Work's clients and potential clients receive the best possible service from Health at Work and whether they would recommend the service to others.

Data was collected through a series of interviews and discussion groups with the partners, clients and potential clients of Health at Work, and by means of a questionnaire for the employees of the clients of Health at Work. In this way, a range of views, perceptions and reflections of the clients and partners of Health at Work were obtained.

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<sup>5</sup> Lando H A, Pechacek T F, Fruetel J. The Minnesota Heart Health Programme Community Quit & Win Contest. *Am Journal of Health Promotion* 1994;9(2):85-87,124

Overall, the findings of the study are positive and complimentary of the current approach of Health at Work. Partners value their relationships with Health at Work, particularly the access to local employers that Health at Work provides them with. Employers report a wide range of benefits from working with Health at Work, including enhanced reputation, increased employee engagement, and a more effective approach to attendance management. The majority of employees who took part in this study reported that their workplaces were promoting more health activities, and that this had an impact on their behaviour both within and outside work.

Partners, clients, and potential clients offered a number of constructive and interesting comments which inform how Health at Work might build upon its current approach to even more closely meet the expectations and needs of partners and clients. Partners would like communication channels between themselves and Health at Work to be more effective and they would welcome being more involved in the planning processes of Health at Work. Employers reported that they found the one-to-one contact with an allocated Health at Work advisor to be valuable from the outset. It was felt that generally, employers and employees would benefit from having a greater awareness of the wide range of services that Health at Work can provide.

A series of recommendations are presented at the end of this report for Health at Work to review and consider when developing their next strategic plan. Of particular note is the recommendation that many of the existing informal processes and practices of Health at Work should be formalised by creating structured reporting mechanisms and protocols.



Alternative formats are available on request by contacting us by phone, email or in writing.

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