Six years ago, Purina, the pet food subsidiary of Nestlé, introduced a policy allowing employees at its UK office to bring their dogs to work. The benefits were immediately apparent: the animals prompted conversations between workers who did not normally talk to each other, gave staff a break to walk them and eased stress by being there to be stroked. The experiment has since been expanded to every division of Nestlé’s UK headquarters in south-east England. It is one of many steps the company is taking to improve physical and mental health among its diverse workforce at 25 sites across the country.

“We all recognise there are public health issues facing the population, and companies have a responsibility to play a part at work and beyond,” says Dame Fiona Kendrick, Nestlé’s UK chief executive. “If staff are happy, we fundamentally believe they are also more productive.”

From information and health checks to encouraging customers in its canteens to choose fresh fruit instead of cake, Nestlé wants to encourage lifestyle improvements. It monitors the business case for such measures and estimates that absences from ill health cost it 2.5 per cent of the total payroll.

The company is one of many employers of all sizes — in the private, public and non-profit sectors — that are increasingly paying attention to workplace health. For Simon Stevens, chief executive of NHS England, there are two imperatives. One is to improve the welfare of his own staff — at 1.3m, the largest workforce in the UK — many of whom work under intense pressure over long and antisocial hours. The other is to reduce demand on the National Health Service by developing illness prevention among the general population, early diagnosis and support through partnerships with employers. “There is a shared interest between working-age adults themselves, employers and the NHS to do all we can to help people stay healthy,” Stevens says.

These concerns have generated a response from other organisations. Public Health England, an executive agency of the Department of Health, has launched initiatives that focus on issues such as smoking and poor diet, and generally encourage healthier living. Sally Davies the government’s chief medical officer for England, has funded research to identify what makes for the best workplace health programmes.

In the private sector, Nestlé’s Kendrick is a member of the Productivity Leadership Group, which, with government, explores healthy working. Meanwhile, Business in the Community, a charity promoting responsible business, has issued guidelines on good practice. The City Mental Health Alliance has brought together London-based employers in the financial services and legal sectors. Internationally, the global Chief Medical Officer Network is sharing ideas.
Aside from social responsibility, improved health at work is an opportunity for employers to improve productivity through better recruitment and staff retention, greater job satisfaction and less time lost to absenteeism and presenteeism — people coming to work in below optimal health.

Tim Munden, chief learning officer at Unilever, estimates that across its European businesses, the consumer products group recoups €6 for every €1 invested in health programmes. It has focused on mindfulness and resilience alongside nutrition and exercise, in an effort to link employment practices with its philosophy of sustainable living and brands that serve a “desirable purpose”.

For individual employees, health education and health benefits and services (collectively referred to as “interventions”) can improve wellbeing, reduce the risk of illness and reveal medical warning signs more rapidly than would otherwise be the case. All this has the potential for spillover benefits for workers’ families and broader communities.

One problem for decision makers until now has been the absence of high quality data: on the types of different interventions, how widely they are used and by which employees, their impact on participants and more broadly on the workplace.

To bridge this gap, the FT has joined forces with insurer VitalityHealth, which developed Britain’s Healthiest Workplace with the University of Cambridge and research institute Rand Europe, in partnership with Mercer, the human resources consultancy. The aim of this survey is to improve understanding of, and encourage best practice.

This year, a record 169 employers of all sizes and sectors across the UK took part, answering questions on their views and practices. More than 34,000 of their employees replied, offering an unparalleled perspective from managers and staff alike.

While they cannot demonstrate causality, the results — which are adjusted for age, gender, income and other characteristics — are striking. Health conditions among respondents mirror wider trends across the UK, with a clear north-south divide: Yorkshire and the Humber has the highest workplace stress levels, while the North East reports the largest proportion of obese employees.

The public sector reveals the biggest percentage of employees suffering signs of stress, depression and financial worries, not to mention obesity or bullying. It also has the highest estimated loss of productivity from absences and presenteeism.

Health programmes that focus on nutrition are the most widely offered by employers, principally through the provision of fresh drinking water and facilities to store and prepare healthy food. Efforts to encourage physical activity, including providing space for bicycle storage and showers so that staff can cycle to work, are also widespread.

Less common, despite the serious problems they relate to, are initiatives such as stress management to support mental wellbeing, and measures designed to tackle the heavy toll of
smoking and alcohol. For all health programmes, there is a significant gap between their provision and the awareness, uptake and belief by staff that the initiatives are useful.

Among the most intriguing findings in Britain’s Healthiest Workplace is that employees with flexible hours and the ability to work from home report lower absences and greater job satisfaction, and consider themselves to be in better physical and mental health. Those with inflexible hours, who are office-based and who face long commutes, are less productive and in poorer health.

Health programmes focusing on nutrition are one of the most widely offered by employers © Getty

While good results have many parents, there is a strong correlation between participation in workplace programmes and improved health and productivity (after adjusting for age and other relevant factors). Less presenteeism is reported among staff involved in initiatives to lose weight, exercise more and sleep an optimal seven to eight hours a night.

Participation increases when employers allow staff to take part in health promotion programmes during working hours. Organisations whose senior management take workplace health seriously, by investing in it and measuring the returns, also see better results.

Nomura International, the financial institution, came top of the British Healthiest Workplace rankings among large employers this year. It calculates its programmes — which include free annual health checks for all staff — have saved it nearly 3,000 working days that would have been lost to sickness and NHS appointments.

For an employer, the relationship with employees extends beyond salaries, says Mark Hudson, Nomura’s chief operating officer of human resources. Workplace health “is an integral part of our philosophy and how our employees value what we do for them and their families” he adds. “It differentiates us from other employers.”

Some studies, notably in the US, suggest companies that offer workplace health programmes may even reap benefits in investor confidence and improved stock market performance. Of course, the fragmented US health system, largely driven by private insurance, creates greater incentives for companies to provide health programmes to reduce premiums and costs.

But considerable scope exists for employers around the world to analyse innovative practices in the US and other countries with different health systems. There is a particular need for senior managers to share with their peers elsewhere and researchers internal information they collect on productivity and health confidentially, to identify approaches that might be in the common interest.

One longstanding concern has been how to ensure that workplace health programmes go beyond the “worried well” — employees who are already healthier and more motivated — to reach those who really need support. Another is how to address the costs of such programmes for financially stretched smaller employers. One solution could be to provide tax incentives for investment in such health programmes.

Britain’s Healthiest Workplace shows that some smaller employers are making considerable steps. Forster Communications, a London-based employee-owned consultancy on social change, performed best among small companies.
It offers staff benefits such as flexible working hours, meetings outdoors and time off to do voluntary work. “The whole company is set up to make staff feel comfortable,” says Martin Barrow, Forster’s head of reputation practice. “We are strong believers in doing what we preach. We are obliged to report to our shareholders and non-executive directors on how we are making a difference.”

Overall, data on health at work are still far from perfect. James Thomas, from the Institute of Education at University College London, who led a team examining workplace health programmes, was able to identify only 24 schemes that were rigorously evaluated and published in peer-reviewed scientific journals. He concluded that while the impact of the initiatives was modest, they were effective, low-cost and offered good value for money. Those that worked best offered employees easy access to them and strong backing from senior managers.

Making a good showing this year in Britain’s Healthiest Workplace assessment were several divisions of the NHS. They compared favourably with public-sector employers overall and with some other areas of the economy. Gathering more data from a wider range of workplaces will help improve the results further.

Another useful step will be to monitor groups of employees over a sufficiently long period to raise understanding of how far different programmes affect health and productivity. Nonetheless, it is already clear that investment can produce promising results and that the benefits of workplace health programmes are too great to ignore.