

Effect of a pilot NHS worksite health promotion programme on staff health and cost savings, Sheffield, 2012

KESTERTON, S., TILL, S., CARTER, A., SCAIFE, R., HUMPHREYS, L., BRECKON, Jeff http://orcid.org/0000-0003-4911-9814>, FLINT, S., COPELAND, R. and MAYNARD, I.

Available from Sheffield Hallam University Research Archive (SHURA) at:

https://shura.shu.ac.uk/23321/

This document is the Accepted Version [AM]

Citation:

KESTERTON, S., TILL, S., CARTER, A., SCAIFE, R., HUMPHREYS, L., BRECKON, Jeff, FLINT, S., COPELAND, R. and MAYNARD, I. (2014). Effect of a pilot NHS worksite health promotion programme on staff health and cost savings, Sheffield, 2012. European Journal of Public Health, 24 (suppl2). [Article]

Copyright and re-use policy

See http://shura.shu.ac.uk/information.html

Effect of a pilot NHS worksite health promotion programme on staff health and cost savings. Sheffield, 2012 Sue Kesterton S Kesterton, S Till, A Carter, R Scaife, L Humphreys, J Breckon, S Flint, R Copeland, I Maynard Sheffield Hallam University, Sheffield, UK Contact: s.kesterton@shu.ac.uk Introduction Poor staff health costs £11 billion per year to the UK economy. 60% of adults waking hours are spent in the workplace providing an ideal setting for health promotion. National Health Service (NHS) staff health and wellbeing is found to be poorer than other sectors (Boorman, 2009). Therefore, we developed an onsite NHS workplace health promotion program (WHPP). The objectives were to assess; 1. staff engagement with a new WHPP 2. the impact of WHPP on employee health 3. employer return of investment (ROI) of WHPP Method Ethics approval was received from South Yorkshire Ethics Committee. The WHPP included; a baseline health and fitness assessment, educational workshops or individual advice on exercise, nutrition and mental health and 6-month follow-up assessment. A person centred communication style was adopted to facilitate lifestyle related behaviour change based on key principals of Motivational Interviewing (Miller and Rollnick, 2007). The WHPP was advertised via email to hospital staff in Sheffield. Volunteers were randomly selected from a representative sample of the workforce. Sickness absence was measured via self report (WHO, HPQ). Cost savings were calculated via an online business health check tool (Department of Health, 2012). Paired tests were used to compare baseline and follow-up data. Results 49/50 participants attended the baseline session and 32 (64%) the 6-month follow-up. 45% had one or more risk factors for cardiovascular disease; 22% high blood pressure, 40% borderline or high cholesterol, 76% high BMI (58% overweight and 18% obese). 68% high waist circumference, and 22% below average aerobic capacity. Health significantly improved at 6-month follow-up; reduced total cholesterol, waist circumference and increased aerobic capacity (Scaife et al, 2014).

50 European Journal of Public Health, Vol. 24, Supplement 2, 2014 Sickness absence (SA) decreased; at baseline 25% reported 1 or more days SA; at 6-month follow-up 0% reported SA providing an estimated ROI for the NHS of £3 for every £1 spent.

Discussion

We found that an NHS WHPP engaged staff with poor health, improved health and provided a positive ROI. Strengths of the study are the innovative design of the WHPP. Limitations are the small sample size. Implications for policy are management support for employees to attend WHPPs. Key messages

_ A WPHPP engaged staff with poor health, improved health and provided a positive return on investment.

A larger project is currently being delivered for 300 staff with three partner trusts across Yorkshire and Humber.