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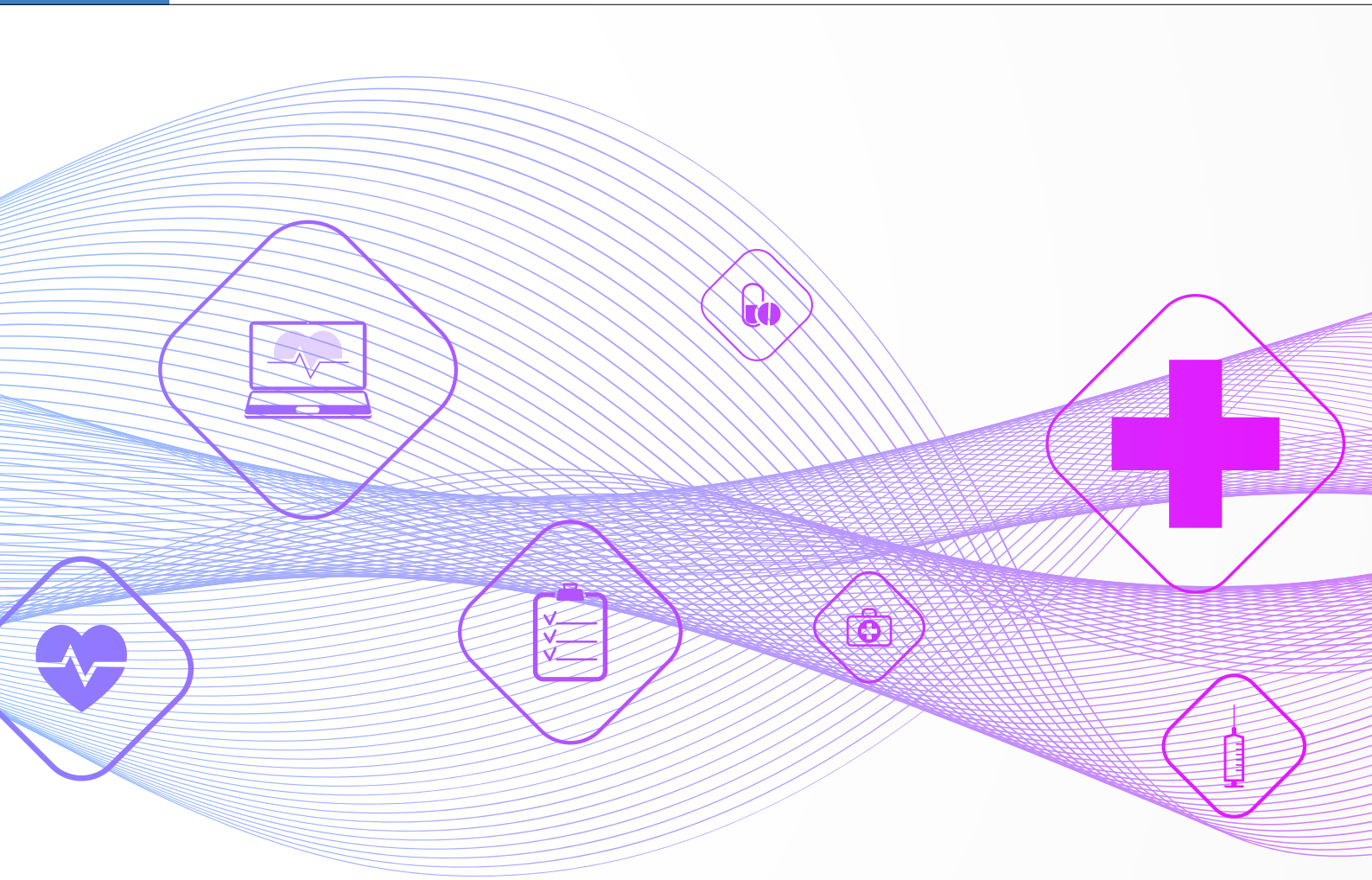
ROUNDTABLE



DATA IN EMPLOYEE HEALTH & WELLBEING: PROVING VALUE

– A DATA-DRIVEN APPROACH TO BETTER HEALTH
– THE VALUE IN INTEGRATION

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THE IMPORTANCE OF DATA

Data on workplace health is the key to proving both value and return on investment

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What gets measured gets managed. Or put another way, without data we might as well be waving a figure in the air when we try to draw conclusions. This is true in all walks of life, but particularly so when it comes to health interventions in the workplace.

Return on investment is notoriously difficult to evidence when it comes to health and wellbeing strategies, particularly in the UK where employers aren't, usually, shouldering the lion's share of their employees' potential healthcare costs. Value on investment – the idea that the case for a particular strategy can be made on the basis of an understanding of the value of what is being offered and delivered, rather than a pounds, shillings and pence gain over and above the spend made – feels like a more straightforward way to present the benefit.

But if the industry is to make a case to government for some form of incentive to spur on employers to play a greater part in supporting the health of the nation's workers, it is going to need to demonstrate a return of some sort.

The Treasury is notoriously balance sheet-driven – outgoing PM Boris Johnson's shot across the bows at the institution spoke volumes: "If we'd always listened to the Treasury, we wouldn't have built the Channel Tunnel or the M25."

For incentives to stand a chance of not becoming a political football they need to be aimed at lower earners, be inclusive and prompt genuinely new provision. Health and wellbeing support delivered through the workplace meets these criteria.

During the debate covered in this supplement we heard a proposal that called for the annual spend on healthcare that would be exempt from P11D to be raised from £50 per employee to £150, but only for basic rate taxpayers, and only for schemes where all employees are included. Such a structure could prime the pump for all-employee schemes offering something focused on prevention and rehabilitation. Capping the allowance to those schemes that sat fully within it could help satisfy the Treasury by reducing the so-called 'dead weight' – the giving away of tax breaks to those people already holding a product, and therefore not needing an incentive to purchase.

For HR professionals, meanwhile, data will be key to delivering a robust value on investment case to the board.

INSIDE

REPORT

DATA IN EMPLOYEE HEALTH AND WELLBEING

A DATA-DRIVEN APPROACH TO BETTER HEALTH

Better data, limited tax breaks and a holistic, preventative approach could revolutionise the health of UK workers hears John Greenwood reports

Against a backdrop of growing waiting lists, the battle for talent and the new mental, physical and financial challenges of the financial crisis and Covid, employers are showing increasing interest in supporting employee health and wellbeing. But, say advisers, a lack of data is stifling their attempts to introduce more integrated workplace health strategies, make them operate more effectively and evidence the value on investment they deliver.

Delegates at a Corporate Adviser round table event last month, held in partnership with integrated health provider HCML, agreed that richer outcome data from providers would lead to better-informed strategy design and enable intermediaries and providers to present better the value of wellbeing interventions to HR professionals. Improved data would also enable greater integration across an employer's entire benefits offering, helping to improve proactive prevention of health conditions as well as offering cures, and also support the industry in building a case for incentives from government that would nudge employers not currently offering schemes to all staff to start doing so.

Speaking at the event, Pamela Gellatly, CEO of Healthcare RM, part of the HCML Group, questioned whether the medical approach to wellbeing – responding to existing conditions rather than tackling their cause – was still appropriate. She said: "Covid was positive in a way in that it helped many people understand that health can be affected negatively by underlying causation and this can increase their vulnerability. It might be weight, inactivity, ethnicity and a range of other factors that are not normally looked at in the medical model. The data that was identified during Covid correlated with the data that we had collected over nine years which suggested that the underlying factors are very important. Within the medical model, when do we assess these risk factors? When do we address them? So when we're assessing a clinical condition, we often look at the symptoms, but we don't look at underlying causation, which is why we get a lot of repeat users.

"So if somebody has got a knee problem, we'll give them a little bit of physio, but we don't address the fact they may be three stone overweight or they're not sleeping at night or other factors," said Gellatly.

"We know a lot about the ill - we're getting this from GPs and hospitals. But how about the people that are well, or the false well who are transitioning into a condition. The big thing I hear back from consultants is the challenge of achieving that behavioural change model."

Gellatly cited the physician to King George VI who, over a century a go


Howden head of wellbeing Leo Savage


James Cracknell OBE


Healthcare RM CEO Pamela Gellatly

said that the physical deterioration of the nation would actually cause far more problems than the Great War.

"And over the last 100 years, we're not getting better. So why and what are we going to do about it? What we see in our data is that we often overdiagnose and overtreat.

National challenge

Speaking at the event was James Cracknell OBE, double Olympic gold-winning rower and extreme sports challenge expert, having rowed both across the Atlantic ocean and from South America to Antarctica with TV presenter Ben Fogle. Cracknell is a rehabilitation ambassador for HCML, a role that chimes with his own experience of the road to recovery following a serious injury. Mid-way through an 18-day Los Angeles to New York cycle/canoe challenge in 2010 he was hit by a truck in Arizona, causing a serious brain injury. The accident has left him with frontal lobe damage and epilepsy, as well as an altered personality. It has also given him a keen interest in rehabilitation, health and wellbeing and the role public and workplace health can play in supporting better outcomes across the population.

Cracknell said: "I have been involved with a number of wellbeing programmes with big employers. There have been board member-specific programmes, physical health, metabolic health, sleep and stress and they have invested quite a lot of money per annum in this. But then below the board level there hasn't been the same effort. At the same time there are employers who post-Covid now realise they need to get people back to work.

"In terms of personal responsibility, the behaviour habits we are developing are incredibly worrying. Over 50 per cent of kids who live within 400 meters of school get driven. And 80 per cent of people don't walk a mile continuously once a year. It is projected by 2050, a third of us in the UK will burn as many calories when we're sleeping as when we are awake."

Partners& head of benefits policy Steve Herbert

Mercer principal James Love

Gellatly cited figures indicating that over 35 per cent of the population were inactive, but added that amongst those groups with conditions the figure was approaching 90 per cent.

Cracknell said: "I was on the Number 10 Obesity Roundtable, which was formed in 2012, and then that got shelved. But when Boris Johnson got Covid badly and realised it was because he was overweight then it was evident that rather than exercise being the silver bullet for obesity, it became about what you eat and the idea that you can't outrun a fork."

Growing interest

Leo Savage, head of wellbeing at Howden, said employers are slowly becoming more interested in the holistic approach to workplace health. "The conversation is a hard one still because there's always that budget constraint, but people are more open to it now, particularly if you put the right technology in front of them and make it easy for them."

Partners& head of benefits policy Steve Herbert said: "I split it into three. You've got employers with no money and not much interest in doing anything for employees, with whom you are never going to make any progress. You've got companies with lots of money, lots of employees and importantly lots of resources to make things happen. They can employ people to run their wellbeing programs in-house as well as externally. And then in the middle you've got the growth area, which is those medium-sized employers who want to do something but haven't really got that much money. So if we're going to make a big change to this area at all, that's where we need to focus all of our efforts as a country."

Scratching the surface

Mercer principal James Love said most corporates would say they are doing health and wellbeing, but in reality they are only ▶

scratching the surface. He said: "If you give them a one pager, and ask them what they did – they would all tick the boxes. But unfortunately, even when they've got all the benefits they can't communicate them to everyone.

"It's also the case for those who wear the fitness watches. The data from everyone who has fitness watches will be really good. But it's the 70 per cent who don't who are going to struggle and cause you issues in the firm. Communication is a really big issue."

Kevin O'Neill, associate head of workplace health at Barnett Waddingham said: "I think things are changing. We're seeing a lot of organisations now really interested in wellbeing, whether that's actual health or financial wellbeing. Since Covid and the financial crisis there is a growing will within organisations to improve the whole wellbeing provision. The issue that they've got is they don't know how to measure it. They don't know what they need to do for their first step to actually improve wellbeing."

Advisers at the event said the lack of access to useful data is a key challenge to them delivering integrated health and wellbeing programmes and also demonstrating the value on the investment in employee support that the C-suite are being asked to fund.

Herbert pointed to take-up of virtual GPs, and suggested that if communications were successful, everyone in an organisation should at least have it downloaded on their phone.

But there was also the consequence that extensive use of services such as virtual GP could lead to over-prescription of follow-on treatment, increasing cost either for the employer or the NHS.

Love cited a 4,000 employer scheme that had 5,000 appointments in a year. "I was seeing 60 per cent referral rates. That is a lot of people needing support, but that actually comes at a huge cost that I don't think the industry really realises at the moment. Phoning a GP just for the worried well - £50. Then they cancel it because they have a meeting - £50. I think we're going to see a bit of a bubble burst. At the moment it may only be a few per cent of referrals across the board but it's just going to go up and up. And that's not necessarily a bad thing, but it's got massive costs attached to it."

HCML CEO Nick Delaney said: "Simply offering access to clinical solutions will not bring an efficient outcome. So actually if we can use data to demonstrate that a different approach has better outcomes and costs a lot less, that seems the best way to try to move the market."

NHS collaboration?

Debate moved to the potential for closer collaboration between the NHS, the government and the private sector in delivering healthcare through the workplace. Challenges remain – not least the sensitivity of being seen to undermine the NHS or create a fast-track to limited resources for those with more money. But with waiting lists soaring, delegates said there was a sense that this time the debate over incentives could be different.

O'Neill said: "There's a problem. PMI isn't for acute conditions. PMI providers want to do easier things. And from the conversations that I'm having, employers would love to be able to offer PMI to all staff but they generally can't afford it. If you have a scheme and you've got a few cancer claims on there, the price is going to go through the roof and that impacts everyone. But there is more interest coming through for discretionary medical plans, which are really affordable. If we are looking at £10 or so a month all of a sudden it becomes cost effective for more people."

Herbert said: "Even before Covid we had 3.6 million people waiting for treatment, Now we are at 7.2 million, which is huge – one in nine of the UK population are currently waiting for treatment.

"Clearly, for the NHS to actually get out of this hole, they need staff and funding. And the country's pretty much broken on the funding front. So whichever political party comes in, they are going to have to do something. It's going to be a question of how they incentivise. Most private consultants are of course also NHS consultants. So we still need more of them, whether private or NHS, because it's the same bottleneck. But it's going to be easier for the private side to recruit people and keep people than the NHS."

Benefit in kind

Gellatly argued that it was unfair that when an organisation wishes to expand a healthcare plan to all employees, which is what is being encouraged by All Party Parliamentary Group working parties as part of Levelling up Health, that low income earners have to pay P11D taxation, which can be a disincentive to them joining the plan. High income earners can often afford it but low income earners may not be able to. Gellatly said she had received feedback indicating a sense of unfairness that people on lower wages were having to pay the same P11D charge as higher earners. Another potential unfairness with the way schemes are sometimes currently administered is the fact that P11D liability is often spread at a flat rate across the entire


HCML CEO Nick Delaney

scheme when the value to older workers is significantly higher than it is to younger ones, although this can be addressed by adopting age-related premiums.

Gellatly said: "When the government is trying to encourage employers to invest more, is it right that the employee is to be taxed on it, when your EAP isn't taxed but physiotherapy is."

Love said: "Push it more across onto the employers to pay for it. Even some of the big investment banks, yes, they want to add in assisted fertility, menopause and gender dysphoria and neurodiversity, which is all very expensive. The youngsters are dropping out, because the information is there for them. I saw one legal firm where they had 40 per cent of their population in. Their single rate was going up to £2,000, double what it would normally be in the City, because it was full of 40-plus people, and younger employees were thinking do I need that £500 back?"

Political issue

Cracknell, who has been in public health debates at 10 Downing Street, shared his perspective on the state of the debate in Whitehall. He said: "It's not openly discussed inside meetings, but the one thing that keeps cropping up is co-pay."

Vish Buldawoo, EM&T HR director at


Vish Buldawoo, EM&T HR director, Centrica


Kevin O'Neill, Barnett Waddingham

Centrica, said one of his biggest concerns was the fear that employees would opt out of the extensive integrated healthcare arrangement his organisation had put in place with HCML, just to avoid the P11D charge. He was particularly concerned that the cost-of-living crisis would fuel this trend as cash-strapped employees sought ways to get more cash in their hands by cancelling benefits.

Gellatly suggested a potential proposal that would help employers to support their employees' health while avoiding accusations of 'fatcat' tax giveaways. Her suggestion was for the Government to increase the £50-per-employee P11D-exempt cover level up to £150 per cover, but only for basic rate taxpayers. This would be enough headroom to enable providers to offer staff a meaningful proposition that could significantly improve health outcomes.

Holistic view

Gellatly said: "A fundamental problem with the NHS that we don't talk about is its siloed approach. You go and see a musculoskeletal person, and they may refer you to a digestive person, then they may refer you on. So you are getting assessed several times under the medical model."

She suggested a more holistic, individual-centric, preventative approach would lead to better outcomes.

"If we actually assessed what was going on with your weight, your anxiety, whatever it might be, and developed a care pathway or a patient journey that actually suits those needs, we could save so much."

She said: "We need assessments that actually start looking at the multifactorial issues that impact on our health. A lot of money gets wasted sending people down ineffective pathways. The way we assess society is so siloed. When we actually do broader assessments, and look at the real data, it changes the way we think."

Effective incentives

O'Neill said: "We have been looking at how we incentivise people to improve their health. The big problem is often incentives are largely taken up by the people that are already sold on the idea. The big problem is getting everyone else incentivised to actually think about their health. We are looking to introduce an MOT for each individual in an organisation which will look at how their health and lifestyle and shock them into doing something to improve their health outcomes."

Preventative measures

Delegates also debated the extent to which UK workers have low expectations of their potential fitness as they age. Gellatly pointed out that government guidelines say individuals should do 45 minutes of resistance training twice a week, particularly as they get older, to preserve muscle.

Cracknell explained how, when he had, at the age of 46, rowed with a group averaging age 22 for the Oxford/Cambridge boat race. Testing on him and his team mates had shown his resting metabolic rate consumed 1270 calories a day, whereas the younger team members consumed 2,500. "They were getting a free Big Mac meal on top of what I could eat. But people don't understand these changes."

Love added: "This is an education piece that doesn't come through from employers. Maybe employers need to do something here on getting older in the same way that they're talking to their employees about menopause and D&I. Getting older, let's cover it."

Culture question

Debate moved to whether there was a cultural challenge inherent in some preventative health approaches because of the risk of employers being seen to be pointing the finger at unhealthy workers.

Herbert said: "Since Covid it is much less of an issue. And we have got tools to talk to people through the web so things can be done more discretely."

Savage said: "Consistency is key. Part of the success metric for a company is how engaged are employees. So how can we consistently give messaging around health?

"Every single week new research is coming out on how to lose weight or how to gain strength or resistance training. So by developing a roadmap of information an employer can communicate consistently around this."

Cracknell said: "I think employers should reward behavioural change."

Savage cited an employer where employees are given a wearable monitor and if they get enough sleep for 90 per cent of the days in the month, then they get a day or two off.

"For the 28 days that you're coming in, you're productive. It's not accessible to the whole market but asset managers are now looking at integrating that. But it's something that can give you tangible rewards and tangible data back to the employer at an aggregated level, not individually," said Savage.

"This provider is doing research on the construction industry, and other areas to see the effectiveness of physical activity each day and how much recovery is needed. And these data points that they're collecting from the wristband, they're almost precursors to other conditions that the individual might not be aware of - heart rate variability, for example. This data can be a precursor to long standing chronic conditions and users get notified whether they are at risk or not."

Good partners

Employers are increasingly focusing on the environmental, social and governance (ESG) characteristics of the suppliers they partner with. Delaney said that the private equity investors that backed him to acquire HCML are exclusively healthcare investors who are interested in impact investing – investing in companies that achieve positive societal good, and wanted to hear from benefits consultants about the ways in which employers can play a role in improving public health.

Delaney said: "We very much want to sponsor business activity which has a positive impact. If we can have a positive impact on organisations' workforces, then that's a big step forward for the health of the overall population. We want to hear from advisers who are interacting with employers, so we can understand what works and evolve our services and our approach to market." ■

DATA IN EMPLOYEE HEALTH AND WELLBEING

THE VALUE IN INTEGRATION

When it comes to workplace health and wellbeing, data is the key to delivering better outcomes, and better consultancy, hears Muna Abdi

Employers can convey value on investment more effectively and create a business case for doing so by using an integrated approach that treats all members on a common platform, gathers key data points and interprets MI in simple yet succinct communications.

Speaking at a Corporate Adviser round table last month, Centrica EM&T HR director, Vish Buldawoo and Pamela Gellatly, CEO of Healthcare RM, part of HCML Group, showcased Centrica's employee health strategy, which involved partnering with HCML to update its offering and put in place an integrated strategy that worked for the entire organisation.

Several years ago Centrica implemented a fundamental change in the way it operated from an HR perspective. The new approach offered a chance to examine the way its vocational rehabilitation was working and try a more innovative approach.

Buldawoo said: "It was a great opportunity for a company to come in and look at the capability of our occupational health, see where they could upskill, and introduce the right capabilities to support the organisation."

Prior to the reorganisation there were around 135 third-party bodies in Centrica's overall benefits strategy. "We didn't know the cost, we didn't know the efficacy, or whether it was actually driving any value," said Buldawoo.

Centrica has a complex patchwork of organisations presenting a wide range of workplace environments, each with their own HR and health challenges, including gas fitters, call centre workers, and traders operating in the wholesale gas market.

Centrica implemented an integrated health model for the entire organisation with the help of HCML, which also manages the organisation's healthcare administration. The HCML integrated model offers remote case management services that cover occupational health and EAP functions. It also has what it refers to as a "functional health team," which consists of physio, CBT, therapists, and nutritionists.

Gellatly noted: "The biggest advantage that we've had up to this point in terms of data is running everything through a single system. It doesn't matter whether it's first-day sickness, absence, whether it's an EAP that we run or whether it's the health care plan, all of that data gets captured on a single system. As we see and assess individuals, we start building a detailed picture."

Centrica implemented a common platform across the UK Centrica Group to manage its occupational health sickness absence, targeting day-one sickness absence for its engineers and its contact centres tailoring its services to the needs of business units.

Buldawoo said: "Having a third party that can manage all our services, bring the data together, and help us understand what our data is telling us was vital for us as an organisation. We saved a bit of money and we started to see opportunities and benefits that we couldn't see before because of the 135 providers that we had."

Implementing the new strategy involved modifying terms and conditions for the entirety of the UK workforce. It now had streamlined terms and conditions and a universal core health care plan for all employees, whether they are traders in London, engineers, or contact centre staff

Gellatly emphasised that the integrated approach of the company at the organisational level is mirrored at the individual level. She explained that HCML offers a universal healthcare plan, paid for by Centrica, but individuals can also choose to upgrade to higher levels of cover. For those organisations without health insurance, HCML also provides an extended EAP programme.

Integrated health at an organisational level covers risk management that goes beyond health and safety, such as rehabilitation after accidents and injuries, occupational health monitoring, and psychological risk assessment.

The model also includes health benefits that take into account clinical and biopsychosocial aspects, and covers group

Healthcare RM CEO Pamela Gellatly

income protection management, PMI claims management, trust claims management, case management for health and injury, and other factors.

Wellbeing benefits within the Centrica arrangement offer opportunities to improve health and reduce claims and include EAP Plus– covering psychological, musculoskeletal, digestive health, and menopause as well as physiotherapy and nutrition.

HCML has found that since including wellness benefits in its healthcare plans, up to 54 per cent of participants in those plans have lost weight and as a result, cut their risk of injury by 64 per cent.

At the individual level, the integrated health model from HCML looks at the biological, the biomedical, and the biomechanical. George Engel first proposed the notion of the biopsychosocial model in 1977. It contends that in addition to biological aspects, psychological and social factors should also be taken into account to comprehend a person's medical state.

According to this theory, pain is a psychophysiological behaviour pattern that cannot be solely attributed to biological,

Centrica EM&T HR director, Vish Buldawoo

psychological, or social variables. It proposes that psychological counselling should be incorporated into physical therapy to address all facets of the experience of chronic pain.

HCML's approach considers social issues such as work hours, relationships with coworkers and managers, family, friends, hobbies, sports and ethnic or genetic predispositions, all with the aim of taking a holistic view of the individual to identify causes of conditions, rather than to simply be responsive with treatments.

Gellatly said: "We measure the management standards as part of our biopsychosocial assessment. We look at what the occupational stressors are and then we can feed that back to Centrica. Change was the biggest factor by far and we give them some data insight into that. When it was Covid, it was family health that was the biggest problem.

"Now we're seeing personal stressors at home and it's gone back to demands on the individual being the key issue at work, particularly for the engineers and the call centres where they are inundated and people being abusive to them."

The HCML approach evaluates physical issues including psychological risks based on DNA and epigenetics, as well as personal stressors like relationships, finances, family, and social support, comorbidities, resilience and coping mechanisms, personality, and neurodiverse conditions.

It also examines physiological issues including age, gender, clinical conditions, and lifestyle factors like weight, exercise, nutrition, alcohol, drugs, smoking and sleep. Gellatly pointed out that when individuals are evaluated, their current health concerns as well as their underlying causes are also assessed.

She said: "Instead of it just being the traditional interventions that you get in a health care plan, we put in the ability for people to claim for weight loss, exercise advice, nutrition, advice, support on the menopause, support as they get older. You've got age-related conditions happening and we can treat them even though they're not ill. If when we assess those conditions are relevant, we will treat not only the presenting symptoms but the underlying cause."

Gellatly also highlighted the clinical and psychosocial flag systems which can be used to help identify a serious health issue when specific symptoms are seen during a patient's examination or in their medical history.

Clinical red flags are indications of potential significant pathology such as inflammatory or neurological illnesses, structural musculoskeletal damage or abnormalities, circulatory issues, suspected infections, tumours, or systemic disease. Red flags for musculoskeletal disorders are an example of this. If present, these call for an immediate referral for surgery as well as additional research.

Orange flags alert the clinicians to serious issues that may be psychiatric and require referral to a specialist instead of following the usual course of management for mild mental health conditions like anxiety. Yellow flags, on the other hand, represent views, evaluations, conclusions, emotional reactions, and pain-related behaviour. Blue flags represent beliefs about how work and health are related, such as the conviction that work is overly demanding and likely to aggravate an ▶

existing injury or the conviction that coworkers and the workplace supervisor are unsupportive.

Finally, black flags include legislation restricting options for return to work, conflict with insurance staff over injury claims, overly solicitous family and health care providers and heavy work, with little opportunity to modify duties.

According to Buldawoo, call centre employees experience a different type of stress compared to other workers, especially in light of the present energy crisis, which may cause them mental health-related issues.

He noted: "The impact on customer contact centres is incredible. We were able to pivot to giving them a service that supported all contact centre employees at a point where they were getting hassled by customers. We now have consistent support and an integrated model for that individual."

HCML's strategy for the next five years is to try and do more in the individual space.

When it comes to information, Centrica went from using information packs to scaling down to a one-page dashboard for each business unit from HCML.

Gellatly said: "We still have got a 60-page report that we do quarterly but now it's an interactive dashboard so certain people can have access and drill down themselves.

"It was about how we get bite-sized chunks that people can digest and understand. We not only produce numbers, we then produce insights and recommendations to go with them. "We normally give the managers three objectives of what they need to focus and work on, and that's made a difference."

HCML collected data on Centrica's demographics, work-related cases, stress factors, outcome measures, risk factors, and

colleague experiences as a means of demonstrating their accomplishments.

It found that there had been a shift toward more wellbeing interventions rather than only clinical treatments.

Costs associated with missed work due to illness have decreased by £35m over the last three years thanks in part to Centrica's use of wellbeing-based case management. Physiotherapy and psychological costs have decreased by £5m, while senior management healthcare plan costs have decreased by £2.5m.

More examples of the return, or value on investment are that 70 per cent of people returned to work sooner than the clinical averages, 75 per cent of people who received psychological support experienced positive results after three sessions, and 70 per cent of people who received proactive musculoskeletal support did not miss any work for a year.

Gellatly also pointed out: "We're measuring how quickly somebody returns to work compared to clinical norms and that's where we see a lot of the sickness absence reductions and savings in that. We're measuring the correlation between inactivity, excess weight and sleep.

"The media reports on the work-relatedness of conditions. There's a lot of perception of work-relatedness but the amount of work-related ill health is actually very tiny."

Both Gellatly and Buldawoo acknowledged that although there was initial scepticism, employees have now embraced the changes as evidenced by the feedback.

Buldawoo said: "We've heavily invested in culture change within British Gas and we've now got better insight into the health of our workers.

"There was a bit of rejection and apathy at the start but we have successfully realigned the organisation and the way it deals with workplace health."

Centrica has had to overcome that apathy through consistency and the delivery of the integrated model and it's noteworthy to also highlight that only 1,400 out of the about 19,500 participants in the two health insurance plans, according to Gellatly, have opted out.

"It's the consistency of the approach that is helping deliver the cultural change throughout the organisation," Buldawoo concluded. ■

OPINION

A DATA LED APPROACH TO HEALTH AND WELLBEING

» **Nick Delaney** group chief executive officer, HCML

For over forty years we've been talking about 'management information'. It's an ongoing challenge for providers working to improve the data insights they offer their clients, and for clients trying to assess the meaning of this data and what they think they need.

The issue for most organisations is a lack of access to data, much of which is held by their suppliers. Not only are they dependent on suppliers providing data; suppliers are often not collecting the appropriate data in the first place.

Taking a data led approach means extracting relevant information, integrating siloed data to see the whole picture, and knowing what to do when the facts are presented.

1. What is healthcare data?

We all tend to agree that there is a critical need for robust data, but when we talk about healthcare data, what do we mean?

Frequently, data presented to organisations tends to focus on how often the service is being accessed by employees. This may go some way to demonstrating its value and justifying cost, but the significance of this descriptive data should be questioned. It's unlikely that such basic data can be used effectively by organisations, providers and consultants to better manage and reduce health risks.

Additional demographic data including age, gender, reason for utilisation, provides a better understanding of who and why, but fails to identify wider trends and underlying causes.

In simple terms, clients want to know:

1. What should I be worried about?
2. How do I manage these problems?

These simple questions cannot be answered without analysis of data that most providers do not have access to, either because they only see a 'snapshot', or the data they collect is limited.

We should look beyond the quantitative and encourage the use of qualitative data that provides context and clarity to the 'what' and insight into the 'how'.

2. The risk of data in isolation

Businesses with multiple suppliers may receive useful insights into specific areas of health and wellbeing but without data integration it is difficult to understand any correlation. This can lead to businesses missing significant causal factors that, when identified, could help prevent or better manage ill health across the workforce.

Data from over 120,000 cases managed by HCML, shows a strong correlation between workplace ill health and underlying causation

Health data is often used to justify the scale of a problem and why a healthcare solution is needed. We've all seen media reporting specific data that demonstrates the scale of particular health concerns, but not necessarily with consideration for sample size or other seemingly unrelated data which actually has a significant influence on said issue.

Data from over 120,000 cases managed by HCML, shows a strong correlation between workplace ill health and underlying causation. Mental ill health and musculoskeletal disorders remain the top two reasons for long-term absence; 94 per cent of cases had higher levels of inactivity compared to national averages, and when combined with excess weight in 68 per cent of cases, significantly increased the incidence of both conditions. Additional factors included 43 per cent of cases getting less than 6 hours sleep per night, and many had negative attitudes, beliefs and fears about their condition, work or life.

Identifying psychosocial factors is crucial to understanding health conditions and recommending the right solution for employees. When we broaden our data analysis, we start to recognise the impact of underlying causes and shift focus on prevention which yields greater workforce productivity and cost efficiencies for businesses.

3. Proactive use of data

Taking a health risk management approach requires going beyond the standard clinical assessment. Based on an advanced version of the biopsychosocial approach, our assessment considers all aspects of an individual's life which may impact on their health.

This data is used to develop a very different approach to care, addressing 'in the moment' health needs as well as understanding what is needed in the longer term. This means using the data to reduce the risk of further ill health or the severity of conditions, and support employees to manage the factors that are likely to affect their health in multiple ways in the future. Regularly measuring outcomes is critical to better health management for the individual and the whole organisation.

Using data, we truly make a difference to people's lives. ■

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At the heart of recovery

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24/7 healthcare support for the whole workforce.

Our service is so much more than just another EAP.

We provide a confidential, 24/7, 365 days a year service that supports employees with a whole range of health concerns, including:

- Physical health
- Exercise and activity
- Emotional wellbeing
- Sleep
- Nutrition and weight management

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