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Health and Safety Executive

Healthy workplaces Milton Keynes pilot

Evaluation findings

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The Healthy Workplaces Milton Keynes (HWMK) pilot was a partnership between the Health and Safety Executive and Milton Keynes Council designed to test a modified version of the Workplace Health Connect model of delivering free advice and support on occupational health, safety, absence and return-to-work issues (via HSE and Local Authority staff) to small and medium-sized enterprises in Milton Keynes. The pilot ran from February 2008 until March 2009.

An evaluation has been undertaken to provide an assessment of the processes by which the HWMK pilot operated. A key aim was to compare these, and costs of delivery, with those of other, similar initiatives (eg Workplace Health Connect). A quantitative assessment of benefits, and therefore a formal cost-benefit analysis, was not part of this evaluation's aims or design. The evaluation did have a number of specific objectives against which the findings and conclusions are presented.

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EXECUTIVE SUMMARY

THE HEALTHY WORKPLACES MILTON KEYNES PILOT

The Healthy Workplaces Milton Keynes (HWMK) pilot was a partnership between the Health and Safety Executive (HSE) and Milton Keynes Council (referred to hereafter as the LA – Local Authority) designed to test a modified version of the Workplace Health Connect (WHC) model of delivering free advice and support on occupational health, safety, absence and return-to-work issues (OHSR) to small and medium-sized enterprises (SMEs) in Milton Keynes. The pilot was launched in February 2008 and was originally planned to run until December 2008. However, due to low user numbers in the early months of the pilot, it was extended until March 2009.

The ***WHC model*** involved two main delivery arms:

- A national adviceline taking calls from both employers and employees and offering tailored, practical advice on OHSR issues.
- Problem-solving visits from qualified advisers within five regions across England and Wales. 'Pathfinders' were contracted by HSE to run the service. It offered up to seven hours of contact time with an adviser and operated a two-visit model. Users were provided with a written report after their first visit, and a telephone follow-up three months after this visit.

The ***HWMK pilot*** was designed to test whether a WHC-style, HSE/LA badged service could be delivered to SMEs using HSE Field Operations Directorate (FOD) and LA staff as advisers, acting at a distance from the enforcement arm of the regulator. Advisers would only refer matters of 'evident concern' to the regulator. The pilot also aimed to test whether advice and support on OHSR issues could be provided to SMEs using lower qualified staff than was the case in WHC. WHC advisers were qualified to NEBOSH diploma level and had two years of occupational health and safety experience. HWMK advisers, in contrast, were broadly qualified/trained to NEBOSH[1] certificate/Health and Safety Awareness Officer (HSAO) level. The other main variations from the WHC model included a flexible visit model with employers having one or more visits as required and less of a focus on 'pushing' issues such as managing sickness absence and return to work. Workplace visit advisers were also responsible for manning a local adviceline. Under WHC, the adviceline was delivered by a contracted provider.

The initial target for workplace visits was set at 400 (roughly what each WHC 'pathfinder' achieved in 12 months). However, due to low user numbers, this was revised to 200–250 visits.

EVALUATING THE PILOT

The evaluation focussed on process and did not include a formal impact assessment or cost-benefit analysis. As the HWMK delivery model was similar to that of WHC, it was anticipated that the impact findings from WHC may be applied to HWMK.

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[1] *NEBOSH stands for the National Examination Board in Occupational Safety and Health.*

The main evaluation activities consisted of the following:

- Analysis of management information data provided by HWMK pilot staff on how many SMEs used the pilot, what they used it for and the costs of delivery.
- Semi-structured interviews with HWMK pilot staff on the set-up, operation and progress of the pilot.
- Qualitative work with stakeholders with an interest in, or who were involved with, the pilot in some way.
- User case studies, comprising semi-structured interviews with an HWMK user, a linked adviser, and where possible, an employee from the relevant organisation.
- Semi-structured interviews with employers who were eligible to use the pilot but who did not use it.

OPERATION OF THE PILOT

Marketing

Local safety, health and awareness days (SHADs) were the most important route for reaching employers who went on to use the workplace visit service. Employers often felt more comfortable receiving advice away from their worksite prior to taking up a workplace visit. Telemarketing and leaflet drops[1] were also important routes in reaching employers. However, advisers generally felt more comfortable with the latter.

The partnership with the LA offered both advantages and disadvantages in engaging with SMEs. The strong local presence and knowledge of local stakeholder networks were helpful in raising the profile of the service. However, the association with the LA may have been off-putting for a small number of employers due to negative perceptions of the LA. Negative perceptions concerned the LA in general or specific services provided, rather than the LA as a regulator of health and safety.

The evaluation of WHC found that extensive marketing was required to achieve the target visit numbers set for that service. The main learning point with regards to marketing from the HWMK pilot is to confirm that in the absence of intensive marketing, demand for a WHC-style service amongst SMEs is likely to be low. HWMK pilot staff acknowledged that marketing efforts did not begin early enough and were not part of a co-ordinated strategy, aimed at establishing a sufficient profile with potential users. HWMK pilot staff also found some marketing activities difficult to carry out eg cold-call telemarketing. Marketing by non-specialist staff is unlikely to be the most cost-effective approach to generating demand. Low user numbers in the early months of the service were, in part, a reflection of this. In future, similar initiatives would most likely benefit from developing and implementing a strategy in advance with professional marketing support.

It is not clear from the available data what proportion of staff time was spent on marketing, and therefore the precise cost of marketing efforts.

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[1] *Leaflet drops involved HWMK advisers visiting local businesses, speaking face-to-face with employers and leaving information about the service.*