An evaluation of workplace health and wellbeing support in Walsall small and medium-sized enterprises (SMEs)

Project summary

Study title	An evaluation of workplace health and wellbeing support in Walsall small and medium-sized enterprises (SMEs)
Planned study period	14 months (January 2022 to February 2023)
Study design	Mixed methods
Research aim/s	To explore the nature and extent of Walsall Small and Medium sized Enterprises' (SMEs) engagement with health and wellbeing services/support and the enablers and barriers to their engagement. Secondly, to investigate Walsall SME workforce perceptions and experiences of employer-provided services to support workforce health and wellbeing.
Chief Investigator	Professor Katherine Brown, University of Hertfordshire
Co-Chief Investigator	Professor Julia Jones, University of Hertfordshire
Co-Investigators	Dr Suzanne Bartington, University of Hertfordshire
	Dr Gavin Breslin, Ulster University
	Dr Neil Howlett, University of Hertfordshire
	Dr Katie Newby, University of Hertfordshire
	Dr David Wellsted, University of Hertfordshire
	Dr Adam P Wagner, University of East Anglia
	Mrs Amander Wellings, University of Hertfordshire
Funder	National Institute for Health Research (NIHR)
	Award ID: NIHR131573
Protocol version number and date	V.2 December 2022

Table of Contents

1. Title and additional identifiers

1.1 Full title of the study

An evaluation of workplace health and wellbeing support in Walsall small and medium-sized enterprises (SMEs)

1.2 Short title of the study

Evaluation of Walsall workplace health and wellbeing.

1.3 Registry

https://www.researchregistry.com/browse-the-registry#home/registrationdetails/62bc70fffa7945002083d96f/ 29/06/221.4 Funding

Funding is provided by the National Institute for Health Research (NIHR) PHIRST initiative (Public Health Research funding stream).

Funding reference: NIHR131573

Project reference: NIHR135508

1.5 Research team investigators

Name	Institution	Email	Role
Professor Katherine Brown	University of Hertfordshire	k.brown25@herts.ac.uk	Chief Investigator
Professor Julia Jones	University of Hertfordshire	j.jones26@herts.ac.uk	Co-Chief Investigator
Dr Suzanne Bartington	University of Birmingham	s.bartington@bham.ac.uk	Co-Investigator
Miss Charis Bontoft	University of Hertfordshire	c.bontoft@herts.ac.uk	Research Assistant
Dr Gavin Breslin	Ulster University	g.breslin1@ulster.ac.uk	Co-Investigator
Dr Olujoke Afolashade Fakoya	University of Hertfordshire	o.fakoya@herts.ac.uk	Research Fellow
Miss Imogen Freethy	University of Hertfordshire	I.freethy@herts.ac.uk	Research Assistant
Dr Neil Howlett	University of Hertfordshire	n.howlett@herts.ac.uk	Co-Investigator
Mr Nigel Lloyd	University of Hertfordshire	n.lloyd2@herts.ac.uk	Senior Research Fellow **and project lead**
Dr Katie Newby	University of Hertfordshire	k.newby@herts.ac.uk	Co-Investigator
Mr Nigel Smeeton	University of Hertfordshire	n.smeeton@herts.ac.uk	Statistician

Dr Adam P Wagner	University of East Anglia	Adam.Wagner@uea.ac.uk	Co-Investigator
Mrs Amander Wellings	PIRg	amanderwellings@yahoo.co.uk	PPI Co Investigator
Dr David Wellsted	University of Hertfordshire	d.m.wellsted@herts.ac.uk	Co-Investigator

2. Background information

2.1 Overview of the intervention to be evaluated and contextual information

Walsall has a population of 287,000 people and is a culturally and ethnically diverse borough. Approximately 79% of residents defining themselves as white British, 15% as of South Asian ethnic background, and smaller numbers defining themselves as being from other Black and minority ethnic backgrounds. (Walsall Insight, 2022). The Borough of Walsall is ranked as the 25th most deprived local authority district in England (Ministry of Housing, Communities & Local Government, 2019) and the unemployment rate of 6.7% is above the UK average of 4.1%. (Office of National Statistics, 2022).

There is significant health inequality in Walsall. For example, data show that in 2015 the life expectancy gap between the most deprived and least deprived areas in the borough was 10.1 years for men and 7.5 years for women (Walsall Council, 2015). The Borough also faces challenges with obesity with 68.3% of adult residents classified as being overweight (Office for Health Improvement and Disparities, 2022). Obesity is associated with a range of health conditions, including cardiovascular disease and a recent Walsall Joint Strategic Needs Assessment (JSNA) highlighted upwards trends in hospital admissions for obesity-related illnesses (Walsall Intelligence, 2019). These obesity-related illnesses are predicted to cause a loss of 43,000 working days, and £40m to Walsall's wider economy. Data also indicate that mental health referrals were on an upwards trajectory prior to the COVID-19 pandemic (Walsall Intelligence, 2019), and recent Walsall Council survey data suggest that the pandemic may have negatively impacted the mental and physical health of local residents. (Walsall Council, 2021)

To address the public health issues experienced by Walsall residents, Walsall Council has committed to improving the physical and mental wellbeing of residents and the local workforce (see, for example, Walsall Health and Wellbeing strategy 2019-2021 (Morris et al, 2019) and has implemented several initiatives to achieve this. These include the development of a Walsall Town Centre Master Plan, which aims to create a vision for regenerating the town Centre, and Walsall Together, which is a programme that joins up activities of local NHS organisations.

The Workplace Health Programme (WHP), first commissioned by Walsall Council in 2015/16, is one such initiative. The WHP is delivered by a social enterprise called Mytime Active, as part of a wider integrated lifestyle service providing a holistic approach to the improvement of health and wellbeing within Walsall. The integrated lifestyle service aims to support the residents of Walsall to achieve optimal levels of physical, emotional, mental, and social health, and targets the following seven priority groups: men; unemployed and low paid

workers; individuals living in socioeconomically 'deprived' communities; older people; individuals from Black and Minority Ethnic backgrounds; families with overweight children; and residents with long term health conditions.

Under the umbrella of the wider integrated lifestyle service, the WHP was commissioned to:

- Promote healthy and supportive workplace cultures through a healthy workplace awards scheme.

- Encourage and support employer and employee practices that enhance physical and mental health and wellbeing.

- Identify individuals at risk of poor health through workplace-based Health and Lifestyle Risk Assessment and refer at-risk individuals into appropriate services.

- Provide workplace-based lifestyle primary prevention services, including smoking cessation and weight management services.

- Work with employers and other agencies to promote a safe and healthy physical work environment.

(Walsall Council, 2022)

The WHP targets its support at small and medium-sized enterprises (SMEs), which are enterprises with fewer than 250 employees.[1] In particular, it aims to engage with organisations with between 10 and 249 employees. Men, low paid workers, and individuals engaged in routine and manual work have been identified as key priority groups whose health and wellbeing the WHP aims to improve. The programme specifically targets SMEs where a significant proportion of the workforce are from one or more of these groups. The WHP also prioritises SMEs located within the more deprived areas of Walsall. (Connolly, 2019).

The WHP is staffed by a core team of two full-time Mytime Active staff members, who will be referred to for the remainder of this document as the 'workplace health team'. The WHP provides a bespoke service and takes a staged approach to supporting businesses. This includes the workplace health team first conducting a needs assessment with each SME, which includes baselining against the West Midland Combined Authority's (WMCA) Thrive at Work standards (wmca.org.uk). Businesses also have the option of formally enrolling on the Thrive at Work accreditation programme, which provides structured support and guidance with the implementation of health and wellbeing strategies and policies, dependent on their individual organisational needs. The workplace health team then uses the needs assessment, alongside discussions with the business, to complete a health development plan for each individual business that identifies priorities and appropriate support. In

---

[1] Different definitions of an SME exist, some of which include reference to business turnover and/or assets. For the current study, we will utilise the SME definition adopted by the Department for Business, Energy and Industrial Strategy's (BEIS) annual longitudinal small business survey. This defines business 'size' solely in terms of number of employees; level of turnover or assets are not part of our definition.

practice, the WHP support does not always follow this staged approach, as it is responsive to the changing demands and needs of each business.

The SME needs assessment may include:

- NHS Health Checks or Health Assessments for staff

- Advice and support to conduct a health and wellbeing staff survey

- Baselining against the Thrive at Work Standards

The health development plan includes a range of support that may include:

- Health related workshops for staff on a range of topics (e.g., weight management)

- Twelve weeks of behaviour change support for individual staff members

- Signposting and promotion of health and wellbeing support (e.g., smoking cessation)

- Support to develop a range of workplace polices (e.g., related to mental wellbeing)

In addition to the WHP and work of the workplace health team, several other sources of workplace health and wellbeing support exist for Walsall SMEs. For example, SMEs can access Walsall Council support such as 'health chats' training and 'mental health awareness' training, and health and wellbeing support services are also available to SMEs through private sector providers.

2.2 The public health problem to be addressed and why this research is needed now

Walsall is an area with significant levels of deprivation and a high proportion of the population at risk of a range of preventable health conditions. Walsall Council has recognized the public health challenges that its population faces and the important role that workplaces can play in supporting the health and wellbeing of Walsall residents.

However, encouraging the engagement of Walsall SMEs with available workplace health and wellbeing support services has proved challenging for the Workplace Health Team and its partners, particularly during the COVID-19 pandemic. The Workplace Health Team has continued to offer support to SMEs throughout the pandemic and this had included reconfiguring aspects of this support to encourage engagement (by delivering services such as workshops and training online, for example). Anecdotal evidence, however, suggests that the challenging trading environment during the pandemic and the negative financial impact of the pandemic on businesses, may have led to an increased focus by SMEs on business survival and a de-prioritisation of engagement with support services not viewed as directly relevant to this.

At the same time, the issue of workforce health and wellbeing, and employers' roles in supporting it, is perhaps even more salient because of the continued impact of the COVID-19 pandemic. Recent studies suggest that the pandemic has had a deleterious impact on the physical and mental wellbeing of UK adults (Robinson et al, 2021; Pierce et al, 2020) and specifically for workers (Gilleen et al 2021; Platts et al 2021). It may therefore be the case that many SMEs are failing to engage with health and wellbeing support at a time when their employees need it most.

This evaluation will explore SMEs' patterns of engagement with workplace health and wellbeing support, facilitators and barriers to that engagement, gaps in support provision, and SMEs' views and attitude towards supporting employees' health and wellbeing. It will generate valuable learning about SMEs' motivations for engaging and not engaging with support via the WHP and other routes. The evaluation will also explore Walsall SME employees' perceptions and experiences of the workplace health and wellbeing support services provided through their employing organisations.

The local authority which commissions the WHP, the service provider, Walsall SMEs, and employees of SMEs and their families, will all benefit from this research. The knowledge produced will provide an understanding of how to effectively encourage and facilitate SMEs' engagement with workplace health and wellbeing support, and an indication of whether and how that support is meeting the needs of the local workforce. Beyond the Walsall locality, the wider Thrive at Work programme and local authorities nationwide will benefit from the translational knowledge produced.

2.3 Review of relevant existing evidence

Health and wellbeing are complex and multifaceted concepts. The World Health Organisation (WHO), for example, recognises that health reflects a state of physical, mental and social wellbeing, rather than simply the absence of illness (World Health Organization, 2022). Definitions of health distinguish between subjective and objective wellbeing. Subjective wellbeing includes an individual's own feelings about wellbeing, views on satisfaction in their life, and subjective feelings of happiness, while objective wellbeing relates to the meeting of humans' basic needs, including adequate food, physical health, education, and safety. (Department of Health, 2022; Erdogan, Bauer, Truxillo & Mansfield, 2012). Definitions of wellbeing commonly include a combination of both subjective and objective perspectives of wellbeing (Alatartseva & Barysheva, 2015).

The working environment can have a significant impact on employees' health and wellbeing, which has public health, economic and social implications, and consequences for individuals' work and non-work lives (Lee at al, 2014). In the United Kingdom (UK), employee health and wellbeing has been highlighted as a particular area for concern and policy intervention as European labour statistics suggests that UK full-time workers spend amongst the highest number of hours at work of any European country (Eurostat, 2018). With large number of hours spent at work, individuals' work and personal lives can become heavily intertwined and evidence suggests that the combination of both work and everyday stressors can take a toll on the human body and mind, resulting in serious emotional and physical outcomes (Cooper & Cartwright,1994).

UK Labour Force Survey data indicate that over the past decade between 1.8% and 2.1% of working hours in the UK have been lost to sickness absence (ONS, 2021a). In 2020, approximately 120 million working hours were lost to sickness or injury in the UK, equating to more than 3.5 days lost per worker (ONS, 2021b) and the economic cost of workplace injury and illness in 2018-19 was estimated at £16.2 billion (HSE, 2020). Minor illnesses such as colds are consistently the most common reason for sickness absence, typically accounting for more than one-third of absences, with 'musculoskeletal problems', 'mental health conditions', and 'other conditions' the next most common reasons for absence prior to COVID-19 (in 2020, COVID-19 accounted for 14% of sickness absences) (ONS, 2021b). The wide-ranging review of workplace health conducted by Dame Carol Black (Black, 2008) was important in highlighting the strong evidence of the link between work, health and wellbeing and the need to address these elements together.

Workplace health and wellbeing focuses on the welfare associated with employees and encompasses emotional, mental, psychological, and physical perspectives of wellbeing (Hassan et al, 2009). In recent decades there has been a broadening of the understanding of workplace health and wellbeing, from an almost exclusive focus on the physical work environment to a broader definition that encompasses lifestyle, work organisation and workplace culture, and community, and an appreciation that all these factors can influence employee health and wellbeing (Burton, 2010).

Workplace health and wellbeing support for employees may take several different forms. This includes support focused at addressing work-related health problems, such as mental health disorders, back pain, and musculoskeletal disorders (Hassan et al, 2009), as well as support that reflects a holistic view such as that reflected in the CIPD model of workplace health and wellbeing which includes reference to values and principles, collective and social relationships, and personal growth (CIPD, 2016).

Small and medium sized enterprises (SMEs) are defined as organisations with 0-249 employees (Department for International Trade, 2020). At the start of 2021, there were 5.6 million private sector businesses, with SMEs accounting for 99.9% of those, having an employment total of 16.3 million (Department for Business, Energy & Industrial Strategy, 2021). Research indicates that those working within SMEs can be at greater risk of poor wellbeing outcomes than those in larger organisations, due to organisational factors, such as the need to take on multiple work roles, high workloads, and work/ life imbalances. (Cocker et al, 2012). In addition, these organisational factors, poorer promotional opportunities and lack of financial resources, can encourage employee presenteeism leading to high levels of stress and sickness rates (Holt and Powell, 2014; Legg et al 2015; Masi and Cagno, 2015).

Encouraging SMEs to facilitate health and wellbeing support for their staff may be particularly challenging since SMEs may have limited size, resource, or competence to facilitate such support (Lindstrom, 2004). Hannon et al (2012) indicate that as workplace sizes decrease, organisations' engagement with workplace health promotion programmes also decreases. Literature highlights a number of reasons for SME poor engagement with health and wellbeing support programmes, including limited time, lack of financial resources and human capital, and attitudes towards organisational health. Small business owners may also be pre-

occupied with everyday operations of the business and therefore have limited time to engage with or implement skills training focused on health promotion (Panagiotakopoulos, 2011). In addition, small business employers may take a reactive rather than preventative approach to occupational health and wellbeing, viewing occupational health risks to be less significant and workplace health programmes to have limited immediate return to their businesses, meaning that the financial resources allocated to prevention are minimised. (Nowrouzi et al, 2016).

3. Study Information

3.1 Aim

To explore the nature and extent of Small and Medium sized Enterprises' (SMEs) engagement with health and wellbeing services/support and the enablers and barriers to their engagement. Secondly, to investigate SME workforce perceptions and experiences of employer-provided services to support workforce health and wellbeing.

3.2 Research questions

1. How do SMEs conceptualize and define 'workplace health and wellbeing'?

2. Which health and wellbeing services/support do SMEs make use of; and how do they engage with such services/support?

3. What are the facilitators/motivators and barriers to SMEs engaging with workplace health and wellbeing services/support and how can these be enhanced or addressed, respectively?

4. How do employees perceive their employer's offer of health and wellbeing support?

5. What, if anything, do the target workforce require in terms of health and wellbeing support through their workplace and are these needs being met?

4. Study design and methods

4.1 Study design overview

The study will adopt a mixed methods design. Quantitative data collection will involve a survey of Walsall based SMEs. Qualitative data collection will involve focus groups with local stakeholders involved in encouraging SMEs' engagement with workplace health and wellbeing services and interviews and/or focus groups with representatives from Walsall based SMEs and individuals employed/working within Walsall based SMEs.   Additional qualitative data will be provided by respondents' qualitative responses to open-ended survey questions.

The project has been divided into five distinct workstreams (WSs). Each workstream seeks to answer specific research questions (RQs) or address RQs in a different way to provide for a well-rounded and robust evaluation. Workstreams 2, 3 and 4 will adopt a sequential

mixed methods approach, with findings from the largely quantitative Workstream 2 informing the focus of Workstreams 3 and 4.

Study inclusion criteria are broadly that participants must be an adult age 18 or above, have the capacity to consent to participate, and have provided informed consent to participate.

Table 1 below, provides a summary of each workstream and the study research question/s that it addresses. Further detail on each of these workstreams is provided in sections 4.3-4.7 below.

Table 1: Project workstreams (WSs) mapped to research questions (RQs)

WS	Summary	RQ1	RQ2	RQ3	RQ4	RQ5
1	Qualitative data collection with Walsall stakeholders directly involved in encouraging SMEs' engagement with workplace health and wellbeing services and support.	✓	✓	✓		
2	Survey of Walsall based SMEs with ten or more employees.	✓	✓	✓		
3	Qualitative data collection with representatives from a sample of Walsall SMEs	✓	✓	✓	✓	✓
4	Qualitative data collection with a selection of individuals employed/working within Walsall based SMEs.			✓	✓	✓
5	Data synthesis and dissemination	✓	✓	✓	✓	✓

4.2 Co-production and PPI
4.2.1 Co-production

Co-production is a central tenet of the PHIRST initiative and our evaluation plans. This evaluation will be co-produced by PHIRST Connect with Walsall Council and other local partners and stakeholders, including Walsall employees and employer representatives, who will work together to plan, design, deliver, and disseminate the evaluation. We will regularly communicate and consult with these partners and stakeholders, and in addition present proposals and updates to our Independent PHIRST Advisory Board (composed of relevant stakeholders in the field of public health and evaluations, which includes academics, third sector, governmental and public expertise) and our Walsall specific Advisory Group (similarly composed of key stakeholders but with membership more closely reflecting the subject and area of the evaluation). The feedback they provide will continue to shape key decisions within the research process including design, ethics, and dissemination.

4.2.2 Patient, public and stakeholder involvement

The University of Hertfordshire is committed to involving the public in all stages of its research and has an existing Public Involvement in Research group (PIRg) consisting of members of the public, service users and carers. Patient and public involvement (PPI) is a fundamental part of our PHIRST approach to research and evaluation and will be integral at all stages. All PPI activities will be co-ordinated by the PPI co-investigator (Amander

Wellings), the academic PPI co-investigator Professor Julia Jones and members of our PHIRST.

For this evaluation, we aim to embed public and local stakeholder involvement in the following ways:

1. PHIRST Public Involvement in Research Group (PIRg): this group is hosted by the University of Hertfordshire and will collaborate with the research team across all aspects of the study.
2. Walsall workplace wellbeing employee consultation group: we will aim to convene an employee consultation group made up of Walsall employees who are broadly representative of those who are the target workforce for the WHP.
3. Walsall workplace wellbeing employer consultation group: we will aim to convene an employer consultation group made up of representatives from Walsall employer associations and representatives.

The PHIRST PIRg will provide public, service user and carer perspectives to all the public health evaluation projects conducted by the team. The ten members of the PIRg meet monthly to discuss key aspects of PHIRST Connect evaluation work (for example, research questions, methodology, literature review, research tools, data analysis, and dissemination), and in between meetings, will work closely with the PHIRST to co-produce the evaluation. In addition, two PIRg member will be part of the core research team throughout the study.

We will aim to convene a Walsall workplace wellbeing employee consultation group specifically for this project. We will work will local partners, stakeholders, and community groups and organisations, to assemble a group of local people who are employed within Walsall SMEs. Group members will be asked to advise on, and assist with, key aspects of our methodology, data collection, and implementation/impact work. They will attend up to four group consultation sessions during the evaluation, which will coincide with key points in the project. Consultation group members will be asked to provide an employee perspective on how we conduct the evaluation, help us to interpret findings, and assist in co-producing dissemination and outputs that are accessible to lay people and members of the public.

We will aim to convene a Walsall workplace wellbeing employer consultation group comprising representatives from Walsall employer associations (such as the Federation of Small Businesses and Chamber of Commerce), and representatives of Walsall SMEs. The consultation group will meet at key milestones (up to four times) during the evaluation and provide an employer perspective on key aspects of the evaluation, including methodology, survey and questionnaire design, data collection, and implementation/impact work.

Both the PHIRST PIRg and the local employee consultation group will be involved in the dissemination of the project and its knowledge mobilisation strategy.

4.3 Workstream 1: Qualitative data collection with Walsall stakeholders directly involved in encouraging SMEs' engagement with workplace health and wellbeing services and support.

Design
Qualitative focus groups (maximum x3)

Piloting
Ahead of their use, we will pilot the focus group method and schedule with our PIRg.

Recruitment and sampling
We will work with partners within Walsall Council and the Workplace Health Team to determine which Walsall stakeholders, and how many, to recruit for inclusion in this component of our data collection. We anticipate recruiting a maximum of 12-15 participants in total.

We will aim to achieve a diversity of participants which represents the range of Walsall stakeholders who have been directly involved in encouraging SMEs' engagement with workplace health and wellbeing services and support in the last three years. We anticipate that stakeholders will include representatives from the following teams, amongst others: Workplace Health Team; Economic Growth; Environmental Health; Public Health; Employment and Skills; and the wider local authority. Topics to be explored during focus groups will include: the different strategies used to engage SMEs in workplace wellbeing health and wellbeing support and their relative effectiveness; perceptions of barriers to SMEs' engagement with support; and perceptions of factors facilitating SME engagement with support.

Inclusion criteria:

- Be age 18 or above
- Have the capacity to consent to participate
- Have provided informed consent to participate
- Have been directly involved in encouraging SMEs' engagement with workplace health and wellbeing services and support in the last three years

An email drafted by the PHIRST, with an accompanying information sheet, will be distributed via Walsall Council and the Workplace Health Team to Walsall stakeholders involved in encouraging SMEs' engagement with workplace health and wellbeing services to invite them to participate. The email will contain a link to a secure online system (REDCap), which participants will be asked to visit to read a participant information sheet (PIS), provide e-consent via an online form, provide basic details about themselves (for example, job role and organisation), and select a convenient time and date to participate in a focus group.

Procedure
We will conduct a maximum of three focus groups with, at most, six participants per group,

providing an anticipated total sample size of between 8 and 15 participants. Focus groups will take place online, facilitated and moderated by members of the research team. To participate in a focus group, participants will need to have individual access to the video-conferencing software Zoom. Participants may choose to participate using audio only, or video plus audio. Focus groups are expected to last approximately one hour and consent for recording will be gained from participants prior to recording commencing. Audio recordings will be fully transcribed prior to analysis.

Setting
All data will be collected remotely (i.e., using the video conferencing software Zoom).

Analysis
The focus group transcripts will be uploaded into NVivo (or a similar software) for coding and analysis. Transcripts will be analysed using Framework Analysis (Gale et al., 2013), as this offers a structured, systematic approach to qualitative data analysis by multiple researchers. An initial inductive coding approach will be adopted.

4.4. Workstream 2: Survey of Walsall based SMEs with ten or more employees.

Design
Cross-sectional survey.

Piloting
Ahead of its use, the survey method and questionnaire will be piloted with the employers' consultation group.

Recruitment and sampling
To maximise the survey response rate, we will conduct, in partnership with Walsall Council and its partners, a range of awareness-raising activities in the weeks and months preceding the commencement of data collection. This will include publicity through newsletters to SMEs; breakfast meetings and other business fora and events; online blogs and articles; promotional flyers (electronic and hard copy); social media promotion; and word of mouth.

Inclusion criteria:

- Be an adult aged 18 or above
- Have the capacity to consent to participate
- Have provided informed consent to participate
- Be a representative of a Walsall-based SMEs with 10-249 employees

Where possible, SME representatives at manager, senior manager, or director level, with responsibility for human resources and/or employee health and wellbeing functions within the organisation (e.g., business owners, managing directors, or human resources managers) will be asked to complete the survey.

Respondents will be recruited from:

- The lists of SMEs meeting the study inclusion criteria held by the Workplace Health Team, Walsall Council and the wider Walsall partner and stakeholder network.

- A commercially available list of SMEs meeting the study inclusion criteria, which will be purchased by an independent research company that will be commissioned to conduct telephone survey interviews.

- SMEs attending business-focused workshops and events.

Survey questionnaire development

A draft survey questionnaire will be developed based on the aims of the study and with reference to literature on workplace health and wellbeing and factors influencing SMEs implementation of workplace health and wellbeing support. The questionnaire will utilise a combination of the closed, Likert-scale, multiple-choice, and free text. Topics addressed by the questionnaire include:

- Background information about the SME (e.g., size, time trading/operating, legal structure, business sector, and fit with the WHP's target criteria)

- Current and past engagement with health and wellbeing support for Walsall SMEs

- Currents and past workforce health and wellbeing provision

- SMEs' health and wellbeing support needs

- Organisational attitudes towards supporting employees' workplace health and wellbeing

Organisational attitudes towards supporting employees' workplace health and wellbeing will be assessed using a selection of items related to this domain. Some of these will be items devised by the research team based on previous research about factors influencing organisations' attitudes towards supporting employee health and wellbeing. Others will be derived from pre-existing tools and measures.

The survey questionnaire will be concise, with the aim of completion taking no longer than 10 minutes online or via hard-copy, or 15 minutes via telephone interview (the maximum length of time suggested by independent research companies with experience of conducting similar local business surveys). The questionnaire will also invite respondents to express their willingness to be involved in a subsequent focus group, allowing us to create a sub-sample of SMEs from which to select potential focus group members.

Procedure

The survey questionnaire will be available for completion by SMEs via the following routes:

- An independent research company will be commissioned to conduct telephone interviews with SMEs.

- Online via a secure online system (REDCap).

- During business-focused workshops and events, where electronic devices will be available to enable survey completion via REDCap.

All potential participants will be provided with a Participant Information Sheet, which will convey information about the project to allow them to provide consent prior to completing the survey.

Due consideration will be given to translating the online survey questionnaire into a small number of community languages other than English, where feedback based on initial data collection suggests that use of an English language only questionnaire will exclude a number of SMEs from participating. To encourage participation, SMEs will be informed that every additional questionnaire completed will have some potential community benefit (for example, by a charitable donation being made for every questionnaire completed). The survey will be available for completion for a period of six weeks.

Analysis
Analysis will include reporting on findings for the survey respondents overall, in addition to comparisons between the responses of SMEs by different key characteristics (e.g., size, sector, time trading, and fit with the WHP's target group).

Sample size calculation
Local business intelligence suggests that there are approximately 900 Walsall-based SMEs with 10-249 employees. Discussions with Walsall partners, some of whom routinely survey Walsall businesses, indicate that sample sizes gained via surveys of local businesses are typically small due to challenges recruiting respondents and encouraging survey completion. Discussions with independent research companies with experience of conducting similar surveys of local businesses, suggest that a participation rate of approximately 7.5% would be realistic. We will therefore aim for a total SME sample size of 75, which would allow us to obtain an estimate of a proportion correct to ±12%.

4.5 Workstream 3: Qualitative data collection with representatives from a sample of Walsall SMEs

Design
Qualitative focus groups (maximum x4) and/or interviews (maximum x10).

Piloting
Ahead of their use, we will pilot the focus group and interview schedule with PHIRST Connect PIRg members.

Recruitment and sampling
The survey questionnaire will invite participants to express their willingness to participate in

a focus group or interview. This will allow us to create a sub-sample of survey respondent SMEs to invite to participate in data collection for this workstream. This will be a primary route through which we generate a pool of potential focus group participants. Where possible, maximum variation sampling will be used to obtain a sample, based on survey responses, which represents (within pragmatic and total sample size constraints) variation in terms of factors such as SMEs' size; time trading; sector; organisation type; legal structure; fit with WHP target criteria; level of engagement with workplace health and wellbeing support; internal health and wellbeing practices and structures; and attitude to supporting employee wellbeing.

Participants will be contacted via email with a link to a secure online system (REDCap) where they will be able to select a convenient time and date to participate in a focus group. Where consent to participate has not been previously gained (i.e., prior to survey completion), participants will also be presented with a PIS and asked to provide e-consent via an online form.

The research will be publicised widely with SMEs throughout the borough prior to workstreams 2 and 3 commencing. Should the survey invitation to participate in a focus group or interview not yield a great enough number of willing SMEs, we will work with Walsall stakeholders to use the awareness generated around the research to produce an additional list of SMEs willing to participate .

Where necessary, additional recruitment methods for this workstream will include:

- Use of a commercially available list of Walsall SMEs to enable the research team to directly recruit to workstream 3 (via telephone)

- Recruitment via Walsall stakeholders' direct networks

- Snowball sampling

Inclusion criteria:

- Age 18 or above
- Have the capacity to consent to participate
- Have provided informed consent to participate
- Be a Walsall-based SME with 10-249 employees

Where possible, SME representatives invited to participate in focus groups will be those at manager, senior manager, or director level, with responsibility for human resources and/or employee health and wellbeing functions within their organisation (e.g., business owners, managing directors, or human resources managers).

Examples of topics to be explored during focus groups are conceptualisations of workplace health and wellbeing; barriers to engagement with workplace health and wellbeing support; perceptions of the health and wellbeing needs of employees; how employee

needs are assessed; gaps in available support; and factors that would facilitate greater SME engagement with support services.

Procedure
We anticipate a total sample size of between 8 and 24 participants depending, in part, on whether interviews and/or focus groups are conducted for this workstream. A maximum of four focus groups with an anticipated four to six participants per group, will be conducted. A maximum of 10 interviews will be conducted.

Focus groups will take place online or face-to-face, facilitated and moderated by members of the research team. To participate in an online focus group, participants will need to have individual access to the video-conferencing software Zoom. Participants may choose to participate online using audio only, or video plus audio. Interviews will take place online, via telephone, or face-to-face.

Focus groups and interviews are expected to last no longer than one hour and consent for recording will be gained from participants prior to recording commencing. Audio recordings will be fully transcribed prior to analysis.

Setting
All data will be collected remotely (i.e., using the video conferencing software Zoom).

Analysis
The interview and focus group transcripts will be uploaded into NVivo (or a similar software) for coding and analysis. Transcripts will be analysed using framework analysis (Gale et al., 2013), as this offers a structured, systematic approach to qualitative data analysis by multiple researchers. An initial inductive coding approach will be adopted.

During the thematic analysis phase of the framework analysis process, anonymised case studies will be created, providing examples of effective engagement of SMEs with workplace health and wellbeing support, factors that facilitated this engagement, SMEs' experiences of support, and the benefits of engagement with support for enterprises, staff, and other stakeholders.

4.6: Workstream 4: Qualitative data collection with a selection of individuals employed/working within Walsall based SMEs

Design
Qualitative focus groups (maximum x4) and/or interviews (maximum x10).

Piloting
Ahead of their use, we will pilot the focus group and interview schedule with PHIRST Connect PIRg members.

Recruitment and sampling
We will aim to recruit a sample of between 8 and 20 participants who are currently

employed/working within Walsall based SMEs.

To avoid gatekeeping (Devers and Frankel, 2000) sampling biases that can occur when recruiting individuals from within organisations, we will aim to recruit employee participants through a range of routes that do not include direct recruitment through employing organisations, although recruitment through employers may be considered where deemed necessary. We will work closely with Walsall partners to identify effective routes through which to recruit Walsall SME employees, which early discussions suggest will include community and voluntary sector organisations; sports clubs; working men's clubs; trade unions; informal community groups; mosques and temples; social media networks/groups; local events; and local employee groups/forums. Particular efforts will be made to recruit participants through those routes where engagement with employees who match the target populations of the WHP is most likely. A short video of one of the research team explaining the research verbally will also be made available to share, and consideration will be given to producing a similar video in a community language other than English, where discussions with stakeholders suggest this might encourage participation. To further encourage participation a 'thank you' shopping voucher will be offered to all participants and a prize draw incentive will be included.

Project information, translated into community languages other than English, where required, will be shared with prospective participants via each of these routes. This information will include an invitation to register to participate and a link to a secure online system (REDCap), where participants will be able to read a PIS, provide e-consent via an online form, give contact details and basic information about themselves (for example, age; ethnic background; gender; job role/title; and business sector of workplace/employer), and register to participate. To ensure that the opportunity to participate is as accessible as possible, the online PIS and consent form will be translated into relevant community languages other than English, where required, and hard copies of the PIS and consent form will also be available, where necessary.

Where recruitment through the above routes proves particularly challenging, additional methods of recruitment may include:

- Members of the research team, with the consent of the SME, accompanying WHT members on their visits to business premises to raise awareness of the evaluation and recruit participants to workstream 4

- WHT members, with the consent of the SME, raising awareness of the evaluation among SME employees during visits to premises, and presenting opportunities for employees to register to participate or request further information from the research team

Inclusion criteria:

- Age 18 or above
- Have the capacity to consent to participate
- Have provided informed consent to participate

- Be employed/working within a Walsall based SME with 10-249 employees at the point at which they register to participate

The WHP targets SMEs where significant numbers of employees are men; or engaged in routine and manual work; or engaged in low paid employment. Specific effort will be given to ensuring that there is representation of these target employee groups within the sample of participants, and at least half of selected participants will be members of at least one of these groups. Within this constraint, and that of total sample size, maximum variation sampling will then be used to obtain a sample which provides variation in terms of gender; age; ethnic background; job role; and business sector of employing organisation. Selected participants will be contacted by a member of the research team to select a convenient focus group time and date.

Topics explored during focus groups and interviews will include participants' perceptions of the workplace health and wellbeing support available via their employers; participants' views on the role of employers in promoting employee health and wellbeing, and perceptions of any current gaps in provision.

Setting
All data will be collected remotely (i.e., using telephone or the video conferencing software Zoom).

Procedure
Focus groups will take place online or face-to-face, facilitated and moderated by members of the research team. To participate in an online focus group, participants will need to have individual access to the video-conferencing software Zoom. Participants may choose to participate using audio only, or video plus audio. Interviews will take place online, via telephone, or face-to-face.

To help address digital exclusion issues, local organisations will be sought who can offer access to digital equipment or wi-fi to enable participation from those without access to such resources. An interpreter will be made available to conduct simultaneous interpretation, where required, and participants will be asked to indicate any interpretation needs at various stages of the recruitment process. Participants will be provided with a one-off £10 voucher in recognition of their time.

A safeguarding protocol will be in place and will be enacted as/when required. Focus groups and interviews are expected to last no longer than one hour and consent for recording will be gained from participants prior to recording commencing. Audio recordings will be fully transcribed prior to analysis.

Analysis
The focus group and interview transcripts will be uploaded into NVivo (or similar software) for coding and analysis. Transcripts will be analysed using Framework Analysis (Gale et al., 2013), as this offers a structured, systematic approach to qualitative data analysis by multiple researchers. An initial inductive coding approach will be adopted.

4.7: Workstream 5: Data analysis, synthesis, and dissemination

- Data analysis, synthesis, and dissemination

- Timescale: tbc

4.8 Dissemination and outputs

Method

Approaches to integrating qualitative and quantitative research procedures and data can be implemented at 'design', methods', and 'interpretation and reporting' stages of research (Fetters, Curry, & Creswell, 2013). For this study, qualitative and quantitative data will primarily be integrated at the 'interpretation and reporting' level. Qualitative and quantitative data will be separately analysed as standalone workstreams before being brought together (Brannen, 2005).

Coding and analysis of each workstream will begin prior to data collection for subsequent workstream commencing.   However, some coding and analysis is likely to be conducted in parallel enabling a degree of 'cross-fertilisation'. A mixed contiguous/weaving approach will be taken (Fetters & Freshwater, 2015), allowing the research team to integrate findings from the quantitative survey questions/items with qualitative analysis of SMEs and employees' experiences and perspectives. This will allow, for example, for the generation of explanations for patterns in SMEs engagement with health and wellbeing support, organisational practices, attitudes, and experiences.

Recommendations will be generated by the research team, through consultation with the Advisory Board, project-specific Advisory Group, employee and employer consultation groups, Walsall Council, the Workplace Health Team, and the PIRg. Recommendations will be further developed and refined with key Walsall stakeholders, including employees and employers, at a stakeholder workshop. The workshop will be facilitated by the PHIRST team and will make use of group work and interactive, participatory methods to engage workshop participants in a collaborative decision-making process. This will help to ensure that the recommendations generated by the evaluation are appropriate and feasible, are co-produced, and fit with the needs and plans of the local authority and other key stakeholders.

In terms of dissemination, PHIRST Connect impact, implementation and dissemination work will be driven through the development of an 'Impact Map', 'Dissemination Strategy' and 'Implementation Plan'.

The Impact Map will outline the different levels of implementation that will be conducted with different audiences and map the short, medium and longer-term impacts. The Impact Map will be developed in partnership with:

- Walsall Council

- The Workplace Health Team
- PIRg members, the employee
- Employer consultation groups
- The project Advisory Board and Group

It will consider the value of findings to the wider public health system and its stakeholders and how outputs can be effectively communicated and mobilised to other regions and sectors. The Impact Map will capture how the outcomes will be used by the local authority to inform planning and delivery in the short, medium and long-term, and once developed, will define the criteria for strategic impact work and how this will be delivered.

Following development of the Impact Map, we will work with guidance from implementation experts in the East of England NIHR ARC, and the UH Marketing and Communications (MarComms) team, to develop a 'Dissemination Strategy' and 'Implementation Plan'. In addition, a dynamic database of stakeholders will be created and we will convene a 'design group' to test ideas for effective implementation and dissemination. Dissemination will occur through several key routes, including:

- Main outputs for local authority TBC
- PHIRST website, jointly managed by the four PHIRST teams
- Creative outputs such as video and interactive content, including a video lay summary
- Social media channels
- Traditional academic routes of conference presentations and peer-reviewed, open access journal articles
- Dissemination through professional networks
- Other key stakeholder groups (tbc)

All outputs will be informed by consultation with the PIRg, employee and employer consultation groups, and the project Advisory Group. In addition, to organize the collaboration within the six PHIRST teams across England, a national-level PHIRST Communications Working group has been set up with representatives from each PHIRST as well as PPI members (supported by the PPI co-applicant and PPI expertise from University of Hertfordshire). This team will meet regularly and develop proposals for the approval of NIHR.

4.9 Plain English Summary

Overview of the Project being evaluated
Workplace health and wellbeing focuses on the physical, mental and social aspects of wellbeing aimed at employees within working environments. Research has shown that promoting health and wellbeing in the workplace can have a lot of benefits for the health of the population. This includes reduction in obesity levels, reductions in the number of people off work due to illness, and improvements in mental health and wellbeing.

NIHR | **Public Health Intervention Responsive Studies Teams**

Walsall council has commissioned a Healthy Workplace Programme (WHP) to support the improvement of health and wellbeing in Walsall. The WHP focuses its support at small and medium sized organisations, known as SMEs. Men, people in low paid work, and individuals who are employed in routine and manual work, are the key groups whose health and wellbeing the WHP aims to improve. The workplace health team uses needs assessment, alongside discussions with the business, to complete a health development plan for each individual business that highlights priorities and appropriate support. In practice, the WHP support does not always follow this staged approach, as it is responsive to the changing demands and needs of each business.

The SME needs assessment may include:

- NHS Health Checks or Health Assessments for staff

- Advice and support to conduct a health and wellbeing staff survey

- Baselining against the Thrive at Work Standards

The health development plan includes a range of support that may include:

- Health related workshops for staff on a range of topics (e.g., weight management)

- Twelve weeks of behaviour change support for individual staff members

- Signposting and promotion of health and wellbeing support (e.g., smoking cessation)

- Support to develop a range of workplace polices (e.g., related to mental wellbeing)

As well as the WHP, there are many other sources of workplace health and wellbeing support for Walsall SMEs. This includes support provided by other teams within the council which offer services such as virtual workshops, 'health chats' and 'mental health awareness' training.

Why is this study needed and what are we aiming to do?
As a result of the pandemic, SME contacts with the WHP have been lower than normal. Walsall Council would like to encourage more SMEs to use the WHP and other services that are available locally to help SMEs support the health and wellbeing of their employees. They would like to find out more about issues such as why some SMEs don't use health and wellbeing support services; what might encourage them to use them more; and what employees think about the health and wellbeing support that is available through their workplaces.

Overall aims
1. To look at the ways Small and Medium sized Enterprises' (SMEs) are involved with health and wellbeing services/ support, including that help and hinder their involvement.

2. To look at SME employee's views and experiences of health and wellbeing support services offered by their employer.

Research questions
1. How do SME's think of and define 'workplace health and wellbeing?'
2. Which health and wellbeing services/support do SMEs make use of; and how do they engage with such services/support?
3. What are the facilitators/motivators and barriers to SMEs engaging with workplace health and wellbeing services/support and how can these be enhanced or addressed, respectively?
4. How do employees view their employer's offer of health and wellbeing support?
5. What, if anything, do the employees in Walsall require in terms of health and wellbeing support through their workplace and are these needs being met?

Research Design
The study will aim to use different methods to capture the information needed to answer the research questions above. This will include both qualitative (words) and quantitative (numbers) methods. The methods are broken down into five workstreams (WS):

- **WS1** – Focus group discussions with Walsall stakeholders, to talk about the strategies used to involve SMEs in workplace health and wellbeing support, and possible barriers to involvement. These stakeholders include individuals from several different teams who support health and wellbeing for businesses within Walsall.

- **WS2** – A survey of Walsall based SMEs with between 10 and 249 employees. This method will collect data on employers' awareness of health and wellbeing support; employers' levels of engagement with health and wellbeing support services; employers' health and wellbeing support needs; and how well the wellbeing services/support on offer meet the needs of employers.

- **WS3** – Interviews and focus group discussions with employers from Walsall SMEs. Focus groups will explore things like barriers to SMEs' involvement with workplace health and wellbeing support; employees' health and wellbeing needs; how/whether employees' needs have been assessed; any gaps in workplace health and wellbeing support; and factors that might help SMEs become more involved in available support.

- **WS4** – Interviews and focus group discussions with employees working within Walsall based SMEs. Topics will cover things like employee's views of the workplace health and wellbeing services available through their workplace, and if their health and wellbeing needs are being met.

- **WS5** – Analysis of the data, bringing together the findings and producing outputs for a range of stakeholders.

Public/service user involvement

We will aim to involve a local employee consultation group and the PHIRST Public involvement in Research group (PIRg) throughout the design of this project, providing insight to help researchers answer questions that are important to them. They will also help to understand the findings of the evaluation and how best to share the outputs created.

Evaluation timescales
Start of evaluation work: January 2022
Draft final report/reporting completed: February 2023
Key dissemination activities completed: TBD

The Value of the findings
Walsall Council are aiming to update the current policy document outlining health and wellbeing within the borough. The findings from this study will help guide the development of this policy, as well as provide a better understanding of employer engagement in health and wellbeing services/ support across SMEs.

5. Research governance and project management

5.1 PHIRST Connect governance and project management
Appendix 1 presents an organogram of the PHIRST Connect showing the team structure and roles.

Project Leads
The project is led by the two PHIRST Chief Investigators, Professor Katherine Brown and Professor Wendy Wills. Nigel Lloyd, Senior Research Fellow, is overall lead for the day-to-day management of this project.

Management Group
The PHIRST Connect Management Group meets on a weekly basis to provide oversight and guidance to PHIRST Connect. The Management Group comprises the Chief Investigators and the eight PHIRST Co-Investigators listed in section 1.5.

PHIRST Connect Patient Involvement in Research group (PIRg)
The University of Hertfordshire is committed to involving the pubic in all stages of its research and has an existing Public Involvement in Research group (PIRg) comprised of members of the public, service users and carers. In collaboration with our PPI Co-Investigator Amander Wellings, we have set up a dedicated PHIRST Connect PIRg, which is chaired by Amander and supported by Professor Julia Jones and members of the research team.

The PIRg work closely with the PHIRST Connect team and provide public, service user and carer perspective to all the public health evaluation projects conducted by the team. The eleven members of the PIRg meet as a whole on a monthly basis to discuss various aspects of PHIRST Connect evaluation work (for example, research questions, methodology, reviews of literature, research tools, and dissemination), and between meetings work closely with the PHIRST to co-produce the evaluation.

NIHR | Public Health Intervention Responsive Studies Teams

5.2 PHIRST Connect advisory and consultative groups

PHIRST Connect Independent Advisory Board

An Independent Advisory Board (PHIRST Connect Independent Advisory Board) has been convened to provide independent, external and policy-orientated advice to PHIRST Connect. The Board provides specific advice and support in relation to the strategic direction of PHIRST Connect and its allocated projects. It comments on the ongoing work plan and progress in line with study protocols, acts as a sounding board for new ideas and developments, and advises on opportunities for wider dissemination and for translating research into policy and practice. It is an advisory only body and does not make decisions in its own right or report to any other group or committee.

The Board will meet up to three times per year and is comprised of experts in the fields of public health and evaluation from academic, third sector, governmental and public sector backgrounds. The Board members are:

Table 2. List of Independent Advisory Board Members

Name	Job title	Organisation
Mrs Helen King Varah (**Chair**)	Former Deputy Director of Public Health / currently Independent Public Health Consultant	Solihull Public Health Department
Dr Nicola Armstrong	Programme Manager, HSC & R&D Division	Northern Ireland Public Health Agency
Professor Katherine Brown	Professor of Behaviour Change in Health	University of Hertfordshire (non-independent)
Mr Geoff Brown	CEO	Healthwatch Hertfordshire
Dr Tim Chadborn	Head of Behavioural Insights and Evaluation Lead	Public Health England
Mrs Marion Cowe	PPI Expert by Experience on PHIRST Connect Public Involvement In Research Group (PIRg)	Independent member
Professor Steve Cummins	Co-Director of the Population Health Innovation Lab	The London School of Hygiene and Tropical Medicine
Jane Ford	Public Health Intelligence Advisor	Public Health Scotland
Ms Charlotte Grey	Public Health Evaluation lead	Public Health Wales
Dr Sarah Hotham	Senior Research Fellow & NIHR RDS SE Research Adviser	University of Kent
Professor Margaret Maxwell	Director of MHANP Research Unit	University of Stirling
Professor Toby Prevost	Director, Nightingale-Saunders Clinical Trials & Epidemiology Unit at King's CTU	Kings College London

Mrs Genevieve Riley	Senior Researcher	Public Health Wales
Professor Richard Smith	Professor of Health Economics	University of Exeter
Professor Sarah Stewart-Brown	Professor of Public Health	University of Warwick
Ms Ruth Tennant	Director of Public Health	Solihull Metropolitan Borough Council
Mrs Amander Wellings	PPI Expert by Experience; Chair of PHIRST Connect PIRg	University of Hertfordshire (non-independent)
Professor Wendy Wills	Director of the Centre for Research in Public Health and Community Care	University of Hertfordshire (non-independent)

PHIRST Connect Walsall Workplace Health and Wellbeing Evaluation Advisory Group

A project-specific Advisory Group has been convened to offer specific advice and support in relation to the Walsall workplace health and wellbeing evaluation. The Advisory Group will meet up to six times per year for the duration of the evaluation. It is comprised of the following external members:

Table 3. List of WSA external Advisory Group Members

Name	Job title	Organisation
Nerys Edmonds (Chair)	Principal Health Impact assessment development officer	Public Health Wales – WHO collaborating centre on Investment for Health & Wellbeing
Anna King	Corporate Consultation & Customer Feedback Officer	Walsall Council
Louise Fidler	Environmental Health Officer	Walsall Council
Joe Holding	Senior Programme Development and Commissioning Manager	Walsall Council
Inderjit Nijjer	Employment Growth Officer	Walsall Council
Rushma Patel	Health Improvement Lead	Hertfordshire County Council
Helen Scott	Public Health Manager	Department of Health and Social Care
Amanda Spratt	Programme Manager (ESF & Projects) External Funding	Walsall Council
Daniel Turner	Economic Growth Manager	Walsall Council
Nikki Webb	Health Improvement co-ordinator - workplace	Hertfordshire County Council
Melanie Whistance	Advanced Public Health Practitioner	Worcester County Council

Local PPI and service-user involvement

A local PPI group (employee consultation group) will be convened to advise on, and assist with, key aspects of our methodology, data collection, and implementation/impact work. This group will meet on up to four occasions, which coincide with particular points in the

study, to provide invaluable input into the evaluation and provide an additional route through which PPI can be realised.

6. Ethical considerations and approvals

This project approaches ethics as an ongoing reflexive exercise relevant to all aspects of data collection, analysis and publication. While this protocol provides a description of the ethical issues identified, it is possible that unexpected ethical issues will arise during the course of the research. The research team will monitor and document ethical concerns that arise and these will be captured in the study's 'issue log'. When necessary, these will be discussed with partner organisations (in accordance with the above provisions regarding confidentiality). PPI input will be sought in any discussion about ethical matters at all stages of research, both routinely during approval of different forms and data collection instruments, and when particular issues arise.

Informed Consent and withdrawal
All potential participants will be provided with a detailed Participant Information Sheet, which will convey comprehensive information about the project to allow them to provide written consent. They will be requested to record this consent in an electronic Consent Form. Participants will be informed about their right to withdraw from the study at any time. Participant information will be written in a style of language that is accessible to participants. To ensure this, we will seek input/review from the PHIRST Connect PIRg and the local PPI group that has been convened for the evaluation. A dedicated telephone number and email address will be set up for participants to contact the research team with queries.

Data protection
All data will be stored and processed in line with GDPR and our Data Protection Impact Assessment (DPIA). Data will be stored on our project-specific R drive (on UH server) and only accessible to those within the research team who require this. The R drive will be used to store details of those participating in focus groups/interviews, audio recordings, transcripts of focus groups/interviews, and other qualitative data collected for the evaluation. Also see section 7 below (data protection and management).

Confidentiality
With the exception of where participants identify themselves or others as being in danger or at imminent risk, or where potential criminal activity is indicated, all personal information will be considered as confidential. Data will be stored and processed in line with GDPR, and a Data Protection Impact Assessment (DPIA) will be developed.
This project will seek to maintain full participant confidentiality. Participants' contributions to the research will not be shared with service providers or stakeholder organisations and will be anonymised in publications, and focus group participants will be encouraged to consider their discussions confidential.

Risks, safeguarding and referrals
It is not expected that the nature of the project will give rise to safeguarding concerns beyond those of any other project. A PHIRST safeguarding protocol has been developed which will be used to guide decision-making/actions as and when necessary. A copy of the

safeguarding protocol is available on request from the Chief Investigators.
Where necessary, risk assessments will be conducted, and further safeguarding protocols developed in collaboration with the partner organisations. We will seek to ensure that partner organisations' standard safeguarding and referral pathways are available to all research participants.

Potential benefits for study participants
The project focuses on evaluating workplace health and wellbeing in Walsall SMEs. The evaluation will provide valuable learning how to effectively encourage and facilitate SMEs' engagement with workplace health and wellbeing support and meet the needs of employees. This has the potential to contribute to the development of more effective workplace health and wellbeing support practices, modifications to current support, greater access and suitability of support services for SMEs, and better health and wellbeing outcomes for employees.

Approvals
Ethics approval will be sought through the University of Hertfordshire Health, Science, Engineering & Technology Ethics Committee with Delegated Authority.

7. Data protection and management

The PHIRST is an NIHR funded initiative and the University of Hertfordshire is leading a consortium involving Ulster University, the University of Birmingham and the University of East Anglia. Staff at the University of Hertfordshire will take full responsibility for organising data collection and the safe management and storage of data.

A study Data Protection Impact Assessment (DPIA) assessment will be conducted and reviewed by the University of Hertfordshire Data Compliance Officer, and a full DPIA developed for review and approval where required.

A Data Management Plan (DMP) will be produced specifying the types of data that will be generated by the study, how this data will be preserved, and how it will be shared. The DMP will reflect the University of Hertfordshire's commitment to open access science.

8. References

Alatartseva, E., & Barysheva, G. (2015). Well-being: Subjective and Objective Aspects. *Procedia - Social And Behavioral Sciences*, *166*, 36-42. doi: 10.1016/j.sbspro.2014.12.479

Black, C. (2008). *Working for a healthier tomorrow*. Accessed from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-workingfor-a-healthier-tomorrow.pdf (accessed 9 March 2022).

Bonett, DG., Wright, TA. (2015). Cronbach's alpha reliability: Interval estimation, hypothesis testing, and sample size planning. *Journal of Organizational Behavior,* 36, 3-15.

Braun, A., Kendall, S., Cole, C., Smeeton, N., Angus-Leppan, H. Development of the Epilepsy Risk Awareness scale (ERA scale) for people with epilepsy. *Seizure: European Journal of Epilepsy*, 46, 13-18.

Burton, J. *WHO Healthy Workplace Framework and Model: Background and Supporting Literature and Practices.* 2010. [Accessed: 28th February 2022]. Accessed from: http://www.who.int/occupational_health/healthy_workplace_framework.pdf.

Chartered Institute of Personnel and Development (CIPD) (2016). *Growing the health and well-being agenda: From first steps to full potential.*

Cocker, F., Martin, A., Scott, J., Venn, A., & Sanderson, K. (2012). Psychological distress and related work attendance among small-to-medium enterprise owner/managers: Literature review and research agenda. *International Journal of Mental Health Promotion, 14*, 219-236.

Connolly, E,. (2019). *Deprivation in Walsall: Summary Report* (Version 1.0). Walsall Council. Accessed from: IoD2019-Walsall-Summary-v1.0.pdf (walsallintelligence.org.uk)

Cooper, C., Kirkcaldy, B., & Brown, J. (1994). A model of job stress and physical health: the role of individual differences. *Personality And Individual Differences*, *16*(4), 653-655. doi: 10.1016/0191-8869(94)90194-5

Department for Business, Energy & Industrial Strategy (2021). *Business population estimates for the UK regions 2021: statistical release (HTML).* Accessed from: Business population estimates for the UK and regions 2021: statistical release (HTML) - GOV.UK (www.gov.uk)

Department for International Trade (2020). *Small and medium-sized enterprises action plan.* Accessed From: Small and medium-sized enterprises action plan 2020 to 2022 (publishing.service.gov.uk)

Department of Health (2022). *Wellbeing and Health.* Accessed from: Microsoft PowerPoint - DH Well-being Poster - FINAL.pptx (publishing.service.gov.uk).

Devers, KJ., Frankel, RM. Study design in qualitative research--2: Sampling and data collection strategies. *Educ Health (Abingdon).* 2000;13(2):263-71. doi: 10.1080/13576280050074543.

Erdogan, B., Bauer, T., Truxillo, D., & Mansfield, L. (2012). Whistle While You Work. *Journal Of Management*, *38*(4), 1038-1083. doi: 10.1177/0149206311429379

Eurostat (2018) How many hours do Europeans work per week? January, 2018, Accessed from: https://ec.europa.eu/eurostat/web/products-eurostat-news/-/DDN-20180125-1 [Accessed on 28th February 2022]

Gilleen, J., Santaolalla, A., Valdearenas, L., Salice, C., & Fusté, M. (2021). Impact of the COVID-19 pandemic on the mental health and well-being of UK healthcare workers. *BJPsych Open*, 7(3), E88. doi:10.1192/bjo.2021.42

Hassan, E., Austin, C., Celia, C., Disley, E., Hunt, P., Marjanovic, S., Shehabi, A., Villalba van Dijk, L. and van Stolk, C. (2009). *Health and wellbeing at work in the United Kingdom.* RAND Corporation.

Hannon, P.A., Garson, G., Harris, J.R., Hammerback, K., Sopher, C.J., & Clegg-Thorp, C. (2012). Workplace Health Promotion Implementation, Readiness, and Capacity Among Midsize Employers in Low-Wage Industries: A National Survey. *Journal of Occupational and Environmental Medicine,* 54, 1337–1343.

Health and Safety Executive (HSE) (2020) *Costs to Britain of workplace fatalities and self-reported injuries and ill health*, 2018/19, 4th November, 2020. Accessed from: https://www.hse.gov.uk/statistics/pdf/cost-to-britain.pdf

Holt, M., & Powell, S. (2014). How can public health support small medium enterprises (SMEs)?. *European Journal Of Public Health*, *24*(suppl_2). doi: 10.1093/eurpub/cku165.079

Lee, N., Roche, A., Duraisingam, V., A. Fischer, J., & Cameron, J. (2014). Effective interventions for mental health in male-dominated workplaces. *Mental Health Review Journal*, 19(4), 237-250. doi: 10.1108/mhrj-09-2014-0034

Legg, S., Olsen, K., Laird, I., & Hasle, P. (2015). Managing safety in small and medium enterprises. *Safety Science*, *71*, 189-196. doi: 10.1016/j.ssci.2014.11.007

Lindstrom, K. (2004). Commentary IV: Work organisation interventions in small and medium sized enterprises in Scandanavia. *Social and Preventative Medicine, 49*(2), 95–96.

Masi, D., & Cagno, E. (2015). Barriers to OHS interventions in Small and Medium-sized Enterprises. *Safety Science*, 71, 226-241. doi: 10.1016/j.ssci.2014.05.020

Ministry of Housing, Communities & Local Government. (2019). *loD2019 Interactive Dashboard – Local Authority* Focus. Accessed from: Microsoft Power BI

Morris, N., Thomas, E., Sultan, H., Rowley, J. and Watt, B,. (2019). *The Walsall Plan: Our Health and Wellbeing Strategy 2019-2021.* Accessed from: Microsoft Word - 9 - The Walsall Plan

Nowrouzi B, Gohar B, Nowrouzi-Kia B, et al. (2016) Facilitators and barriers to occupational health and safety in small and medium-sized enterprises: a descriptive exploratory study in

Ontario, Canada. *International Journal of Occupational Safety and Ergonomics* 20(3): 360–366.

Office for Health Improvement and Disparities (2022). *Public Health Profiles: Obesity Profile.* Accessed from: Obesity Profile - Data - OHID (phe.org.uk) © Crown copyright 2022

Office of National Statistics (2022). *M01 Regional labour market: Modelled unemployment for local and unitary authorities*. [Data set]. Accessed from: M01 Regional labour market: Modelled unemployment for local and unitary authorities - Office for National Statistics (ons.gov.uk)

Office for National Statistics (2021a). *Sickness absence in the UK labour market: 2020.* 3rd March 2021, [Data set]

Online: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/sicknessabsenceinthelabourmarket

Office for National Statistics (2021b). *Sickness absence in the UK labour market: 2020.* 3rd March 2021, [Data set]

Online: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/latest

Panagiotakopoulos, A. (2011). Barriers to employee training and learning in small and medium- sized enterprises (SMEs). *Development and Learning in Organizations, 25*(3), 15–18.

Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., et al. Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. *Lancet Psychiatry.* (2020) 7:883–92. doi: 10.1016/S2215-0366(20)30308-4

Platts, K., Breckon, J. & Marshall, E. Enforced home-working under lockdown and its impact on employee wellbeing: a cross-sectional study. *BMC Public Health* **22,** 199 (2022). https://doi.org/10.1186/s12889-022-12630-1

Robinson, E., Boyland, E., Chisholm, A., Harrold, J., Maloney, N. G., Marty, L., Mead, B. R., Noonan, R., & Hardman, C. A. (2021). Obesity, eating behavior and physical activity during COVID-19 lockdown: A study of UK adults. *Appetite*, *156*, 104853. https://doi.org/10.1016/j.appet.2020.104853

Walsall Council (2015). *Public Health Walsall 2015 Men's Health: A review of Current Intelligence and Research.* Accessed from: Public Health Walsall 2015 Men's Health: A Review of Current Intelligence and Research (walsallintelligence.org.uk)

Walsall Council (2021). *Corporate Plan 2021-2021: Inequalities are reduced and all potential is maximised*. Accessed from: 69847 Corporate Plan 2021 - 2022 FINAL PROOF.pdf (walsall.gov.uk)

Walsall Council (2022). *Health at work.* Accessed from: Health at work (walsall.gov.uk).

Walsall Insight (2022). *Diversity.* Accessed from: Diversity - Walsall Insight (walsallintelligence.org.uk)
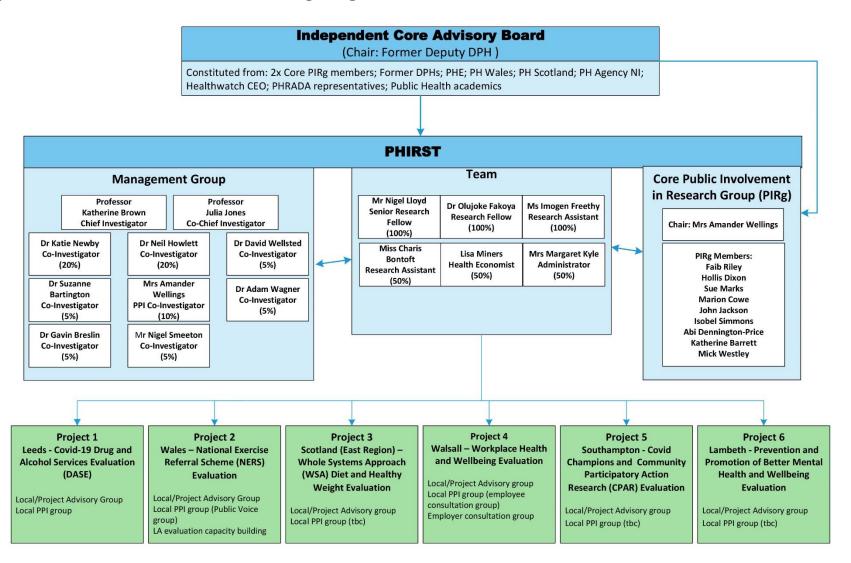
Walsall Intelligence (2019). *JSNA Refresh 2018-2019*. Accessed from: Slide 1 (walsallintelligence.org.uk). [Accessed March 7th 2022.]

West Midlands Combined Local Authority. (2022). *Thrive at work*. Accessed from: Thrive At Work (wmca.org.uk)

World Health Organisation (2022). *Constitution of World Health Organisation*. Accessed from: Constitution of the World Health Organization (who.int)

Appendix 1: PHIRST Connect team organogram

Independent Core Advisory Board
(Chair: Former Deputy DPH)

Constituted from: 2x Core PIRg members; Former DPHs; PHE; PH Wales; PH Scotland; PH Agency NI; Healthwatch CEO; PHRADA representatives; Public Health academics

PHIRST

Management Group

Professor Katherine Brown — Chief Investigator

Professor Julia Jones — Co-Chief Investigator

Dr Katie Newby — Co-Investigator (20%)

Dr Neil Howlett — Co-Investigator (20%)

Dr David Wellsted — Co-Investigator (5%)

Dr Suzanne Bartington — Co-Investigator (5%)

Mrs Amander Wellings — PPI Co-Investigator (10%)

Dr Adam Wagner — Co-Investigator (5%)

Dr Gavin Breslin — Co-Investigator (5%)

Mr Nigel Smeeton — Co-Investigator (5%)

Team

Mr Nigel Lloyd — Senior Research Fellow (100%)

Dr Olujoke Fakoya — Research Fellow (100%)

Ms Imogen Freethy — Research Assistant (100%)

Miss Charis Bontoft — Research Assistant (50%)

Lisa Miners — Health Economist (50%)

Mrs Margaret Kyle — Administrator (50%)

Core Public Involvement in Research Group (PIRg)

Chair: Mrs Amander Wellings

PIRg Members:
Faib Riley
Hollis Dixon
Sue Marks
Marion Cowe
John Jackson
Isobel Simmons
Abi Dennington-Price
Katherine Barrett
Mick Westley

Project 1
Leeds - Covid-19 Drug and Alcohol Services Evaluation (DASE)

Local/Project Advisory Group
Local PPI group

Project 2
Wales – National Exercise Referral Scheme (NERS) Evaluation

Local/Project Advisory Group
Local PPI group (Public Voice group)
LA evaluation capacity building

Project 3
Scotland (East Region) – Whole Systems Approach (WSA) Diet and Healthy Weight Evaluation

Local/Project Advisory group
Local PPI group (tbc)

Project 4
Walsall – Workplace Health and Wellbeing Evaluation

Local/Project Advisory group
Local PPI group (employee consultation group)
Employer consultation group

Project 5
Southampton - Covid Champions and Community Participatory Action Research (CPAR) Evaluation

Local/Project Advisory group
Local PPI group (tbc)

Project 6
Lambeth - Prevention and Promotion of Better Mental Health and Wellbeing Evaluation

Local/Project Advisory group
Local PPI group (tbc)

Appendix 2: Project timescale / GANTT chart

Activity	Jan 22	Feb 22	Mar 22	Apr 22	May 22	June 22	July 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Protocol		▓	▓											
DPIA assessment		▓	▓											
Ethics application			▓											
WS1 – Stakeholder focus groups				▓	▓									
Stakeholder focus group Analysis				▓	▓	▓								
WS2 – Employer survey					▓	▓	▓							
Survey Analysis						▓	▓	▓						
WS3 – Employer focus groups						▓	▓	▓						
Employer focus group analysis							▓	▓	▓					
WS4 – Employee focus groups								▓	▓					
Employee focus group analysis									▓	▓				
WS5 – data synthesis										▓	▓	▓	▓	
Draft final report/reporting														▓
Dissemination										▓	▓	▓	▓	▓