

Business Framework for Health

Supporting businesses and employers in their role
to enhance and level up the health of the nation



Foreword

The Covid -19 pandemic showed all of us that health is fundamental to the resilience of our society and economy. It enables everyone to live in good health for longer and is also central to reducing the gap between the least and most deprived. The pandemic has also shown that population health is a critical issue for business resilience.

The recently launched Office for Health Improvement and Disparities will promote and support action across government and society to make our nation healthier and more resilient, and business has a very important role in this. Businesses have a profound impact on the health of individuals and communities. Business as employers impact in a major way on the long-term health of employees. The products, services and marketing of businesses can both help and harm our health. Business has made remarkable strides in reducing death and disability from accidents at work and driving down occupational disease, but its capacity to improve health or reduce ill-health through its actions is often unrealised.

So, I am pleased that Business for Health and the CBI are working together to promote the importance of business contribution to health. A key way to do so will be to report on the effect that a business or a sector has on health and to show where progress is being made, as has happened with climate change and business.

It is good therefore to see the launch of this major new project to develop a Business Framework for Health. This aims to capture and report on how business and sectors contribute to health and to show where improvements are happening. The new Office will be closely interested in this project as it develops.



Professor Chris Whitty
Chief Medical Officer

A handwritten signature in black ink, appearing to read 'Chris Whitty', written in a cursive style.

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The logo for CBI (Confederation of British Industry) features the letters 'C', 'B', and 'I' in a bold, dark blue font, each followed by a vertical bar of the same color.The logo for Business For Health features the words 'Business' and 'For Health' in a dark blue font, with 'For' in a lighter blue. To the right is a stylized icon of a person with arms raised, composed of green and blue geometric shapes.

Executive Summary

The pandemic has shown how closely connected health and wealth are. It has also highlighted how business has an important role in shaping and influencing the health of individuals and populations.

According to the recent CBI report, *Seize the Moment*,¹ poor health is a huge cost: 63% of years lost to poor health are in the working age population, and costs the UK around £300bn in lost economic output annually, excluding healthcare costs.

“ You can't level up the economy without levelling up health ”

Rt Hon Sajid Javid,
Secretary of State for Health and Social Care,
16 September, 2021.



Key recommendations

This initiative is for business, not against business. It's in business' self-interest that they have healthier, more productive employees; that they are attuned to consumers' needs in health; are prepared for health-related changes to regulation or taxation which may have financial impacts; and are aware of the reputational benefits of making a better contribution to the nation's health.

The Framework we are proposing is based on what is commonplace now in climate. We aspire to do the same in health, but we need metrics for broader health impacts. Given the diverse nature of business', cross-sector comparisons are difficult, so our aim is to create tools for companies to enable them to monitor progress against themselves, over time, making changes which enable them to stay ahead of public policy changes.

Our recommendations are based on research that Business for Health carried out between May-October 2021. Our findings showed there is a significant appetite for change post-Covid to mobilise business as a key stakeholder to contribute and invest in the health of the nation. We are proposing the following approach:²

1. Direct impact: business influence on workforce health
2. Secondary impact: business influence on health via products and services sold
3. The external influence of business on the communities in which they operate and the wider environment/society

¹ CBI, *Seize the Moment: How Can Business Transform the UK Economy?* https://www.cbi.org.uk/media/6836/seize_the_moment_report-01_06.pdf. Figures based on age group of 20 – 64 categorised as working population for disease burden, productivity, and economic impact statistics (excludes elderly and adolescents)

² Based on framework of Professor John Quelch, *Culture of Health*

 DESIRED OUTPUTS		
 Business influence on workforce health	 Business influence on health via products and services	 External influence of business on communities and wider society
Collection of data and evidence on negative and positive outcomes	Identification and categorisation of businesses at most risk of contributing to negative health outcomes for their consumers	Extension of sustainable, trusted business activities across value chain, enhanced by responsible data sharing between public and private sectors
Identification of best practice that protect health	Identification of measures to ensure access to services for the most vulnerable (eg energy supply)	Investment by businesses and employers in partnerships, innovation and R&D to promote place-based health resilience
Creation of metrics that capture how improved healthy life expectancy leads to improved productivity	Creation of simple tool for companies to monitor progress against themselves, over time	Support for companies to prepare for health-related changes to regulation and tax
Inclusion of people and places at the centre of health and wellbeing approaches	Creation of opportunities to improve health accelerated through responsible data sharing and innovation	Collaboration between business, local authorities, local NHS and care and other anchor institutions to build community resilience
 DESIRED REAL-WORLD OUTCOMES (ACROSS PILLARS)		
	Collection of real-world data and evidence to measure, monitor and implement Framework in an agile iterative process, tested live and 'on the go' to maximise innovation and impact	
	Ongoing support to organisations to help them with benchmarking and improvement, and facilitate the process of transition - with shift in mental models	
	Development of partnerships that break down barriers between public and private sectors. Businesses seen as anchor institutions in place-based integrated care systems	
	Increased investment into 'healthy lives' portfolios guided by ESHG mandates	

The Framework will look to develop metrics for an Index that can measure short and medium-term outcomes as well as longer term, more established yet delayed measures like healthy life expectancy (HLE). It will keep measurements of determinants separate from outcomes, unless a determinant or risk factor can be an outcome (eg morbidity). Uniquely, it will join the dots with greater academic rigour between health and economic outcomes (macro and micro) and align with the specific and usable sector or organisational metrics.

The Framework will bring 'health' into ESG mandates and align with the ONS Health Index,³ targeting two key themes:

1. Promoting good health as an asset to our economy, prosperity and happiness
2. Increasing healthy life expectancy (and reducing inequalities in good health)

³ Pearson-Stuttard, J, Davies, Sally C. *The Health Index for England*. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00201-4/fulltext?rss=yes](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00201-4/fulltext?rss=yes)

The ONS Health Index that measures health as an asset in three domains is linked to the three taxonomic pillars of the B4H Framework: (1) healthy people, which focuses on health outcomes; (2) healthy lives, which captures health-related behavioural risk factors; and (3) healthy places, which captures wider social, environmental and commercial determinants of health.

The Business Framework for Health will be developed over time in an agile, iterative process, testing out approaches and ideas in real world settings, in communities, engaging citizens, to collect live, 'on-the-go' real world evidence (RWE)⁴. This process of collecting and evaluating evidence will uncover a wider set of factors and outcomes, reflecting the nuances across populations in non-health data and totality of health needs and impacts on health systems. This may be beneficial for employers (in both public and private sectors), for example, to create utility for total health and cost metrics, including opportunities for incentives and rewards.

Taking a three-pillar approach enables businesses in different sectors to engage in areas where they can impact health the most, to achieve quick wins and longer-term gains in a process of transition, whether it be via employee wellbeing or the products and services they provide in communities.⁵

Further work needs to be done before the precise methodology can be determined but simplicity will be key to adoption and success, including the need to mix qualitative and quantitative data to understand the impact of services.⁶ The methodology is likely to be broad-brushed and could take a banding approach. A traffic-light categorisation, with forward-looking direction of travel indicators, could provide focus and simplicity rather than getting bogged down by detail at a company level, which would make cross-sector comparisons very difficult and risk creating disputes about disclosures and methodology, if the climate change experience is any guide.

Fundamentally, the Framework should help organisations benchmark themselves in a process of continuous improvement. Initially, metrics will be developed in each of the three pillars, and will aim to identify which firms within clusters and across given sectors are better at contributing positively to health and/or transitioning more quickly to do so in each of the three pillars. It is important to note that workforce health relates to organisations in both public, private and third sectors in the first pillar; and that businesses work in context with other stakeholders in pillars 2 and 3 in the process of health improvement.

Later down the line, and after metrics have been devised in each of the three pillars, B4H will explore whether it is possible to develop higher order metrics to rank companies across sectors based on multi-dimensional analysis of data in the three pillars.

Routemap for change

The Business Framework for Health will be co-created with the business community and other stakeholders critical to the systems change needed to improve population health equitably. The evidence base will be gathered with support from private and public sectors and evaluated robustly with academic partners.

The routemap below specifies the milestones B4H will aim for, incorporating contemporaneous measures based on real world evidence of behaviour change and sustainability as the Framework is developed, tested and iterated over time.

⁴ Pearson-Stuttard, J, Porter, T. The LCP. Increasing comorbidities in patients with type 2 diabetes and implications for total morbidity and health system impacts. <https://www.lcp.uk.com/our-viewpoint/2021/08/increasing-comorbidities-in-patients-with-type-2-diabetes-and-implications-for-total-morbidity-and-health-system-impacts/>

⁵ Communication by Greg Ceely, B4H Round Tables, June 2021

⁶ Communication by Alex Heaton, B4H Round Tables, June 2021

<p>SHORT TERM MILESTONES 2021-2022</p>	<p>MEDIUM TERM MILESTONES 2022-2024</p>	<p>LONG TERM MILESTONES 2024-2035</p>
<p>Launch of Business Framework for Health (B4H) Routemap for Change (October 2021)</p>	<p>Develop, test and iterate Business Index with key partners in proof-of-concept projects in the real-world across three pillars</p>	<p>Refine and implement banding tool nationwide (and eventually, multi-dimensional Index) to help benchmark employers, businesses and investors as key contributors to national health and wellbeing</p>
<p>Mobilise and engage business community working with growing collective of B4H partners and members</p>	<p>Work with government and businesses (including private and public sector employers) to identify key policy levers to improve health in alignment with ONS National Health Index</p>	<p>Measure and incentivise business contribution to Healthy Life Expectancy and reduction in health inequalities (HLE+5) as national standard with ONS National Health Index</p>
<p>Identify key research needs and gaps</p>	<p>Work with investors & innovators to define and recognise ESHG and develop 'healthy lives' pledge</p>	<p>Implement 'healthy lives' pledge in investment community and increase ESHG-guided investments to achieve HLE + 5</p>

The detailed steps to achieve the above milestones are proposed as follows:

2021-2022

Systems change strategy

- Define the business case for key audiences (eg higher commercial returns for shareholders, investors, directors).
- Define the call for government action and policy (persuading Treasury, translating health-in-all-policies with Office for Health Improvement and Disparities).
- Engage the public and third sectors (on reducing demand on NHS & social care).
- Mobilise civic action and wider society on changes needed to achieve healthier, longer lives.
- Develop the systems change strategy and Business Framework with academic partners and B4H members, including ONS Health Index team.

Research planning

- Work with key research partners to identify key needs and gaps in current evidence (including behavioural economics and systems design) to enrich and complement what currently exists.
- Audit what is working across 3 taxonomic categories, including global exemplars from organisations such as Resilience Commission, World Economic Forum and OECD. Distil best practice from key examples in three pillars, for example: 1) Japanese government-led health and productivity management (HPM) strategy; 2) Tobacco Free Pledge; 3) GSK Impact Awards for community health.
- Research key business sectors/industries harming health and contributing to health inequalities (tobacco use, unhealthy diet, alcohol consumption, gambling, and physical inactivity).
- Develop modelling and arguments (health framing and solutions for transition) to take back to investors, especially those focussed on food, drink, housing, tobacco and transport.
- Research the link between health and share price (FTSE 100).

Consultation and engagement

- Hold industry specific round tables - to drill down into needs and questions in specific sectors and what can be aggregated up into a simple index (potentially, a premature mortality index); explore role of behavioural economics in public policy; how to align with ONS Health Index; implications for data innovation (drawing from APPG for Longevity's Levelling Up Health policy plan and Open Life Data Framework).
- Continue to engage with government via APPG for Longevity.
- Identify leaders in industries and companies most receptive to change and transition within context of B4H Framework.
- Develop relationships with trade bodies (to identify needs and access SMEs).

2022-2024

Index Development and Real-World Testing & Application

- Test Framework in proof-of-concept projects and pilots, addressing how to effect behaviour change and system shaping in key areas of focus: 1) Workforce health & wellbeing job design & behaviour change; 2) Food system shaping; 3) Housing & built environment; 4) Community resilience and 5) Data and innovation.
- Host Health Impact Awards [annually from 2022]: Showcase what good looks like and involve the leaders as champions for change.

Background

Business for Health (B4H) is a business-led coalition of socially responsible employers, purchasers, investors and innovators, set up in response to the recommendation in the All-Party Parliamentary Group for Longevity's report, *The Health of the Nation*,⁷ published in February 2020.

B4H's first priority is to design a 'Business Framework for Health' as a prelude to a wider piece of work to integrate 'Health' with Environmental, Social and Governance (ESG) mandates – that is 'ESHG'. ESG is widely used by socially responsible investors to benchmark business investment decisions based on environmental impact, sustainability, and corporate governance but its impact on health is only implicit.

The inclusion of 'Health' can be considered where the climate change agenda was 10 years ago in business – important but basically somebody else's problem. The experience with the global pandemic shows that now is the time to guide more investment and innovation into health guided by ESG mandates like we do for climate change, applying them for the health and prosperity of everyone.

This report is intended to set out the case for why a methodology to measure business contribution is needed, what it will achieve and make recommendations on the route map to build it. We are taking a systems change approach, recognising that everything is connected, that there are trade-offs and unintended consequences to be aware of – but that a process and methodology co-designed with all critical stakeholders, including public, private and third sectors, will give us the best chance of success.

When talking about 'health' we are referring to the health and wellbeing of employees and workforce, consumers and customers, partners in supply chains and people living in communities where businesses operate.

Core purpose

Central to success is for all stakeholders to be united around the core purpose of the Business Framework for Health: to promote the role of business in creating a healthier nation, recognising that good health is the foundation for wellbeing and economic growth.

The key exam questions are:

- *Where is the evidence and data about positive and negative outcomes of businesses' contribution to people's health?*
- *How can we draw on this data and evidence to incentivise business (the key target audience) and shift behaviour amongst all stakeholders as part of a systems change approach?*

Our hypothesis is: By incentivising business and shifting behaviour of stakeholders, we can influence the conditions that contribute to the positive outcomes of business contribution to people's health – while reducing harm that reinforces inequalities.

⁷ *The Health of the Nation*, APPG for Longevity, February 2020, <https://appg-longevity.org/events-publications>

The overall objectives of the Framework are to:

- Measure business contribution to people’s health using an evidenced-based, data-driven methodology underpinned by data from public and private sectors aligned with ongoing work such as the development of the ONS Health Index.
- Facilitate business contributions to reduce health inequalities and add five years to healthy life expectancy by 2035.
- Help organisations with benchmarking and improvement, and where relevant, to facilitate the process of transition to do less harm.

How to use the Framework

This Framework will amplify the significant potential for business to help ‘level up health’ of the nation. It pulls together extensive research, insights from the business community on readiness for change, and recommends a series of steps using an iterative, agile methodology to accomplish the overall objectives. The routemap for change helps to move from why to how, aiming to achieve a range of short-term and medium-term milestones while driving long-term change to achieve our ultimate goals. The routemap will evolve and iterate as key learnings and structural successes from cross-sector partnerships are realised, while addressing emerging gaps in research to further the methodology for change.

Business leaders and employers can use this framework to:

- Review the evidence supporting the case for change with all levels of stakeholders.
- Identify strengths and gaps in the readiness and capacity to reduce health inequalities and add five years to healthy life expectancy.
- Monitor progress against themselves over time, making changes to help them stay ahead of consumer opinion and public policy changes.



While system-wide approaches based on cross-sector partnerships are a prerequisite for effective action on the social determinants and health inequalities, their development also requires strong leadership.



Professor Sir Michael Marmot,
Health Equity in England: The Marmot Review 10 Years On,
February 2020.

Overall, the Framework is aligned to the UN Sustainable Development Goals (SDGs) and offers a practical tool to complement and bring ‘Health’ into the Environmental, Social and Governance (ESG) considerations of the business community.

Case for change

'Levelling up of health' and addressing the backlog of mental health and inequality issues across the nation are priorities of the Rt Hon Sajid Javid, Secretary of State for Health and Social Care.⁸

According to a recent McKinsey report, *How Keeping Health a Priority is a Prescription for European Prosperity*⁹ even before the pandemic, poor health cost Europe on average about \$2.7 trillion, or 15% of GDP a year, in lost economic opportunity, equivalent to about \$5,000 per person. The cost for the UK is \$6,800 per person.

Three conditions have a disproportionate economic impact and collectively are responsible for more than half of all the lost economic potential due to poor health in Europe. These are: musculoskeletal disorders, particularly low back pain and neck pain, accounting for 24% of the total economic loss from poor health; mental health disorders, such as depression and anxiety, accounting for 18%; and neurological disorders such as migraine and headache, accounting for 13%.

Contributing to the overall disease burden are high levels of preventable health risks, particularly excess weight and obesity, and adverse lifestyles such as smoking, which exist across Europe and affect all social groups, though disproportionately those in lower socioeconomic cohorts.

McKinsey calculates that better health - achieved through preventative strategies leading to fewer health conditions, fewer early deaths, expanded participation, and higher productivity - could contribute \$2.4 trillion to Europe's GDP by 2040, equivalent to a 10% boost or an additional 0.5 percentage point of annual growth above current projections, and reverse an expected contraction of the labour force.

In the UK, research by Outcomes Based Healthcare shows that action to prevent or delay the disease burden, as well as offering great personal benefits, would also, over time, mean that the increases in NHS demand and cost that will continue as our society ages will be lower than would otherwise have been the case if left unchecked.¹⁰ This, in turn, would mean a lower tax base would be needed to service these direct healthcare costs, which in turn would benefit business.

Reducing health inequalities must be front and centre for business, and clearly seen as the cornerstone of the 'levelling up' agenda. The APPG for Longevity's recent report, *Levelling Up Health*,¹¹ references the following stark statistics:

- People living in the most deprived places in England get a significant long-term poor health condition 19 years earlier than those in the least deprived ones, they stop work earlier and die earlier.
- A higher proportion of their life is spent in ill health adding to the burden on over-stretched health services and welfare benefits.
- 1.2m people aged 50-64 are not working for health reasons.

⁸ Backlog in Mental Health Must be Addressed. *The Times*. <https://www.thetimes.co.uk/article/3b791adc-1718-11ec-8aba-5ab737a99668?shareToken=c686634c0a0896262335e25f01101c77>

⁹ McKinsey Global Institute, *How Keeping Health a Priority is a Prescription for European Prosperity*, 19 May, 2021, <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/how-keeping-health-a-priority-is-a-prescription-for-european-prosperity>, July 8, 2020, <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/prioritizing-health-a-prescription-for-prosperity>

¹⁰ Dunbar-Rees R, Bragan Turner E. Key Paper G. *Measuring national healthy lifespan using objectively recorded health and care data. The Health of the Nation- A Strategy for Healthier Longer Lives. All Party Parliamentary Group for Longevity*, 2020.

¹¹ Green D, Filkin G, Sloggett R, Woods T. *Levelling Up Health*, APPG for Longevity, April 2021, <https://appg-longevity.org/events-publications>

- Health inequality between North and South costs £13 bn a year in lost productivity.
- 30% of the productivity gap between the North and the rest of England is estimated to be due to ill-health.

Engaging businesses to reduce health inequalities will require converting evidence into action, including what this means day to day in the real world to achieve the most impact. Collecting and analysing the right data to develop meaningful evidence is core to this, and there is ongoing work in this area by groups such as the National Institute for Clinical Excellence (NICE) looking at this.¹²

Capturing a metric for health that shows how improved healthy life expectancy leads to improved productivity would be of high interest to policy-makers and would also demonstrate the value of business to population health. The recent paper by Les Mayhew of ILC UK and Bayes Business School, *Counting the Cost of Inequality*,¹³ aims to link health to economic output in a single measure to capture the value of health to the UK economy - one which quantifies the effect of an improvement in health on the wider economy down to the local level. The research shows that a one-year increase in healthy life expectancy (HLE) would translate on average into approximately 4.5 months' increase in life expectancy (LE) and a 3.4 months' increase in working life expectancy (WLE), using data from a cross-section of 150 English districts.

Such an improvement in health has a positive effect on both length of life and working lives. Increasing the number of years spent in good health following exit from the labour market is good for the economy because healthy people are more active and are available for other societally beneficial activities, such as volunteering and providing care within the family. They also need fewer welfare benefits and would have less demand for NHS resources.

Evidence reveals that the better our health as we enter older age groups, the more we will boost GDP. A recent paper published in *Nature*, *The Economic Value of Targeting Aging*,¹⁴ shows that one more year of life expectancy with good health by slowing down how we age (eg the rate at which mortality increases and health declines with age) could result in a big gain in healthy life expectancy - worth \$38 trillion to the USA alone.¹⁵

Overall, therefore, the goal of society should be to maximise health measures, not just economics measures, to benefit everyone. Tackling health inequalities between people and places, and the wider socio-economic and structural inequalities that drive them is therefore central and requires a whole systems approach involving multiple interventions in multiple systems addressing commercial, behavioural and social causes together.

The latest research by Theresa Marteau et al¹⁶ shows that interventions with the most promise for both improving population health and reducing the gap between the poorest and the richest are those aimed at whole populations using interventions that largely target non-conscious processes, including fiscal and economic interventions, marketing approaches, and interventions altering the availability of products that harm health.

¹² Communication by Jonathan Pearson-Stuttard.

¹³ Les Mayhew, *The Cost of Inequality - putting a price on health*, Centre for the Study of Financial Innovation, ILC-UK and Bayes Business School, June 2021

¹⁴ Scott, A.J., Ellison, M. & Sinclair, D.A. *The economic value of targeting aging*. *Nat Aging* 1, 616–623 (2021). <https://doi.org/10.1038/s43587-021-00080-0>

¹⁵ Communication with author, Andrew Scott: *This is based on the standard economic way of evaluating gains, that is, the present value of the benefits gained from all those alive now and all those who will be born*

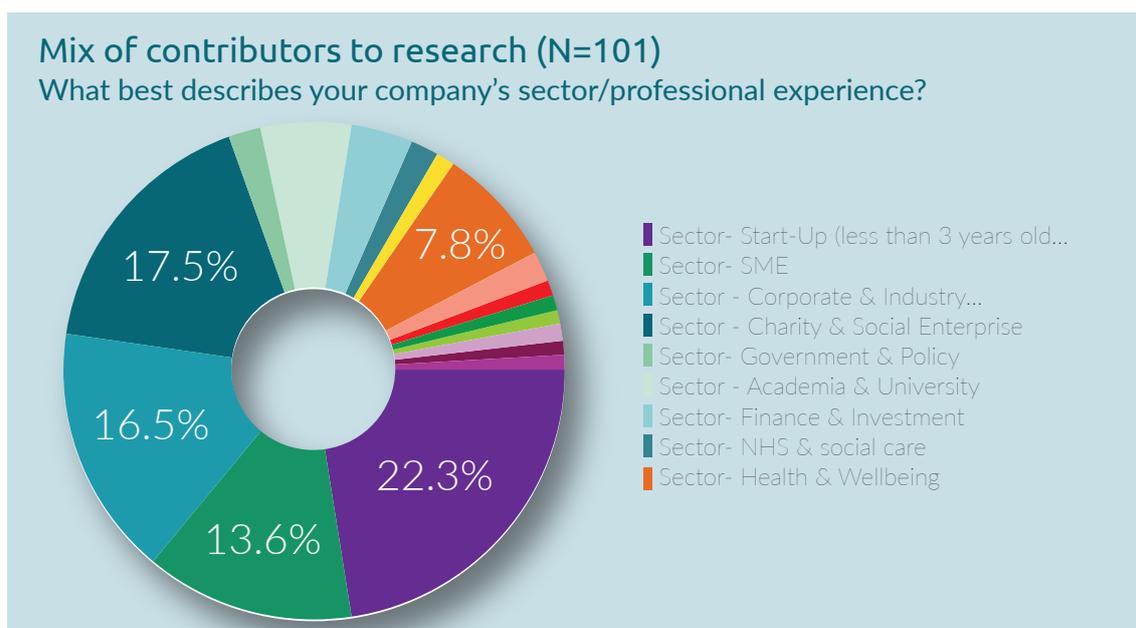
¹⁶ Theresa Marteau, Harry Rutter, Michael Marmot. *Changing behaviour: an essential component of tackling health inequalities* *BMJ* 2021; 372 doi: <https://doi.org/10.1136/bmj.n332>

Another study by ILC-UK¹⁷ found that, over the life course, current and ex-smokers work fewer years, are less productive and quit work sooner, costing the UK economy around £20bn a year in lost output. Behavioural causes of ill health and inequality—tobacco use, unhealthy diet, alcohol consumption, and physical inactivity—share several drivers with the social causes, such as unequal distribution of income, goods and services, education, employment, and power, and, importantly, poverty. Intervening on commercial and social determinants can therefore also have positive effects on the behavioural determinants.

Readiness for change

Research findings

The Framework proposed in this document is based on key insights and findings from a survey completed in two waves one in May/June 2021 (101 contributors) and a second in September/October 2021 (44 contributors to date), involving a mix of private sector organisations (across the spectrum of large corporates vs SMEs), public sector, academia and third sector. Four round tables were held in June 2021, informed by the first wave survey, and were attended by 133 people.



Overall, the findings indicate there is a significant appetite for involving business as a key stakeholder to contribute and invest in the health of the nation. The view across all sectors was that there is significant potential for business to enhance population health, as part of a systems change approach to 'level up health' working with public sector, third sector, civic society and all relevant stakeholders:

“ 93% of survey participants agreed that 'business should have a more prominent role as a stakeholder in, and contributor to, the health of the nations of the United Kingdom, both in terms of individual and population health. ”

¹⁷ Up in smoke: the impact of smoking on health and economic activity. Les Mayhew, Head of Global Research, ILC and Professor of Statistics, Bayes Business School; Sophia Dimitriadis, Research Fellow, ILC, <https://ilcuk.org.uk/up-in-smoke/>. August 2021

Specific findings include:

- Overall, people think health should have a more explicit role in ESG investing (80% positive).
- Overall, the majority of non-investor respondents (88%) think investors should spend more time understanding the health impacts of their investments and seek to improve these.
- The perception of business impact on the nations health is regarded as highest in pillar 1 (workforce health), then 2 (products and services) followed closely by 3 (wider impact on communities and society). Not surprisingly, these perceptions relate to the person's role in the company. For instance, HR people emphasise scope (1) and (3), but not as much scope (2).

The above findings need further examination in additional research being planned for the Business Framework for Health.

Other areas for further attention identified through research to date include:

- The major determinants of health are known and we know how to measure them - but we need to understand what business interventions make the biggest difference, how to measure these (metrics/targets, but also data that is turned into intelligence), and how business can best provide relevant data.
- Bigger organisations have well-established programmes to enhance workforce health, but there is a role for government support and additional incentives for the SME sector (including very small businesses of less than 5 employees) in health and wellbeing initiatives.
- There is an abundance of research and evidence on workforce health initiatives, but significant data gaps exist: most employers do not record sickness data correctly, over-report on mental health and MSK (leading to over-medicalising and not dealing with root causes, like parenting) and inactivity and excess weight are rarely recognised or considered in care pathways yet are evident in 90% of mentally ill health and musculoskeletal cases.¹⁸
- While government can tackle macro interventions in smoking, obesity, clean food, clean air, healthy children, the CBI argues that employers have a more direct impact on micro-interventions and can reduce the impact of the disease burden by 10-20% through addressing back pain, injury prevention and other lifestyle-driven chronic conditions that impact mental and physical health.
- There is a significant opportunity for investors to invest in health as an asset, but this is underexplored and now comes with risks if inaction persists. We need to bring 'Health' into ESG mandates and compel companies visibly contributing to poor health outcomes to change or face higher costs and/or lower demand by an increasingly conscious consumer.

The research to date has helped us to articulate the critical exam question: where is the evidence and data about business contribution to health, that can inform behaviour and practice amongst all relevant stakeholders in the business community (employers, innovators, marketeers and investors) to achieve maximum positive impact? This needs to be in the context of wider system change, working in collaboration with public and third sectors and the wider community.

¹⁸ Research by Healthcare RM

Framework for change

B4H is setting out a Framework for the Business Index based on the following taxonomic approach:¹⁹

1. Direct impact: Business influence on workforce health
2. Secondary impact: Business influence on health via products and services sold
3. The external influence of business on the communities in which they operate and the wider environment/society

Further context and detail on each of these pillars is provided in this section below.

Business influence on workforce health

“ We need to get the basics right. The strongest determinant of health, and impact on healthy life expectancy, is largely income and ‘good work’: having a good job, with good pay, security, line management. ”

Dr Jo Bibby, The Health Foundation

The nature of work, or lack thereof, is a driver of health and wellbeing and can significantly shape wider living conditions. The Health Foundation’s Evidence Hub,²⁰ explores factors surrounding employment that have an impact on health and wellbeing including work quality, job security and the impact that poor health can have on productivity.

A ‘culture of health’ that makes health and well-being an essential part of life is needed across the public and private sectors to level up the health of the nation. Implementing a culture of health is not a new concept for businesses and employers to adopt but understanding an inclusive needs-based approach and taking actions to address change at scale is deeply complex.

Businesses can strengthen their focus on business-led health policies and practices as an essential tool for business performance, societal health and economic prosperity.²¹ To maximise impact and efficiency, these should aspire to have an integrated footprint that delivers on mitigating risk (or preventing harm), promoting flourishing (or wellbeing) and responding to critical needs.

To further advance putting people and their wellbeing at the centre of public policy the new OECD Centre on Well-being, Inclusion, Sustainability and Equal Opportunity (WISE) was set up to generate new data and solutions to improve people’s wellbeing and reduce inequalities, and better understand the impact of policies and business actions on people’s lives today and in the future.²²

¹⁹ Based on framework of Professor John Quelch, *Culture of Health*

²⁰ The Health Foundation Evidence Hub: *What Drives Health Inequalities* <https://www.health.org.uk/evidence-hub/work>

²¹ CBI, *Seize the Moment: How Can Business Transform the UK Economy*.

²² Centre on Well-being, Inclusion, Sustainability and Equal Opportunity (WISE)- OECD. 2021. <https://www.oecd.org/wise/>

Age diversity: Workplaces and environments that support workers of all ages

Through partnerships the Centre for Ageing Better²³ supports employers to create age-friendly workplaces and help over 50s to return to employment. More people are working later in life. But employment rates drop after the age of 55 – and around half of people have stopped working before state pension age. Supporting people to be in good quality, fulfilling work, for as long as possible, is important for their financial security in later life. Ageing Better calls on employers to become more age-friendly. This means offering flexible working, fair recruitment, training and progression at every age and actively recognising the positive contribution older workers make. Ageing Better also works with partners to find ways of helping more people approaching later life to get back into work.

Andy Briggs, Group CEO of Phoenix, is the Government's Business Champion for the Ageing Society, he works with government, employer organisations and 3rd sector, including Ageing Better, to drive awareness and action on the age agenda. Business For Health aims to distil key learnings from Ageing Better's age diversity work and benefit from Andy's championing of the Age agenda to inform the Business Framework for Health.

Achievement of 'health-in-all-policies'²⁴ for business, with an explicit focus on equity, requires meaningful measures to assess progress and accountability. One such tool is the Responsible Business Tracker[®] produced by Business in the Community, enabling an assessment of performance as a responsible business in creating healthy communities and a healthy environment to achieve long-term value. Additionally, inclusivity is a key requirement to avoid reinforcing inequalities; therefore metrics need to be fully evaluated.²⁵



BITC Responsible Business

The Business Framework for Health embraces the principles of 'responsible business' as defined by Business in the Community and enshrined in their Responsible Business Tracker²⁶ that looks at 1) the extent to which businesses are integrating responsible business into their business model and 2) the extent to which businesses are creating societal and environmental value.

²³ Centre for Ageing Better: Work <https://ageing-better.org.uk/employment>

²⁴ <https://www.health.org.uk/publications/reports/implementing-health-in-all-policies>

²⁵ Communication by Professor Carol Brayne, B4H Round Tables, June 2021

²⁶ BITC Responsible Business Tracker <https://www.bitc.org.uk/the-responsible-business-tracker/>

An index focused on business contribution to health can guide benchmarking questions to drive progress on measurements: 1) what is the health of the people in our organisation today (current health); 2) where are we going (future health), and 3) how do we feel about it (perception)?²⁷ These questions are supported by the OECD's wellbeing framework that is built around current wellbeing, inequalities in wellbeing outcomes and resources for future wellbeing.²⁸

BEST PRACTICE

Total wellbeing of individuals through employers

In 2020, Lifeworks launched The Mental Health Index (MHI)[™] which is an essential measure of the mental wellbeing of the representative working population. The MHI[™] provides insights into the economic, financial and cultural factors impacting a working populations' mental health. With an emphasis on employer contribution to health and prevention, having quality measures in understanding employees allows organisations to make strategic decisions in their wellbeing programmes. In the UK, 59% report that the culture of their organisation supports their personal wellbeing, and this group has among the highest mental health scores.²⁹

Convening the data between both employer and employee sides, and using the same metrics and measurement, is key to assessing impact and the return on investment (ROI) for all stakeholders.³⁰ Additionally, it is important to make sure that we can relate that business health data back to business data 'that matters',³¹ evaluating business metrics consistent with ONS Health Index metrics.

Lastly, the narrative of illness as a cost versus health as an asset can change the table stakes for employer responsibility as we shift to mental models of addressing the modifiable conditions that prevent, promote and respond to health and wellbeing priorities. The Marmot Review argues that organisations charged with reducing health inequalities work more effectively to improve the conditions in which people are living and working, and the structural drivers of these conditions, as well as positively influencing the choices that people make about health behaviours.³² This approach links to all 17 UN SDGs with an emphasis on reducing inequalities and promoting sustained, inclusive and sustainable economic growth with full and productive employment and decent work for all.³³



We need to understand and articulate the benefits of health to commercial opportunities for business in terms of jobs and GDP growth. There is a strong correlation between health and job satisfaction, which in turn drives better business performance. The best employers deliver up to 3.5% higher annual returns.



Jordan Cummins, Programme Director, Health, CBI

²⁷ Culture of Health - Dr. Nico Pronk, VP Health Partners.

²⁸ Measuring Well-being and Progress: Well-being Research - OECD. 2021. <https://www.oecd.org/statistics/measuring-well-being-and-progress.htm>

²⁹ Lifeworks: Mental Health Index <https://lifeworks.com/en/mental-health-index>

³⁰ Communication by Ash Dey, B4H Round Tables, June 2021

³¹ Communication by Alex Heaton, B4H Round Tables, June 2021

³² Health Equity in England: The Marmot Review 10 Years On, Professor Sir Michael Marmot, et. al, February, 2020. <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

³³ Communication by Freddie MacMahon, B4H Round Tables, June 2021

The impact of business led interventions in workforce health

The recent report by the CBI, *Seize the Moment*,³⁴ shows that businesses could significantly reduce disease burden: enabling people to remain in the workforce for longer, be more productive with a better quality of life, and leading to reduced demand on the NHS and social care system.

Employers could be responsible for a potential 10-20% of disease burden reduction in the 20-64 age group; 70% of this disease burden reduction attributable to employers could come from just three interventions: 1) Musculoskeletal conditions 27% (eg treating back pain); 2) mental health 25% (eg Cognitive Behavioural Therapy) and 3) ergonomics 14% (workspace, seating, chair positioning).

The CBI research shows that business-led interventions could lead to a reduction in sickness absences by 30% per year, amounting to around one less day per worker per year; in addition, there is a greater likelihood of employees returning to work after periods of sickness. Ultimately, this could lead to an additional £180bn GVA uplift in 2030, driven by health interventions inside and outside the workplace.

Business influence on health via products and services

As employers, investors or suppliers of goods and services, businesses affect people as consumers, employees or citizens, as well as global public goods such as the natural environment.³⁵ However, when it comes to impact measurement, the field is currently both saturated and fragmented, and lacks a comprehensive framework looking at the full range of business impacts on the many aspects of people's wellbeing and its sustainability.

It is obvious that the tobacco industry negatively contributes to health. Other industry sectors are less clear-cut. For instance, there are: the mental and physical health impacts of gambling addiction perpetrated by marketing by the gambling industry; the impact of payday loans on mental health; the impact of sewage dumping by water companies and other industry polluters; the impact of poor housing design on mental and physical health, marketing that reinforces ageist stereotypes and impacts on the mental and physical health of older people; and direct to consumer selling of unnecessary supplements and treatments.

³⁴ *Seize the Moment*, CBI, May 2021

³⁵ *Measuring the impact of businesses on people's well-being and sustainability: Taking stock of existing frameworks and initiatives*; <https://www.oecd-ilibrary.org/docserver/51837366-en.pdf?expires=1628075340&id=id&accname=guest&checksum=366F06BBE3FF919CD4686ED38A2E161E>

Food System Shaping

The National Food Strategy³⁶ published by Henry Dimbleby lays out comprehensive recommendations for creating a long-term shift in food culture, requiring change at all levels: structural, cultural, local and individual. It is designed to take a systems approach by encouraging connections within neighbourhoods, communities and professions while challenging the many assumptions about how things currently work and what is possible.

The strategic objectives outline four key areas: escape the junk food cycle to protect the NHS, reduce diet-related inequality, make the best use of our land, and create a long-term shift in our food culture.

The cost of bad diet is astronomical, both in terms of health expenditures and lost productivity. According to the Organisation of Economic Co-operation and Development (OECD), the government spends an estimated £18 billion - 8% of all government healthcare expenditure - on conditions related to high BMI every year and estimates that the combined cost of conditions related to high BMI, in lost workforce productivity, reduction in life expectancy and NHS funds, is £74 billion every year. This is equivalent to cutting the UK's GDP by 3.4%.³⁷

The food system involves all of us, with underlying values of the nutrients and ingredients themselves, human behaviour, and the perpetual cycle of feedback loops associated with implementation of unhealthy habits. For commercial reasons, companies invest more money into researching, developing and marketing unhealthy foods. The key recommendations in the National Food Strategy tackle these system-led reinforcing feedback loops and urges that success depends on making it harder to make money from foods that make us ill.

The experience with the Tobacco-Free Finance Pledge is that it is clear which banks, insurers, asset managers, pension funds have, or are adopting, a tobacco-free position. They have signed the Pledge. It would be possible to look at existing benchmarks and indices in food (like Access to Nutrition) and identify which organisations have signed up to them.

“ How can we help industry sectors negatively contributing to health transition? The food system is key - there is a lot of data on its impact on poor health (especially food manufacturing, retailing, and marketing) - and shifting this will be very relevant and very powerful. ”

Lord Filkin, CBE, APPG for Longevity

“ We need to focus on where there is a cycle of poor employment, poor housing, poor businesses, fast food outlets, obesity, too much drinking. ”

Professor Carol Brayne,
University of Cambridge

³⁶ The National Food Strategy <https://www.nationalfoodstrategy.org/>

³⁷ Organisation for Economic Co-operation and Development. (2019). *The Heavy Burden of Obesity: The Economics of Prevention*. OECD Publishing. <https://www.oecd.org/health/the-heavyburden-of-obesity-67450d67-en.htm>

The Business Framework for Health will focus on what industry sectors impacting health are most at risk if they do not transition towards more sustainable health via ESHG frameworks. A place to start is to group businesses into those who have products that help versus harm health. We do not live in a risk-free society but we can mitigate the risks.

BEST PRACTICE

Creating hope, health and happiness for everyone in retail

From 1832 onwards, the Retail Trust has been caring for and protecting the lives of people working in retail. The charity believes the health of our colleagues is the foundation they need to flourish in both work and life, creating a more sustainable and successful future for retail. The Trust is leading the way and setting the standards for the industry in mental health and wellbeing; benchmarking what good looks like and developing a wellbeing charter

Retail Trust and B4H are looking to collaborate on how the *Business Framework for Health* can be applied across the retail sector of four million employees, exploring for example, what data points matter and what a minimum standard might look like; key data on pay, employment protections and working hours, and related points on supply chain issues (and identifying the best proxies that can be easily captured and measured).

“ We need to understand why there is a market for unhealthy food versus healthy food, and articulate the commercial opportunities of eating healthily. We need to continue to convince the CFO/CEO in terms of business case, and economic and commercial opportunities. ”

Nuz Chagan, Lyfetechnology

“ Business influence on health via products and services sold will need a shift to thinking about populations and how whole sectors, including investors need to shift. ”

Jess Attard, ShareAction

“ New power has already started to shift diet (veganism) and alcohol (low-alcohol, non-alcoholic drinks) and market moves around them. ”

Dr Jonathan Pearson-Stuttard,
Imperial College Healthcare Trust,
Royal Society for Public Health

External influence of business on communities and wider environment/society

To increase healthy life expectancy, we need to look at key factors such as education, employment and sustainable job creation. Responsible business activities and outcomes are not limited to business operations but extend across their value chain, to suppliers, customers, partners, and local communities. For example, the Federation of Small Business launched a *Good Business Pays*³⁸ campaign to demonstrate positive impacts of paying the supply chain promptly, which would add £2.5bn to the economy and save 50,000 businesses from closure each year - auditing to improve transparency and set new terms.

Additionally, we need to link sustainability with health outcomes. A health-in-all-policies approach to improve areas like housing, air quality and transport can create the conditions for healthy lives, stimulate ideas, and share knowledge from experience. This approach can be evidenced in a case study tackling obesity in Canada through urban design.³⁹ A working group was established to find ways to make health a central consideration in urban and transport planning, combining collective interests with a shared goal to help drive forward changes.

“ There is a quick win around smart homes, new housing; there’s a very clear link between fuel poverty and poor health outcomes. In the 2009 chief medical officer annual report it stated that every pound spent on energy efficiency delivers 42 pounds of health benefits. ”

James Higgins, Low Carbon Partner, Gemserv

To be a responsible business, purposeful leaders must drive leadership at all levels in order to drive a transparent, inclusive, and productive value chain. They must support and empower customers and deliver products and services that serve society.⁴⁰ Using purchasing power as well as leveraging consumer power, while increasing R&D investment in innovation, will bring the most innovative and cost-effective health products to UK markets, with the goal of 2.4% GDP target by 2027.⁴¹

Companies will have to incorporate the externalities more and rely increasingly on ‘new power’, which embodies consumer pressure and social movements around social purpose, whilst recognising that consumer pressure may not reflect population health needs. Investors are influenced by this new power and need to understand this in terms of what impact can be achieved and related data.⁴²

³⁸ *Good Business Pays*, <https://goodbusinesspays.com/>

³⁹ *Implementing health in all policies: tackling obesity in Canada through urban design* <https://reader.health.org.uk/implementing-health-in-all-policies/7-tackling-obesity-in-canada-through-urban-design>

⁴⁰ *BITC Responsible Business Map* <https://www.bitc.org.uk/the-responsible-business-map/>

⁴¹ *Seize the Moment*, CBI, May 2021

⁴² *Communication by Jonathan Pearson-Stuttard, B4H Round Tables, June 2021*

“ Investors need support to quantify the negative externalities that they are investing in; if you are able to say this particular investment is causing this amount of harm, which causes this much financial impact - be that financial impact to the investor themselves, in long-term returns or financial impacts on environment, populations, health, etc - this will change their behaviour. ”

Dr Rachel Melsom, Medical Matrix Consulting

ACTION FOCUS

Businesses as Anchor Institutions to build Community Resilience

Integrated Care Systems (ICSs) and place-based partnerships aim to bring stakeholders across health, social care and public health to improve population health and reduce inequalities.⁴³

Building a closer relationship with communities and developing a ‘culture of health’ should be front and centre, with people treated as active partners rather than passive recipients of services.⁴⁴

Businesses should be seen as anchor institutions in communities, given their impact on health in providing good quality jobs, training and skills, and enhancing peoples’ experience of health in and out of the workplace. Companies can take a health leadership role in this work, particularly when they employ the majority of a community’s residents.⁴⁵

Business for Health is planning to work with a range of partners to test the Framework and develop the Index in proof-of-concept projects to build community resilience.

The Social Value Act⁴⁶ in procurement intends to improve the social and environmental wellbeing of people in the workplace, supply chain, customer space, and local communities. This has amplified the impact businesses have on communities and demands that they take a proactive approach to understand their commitments, their inputs, the activities they’re carrying out, what outputs that’s having, as well as the outcomes and impacts.

“ There is the internal perspective (health and wellbeing of their own employees, which by default will cascade to their families, and their own circle of influence) and there is the external impact (awareness, education and improvement of health and wellbeing within the supply chain, customer space and the local communities). Job design, work design and organisation culture (including psychological safety) are key. ”

Hayley Farrell, EMCOR

⁴³ <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

⁴⁵ Kings Fund <https://www.kingsfund.org.uk/blog/2021/05/icss-opportunity-reset-relationship>

⁴⁵ Based on framework of Professor John Quelch, Culture of Health

⁴⁶ Public Services (Social Value) Act 2012 <https://www.legislation.gov.uk/ukpga/2012/3/enacted>

Research gaps

To further support the evidence for business contribution to health, devise inclusive measurements for the development of the Index, and highlight opportunities for business contribution to short-term and long-term efforts in addressing inequalities, these research gaps have been identified:

Inputs/Outputs/Outcomes

- **Behaviour change:** Data on effectiveness of behaviour change on workforce health/ employee health and wellness programmes, including correlations in outcomes from upskilling and training line managers.
- **Health inequalities:**
 - Evidence shows that racism and discrimination can also have a negative impact on the physical and mental health of people from ethnic minority groups.⁴⁷ The Financial Inclusion Alliance has also explored the crisis of the working poor, especially women, as British workers experience extreme financial insecurity and associated mental health issues, undermining family stability and impacting the productivity and performance of British industry.⁴⁸
 - **Solution building** - In addition to uncovering systemic issues impacting health outcomes, we will be looking at relevant case studies that support pragmatic, tangible and scalable solutions.
- **Data sharing:** What is preventing companies from disclosing metrics associated with determinants impacting health outcomes? How do we find the right balance of quantitative and qualitative data and assess how companies use that data, as well as how companies interpret data? How can we use the Open Life Data Framework⁴⁹ to incentivise business commitment to improve healthy life expectancy while minimising health inequalities to level up health?

ACTION FOCUS

Open innovation and cross-sector data sharing

Business for Health will be guided on open innovation by the recommendations of the Open Life Data Framework, to be published in November 2021, that is drawing from other models like the Open Banking system and standards to harness health-relevant data and data-intensive technologies to extend - and make more equal - the healthy longevity of British citizens across their life course.

The Framework will help researchers, policymakers and entrepreneurs work out what 'health-relevant data' (like mobility, consumer, financial, environmental) and health data (like medical records) can be shared and connected to provide the most insight into helping individuals keep healthy while enhancing overall health resilience at a population health level.

⁴⁷ Kings Fund: *The health of people from ethnic minority groups in England*, 17 September, 2021 <https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england>

⁴⁸ 'Serving All' *Exploring the role of businesses in developing financial security, wellbeing and inclusion strategies to help Britain's working poor. Tomorrow's Company and the Financial Inclusion Alliance*, January, 2020 <https://www.tomorrowcompany.com/publication/serving-all/>

⁴⁹ Green D, O'Shaughnessy J, Starks G, Sloggett R, Buchan I, Woods T. *Open Life Data to support healthy longevity for all. Lancet*. 2021: [https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568\(21\)00081-7/fulltext](https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(21)00081-7/fulltext)

Systems Driven Care:

- Integrated Care Systems - With the aim of integrated care systems⁵⁰ to address fragmentation in patient services, and enable more coordinated and continuous care, more evidence is needed on impact of resource use and health outcomes, including how ICSs will partner with other sectors to address the social, economic and environmental determinants of health. The Kings Fund and The Health Foundation are doing excellent work to change the way community involvement and engagement takes place. This includes looking at new ways to measure and understand the experiences of local people.⁵¹
- Public health - The ongoing relationship between Directors of Public Health (DsPH) and local authority chief executives will be important in strengthening the role of directors as system leaders, as well as a critical source of expertise. Additionally, the role of public health in ICSs needs to be fully recognised and embedded by strong joint working between local communities, community leaders, the voluntary and community sectors. Further research will look into the DsPH need to be engaged in the design of national population health activity and systems.⁵²
- Anchor Institutions - We will explore the role of business as an anchor institution for place-based approaches to address health inequalities. Given businesses have a profound impact on the social determinants of health as employers, what does investing in community partnerships look like to reduce inequalities in place-based health systems? For example, the HOPE project is a multidisciplinary research project, funded by the Health Foundation under the Social and Economic Value of Health in a Place (SEVHP) programme⁵³ focusing on whether the proportion of older individuals in a place with good health is associated with better labour market-related social and economic outcomes in those places.

Measurements:

- Index Audit: Working with our research partners, we will research the breadth and depth of existing indices, to identify the gaps.

Research

Business for Health and the Reform for Resilience Commission are joining forces on the research front around a shared vision to build health and economic resilience. Working with Professor Carol Brayne, Cambridge Public Health, University of Cambridge and other academic partners we will focus on auditing and assembling the evidence to improve health resilience in the real world, and building on good practice where it exists.

⁵⁰ What are Integrated Care Systems? <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

⁵¹ Integrated Care Systems are an opportunity to reset the relationship between health services and the public <https://www.kingsfund.org.uk/blog/2021/05/icss-opportunity-reset-relationship>

⁵² The King's Fund: Directors of public health and the Covid-19 pandemic: 'A year like no other'. <https://www.kingsfund.org.uk/publications/directors-public-health-covid-19-pandemic>

⁵³ The Social and Economic Value of Health: Health of Older People in Places (HOPE) <https://www.health.org.uk/funding-and-partnerships/programmes/health-of-older-people-in-places>

A list of some exemplar indices

The list below highlights some leading indices, but represent a very small proportion of those that currently exist. We will aim to uncover gaps, join the dots based on our three-pillar approach, and avoid re-inventing the wheel where good practice already exists.

- Workplace Health Achievement Index. 2021. <https://www.heart.org/en/professional/workplace-health/workplace-health-achievement-index>
- Workplace Wellbeing Index. 2021. <https://www.mind.org.uk/workplace/workplace-wellbeing-index/>
- The Community Wellbeing Index. 2021. <https://communitywellbeing.coop.co.uk/>
- Urban Health Index for Lambeth and Southwark. 2021. <https://urbanhealth.org.uk/insights/data/urban-health-index-uhi-for-lambeth-and-southwark>
- The John A. Hartford Aging Society Index. 2021. <https://www.johnahartford.org/grants-strategy/the-john-a.-hartford-aging-society-index>
- Executive Health Index Australia. 2021. <https://www.executivehealthsolutions.com.au/executive-health-index/>
- HERO Scorecard. 2021. <https://hero-health.org/hero-scorecard/>
- Access to Nutrition Index. Access to Nutrition Foundation. 2021. <https://accesstonutrition.org/the-indexes/>
- Access to Medicine Index. Access to Medicine Foundation. 2021. <https://accesstomedicinefoundation.org/>
- World Benchmarking Alliance. 2021. <https://www.worldbenchmarkingalliance.org/>
- Measuring Well-being and Progress: Well-being Research - OECD. 2021. <https://www.oecd.org/statistics/measuring-well-being-and-progress.htm>
- OECD Better Life Index. 2021. <https://www.oecdbetterlifeindex.org/>
- BITC, Responsible Business Tracker <https://www.bitc.org.uk/the-responsible-business-tracker/>
- Healthy Metrics Guide | Toolkit | Healthy Business Coalition. 2021. <https://healthybusiness.bsr.org/toolkit/metrics-guide>
- Happy Planet Index. 2021. <https://happyplanetindex.org/>
- Social Progress Index. 2021. <https://www.socialprogress.org/>
- The 2020 Environmental Performance Index (EPI), <https://epi.yale.edu/>,
- Report Methodology. City Health. 2020. <https://static1.squarespace.com/static/5ad9018bf93fd4ad7295ba8f/t/5fcee0a40ff3944fc54ae0b0/1607393483289/2020+Report+Methodology.pdf>
- Methodology for Workplace Questionnaire, What Works Wellbeing, 2021. <https://whatworkswellbeing.org/wp-content/uploads/2020/01/Methodology-for-Workplace-Questionnaire-Jan2018.pdf>

Theory/Mindsets:

- **Doughnut Economics:** this represents an economic mindset that is fit for the 21st century context and challenges.⁵⁴ It is not a set of policies and institutions, but rather a way of thinking that brings about the regenerative and distributive dynamics that draws on insights from diverse schools of economic thought - including ecological, feminist, institutional, behavioural and complexity economics - it sets out seven ways to bring the world's economies into the safe and just space for humanity.⁵⁵
- **Behaviour Economics:** This embraces influencing behaviour through public policy - a greater potential through capacity building and nudging citizens into new ways of acting through incentives and environmental changes.⁵⁶

Interventions with upward mobility

- **Social prescribing:** This is sometimes known as community referral and is a means of enabling health professionals to refer people to a range of local, non-clinical services, seeking to address people's needs in a holistic way.⁵⁷ Three areas to research more: 1) prescribing done outside of the NHS (eg business); 2) evaluating the impact of funding towards link workers versus groups delivering care; and 3) business involvement in raising the profile and building evidence base for the Department of Health & Social Care with the National Academy of Social Prescribing and Dept for Environment, Food and Rural Affairs.
- **Improving Access to Psychological Therapies (IAPT):** IAPT is widely-recognised as the most ambitious programme of talking therapies in the world and in the past year alone more than one million people accessed IAPT services for help to overcome their depression and anxiety, and better manage their mental health.⁵⁸ How can businesses support the infrastructure and integration of mental health care with physical health care as well as develop the local service level infrastructure to involve community level action on health?
- **National Institute for Health and Care Excellence:** We are keen to understand how NICE guidance can evolve to encompass broader health system impact.⁵⁹ In a case study produced by Dr Jonathan Pearson-Stuttard and Tom Porter from the LCP,⁶⁰ they examine quantifying more holistic health impacts using real world evidence (RWE) as opposed to traditional RCTs for resource planning and care.

Key priorities

Focusing on levelling up requires key partners in convening and testing our proof-of-concepts. As we consider our development and contribution to wider policy and existing indices, our research indicates the following areas for particular exploration and real-world testing:

- **Workforce health & wellbeing, job design & behaviour change -**
 - In line with ISO 45000, 45001 & 45003⁶¹ on physical and psychological health and safety, we will be looking to assess how these standards and development of the Index can be implemented and provide guidance on the management of physical

⁵⁴ *Doughnut Economics.* <https://doughnuteconomics.org/about-doughnut-economics>

⁵⁵ *A Safe and Just Space for Humanity,* Kate Raworth, Oxfam, 2012 https://www-cdn.oxfam.org/s3fs-public/file_attachments/dp-a-safe-and-just-space-for-humanity-130212-en_5.pdf

⁵⁶ *MINDSPACE - Influencing behaviour through public policy,* Cabinet Office and Institute for Government <https://www.instituteforgovernment.org.uk/sites/default/files/publications/MINDSPACE.pdf>

⁵⁷ *What is Social Prescribing.* <https://www.kingsfund.org.uk/publications/social-prescribing>

⁵⁸ <https://www.england.nhs.uk/mental-health/adults/iapt/>

⁵⁹ *The National Institute for Health and Care Excellence* <https://www.nice.org.uk/>

⁶⁰ *Increasing comorbidities in patients with type 2 diabetes and implications for total morbidity and health system impacts*

⁶¹ *ISO Standards* <https://www.iso.org/standards.html>

and psychosocial risks while promoting wellbeing at work, as part of an occupational health and safety (OH&S) management system. These standards are designed to address an employer's responsibility on identifying and adjusting the modifiable risk factors associated with job design, improving wellbeing, and facilitating behaviour change. These standards also contribute to the UN SDGs.

- **Addressing the National Syndemic:** Closing the Gap in UK Health Inequality⁶² published in partnership with the Institute of Health Equity, outlines a series of action points to achieve health equity by utilising local governments, other public services, the business sector, the third sector with community and place at the centre. Businesses have a profound impact on social determinants of health as employers and advocates and through their social and economic impact on local areas.
- **Food system shaping** - In support of the National Food Strategy,⁶³ we aim to work on projects with such groups as Impact on Urban Health and NESTA to understand systemic driving patterns of developing and marketing unhealthy foods, and exploring the risk factors and inequalities associated with diet contributing to a decrease in healthy life expectancy. Major food companies are looking for legislation to level the playing field, while consumer behaviour is driving market trends towards urgent change.
- **Housing & built environment** - In line with health-in-all-policies approaches,⁶⁴ we will examine developing and disseminating ways of embedding health in urban and transport policy and planning to improve population health. We can do this by improving understanding across sectors of the relationship between the built environment and health, including how policy, programmes and public engagement can be used to develop healthier environments that contribute to preventing illness.
- **Community resilience** - In collaboration with the Reform for Resilience Commission,⁶⁵ and other groups we will develop and test bold new approaches to help communities of varying size align population health, economics and environmental sustainability. We will also aim to support the Association of Directors of Public Health in the development of comprehensive, equitable health policy in business and playing a part in national and local efforts to minimise the impact of COVID-19 on the health and wellbeing of the UK.
- **Data and innovation** - Interlinking with the APPG for Longevity's Open Life Data Framework, we will create an open innovation environment to allow for frictionless sharing of health-relevant data within and outside the NHS and care to support the SME sector, spur new trade deals, and create a vibrant data-driven healthy longevity marketplace.

How to get involved

We are planning an ambitious programme to develop the Business Framework for Health in 2022-2024, and would like to hear from organisations keen to get involved. Please contact community.manager@businessforhealth.org to get more information and join us in a spirit of collaboration to enhance and level up the health of the nation.

⁶²Addressing the National Syndemic: Place-based problems and solutions to UK Health Inequality, Public Policy Projects <https://publicpolicyprojects.com/publications/addressing-the-national-syndemic-place-based-problems-and-solutions-to-uk-health-inequality/>

⁶³National Food Strategy <https://www.nationalfoodstrategy.org/>

⁶⁴Health In All Policies <https://www.health.org.uk/publications/reports/implementing-health-in-all-policies>

⁶⁵<https://www.cph.cam.ac.uk/article/reform-resilience-commission-launch>

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How to get involved

We are planning an ambitious programme to develop the Business Framework for Health in 2022-2024, and would like to hear from organisations keen to get involved. Please contact community.manager@businessforhealth.org to get more information and join us in a spirit of collaboration to enhance and level up the health of the nation.