

Rebooting the Nation's Health through the Workplace

Business and Policy Innovation to Address
Workforce Inactivity and Long-Term Sickness

14 November 2023

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Business For Health



Overview

Business for Health (B4H) joined forces with UK Research and Innovation (UKRI) to host a Think Tank at the [MADWorld Summit](#) in London on 12th October, inviting senior policymakers, industry leaders, technology pioneers and public sector innovators to explore the levers with most impact for business and policy innovation to address workforce inactivity and long-term sickness, particularly in the +50 population. The recommendations will inform B4H's work for the [NIHR Work and Health Development Award](#) involving a consortium of 15 organisations. See Appendix for background on Business for Health.

Key goals of the session were to:

- Explore the levers with most impact for business and policy innovation to address workforce inactivity and long-term sickness, particularly in the +50 population
- Probe the latest evidence and data on what works and identify key areas of consensus that can shape future policy and design of interventions, including the use of technology

The key desired outcomes were:

- Identify 3-5 key ideas and measures to 'Reboot the Nation's Health through the Workplace' emerging from a clear consensus from the business world on the key concerns and problems that need to be addressed
- Achieve collective support and a 'Call to Action' to make the ideas above happen as part of a long-term system change effort to fix an unhealthy environment
- Identify clear roles for government, employers and employees that will drive the most impact in the 'Call to Action'

The facilitators of the session were:

- Lord Bethell, Former Innovation Minister, Department for Health and Care; Chair, Business for Health Board
- John Godfrey, Levelling up Director, Legal & General; Board member, Business for Health
- George MacGinnis, Healthy Ageing Challenge Director, UKRI; Board Member, Business for Health

Tina Woods, CEO, Business for Health was overall chair of the Think Tank and author of this report, with support from Elizabeth Bachrad, B4H Head of Programme Strategy.

Three speakers were invited to share their stories to stimulate discussion:

- Teemu Sanu, Founder & CEO, [Nightingale Health](#)
- Dominic Holroyd, [Business Health Matters](#)
- Laura Stembridge, Founder, [InsideOut](#)

See Appendix for list contributors to the Think Tank session and report.

Core areas of consensus

The core ideas discussed at the Think Tank to drive the long-term systemic changes needed are:

1. Define the role and contribution of employers, businesses and investors to 'public health', and how 'workforce health' extends beyond 'occupational health' and into 'population health' (see boxed sections for descriptions). Incentivise contribution of business to 'workplace health' as part of a company's remit, potentially via the Health and Work Standard and associated Accreditation being considered in the government consultation on Occupational Health, with companies aiming to improve workplace mental and physical health with evidence-based interventions, allowing employees to take paid time off for doctor visits, and implementing nudge tactics to drive positive behaviour change and mindset shifts in individuals, communities and the wider population. Gather evidence for 'sitting' to be considered an occupational hazard and the need for everyone whose job involves mainly sitting to have an activity programme required as part of OH.
2. Use proactive tax incentives and revise existing ones where necessary to remove friction, especially for SMEs, including reforming Statutory Sick Pay, making health and wellbeing related benefits in kind tax-free, and facilitating occupational and vocational rehabilitation to enable employers to return to work quicker, with support.
3. Continue to devolve powers to regions, empowering combined authorities and councils to manage local DWP budgets, joining up NHS and health activity with DWP activity, promoting key partnerships through better data sharing and linkage to facilitate action around shared goals, and enabling local employers, businesses and communities to play a leading role in the health of their communities. Explore the important role of public procurement to achieve maximum social value and the use of public sector contracts to incentivise better health outcomes
4. Implement workforce health reporting in addition to other health impact reporting measures including food, equity and disability to bring 'Health' into ESG. If companies report on the impact of their workforce health initiatives this will help investors to decide how best to invest in companies that are more focused on creating more productive, resilient workforces. The B4H NIHR Health and Work programme in phase 2 will look to expand the workforce health indicators as part of a broader system change approach linking workforce health, consumer health and community health.



What is Public Health?

The Faculty of Public Health defines 'public health' as 'the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society'. Health, in this context, does not just mean the absence of disease.

What is Occupation Health?

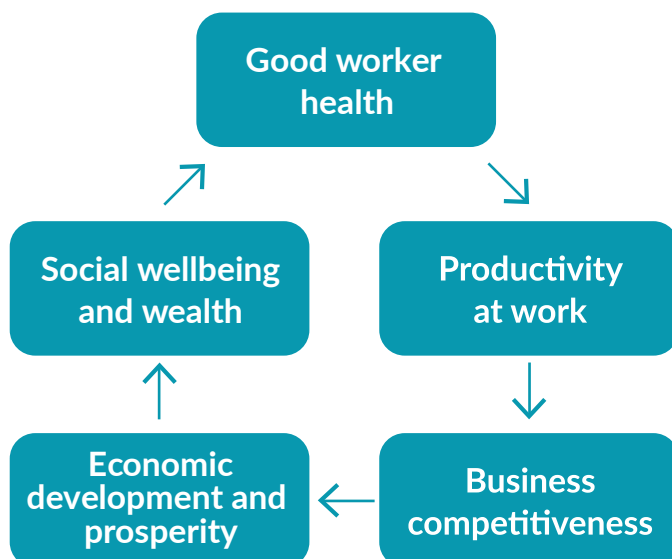
The World Health Organization defines 'occupational health' as an area of work in public health to promote and maintain highest degree of physical, mental and social well-being of workers in all occupations.

What is Population Health?

The Kings Fund defines 'population health' as an approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.

What is the Health and Work Cycle?

Good worker health contributes to high productivity and successful enterprises which supports economic prosperity, and the social wellbeing and wealth of communities.



Reference J. Burton, WHO Healthy Workplace Framework and Model: Background and Supporting Literature and Practices, World Health Organisation, 2009

Facilitator opening remarks



James Bethell, House of Lords

The pandemic highlighted how unhealthy Britain is. Policymakers and politicians are very concerned about the ill health of the country, including half a million people absent from the workforce, which is costing the economy and businesses a huge amount, to the tune of £22 billion according to OBR estimates. Some of that estimate relates to health care costs but most of it is productivity and welfare costs. The UK cannot afford the hit on the gilts market as interest rates are pushed up for everyone: it will have a huge toll on the economy.

During the pandemic, it was clear the influence that employers had on their workforce's health. A new culture, a new social contract and a legal and regulatory framework that makes it easier for employers to be involved in their employees' health is needed. Employers need to play a central role in creating environments where employees can be healthy in the workplace, while giving their employees agency to support their own health.



George MacGinnis, UKRI

A better understanding is needed of the market mechanisms that can be mobilised to stimulate the uptake of employer-delivered health and wellness; in short, there are questions both of demand and supply. On the demand from businesses, it is not clear how well they understand the case for investment, and on the supply side, whether the services businesses would need to be able to make a difference are available. There are opportunities to support this both through research and investment in innovation.

On research, much of the focus of evidence generated has been funded to inform public policy. There is a need for more business-focused research to build the evidence to support the case for investment.

Even when businesses want to do more, are the services and products they would need to have the intended impact readily available, accessible to their employees and affordable? Investment in innovation will help to bring on the supply side. Business Health Matters and InsideOut are both

examples of recent UKRI investment in innovation aimed at improving the supply side. In the case of InsideOut, it is a good example of where Government investment is fostering the development of better tools for mental health by harnessing the capabilities of the creative industries. What more can we do to encourage the market? Where are the evidence gaps? What do entrepreneurs need?



John Godfrey, Legal & General

There are two things to put on the table.

Reform Statutory Sick Pay (SSP). Statutory sick pay at the moment is a system that doesn't work for those who need it most. For example, those lower-wage workers who were at the frontline during the pandemic often fall below the threshold to get SSP and the amount is pitifully small. At Legal & General the decision was made to put outsourced workers on the same terms and conditions as the permanent employees in terms of the coverage for sickness. These workers very

quickly started going to the doctor when they had something wrong; previously, they soldiered on and their illness got worse and worse. This shows that getting rid of the threshold including absolutes would generate a net economic gain.

Use proactive tax incentives to encourage positive mindset shift. We need government to incentivise employers to do more through the tax system, but in a more positive way. For example, occupational health and vocational rehabilitation for someone who has a physical and/or mental problem instead of writing that person off, there should be an incentive to ensure all workers who need a reasonable adjustment due to physical or mental health issues get it because workers health is not binary. Companies should be encouraged to make those kinds of changes as part of a mindset shift.

Presentations

Three presentations stimulated the discussion at the Think Tank.

Nightingale Health

Nightingale Health have a partnership with the largest private healthcare provider in Finland, Terveystalo, to use Nightingale's technology in regular health check-ups in occupational health. Terveystalo serves 27,000 companies and 700,000 individual employees in occupational health, representing almost 30% of working population in Finland, and this partnership in preventative health aims to improve national health at scale.

Their mission is to reshape the global healthcare system to make it more preventative, helping to stem spiralling healthcare costs: for example, in the UK, healthcare costs around 12% of the GDP compared to military spending which is about 2%. More capacity for preventative health can be achieved using the interventions known to be effective. However, there is a lack of good tools to find people at risk for disease in the healthy population. Nightingale have addressed this by creating a blood test requiring one blood sample using clinical parameters to predict the future onset of multiple chronic diseases in one go. In this way, Nightingale can detect the risks in healthy individuals in order to better target healthcare interventions. The occupational health system has a very big role to help the working age population healthy and Nightingale have announced a partnership in Finland working together with the largest private healthcare provider offering the Nightingale blood test as the routine health screening tool for their customers representing 30% of the Finnish workforce. Through this partnership Nightingale are taking substantial steps in creating healthier workplaces and making prevention available to the population at scale so that there will be fewer sick people requiring the health system.

Business Health Matters

Business Health Matters supports local businesses to improve the physical and mental health of their employees, so that staff are happier, healthier and more productive. Training, health checks and supportive wellbeing services are delivered by a trusted delivery network and as a result, employees are empowered to improve their overall health whilst employers benefit from increased resilience within their workforces. There are two elements to Business Health Matters (BHM). First, there is the UKRI- funded workplace health checks and interventions. Second, it is about giving people time in the workplace to understand the health implications of their behaviour and lifestyle on their work. With funding from the European Union BHM have developed a framework for qualification for workplace wellbeing to upskill people in the workforce to take more ownership for both their own health and also those of their colleagues, recognising that while it is important to get people back into work, it is just as important is to sustain people in the workforce.

Blackpool has very bad health outcomes and poor health, with an increased number of working days lost due to sickness and absence and 66% of adults classed as being overweight or obese. But why should employers invest in interventions or Business Health Matters? Because they can achieve a reduction in absenteeism and presenteeism; happier and healthier people tend to be more productive, and retaining staff in a competitive market is important. But these benefits are long term, and getting a business to invest in a service where they may not see the benefits in the short-term is a challenge. Lancashire is made up of 90% micro and small businesses. For businesses under the size of 50, investing in an employee's health might mean taking someone off the shop floor who's integral to the production and manufacturing of a certain product that's costing the business money.

If more people were engaged around smoking cessation and mental health awareness, including employees and employers themselves, they would more likely understand the implications of poor health on their workforce and to the nation. Through the health checks BHM can identify red flags or amber flags for those who may need some form of intervention. It is widely accepted that physical activity is very important but 75% of people aren't meeting guidelines for physical activity. Around 31% of the people that have a health check are referred back into the healthcare system- but there is the need to get people out of the healthcare system by using interventions around lifestyle and behaviour changes, including increasing access to leisure services and community services. If physical activity was considered a drug, it would be referred to as a miracle cure – and this is the core of what Active Lancashire does. Getting people to move more and reduce sedentary behaviour is integral to improving the health of people in the workforce. But giving people time is the most important thing and can't be rushed. It is unreasonable to expect someone who has had a health check to know all the answers on interventions; it is important to educate the employer to understand why workplace health interventions are really important for prevention. You have to educate people and give them the information they need to know where to go to. They need to know the implications if they don't improve their health. So, giving people time to gather their own insights is really important to improve the health of the workforce and the nation.

InsideOut

InsideOut is a ground-breaking SaaS platform providing on-demand 1-2-1 support and immersive self-help tools, fusing the latest advancements in AI, VR, and clinical methodologies. A one-size-fits-all solution does not work in mental health. The stats speak for themselves with the global health crisis getting worse and worse; 50% of the younger workforce have now left jobs because of mental health reasons, whether induced by the workplace or socially outside of the workplace, amidst the war for talent. By 2025 there will be a shortfall of 18 million practitioners globally while the number of people needing therapy is on the increase. Prevention is better than the cure, and all the elements of health are interlinked: mental health, physical health, social health, financial health, and nutritional health all feed into one. Workplaces need education on why they should be investing in mental health solutions, but very few C-suite executives are educated on the case for investing in mental health and less than 24% of managers receive mental health training.

InsideOut started off with providing online video therapy and diagnostics that match people with therapists and coaches. There has been a staggering uplift in the number of people accessing support within the workplace EAP, and Inside Out is getting close to 30% engagement that is a good indicator of the number of people that are needing support. Inside Out are now moving more into prevention, and launched Remy, an AI mental health coach to provide on-demand 24/7 support while signposting to other initiatives and other projects that workplaces are providing, whether that's a running club, a gym membership etc. What's missing is a collective package of benefits offered together which Inside Out are addressing through their VR mindfulness project that takes employees out of their stressful environments and places them in environments like the Maldives, or the northern lights or the jungle at Amazon: 82% report reduced stress and levels of anxiety after just a 10-minute session enabling them to go back into the workforce, be productive and boost their productivity by 75%. Inside Out is now working with large organisations like Macmillan to demonstrate the potential of VR. The government should explore and implement workplace mental health legislation like they are in physical health, and consider uplifts from the traditional private medical insurance schemes to support innovation with the technology that the millennials and the Gen Zed are expecting.

Facilitated Discussion

The following points were raised during discussion.

Policy innovation

Removing friction from existing incentives. Remove the friction for the incentives that already exist rather than trying to create artificial incentives that may make businesses less competitive. What is the boundary for employers? We need to look at the benefit in kind rules and make it easier for businesses to provide support without the taxation which is a disincentive especially when people are feeling the pinch. Extending cover to the family should also be considered. Nudge theory has been used to motivate people and populations knowing that the one-size-fits-all model does not work; we need to find more effective ways of incentivising people to take action.

Bringing wider health role to employers: Should every organisation over a certain size have an appointed person at Director/C Suite level who has a direct responsibility to drive health and wellbeing strategically across the business and to integrate Health and Safety, health benefits and wellbeing to ensure that the physical and psychological risks are identified, and that the controls or benefits put in place are measured robustly to ensure that they are both preventing ill health and managing ill health effectively in the workplace? [Note that Health and Safety has included psychological risk assessments since 2004 and the HSE's Management Standards set out that the risks that need to be considered in the workplace are: Demands, Role, Control, Change, Relationships and Support]. The government is hesitant to interfere and tell businesses how to run employee relations, even shying away from persuading businesses to make tests for contagious diseases freely available to their staff. This points to the huge gulf that exists between the ambition and the reality of where government is currently- and where there is a big opportunity for companies to do more and step into this space.

Decreasing siloes in government. We need joined-up conversations for collaborative action beyond the joint Work and Health Unit, across DWP, DHSC, Treasury and all other government departments such as Business and Trade. But we also need joined-up data to do this, which is the focus of Understanding Society, that has been tracking a population of the UK since 2009, including data on peoples' work and health, accessing data across work, family life, relationships, and subjective and objective health factors.

Making things easier to engage with. What can we do to make it easier to engage with programmes now available to support health? For example, could employers offer paid time off for employees to participate in the Our Future Health study, as a shared endeavour between public sector and private sector? What about paying people to go to their GP appointment for a health check, recognising that there is very low uptake of the +40 health checks (about 18%)? Government incentives could be used here, especially in the SME sector as it is very difficult for SMEs to offer a health and wellbeing service that includes access to a private GP and more early intervention services.

International Exemplar: Japanese health and productivity management (HPM) programme

The Health Productivity and Management (HPM) programme was launched 10 years ago by the Ministry of Economy, Trade and Industry in Japan, and evaluates companies annually on the range of programmes they offer their employees, including initiatives on mental health and the risk of infectious disease. Organisations see employee health as an investment, not a cost, and promote it as part of human capital investment. Corporations require the commitment of top management to HPM so have roles like Chief Public Health Officer and Wellbeing Officer which have to link with the Sustainability Officer and Diversity and Inclusion Officer roles to ensure programmes are customised to address inherent challenges and risks. In this way human capital management is completely integrated into their business strategy, pulls in the supply chain including SMEs, and forms part of the social contract.

The HPM programme is effective because harnessing human capital is integrated into business operations, underpinned by accountability mechanisms. So, for example, where there is an issue with sickness absence, companies are incentivised to invest in understanding this and address the productivity gap. HPM is positioned as “S” in ESG (environmental, social, and corporate governance). Institutional investors are also moving to incorporate into ESG evaluation criteria whether or not the companies have been certified as Health and Productivity Management Organisations in Japan. The revised Corporate Governance Code includes caring for the employees’ health and working environment. It also refers to the disclosure of information on investment in human capital in management strategy.

The analysis between H&PM stocks & the TOPIX index show that companies invested in HPM outperform their competitors. Investors are using these criteria as part of how they select investments. Other relevant initiatives are the Japan Organisation for Employment of the Elderly, Persons with Disabilities and Job Seekers (JEED) which uses a rubix to rank and award smaller companies doing a lot to support hiring of older workers.

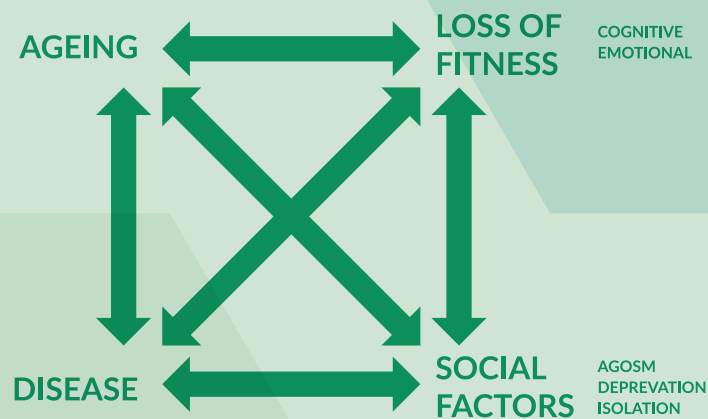
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Business innovation

Conducting further research into interventions that work. Businesses need to understand which interventions are effective before they will invest in them, so there is a need for further research in this area, bringing together interventions that work. Deloitte have calculated that for every pound invested in mental health by employers this brings a return on investment of about five pounds (see further reading section). Ways of working are also very important; there's growing evidence of the link between autonomy and control and improved wellbeing for example. Many employers are looking to extend flexible working arrangements for all and actively seeking to extend them for front-line and site-based teams.

Specific considerations of +55 population

We need to raise awareness of the serious consequences to health of too little activity, especially in over 55s, who need to understand what they can do to reduce their health risks and the role of employers to support them. Sitting should be considered an occupational disease or risk factor given the strength of the evidence; tax breaks for SMEs to invest in standing desks could be offered as one solution to address this risk.



There is a challenge presently with businesses choosing not to invest because of a lack of confidence to do so in the current economic environment. It is therefore encouraging that Treasury are open to using tax incentives for this reason, including for schemes to support people with caring responsibilities.

Case Study: Retail Trust Happiness Dashboard

The Retail Trust happiness dashboard enables employers to demonstrate the financial impact on their business of investing in happier colleagues. The data and actionable insights in the dashboard allow employers to personalise their wellbeing strategy and empower their people to take control of their health and happiness. The live and interactive dashboard uses unique company data. Employers can pinpoint potential problem areas and take immediate action to better support employees, with the ability to benchmark against the rest of the retail industry while getting an evidence-based calculation of how a reduction in absenteeism and presenteeism, and improved productivity will positively impact the business. The happiness dashboard gives the power to unlock a happier, healthier workplace and transform lives for good through personalised action plans to better engage the workforce. Please [click here](#) for more information.

Going local to deliver national outcomes. Regional examples include engineering firms at risk of losing a skilled older workforce due to poor health and/or caring responsibilities. Offering gym membership doesn't work for a lot of the people so there is a need for alternative ways of encouraging people to be active. Solutions need to be intensely local, driven by need and require local leadership to mobilise local resources. It should also be recognised that the physical journey to work and the physical place of work also play a role.

Mobilising role of local councils. The devolution agenda has highlighted the importance of the role of local councils and combined authorities to drive the system changes needed at a local level, enabling business to be bolder and more radical to address needs of local populations. While it is still early days, there is already some evidence, for example, in Greater Manchester, where joint efforts in various domains, including public health and economic development, have contributed to reducing health and wellbeing inequalities and improving health outcomes.

What are examples of good practice for local councils to consider?

- Prioritise employment through the HWB, including consideration in the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS), with relevant Key Performance Indicators (KPIs) to drive joint commissioning and accurately record progress
- Integrate work on health and employment across different LA structures (eg adding a health and wellbeing element to existing work on employment and skills)
- Gain senior council and clinical leadership buy-in
- Co-commission of health and employment services between the LA and NHS CCGs
- Lead by example through improving employee health and wellbeing in LA workforce
- Focus on the specific needs of particular groups within their community most affected by these issues
- Look at the local government supply chain and see if influence can be made on these companies
- Promote training of line managers in business, starting with LA staff
- Gain accreditation through the Workplace Wellbeing Charter.

Reference: Health, work and health related worklessness A guide for local authorities, Local Government Association. <https://www.local.gov.uk/sites/default/files/documents/health-work-and-health-re-904.pdf>

Increasing devolution powers. More devolved powers need to be handed to combined authorities. The West Midlands Combined Authority is using funding for public health and additional private sector funding for digital and 5G to create better connectivity in housing and healthcare in deprived areas.

Harnessing investor pressure to drive the system change. How can the business world in its different roles drive the system changes needed? Investors have a significant role to play but are hampered by lack of data and metrics required to show the investment case. [This is an area that Business for Health will be increasing its focus working with other partners].

Implementing workforce health reporting. Companies should report on their workforce health impacts as this will help investors to decide how best to invest in companies that are more focused on creating more productive, resilient workforces. Companies currently need to report Health and Safety incidents

and accidents, but this should be extended to, for example, stress-related absence, number of hours sitting at a desk and other risks that employees are exposed to. This information could help investors decide on whether to invest (in a 'good' company) or disinvest (from companies that fall foul of best practice). The cost of capital will move up or down depending on risks and impact on employee health. B-Corp businesses, many of which are SMEs (and so below normal reporting levels), already report on their staff wellbeing measures.

Putting 'Health' into ESG. The food chain is an obvious area to target 'investment for health'. For example, antimicrobial resistance is a big investment issue and companies like McDonalds, for example, need to ensure resistance does not enter into the food chain through people eating their hamburgers that might unleash the next pandemic.

Partnership with healthcare system

Harnessing trust in employers and communities. The 2023 Edelman Trust Barometer report was very clear that employees trust their employers to help support them with their health and wellbeing (but government has a role in enabling benefits and claims connected to this). The lockdown experience showed how much can be done if people in communities are given freedom to do things.

Expanding role of social prescribing. There is an imperative to harness the experience and capacity of charities, voluntary and community organisations in providing support to companies, particularly in mental health. There's an enormous amount of community-based engagement happening to support employees and their families which needs to be recognised and factored in. The National Academy for Social Prescribing (NASP) is keen to expand the role of social workers so they do not need to work through GP surgeries (where the first point of contact is typically when clinical problems are already present); rather, redirect this resource to work with businesses and community organisations upstream to prevent or minimise the need to approach the GP practice. While social prescribing will clearly have a role to promote prevention in primary care, social and environmental factors beyond NHS and care remain priorities.

Mobilising power of volunteering. Many companies have a commitment to volunteering days off for their employees, and the evidence shows that volunteering is good for the community as well as the worker. Despite the benefits, the current take-up of volunteering is only about 30% and this should be increased.

Wider system change

Ensuring public health is not seen solely through the lens of health inequalities. Health and work is not a binary issue. There are limitations of seeing public health solely through the lens of health inequalities. One word of caution: researchers working on the impact of free school meals found an interesting paradox which was when free school meals were extended to other children beyond the most needy, health inequalities increased (because those better off were previously eating packed lunches with unhealthy crisps and chocolate which were then replaced with the same healthier lunches that the less well-off children were getting). There may be similar paradoxes if health initiatives are introduced in the workplace which are disproportionately taken up by the early takers and adopters who tend to be already conscious about their health. So the question is, what can you do to try and tackle the problem at the bottom? It could be sectors where there's a lot of low paid jobs, such as hospitality and retail where employees tend have poorer health than in other sectors. The evidence shows that being unemployed is bad for your health and we need to look at other data to understand the dynamic between low income and other factors which is complex. Predictability of work may be a more important factor than low pay itself but this still needs to be understood better.

Joining up solutions. How do you identify the best package of solutions to provide an individually tailored package? How do you encourage organisations to come together to do joint packages rather than individual projects, enabled by technology and not letting 'perfect be the enemy of good'?

Enhancing data sharing and linkage. There is a need to harness the explosion of preventative technologies, such as what Nightingale Health are doing to improve population health and reduce demand on the healthcare system. Data linkage is important and just recently government has agreed that longitudinal studies in the UK will have permission to link to GP data. This doesn't mean everyone will have access to the data; only a tiny number of researchers will but it is a start.

Using creativity to inspire. Creativity has a role to play delivering content and imagination and inspiration for those who want to discover what to do.

Using the right incentives to drive system change. A system is a set of activities with a common set of objectives put into practice. We need leadership to create the right system with the right incentives to create a healthy society, where people have well paid jobs, a local supportive community where they have access to resources (such as gyms) and do not have external pressures. If when we design our incentives, is it lowering the price of high-quality food? Ensuring that there's local access to exercises? These are the sort of measures that have to come into play. Incentives need to be in place to address the behaviour change challenges for those least likely or able to make use of the incentives.

Connecting partnerships in a complex system. 'Intentional' partnerships are needed to drive system change in an environment now that is far more complex but needs more connectedness.

Further Reading

- A global business collaboration making the workplace a driver for holistic health, McKinsey Report. <https://www.mckinsey.com/mhi/employee-health-and-well-being>
- The case for investment-pandemic and beyond. Deloitte report. <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/consultancy/deloitte-uk-mental-health-report-2022.pdf>
- Building the Case for Wellness. Pricewater Coopers. <https://assets.publishing.service.gov.uk/media/5a7c4ae6e5274a2041cf3053/hwwb-dwp-wellness-report-public.pdf>
- Supporting NHS Staff Wellbeing Through Organisational Interventions, SOM, <https://www.som.org.uk/supporting-nhs-staff-wellbeing-through-organisational-interventions>
- Health, work and health related worklessness A guide for local authorities, Local Government Association. <https://www.local.gov.uk/sites/default/files/documents/health-work-and-health-re-904.pdf>
- Work, health and growth: A guide for local councils. Local Government Association. <https://www.local.gov.uk/publications/work-health-and-growth-guide-local-councils>
- Population Health in Business. Public Policy Projects. <https://publicpolicyprojects.com/wp-content/uploads/2023/07/PPP-Population-Health-in-Business-Report-622.pdf>

APPENDIX

Background on Business for Health

Since its inception in October 2020, Business for Health (B4H) has focused its work on the development of the three-pillar Business Framework for Health, as set out in the [Business Framework for Health: Supporting businesses and employers in their role to enhance and level up health of the nation](#) launch with the support of Chris Whitty CMO in October 2021.

The three pillars of the Framework are 1) Workforce Health 2) Consumer Health and 3) Community Health. B4H has undertaken a significant research exercise to compile the evidence and steer direction for the development of the Framework.

In April 2023, with the support of Dame Carol Black, B4H launched the report, [Business Framework for Health: A 'Year On': Progress since 2021. Supporting Employers, Businesses and Investors to Enhance and Level Up Health of the Nation](#). In this report B4H set out its routemap for 2023-2025 including a programme of work to bring 'Health' into ESG.

As we manage the ongoing effects of a generation-defining pandemic, and face a crisis in the cost of living, the health and resilience of the UK workforce and society more widely is of central importance. The evidence is fast accumulating on the link between health and wealth, and how economic growth cannot ignore the health of the population.

B4H aims to facilitate the vital role of business in preventative health through meaningful collaboration with the NHS and care system and a cross-departmental government approach to policy-making.

Addressing health and productivity in the working age population is essential in the short-term. Incentivising businesses and employers as anchor institutions working with evolving integrated care systems in community health is important in the medium-term. Longer-term preventative health measures form part of an integrated system change approach bringing 'Health' into ESG, taking a steer from what has worked successfully in climate to accelerate economic growth.

B4H submitted its response to the government consultation, [Occupational Health: Working Better](#) in October 2023 and is leading a real-world evidence project funded by [NIHR Work and Health Development Award](#) involving a consortium of 15 organisations, and due to finish in July 2024.

Think Tank Contributors

We are grateful to the individuals involved in the Think Tank discussion and report review:

1. Ben Franklin, Centre for Progressive Policy, Head of Research Methods
2. Benjamin Kelly, Nuffield Health, Data Director, Caldicott Guardian
3. Chris Thomas, IPPR, Chair, Health and Prosperity Commission
4. Christian van Stolk, RAND Europe, Executive Vice President
5. Dominic Holroyd, Active Lancashire, Project Manager (Business Health Matters)
6. Douglas Anderson, Club Vita, Founder
7. Elizabeth Bachrad, Business for Health, Head of Programme Strategy
8. Emma Lynn, Edelman, Global Health Sector Deputy
9. Eoghan Thompson, KPMG, Director, People Consulting & Learning
10. Gerome Guiot, LVMH, Innovation Adviser
11. Heidi Allan (LCP), LCP, Head of Financial Wellbeing
12. Helen Dodd, Instinctif Partners, Deputy Head of Sustainability
13. Jeremy Hughes, National Academy for Social Prescribing, Senior Leader
14. John Grumitt, Future Care Capital, CEO
15. Jonathan Gawthrop, EMCOR & BITC, Director of Health, Safety and Wellbeing
16. Jane Karczewski, Societe Generale, Managing Director, Head of Asset Manager & Hedge Fund Sales, Chair of London Women's Forum
17. Kate Whitelock, Yu Life, Head of Wellbeing
18. Laura Stemberge, InsideOut, Founder & CEO
19. Lauren Berkemeyer, Yu Life, Vice President, Marketing
20. Les Mayhew, Cass Business School, Professor of statistics; Head of Global Research at ILC-UK
21. Lydia Hamilton-Rimmer, CBI, Senior Policy Adviser
22. Mike Mansfield, ProAge, Founder
23. Mridula Pore, Peppys Health, Founder and CEO
24. Muir Gray, Director, Optimal Ageing Programme
25. Nick Pahl, Society of Occupational Medicine, Chief Executive
26. Paddy Willis, Mission Ventures Ltd, CEO
27. Pamela Gellatly, healthcare-rm, CEO
28. Paul Hackett, The Wellbeings, Founding Partner
29. Poppie Foakes, Retail Trust, Project Manager
30. Raj Patel, Understanding Society, Associate Director of Policy
31. Sarah Dauncey, Timewise, Head of Partnerships
32. Sophie Bonnel, AXA Health, Corporate Affairs Director
33. Thomas Abrams, ShareAction, Co-Head of Health
34. Tim Judge, Healthy Hospo, Founder
35. William Meredew, Association of British Insurers (ABI), Senior Policy Adviser, Health & Protection
36. William Roberts, Royal Society for Public Health, CEO