



## The role of employers in reducing the UK's public health gap: Improving the health and productivity of employees

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## Deloitte Centre *for* Health Solutions

### About the Centre for Health Solutions

Established in 2011, the Centre is the research arm of Deloitte's Life Sciences and Health Care practices operating in the UK and across our European member firms. Our aim is to be a trusted source of relevant, timely and reliable insights on emerging trends, challenges and solutions. We use our research to encourage collaboration across all stakeholders, from pharmaceuticals and medical technology companies to health and care providers and commissioners, to the patient and health and care consumer.

# Foreword



Welcome to our report: *The role of employers in reducing the UK's public health gap: Improving the health and productivity of employees*. This is the latest report in our series on the future of public health. It focuses on the role of employers in improving the physical and mental health of their employees through measures to address workforce wellbeing and the implications for public health and productivity.

The COVID-19 pandemic has exposed the link between the health of the population and the health of the economy and demonstrated the clear link between the health of employees and their productivity. At the same time employers have accepted that they have a responsibility for improving the health and wellbeing of their employees, with many acknowledging that it needs to be a board level agenda item. Indeed, a growing number of employers are increasing the priority they are giving to improving employees physical and mental ill-health.

As our Global Human Capital Trends 2021 survey found, the importance of wellbeing was already moving up the executive agenda even before the pandemic, but COVID has brought it much more into focus. Research by Deloitte examining the effects of the pandemic on the mental health of employees estimated that the cost to employers of poor mental health in 2021 was between £53-£56 billion, a 25 per cent increase on Deloitte's estimate in 2019. A growing number of businesses, therefore, are investing in interventions, including digital wellbeing technologies, to help drive sustainable improvements in health outcomes.

Moreover, the pandemic has exacerbated the long-term economic and social effects of poor health. People in low-paid, insecure work have often had little choice about their level of exposure to COVID and the risk of infection, increasing the health gap between different groups of the population. There is therefore a clear business case for employers to tackle health inequality and invest in the health and wellbeing of their employees, not only because poor public health has consequences for workforce productivity but because it's the right thing to do. There is also an important link to the need to address the environmental and social factors which impact public health outcomes.

Thriving businesses need thriving employees, and health needs to be considered an asset to invest in. To be effective this investment should be underpinned by a new social contract. Moreover, there is also a need to measure the impact of interventions supporting employee health and wellbeing, to identify what works and to scale up their adoption. A growing body of evidence shows that employer initiatives to support the health and wellbeing of their employees (and indirectly the public health of communities) not only improve staff retention and recruitment but also labour productivity and, ultimately, business growth.

As always, we welcome your feedback.

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# The UK's health: Key facts and trends

In 2019, Public Health England estimated that across the economy, the cost of worklessness and sickness absence amounted to approximately **£100 billion annually**, with a strong economic case for action. The costs of ill health to the UK government were around **£50 billion a year**, because of benefit payments, lost taxes and national insurance and additional health costs.<sup>1</sup>

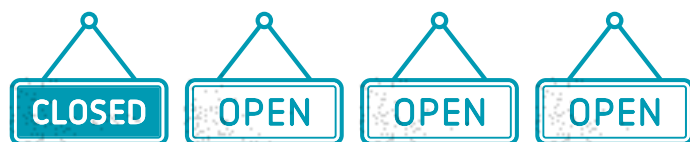
## ANNUAL COST TO ECONOMY



## ANNUAL COST TO UK GOV



Approximately **one quarter** of all businesses temporarily **closed or paused trading** due to the COVID-19 pandemic in April 2020.<sup>2</sup>

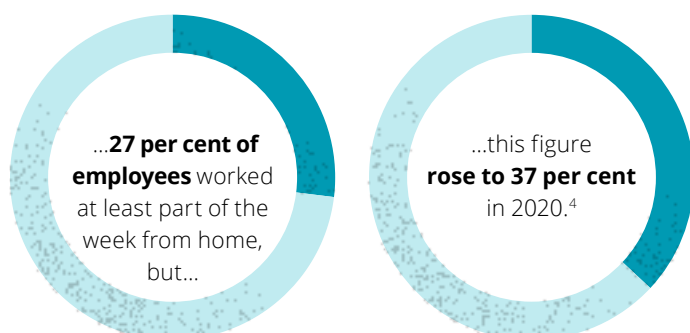


By June 2021, **11.6 million employee** jobs had been **furloughed** through the government's job retention scheme, at a cost of

# £65.9bn

to the economy.<sup>3</sup>

Prior to the pandemic...



Lower rates of staff sickness absence are linked to increased business productivity. In 2020, those who did not work from home (WFH) had sickness rates that were nearly **2.5 times higher** than those who did.<sup>5</sup>

## WFH SICKNESS RATE



## NON-WFH SICKNESS RATE



According to the CBI's Seize the Moment report in May 2021, 63 per cent of years lost to poor health are among the working-age population, **costing the UK around £300 billion in lost economic output** annually, excluding direct healthcare costs. The CBI believes that healthy workplaces will **contribute significantly to a predicted**

# £180bn

Gross Value Added (GVA) uplift in 2030.<sup>6</sup>

Increases in rates of 'presenteeism' and 'leavism' have contributed to the increasing costs to employers of employees' poor mental health. Deloitte had estimated that the total annual costs of poor mental health in **2019** were **£42-£45 billion**. In **2021**, this **increased by 25 per cent** to **£53-56 billion**. By investing in mental health interventions employers could obtain an average return of £5.3 for every £1 spent.<sup>7</sup>

## 2019 COST OF MENTAL HEALTH



## 2021 COST OF MENTAL HEALTH



The Deloitte Human Capital Trends 2021 survey found that

# 79 per cent

of respondents said that **wellbeing is not designed or integrated into the workplace itself**.<sup>8</sup>

In February 2021, research by Group Risk Development found that since the start of the pandemic

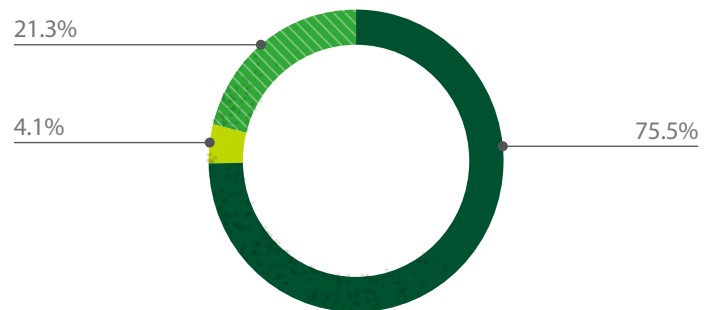
# 63 per cent

of employers had increased the support provided for staff wellbeing.<sup>9</sup>

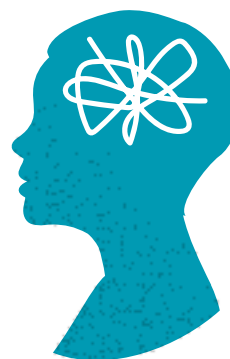
The market for workplace wellbeing is growing: the **average annual investment in wellbeing** in the UK is **£150 per employee**, but a growing number of businesses are now spending **over £2,000 per employee**.<sup>10</sup>



Office for National Statistics (ONS) estimates (September to November 2021) showed a continuing recovery in the labour market with an increase in the **employment rate (to 75.5 per cent)**, an **unemployment rate of 4.1 per cent** and **economic inactivity estimated at 21.3 per cent**.<sup>11</sup>



From August to October 2020, **22 per cent of UK adults** responding to the National Diet and Nutrition survey reported **consuming more alcohol** since the start of the pandemic and **40 per cent a reduction in physical activity** (with only 26 per cent stating increasing activity).<sup>12</sup>



The proportion of UK adults experiencing clinically significant levels of **psychological distress increased** from **20.8 per cent** in 2019 to **29.5 per cent** in April 2020 and from **21.3 per cent** in September 2020 to **27.1 per cent** in January 2021. **National lockdown restrictions** were cited as a reason for these increases.<sup>13</sup>

# Executive Summary

Working conditions can contribute (both positively and negatively) to the physical and mental wellbeing of employees. Poor health in the workforce also incurs significant costs to businesses and the economy. Over the past decade, the role of employers in improving the health and wellbeing of their employees has risen steadily up the corporate agenda, and the pandemic, in exposing the health inequalities between different employment groups, has shown how both employment and health-related worklessness are important public health issues. There is a clear business case for employers to invest in evidence-based interventions to improve employee health and wellbeing to improve staff satisfaction, retention, and recruitment and increase workforce productivity, and ultimately deliver business growth.

Between April 2021 and January 2022, as part of our Future of Public Health series of reports, we assessed the role of employers in improving the health of their employees and the wider community and identified possible solutions for the future. We drew on several relevant Deloitte publications and initiatives and carried out a series of semistructured interviews with eight leading businesses and employee organisations about the specific challenges they faced pre-pandemic, the impact of the pandemic, and their future expectations.

Our research has identified an indisputable link between employment and good health, and the role of employers in improving the health and wellbeing of their employees and the communities in which they operate. Since March 2020, the COVID-19 pandemic has not only exposed stark inequalities in health and society, but also the differences that exist between employers in their approaches to public health and the wellbeing of their employees. Moreover, workplace initiatives to improve employee health and wellbeing and reduce illness and disease burden are increasingly recognised as crucial enablers of better public health.

## The economic case for employers to support their employees' health and wellbeing

Poor health in the workforce incurs significant costs to businesses and the economy. In June 2021, the Confederation of British Industry (CBI) launched its new economic strategy for the UK: *Seize the Moment*, considering how business can transform the UK economy. It estimated that poor health in the workplace translates into an annual cost to the UK of around £300 billion annually in lost economic output (not including health costs) and that 63 per cent of the total number of years lost to poor health are among the working age population. The CBI sees business-led health interventions as an essential tool for improving not only business performance but also societal health and economic prosperity. It has estimated that interventions inside and outside the workplace could generate an uplift of £180 billion in Gross Value Added (GVA) by 2030.

Deloitte has examined the case for investment by employers in the mental health of their employees in a series of reports published in 2017, 2020 and 2022. The March 2022 report, *Mental health and employers: the case for investment - pandemic and beyond*, included a survey of a representative sample of 3,599 individuals. It found that since the previous report in January 2020, there had been an increase in the proportion of people rating their health as 'bad' or 'very bad', and also in the numbers of respondents indicating that they had left their job for mental health or wellbeing reasons in the previous year or intended to do so in the next 12 months.

The 2022 report estimated that the total cost to UK employers of poor mental health in the workforce was £53–£56 billion (a 25 per cent increase on the pre-pandemic estimate). While presenteeism (attending work whilst ill) was the largest item in this cost, the overall increase since the 2020 report was attributable to higher labour turnover. The report concluded that there is a strong economic case for employers to invest in supporting the mental health of their employees, and that the average return on investment in improving mental health was £5.3 for every £1 invested.





### **The challenges in reducing health inequalities and improving the wellbeing and productivity of employees**

The COVID-19 pandemic has increased health inequalities across workforces and society. Research by the Health Foundation found that pre-existing inequalities, such as disparities between job types and quality of work, ability to work remotely, and access to sick pay and isolation payments, fuelled wide disparities in people's experience of the pandemic, their risk of infection and health outcomes. The biggest proportion of excess deaths both before and after the emergence of COVID-19 was among workers in the care, leisure, and service industries.

During the pandemic, the physical and mental health of key workers were a particular challenge with increased levels of stress in the workplace from the risk of exposure to the virus, high workloads, burnout, and a poor work-life balance. Women and those from more deprived backgrounds appear to have been at particular risk from disrupted employment and reduced quality of life. There are concerns that these inequalities are likely to increase further still with the UK experiencing significant job losses at the lower end of the labour income distribution, while high-paid jobs remain largely intact. Some employers, like those providing public transport, education, health, and social care, not only needed to safeguard the health of their own employees but also service users.

An annual survey conducted by the Chartered Institute of Personnel and Development has found that over the past few years, employee health and wellbeing have been creeping slowly up the corporate agenda but for many organisations, the pandemic has forced the issue more urgently into focus. As a result, many employers transformed their working practices and focus on employee health and wellbeing on an unparalleled scale. Nevertheless, half of employers still lacked a formal employee health and wellbeing strategy.

While the pandemic has increased most people's awareness of how their own behaviours can impact their health, the limited control over where, how and if they can work has had a detrimental impact on many people's lifestyles. Moreover, existing mental health issues and physical issues such as musculoskeletal injuries, have been exacerbated by lockdowns and the increase in homeworking. Employers therefore need to increase their understanding of how the pandemic has impacted people's lifestyles to influence and/or incentivise healthier behaviours.

### **Interventions to improve the health and wellbeing of employees**

Traditionally, employers have adopted a variety of approaches to supporting employee health and well-being: these have included providing benefits such as access to in-house or contracted out occupational health services and, for around ten per cent of employees, private health insurance. Since the start of the pandemic, the support provided by many employers for the mental, financial, physical, and social wellbeing of their employees has increased. A UK survey by Group Risk Development in January 2021 found that since the onset of the pandemic 63 per cent of employers had increased the support provided to staff across one or more areas of mental, financial, physical, and social wellbeing. This support took several forms, from increasing the HR time available, to investing in new resources such as digital solutions. Nearly 90 per cent of employers believed these initiatives had a positive impact on staff loyalty, engagement, and performance, and had helped reduce staff absences. However, 44 per cent of employers admitted that they didn't think their staff were fully aware of the benefits they offer, or more likely don't understand them. Furthermore, only 40 per cent of employees think their employer is effective in explaining employee benefits.

Deloitte's Human Capital Trends survey 2021 found that many organisations are moving beyond adjacent wellbeing programmes and stand-alone initiatives to put wellbeing at the centre of their organisation's plans to transform working practices. They believe that this can yield improvements in employee engagement, performance, and overall resilience. To be effective, the design of wellbeing into work needs to be developed, strengthened, and flexed over time, tailored to the needs of different groups in the workforce rather than a 'one-size-fits-all' approach. Moreover, the support packages need to be communicated effectively and easy to access.

The adoption of digital solutions by employers to support the health of staff, in particular mental health, and wellbeing, has accelerated during the COVID-19 pandemic. Digital technologies can improve employee engagement with health initiatives by providing anonymous, self-directed support that can be accessed at a place and time most suitable to them. However, to be effective, digital resources need to be evidence-based and monitored to understand the extent of use and their impact.

The need to measure workplace health and wellbeing has become a hot topic. Having access to useful, multidimensional metrics can help employers choose the right interventions to optimise support and develop an effective strategy. Benchmarking initiatives that analyse workplace health and wellbeing can be used to provide participating organisations with comparable insights into what 'high performance' looks like, to target their solutions more effectively.

The NHS is an example of an employer that has increased its focus on the health of its employees over recent years, recognising the health of its employees as an important public health challenge. Several reports and staff surveys have highlighted the difficulties facing staff and the variations within and between organisations in being able to access services and support. The pandemic has been profoundly challenging for all health and social care staff, especially those on the front line, with workforce pressure 'increasing exponentially' due to physical and mental health problems, including burnout. Additional support measures have been put in place, including a refreshed health and wellbeing framework, 40 dedicated mental health and wellbeing hubs, free access for staff to a range of wellbeing apps and appointing 'Wellbeing Guardians' to every NHS board. Despite these initiatives, most health and care employers have identified workforce wellbeing as one of the highest risks on their risk registers. Understanding the extent of the problems and identifying how to tackle them is therefore of critical importance.

### **The future role of employers in improving public health**

Employers need to see good health among employees as an asset to invest in, to improve labour productivity, recruitment, and staff retention. Increasingly, health and wellbeing are seen by employers and employees as important strategic differentiators. There is a need for employers to focus more on co-developing proactive and holistic health interventions with their employees. In addition, employers need to re-think workforce strategies in response to the changing structure, location, and composition of the workforce, including the likelihood of people staying in the workforce past the traditional retirement age.

As the workplace in future is unlikely to be just a formal location such as an office, but may include homes and other distant locations, businesses will need to integrate considerations of health and wellbeing more effectively into digital workspaces so that they and their employees can thrive. Moreover, as the nature of work itself continues to change at a rapid pace, organisations will need to rethink how they support individuals and teams across three work dimensions: what work needs doing or can be automated; what skills and support do employees need; and what is the context and environment in which work is done? Incorporating wellbeing into all aspects of work will require cultural change, championed by leaders at every level if it is to make a meaningful difference. It will also require agreement on consistent methods for evaluating improvements in outcomes.

Over the past couple of years several UK initiatives have been launched, aimed at increasing awareness and the contribution of businesses to the health of the nation. Putting wellbeing at the centre of work transformation and embedding it across all levels and environments will not only drive and sustain employee performance but will also help organisations create the conditions where individuals feel supported and can perform at their best. This includes creating the following environments:

- **cultural** – building wellbeing into workplace social behaviours and norms
- **relational** – fostering wellbeing in relationships among colleagues
- **operational** – including wellbeing in all management policies processes and programmes
- **physical** – design the physical workspace to facilitate health and wellbeing
- **virtual** – design new technologies and virtual workplaces that support wellbeing.





### Conclusion and actions for employers

The business case linking improvements in the health of the nation to improvements in the health of the economy is clear, and despite the detrimental impact of the pandemic, employers now have a pivotal opportunity to revisit how they are interacting with the health of their employees and local communities. Employers should use multiple sources of relevant activity and performance data, and intelligent analytics to reimagine how to tailor benefit offerings more effectively to support even greater flexibility and new ways of working. In addition, 'Humanising' the future of work will be increasingly important, especially improving the employee experience by focusing on opportunities for collaboration, networking and interventions that improve wellbeing and social inclusion. More research will also be needed to help employers shape their talent and business strategies for an era of enhanced longevity and the impact of a more diverse, multigenerational group of employees who will have varying health and wellbeing needs.

Incorporating wellbeing into work will require a whole system culture change, championed by leaders at every level and in every function if it is to make a meaningful difference. As a priority, organisations should develop a health and wellbeing strategy and approach that includes actions for leaders, for managers across all levels of the organisation with specific interventions aimed at improving employee mental health and wellbeing. There is also a need to develop a consistent and agreed set of metrics (or index) to measure the short, medium and long term impacts of actions taken to improve employee health. Those that do it properly would have a competitive advantage when it comes to recruitment and retention.

Given the changes wrought by the pandemic, businesses now have a pivotal opportunity to revisit the services and support they provide to strengthen the health and wellbeing of their employees. Businesses that ignore this opportunity run the risk of being left behind as health and wellbeing become critical factors in attracting and retaining talent.

# Introduction

Three quarters of adults of working age in the UK are in some form of employment and on average will spend a third of their lifetime at work. Consequently, working conditions can contribute (both positively and negatively) to the physical and mental health and wellbeing of employees. Moreover, work-related illnesses can place a heavy burden on individuals, employers, and on society. Over the past decade, concerns about employee wellbeing have risen steadily up the corporate agenda, however, the COVID-19 pandemic has exposed the extent of health inequalities between different employment groups. The pandemic has also demonstrated that both employment and health-related worklessness are important public health issues at local and national levels. Interventions by employers to invest in employee health and wellbeing are therefore crucial for improving public health and driving the recovery of both individual businesses and the economy.

## Improving employee health: leading to better public health

The World Health Organisation (WHO) defines public health as *'the art and science of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private communities and individuals'*. Our Deloitte future of public health overview report, *Narrowing the gap: establishing a fairer and more sustainable future for public health*, identified an indisputable link between employment and good health and the role of employers in improving the health and wellbeing of their employees and the communities in which they operate.<sup>14</sup>

Employment has both a direct and indirect impact on the health of individuals, their families, and communities. Conversely, unemployment is associated with a greater risk of mortality and morbidity, including life-limiting illnesses such as cardiovascular disease, poor mental health, and suicide.<sup>15</sup> On average employees spend 35 per cent of their waking hours at work.<sup>16</sup> Businesses therefore have a responsibility to ensure that time spent at work does not harm their employees' health, and that they see workplace initiatives to improve employee health and wellbeing as crucial enablers of better public health and improved productivity.

The WHO identifies the workplace as a priority setting for health promotion in the 21st century. It defines a healthy workplace as *'one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and wellbeing of workers and the sustainability of the workplace based on identified needs'*. The UK government has likewise recognised the impact that work has on the lives of individuals, citing it as an 'important public health issue' at both local and national levels.<sup>17</sup>

Definitions of a healthy workplace have evolved over time, from an almost exclusive focus on the physical work environment (traditional occupational health and safety, dealing with physical, chemical, biological and ergonomic hazards), to definitions that include lifestyle and psychosocial factors and a responsibility to local communities. All of these factors can have a profound effect on employee health (see Figure 1).<sup>18</sup>

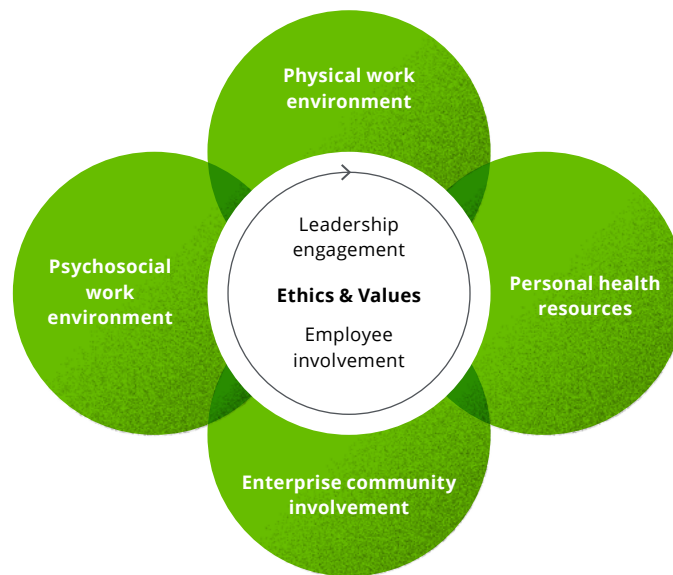
In the UK, the Health and Safety at Work Act 1974 placed a legal duty of care on employers to ensure, as far as reasonably practicable, the health and safety of their workforce (including their physical and mental health and wellbeing).<sup>19</sup> Since then, other legal requirements have been introduced and industry has made great strides in relation to safety, reducing death and disability from accidents at work and driving down occupational disease. But as highlighted by England's Chief Medical Officer, the 2021 *Business Framework for Health*, *'businesses' capacity to improve health or reduce ill-health through its actions are often unrealised'*.<sup>20</sup>

A large and growing body of evidence shows that a good working environment is good for health, and that a bad working environment (characterised by low levels of job control and organisational fairness, and a high effort-reward imbalance), contributes to poor health.<sup>21</sup> In recent years there has been growing recognition of the importance of workplace health and wellbeing for staff retention, employee burnout and productivity.

In 2018, the UK government declared a public health ambition to increase healthy life expectancy (HLE) by at least five years by 2035, and to reduce the gap in life expectancy between the richest and the poorest groups within the population. It identified a role for employers in taking preventative action to retain and reintegrate those who are struggling with their health, or who are off sick, and indicated that flexible adjustments to the workplace, working hours, or the job itself would help people to thrive in their roles.<sup>22</sup> In 2019, Public Health England (PHE), developed a series of infographics to help raise awareness and understanding of the relationship between health and work aimed at creating a business imperative to act. It demonstrated that healthier, active, and engaged employees are more productive, and have lower levels of sickness absence and presenteeism (attending work whilst ill and underperforming or being less productive).<sup>23</sup>

While employment is vital to people's health and wellbeing, the quality of the work is also important in positively impacting individuals, families, and their wider community. However, being unemployed is linked to increased risks of several illnesses such as cardiovascular disease and poor mental health and is a driver of health inequalities.<sup>24</sup>

**Figure 1. Workplace factors affecting employees health and consequently the productivity of the organisation**



Sources: Adapted from the World Health Organisation Health Workplace Framework and Model.

Since March 2020, the COVID-19 pandemic has not only exposed stark inequalities in health and society but also the differences in employers' approach to the public health and wellbeing of their employees. Certain occupations (such as jobs in the care, leisure, transport, and service industries) posed a higher risk of infection.<sup>25</sup> The pandemic has also exposed the link between the health of individuals and the health of businesses and the economy. Moreover, the impact of infection mitigation strategies (such as lockdowns and social distancing) alongside shifting views among employees about flexible working and work-life balance have resulted in a widespread acknowledgement that the need to address employee health and wellbeing is now a crucial imperative for employers.

#### About this report

Between April 2021 and January 2022, as part of our series of reports into the Future of Public Health we also examined the role of employers in improving the health and wellbeing of their employees, and employees' views on these actions that employers have taken. We have drawn on several employment related Deloitte publications and initiatives including, Deloitte's *Future of Work* research, our *Human Capital Trends 2021* survey, proprietary analysis on 'the case for investment in mental health in the workplace', and Deloitte's *Annual Millennial and Gen Z global employee survey*.

We also carried out a series of semistructured interviews with eight leading businesses and employee organisations to develop case studies on the specific challenges they faced pre-pandemic, the impact of the pandemic and their expectations of the future.

This employer focused research, together with relevant findings from other reports in our *Future of public health in the UK series*, and an extensive literature review, has enabled us to assess the role of employers in improving the health of their employees and the wider community and identify what is needed to improve public health in the future.

This report covers:

- the economic case for investment by employers in the health and wellbeing of employees
- challenges in reducing the health inequalities gap in improving employee productivity
- interventions to help improve the health and wellbeing of employees
- the future role of employers in improving public health
- conclusion and actions for employers.

# The economic case for employer investment in the health and wellbeing of employees

There is a growing body of research that demonstrates how poor health in the workforce incurs significant costs to businesses and the economy. The reasons range from health problems causing people to spend less time at work and being less productive while at work, to people no longer being able to work. For example, mental ill-health and stress are responsible for more than half of long-term unplanned absences from work. Moreover, failure to support the mental and physical health and wellbeing of employees can also incur operational and legal costs associated with accidents and ill-health, undermining the reputation of the organisation. However, employers that invest in workplace interventions can achieve positive annual returns on that investment, including improved productivity, reduced sickness absence and higher job satisfaction.

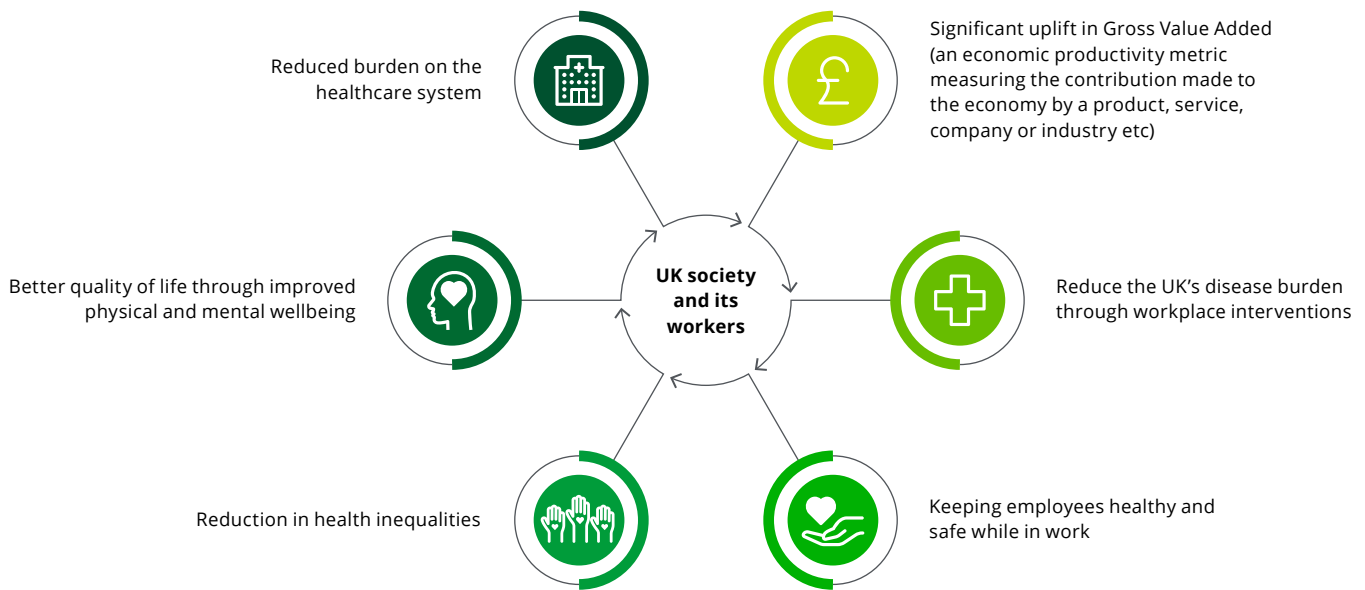
Over the past decade there has been an increased focus on understanding workplace health and wellbeing, including the business case for investing in occupational health services to keep people well at work and manage risks in the workplace that could give rise to work-related ill-health. This research has demonstrated clearly how poor health among the workforce results in high costs to businesses. For example, data in 2019-20 showed that 32.5 million working days were lost to work-related ill-health, with stress and anxiety accounting for almost 18 million of these.<sup>26</sup>

In June 2021, the CBI launched its new economic strategy for the UK: *Seize the Moment*. This looked at how business can transform the UK economy. It calculated that poor workplace health and wellbeing translates into an annual cost to the UK of around £300 billion in lost economic output (not including health costs) and that 63 per cent of years lost to poor health are among the working age population. The CBI identified six business-led opportunities to boost the UK economy, one of which, worth some £700 billion by 2030, is: 'A healthier nation, with health the foundation of wellbeing and economic growth'.<sup>27</sup>

The research by the CBI suggests that all businesses can benefit from an increased focus on health given the strong correlation between health and job satisfaction which in turn drives business performance. It estimated that those employers who are best at supporting their employees wellbeing deliver up to 3.5 per cent higher annual returns, a 30 per cent reduction in sickness absences per year, and a greater likelihood of employees returning to work after periods of sickness. The CBI believes that benefits could be realised by employers investing in workplace health and wellness interventions (see Figure 2).

The CBI sees business-led health interventions as an essential tool for improving not only business performance but also societal health and economic prosperity. It estimates that interventions inside and outside of the workplace could generate an uplift of £180 billion Gross Value Added (GVA) by 2030.<sup>28</sup>

**Figure 2. The wider benefits to public health from improved employee health and wellbeing**



Source: Adapted from CBI 'Seize the Moment' report.

### Deloitte research into the case for investment in employee mental health

In 2017 Deloitte published a proprietary piece of research on *Mental health and employers: the case for investment*, as a contribution to the government-commissioned Stevenson/Farmer Review into workplace mental health.<sup>29</sup> This Deloitte report, based on published research available at the time, estimated that the cost to UK employers of poor mental health in the workplace was between £33-£42 billion each year and that the average return on investment (ROI) in employees' health and wellbeing was £4.2 per £1 invested (the returns for different types of investments ranged from 0.42:1 to 9:1).<sup>30</sup>

A follow-up report in January 2020, *'Mental health and employers: refreshing the case for investment'* estimated that these annual costs had risen to £42-45 billion (comprising absence costs of around £7 billion, presenteeism costs ranging from about £27 billion to £29 billion and turnover costs of around £9 billion). This was an increase of some £6 billion or 16 per cent on the 2017 estimates, caused primarily by a rise in the costs of presenteeism. Moreover, the average ROI of interventions had increased to £5 for every £1 invested, (within a range of 0.4:1 to 11:1).

Interventions that achieve the highest returns tend to have the following characteristics:

- they involve a largescale culture change, or organisation-wide initiatives supporting large numbers of employees
- they focus on prevention or are designed to build employee resilience
- they use technology or diagnostics to tailor support for those most at risk.

The Deloitte 2020 report also found that since 2017 there had been positive changes in approaches to mental health in the workplace, including a shift among large employers towards talking more openly about mental health and providing greater support to staff. However, changes in working practices were presenting additional challenges. For example, while there were substantial benefits from the increased use of technology in the workplace, an 'always on' culture risked having a detrimental effect on employee wellbeing. The report which was based on research before the pandemic, concluded that these changes and the sharp increase in costs, to employees and employers, were clear signs of the urgent need for decisive action.<sup>31</sup>



### **The impact of COVID-19 on the mental health of employees**

The pandemic has exerted enormous pressure on mental health and wellbeing. Individuals have often been isolated, some have lost loved ones, parents have had to juggle home-schooling and work and others have lost their jobs and income. At the same time, the activities and support networks people would normally use to de-stress and were not always available.

As well as having immediate effects, the pandemic is likely to have a long-term impact on the mental health of many people. Research, published by the mental health charity Mind in June 2020, into the ongoing impact of COVID-19 (based on the experiences of more than 16,338 people), found that for about two-thirds (60 per cent) of adults and 68 per cent of young people their mental health had deteriorated since the (first) national lockdown. Loneliness was a key contributor. A quarter of respondents had experienced mental distress for the first time during the pandemic, and a quarter who had tried to access support had been unable to do so.<sup>32</sup>

The Centre for Mental Health estimated that 8.5 million adults and 1.5 million children could need support for anxiety, depression, post-traumatic stress disorder and other mental health problems following the pandemic – the equivalent of one in five of all adults in England and Wales. The scale of the problem was, and will continue to present an enormous challenge for employers in providing effective and appropriate support for employees who have never experienced mental ill health either themselves or in their children, and managers who may have had little experience in supporting team members with mental health problems.<sup>33</sup>

The Deloitte *Global 2021 Millennial and Gen Z survey: A call for accountability and action* found that stress and anxiety levels remained high among these age groups and concerns about stigma at work endured, with approximately 60 per cent of respondents saying they did not tell their employer how they were feeling. Moreover, 30 per cent said their employer was 'poor' in supporting their physical and mental health.<sup>34</sup>

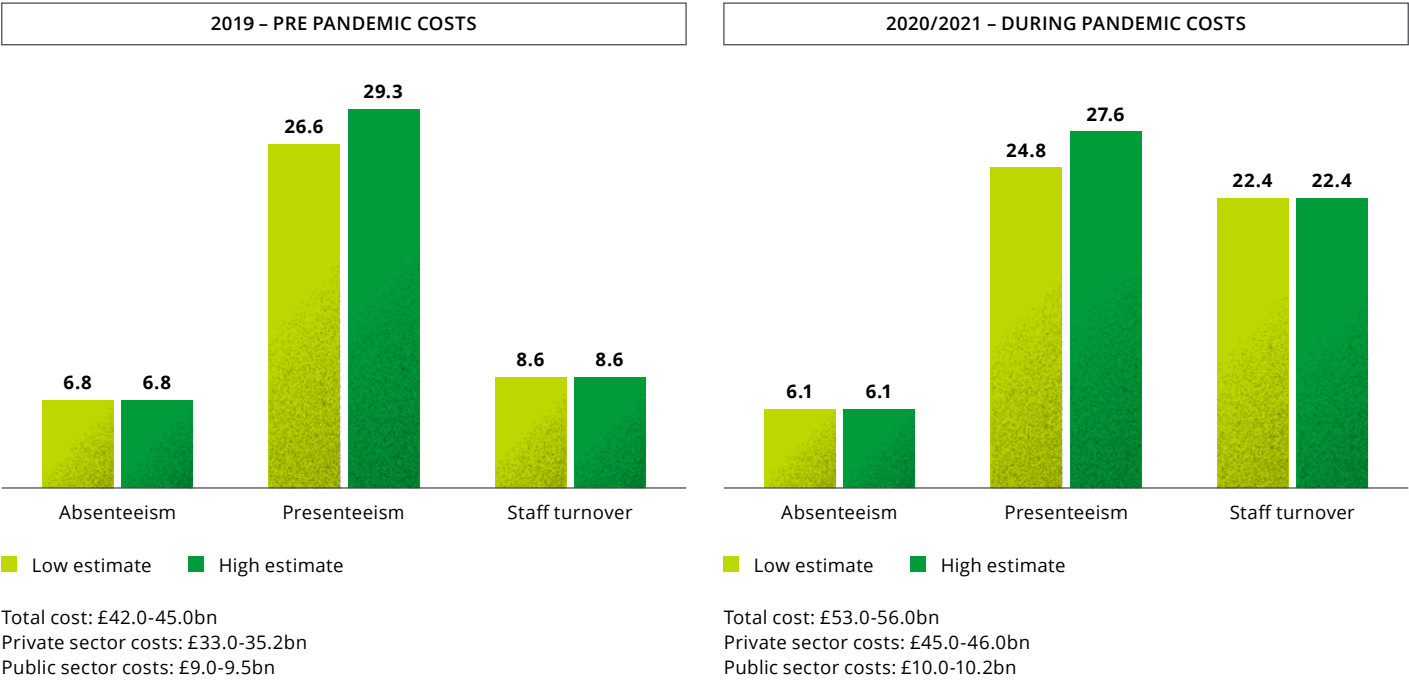
In October 2021, Deloitte undertook a further detailed review of the cost of poor employee mental health to understand in more detail the cost implications of the pandemic on the need for employer interventions. This included a YouGov survey of a representative sample of 3,599 UK individuals. Overall, it found a general deterioration in the self-reported mental health and wellbeing among people who were employed, self-employed or on furlough. While perceptions varied among employees from different industries or sectors, there was an overall decrease in the proportions of individuals rating their mental health as 'good' or 'very good' and an increase in those rating it 'bad' or 'very bad'. While the survey found some improvement since the beginning of 2021, the level of good mental health is still lower than before the pandemic, with some industries bouncing back better than others.<sup>35</sup>

Deloitte's analysis in 2021 estimated that the total annual cost had risen to £53-56 billion, representing a further 25 per cent increase in annual costs of absenteeism, presenteeism and labour turnover compared to the pre-pandemic research published in January 2020 (see Figure 3). While presenteeism is the largest item of cost, the overall increase is attributable to higher turnover, with increasing numbers of respondents reporting that they had left their job for mental health or wellbeing reasons in the previous year or intended to do so in the next 12 months. Furthermore, Deloitte found that the average annual costs of poor mental health in 2020-21 varied across regions, ranging from £1,500 to £2,400 per employee (costs were highest in London and highest as a percentage of earnings in Scotland, Yorkshire and the Humber, and Wales).<sup>36</sup>

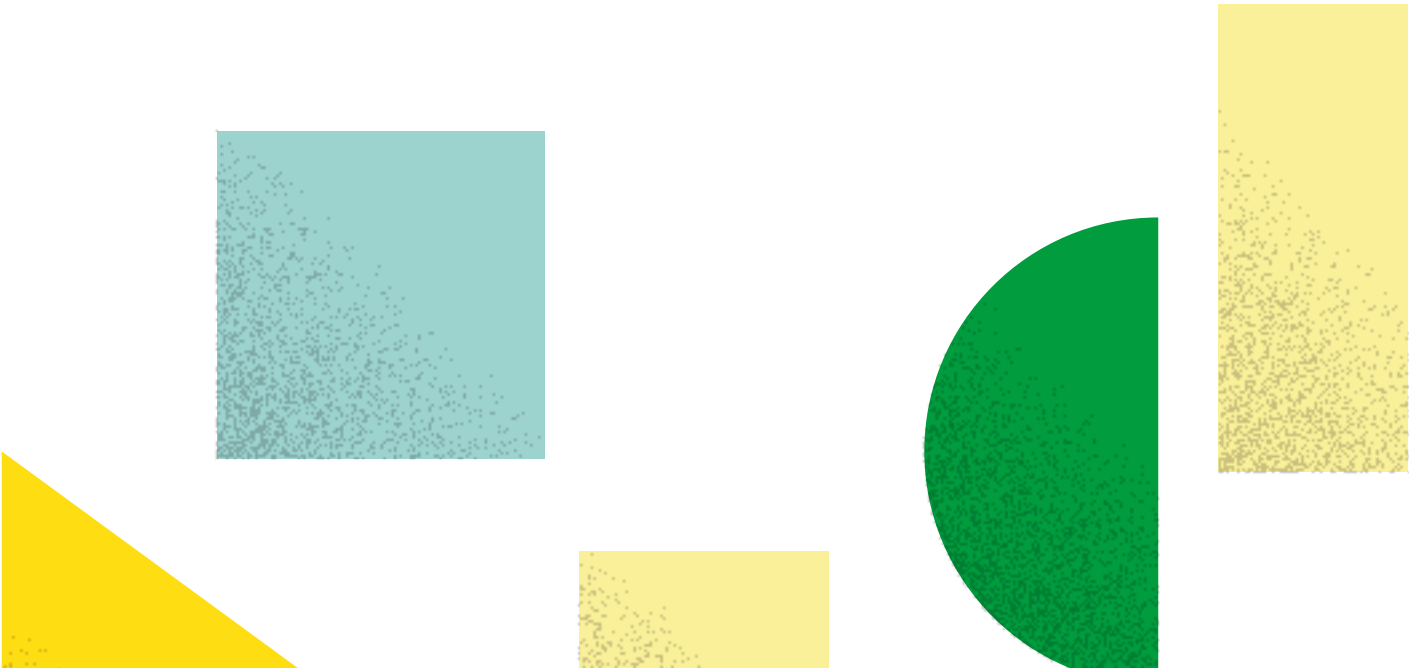
Deloitte's 2021 analysis found that employer interventions included investment in support measures such as screening, training, promoting awareness of mental health issues, and targeted interventions or personal therapy. The updated modelling found that the average ROI for employers had increased to £5.3 for every £1 invested with organisational wide, early preventative interventions offering the greatest returns.<sup>37</sup>



Figure 3. Deloitte's analysis of the increasing annual cost of poor mental health



Source: Deloitte LLP.



# The challenges in reducing the health inequalities gap and improving employee productivity

**The COVID-19 pandemic increased health inequalities in the workforce and in society. It has also exposed the close link between the physical and mental health of employees, employment status, productivity, and the costs to employers. Pre-existing inequalities, such as disparities between job types and quality of work, ability to work remotely, access to sick pay, and isolation payments, have increased health disparities further still. While the pandemic has increased the priority that employers give to improving the health and wellbeing of their employees, half of employers still lack a formal strategy or approach. Moreover, the pandemic has caused some employees to experience a deterioration in existing health conditions and others have adopted less healthy behaviours.**

In July 2021, the Health Foundation published the results of a nine-month investigation into how poor health and existing inequalities left parts of the UK vulnerable to the coronavirus. It found that pre-existing inequalities, such as low paid and poor quality work, housing conditions and access to financial support to self-isolate, fuelled wide disparities in people's experiences of the pandemic, their risks of infection, and likelihood of severe illness and death. It also found that as well as increasing exposure to the virus, low quality jobs were associated with people having poorer health going into the pandemic. The biggest proportion of excess deaths both before and after the emergence of COVID-19 was among workers in the care, leisure, and service industries, including taxi and bus drivers.<sup>38</sup>

For many industries both flexible working and the use of digital solutions has been a necessity. But other industries, such as sports and entertainment, came to a standstill. A critical finding was that working from home – for those who were able to do so – really did save lives, and there was a clear inverse relationship between the rate of homeworking and COVID-19 mortality rates in most areas of the UK. Moreover, the people employed in the higher risk job categories were less likely to be able to work from home, adding to the inequalities.<sup>39</sup> As we learn more about the virus, concerns are growing that long-COVID may be further restricting the ability of individuals to go about their normal daily life, including work. Women and those from more deprived backgrounds appear to be at particular risk of disrupted employment and reduced quality of life.<sup>40</sup>

The CIPD (Chartered Institute of Personnel and Development), the professional body for HR and people development, has conducted an annual survey on employee health, wellbeing, and absence in UK workplaces, for the past 21 years (the past eleven in partnership with SimplyHealth). Over the past few years, the surveys have shown that employee health and wellbeing has been creeping slowly up the corporate agenda but, that for many organisations, the pandemic has forced the issue more urgently into focus. Its *Health and wellbeing at work 2021* survey, based on an online survey conducted between November and December 2020 of 668 organisations employing 2.7 million people, found that employers had transformed their working practices and employee health and wellbeing on an unparalleled scale in response to the need to protect their workforce from COVID-19. This includes:

- a step change in the proportion of senior leaders that had employee wellbeing on their agenda (up from 61 per cent in 2020 to 75 per cent in 2021)
- an increase in the proportion of line managers buying into the importance of wellbeing (up from 58 per cent to 67 per cent)
- a fall in the percentage of respondents saying that their organisation was 'much more reactive than proactive' (down from 41 per cent in 2020 to 27 per cent in 2021)
- half of respondents (56 per cent in 2020) said their employer still lacked a formal strategy or approach and tended to act on an ad hoc basis to health and wellbeing concerns.<sup>41</sup>

In addition, the annual CIPD *Good Work Index 2021* (benchmarking job quality in the UK since 2018) found that although there had not been any dramatic changes in job quality, work-life balance and job security have shifted for some, depending on the type of role or occupation. Remote working, furlough, and key worker status have introduced new influences on job quality. For key workers, job quality has remained a challenge for many – with poor wellbeing and stress, a lack of opportunities for development, high workloads, and poor work-life balance being some of the issues at play. Key workers (42 per cent of respondents) fared badly in many aspects of job quality. Furloughed workers were particularly concerned about job security, with absence from work appearing to have a negative impact on workplace relationships.<sup>42</sup>

The employers we interviewed for this report highlighted concerns over variations in the degree of threat from COVID-19 that has faced the different types of workers, particularly those commuting to work or working in public-facing roles. For employees who could not work from home, our interviewees had introduced measures to ensure safer working practices, such as social distancing, enhanced cleaning, improved ventilation, and the use of protective screens between office spaces.

Some employers, like those providing public transport, education, health, and social care, not only needed to safeguard the health of their own employees but also service users. For example, Transport for Greater Manchester needed not only to safeguard the health of their public facing employees and those working in managerial and back-office functions, but also to protect travellers using their public transport networks (see Case study 1).

## Case study 1

How Transport for Greater Manchester adapted its services to keep staff and customers healthy and safe

### Situation

Transport for Greater Manchester (TfGM) is responsible for Greater Manchester's (GM's) transport and travel network that enables over 5.6 million journeys per day.<sup>43</sup> COVID-19 has presented challenging safety issues for TfGM across their network, from huge reductions in demand for public transport during the early stages of the pandemic, to increases in cyclists by over 100 per cent. TfGM has therefore had to adapt its services to keep staff and customers healthy and safe.<sup>44</sup>

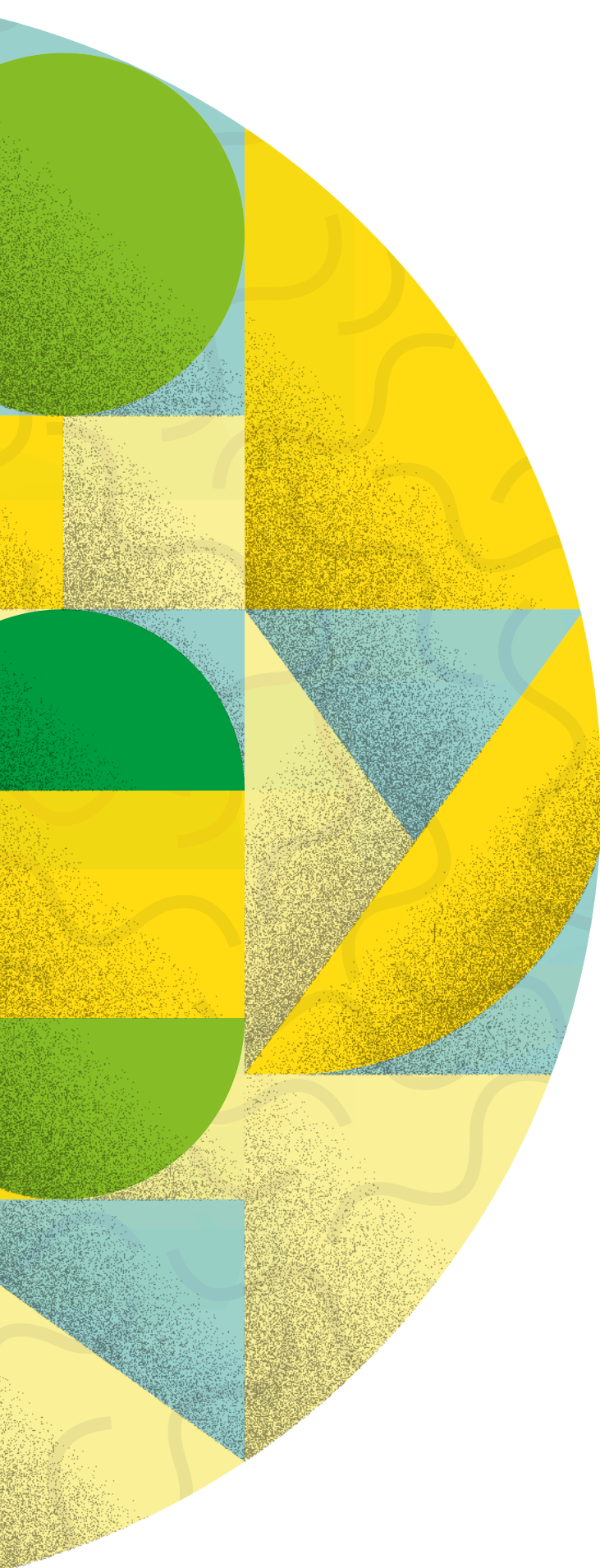
### Action

To protect the safety of its customers and staff during the pandemic, TfGM implemented a variety of measures. These included operating a 'key worker network' at the start of the pandemic to provide safe, socially distanced bus travel for vital workers.<sup>45</sup> Social distancing rules were implemented, together with mandatory face masks, one-way systems, enhanced cleaning procedures and better ventilation across the transport network. TfGM also introduced initiatives such as 'Trambassadors' on its Metrolink to assist customers and provided additional transport to and from vaccination centres for concessionary pass holders.

As the pandemic restrictions were eased, TfGM encouraged passengers to use active modes of transport where possible. TfGM's cycle hire scheme aims to make 1,500 bikes available across GM, providing access to bikes within a short walk of almost 200,000 households.<sup>46</sup> These measures are part of plans for a fully integrated, affordable, and accessible transport network – 'Bee Network' – that includes safer segregated areas for cycling and walking.

### Outcome

The first phase of the Bee Network cycle scheme was launched in November 2021, with pedal bikes costing five pence per minute (plus a 50p unlocking fee), and e-bikes costing double this.<sup>47</sup> It is still too soon to evaluate the outcomes of the scheme which is expected to comprise some 1,500 bikes by summer 2022.



**Employees already at risk of health inequalities have been more affected by the pandemic**

Our Deloitte report, *Identifying the gap: Understanding the drivers of inequality in public health*, describes how the pandemic has exposed the unequal impact on HLE for those in the lower socio-economic groups. There are increasing concerns that inequalities are likely to increase still further because of the type of job losses generated by the pandemic. Specifically, the UK has seen significant job losses at the lower end of the labour income distribution, while high-paid jobs were left largely intact. Similarly, job recovery has been stronger at the upper end of the labour income distribution, while demand for low-paid jobs has continued to be weak.<sup>48</sup>

While the pandemic has increased most people's awareness of how their own behaviours can impact their health, the loss of control over where, how and if they can work has had a detrimental impact on many people's lifestyles. Moreover, existing mental health issues and physical issues such as musculoskeletal injuries, have been exacerbated by lockdowns and the increase in homeworking.<sup>49</sup>

For example, in the first wave of the pandemic the mental health charity Mind found that over half of adults and young people were over or under eating to cope; nearly a third were using alcohol or illegal drugs, with 18–24 year olds using this coping strategy more than over-25s; and a third of young people with existing mental health problems were self-harming to cope.<sup>50</sup> Furthermore, between August and October 2020, 22 per cent of UK adults reported consuming more alcohol since the start of the pandemic and 28 per cent exercising less. Employers therefore need to increase their understanding of how the pandemic has impacted people's lifestyles in order to influence and/or incentivise healthier behaviours.

# Interventions to help improve the health and wellbeing of employees

Employers increasingly acknowledge that by improving the health and wellbeing of employees, their families, communities, and the economy can all benefit. Traditionally, employers have adopted a variety of approaches to support employee health and wellbeing, including providing access to in-house or outsourced occupational health services and, for around ten per cent of employees, offering private health insurance. Although two-thirds of employers have increased the support provided to staff, employees are not always aware of the support available. Moreover, many organisations are responding to the changes resulting from the pandemic to re-design work to 'make it better for employees and make employees better at work'.

## Changes in the level and type of interventions and support provided

Depending on the size of the business, the nature and location of work and the distribution of the workforce, many employers have traditionally provided some form of in-house or outsourced occupational health services to their employees.<sup>51</sup> In addition, many large employers and a small number of small and medium sized enterprises provide private health insurance to around ten per cent of employees in recognition of the importance of maintaining a healthy workforce.<sup>52</sup> Occupational health measures have traditionally focused on reducing health and safety risks to staff, and private health insurance has been used largely to provide quicker access to treatment. However, in recent years occupational health providers and private health insurers have increased their focus on prevention.

For example, twenty-five years ago Vitality created the Vitality Programme, scientifically designed to reward people for being active, eating healthily and maintaining good mental health and sustain a healthy and productive workforce. Reducing risk of ill-health is at the core of Vitality's 'Shared Value Insurance' model, with Vitality investing the savings generated into greater rewards and incentives.<sup>53</sup> Vitality offers two main reward programmes 'Active Rewards' and 'Status Rewards'. The former incentivises short-term goal achievements and the latter incentivises regular, sustained engagement in the programme. An independent evaluation of Vitality's Active Rewards programme, conducted by RAND Europe, demonstrated the impact of financial rewards and wearable technology on physical activity behaviour. Analysing data from over 420,000 users over three years, the study concluded that incentivising physical activity can lead to higher activity levels, with participants in the Active Rewards with Apple Watch programme becoming more active and staying active over time (they were 34 per cent more active, equivalent to 4.8 extra days of

activity per month).<sup>54</sup> Other insurance companies have developed or are exploring the use of similar rewards-based schemes to incentivise healthy behaviours.<sup>55 56 57</sup>

## Employee initiatives

Research undertaken across the UK in January 2021 by Group Risk Development (GRID) found that since the onset of the pandemic 63 per cent of employers increased the support they provided for staff across one or more areas of mental, financial, physical, and social wellbeing. Support took several forms, from increasing communications and HR time available to support staff directly, to enhancing existing support or investing in new resources and approaches.<sup>58</sup> Moreover, the survey found that 89 per cent of employers believed that supporting the health and wellbeing of their staff had a positive impact on their business. Examples included: engendering improved loyalty (45 per cent), engagement (42 per cent) and reduced absence among existing staff (31 per cent). Moreover, 19 per cent said that potential clients/customers were interested in how they look after staff and that having a good policy in place helped them win new business.<sup>59</sup>

However, 44 per cent of employers admitted that they didn't think their staff were fully aware of the benefits they offer or, more likely, don't fully understand them. Furthermore, only 40 per cent of staff think that their employer is effective in explaining employee benefits, and 26 per cent that their employer is 'not effective'.<sup>60</sup> These findings indicate the importance of ensuring that employees are aware of the support available for staff, and for employers to seek regular feedback to 'stress test' that employees understand the support available to them.

Deloitte's *Human Capital Trends Survey 2021* found that many organisations are moving beyond adjacent wellbeing programmes and stand-alone initiatives to rethink how to protect and support their employees. The report notes that putting wellbeing at the centre of an organisation's plans to transform working practices can yield improvements in employee engagement, performance, and overall resilience. To be effective the design of wellbeing into work needs to be developed, strengthened, and flexed over time. Moreover, wellbeing strategies need to be tailored to accommodate the needs of different groups of the workforce rather than a 'one-size-fits-all' approach.<sup>61</sup> The benefits and support packages available also need to be communicated effectively to employees and easy to access.



### Digital resources for supporting employees

Over 90,000 digital health apps were launched to consumers on app stores in 2020.<sup>62</sup> While initially seen as a direct-to-consumer commercialisation strategy, many developers are now targeting payers and employers to maximise the impact of their platforms.<sup>63</sup>

The adoption of digital solutions by employers to support the health of staff, in particular mental health and wellbeing, has accelerated during the COVID-19 pandemic.<sup>64 65</sup> Digital technologies can improve employee engagement with health initiatives by providing anonymous, self-directed support that can be accessed at a place and time most suitable to them. For example, Deloitte launched 'The Wellbeing Movement' in 2020, hosting several wellbeing activities for employees.<sup>66</sup> In 2021 it also launched the 'My Wellbeing' application, accessible via desktop and mobile phones, providing curated wellbeing resources on demand that promote healthy behaviours, personalised to needs of individuals and their families.

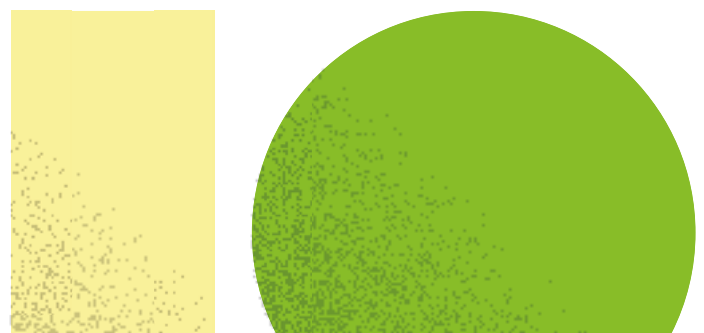
A recent survey of employees revealed that being able to access support by mobile phone increased mental health engagement for 60 per cent of respondents (78 per cent of respondents preferred to access mental health services online).<sup>67</sup> Physical activity apps have also been widely used through the pandemic. For example between March and end of June 2020, PHE's 'Couch to 5k' app had 858,000 downloads compared to 448,000 over the same period in 2019 (a 92 per cent increase).<sup>68</sup> To support employees effectively, these digital resources need to be evidence-based. Consequently, several organisations and frameworks aimed at the evaluation of digital solutions have emerged recently.<sup>69 70</sup>

### Measuring employee health and wellbeing

The need to measure workplace health and wellbeing has become a hot topic. Employers, governments, and policymakers are increasingly recognising their role in gathering metrics at a local, regional, and national level to monitor the implementation of data-driven targeted improvement initiatives. Having access to and analysing the 'right data' can enable employers to choose the best interventions to optimise employee health and wellbeing. One of the key lessons learned during the pandemic has been that measurable data about outcomes enables modelling to support planning. Currently, data used by many employers to measure employee health and wellbeing is somewhat one-dimensional (for example number of sick days) and may only provide a snapshot of an employee's health and wellbeing. Furthermore, employees expect solutions that work, not token efforts, yet the range of available support is vast and there is limited understanding of what works and what doesn't including the role of consent in sharing employee data.

Developing an effective strategy and programme for health and wellbeing requires a rigorous and holistic analysis of the root causes of an organisations' turnover, sickness levels, productivity, and performance. It is also important to measure the 'metrics that count' and ensure that the design of the wellness strategy and programme reflect the weaknesses and strengths identified and address employees' needs. Organisations often go for easy solutions, such as simply providing access to wellbeing apps; however, tech solutions alone may fail to hit the mark, leading to employee disengagement and wasted investment.

There are several benchmarking initiatives for analysing workplace health and wellbeing that provide participating organisations and their employees with relevant and comparable insights into what 'high performance' looks like. This enables them to identify and target their own health and wellbeing solutions more effectively. For example, one of our interviewees, Vitality Health Insurance, has been conducting their Britain's Healthiest Workplace annual wellbeing survey since 2012 (see Case study 2). Others like Experian (Case study 3) are using predictive analytics to identify risks, including employee burnout.





## Case study 2

### Vitality's approach to measuring employee wellbeing

#### Situation

Vitality's annual 'Britain's Healthiest Workplace' survey is aimed at providing businesses with in-depth insight into different dimensions of employee and organisational wellbeing. The survey is designed to enable employers to understand trends in health and wellbeing and pinpoint actions to help them boost their employees physical and mental health and strengthen their resilience and performance. The last full survey was conducted in 2019, with a shorter, more focused survey being undertaken in 2020 and 2021 to focus on the impact of COVID-19 on the workforce.

#### Action

The survey questions are devised by an independent board of relevant senior experts, from public and private policy, academia, and public health backgrounds. The survey measures how the workplace environment including support services available, the leadership and culture and the community can influence employees' health, engagement and performance.<sup>71</sup> Further in-depth modules can be added to the survey including women and men's health and financial wellbeing. Participating employers receive an accreditation status (Bronze, Silver, Gold or Platinum) and are benchmarked against similar employers. Since its inception, over 185,000 workers from 520 employers have participated.<sup>72</sup> By repeating the survey every year, organisations can have a credible measure of wellbeing and can quantify the impact of their wellbeing strategy and evidence measurable outcomes.

#### Outcome

The results of these annual surveys have revealed significant trends in employee wellbeing. For example, the results in 2019 showed that:

- productivity had been declining since 2014, with businesses on average losing 14.6 per cent of working hours (equivalent to 38 working days a year), largely due to presenteeism. The problem was worse among lower income and younger workers
- engagement levels were increasing year-on-year
- financial wellbeing is important, with more than half of younger employees (51.1 per cent) having financial concerns which also halves their productivity
- younger employees get fewer hours sleep per night and are more likely to exhibit unhealthy lifestyle behaviours such as smoking, drinking, and unhealthy eating
- 56 per cent of employees suffer from work -related stress with 35.1 per cent feeling unwell as a result, and more than half suffer from musculoskeletal conditions like a bad back.

Crucially, Vitality's surveys capturing employee feedback suggests that workplace health interventions had improved their health. Support includes programmes to help staff stay active and have a better diet, however only 28 per cent of employees are aware of the wellbeing initiatives provided.<sup>73</sup>

### Case study 3

#### Experian using predictive analytics to identify risks of employee burnout

##### Situation

The COVID-19 pandemic has had a significant impact on employee health and wellbeing in addition to an increase in mental health conditions such as anxiety, employee burnout has risen significantly. A March 2021 report by the global jobs site found that over one half of employees surveyed reported feeling burned out and two-thirds felt this had increased since the start of the pandemic.<sup>74</sup> Many employees have had to adapt to new ways of working in addition to balancing increased caring responsibilities and health concerns; burnout was found to be greater for employees working virtually.<sup>75</sup> For global information services provider Experian, many of its employees had to adapt to remote ways of working. In response, Experian increased its emphasis on employee health and wellbeing, including measuring and predicting burnout.

##### Action

At the start of the pandemic, Experian carried out regular staff surveys to gauge staff wellbeing and ensure appropriate support was provided.<sup>76</sup> A number of initiatives were launched during the pandemic, including: 'ReachOut' which provided on demand access to wellbeing resources (such as podcasts, webinars and infographics) to support the transition to home working, mindfulness and resilience programmes, extended leave for caring responsibilities.<sup>77</sup>

A further initiative was the use of predictive data analytics to track employee wellbeing.<sup>78</sup> In conjunction with the 'People Matter Charitable Trust', Experian adopted the analytics platform Onika for this purpose. Using working pattern data (such as email use, calendars, and chat communications) provided anonymously by Experian's employees in addition to data from the Onika mental wellbeing companion app, Experian was able to predict teams at risk of burnout and track burnout levels across the company. This data enables targeted action to be taken to support employees at risk and provides important measurement data to track trends in wellness over time

##### Outcome

As a result of this initiative, People Matter received the 2021 CIPD People Management award for 'Best people analytics initiative'.<sup>79</sup> Furthermore, using the actionable insights gained by this platform, Experian has reported a reduction in stress-related absences.<sup>80</sup>

There are several other benchmarking initiatives that focus on employee performance and wellbeing including:

- Mind's Workplace Wellbeing Index, launched in 2016, is a benchmarking and measurement for organisations to measure their performance and improve their approach to creating a mentally healthy workplace. It publicly categorises participants as Gold, Silver or Bronze.<sup>81</sup>
- WorkL for Business, is an engagement platform that measures and tracks employee engagement through surveys and predictive data analytics deploying employee engagement data on over 20,000 organisations across 26 sectors.<sup>82</sup>

- The Happiness Index, which is underpinned by neuroscience, helps organisations measure key employee engagement and happiness drivers to help them in developing their people strategies. It comprises data on over ten million global data points which are used to power its platform and insights.<sup>83</sup>

In addition to general initiatives to promote mental and physical health such as activity classes and mental health training, some employers have supported national public health campaigns. For example, many employers offer their staff an annual flu vaccine.<sup>84</sup> Other measures include support to stop smoking and making healthy food choices available for staff.<sup>85</sup> Schemes such as these, however, are generally more common among public sector employers, with private sector organisations relying on occupational health or insurance and protection benefits.<sup>86</sup>

The quality of physical working environments also effects both the health and productivity of employees and businesses. Deloitte's 2020 report *'How Smart Buildings technology can help support a safe and healthy workplace environment'* considers the effect of air quality and ventilation in buildings upon employee health.<sup>87</sup>

Case study 4 shows how a commercial real estate company that we interviewed for this report, focuses on creating healthy working environments to improve employee health and help businesses to thrive.

## Case study 4

### Bruntwood: creating working environments for businesses and employees to thrive

#### Situation

Bruntwood are commercial property specialists that, as part of their core offering, they aim to create thriving and vibrant communities and provide businesses with modern facilities that promote employee health and wellbeing.<sup>88</sup>

#### Action

Measures taken by Bruntwood to create healthier working environments for employees include:

- pledging that all their new buildings will be 'net zero' by 2030<sup>89</sup>
- transforming workspaces to promote wellbeing – for example by creating a living wall consisting of 18,000 plants within their Manchester "Bloc" workspace and a biodiversity roof<sup>90</sup>
- supporting employee health, by partnering with Les Mills (an international fitness brand) to provide customers with access to fitness classes across multiple locations.<sup>91</sup>

#### Outcome

Bruntwood curate workspaces with purpose and always with people in mind. They have elevated their design principles to provide workspaces that incorporate wellness and productivity. At the heart of this is the growing need for flexibility in where, when, and how people work. Bruntwood have secured a £276 million sustainable-linked loan facility to transform 22 further workspaces, mainly within Manchester and Birmingham and are continuing a programme of reinvestment across all of their national regions to ensure that their buildings include spaces and programmes conducive to improving their customers and their employee's health and wellbeing. Through a recent survey sent to employees, 78 per cent reported that they feel that they have a workspace that supports their overall wellbeing and 75 per cent reported that they believe that Bruntwood do enough to support their overall wellbeing as an employer. From a customer perspective, their engagement levels within their business support programme demonstrates that they are making an impact and supporting businesses in a post-COVID world.<sup>92</sup>

The quality of physical working environments also effects both the health and productivity of employees and businesses. Deloitte's 2020 report *'How Smart Buildings technology can help support a safe and healthy workplace environment'* considers the effect of air quality and ventilation in buildings upon employee health.

### Measures adopted by the NHS to support employee health and wellbeing

With over 1.84 million employees, the NHS is the largest public sector employer in the UK with a presence across every UK community both as an employer, service provider and supporter of local businesses.<sup>93</sup> The NHS Long Term Plan (LTP) published in January 2019 recognised the NHS had a responsibility for taking action to improve the physical and mental health and wellbeing of its workforce and to set an example to other employers.<sup>94</sup> In addition, NHS organisations are often 'anchor institutions' with a significant stake in their local area and sizeable assets that can be used to support the health and wellbeing of local businesses' and the wider community.<sup>95</sup>

Improving the health and wellbeing of NHS staff has long been recognised by NHS employers as an important public health challenge both locally and nationally however the funding and approaches used to tackle this responsibility vary widely. The annual NHS staff survey has highlighted the difficulties facing staff, and the variations within and between organisations in being able to access services and support. In 2018, the Deloitte report *Time to care: Securing a future for the hospital workforce in the UK* highlighted the significant pressures facing the UK's hospital workforce, with widespread concern about the unprecedented levels of staff shortages and insufficient time for hands-on care leading to staff burnout. Among other things, it identified an urgent need for employers to place more emphasis on improving the health and wellbeing of their employees.<sup>96</sup>

The LTP recognised that inflexible and unpredictable working patterns made it harder for people to balance their work and personal life obligations and committed to making the NHS a consistently good place to work.<sup>97</sup> It noted that many of the building blocks were already in place in parts of the NHS, and that all organisations should adopt the NHS Health and Wellbeing Framework (launched in 2018, predominantly to reduce sickness absence in the NHS).<sup>98</sup> The LTP also recommended that NHS employers should improve access to occupational health services.<sup>99</sup> By 2019, the framework had been implemented in over 70 organisations with evidence that using the framework did reduce sickness absence rates.

In 2019, the NHS health and wellbeing programme was set up comprising a range of national programmes to support organisations and leaders to look after the health and wellbeing of their colleagues. However, there were differences in the scale and pace of implementation across the NHS. At the start of the COVID-19 pandemic the workforce challenges were already a serious and escalating concern.

The pandemic has been profoundly challenging for all health and social care staff, especially those on the frontline, with a notable increase in the reported mental, physical, and psychological health problems, including staff burnout and attrition. For example, the House of Commons Health and Social Care Committee's report on *Workforce burnout and resilience in the NHS and social care*, received a wide body of submissions attesting to the fact that the pandemic had increased workforce pressures exponentially. Submissions about the impact during 2020 included:

- an NHS Providers survey in June 2020 in which 92 per cent of NHS leaders had concerns about staff wellbeing, stress, and burnout
- the British Medical Association's written submission highlighting that nearly half of doctors reported suffering from depression, anxiety, stress, burnout, emotional distress, or another mental health condition
- a Nursing Times survey indicating that 90 per cent of nurse respondents felt higher rates of anxiety than before the pandemic.<sup>100</sup>

In March 2021, national planning guidance, *NHS people priorities for 2021-22*, was issued building on what had been learned during the first year of the pandemic. It emphasised the need to restore and replenish the workforce and embed more preventative health and wellbeing approaches to tackle inequalities and boost efforts to attract and retain more people.<sup>101</sup> Numerous additional support measures have been put in place at the national level by NHS England and Improvement (NHS England) as well as other national bodies like NHS Employers and NHS Digital. Support includes 40 dedicated mental health and wellbeing hubs and free access for staff to a range of wellbeing apps (covering issues such as suicide prevention, sleep improvement, yoga, and mental health).<sup>102</sup> <sup>103</sup> There is also a dedicated website aimed at supporting staff recovery after COVID-19.<sup>104</sup>

At the local level, NHS boards are expected to lead health and wellbeing initiatives, appoint a 'Wellbeing Guardian' to the board, and equip line managers teams with the skills and tools they need to take ownership of staff health and wellbeing. Staff safety initiatives include regular risk assessments, introduction of flexible working arrangements, and compliance with infection prevention and control policies. NHS England emphasised that occupational health and wellbeing support should be available to all staff, including rapid access to psychological and specialist support.<sup>105,106</sup>

**Figure 4. The NHS health and wellbeing framework priority wellbeing areas**



Source: Adapted from the NHS England and NHS Improvement Health and Wellbeing Framework Strategic Overview (2021).

Furthermore, In November 2021 NHS England relaunched a refreshed *NHS health and wellbeing framework*, recognising that the pandemic had highlighted the need to think beyond sickness absence and to '*recognise presenteeism and embrace prevention*'. The revised framework has evolved into a set of resources aimed at empowering NHS organisations to create a sustainable wellbeing culture for the workforce.<sup>107</sup> The framework aims to support NHS organisations to assess their staff health and wellbeing needs and provide guidance on planning and implementing tailored wellbeing programme.<sup>108</sup> NHS Employers working with NHS England and stakeholders across the NHS also offer a range of tools to support employees built around the revised health and wellbeing framework priority areas (see Figure 4).<sup>109</sup>

The framework also includes a focus on healthy leadership behaviours, equality, diversity and inclusion, and preventative wellbeing interventions to reflect the evolving needs of their workforce and the latest evidence on best practice for wellbeing.<sup>110</sup> Ultimately, this framework aims to support the implementation of sustainable wellbeing practices across NHS organisations in future. An example of the successful implementation of this framework is provided in Case study 5, focused on the steps taken by Dartford and Gravesham NHS Trust to promote staff wellbeing during COVID-19.

## Case study 5

### Dartford and Gravesham NHS Trust's initiatives to improve staff mental health and wellbeing

#### Situation

Dartford and Gravesham NHS Trust (D&G) is located within North Kent and provides care for over 500,000 people on three sites.<sup>111</sup> First established in 1993, D&G have worked with staff across the organisation to establish a set of core values which include compassion, respect and working together, striving to provide the highest standards of care to their patients.<sup>112</sup>

#### Action

Prior to the pandemic, D&G had several policies for staff wellbeing, including flexible working and access to a variety of physical and mental health support services. Recognising the severe impact of COVID-19 on their staff, D&G implemented the NHS's health and wellbeing framework.<sup>113</sup> In addition, it introduced an NHS 'Wellbeing Guardian', and enhanced mental health support and management training aimed at the positive promotion of improvements in the health and wellbeing of staff.<sup>114</sup> Examples of support provided include:

- daily 'Talking Tea Trolley' each morning manned by the Chaplain and a member of the Time to Talk Team visits the Emergency Department and other departments as requested or required
- wellbeing snacks for staff rooms delivered daily, hot food delivered for night staff
- on-site support for mental health Monday to Friday which includes:
  - the 'Time to Talk Team' – Mental Health First Aid trained staff, providing an active listening service and signposting people to support as required
  - counselling service, face to face and virtual support from staff in the Kent and Medway NHS and Social Care Partnership Trust
  - mental health nurse in OH, able to refer to on-site clinical psychologists or psychiatrists as required
- an incident support team using TRiM practitioners (a trauma-focused non-medical peer support system to help people who have experienced a traumatic, or potentially traumatic, event)
- increased staff numbers in the OH team to meet winter demand for COVID and Flu vaccinations, with extended opening hours (7:30am – 8pm, six or seven days a week), operate a 'Long Covid Clinic' for staff and about to launch a Menopause Clinic
- regular mindfulness and meditation sessions and reflexology available to staff to aid relaxation
- free reset health programme or lifestyle programme available through OH, enabling staff to improve long term health conditions such as hypertension, diabetes, high cholesterol, and obesity
- essential skills training for staff, such as 'How to have a good Wellbeing conversation' and 'How to hold kind and compassionate crucial conversations'
- increased focus on Equality and Diversity (EDI) agenda, tailoring wellbeing needs to staff requirements
- opportunities for social engagement via the trust's cricket and football team, sports and cultural events
- supporting the spiritual and emotional wellbeing of staff via the Multifaith Chapel and Memorial Wood.

#### Outcome

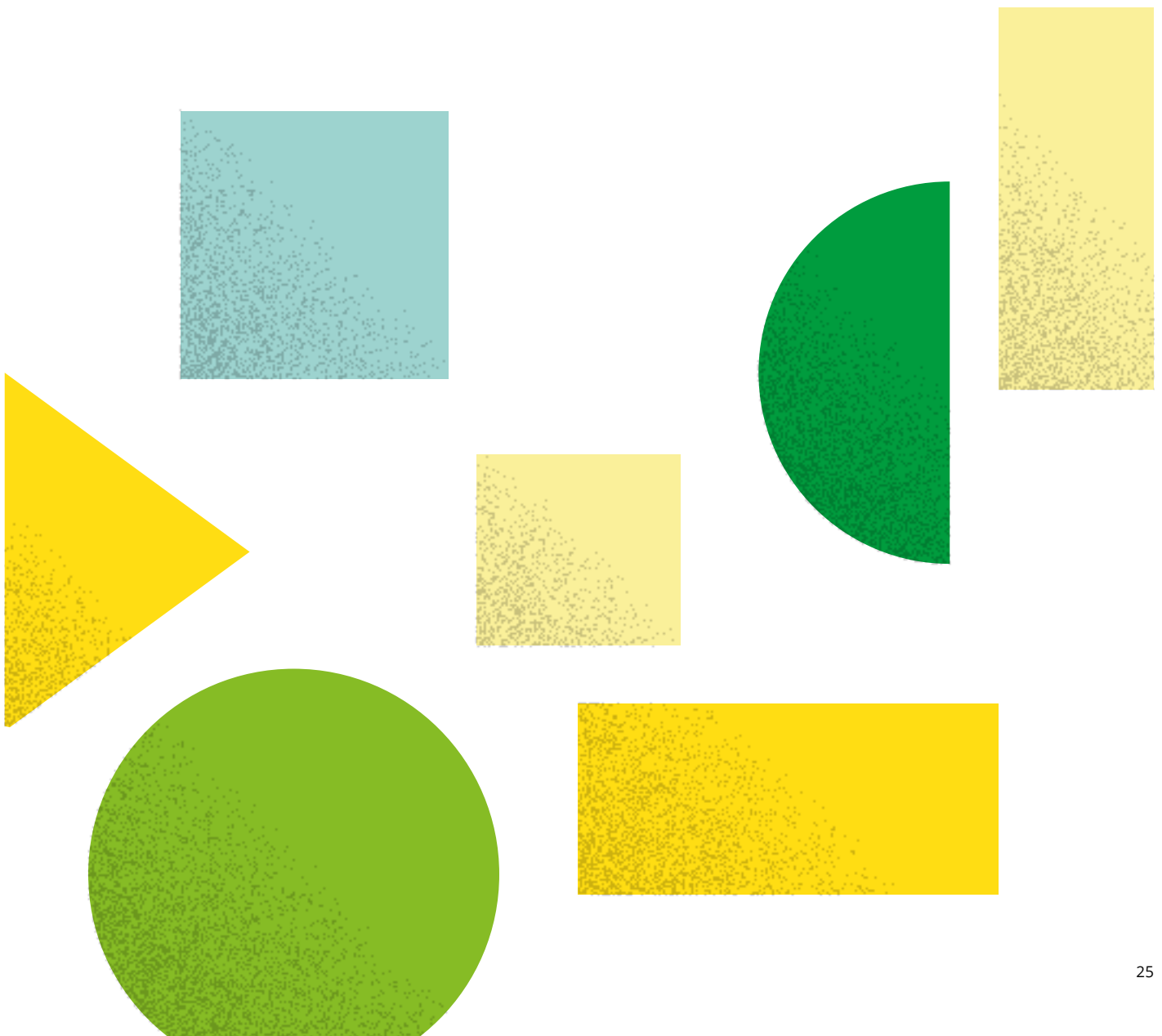
In 2020, the Health Services Journal (HSJ) named D&G as a Top 100 Employer, in recognition of its staff engagement approach - putting 'Listening into Action'.<sup>115</sup> D&G's 2020-21 annual report, highlighted a nine per cent improvement in staff numbers who felt the trust had taken positive action to support their health and wellbeing (outperforming comparative trusts by five per cent).<sup>116</sup> D&G has also seen a reduction in agency costs due to improved recruitment, including filling clinical posts vacant for some time. While COVID absences meant sickness levels have remained higher than target, work-related stress has remained under the one per cent target. At the 2021 HSJ awards ceremony, D&G was highly commended for their wellbeing programme.<sup>117</sup>



### **Independent evaluation of the impact of COVID on the wellbeing of health and social care staff**

Despite the initiatives mentioned above the long-term impact on staff is an ongoing concern for all employers across the health and social care system. Most health and social care employers now have workforce wellbeing as one of the highest risks on their risk registers. Understanding the extent of the problem is therefore of critical importance. Case study 6 provides an overview of the results of an independent assessment of the impact of the pandemic on the wellbeing of health and social care staff.

The detailed findings of the independent review provide insights into the challenges that NHS and social care employers will need to address to counteract the impact of the pandemic, as well as an ever-increasing workload, on the health and wellbeing of their employees. The report also includes 15 good practice recommendations, applicable on an individual, organisational and policy level to improve the wellbeing and productivity of the health and social care workforce.<sup>118</sup>



## Case study 6

Exploring the impact of the COVID-19 pandemic on health and social care staff: findings from the Phase 3 study

### Situation

While everyone in the UK had a personal role in responding to the pandemic the task of caring for affected individuals and their families fell to an already greatly pressured health and social care sector, and those working within it. However, there was limited evidence of how health and social care staff would cope with meeting unprecedented demands while putting their own health at risk. Consequently, Ulster University in partnership with researchers from Queen's University Belfast, Bath Spa University and King's College London obtained funding for an independent UK-wide study to measure the impact of providing health and social care during the pandemic.<sup>119</sup>

### Action

The research focused on the experiences of nurses, midwives, allied health professionals (AHPs), social care workers and social workers providing care during the pandemic. The focus was on their mental wellbeing, quality of working life, burnout, and ways of coping. Initially conducted in three phases (May to June 2020, November 2020 to January 2021, and May to July 2021); the study was extended to a further two phases (November 2021 to January 2022 and May to July 2022). Across the first three study phases, more than 10,000 staff participated. Open ended questions enabled respondents to provide more detailed responses. Focus groups were also conducted at regular intervals to gather accounts of frontline workers' and managers' experiences.<sup>120</sup>

### Outcome

Respondents to the third (and latest) report, covering the May-July 2021, indicated that since the start of the pandemic they had worked more overtime compared to previously. More than half (62.1%) of the respondents felt overwhelmed by increased pressures, 34.5% felt affected but not significantly, and only 3.4% reported that their service had not been impacted and/or that it was stepped down. Social care workers and social workers were the most affected occupational groups. The overarching themes that emerged in Phase 3 were similar to the themes in Phases 1 and 2, namely, challenging conditions, inadequate communication and connections with an additional theme emerging around the boundary of home-work life.<sup>121</sup>

- services were continuing to be affected by staff shortages, leading to increased workloads, burnout and a negative impact on health and wellbeing
- positive developments included greater flexibility about working from home and a better work-life balance
- difficulties maintaining home-work boundaries were an increasing challenge for staff
- communication with employers and managers had deteriorated since the beginning of the pandemic
- connections and relationships with colleagues and managers worsened as the pandemic continued
- those who had been redeployed by managers also struggled at times to maintain their routines for work life balance because of new work schedules alongside increased home commitments.

Statistical analysis revealed that both mental wellbeing and quality of working life deteriorated between Phase 1 and Phase 3. Respondents appeared to be using fewer positive coping strategies (such as active coping and planning) but negative coping strategies more (such as venting, self-blame, behavioural disengagement, and substance usage) to deal with work-related stress.

Between Phase 2 and 3 both mental wellbeing and the quality of working life increased slightly, however burnout increased. In Phase 3 a large percentage of respondents were experiencing moderate to severe levels of personal (78.1%) and work-related burnout (70.9%). Based on the survey results the project team has developed 15 Good Practice Recommendations applicable on an individual, organisational and policy level to support the health and social care workforce.<sup>122</sup>

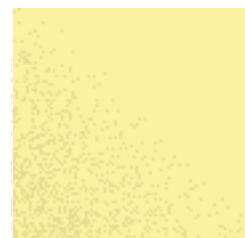
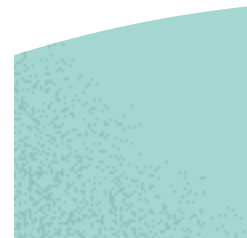
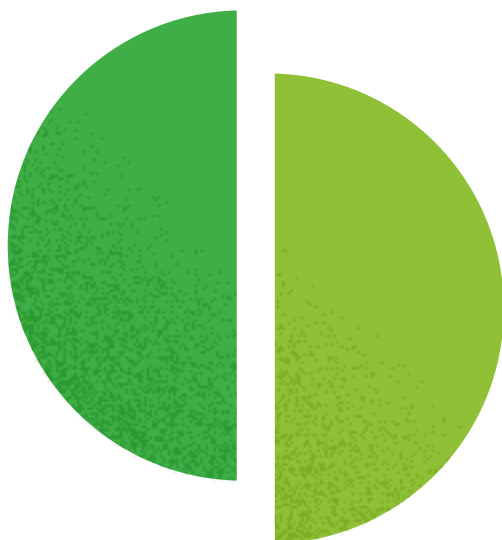
### The impact of long-COVID

The Office of National Statistics (ONS) estimated that in October 2021, 1.2 million people in the UK (1.9 per cent of the population) were experiencing self-reported long-COVID (symptoms persisting for more than four weeks after the first suspected coronavirus infection that were not explained by something else). This figure has increased from 1.1 million (1.7 per cent) in early September 2021, reflecting the impact of increasing infection rates. The ONS also estimated that, in 18 May 2021, approximately 122,000 healthcare workers and 31,000 social care workers were self-reporting symptoms of long-COVID. Prioritising support for NHS staff with long-COVID is crucial to help expedite their recovery and reduce the impact of sickness absences at a time when long-COVID in the population is likely to increase demand on NHS services.

The NHS has put in place a range of services to help staff, including fast access to occupational health and wellbeing services, local employee assistance programmes, and easier access to support from their registered GP, or through one of the 90 NHS Post-COVID Assessment Clinics available nationwide. These clinics offer physical, cognitive, psychological, and psychiatric assessments, with the aim of providing consistent services for people with long-COVID.<sup>123</sup> Moreover, NHS Employers have published detailed guidance on how to support staff affected by long-COVID.<sup>124</sup>

### Wellbeing support for social care staff

Staff working within the adult social care sector have had to deal with the consequences of COVID-19 both on their own health and also the heightened risk to their residents. Since the start of the pandemic, over 18 per cent of all care home resident deaths in England have been linked to COVID-19.<sup>125</sup> In response to the challenges faced by workers in this sector, the Local Government Association and NHS E&I have provided resources for social care employers to help them support their staff.<sup>126</sup> One such resource is the DHSC guidance, *Health and wellbeing of the adult social care workforce*.<sup>127</sup> This provides advice for both employers and staff, including how the creation of a 'Wellness Action Plan' can help managers and staff to identify the health and wellbeing support they need to manage their mental, physical, and financial wellbeing.



# The future role of employers in improving public health

As part of the 'levelling-up' agenda, employers need to see employee health and wellbeing as an asset to invest in, with long term returns measured by closing the gap in health inequalities, reducing sickness absences and equalising employment opportunities. This in turn will improve the productivity of individuals, organisations, and the nation. The evidence that improvements in health lead to improved labour productivity and, ultimately, economic growth is irrefutable. However, there are clear differences in the skills, experience, expectations, and preferences that each generation of workers bring, requiring employers to reflect these differences in their workforce strategies. There is also a need for employers to focus more on co-developing health and wellness interventions with their employees.

Deloitte's 2020 *Global Human Capital Trends* study confirmed the findings of the CIPDs annual survey that employee wellbeing was already moving-up the executive agenda pre-pandemic. However, COVID-19 has accelerated the focus on wellbeing, with health and wellbeing interventions now a high priority for most businesses. This has been driven largely by the realisation that not only is the health of their employees at risk, but the mitigation strategies adopted in response to the pandemic requires employees to work differently.<sup>128</sup>

Consequently, many employers are adopting a more proactive approach to health and wellbeing, transitioning away from stand-alone measures towards a more holistic integration of health and wellbeing in their workforce strategies. Increasingly, health and wellbeing are seen by employers as an important strategic differentiator, with wide-reaching effects on productivity, customer satisfaction, staff engagement and retention, and ultimately revenue.<sup>129</sup> In the future, we expect the role of employers to expand to cover the health, safety and wellbeing (physical, mental, financial and emotional) of all staff (see Figure 5).

There will also be an important role for employers in publicising health initiatives developed by national public health bodies (such as the new Office for Health Improvement and Disparity (OHID) which has responsibility for several public health areas, such as health improvement priority programmes). Moreover, the government intends that the OHID is a driving force, supported by communities, academics, industry, and employers, to level up the health of the nation. In establishing the OHID in October 2021, the Secretary for Health and Social Care wrote to community leaders, charities, industry experts and key employers to join the OHID's mission to act on wider factors that affect people's health, such as work, housing, and education.<sup>130</sup>

**Figure 5. The future role of employers in managing employee health and wellbeing**

Creating personal connections	Flexible work schedules	Connect to technology resources	Health and wellness without walls	Innovative policy interventions	Optimising health and safety as part of office spaces	Rethinking office spaces
Connect and build relationships with remote employees through regular, one-on-one conversations to check in about their job and to share information on health and wellness topics.	Support flexible and hybrid working. Set clear remote and office-based work policies, provide booking systems, and encourage remote workers to use flexible work schedules to address their health and wellbeing needs – whether to exercise, meditate, volunteer, or go to a doctor's appointment.	Use digital technologies and social media to provide support and to enable staff to engage in their own health and wellbeing.	Reimburse employees in all or part for fitness centre memberships, at-home exercise equipment, fitness trackers, mental health apps and service support, and or healthy food delivery services.	Invest in health at every level. Companies who cannot demonstrate investment into health could pay a levy into the public health investment funds so that that money is available locally and nationally, to influence health.	Promote hygiene measures and reconfiguring workspaces to enable distancing and reducing shared spaces. Provide standing desks, light areas to improve workplace ergonomics.	Consider spatial planning, and active transport to boost people's levels of physical activity, reduce obesity and improve wellbeing. Establishing one way entry and exit systems, and enhanced cleaning protocols.

Source: Adapted from (COVID whole health) the Centre for Disease and Communication and Deloitte LLP.

### The changing face of the workforce

Millennials and Gen Zs are known for speaking up and asking for change, in the workplace and beyond. This may be because these generations came of age at the same time as online platforms and social media gave them the ability to share their opinions, influence distant people and institutions, and question authority in new ways. These forces of change have shaped their worldviews, values, and behaviours. As a result, they are making their voices heard and driving real change in society and business, from #MeToo and Black Lives Matter, to convening marches on climate change, demanding eco-friendly products and challenging stakeholder capitalism.

Deloitte's *Global 2021 Millennial and Gen Z survey*, makes it clear that as these generations expect changes that will result in a more equitable and sustainable world, they expect institutions like businesses and governments to do more to help.<sup>131</sup> Businesses therefore need to take note because millennials and Gen Zs say they will avoid companies and employers whose actions conflict with their values.<sup>132</sup> The 2021 survey also explored the pandemic's effect on respondents' wellbeing, their behaviours, stress levels, and opinions. Of specific relevance to employers developing their approach to workplace wellbeing are the following high-level findings:

- **Climate change, health and unemployment are top concerns** – over recent years, climate change has consistently ranked among millennials and Gen Zs top concerns, but in 2021, as the impact of the pandemic continued, health (and disease prevention) and unemployment topped millennials' list of concerns. For Gen Zs climate change remained at the top of their list, followed closely by unemployment, and health (and disease prevention).
- **Stress levels are high** – 41 per cent of millennials and 46 per cent of Gen Zs say they feel stressed all or most of the time. The pandemic has created much uncertainty and stress around their financial futures (some two-thirds agreed, to some degree, that they often worry or become stressed by their personal financial situations) with uncertainty about jobs and career prospects a top concern.
- **Mental health in the workplace** – there is a persistent stigma around mental health challenges in the workplace. About a third of respondents said they've taken time off work due to stress and anxiety caused by the pandemic. Among the two-thirds who didn't take time off, four in ten deemed themselves to be stressed all the time but chose to work through it. Further, approximately 40 per cent feel their employers have done a poor job of supporting their mental wellbeing during this period.

- **Businesses' societal impact** – slightly less than half of respondents think that business is having a positive impact on society. A slightly lower percentage of respondents said they believe businesses are focused solely on their own agendas or that they have no motivations beyond profitability.
- **Wealth and income** – there were serious concerns about the scale of wealth and income equality. Two-thirds see wealth and income as unequally distributed in society and a majority believe that legislation and direct government intervention would significantly close the gap.
- **Systemic racism** – six in ten Gen Zs and 56 per cent of millennials see systemic racism as very or fairly widespread in society with one in five saying they feel personally discriminated against 'all of the time' or frequently because of an aspect of their backgrounds. More than half see older generations as standing in the way of progress.<sup>133</sup>

### Advantages and implications of an ageing workforce

At the other end of the employee talent pool are the older generations. In this 'era of longevity', an individual's career can last far longer than in previous decades, with companies now able to employ people into their 60s, 70s, and beyond. This is becoming increasingly salient as the pool of traditional 'working-age' (20 to 60-year-old) adults shrinks. For their part, many individuals find the need, whether financially and/or emotionally, to stay in the workforce past 'traditional' retirement age. Population aging and the impact on employee wellbeing poses a workforce dilemma for both economies and employers. Compounding the challenge, almost all developed economies now have birth rates below the recommended replacement rate of 2.1 per couple.<sup>134</sup> This means that companies should consider tapping into the maturing workforce. Attracting and retaining the older workforce could be key to unleashing the future of work.<sup>135</sup>

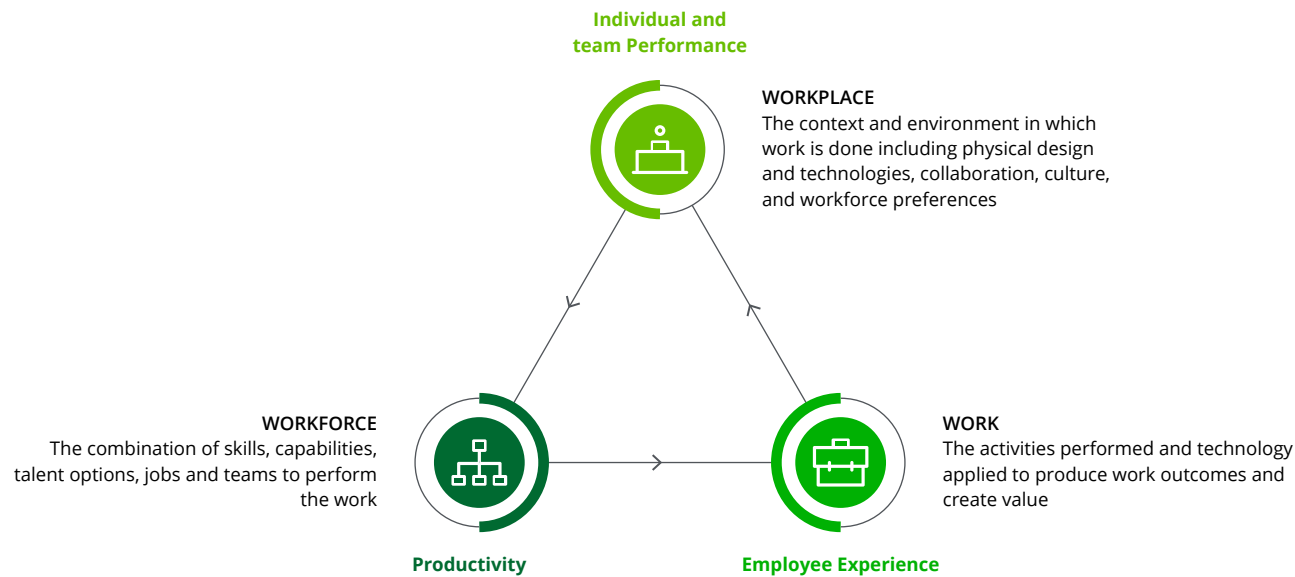
In March 2021, Ipsos Mori conducted online research on behalf of Deloitte surveying a nationally representative sample of 1,248 UK workers aged 16 to 75. The survey explored workers views on the future of remote working and technology as an enabler of business continuity, digital skills and inclusion, trust in the use of health information and, of direct relevance to this report, employers' approach to employee wellbeing. Overall, 53 per cent workers thought that wellbeing had become more of a priority for their employer over the past year. However, while 82 per cent of younger workers (aged 16 to 24) said that they found their employer's approach to wellbeing helpful, just 63 per cent of older workers (aged 55 to 75) said the same.<sup>136</sup>

Rethinking workforce strategies across different generations to account for longer lives will require open minds and fresh approaches. Employers can tap into the older talent pool by extending their career models, creating new development paths, and inventing roles to accommodate older workers. Moreover, employers could also benefit from the ability of older workers to serve as mentors, coaches, or experts. Taking on these types of roles allows older workers to help develop younger generations, without being an obstacle to their career progression. Many individuals at or beyond retirement age may also be willing to work part-time, creating opportunities to leverage this group on a contingent or gig basis. Reskilling initiatives will also play a role in strategies to utilise older talent.

Shaping the future of work

The world of work was in flux well before the COVID-19 pandemic. Long-term trends – such as proliferating new digital technologies, evolving demographics and rising social concern about inequality and the environment, often accompanied by new laws and regulations – were already changing the way work is done, who does it and where it is done (see Figure 6). These trends have been accelerated by the pandemic, including triggering new concern for workers’ health and safety and an increased focus on wellbeing.<sup>137</sup> As work itself changes at a rapid pace, organisations need to rethink how they support individual, team, and organisational wellbeing across all three work dimensions.

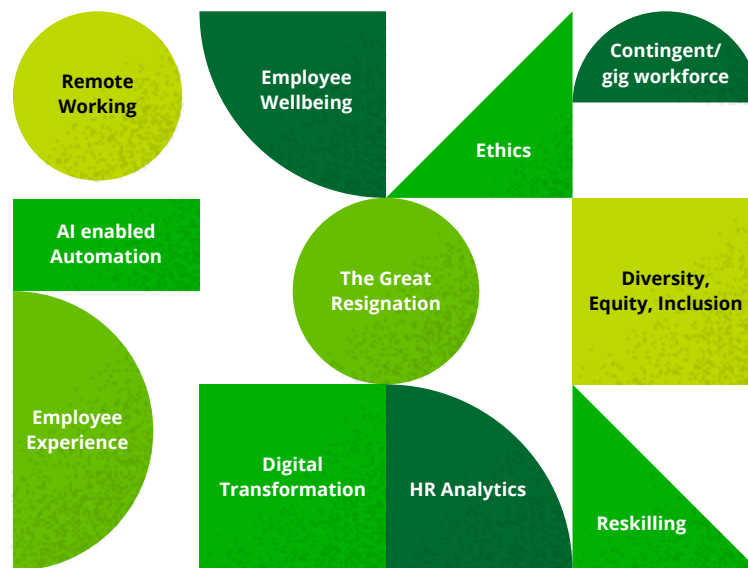
Figure 6. Workforce wellbeing intersects all three of the Future of Work dimensions



Source: \*Deloitte Human Capital Trends survey, 2021.



**Figure 7. Some of the main forces influencing the future of work**



Source: Analysis of Deloitte research on the Future of Work.

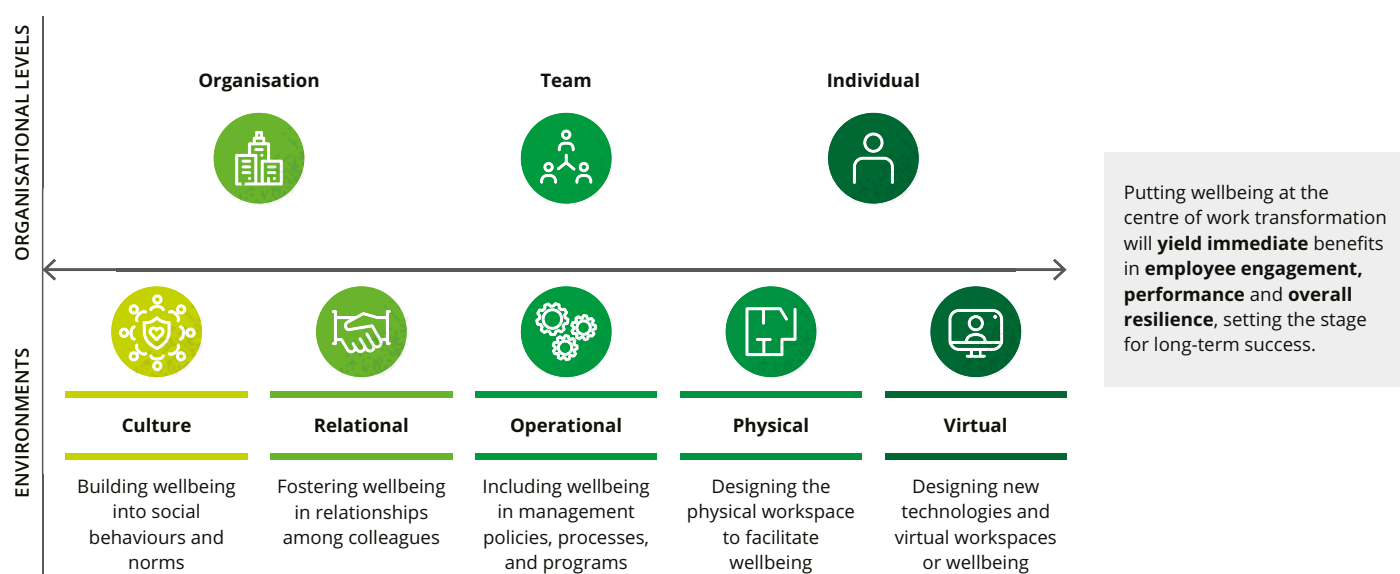
There are several crucial forces that are influencing the future of work (see Figure 7). Two of these forces have become increasingly disruptive over the past couple of years: the growing adoption of automation and impact of artificial intelligence in the workplace; and the expansion of the workforce to include both on- and off-balance-sheet talent.<sup>138</sup>

As organisations emerge from the disruption caused by the pandemic, leaders will need to focus on identifying ways of responding to these forces in their recovery plans.<sup>139</sup> One thing is guaranteed, however, the health and wellbeing of the workforce will continue to be a key challenge and will need to remain a top priority. Furthermore, incorporating wellbeing into work requires a whole system culture change, championed by leaders at every level and in every function if it is to make a meaningful difference.<sup>140</sup>

Responses by businesses to COVID-19 and the growing realisation that hybrid working is here to stay, have blurred even further the lines between work and home life, and this has brought concerns about wellbeing into greater focus. However, by integrating wellbeing into the design of work, and embedding it across all levels and environments will not only drive and sustain human performance, but will also help organisations create the conditions where individuals feel supported and can perform at their best (see Figure 8). Executives also need to prioritise investing in team leader training, which is crucial for creating a supportive, healthy working environment, whether their teams are working onsite, remotely or a combination of the two.<sup>141</sup>



Figure 8. Putting wellbeing at the centre of work transformation



Source: \*Deloitte Human Capital Trends survey, 2021.

### UK initiatives aimed at influencing the future role of employers in improving public health

Business for Health (B4H), a business-led coalition of socially responsible UK employers, purchasers, investors and innovators, was established in response to the recommendation in the All Party Parliamentary Group (APPG) for Longevity's report on *The Health of the Nation – a Strategy for Healthier Longer Lives*.<sup>142</sup> Its aim is to develop a greater business contribution to the health of the nation, working with employers to enhance the health and economic resilience of the UK, including catalysing and facilitating business contributions to reduce health inequalities and achieve the government's target to increase HLE by five years. Over 150 organisations have joined the coalition sharing a commitment to include the HLE target in all critical projects such as the Business Index and an initiative aimed at making 'Health (H)' an explicit part of the Environmental, Social, and Governance (ESG) framework (so that it becomes ESHG) and to specifically measure and incentivise positive contributions and reductions in harms.<sup>143</sup>

In April 2021, the APPG for Longevity published *Levelling-up Health* which acknowledges businesses have a role in contributing to improving public health but also that some sectors and companies can seriously harm public health and called for a major shift of policy and practice to change this.

The APPG believes that systemic business incentives are needed so that sectors and firms feel customer and shareholder pressure to improve health, not to harm it, '*business needs to buy into health as they have into carbon*'.<sup>144</sup> The B4H consortium is starting this by scoping a system to report on the contribution sectors and firms make to health.

In October 2021, B4H and the Confederation of British Industry (CBI) launched the *Business Framework for Health: Supporting businesses and employers in their role to enhance and level up health of the nation*. The Framework adopts a three-pillar approach to measure and incentivise greater business contribution to health. The three pillars are: business influence on workforce health; business influence on health via products and services; and external influence of business on communities and wider society. The framework is looking to develop metrics for an Index to measure short, medium, and long-term outcomes and also includes putting 'Health' into the ESG mandates, and guide investment to promote healthy life expectancy while minimising health inequalities.<sup>145</sup> The framework aligns with many of the findings in this report and all employers should seek to understand how they could be used to help strengthen the health and wellbeing of their own employees and the public health of the communities they operate in.



# Conclusion and actions for employers

**The business case linking improvements in the health of the nation to improvements in the health of the economy is clear, and despite the detrimental impact of the pandemic, employers now have a pivotal opportunity to revisit how they are interacting with the health of their employees and local communities. While the impact of the trends discussed in this report will vary from business to business. Those businesses that ignore this opportunity run the risk of being left behind as health and wellbeing become a critical factor in attracting and retaining talent and ensuring that employees choose, and like to work for, them. One likely requirement will be a strategically thought-out review of existing compensation and benefits programmes to support the move to greater flexibility.**

The pandemic has created huge and in many cases irreversible changes across employer organisations. With most moving at least some of their workforce to remote working. As a result, there has been a proliferation in digital channels aimed at improving communication and collaboration. Although many employee surveys indicate that these changes have challenged work-life balance and reduced informal interactions, they also mention that digital communication channels have aided greater communication and partnerships and generated increased collaboration.

To date most workplace transformation has focused on investment in the physical workplace and in new digital technologies to increase automation and efficiency and in the process they may have had less focus on measuring the impact of these changes on employees and how they have impacted their health and wellbeing. 'Humanising' the future of work is therefore increasingly important, especially improving the employee experience by focusing on opportunities for collaboration, networking and interventions that improve wellbeing and social inclusion.

While the workplace may no longer be just a formal location such as an office, but will include homes, coffee shops and other locations, businesses will need to integrate considerations of health and wellbeing more effectively into the digital and physical workspaces so that they and their employees can thrive. Moreover, as employers regroup in the face of a 'new normal', employer will likely encounter new challenges in maintaining employee health and overall wellbeing. This includes the need to balance business needs and employee expectations in terms of flexibility and wellbeing. Employers should use multiple sources of relevant activity and performance data, in combination with intelligent analytics to reimagine how to tailor benefit offerings more effectively to support even greater flexibility and new ways of working.

More research will also be needed to help employers shape their talent and business strategies for an era of enhanced longevity and the impact of a more diverse, multigenerational group of employees. When considering the development of their workforce strategies, employers should take a more holistic approach and provide work that is more conducive to wellbeing, such as providing a 'fair' remuneration, a sense of job security, opportunities for skills and career development, and that instils a sense of motivation and fulfilment. Organisations also need to focus on the wider dimension of wellbeing, especially financial wellbeing, which is one area that the pandemic has shown to be relatively neglected.

## Actions for employers

Deloitte research into the return on investment in mental health interventions identified that the highest returns tend to have the following characteristics:

- they offer a large-scale culture change, or organisationwide initiatives supporting large numbers of employees
- they are focused on prevention or designed to build employee resilience
- they use technology or diagnostics to tailor support for those most at risk.

Similarly, when analysing interventions by the stage at which they are offered, the research demonstrated the value of early intervention and prevention. For example:

- organisation-wide early interventions, such as promoting culture change and raising awareness of mental health issues, provided the highest average ROI, at £5.60 for every £1 invested
- proactive interventions, supporting employee mental health at an early stage, provided a slightly lower ROI of 5:1
- reactive interventions, providing support only after a deterioration in an employee's mental health has occurred have the lowest ROI of 3.4:1.<sup>146</sup>

We believe these findings could apply equally to interventions for improving physical ill-health, especially as the above findings align closely with those in our *Negating the gap: Preventing ill health and promoting healthy behaviours* report, which identified the value for money of up-stream investment in prevention.<sup>147</sup>

Moreover, organisations should develop a health and wellbeing strategy and approach that includes the actions in Figure 9.

**Figure 9. The actions required for an effective health and wellbeing strategy and approach**

### Actions at the leadership level

- ✓ ensure that senior leaders show the human side of the organisation by remaining visible and supportive
- ✓ embed across all levels the importance of workplace health and wellbeing, and the importance of them championing the organisation's vision and strategy to ensure that wellbeing is taken seriously and tackled consistently across the organisation
- ✓ provide line managers and supervisors with evidence-based training to equip them with the tools to manage people effectively and adopt consistent and comparable measure to evaluate the impact of interventions
- ✓ ensure that all employees can obtain early access to occupational health services and support along with other specialist resources, such as counselling, to reduce the risk and extent of exacerbations in their physical or mental health condition
- ✓ develop an evidence-based understanding of the causes of absences and unhealthy practices, such as 'presenteeism' and 'leaveism' so that the underlying issues prompting people's behaviours are identified and addressed, or efforts to support employees and improve health and wellbeing will be short-lived
- ✓ tailor policies and practices to organisational and employee needs acknowledging that there is no 'one-size-fits-all' approach to designing an effective employee wellbeing strategy so its content should be based on the organisation's unique needs and characteristics, and those of its employees.

### Actions for managers across all levels of the organisation

- ✓ engage in active 'listening to the pulse' of the organisation through access to regular insights
- ✓ ensure the team's workloads are manageable, provide clear objectives and constructive feedback, and offer support and flexibility if their employees have health problems or struggle to manage caring responsibilities
- ✓ embed wellbeing into performance and management processes, performance evaluations reward and recognition programmes, with wellbeing metrics co-created with employees
- ✓ give employees the agency to decide how they work and provide line managers with autonomy and skills to understand and accommodate their teams needs
- ✓ provide access to technology to support wellbeing and collaboration but also allow people the right to disconnect.

### Actions specifically for mental health and wellbeing

- ✓ build a robust organisational framework to promote good mental wellbeing, based on an environment of psychological safety and foster a culture where people can talk about mental health and seek help where needed
- ✓ invest in mental health awareness training and new programmes of evidence-based support as well as re-shaping their organisational culture to change the way people think and act about mental health and wellbeing in the workplace
- ✓ carry out a risk assessment or audit on work-related stress across the workforce, as part of designing a preventive approach.



# Endnotes

1. Health matters: health and work, Public Health England, 31 January 2019. See also: <https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work>
2. Coronavirus and the economic impacts on the UK: 23 April 2020, Office for National Statistics (ONS), 23 April 2020. See also: <https://www.ons.gov.uk/businessindustryandtrade/business/businessservices/bulletins/coronavirusandtheeconomicimpactsonteuk/23april2020>
3. Brigid Francis-Devine, Andrew Powell and Harriet Clark, Coronavirus Job Retention Scheme: statistics, UK Parliament, 23 December 2021. See also: <https://researchbriefings.files.parliament.uk/documents/CBP-9152/CBP-9152.pdf>
4. Business and individual attitudes towards the future of homeworking, UK: April to May 2021, Office for National Statistics (ONS), 14 June 2021. See also: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/businessandindividualattitudestowardsthefutureofhomeworkinguk/apriltomay2021>
5. Ibid.
6. Seize the Moment – CBI sets out new UK economic strategy, The CBI, 23 May 2021. See also: <https://www.cbi.org.uk/media-centre/articles/cbi-sets-out-new-uk-economic-strategy/>
7. Elizabeth Hampson et al., Mental health and employers: The case for investment- pandemic and beyond, Deloitte, March 2022.
8. Erica Volini, et al., Human Capital Trends 2020, Deloitte, accessed 17 February 2022. See also: <https://www2.deloitte.com/dk/da/pages/human-capital/articles/hc-trends-2020.html>
9. Six in ten employers have increased wellbeing support to staff in light of the pandemic, GRiD, 9 February 2021. See also: <https://grouprisk.org.uk/2021/02/15/six-in-ten-employers-have-increased-wellbeing-support-to-staff-in-light-of-the-pandemic>
10. Dave Capper, Leading Out of The Pandemic With Wellbeing In Mind, CEO Today, 28 August 2020. See also: <https://www.ceotodaymagazine.com/2020/08/leading-out-of-the-pandemic-with-wellbeing-in-mind/>
11. Employment in the UK: January 2022, Office for National Statistics, 18 January 2022. See also: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/employmentinteuk/january2022>
12. National Diet and Nutrition Survey: Diet, nutrition and physical activity in 2020, Public Health England, September 2021. See also: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1019663/Follow\\_up\\_stud\\_2020\\_main\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019663/Follow_up_stud_2020_main_report.pdf)
13. Important findings, Office for Health Improvement & Disparities, 18 November 2021. See also: <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far>
14. Narrowing the gap: Establishing a fairer and more sustainable future for public health, Deloitte LLP, October 2021. See also: <https://www2.deloitte.com/uk/en/pages/life-sciences-and-healthcare/articles/the-future-of-public-health-overview.html>
15. The importance of health and work, Public Health England, 8 January 2021. See also: <https://www.gov.uk/government/publications/health-and-work-infographics/the-importance-of-health-and-work>
16. Karl Thompson, What Percentage of Your Life Will You Spend at Work?, ReviseSociology, 16 August 2016. See also: <https://revisesociology.com/2016/08/16/percentage-life-work/>
17. Health matters: health and work, Public Health England, 31 January 2019. See also: <https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work>
18. Joan Burton, WHO Healthy Workplace Framework and Model, World Health Organization (WHO), February 2010. See also: [https://www.who.int/occupational\\_health/healthy\\_workplace\\_framework.pdf?ua=1](https://www.who.int/occupational_health/healthy_workplace_framework.pdf?ua=1)
19. Health and Safety at Work etc. Act 1974, GOV UK, accessed 17 February 2022. See also: <https://www.legislation.gov.uk/ukpga/1974/37/contents>
20. Business Framework for Health, Business for Health and The CBI, 18 October 2021. See also: <https://static1.squarespace.com/static/5f9444ec7009945ec749f5d5/t/617665afd3dcc10717ca6d92/1635149265260/Business+Framework+For+Health+Report+%28final%29+20+October+2021+v2.pdf>
21. The importance of health and work, Public Health England, 8 January 2021. See also: <https://www.gov.uk/government/publications/health-and-work-infographics/the-importance-of-health-and-work>
22. Prevention is better than cure: our vision to help you live well for longer, Department of Health and Social Care (DHSC), 5 November 2018. See also: <https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer>
23. Health and work: infographics, Public Health England, 13 September 2016. See also: <https://www.gov.uk/government/publications/health-and-work-infographics>
24. Health matters: health and work, Public Health England, 31 January 2019. See also: <https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work>
25. Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 28 December 2020, Office for National Statistics, 25 January 2021. See also: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbetween9marchand28december2020#men-and-deaths-involving-covid-19-by-occupation>
26. Employee health and wellbeing, Chartered Institute of Personnel and Development (CIPD), accessed 17 February 2022. See also: <https://www.cipd.co.uk/news-views/viewpoint/employee-health-well-being>
27. Seize the Moment: an economic strategy to transform the UK economy, The CBI, 24 May 2021. See also: <https://www.cbi.org.uk/articles/seize-the-moment-an-economic-strategy-to-transform-the-uk-economy/>
28. Seize the Moment: How can business transform the UK Economy, The CBI, May 2021. See also: [https://www.cbi.org.uk/media/6836/seize\\_the\\_moment\\_report-01\\_06.pdf](https://www.cbi.org.uk/media/6836/seize_the_moment_report-01_06.pdf)

29. Thriving at work: the Stevenson/ Farmer review of mental health and employers, Department for Work and Pensions and Department of Health and Social Care, October 2017. See also: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf)
30. Elizabeth Hampson, et al., Mental health and employers: The case for investment, Deloitte, October 2017. See also: <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/public-sector/deloitte-uk-mental-health-employers-monitor-deloitte-oct-2017.pdf>
31. Elizabeth Hampson and Anju Jacob, Mental health and employers: Refreshing the case for investment, Deloitte LLP, January 2020. See also: <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/consultancy/deloitte-uk-mental-health-and-employers.pdf>
32. The mental health emergency: How has the coronavirus pandemic impacted our mental health?, Mind, June 2020. See also: [https://www.mind.org.uk/media-a/5929/the-mental-health-emergency\\_a4\\_final.pdf](https://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf)
33. Nick O'Shea, Covid-19 and the nation's mental health, Centre for Mental Health, 1 October 2020. See also: <https://www.centreformentalhealth.org.uk/publications/covid-19-and-nations-mental-health-october-2020>
34. The Deloitte Global 2021 Millennial and Gen Z Survey, Deloitte, June 2021. See also: <https://www2.deloitte.com/global/en/pages/about-deloitte/articles/millennialsurvey.html>
35. Elizabeth Hampson et al., Mental health and employers: The case for investment- pandemic and beyond, Deloitte, March 2022.
36. Ibid.
37. Ibid.
38. Mehrunisha Suleman, et al., Unequal pandemic, fairer recovery: The COVID-19 impact inquiry report, The Health Foundation, July 2021. See also: <https://doi.org/10.37829/HF-2021-HL12>
39. Ibid.
40. Ibid.
41. HEALTH AND WELLBEING AT WORK 2021, Chartered Institute of Personnel and Development (CIPD), April 2021. See also: [https://www.cipd.co.uk/Images/health-wellbeing-work-report-2021\\_tcm18-93541.pdf](https://www.cipd.co.uk/Images/health-wellbeing-work-report-2021_tcm18-93541.pdf)
42. CIPD Good Work Index 2021: UK Working Lives Survey, Chartered Institute of Personnel and Development (CIPD), June 2021. See also: [https://www.cipd.co.uk/Images/good-work-index-research-report-2021-1\\_tcm18-96100.pdf](https://www.cipd.co.uk/Images/good-work-index-research-report-2021-1_tcm18-96100.pdf)
43. About TfGM, Transport for Greater Manchester, accessed 17 February 2022. See also: <https://tfgm.com/about-tfgm>
44. Covid-19 Impact on Bus Franchising Report, Greater Manchester Combined Authority, 19 November 2020. See also: <https://greatermanchester-ca.gov.uk/media/4023/tfgm-covid-19-impact-on-bus-franchising-report-final-191120-1936-amended-060121.pdf>
45. Covid-19 Impact on Bus Franchising Report, Greater Manchester Combined Authority, 19 November 2020. See also: <https://greatermanchester-ca.gov.uk/media/4023/tfgm-covid-19-impact-on-bus-franchising-report-final-191120-1936-amended-060121.pdf>
46. Greater Manchester publishes Clean Air Plan, kickstarting "green revolution" with over £120 million secured to support businesses with vehicle upgrades, Transport for Greater Manchester, 21 June 2021. See also: <https://news.tfgm.com/news/greater-manchester-publishes-clean-air-plan-kickstarting-green-revolution-with-over-gbp-120-million-secured-to-support-businesses-with-vehicle-upgrades>
47. Bee Network Cycle Hire gets underway in Manchester and Salford, transport for Greater Manchester, 18 November 2021. See also: <https://news.tfgm.com/news/bee-network-cycle-hire-gets-underway-in-manchester-and-salford>
48. ILO Monitor: COVID-19 and the world of work, International Labour Organization (ILO), 25 January 2021. See also: [https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms\\_767028.pdf](https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_767028.pdf)
49. Healthy Hybrid Working: A Blueprint for Business, Vitality, accessed 17 February 2022. See also: <https://www.vitality.co.uk/business/healthy-hybrid-report/>
50. The mental health emergency: How has the coronavirus pandemic impacted our mental health?, Mind, June 2020. See also: [https://www.mind.org.uk/media-a/5929/the-mental-health-emergency\\_a4\\_final.pdf](https://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf)
51. Occupational health, Chartered Institute of Personnel and Development (CIPD), 21 June 2021. See also: <https://www.cipd.co.uk/knowledge/culture/well-being/occupational-health-factsheet>
52. The 2018/19 Drewberry™ Employee Benefits Survey, Drewberry, November 2021. See also: <https://www.drewberryinsurance.co.uk/knowledge/research/employee-benefits-survey-2018#free-snacks>
53. About, Vatality, accessed 17 February 2022. See also: <https://www.vitality.co.uk/>
54. Behaviour change study on physical activity, Vitality and RAND Europe, accessed 17 February 2022. See also: <https://www.vitality.co.uk/about/behaviour-change-study/>
55. About us, Yu Life, accessed 17 February 2022. See also: <https://yulife.com/>
56. Shape your small business health insurance around your business, AXA Health, accessed 17 February 2022. See also: [https://www.axahealth.co.uk/small-business/products/health-insurance/?utm\\_source=sba&utm\\_medium=blog&utm\\_campaign=sba19\\_wellbeingbenefits&ref=sba&source=sba19\\_wellbeingbenefits](https://www.axahealth.co.uk/small-business/products/health-insurance/?utm_source=sba&utm_medium=blog&utm_campaign=sba19_wellbeingbenefits&ref=sba&source=sba19_wellbeingbenefits)
57. Everyday Rewards, Bupa, accessed 17 February 2022. See also: <https://bupa-rewards.bupa.co.uk/>
58. Six in ten employers have increased wellbeing support to staff in light of the pandemic, GRiD, 9 February 2021. See also: <https://grouprisk.org.uk/2021/02/15/six-in-ten-employers-have-increased-wellbeing-support-to-staff-in-light-of-the-pandemic>
59. Supporting the health and wellbeing of staff has a positive impact on their business, say nine in ten employers, GRiD, 18 January 2022. See also: <https://grouprisk.org.uk/2022/01/19/supporting-the-health-and-wellbeing-of-staff-has-a-positive-impact-on-their-business-say-nine-in-ten-employers>
60. Nearly half of employers admit their staff aren't fully aware of the employee benefits they offer (GRiD), GRiD, 1 February 2022. See also: <https://grouprisk.org.uk/2022/02/01/nearly-half-of-employers-admit-their-staff-arent-fully-aware-of-the-employee-benefits-they-offer-grid>



61. Melissa Bramwell and Anastasiia Polner, Global Human Capital Trends 2021 – The social enterprise in a world disrupted: Leading the shift from survive to thrive (European special report), Deloitte LLP. See also: <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/human-capital/deloitte-uk-2021-global-human-capital-trends-european-special-report.pdf>
62. Digital Health Trends 2021: Innovation, evidence, regulation, and adoption, IQVIA, 22 July 2021. See also: <https://www.iqvia.com/insights/the-iqvia-institute/reports/digital-health-trends-2021>
63. Ibid.
64. How Greater Manchester HSCP saved 29,070 hours of staff time with digital mental health services: Case study, SilverCloud, accessed 17 February 2022. See also: [https://www.silvercloudhealth.com/uk/landing-page/greater-manchester-hscp-case-study?utm\\_source=nhe&utm\\_medium=solus-email&utm\\_campaign=12-2021\\_employers\\_uk&dm\\_i=J4P,7NDB4,6VXLKO,V5QGG,1](https://www.silvercloudhealth.com/uk/landing-page/greater-manchester-hscp-case-study?utm_source=nhe&utm_medium=solus-email&utm_campaign=12-2021_employers_uk&dm_i=J4P,7NDB4,6VXLKO,V5QGG,1)
65. Mobilising wellbeing initiatives through technology, Chartered Institute of Personnel and Development (CIPD), 12 November 2021. See also: <https://www.cipd.co.uk/knowledge/work/technology/digital-transformation-insights/mobilising-wellbeing-initiatives>
66. Namastay at home, Deloitte LLP, accessed 17 February 2022. See also: <https://www2.deloitte.com/uk/en/pages/annual-report-2020/stories/namastay-at-home.html>
67. What you should know before implementing mental health and wellbeing services: An Employer's Guide, SilverCloud, accessed 17 February 2022. See also: <https://www.silvercloudhealth.com/uk/landing-page/employers-guide-benefit-tips>
68. Around one million downloads of fitness app during lockdown as people stay fit, NHS, 1 July 2020. See also: <https://www.england.nhs.uk/2020/07/around-one-million-downloads-of-fitness-app-during-lockdown-as-people-stay-fit/>
69. Jake Linardon et al., The efficacy of app-supported smartphone interventions for mental health problems: a meta-analysis of randomized controlled trials, World Psychiatry, October 2019. See also: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6732686/>
70. Home, ORCHA, accessed 17 February 2022. See also: <https://orchahealth.com/>
71. Britain's Healthiest Workplace, Vitality, 17 February 2022. See also: <https://www.vitality.co.uk/business/healthiest-workplace/how-it-works/>
72. The UK's largest workplace wellbeing survey, Vitality, 17 February 2022. See also: <https://www.vitality.co.uk/business/healthiest-workplace/>
73. Britain's Healthiest Workplace: The latest data, Vitality, 17 February 2022. See also: <https://www.vitality.co.uk/business/healthiest-workplace/findings/>
74. Kristy Threlkeld, Employee Burnout Report: COVID-19's Impact and 3 Strategies to Curb It, Indeed, 11 March 2021. See also: <https://www.indeed.com/lead/preventing-employee-burnout-report>
75. Ibid.
76. Inspiring and supporting our people, Experian, accessed 17 February 2022. See also: <https://www.experianplc.com/responsibility/inspiring-and-supporting-our-people/>
77. Ibid.
78. Systematic Wellbeing, People Matter, accessed 17 February 2022. See also: <https://www.peoplematter.tech/blog/systematic-wellbeing-experian-case-study>
79. CIPD People Management Awards 2021 Results, Chartered Institute of Personnel and Development (CIPD), accessed 17 February 2022. See also: <https://www.cipdpmas.co.uk/2021-results>
80. People Matter, CIPD People Management Awards, accessed 17 February 2022. See also: <https://www.cipdpmas.co.uk/finalists/people-matter-aad0002>
81. Workplace Wellbeing Index, Mind, accessed 17 February 2022. See also: <https://www.mind.org.uk/workplace/workplace-wellbeing-index/>
82. Employee Surveys, WorkL, accessed 17 February 2022. See also: <https://business.workl.co/surveys>
83. The employee engagement & happiness platform, The Happiness Index, accessed 17 February 2022. See also: <https://thehappinessindex.com/>
84. Health and wellbeing at work, Chartered Institute of Personnel and Development (CIPD), 27 April 2021. See also: <https://www.cipd.co.uk/knowledge/culture/well-being/health-well-being-work>
85. Tim Chadborn, Hospital vending machines: helping people make healthier choices, Gov UK, 20 July 2018. See also: <https://ukhsa.blog.gov.uk/2018/07/20/hospital-vending-machines-helping-people-make-healthier-choices/>
86. Health and wellbeing at work, Chartered Institute of Personnel and Development (CIPD), 27 April 2021. See also: <https://www.cipd.co.uk/knowledge/culture/well-being/health-well-being-work>
87. The use of smart building technology can enable more efficient facilities management and help support a safe and healthy environment, Deloitte, 2020. See also: <https://www2.deloitte.com/content/dam/Deloitte/us/Documents/process-and-operations/us-smart-building-tech-pov.pdf>
88. About Us, Bruntwood, accessed 17 February 2022. See also: <https://bruntwood.co.uk/about-bruntwood/>
89. How is Bruntwood working towards Net Zero Carbon, Bruntwood, 22 April 2021. See also: <https://bruntwood.co.uk/blog/world-earth-day-how-is-bruntwood-working-towards-net-zero-carbon/#/>
90. Bruntwood Works launches Bloc following transformation, Bruntwood, 26 May 2021. See also: <https://bruntwood.co.uk/blog/bruntwood-works-launches-bloc-following-transformation/>
91. Bruntwood Works invests in wellbeing with global fitness brand Les Mills, Bruntwood, 14 June 2021. See also: <https://bruntwood.co.uk/news/bruntwood-works-invests-in-wellbeing-with-global-fitness-brand-les-mills/>
92. Bruntwood locks-in long-term funding with new £276m sustainable loan from Aviva Investors, Bruntwood, 5 July 2021. See also: <https://bruntwood.co.uk/news/bruntwood-locks-in-long-term-funding-with-new-276m-sustainable-loan-from-aviva-investors/>

93. Public sector employment, UK: September 2021, Office for National Statistics (ONS), 14 December 2021. See also: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/publicsectorpersonnel/bulletins/publicsectoremployment/september2021>
94. The NHS Long Term Plan, NHS, January 2019. See also: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
95. David Maguire, Anchor institutions and how they can affect people's health, The King's Fund, 8 September 2021. See also: <https://www.kingsfund.org.uk/publications/anchor-institutions-and-peoples-health>
96. Karen Taylor, et al., Time to Care: Securing a future for the hospital workforce in the UK, Deloitte LLP, February 2018. See also: <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/life-sciences-health-care/deloitte-uk-lshc-time-to-care-uk-cut.pdf>
97. The NHS Long Term Plan, NHS, January 2019. See also: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
98. NHS Health and Wellbeing Framework 2018, NHS England, 4 November 2021. See also: <https://www.england.nhs.uk/publication/nhs-health-and-wellbeing-framework/>
99. The NHS Long Term Plan, NHS, January 2019. See also: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
100. Workforce burnout and resilience in the NHS and social care, House of Commons Health and Social Care Committee, May 2021. See also: <https://committees.parliament.uk/publications/6158/documents/68766/default/>
101. 2021-22 priorities and operational planning guidance, NHS England, March 2021. See also: <https://www.england.nhs.uk/publication/2021-22-priorities-and-operational-planning-guidance/>
102. Support available for our NHS people, NHS England, accessed 17 February 2022. See also: <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/>
103. Wellbeing apps, NHS England, accessed 17 February 2022. See also: <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/>
104. Your COVID Recover, NHS England, accessed 17 February 2022. See also: <https://www.yourcovidrecovery.nhs.uk/>
105. 2021/22 priorities and operational planning guidance, NHS England, 25 March 2021. See also: <https://www.england.nhs.uk/publication/2021-22-priorities-and-operational-planning-guidance/>
106. Supporting staff health and wellbeing, NHS England, accessed 17 February 2022. See also: <https://www.england.nhs.uk/nhsbirthday/work-well/supporting-staff-health-and-wellbeing/>
107. NHS health and wellbeing framework, NHS England, 4 November 2021. See also: <https://www.england.nhs.uk/publication/nhs-health-and-wellbeing-framework/>
108. Ibid.
109. NHS Health and Wellbeing Framework, NHS Employers, 8 November 2021. See also: <https://www.nhsemployers.org/publications/nhs-health-and-wellbeing-framework>
110. NHS Health and Wellbeing Framework Strategic Overview, NHS, 4 November 2021. See also: <https://www.england.nhs.uk/wp-content/uploads/2021/11/NHS-health-and-wellbeing-framework-strategic-overview.pdf>
111. About us, NHS Dartford and Gravesham, accessed 17 February 2022. See also: <https://www.dgt.nhs.uk/about-us>
112. Our vision, values and objectives, NHS Dartford and Gravesham, accessed 17 February 2022. See also: <https://www.dgt.nhs.uk/about-us/our-vision-values-and-objectives>
113. NHS health and wellbeing framework, NHS, 4 November 2021. See also: <https://www.england.nhs.uk/publication/nhs-health-and-wellbeing-framework/>
114. Wellbeing Guardians, NHS, accessed 17 February 2022. See also: [https://people.nhs.uk/wp-content/uploads/dlm\\_uploads/2021/09/B0189-Wellbeing-Guardian-Implementation-Guidance-Final-for-publishing.pdf](https://people.nhs.uk/wp-content/uploads/dlm_uploads/2021/09/B0189-Wellbeing-Guardian-Implementation-Guidance-Final-for-publishing.pdf)
115. Our vision, values and objectives, NHS Dartford and Gravesham, accessed 17 February 2022. See also: <https://www.dgt.nhs.uk/about-us/our-vision-values-and-objectives>
116. 2020/2021 Annual Report and Accounts, NHS Dartford and Gravesham, accessed 17 February 2022. See also: [https://www.dgt.nhs.uk/application/files/2916/3162/4788/Single\\_Pages\\_September\\_NHS\\_2021\\_Annual\\_Report\\_-\\_glossy.pdf](https://www.dgt.nhs.uk/application/files/2916/3162/4788/Single_Pages_September_NHS_2021_Annual_Report_-_glossy.pdf)
117. Winners 2021- Workforce Initiative of the Year, HSJ, accessed 17 February 2022. See also: <https://awards.hsj.co.uk/winners-2021>
118. Dr Paula McFadden, et al., Health and social Care workers' quality of working life and coping while working during the COVID-19 pandemic 10th May – 2nd July 2021, HSC Workforce Study, 18 November 2021. See also: [https://www.hscworkforcestudy.co.uk/\\_files/ugd/2749ea\\_33ce52835941457db39e61badc9fa989.pdf](https://www.hscworkforcestudy.co.uk/_files/ugd/2749ea_33ce52835941457db39e61badc9fa989.pdf)
119. Health and Social Care Workforce Research Study: Reports and Publications, Ulster University supported by Queen's University Belfast, Bath Spa University and King's College London, accessed 17 February 2022. See also: <https://www.hscworkforcestudy.co.uk/about>
120. Dr Paula McFadden, et al., Health and social Care workers' quality of working life and coping while working during the COVID-19 pandemic 10th May – 2nd July 2021, HSC Workforce Study, 18 November 2021. See also: [https://www.hscworkforcestudy.co.uk/\\_files/ugd/2749ea\\_33ce52835941457db39e61badc9fa989.pdf](https://www.hscworkforcestudy.co.uk/_files/ugd/2749ea_33ce52835941457db39e61badc9fa989.pdf)
121. Reports & Publications, Health and Social Care Workforce Research Study, accessed 17 February 2022. See also: <https://www.hscworkforcestudy.co.uk/reports-publications>
122. Dr Paula McFadden, et al., Health and social Care workers' quality of working life and coping while working during the COVID-19 pandemic 10th May – 2nd July 2021, HSC Workforce Study, 18 November 2021. See also: [https://www.hscworkforcestudy.co.uk/\\_files/ugd/2749ea\\_33ce52835941457db39e61badc9fa989.pdf](https://www.hscworkforcestudy.co.uk/_files/ugd/2749ea_33ce52835941457db39e61badc9fa989.pdf)
123. Supporting colleagues affected by Long COVID, NHS England, accessed 17 February 2022. See also: <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/supporting-long-covid/>
124. Long COVID, NHS Employers, accessed 17 February 2022. See also: <https://www.nhsemployers.org/search?search=long+covid>

125. Number of deaths in care homes notified to the Care Quality Commission, England (17th April 2020 to 19th November 2021), Office for National Statistics (ONS), 15 February 2022. See also: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincareshomesnotifiedtothecarequalitycommissionengland>
126. COVID-19 social care staff wellbeing, Local Government Association, accessed 17 February 2022. See also: <https://local.gov.uk/our-support/workforce-and-hr-support/wellbeing/covid-19-employee-wellbeing/covid-19-social-care>
127. Health and wellbeing of the adult social care workforce, Department of Health & Social Care (DHSC), 19 May 2021. See also: <https://www.gov.uk/government/publications/coronavirus-covid-19-health-and-wellbeing-of-the-adult-social-care-workforce/health-and-wellbeing-of-the-adult-social-care-workforce>
128. Global Human Capital Trends 2021: European special report, Deloitte LLP, accessed 17 February 2022. See also: <https://www2.deloitte.com/uk/en/pages/human-capital/articles/global-human-capital-trends-2021.html>
129. Global Human Capital Trends 2021: European special report, Deloitte LLP, accessed 17 February 2022. See also: <https://www2.deloitte.com/uk/en/pages/human-capital/articles/global-human-capital-trends-2021.html>
130. New era of public health to tackle inequalities and level up the UK, Department of Health and Social Care (DHSC) and Office for Health Improvement and Disparities, 1 October 2021. See also: <https://www.gov.uk/government/news/new-era-of-public-health-to-tackle-inequalities-and-level-up-the-uk>
131. A call for accountability and action- The Deloitte Global 2021 Millennial and Gen Z Survey, Deloitte, June 2021. See also: <https://www2.deloitte.com/us/en/insights/topics/talent/deloitte-millennial-survey.html>
132. Ibid.
133. Ibid.
134. Glossary of Demographic Terms, Population Reference Bureau, accessed 17 February 2022. See also: <http://www.prb.org/Publications/Lesson-Plans/Glossary.aspx>
135. No time to retire: Redesigning work for our ageing workforce, Deloitte Consulting, December 2018. See also: <https://www2.deloitte.com/us/en/insights/focus/technology-and-the-future-of-work/redesigning-work-for-our-aging-workforce.html>
136. UK workers: a year in the pandemic, Deloitte LLP, 4 June 2021. See also: <https://www2.deloitte.com/uk/en/pages/press-releases/articles/almost-half-of-workers-willing-to-share-their-health-data-in-exchange-for-improved-wellbeing-support.html>
137. May the workforce be with you: The voice of the European workforce 2020, Deloitte, 22 October 2020. See also: <https://www2.deloitte.com/us/en/insights/focus/technology-and-the-future-of-work/impact-covid-19-european-workforce.html>
138. Future of work collection, Deloitte Insights, accessed 17 February 2022. See also: <http://www2.deloitte.com/us/en/insights/focus/technology-and-the-future-of-work.html>
139. Future of work, Deloitte, accessed 17 February 2022. See also: [https://www2.deloitte.com/us/en/insights/focus/technology-and-the-future-of-work.html?cid=subnav\\_technology-and-the-future-of-work%3Fid%3Dlearn\\_more\\_content\\_click](https://www2.deloitte.com/us/en/insights/focus/technology-and-the-future-of-work.html?cid=subnav_technology-and-the-future-of-work%3Fid%3Dlearn_more_content_click)
140. Kraig Eaton, et al., Diving deeper: Five workforce trends to watch in 2021, Deloitte, 9 December 2020. See also: <https://www2.deloitte.com/us/en/insights/focus/human-capital-trends/2021/workforce-trends-2020.html/#beyond-reskilling>
141. Melissa Bramwell and Anastasiia Polner, Global Human Capital Trends 2021 – The social enterprise in a world disrupted: Leading the shift from survive to thrive (European special report), Deloitte LLP, accessed 17 February 2022. See also: <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/human-capital/deloitte-uk-2021-global-human-capital-trends-european-special-report.pdf>
142. The Health of the Nation: A Strategy for Healthier Longer Lives, All Party Parliamentary Group for Longevity, February 2020. See also: <https://static1.squarespace.com/static/5d349e15bf59a30001efeaeb/t/603926cfa32c3f57d67dfd9c/1614358237736/Health+of+the+Nation+A+Strategy+for+Healthier+Longer+Lives+February+2020.pdf>
143. Our Vision, Business For Health, accessed 17 February 2022. See also: <https://www.businessforhealth.org/vision>
144. Levelling Up Health, All Party Parliamentary Group for Longevity, April 2021. See also: <https://static1.squarespace.com/static/5d349e15bf59a30001efeaeb/t/6081711f326bde0eea34a3f6/1619095840963/Levelling+Up+Health+Report+Digital+Final+2.pdf>
145. Business Framework for Health: supporting businesses and employer in their role to enhance and level up the health of the nation, Business for Health and The CBI, October 2021. See also: <https://static1.squarespace.com/static/5f9444ec7009945ec749f5d5/t/617665afd3dcc10717ca6d92/1635149265260/Business+Framework+For+Health+Report+%28final%29+20+October+2021+v2.pdf>
146. Elizabeth Hampson et al., Mental health and employers: The case for investment- pandemic and beyond, Deloitte, March 2022.
147. Negating the gap: Preventing ill health and promoting healthy behaviours, Deloitte, January 2022. See also: <https://www2.deloitte.com/uk/en/pages/life-sciences-and-healthcare/articles/preventing-ill-health-and-promoting-healthy-behaviours.html>

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