Business For Health

info@businessforhealth.org
www.businessforhealth.org

Business for Health Framework

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

Draft

Overview

Business for Health (B4H) is a business-led coalition of socially responsible employers, purchasers, investors and innovators, set up in response to the recommendation in the All-Party Parliamentary Group for Longevity's report, *The Health of the Nation*[1], published in February 2020. B4H's aim is to enhance the health and economic resilience of the UK, catalysing and facilitating business contributions to reduce health inequalities and add five years to healthy life expectancy.

B4H's first priority is to design a Business Index with its core purpose as follows: to measure *business contribution to health and promote the role of business in creating a healthier nation- recognising that health is the foundation for wellbeing and economic growth.*

The Business Index is a prelude to a wider piece of work to get 'Health' into Environmental, Social and Governance (ESG) frameworks - that is, ES**H**G. Health is where the climate change agenda was 10 years ago, and now is the time to guide more investment and innovation into health guided by ESG mandates like we do for climate change, applying them to healthy life expectancy and societal health.

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

Central to success is for all stakeholders to be united around the core purpose of the Index which is intended to help organisations with benchmarking and improvement, and where relevant, to facilitate the process of transition to do less harm. The Index will be evidence-based and underpinned by data from public and private sectors, and aligned with the ONS Health Index.

Case for Change

[1] The Health of the Nation, APPG for Longevity, February 2020, https://appg-longevity.org/health-of-the-nation

The pandemic has shown how closely connected health and wealth are. According to the recent CBI report, *Seize the Moment*[2], poor health is a huge cost: 63% of years lost to poor health are in the working age population, and costs the UK around £300bn in lost economic output annually, excluding health costs. This shows how important it is to focus on workplace health interventions and to not only incentivise businesses to invest in their employees' wellbeing but also understand the value to their business of so doing. Addressing the behaviour change needed to motivate employees and engage them in their own health is a key part of this.

According to a recent McKinsey report, *How Keeping Health a Priority is a Prescription for European Prosperity*[3], even before the pandemic, poor health cost Europe on average about $2.7 trillion, or 15 percent of GDP a year, in lost economic opportunity, equivalent to about $5,000 per person. The cost for the UK is $6,800 per person.

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

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

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

Reducing health inequalities must be front and centre, and clearly seen as the cornerstone of the 'levelling up' agenda. The APPG for Longevity's recent report, *Levelling Up Health*[4], references the following stark statistics:

- People living in the most deprived places in England get a significant long-term poor health condition 19 years earlier than those in the least deprived ones, they stop work earlier and die earlier.
- 1.2m people aged 50-64 are not working for health reasons
- Health inequality between North and South costs £13 bn a year in lost productivity
- 30% of the productivity gap between the North and the rest of England is estimated to be due to ill-health.

Engaging businesses to reduce health inequalities will require converting evidence into action, including what this means day to day in the real world to achieve the most impact. Collecting and analysing the right data to develop meaningful evidence is core to this.

---

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

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

[4] Green D, Filkin G, Sloggett R, Woods T. Levelling Up Health, APPG for Longevity, April 2021, https://appg-longevity.org/events-publications

The recent paper by Les Mayhew of ILC UK, *Counting the Cost of Inequality*[5], aims to link health to economic output in a single measure to capture the value of health to the UK economy - one which quantifies the effect of an improvement in health on the wider economy down to the local level. The research shows that a one-year increase in healthy life expectancy (HLE) would translate on average into approximately 4.5 months' increase in life expectancy (LE) and a 3.4 months' increase in working life expectancy (WLE), using data from a cross-section of 150 English districts.

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

Evidence reveals that the better health our health as we enter older age groups, the more we will boost GDP. A recent paper published in Nature, *The Economic Value of Targeting Aging*[6], shows that one more year of life expectancy with good health by slowing down how we age (ie the rate at which mortality increases and health declines with age) could result in a big gain in healthy life expectancy- worth $38 trillion to the USA alone (based on the standard economic way of evaluating gains, that is, the present value of the benefits gained from all those alive now and all those who will be born).

Overall, therefore, the goal of society should be to maximise health measures to benefit everyone, and not just economic measures. Tackling health inequalities is therefore central, and requires a whole system approach involving multiple interventions in multiple systems addressing commercial, behavioural and social causes together.

The latest research by Theresa Marteau et al[7] shows that interventions with most promise for both improving population health and reducing the gap between the poorest and the richest are those aimed at whole populations using interventions that largely target non-conscious processes, including fiscal and economic interventions, marketing approaches, and interventions altering the availability of products that harm health. Another study by ILC-UK found that, over the life course, current and ex-smokers work fewer years, are less productive and quit work sooner costing the UK economy around £20bn a year in lost output.

Behavioural causes of ill health and inequality—tobacco use, unhealthy diet, alcohol consumption, and physical inactivity—share several drivers with the social causes, such as unequal distribution of income, goods and services, education, employment, and power, and, importantly, poverty. Intervening on commercial and social determinants can therefore also have positive effects on the behavioural determinants.

Time for Action: What the Index aims to achieve

The Index aims to identify and develop better metrics around health in the workplace, and the health impact of what business provides, both in terms of their direct and indirect influences on people, communities, and wider society. The Business Index is a prelude to getting Health into ESHG, in an ESHG framework.

---

[5] Les Mayhew, The Cost of Inequality - putting a price on health, Centre for Fiscal Innovations, June 2021

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

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

The key exam question is: *where's the evidence and data about positive and negative benefits of businesses contribution to health, and how can we draw on these to incentivise business (the key target audience) and shift behaviour amongst all stakeholders as part of a systems change approach?*

Informed through a survey issued in May 2021 and four round tables in June 2021, B4H is setting out a framework for the Business Index in this document based on the following taxonomic approach[8]:

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

The survey has been completed by 101 individuals to date, reflecting a very high-quality mix of private sector organisations (across the spectrum of large corporates vs SMEs), public sector, academia and third sector. The round tables invited all survey participants and were attended by 133 people. Please see Appendix I for Round Table insights and Appendix II survey analysis, but overall, the key findings are:

- There is significant potential for business to play a pivotal role in enhancing population health, as part of a system change approach working with public sector, third sector, civic society and all relevant stakeholders
- We already know what the major determinants of health are, we know the measures and have the data-but we need to understand what business interventions make the biggest difference, and how to measure this (metric/targets, but also data that is turned into intelligence), and how business can best provide this data
- While bigger organisations have well-established programmes to enhance workforce health, there is a role for government support/incentives for the SME sector (including very small businesses of less than 5 employees) in health and wellbeing initiatives
- B4H is focused on the critical exam question: where/what is the evidence and data about positive and negative benefits of business contribution to health, and how can that be utilised to change behaviour amongst all relevant stakeholders in the business community (employers, innovators, marketeers and investors) as well as public sector and the wider public (whether as citizen, employee, carer etc)

A Working Group comprising the following individuals advises the work of the Business Index:

- Jess Attard, Head of Health and Food, ShareAction
- Dr Annabel Bentley, Chief Medical Officer, AXA Health
- Carol Brayne, Professor of Public Health Medicine, Co-Chair of Cambridge Public Health Interdisciplinary Centre, University of Cambridge.
- Greg Ceely, Head, Health Index and Projections, Office for National Statistics
- Dr Rupert Dunbar-Rees, CEO, Outcomes Based Healthcare
- Ben Franklin, Head of Research, Centre for Progressive Policy
- Pamela Gellatly, CEO, Healthcare RM
- Dr Rachel Melsom, CEO, Medical Matrix Consulting
- Les Mayhew, Professor of Statistics, Business School, City University and head of global research at ILC-UK.
- Dr Jonathan Pearson-Stuttard, Public Health Physician, Epidemiologist, Imperial College London, Head of Health Analytics, Lane Clark & Peacock, Vice Chair of the Royal Society for Public Health
- Connor Rochford, Consultant, McKinsey & Company
- Professor Andrew Scott, Professor of Economics, London Business School

[8] Based on framework of Professor John Quelch, Culture of Health

- Yvonne Sonsino, Partner and Global Co-Leader, Next Stage, Mercer

Please see Appendix V for a full list of contributors to the survey and round tables.

Plan for Action: Our proposed route map 2021-2024
The Index will be co-created with the business community and other stakeholders critical to the system change needed to improve population health equitably. The evidence base will be gathered with support from private and public sectors and evaluated robustly with academic partners.

The overall proposed timeline is as follows:

August-September 2021
- Business Index Framework– wider consultation
- System change strategy
- Research plan

September- October 2021
- Business Index Framework development
- Business Index launch and communication

August 2021- ongoing
- Influence mapping and ecosystem development
- Policy alignment and action

2022-ongoing
- Development of Business Index
- Testing Index in proof-of-concept projects/pilots, addressing how to effect behaviour change and system shaping.

Plans in detail:

System change strategy (August-September 2021)
- Design system change strategy informed by case for change - the business case (higher commercial returns expressed in language for shareholders, investors, directors), the case for government (persuading Treasury that this is an economic issue, the need and action plan for health-in-all policies), public sector (reducing demand on NHS & care) and wider society (having healthier, longer lives).
- Develop the system change plan/scope and budget for Index with academic partners and B4H members, including ONS Health Index team

Research plan (August-September 2021)
- Working with key research partners conduct a needs assessment and gap analysis of the current evidence. Identify key gaps (including behavioural economics and system design) and enrich what currently exists to plug evidence gaps. [See References and Comparison Indices in Appendix III]
- Audit what is working across 3 taxonomic categories, including global exemplars from Resilience Commission, World Economic Forum (WEF) and OECD and 1) workforce health eg Japanese government-led health and productivity management (HPM) strategy; 2) Products and Services eg Tobacco Free Pledge; 3) Communities/Wider Society eg GSK Impact Awards for community health
- Research key business sectors/industries harming health and contributing to health inequalities (tobacco use, unhealthy diet, alcohol consumption, gambling?, and physical

inactivity): food, drink, housing, tobacco, transport- develop modelling and arguments (health framing and solutions for transition) to take back to investors.
- Research the link between health and share price (FTSE 100)
- Hold industry specific round tables - to answer question of what needs to be addressed in specific sectors and what can be aggregated up into a simple index (potentially, a premature mortality index); role of behavioural economics, how to align with ONS Health Index, implications of data innovation (eg APPG for Longevity Open Life Data Framework)
- Re-engage critical stakeholders to advise on the strategy
- Engage new members, including those with public health expertise

Index Framework consultation and publication (August-October 2021)
- Develop key questions in wider consultation during summer in collaboration with B4H members including CBI; align with APPG for Longevity *Levelling Up Health* policy plan and ONS Health Index development
- Hold smaller, focused groups on key questions to drill down into greater detail. Drill down on key incentives and the business case on why companies should care
- Publish and launch Framework in October/November

Influence strategy and ecosystem development [August 2021-ongoing]
- Continue to develop networks of influence
- Identify leaders in industries/companies most receptive to change and transition within context of B4H work (Index and ESHG)
- Develop relationships with trade bodies (eg to identify needs and access SMEs)

Index Development and Real-World Testing & Application [2022-2024]
- Development of Index
- Testing Index in proof-of-concept projects/pilots, addressing how to effect behaviour change and system shaping.
- Health Impact Awards [annually- from 2022]
    - Showcase what good looks like and involve the leaders as champions for the cause (and the followers will follow): eg John Lewis or Ikea sponsoring 'what good looks like in retrofitting' - £5-£10K to help you live longer better

Appendix I: Key Insights from Round Tables

(1) Direct impact: Business influence on employee health

Scene setting
- Need to get basics right. The strongest determinant of health is largely income. 'Good work': having a job, good job, good pay, security, line management (parenting time). Key need revealed from pandemic is better statutory sick pay.
- Need to measure wider context of a person's wellbeing. Good to consider wider organisation measures (as well as individual factors): wages & wage gap; other inclusion factors (eg gender gap, ethnicity gap) as these are potential root causes of employee ill health and management.
- Need benchmark standard on 'what good looks like' and train line managers around this
- Need more leaders to 1) buy-in and move beyond talk to action; 2) Change the narrative to become more aspirational, using positive language, proactive, preventative (opportunity, not a problem); 3) Embed wellbeing into culture: address systemic root causes, job design (using data on what works), leadership training, particularly line managers

- Need more accurate data capture and analysis of that data for accurate ROI to get attention with CEOs/CFOs. Most large organisations are already investing a considerable sum per capita on benefits such as sick pay, EAP, health care plans, incapacity benefits and wellbeing programmes, but with little proof of a return on their investment or benchmark of success compared to other organisations - so the business index could be key here. Most employers do not record sickness data correctly, over-report on mental health and MSK (leading to over-medicalising and not dealing with root causes, like parenting) and inactivity & excess weight are rarely recognised or considered in care pathways, yet are evident in 90% of mentally ill health and musculoskeletal cases
- Need to address behaviour change and look at incentives and possible consequences with consistent messaging, to increase personal ownership

Break-out 1: Key questions: Where are the gaps in employee health & wellbeing programmes? What could a Business Index reinforce, influence or change to motivate both employers and employees to maximise workforce health, while minimising unintended consequences?

- Need a sustainable common framework addressing longer working lives: eg health support, flexible careers
- Needs assessment critical (personal vs structural), with set criteria/benchmarks. Analysis on need at individual level is key
- Support from government is needed to *keep* people in jobs, in good work (already much support to get people back *into* work): keeping people in jobs is the most economically efficient way of dealing with employment and unemployment
- Need to understand and collect key data points with a consistent dataset between different suppliers, but unless you embed why it matters for the business itself and link it to performance, no-one will engage (wellbeing needs to be part of culture).
- Business uptake needs to be incentivised and increased. Could this be done like gender and diversity reporting, ie wellbeing reporting, via FRC, or could this be a standard that requires external validation/verification, like Investors in People or Japan model[9]. This standard could be regulated as requirement for listed companies.
- Inclusivity is a key requirement to avoid increasing inequalities; metrics need to be fully evaluated so as not to reinforce inequalities
- Consider move from benefits-led approach to needs-based approach; perhaps have basic element for everyone to aspire to and benchmark against via the Index.

Breakout 2: Key questions: What are the data gaps to measure workforce health? What data collected by business matters most to measure health in the workforce? How could (and would) employers share data for research and evidence to maximise population health, for example via the ONS Health Index (see here)?

- There is a big gap in what good work looks like, a key finding from Good Employer Index research[10]; organisations need guidance on what data to collect, and where to find it. Need to address gap between large employers and SMEs- include subcontractors, gig economy. Industry bodies (eg retailTRUST retail wellness index).
- Convening the data between both employer and employee sides, and using same metrics and measurement, is key to assessing impact and ROI for CFO: eg HR absenteeism data/'culture metrics' vs employee drivers for wellbeing.
- Benchmarks could be guided by non-biased independent body. Interesting work of Lord Price/ WorkL that measures engagement and happiness scores.

[9] Japan model, METI Health & Productivity Management (HPM) certification programme

[10] Good Employer Index https://www.progressive-policy.net/downloads/files/CPP_Good-employer-index_web.pdf

- Need to get data right. Many organisations do not record sickness absence data correctly and understanding the reasons /causes behind absence (eg what is causing mental health issues? Work? Outside work? Much linked to weight and inactivity)
- More and more employers are willing to share aggregated data and there are ways in which you can reassure employees on the confidentiality of the data –most data is captured externally by people that are external to the organisation

Summing up

- Health and wellbeing framework is needed to understand needs and provide targeted solutions (inclusive needs-based approach) for sustainable workforce, recognising that major influence on our behaviours is our environment, social, economic, commercial, physical factors[11]. Good work & good pay transcends individual remit and part of corporate responsibility
- Need to make it easy for employers to help employees lead a healthier lifestyle. Simplicity and standardisation are key, usable for all businesses (whatever size, across supply chain linked to social value in procurement) and backed with evidence and behavioural design & measurement (engagement key). Note much can be done at no cost (eg flexible lunch times to do exercise, simple nudges[12], vouchers for healthier food options, like Eyecare vouchers, new apps[13])
- There is a question on whether this framework needs to be regulated, or at least provide very clear guidelines (pros and cons to both)- perhaps reporting via FRC for larger firms, but it should not exclude SMEs
- Underpinning the framework is identification and collection of good quality, consistent data – to help understand needs and help with reporting
- The CBI have researched factors affecting decision of businesses to offer wellbeing programmes to their employees: 1) funding; 2) awareness of the employer and health; 3) the capacity to use a programme; 4) strategies that they might or might not have; 5) workforce buying-in; and 6) employee training

(2) Secondary impact: Business influence on health via products and services they sell

Scene setting

- The time is now to see public health in terms of a whole system approach. Public health has traditionally only been working with part of the system, the public sector, but it can only achieve its aims if it works with the whole system, and that includes the private sector, ie businesses. The business sector has been seen to be outside of public health work, partly because it has been demonstrated to contribute to global and national inequalities and adverse health outcomes.
- We can link business activity to health outcomes. The Busines Index can feed into and align with the ONS Health Index[14]. The ONS Health Index summarises data from health outcomes and determinants within a single statistic that can be tracked over time, and disaggregated to understand the drivers of those changes. For each level of geography in the ONS index, information can be captured relevant to all businesses directly, such as the rates of employment and quality of employment, which can be measures in ways such as job-related training. There are also measures which are more relevant to the outputs of specific industries or businesses, and industries or businesses which influence or moderate other businesses' specific output. Topics such as healthy eating, obesity, exercise, education, access to sports and leisure, which are clearly related to

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

[12] Case Study: a 10k steps challenge - walk 10k steps a day get a stamp on a card, 6 stamps and you got a M&S voucher. Huge success: in small SME staff walked 2.5million steps in 3 weeks

[13] New initiative to encourage uptake of healthier food by <25 year olds across retail and food-to-go. https://www.smash-app.co.uk

[14] The Health Index for England. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00201-4/fulltext?rss=yes

health and public health, but aren't necessarily always considered in that way when decisions are made by government and by businesses alike on how those things change and how that will impact health. The extent to which these aspects of living which business can influence and are associated with health outcomes can be assessed, whether that's physical or mental health, self-reported wellbeing or wider things like healthy life expectancy.

- The main lesson from tobacco is work in collaboration with companies during transition and frame it around health- finding ways to reduce the problem and investment, but within the frameworks that investors are obliged to work to. We reframed the impact in ways that the finance sector or the business sector looks at business risk and return, risk of litigation, reputational impact, social and environmental impact, and health externalities. We can do the same thing with obesity, but we must communicate in the right language. And that language is the language for business in the finance world, not necessarily explicitly the language of the health world. We need to use the right frameworks to highlight the issues important to those people making the decisions; the facts remain the same, it's just how they're presented, and how we put them forward to help businesses collaborate, and to help them work in partnership with us to affect change
- After years of the government under-investing in public health, government going forward will be looking at employers and businesses to take up some of the slack. And that could come through regulation and incentives. The lessons learned over the years in workforce health is that many of these decisions are taken by finance directors and by chief executives, so we need to be really strong in terms of making the business case: what are the economic benefits of changing lifestyle behaviours- be it around physical activity, obesity, the health and wellbeing of their employees? Businesses that prioritise health and wellbeing do better in terms of business outcomes

Breakout 1: Key questions: How can we measure positive and negative determinants of health across disparate sectors (eg food, housing, pharma, retail etc)? What are the key sectors, and how can they collaborate, to achieve HLE+5 (to reduce health inequalities and add five years to healthy life expectancy)? Why is the food system in the spotlight (this sector was cited most frequently in the survey).

- Need to understand the measures relating to long-term health that businesses within different industries could be asked to provide for the kitemark/index. If we think about the drivers of ill health, and target particular indicators within industries, we could come up with measures that are valuable, but they would vary across the industries. But there are ways in which we can overcome challenge of comparing different sectors.
- The CBI Seize the Moment report shows that business can be most effective with interventions addressing: Musculoskeletal conditions (eg treating back pain), mental health (eg Cognitive Behavioural Therapy) and ergonomics (workspace, seating, chair positioning) We need to understand and articulate the benefits of health to commercial opportunities for business (eg jobs, GDP growth etc)
- Need to make sure we focus on the bigger picture- follow the money and you'll find the answer. Need to understand what will change investor and corporate behaviour, and role of consumer pressure.
- Finding the right metrics isn't the hard part, it’s actually getting companies to disclose on them that’s hard
- To effect change, you need to be talking about change and policy which is evidence-based and targeted, and not which is knee jerk and performative. it's surely better that you want somebody to eat the reformulated product and not the original products. But if you can't advertise and inform people about those though promotions and restrictions, you totally undercut an essential plank of the government's obesity strategy.

Breakout 2: Key questions: What are the key barriers for business to engage in the Business Index and ESHG, and how to overcome these? What is the right balance of carrot and stick to incentivise business to produce healthier products and services? How can a data-driven approach be useful in system change?

- Need to help employers collect more data, more qualitative data, as well as quantitative data, and ensure they understand how to use that data. But also to help employees make behavioural changes, and that everybody's working positively together instead of negatively together in a blame game.
- Need to emphasise consistent way to collect meaningful, reliable data, that is not purely subjective, but also objective. The other part of this is to make sure that we can relate that business health data back to business data that matters: like job satisfaction that can link to ONS data and national standards across the UK to track correlation between health and productivity, job satisfaction, and so on. And that starts to become really powerful, but we need a standardised framework. There's been some great research over the years that maps health of employees against stock share price, stock market performance- this is what the Boardroom listens to.
- We need to define and standardise what we mean by happiness and productivity
- Need to understand the incentive for businesses to engage in the business index. Eg get health as important as climate change in PLC annual report; some sort of accreditation (ISO standard, 'Health in the Workplace'?) that goes across all businesses, small SMEs, as well as public companies. Employee health affects productivity, that's down to having good data, eg recording absenteeism, that you can show to your management. Much boils down to culture, which comes from leadership that feeds the rest of the business
- There are some barriers. 1) Equity. Standardization exploits diversity, so need to make sure we apply a health equity lens to interventions and build on entity collaboration (ie stakeholder engagement); 2) Accountability. Index can and should include theories of accountability with shared responsibility. A data driven approach applying behaviour economics pulls from incredible science in academia. The BVA Nudge Unit would be a great resource that can show impact on business. Also people love the word Economics in anything

Summing Up

- Broadly, the view was that there should be separate metrics for separate sectors, and a way to aggregate those up to compare across sectors in some way. In order to effect real change, we need to shift to thinking about populations and how whole sectors need to shift and how investors in those sectors need to shift.
- Need to pull the levers of investment - who is investing in what and why, and tie health outcomes to the level of investment – like in climate change where investment tapered for worst polluters - and tie this to improved behaviour from corporates and investors
- Need to understand how products and activities that make money for business and the Treasury as well as enhance wellbeing and health...the metrics need to reflect these considerations as we try to shift the paradigm, with some recognition that industries that increase risk will have particular challenges
- Need to understand why there is a market for unhealthy food versus healthy food, and articulate the commercial opportunities of eating healthily. We need to continue to convince the CFO/CEO in terms of business case, and economic and commercial opportunities.
- There's a real desire to work positively between business and government, rather than play the blame game. How do you make this a larger pie that works for everyone? The elephant in the room is businesses generating ill health.
- There is a need to mix qualitative and quantitative data to understand and measure the

impact of services – this opens the door for meaningful conversations with CFO/CEO. Education and training is vital, aided by partnerships, like with CBI

- Incentives are key. Some form of accreditation to join the Index, need to get health in annual reports, and all this depends on collecting good data that matters
- The best way to encourage people to collect data is by making use of the data that are already present. Businesses who score more highly on employee wellbeing typically also have higher share prices, or will have higher employee productivity. And so demonstrating those benefits with existing data to encourage businesses to collect more, but also using those wider sources where we can demonstrate that businesses have an impact on x topic (like better mental health). On the point of accreditation, businesses will definitely have an interest in supporting the Index if they get a badge which shows that they are health conscious. Further down the line, the ONS Health Index could design, from a methodology perspective, a kind of meta element of an index, which shows how well an organisation has engaged with the initiative as a whole – thereby demonstrating commitment to better health. We could have slightly different approaches for SMEs versus larger organisations to ensure that there's an MVP of what they would need to provide for the business index in order for that to be complete data for them. So, for example, larger organisations can have a more sophisticated and complex HR function and can therefore capture better data, while making sure that those smaller businesses don't get left behind and can provide what makes sense for them even if not quite the same quality and quantity of data as some other organisations. Having separate elements of the B4H Index on employee wellbeing and products' impacts (among other sections) means you can incentivise businesses to get involved focussing on the bits that resonate with them, e.g. employee wellbeing and how doing well there impacts reputation and employee productivity
- It would be better to try and find some of those metrics that cut across industry sectors; start with what are the most health-harmful sectors or products/services, and to benchmark them. Could we look for one metric that measures health impact across all different types of companies and sectors? This could be deaths per million pounds in revenue caused by a company- it could compare businesses and certainly get companies to take note. Mindful of health inequalities, we need to think in terms of what we're measuring, through the lens of those people most at risk of poor health. Maybe a premature mortality index, which can be used globally. Another way of segmenting is looking at income levels and age.
- Creating a mortality index really focuses the mind. It's binary. It's measurable. It's general, mainly attributable to sectors not products (eg it's tobacco, whether Imperial Tobacco or Philip Morris, it's tobacco). So when it comes to investors looking at the way that they invest, they can then work that back to their individual companies. The experience with the Tobacco Free Finance Pledge is that we can see which companies, which organisations, asset managers, pensioners, are signed up to it- they are tobacco free. So there is already a sort of a benchmark, we can look at the food indexes, the food initiatives, access to nutrition, access to medicines, we can look at all these indices, and see who's actually signed up to them, which organisations are already saying that these are important elements, because there's strength in numbers. A key learning from the tobacco discussions with investors, is once you've got a few key leaders saying this is really important, others follow. It's easier to join something that is already happening, the to initiate it.

(3) The external influence of business on the communities in which they operate and the wider environment/society

<u>Scene setting</u>

- We already know what the determinants of health are, we know the measures and we

have the data, but how can business provide the data and how we can connect it up with other data sets? This is where the link to the health index is really interesting.

- Based on research from Outcomes-Based Healthcare, the; the reasons why people move from 'healthy well' to 'unhealthy' cohort is largely due to wider factors that have very little to do with healthcare. The average healthspan is approximately 54 to 55 years of age, depending on sex- and in the most deprived areas, on average, people are leaving 'healthy well' at the age of 45. Of the seven multiple deprivation domains only one is health and disability, the other six domains are non-health, including: income, employment, crime, education, skills and training, barriers to housing services, living environment and access to green space. We find that, in particular, the living environment and access to green space domain is most strongly associated with the healthspan gap. So, we need to seriously think about similar types of data structures and data flows for what we might call 'non-health' data, although, frankly, it's all health data.
- The Social Value Act in procurement intends to improve the social and environmental wellbeing of people in the workplace, supply chain, customer space, and local communities. This has amplified the impact businesses have on communities and really demands that they take a proactive approach to understanding their commitments, their inputs, the activities they're carrying out, what outputs that's having, as well as the outcomes and impacts. There is the internal perspective (health and wellbeing of their own employees, which by default will cascade to their families, and their own circle of influence) and there is the external impact (awareness, education and improvement of health and wellbeing within the supply chain, customer space and the local communities). Job design, work design and organisation culture (including psychological safety) are key.
- Need to link sustainability in the built/living environment with health outcomes. There is a quick win around smart homes, new housing; there's a very clear link between fuel poverty and poor health outcomes. In the 2009 chief medical officer annual report it stated that every pound spent on energy efficiency delivers 42 pounds of health benefits .
- The basic premise must be that health is an asset rather than illness being a cost. The value of the Health Index is that it can capture metrics so you can see progress year by year, making it easier to incentivise investment that takes a long time to see returns (10 years, beyond the lifetime of a CEO, PM, NHS budget etc). When we look across the ONS Health Index for example, even in some of the health outcomes that actually have done worse over the last five years- depression, and musculoskeletal problems- both of those are have opportunities for how businesses can help with regards to their workforce.

Breakout 1: Key questions: How can shareholder and stakeholder interests align for longer term success and sustainability? How can companies incorporate externalities into their business strategies for future commercial success? What industry sectors impacting health are most at risk if they do not transition towards more sustainable health via ESHG frameworks? How can we help industry sectors negatively contributing to health transition? How can we ensure companies 'walk the walk' and don't just 'talk the talk'.

- A place to start would be to group businesses, into those who have products that help versus harm health. We do not live in a risk-free society but we can mitigate the risks. Companies will have to incorporate the externalities more and rely increasingly on 'new power', which is this idea that social media mix with social movements around their social purpose. New power has already started to shift diet (veganism) and alcohol (low- alcohol, non-alcoholic drinks) and market moves around them
- We need to be working across industry boundaries around shared goals
- We need to focus on where there is a cycle of poor employment, poor businesses, fast

food outlets, obesity, too much drinking etc

- Education is key if you want to realise stakeholder interest across society; we know that health literacy is a major problem. Education is needed throughout the life course, from the beginning, to help people make healthier choices.
- Need to help investors quantify the negative externalities that they are investing in; if you are able to say this particular investment is causing this amount of harm, which causes this much financial impact- be that financial impact to the investor themselves, in long-term returns or financial impacts on environment, populations, health, etc.- this will change their behaviour. It's the old adage: 'follow the money'. We need to help industry sectors negatively contributing to health in a process of transition, and understand which sectors are impacting health and are more at risk if they don't transition?. Can we do a piece of research on, say, the FTSE 100 that really establishes the link between health and share price?
- We should apply more robust academic research in behaviour science and behaviour economics: there is a big opportunity with the built environment, the workplace. The work environment is uniquely placed to adjust how things are designed including walkways, including what food is offered.
- All the evidence shows that different people have different motivations and respond to different incentives; rational arguments do not win many friends

Breakout 2: How can ESHG framing for investments be applied to health-enhancing assets (eg food) and also extend to assets which are not primarily health-focused but which nevertheless have sizeable positive health effects – explore the case of housing. How can we create incentives to build quality social housing for those most at risk of health inequalities, and homes for later living to reduce falls (and decrease demand on NHS & care)?

- Certain macro trends may affect role of business, for example, the blurring of home and work. Where do employers see their workforce in the future, and how does that fit into wider community impact?
- There will be big shift of people working from home and this will increase MSK issues. There is an opportunity to link occupational health datasets to understand this link
- Pension funds have a requirement to invest for the wellbeing of their customers
- Soft power of business should be mobilised to drive culture shift in communities (note GSK Impact Awards); ie to enhance the awareness that houses need to be better (85% of the housing that we will live in in 2040 already exists, that highlights importance of retrofitting
- We need to look at each other as civic partners who have a stake in the health and prosperity of our place. Civic leadership is key and linking to NHS to the local economy. Businesses are aware of health-related data they can use to help the health service. Also, role of the NHS as an economic and social anchor in communities is significant; 25% of its workforce is in 10 most deprived wards in England.
- How can we link the energy story to the health story? What about salary sacrifice to improve their property?
- We need to bring in new builds and design standards. Data is important. Local authorities have a lot of data but it's also about helping them to understand the value of the data. The role of the planning system is important, particularly around the social housing side of delivery, but it is hard to use carrots to deliver social housing as it is, so there is a role for here for ESHG.

Summing up

- To increase healthy life expectancy, we need to look at key factors such as education, employment, sustainable job creation, and communicate this in terms investors can understand of what impact can be achieved. Data on these impacts and who/ what's being done by certain corporates is important. For instance, King's College is working

with Unilever) and hold data that is extremely valuable. We need to find better ways to harness that data and utilise it to work better with investors and businesses in terms of how they can improve their outcomes ('follow the money'). The role of behavioural economics is key (eg need to work with local communities to reduce number of KFC shops).

- Need to understand the impact of hybrid working and jump on that opportunity quickly. The best Victorian housing stock was built by employers, who were more invested in workplace. There is an opportunity to put standards into the planning.
- Organisation must be aligned around purpose/vision, otherwise strategy won't work.
- Care leave is really important angle for wider impact (legislation around carer leave).
- Businesses clearly have a 'soft' role in enabling and convening, but will respond to 'hard' incentives such as their investors demanding more evidence of effective health & wellness strategies. They are increasingly being asked to report on this in their accounts. The key is determining what health/longevity/healthspan metrics and standards can be agreed and used across all businesses
- Planning (policy and processes) can be a useful lever to help in the initial stages of the paradigm/behavioural shift needed to get industry and local leaders and businesses to understand the need for and importance of health and wellbeing to be integrated into their business models and design thinking to test local demand. In the same way that sustainability started out in the built environment industry as a tick box exercise driven by planning policy, it has slowly filtered into business cases as the demand was proven; there is hope that planning standards for health and wellbeing can be integrated into design thinking and business models across the built environment industry.

(4) Wrapping it together: The Busines Index and ESHG

Scene setting

- The need for simplicity is key to avoid confusion and maximise compliance. In the case of net zero and COP 26, the consistent complaint from businesses is that they are being approached to sign up for charters and different things all the time
- There are a wide range of specific metrics to measure inequalities, but there's nothing linking them to the markets to answer the question: if health changes by x what happens to economic output- i.e. GDP. We need a simple measure that links health to economic disadvantage – to answer question of what is the value of health to the UK economy? Huge implications: 1) The importance of regular and predictable work with good terms and conditions would enhance the experience of employees and their families; 2)Business has the capacity to make a big difference in areas where they set up new businesses and create new jobs which have a positive multiplier effect on the local economy and on health; 3) Business working in close partnership with local authorities on mutually beneficial issues like planning permission, infrastructure and housing is very important
- We should publish health data alongside economic data as an additional red flag: whether we are just going for growth at the expense of health or whether we are developing a balanced approach to health and economic success.
- YES! We need to focus on health measures, not just GDP, particularly with an ageing society because the more we have better health, that more we are going to boost GDP. We can't have a healthy economy without a healthy population; the analogy with the environment is clear, because just as companies are waking up to the fact we cannot have a healthy economy without a healthy environment, they're going to wake up to the fact you can't have a healthy economy without a healthy population. There's money to be made from aligning those interests; and health improvements in the second half of life can positively affect GDP! We know a lot about that in the first half of life we haven't done much in the second.
- How you age is going to be the most important health challenge that we face; we

should aim for health to last as long as lifespan. As more and more people aren't working later in life, we need to focus on health, because they're likely to be spent more and more outside of the economy. In the US, if you can get one more year of life expectancy by slowing down how we age we get a big gain in healthy life expectancy- is worth $38 trillion to society. That's not to the boost to GDP, that's how much it's worth to.

Question & Answer/Discussion

- We need to mobilise the energy in our local/regional communities and our regional communities; more important arguably than a centralised approach to strategy.
- Good employment should play a key role within the tool that B4H constructs: that as well as the role of businesses in providing skills and training for their workforce (education is such an important determinant for health). SMEs might be much more of a challenge – so maybe it's about sector specific things, and using professional bodies and trade bodies in those particular sectors as the levers for change
- The B4H index will aim to identify the health equivalents of the coal mines that investors will want to avoid going forward; and what are the equivalents of the wind turbines that investors will want to go into, because they're positive for health
- There's enormous untapped value that we can try and focus on, stopping that handling from 50 Plus, making sure people are healthy and have options to remain productive
- Collectively, research from CBI, and also Les Mayhew and Andrew Scott shows the simplicity of what the B4H Index could achieve in terms of guiding legislation, policy and advice. We do need a sector specific approach, as the needs will be different depending on the size of the of the business (eg SMEs vs large corporate organisations), socioeconomic status per region, per health inequalities, per sector, as well as to public services, non-profit, private sector. They are influenced by six key factors which affect their ability to lead business health interventions: 1) Employer's access to funding; 2) awareness of employee health; 3) capacity to lead these interventions; 4) their knowledge of the strategies in place; 5) the workforce buy in and participation 6) and their ability to train their employees. How much of a barrier the six are completely different for all of these different sectors. So, absolutely, we need simplicity and a sector specific approach, but the more specific we go, the less simple our approach will be and the harder it will be to implement any policies or offer advice. So, the right balance needs to be struck and this is key moving forward with the Index. Echo to keep it simple, and that it. can be used by the widest number of businesses possible. But bear in mind all the evidence points to the fact that it's income and working conditions that have the biggest impact on people's life expectancy and health so critical to include that.
- The consumer goods sector is important for better education of the consumer as they touch the entire life course - it's not only about an ageing society but from day one of life.
- The food system is key- there is a lot of data on its impact on poor health (especially food manufacturing, retailing, and marketing)- and shifting this how will be very relevant and very powerful
- On the idea of the mortality index- it is relevant to point out that mortality is inversely proportional to life expectancy, so they duplicate one of the other to an extent. But it's not just about increasing overall wealth, it's also distributing it as well; if we can trust pension funds and those investments to invest them into areas which are more beneficial to health, then you'll get a virtuous circle and that's part of what we want to do. A mortality index focuses the mind on which sectors have the greatest impact on health - and helps focus on which interventions areas, will have most impact - then sector specific approach is needed to drill down to the investment issues that can be managed to effect change in language that is relevant for key stakeholders.

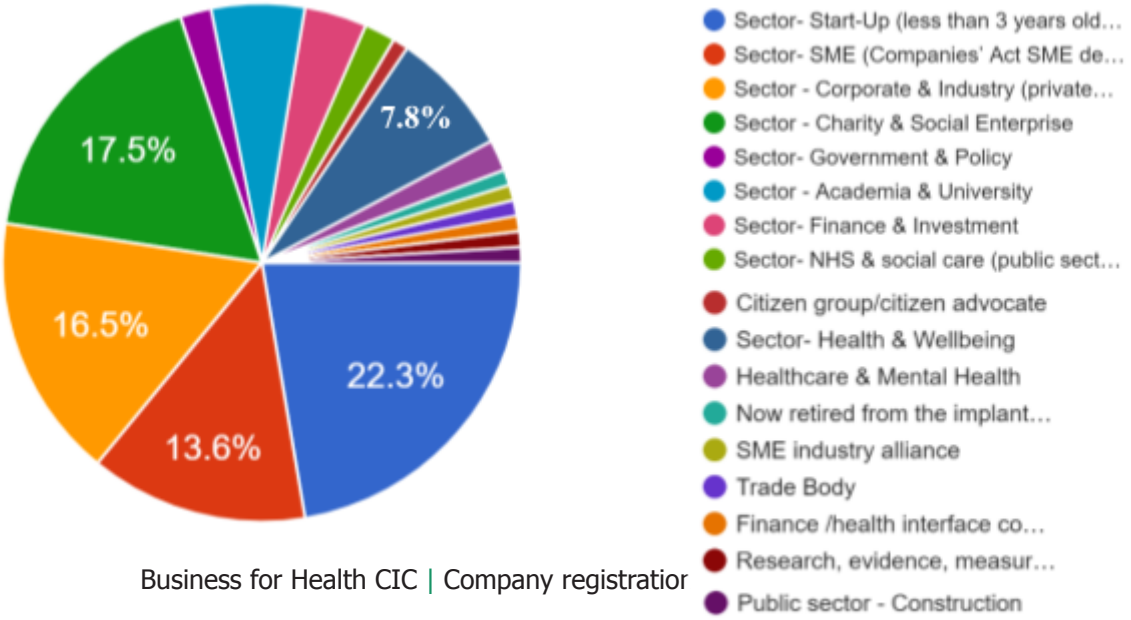
- On sector-specific approaches, nuances will be important. Some companies can create positive health through their operations, others through the products they sell and operations etc. There are very different pathways (eg air quality, health & safety, nutrition etc etc). Also, kitemarks might be problematic because some companies will perform well on some metrics, poorly on others and a kitemark hides that important difference. This was tried in the food industry (Food Foundation) and aggregating complex issues can oversimplify things.
- The key exam question is: where's the evidence and data about positive and negative benefits of businesses contribution to health, and how can that be utilised to shift corporate behaviour?

Appendix II: Survey Analysis (N=101)

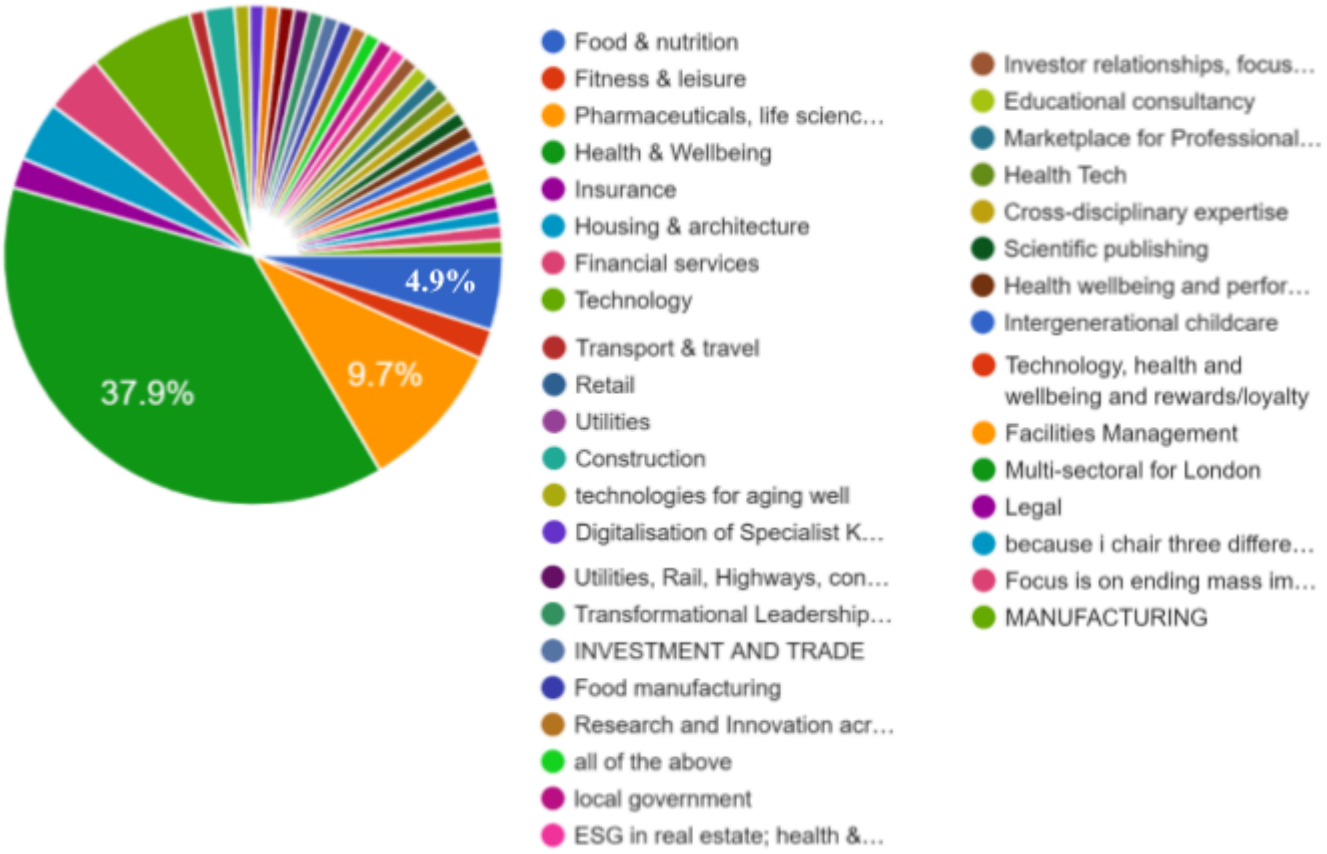
Top findings

- Overall, people agree business should have a more prominent role in the contribution to the nations' health (>90% positive) although investors think differently (~70% positive)
- Overall, people think health should have a more explicit role in ESG investing (80% positive) but not investors (~43% positive). In contrast, only a few people do not think it is time for health to merit a more explicit role in ESG investing (3% negative)- investors strongly think it is not time (~29% negative). Additionally, a substantial amount of people are not sure (~12% not sure) of this answer- above all, investors (~29% not sure).
- Overall, people think investors should spend more time understanding the health impacts of their investments and seek to improve these (~88% positive). In contrast, less than a third of investors think they should spend more time ~57% positive)
- By sectors- Corporate & Industry are most likely to utilise any health interventions to improve workforce health (82% positive), followed by SMEs (~70%), followed by Start-ups (26% positive).
- Perception of business impact on nations' health follows scope order: (1) chosen by most people, then (2) followed closely by (3). However, perceptions of the priority of scope of business impact on health change according to the person's role in the company. For instance, HR people emphasise scope (1) and (3), but not as much scope (2).

What best describes your company's sector/professional experience?

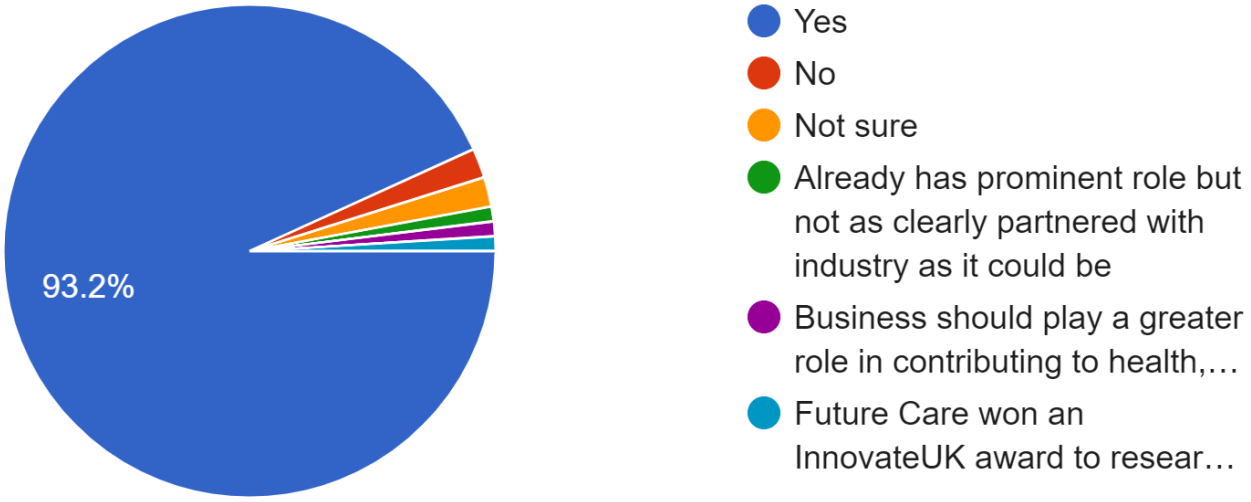


What best describes your company's focus and/or professional expertise?



What best describes your role?

Do you think business should have a more prominent role as a stakeholder in, and contributor to, the health of the nations of the United Kingdom, both in terms of individual and population health? For the purpose of this question and for the rest of the survey, we are defining 'health' according to the WHO definition: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'



Appendix III: References

Key references

Ethics

1. Close N. ADPH Ethical Collaboration and Sponsorship Policy. Association of Directors of Public Health, 2010 https://www.adph.org.uk/wp-content/uploads/2013/08/ADPH-Sponsorship-Policy.pdf (accessed 26 July 2021).
2. Responsible Research & Innovation - EPSRC website. 2021. https://epsrc.ukri.org/research/ourportfolio/themes/healthcaretechnologies/strategy/toolkit/home/integrity/ri/ (accessed 26 July 2021).
3. UKPRP Researchers Collaborating with Industry: Guidance on Policy and Procedures. UK Prevention Research Partnership (UKPRP), 2018

https://ukprp.org/wp-content/uploads/2019/08/UKPRP-Industry-Guidance-Report-v1.pdf (accessed 26 July 2021).
4. Public health and the food and drinks industry: The governance and ethics of interaction Lessons from research, policy and practice. UK Health Forum, 2018 https://www.idrc.ca/sites/default/files/sp/Documents%20EN/ukhf-casebook-jan18.pdf (accessed 26 July 2021).

Indices and Standards

1. Britain's Healthiest Workplace | Vitality. 2021. https://www.vitality.co.uk/business/healthiest-workplace/ (accessed 26 July 2021).
2. Workplace Health Achievement Index. 2021. https://www.heart.org/en/professional/workplace-health/workplace-health-achievement-index (accessed 26 July 2021).
3. Workplace Wellbeing Index. 2021. https://www.mind.org.uk/workplace/workplace-wellbeing-index/ (accessed 26 July 2021).
4. The Community Wellbeing Index. 2021. https://communitywellbeing.coop.co.uk/ (accessed 26 July 2021).
5. Urban Health Index for Lambeth and Southwark. 2021. https://urbanhealth.org.uk/insights/data/urban-health-index-uhi-for-lambeth-and-southwark (accessed 26 July 2021).
6. The John A. Hartford Aging Society Index. 2021. https://www.johnahartford.org/grants-strategy/the-john-a.-hartford-aging-society-index (accessed 26 July 2021).
7. Executive Health Index Australia. 2021. https://www.executivehealthsolutions.com.au/executive-health-index/ (accessed 26 July 2021).
8. HERO Scorecard. 2021. https://hero-health.org/hero-scorecard/ (accessed 26 July 2021).
9. Access to Nutrition Index. Access to Nutrition Foundation. 2021. https://accesstonutrition.org/the-indexes/ (accessed 26 July 2021).
10. Access to Medicine Index. Access to Medicine Foundation. 2021. https://accesstomedicinefoundation.org/ (accessed 26 July 2021).
11. World Benchmarking Alliance. 2021. https://www.worldbenchmarkingalliance.org/ (accessed 26 July 2021).
12. Climate Ambition Benchmarks. We Mean Business Coalition, 2019 https://www.wemeanbusinesscoalition.org/wp-content/uploads/2019/08/Climate-Ambition-Benchmarks.pdf (accessed 26 July 2021).
13. Centre on Well-being, Inclusion, Sustainability and Equal Opportunity (WISE)- OECD. 2021. https://www.oecd.org/wise/ (accessed 26 July 2021).
14. Measuring Well-being and Progress: Well-being Research - OECD. 2021. https://www.oecd.org/statistics/measuring-well-being-and-progress.htm (accessed 26 July 2021).
15. OECD Better Life Index. 2021. https://www.oecdbetterlifeindex.org/ (accessed 26 July 2021).
16. Impact Management Project (IMP) Structured Network, https://impactmanagementproject.com/impact-management/structured-network/
17. Measuring the impact of businesses on people's well-being and sustainability: Taking stock of existing frameworks and initiatives; https://www.oecd-ilibrary.org/docserver/51837366-en.pdf?expires=1628075340&id=id&accname=guest&checksum=366F06BBE3FF919CD4686ED38A2E161E
18. The economy of well-being: Creating opportunities for people's well-being and economic growth;

https://www.oecd-ilibrary.org/docserver/498e9bc7-en.pdf?expires=1628076776&id=id&accname=guest&checksum=48FCD648B8455E57A121AC1395DF64C4
19. Exton C, Shinwell M. Policy use of well-being metrics: Describing countries' experiences. OECD, 2018 https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=SDD/DOC(2018)7&docLanguage=En (accessed 26 July 2021).
20. Wellbeing | Stats NZ. New Zealand Government. 2021. https://www.stats.govt.nz/topics/well-being (accessed 26 July 2021).
21. Women's Empowerment Principles. 2021. https://www.weps.org/ (accessed 26 July 2021).
22. Leadership in Energy and Environmental Design. 2021. https://www.usgbc.org/leed/why-leed (accessed 26 July 2021).
23. Living Wage Foundation UK. 2021. https://www.livingwage.org.uk/ (accessed 26 July 2021).
24. Global Impact Sourcing Challenge. 2021. https://gisc.bsr.org/impact-sourcing/challenge (accessed 26 July 2021).
25. Civic Data Cooperative Model. Liverpool Health Partners. 2021. https://liverpoolhealthpartners.org.uk/research/ (accessed 26 July 2021).
26. Principles for Building Healthy and Prosperous Communities - Build Healthy Places Network. 2021. https://www.buildhealthyplaces.org/tools-resources/community-building-principles/#history (accessed 26 July 2021).
27. Healthy Metrics Guide | Toolkit | Healthy Business Coalition. 2021. https://healthybusiness.bsr.org/toolkit/metrics-guide (accessed 26 July 2021).
28. Structured Network | Impact Management Project. 2021. https://impactmanagementproject.com/impact-management/structured-network/ (accessed 26 July 2021).
29. How 's Life? 2020. Measuring well-being. OECD, 2020 https://www.oecd.org/sdd/How-is-Life-in-60-seconds.pdf (accessed 26 July 2021).
30. How's life? 2020 - Main facts in a few slides. OECD, 2020 https://www.slideshare.net/StatsCommunications/hows-life-2020-main-facts-in-a-few-slides-229933536 (accessed 26 July 2021).
31. Happy Planet Index. 2021. https://happyplanetindex.org/ (accessed 26 July 2021).
32. Social Progress Index. 2021. https://www.socialprogress.org/ (accessed 26 July 2021).
33. CIGNA 360 Well-being Survey: On the Road to Recovery. Cigna International Markets, 2021 https://on24static.akamaized.net/event/31/83/50/2/rt/1/documents/resourceList1623419459888/cigna360wellbeingsurvey2021reportfinal1623419458033.pdf (accessed 26 July 2021).
34. Franklin B. Covid-19 local area health risk rating. 2020. https://www.progressive-policy.net/publications/covid-19-local-area-risk-rating (accessed 26 July 2021).
35. About Health Star Ratings. 2021. http://www.healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/About-health-stars (accessed 26 July 2021).
36. Report Methodology. City Health, 2020 https://static1.squarespace.com/static/5ad9018bf93fd4ad7295ba8f/t/5fcee0a40ff3944fc54ae0b0/1607393483289/2020+Report+Methodology.pdf (accessed 26 July 2021).
37. Methodology for Workplace Questionnaire, What Works Wellbeing, https://whatworkswellbeing.org/wp-content/uploads/2020/01/Methodology-for-Workplace-Questionnaire-Jan2018.pdf (accessed 10 August)
38. Voluntary reporting on disability, mental health and wellbeing: A framework to support employers to voluntarily report on disability, mental health and wellbeing in the

workplace, https://www.gov.uk/government/publications/voluntary-reporting-on-disability-mental-health-and-wellbeing/voluntary-reporting-on-disability-mental-health-and-wellbeing-a-framework-to-support-employers-to-voluntarily-report-on-disability-mental-health-an (accessed 10 August)
39. Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005388/Wellbeing_guidance_for_appraisal_-_supplementary_Green_Book_guidance.pdf (accessed 10 August)
40. 100 Questions, https://the100questions.org/ and Food Systems Sustainability. https://food.the100questions.org/ (accessed 11 August 2021)
41. The 2020 Environmental Performance Index (EPI), https://epi.yale.edu/, (accessed 11 August 2021)

Round Tables 1-4 RT (1)

1. APPG for Longevity. The Health of the Nation. 2020 https://appg-longevity.org/events-publications (accessed 26 July 2021).
2. McKinsey Global Institute. Prioritizing health: A prescription for prosperity. 2020 https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/prioritizing-health-a-prescription-for-prosperity (accessed 26 July 2021)
3. Green D, Filkin G, Sloggett R, Woods T. Levelling Up Health. APPG for Longevity, 2021 https://appg-longevity.org/events-publications (accessed 26 July 2021)
4. Culture of Health Deep Dive. Harvard Advanced Leadership Institute, 2017 https://static1.squarespace.com/static/5ee39a386949b27bc9d123c7/t/605e01c7f587f8447538dc5d/1616773582787/04.24.17_COH_DD_Report.pdf (accessed 26 July 2021).
5. Center for Humane Technology. 36 - A Problem Well-Stated Is Half-Solved. Your Undivided Attention. 2021. https://www.humanetech.com/podcast/a-problem-well-stated-is-half-solved?utm_source=Movement+for+Humane+Technology&utm_campaign=23b0500d00-EMAIL_CAMPAIGN_2021_06_18_09_03&utm_medium=email&utm_term=0_df2ee1f826-23b0500d00-79102930 (accessed 26 July 2021).
6. The Consilience Project. 2021. https://consilienceproject.org/ (accessed 26 July 2021).
7. Evidence hub: What drives health inequalities? | The Health Foundation. The Health Foundation. 2021. https://www.health.org.uk/evidence-hub (accessed 26 July 2021).
8. Mental Health and Income Commission - Money & Mental Health. Money and Mental Health Policy Institute. 2021. https://www.moneyandmentalhealth.org/income-commission/ (accessed 26 July 2021).
9. Marteau T, Rutter H, Marmot M. Changing behaviour: an essential component of tackling health inequalities. *BMJ* 2021; n332. https://www.bmj.com/content/372/bmj.n332 (accessed 26 July 2021).
10. Unemployment and mental health | The Health Foundation. The Health Foundation. 2021. https://health.org.uk/publications/long-reads/unemployment-and-mental-health (accessed 26 July 2021).
11. Permingeat M, Fekete G, Turner R. COVID-19, Inequalities & Responsible Leadership. Forward Institute, The Health Foundation, 2021 https://static1.squarespace.com/static/5ab0e7eee749404673aa499d/t/604f7a5da56cf239d5aad6ea/1615821411827/HF%3AFI+Final+report.pdf (accessed 26 July 2021).
12. The Health of Retail. Retail Trust, 2021 https://dtnrz2grrgt9p.cloudfront.net/Uploads/f/t/p/retail_trust_health_of_report_20214_637963.pdf (accessed 26 July 2021).
13. Employee Experience Surveys & Performance Management Apps | WorkL For Business.

Business.workl.co. 2021. https://business.workl.co/ (accessed 26 July 2021).
14. Lord Mark Price - Business Tools. 2021. https://lordmarkprice.com/#tools-business (accessed 26 July 2021).
15. The Good Life - The role of employers. Centre for Progressive Policy, 2019 https://www.progressive-policy.net/downloads/files/CPP_Good-employer-index_web.pdf (accessed 26 July 2021).
16. Job quality indicators in the UK – hours, pay and contracts - Office for National Statistics. 2018. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/jobqualityindicatorsintheukhourspayandcontracts/2018 (accessed 26 July 2021).
17. Krekel C, Ward G, De Neve J. Employee wellbeing: the impact on productivity and firm performance. CentrePiece, 2019 https://cep.lse.ac.uk/pubs/download/cp556.pdf (accessed 26 July 2021).
18. Mori K, Nagata T, Nagata M et al. Development, Success Factors, and Challenges of Government-Led Health and Productivity Management Initiatives in Japan. *Journal of Occupational & Environmental Medicine* 2020; 63: 18-26. https://pubmed.ncbi.nlm.nih.gov/32826547/ (accessed 26 July 2021).
19. Outline of METI's "HPM" Certification Program. https://drive.google.com/file/d/1-x8tMpQuwH2LGQT9t2vinFlN_BVVoXy8/view (accessed 26 July 2021).
20. Health For All. What if no one was left behind?. Havas Lynx Group, 2021 https://havascreative.com/content/?slug=health-for-all-stories (accessed 26 July 2021).
21. Calvert S. Meeting the impact of home learning on parents and employers. Society of Occupational Medicine, 2021 https://www.som.org.uk/Meeting_the_impact_of_home_learning_on_parents_and_employers_Feb_2021.pdf (accessed 26 July 2021).
22. Calvert S, Tehrani D. Mental Health Support for Small Business Owners and Team Leaders. Society of Occupational Medicine, 2021 https://www.som.org.uk/Mental_Health_Support_for_Small_Business_Owners_and_Team_Leaders.pdf (accessed 26 July 2021).
23. Work T. Together we can protect Mental Health at Work. SOM - Supporting occupational health and wellbeing professionals. 2021. https://www.som.org.uk/som-mental-health.php (accessed 26 July 2021).
24. Gohar B, Larivière M, Lightfoot N, Wenghofer E, Larivière C, Nowrouzi-Kia B. Meta-analysis of nursing-related organizational and psychosocial predictors of sickness absence. *Occupational Medicine* 2020; 70: 593-601. https://doi.org/10.1093/occmed/kqaa144 (accessed 26 July 2021).
25. Nicholson OBE D. Occupational health: the value proposition. Society of Occupational Medicine, 2017 https://www.som.org.uk/sites/som.org.uk/files/Occupational_health_the_value_proposition_0.pdf (accessed 26 July 2021)
26. MSK at Work Network | The Society of Occupational Medicine. 2021. https://www.som.org.uk/msk-work-network (accessed 26 July 2021).
27. Yangley J. Encouraging physical exercise in the workplace. Society of Occupational Medicine. 2021. https://www.som.org.uk/encouraging-physical-exercise-workplace (accessed 26 July 2021).
28. COVID-19 return to work in the roadmap out of lockdown: guidelines for workers, employers and health practitioners | The Society of Occupational Medicine. 2021. https://www.som.org.uk/covid-19-return-work-roadmap-out-lockdown-guidelines-workers-employers-and-health-practitioners (accessed 26 July 2021).
29. The Power of Nature for Employee Wellbeing. Business in the Community. 2021. https://www.bitc.org.uk/toolkit/the-power-of-nature-for-employee-wellbeing/

(accessed 26 July 2021).
30. Health is everyone's business: proposals to reduce ill health-related job loss. GOV.UK. 2019. https://www.gov.uk/government/consultations/health-is-everyones-business-proposals-to-reduce-ill-health-related-job-loss?utm_medium=email&utm_campaign=govuk-notifications&utm_source=cc410987-a70c-4a02-9e9c-53a7b64c1cf7&utm_content=immediately (accessed 26 July 2021).
31. A study of work and health transitions: analysis of Understanding Society. GOV.UK. 2021. https://www.gov.uk/government/publications/a-study-of-work-and-health-transitions-analysis-of-understanding-society?utm_medium=email&utm_campaign=govuk-notifications&utm_source=8490df1d-d4f8-41de-81c8-7e0b578e7901&utm_content=immediately (accessed 26 July 2021).
32. Shaping future support: the health and disability green paper. GOV.UK. 2021. https://www.gov.uk/government/consultations/shaping-future-support-the-health-and-disability-green-paper (accessed 26 July 2021).
33. Innovation and knowledge development amongst providers of occupational health. GOV.UK. 2021. https://www.gov.uk/government/publications/innovation-and-knowledge-development-amongst-providers-of-occupational-health?utm_medium=email&utm_campaign=govuk-notifications&utm_source=452555e4-dc8b-46c3-a69f-fe824c44e067&utm_content=immediately (accessed 26 July 2021).
34. SOM welcomes first step to support safe and healthy workplaces through occupational health | The Society of Occupational Medicine. Som.org.uk. 2021. https://www.som.org.uk/som-welcomes-first-step-support-safe-and-healthy-workplaces-through-occupational-health (accessed 26 July 2021).
35. Will I care? The likelihood of being a carer in adult life. Carers UK, 2021 http://www.carersuk.org/images/News__campaigns/CarersRightsDay_Nov19_FINAL.pdf (accessed 26 July 2021).
36. Crawford R, Cribb J, Karjalainen H, O'Brien L. Changing patterns of work at older ages. The Institute for Fiscal Studies, 2021 https://ifs.org.uk/uploads/R192-Changing-patterns-of-work-at-older-ages.pdf (accessed 26 July 2021).
37. Working well? How the pandemic changed work for people with health conditions. Centre for Ageing Better, 2021 https://www.ageing-better.org.uk/publications/working-well-how-pandemic-changed-work-people-health-conditions (accessed 26 July 2021).
38. 3MASH — #UpYourFoodGame. Smash-app.co.uk. 2021. https://www.smash-app.co.uk/ (accessed 26 July 2021).
39. Health is everyone's business. https://www.gov.uk/government/consultations/health-is-everyones-business-proposals-to-reduce-ill-health-related-job-loss/outcome/government-response-health-is-everyones-business (accessed 10 August 2021)
40. Sickness absence and health in the workplace: understanding employer behaviour and practice, https://www.gov.uk/government/publications/sickness-absence-and-health-in-the-workplace-understanding-employer-behaviour-and-practice, (accessed 10 August 2021)
41. Innovation and knowledge development amongst providers of occupational health, https://mail.google.com/mail/u/2/#inbox/WhctKKWxbLJsQSsFxnfgCmRxLGRNXfgdVTZhNglLpsrGxDxXBrTbrDwbqXDfrhDJnbXgQPb, (accessed 10 August 2021)
42. International comparison of occupational health systems and provisions, https://www.gov.uk/government/publications/international-comparison-of-occupational-health-systems-and-provisions (accessed 10 August 2021)

43. DWP COVID-19 Employer Pulse Survey: interim summary report, https://www.gov.uk/government/publications/dwp-covid-19-employer-pulse-survey-interim-summary-report, (accessed 10 August 2021)
44. The Future of Work- the 100 questions. https://future-of-work.the100questions.org/ and https://drive.google.com/file/d/1P4vMwPhC05hjdamWsKA-PS5DmDH-I4XO/view (accessed 11 August 2021)

RT (2)

45. Dimbleby H. National Food Strategy: The Plan. Independent Review, 2021 https://www.nationalfoodstrategy.org/wp-content/uploads/2021/07/National-Food-Strategy-The-Plan.pdf (accessed 26 July 2021).
46. Financial Times. Nestlé document says majority of its food portfolio is unhealthy. 2021. https://www.ft.com/content/4c98d410-38b1-4be8-95b2-d029e054f492 (accessed 26 July 2021).
47. Unilever Sustainable Living Plan 2010 to 2020. Summary of 10 years' progress. Unilever, 2021 https://assets.unilever.com/files/92ui5egz/production/16cb778e4d31b81509dc5937001559f1f5c863ab.pdf/USLP-summary-of-10-years-progress.pdf (accessed 26 July 2021).
48. Strategy and goals | Unilever. Unilever.com. 2021. https://www.unilever.com/planet-and-society/positive-nutrition/strategy-and-goals/ (accessed 26 July 2021).
49. Whitty P. What Can We Do About Rising Obesity?. Gresham College, 2021 https://s3-eu-west-1.amazonaws.com/content.gresham.ac.uk/data/binary/3512/2021-03-24-1800_WHITTY_Obesity-T.pdf (accessed 26 July 2021).
50. Hughes I, Gurung I, Nicholson W. Mandatory business reporting to accelerate the food industry's transition to healthy and sustainable food. The Food Foundation, 2021 https://foodfoundation.org.uk/wp-content/uploads/2021/04/Plating-Up-Progress-Policy-Briefing.pdf (accessed 26 July 2021).
51. Ceely G. Developing the Health Index for England - Office for National Statistics. Ons.gov.uk. 2020. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/developingthehealthindexforengland/2015to2018 (accessed 26 July 2021).
52. Health Index. 2021. https://healthindex.lcp.uk.com/ (accessed 26 July 2021).
53. Reuters. Britain's Tesco concedes to activist shareholders on health targets. 2021 https://www.reuters.com/world/uk/britains-tesco-concedes-activist-shareholders-health-targets-2021-05-04/ (accessed 26 July 2021).
54. Psychreg. Post-Pandemic Brits Will Put Their Health First. 2021 https://www.psychreg.org/post-pandemic-brits-put-health-first/ (accessed 26 July 2021).
55. Britain's Healthiest Workplace survey findings. Rand.org. https://www.rand.org/randeurope/research/projects/britains-healthiest-workplace.html (accessed 26 July 2021).
56. Hafner M, Yerushalmi E, Phillips W et al. The economic benefits of a more physically active population. An international analysis. RAND Europe and Vitality, 2019 https://www.rand.org/pubs/research_reports/RR4291.html (accessed 26 July 2021).

RT (3)

57. Wray S. Vancouver launches health data dashboard to drive collective action. Cities Today. 2021. https://cities-today.com/vancouver-launches-health-data-dashboard-to-drive-collective-action/ (accessed 26 July 2021).
58. Thornton J. Levelling up health in the UK. *The Lancet* 2021; 398: 14-15. https://doi.org/10.1016/S0140-6736(21)01457-4 (accessed 26 July 2021).
59. Our Corporate Plan 2021/2022 - North of Tyne - NTCA. 2021. https://www.northoftyne-ca.gov.uk/news/our-corporate-plan/ (accessed 26 July 2021).
60. Murray J. Birmingham launches taskforce as babies die at twice national rate. The Guardian. 2021. https://www.theguardian.com/uk-news/2021/apr/18/birmingham-launches-taskforce-as-babies-die-at-twice-national-rate (accessed 26 July 2021).
61. Identifying people more vulnerable to ill-health - Impact on Urban Health. 2021. https://urbanhealth.org.uk/partnerships/current-partnerships/identifying-those-most-at-risk-of-progressing-to-multiple-long-term-conditions (accessed 26 July 2021).
62. Impact on Urban Health. Easing pressures: How work, money and homes can make our cities healthier and fairer. 2021 https://urbanhealth.org.uk/insights/reports/health-and-money (accessed 26 July 2021).
63. Franklin B, Stock Jones R. The business of belonging: Strengthening bonds between business and place. Centre for Progressive Policy, 2020 https://www.progressive-policy.net/downloads/files/CPP_The_business_of_belonging_web-1.pdf (accessed 26 July 2021).
64. Speech to the Treasury Guest Lecture Series on Social Investment. New Zealand Government. 2015. https://www.beehive.govt.nz/speech/speech-treasury-guest-lecture-series-social-investment (accessed 26 July 2021).
65. Dorothy Adams on social investment. Centre for Social Impact, 2016. https://www.youtube.com/watch?v=0oqmxyFTiDg (accessed 26 July 2021).
66. SIU Analytical Layer. Social Investment Unit, 2016. https://www.youtube.com/watch?v=0GVCpBrxF2o (accessed 26 July 2021).
67. Speech to the Third Data Hui. New Zealand Government. 2016. https://www.beehive.govt.nz/speech/speech-third-data-hui (accessed 26 July 2021).
68. Greenfield A. Valuation of lifetime costs of welfare clients. Taylor Fry, 2014 https://na.eventscloud.com/file_uploads/f890c43171589109976be3eef665db18_ValuationofLifetimeCostsofWelfareClientsAlanGreenfieldTaylorFry.pdf (accessed 26 July 2021).
69. Children's Teams. Oranga Tamariki — Ministry for Children, New Zealand Government. https://www.orangatamariki.govt.nz/support-for-families/childrens-teams/ (accessed 26 July 2021).
70. Adams A. Social Investment in the Criminal Justice System. New Zealand Government. 2016. https://www.beehive.govt.nz/speech/social-investment-criminal-justice-system (accessed 26 July 2021).
71. Home | Social Wellbeing Agency. New Zealand Government. 2021. https://swa.govt.nz/ (accessed 26 July 2021).
72. Sunderland Healthy City Plan 2020 – 2030. Sunderland City Council, 2021 https://www.sunderland.gov.uk/media/23331/Sunderland-Healthy-City-Plan-2020-2030/pdf/M0103076_HEALTHY_CITY_PLAN_2021.pdf?m=637584173389400000 (accessed 26 July 2021).

73. Sandbach R. Technology & Housing: Working together to allow us all to “live better for longer”. The TAPPI Challenge in the 21st century - Blogs - Housing LIN. 2021. https://www.housinglin.org.uk/blogs/Technology-Housing-Working-together-to-allow-us-all-to-live-better-for-longer-The-TAPPI-Challenge-in-the-21st-century/ (accessed 26 July 2021).
74. Ramsbotham CBE J. Chamber calls on Government to tackle regional health problems to aid economic recovery - North East England Chamber of Commerce. 2021. https://www.neechamber.co.uk/chamber-calls-on-government-to-tackle-regional-health-problems-to-aid-economic-recovery/ (accessed 26 July 2021).

RT (4)

75. CBI. Sieze the Moment: How Can Business Transform the UK Economy. 2021 https://www.cbi.org.uk/media/6836/seize_the_moment_report-01_06.pdf (accessed 26 July 2021).
76. Scott A, Ellison M, Sinclair D. The economic value of targeting aging. *Nature Aging* 2021; 1: 616-623. https://doi.org/10.1038/s43587-021-00080-0 (accessed 26 July 2021).
77. Mayhew L. The Cost of Inequality - putting a price on health. 2021 https://static1.squarespace.com/static/54d620fce4b049bf4cd5be9b/t/60db07df7506bb313e83be2f/1624967142341/The+Cost+of+Inequality+-+FINAL.pdf (accessed 26 July 2021).
78. Naik Y, Abbs I, Elwell-Sutton T et al. Using economic development to improve health and reduce health inequalities. The Health Foundation, 2020 https://www.health.org.uk/publications/reports/using-economic-development-to-improve-health-and-reduce-health-inequalities (accessed 26 July 2021).
79. Tinson A. What the quality of work means for our health | The Health Foundation. 2020. https://www.health.org.uk/publications/long-reads/the-quality-of-work-and-what-it-means-for-health (accessed 26 July 2021).
80. Mental Health and Income Commission - Money & Mental Health. 2021. https://www.moneyandmentalhealth.org/income-commission/ (accessed 26 July 2021).
81. Wilson H, Finch D. Unemployment and mental health | The Health Foundation. 2021. https://health.org.uk/publications/long-reads/unemployment-and-mental-health (accessed 26 July 2021).
82. Dudding J, Franklin B. Simply the best? Making the NHS a leader in good employment. Centre for Progressive Policy, 2020 https://www.progressive-policy.net/downloads/files/CPP-NHS-index_Final.pdf (accessed 26 July 2021).
83. Franklin B. Mobilising private pension wealth for economic renewal: why this time will be different. The Centre for Progressive Policy, 2020 https://www.progressive-policy.net/downloads/files/Mobilising-pension-wealth_CPP-October-2020.pdf (accessed 26 July 2021).
84. Durden T. PwC Plans To Hire 100K People, Invest $12B In Major ESG "Rebranding". Zero Hedge. 2021. https://www.zerohedge.com/markets/pwc-plans-hire-100k-people-invest-12b-major-esg-play (accessed 26 July 2021).
85. Banking Exchange. Post-Covid Sustainability Tops International Finance Forum Agenda. 2021. https://www.bankingexchange.com/recent-articles/item/8724-post-covid-sustainability-tops-international-finance-forum-agenda?Itemid=771 (accessed 26 July 2021).
86. Duncan E. LGIM to divest from four companies on ESG grounds as nine remain on exclusion list. Investment Week. 2021. https://www.investmentweek.co.uk/news/4032860/lgim-divest-companies-esg-ground

s-remain-exclusion-list (accessed 26 July 2021).
87. Financial Times. Business must play its part in creating healthier societies. 2021. https://www.ft.com/content/84fc78b3-edef-4b59-9787-00ecebbf8241 (accessed 26 July 2021).
88. YuLife, Pento.io, Pleo. The CFO's Guide to a Healthy Business. 2021 https://f.hubspotusercontent40.net/hubfs/3395590/AON/The%20CFOs%20Guide%20to%20a%20Healthy%20Business.pdf (accessed 26 July 2021).

Appendix IV: National Food Strategy

Key Recommendations (see here)

- **Escape the junk food cycle and protect the NHS**
  - Recommendation 1 Introduce a Sugar and Salt Reformulation Tax. Use some of the revenue to help get fresh fruit and vegetables to low-income families.
  - Recommendation 2 Introduce mandatory reporting for large food companies.
  - Recommendation 3 Launch a new "Eat and Learn" initiative for schools.

- **Reduce diet-related inequality**
  - Recommendation 4 Extend eligibility for free school meals.
  - Recommendation 5 Fund the Holiday Activities and Food programme for the next three years.
  - Recommendation 6 Expand the Healthy Start scheme.
  - Recommendation 7 Trial a "Community Eatwell" Programme, supporting those on low incomes to improve their diets.

- **Make the best use of our land**
  - Recommendation 8 Guarantee the budget for agricultural payments until at least 2029 to help farmers transition to more sustainable land use.
  - Recommendation 9 Create a Rural Land Use Framework based on the three-compartment model.
  - Recommendation 10 Define minimum standards for trade, and a mechanism for protecting them

- **Create a long-term shift in our food culture**
  - Recommendation 11 Invest £1 billion in innovation to create a better food system.
  - Recommendation 12 Create a National Food System Data programme.
  - Recommendation 13 Strengthen Government procurement rules to ensure that taxpayer money is spent on healthy and sustainable food.
  - Recommendation 14 Set clear targets and bring in legislation for long-term change.