



# A BETTER WAY OF DOING BUSINESS

Securing the right to a  
healthy workplace

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# FOREWORD



We spend more of our lives at work than anywhere else. Someone who starts work at 18, and works full time until they retire at 65, can expect to spend more than 75,000 hours in the workplace. That represents more than one in ten hours across our lifetime, but our conception of health at work rarely extends beyond avoiding hugely damaging accidents.

While many businesses have recognised the importance of supporting workplace health, there are too many employees who still do not have access to these benefits. 10 million people in the UK work in a business which doesn't provide basic health protection interventions such as health checks or vaccinations – putting them at real risk of health problems. Even fewer have access to positive interventions such as subsidies to keep fit, or external support around their mental health.

There is a better way, which would deliver impact for employees, employers, and the Government. If we can transform our workplaces into drivers of good health – a place where you get healthier, rather than somewhere where you hope to avoid harm – then we could unlock a major part of our productivity crisis.

Over recent months, RSPH have engaged with a range of businesses to explore what they are already doing, what they can do better, and what support they need to deliver on this. Working with Business for Health, we have convened leaders from across the worlds of business and public health to produce a clear roadmap towards a better way of doing business.

At its heart, this means giving employees and the wider workforce a right to a workplace which makes them healthier. Building on centuries of progress, from the Factories Acts to the Health and Safety at Work Act, we can ensure that all employers act in the best interests of their workforces' health – which will in turn boost productivity, and benefit us all. These changes would not just benefit current workers, but all those who would like to be in work

but are currently prevented from doing so by a failure to accommodate their health conditions.

In recent years, the Commission on Health and Prosperity, headed by Lord Darzi, has called for a new standard for workplace health. The Commission for Healthier Working Lives has set out the need to improve sick pay and provide more health support at work. It is not that we do not know what is needed – we simply need the political will to enact these changes.

We face a health crisis in this country which we cannot allow to go unaddressed, and we cannot overlook any tool when it comes to boosting our health. Reforming our workplaces is not a silver bullet, but it would represent a major step in the right direction.

**William Roberts, CEO, RSPH and Tina Woods, CEO, Business for Health**

# EXECUTIVE SUMMARY

Poor health is a blight on our society, with millions stuck on waiting lists, and chronic conditions leading to healthy life expectancy in the UK going backwards. At the same time, illness and poor health costs businesses over £100 billion a year as staff are off sick, working below full capacity, or forced out of work altogether. There are currently almost three million people out of work due to sickness, many of whom would like to return to the workplace with appropriate support. [1]

Fixing this cannot be the preserve of the health system alone. Instead, we need to harness every part of our society to promote and protect the health of the public. We know that simple interventions in the workplace can help boost health outcomes – whether it is provision of Employee Assistance Programmes boosting mental wellbeing, or ensuring access to services such as health checks and subsidised vaccinations.

But these interventions are unevenly distributed. More than 10 million people don't have access to health protection interventions at work, and they are disproportionately likely to work in often low-paid industries such as agriculture or hospitality. This means that our current workplace health system only serves to deepen health inequalities.

## **MORE THAN 10 MILLION PEOPLE DON'T HAVE ACCESS TO HEALTH PROTECTION INTERVENTIONS AT WORK**

If we want to fix this, and boost our national productivity, then we need bold action to ensure that every employee receives the health support at work which they need to thrive. Through a new right to a healthy workplace, Government can harness the potential of a healthier workforce to both tackle NHS waiting lists and boost economic growth.

Working with business, we have identified five steps which would have an immediate and profound impact on workplace health:

- The Government should set a mandatory national Health and Work Standard, setting a minimum level of support which employees should be entitled to.

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[1] ONS (2024) [Economic Inactivity by Reason](#)

- Sick pay should be available from day one of a person's employment, with pay from the first day they are off sick, and businesses incentivised to pay a living wage to employees while they are off.
- HR professionals should be upskilled, with support from occupational health specialists, to ensure that they are able to embed health improvement across their organisations.
- Government should explore ways to incentivise employers, particularly SMEs, to invest in their workforce in the short term, enabling them to reap the long term rewards of higher productivity.
- Government should work with the ONS and business to create standardised data collections on workforce health, allowing the impact of interventions to be properly monitored and evaluated.



## The need to boost our health

The UK is currently facing a healthcare crisis. Across the country, healthy life expectancy is falling. [2] A combination of rising rates of chronic conditions, and funding restrictions in the health service, mean that millions of people are now waiting for routine medical treatment. We lag behind much of the Western world on metrics ranging from avoidable mortality and life expectancy to obesity rates. [3]

As well as the real and rising human suffering which this is causing, it is holding back our economy. People kept out of work by ill health, or who are underemployed as a result of health conditions, cost us in lost productivity, lower tax revenue, and increased welfare spending. This situation cannot continue.

Shifting to a prevention approach to healthcare means embedding prevention in every part of our society. It cannot be the job of the NHS alone to fix our health problems. Every sector has a role to play in tackling health inequalities and building a healthier country.

At RSPH, we are committed to exploring different and non-traditional settings for health improvement and supporting this through appropriate training and education, alongside national policy calls to support these settings. Whether it is delivering a public health approach to reducing violence in the workplace, or supporting employers to facilitate conversations about vaccinations, this work will be crucial to securing workplaces as a driver of good health in the future.



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[2] Kingsfund (2024) [What is happening to life expectancy in England?](#)

[3] IPPR (2024) [Commission on Health and Prosperity](#).

## The health of our workforce

With record numbers of people dropping out of the labour market and around 185 million working days lost to ill-health in the UK each year, [4] supporting health through workplaces couldn't be more important or timely. The UK has a higher amount of preventable illness than comparable European countries (mental health, musculoskeletal, cardiovascular and chronic conditions being the most common work-limiting health conditions). [5]

People who are overweight or obese are more likely to take sick days from work compared to those at a healthy weight. [6] In addition, work-limiting conditions do not impact people equally. For example, they are more likely to impact on people living in deprived areas and those groups who are not being reached by health services.

**WITH RECORD NUMBERS OF PEOPLE DROPPING OUT OF THE LABOUR MARKET AND AROUND 185 MILLION WORKING DAYS LOST TO ILL-HEALTH IN THE UK EACH YEAR, SUPPORTING HEALTH THROUGH WORKPLACES COULDN'T BE MORE IMPORTANT OR TIMELY.**

There is a clear impact of financial status on mental health, which can also result in staff sickness. [7] With around 7 in 10 UK employers saying that staff performance can be negatively affected when employees are under financial pressure, [8] the workplace is an important setting to support the mental health of the workforce. With the minimum wage recently increasing and calls on reform to sick pay to ensure those workers most in need are supported, this very much a live and evolving debate. [9]

The number of people who are inactive because of long-term sickness currently stands at a record high of 7% of the working-age population, [10] and longer term projections indicate that there will be 3.5 million working-age people with major illness in 2040. [11] It is timely and right that the newly elected Government are focussed on prevention, public and reducing the impact of ill health on the NHS alongside economic growth. This will take multiple approaches, but key is focussing on settings like the workplace to truly deliver a nation-wide prevention and health improvement approach.

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[4] ONS (2022) [Sickness absence in the UK labour market](#)

[5] BMA (2024) [Our country is getting sicker](#)

[6] Diabetes.co.uk (2024) [Sickness leave is more common among overweight adults](#)

[7] Money and Pensions Advice Service (2024) [Financial Wellbeing in the workplace](#)

[8] Ibid

[9] Work and Pensions Select Committee (2024) [Statutory Sick Pay](#)

[10] House of Commons Library (2024) [Inactivity due to illness reaches record](#)

[11] HF and Commission for Healthier Working Lives (Source: Analysis of linked health care records and mortality data conducted by the REAL Centre and the University of Liverpool. See: REAL Centre (2023) Health in 2040: projected patterns of illness in England)





## Bad health is bad for business

All of this holds back businesses, and holds back our economy. The direct cost of ill health to businesses – through both absenteeism, and the lower productivity associated with presenteeism – is estimated to stand at around £100 billion a year. [12] For small businesses, this translates to an average of £3,500 each in sickness absence related costs alone. [13]

While British workers are among the least likely in the Western world to take time off sick, this is not a reflection of an abnormally healthy workforce – instead, it is a symptom of too many workers continuing to work while they are ill. As well as hitting their productivity, this risks common diseases spreading, so that one unwell employee can quickly result in large numbers of staff working below their full capacity.

This cost is only magnified when health problems mean that an employee cannot remain in their role. The Work Institute estimates that, when a member of staff leaves their job, the process of replacing them and training up a new employee costs a business one third of that employee's annual salary. [14]

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[12] IPPR (2021) [Healthy industry, prosperous economy](#)

[13] Federation of Small Businesses (2022) [FSB and TUC call on Chancellor to deliver sick pay for all](#)

[14] Randstad (2023) [Focusing on the high cost of employee turnover](#)

Currently, 1 in 3 employees leave their job in a given year, increasing businesses costs by around 10% of their wage bill. [15] While much of this is due to changing jobs, one in five workers who leave their roles are not in work a year later. If even half of this is due to ill health, then this could be costing businesses up to £950 million every month. [16]



## Work as a driver of good health

As we leave no stone unturned in our pursuit of better health for the UK, the role of workplaces as a place where we can secure better outcomes is crucial. For hundreds of years, we have recognised that poor working practices can seriously damage the welfare of employees. Too often, we do not recognise that work can be more than ‘not harmful’ – when done right, work can make people healthier.

We spend on around 35-40 hours per week working, [17] and the workplace provides an ideal setting to support the health and wellbeing of employees. Many employers are already showing what best practice in this area looks like – whether that is providing mental health and sleep support on site for shift workers, or encouraging those with desk jobs to remain active and prevent Musculo-skeletal disorders.

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[15] CIPD (2024) [Benchmarking employee turnover](#)

[16] RSPH analysis of CIPD (2024) and ONS (2024) [Earnings and employment from PAYE Real Time Information](#) Table 4

[17] ONS (2024) [Average actual weekly hours of work for full-time workers](#)

At the moment, work-related health harms are not evenly distributed. Previous research has found that a subset of jobs – those which place high demands on workers, but provide limited autonomy – are where workers are most likely to have poor wellbeing. [18] These are often jobs which see a concentration of low paid roles, meaning that staff are facing both financial insecurity and an unsupportive workplace. This can be seen in rates of sickness absence, where those in professional occupations are half as likely to be out of work sick that those working in caring or leisure occupations, and a third less likely to be off than those working in elementary occupations. [19]

**THE JOB SOMEONE CHOOSES TO DO HAS AN OUTSIZED IMPACT ON THEIR HEALTH AND WELLBEING. RATHER THAN THOSE EMPLOYEES WHO NEED IT THE MOST GETTING SUPPORT, WE TOO OFTEN SEE THE INVERSE HAPPEN.**

This also reflects the uneven distribution of programmes to protect and promote employee welfare. Someone working in agriculture or the hospitality industry is less than half as likely as someone working in education or public administration to have access to either interventions to prevent health conditions becoming a problem, such as free health checks, or to promote healthier lifestyles, such as subsidies to help them stay physically active. [20]

These disparities mean that the job someone chooses to do has an outsized impact on their health and wellbeing. Rather than those employees who need it the most getting support, we too often see the inverse happen, creating a negative spiral where their job makes them less well, and they then cannot get the support they need to manage this.



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[18] IPPR (2024) [Commission on Health and Prosperity](#).

[19] ONS (2023) [Sickness absence in the UK Labour Market 2022](#), Worksheet 16

[20] DWP (2021) [Sickness absence and health in the workplace](#) Table 11.11

# Good health is good business

The economic success of the UK and the health and wellbeing of society go hand in hand and business can play an increasingly important role to enhance the health of the nation.

Good worker health contributes to high productivity which in turn supports economic growth, and the social wellbeing of communities. As productivity has stagnated over the last decade, [21] this is particularly important when it comes to escaping from the current low growth economic cycle the UK has become stuck in. Estimates vary, but there is evidence to suggest that a comprehensive health and wellbeing offer at work can boost productivity by as much as 20%. [22]

Supporting employees with their health and wellbeing can lead to increased resilience, better employee engagement, reduced sickness absence and higher performance and productivity. [23] Recent research has shown that even relatively light-touch interventions around mental health can have a profound impact on workforce productivity. [24] By improving the health of the workplace, employers can realise the benefits for all.

## SUPPORTING EMPLOYEES WITH THEIR HEALTH CAN LEAD TO:



**BETTER EMPLOYEE  
ENGAGEMENT**



**INCREASED  
PRODUCTIVITY**



**REDUCED SICKNESS  
ABSENCE**

Business leaders, economists and those working across public health are united in their concerns about the impact of growing long-term sickness and economic inactivity on the prosperity of the UK, and what this means for the future health needs of the working population. 9 in 10 businesses agree that it is the responsibility of employers to encourage their employees to be physically and mentally healthy. [25]

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[21] House of Commons Library (2024) [Productivity: Key Economic Indicators](#)

[22] Institute of Government and Public Policy (2024) [The growing importance of health and wellbeing in the workplace](#)

[23] Owolabi, B. (2022) [The role of businesses in reducing health inequalities](#)

[24] Orudenzi, A. et. Al. (2024) [Supporting employers and their employees with mental health conditions to remain engaged and productive at work](#)

[25] DWP (2021) [Sickness absence and health in the workplace](#) Table 11.4

Increasingly they are calling for the right policies from government to help people into work, but also the urgent need for policies to support those in work to remain healthy or to improve their health and prevent long-term conditions. [26] [27] It is crucial that government works with industry and public health leads to ensure the workforce is future-proofed to support both health improvement and economic growth. We need bold and practical solutions – which include shifts in business culture as well as embedding health improvement approaches.

## A right to a healthy workplace

Good health should not be something which is handed down to employees based on short term priorities, or because they have been lucky with how their manager behaves. We know that investing in a healthy workplace is good business, but too many employees still are not able to access the support they need. More than 10 million people in the UK are estimated to work in jobs where they don't have access to basic health protection measures – such as health checks or vaccinations – putting them at a greater risk of suffering from poor health. [28]

### *Number of UK employees without health protection*

Business size	Total Employees ('000)	Employees without access to health protection interventions ('000)
Small (1-49 employees)	8,521	6,306
Medium (50-249 employees)	3,677	1,986
Large (250+ employees)	11,116	2,557
<b>Number of staff unprotected</b>		<b>10,847,000</b>

[26] Institute of Directors (2024) [Action needed to tackle further increases in economic inactivity](#).

[27] Federation of Small Business (2024) [General Election Manifesto](#)

[28] RSPH Analysis of DWP (2021) [Sickness absence and health in the workplace](#) Table 4.1 and DBEIS (2024) Table 4.1 and DBEIS (2024) [Business population estimates for the UK and regions](#)

The only way to secure the transformational change we need is to embed a better way of doing business in every workplace as a matter of urgency. At its heart, this means giving every employee a tangible right to a healthy workplace, to go alongside their rights to fair treatment, to a living wage, and to protection from avoidable harms while they work. A new right to a healthy workplace would go beyond existing health and safety – which seeks solely to mitigate against immediate harm – and instead require employers to actively take steps to protect and promote the health of their employees.

In establishing this, there are a number of first steps which can be taken.

**The Government should set a mandatory national Health and Work Standard, setting a minimum level of support which employees should be entitled to.**

When it comes to workplace regulation, the role of Government is to set a minimum floor – the standard all employees should expect. Enshrining this minimum standard in law, and giving employees enforceable rights if it is not met, would ensure that nobody is left behind.

If done well, this would not be a burden on business, as compliance would reduce sickness and improve productivity – ensuring long term growth for businesses after they have adapted. Indeed, businesses tell us they want it, as it would ensure that they are not financially penalised for doing the right thing - making it easier to invest in health promotion without fear of losing a competitive edge.

Over the coming months, RSPH will be engaging with businesses, employee representatives, and civil society to set out exactly what this Standard should look like.

**Full sick pay should be available from day one, with businesses incentivised to pay a living wage to employees while they are off sick.**

The current sick pay system encourages employees to remain in work as long as possible, often resulting in health conditions worsening before help is sought. The major barriers to uptake are the requirement to be off for three days before payments kick in, and the financial penalty associated with relying on statutory sick pay. Addressing these barriers would ensure that all workers are able to take sick leave to address minor health problems, preventing them escalating and forcing people out of work for longer periods of time.

The Government's proposals to introduce sick pay from day one for all staff are welcome, and must be introduced as a matter of urgency. However, this will still mean that the 42% of employees who rely on statutory sick pay rates will face a pay cut to take time off. [29] As a first step, businesses should be incentivised to offer higher rates of cover, with regulation introduced to force this measure if further steps are needed.

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[29] DWP (2021) [Sickness absence and health in the workplace](#) Table 7.1

## Case Study: Legal and General Investment Management

Legal and General Investment Management (LGIM), operate a real estate investment portfolio of £20bn in the UK. Following research they carried out into tackling health inequalities in roles such as cleaning and security, LGIM put in place enhanced support for staff employed through third party contractors. This means all staff, regardless of their role, have sick pay at the same level as standard pay from the first day of illness, alongside virtual healthcare services. More than 1,200 people have received enhanced sick pay since 2022, reducing long term sickness and improving staff retention (from 76% to 90%) in roles such as cleaning.

HR professionals should be upskilled, with support from occupational health specialists, to ensure that they are able to embed health improvement across their organisations.

Employees consistently say that one of the biggest barriers they face, particularly if they are living with long-term health conditions, is inconsistency with managers. A good manager can help someone remain in work, rather than forcing them to drop out of the labour market. Rather than leaving this to a lottery, all employers should be supported to upskill their staff, delivering a supportive work environment for every employee.

## Case Study: Centrica

When reviewing absence data, HCML and Centrica identified that around 85% of health problems presenting in the workplace – ranging from sickness absence, to staff attending work with musculoskeletal disorders, were not associated with work but instead were exacerbated by individual health – such as excess weight or inactivity. By shifting their approach to managing ill health, addressing the underlying causative factors rather than just symptom management, they were able to vastly improve health related outcomes, which in turn reduced costs for the business. To date, they have saved over £14 million every year in absence and healthcare costs, with staff wellbeing scores improving by 50% in 12 months.

Government should explore ways to incentivise employers, particularly SMEs, to invest in their workforce in the short term, enabling them to reap the long term rewards of higher productivity.

While creating a healthy workplace may pay dividends in the medium to long term, the

reality is that many small employers cannot afford to make the upfront investment required on the promise of future returns. This means large companies are able to further entrench their competitive advantages, as they offer employees a more attractive work environment, and reap the according productivity gains. Government should intervene to help level the playing field, supporting SMEs to invest in creating health workplaces. Models such as the apprenticeship levy provide a clear precedent for this levelling of the field, as they help SMEs to access the support they need to grow.

## Case Study: Belzona Polymerics

Belzona Polymerics are a manufacturing business with 150 employees. Despite having a long track record of providing health support – from private health cover to mental health first aid – they found they were spending considerable time on counselling employees. In response to this, they introduced an Employee Assistance Programme with access to trained counsellors. In the first full year, 19 staff called the EAP, with more accessing it online – an outcome which the company view as a major success. Building on this, they are now looking to install a financial wellbeing platform, to ensure employees can access tailored advice on this as well as their physical and mental wellbeing.

Government should work with the ONS and business to create standardised data collections on workforce health, allowing the impact of interventions to be properly monitored and evaluated.

As with any policy change, it is vital that increased investment in workplace health is properly monitored to ensure that we are having the greatest impact possible. As well as reporting on efficacy, such data would allow businesses to better predict the future health support needs of their employees, acting before any problems emerge. Previous work such as the ONS Health Index provide a strong template for this, and Government should explore how they work with businesses to reinstate the Index and promote sub-tools with business as core users.



## Author information

Philip Satherley – RSPH

Simon Dixon – RSPH

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### **Royal Society for Public Health**

John Snow House, 59 Mansell Street, London E1 8AN

+44 (0)20 7265 7300 | [info@rsph.org.uk](mailto:info@rsph.org.uk) | [rsph.org.uk](http://rsph.org.uk)

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