

Business Framework for Health: + a system change approach to improve health through work and workplaces



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Backdrop – Levelling Up Focus Areas

Focus Areas	Capitals	Mission	Metrics
Boost productivity, pay, jobs and living standards by growing the private sector, especially in those places where they are lagging	Physical capital – infrastructure, machines and housing Intangible capital – innovation, ideas and patents. Financial capital – resources supporting the financing of companies.	1. Living standards 2 R&D investment 3 Local Transport 4 Digital	- Pay, employment and productivity - Investment in R&D to stimulate innovation & Productivity Growth - local public transport connectivity - nationwide gigabit-capable broadband
Spread opportunities and improve public services, especially in those places where they are weakest -	Human capital – the skills, health and experience of the workforce.	5 Education 6 Skills 7 Health 8 Wellbeing	- Primary school reading, writing and maths - Completing high-quality skills training - Healthy Life expectancy improved - Subjective wellbeing improved
Restore a sense of community, local pride and belonging, especially in those places where they have been lost	Social capital – the strength of communities, relationships and trust. Physical capital – infrastructure, machines and housing	9 Pride In place 10 Housing 11 Crime	- satisfaction with their town centre and engagement in local culture and community - Home ownership & Decent Homes - Homicide, serious violence and neighbourhood crime will have fallen
Empower local leaders and communities, especially in those places lacking local agency	Institutional capital – local leadership, capacity and capability.	12 Local Leadership	Every part of England that wants devolution deal has one



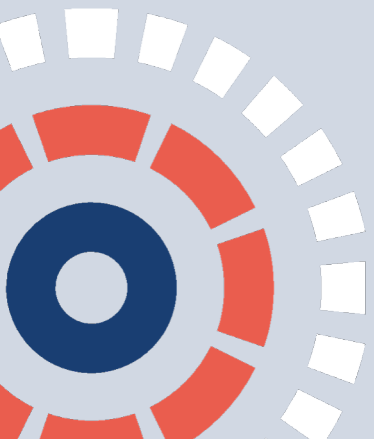
7 & 8. Health & Wellbeing:
people across
the UK live in
good health
longer and lead
happy and
fulfilling lives



Backdrop



- **3.7** million working with work-limiting condition (due to increase to 5.6 by 2040)¹⁻²
- **2.8** million out of work due to ‘long-term’ sickness³
- **186** million working days lost to sickness or injury (28 million lost days for MSK)³
- Costs UK economy **£150** billion/year⁴



1-2 Health Foundation

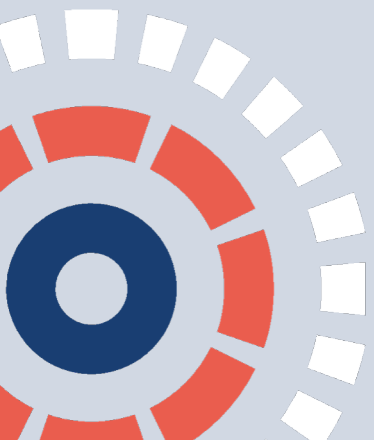
3 Gov.uk

4 Policy Exchange: *None of our Business*

Backdrop



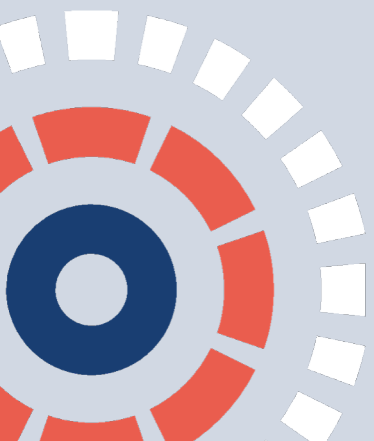
- From a business point of view, on average, preventing a single job loss can save employers **£8000** in recruitment costs and business output¹
- An increase in workers' wellbeing is not only likely to increase **productivity**, it may also have spill over benefits to the **wellbeing** of their **family, friends and wider community**²
- Every dollar spent on wellness programs, **\$3.27** was saved on medical costs³
- Improvements in H&W lead to **enhanced job satisfaction** (proxy for presenteeism) with a **2% reduction** in prevalence of of sick leave (proxy for absenteeism)⁴



1 DWP
2 What Works Centre for Wellbeing
3 Baicker et al., Health Affairs (2010)
4 Palacios et al., *PloS ONE* (2020)

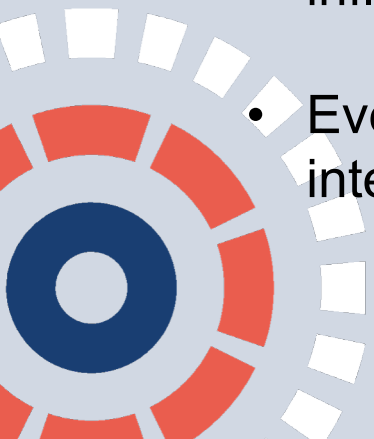
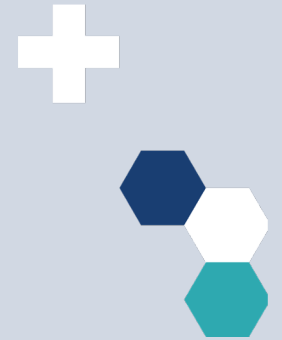
Project Overview

- Recommend system change dynamics as a means and a lens to improve the *health and wealth* of the UK
- Co-develop and test measures and methods that will produce evidence-based guidance for business and government to invest in health prevention
- Business Framework for Health – health measurement toolkit +
→ 'Improving Improvement' Toolkit – A systems approach to health and care design and continuous improvement

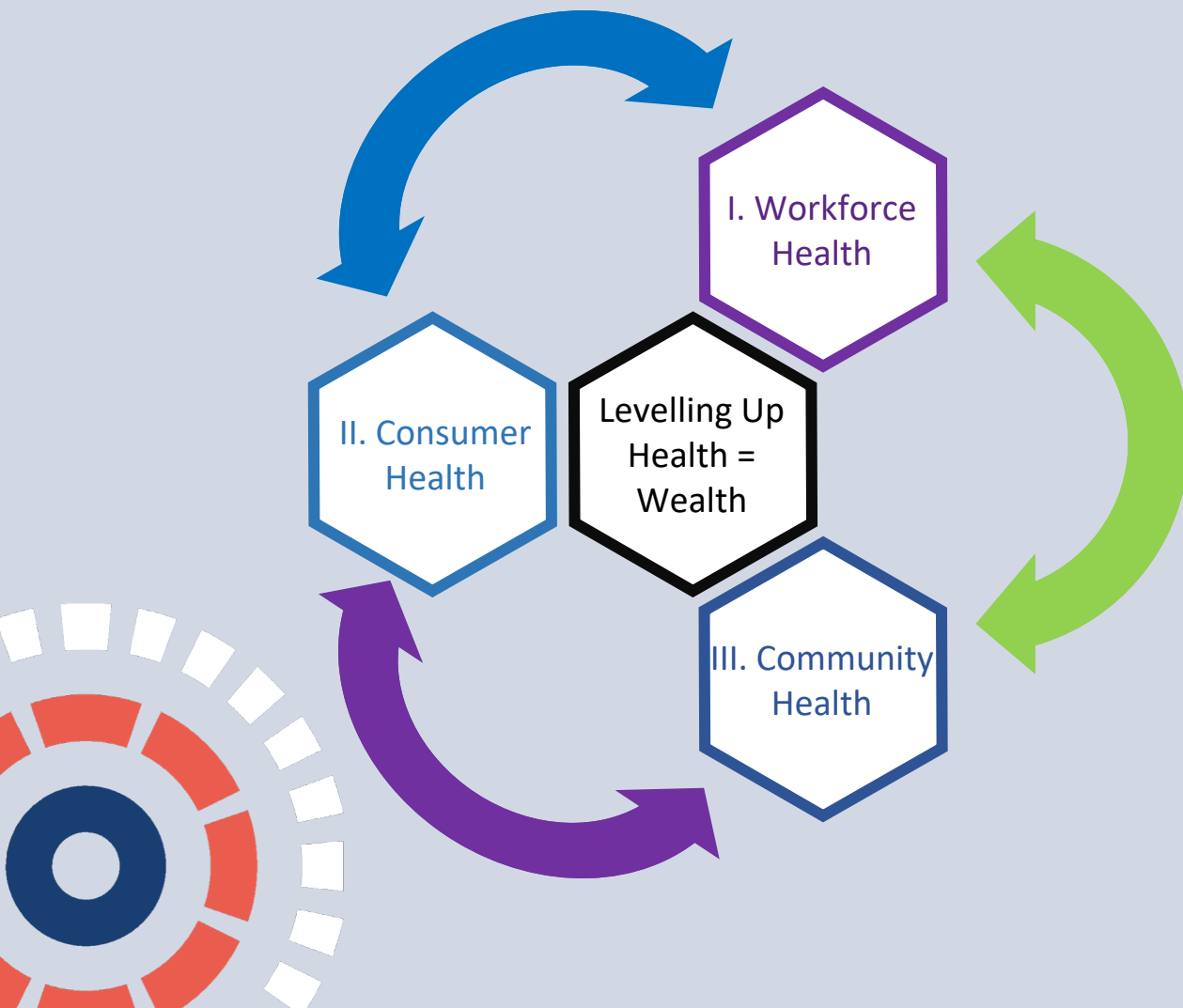


What is system dynamics (SD)

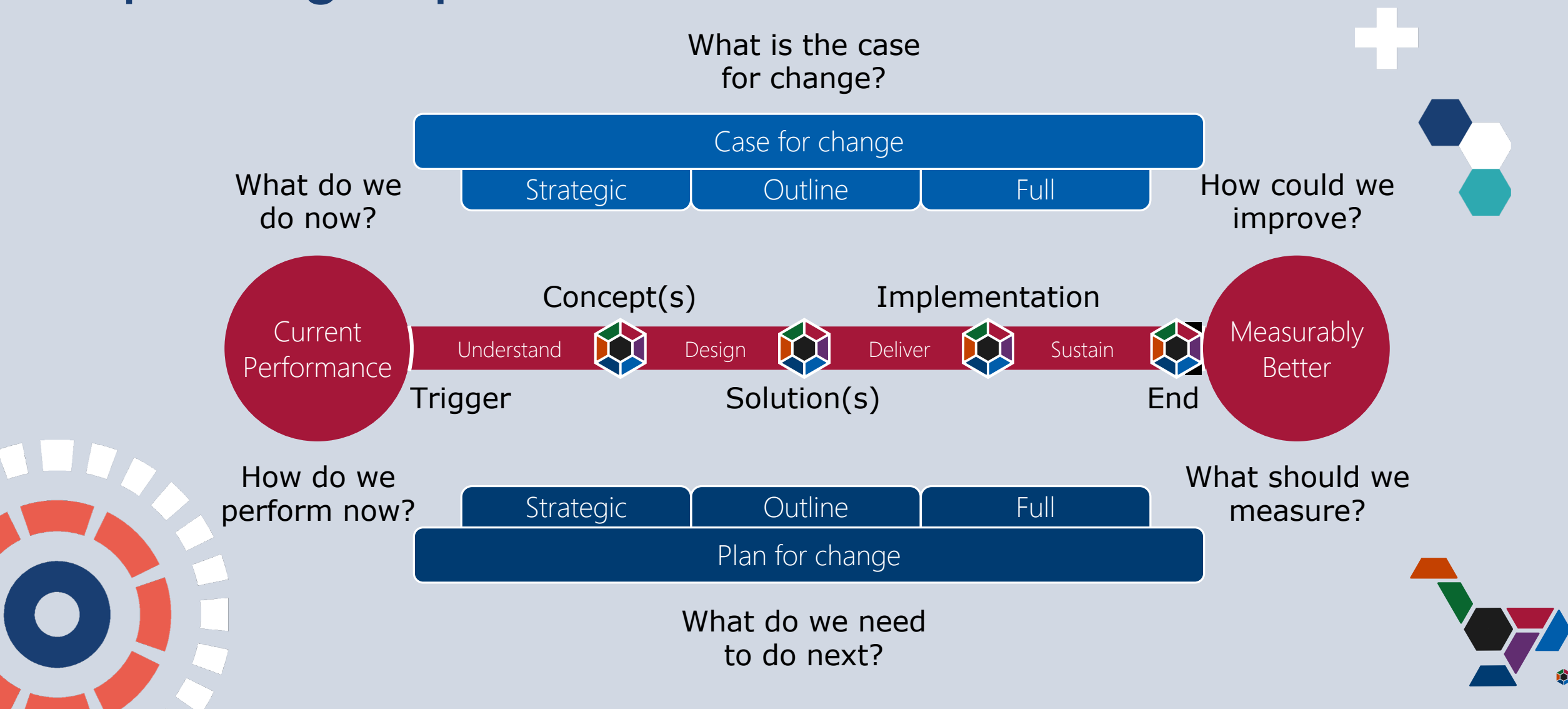
- A modelling methodology (and paradigm) which exemplifies the systems approach
- The components of the system and the behaviours from the interaction of those components, relate to and affect each other
- Where do we draw the boundaries? System of interest and system of influence
- Everything affects everything else → interconnectedness and interdependence → wider determinants of health



Business Framework for Health

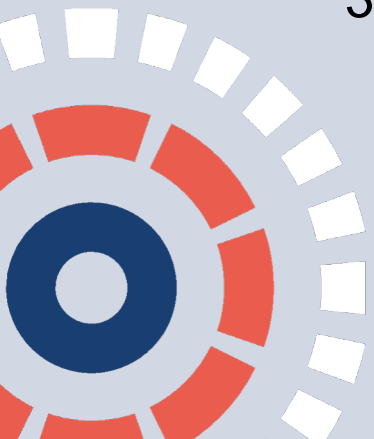


Improving Improvement Toolkit

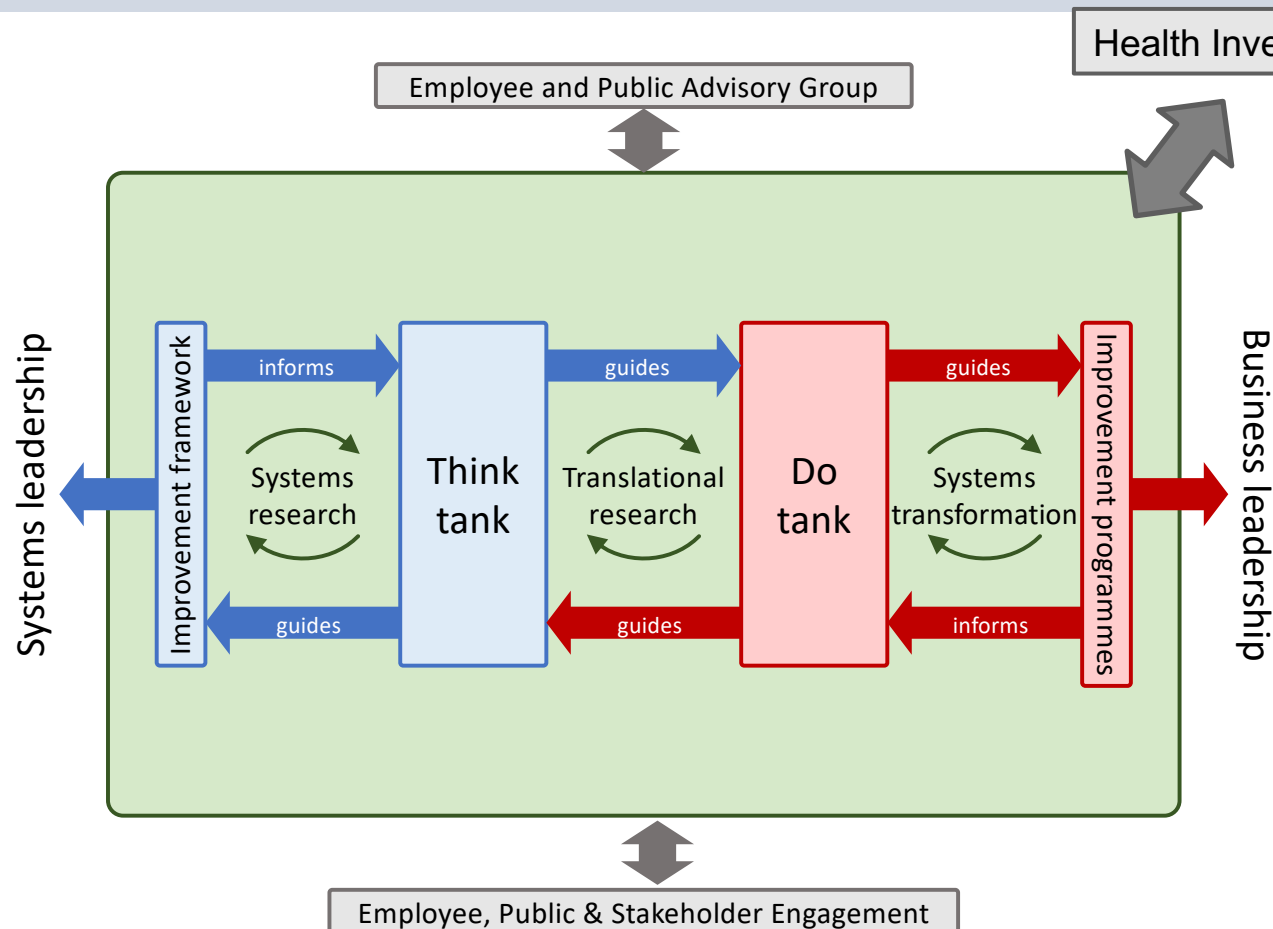


Our scoping work identified three key needs and gaps:

1. Businesses want evidence-based guidance on investing in workforce health & wellbeing sustainably
 - *implementation and reporting guidance*
 - *Practice examples become evidence*
2. There are no validated whole-systems methods to generate an evidence base or implementation guidance
3. Health-relevant data collected from business is not leveraged/shared at Integrated Care System (ICS) level for joined H&W strategies



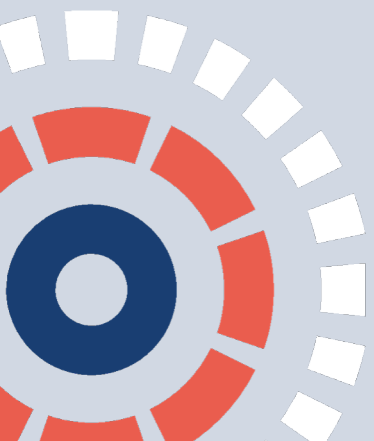
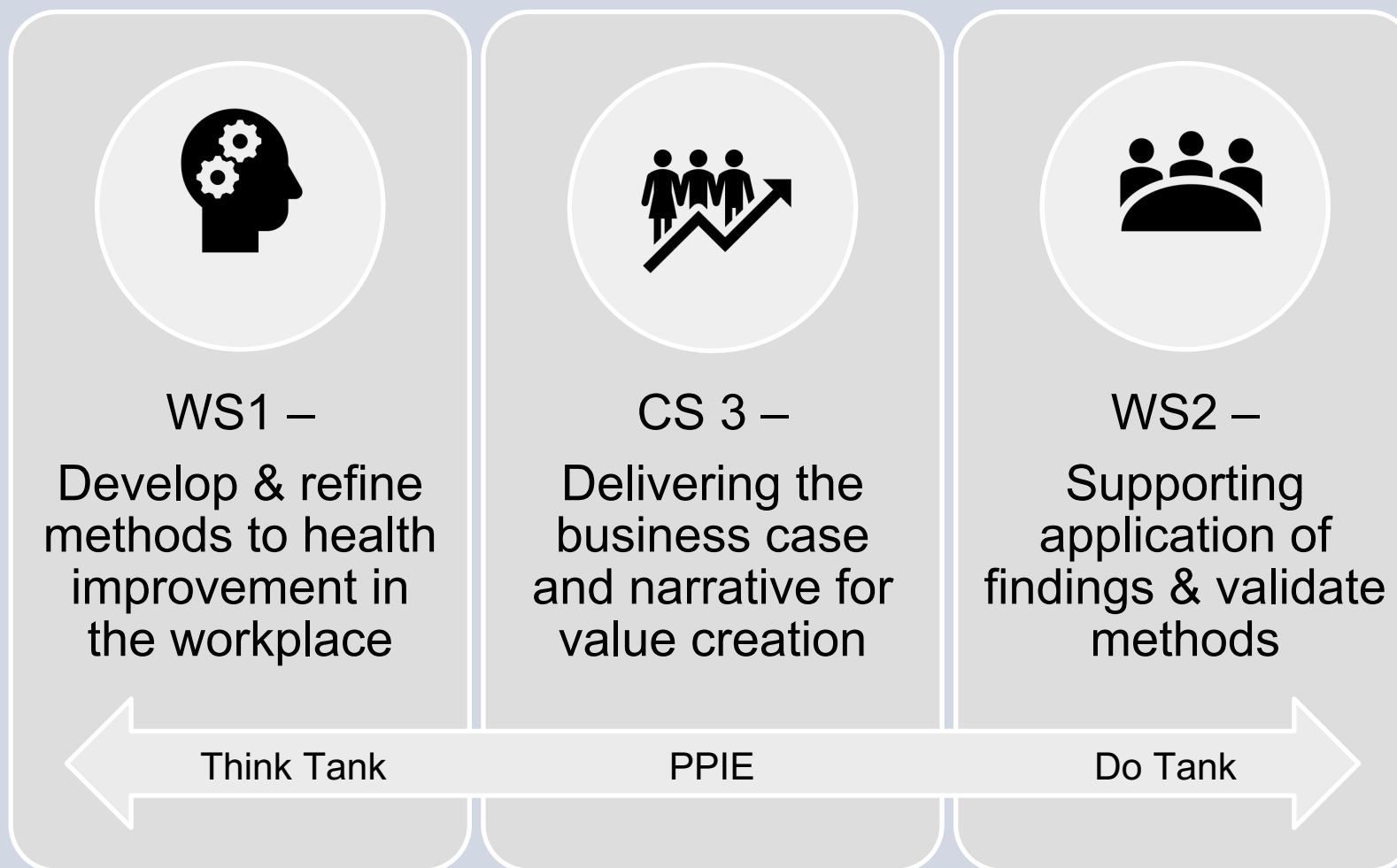
Methodology



Collaborators Involved:

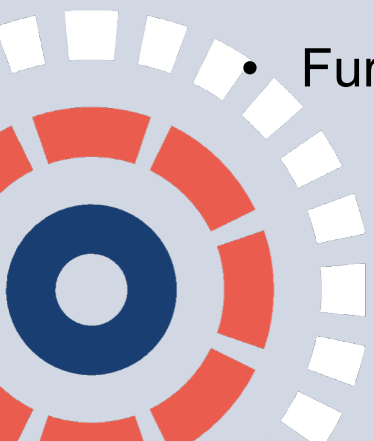


Work Streams

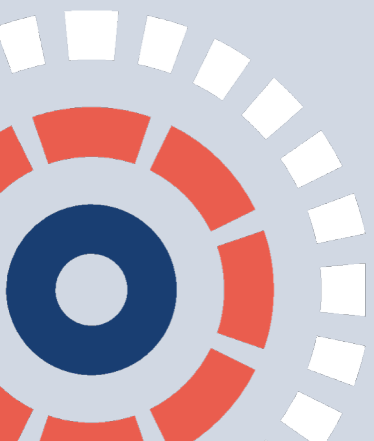
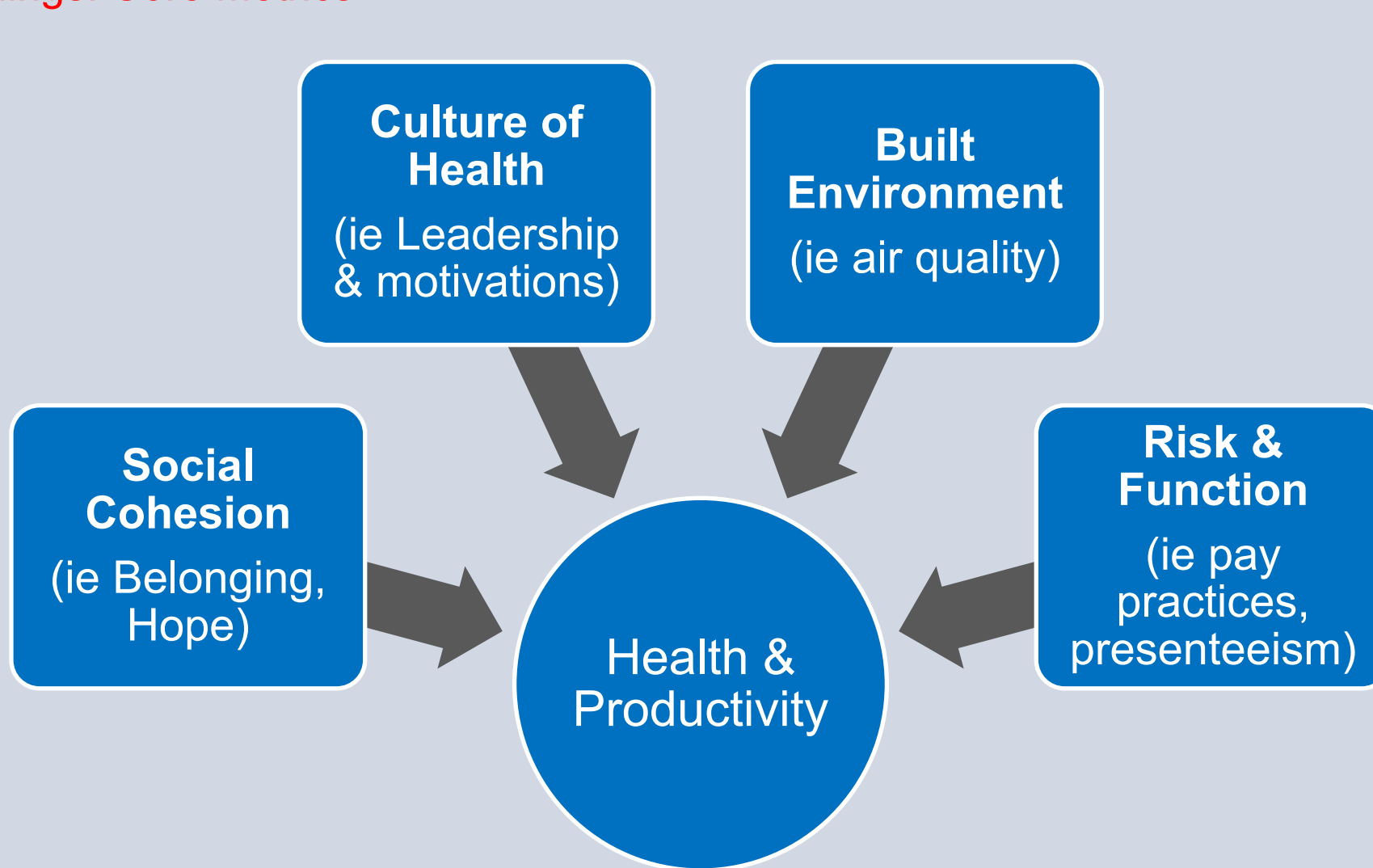


Anticipated Outputs:

- Businesses, employees, public & ICSs contribute to and validate utility of measurement framework (WS1/WS2)
- Synthesise key individual and system challenges from lived experience of employees (PPIE) as part of the iterative process, and bring consensus to the testing of the methods and distilled metrics (WS2)
- Businesses begin/continue conversations with local authorities/ICPs to align on health improvement strategies at a local and community level (WS1)
- Further evidence to support commercial opportunity in investing in health (CS3)



Interim Findings: Core Metrics



Metrics

Social Cohesion

National Indicators:

- emigration rates
- community response to disaster
- social mobility
- apprenticeship enrolment
- expenditure on social protection
- internet access

Business Indicators:

- belonging
- hope
- trust
- employee performance
- group pride
- participation & engagement in programmes & clubs (social prescribing)
- return on experience (ROE)
- investment in public-private partnerships
- gender/ethnicity/health pay gaps

Culture of Health

- substance misuse (alcohol/tobacco/drug)
- obesity rates
- disability
- HLE
- stakeholder involvement in legislation
- mortality rates

- Board oversight
- Health & wellbeing strategy
- Human rights fundamentals in supply chain
- digital inclusion
- paid volunteering hours
- access to non-clinical health care
- employee voice, collective bargaining
- recruitment & hiring practices
- product safety
- responsible marketing & advertising

Built Environment

- public green spaces
- active transport
- food environment
- access to safe water
- greenhouse gas emissions
- AMR
- air pollution
- digital access to basic services
- internet access inequality

- air quality (temp, ventilation)
- access to safe green spaces
- noise evaluation
- illumination evaluation (lighting)
- sick leave due to MSK
- distance to health services
- digital access with use of AI

Risk & Function

- risk communication plan
- emergency planning capacity
- gross national income per capita
- productivity
- guaranteed minimum income
- expenditure on social protection
- expenditure on R&D
- flexibility of hiring practices
- health insurance expenditure

- pay practices (ratios, wages, sick leave)
- turnover
- flight risk
- presenteeism
- underemployment
- absence rates/reasons
- pension sustainability
- executive bonus tied to impact

Connecting to WHISPA

Triangulate with WHISPA Best Buys

- What can employers do to improve H&W – standard setting, data collection, accreditation (monitoring and reporting)
- What should they be looking for – validated initiatives/programmes

From needs assessment to implementation to evaluation

- Collect outputs and outcomes to close gap on link between activities and impact
- Understand drivers (+ context, mechanisms) for more personalised, targeted interventions

Engagement & Utility

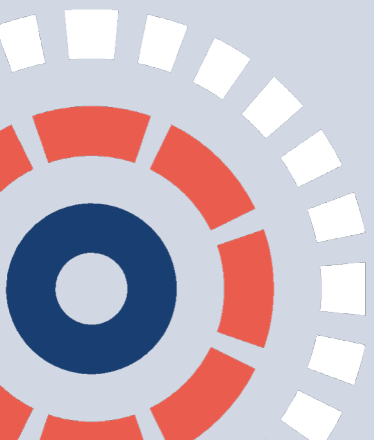
- Acceptable and desirable
- Feasible and usable
- Health improvement
- Business improvement

Trade off?



Next Steps

- Develop programme theories using systems methods and realist approaches to test in subsequent research
- Map and discuss systematically capturing health-relevant data sources and variables, including opportunities for data linkage
→ ONS Health Index
- Team Science approach to bridge synergies and develop coherence between projects



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