



Supporting occupational health
and wellbeing professionals



Repositioning Occupational Health within the Employee Value Proposition



Executive summary

UK employers are operating in a labour market characterised by deteriorating health in the working age population and rising long-term sickness absence. The health and wellbeing benefits employers offer their workforce have become central to the employee value proposition (EVP).

Occupational health (OH) is a clinical specialty focused on the relationship between work and health. Despite aligning with the EVP, occupational health is generally positioned and perceived by stakeholders, including employees and employers, to be a reactive, compliance-led service separate from benefits and reward offerings.

Drawing on a rapid evidence review, expert interviews, and industry insight, this report examines how OH can be repositioned within the EVP, alongside other health and wellbeing benefits, to drive more efficient engagement and deliver greater value for both employees and employers.

Findings

- The UK health and wellbeing benefits landscape is fragmented, with many employers purchasing and deploying a range of discrete solutions. Digital benefits platforms can help unify this at organisational level.
- Occupational health is often procured on a pay-per-use basis, poorly integrated with other services, and poorly understood by employees and managers.

The report argues that occupational health offers distinct value within the EVP. As a clinically led service operating at the interface between employee health and work design, OH is uniquely positioned to identify and manage work-related contributors to physical and mental ill health, support employees with long-term conditions, and enable safe, inclusive and productive work.

Three overlapping barriers currently limit integrating occupational health into the EVP value:

1. **Perception:** OH is widely viewed as regulatory and reactive rather than supportive and enabling.
2. **Communication:** Awareness of OH services and their purpose is low.
3. **Engagement:** Access to OH is often delayed until crisis point rather than used proactively.

The report sets out practical actions for occupational health teams, employers, and benefits consultants to address these barriers. These include:

- Reframing the narrative around OH to all stakeholders
- Strengthening integration of OH and other benefits across health and wellbeing ecosystems
- Leveraging OH expertise to inform a wider evidence-based health and wellbeing workforce strategy.

Integrating occupational health deeper into the EVP will improve both the EVP and downstream outcomes for employee health, engagement and productivity.



Introduction

This report brings together evidence and practical insight to examine how occupational health (OH) can be more effectively positioned within the employee benefits landscape in the UK. It is set against a growing business case for work–health integration, driven by [labour shortages](#), rising [long-term sickness absence](#), and employer focus on productivity, retention and sustainable performance..

While occupational health has traditionally been viewed as a regulatory or reactive service, there is early but growing recognition among employers, benefits consultants and policymakers that OH has a broader strategic role to play. This report explores how occupational health can be repositioned as a core contributor to the employee value proposition (EVP), alongside other health and wellbeing benefits, and how better integration can unlock greater value for both employers and employees.

Methods

This report is informed by:

- A rapid evidence review of academic and grey literature
- In-depth expert interviews
- Insights from key stakeholder and industry events.

Interviewees included in-house global benefits leaders, leaders of benefits consultancy practices, and vendors of non-occupational health work and health solutions.

The current employee benefits landscape

An employee value proposition describes the full set of rewards, benefits and experiences an employer offers in exchange for employees' skills and commitment. It encompasses both:

- **Tangible elements**, such as salary, bonuses, equity and insured benefits
- **Intangible elements**, such as career development, work–life balance, organisational culture and psychological safety.

Health and wellbeing span both categories, from private medical insurance and virtual GP services to mental health support, inclusive cultures and safe, sustainable work design. Wellbeing does not have a universal definition or delivery model and [can feature in different parts of organisational structure](#), from C-suite level to employee resource groups. In some organisations, wellbeing is led by individuals from a range of backgrounds, from healthcare to human resources.

[Research from Aon](#) shows that UK organisations position health and wellbeing as a central pillar of the EVP. Employers recognise the need to invest in innovative total reward communications to drive engagement and are making growing use of benefits utilisation data to refine and personalise their EVPs.



In the UK, benefits governance typically sits within HR teams and is supported by external benefits consultants. Most UK organisations surveyed by Aon now use, or are introducing, digital benefits platforms to:

- Host benefits in a single location
- Track use and outcomes
- Deliver targeted and personalised communications.

Despite this progress, many organisations continue to procure and manage benefits as a collection of discrete solutions. Multiple providers, mixed sourcing routes, partial platform integration, and the rise of flexible benefits (where employees curate their own packages) add further complexity and fragmentation.

The UK Occupational Health landscape

Occupational health services are not offered as part of the National Health Service in the UK. As a result, there is inconsistent provision across the economy. Data on the extent and type of occupational health coverage from a [DWP 2022 survey](#) and a later [2024 survey](#) suggests around 30% of employers provide access to OH, with larger employers more likely to provide access than small and medium-sized enterprises. Only 3% of employers have access to [in-house OH resources](#), with 5% using a long-term contract with an external provider, compared with 13% accessing support from an external provider on an ‘as required’ basis.

Data collected by the UK government on [OH provision in the UK in 2024](#) shows most OH work is carried out in a pay-for-service model, with some providers being paid a retainer that often translates to a discount in per person services. Less than 30% of providers surveyed offered occupational health services via an annual contract. The median price per person for management referrals or assessment of fitness for work was £51–200 for a nurse-led consultation and £201–400 for a physician-led consultation.

While these per-service costs are in keeping with other types of private healthcare, interviewees shared that they can be a barrier to employee access to occupational health when placed alongside employee health and wellbeing services that more commonly operate via a subscription model. However, interviewees were also concerned about the impact of the subscription model approach on the quality and use of services. For example, some employee assistance programmes have raised the threshold of access to ensure the model is financially sustainable for the vendor.



Where does occupational health fit in different working environments?

In the absence of a legal mandate for occupational health in all settings, the Health and Safety at Work etc. Act 1974 and subsequent regulations form a patchwork of legal duties of employers to employees and others in the workplace. In more heavily regulated industries where exposure to hazards presents an increase in health risks, specific occupational services such as health surveillance are required by law. However, it is a misconception that occupational health services only have a role in working environments such as manual work, healthcare or those with hazardous chemicals.

The most [common reasons for days lost](#) due to work-related ill health in the UK in 2024/2025 were mental ill health and musculoskeletal ill health. These are occupational health issues pervasive across workplace settings, including desk-based and remote-only roles. What's more, outside of work-related ill health, the [health of the working age population in the UK is declining](#). The number of people aged 20–69 years old living with major illness increased by more than 25% in the decade prior to the pandemic from 2.4 to 3 million. This is predicted to reach 3.5 million by 2040. The prevalence of complex ill health in the working age population over time will affect all workplaces – and benefit from clinical expertise in management.

Current positioning of occupational health

Occupational health is not traditionally perceived to be part of the EVP in the UK. Instead, it is commonly viewed by employers, employees and even benefits consultants as:

- A risk management or compliance function
- A service used reactively, for example to support return to work following sickness absence
- Separate from benefits, reward, or organisational culture strategies.

This framing sits in tension with the EVP, which focuses on benefits that employees consider to be attractive, supportive and differentiating. Some stakeholders even describe employers and employees as lacking trust in occupational health.

At the same time, major brokers and consultants, including [Mercer](#) and [Aon](#), are positioning occupational health alongside health and wellbeing benefits such as private medical insurance, employee assistance programmes and virtual GP services.

Occupational health offers several features that differentiate it from other wellbeing benefits:

- It sits at the interface between employer, employee and treating clinician, enabling the detection and management of work-related ill health.
- It is a clinically led service, delivered by practitioners across roles, including safety-critical work, with expertise in managing physical and mental health risks and who are able to liaise with an employee's treating teams.



Occupational health within integrated work–health ecosystems

We need more integrated systems to maximise the value of health and wellbeing investment, spanning communications, engagement and aligning spend with workforce need.

In the United States, where [employer involvement in healthcare is more established](#), benefits consultancies are deploying occupational health expertise to support evidence-based benefit design and work–health integration.

In the UK, where occupational health does exist, it may be [positioned in different parts of the organisation](#), such as in HR or health and safety. Varied reporting lines and governance arrangements can create disconnects between OH and other health and wellbeing initiatives. However, some forward-thinking organisations are leveraging OH expertise to shape broader health and wellbeing strategies, including curating and managing wider benefits portfolios.

The [UK government](#) has announced [plans to expand employer-sponsored health and work provision](#), primarily using non-clinical expertise. Occupational health professionals, and the specialty's established training, supervision and clinical governance frameworks, should ensure these initiatives are safe, effective and credible.

Occupational health barriers to EVP value

Three key barriers currently limit occupational health's contribution to the EVP:

1. Perception

OH is widely seen by managers and employees as reactive and regulatory, rather than as a people-centred benefit.

2. Communication

Awareness of occupational health is low. Many managers and employees are unclear whether OH exists in their organisation or [what it offers](#). Some stakeholder groups within the wellbeing space report wellbeing leads being unfamiliar with occupational health, even when occupational health falls within their remit.

3. Engagement

Engagement with OH services, whether initiated by employees or managers, is often slow, reluctant and crisis-driven rather than proactive and preventative.

To overcome these barriers, occupational health providers, employers, and benefits consultants must invest in clearer communication and deliberate repositioning, to place occupational health alongside other elements of the EVP as a supportive, enabling and strategic service.



Actions for occupational health teams

1. Reframe occupational health as a proactive people service

Occupational health teams should move their offerings beyond a primarily reactive, referral-led model and articulate and deliver their role in prevention, performance and sustainability at work. This includes explicitly linking OH activity to outcomes valued by employees and employers, such as staying well at work and confidence in managing long-term health conditions.

2. Clarify and communicate the OH offer

OH providers should develop clear, accessible descriptions of their services, written for non-clinical audiences. This should include:

- [What occupational health is \(and is not\)](#)
- When employees and managers should engage with OH
- How OH differs from and complements benefits such as EAPs, private medical insurance, and virtual GP services.

This content should be designed for use across benefits platforms, induction materials and manager toolkits.

3. Build capability in benefits and EVP conversations

OH leaders should invest in skills and confidence to engage in strategic discussions with HR, reward, and benefits teams. This includes understanding the language of EVP, total reward, and benefits utilisation data, and articulating how OH contributes to attraction, retention, inclusion and productivity.

4. Support integration across the health and wellbeing ecosystem

Where possible, OH teams should proactively align with other health and wellbeing providers to help organisations:

- Define clear routes to multidisciplinary working between OH, EAPs, insurance, and workplace adjustments, including leading on strategy through evidence-based clinical expertise
- Consolidate data through becoming more data proficient, including integrating employee benefit datasets to form a holistic picture across the health and wellbeing continuum
- Reduce duplication and inappropriate referrals, using clinical triage to support employees to the health and wellbeing offering that meets their needs most effectively
- Identify gaps where employee need is not currently met.

5. Strengthen governance and clinical leadership

As OH is increasingly positioned alongside other wellbeing services, teams should emphasise the value of clinical governance, evidence-based practice, and professional accountability, particularly when advising on complex cases, safety-critical roles or system-wide interventions..



Actions for employers and organisations

1. Position occupational health explicitly within the EVP

Employers should review how occupational health is described and positioned in benefits materials and internal communications throughout the whole employee life cycle, beginning with recruiter engagement and onboarding. OH should be presented as a supportive resource that helps employees stay well and productive at work, rather than solely as a compliance or regulatory tool.

2. Improve the visibility and accessibility of OH

Organisations should ensure occupational health is easy to find and understand within digital benefits platforms and internal communications. OH should be advertised and accessible alongside other health and wellbeing benefits, with plain-language explanations including clear routes for self-referral and manager referral, and consistent messaging across HR, health and safety, and wellbeing teams, in both internal and external communications, for example around organisational engagement opportunities such as World Mental Health Day.

3. Align OH with the health and wellbeing strategy

Occupational health should be actively involved in designing and evaluating health and wellbeing strategies. Employers should use OH insights to::

- Identify workforce health risks and trends
- Target investment for impact
- Inform inclusive work design and reasonable adjustments – on both a case-by-case and an organisation-wide basis, for example when considering disability leave policies.

4. Equip managers to engage proactively with OH

Line managers play a critical role in shaping employee experience. Employers should invest in training, ideally delivered by OH teams, that helps managers:

- Understand when and how to use OH
- Hold confident, appropriate, supportive conversations about health and work
- See OH as an enabler rather than a barrier or escalation point.

5. Use data responsibly to demonstrate value

Employers should work with OH providers and benefits consultants to use qualitative and quantitative data ethically and proportionately within GDPR to provide medically ethically compliant system-level insights and make the measurable value of OH more explicit to all stakeholders. This can help leverage OH within organisational strategy, including absence reduction, healthcare spend and workforce sustainability.



Actions for **benefits consultants and brokers**

1. Integrate occupational health into benefits design

Occupational health strengthens the EVP. Benefits consultants should consistently consider OH when advising on health and wellbeing portfolios, rather than treating it as a separate or specialist service. This includes mapping how OH complements insured benefits, EAPs, and digital health tools.

2. Support coherent narratives for clients and vendors

Consultants should help employers develop a clear, joined-up story about their health and wellbeing offer, positioning occupational health as a core component of work–health integration and the EVP. Consultants and brokers also play a role in platform and service integration by bringing together all benefit and service providers within a client’s portfolio so they are aware of one another’s services, and referral pathways are implemented in both directions.

3. Facilitate better integration and pathways

Consultants are well placed to support integration by:

- Encouraging interoperability between platforms
- Clarifying referral routes and roles
- Reducing overlap and fragmentation.

4. Elevate evidence-based decision-making

Benefits consultants should encourage organisations and other health and wellbeing vendors (for example, those providing psychological support and treatment) to draw on occupational health expertise when advising on interventions related to work capacity, adjustments, and long-term health conditions so recommendations are clinically informed and appropriate for the workplace context.

5. Influence market standards and expectations

By normalising the inclusion of occupational health in benefits discussions, consultants can help shift market expectations, moving OH from a reactive service to a strategic component of modern employee benefits and workforce sustainability.

Occupational health strengthens the EVP, and both are forces which improve employee physical and mental health, employee engagement and productivity, and outcomes for the organisation and its stakeholders.



Fictional individual case study 1

Employee mental ill health

Mr A is an administrator in an accounting firm. He approaches his line manager to request mental health support through work. He has a history of depression and reports a recent deterioration in his mental health. As a result, he is finding it difficult to manage his workload.

Mr A's GP recommends talking therapies; however, there is an eight-week wait for NHS services. Through his employer's benefits platform, Mr A is able to access psychological support more quickly.

During his assessment, the treating clinician identifies a significant work-related component to Mr A's symptoms. Mr A reports feeling unable to keep pace with escalating demands, which is exacerbating his underlying mental health condition.

At this point, occupational health represents a high-value intervention. Occupational health input would:

- Assess the interaction between Mr A's health and his work demands
- Identify work-related risks contributing to his deterioration
- Offer practical recommendations for workload adjustments, pacing, and manager support.

Without awareness and integrated pathways between psychological services and occupational health, the work-related drivers of Mr A's distress could remain unaddressed. He would be more likely to deteriorate further and less likely to avoid sickness absence. In contrast, a joined-up EVP that leads to timely occupational health involvement could support Mr A to remain in work safely, with appropriate adjustments, thereby benefiting both the employee and the organisation.



Anonymised case study 2

Integrated occupational health and health screening programme

A large enterprise car manufacturer implemented an integrated wellbeing and health screening programme, pooling expertise from in-house and outsourced occupational health services.

The programme was designed as a connected pathway where employees moved between digital wellbeing tools, group-based and individual wellbeing support addressing bio/psycho/social factors, and clinical services including occupational health, musculoskeletal care and psychological support.

More than 1,000 employees participated in on-site health screening. Of those screened:

- Almost 20% were signposted for BMI management
- More than 25% were signposted for follow-up support for blood pressure management.

Among employees engaging in follow-up interventions:

- More than 50% achieved measurable weight reduction
- More than 60% achieved improved blood pressure control.

Mental health support was also a key component of the programme. Eighty per cent of employees who accessed psychological services reported improvements in their anxiety and depression symptoms.

The programme demonstrated the value of Occupational Health leading an integrated, data-driven approach to workforce health and wellbeing, combining early identification and targeted intervention to deliver prevention, demonstrating measurable health outcomes at scale.



Anonymised case study 3

Reducing sickness absence through strategic occupational health

A nationwide energy company was experiencing rapidly rising levels of sickness absence, with no unified approach to absence management. Sick pay costs alone had escalated to £90,000–100,000 per month.

A bespoke occupational health strategy was developed according to workforce need. This was informed by on-site visits to understand job roles in practice, alongside reviews of risk assessments already in place. Given the organisation's geographically dispersed and mobile workforce, remote occupational health services were introduced to ensure timely access to clinical input across the country.

High-volume occupational health referrals and appointment bookings had been difficult for the employer to manage, so operational flow was deliberately built into the occupational health strategy. Speed of access to occupational health advice was identified as critical to delivering cost savings through earlier intervention.

The entire HR team was trained to complete high-quality occupational health referrals, and supported to develop unified internal procedures, including defined trigger points for referral. This ensured employees were referred earlier, more consistently, and with the right information to get rapid, effective advice.

Over seven years, the organisation invested approximately £30,000 per year in occupational health services. During this time:

- Workforce headcount increased by around 20%
- Sickness absence costs reduced by approximately 60%
- Monthly sick pay fell to around £35,000.

This represents an annual saving of approximately £1.38 million, demonstrating the impact of a strategically designed, operationally integrated occupational health service.



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