

Report Price: £995.00 | \$1611.35 | €1263.96

The above prices are correct at the time of publication, but are subject to change due to currency fluctuations.



"Health and wellbeing in the workplace is of major importance to individuals, businesses and society in general. The workplace is where people in employment spend half of their waking hours, and the workplace community is one to which most adults belong." — Lewis Cone, B2B Analyst

This report looks at the following areas:

- What are the key determinants driving the occupational health industry?
- Was the industry affected by the financial crisis and the slow recovery? If so, how has it developed and changed since?
- How have government schemes influenced market demand and supply?
- How has the provision of occupational health services changed over recent times?
- What are the key issues the industry needs to address to expand its service?
- What does the future hold for occupational health services?

This report covers the UK occupational health market. Occupational health is defined as healthcare provision provided in the workplace, and includes both specific health and safety care, and broader issues of health, fitness and preventative health care, often referred to as wellness. There remains much debate and confusion over the precise definition of occupational healthcare, and the boundaries of the sector remain vague. According to the joint International Labour Organisation/World Health Organisation Committee on Occupational Health, occupational healthcare is aimed at the following:

"The promotion and maintenance of the highest degree of physical, mental and social wellbeing of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; and the placing and maintenance of the worker in an occupational environment adapted to his/her physiological and psychological capabilities."

The Health and Safety Executive (HSE) suggests " The term 'occupational health' conveys different things to different people. For some, it means simply the prevention and treatment of illness that is directly related to work, in which health education has no place. Others will emphasise fitness for work issues separately from health and safety. However the impact of any sickness absence on SMEs and their employees does not brook such fine distinctions. In those terms, it is of little importance whether the sickness is the result of an accident at work, long-term exposure to risk, or the conflicting demands of home and work. Only a holistic approach can make a difference to health inequalities. "

BUY THIS REPORT NOW

VISIT: store.mintel.com

CALL: EMEA +44 (0) 20 7606 4533

> Brazil 0800 095 9094

Americas +1 (312) 943 5250

^{China} +86 (21) 6032 7300

арас +61 (0) 2 8284 8100

EMAIL: reports@mintel.com

DID YOU KNOW?

This report is part of a series of reports, produced to provide you with a more holistic view of this market



Report Price: £995.00 | \$1611.35 | €1263.96

The above prices are correct at the time of publication, but are subject to change due to currency fluctuations.

Table of Contents

Executive Summary

Market size

Figure 1: UK employment, 2015, (% of total)

Figure 2: UK market segmentation for occupational health provision at salary costs for non-commercial operators, by type of provider, 2011-2015, (£ million)

Market trends

Figure 3: How health condition affected work, by industry sector and level of extent, 2014, (%)

Figure 4: Percentage of respondents identifying most common cause of long-term absence, 2015, (%)

Figure 5: Average sickness absence rates, by region, 2014, (% working time lost per year)

Figure 6: Average annual cost of absence, 2011-2015, (per employee per year, by sector, in £)

Figure 7: Analysis of cost of workplace illness and injury, by cost bearer, 2006/07-2013/14, (£ billion)

Market factors

Employee demographic changes affecting OH service distribution

Longer working hours also take a toll on workplace health

Government plans to conduct a public sector sickness absence review

Industry structure

Forecast

Figure 8: UK occupational health market segmentation forecast, by provider, 2016-2020, (£ million at 2015 prices)

Ageing working population will pose fresh challenges to, and require innovative measures from, OH service providers

Changes to SEQOHS standards could help accredited members win business

Technology advancements will affect OH trends, through types of ill-health and service provision alike

What we think

Key Insights

Why is the continued development of occupational health perceived as important to economic performance?

What is currently restricting market development?

How can OH providers expand their service provision and convince businesses of the benefits of services?

Introduction

Definitions

Methodology

Abbreviations

Market positioning

Figure 9: Sickness absence among UK employees, 2009-2013, (Million, % and days)

Figure 10: Sickness absence among UK employees, 2009-2013 (Millions)

Figure 11: Average level of employee absence, by sector, 2015, (Average working time lost (%) and average days lost per employee

per year) Figure 12: Average level of employee absence, by sector, 2015, (Average working time lost (%) and average days lost per employee per year)

Economic conditions

Ethical

BUY THIS REPORT NOW



Report Price: £995.00 | \$1611.35 | €1263.96

The above prices are correct at the time of publication, but are subject to change due to currency fluctuations.

UK Economy

Key points

Overview

Figure 13: UK GDP quarterly development, 2005-2015, (£ billion)

Figure 14: Quarters after GDP peak, 1979, 1990 and 2008, (Number of quarters and GDP as % of pre-downturn peak)

Inflation

Interest rates

House prices

Consumer spending

Manufacturing

Figure 15: UK output, by industry, 2008-2015, (Index: Q1 2008 = 100)

Business investment

Figure 16: UK GFCF 2005-2015, (£ million)

Imports

Exports

Market Factors

Key points

Health at Work Policy Unit aims to improve links between the evidence and the policies associated with health and wellbeing at work Employee demographic changes affecting OH service distribution...

...with longer working hours per week also taking its toll on workplace health

NHS Health at Work set up to monitor and improve quality of services

Fit note data collection and feedback should ensure that improvements, where necessary, are made to the programme

Government plans to conduct a public sector sickness absence review

Managers and employers provided public health guidance by NICE to aid development of a more health-aware workplace

Fit for Work service rolled out nationwide, but still lacks complete employer recognition

Other factors

Legislation

Market Size

Key points

Introduction

Workforce

Figure 17: Working hours lost due to sickness absences, by gender, 2009-2013, (%)

Figure 18: Working hours lost due to sickness absences, by gender, 2009-2013, (%)

Figure 19: Working hours lost due to sickness absences, by age group, 2009-2013, (%)

Figure 20: Working hours lost due to sickness absences, by age group, 2009-2013, (%)

Public sector

Figure 21: Analysis of employment in central and local government, by size of company, 2015, (000s)

Figure 22: Analysis of employment in central and local government, by organisation size, 2015, (% of total employment)

BUY THIS REPORT NOW



Report Price: £995.00 | \$1611.35 | €1263.96

The above prices are correct at the time of publication, but are subject to change due to currency fluctuations.

Private sector

Figure 23: Analysis of employment in the private sector, by size of company, 2015, (000s)

Figure 24: Analysis of employment in private sector, 2015, (Employees in 000s by size of company)

Overall market

Figure 25: Differences in absence and workforce Size, 2011- 2015, (Average days lost per employee)

Figure 26: Differences in absence and workforce size, 2011-2015, (Average days lost per employee)

Figure 27: Organisations with an absence target, by level of absence and size of company, 2015, (%)

Figure 28: Organisations with an absence target, by level of absence and size of company, 2015, (%)

Figure 29: Proportions of organisations monitoring the cost of employee absence, by type of organisation and by size of company,

Figure 30: Average annual cost of absence, per employee per year, by sector, 2011-2015, (£ per year)

Figure 31: Average annual cost of absence, 2011-2015, (per employee per year, by sector, in £)

Figure 32: Segmentation of the cost of absence to the economy, 2010, (£ billion)

Figure 33: Analysis of cost of workplace illness and injury, by cost bearer, 2006/07-2013/14, (£ billion)

Figure 34: Analysis of cost of workplace illness and injury, by cost bearer, 2006/07-2013/14, (£ billion)

Industry analysis

Figure 35: Average sickness absence by sector, 2011-2015, (Days lost per employee per year)

Figure 36: How Health Condition Affected Work, by Industry Sector and Level of Extent, 2014, (%)

Figure 37: How health condition affected work, by industry sector and level of extent, 2014, (%)

Reasons for absence

Figure 38: Common causes of short term absence, 2013-2015, (% identifying most common cause)

Figure 39: Percentage of respondents identifying most common cause of short-term absence, 2015, (%)

Figure 40: Common Causes of Long-Term Absence, 2013-2015, (% Identifying Most Common Cause)

Figure 41: Percentage of respondents identifying most common cause of long-term absence, 2015, (%)

Figure 42: Number of days lost through sickness absence in the UK, by reason, 2009-2013, (Millions)

Figure 43: Estimated working days lost due to work-related illness or injury, by illness or injury, 2010/11-2014/15, (000s)

Stress

Figure 44: Causes of work-related stress, by type of organisation, 2015, (% of respondents, top three causes)

Figure 45: Methods being used to identify and reduce stress, by type of organisation, 2015, (% of respondents that take steps to manage stress)

Regional analysis

Figure 46: UK regional employment 2013, 2014 and 2015, (000s and % of total)

Figure 47: Regional public sector employment in England, 2011-2015, (000)

Figure 48: Average sickness absence by region, 2009-2014, (Average no. of days lost per employee per year)

Figure 49: Regional sickness absence, 2009-2014, (Average no. of days lost per employee per year)

Figure 50: Average sickness absence rates, by region, 2014, (% working time lost per year)

Figure 51: Average sickness absence rates, by region, 2014, (% working time lost per year)

Market development

Figure 52: The UK market for occupational health provision at salary costs for non-commercial operators, 2011-2015, (£ million)

Figure 53: UK market segmentation for occupational health provision at salary costs for non-commercial operators, by type of provider, 2011-2015, (£ million) Figure 54: UK market segmentation for occupational health provision at salary costs for non-commercial operators, by type of provider,

2011-2015, (£ million)

BUY THIS REPORT NOW



Report Price: £995.00 | \$1611.35 | €1263.96

The above prices are correct at the time of publication, but are subject to change due to currency fluctuations.

Market Trends

Key points

Public and private sector attitudinal differences to OH still remain

Outsourced OH services still preferred over in-house provision

Absenteeism still a problem in the workplace

Work/life balance under increasing pressure

Group risk schemes becoming more popular with employers

Initiatives launched to gain better insight of UK employee health

Best and worst initiatives that tackle absence identified

Mental health illness on the rise, but workplace remain sceptical on legitimacy of absence

Industry Structure

Key points

Industry development and structure

Industry groups

Figure 55: Structure of the UK occupational health industry, 2015, (£ million)

Figure 56: Structure of the UK occupational health industry, 2015, (% of total market share)

Figure 57: Analysis of the changes in the structure of the 'other human health activities' industry, 2011-2015, (Number of outlets and businesses) Figure 58: Analysis of the changes in the structure of the 'other human health activities' industry, 2011-2015, (Number of outlets and businesses)

Structure by employment

Figure 59: Analysis of the employment structure of the 'other human health activities' industry, 2014 and 2015, (Number of employees and outlets) Figure 60: Analysis of the employment structure of the 'other human health activities' industry, 2015, (% of total outlets)

Structure by turnover

Figure 61: Analysis of the financial structure of the 'other human health activities' industry, 2014 and 2015, (£000 and number of businesses) Figure 62: Analysis of the financial structure of the 'other human health activities' industry, 2015, (£000 and % of businesses)

Company Profiles

AXA Icas Healthcare Occupational Health Services

Figure 63: Financial analysis of AXA Icas Occupational Health Services, 2010-2014, (£ 000)

Company strategy

Bupa Occupational Health

Figure 64: Financial Analysis of Bupa Occupational Health, 2010-2014, (£ 000)

Company strategy

Cigna Healthcare Occupational Health

COPE Occupational Health and Ergonomic Services

Duradiamond Healthcare

Figure 65: Financial analysis of Duradiamond Healthcare, 2010-2014, (£ 000)

Company strategy

BUY THIS REPORT NOW



Report Price: £995.00 | \$1611.35 | €1263.96

The above prices are correct at the time of publication, but are subject to change due to currency fluctuations.

Fig	ure 66: Financial analysis of HCA International, 2010-2014, (£ 000)
Compa	any strategy
Fig	ure 67: Financial analysis of Roodlane Medical, 2010-2014, (£ 000)
Compa	any strategy
Health N	Management
Fig	ure 68: Financial analysis of Health Management, 2010-2014, (£ 000)
Compa	any strategy
Internat	ional SOS (formerly Abermed)
Fig	ure 69: Financial analysis of International SOS/Abermed, 2010-14, (£ 000)
Compa	any strategy
Medigol	d
Fig	ure 70: Financial analysis of Medigold Health Consultancy, 2010-2014, (£ 000)
Compa	any strategy
Occupat	ional Health Care Limited
Fig	ure 71: Financial analysis of Occupational Health Care Limited, 2010-2014, (£ 000)
Compa	any strategy
OH Assi	st (formerly Atos Healthcare)
Fig	ure 72: Financial analysis of OH Assist/Atos IT Services UK, 2010-2014, (£ 000)
Compa	any strategy
People A	Asset Management (PAM) Group
Syngent	is
Compa	any strategy
Working	on Wellbeing Ltd (formerly Serco OH)
Fig	ure 73: Financial analysis of Serco OH, 2008-2012, (£ 000)
Fig	ure 74: Financial analysis of Working on Wellbeing Ltd, 2013-2014, (£ 000)
	any strategy ure 75: Analysis of profiled companies' combined turnover, 2010-2014, (£ 000)
Forecas	
Key n	

Key points

Figure 76: UK occupational health market segmentation forecast, by provider, 2016-2020, (£ million at 2015 prices)

Figure 77: UK occupational health market segmentation forecast, by provider, 2016-2020, (£ million at 2015 prices)

Figure 78: Development of the UK occupational health market, 2010-2020, (£ million)

The increasing age of the working population will pose fresh challenges to, and require innovative measures from, OH service providers Figure 79: Estimated long-term conditions in the UK working age population by 2030, by illness, (Number)

Changes to SEQOHS standards could help accredited members win business

BUY THIS REPORT NOW



Report Price: £995.00 | \$1611.35 | €1263.96

The above prices are correct at the time of publication, but are subject to change due to currency fluctuations.

Technology advancements will affect OH trends, through types of ill-health and service provision alike OH professionals need more focused-based and suitable training to meet specific employee demands

Further Sources and Contacts

Trade associations, regulatory authorities and independent professional bodies Trade magazines Trade exhibitions

BUY THIS REPORT NOW