

corporate adviser

R O U N D T A B L E



WORKPLACE PROTECTION & WELLBEING ROUNDTABLE: BETTER BENEFITS

- CONTAINING THE COST OF PREMIUM HIKES
- A NEW APPROACH TO WORKPLACE HEALTH

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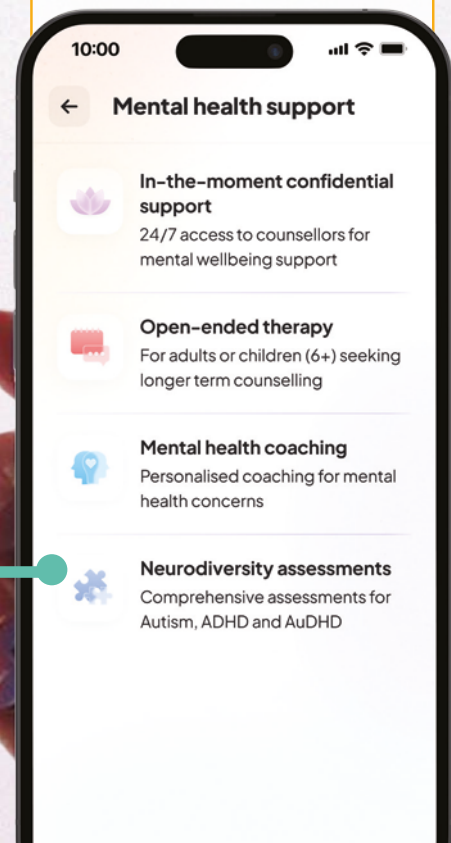
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TIME FOR A BENEFITS RETHINK

The Mayfield review offers a chance to change the workplace protection and wellbeing landscape of the future. For now, smarter use of the tools we have can achieve a lot

John Greenwood

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Surging premiums, increased usage rates, and huge NHS waiting lists are putting workplace healthcare plans under intense strain. With employers facing ever-increasing group healthcare costs — some seeing private medical insurance premiums (PMI) double — and workers struggling to access basic services like mental health support or dentistry, it's imperative that employers are supported in ensuring they maximise the value of all the benefits they offer.

As our recent Workplace Protection & Wellbeing Report found, growth in workplace protection continues, but at a much slower pace, restrained by rising claims and squeezed employer budgets, with PMI premium hikes seemingly the big pressure on budgets, although the increase in employer NI will doubtless be playing its part going forward. Many businesses are reviewing benefits, tightening eligibility, increasing excesses, and moving away from long-term group income protection. Strategic shifts — like prioritising early intervention and adjusting cover to meet more pressing needs — are becoming essential for cost control.

Sir Charlie Mayfield's Keep Britain Working Review, currently in its discovery phase, does ask about incentives for employers and employees, but is light in detail. We need to be clearer about what the industry wants to see.

Statutory sick pay rebates for SMEs that demonstrate proactive health support or successful return-to-work outcomes is one idea. Tax relief on occupational health

interventions could be another. Employee health metrics for listed companies, along the lines of gender pay disclosures, could also drive better behaviours, and there is a case for exploring an auto-enrolment-style requirement for employers to offer basic life cover and/or health support.

These and other ideas are worth exploring. But they are a long way from fruition, and may never see the light of day. So in the short term, the focus must shift to smarter use of what already exists. A range of tools in PMI, cash plans and group risk can help employees stay in work and prevent escalation of minor issues into costly claims. But these tools are underutilised, often due to poor communication and lack of engagement. Jargon-heavy messaging can fail to connect, especially with younger employees, who increasingly seek relatable, digital-first advice — often from social media influencers.

To close this gap, the industry must communicate benefits more effectively and engage through the platforms employees actually use.

That means using case studies, simplifying language, and highlighting real outcomes. Collaboration across providers could also streamline overlapping services, reduce inefficiency, and ensure value for money.

Whether through reform or better use of existing tools, we need an approach to workplace health that is collaborative, connected and designed for today and tomorrow.

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WORKPLACE PROTECTION & WELLBEING ROUND TABLE

CONTAINING THE COST OF PREMIUM HIKES

Five years of outstanding growth across the group healthcare and protection market risks going into reverse due to soaring medical inflation. **Emma Simon** hears what can be done

Premiums are soaring across the healthcare sector, thanks to rampant medical inflation and increased claims.

At a recent roundtable event, to discuss the findings of Corporate Adviser's latest Workplace Protection and Wellbeing report, advisers and providers discussed the impact this was having across the broader market, and ways to minimise increases and contain claims costs.

The report shows that group risk, group PMI and the corporate cash plan market continued to expand in 2024 – albeit at far slower rates. Those at the event agreed this slowdown was a result of rising costs, with many concerned that the trend could accelerate, particularly given the squeeze on employers' budgets, with the rise in NI costs.

The effect has been most pronounced in the corporate healthcare market, where the number of employees covered by group PMI policies or corporate healthcare trusts grew by just 1.44 per cent last year amid some eye-watering price rises, which have seen costs triple for some employers.

Premium pain

"We have seen some massive increases, and the reality is there's only so much budget to go around," said Broadstone's principal consultant Robin Watkins. Martin Moore, senior employee services consultant at Beckett Investment Management Group agreed, describing some premium increases he'd seen as "ridiculous".

Omny strategic partnerships consultant Roy McLoughlin highlighted the potential conundrum the sector finds itself in, five years on from the pandemic. "During my working life I've never known a time when employers and employees were so engaged with benefits. But then we're having to have some really awkward conversations about cost."

Return of the FD

Increasingly these 'awkward conversations' are with financial directors juggling diminishing budgets. Brown and Brown head of group risk Terry Froment said, "For the last few years I've mainly been speaking to HR people, and the financial director



Tina Kennedy and
Simon O'Reilly

hasn't really been getting involved. But this has changed more recently and they are rejoining these conversations."

So how are advisers helping employers to square this circle – delivering the health benefits their workforce needs while keeping a lid on spiralling costs?

Moore said: "If cost is a major consideration, we're looking at changing the benefits to only cover priorities. This can be with a view to reducing claims going forward, keeping costs under control. This is about strategic choices, perhaps focusing on early intervention services, so that claims can be caught early. This is probably the best way in the long term to reduce costs."

Reviewing terms and eligibility

Any benefit review may reconsider policy terms. Froment said there has been a major shift with group income protection policies,



may fund next year's premium rises, but if these continue upwards then there won't be the opportunity to do the same cost-cutting exercise again. He advocated for more fundamental changes across the industry to put claims costs, premium increases and benefit spend on a more sustainable footing.

PwC director of DC pensions and benefits lead Roshni Patel agreed, saying there was a real need for innovation across the industry, not only in terms of product and proposition, but processes too.

While the group risk and healthcare sector turned to digital healthcare options, such as virtual GPs, in the wake of Covid, providers have failed to modernise their own systems.

"The fact that we are still getting people to fill in underwriting forms manually with a pen is pathetic," she said. "Tele-underwriting or some sort of AI underwriting needs to be brought into the mix."

A technological revolution wouldn't just make processes more efficient, it could transform the way that members use various different products and add-on services – potentially further reducing claims costs.

Patel said that triage is an important part of this, helping direct members to the most appropriate service when they first experience symptoms. As a consultant she said she works with employers to ensure that ancillary or added-value services are promoted effectively to employees, particularly when there is a degree of duplication across different product lines.

"The question is why are we not using AI and technology to develop this further? Ensuring people get the right help, more quickly to potentially spot problems earlier and prevent them from turning into more complex and more expensive claims."

Smarter care pathways

Simplyhealth product director Tina Kennedy said the cash plan provider ►

with far more now written on limited terms, rather than paying out to retirement. "I can't remember the last time I had a new business opportunity that didn't start with a five-year term, and in some cases work back from there. This is helping to ensure that group protection is a more affordable benefit."

Succession Employee Benefit senior employee benefit consultant Simon O'Reilly said that these cost challenges mean some employers are looking to restrict which employees have access to certain benefits – particularly when it comes to more expensive healthcare cover.

"We are having those conversations around eligibility criteria, in some cases pinching it a little bit in terms of the membership and who is entitled to group PMI going forward."

This isn't the only way to help control spiralling healthcare costs though. O'Reilly

said employers are also increasing excesses, and may offer a cash plan to cover this payment. "This can work well. We are also looking at underwriting definitions as well, particularly when it is a fully medically underwritten scheme."

Salary sacrifice options

Consultants said more employers are also looking at salary sacrifice options, to help mitigate benefit costs. "Some employers may have been a bit resistant to this, but are now looking far more seriously at it with the increase in national insurance costs," said O'Reilly. He said there is a need for advisers to educate employers, particularly SMEs, on the potential this offers, with NI savings potentially used to subsidise increases in benefits costs.

However McLoughlin points out that this is a one-off opportunity. The savings made



Terry Fromant and
Robin Watkins

has embodied this approach with recent proposition developments. Rather than just offer a range of add-on services – be it an EAP, virtual GP, online physiotherapy or mental health support – Simplyhealth is creating treatment pathways to direct people to the most appropriate help.

“A virtual GP is pretty useless if members have an appointment but then don’t know what to do next. We’re looking to build pathways that can help members with specific conditions, or target specific demographics. This might be an MSK or women’s health pathway, or a pathway looking at the health challenges faced by an ageing workforce.

“This is where the innovation needs to happen across the industry. It’s not just about services offered from different third-parties and partners, it’s how you join them up into recommendations and ‘next actions’ for members.”

Kennedy said this approach helps members and can also contain costs by using a national network of providers to ensure more competitive rates. Effective pathways can reduce the ‘steps’ in a treatment chain. “Because we are used to the NHS we see a GP appointment as a first port of call. But an effective MSK pathway could triage members directly to

physiotherapy.” This ensures prompt treatment and also reduces the cost of a virtual GP appointment which is likely to recommend physio anyway.

Added-value services

Consultants debated the duplication of these added-value services, with employees likely to have access to more than one virtual GP if covered through group life, cash plan and a PMI policy. As Froment points out, in some cases they may be through the same external provider.

Is there scope for insurers to turn off some of these services, to reduce duplication, simplify benefits administration and ultimately reduce cost? While consultants were in favour of this, most did not expect a modular approach to become widespread soon. Froment asked whether providers could work in tandem when using the same third party providers for ancillary services.

Unum key account director Garreth Todd said while more collaboration may happen in future, he did not expect imminent change. But he said there were examples where providers serving larger employers talked to each other and advisers to “essentially ensure the employee has the best of breed for the various different

services being offered, and that other providers are aware of the complementary services that are available.”

Advisers said that smart use of these various services can also impact claims costs. For example, not using a virtual GP on a PMI policy, which may trigger a more expensive claim, but instead using the service offered through a group risk policy. Advisers say this requires education and effective promotion of these services, with both the employer and employee.

Workplace culture

Todd said that cost containment measures go beyond product and proposition. “Experience tells us that organisations that are better at implementing wellbeing programmes, and have a company culture that is supported from the top down, do not see the same impact on costs and claims pressure.”

Unum said its Help@hand app can be used to support wider wellbeing initiatives across corporates, with support from advisers. This goes beyond services and pathways available: but also needs a focus on how these services are used to deliver impact and a return on investment.

“Recent research by Unum has certainly highlighted a perception gap in many organisations when it comes to employee wellbeing. Around 75 per cent of employers surveyed said their staff were thriving. But when you ask employees in the same firm the same question, the response is often significantly less.

“We don’t want to be in a position where employers are spending more on benefits, but ultimately these are having less of an impact. This feeds into the importance of effective communication and education about benefits and the specific services offered.”

Consultants at the event agreed that engagement was key. Without this, these benefits would not deliver what they were supposed to do: improving the health of a workforce, and so reducing absenteeism and presenteeism costs for employers – while providing an insurance safety net should the worst happen.

McLoughlin said: “ROI can be difficult to evidence at times, particularly in the group risk sector. Employers can look at claims, and can say ‘Why am I paying these premiums when there haven’t been any claims?’ But I would argue that this shows the effectiveness of early intervention and wellbeing services. I’d like to see the industry be far better at promoting this and shouting about how we are helping build healthier, happier workforces.” ■



Gen Z take nearly
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days as over 55s

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WORKPLACE PROTECTION & WELLBEING ROUND TABLE

TIME FOR A NEW APPROACH TO WORKPLACE HEALTH BENEFITS

The industry needs to be better at communicating the benefits of group risk and protection policies — and some advisers would like to see an AE-style framework for workplace health benefits. **Muna Abdi** reports

Rising sickness absence and ongoing pressure on the NHS has made health and wellbeing a key concern for employers, insurers and advisers. Difficulties accessing many services - from dentistry to mental health support - shows that the current approach is not working for many employers, or their employees.

The question is how workplace health benefits can fill these gaps, potentially providing a more organised, scalable and cost-effective way to improve the health of employees and so lower absence rates and improve productivity in the workplace.

At a recent roundtable hosted by Corporate Adviser and sponsored by Unum and Simply Health, industry leaders explored how such reform might work and the potential challenges it would face. One option under discussion was a move towards an auto-enrolment-style system for health benefits, with employers effectively compelled to offer some basic form of cover.

However while many attending the event thought this would be desirable most agreed there was not the political will to push through such changes at present.

The discussion highlighted the need for stronger collaboration among providers, clearer communication of benefits, particularly with smaller employers, and better use of digital and social media, to boost engagement.

System strain

Workplace sickness absence has reached record levels in the UK, with younger workers driving the rise. Data shows that employees aged 18 to 34 are now taking twice as many sick days as colleagues aged 55 and above — a shift that reflects broader changes in attitudes to health, work and the employer's role in supporting wellbeing.

Simplyhealth product director Tina Kennedy said: "There's an expectation now in the younger demographics that

Tina Kennedy, Simon O'Reilly and Martin Moore



Roshni Patel and Roy McLoughlin



Robin Watkins



they know they're going to have to pay for their health care. The workplace is where people can be reached but the system isn't yet fit to scale."

Employers are already grappling with costs with long-term sickness absence now exceeding £20,000 per affected employee. Workplace health has therefore shifted from a 'nice-to-have' to a business-critical issue. But most businesses, particularly SMEs, lack the tools, frameworks or confidence to deliver effective support.

AE framework

Against this backdrop, delegates discussed the potential of an auto-enrolment-style (AE) framework for workplace health benefits. The comparison with pensions AE surfaced early and gained traction.

PwC director, DC pensions & benefits lead Roshni Patel said: "Employers are trusted but they need a framework. SMEs

especially need clarity. They don't have HR departments or brokers pushing solutions. A national baseline would be transformational."

Although no one expected such a system in the near future, there was a strong appetite to begin the conversation about the potential benefits this could deliver.

Becketts senior employee services consultant Martin Moore added: "It took 20 years for pensions AE to happen from when it was first seriously discussed. That doesn't mean we shouldn't start the conversation now. If we wait, we risk being left behind."

Those at the event pointed out that insurance-based healthcare benefits, offered through the workplace wouldn't replace the NHS, delegates but offer complementary support, mirroring the way pensions AE bolstered, rather than replaced, the state pension.

Omny Benefits strategic partnerships consultant Roy McLoughlin said: "The state pension didn't go away when AE came in. It was about recognising the state couldn't do everything, so we created a structure to help people contribute more themselves. We could do the same with health."

Starting small

There was consensus that any AE-style rollout should begin with something simple, scalable and valuable, such as a universal mental health benefit.

Moore said: "Mental health support services are a good starting point. Technically, they're not included in the core benefits package. The waiting lists are ridiculous, and you often have to be in serious distress to qualify."

According to data from the Chartered Institute of Payroll Professionals, 94 per cent of work absences are due to minor illnesses, 45 per cent due to musculoskeletal injuries and 39 per cent of people report mental health issues.

Moore added: "By my rough estimate, about half of sickness-related costs are linked to stress alone. For employers, the return on investment is clear, less absenteeism due to stress-related illness. The government could incentivise this with automatic enrolment. Start with making mental health support compulsory for employers, a cost-effective step, and roll out wider support measures gradually."

Succession Employee Benefits director Simon O'Reilly added: "People are waiting 18 months for an ADHD or autism diagnosis. Employers are already dealing with the consequences. If we can help fund quicker assessments or triage services, that's a win for everyone."

Patel agreed, highlighting that access issues in neurodiverse and mental health services are driving interest from both employers and employees.

She said: "There's a real crisis in access. We need to look at models that ease pressure on the NHS but also meet expectations around timely support.

"EAP means nothing to most people. But say 'mental health support' or 'someone to talk to' and they get it straight away. We have to stop using internal jargon and speak in ways people understand."

Rather than full private medical insurance, participants advocated for basic, light-touch offerings that could be rolled out universally.

Kennedy said: "We don't need to start with PMI. Even one annual check-in, a remote GP, or access to early mental health triage, those things can shift engagement massively and are achievable at scale." ►



Terry Fromant and
Robin Watkins

Framing and feasibility

But challenges remain with some delegates raising the political and practical risks of such a system being perceived as undermining the NHS.

Kennedy also said: "There's a danger this gets framed as anti-NHS. But it's not about replacing the NHS, it's about recognising its limits. Workplace health AE would support the NHS, not undermine it."

She noted that in many areas, the NHS is already retreating. "Dentistry is the big one, but look at glaucoma screening too. These are technically NHS services but practically inaccessible for many. If employers can step in, with government support, that relieves pressure."

Others highlighted operational barriers, particularly the shortage of therapists and healthcare professionals.

Brown & Brown head of group risk Terry Fromant said: "Everyone wants to offer therapy, but there's a shortage of therapists. If we're going to scale mental health support, we need to think about triage, prioritisation and shared infrastructure."

Building on what exists

With structural reform likely years away, delegates also explored more immediate opportunities, starting with better use and promotion of early intervention services already embedded in group risk products.

Moore noted: "Whoever invented early intervention in the first place, that was genius. We've had cases where just one physio session stopped a serious issue becoming a full-blown claim. But bizarrely, that's still logged as a declined claim."

Patel agreed, saying we need products that make early intervention possible. She

said: "We need to offer different types of products that allow for early intervention. Cash plans, for example, give people access to care before something becomes a bigger issue. That's what's going to keep people working and prevent escalation."

Shifting the focus to communication and engagement, McLoughlin said storytelling remains critical – and called for the industry to do more to raise the profile of many group risk products and wellbeing benefits. "We need to tell the story better: case studies, outcomes, real people. This isn't about ticking boxes, it's about showing employers and employees what these services actually do."

A key part of this was improving engagement, especially with younger employees. Kennedy added: "More than 60 per cent of Gen Z trust health influencers on TikTok more than their GP. It sounds alarming, but that's the reality. If someone's hearing about ADHD or sleep therapy on TikTok, we need to be ready to meet them where they are."

Patel noted how social media is where people are now getting their health advice. She said: "People are promoting products directly to consumers, and they're buying them. And often, the people selling don't have any expertise, but they're creating that trust and emotional connection. That's a huge challenge for us, especially if we're trying to promote responsible, evidence-based health products."

Moore highlighted that while influencers are building trust through relatability, traditional providers are often seen as "faceless", making it harder to engage consumers.

He said: "A big issue is that people don't trust the big providers. They're seen as

Garreth Todd



Martin Moore



Tina Kennedy



Roshni Patel



Roy McLoughlin

faceless, corporate, unrelatable. That's a problem if we want engagement. People want to know who they're dealing with, that someone's actually on their side. If the perception is that insurers only engage when it benefits them, then we're losing the trust battle."

Collaboration and next steps

There was also appetite for greater collaboration across providers, particularly in how third-party services are delivered and measured.

Broadstone principal Robin Watkins noted: "We're using the same platforms but working in silos. There's an opportunity to learn together, maybe even standardise what 'good' looks like."

Unum key account director Garreth Todd said more cooperation was technically feasible. "Unum and Aviva both use Square Health. We know it's possible to share, but that next step of aligning metrics and outcomes will take time. It's not imminent, but it's worth aiming for."

While AE-style reform remains a long-term ambition for experts, they remain cautiously optimistic, agreeing that there is work that can be done now, through communication, collaboration and smarter use of what already exists.

McLoughlin added: "This feels like pensions did two decades ago. The cracks are visible. The solution isn't fully formed. But we have the tools, the platforms, and a growing social mandate. Now it's about working together, with government and with each other, to build something sustainable."

Whether through a national framework, better storytelling or smarter integration with the NHS, delegates agreed that workplace health and protection can no longer be optional or reactive. They say it must become structured, inclusive, and built for scale to meet the needs of a changing workforce. ■

OPINION

CASH PLANS: AN AFFORDABLE ALTERNATIVE TO COSTLY PMI

» Tina Kennedy product director, Simplyhealth



The need for businesses to do more for their employees' health and wellbeing persists. Ill-health is costing the UK economy £150 billion annually and over 2.8 million people are economically inactive due to long-term sickness. Our own research, with Opinium, also reveals that a rising number of people taking sick leave is the biggest problem¹ facing British businesses in the last twelve months.

It is promising to see within the Corporate Cash and Dental Plans report that sales of corporate cash plans continue to grow year-on-year, with almost two million employees now benefiting. These products provide both support for employee health and wellbeing and act as a key driver for attraction and retention of talent, with 72% of employees agreeing that a health plan has encouraged them to stay with their current employer².

Within the government's 10-Year Plan for the NHS, each of the shifts from care in hospitals to communities, sickness to prevention, and analogue to digital, pave a welcome path towards a more preventative, personalised approaches to healthcare. This too presents a significant opportunity for businesses to do more, however, there needs to be greater equity in the provision of healthcare benefits – not just expensive PMI. Supporting the whole workforce and pre-existing conditions.

At Simplyhealth we are simplifying healthcare access by removing barriers, such as cost and access challenges. The majority of HR decision makers (73%) say they now feel a greater responsibility to look after their employee's health due to longer waiting times that are defining the NHS crisis, noticing that employees are struggling to access NHS care (40%), with nearly six in ten (57%) companies

who don't offer health cover now considering it but worried about the expense.

Health plans are designed as an alternative to costly private health insurance. Our services cover the most common health and dental issues that have the biggest impact on business, connecting customers to 24/7 GPs and mental health support, as well as access to discounted and pay-as-you-go services. No GP referral or pre-approval is needed, and we cover all pre-existing conditions, to help your employees get better faster. We give employees seamless access to both in-person and digital services that help them go through every step of their health journeys, from prevention through to after-care support, rather than just accessing one service in isolation.

Health plans deliver a low-cost health cover option that can support the whole workforce, including the lowest paid staff. This is an essential consideration as people with the lowest incomes are four times more likely to have multiple conditions than those with the highest incomes, meaning they stand to benefit most from health cover at work³.

Employers are central to people's lives and uniquely positioned to enable preventative health through whole-of-workforce health support, which prevents illness, eases pressure on frontline care and boosts productivity. The opportunity to support is huge, and the role of cash plans is vital. We are continuing to see growth in the sector, changing attitudes

towards the role of private healthcare and desire from the government for businesses to step up for their employees.

At Simplyhealth we are continually exploring how we can evolve our product, to make sure we are meeting the requirements of our customers and improving access to the services they really want and need. We have extended our range of growing on-demand services, which are available to all members, to include neurodiversity assessments, open-ended therapy and menopause coaching, discounted eye care, frames and lenses, alongside digital muscle and joint pain assessments and personalised self-management programmes, and at home blood diagnostics, and specialist skin health (dermatology) services. All these services are included in plans or claimable for those that have relevant entitlements. We were also the first health plan provider to offer the choice to access women's health-focused GPs when booking an appointment through our online GP service, at no extra cost.

We are a company limited by guarantee, with no shareholders and, since 1872 we've been led by our purpose of improving access to healthcare for all in the UK. We're investing millions into new health companies to accelerate the development of predictive and preventative healthcare services and our aim is to support and protect the NHS through the provision of everyday healthcare and reduced workforce sickness rates. ■



OPINION

SHAPING THE FUTURE OF
WORKFORCE WELLBEING

» Glenn Thompson chief distribution officer, Unum UK



The UK workforce is under pressure. NHS waiting lists remain at record highs, budgets are still stretched, and employees are feeling the strain. In an environment like this, workplace wellbeing is central to business success.

Employers often provide a wide range of health and protection benefits, but a disconnect remains. Many employees don't fully understand or engage with the support available to them. That's not just a missed opportunity for employers – it's a chance for advisers to step in and add real strategic value.

The Wellbeing Perception Gap – and why it matters

Unum's 2025 Employee Wellbeing Report reveals a clear disparity: while 75% of employers rate their workforce wellbeing at 7 out of 10 or higher, only 66% of employees agree. This isn't a reflection of poor provision necessarily – as even well-designed benefits can fall short if they're not clearly communicated, easily accessed, or aligned with what employees truly value.

And the consequences go beyond engagement. Despite the growth in wellbeing initiatives, productivity often remains sluggish. One in three employees experienced a mental health issue in 2024, and many took no action to address it. Stress, burnout, and presenteeism are quietly chipping away at performance, revealing a deepening productivity paradox.

More tools and benefits are available than ever before, but employees are often still struggling. Unum's full Employee Wellbeing Report explores why, and what can be done to close the gap between intention and impact.

This disconnect between support and impact is where advisers can make a real difference. By helping clients improve how benefits are communicated, accessed, and understood, advisers can ensure wellbeing strategies don't just exist – they work.

Why the opportunity is now

To be clear, I'm not saying that it's the adviser's job to fix internal communications or manage employee engagement. But advisers are uniquely positioned to help clients get more value from the benefits they already offer.

By offering insight, tools, and guidance, advisers can:

- Strengthen client relationships by solving real-world problems
- Improve renewal conversations with evidence of impact
- Open the door to new services and upsell opportunities
- Differentiate their consultancy in an increasingly competitive market

Five ways advisers can help bridge the gap

Here are five practical ways advisers could help support clients in closing the wellbeing perception gap from our research speaking to 1,000 HR decision-makers and employees.

1. Start with the employee voice

Encourage clients to gather regular feedback – through surveys, focus groups, or informal check-ins. This might sound like a small thing, but the research tells us that it has a major impact on identifying gaps in understanding and ensuring benefits reflect real needs.

2. Simplify access to support

Help clients centralise benefit information within everyday platforms like portals or apps. A clear, well-designed hub boosts engagement – something we've seen firsthand since launching Unum's employer portal to the market last year.

3. Tailor communications

Help clients tailor benefits messaging by job role, life stage, or key moments – like onboarding. Keep it simple, human, and relevant. A short message about mental health for new managers, or a timely nudge on

financial tools can go a long way. Relevance drives results.

4. Use real stories to build trust

Encourage clients to look for advocates within the business. People willing to share testimonials from employees who've benefited from support. These stories make benefits relatable and help overcome scepticism.

5. Empower line managers

Support clients in equipping managers with the tools and training to be everyday wellbeing champions. A simple check-in or a quick mention in a team meeting can carry more weight than a company-wide email. When managers lead by example, wellbeing becomes part of the culture – not just a campaign.

From insight to impact

Helping clients close the wellbeing perception gap isn't about doing more – it's about doing things differently. It's about recognising that productivity doesn't come from pushing people harder, but from creating the conditions for them to thrive.

Discover what's really shaping the UK workforce

Download Unum's latest Employee Wellbeing Report for in-depth insights into today's challenges, and what's coming next, at: unum.co.uk/employee-wellbeing

Packed with real-world examples, case studies, and expert guidance, it's everything advisers need to help clients build healthier, more productive teams. ■



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