

THE COUNCIL FOR WORK & HEALTH

Council for Work and Health 28 May 2026

Chairman's report to AGM

The Council for Work and Health is legally a company but operates in spirit and in governance like a charity whose beneficiaries are those who work or wish to work and whose supporters and volunteers are its member organisations and volunteers from it.

Its objectives (set out below from its Articles of Association) are nothing, if not ambitious. They would be ambitious goals at the best of times. However, in some ways, despite renewed Government focus on work and health, this could not be seen as the best of times.

In this, my first Annual Chair's Report, I provide a personal and extensive critical view of the environment in which we operate. Hopefully, even if it does not meet with full agreement, it will prompt reflection.

But please feel free to skip past this to my report on the activities of the Council.

The UK's Approach to Work and Health – Policy and Reality

Where is the UK in terms of work and health? Before answering this question, it must be said that like a lot of things in a society, everyone is responsible, but nobody is to blame. Some have more agency than others, some more to lose or gain and some, but nobody can fix it own their own.

When the Council was founded, it was reasonable to assume that the lifespan of any policy would be the length of a Parliament. This is still a vanishingly short time to develop sustainable and meaningful change in any area of public health.

My predecessor, Steve Boorman had a lifetime of experience in the sector and, like so many in the field, dedicated years to carefully working with policymakers to weave in substantive solutions to the ongoing challenges of work and health.

When Steve asked me to consider taking this role, I knew that my lack of professional expertise in work and health and stature in the sector meant that, as the new Chair, I could not claim the same kind of wisdom, insight or influence. The Council is fortunate that he is unfailingly generous with this as he mentors me in the role.

However, I think Steve recognised that we live in an age which looks at the problems and solutions in a very different light. Things have changed.

If we are lucky, the duration of a policy cycle from inception to adoption is the length of a Prime Minister's term. The Council's involvement in the consultation over the replacement of the fit note is illustrative. It was literally a few weeks between the first engagement with Council members and the announcement of pilots, with probably a six-month period before full launch.

This does not mean that ideas will be ill thought-out, but reflects that the public is impatient for change, meaning politicians have a limited window of opportunity for deliver; public servants need to be confident in the solutions they can propose to Ministers and those solutions need to be clear, bold and based on the evidence available, not on lengthy debate, consultation and expert opinion.

Whether one likes the new pace enforced by the age of instant polling, social media and AI generated wisdom, it is the reality we all face.

Parallel to this is the idea that "occupational health" is a "tarnished brand" amongst policymakers. A reductive and entirely unfair view is that half a century on from the formal decision of government not to support workplace health in the same way as personal health was, things have not improved.

We face nearly 1.9 million people not able to work because of ill-health and almost the same amount being made ill through work. Of a potential working population of 37 million, this is a very substantial proportion. Of course, we can argue that without our member organisations, the picture would be so much worse, but that is not going to cut it.

As Chair, I meet policymakers and the message on the professions is stark. Occupational Health offers the same prescription (asking for national funding) but offers little in return. Key criticisms are that its disciplines are confusing, overlapping and factional. Occupational health can't be turned to for quick, definitive and cohesive answers because whatever one organisation suggests, another shoots down.

And regulators add that it needs to put its own house in order – that there should not be questions about competence of professionals, confusion in where to go for the right services and complaints about quality and engagement.

Whether any of this is fair, it is certainly a widespread perception. It may be convenient to shoot the messengers who bring news of the need for proper focus on work and health, but that is how the arrows are flying.

The state of affairs is probably typified by the approach that brought about the Mayfield Review. My observation is not about the review or the review team itself, but the

circumstances that created its approach. It typifies what we need to be able to collectively address. The Government handed over the problem to an independent review team.

The decision to take the policy initiative out of the hands of the civil service, the professions and even the hands of workers and place the initiative in the hands of employers is indicative of a sense of helplessness amongst policymakers and politicians.

When I asked Sir Charlie at a Parliamentary event whether he wanted to engage with the Occupational Health professions, he said a fairly unambiguous “no” – and while the door has not been closed to the Council, it is clear that the Review is turning to “trusted” providers for guidance, rather than the professional bodies that purport to govern or represent them.

One cannot fault the ambition of the review team, which seeks to recruit benevolent employers, or at least those working through enlightened self-interest. In a year, the number recruited has more than doubled and may be in the hundreds. That is an achievement, and with commitment from public bodies, it may reach well over a million employees.

However, this is a drop in the ocean of the 7.3 million employers and the timeline for the adoption of a standard takes us beyond the next election, where its future will be uncertain. Regardless of reservations we might have, we can only hope that the good that may be achieved survives the impatient and unforgiving churn that characterises policies and initiatives in this area.

Beyond this are the drivers that make the Government turn to such approaches. Employers are struggling with recruitment, retention, recompense and redundancy of “human resources.” The message to Government is that if the government wants growth, then it needs to enable a labour market which provides workers who can work.

On the other hand, young people and the parents who support them and the taxpayers who support them all either cannot make their way into work or feel their health conditions insufficiently well-supported to remain in continuous work. This drives increased demand for benefits, for health services and frustration with politics.

Government impatience is not opportunistic; it is a function of the existential challenge of a frustrated economy and electorate. The conclusion that health has become the excuse for economic woes and the people who anticipate, recognize, diagnose and recommend treatment for ill-health are perpetuating the problem in some way becomes a cynical driver of attitudes.

The Work and Health workforce and professions are not without their challenges. Compared to beacons of good practice looked to in the continent, we have extraordinary qualities in organisations operating on shoe-string funding. In this sector of health,

leadership of the professions is driven by volunteers, with paper thin professional service support. The regulatory environment promotes many of the vices of the free market and little disincentive for bad actors. Member organisations aspire to cooperate, but compete for funding, opportunity and airtime with decision-makers.

It is into this challenge that we launch ourselves as the Council for another year. If we are to collectively achieve our aim “to provide professional leadership and expertise in all strategic health and work issues” we are going to need to act in ways that meet a reality that values speed, certainty of purpose, results and clear advocacy over considered, evidence-based, professionally informed and prudent discussion.

This does not mean that we should throw out our core professional values, but it may mean that we need to focus on promoting activities that deliver outcomes, based on sound professional grounding, but that meet the expedient of bread today, rather than jam tomorrow.

I hope that the work of the Council this year has gone some way towards this and that we set ourselves the task to create a confident and constructive voice for our members, who advocate on behalf of those who may not have a voice at all in this context.

The Council’s Work in 2025-2026

The fact that this sector convenes as a collective voice is nearly unique. While the Council cannot claim credit for the many achievements of its member organisations, we can and do certainly celebrate and promote them. At the heart of this are the volunteers on our Marketing Sub-Group who constantly promote our members’ output via social media and other routes. Our following has increased substantially and reposting by members to their own accounts significantly increases our reach and the strength of our voice.

The newsletter, which brings together input from members is gaining more and more traction and is available more widely. Not only has our public presence gained better indicators of engagement through social media metrics, but there is growing interest in membership. Indeed, the value of the network has become apparent commercially and so the Governance Sub-Group of the Board is reviewing and revising membership criteria to ensure that new members are net contributors, rather than looking at the Council as pathway to riches!

The Council’s voice is also heard across a range of in-person events. Our Board Members highlight the role and importance of the Council whenever it is appropriate. It is hard to keep count, but in the last few months, there appear to have been over 50 national platforms where a speaker has highlighted their role with the Council.

The Board and volunteers also engage with more substantive activities to provide a platform for Council members to come together and address areas of common concern.

The best established of our sub-groups focuses on Mental Health. With the funding support of BACP, it seems set to make significant strides in coming months to create a much-needed professional consensus position over standards which embrace all membership. This is the sort of definitive approach which policymakers are so in need of in order to inform the UK's future direction of travel.

Our NHS sub-group has, perhaps unsurprisingly, been buffeted by the constant change in health policy and not yet made substantive progress. However, it is worth highlighting that the Council continues to see the urgent need to take health within this sector seriously. Issues arising out of hazardous medicinal products (such as inadequate protection of cancer nurses from carcinogens and pathology workers exposed to life-threatening chemicals, for example) are only just beginning to be tackled. The Council's Board will continue to support its members in ensuring that health is a priority for healthcare workers.

In partnership with the Office for Health Improvement and Disparities, we held a sector-focused event looking at the neglected area of health in the Creative Industries. So much was gained by bringing together stakeholders and Council Members that it has spawned a further CWH project to continue to develop knowledge, policy and interventions in this area. It perhaps signals one way in which the Council can help focus our collective resource to make an impact.

Following our first in-person meeting since before the pandemic, the Board are pulling together a "one-stop-shop" highlighting the varied and complementary disciplines that contribute towards workplace health support, with signposting to professional bodies and the standards that underpin them. Council Members have continued to contribute to this, and we look forward to a draft web page being available for comment by members in late June, with publication and launch in the Autumn.

The Council has been involved in consultation and discussion events, ranging from ROSPA's Health and Safety Workforce consultation, through to the consultation on the strategy for the Nuclear Industry Regulator. The consistent message is the need for competent advice, working within professional standards and provided independently with the ethics of healthcare at heart. Sometimes, such responses are not seen as constructive, but ethics and professionalism cannot be abandoned because of economic expediency. However, the crucial issue is to not let such disagreements close the door to constructive conversations and contributions.

Behind the scenes, Board Members, and particularly me as Chair, meet frequently with stakeholders, public servants, regulators, policy-makers and politicians. These conversations are crucial to build confidence in the Work and Health Community, but also to help understand the very real challenges everyone faces. Often these are honest

conversations about the opportunities and challenges that present themselves in a constantly evolving policy and economic landscape.

As I learned from observing Steve, my predecessor, it's not always possible to share the details of Chatham House conversations widely. The Board is not reluctant to challenge its members, including myself as Chair to ensure that we can be part of the conversation, but that we are accountable for how the Council is presented and engaged.

Almost all the work of the Council is done on a voluntary basis. Our Governance and coordination depend on the small Board. I am dependent on their expertise and experience and count myself fortunate to be able to access some of the most respected and able professionals in the field as fellow Board Members. I particularly value the help of by Deputy Chair, who certainly does more of the heavy lifting than I do, it often seems.

However, operating such an undertaking requires a level of organisation and skill which would be neither possible nor prudent to be delivered by volunteer resources alone. Anna continues to be our rock and provides the professional services that bring together our outputs, with efficiency and good humour. I suspect that she may often give more than she receives, but for the amazing expertise and insight we acquire, I count her contribution as priceless in any case.

Member organisations contribute in kind and in cash. This enables us to do our work and to make a difference. At a time where every penny counts to every one of our members, it is reasonable to ask what a financial contribution to the Council actually achieves. For some larger organisations, it may be that it is as much as showing that they are good citizens of the occupational health family and committed to enabling a voice for all the disciplines. For other organisations, it really does offer and deliver the opportunity to have a voice in conversations and policy decisions which would otherwise overlook invaluable, but misunderstood professions and practices.

As a Board, we believe this year the Council has been instrumental in trying to maintain confidence and engagement between Government, regulators, employers and our professions. It is hard to represent what the world might have looked like without the industry of Council's volunteers, but in conversations with hard-pressed decision-makers I glimpse that alternate and am grateful that the Council exists. I am also reminded of the profound responsibility I carry as its Chair.

Professor Kevin Bampton, May 2026

Extract from Council for Work and Health Articles of Association

“to provide professional leadership and expertise in all strategic health and work issues for stakeholders, including government, regulators, employers, trade unions, and education and health professionals

The intentions of the Council, as set out in this Constitution, are to work with partners and other like-minded responsible organisations as follows:

- To provide employers and employees with tools to promote health at work
- To provide signposting for other health professionals on how to obtain competent advice and support on work and health issues:
- To promote consistent professional standards:
- To develop common educational initiatives:
- To respond collectively to official consultations and to encourage members to respond individually;
- To identify research needs in the field of work and health and proactively contribute to the development of evidence-based practice:
- To develop the Council into a sustainable, dynamic and robust group working towards a common purpose.”