JUNE 2026

Keep Britain Working

The Story So Far

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Introduction

Six months into Keep Britain Working (KBW), our mission remains clear: to drive a fundamental rebalancing in how health and disability are supported in the workplace. Progress is encouraging. Working directly with over 250 employers, providers and other organisations, through workshops and sprints across the UK, we have confirmed both the scale of the challenge but also the opportunity.

The challenge is well established. Economic inactivity linked to ill-health costs an estimated **£212 billion a year** through lost productivity, higher welfare spending and increased pressure on the NHS.

The opportunity is also significant. There are almost 33 million people of working age in employment across the UK. Nearly 3 million are not in work for reasons of ill health. Retaining just 1% more of the working population (330,000) in work would add the equivalent of a large city like Cardiff in terms of economic capacity… without building a single house, without opening a new line of immigration, without waiting for a whole cohort of young people to leave school or university.

Our work so far has convinced us that significant improvement is attainable. Most of the building blocks already exist. When the right people come together, practical solutions emerge quickly. Our task, with the growing coalition we are assembling, is to design, build and deliver the conditions that make this opportunity realisable as soon as possible and on a national scale.

Two themes have emerged that are central to that ambition.

Shared responsibility. Employers, employees, providers and government each have a distinct role to play. For too long, the system has been organised around supporting people after they get ill or face barriers. We need to shift the emphasis: earlier action, better integration, and a genuine, shared commitment to keeping people healthy and in work.

Better data. The current system is fragmented and data-poor. We want to make performance visible, build a stronger evidence base, and unlock the potential for earlier intervention and prevention. Data is not a technical add-on, it is the engine that will drive accountability, market quality and long-term system improvement.

It's rare to find an opportunity that benefits employers, improves life chances, reduces government spending and doesn't require large up-front investment. This is growth hiding in plain sight.

This document sets out what we have learned and how we are building towards unlocking that.

What we have learned since March

Since the March *Story so Far* update, we have deepened our engagement across three workstreams, each contributing to our emerging model of a new workplace health system. In what follows we are being deliberately bold, to invite views and provoke a robust conversation around key parts of the system.

Developing the standard: sprints and regional work

We have worked directly with over 250 organisations to explore the Healthy Working Lifecycle in depth, including:

- **Employer-led sprints** with 30 Vanguard organisations, focusing on prevention, stay-in-work, return-to-work and performance data.
- **Broader feedback groups** with 70 further Vanguards, testing sprint findings and providing wider input.
- **Ten regional workshops** across Strategic and Mayoral Combined Authorities and the devolved nations, each involving around 20–30 SMEs to ensure local labour market realities were reflected.

The depth of that engagement generated a clear and consistent message: any standard must avoid being overly prescriptive. To be accessible across the diversity of UK employers, it must focus on outcomes and a small number of core fundamentals:

- **Accountability:** we need employers to recognise their responsibility for workforce health and inclusion, with a commitment to robust outcome measurement to make performance visible.
- **Signal actions:** we need employers to take a small number of specific actions, including stay-in-work and return-to-work plans and to set contractual expectations on health, that demonstrate organisational commitment.
- **Aligned incentives:** we need to ensure a positive return on investment from improving outcomes, with active encouragement of positive employer and employee behaviour.
- **Shared responsibility:** this isn't just about employers doing more. Employees have responsibility too. We need active engagement from both.

Disability inclusion

Improving disability participation is not a separate objective of Keep Britain Working. It is central to it. We took a focused look at disability inclusion, working with Vanguard organisations supported by the Business Disability Forum, and drawing on early input from the DWP Independent Disability Advisory Panel and the Disability Charities Consortium.

Employers face a range of genuine challenges: data compliance tensions, cultural and trust issues, inconsistent terminology and limited line manager capability. The consistent conclusion, mirroring the broader sprint findings, is that progress depends on creating clearer accountability for outcomes.

We are therefore exploring how better measurement of participation and retention of disabled people in work could be achieved. This will require us to address understandable concerns around confidentiality and the complexities of self declaration. However, our view is this has the potential to open much more ambition and the opportunity for a level of change that is commensurate with the poor performance we see today.

Workplace health provision

Through targeted engagement with providers and the NHS, we explored what high-quality case management looks like, how early support pathways can be strengthened, and where prevention can have the greatest impact.

The engagement highlighted that the current market is fragmented. Employees frequently fall into gaps between HR, Employee Assistance Programmes, occupational health and other services. What is needed instead is coordinated case management: a coordinated conversation between employer and employee, with access to specialist or clinical input when needed, and clear pathways for early intervention before issues escalate.

Better data about individual and workforce health risks is also central, enabling more targeted, earlier support rather than intervention only when problems have already become acute.

Summary

What has been striking throughout is not just the quality of insight, but the level of shared ambition and the enthusiasm and engagement in regions and across a wide range of employers. There is a genuine once-in-a-generation opportunity to reshape outcomes in this space.

This document begins to set out what that future looks like. Over the summer we will test our assumptions more widely, invite challenge and identify where further development is needed.

Building the future system

Based on the engagement we have had to date, we are now starting the process to confirm and frame what shared responsibility means in practice – what it means for employers to be 'on the pitch'; what responsibilities fall on employees; what's required from providers to improve workplace health provision. The table below summarises these expectations for each party. This is intentionally brief but indicates succinctly our direction of travel.

Table 1: Summary of roles

Who & why	Responsibilities	How
Employers… *…because they have a unique role in prevention and delivering better outcomes*	Take accountability for workforce health and inclusion Act early to prevent issues arising or escalating Support staff to stay in or return to work Measure and improve outcomes, not just inputs	**Provide** workplace health provision including work and health checks **Embed** stay-in-work plans **Implement** return-to-work plans **Track** and share outcome data with WHIU
Employees… *…because creating shared responsibility gives agency and control of their own health journey*	Play an active role in shared responsibility for work and health Recognise the long-term value of work for health and wellbeing Engage constructively with support to remain in or return to work	**Clarity** of expectations, entitlements and responsibilities **Engagement** with workplace health provision **Participation** in health checks and stay/return-to-work plans **Accountability** through clear contractual arrangements
Workplace Health Providers… *…because employers and employees need support in delivering better outcomes*	Deliver high-quality support to employers and employees Collect and share performance data to create a transparent marketplace Improve quality, accessibility, integration and consistency of services	**Advice** on workplace adjustments and health promotion **Prevention** through monitoring employee's health, needs and barriers affecting their abilities to work **Case management** for stay/return-to-work planning, including clinical and GP liaison **Targeted support** for key conditions: musculoskeletal, mental health and wider needs

We are progressing various work streams to test, confirm and articulate these expectations, including with BSI, with whom we have now formed the drafting panel to work on the 'standard'. We are also working to explore how risk pooling could play a key role in making better provision affordable and accessible to more employers.

Data: the engine for transformation

Across all our work, one theme recurs: the current system is data-poor. Performance on workplace health is largely invisible. Sickness absence measurement is inconsistent; return-to-work outcomes are rarely tracked; disability inclusion is poorly understood. This limits accountability, inhibits improvement and makes it impossible to know what is working.

We are focused on two types of data, each playing a distinct role.

Performance data

To improve performance, employers will need to collect more consistent data on **sickness absence, return-to-work outcomes** and **disability inclusion.** Aggregating this data confidentially with the Workplace Health Intelligence Unit (WHIU) would then offer a number of benefits, including:

- **Making performance visible,** highlighting trends and areas for improvement that are currently obscured.
- **Building the evidence base,** enabling more effective targeting of interventions and spending.
- **Driving benchmarking and improvement,** giving employers comparative insight and government a stronger evidence base to target support.

An outcome-focus also avoids overprescription: organisations can determine for themselves how best to improve within their own context. This will be key to keeping the 'standard' proportionate for different sizes and types of employers and ensuring accessibility for SMEs.

Health and work-ability data

Beyond performance data, there is a critical gap in understanding **workforce health and work-ability**. Current data tells us what happens when people leave the labour market, but very little about the health, support and adjustment needs that shape outcomes while people are still in work.

We are exploring a consistent approach to collecting this data through **Work and Health checks**, learning from approaches used in countries like Finland and Japan, introduced at key points across the employment lifecycle, covering core aspects of employee health, needs or barriers that may impact their ability to work. The potential benefits apply to employee, employer and beyond, and are threefold:

- **Visibility:** a clearer picture of workforce health and needs, and disability inclusion.

- **Understanding:** the ability to track trends and target support over time.
- **Earlier intervention:** identifying emerging risks before they lead to prolonged absence or labour market exit.

Checks could be introduced initially at onboarding and at trigger points such as periods of absence, potentially delivered digitally by an independent entity with assurance that no individual data will be shared with employers (or healthcare providers without express permission). A phased rollout, starting with larger employers or specific regions, is likely to be needed to test and build the model effectively. The roles of key actors would be:

- **Employees** complete checks and engage with outputs, with strong safeguards over personal data.
- **Employers** receive aggregated organisational or sectoral (not individually identifiable) insights to encourage proactive engagement in workforce health and needs.
- **Government** could commission and oversee the system, with data aggregated through the WHIU.

Managing risk and building trust

We are very conscious of the challenges surrounding the collection of health and work-ability data. Confidentiality, consent and trust, particularly around sensitive health data, will be central concerns. **There is a strong case for a trusted intermediary to collect this data, rather than expecting employers to deliver this.**

Building public confidence, including through demonstrable benefits for employees, will be critical. We are exploring deliberative approaches such as citizen assemblies to co-design the system with those who might use it, for both what data should be collected, and how. If these challenges can be addressed the potential is significant: a powerful national data asset capable of driving a step change in system performance, and outcome-based policymaking.

The role of government

While the changes described will be driven primarily by employers, employees and providers, government, including devolved administrations, mayoral strategic authorities and city regions, has a central role in creating the conditions for success, setting frameworks, holding the data infrastructure and aligning incentives.

Infrastructure and market frameworks

We see two clear areas where government has a role to play:

- **Setting market frameworks:** international examples show government can ensure coverage and affordability of services, particularly for smaller employers, and simplify the offer for employers navigating a fragmented market.

- **Data stewardship:** government is potentially best placed to act as a trusted guardian of the data infrastructure, establishing common standards, appropriate safeguards and enabling effective use across the system.

The **Workplace Health Intelligence Unit (WHIU)** will be central to this function:

WHIU Function	Description
Standard setting	Define standardised approaches to measuring and collecting performance data, and health and work-ability data.
Collection	Gather data from employers and providers across the UK.
Guardianship	Hold individual health and work-ability profile data securely and manage onward sharing only where consent is given.
Aggregation	Consolidate data on performance, outcomes and health and work-ability profiles by organisation, sector and region.
Benchmarking	Provide confidential intelligence back to employers and providers to drive continuous improvement.
Impact evaluation	Measure the effectiveness of interventions and establish the value-for-money case for new approaches, including digital and AI.
Evidence-based policy	Translate data insights into proposals and recommendations for government on policy and interventions.

Aligning incentives

Many organisations are motivated to engage in better work and health practices, but not all will do so without the right incentives. Government must:

- Support employers to adopt the standard.
- Reward continuous improvement and positive employer behaviour.
- Enable and encourage employee engagement, including considering how we can build greater clarity around expectations with respect to work and heath into contractual arrangements.
- Support the creation a vibrant, high-quality and affordable market for workplace health provision, especially for small businesses.

Further work is needed to identify the most effective levers. Proposals will be developed as evidence accumulates on what works.

Next steps

The next phase of the programme will turn this emerging model into a deliverable and scalable system. The open, participative approach that has characterised Keep Britain Working to date will continue - engaging employers, providers, unions, regional partners and those with lived experience throughout.

We are committed to early communication of our emerging conclusions precisely to encourage engagement, discussion and reaction from the many stakeholders we are engaging with. There will inevitably be issues and elements of the model for which we don't yet have clear answers. Through this engagement approach our conviction is we will develop better quality outcomes. Our future work across the key Keep Britain Working workstreams are discussed below:

Healthy Working Lifecycle Standard

- Establish the **BSI drafting panel**, chaired by Valerie Todd, to begin developing the formal standard, drawing on consolidated sprint findings on prevention, stay-in-work and return-to-work, and developing the concept of redeployment and better-supported exits. We will ensure that any standard developed is feasible, accessible and proportionate for all employers, particularly including SMEs.
- Development of the **Employee Voice** to ensure that employee lived experience is central in shaping our approach alongside employers, providers and other stakeholders. This will include working with Unions and other employee representative bodies as well as directly with employees themselves.
- We will also need to look **beyond traditional employment models** so that models we maximise those in the UK who can benefit from the new system and approach.
- We will pay attention to **different perspectives** to ensure that the proposed system works for some of the key drivers of leaving work for health reasons while avoiding being overly prescriptive (for example Women's/Men's Health, Mental Health, MSK, Cancer)

Workplace health provision

- Develop the concepts of **quality case management**, **early support and treatment pathways**, and the role of **work and health checks** in supporting prevention.
- Build understanding of **risk pooling and insurance approaches** to make provision accessible and affordable for small businesses.
- Consider the **supply side of the Workplace Health Provision** so that the workforce and provider capacity does not constrain the market
- **Articulate the role of Primary Care and GPs** so that our resulting system is a more integrated and cohesive approach across work and the NHS, and incorporates ongoing reforms of the fit note process.

Disability inclusion

- Work with Vanguard organisations and academic partners to **improve measurement of disability participation**, creating the outcome-focused foundations for more inclusive practices across UK employers.
- Further develop the input from those with **lived experience** into the work of the review to ensure that disabled people have a voice throughout and are actively involved in the design of the system.

Data

- Begin shaping the **Workplace Health Intelligence Unit** and building the data requirements and strategies to underpin the system.
- Begin to develop and establish the **data architecture** required so that data confidentiality and privacy for employees and businesses is preserved, including compliance with GDPR.
- Exploring with Liverpool University the concept of work and health checks and how these could be tested via **citizen assemblies**
- Working with Rail Safety and Standards Board and other **organisations already running health checks** to explore what works and what data is most useful.

Incentives

- As we become clear on what the system looks like, we will need to ensure that **incentives are aligned** in the system, encouraging engagement, participation and shared responsibility across employers, employees and providers.

Join up with the Young People NEETs work

- Our work is complementary with the **Milburn Review**, as the Keep Britain Working programme can ensure we are improving the receiving environment for young people moving into the workplace and thus keeping them there more successfully. We will collaborate closely to explore the connections between the two programmes of work, and particularly where data can add value for both.

Through continuing our iterative, collaborative process with employers, employees and their representatives, providers, regional partners and wider stakeholders, we will resolve the many outstanding questions and build consensus on what is possible. The opportunity to deliver a genuine step change in work and health outcomes across the UK is real. We are determined to seize it.

Annex

The latest list of organisations who have expressed an interest in working with us in the Vanguard:

	Organisations	
3-1-5 Health Club	Health Partners Group	Royal Mail
A&M EDM	Health Shield	PreCure ApS
Acas	HealthHero	Psychiatry UK
The Association of Medical Insurers and Intermediaries (amii)	Holland & Barrett	Public Health Scotland
ARKIVE by Adam Reed	Home Office	Pure Unity Health Group
Ascenti Health Group	Hospitality Action	Pure Gym
Association of British Insurers	HR Support 4u Ltd	PwC UK
Aviva	Hussle	Rail Safety & Standards Board
AXA Health	Independent Healthcare Providers Network	Ramboll UK & Ireland
Barts Health NHS Trust	Ingeus	Renew Beauty
BP	Inspired Ergonomics	Retail Trust
British Airways	Insurance at Heart	Rethink Mental Illness
British Beer & Pub Association	J Sainsburys	Rio Tinto
BT Group	Jaguar Land Rover	Road Haulage Association
Bupa UK	John Lewis Partnership	Rolls-Royce
Burger King	Journey Enterprises	Seddon
Business in The Community	Kore Sandwell	Serco
ByteDance	Latus Group	Severn Trent Water
Calderdale & Huddersfield NHS Foundation Trust	Legal & General Group	Sick in the City (SIC)
Canada Life	Lloyds Banking Group	Siemens
Canary Wharf Group	Loughborough University	Simplyhealth Group
Capita	LSN Diffusion	Sky UK
Career Returners	Marks and Spencer	Sonder
Cartrefi Cymru Co-operative	Maximus UK	Sopra Steria
Carolina House Trust	McLaughlin & Harvey Ltd	South Warwickshire University NHS Foundation Trust
CBI	Medicash	SpaMedica
Centrica	Mental Health UK	Spire Healthcare
Change Grow Live	Mental Health First Aid England	Square Health
Channel 4	Microlink PC	SSE Plc
Chrysalis Courses	Mind Matters Counselling LLP	Scottish Union of Supported Employment

Coca-Cola Europacific Partners	Mission Remission	Teladoc Health
COOK Food	Moneypenny	TELUS Health
Cora Health	Motionspot	Tesco
Cosy Direct	Nando's	The Anti Burnout Club
Crown Estate	National Hair and Beauty Federation	The Busy Group
Currys	NCPS	The Chartered Management Institute (CMI)
Dene Healthcare	NHS Business Services Authority	The Clear Company
Department for Business & Trade	NHS Cheshire and Wirral Trust	The Gym Group
Department for Energy Security and Net Zero	NHS Greater Manchester Integrated Care Board	The Human Centre
Department for Health & Social Care	Northern Trains Limited	The Ink Group
Department for Work and Pensions	Northumbria Healthcare NHS Foundation Trust	The Migraine Trust
Disability Action (Northern Ireland)	North Yorkshire Hospice Care	Thrivall
East Midlands Railway (EMR)	Nuffield Health	Transport for London
EDF Energy	One Medical Group	Transport for Wales
Endometriosis UK	Onebright	Truro & Penwith College
Enginuity	Optima Health	Turning Point
Epilepsy Action	PA Consulting	UKHospitality
Evenbreak	PAM Wellness	University of Cambridge
EY UK	Parachute	Unum
Fedcap	Passion4Social	Vercida
Ford UK	Patchwork Hub	Vitality
Future Fit	Pathways CIC	Vitality 360
Genius Within	Peak Health Coaching Ltd	Vivam Health
Goodshape	People Partner 4U	Waltham Forest College
Google UK	Peppy Health	Wellebit
Grayling UK	PepsiCo UK	Wellhub
Haleon	Pharmacy2U	Wise Corp
HCA Healthcare	Standard Life plc	Working to Wellbeing
HCML	Places for People	WPA
Health 2 Employment	Places Leisure	Zellis Group
	Posturite	Zurich UK

The Regional Vanguards working with us are:

	Regions	
Cornwall Council	Greater Manchester	West Midlands Combined Mayoral Authority
East Midlands	Liverpool City Region Combined Authority	West of England Combined Mayoral Authority
Greater London Authority	North East Combined Mayoral Authority	West Yorkshire Combined Mayoral Authority
	South Yorkshire Combined Mayoral Authority	Worcestershire County Council