

Setting the conditions to ‘Keep Britain Working’

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Introduction

The rise in long-term sickness and economic inactivity in the UK has become one of the defining labour market and public policy challenges of the post-pandemic period. With economic inactivity due to long-term sickness at historic highs, participants warned that the national welfare bill has reached an unsustainable £333 billion, outstripping total income tax receipts at £331 billion. This “structural” strain is acutely felt among young people, with anxiety and depression accounting for over 50% of long-term absences.

Held shortly after the King’s Speech opened the new parliamentary session with renewed emphasis on “economic security”, this roundtable examined the barriers preventing healthier and longer working lives, alongside the reforms required to strengthen workforce participation and resilience.

Building on the Keep Britain Working Review, participants explored how the UK can move from a reactive system to one focused on prevention, early intervention, and long-term workforce sustainability. The need for far greater coordination between government departments, including welfare and employment services, employers, healthcare systems, insurers, local communities, and education providers, was a pivotal theme. Collaborative systems, such as in Denmark, served as essential examples of what the UK can aim for.

Key takeaways

Prevention and early intervention must become the focus

- The UK system still intervenes too late. Meaningful support typically begins only after people have already left work.
- Prevention: earlier identification of problems and sustained support throughout the “whole work life cycle” is a potential game-changer.
- Many of the drivers of economic inactivity emerge long before sickness absence, including poor management, workplace stress, financial pressures, and disengagement. Employers are often focused on “pulling people out of the water downstream” rather than preventing them from falling in the river upstream.
- Engaging with people successfully “on their own terms” is critical to preventing long-term sickness and disengagement.
- “Good work is good for health” – but only where workplaces are safe, supportive, and capable of adapting to periods of ill health or vulnerability.
- The UK system still places too much pressure on the NHS and welfare state to resolve issues that originate much earlier.

Management capability and workplace culture are critical

- Managers need greater capability, time, and confidence to identify problems early and respond before issues escalate.
- Many managers are expected to handle increasingly complex people issues without sufficient training or organisational support.
- Years of efficiency-driven corporate restructuring have weakened employers’ ability to manage people effectively.
- Employees are too often viewed as “resources”, “utilities”, or operational inputs, rather than long-term partners whose wellbeing, development, and engagement are central to organisational success.
- Changing attitudes to work, particularly among younger workers, are challenging traditional expectations around career progression, flexibility, and work-life balance.
- AI and automation could intensify workplace pressures if organisations continue to increase productivity expectations without corresponding investment in employee support and management capability.

Mental health and youth inactivity are growing structural challenges

- Mental health is “the major outlier driving long-term sickness and economic inactivity, particularly among younger people.”
- Prevention must begin earlier, including through schools, local communities, and employment support systems.

- Better transitions into work, stronger wellbeing support, and more flexible pathways into employment were all identified as priorities.
- Case Study: The Danish system, whereby employers, schools, welfare services, and local government work together to intervene earlier and keep young people connected to work wherever possible.
- “If you want to solve problems affecting young people, you have to involve them directly and build systems that are flexible enough to meet people where they are.”

A more coordinated, system-wide approach is needed

- The UK’s approach to workforce health remains fragmented across employers, healthcare systems, welfare services, insurers, and government departments.
- There was broad agreement that meaningful reform would require a far more coordinated national strategy.
- Reducing pressure on the NHS and welfare system will require broader shared responsibility for workforce health across employers, insurers, local services, and central government, rather than relying primarily on reactive healthcare interventions after people leave work.
- The Department for Work and Pensions (DWP) must be better empowered and equipped to coordinate with DHSC, HM Treasury, employers, insurers, and external stakeholders to drive long-term systems change and move from fragmented interventions toward a coherent preventative strategy.

Issues raised

The limitations of existing workforce data and organisational intelligence

Employers remain “awash with data” while lacking meaningful insight into employee wellbeing, organisational culture, or emerging risks. Many organisations continue to rely heavily on financial metrics while lacking equivalent “people intelligence” capable of identifying early warning signs of strain, disengagement, or psychological risk. Traditional surveys were described as insufficiently responsive and overly retrospective, limiting employers’ ability to intervene before employees reach crisis points. Organisations need more sophisticated approaches capable of identifying earlier behavioural and cultural indicators while ensuring interventions are aligned with the actual risks facing different workforce groups.

Healthcare: fit note reform and “de-risking” the NHS

Parts of the healthcare system may inadvertently contribute to workforce detachment, particularly where individuals are signed off work without sufficient consideration of how work itself can support recovery, routine, and social connection. The discussion explored fit note reform and whether improved occupational health integration, together with stronger employer-healthcare coordination, could help create a more balanced approach focused on rehabilitation and sustained workforce

participation rather than prolonged absence alone. Meanwhile, given the size and significance of the NHS, there is a natural tendency to lean on it to manage problems that often originate much earlier in workplaces, communities, and wider social systems. Increasing NHS funding without broader reform concentrates even more responsibility, and therefore risk, within a system that is largely reactive rather than preventative. Participants also highlighted the potential role of patient advocate services, which help employees struggling with health issues navigate the NHS and third sector services to speed up access to care.

The growing strain on managers and HR functions

The discussion highlighted growing concern around the pressure being placed on line managers and HR teams. Managers are increasingly expected to support employee wellbeing, manage productivity, implement organisational change, and navigate complex people issues, often without adequate training or support. HR teams were similarly described as becoming overwhelmed by competing responsibilities, ranging from wellbeing support to legal compliance and risk management. Organisations cannot expect managers to create healthy workplace cultures if they themselves are operating under unsustainable pressure or lacking the capability to manage increasingly complex workforce challenges effectively.

Recommendations

- Shift workforce policy toward prevention and early intervention rather than primarily responding after individuals have exited work.
- Develop a more coordinated national workforce health strategy linking DWP, DHSC, HM Treasury, employers, insurers, and local government.
- Ensure long-term political and institutional commitment so that workforce health reform is not disrupted by electoral or ministerial change.
- Promote models that directly involve employees and younger workers in shaping workplace wellbeing strategies and organisational decision-making.
- Strengthen management capability through greater investment in people management, psychological safety, and wellbeing leadership.
- Improve early identification of workforce strain through better organisational intelligence, behavioural indicators, and proactive wellbeing monitoring.
- Expand access to occupational health and rehabilitation support, particularly for SMEs and lower-income workers.
- Reform fit note and sickness absence processes to support earlier intervention and sustained workforce participation.
- Encourage stronger partnerships between employers, insurers, healthcare providers, and public services to share responsibility for prevention and rehabilitation.
- Embed wellbeing considerations into job design, workload management, and organisational change processes.

- Strengthen support for young people through improved careers guidance, work experience, and social and emotional development.
- Support more place-based approaches that empower local authorities, voluntary organisations, and communities to shape workforce health solutions around local needs.

Links

- [Keep Britain Working: Final Report](#)
- [PLG Roundtable: Employer-led consensus on ‘The Keep Britain Working Review’](#)
- [Working for a healthier tomorrow: Dame Carol Black's Review of the health of Britain's working age population](#)
- [The Health Foundation: How to keep Britain working, Sam Atwell](#)
- [Resolution Foundation: From Review to reality, Making a success of the Keep Britain Working review](#)

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