

MARCH 2026

# Keep Britain Working

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## The Story So Far

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# KBW Report Recap and Ambition

## The Current Position

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Britain faces an urgent economic inactivity crisis driven in large part by ill-health and the barriers to work faced by disabled people.

- **Over 1 in 5 working-age adults are out of work and not looking for work** and the most common cause is long-term health issues.
- There are now **2.8 million people economically inactive due to health conditions**, 800,000 more than in 2019, with projections showing another 600,000 by 2030 without action.
- The **disability employment rate is 52.8%**, 29.5% below that of non-disabled people and early indications suggest this gap is widening.
- **This is a serious but fixable problem**. However, it cannot be solved by government or employers acting alone.

### Everyone loses in the current system:

- **Individuals** face life-changing consequences - a 22-year-old leaving work due to ill health can lose over £1 million in lifetime earnings, plus the profound wellbeing impact of lost purpose and connection.
- **Employers** lose £120 per day per sick employee, face recruitment costs exceeding £11,000 per replacement, and are experiencing sickness absence at a 15-year high - totalling £85bn annually.
- **The state** faces unsustainable costs of £212bn per year (equivalent to 7% of GDP or nearly 70% of all income tax collected) through lost output, additional welfare payments, and increased NHS burden.

## The Root Causes

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The Keep Britain Working (KBW) Review examined the underlying causes in depth through engagement from employers, providers, representative bodies, employees and those with lived experience.

### We need to tackle three persistent problems:

1. A **culture of fear** that is felt by employees and, differently, by employers, especially line managers. This creates distance between people and discourages safe and early disclosure, constructive conversations and support just when they are needed most.
2. A **lack of an effective or consistent support system** for employers and their employees in managing health and tackling barriers faced by disabled people. This lack of support is sometimes compounded by a Fit Note system that is not working as intended.
3. **Structural challenges** for disabled people, creating barriers to starting and staying in work. Compared to international comparators, the UK lacks systemic levers to support disabled people in work, leaving them disproportionately excluded and talent wasted.

## The Ambition

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These problems are not inevitable. The will to act exists, as do significant resources and, across the review, we have seen elements of the solution. What is missing is coordination, focus, and a coherent framework for change.

Our ambition is to **achieve a fundamental shift** from a model where health at work is largely left to the individual and the NHS, to one where it becomes **a shared responsibility** between employers, employees and health services.

This isn't about more public spending - it's about everyone playing their role, where **employers are on the pitch leading, employees engage** and the **government resets the system**, enabling and incentivising employers to act and assuring better outcomes.

## The Solution

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The key components of the solution set out in the review are to:



**Establish, with employers and providers, a Healthy Working Lifecycle** - which defines the practices that drive the best outcomes in reduced sickness absence, improved return-to-work rates and better participation and retention of disabled people.



**Develop better workplace health provision** - with existing providers and practitioners, the support employers and employees need to deliver the Healthy Working Lifecycle, focusing initially on new stay-in-work and return-to-work plans within the lifecycle, and improving access to support.



**Build evidence of what works to underpin incentives for adoption** - Create a Workplace Health Intelligence Unit (WHIU) to aggregate and analyse data, consider incentives to drive uptake, guide continuous improvement and provide leadership, as a movement HQ, across the new system.

## Since Publication

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At publication in November, the **Government agreed** to support a system-wide and employer-led shift in workplace health and inclusion by accepting the recommendations to:

- **Launch the three-year vanguard:** to test and build the evidence base for employer-led solutions to develop the Healthy Working Lifecycle and supporting Workplace Health Provision.
- **Establish the Workplace Health Intelligence Unit:** to act as the 'movement HQ' to support vanguards, build evidence, and drive innovation.
- **Rewire incentives by the next Spending Review:** by building the evidence required to consider how to align incentives and drive wider uptake and better outcomes.

**And now, we're not waiting to act.** We've moved immediately into Vanguard Phase and are establishing the Workplace Health Intelligence Unit to drive the movement, learn fast, build evidence for what works, and enable a national scaling in the coming years.

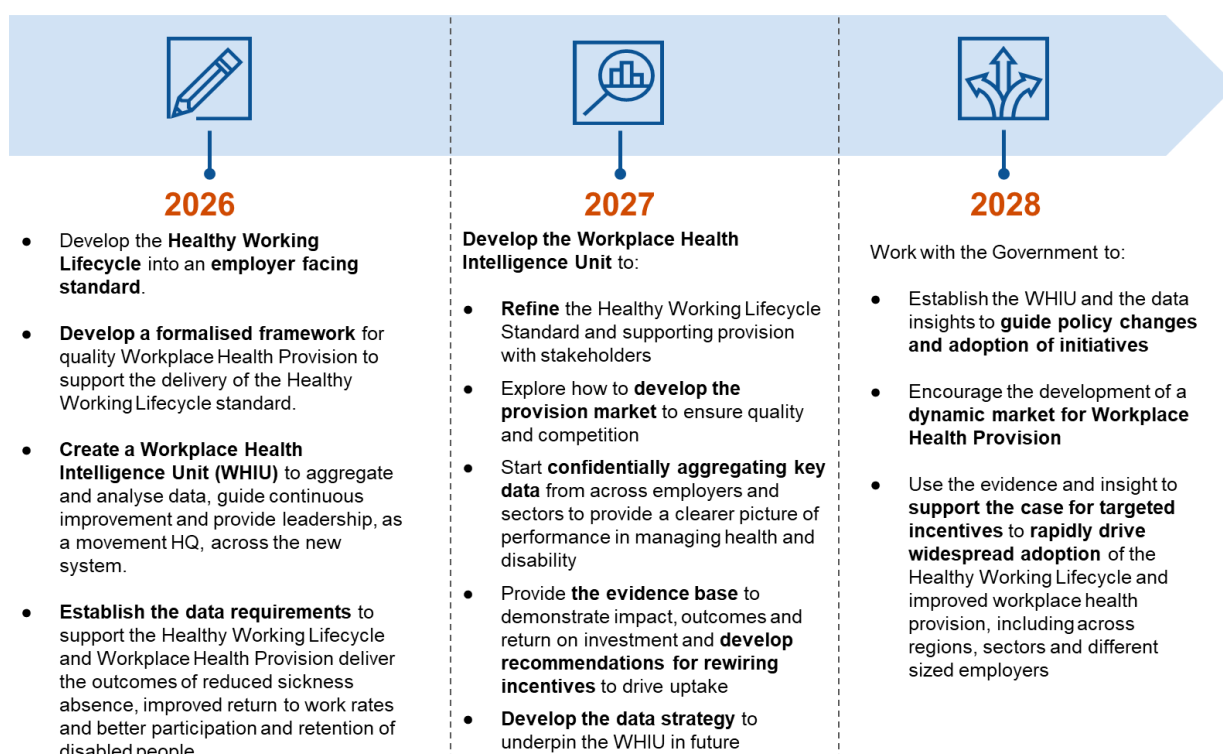
# The Vanguard Phase

## Overview

The Vanguard Phase is a three-year programme where we are seeking to develop the solutions set out in the review by working with employers, providers, regions and wider stakeholders to collaborate, learn, experiment, and prove what works to transform workplace health and inclusion in the UK.

The programme will be grounded in a strong commitment to deliver better outcomes by working in partnership, building consensus, prioritising action and developing the evidence base to support a national scaling of the initiatives that best impact health and inclusion.

The key deliverables over the next three years are summarised in the diagram below:



We recognise that we cannot reach the end state overnight, but we aspire to **move quickly and bring people with us**. Therefore, we have moved immediately into Year 1 of the Vanguard Phase, building on the high level of engagement and enthusiasm we have seen from employers, providers and regions alike.

## Year 1 Activity and Progress to Date

The first year of the programme is about building the foundation of the movement, defining the practices and approaches that make the difference in driving better outcomes, establishing the support employers need to make a difference, and building engagement across UK employers, providers and stakeholders supporting this work.

We are focused on three key workstreams:

Year 1 Workstream	Expected outcome	Approach	Who is involved?
<p><b>Developing the Healthy Working Lifecycle</b></p>	<p>Delivery of a draft Employer-facing Standard</p>	<p>We have launched the first of three cycles of eight-week employer-led sprints. These include 6-10 organisations who are working with us to explore and answer key questions across the Healthy Working Lifecycle.</p> <p>Following each sprint, we will have a period of wider engagement with other vanguard organisations and wider stakeholders to gather input and feedback. The findings of the sprints and the feedback received will be incorporated into the development of a Standard for employers in the UK. The first set of sprints will conclude in April with wider engagement taking place in May.</p> <p>The early questions for the sprints and the lead organisations are:</p> <p><b>1) Prevention led by Transport for London</b> What are the key principles for doing prevention well?</p> <p><b>2) Stay-in-Work led by Siemens</b> What are the principles of successful stay-in-work plans and what does it take for an employer to start implementing this?</p> <p><b>3) Return-to-Work led by Google</b> What are the principles of successful return-to-work plans and what does it take for an employer to start implementing this?</p> <p><b>4) Disability Inclusion (in collaboration with the Business Disability Forum)</b> a) What outcome measures can be developed to provide effective indicators of disabled employees' experiences and inclusion driving better participation? How could these be measured? b) What are the concerns and barriers regarding reasonable adjustments and what factors define an effective reasonable adjustment process? How could this be built into stay-in-work plans?</p>	<p>Employers and healthcare / wellbeing providers</p>




Year 1 Workstream	Expected outcome	Approach	Who is involved?
<p><b>Workplace Health Provision</b></p>	<p>Defined workplace health provision required to support employers</p>	<p>There are over 40 providers (public &amp; private) engaged in this early work. Through roundtable sessions, we are working on:</p> <ul style="list-style-type: none"> <li>Defining early hypotheses on what supports good provision (quality case management, early access to treatment, prevention and measurement)</li> <li>How to handle hand-offs between non-clinical and clinical pathways, including integration with GPs/NHS</li> <li>Market development including public and private and how to make provision affordable and accessible.</li> </ul> <p>These initial roundtables will be used to inform future work with providers to develop the detail of the WHP, feeding into development workstreams to take place from April/May onwards</p> <p><b>Link to Fit Notes:</b></p> <p>The work on provision will also consider key questions around how the Fit Note system could be improved to bring greater employer perspective and address the challenges we've heard.</p> <ul style="list-style-type: none"> <li>The current Fit Note system fails many, with 93% marked "not fit for work," isolating employees and excluding employers.</li> <li>We aim to design a better system working with vanguard organisations which is based around collaborative stay-in-work and return-to-work plans involving employers, employees, and health providers.</li> <li>Our plan is to co-design, test, and implement this system, and could ultimately reduce the reliance on Fit Notes, empowering employers in sickness absence management, and allowing GPs to focus on primary care.</li> </ul>	<p>Healthcare and wellbeing providers</p>
<p><b>Data requirements</b></p>	<p>Defined data requirements to support the healthy working lifecycle and Workplace health provision</p>	<p>Better data will be vital to success, but we need to walk before we run. We have a dedicated data sprint, led by EDF, with a strong focus on measuring outcomes. The purpose is to:</p> <ul style="list-style-type: none"> <li>Establish how to measure the Healthy Working Lifecycle and Workplace Health Provision.</li> <li>Consider how to aggregate and deploy better data.</li> <li>Design the data requirements that will support KBW and form the heart of the Workplace Health Intelligence Unit (WHIU).</li> <li>Build the evidence base, provide confidential benchmarking, and ultimately underpin progressive incentives to accelerate adoption.</li> </ul>	<p>Employers and healthcare and wellbeing providers</p>

## Delivering through Engagement

We have had an encouraging response since publication of the review. The level of engagement has been impressive with a range of organisations and stakeholders stepping forward to work with us. This engagement gives us confidence we can drive fundamental change across the UK labour market. Our approach aims to harness:

- A substantial, committed movement of **organisations, regions and the Devolved Governments**, who are working with us to develop and prove what works, building the evidence base to support national scaling.
- An **established regional infrastructure** through Mayoral and Strategic Authorities and the Devolved Administrations, alongside dedicated central coordination provided by the Workplace Health Intelligence Unit (WHIU).
- A **robust cross-government governance**, led by senior ministerial co-chairs alongside Sir Charlie, that will provide the strategic oversight and accountability to drive the programme forward.

We recognise the challenge and ambition of what we are aiming to achieve. The subject of work and health is broad and encompasses a huge degree of complexity, with a wide array of stakeholders looking to make a difference. With this in mind, we are embracing the following **guiding principles** to help shape our work and guide our stakeholder engagement:

 <p><b>Simplicity</b></p> <p>Navigating conditions, cohorts, practices, regional &amp; sectoral variations create potential for great complexity.</p> <p><b>Our focus will be on outcomes and identifying a few key practices.</b></p>	 <p><b>Momentum</b></p> <p>We want to move at pace and capitalise on the momentum and energy.</p> <p><b>We aim to define the standard and provision framework in 12 months</b>, then build evidence to rewire incentives.</p>	 <p><b>Walk, then run on data</b></p> <p>Data will be of vital importance but could risk being highly complex</p> <p><b>We want to take a phased approach to data.</b> First, learn what data is collected, then what are good measures, how and why they make a difference and how to aggregate / make effective.</p>
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### Engagement with Vanguard Organisations

Since November, the number of **organisations working with us has more than doubled** and keeps growing, demonstrating the appetite for change and to be part of this movement across the UK. We now have **150 organisations working with us**, who employ around 1.5m employees and span 24 industries across the public and private sector. Working groups comprising a spread of these organisations will take part in the Healthy Working Lifecycle sprints and the development of the Workplace Health Provision. They will work with the Intelligence Unit on important questions, feeding back to the wider community at key points to test findings, gather feedback and apply emerging insights. For participating organisations, this is intended to generate practical and shared insights that can be applied within their organisations, as well as being an opportunity to shape a national conversation on the future of workplace health. The latest list of organisations who have expressed an interest to be part of this work is included in the annex.

## Working in Partnership with the British Standards Institution

To ensure we are developing a robust and recognised standard across the Healthy Working Lifecycle, we are planning to partner with the British Standards Institution (BSI). BSI is the trusted National Standards Body in the UK and brings 125 years of experience in developing recognised and credible standards across a variety of topics, including health, safety and wellbeing. The approach that BSI takes provides a structured and transparent process, drawing on the views and input of a wide range of stakeholders to ensure the resulting standard is developed through consensus and engagement. We plan to partner with BSI to integrate our approach to the Vanguard Phase with their robust methodology across this year. This collaborative approach to engaging stakeholders and developing the standard will be crucial in ensuring that feedback and insights from the broadest range of stakeholders are effectively incorporated and widely embraced.

## The role of Regional Mayoral and Strategic Authorities

We recognise that regional leadership is crucial to the Keep Britain Working movement because the regions act as focal points for regional economic leadership, are **uniquely positioned to convene local SMEs**, especially through their various Good Employment/Fair Work Charters, understand their local challenges, and tailor employment and skills support effectively.

We currently have **10 Mayoral / Strategic Authorities working with us** (further detail is provided in the annex).

During the Vanguard Phase, the regional leadership will be responsible for convening their local SMEs to provide regional input and insight. SMEs will be vital in understanding the baseline position against the three outcomes (reduced absence, improved return-to-work and increased participation and retention of disabled people) and in sharing good practice examples of how they are delivering better outcomes. Our solutions must work for all employers large and small, and the regional work will test approaches with smaller employers in different parts of the country.

### Example of Regional Engagement

By the end of April, we will have run the first set of Employer workshops across Greater Manchester, Liverpool City Region, West of England, North East, East Midlands and South Yorkshire Mayoral Combined Authorities through which we expect to have engaged around 150 local employers, particularly focused on SMEs, who will come together at each event to collect good practice across three of the five healthy working lifecycle stages (prevention, stay-in-work, return-to-work) and understand what area of the lifecycle the MCAs would like to focus on as a group.

Through these workshops we are complementing the work of the employer-led sprints and provider engagement by bringing a regional economy and SME focus and voice. These will be fed into the cycles of the Healthy Working Lifecycle Sprints and the early drafts of the model standard as well as considering local systems of provision and how they can be developed.

## The role of Devolved Governments

We are actively engaging with stakeholders and government across the Devolved Governments, (Scotland, Wales, and Northern Ireland) to ensure that our approaches to workplace health and inclusion are inclusive, locally relevant, and responsive to regional economic conditions and initiatives. We have seen many examples of good practice in these nations and want to ensure the next phase of our work builds on these and develops solutions across the whole UK.

This engagement is critical for tailoring support to the unique needs of each nation's workforce and business communities. A key focus of our work with the Devolved Governments has been on the SME dimension, recognising that small and medium-sized enterprises form the backbone of regional economies across the UK. Our approach includes working closely with regional leaders, business networks, local authorities, and devolved government departments to explore and build regional and place-based provision models.

### Example of Upcoming Engagement

Devolved Governments	Upcoming Activity
<b>Scotland</b>	<p>In partnership with Public Health Scotland, in March we delivered an employer workshop bringing together a diverse group of over 50 Scottish employers and representative bodies to promote actions that improve workplace health and support Scotland’s Fair Work and health goals.</p> <p>Building on the momentum from recent surveys and roundtables, the session aimed to engage a broader range of employers across various sectors to encourage practical steps benefiting both employees and national health. The event also aligned with key national policies, including the Health &amp; Work Action Plan and the KBW Vanguard Phase in Scotland.</p>
<b>Northern Ireland</b>	<p>Like the event in Scotland, we will be organising similar sessions in Northern Ireland and Wales throughout the Spring. The purpose of these sessions will be to shape the devolved nation’s role in the implementation of the Keep Britain Working recommendations and to establish how they fit with devolved matters. Similar to our engagement in the Mayoral Regions, the Devolved Governments will also convene their SMEs to support the delivery.</p>
<b>Wales</b>	

### Wider engagement

There are several further strands of engagement work which will form a vital part of the approach to the Vanguard Phase. These stakeholders will be engaged between the sprints with employers, to gather feedback and perspective on what we have learned, as well as bringing a range of key perspectives into consideration. These groups will include

- **Unions:** Unions play a vital role in the workplace, representing and supporting employees. In our work to develop the initiatives and build consensus for reform of workplace practices around work and health, we will work closely with Unions ensuring they play an active role in the vanguard phase.
- **Employees and lived experience:** The experience of employees and particularly those with health conditions or disabilities will be vital to ensuring that the standard and provision deliver impactful changes to workplace health and inclusion. We are exploring how to bring in the employee voice as well as lived experience to support the work of the vanguard phase.
- **Clinicians and GPs:** Understanding the impact of changes to workplace health provision and interactions with the health system will be vital. We will work closely with clinical stakeholders and the Royal Colleges to ensure we are understanding the consequence, risks and opportunities from proposals.
- **Experts and researchers:** There are a huge range of excellent expert and academic institutions working in this area, developing evidence and insight around work and health. It is our ambition to amplify and work with these efforts rather than attempting to replicate or replace them. Research organisations will form a key part of the stakeholder engagement work we do across the Vanguard Phase to ensure we are building from and with expertise in this complex area.

## Governance of the Vanguard Phase

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This work has strong backing from the Government, with a **Leadership Board comprising four co-chairs (Rt Hon Pat McFadden, Rt Hon Peter Kyle, Rt Hon Wes Streeting and Sir Charlie Mayfield)** as well as senior leadership across Department for Work and Pensions (DWP), Department for Business and Trade (DBT) and Department of Health and Social Care (DHSC). This board will provide cross-government strategic leadership of the programme, holding ultimate accountability and **decision-making authority** for the implementation of the recommendations and the outcomes and products it delivers as a result.

The Leadership Board will be supported by an **External Advisory Group** who will be consulted and act as an external expert forum, providing insight and challenge from a diverse range of perspectives. This group will shape thinking and proposals, but it will not be responsible for making decisions. The advisory group membership is set out in the annex.

## Get Involved

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If you're interested in finding out more about the Vanguard Phase or would like to register your organisation as a Vanguard, we want to hear from you.

We welcome employers of all sizes, healthcare providers, Regions, and organisations across all sectors who recognise that the current system isn't working and are ready to help build something better.

Whether you're a large employer, an ambitious SME, an NHS trust, a private provider, or a local authority leader, there's a place for you in this movement.

To find out more or to register your interest in becoming a Vanguard, please contact our team at [kbw.vanguards@dwp.gov.uk](mailto:kbw.vanguards@dwp.gov.uk).

**Together, we're not just planning change, we're making it happen.**

# Annex

## List of vanguard organisations

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

### Organisations

3-1-5 Health Club	Google UK	Places Leisure
A&M EDM	GXO Logistics Solutions	Post Office
ARKIVE by Adam Reed	Haleon	PreCure ApS
Aquame	Health 2 Employment	Psychiatry UK
Association of British Insurers	HealthHero	Pure Gym
Aviva	Health Partners Group	PwC UK
AXA Health	Health Shield	Rail Safety & Standards Board
Business in The Community	Herriot Hospice Homecare	Renew Beauty
Barts Health NHS Trust	Holland & Barrett	Retail Trust
BP	Hospitality Action	Rethink Mental Illness
British Airways	HR Support 4U	Rio Tinto
British Beer & Pub Association	Hussle	Road Haulage Association
BT Group	Independent Healthcare Providers Network	Rolls-Royce
Bupa UK	Ingeus	Seddon
Burger King	Insurance at Heart	Serco
ByteDance	J Sainsburys	Severn Trent Water
Canada Life	Jaguar Land Rover	Sick in the City (SIC)
Canary Wharf Group	John Lewis Partnership	Siemens
Capita	Journey Enterprises	Simplyhealth Group
Career Returners	Kore Sandwell	Sky UK
Cartrefi Cymru Co-operative	Latus Group	Sopra Steria
CBI	Legal & General Group	South Warwickshire University NHS Foundation Trust
Centrica	Loughborough University	Spire Healthcare
Change Grow Live	LSN Diffusion	Square Health
Channel 4	Marks and Spencer	TELUS Health
Chrysalis Courses	Maximus UK	Tesco
Coca-Cola Europacific Partners	Mind Matters Counselling LLP	The Anti Burnout Club
COOK Food	Money Penny	The Busy Group

Cora Health	Motionspot	The Chartered Management Institute (CMI)
Cosy Direct	Nando's	The Gym Group
Crown Estate	National Hair and Beauty Federation	The Human Centre
Currys	NHS Business Services Authority	The Ink Group
Dene Healthcare	NHS Cheshire and Wirral Trust	The Migraine Trust
Department for Business & Trade	NHS Greater Manchester Integrated Care Board	Thrivall
Department for Energy Security and Net Zero	Northumbria Healthcare NHS Foundation Trust	Transport for London
Department for Health & Social Care	Northern Trains Limited	Transport for Wales
Department for Work and Pensions	Nuffield Health	Truro & Penwith College
Disability Action (Northern Ireland)	One Medical Group	UKHospitality
East Midlands Railway (EMR)	Onebright	University of Cambridge
EDF Energy	Optima Health	Unum
Endometriosis UK	PAM Wellness	Vercida
Enginuity	Parachute	Vitality
Epilepsy Action	Passion4Social	Vivam Health
Evenbreak	Patchwork Hub	Waltham Forest College
EY UK	Pathways CIC	Wellhub
Fedcap	People Partner 4U	WiseCorp
Ford UK	Peppy Health	Working to Wellbeing
Future Fit	PepsiCo UK	WPA
Genius Within	The Phoenix Group	Zurich UK
Goodshape		

The latest list of the **Vanguard regions** is:

### Regions

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

NB. The Keep Britain Working programme is not endorsing any particular products or services. It is working with a diverse range of organisations to develop the needs and requirements to shape future work and health practices.

## Advisory Group Membership

Name	Organisation
Prof Iain Buchan	University of Liverpool
Joanne Cairns	Union of Shop, Distributive and Allied Workers (USDAW)
Dr Robin Cordell	Faculty of Occupational Medicine
Joe Donnelly	UNISON
Henrietta Frater	Crown Estate
Anne Hayes	British Standards Institution (BSI)
Professor Kamila Hawthorne MBE	Swansea University; National Academy of Social Prescribing
Dr Sarah Hughes	Mind
Prof Ewan MacDonald OBE	University of Glasgow
Kate Nash OBE	PurpleSpace
Deborah Rees	LSN Diffusion Ltd
Paul Schreier	Simplyhealth
Valerie Todd CBE	Digital Catapult; Leonard Cheshire; Great British Energy
Kirsty Watt	Advisory, Conciliation and Arbitration Service (Acas)
Sara Weller CBE	BT; Lloyds Banking Group plc; United Utilities; Money and Pensions Service