

6th PEROSH Research Conference

Manchester, 10 September 2025

***Health, Work & Wellbeing:
where are we now?***

Dame Carol Black GBE

Independent Adviser to Government of England

National Director for Health and Work 2006-2011

H&W Strategy 2005 : DWP

 HM Government

Health, work and well-being –
Caring for our future

A strategy for the health and
well-being of working age people

Our Vision

Achieve a society where :

- Health and Wellbeing at working age is given the attention it deserves
- Work is recognised as beneficial, and barriers to work are removed
- Healthcare promotes return to work
- Health is not adversely affected by work

- Work promotes individual and overall health and wellbeing
- People with health conditions and disabilities can work
- People make the right lifestyle choices from an early age.

Working for a healthier tomorrow, 2008



“At the heart of this Review is recognition of, and concern to remedy, the human, social and economic costs of impaired health and wellbeing in relation to working life in Britain.”

“The aim of the Review is to identify the factors that stand in the way of good health, and to elicit interventions, including changes in attitudes, behaviours and practice – as well as services – that can help overcome them.”

The Review set out the first-ever baseline for the health of Britain’s working-age population, showing that we were living longer but not in good health.

Black on OH 2008

- Developing an integrated approach to working-age health requires Occupational Health to be brought into the mainstream of healthcare provision.
- Its practitioners must address a wider remit, and work with public health, general practice and vocational rehabilitation to meet workers' needs.
- This should be underpinned by clear workforce plans, a strengthened academic base, good-quality data and analysis, and formal accreditation of all providers.

2008 – 2025 : The Challenges

- Politics, changes in government, austerity, less investment
- Sustainability of initiatives; consistent delivery; resistance to change
- Lack of research & workplace data, little evaluation of interventions
- Creating Healthy Workplace culture: leaders, Boards, managers.
- Rise of a Wellbeing/Wellness industry without evidence
- Training, e.g. of GPs and line managers
- Chronic illnesses, Mental Health problems
- Poor, ever-decreasing, productivity
- COVID, inflation, war, cost-of-living crisis
- A benefit system slow, rigid, and with perverse incentives

The Result in 2025

- A welfare system unfit for purpose
- A diminishing labour market
- Decline in employer confidence
- Among young people, a widening employment gap
- Productivity stagnant/declining.

“Clear evidence, for the first time since the industrial revolution, of poor health detracting from both growth and wellbeing.”

A.Haldane, previous Chief Economist, Bank of England

Unwanted UK Labour-Market Change

- Big increase in **economic inactivity**
 - concentrated in younger and older workers
- **Driven largely by increased long-term sickness**
 - from even before the pandemic
- Cannot all be explained by long-covid
 - that figure is about 100k, out of 500k more inactive
- Cannot be explained by caring or 'retirement'
- Home-working will not close the participation gap.
Long-term sickness is concentrated in low-paid 'on-site' jobs.
- **Unlike in other developed countries, economic inactivity kept rising** - suggesting a UK-specific factor.

Health- related Costs

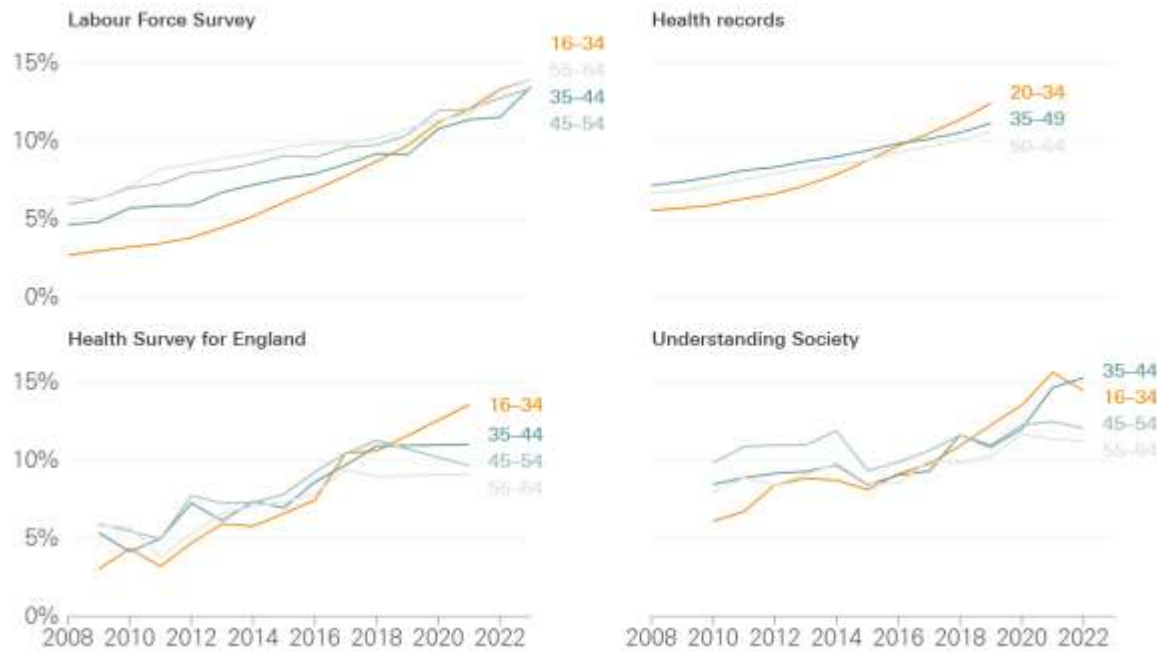
- Each year, around 300,000 people move from ‘in work’ to ‘out of work with a work-limiting health condition’.
- Estimated cost to UK employers £150bn per year through lost productivity, sickness absence and recruitment costs.
- Expected rise in incapacity benefits in real terms from £20.8bn a year in 2019/20 to £32.1bn by 2029/30.

Work-limiting health problems

- 8.2 million working-age UK people report a long-term health condition that limits their ability to work.
- Growth in number economically inactive for health reasons is 10 times the growth in the working-age population
- Significant rise in Mental health conditions, particularly among younger workers, and more people live with multiple health challenges.
- **Between 2019 and 2024 1.2m young people (increase 77%) and 0.9m older people (inc 32%) reported a work-limiting condition.**
- Differences in health, education and economic conditions shape employment opportunities for people with health problems.

Across multiple sources, rates of poor mental health have doubled since 2010, especially among young adults

Proportion of population reporting mental health conditions, by data source and age group, UK and England, 2008–23



Over 10% of working-age people now report poor mental health, according to a range of surveys, screening tools and clinical diagnoses.

Unlike two decades ago, young adults now report higher rates of poor mental health than older age groups.



The Health Foundation

Commission for Healthier Working Lives

Source: Health Foundation analysis of Office for National Statistics, Labour Force Survey, 2023; Clinical Practice Research Datalink (CPRD); NHS Digital, Health Survey for England, 2023; University of Essex – Institute for Social and Economic Research, Understanding Society, UK, 2010–22. Note: See full report for more detail.

Courtesy C.Rocks

Older workers: Centre for Ageing Better 2025

Recommendations to Government: **become** :

- **Age-positive**
 - Commit to an employment-rate target of 75% of 50-64 age range by 2030.
 - Set ambitious performance targets for DWP-funded employment support i.e. those 50+ to achieve similar access and outcomes as 40-50s.
- **Age-curious**
 - Publish performance data for H&W interventions broken down by age
 - Include specific focus on 50+s in all evaluations of H&W interventions
 - Encourage innovation in this sector.
- **Age-targeted**
 - with employment-support interventions designed to overcome ageism.
 - Restart and expand the Mid-Life MoT pilot programme
 - Expand and improve the '50 Plus Champions' scheme, with collaboration between 50 Plus and Disability Champions
 - Pilot specialist interventions for 50+s with ill-health to return to work.

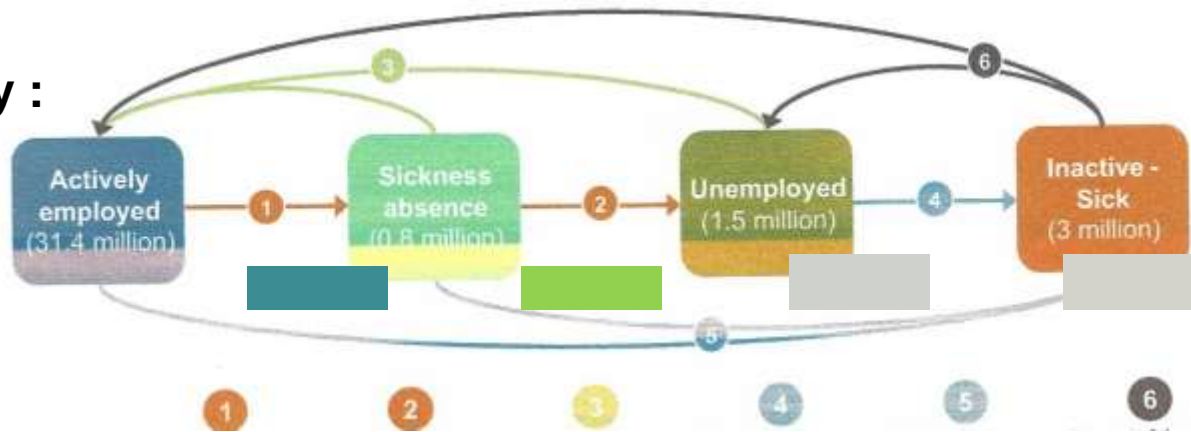
FT Opinion 9 Mar 2025 Stephen Bush

What's needed are **routes back into lasting employment.**

- The purpose of a good welfare system is to protect people from destitution and help them into some form of employment, education or training.
- But a decade and a half of attempts at reform have delivered something that largely underperforms, while costing more as a proportion of GDP.
- The increased bill is driven by rising numbers of people, many of them young, claiming health-related benefits. The maximum such benefit may still be far from generous, but it is much more than unemployment benefit.
- **There is little reason to believe that the increase in working-age people classed as long-term sick is the product of a health problem uniquely afflicting the UK – in other developed economies health-related benefit levels have fallen or remained flat - rather than a poorly-designed UK benefits system.**

The Journey to Economic Inactivity

Journey :



Transition flow

Health Issues

Depart Job

Return

Leave labour force

Direct exit

Return to labour force

Drivers at this stage

Health conditions
Working conditions
Lack of manager support

Disconnect
Fragmented support
Low motivation
Perverse financial incentives
Job insecurity

Early employer interventions
Flexible work
Reskilling

Isolation from work networks
Skill-job mismatch
Worse health
Employer bias

Low employer support
Perverse incentives
Fragmented health support

Cycles of employment disruption
Employers reluctant to hire long-term inactive.

C. Mayfield for DWP: *Keep Britain Working: Discovery, 2025*

Responsibility along the employee's journey



- Countries with systems emphasising prevention, retention and rapid rehabilitation have better retention of workers.
- In some countries health-insurance and/or income-protection insurance play a more prominent roles

Learning from other countries

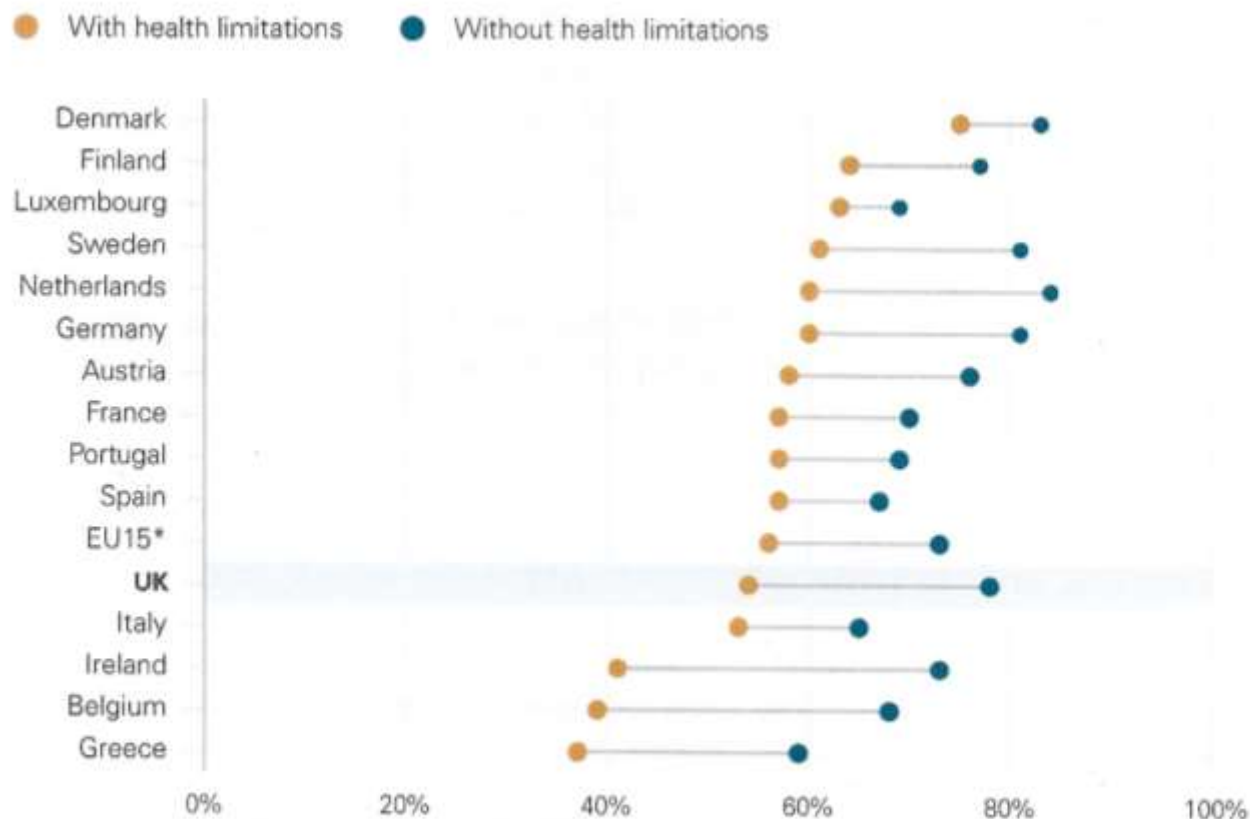
Evidence suggests that the UK is underperforming many European countries on work and health outcomes.

- The employment gap between UK people with and without health conditions is one of the widest in Europe.
- In 2022 the UK's employment rate for people **without** health challenges was among the highest in EU15, ...
- ..but for those **with** health conditions the UK ranked near the bottom.
- Between 2018 and 2022 the proportion of 16-24 yos **with** health conditions out of work more than doubled, a sharper increase than in most of Europe. (Early detachment from the labour market often leads to poorer employment and health throughout life.)

International comparisons are not straightforward – but we must learn & adapt.

Employment across Europe in 2022 with and without health limitations

Employment rate (% aged 16–64 years) for people with and without health limitations in EU15 countries, 2022



Source: Institute for Employment Studies analysis of EU-SILC and Understanding Society.

*EU15 average covers the original EU15 countries post-Brexit, ie including the UK.

Learning from others

Health Foundation Commission on *Action for Healthier Lives*.

Based on international evidence, and discussion, the UK should have:

- 1. Early intervention in work** ideally within the first 4 wks of absence, otherwise workers with health challenges face much higher risk of long-term absence and permanent detachment from the workforce.
- 2. Adequate and timely support in the welfare system.** The UK's employment support and welfare system do little to help people stay in or return to work.

Two major weaknesses stand out:

- A rigid all-or-nothing approach in a binary welfare system.
- Lack of early work-related support

- 3. Long-term commitment, not short-term fixes.** Policy stable and consistent.

UK needs to commit to a consistent approach with sensible incentives that brings together employers, health services and welfare system to deliver real and lasting change.

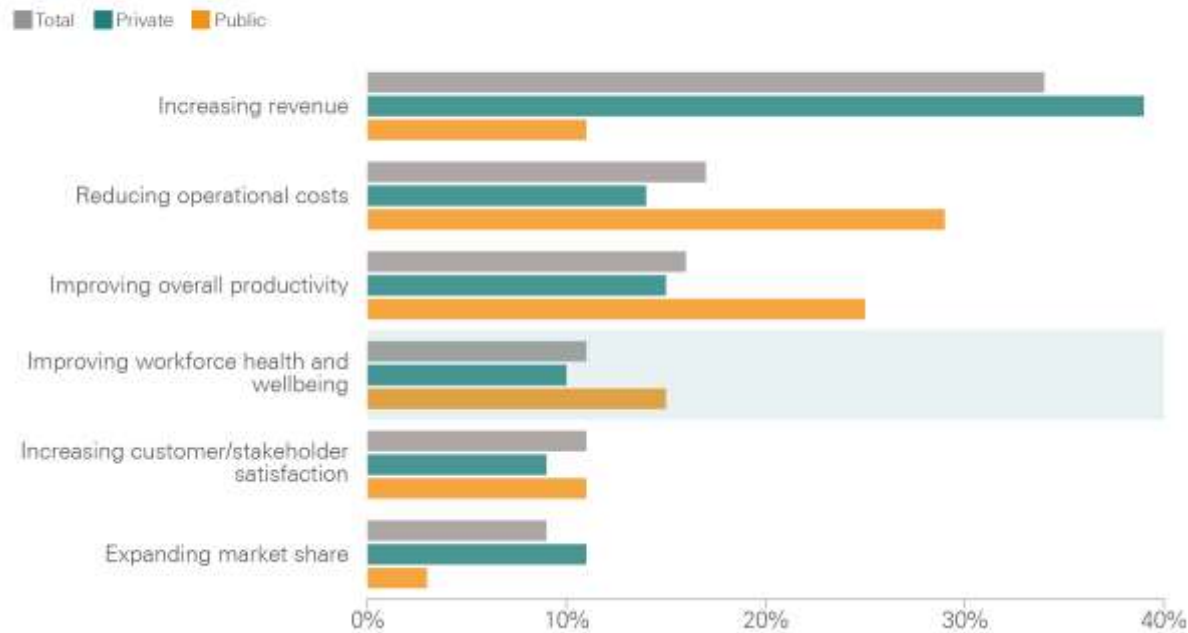
A system doing too little too late

Journeys out of work involve missed opportunities for intervention :

- Failure to design good jobs and 'good work' permitting flexibility.
- **Varying support: 29% of employers offer little or no health-related support; only 45% of workers have access to OH or VR .**
- Government support virtually absent at 'in work' stage.
- Statutory sick pay is too low and incentivizes inactivity.
- Benefits system slow, rigid & ineffective at supporting return to work.
- Work Capability Assessment creates fear of financial loss, deters many.
- Focus is often on reducing the benefits bill rather than supporting staying in work.

Employers' organisational priorities

Top organisational priority for the next 12 months, percentage of organisations, UK, 21 January to 7 February 2025



Business polling suggests that many employers recognise the importance of workforce health, but other pressures can take precedence.

36% of employers rank workforce health among their top three business priorities, but just 11% identify it as their number one priority.

Workforce health is a higher priority in the **public** sector than in the **private** sector.

Source: Conducted by YouGov on behalf of The Health Foundation.

Question: Please rank the following priorities for your organisation over the next 12 months, where 1 is the most important priority and 6 is the least important (unweighted base: 1006).

Courtesy C.Rocks

Many employers lack structured support for health and wellbeing

Segmentation of employers (% of employers), Great Britain, 2018



Recent DWP research found that:

- 29% of employers – mainly SMEs – offer minimal support, i.e. little prioritisation of employee health.
- 18% of employers, mostly larger firms, offer structured or intensive support
- The rest fell between these categories, providing either informal benefits or limited support

While investment in workforce health has increased in recent years, many SMEs remain in a reactive space.

Source: Ipsos MORI. Sickness absence and health in the workplace: understanding employer behaviour and practice 2021). Department for Work and Pensions (research report no. 981. All employers (2,564). A random probability telephone survey was undertaken between June and August 2018.

Key barriers to action by employers

Health Foundation Commission

- Financial constraints and limited incentives :
 - cost of providing initiatives on health and work
 - low rate of Statutory Sick Pay.
- Lack of evidence on what works and for whom.
- Poor awareness of best practice:
 - many employers feel that investment in workforce health initiatives gives poor return (ROI).
- Interventions considered ineffective: apps/technology (31%)
OH (by 23%), EAPs (20% of employers surveyed).
- Wider systemic problems, e.g. on Fit(ness) Notes, the Access to Work scheme, or the Disability Confident scheme.

MH's recommendations 2004

Adapt or die:

Win hearts and minds

- Engage management, workers, policymakers
 - talk their language
 - adapt policy-driven evidence to evidence-driven policy
 - end professional closed shops
- Do more research
- Overhaul competencies
- Eliminate OH discipline barriers
- Radically rethink FOM syllabus – we are not just clinicians
- Think internationally
- Plan national OH networks
- Practical over moral arguments

Dump (the title) 'Occupational Health' !

Workplace Culture needs to improve

Healthy Workplace culture is based on :

- empowering leadership,
- capable middle managers,
- Boards engaged in promoting employees' Health and Wellbeing,

then and only then

- personalised interventions, evidence-based if possible, with outcomes measured.



Not just an 'add-on', embed good workplace culture in the organisation on a firm base.

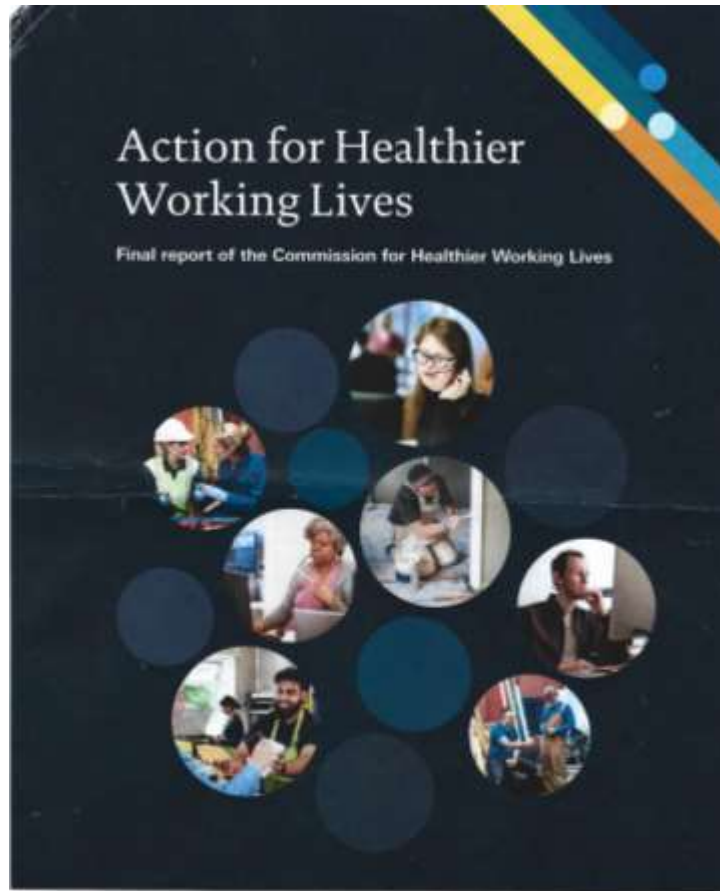


Healthier Managers don't have ill Employees



Data from a 2017 survey of 1,540 managers of small or medium-sized enterprises in German-speaking part Switzerland.

Health Foundation Commission



Commission for Healthier
Working Lives

Health Foundation Commission : Summary of Recommendations

1. Update and apply best practice in job design, workforce health and retention, with focus on priority sectors.
2. Embed early intervention through a tiered caseworker model.
3. Review and reform statutory sick pay while supporting employers.
4. Introduce a vocational rehabilitation benefit, to help people stay in work after statutory sick pay ends.
5. Develop a stronger 1-year job guarantee for workers on long-term sickness absence.
6. Trial local job-pooling initiatives for workers unable to return to their previous roles due to health challenges.
7. Deliver a bold new back-to-work offer for people receiving health-related benefits

Government programmes

DWP's ongoing projects for Health and Work focus on reducing long-term-sickness-related economic inactivity through reforms to benefits, increased NHS funding, and improved employment support.

- Health Transformation Programme
- Work and Health Programme and WHP Pioneer
- Universal Credit Health
- Right to Try
- Connect to Work
- WorkWell Partnership Programme
- Trailblazers:
 - Individual Placement Support in Primary Care
 - Employment Advisers in NHS Talking Therapies
 - Expansion of Access to Work

NB. From NHSE Accelerator Programme

Conclusions

- Keeping people in work healthy and well is hugely challenging, but doable.
- We need an overarching strategy that can be converted into a timely implementation plan
 - ...leading to sustainable change to a system fit for purpose
 - ... and a workforce supported to give of its best.