



STRATEGIC WELLNESS SOLUTIONS™

QUANTIFY - CORRECT - MONITOR™

TOPICAL BRIEF · OCTOBER 2026 · KEEP BRITAIN WORKING

Workforce health: what boards should measure next

Government's proposed Workplace Health System moves the question from how much absence is recorded to whether support is timely, connected and sustained.

A board-level reading of *Keep Britain Working: a national growth opportunity* (September 2026): what it proposes, what it means for leadership teams, and the questions it raises about how workforce intelligence is used.

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PROPOSED WORKPLACE HEALTH
SYSTEM

23 Sep 2026

PUBLISHED BY DWP, DBT, DHSC

5 questions

FOR THE BOARD TO PUT TO
LEADERSHIP



SECTION 01 · WHAT CHANGED

A proposed Workplace Health System

On 23 September 2026, the Department for Work and Pensions, the Department for Business and Trade and the Department of Health and Social Care published *Keep Britain Working: a national growth opportunity*. It proposes Britain's first Workplace Health System, built on three parts: better, more inclusive workplaces; better workplace health provision; and better intelligence on workplace health and inclusion.

The system is being developed and tested with Vanguard employers, providers and regions. Alongside it, an employer standard is being drafted with the British Standards Institution, an employer data project begins this autumn, and a phased roll-out plan is due ahead of the 2027 Spending Review.

On 9 October 2026 the publication page was updated to add English audio, British Sign Language and Easy Read versions. This was an accessibility update, not a new policy announcement. The update is a proposal under test: not a finished national system, a new statutory duty, or an evaluation of outcomes.

SECTION 02 · WHY IT MATTERS TO BOARDS

Four shifts for leadership teams

Ownership

Workforce health is treated as a leadership, performance and work–design issue with clear accountability, not solely a matter for HR or occupational health.

Connected support

Today's support is described as fragmented across HR, occupational health, employee assistance, GPs and insurers. The proposal is coordinated provision, with a case manager where needed.

Employee trust

The proposed work and health toolkit keeps individual responses private by default. Employers would see only aggregated insight above a minimum group size, never individual answers.

Sustained outcomes

Success is framed as sustained return to work, measured at six months, alongside retention and disability participation, rather than absence volume or the first day back.



SECTION 03 · THE SWS VIEW

Turn measurement into better workforce decisions

SWS INTERPRETATION

KEY INSIGHT

Your reports show what has happened. Measurement shows what may be changing.

For boards, the opportunity is to connect that visibility to practical action — and assess what changes over time.

The proposed Workplace Health System gives employers a timely reason to examine how they understand workforce health. SWS brings an additional perspective: objective biological measurement alongside workplace context, helping leadership teams ask better-informed questions about workforce resilience.

Our approach follows a clear framework: **Quantify – Correct – Monitor**. Establish a measured baseline; use the findings to inform proportionate support and action; then repeat measurement to assess change. This creates a structured cycle of enquiry, action and review.

SWS's distinctive contribution is to connect biological measurement with organisational decision-making. Used alongside employee experience, working conditions and existing occupational-health support, it can broaden the information available when employers consider where to focus attention.

The practical question is: *what does this information help us decide?* Every measure should have a clear purpose, a responsible owner and a route to action. Monitoring should examine both changes in measured indicators and relevant workforce outcomes, without assuming that one caused the other.

For SWS, this policy development is an opportunity to demonstrate the value of that approach through carefully designed employer pilots: clear baselines, defined actions, employee trust and transparent evaluation.

See workforce risk earlier.

SECTION 04 · EVIDENCE BOUNDARIES

What is established, and what is open

Established by the source

The three-part design; shared responsibility across employers, employees, providers, places and government; development with Vanguard organisations; the employer commitments now being tested.

Still open

The commitments are illustrative and under test; the BSI standard is not final; the specification and affordability of provision are unsettled; the report names uptake and value as open questions for its toolkit.

Not addressed

The update does not assess or mention biological measurement, and endorses no provider or method, SWS's included. Policy alignment is not validation; measurement alone does not establish prevention or efficacy.



SECTION 05 · QUESTIONS FOR THE BOARD

Five questions to put to leadership

- 01 Which barriers can we identify before absence begins?
- 02 Who owns the handovers between line managers, HR, occupational health and other support?
- 03 Do employees control how their personal health information is shared?
- 04 Do we track sustained return to work and retention, not only absence?
- 05 What incremental benefit would any additional measurement need to demonstrate against what we already do?

SECTION 06 · SOURCES

Original sources

- **Keep Britain Working review update: a national growth opportunity, September 2026.** GOV.UK publication page. Published 23 September 2026; last updated 9 October 2026 (accessible versions added).
[View the publication page on GOV.UK →](#)
- **Keep Britain Working: a national growth opportunity, September 2026.** Full report (HTML).
[Read the full report on GOV.UK →](#)

Sources checked 10 October 2026. Contains public sector information licensed under the Open Government Licence v3.0.

This brief is an independent SWS interpretation of a public government document. It does not imply government endorsement of SWS, and policy alignment does not validate SWS methodology. It is not medical, legal or HR advice. It is separate from the SWS Executive Brief.

Discuss these questions with SWS

A 45-minute conversation on what your organisation measures today.

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