

UNEQUAL SUPPORT: EMPLOYER VIEWS ON WORKFORCE HEALTH IN 2026

Asli Atay, Christopher Wood, Paula Holland
and Stavroula Leka
June 2026

Contents

Executive summary	3
Introduction	4
1. The evolution of health related retention and recruitment challenges	5
2. Inequalities in workplace health and wellbeing support persist	8
Recommendations	13
References	15

WORK FOUNDATION AT LANCASTER UNIVERSITY

The Work Foundation at Lancaster University is a think tank focused on improving working lives across the UK through applied research and new ideas. For over a century, we have worked to break down the barriers individuals and communities face in accessing good work.

We believe everyone should have access to secure, rewarding and high-quality work. By engaging directly with workers, employers, policymakers and leading academics, we deliver rigorous applied research to tackle structural inequalities in the labour market and improve working lives across the UK. We are part of Lancaster University's Management School, and work with a range of partners and organisations across our research programmes.

CENTRE FOR ORGANISATIONAL HEALTH AND WELL-BEING

The Centre for Organisational Health & Well-being is based at Lancaster University in the UK. It is an inter-disciplinary centre aiming to support employers, policymakers and other key stakeholders to develop sustainable, healthy work and healthy workplaces. The Centre brings together expertise from the Faculty of Health & Medicine, Lancaster University Management School, and the Work Foundation to address challenges associated with the changing nature of work and achieve its aim.

METHODOLOGY

The Work Foundation commissioned Suration to conduct a survey of 1,001 senior business leaders across the United Kingdom. The survey ran between 7 May and 20 May 2026, and covered a nationally representative sample of firms across major sectors, firm sizes and types, and all regions of the United Kingdom.

Respondents were asked questions about their experiences of and approach to workplace health, ranging from the types of support they offer for health and wellbeing to their views on the incidence of different type of workplace health challenges.

This survey builds on a similar survey of business leaders that took place in 2024, and occasionally the findings reference this previous survey as a base of comparison for how conditions have changed. Results for both surveys are based on unweighted responses. The repeated survey enables comparison over time, though some differences may reflect changes in the profile of respondents between survey waves.

ACKNOWLEDGEMENTS

We gratefully acknowledge the support and challenge provided by our reviewers which much improved our report including Dr Kay Greasley (Lancaster University), Dr Kevin Teoh (Birkbeck, University of London) and Dr Juliet Hassard (Queens University Belfast). Thank you to Alice Martin, Jon Fitzmaurice, Ben Harrison and colleagues at the Work Foundation team who have supported the delivery of this report in a multitude of ways.

EXECUTIVE SUMMARY

The UK's labour market remains under sustained pressure. Elevated levels of health-related economic inactivity, persistent recruitment and retention challenges, and the rising cost of out of work benefits have brought workforce health to the top of the policy agenda. In response, the Government has accepted the recommendations of the Keep Britain Working review and is supporting a three-year vanguard programme, led by Sir Charlie Mayfield, to test employer-led approaches to improving workplace health, inclusion and labour market participation.

This report examines the progress UK employers are making in supporting employee health and wellbeing, while highlighting where significant gaps remain. Drawing on a nationally representative survey of 1,001 senior business leaders, it builds on findings from the Work Foundation's 2024 employer survey.

Health-related exits from work are slowing, but practical provision remains limited

The proportion of employers reporting fewer health-related exits has risen to 33% in 2026, up from 21% in 2024. However, one in five employers (22%) still face recruitment difficulties, rising to one in three (33%) among those with a large share of their workforce (50-75%) on low-incomes

Across 15 measures of workforce health support, an average of 80% of employers rate themselves as well or very well equipped to meet employee health needs. Yet provision remains uneven. Three in five employers (58%) do not offer paid time off for medical appointments, only two in five (39%) provide access to occupational health services, and fewer than half (44%) report designing jobs with health needs in mind.

Support is lowest where health risks are often greatest

Across 12 key types of health-related support – such as flexible working, enhanced sick pay and access to occupational health – an average of 36% of employers offer each individual measure. However, for those with predominantly low-income workforces that figure is 13.3 percentage points less, and employers with largely female or younger workforces (16-24) are also below the sample average. These gaps are not limited to reactive support but also extend to preventative measures that help people stay healthy and remain in work in the long-term.

Organisational size matters too, with 99% of large employers offer some form of health support. However, more than a quarter (28%) of the smallest employers offer none, with microbusinesses more than 15 points below the average.

Recommendations

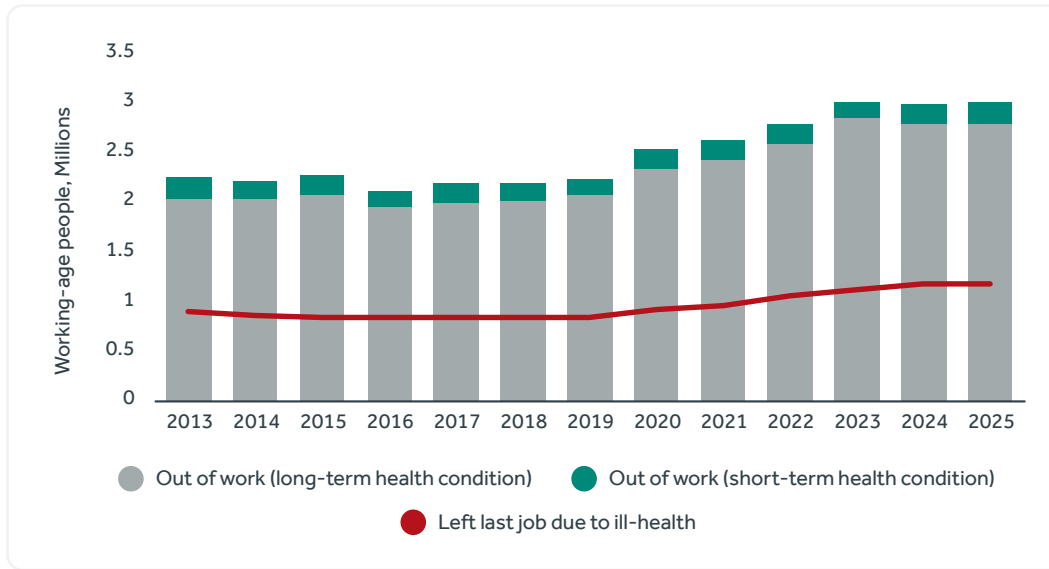
The findings from this study underline the importance of policies capable of reaching beyond employers already engaged in this agenda and addressing the structural barriers facing vulnerable workers and the employers who employ them. Recommendations to achieve this include:

- 1. Embed prevention and healthy job design as a core employer responsibility:** Government should work with the Health and Safety Executive, Advisory, Conciliation and Arbitration Service (ACAS) and sector bodies to develop practical guidance on healthy work design, particularly for SMEs and employers in high-risk sectors.
- 2. Establish local work and health hubs for SMEs:** Government should work with the Health and Safety Executive, ACAS and sector bodies to develop practical guidance on how to design healthy jobs that promote wellbeing and sustainable work, particularly for SMEs and employers in high risk sectors.
- 3. Pilot a supported workdays framework:** Current systems treat workforce health as binary. Government should introduce a pilot for a supported workdays model that would allow workers to remain in work during periods of reduced capacity, improving health data and providing clearer support for managers.
- 4. Consult on a statutory right to paid time off for medical appointments:** Government should consult employers and employees on introducing a new entitlement, recognising the role of healthcare access in sustaining workforce participation.

INTRODUCTION

The UK continues to face a significant crisis at the intersection of health and work. While levels of health-related economic inactivity may have stabilised since the end of 2023, they remain stubbornly elevated at a near record 2.78 million people.¹ This reflects nearly 700,000 more economically inactive people due to ill health than prior to the pandemic.²

Figure 1: Number of people (16-64) out of work or leaving work due to ill-health in the UK



Source: ONS Labour Force Survey Q4 2013 - 2025

Critically, the rate of ill health across the general population has risen sharply in recent years, with forecasts suggesting it will increase further in the coming decade.³ These trends suggest that the need to sustain work while managing a health condition is likely to become a reality for a growing number of people.⁴

Sir Charlie Mayfield's *'Keep Britain Working Review'* identified two groups particularly at risk of leaving the labour market due to ill health today and in the future. Firstly, younger workers, who have increasingly cited mental health issues such as anxiety and depression as the primary health-related reason they are out of work.⁵ And secondly, older workers in their fifties and sixties, for whom musculoskeletal disorders such as back pain, arthritis and other mobility related conditions are most frequently reported as work limiting factors.

Against this backdrop, employers have a substantial role to play in supporting individuals to remain healthy, as well as to remain in work should they suffer a health setback. The strongest evidence base for promoting workplace mental health and wellbeing points consistently to the importance of job control.⁶ For example, workplace interventions can help people stay in work while managing a health condition. Access to flexible working, remote and hybrid working, time to attend medical appointments, and decent sick pay can make the difference between remaining in employment and leaving the workforce altogether.

Yet, it is also recognised that employers are currently navigating a more challenging economic environment, with broader cost pressures likely to influence decisions about how they support the health of their workforce in the future. This is, therefore, a vital time to understand employers' attitudes towards supporting workforce health outcomes, including the practical steps they are taking, as well as how they assess their own performance, and where their future priorities lie.

This report presents findings from a nationally representative survey of 1,001 senior business leaders across the United Kingdom conducted in May 2026, building on evidence from a previous survey carried out in May 2024. It aims to identify the gaps, pressures, and opportunities that need to be addressed if the UK is to make meaningful progress on one of its most pressing economic and social challenges.

1. THE EVOLUTION OF HEALTH RELATED RETENTION AND RECRUITMENT CHALLENGES

Since 2019, the number of people outside of work due to long-term illness grew by almost 700,000 – a surge that has put workplace health at the centre of the employment agenda.⁷ While there are signs that this trend is now stabilising, there remain a number of significant workplace health challenges to be addressed.

Figure 2: Employers reporting health-related exits in 2026 compared to 2024



Source: Work Foundation analysis of nationally representative survey of 1,001 UK employers (April- May 2024 and May 2026).

Official statistics suggest that the number of people out of work due to ill-health peaked in 2023, and growth in the number leaving jobs because of ill-health slowed during 2025.⁸ These shifts are reflected in our survey findings, with employers reporting that health-related departures are no longer increasing at the same rate, and many are seeing a decline in the number of workers leaving due to ill health.⁹

Encouragingly, this progress may reflect improvements in employers’ health offering, with survey findings suggesting that more employers are actively assessing and adapting to workplace health needs. This may also reflect that many of those with the most challenging conditions have already left the workplace.

Yet even on the most optimistic reading, these figures remain stubbornly low. Fewer than half of employers offer these policies that support people to stay and remain in work, leaving significant space for improvement (or further interventions).

Figure 3: Percentage of employers providing the following health and wellbeing policies, 2024 vs 2026

Type of measure	Policy	Share of employers offering policy		
		2024	2026	Change
Upstream	Assess and manage workplace mental health risks (e.g. workload, role clarity, bullying, stress)	36%	41%	+5%
	Designs jobs to support health (e.g. manageable workloads, flexibility, autonomy)	37%	44%	+7%
	Assess and manage workplace physical health risks	34%	41%	+7%
	Assess and manage risks associated with remote or home working	28%	32%	+4%
Midstream & Downstream	Make reasonable adjustments for disabled employees or those with long-term conditions	39%	41%	+2%
	Provide access to occupational health services	37%	39%	+2%
	Provide enhanced sick pay	26%	33%	+7%

Source: Work Foundation analysis of nationally representative survey of 1,001 UK employers (April- May 2024 and May 2026). Maximum margin of error in both surveys is approximately 3%.

Retention in low paying sectors remains a challenge

Despite some positive signs, challenges remain with 63% of employers still reporting rising or persistent levels of health-related exits. The challenges appear to be concentrated where support tends to be weakest, with a quarter (26%) of employers with a large share of low-income employees reporting a rise in health-related exits. Similar trends can be seen in employers with a large young workforce, with a fifth (20%) seeing rises.

A disconnect between employers and people looking for work

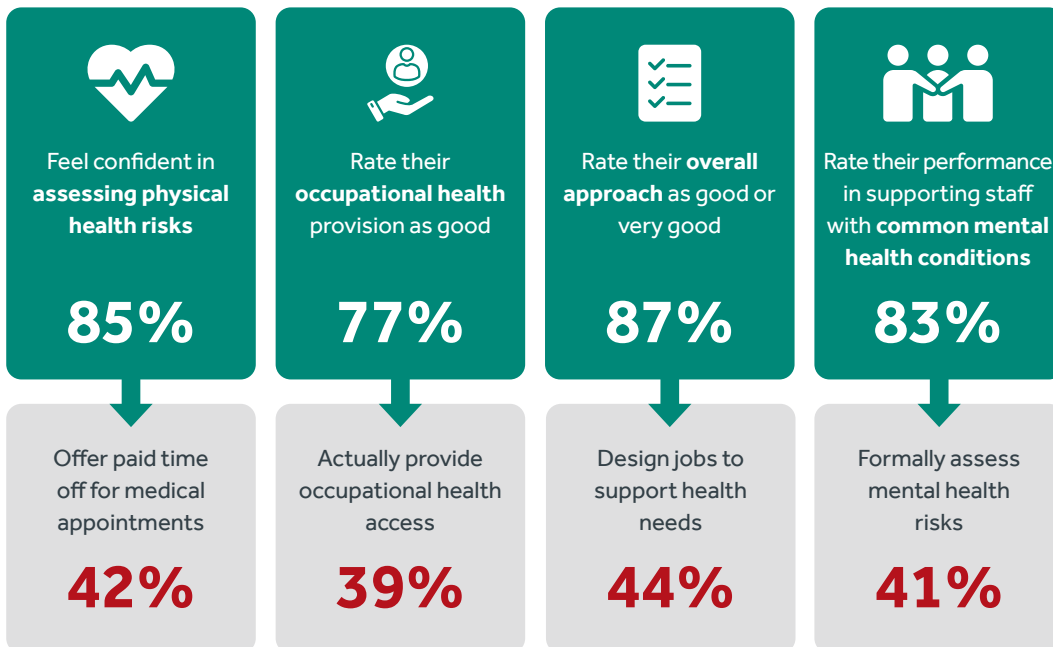
While retaining workers with health conditions remains a priority, employers also need to do more to attract people back into work. Yet progress appears limited, despite elevated levels of people looking for work currently, one in five employers surveyed still report recruitment difficulties (22%). These findings suggest a missed opportunity to better connect people managing health conditions with available jobs.

Employers are confident in their approach but falling short in practice

Employers rate their ability to support worker health needs highly. Across 15 metrics, four in five employers (80%) reported being well or very well equipped to respond to employee health needs, and 87% rated their overall approach positively. Confidence is particularly high around implementing flexible hours, assessing workplace health risks and supporting workers returning from ill-health.

However, these self-evaluations do not always translate into good practice. For example, despite 85% feeling confident in how well they perform in supporting staff with assessing physical health conditions, three in five employers (58%) do not offer paid time off for medical appointments and only 39% provide occupational health access.

Figure 4: Employer confidence vs action taken in various workplace health areas*



Source: Work Foundation analysis of nationally representative survey of 1,001 UK employers (May 2026).

* 'Confident in support' refers to any employer responding 'Well' or 'Very well' to the question "In your opinion, how well or poorly does your organisation perform in supporting workforce health in the following ways, if at all?" "Takes action to support" refers to any employer responding affirmatively to the question "Which of the following, if any, does your organisation currently do to support employee health?"

Early intervention remains a gap, including for mental health risks

This disconnect is more pronounced in ‘upstream’ areas of support that can make the most meaningful difference. For example, only 44% of employers design jobs to support health needs and fewer take proactive steps to analyse and assess workplace sickness absence and risks. These gaps could contribute to delays in the early diagnosis of problems at the point at which treatment might be most effective.

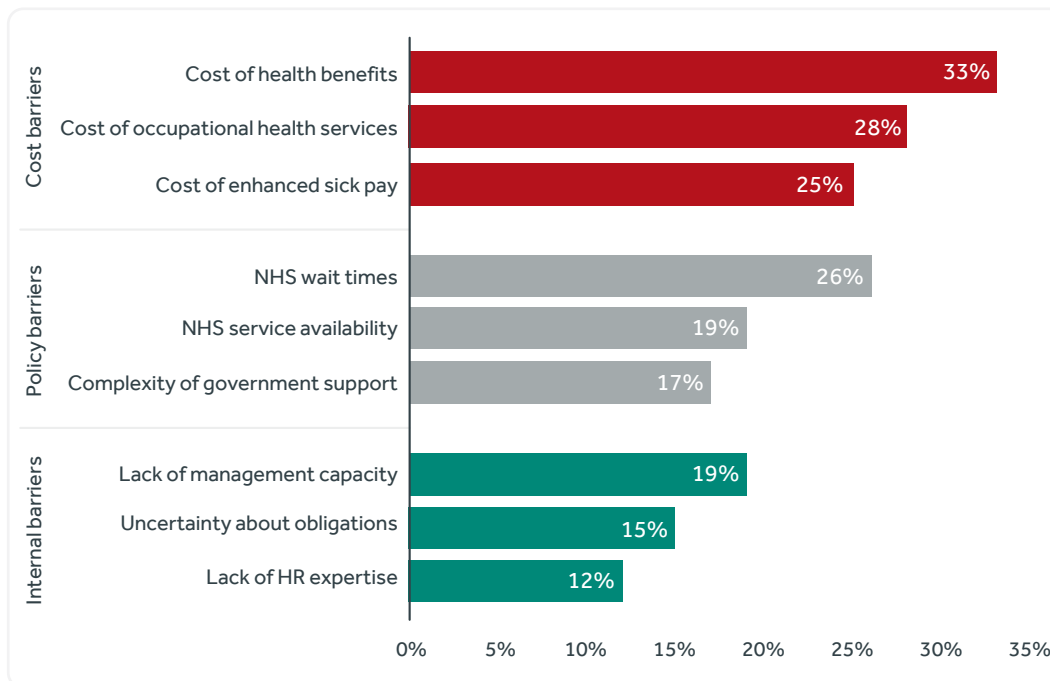
The prevention gap extends beyond access to medical care. It appears psychosocial risks – aspects of how work is organised and managed that are known to drive ill-health, including high workloads, low job control, poor role clarity and inadequate support – remain significantly underassessed by employers. While 73% of employers feel confident managing mental health challenges, only two in five (41%) formally assess mental health risks, despite this being a legal requirement.¹⁰

Cost pressures are real, but don’t explain the full picture

Employers report that the costs of employee health initiatives remain the biggest barrier, with a third of employers (33%) citing concerns on the cost of health benefits. Over a quarter of respondents also stated the cost of occupational health services (28%) and providing enhanced sick pay (25%) were challenges.

Half of respondents (49%) reported struggling with budget constraints in providing comprehensive occupational health services. Policy efforts to offset these costs may be hindered by additional employer concerns about the complexity of accessing government support. This was particularly high for employers in mid-sized firms, and those based in the North West and Yorkshire.

Figure 5: Employers’ largest barriers to introducing workplace health support



Source: Work Foundation analysis of nationally representative survey of 1,001 UK employers (May 2026).

Collectively, these findings indicate that while employers are actively engaged with the work and health agenda, their ambitions are not always reflected in clear programmes of support. With economic pressures rising, policymakers need to actively support, educate and incentivise more employers to proactively introduce workplace policies that can boost prevention and support workers when they experience ill health.

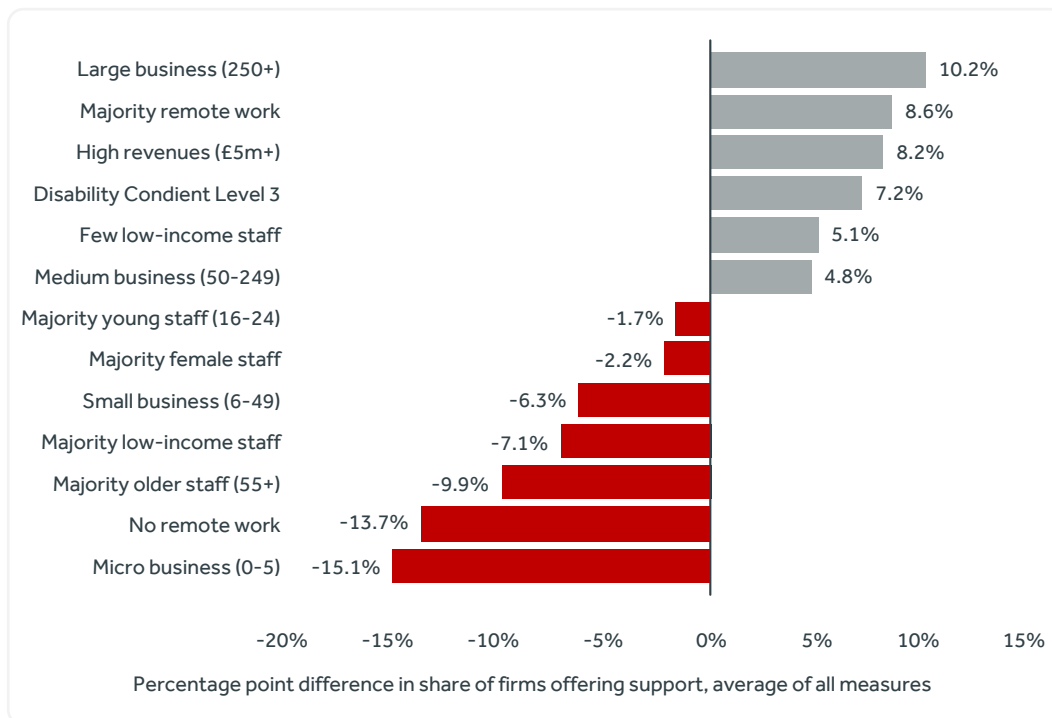
Failing to do so risks exacerbating already high levels of ill health, economic inactivity and worklessness, making it harder for firms to recruit and retain the staff they need to thrive.

2. INEQUALITIES IN WORKPLACE HEALTH AND WELLBEING SUPPORT PERSIST

Despite growing public and policy attention to workforce health, the provision of support among UK employers remains uneven and shaped by the size and nature of the organisation.*

While there are signs that employers are keen to expand in-work health support, the coverage of that support remains imbalanced. Many of the most vulnerable groups of workers remain underserved by the most important support measures. These disparities in support are evident across business sizes, sectors, pay levels, and workforce demographics. Young people stand out as being particularly affected, often facing multiple, overlapping barriers to accessing employer health support.

Figure 6: Difference in types of employers’ offering health-related support versus average of all support measures†



Source: Work Foundation analysis of nationally representative survey of 1,001 UK employers (May 2026).

Organisation size is the strongest predictor of health and wellbeing policies

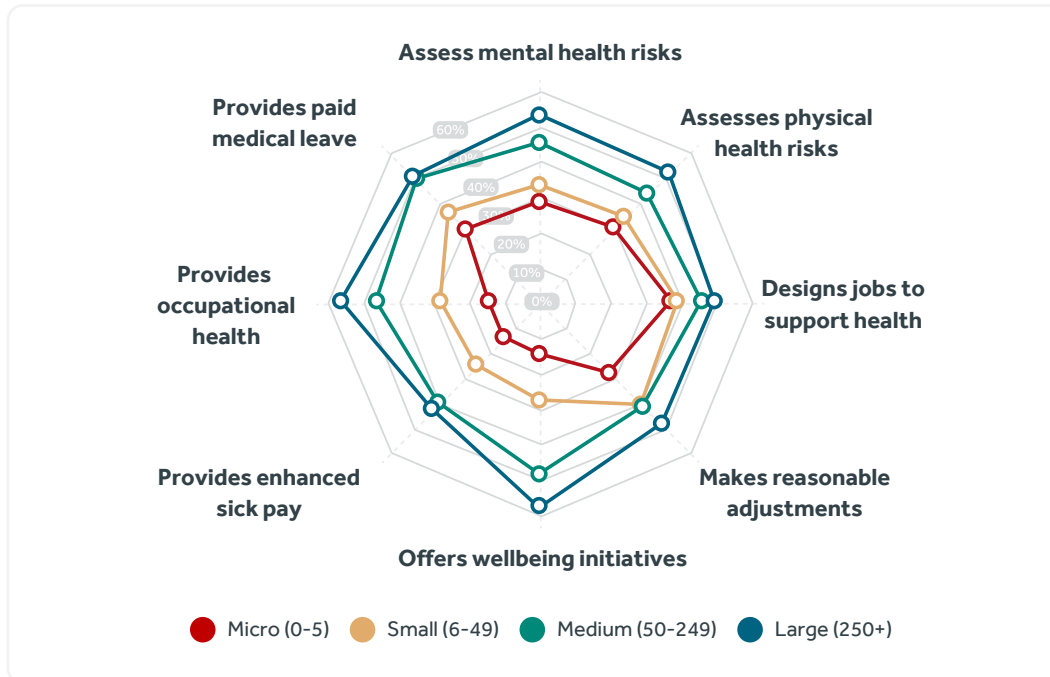
Business size is the single strongest predictor of health support provision across almost every measure. While the greatest differences are in the offer of wellbeing initiatives - such as employee assistance programmes or fitness benefits – the gap is present across all types of support. The largest firms are almost four-times more likely to offer than the smallest to offer these initiatives.

* Support here refers to whether employers provide a set of policies typically associated with workplace health. For a full list of these measures, see note 15.

† For each group, a ‘all support measures’ score is calculated by averaging the share of firms offering support across twelve possible types of support. These include the likes of assessing physical, mental, and specific risks; making adjustments and designing jobs for health; offering wellbeing initiatives and occupation health; providing enhanced sick pay and time off for medical appointments; and others.

In a selection of 12 different types of health-related support,* the largest employers are on average more than twice as likely to offer support than the smallest firms. While almost all large firms offer some support programme, a quarter of the smallest firms offer none at all.

Figure 7: Share of employers offering health measures, by size of business



Source: Work Foundation analysis of nationally representative survey of 1,001 UK employers (May 2026).

In part these differences represent employer capacity. In organisations without dedicated HR functions, an increasing share of the burden to respond to staff needs tends to fall on managers; but these same firms are also those that are less likely to invest in managerial readiness. Employers without a dedicated HR function are 5 to 6 times more likely to fail to provide health-related training to managers, when compared to those with external and internal HR functions respectively. Addressing these challenges in smaller organisations represents an ongoing challenge in mainstreaming sustainable work and employee health beyond HR.

Health support is weaker in areas with more small firms

The continued imbalance in the health offering of small firms has significant implications for both employers and employees. For these smaller firms, the lack of support measures narrows the pool of potential workers available to them, potentially exacerbating already notable recruitment and retention challenges.

However, these challenges are magnified in towns and cities outside the major centres. In these areas, smaller firms typically employ a larger share of workers, shaping the level of health support that is practically available to workers across the local labour market.

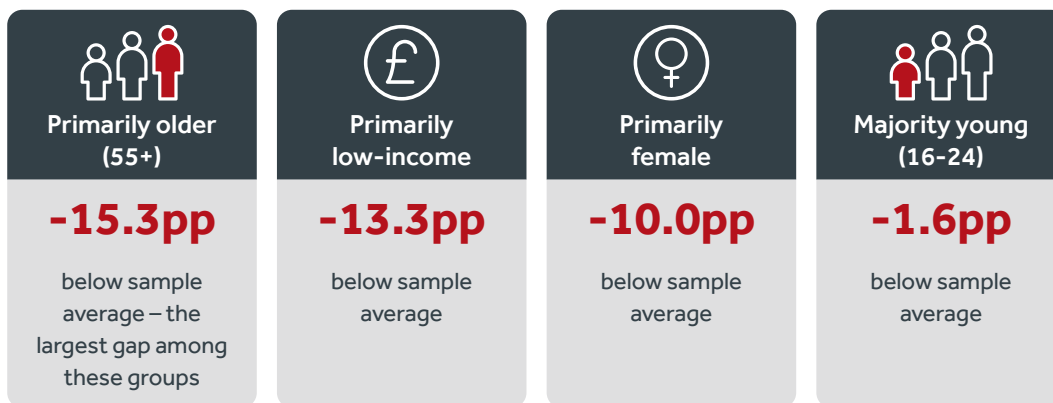
These concerns rise further when they overlap with other faultlines in the labour market, such as the ability of small firms to support young workers, as noted by the interim report of the Milburn Review.¹¹ The policy agenda needs to increasingly reach the small firms that make up the most underdeveloped part of health support in the labour market.

* These measures are: (1) Assess and manage workplace mental health risks (e.g. workload, role clarity, bullying, stress), (2) Assesses and manages risks associated with remote or home working, (3) Assesses and manages workplace physical health risks, (4) Designs jobs to support health (e.g. manageable workloads, flexibility, autonomy), (5) Make reasonable adjustments for disabled employees or those with long-term conditions, (6) Monitor and analyse sickness absence data to inform action, (7) Offer wellbeing initiatives (e.g. Employee Assistance Programmes, financial wellbeing support, fitness benefits), (8) Provide access to occupational health services, (9) Provide enhanced sick pay, (10) Provide paid time off for medical appointments, (11) Record outcomes of fitness to work assessments or "fit notes" from a healthcare professional, (12) Support employees to use the DWP 'Access to Work' scheme,

Access to health support remains most unequal for older, low-income and female workers

Health support gaps consistently map onto wider workforce vulnerability. Organisations with primarily older workers, low-income workers or female workers sit below the sample average in employer health provision while they face some of the greatest health pressures in the labour market. Critically, the deficit is not only in reactive support when workers become unwell, but in the preventative measures most likely to stop ill-health from developing in the first place.

Figure 8: Difference in share of respondents offering health-related support*, by select groups versus sample average, average of all support measures



Source: Work Foundation analysis of nationally representative survey of 1,001 UK employers (May 2026).†

- a) **Older workers:** Employers with primarily older workforces (aged 55+) sit 15.3 percentage points below the sample average - the largest gap in the dataset. The deficit spans both preventative and supportive provision. On prevention: only 30% design jobs to support health against a sample average of 44%, and only 24% assess and manage mental health risks, against an average of 41%. The support picture is equally concerning. Only 15% of employers with primarily older workforces provide occupational health services and only 14% offer enhanced sick pay.
- b) **Low-income workers:** Employers with predominantly low-income workforces perform on 13.3 points below average – with a lower uptake on every individual category of support. Low-paid workers lack the financial resilience to absorb periods of ill-health and have limited bargaining power to negotiate better workplace health benefits.¹² The data is particularly stark on the measures that matter most for this group. On prevention, only 30% of employers with predominantly low-income workforces design jobs to support health, only 28% assess mental health risks, only 32% assess physical health risks.

Only 31% of employers with majority low-income workforce provide paid time off for medical appointments – a provision that can be the difference between accessing timely diagnosis and treatment or not. In addition, only 19% offer enhanced sick pay. This income imbalance is particularly notable among workers who do not pay the Real Living Wage. On average, across a range of different types of workplace healthcare support, almost half of employers who do not pay the Real Living Wage are likely to provide that support to none of their employees (versus 16% for those who do pay it).

* For each group, a 'all support measures' score is calculated by averaging the share of firms offering support across twelve possible types of support. These include the likes of assessing physical, mental, and specific risks; making adjustments and designing jobs for health; offering wellbeing initiatives and occupation health; providing enhanced sick pay and time off for medical appointments; and others.

† Primarily refers to more than 75% of employees. Majority refers to more than 50% employees and is used when sample sizes for the 75%+ group are too small to utilise. 'Primarily' and 'Majority' figures are not directly comparable.

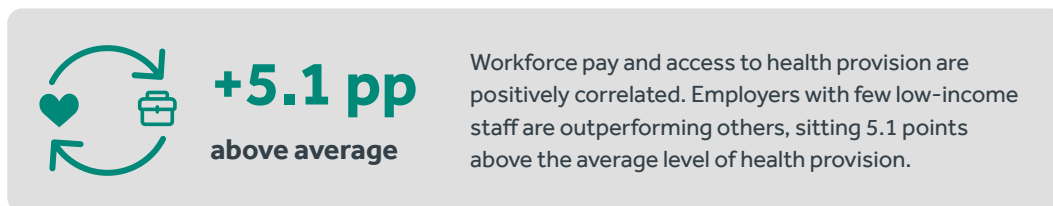
c) Female workers: Employers with primarily female workforces sit 10 percentage points below the sample average. On prevention, employers with primarily female workforces design jobs to support health – broadly in line with the sample average of 44%. But only 33% assess mental health risks (vs 41%), only 33% assess physical health risks (vs. 41%). One in five employers (18%) with a majority female workforce monitor sickness absence data, which is one of the fundamental tools for identifying early health problems.

On support, the gaps are most pronounced in foundational provisions. Only 32% of employers with primarily female workforces provide paid time off for medical appointments against 42% overall – a particularly consequential gap given the specific healthcare needs of women of working age. Similarly, one in five (20%) provide no support of any kind, compared to a sample average of 8%.

d) Young workers: The picture for employers with majority young workforces (aged 16-24) sits 1.6 percentage points below the sample average. However, this headline figure masks a specific and important pattern, with provision being concentrated in the more visible and accessible end of the support spectrum. However, the foundational support measures most likely to keep young workers health are considerably weaker.

Employers of majority young workforces provide more wellbeing support than the average (49% vs 40%) and are stronger on sickness absence monitoring (37% vs 32%). Only 34% of employers with majority young workforces design jobs to support health, with only 32% assessing physical health risk.

Figure 9: Health provision relation to the proportion of low-income staff



Source: Work Foundation analysis of nationally representative survey of 1,001 UK employers (May 2026). Maximum margin of error of approximately 5%.

Crucially, the four groups identified above aren't independent categories – they represent overlapping segments of the labour market. Young workers and women, for example, are more likely to be in low-paid roles.

These findings suggest that the employer support landscape does not simply fail to compensate for labour market inequality, it actively compounds it. The employers with the most resources tend to offer more sophisticated support, while the organisations who tend to employ more workers who face greater risks of ill health or wider inequalities, offer the least.

This signals an ongoing need for policy to increase the minimum standard of workforce health provision via statutory means. This includes improving awareness of, and compliance with, existing health and safety requirements. Employers should carry out proactive and systematic assessments of psychosocial risks, as required by the Health and Safety Executive, but which are still applied inconsistently across the country.

Demand for flexibility is rising, but access remains uneven

More workers are benefitting from flexibility in their workplace, with many firms seeing a rising number of requests for flexibility (35%) or hybrid working (32%) to manage health conditions. This is consistent with the 41% of employers who saw rising requests for flexibility in the 2024 survey. These requests are growing particularly quickly in organisations who employ lots of young people, with two-fifths of these firms seeing rising requests.

Healthy job design remains far from universal. Just 44% of employers reported designing jobs to support health considering measures like manageable workloads or flexibility and autonomy. While only 33% offered enhanced sick pay and 42% provided paid time off for medical appointments – measures that can be critical for retaining workers with long-term health conditions.

New approaches to work create new faultlines – remote and hybrid work

Remote working is one of the most significant means by which employers can offer flexibility, and the availability of hybrid working has surged since the Covid-19 pandemic, with more than a quarter of workers accessing some form of hybrid work in the first quarter of 2025.¹³ The Inclusive Remote and Hybrid Working Study explored how to make remote and hybrid working fully inclusive to disabled workers and found that 85% of participants said that having access to this form of flexibility is essential or very important if looking for a new job.¹⁴

This new analysis found that employers who offer some form of remote work were more than twice as likely to offer additional support measures like enhanced sick pay or occupational health support. Yet 30% of employers offer no remote working options or restrict the option to senior employees only, and they are also less likely to offer other forms of employee health support.

Onsite workers have less flexibility to attend to health needs during working hours and are also much less likely to receive paid time off for medical appointments – which is provided by 30% of non-remote employers, versus 45% of those offering some remote work. And this gap in capacity is felt by employers themselves, with a majority of those who offer remote working feeling confident in supporting ill health, but with less than half of those without remote work options feeling the same.

These findings potentially reflect the power of individual policies like remote working to foster a wider environment more conducive to managing health concerns. But, like many of the inequalities detailed above, these gaps also point to the widening differences in the experience of work among different parts of the economy. Those working at a desk and those working at a cash register have always experienced work very differently, but as we have improved support for the former, the already stark differences are growing ever wider.

RECOMMENDATIONS

The findings in this report, together with wider population health and economic inactivity trends, suggest that while the number of people leaving the labour market due to ill health has stabilised, there remain significant challenges to be addressed.

In particular, survey results suggest there remain significant gaps in workplace health and wellbeing support on offer across UK employers. This is especially true for those working in smaller organisations, and for worker groups who tend to face wider inequalities in the labour market, such as older and younger workers, women and those on low incomes.

The Vanguard phase of the Mayfield Review, the roll out of measures in the Employment Rights Act, and the devolution of employability and health provision provide a significant opportunity to close these gaps.

Building on existing work underway in these areas, additional interventions should prioritise:

- further strengthening statutory requirements in key areas to ensure all workers can benefit from greater workplace health and wellbeing support;
- the development of shared resources for small and medium sized organisations to enable their workforces to access additional support; and,
- the design of workplace pilots to reduce the risk of 'hidden ill health' and boost the workplace data and intelligence that employers have at their disposal.

Specific recommendations to support further progress include:

1. Embed prevention and healthy job design as a core employer responsibility

The most significant gaps in employer practice are not in awareness of workforce health as an issue, but in the upstream measures most likely to prevent ill-health in developing in the first place. Job design, psychosocial risk assessment, and mental health risk assessment remain absent from the majority of workplaces – and is weakest among the employers of the workers who need them most.

Government should work with the Health and Safety Executive, ACAS, and sector bodies to develop and promote a healthy work design framework, giving employers – particularly SMEs and those in high-risk sectors – practical and accessible guidance on how to design jobs and build in autonomy and control.

2. Establishing local work and health hubs accessible to small and medium size employers

In order to support organisations with constrained internal capacity to introduce sophisticated workplace health and wellbeing policies, Government and combined authorities should invest in a network of local work and health hubs. These should be accessible both virtually and in person, offering practical guidance on health support provision, signposting to occupational health services, and building managerial readiness.

3. Piloting supported workdays frameworks to better reflect the reality of working with ill-health

Current frameworks for managing workforce health are largely binary: workers are either in work or absent. This fails to reflect the reality experienced by a growing number of employees managing long-term or fluctuating health conditions, who are often working at reduced capacity rather than fully absent. Many effective line managers already accommodate this kind of flexibility on an informal basis, but doing so means it remains invisible in organisational data already distorted by the stigma of disclosure, so it cannot be monitored, evaluated, or systematically encouraged.

Formalising this category would improve workforce health intelligence, potentially contributing to the new Workplace Health Intelligence Unit, while helping to create clearer institutional support for managers to use it.

4. Consulting on a new statutory right to paid time-off for medical appointments

The lack of a statutory obligation on employers to provide paid leave for medical appointments leaves access at the discretion of individual managers, and means those in lower-paid or insecure employment find it more difficult to balance treatment or management of a health condition while maintaining employment.

Given timely access to healthcare - without requiring employees to use annual leave or absorb income loss - supports earlier intervention and faster recovery, Government should consult employers and employees on the introduction of a new right to paid time-off for medical appointments. A similar entitlement is already available to pregnant employees, recognising its importance to sustaining workforce participation during that period.

REFERENCES

1. Office for National Statistics. (2026). "LFS: Econ. Inactivity Reasons: Long Term Sick: UK: 16-64:000s:SA," no. LF69, May 19, 2026, <https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/economicinactivity/timeseries/lf69/lms>.
2. Office for National Statistics. (2026). "LFS: Econ. Inactivity Reasons: Long Term Sick: UK: 16-64:000s:SA." Refers to period Q4 2019 to Q1 2026.
3. Commission for Healthier Working Lives. (2025). Towards a healthier workforce: interim report of the Commission for Healthier Working Lives. The Health Foundation; 2024. Available at: <https://www.health.org.uk/sites/default/files/upload/publications/2024/Towards%20a%20healthier%20workforce.pdf>.
4. Office for National Statistics. (2026), "Labour Market Statistics Time Series," LMS, May 19, 2026. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/labourmarketstatistics>.
5. Milburn, A. (2026) Young people and work: interim report. Independent report for the Department for Work and Pensions.
6. Leka S. and Jain A. (2024). Conceptualising work-related psychosocial risks: current state of the art and implications for research, policy and practice, Report 2024.09, ETUI.
7. Office for National Statistics. (2026), "Labour Force Survey - Composite Database of Multiple Years of Microdata," version 7th Release, UK Data Service, <https://doi.org/10.5255/UKDA-SERIES-2000026>.
8. Office for National Statistics. (2026). "Labour Force Survey - Composite Database of Multiple Years of Microdata."
9. Atay, A. Florisson, R. Williams, G.D. Martin, A. and Leka, S. (2024) Stemming the tide: Healthier jobs to tackle economic inactivity. The Work Foundation at Lancaster University.
10. The Management of Health and Safety at Work Regulations 1999 <https://www.legislation.gov.uk/uksi/1999/3242/contents>; and Equality Act 2010, 2010 c. 15 (2010), <https://www.legislation.gov.uk/ukpga/2010/15/contents>.
11. Milburn, A. (2026) Young people and work: interim report. Independent report for the Department for Work and Pensions.
12. Living Wage Foundation. (2026). From good work to good health: employers' role in the health of the UK workforce. Available at: <https://www.livingwage.org.uk/good-work-good-health-employers-role-health-ukworkforce>.
13. Office for National Statistics. (2026). "Who Has Access to Hybrid Work in Great Britain?,". Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/whohasaccesstohybridworkinggreatbritain/2025-06-11>.
14. Holland, P. Carson, C. Florisson, R. Collins, A. Martin, A. Winstanley, J. (2026) Breaking Down Barriers: How Remote and Hybrid Work Support Disabled Workers. Breaking down barriers: How remote and hybrid work can support disabled workers.



www.theworkfoundation.com

