



**UK & INTERNATIONAL**  
HEALTH COACHING ASSOCIATION



# Building Britain's Workplace Health System: What Keep Britain Working Means for Professional Health & Wellbeing Coaching

**A UKIHCA Strategic Perspective**

SP08 - October 2026

# Building Britain's Workplace Health System: What Keep Britain Working Means for Professional Health & Wellbeing Coaching

An interpretation of the September 2026 Keep Britain Working update for employers, commissioners, providers, policymakers, partners and UKIHCA members

By Izabella Natrins

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## UKIHCA Independence

UKIHCA is an independent, non-profit professional body operating in the third sector. Free from commercial influence, control or ties that could compromise our independence, we exist to advance the health and wellbeing coaching profession, protect the public and uphold high standards of ethical, evidence-informed practice.

# Executive Summary

- UKIHCA has joined the Keep Britain Working Vanguard. In October 2026 UKIHCA became a Vanguard organisation. It will contribute professional standards, practitioner insight and evidence to the building and testing of the Workplace Health System.
  - The September 2026 Keep Britain Working (KBW) update sets out plans for Britain's first Workplace Health System, built on three components: better, more inclusive workplaces; better workplace health provision; and better intelligence on workplace health and inclusion.
  - Its draft Workplace Health Provision (WHP) model centres on coordination and case management, supported by advice and guidance, early support and treatment, and employer insight. KBW itself states that coordination alone is unlikely to change outcomes.
  - Professional health and wellbeing coaching is not named in the update. Its natural contribution lies in supporting self-management and early action, and in building the employee agency on which KBW's shared responsibility model depends.
  - The system is designed to make outcomes comparable. Health and wellbeing coaching will need to demonstrate its contribution to sustained return, retention and work ability, not only to wellbeing.
  - The BSI employer standard and the minimum WHP specification are being developed now, ahead of the 2027 Spending Review. This is the period in which the place of professionally registered practice will be shaped.
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## 1. Introduction and Context

On 23 September 2026 the government published Keep Britain Working: a national growth opportunity, the latest update on implementing Sir Charlie Mayfield's independent review of the role of employers in tackling health-related economic inactivity (Department of Work & Pensions, Department for Business & Trade and Department for Health & Social Care, 2026). The update marks a shift from recommendation to system design. It describes in detail what a **national Workplace Health System** might look like, who holds which responsibilities within it, and how its performance will be measured.

This Strategic Perspective interprets the update for UKIHCA's stakeholders. It considers what the emerging system means for professional health and wellbeing coaching, where professionally registered practice could add value, and which questions remain open. In line

with UKIHCA's Publications Framework, it interprets policy rather than advocating specific policy changes.

In October 2026 UKIHCA joined the Vanguard Phase. This Strategic Perspective therefore also sets out how UKIHCA, as a participant, intends to contribute to the work ahead (Section 7).

## 2. The problem the system is designed to solve

The update reframes health-related economic inactivity as a growth opportunity rather than a welfare problem. It estimates the annual cost at around £212 billion, close to 7% of GDP, and reports that around 2.8 million people are economically inactive because of ill health or disability, an increase of around 800,000 since 2019 (DWP, DBT and DHSC, 2026).

Its central argument concerns timing. Around 300,000 people with a health condition leave work each year. Someone absent for four to six weeks has a 96% chance of returning, but after a year fewer than half return. Once someone becomes economically inactive for health reasons, the probability of moving into work within a year is 3.8%, compared with 47% for someone who is unemployed (DWP, DBT and DHSC, 2026). The programme therefore concentrates on prevention and retention, acting while people are still in work.

The update is equally direct about why progress has been slow. Support is described as fragmented across human resources, occupational health, employee assistance programmes, GPs, insurers, vocational rehabilitation and specialist treatment, with weak handovers that leave employees and line managers to join the pieces together (DWP, DBT and DHSC, 2026). There is also no reliable way to compare what works: the update observes that no provider of workplace health support currently competes reliably on outcomes, because comparable outcomes do not exist.

Employer and workforce data point the same way. The Reward & Employee Benefits Association's (REBA) 2026 research found that fewer than one in ten employers (9%) have integrated their health benefits into a single continuous journey (REBA, 2026). Just over half of workers (52%) report having access to occupational health through their current role (DWP, 2026b).

## 3. What Keep Britain Working now proposes

### 3.1 Three components held together by shared responsibility

The Workplace Health System has three components: **better, more inclusive workplaces; better workplace health provision; and better intelligence on workplace health and inclusion.** They are held together by shared responsibility between employers, employees,

providers, places and government, with incentives progressively aligned to measurable outcomes (DWP, DBT and DHSC, 2026).

### 3.2 An employer-facing standard

The British Standards Institution (BSI) has appointed a drafting panel to develop an employer-facing standard, expected to set outcome-focused expectations rather than prescribe a single operating model. Commitments now being tested with Vanguard employers include a work and health conversation within eight weeks of joining, a conversation within five working days of an issue being raised, and sustained return measured at six months rather than on the first day back (DWP, DBT and DHSC, 2026).

### 3.3 Workplace Health Provision

The draft WHP model has four functions: advice and guidance, including on self-management; case management by an appropriately independent, non-clinical coordinator; early support and treatment focused on staying in or returning to work; and employer insight drawn from aggregate information about recurring needs and barriers. Coordination and case management sit at the centre, and local pilots are already testing them: South Yorkshire, for example, is trialling part-time independent case workers based within businesses (DWP, 2026c). The update is clear, however, that provision consisting only of coordination and case management is unlikely to change outcomes on its own (DWP, DBT and DHSC, 2026). A minimum specification, including where digital delivery could lower costs and extend reach, has yet to be settled.

### 3.4 Intelligence

A **Workplace Health Intelligence Unit** (WHIU) is being designed to define common measures, benchmark performance confidentially, and evaluate the effectiveness and value for money of interventions. An employer data project begins in autumn 2026. A prototype *Work and Health Toolkit*, developed with the University of Liverpool's Civic Health Innovation Labs, would give employees private insight into their own health, wellbeing and work ability, with employers receiving only aggregated information (DWP, DBT and DHSC, 2026).

### 3.5 Timeline and scale

The Vanguard Phase is a three-year programme from early 2026, jointly sponsored by DWP, DBT and DHSC (GOV.UK, 2026). Eleven regional Vanguards and more than 200 Vanguard organisations are now building and testing the system across the UK's four nations (DWP, 2026c). UKIHCA joined them in October 2026. Ahead of the 2027 Spending Review, KBW will develop a plan for phased roll-out of the Workplace Health System (DWP, DBT and DHSC, 2026).

## 4. Implications for professional health and wellbeing coaching

Professional health and wellbeing coaching is not named in the September update. This is unsurprising in a document concerned with system architecture rather than specific interventions, and KBW has stated that it does not endorse particular products or services (DWP, 2026a).

**The relevant question is therefore not whether coaching is mentioned, but where its distinct contribution fits within the functions the system requires.**

### 4.1 From insight to action

**The Work and Health Toolkit is designed to help individuals understand their own health and work ability.** The update identifies two open questions: whether the people most in need will take part, and whether the value to individuals will be real enough to justify their time (DWP, DBT and DHSC, 2026). Insight alone rarely produces change. The space between knowing and doing is where lifestyle and health behaviour support has its greatest value, and where a relational, goal-focused practice can help people act on what they have learned.

### 4.2 Self-management and early support

**The advice and guidance function explicitly includes self-management,** and early support is intended to underpin stay-in-work and return-to-work plans. Many of the work-limiting conditions the update highlights, including musculoskeletal and mental health conditions, have a significant lifestyle and health behaviour component. Health and wellbeing coaching can support sustained self-management alongside clinical care, within a defined scope of practice and with onward referral where clinical needs arise. Systematic review evidence indicates that health coaching improves the management of chronic diseases, with reported benefits for weight management, physical activity, and physical and mental health status (Kivelä et al., 2014).

### 4.3 Distinct from coordination and case management

**The WHP coordinator is intended to translate between employee and employer,** help monitor plans, point people to support and escalate clinical needs. This is a valuable function, but it is essentially one of *connection*. Health and wellbeing coaching works at a different level: with the person's own meaning, motivation and capability to change.

The two roles are complementary. Conflating them would risk losing the behaviour change function that the update's own caution about coordination-only models suggests is needed.

## 4.4 Shared responsibility and employee agency

**The update describes employees as active participants in their own plans**, while recognising that meaningful agency depends on employers, providers and government creating the conditions for it (DWP, DBT and DHSC, 2026). Health and wellbeing coaching is designed specifically to build that capability: the confidence, self-efficacy and skills to take part in conversations about health and work. It must, however, sit alongside good work rather than substitute for it.

The Policy Liaison Group on Workplace Wellbeing makes the same point in its Duty of Care Guidelines: "Wellbeing support complements healthy work design rather than compensating for its absence" (PLG, 2026).

## 4.5 Outcomes and measurement

**The Workplace Health System will ask providers to demonstrate outcomes in a common format**, with an emphasis on sustained return, retention and work ability. This is a challenge for every type of provision, including health and wellbeing coaching. The evidence base for health coaching is encouraging, but the review cited above also called for further research into cost-effectiveness and long-term effectiveness (Kivelä et al., 2014).

The profession will need to show its contribution to the outcomes this system values, not only to wellbeing measures.

## 4.6 Standards and assurance

Because the **BSI standard is expected to set outcomes rather than prescribe delivery, employers and providers will decide who delivers each function**. That increases the importance of knowing that practitioners are competent, working within scope and appropriately supported. The term "coaching" is currently applied to a wide range of workplace health offers, from automated digital prompts to clinician-led programmes.

Registration against independent professional standards, such as **UKIHCA-Registered Health Coach** (UKIHCA-RHC), gives buyers a provider-neutral way to identify professional practice, including commitments to ethics, scope of practice and health coaching supervision. Standards of this kind exist to protect person-led, autonomy-supportive practice, not to add another expert layer.

# 5. Risks and considerations

- **Digital substitution.** The minimum WHP specification will consider where digital delivery can lower costs. Digital tools can extend reach, but relational practice is difficult to replicate digitally, particularly for people least likely to engage.

- **Role confusion.** Without clear definitions, coaching language may be absorbed into coordination or case management roles, weakening both.
- **Scope of practice.** Health and wellbeing coaching must work alongside occupational health, vocational rehabilitation and clinical care, with clear referral boundaries.
- **Affordability for small employers.** The update describes small and medium-sized enterprises as the acid test. Any role for health and wellbeing coaching must be deliverable through pooled purchasing, insurance or public provision, not only through large-employer benefits.
- **Evidence discipline.** Claims will increasingly be tested against comparable outcomes. Overstatement would damage the profession's credibility.
- **Participation is not endorsement.** Vanguard membership gives UKIHCA a role in building and testing the system. KBW does not endorse particular products or services, and UKIHCA's participation should never be presented as government endorsement of health and wellbeing coaching or of UKIHCA-RHC.

## 6. Implications for stakeholders

| Stakeholder                     | Implication                                                                                                                                                                                                                                                       |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employers                       | When specifying workplace health provision, consider how self-management and behaviour change will be supported, and whether practitioners delivering coaching are registered against independent professional standards and receive health coaching supervision. |
| Providers and insurers          | Many already include coaching in their offers. Aligning it with professionally registered practice and emerging common outcome measures will strengthen their position in an outcome-based market.                                                                |
| Places and devolved governments | Pooled provision for small employers and the self-employed could include access to professionally registered health and wellbeing coaching as part of early support.                                                                                              |
| Policymakers and the WHIU       | Common measures of work ability and sustained return will determine which contributions are visible. Indicators of self-management may help capture the contribution of behaviour change support.                                                                 |
| UKIHCA members                  | Familiarity with the WHP functions, stay-in-work and return-to-work planning, and the outcomes employers will measure will be increasingly important for workplace practice.                                                                                      |

## 7. UKIHCA's contribution as a Vanguard organisation

As the non-profit, independent professional association and standards-setting body for health and wellbeing coaching, and now a Vanguard organisation, UKIHCA intends to:

- **offer its professional standards and scope of practice framework** as input to the development of the employer standard and the WHP specification;
- **develop an outcomes framework for UKIHCA-RHC practice in workplace settings**, aligned as far as possible with emerging common measures;
- **work with providers, insurers, occupational health and vocational rehabilitation partners to support existing workforces to meet the UKIHCA-RHC standard**, including through the work-based pathway to Practitioner and Full Membership;
- **contribute practitioner insight and evidence to the Vanguard Phase**, including on practitioner standards for workplace health provision; and
- **share learning from the Vanguard with members, employers and partners**, and invite UKIHCA-RHCs working with employers to contribute their experience.

## 8. Conclusion

Keep Britain Working has set out a coherent and ambitious model for a national Workplace Health System. Its emphasis on early action, shared responsibility and comparable outcomes aligns closely with the principles of whole-person health and wellbeing. The system's own analysis suggests that coordination and insight will not be sufficient on their own: people also need support to act.

**That is the distinctive contribution of professional health and wellbeing coaching.**

Whether it is recognised will depend on how clearly the profession defines its role, demonstrates its outcomes and assures its standards during the Vanguard Phase.

**UKIHCA's place in the Vanguard means the profession can now help answer those questions from inside the system, rather than from outside it.**

## Artificial Intelligence Assistance Statement

AI tools were used to support drafting, structuring, iterative development, and editorial refinement under human direction. All content was critically reviewed, revised, and approved by the authors, who retain full responsibility for the final output.

For UKIHCA's full *AI – Publications/Communications Assistance Policy*, please visit [HERE](#).

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## About UKIHCA



**UK & INTERNATIONAL**  
HEALTH COACHING ASSOCIATION



**Our Vision**  
Our **vision** is to see a self-empowered population, managing their health and wellbeing to thrive in life



**Our Mission**  
Our **mission** is to see a Registered Health Coach in every public & private healthcare setting, in education, workplaces, physical activity settings and in communities

## Contact UKIHCA

Please reach out to [info@ukihca.com](mailto:info@ukihca.com) and one of our Team will be happy to help.

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*UKIHCA Strategic Perspectives interprets significant developments and publications in health and wellbeing coaching to consider where the global profession is heading and what that means strategically.*