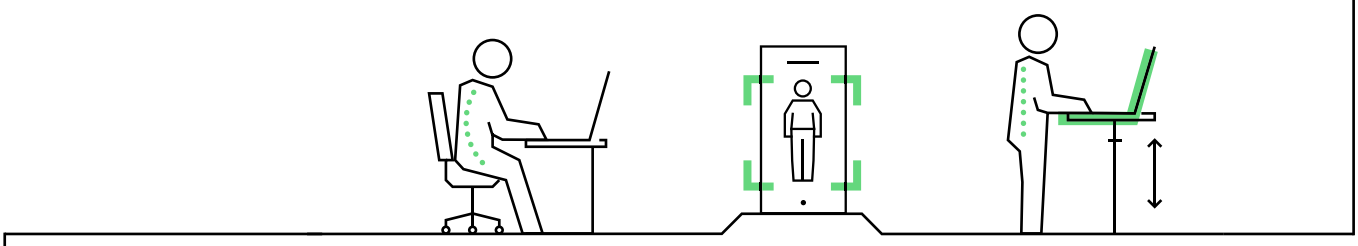
joint venture MSK Innovation

WARWICK INSTITUTE for EMPLOYMENT RESEARCH IER

Provocation paper for

MSK innovation in the workplace conference

October 2026



Chris Warhurst,
Philip Taylor,
Hilda Ragnarsdóttir,
Gill Dix and Laura Boothman

This paper aims to provide a basis for innovative thinking about musculoskeletal (MSK) health and work. It was developed for Orthopaedic Research UK by the Institute for Employment Research.

Our starting point in addressing the MSK challenge is to agree with Mayfield that 'good work and good health can reinforce each other'[1] but to contend that far greater focus is needed on providing good work. Our aim is to re-frame existing policy narratives and to propose new perspectives on a familiar problem.

The current policy emphasis on getting workers with MSK conditions into work and keeping them there is important. But more emphasis is also needed on preventing work-related MSK conditions from occurring or worsening, particularly as policy increasingly seeks to sustain labourforce participation at older ages. This shift requires attention not only to treatment and individualised employment support and workplace adjustment but also to work, employment and management practices that contribute to MSK risk. Job design, informed by evidence on job quality and occupational risk, can form part of this preventative approach.

Policy therefore needs to complement worker-focused interventions with greater attention to work itself. Appropriate job design may help stem the flow out of work by reducing work-related MSK risk, while treatment, individual adjustment and employment support remain essential for those with existing conditions.

If we get it right, the UK has opportunity to be a global leader in developing a stronger preventative approach to MSK health and work, with benefits for individuals, employers and the state.

1. Rethinking MSK conditions and work

Developed countries are rapidly approaching a breaking point in the relationship between health and work, and the costs of dealing with the fallout are spiraling. The UK is no exception, with an increasingly unhealthy working-age population, coupled with increasing state pension age.[2] Around 5.7 million (38%) working-age adults in the UK reported a major long-term health condition in 2024.[3] Over half a million UK workers had work-related musculoskeletal disorders.[4] After minor illnesses and 'other' conditions, MSK ill-health is the largest cause of sickness absence in the UK.[5]

Much current work and health policy intervenes after a health condition has emerged through treatment, and individualised employment support and workplace adjustment. These interventions are necessary but they are primarily remedial. A preventative approach also requires attention to the work, employment and management practices – that is, aspects of job design – that contribute to MSK risk or make existing conditions more difficult to manage. This dual approach creates a case for complementing worker-focused intervention with greater attention to systemic job design intervention. Job quality can provide a framework for identifying which of these practices need to be modified at the occupational level.

2. Persistent challenges

While the scale and impact of the MSK problem is recognised, persistent underlying challenges remain:

MSK demographics

MSK conditions are socially patterned, with higher risks among older workers, women and those employed in physically demanding, lower paid and insecure jobs characterised by manual handling, repetitive tasks, constrained postures and limited autonomy. These workers don't just face higher risks of MSK ill health, they also typically have fewer opportunities for workplace adjustments or flexible working.[6,7]

MSK conditions are often trivialised. 'Minor' or lower-visibility MSK conditions are least likely to receive timely workplace support, occupational health referral or disability-related support, especially in SMEs. MSK conditions can be work-limiting but not severe enough to meet eligibility thresholds for disability

benefits or specialist employment programmes. Workers with these conditions exemplify systemic unmet need rather than a marginal clinical problem.[8,9]

MSK risk can accumulate across working life. Repeated or prolonged exposure to physically demanding work, including lifting, kneeling, repetitive activity and constrained postures, can contribute to MSK problems and health-related labour-market exit. Prevention therefore has a life-course dimension: reducing harmful exposure among younger and mid-life workers may affect their capacity to remain in work at older ages.[10]

Implementation

There are long-standing challenges in implementation of policy and in scaling interventions. Multiple sources of guidance for employers have been developed, and a plethora of interventions piloted, but they are often very sector- or occupation-specific. Good practice has been difficult to spread and scale.

Following the abolition of Public Health England, responsibilities relevant to workplace health are distributed across UKHSA, OHID, DHSC and local government. This spread raises questions about where national leadership for workplace health now sits and how effectively activity across health, work and prevention is coordinated.[11,12,13]

Culture

Mayfield rightly highlights a culture of fear amongst workers to speak to their employers about their MSK and other health conditions. A further cultural issue is the fear amongst managers of dealing with personal health information in a work context. Managers often lack the skills and know how to handle sensitive issues combined with limited or inappropriate workplace policy approaches that might provide actual solutions. This problem can be compounded by uneven access to occupational health and practical workplace support, particularly in SMEs.[14]

3. The current policy approach and gaps

UK policy on work and health spans employment law, welfare, health services and labour market interventions. Although most measures are not specific to MSK conditions, many have direct implications for people living and working with MSK ill health:

- The **Employment Rights Act** 2025 significantly changed UK employment law, providing new rights and protections for workers. Making Statutory Sick Pay payable from the first day of illness will support people with unpredictable, fluctuating MSK conditions.[15] The right to request flexible working is strengthened and can benefit people who need to adapt their work pattern to accommodate MSK pain or stiffness.
- The **Mayfield Review** calls for return-to-work and stay-in-work plans, with adjustments for individuals based on accessible, coordinated and work-focused support. It recommends rewiring the incentive system, including employer incentives, welfare reform, fit notes[16] and a data driven 'Workplace Health Provision.'[17]
- The **Timms Review** is considering reform to the Personal Independence Payment (PIP), intended to enable disabled people and those with long-term health conditions to achieve better health, higher living standards and greater independence.[18] In addressing the NEET problem, the **Milburn Review** recognises that health, particularly mental health, is central to why many young people are disengaged from the labour market.[19]

In health policy, the 2019 **Musculoskeletal health: 5-year prevention strategic framework** remains the most recent national framework dedicated specifically to MSK prevention. The DHSC's **10-Year Health Plan for England** gives greater prominence to the relationship between health and employment, including measures intended to help people find and remain in work. Its principal levers, however, operate through health services, treatment and employment support rather than through job design.[20,21,22]

The House of Lords Economic Affairs Committee has argued that successive governments have failed to

prepare adequately for an ageing society and called for a more coherent cross-government strategy. It also highlighted occupational health provision and flexible working as important to sustaining employment at older ages.[23]

'Gaps'

Despite their prevalence and economic significance, MSK conditions have, historically, been poorly addressed within UK policy frameworks. They are discussed in clinical pathways or factored into employment interventions which emphasise return-to-work after sickness absence.

Much of the policy reviewed above focuses on supporting people once ill health has already affected their work capacity. This reactive emphasis becomes increasingly consequential as policy seeks to sustain labourforce participation at older ages. MSK conditions can constrain work capacity, particularly in physically demanding occupations, but prevention should not be treated simply as an older-worker intervention: many relevant exposures occur much earlier in working life.[24]

Prevention is not absent from current policy. Both the 10-Year Health Plan for England and the Mayfield Review recognise prevention, earlier intervention and the importance of good jobs. The gap is more specific: neither develops a systematic account of how jobs might be modified to prevent or reduce MSK risk. This is the point at which job design would add to the existing policy mix.[25]

4. Developing a new policy approach

Policy therefore needs to complement fixing the worker with fixing the job. Treatment, rehabilitation, individual adjustments and employment support remain essential but a genuinely preventative approach also requires attention to features of jobs that contribute to MSK risk.

Job design is one potential preventative lever. Evidence on work-related MSK risk points to both physical exposures and psychosocial characteristics of work. Several of these are captured within broader job quality frameworks, making job quality a potentially useful organising framework for preventative job design. Policy levers can still be understood as upstream job design, midstream early intervention and workplace adjustment, and downstream return-to-work and employment support.[26]

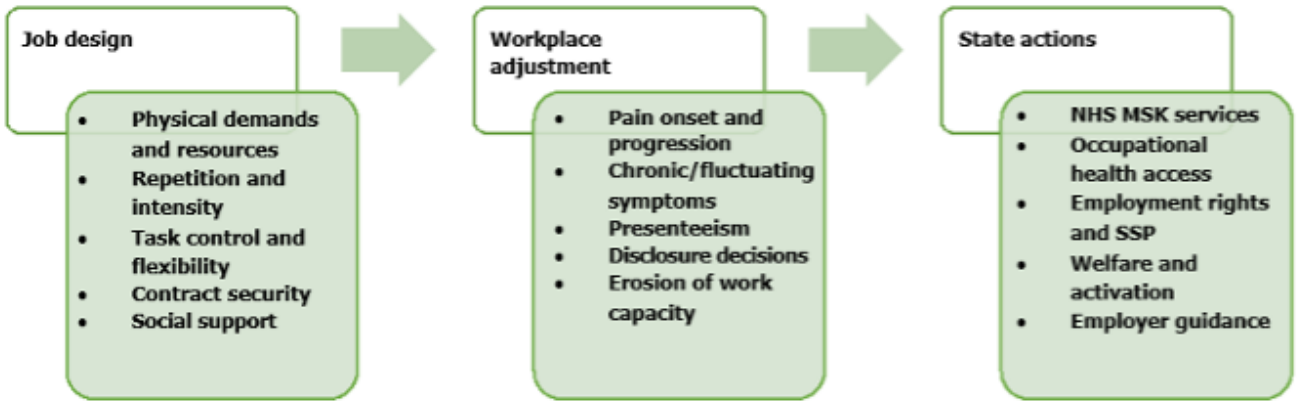


Figure 1: Conceptual framework on MSK Conditions as a work-health issue

Job design can serve two related purposes. It can support workers with existing MSK conditions through tailored adjustments, and it can reduce potentially harmful exposures before health deteriorates. These approaches are complementary rather than alternatives, and the balance between them will vary across occupations.[27]

Seen in this way, work capacity is not determined by clinical status alone. It is also shaped by the nature of the job. The relevance to older workers lies principally in cumulative exposure across working life and in

the sustainability of particular forms of work as people age, rather than in age itself.[28,29]

Measures of job quality (already adopted by the ONS) can be used to both define job quality and identify healthy and unhealthy jobs (Figure 2). Any job consists of 'work' and the terms of conditions of employment under which this work occurs. These seven dimensions cover those work, employment and people management practices.



Figure 2: The UK standard measure of job quality[30]

There is extensive evidence linking poor job quality to adverse health outcomes. For MSK specifically, the most direct occupational risks include physical demands such as lifting, repetition and constrained postures, alongside psychosocial characteristics including high demands, low control and low support. Broader dimensions of job quality may also shape workers' capacity to manage symptoms, secure adjustments and remain in employment. The value of a job-quality framework is therefore not that every dimension is itself an MSK risk factor but that it helps locate MSK prevention within the wider set of work, employment and people management practices that comprise any job.[31]

The policy challenge is therefore two-sided: supporting people with existing MSK conditions to enter, remain in or return to employment, while reducing job-related exposures that contribute to MSK ill health and labour market exit. Job design can contribute to both but its form and feasibility will differ across occupations. A life-course perspective connects these two aims: preventative action earlier in working life may reduce cumulative exposure, while adjustment and redesign later in life may help sustain employment where health problems have already emerged. In this sense, work and health policy needs a dual approach: improving inflow and retention while reducing preventable outflow.



Figure 3: A dual approach to MSK and work

The Creating Healthy Jobs theory of change identifies a number of potential outcomes from designing work with health in mind:

- Work related sickness-absence and worklessness due to ill-health are reduced.
- Health inequality caused by poor jobs narrows.
- Employers feel better equipped to create and sustain healthy jobs.
- Job quality is accepted as a health and labour market measure.
- A preventative approach to workplace health is the norm.[32]

5. Building a stronger preventative approach

Mayfield acknowledges that interventions are often triggered too late to prevent job loss for people with MSK conditions.[33] Explicit attention to job quality and job design should become pillars of a new national architecture addressing the health and work crisis by addressing a key upstream determinant of MSK ill health.

Job design will not be a silver bullet. MSK conditions have multiple causes, including lifestyle. However, used across the life course, preventative job design may help reduce harmful exposure before symptoms emerge, while adjustment and redesign can support people who already have MSK conditions to remain in work.

There could be mutual, shared gains from this preventive approach. Individuals could have better MSK health and improved quality of life through income and the wider benefits of work, including societal connection. Employers could reduce costs associated with presenteeism, staff turnover and recruitment and gain from good employee attendance, plus a more productive and inclusive workforce. The state could gain from increased employment and economic activity, and reduced welfare and health and social care demand.

The UK has all the components to support the necessary policy shift and, with it, opportunity to seize a global lead in creating healthy jobs by designing out ill health or at least designing jobs that lessen the risk of MSK ill health from work:

- Successive **UK Governments have acknowledged the problematic relationship between health and work**, and sought to address it through cross-Departmental approaches in both strategy (e.g. 'Improving Lives (2017)'[34] and structure (the joint DWP/DHSC 'Work and Health Unit'[35]).
- **Devolved government in England** is also engaged through initiatives including the Greater Manchester Greater Employment Charter and the London Good Work Standard which provide accreditation programmes for employers committed to improving working lives. [36,37]
- The UK has truly **innovative and engaged employers** who understand the cost of poor health to their businesses and see the potential return of investment in tackling ill health at work. Over 200 employers are 'vanguards' in the 'Keep Britain Working' programme.[38,39]
- Our **charities, sector bodies and trade unions are active advocates** championing the voices of people with MSK conditions and ensuring that worker's rights and wider social and economic impacts of MSK conditions are understood.[40]

We need to lever this architecture to build a more effective approach to improving the relationship between work and MSK conditions in which preventative job design plays a stronger role.

A good starting point would be for the 'Workplace Health System' recently advocated by Mayfield Review to recognise job design, including improved managerial support, as a means to improve and sustain all-age worker health, and seek to improve the quality of jobs.

Delivering a workplace health system that incorporates job design is a shared responsibility. To be adopted and effective, the new dual approach will require co-production and delivery with workers, employers, trade unions, the NHS, charities, professional bodies, regional and national government. We must also be firmly grounded in the experiences of workers most at risk of developing MSK conditions. We have scope to be creative and innovative in how we approach and so improve the work-health relationship.

6. Key questions to further the new policy approach:

- What does MSK-supportive job design look like across the life-course?
- Are there stages in working lives when systematic preventative interventions could be used (MSK MOT)?
- To address MSK health inequalities, what variation in job design is needed for particular workers?
- Who or what shapes job design?
- How can we stimulate shared responsibility for this agenda?
- How do we normalise talking to your manger about back pain?
- How can we make it easier to access MSK healthcare during the working week?
- What interventions support regular healthy movement in the workplace?
- How do we recognise and reward good line management of people with long-term health conditions?
- What data and actions would support a shift in policy to fix the job?
- What evidence and evaluation are needed to establish whether job redesign reduces MSK incidence, progression and labour-market exit?
- How can the policy shift be translated into workplace practice at scale?

Institute for Employment Research, University of Warwick, Coventry, CV4 7AL, UK.

Web: Warwick Institute for Employment Research Contact: ier@warwick.ac.uk

References

1. Keep Britain Working review update: a national growth opportunity, September 2026 - GOV.UK (page 8)
2. The new State Pension: Eligibility - GOV.UK
3. Health_Foundation_Health as an economic asset_2026.pdf
4. Work-related musculoskeletal disorders statistics in Great Britain, 2025
5. Sickness absence in the UK labour market - Office for National Statistics
6. Arthritis Research UK (2016). Working with Arthritis. https://www.arthritis-uk.org/media/2071/working-with-arthritis-policy-report.pdf
7. Keep Britain Working: Final report - GOV.UK
8. Keep Britain Working: Final report - GOV.UK
9. Oakman, J., Keegel, T., Kinsman, N., & Briggs, A. M. (2016). https://pubmed.ncbi.nlm.nih.gov/26740689/
10. Health and Safety Executive (2025). Work-related musculoskeletal disorders statistics in Great Britain, 2025; Sundstrup, E., Hansen, Å.M., Mortensen, E.L., Poulsen, O.M., Clausen, T., Rugulies, R., Møller, A. & Andersen, L.L. (2017). Cumulative occupational mechanical exposures during working life and risk of sickness absence and disability pension: prospective cohort study. Scandinavian Journal of Work, Environment & Health, 43(5), 415-425. https://doi.org/10.5271/sjweh.3663
11. Public Health England - GOV.UK
12. UK Health Security Agency - GOV.UK
13. Public Health England - GOV.UK Office for Health Improvement and Disparities - GOV.UK
14. Keep Britain Working review update: a national growth opportunity, September 2026 - GOV.UK (page 22)
15. Employment Rights Act 2025
16. The fit note: guidance for patients and employees - GOV.UK
17. Keep Britain Working: Final report - GOV.UK
18. The Timms Review - GOV.UK The final report is expected in autumn 2026.
19. Young people and work: interim report - GOV.UK
20. Musculoskeletal health: 5 year prevention strategic framework - GOV.UK
21. NHS England » World leading NHS trial to boost health and support people in work

22. 10 Year Health Plan for England: fit for the future - GOV.UK
23. Preparing for an ageing society
24. Working Better with Age | OECD
25. 10 Year Health Plan for England: fit for the future - GOV.UK (page 68).
26. Oakman, J., Keegel, T., Kinsman, N., & Briggs, A. M. (2016). https://pubmed.ncbi.nlm.nih.gov/26740689/
27. Holland, P., and Clayton, S. (2019).: https://pubmed.ncbi.nlm.nih.gov/30696296/
28. Arthritis Research UK (2016). Working with Arthritis. https://www.arthritis-uk.org/media/2071/working-with-arthritis-policy-report.pdf
29. Marmot, M. (2016). Van den Berg, T.I.J., Elders, L.A.M., de Zwart, B.C.H. and Burdorf, A. (2009). The effects of work-related and individual factors on the Work Ability Index: a systematic review. Occupational and Environmental Medicine, 66(4), 211–220. https://doi.org/10.1136/oem.2008.039883
Sundstrup, E. et al. (2017). Cumulative occupational mechanical exposures during working life and risk of sickness absence and disability pension: prospective cohort study. Scandinavian Journal of Work, Environment & Health, 43(5), 415–425. https://doi.org/10.5271/sjweh.3663
30. Measuring Good Work: The final report of the Measuring Job Quality Working Group - Carnegie UK
31. the_case_for_creating_healthy_jobs_a_review_of_the_evidence_evidence_paper_050325.pdf
32. Theory of Change NIHR - Creating Healthy Jobs
33. Keep Britain Working: Final report - GOV.UK
34. Improving lives: the future of work, health and disability - GOV.UK
35. Work and Health Unit - GOV.UK
36. Greater Manchester Good Employment Charter
37. The Good Work Standard (GWS) | London City Hall
38. Keep Britain Working - GOV.UK
39. New plan for Britain's first Workplace Health System - GOV.UK
40. Work, benefits and finances | Arthritis UK

All references accessed October 2026

joint venture MSK Innovation