

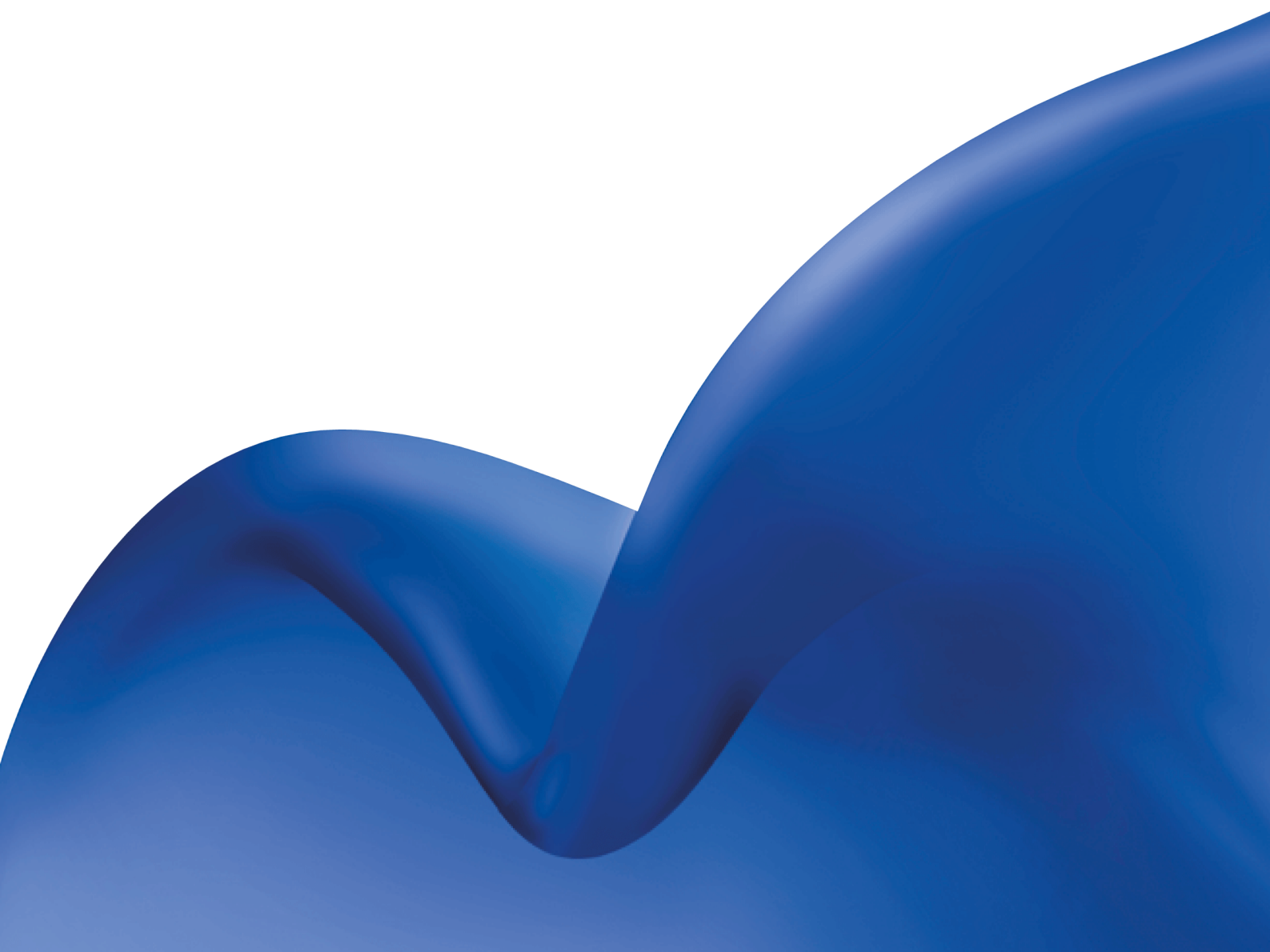
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## **The Health at Work Policy Unit: An Overview**

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The Work Foundation transforms people's experience of work and the labour market through high quality applied research that empowers individuals and influences public policies and organisational practices. For further details, please visit [www.theworkfoundation.com](http://www.theworkfoundation.com).

## Summary

The Health at Work Policy Unit (HWPU) provides evidence-based policy recommendations and commentary on contemporary issues around health, wellbeing and work. Based at The Work Foundation, it draws on The Work Foundation's substantial expertise in workforce health, its reputation in the health and wellbeing arena and its relationships with policy influencers. The HWPU aims to provide an independent, authoritative, evidence-based voice capable of articulating the views of all stakeholders.

It will do so through three main functions:

- The production of a series of 'white papers' which will draw on pre-existing literature and data and be informed by expert advice, in order to form innovative, insightful and practical policy recommendations;
- Responding to and influencing political debate;
- Acting as a repository for information, good practice and evidence-based solutions, and monitoring and publicising national, regional or local initiatives.

## Background

The long term productivity and competitiveness of the UK labour market is threatened by the growing burden of ill-health in the working age population. Dame Carol Black's 2008 review of the health of Britain's working age population calculated that improved workplace health could generate cost savings to the government of over £60 billion a year – the equivalent of nearly two thirds of the NHS budget for England (Black, 2008). Sickness absence from work alone is estimated to cost UK businesses nearly £14 billion a year (Vaughan-Jones & Barham, 2009), with the costs of lost productivity through sickness absence estimated to be even higher. In 2013 PwC estimated that sickness absence and its associated costs, amounted to a loss of £29 billion a year for UK companies (Triggle, 2013). The G20's

recent commitment to boost GDP by 2 per cent by 2018 reiterates the incentive for both employers and policymakers to address this.

As the demographics of the workforce are changing, western societies are facing great challenges to maintain economic competitiveness. The workforce is ageing; in the UK it is estimated that by 2024 nearly 50 per cent of the adult population will be 50 and over (Taylor, 2007). Yet despite the rise in life expectancy, healthy life expectancy is not rising at the same rate; over the last 20 years life expectancy has risen by 4.6 per cent, but healthy life expectancy by only 3 per cent (PwC, 2013). As a result, the workforce is older and sicker, with more people living with a longstanding health problem or disability.

In 2009, almost one in three adults (30 per cent) reported that they had a longstanding illness or disability, compared with around one in five adults (21 per cent) in 1972 (ONS, 2011). By 2030 up to 50 per cent of the UK's working age population will have at least one long-term, chronic or fluctuating condition (Taylor, 2007). For the majority, these conditions will be associated with some form of acute or chronic pain which will affect their quality of life and productivity, and those of their families. It is estimated that almost a third of people with a long-term physical health condition will also have a mental health condition (approximately 4.6 million people) (Cimpean & Drake, 2011). Co-morbid mental health problems raise total healthcare costs by 45 per cent for each person with a long-term or chronic health condition (The King's Fund & Centre for Mental Health, 2012).

## **The policy problem**

The burden of chronic health conditions, such as mental illness, chronic pain and musculoskeletal disorders in the UK workforce is growing steadily, yet national policy responses and local practice are attaching too little joined-up priority to interventions which will help prevent and alleviate this problem.

From a clinical perspective, there are a number of NHS initiatives which

recognise the burden of chronic illness through the ‘lenses’ of public health, pain management, palliative care, etc. However, the impact of these conditions on the work ability, sickness absence, work productivity, and social inclusion of people of working age is receiving little attention despite the substantial social and economic burden they represent. Far reaching reforms to institutions (e.g. Clinical Commissioning Groups, Health and Wellbeing Boards, etc.) and policy instruments are beginning to settle into their roles and deliver changes to welfare, healthcare and employment practice support, job retention and return to work for people with chronic physical and mental illnesses and long term pain. It is essential that policy makers across different departments, clinicians and employers attach more urgent priority to joined-up policy making and improvement in practice at a local level in response to this (DWP, 2014).

The publication of Dame Carol Black’s review of the health of the UK working age population in 2008 (Black, 2008) was a significant step in promoting workforce health as a public policy priority. Its significance derives from a number of factors. Firstly, it embodied the principle that cross-departmental research, policy development and implementation could be made to work and have an impact on practice. Secondly, it provided momentum for a series of initiatives across government to promote workplace health interventions aimed at both preventing and managing ill-health in the working age population (e.g. the 2009 Boorman Review in the NHS). Thirdly, it engaged GPs, Occupational Health Physicians and Allied Health Professionals (AHPs), such as Physiotherapists, in the principles of early intervention, job retention and return to work. Fourthly, it provided evidence and arguments for far-reaching changes to aspects of clinical practice (e.g. the ‘Fit Note’), employment practice (‘Good Work’) and welfare reform (case management and workplace adjustments).

With the disappearance of the role of National Director for Health and Work and the narrowing of the focus of the DWP’s Health, Work and Wellbeing Team, a research and policy vacuum has been left behind. The Health at Work Policy Unit aims to go some way to filling this gap in a way that retains an evidence-based and cross-departmental perspective: acting as critical

friend for DWP, DH, Public Health England and other public bodies with responsibility for policies affecting the health of the working age population.

## Research agenda

The HWPU research will cover a number of topical themes around health and wellbeing at work, which will be decided in response to political debate as it develops. Themes for the first year of research will include:

- ***Barriers to employers implementing health and wellbeing interventions at work:*** This will lay out the business case for employers to implement health and wellbeing interventions at work, and consider why despite knowing this business case employers are still not prioritising health and wellbeing. Which barriers are holding them back and how can policy be used to overcome these.
- ***Supporting employers to deal with the fluctuating nature of chronic conditions:*** Businesses, policy and practice have demonstrated difficulty in accommodating and anticipating the needs of people with fluctuating conditions such as chronic pain and poor mental health. How can employers and other groups effectively support and manage people in this group? What more can government services do to support this group to both remain in work, or to return to work if they become unemployed?
- ***Making a difference at a local level:*** This paper will look at opportunities to influence and assist Clinical Commissioning Groups (CCG's) and Health and Wellbeing Boards (HWB) in establishing their priorities around the health needs of the working age population, and in assessing their local needs to increase health at work.
- ***Taking a proactive approach to an ageing workforce:*** Considering the issues for employers in preparing for an ageing workforce, in particular the related health needs, and identifying and addressing policy barriers to developing workplaces which support an

increasingly older workforce.

- ***The Fit for Work Service:*** This will take place after the service has been running for its first year and will consider what gaps in provision are remaining, and what can government do to fill these gaps.

## Impact

The HWPU aims to improve the links between the evidence base on health and wellbeing at work and what is happening in policy. By thinking big, we hope reach new and innovative policy recommendations which can genuinely alter the attitudes and behaviour of policy makers, health professionals and employers towards workforce health. The HWPU will influence the political agenda, in order to alter the policy landscape on health and wellbeing at work in the UK.

During the first three years it will:

- Develop a powerful and distinctive voice within the health and employment sector, creating a Unit within which business, policy makers and practitioners can gather and plan to create a healthier future for the UK's working age population.
- Create a knowledge bank of practical and to-the-point policy papers, which will have addressed many of the key issues in the health and employment sectors, in an accessible way.
- Build upon and promote the already existing evidence base that underpins work on the health of the working age population, acting as a bridge between academia and the worlds of business and policy.
- Have a tangible positive impact on the overall health of the working age population in the UK.

To find out more about the HWPU or to have a conversation about how we could work with your organisation, please email [vshreeve@theworkfoundation.com](mailto:vshreeve@theworkfoundation.com).

Please join the debate on twitter #HealthAtWork



## Bibliography

Black, C. M. (2008). *Working for a healthier tomorrow: Dame Carol Black's review of the health of Britain's working age population*. London: The Stationery Office.

Boorman, S. (2009). *The Final Report of the independent NHS Health and Well-being review*. London: Department of Health.

Cimpean, D. & Drake, R. E. (2011). Treating co-morbid chronic medical conditions and anxiety/depression. *Epidemiology and psychiatric sciences*, 20 (02), 141-150.

Department for Work and Pensions (DWP) (2014). *Co-ordinating the Health, Work and Wellbeing initiative*. Retrieved on 16 October from: <https://www.gov.uk/government/policies/helping-people-to-find-and-stay-in-work/supporting-pages/co-ordinating-the-health-work-and-wellbeing-initiative>

Office for National Statistics (ONS) (2011). *A report on the 2009 General Lifestyle Survey*.

PriceWaterhouseCoopers LLP (PwC) (2013). *Rising sick bill is costing UK business £29bn a year – PwC research*. Retrieved on 16 October from: [http://pwc.blogs.com/press\\_room/2013/07/rising-sick-bill-is-costing-uk-business-29bn-a-year-pwc-research.html](http://pwc.blogs.com/press_room/2013/07/rising-sick-bill-is-costing-uk-business-29bn-a-year-pwc-research.html)

Taylor, P. (2007). *Employment and labour market policies for an ageing workforce and initiatives at the workplace. National overview report: United Kingdom*. Dublin: European Foundation for the Improvement of Living and Working Conditions.

The King's Fund and Centre for Mental Health (2012). *Long-term conditions and mental health: the cost of co-morbidities*. London: The King's Fund and Centre for Mental Health.

Triggle, N. (2013). *The importance of 'healthy life expectancy'*, Retrieved on 16 October from <http://www.bbc.co.uk/news/health-23411975>

Vaughan-Jones, H., and Barham, L. (2009). *Healthy Work: Challenges and Opportunities to 2030*. London: Bupa.

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