



# Relationship between chronic diseases and the labour market

## Face to face with Karen Steadman (\*)

Interview by Fabiola Silvaggi

The increase of chronic diseases will lead to a higher demand for health services in each country. In your opinion, the health services will be able to adequately respond to this need?

In the UK the importance of working age and workplace health is increasingly recognised by a range of stakeholders across the health, welfare and business communities. In October last year, Simon Stevens, NHS Chief Executive, published his 5 year forward view, highlighting the challenge of workforce health and the particular role that the NHS needed to have in order to improve it. Workforce health as a public health issue has also been highlighted by Public Health England, who has pushed for a more comprehensive approach to workforce health.

An increased focus more generally on prevention of chronic conditions in the past few years has been valuable (e.g. those relating to tobacco, obesity and alcohol use) and we hope that it will have implications for the development of some chronic conditions as we move forward. It is only more recently that we have started seeing acknowledgment of the role of MSDs and mental ill health – each of which affects 1 in 6 of the UK working age population, making them the most common chronic health conditions in this group.

A tough financial climate in recent years has led to changes in NHS expenditure (the cuts found in many public policy areas), and it is difficult to predict where this will take us over the next decade. We can only be heartened by the growing recognition of the affect that chronic disease has on the working age population and the far-reaching implications of this. Greater awareness that an individual's health is not only something that affects an individual and their families but is something which, if well supported can have a positive influence on things like productivity and service use, is helping to engage more and more stakeholders in this agenda, and leading to the development of innovative ways of support.

It is of course very early days - waiting lists for key services such as psychological therapies are still poor, and despite the recent (and very positive) introduction of waiting times targets there is a long way to go. Achieving a parity of service provision between physical and mental health care is often discussed by policy makers, but little progress of substance has yet been made. In terms of workplace interventions, though the number of employees with access to occupational health is slowly growing, this is much less clear among those working for smaller businesses ([http://www.theworkfoundation.com/DownloadPublication/Report/387\\_Health%20and%20wellbeing%20at%20work.pdf](http://www.theworkfoundation.com/DownloadPublication/Report/387_Health%20and%20wellbeing%20at%20work.pdf)).

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(\*) Karen Steadman joined The Work Foundation in 2012 as a researcher in the Centre for Workforce Effectiveness. Karen has over 10 years experience in the in the fields of health and social policy, research, development and evaluation. She has worked in public, private and third sectors, in both the UK and Australia.

Another pertinent issue in the UK is the health of the NHS workforce itself. The NHS is one of the biggest employers in the world, and there are repeated concerns about the health of its own workforce. The extent to which poor care of the health of health workers permeates into the way the working age population are cared for is a possible concern.

There is currently in the UK (though not for the first time

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_108799](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108799)) a lot of activity around improving NHS workforce health. NHS England recently announced programs to improve NHS staff access to health interventions and support, such as physiotherapy and psychological therapy. This is just a start, but the increasing recognition and the growing swell of activity even in time of economic restraint offers some hope.

**In your opinion, where are the greatest difficulties in reintegration / inclusion for chronically ill workers within companies?**

Stigma and employee perception of stigma are still hugely problematic. This is even more the case with mental illness – a recent study I was involved in identified that over a quarter of employees with mental health conditions would not feel comfortable discussing their health with their employer (see:

[http://www.theworkfoundation.com/DownloadPublication/Report/387\\_Health%20and%20wellbeing%20at%20work.pdf](http://www.theworkfoundation.com/DownloadPublication/Report/387_Health%20and%20wellbeing%20at%20work.pdf)). We need more employers to recognise that having a health condition is a reality of the working age population, and that in many cases having a long-term health condition is no barrier, and with the right support and attitude from employers (and co-workers), it is often no barrier at all. Our research has also found that many people with health conditions see working as an important indicator of their recovery.

A related challenge is ensuring that the work that is available to people with (and without) health conditions, is of a suitable ‘quality’ to ensure that it does not have a negative impact on their health. Indeed, good quality work can have a positive effect on individual health and wellbeing. This is well exemplified by the work of the Institute of Health Equity (run by Sir Michael Marmot) which highlights the linkages between the nature of work and health (<http://www.instituteofhealthequity.org/Content/FileManager/Publications/PHE/2b-promoting-good-quality-jobs-briefing.pdf>).

**In your opinion, how has changed the concept of prevention and health promotion within the companies?**

One third of employees in the UK have a long-term health condition. As discussed above, this is being increasingly recognised by businesses, many of which are trying to provide support to help employees with health conditions to stay in work, and to work productively. A survey of employees in the UK showed that access to occupational health support increased between 2011 and 2014 (although access is relatively low for people working in small businesses -

[http://www.theworkfoundation.com/DownloadPublication/Report/387\\_Health%20and%20wellbeing%20at%20work.pdf](http://www.theworkfoundation.com/DownloadPublication/Report/387_Health%20and%20wellbeing%20at%20work.pdf)).

Again, it is small steps, but for those employers who are looking at health promotion, we are beginning to see a shift away from the basics of providing fruit baskets at work and gym membership, towards really reflecting on the evidence around what works in terms of workplace health, and thinking about how to create a psychologically healthy work environment for employees. This has been emphasised recently in the publication of guidelines from the National Institute of Clinical Excellence (NICE) on workplace health (<https://www.nice.org.uk/guidance/ng13>), which highlight leadership, line managers, and workplace culture as vital to improving workplace health. The extent to which employers will note these

guidelines, which have traditionally been directed as a clinical audience is another matter, though we are also seeing businesses and business groups (such as Business in the Community) promoting such guidelines and trying to develop practical support to help employers to embrace the evidence around what works in terms of developing work environments that promote and support employee health. More needs to be done to incentivise employers to work in this space – it is about creating the business case for action, and about providing them with support and guidance to make tangible differences.


### What can the law to facilitate the adoption of prevention strategies in the workplace?

The equality act and the disability discrimination act are the legal provision for ensuring equality of opportunity in work protection people against discrimination in employment (and other areas). There is of course considerable debate about how well these laws fulfil their objectives. Rather than developing new laws (and this is a matter for debate) it may be that we need to focus on improving the way current laws are implemented and managed – to ensure that people who feel discriminated against can be confident about reporting it. Further, we need to provide employers and other stakeholders with the support, and the encouragement or even the incentive, to abide by the laws we have and treat people with health conditions fairly. Again, stigma is a massive problem, and without addressing the culture around discrimination, then it is unlikely more laws will have a substantial impact.

For more info see out most recent report:

<http://www.theworkfoundation.com/Reports/388/Investing-in-a-Workforce-Fit-for-the-Future>

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