



Worklessness and Health Symposium

Glasgow, 1 September 2011

*Health, work and well-
being – a progress report*

Dame Carol Black
National Director for Health and Work

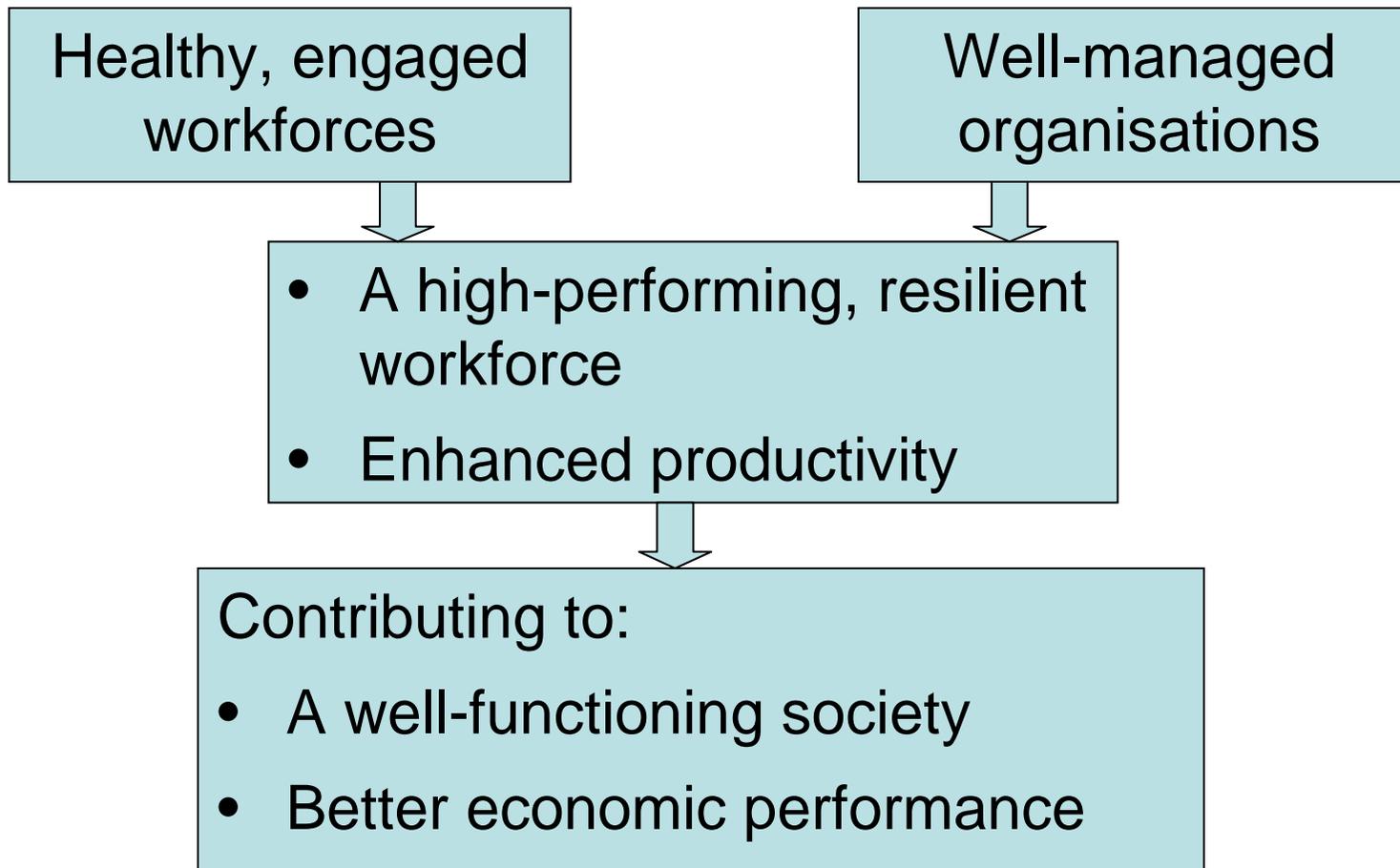


HEALTH WORK WELLBEING

Content

- **overall goals**
- **current journey**
- **turning the tap off**
- **steps along the way**
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What is our overall goal?



People with chronic conditions and disabilities must be included.

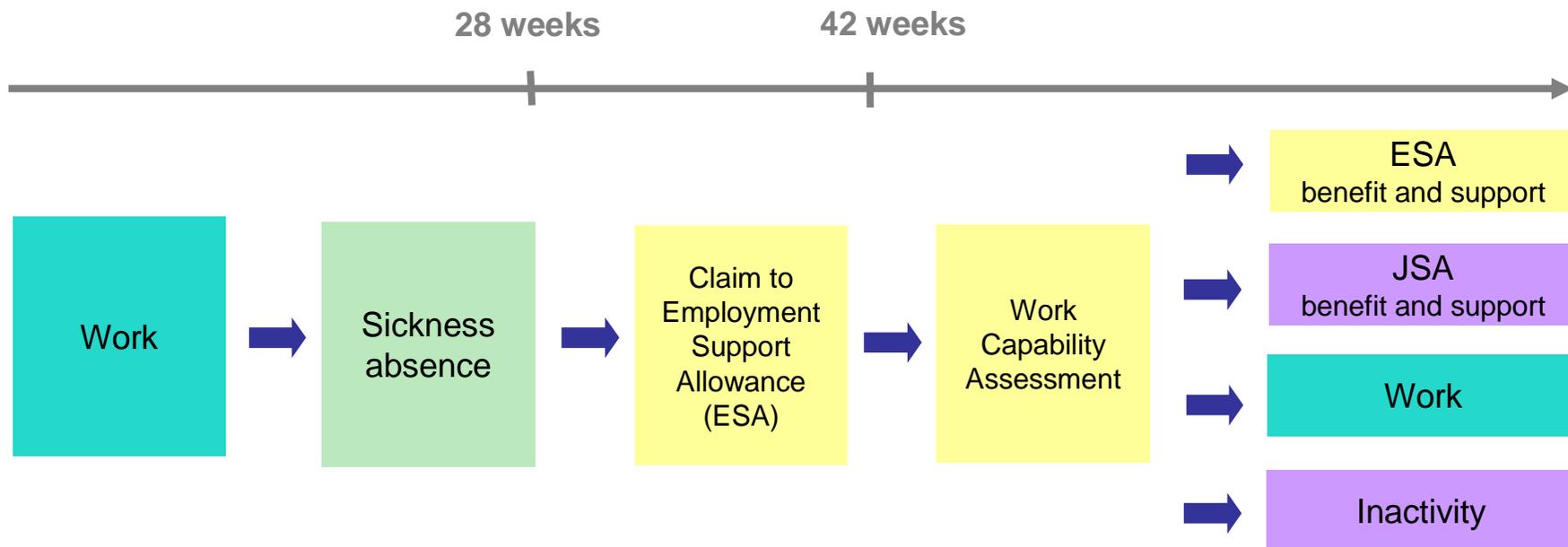
To achieve this goal

We must :

- create employment and workplaces which both protect and promote health, mental and physical
- reduce sickness absence, job loss, and flow onto benefits
- enable people with disabilities and long-term conditions, especially mental health conditions, to stay close to the labour market
- support people to work to a later age
- **above all, enable a change in culture, attitudes and behaviour**

The Current Journey ?

We had started by thinking of a linear journey between work and benefits :



Thus an individual may go from work, to short-term absence, followed by longer-term absence, and then potentially leave the labour market through ill-health and make a claim on the State.

However, there is a diversity of experiences and not everyone follows this stylised journey.

Turning the tap off



John Snow (1813-1858)
prevented cholera by removing
a water pump handle (1853).

We need to

- ‘turn the tap off’,
- prevent unnecessary flow on to the benefit system, and
- keep as many people as possible close to the labour market.

Health, well-being and work: 2005 and before, in UK

- **Health and work not acknowledged as related and inter-dependent**
- **Work not considered as a determinant of health**
- **Little connection made to Public Health or primary care**
- **Of little importance to politicians, civil servants, health professionals, employers etc.**
- **Little if any cross-government working on this agenda – lots of very-well-intentioned silo working**
- **Little connection made, in much of UK, between Health, Well-being, Engagement and Productivity**
- **Workplace potential for prevention and promotion unrecognised**
- **Little recognition that enabling adults to remain healthy and in work is the first pillar of the welfare state.**

Some steps along the way

- Important strategy documents published by the English, Scottish and Welsh Governments
- Independent Reviews commissioned by Government Departments
- Reviews published by independent bodies, e.g. Work Foundation, BUPA, Demos

All helping to shape the agenda.

Independent Reviews of significant impact:

- **Waddell and Burton 2006, 2008**
- **Black 2008, Boorman 2009,**
- **Macleod 2009**
- **Marmot 2010**

Black 2008 :

Factors that stood in the way

Culture beliefs and attitudes – needing change

- Misconceptions about health and work – e.g. “need to be 100% fit”
- Inappropriate ‘medicalisation’ of complex psycho-social problems
- Poor retention in work of those with disabilities or chronic disease
- Managerial attitudes, organisational behaviour, unable to make business case.

Inadequate systems

- Inflexible system of sickness certification – the ‘sick note’
- No pathways of rapid intervention to keep you in work or return you to it
- Health, work and well-being not part of training curricula or clinical practice
- Poorly-supported healthcare professionals.No OH advice for GPs (family doctors).
- Configuration of Occupational Health services: no national standards.

Lack of involvement by local health boards and PCTs

- Rehabilitation to work not a performance measure

Next generation

- Little attention to building mental and emotional resilience in our future workforce

Poor research base

Black Review: Health, Work and Well-being Initiatives

Fit Note	In use from 6 April 2010
11 'Fit for Work' service trials	Live 2009 -2012
Public sector exemplar: Boorman review of NHS staff health in England	Recommendations included in NHS Operating Framework 2010/11
National Standards for provision/ of OH services	Published Jan 2010 (accreditation from 2011)
Council for Health and Work	Established 2009
Regional co-ordinators of health, work and well-being	Live 2009-2012
Education and training initiatives for GPs and secondary care professionals	Live 2009-2011
Working our way to better mental health: a framework for action	Published Dec 2009
Occupational Health Adviceline for SMEs	Live 2009-2013
Challenge Fund for Small and Medium Enterprises	Live 2009-2011
Free interactive Workplace Wellbeing Tool	Launched 2010

All intended to help maximise health, wellbeing and productivity.

Ensuring better certification: the 'fit note'

Statement of fitness for work
For social security or Statutory Sick Pay

Patient's name:

I assessed your case on:

and, because of the following condition(s):

I advise you that:

you are not fit for work.

you may be fit for work, taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

a phased return to work amended duties

altered hours workplace adaptations

Comments, including functional effects of your condition(s):

Sample ←

This will be the case for or from to

I will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctors signature:

Date of statement:

Doctors address:

Med3 04/10

Progress since introduction in April 2010

- new formulation generally well received
- when used as intended, results are good
- GP education and training material of high quality
- 53% of GPs thought it had improved advice given

Challenges remaining

- utilisation of the 'may be fit for work' box is variable, from 1 to 16%
- 'own job' versus capability for any work
- employers hope for more information and better OH advice
- electronic version of the fit note is crucial
- 77% of GPs sometimes felt obliged to give note for non-medical reasons

Improving OH : Standards and Accreditation

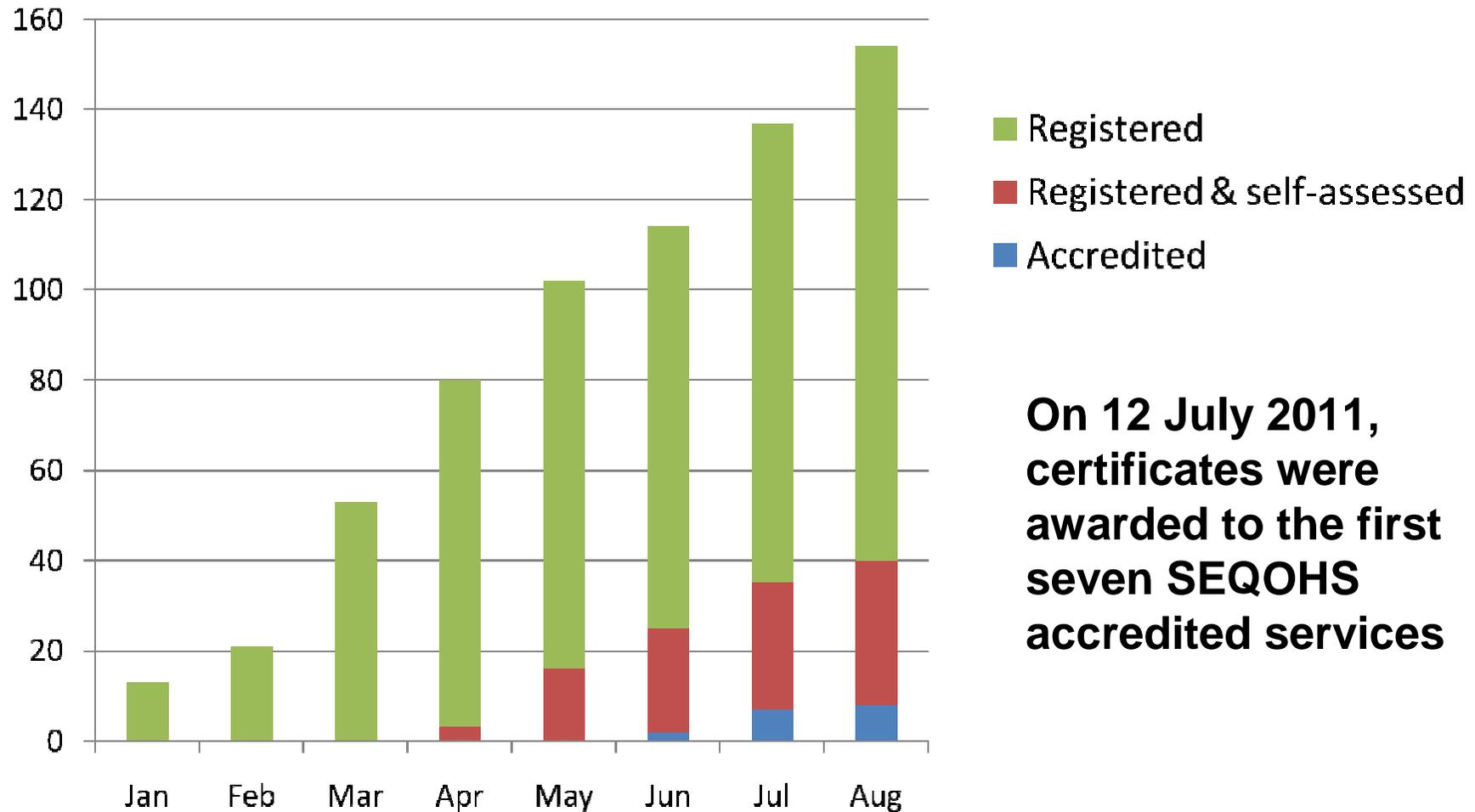
1. Enable services to identify the standards of practice to which they should aspire;
2. Credit good work being done by high quality occupational health services, providing independent validation that they satisfy standards of quality
3. Raise standards where they need to be raised
4. Help purchasers differentiate occupational health services that attain the desired standards from those that do not.



Standards were published in January 2010 and the accreditation scheme was launched in 2011.

www.seqohs.org

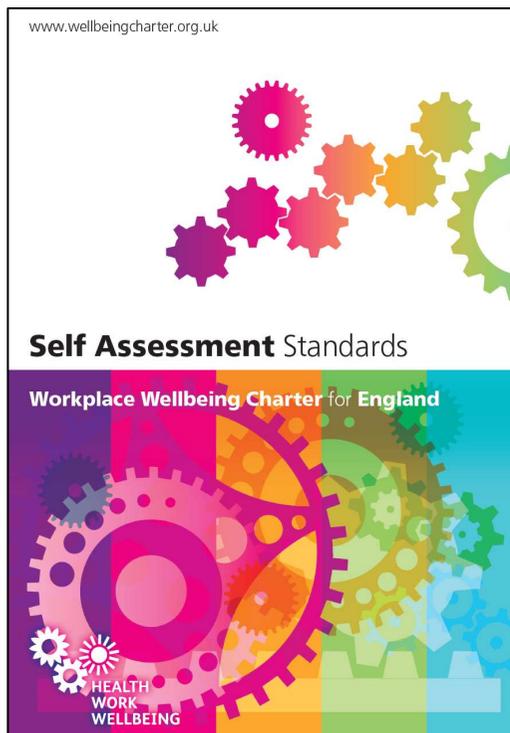
SEQOHS Accreditation – August 2011



**On 12 July 2011,
certificates were
awarded to the first
seven SEQOHS
accredited services**

Local progress: HWWB Co-ordinators

There are eleven **Health, Work and Well-being Co-ordinators** in Great Britain.



Workplace Wellbeing Charter

They **facilitate** an integrated approach to health and business at a local level, **co-ordinate** HWWB strategies and activities for public and private sectors, **work closely** with other Co-ordinators and all stakeholders, and **support** the National Director.

The **England Workplace Wellbeing Charter** is a set of entirely voluntary workplace standards to promote good, safe and healthy work.

By getting involved in the charter, employers are demonstrating their commitment to the health and wellbeing of the people working for them.

It provides a simple, structured way to establish organisations' strengths and weaknesses on health and wellbeing, and ways to move forward.

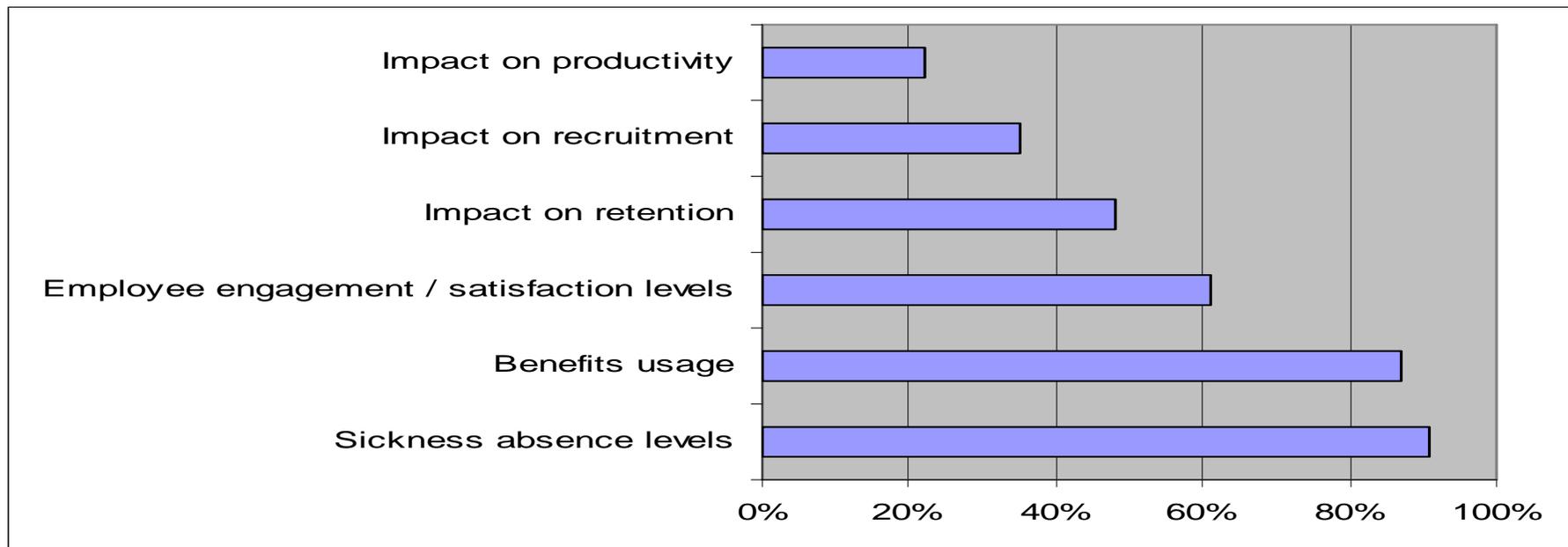
Regional Coordinators are looking at ways of linking the Charter to regional awards schemes.

Employers: Investing in workplace health

Reasons why employers invest in workplace health

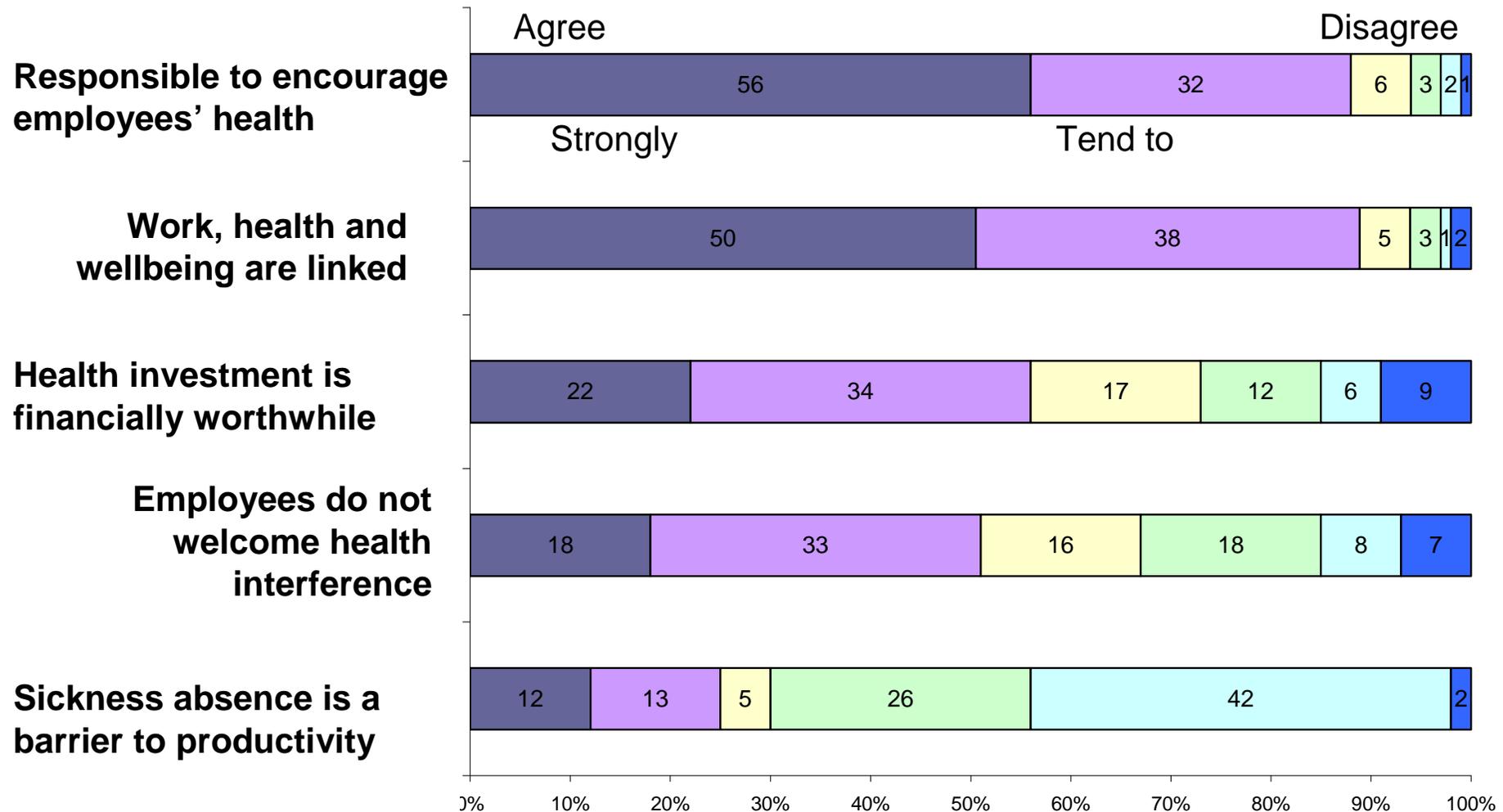


What is measured to calculate return on investment for healthcare spend?



Two in ten organisations do not have a system to record sickness absence.

Employers' attitudes to health and well-being amongst their employees



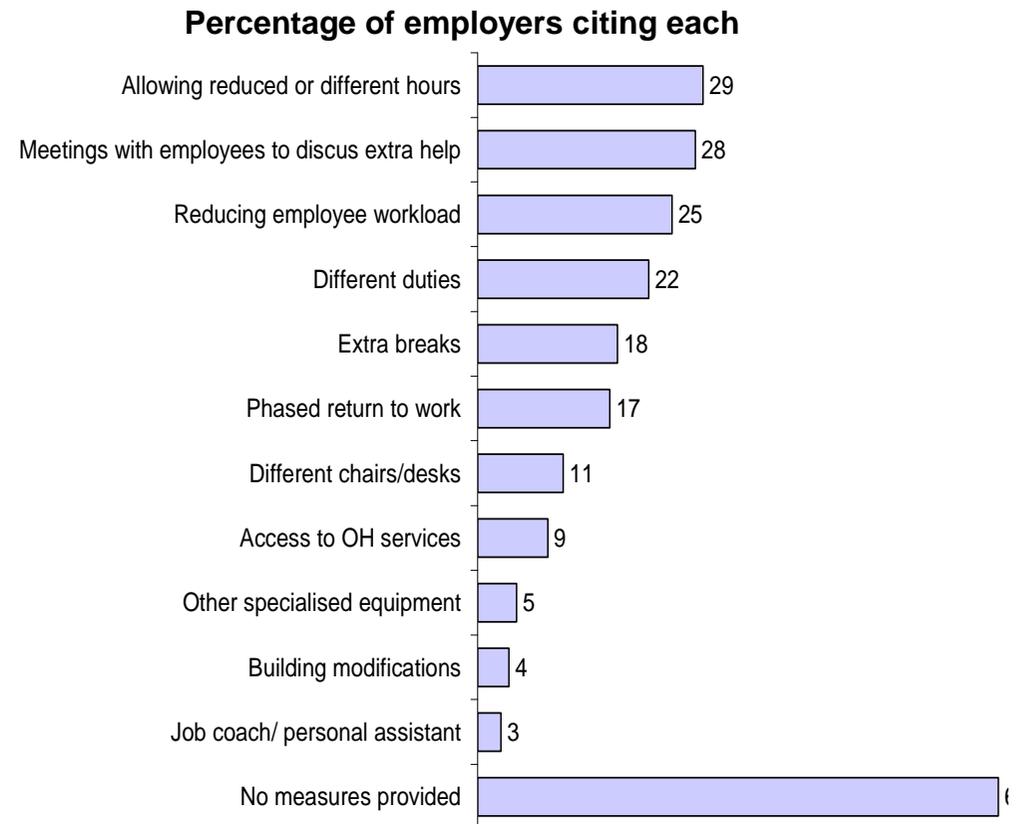
Source: Health and well-being at work: A survey of employers DWP 2010, 2,250 employers of all sizes

Adjustments that employers make for employees to stay in work

Measures to help employees with five or more days of continuous absence back to work:

Measures	%
Employer did not take any steps	52
Working reduced hours or days	20
Providing access to occupational health services	19
Reducing workload	19
A meeting at home or work to discuss extra support	15
Independent counselling, advice or information	9
Reduced responsibilities	9

Measures used in the last 12 months to help keep employees with health problems in work or facilitate their return to work:



Source: Employer Survey

Progress involving SMEs: Companies with fewer than 50 employees in North East England

Middlesbrough Environment City – Voluntary organisation – 18 employees

- Bought 11 bikes and cycling equipment for staff
- Established a weekly walk during an extra 30 min break.
- Introduced a personal health budget of £100 – used for walking boots, reiki, alternative therapies for sleep problems
- Managers visit those who are off sick at home or take them out to lunch.
- One employee received medical attention after a health check at work spotted very high blood pressure

Gardiner Richardson – Marketing and PR – 30 employees

- Staff have run, swum and cycled over 7000 miles
- Worked with Northumbria University's School of Sports and Science to give a one to one health assessment and set health objectives regarding nutrition and exercise.
- Chiropractor held a talk on back care and offered posture assessments to all staff.
- Introduced a chill out zone and monthly healthy breakfasts.
- Staff are very engaged and are now leading many of the initiatives themselves.

Pioneering Care Partnership – Voluntary Organisation – 38 employees

- Walking club offers 2 guided walks per week – one 1-3 miles and another 3-6 miles.
- Zumba fitness and other wellbeing classes - staff given 30 minutes a week for an activity of their choice
- Stress and alcohol awareness.
- Employees and families given concessionary rates for therapies and treatments.
- Morale is high and the organisation is mentoring four other organisations

Progress involving SMEs: Companies with 100 to 150 employees in North East England

Thermo Fisher Scientific – 120 employees

- 3 volunteer health coordinators and health assessment day
- Childcare vouchers
- Work with 30 agency staff
- The number of employees who 'enjoy coming to work' is up 25%
- 28% of staff exercise more
- 22 staff in the diet club lost 171 lbs in 6 weeks



North Star Housing – 100 employees

- Took a diagnostic approach which found that change and clarity of role / future were issues – these were then addressed
- 12 health advocates trained who held one to one sessions with staff
- 60% decrease in sickness absence (17.19 days lost per employee to 9.01 days in 2010)

PPG Aerospace – 150 employees

- Hydration charts in all toilets and fresh water stations around the site
- Weekly OH surgery with a nurse and physiotherapist
- Refrigeration facilities in canteen for packed lunches; healthy recipe cards in rest rooms
- Picnic tables have been put outside to encourage staff to take a fresh air break
- Absenteeism has decreased from 4.5% to 2.5%
- Managers have seen a big improvement in motivation and morale

Progress in Scotland

Key recent achievements include:

- agenda moved from workplace health promotion to work as a key social determinant of health
- growing acceptance amongst healthcare professionals of the importance of work for health and the role that they can have
- CMO's latest Annual Report had a chapter dedicated to Work and Health, highlighting the impact that work and worklessness can have on health
- links between health and work are being incorporated into the Person-Centred Ambition of Scotland's Healthcare Quality Strategy
- Coordinator is increasing the number of Scottish businesses aware of the need to improve the health and wellbeing of their workforce, recognising the business benefits through:
 - Royal Bank of Scotland Business Advisers promoting Healthy Working Lives and Working Health Services Scotland Services to Business Customers – 40% of Scotland's SMEs bank with RBS
 - Engaging new partners in promoting the health work and wellbeing agenda in Scotland, including: Key work programme providers (and the companies they place people with), UK wide employability organisations, HR Services companies, a staff services company which deals with voluntary organisations and SMEs

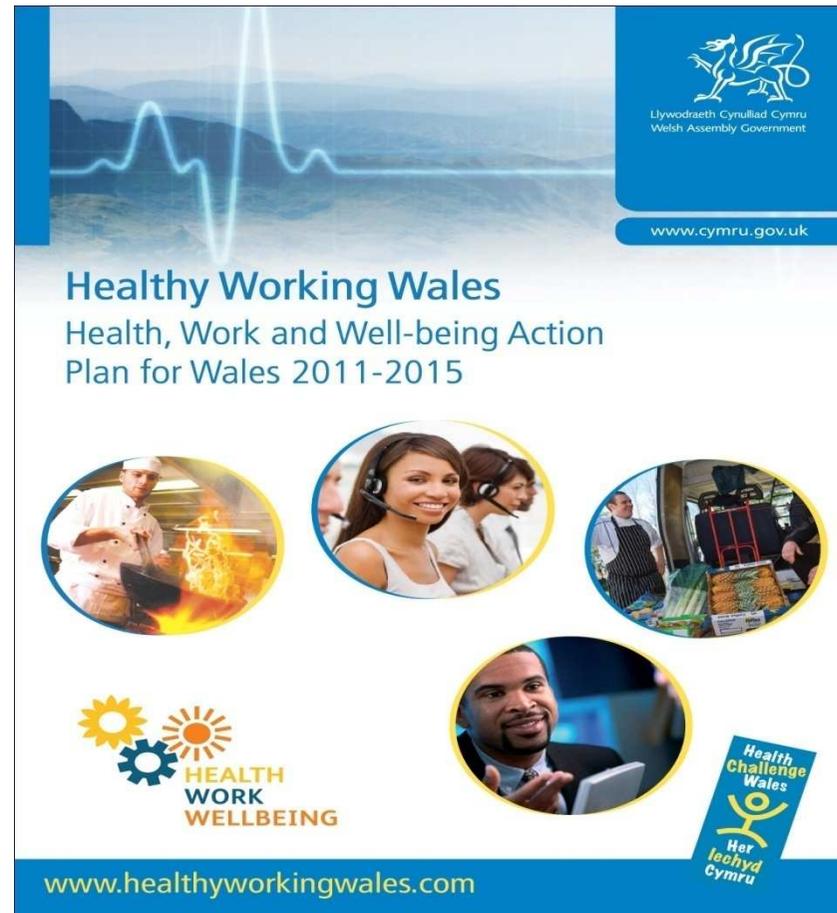
Progress in Wales

Key achievement has been embedding health and work in the policy context:

- CMO annually reports progress towards improving Health and Work
- Health and Work is a key theme in Our Healthy Future – the Public Health Strategic Framework for Wales - with improving workplace health one of the top ten priorities.
- The Health, Social Care and Well-being guidance to support local authorities develop local plans includes health and work as a theme.
- All NHS organisations have targets in the Annual Quality Framework to achieve Platinum Corporate Health Standards by March 2013.
- Economic Renewal – government strategy includes commitments to develop the Healthy Working Wales programme.
- Health, Work and Well-being Action Plan published in May 2011

Health, Work and Well-being Action Plan for Wales 2011-2015

- Focuses on health improvement, ill health prevention and employee retention.
- Brings together current efforts and identifies new actions.
- Wide range of partners engaged; working with health professionals, employers and individuals.
- Delivery will be led by an implementation group.



Progress: Special sectors or topics

- Construction industry
- Teachers, schools, higher education
- Shift workers
- Social workers
- Effect of bereavement on work
- Active ageing
- Long term health conditions

Long term health conditions

- Increasing recognition of the problem and its effects on UK competitiveness. Chronic conditions are increasing - they negatively affect business productivity by increasing absenteeism and reducing the emotional health and overall wellbeing of the population.
- Notable activity in the charitable sector, for example:
 - Macmillan cancer
 - Diabetes UK
 - Arthritis Research UK
 - British Heart Foundation
 - British Lung Foundation
 - Work Foundation
 - C3
- Increasing activity by governments, e.g. the Public Health Responsibility Deal in England; Chronic Disease Guidance for employers

Chronic conditions guides for employees and line managers

Small changes, big difference

NHS
choices
www.nhs.uk

Advice for employees on working with a long-term medical condition

This guide provides advice on coping at work when you have a long-term (also called chronic) medical problem. The conditions covered include asthma, diabetes, cancer, arthritis or any other long-term medical condition. It is designed to help find practical solutions that will benefit both you and your employer.

For further guidance to living with a long-term condition, please visit www.nhs.uk/Planners/Yourhealth/Pages/Yourhealth.aspx

Practical steps

Although not always appropriate, continuing to work when you are able can be beneficial in the medium and long term.

When you have a long-term medical condition, your employer may be able to make simple adjustments to your work, which can make a significant difference. To start with, it may help to have an open and practical discussion with your manager about your situation. This should focus on simple steps that could be taken to modify the workplace to meet your needs.

Having the conversation

You should, of course, have any conversation about your medical condition in private and your manager will keep the details confidential. If you feel uncomfortable, you might wish to ask a colleague, union representative or friend to join you.

You may have statutory protection requiring your employer to make adjustments to your workplace and the work you do. However, whether or not this is the case, you should discuss with your manager how they could make adjustments to meet your needs.



Small changes, big difference

NHS
choices
www.nhs.uk

Advice for line managers on supporting employees with long-term medical conditions

This guide provides advice to employers and line managers on supporting employees with long-term (also called chronic) medical conditions through practical solutions that will benefit both you and your employees.

What are long-term medical conditions?

Long-term conditions are conditions that can not be cured but can be managed through medication and/or therapy. They include a broad range of medical issues, for example asthma, diabetes, cancer and arthritis. Advances in treatment and an ageing population mean that many more people with a long-term condition are able to continue working.

Although long-term medical problems may continue over many years, remaining in work can help to reduce their impact.

For further guidance on living with a long-term condition, please visit www.nhs.uk/Planners/Yourhealth/Pages/Yourhealth.aspx

A list of common major long-term conditions accompanies this leaflet.

Practical steps

Simple facts

If someone has a long-term medical condition, it is generally better for him or her to be working if possible. Research shows that people with long-term conditions find that getting back to work is often helpful to their recovery. Simple adjustments at work can make a big difference in helping the person to stay at work.

The employee may well know what they need

Nowadays, most patients fully understand their condition and will usually know what they need to help them cope, but they may be reluctant to engage with their employer about accommodating them.

Clear communications are important

It will help both you and your employee to have an open and practical discussion about what adjustments can be made to ensure a return to work. If the employee feels



Public Health

- The Public Health agenda must embrace work.
- Health systems in the UK are diverging. There is a great need for communication and consistency on Public Health.
- Government initiatives include:
 - NHS Health Scotland
 - Bevan Commission in Wales
 - Public Health England
 - Public Health Responsibility Deal in England.

Mental Health and Work

- an increasing challenge, much interest, too little relevant research
- campaigns, especially against stigma
- good literature
- many training programmes for line managers and employees
- Government concern and initiatives
- high-quality research and clinical trials in working with enduring mental ill-health

BUT

still many cultural, attitudinal and behavioural issues

Challenges

- **culture, beliefs, attitudes, behaviour**
- **embedding the progress made into processes of government, business and professional activity**
- **“industrialising” process in all sectors**
- **SMEs**
- **chronic health conditions**
- **mental health**
- **longevity, health and work**
- **sustainability over political cycles**

Worklessness



“ What has bothered me for years is that there is a growing group of people who do not seem to play any part in society. It is the ‘wasted life’ routine that hits you straight away.”

Ian Duncan Smith
UK Secretary of State for Work and
Pensions

The Times 19 February 2011