Enterprise for Health conference
October 2008

Working for a healthier tomorrow

Carol Black DBE
National Director for Health and Work
To achieve a society where:

• Health and well-being of working age people is given the attention it deserves
• Work is recognised by all as important and beneficial
• Institutional barriers to starting, returning to, or remaining in work are removed
• Healthcare services meet the needs of people of working age

Realising the strategy involves cross-government working and appointment of a National Director for Health and Work
Remit of my Review

• Commissioned by Secretaries of State for Health and for Work and Pensions in 2007
• Comprehensive review of the health of working age people
• Considers the myriad factors that influence health and well-being, including being in work or workless, and having long-term health conditions
• Aim is for the Review to lay the foundations for necessary and wide-ranging reform
Demographic changes

- Increases in life expectancy have not been matched by increases in healthy life expectancy – people are living longer, but are also living longer in poorer health.

- Also, planned increases in State Pension Age in the UK mean people will have to work longer.
Building on health and safety

- My Review builds on the premise that rigorous adherence to health and safety legislation is essential.
- It goes beyond that to consider health and well-being also – as factors essential to a healthy workforce.

Monument to Injured Workers, Ontario, Canada
The consequences of worklessness

- The health of working-age people has consequences far beyond themselves – touching their families, children, workplaces, and wider communities.

- Overall costs of working age ill-health are in excess of £100bn per year.

- Economic costs of ill-health are measurable, but human costs are often hidden and privately borne.
Scale of the problem

- Around 172 million working days were lost to sickness absence in 2007, at a cost to the economy of over £13 billion (CBI).

- Loss of productivity for those who are ill but still in work likely to be even greater – estimated cost due to mental ill-health alone is £15 billion a year (Sainsbury Centre for Mental Health).

- MSDs affect 1 million in the UK – could cost society in the region of £7 billion a year (Work Foundation).
Health conditions and incapacity benefits

Source: DWP Administrative Data
At the heart of the vision for this Review are three key objectives:

1. Prevention of illness and promotion of health and well-being;

2. Early intervention for those who develop a condition; and

3. An improvement in the health of those out of work
Preventing illness and promoting health: the role of the workplace

- 75% of working age people in Britain are in employment – the workplace offers great scope for targeting of messages and initiatives about healthy living

- There is poor understanding of health and well-being initiatives that employers can implement

- There are no national standards available to employers when they purchase occupational health or well-being services

- Many employers are unaware of the business case for investing in health and well-being
PricewaterhouseCoopers’ research *Building the case for wellness*: 

- Studied evidence from 55 UK case studies
- Wide variety of employers – all sizes and business sectors
- Showed a strong business case for investing in employees’ health

![Benefits attributed to wellness programmes in the UK*](chart.png)

Source: PwC Research
*Evidence from 55 case studies Appendix 2b*
Recommendations to Government (Chapter 3)

• Government should work with employers to develop a robust model for measuring and reporting on the benefits of investment in health and well-being.

• Employers should report at board level on the health and well-being of their staff.

• A *Health and Well-being consultancy service* should be set up to provide employers with advice and support.

• Expansion of the role of Safety and Health practitioners, and where present trades union safety representatives, in promoting the benefits of investing in health and well-being.

• Exploration of practical ways to make it easier for smaller employers to establish health and well-being initiatives.

*Working for a healthier tomorrow 2008*
• In partnership with PricewaterhouseCoopers and Business in the Community, we have now developed a free-to-use Business HealthCheck tool

• This tool enables organisations of all sizes and from all sectors to measure the costs and benefits of investing in health and well-being initiatives

• The evaluation pilot of this tool is available from our website www.workingforhealth.gov.uk

• To date around 900 organisations have signed-up to use the tool and provide feedback from which we will further develop and enhance the tool
• Positive feedback on the value of the Business HealthCheck tool has already been received

“We have tested out the business tool and found it really useful – we will now be looking at how we can incorporate it into our ongoing costing of absence.

Our work continues apace on staff well-being.

The Trust Board and Executive Team are very much behind our work not only because of the benefits of a reduction in sickness absence but also because of the impact on staff motivation and performance.”

Mandy Coalter, HR Director, Heart of England NHS Trust
by e-mail 4 September 2008
• BITC’s “Business Action on Health” campaign has a target to secure a commitment from 75% of FTSE companies to report on health and well-being by 2010
• Research shows a year on year increase
• Health and well-being has now reached a ‘tipping point’ as a business issue
The workplace: many possible health and well-being initiatives

- Must be designed with employee engagement
- Must have senior management ‘buy in’
Team resilience: a world-wide programme

- GlaxoSmithKline publicly report on the financial impact of their health and well-being programmes
- GSK report shows that staff who are physically energised, mentally focussed and have a clear sense of purpose show sustained improvements in performance
- Since 2002:
  - 60% reduction in work-related mental illness
  - 20% reduction in absences due to mental ill-health, equivalent to savings of £2.4 million
  - 10-15% reduction in fatigue and 15% increase in self-esteem and job satisfaction
Preventing illness and promoting health: the role of line managers

• Line managers have a vital role to play in protecting the health of their staff and facilitating the return to work process.

“In the Society’s view, line managers are likely to be a key determinant in whether individuals make a successful return to and remain in work.”

*The British Psychological Society submission to the Call for Evidence*

• Training of line managers is critical!
What’s not working:

• GPs have no easy access to expert help

• This has led to sub-optimal advice and treatment of patients, and out-dated procedures for certification of sickness absence

• No clear pathway of rehabilitation for work-related ill-health

• Fallacy persists that individuals should only be at work if 100% fit
Education and training of health professionals

- GPs are the first port of call for most individuals when work-related health problems develop. GPs are often inadequately trained to deal with such issues.

- All healthcare professionals must be supported to understand better the positive links between work and health:
  - Work is generally good for physical and mental well-being
  - Return to previous functional status should be considered a clinical outcome to aim for
  - Work can aid recovery
  - A sick note may not be good advocacy for a patient
Reform of the sick note – ongoing work

- Early pilots of an electronic-based sick note are under way in Wales, allowing GPs to retain information on sickness certification on their IT systems, print-out sick notes, and transfer data electronically to DWP for benefit purposes.

- Review of the current sick note is already under way, involving consultation with stakeholders including the medical profession and employer/employee representatives.

- Trials are now ongoing to test a possible format for the new “fit note” - it is being tested by GPs around the country to ensure that it is fit for purpose.
Recommendations to Government (Chapter 4)

- Recommend that a new *Fit for Work* service should be piloted to provide multi-disciplinary OH support for people
  - Early intervention
  - Holistic
  - Non-medicalised
  - Case managed
  - Good positive contact with employers
  - Addressing the real problems which keep people out of work
- Recommend that the paper-based sick note be replaced with an electronic *fit note*
  - GPs would use the new *fit note* to refer patients to the new *Fit for Work* service in the early stages of absence
New model for early intervention: a *Fit for Work* service
“If we are to change fundamentally the way we support the health of working age people, then we have to address a number of challenges which face Occupational Health as it is currently configured.”

*Working for a healthier tomorrow (2008)*
Working in many silos - isolated

- Doctors in mainstream medicine, GPs and hospital doctors
- OH professionals
- Vocational rehabilitationists
- Psychologists

and many other silos …
Challenges facing Occupational Health

- Key challenges facing the OH profession:
  - detachment from mainstream health care
  - limited remit
  - uneven provision
  - diminishing workforce
  - shrinking academic base
  - lack of good quality data
  - image and perception

*Working for a healthier tomorrow, 2008*
Mental health

- Critical relationship between mental health and work!
Mental health: the facts

- 1 in 4 people will suffer some form of mental health problem during their lives
- At any given time 1 in 6 working age adults have symptoms associated with mental ill-health (e.g. sleep problems, fatigue, etc) which do not meet the criteria for diagnosis
- A further 1 in 6 working age adults experience diagnosable mental health problems (e.g. depression, anxiety, etc) at any given time
- An estimated 1%-2% of the population have severe mental health problems (e.g. schizophrenia, bipolar disorder, etc)

The Royal College of Psychiatrists: *Mental Health and Work, 2008*
Mental distress and work

• Is around us all the time

  • £605 per person is lost each year through ‘presenteeism’
  • £335 per person is lost each year through sickness absence

• The employer must promote mental health
• 60% of line managers underestimate the percentage of the UK population that experiences mental ill-health
• 76% of line managers are aware they have managed at least one person with mental ill-health
• Only 13% of managers have received training on mental health awareness
• Many employers have no policy on handling mental ill-health
• Relatively few line managers think they can refer employees to a GP, and they often do not have confidence in GP assessments particularly with regard to stress

Employers Forum on Disability survey, 2008
Tackling stigma in the workplace

- People with mental health problems face more stigma and discrimination than those with physical problems.
- Fewer than 4 in 10 employers say they would recruit someone with mental health problems.
- People with mental health problems returning to work after sickness absence are more likely to be demoted or placed under close supervision.
- The only good promoter of behaviour-change around stigma is social contact – people with direct experience of mental ill-health have a key role to play in reducing discrimination and raising awareness.

The Royal College of Psychiatrists: *Mental Health and Work, 2008*
A new strategy for mental health and employment

• Commissioned in 2008 by the Secretaries of State for Health and for Work and Pensions
• The steering group has recently started its work
• Areas to be considered are:
  i. Effectiveness of employment programmes designed to help workless people with mental health problems back into work
  ii. Approaches to managing mental health in different workplaces, with a view to identifying good practice
  iii. Approaches to mental health and employment in other countries
A national strategy for mental health and employment – mapping the continuum

<table>
<thead>
<tr>
<th>In work</th>
<th>Employed but not in work</th>
<th>Not in work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well</td>
<td>With mental health condition and coping</td>
<td>With mental health problem and seeking work</td>
</tr>
<tr>
<td></td>
<td>With mental health condition and not coping</td>
<td>With mental health condition and off short term sick</td>
</tr>
<tr>
<td></td>
<td></td>
<td>With mental health condition and off long term sick</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Never worked due to mental health condition</td>
</tr>
</tbody>
</table>

- Work is underway to chart how the many programmes and initiatives already in place meet the needs of these different groups and identify the approaches which will be most effective in improving sustainable employment.
The opportunities going forwards – doing things together

• The whole is greater than the sum of the parts!

• All individuals and organisations concerned with working-age healthcare should cooperate more fruitfully

• All aiming to improve the health of the working-age population