

Health, Work and Wellbeing

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HEALTH WORK WELLBEING

Health at Work in Britain today

- Over 29 million people in work in the UK
 - the second highest employment rate amongst leading industrial nations
- Employment rate for those with a disability or health condition increased by 10 percentage points since 1998.
- Significant improvements in health and safety:
 - In just the past decade, there's been a 16% reduction in fatal injuries at work;
 - Absence from work due to occupational ill-health and injury has fallen by 12% since 2000.



But major challenges remain...

- Around 175 million working days are lost to sickness absence each year, at a cost to the economy over £13 billion a year (CBI)
- Loss of productivity from those who are ill but still in work likely to even greater. Estimated cost of £15 billion from mental ill health alone. (Sainsbury Centre for Mental Health)
- MSD's affect 1 million in the UK - could cost society in the region of £7 billion. (Work Foundation)
- Direct costs of IB are £12.5 billion. 2.65 million on IB – majority have been there 5 years or more; and more likely to die or retire than return to work.
- 30% of children who have a parent with a disability or a health condition live in poverty.

Health, Work and Well-being

- Still too many people unable to work due to ill-health
 - 80% employment target
- Need more people in work, and more people working more of the time
- Health and work are closely and powerfully linked:
 - Health impacts ability to enter, remain in or return to work
 - Being out of work leads to poorer general and mental health
- Need to stimulate better health and well-being among people of working age – this will strengthen the economy and country, and improve the lives of millions

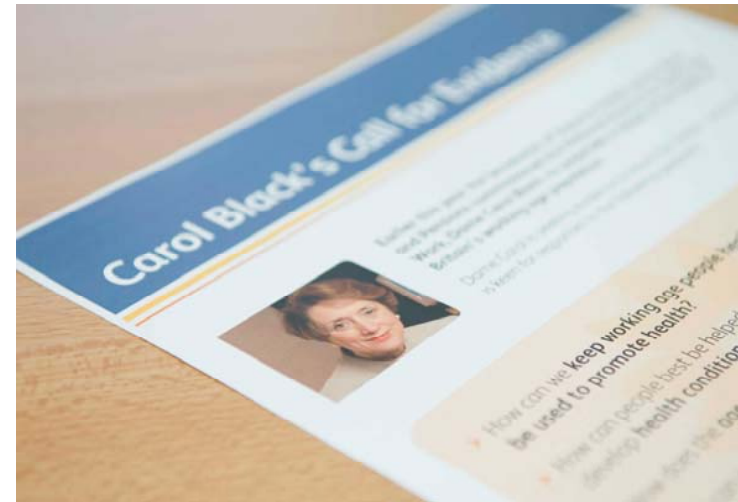
Health, Work and Well-being

- Strategy aims to:
 - improve the health and productivity of the working age population
 - help people with health problems to enter, remain in and return to work
 - prevent people from falling out of work onto benefits
- We know that:
 - work is the best route out of poverty for individuals and their families
 - work is generally good for health and well-being *
 - the benefits of work outweigh the risks of work *
 - we need more people in work and working better to ensure a competitive economy and meet the challenges of an ageing population

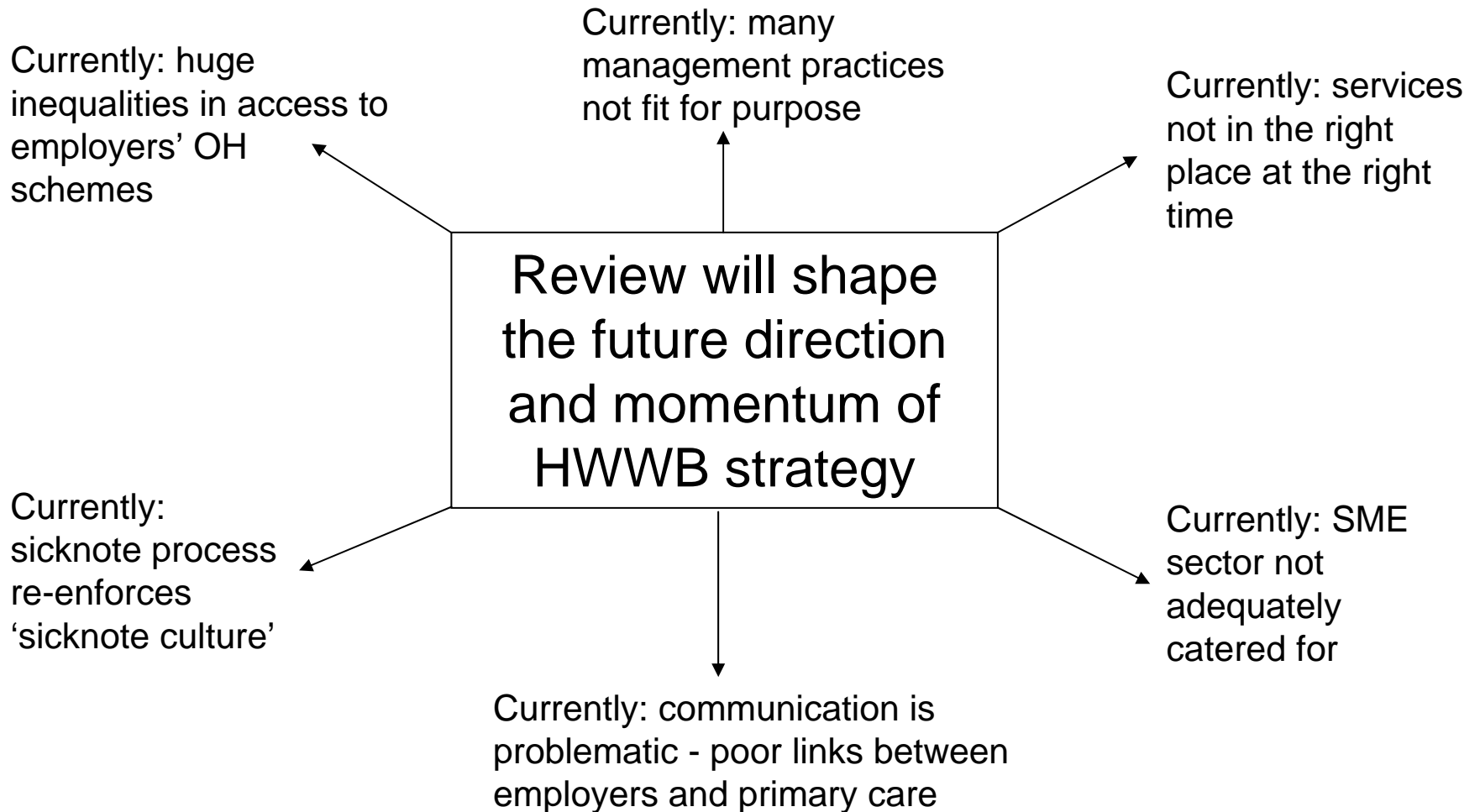
* *Is work good for your health and well-being?* Waddell and Burton, 2006

Review of the Health of the Working Age Population: Background

- Commissioned by SoS for Health and for Work and Pensions
- ToR: 'To conduct a review of health-related factors that influence working life in Great Britain, and make recommendations'
- What systems and interventions will help to:
 - Prevent ill-health developing at work in the first place?
 - Support those with health conditions in the workplace?
 - Make appropriate adjustments to help employees return to work quickly?



An Opportunity



Importance of early intervention

- Services are not in the right place at the right time – help (if available at all) is often too far downstream, or too long delayed to be of optimal value
- The longer the issue that puts someone at risk of leaving the workforce is left:
 - More difficult and more expensive the intervention
 - Less likelihood of return to work
 - Increased chance of additional health issues developing (esp. mental health)

Sicknotes

- Need to replace the 1922 sick note – doesn't meet the needs of employees, employers or GPs [work already underway in DWP]
 - Assumes 'total' sickness
 - Limited information
 - Limited communications
- Train GPs to give them the confidence to handle discussions with patients who inappropriately say they need a sick note

But not just a medical issues

- Key relationship is between the individual and their line manager
- If people are more satisfied with their job they're less likely to be off sick
- Senior management need to demonstrate their commitment to job design, health promotion and reducing sickness absence
- HR teams need to promote development of good jobs through investing in management training
- Managers need to ensure they remain in contact with employees who are off sick to promote early return to work, and to discuss the need to adjust duties either temporarily or permanently

How might management and communications be improved?

- Working with employers and unions to develop standards for health and well-being at work
- Expanded role for traditional union safety reps in promoting health and well-being
- Development of new advice and information support service for all employers (not just large employers)
- Local partners – such as Enterprise Agencies and Chambers of Commerce - should work to engage local enterprises, encouraging action and sharing best practice
- Extended role for HSE in promoting health and well-being

Employee well-being

- About more than swapping 'chips for vegetables'
- Holistic approaches to health and well-being seem to be most successful
- Management buy-in and communication between employer and employees is vital
- Examples of good practice through Healthy Working Lives Award scheme

Employer's main concerns

- Costs of interventions – what is the business case
- Need clear guidance to give them the confidence to know how to act
- Need advice / support on how to engage and keep in contact with those on sick leave
- SMEs – the particular challenges they face

The role of the workplace

- Most employees spend around half their waking hours in the workplace during the working week
- The workplace, therefore, can play a key role in the delivery of health interventions
- And health interventions can also add value to business – increasing employee motivation, productivity and profitability. In short - Good Health is Good Business.



Not just about health interventions...

- Quality and type of work is key – including the nature of line management support
- Clear scientific evidence that work *is* generally good for health
 - Waddell and Burton
 - Social and economic benefits
 - Impact on child health
- But ‘**Good** work’ is key to this:
 - Control/autonomy
 - Job security
 - Personal development/fulfilment
 - Good communication

Employer / Line Management training

- Need for urgent training to provide employers and line managers with the skills and tools to handle health and work issues
- Scope for Acas and CIPD to help deliver this?

Importance of early intervention

- Prevention is preferable from an employers point of view, but not always possible
- The longer the issue that puts someone at risk of leaving the workforce is left:
 - More difficult and more expensive the intervention
 - Less likelihood of return to work
 - Increased chance of additional health issues developing (esp. mental health)

What do we need?

Early intervention – back-to-work team involving:

- OH professionals
- therapies
- rehabilitation
- vocational rehabilitation
- case management

- in combination where necessary

Tackling 'presenteeism' as form of early intervention

- 'Presenteeism' due to mental health accounts for 1.5 times as much working time lost as absenteeism
- Costs of up to £15.1 billion a year due to reduced productivity caused by mental health problems
- Tackling 'presenteeism' – scope for significant increases in productivity, potentially more so than sickness absence management can deliver

Employee Health and Occupational Rehabilitation

- Occupational Health means different things to different people
- Anomalous that OH has never been part of NHS other than for its own employees
- Vast majority of companies are SMEs – can't expect them to have the resources of a large employer in employee support
- Evidence base for some existing practices e.g. pre-employment screening is poor

What would help?

- A radically widened understanding of occupational health as a speciality - encompassing all health professionals engaged in any aspect of the health of working age people
- Underpinned by clear standards of practice, workforce plans and improved clinical governance
- Supporting all working age people – not just those in work/large companies

Other themes emerging from responses

- Need to develop and better coordinate research base
- Need for increased 'joining up' within government
- Need to de-stigmatise stress and MH problems
- Stress/MH awareness training with employers and social marketing with the public

Stress and Mental Health: the scale of the problem

- 11 million people of working age are affected by mental health problems
- Mental health problems cost the GB economy >£40 million each year
- In England, mental health problems in those who work cost:
 - £15.1 billion due to presenteeism
 - £8.4 billion due to absenteeism
- Compared with any other group of disorders, mental health problems account for more:
 - claimants of incapacity benefit (41% of the total - up from 26% 10 years ago)
 - new claimants of DLA (23% of the total)

(RCPsych)



What might help? Some early thoughts

- Recognition of:
 - Physical illnesses being classified as ‘stress’
 - The stigma attached to stress and mental health problems, and tackling these preconceptions
- Education of GPs and OH professionals to:
 - Recognise the symptoms
 - Know how best to deal with them/intervene early

Early thoughts on recommendations and how to implement them

- Employers should respond to the business case for investing in health by adopting measures to promote health and well-being within the workplace
- The development of an information and advice service on well-being at work
- Working with GPs and other healthcare professionals to support greater provision of fitness for work advice
- Promotion of good management and leadership qualities, and an understanding of how improved training will help

What will this mean in the future?

- Management support and advice for employees
- Early intervention services available should problems emerge
- De-stigmatisation of stress and mental health – recognition of the valuable contribution all employees make
- Ultimately fewer cases of work related stress (and mental ill health)

What is Scotland Doing?

- **Scottish Centre for Healthy Working Lives**
 - Advice for employers/employees:
phoneline/website
 - Healthy Working Lives Awards
 - Site visits for SMEs
 - Scottish Action Plan on Health & Safety
 - Occupational Health/Vocational Rehabilitation
 - Sickness Absence Management
 - Mentally Healthy Workplaces
 - Protecting Workers Serving the Public

What else is Scotland Doing?

- Partnership Working:
 - HWL National Advisory Group
 - Partnership on Health and Safety in Scotland (PHASS)
 - Health, Work and Wellbeing Strategy
- Jobcentre Plus and NHS Boards – Employability Advisers, conferences
- EQUAL Partnership – Employability training pack for health professionals
- Working with healthcare professionals to raise awareness
- Public Sector as employers – Health Academies
- Ministerial buy-in – Economic development, Health Inequalities

Conclusions

- The workplace is a key venue for the delivery of health messages and interventions.
- Senior Management buy-in and employee commitment key to the success of wellness programmes
- Not just about health interventions – “good” line management is key to “good” work. Only “good” work is good for health.
- Organisations of all sectors and sizes need to consider how to integrate health and well-being at the core of operations.
- More information and support for employers (especially SMEs) in supporting rehabilitation and job-retention.
- Review will set the foundations for comprehensive change. Will need strong support from employers to be successful.

Next steps

- Continued analysis of the submissions, and writing of the report
- Publication – March 2008
- Implementation of the Review – stakeholders working with government to secure the long-term health of the working age population in Britain