

Workplace Vocational Rehabilitation in Scotland

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NEHIN Meeting
Trades Hall, Glasgow
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Welcome to Glasgow

Saints

- St Mungo
- St John Ogilvie



Let Glasgow Flourish

(through the preaching of
thy word and praising of
thy name)

Scholars

- William Hunter
- Joseph Lister
- A.J Cronin
- University of Glasgow 1451
- University of Strathclyde 1796
- Glasgow Caledonian University 1993

Sports

- Football
- Boxing
- Commonwealth Games 2014

Structure of presentation

- Context of the Scottish Centre for Healthy Working Lives
- Working Health Services Dundee
- Working for a Healthier Tomorrow

Context of the SCHWL

Scottish Government



Health Department



NHS Health Scotland



Scottish Centre for
Healthy Working Lives



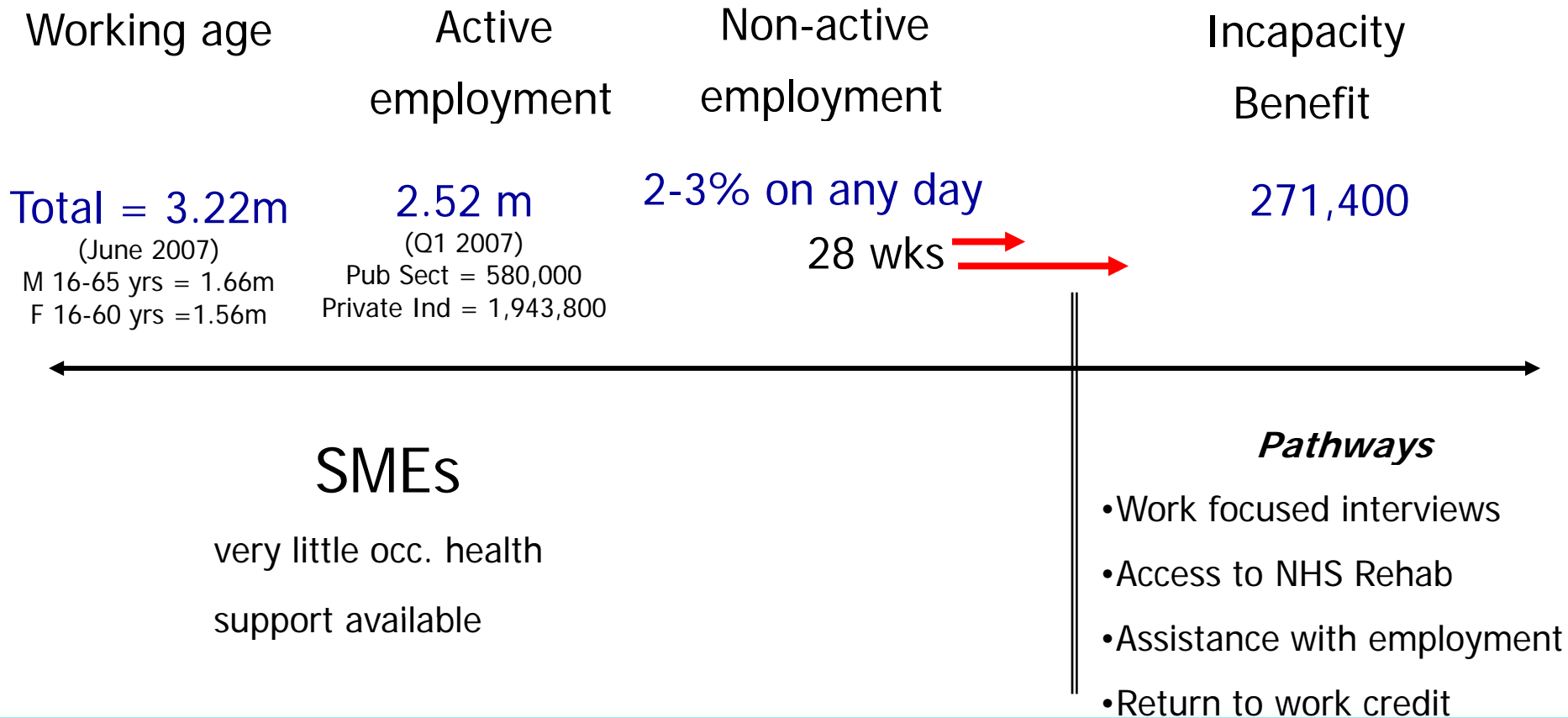
Health Promotion

Occupational
Health and Safety

Vocational Rehabilitation

Employability

Spectrum of employment - Scotland



Why do we need VR services?

- Sickness absence costs the economy over £13.4 billion a year (CBI 2007)
- over 175 million working days lost each year
- Costs of working age ill-health for UK Government and society are well in excess of £100 billion per year

Why do we need VR services?

Contd.

- Musculo-skeletal disorders
 - affect more than one million people in the UK
 - cost society £7.4 billion a year
 - accounts for up to a third of all GP consultations
 - 9.5 million lost working days. (Work Foundation)

- Common mental health problems
 - cause lower productivity at work
 - cost in excess of £15 billion a year
(Sainsbury Centre for Mental Health).

- 271,400 people on Incapacity Benefit in Scotland (2.4 million in UK)
 - the majority have been there for 5 years or more
 - proportionally much higher than other EU countries

Availability of VR services

- Only 3%-15% of companies in the UK have access to Occupational Health support services – inequalities in access
- Mostly large companies or specialist operations e.g. lead, asbestos monitoring of employees
- Access to general services which are too ‘downstream’ from the workplace - delayed losing valuable time
- SME Sector (where the majority of people work) – few have access to any kind of Occupational Health Support
- Poor links between employers and primary care
- Sick-notes state what an employee cannot do i.e. not work rather than indicating what work tasks they can do

Working Health Services Dundee

Development of occupational health
support services for SMEs in Dundee
CHP

Why was Dundee chosen?

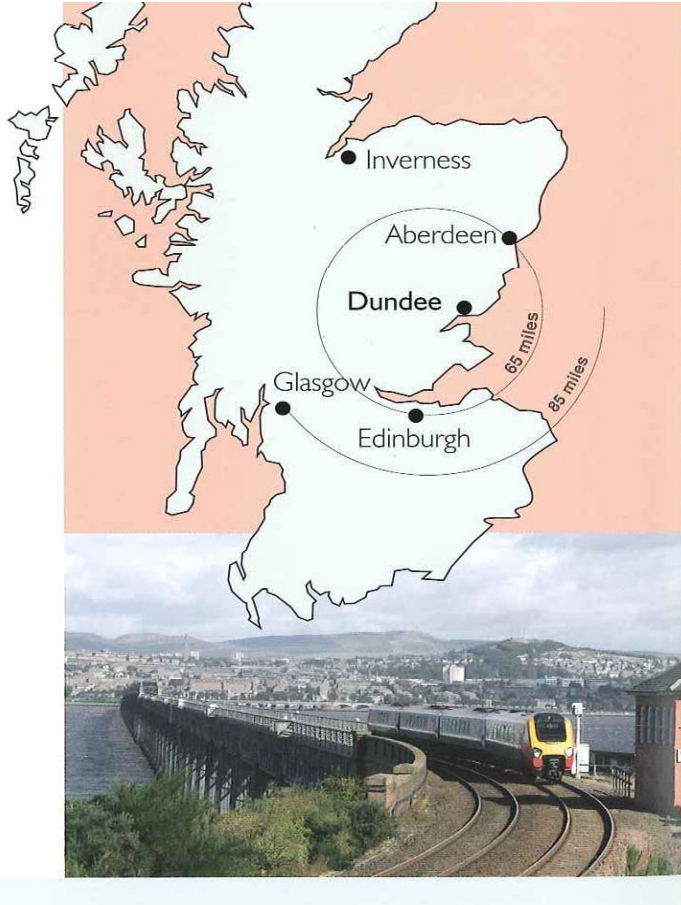


*Royal Research Ship Discovery
– built in Dundee and
Capt R F Scott sailed on his first voyage
to Antarctica in 1901*

City of Discovery

- Famous for *Jute, Jam and Journalism*
- Discussion with Management of NHS HS - already several health initiatives where linkages are possible e.g. OHSXtra, Keep Well
- Willingness on part of NHS Tayside and Health Board Managers to take project 'on board'
- Evidence of good city-wide partnerships between NHS, Enterprise and DWP
- Good mix of industries
- Good size of population
- Geographical location – away from central belt

Dundee profile



River Tay Rail Bridge

- Working age popn. (16-64 yrs) resident in the City 92,745
- Working age popn. (16-64 yrs) resident within 30 mins from the City 193,232
- Economically active in the City 64,300
- No. of jobs in Dundee 84,068
 - (largest sectors Wholesale and Retail)
- Approx number of workplaces in Dundee 4,000

Structure of *Working Health Services Dundee* team

<i>WTE</i>	<i>Post</i>
1	Project Manager
1	Case Manager
1	Physiotherapist
0.6	Occ. Therapist
1	Counsellor
1	Administrator
Sessional	Occ Health Physician
Sessional	Occ Health Advisor/Nurse
Sessional	Complementary Therapists

Working Health Services Dundee – multi-sites



Faraday Street – Project Offices



Ninewells Hospital



Kings Cross Hospital

Service launched
12-13 February 2008

Use of IT – Web database

Linked into NHS Tayside IT systems – secure

Allows client notes to be accessed and updated from several sites in the area

Reduces risk of ‘paper records’ being lost in transit

No filing required – saves time

Use of consistent validated tools GHQ12, EQ5D and COPM

Records can be accessed in ‘real time’

Data entered is used for statistical analysis

Client Search

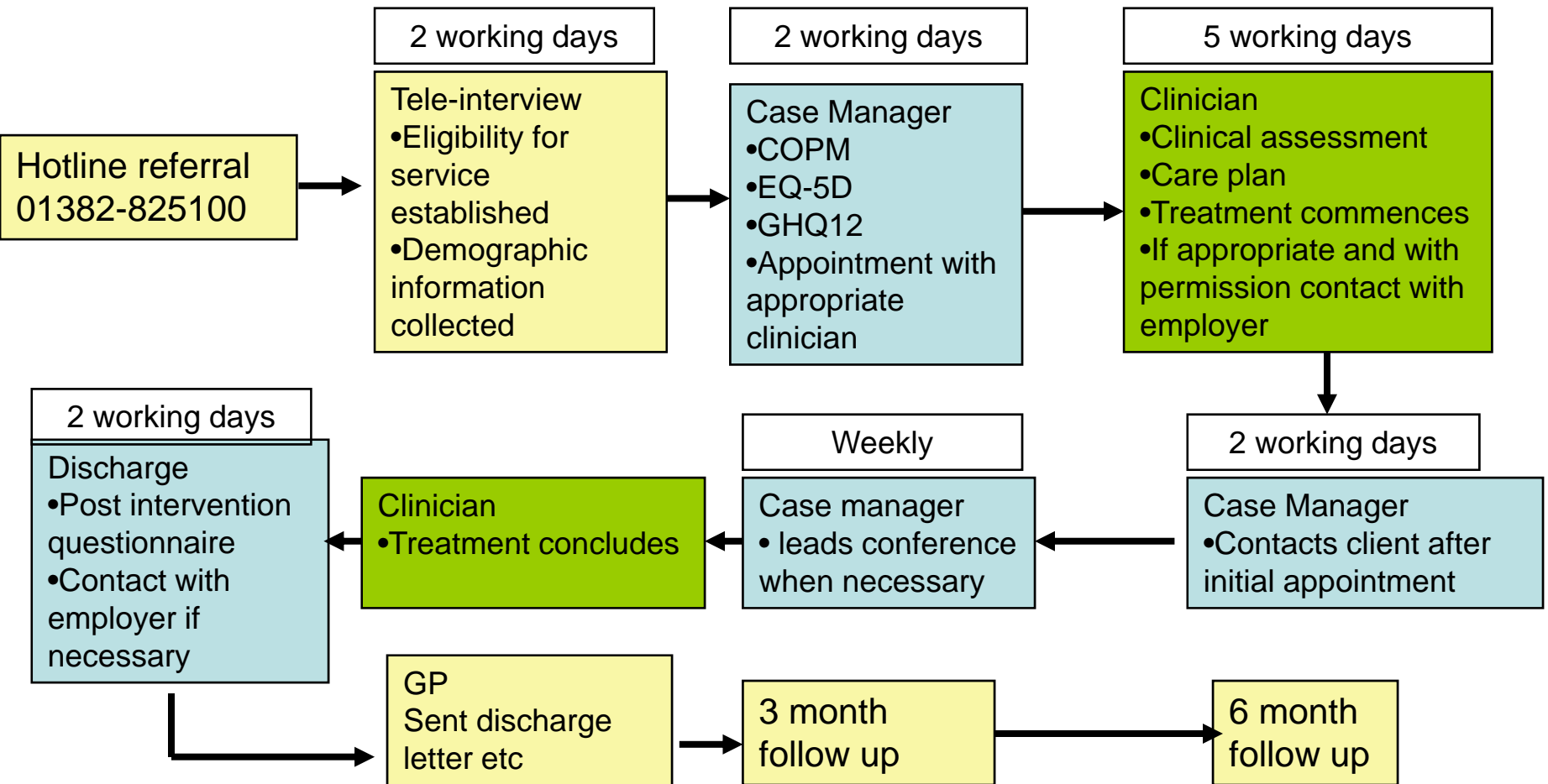
Date from: to:
 Client Name: Date of Birth:
 Condition:

<u>Client Name</u>	<u>Date of Birth</u>	<u>Enrolment Status</u>	<u>Last Contact</u>	<u>Enrolment</u>
Mr Test Five	18/08/1958	EN EA EQ CO GH SD DI EQ CO GH FU FU FN FN	03/11/2008	19/09/2008
Mr Test Seven	25/05/1965	EN EA EQ CO GH SD DI EQ CO GH FU FU FN FN	25/09/2008	19/09/2008
Mrs Test Two	01/09/1970	EN EA EQ CO GH SD DI EQ CO GH FU FU FN FN	22/09/2008	19/09/2008
Mr Test One	01/06/1960	EN EA EQ CO GH SD DI EQ CO GH FU FU FN FN	19/09/2008	19/09/2008
Mr Test Four	23/03/1963	EN EA EQ CO GH SD DI EQ CO GH FU FU FN FN	19/09/2008	19/09/2008
Mr Test Six	28/08/1968	EN EA EQ CO GH SD DI EQ CO GH FU FU FN FN	19/09/2008	19/09/2008
Miss Test Three	12/12/1959	EN EA EQ CO GH SD DI EQ CO GH FU FU FN FN	19/09/2008	19/09/2008

Page 1 of 1 showing records 1 to 7 of 7



How the referral mechanism operates



Links to other activities

- Healthy Working Lives team
- Voluntary sector e.g. Debt counselling, Relate, Citizen's Advice Bureau
- Public sector e.g. Jobcentre Plus, Discover Opportunities
- Established services – Psychological Services, Employment Unit

Preliminary Interim Evaluation

(12th Feb – 24th Oct 2008)

Gender (N=169)

	WHS-D clients		Dundee City	
	Number	%	Number	%
Male	106	63	35,600	46
Female	63	37	40,900	54

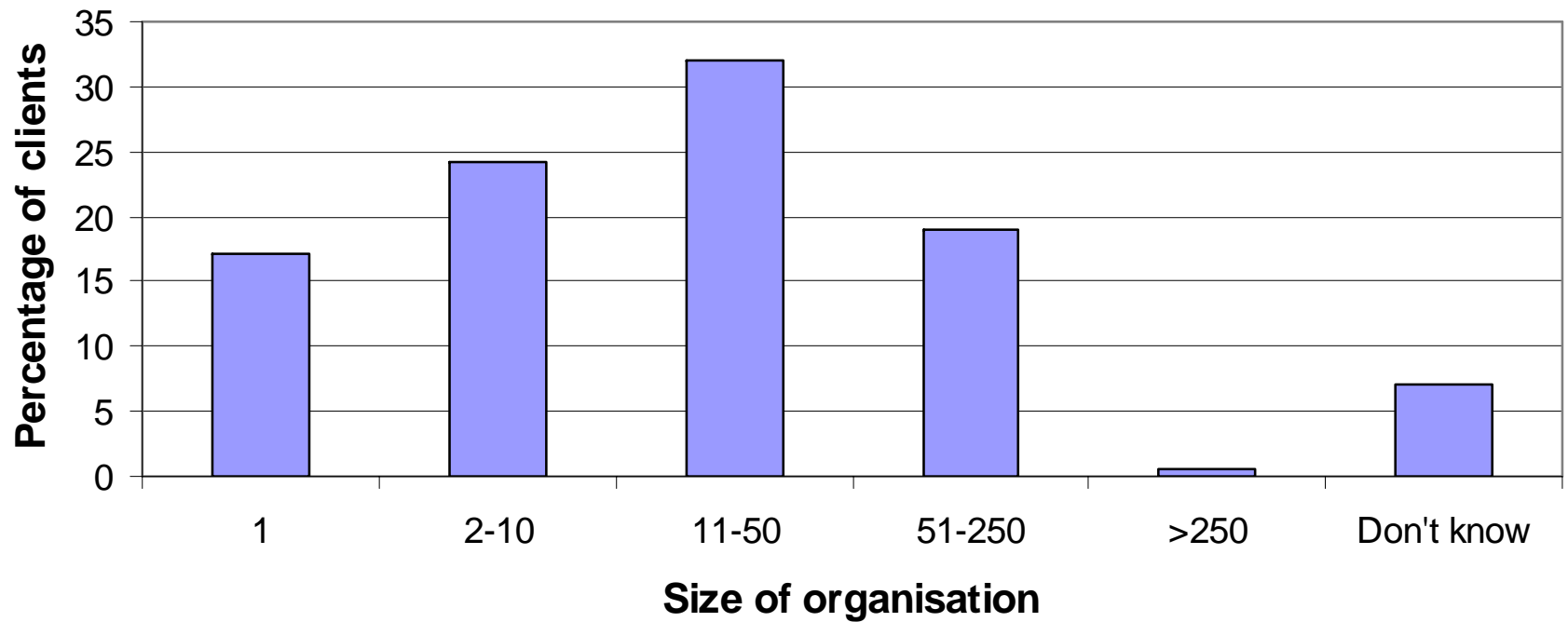
Home base (N=167)

Council Area	%
Dundee City	78
Angus	11
Perth & Kinross	6
Fife	4

Salary (N=143)

Salary band	Full-time	Part-time	Total	%
Less than £10k	8	4	12	13
£10-20k	37	6	43	47
£21-30k	21	3	24	26
£31-40k	9	0	9	10
£41-50k	3	0	3	3
£81-90k	1	0	1	1
Did not want to answer	43	8	51	
Total	122	21	143	100

Size of organisation (N=169)



How client heard of service (N=168)

	%
Other (typically NHS list)	69
Manager	14
Friend	6
GP	5
Advert	4
Colleague	2

Primary Presenting Issue (N=165)

	%
MSD – Upper limb/neck	33
MSD – Lower limb	29
MSD – Back	28
Mental Health – Neurosis	6
Other	3
ENT	1
Ill defined condition	1
Mental Health – Psychosis	1

Other measures: pre-intervention

Medication for the condition (N=165):

- 78% 'Yes'

Absent at pre-intervention (N=165):

- 34% 'Yes'

Able to do their job in 6 months time (N=156):

- 90% 'Yes'

Other measures: post intervention (a)

Medication for the condition (N=24):

- 50% less
- 46% same
- 4% additional

Able to do job in 6 months time (N=25):

- 100% 'Yes'

Other measures: post intervention (b)

Think programme helped RTW or stay in work (N=24)

- 96% 'Yes'

Absent at post-intervention (N=31)

- 100% 'No'

- 6 clients absent at pre-intervention, now at work

Client view of health issue resolution (N=26)

Yes – partially	54%
Yes – fully	39%
No	8%

Summary of Interim Report

Clients broadly representative of Dundee City population

Main reasons for referral – MSD

Outcome measures indicate improvements in health and return to work / work retention

Clients perceive programme's benefit

Conclusion

– Components of a workplace vocational rehabilitation model

Team structure

- Multi agency
- Multi-disciplinary
- Core team of experts
- Co-location of team

Service delivery

- Early intervention
- Easy to access service 01382-825100
- Aimed at Small and Medium Enterprises
- Occupational Health support, Health and Safety, Health Promotion, support through the HWL Award programme; local Health Board and voluntary sector projects

Model of delivery

- Case manager approach

Use of IT

- Web database

Working for a healthier tomorrow

- Meeting the Black Report Recommendations

Meeting the Black Report Recommendations

Chapter 3 -The role of the workplace in health and well-being

Health and Wellbeing consultancy service to provide employers with advice and support

- SCHWL - free and confidential advice line and visits to workplaces

Easier ways for smaller employers to establish health and wellbeing initiatives

- Links to the HWL Award programme

Meeting the Black Report Recommendations contd.

Chapter 4 – Changing perceptions of fitness for work

Fit for Work service – case management, multidisciplinary approach for people in the early stages of sickness absence

- Working Health Services Dundee, Lothian and Borders

Meeting the Black Report Recommendations contd.

Chapter 7 - Developing professional expertise for working age health

OH and VR in mainstream healthcare

- Working Health Services Dundee, Lothian and Borders

Clear standards of practise

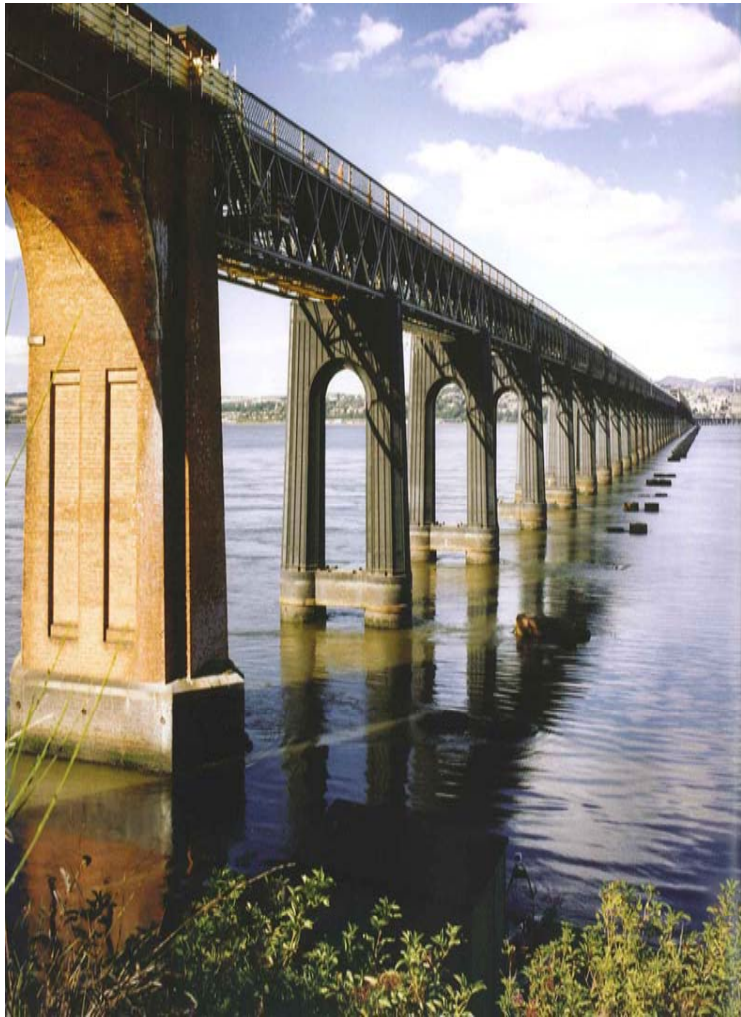
- Adhere to the Vocational Rehabilitation Association Standards

Clear standards of accreditation

- Introduction of the NIDMAR course in Scotland
- UK Rehabilitation Council - Draft Standards for
 - 'Choosing a Rehabilitation Provider'
 - 'Standards for Rehabilitation Providers'

Systematic gathering and analysis of data at national, regional and local levels

- Use of web database and validated tools



Working Health Services Dundee

Hotline

01382-825100