



National Employment and Health Innovations Network

Bristol 20 July 2010

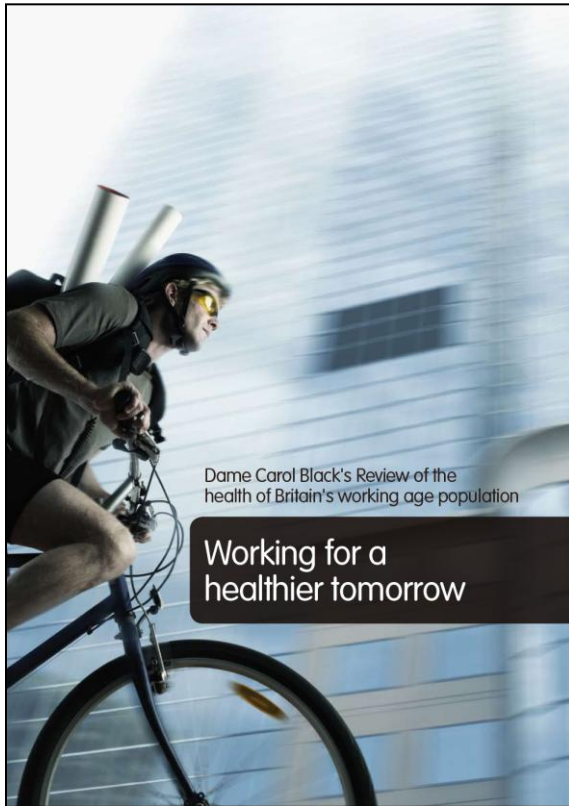
Health and Work: Next steps

**Dame Carol Black
National Director for Health and Work**



HEALTH WORK WELLBEING

A new vision for health and work



“At the heart of this Review is a recognition of, and a concern to remedy, the human, social and economic costs of impaired health and well-being in relation to working life in Britain.

The aim is not to offer a utopian solution for improved health in working life, but rather to identify the factors that stand in the way of good health and to elicit interventions, including changes in attitudes, behaviours and practices – as well as services – that can help overcome them.”

Working for a healthier tomorrow, 2008

**Prevent illness, promote health, intervene early,
improve the health of the workless.**

Black's 2008 recommendations: progress

- 'Fit Note': April 2010
- 'Fit for Work' service pilots: April 2010
- Education and training initiatives for GPs June 2009
- Regional co-ordinators of health, work and well-being Dec 2009
- Government strategy, Mental Health and Employment Dec 2009
- Public sector exemplar:
 - Boorman review of NHS staff health in England Nov 2009
- Occupational Health Adviceline for SMEs Dec 2009
- Challenge Fund for Small & Medium Enterprises Oct 2009
- Workplace Wellbeing Tool March 2010
- National Standards for provision of OH services Jan 2010
- Council for Health and Work Established
- National Centre for Working-age Health and Well-being On hold...

Maximise the health and well-being of people of working age.

From 'sick note' to 'fit note'

- For the past eighty years or more, a GP assessed a person's health and ability to work.
- The old 'Medical Certificate' form required the doctor to state whether or not the patient could work, and how long they should refrain from work if sick.
- **Partial ability** to work was not overtly considered.

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):

This will be the case for

or from to

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

Doctor's signature

Date of statement

Doctor's address

Med3 04/10


- Developed in partnership with healthcare & employer organisations
- Tested by GPs and subject to formal consultation
- Designed to:
 - Reflect current medical practice
 - Be more user-friendly
 - Provide more helpful advice to patients
- GPs share responsibility with employers:
 - GP knows health condition and its impact
 - Employer knows job

A warning to doctors in my 2008 Review:

The Sick Note can be detrimental to your patient's mental, physical and social well-being, particularly if repeated !

Is the 'fit note' making a difference ?

- The new system will take time to bed in
- Full evaluation is planned including research with GPs, employers and employees
- Many companies are unable to provide accurate statistics
- Systems don't (yet) monitor fit notes received
- Some anecdotal evidence – suggests employers can make recommended adjustments: for example

	Month 1	Month 2	Month 3
No need for adjustments	14	27	8
Adjustments made	19	42	21
Adjustments unable to be made	1	1	2

Role of professionals on the fit note

GPs

help patients understand what they will be able to do

If your patient has a job

- suggest that they talk to their employer about whether they can be offered
 - phased return to work
 - altered hours
 - amended duties or workplace adaptations

to help them remain in work or return to work more quickly

If your patient is not in work

- signpost them to local sources of employment advice

Line Managers

- Regularly stay in touch with employees – a friendly call asking how they are can make all the difference
- Develop a **return to work** action plan as soon as possible that:
 - is made in consultation with the employee
 - takes account of what the Fit Note says
 - considers what the employee says about their functional ability

Health for Work Advicelines

Free occupational health advice line pilot for GPs Free telephone advice service for line managers

- GB wide occupational health telephone advice line pilot aimed at reducing sickness absence and avoidable job loss
- Easy access to free, professional occupational health advice on individual problems, and information about local services
- Focus on helping **manager resolve individual** employee health-at-work problems (especially mental health issues)
- Target audience: employers/managers in businesses with fewer than 50 employees
- Also in scope: businesses with 50-249 employees, GPs

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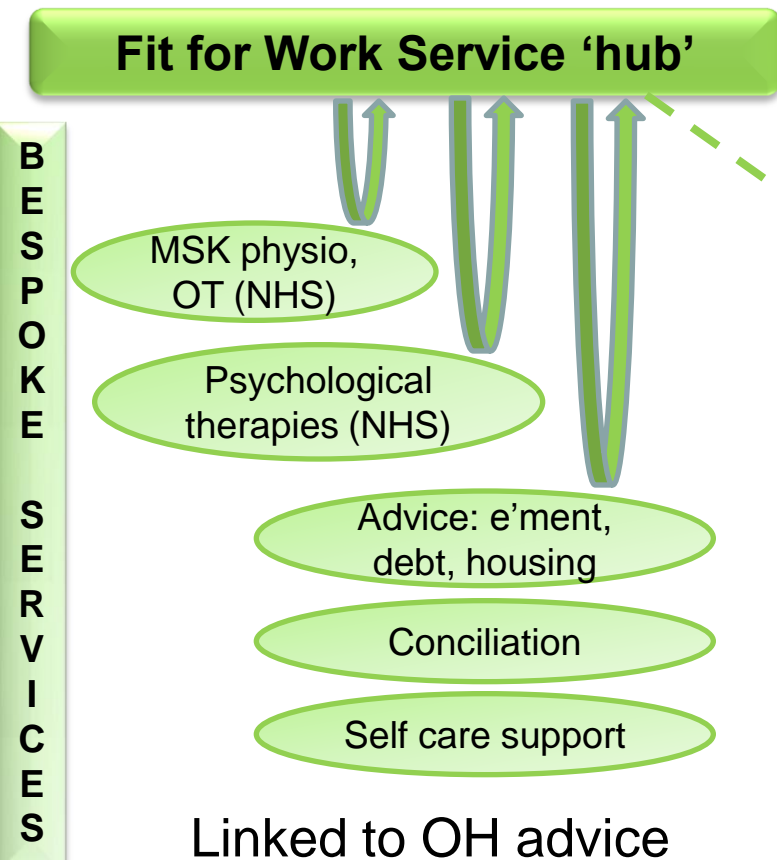
Occupational Health Advicelines

Planned further developments:

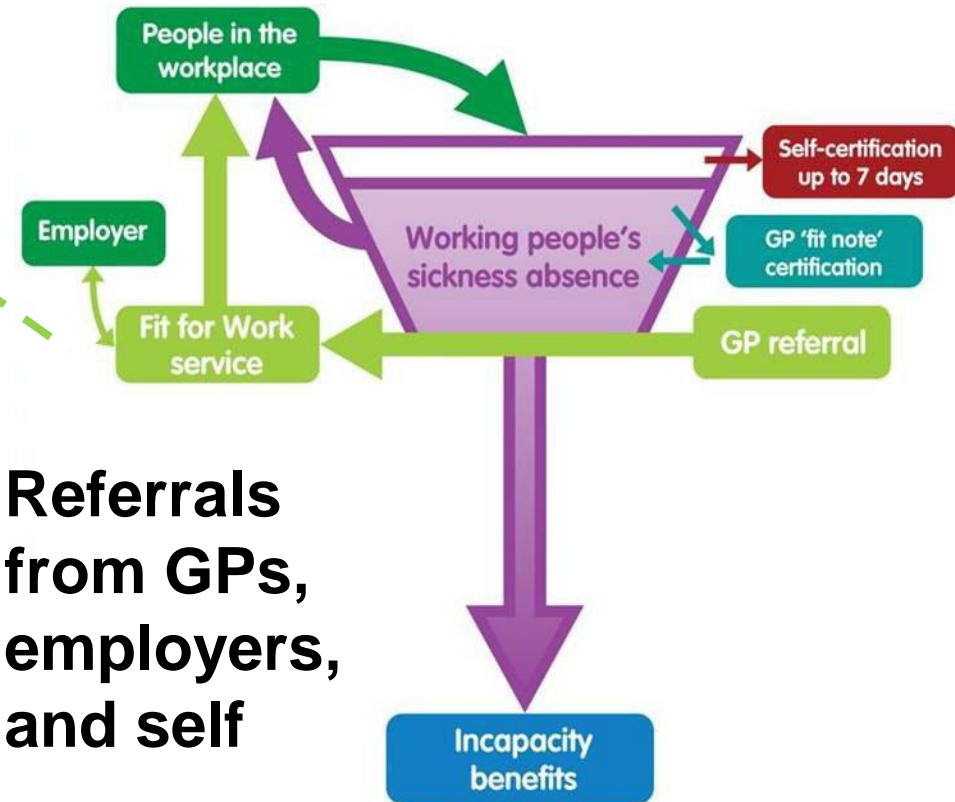
- Awareness continues to grow and call numbers continue to increase
- Themed marketing campaign in England in summer including feature in national broadsheet
- Working with 44 British Chambers of Commerce, providing marketing tool kit to raise awareness amongst their members
- Institute of Employment Studies undertaking evaluation of the service, working with providers and users to gain insight into its effectiveness, interim findings due in Dec 2010

Fit for Work Service Pilots

FFWS Pilots: range of models



FFWS went live April 2010 A new model for early intervention



All pilots are up and running.

Fit for Work Leicester: quick and available

- Contact within 24hrs
- Mobile phone communications
- Led by Dr Rob Hampton.
- First appointment within a week
- Choice of venue for consultations
- Typical individual cases e.g. discussed at Team Meeting 5th May 2010:
 - Female cleaner: post cancer treatment - needing support to return to work
 - Maintenance man/van driver: stress at work due to need for regular work pattern to accommodate his diabetes – mediation role
 - Male call-centre worker: stress due to bullying – mediation role
 - Female care worker: stress around financial issues and decreased hours of working – mediation role
 - Male warehouse worker: chronic back pain - being helped by physiotherapist who specialises in OH.

Improving Access to Psychological Therapies

- Mental health problems are one of the chief causes of absence
- New additional Employment Support Co-ordinators (or an Employment Support function) are in place or planned for each IAPT PCT to
 - build the links between IAPT services and employment services at a local level,
 - ensure smoother journey for the service user when both mental health and employment support are needed.
- Employment Support Co-ordinators starting to work closely with:
 - Mental Health Co-ordinators in Jobcentre Plus
 - Regional Health Work and Well-being Co-ordinators

Is there an economic case for Investment in the Workplace?

- Over £100 billion is lost annually to the economy because of working-age ill-health + sickness absence + associated worklessness
- Economic evidence of impact of interventions and actions is limited
- Much evidence has focused on health/ergonomic interventions targeted at individuals, rather than health and well-being of the workforce in organisations
- Health and well-being interventions in the workplace do benefit employees, employers and the public purse



Workplace Well-being Tool

To help employers to monitor costs of sickness absence and develop the business case for Health and Wellbeing initiatives.

[Administration](#) [Profiles](#) [Settings](#) [Feedback](#) [Logout](#)

[English](#) [Cymraeg](#) [Accessibility](#)

Home - test

[Return to my Profiles](#)

This is the Workplace Well-being Tool Home. This tool will help you to assess the cost of poor health and well-being in your organisation and the impact of well-being projects on these costs. [Learn more](#) about what the tool can do.

What are my costs?



Use this section if you want to measure the cost of poor health and well-being in your organisation

How do I compare?



Find out how you compare to other organisations by comparing your results to benchmarks

How can I improve?



Get practical ideas that can help you to reduce your health and well-being costs in your organisation

What's the benefit?



Estimate the costs and benefits of investing in a well-being project by creating a business case or evaluation

Workplace Well-being Tool

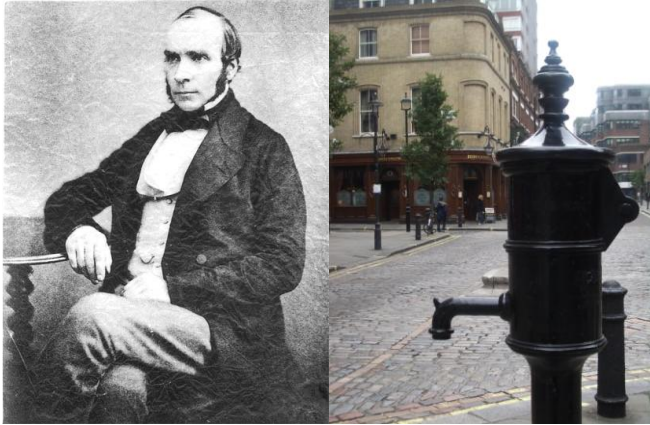
- The Tool has had a steady growth of users since launch in March 2010
- The previous Business Healthcheck Tool was downloaded just over 1,000 times in the first six months
- By allowing users to choose whether to register their details, or simply click in with a trial account, it is hoped more people will use the Workplace Well-being Tool

Date	Registered Users	Unregistered Users	Total users
9 March – 6 April	218	297	515
9 March – 4 May	390	550	940
9 March – 8 June	616	811	1,427
9 March – 6 July	739	939	1,678

Near and future challenges and opportunities

- Very different and difficult economic times
- Workforce health, well-being, engagement, productivity and performance
- The prevention paradigm and the workplace
- Occupational Health professionals, fit for 21st century purpose
- Demographics – increased life expectancy, the need to extend working life
- Long-term conditions (LTCs) and capability to work
- Association of lowest socio-economic groups with poor fitness and physically-demanding jobs
- Common mental health problems – now the chief problem of working age
- Early-life building for a resilient future workforce
- Working together: secure alignment of all partners in developing a new culture of health and wellness

Prevention



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

“ In the 19th century John Snow recognised the epidemiology of risk, and prevented cholera by removing the pump handle.

In the 20th century Occupational Health focussed on many hazardous workplace issues.

In the 21st century our main workplace productivity impacts are MSDs and mental health problems, and our primary prevention – the modern pump handle – is pretty poor for these, with a focus on medical models of downstream treatment.

We need to be much more inventive in moving upstream on the prevention agenda.”

S. Boorman, 2010

Are we ready for this approach?

Common long-term conditions

Common chronic disorders – cardiovascular and respiratory conditions, diabetes, rheumatic diseases, treated cancers – do not deny the possibility of fulfilling work or an extended working life.

They require:

- good clinical care and Vocational Rehabilitation
- flexibility and adaptation in the workplace.



Increasing prevalence of chronic disorders appears inevitable with an ageing population and 'lifestyle factors'.



If managed effectively, disability can be minimised and disease progress delayed - thus extending working life and reducing the load on health and care services.

The shape of things to come

BMI-related diseases: predicted rates per 100,000 in 20-year intervals

Source: National Heart Forum

	2006	2030	2050
Arthritis	603	649	695
Breast cancer	792	827	823
Colorectal cancer	275	349	375
Diabetes	2869	4908	7072
Coronary heart disease	1944	2471	3139
Hypertension	5510	6851	7877
Stroke	792	887	1050



The risk factors of poor diet, physical inactivity, high alcohol consumption and smoking, provide a clear focus for business.



Common Mental Health problems

The chief health problem of working age - and at any age mental health problems may compound physical disorders.

Prevalence of mental health conditions requiring treatment increased from 14.1% of the adult population in 1993 to 16.4% in 2007 (ONS survey)

Mental health problems were cited by 40% of claimants for Incapacity Benefit in 2006 compared to 26% in 1996.

People with mental health problems do not have to be entirely free of symptoms to remain in or return to work successfully, but there are barriers to be overcome.

Evidence on the effectiveness of health and employment interventions is currently weak, and we depend on reinforcing accepted best practice to promote mental wellbeing and restore working life.

Early life : building resilience for our future workforce

To increase the life chances of young people :

- Improve support in education
- Encourage supportive parenting and relationships
- Provide early and co-ordinated intervention

Four recent Reports address this: Foresight, *Mental Capital and Wellbeing*; the Black Review *Working for a Healthier Tomorrow*; *Working our way to better mental health: a framework for action*; and the Marmot Review.



“In order to give every child and young person the best possible chance to thrive, families carers and health and education systems must act together to promote wellbeing and **foster skills for resilience.”**

Future Direction – Challenges and opportunities – A New Strategy for Health Work and Well-being

To build on:

- **E**arly intervention/prevention
- **M**ental Health & Employment
- **P**romote HWWB along with personal responsibility
- **L**ook to the evidence base & cost-benefit analysis
- **O**ffer guidance, tools & support
- **Y**outh - start early developing skills and employability



Working together

Improving employee health is a win-win goal, but we all need to work together:

- Employees and potential employees
- Employers
- Nurses
- Doctors
- Voluntary sector
- Unions
- Government



You have a vital role in helping achieve the goal