



**Bradford Area Occupational  
Health and Safety Forum, 2008**

**Working for a healthier  
tomorrow**

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Work**



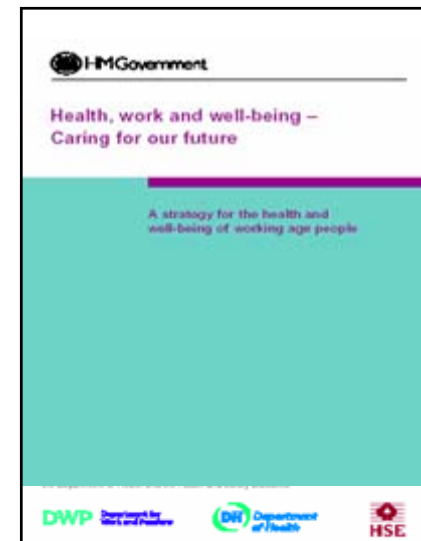


## 2005: Launch of The Health, Work and Well-being strategy – the vision

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



## Work and its value

- “Employment is nature’s physician and is essential to human happiness”

Galen (129-200)



- “...we know that work is better than worklessness; and we have compelling evidence identifying those aspects of work most likely to have an adverse impact on health.”

The Work Foundation, submission to the Call for Evidence (2008)



## But work can be harmful

- Evidence shows that employees are likely to have worse health if:
  - employment is insecure
  - work is monotonous and repetitive
  - workers have little autonomy, control or task discretion
  - there is an imbalance between effort and reward, so that workers feel exploited
  - there are few supportive social networks
  - there is an absence of procedural justice (fairness) in the workplace

*Working for a healthier tomorrow, 2008*



## 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





## A new vision for health and work

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





## 1. Preventing illness and promoting health: the role of the workplace

- There is now widespread understanding of the risks of damaging someone's health through the workplace, but the role of the workplace in promoting good health and well-being is less well understood
- Employers often do not have sickness absence policies in place to enable an early and sustained return to work, and ill-health often leads to worklessness
- There is a lack of understanding of the type of health and well-being initiatives employers can implement, and SMEs in particular struggle
- Many employers are also not aware of the business case for investing in the health and well-being of their staff



## Preventing illness and promoting health: the role of management

- 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*

- Initiatives to promote health and well-being should be tailored to the needs of the organisation and the staff who use them
- Visible top-down commitment from senior staff is also needed to ensure such initiatives maintain momentum

*“An acknowledgement/approval from senior management...is needed to support effective implementation of health promotion initiatives.”*

*Sefton Public Health Partnership submission to the Call for Evidence*

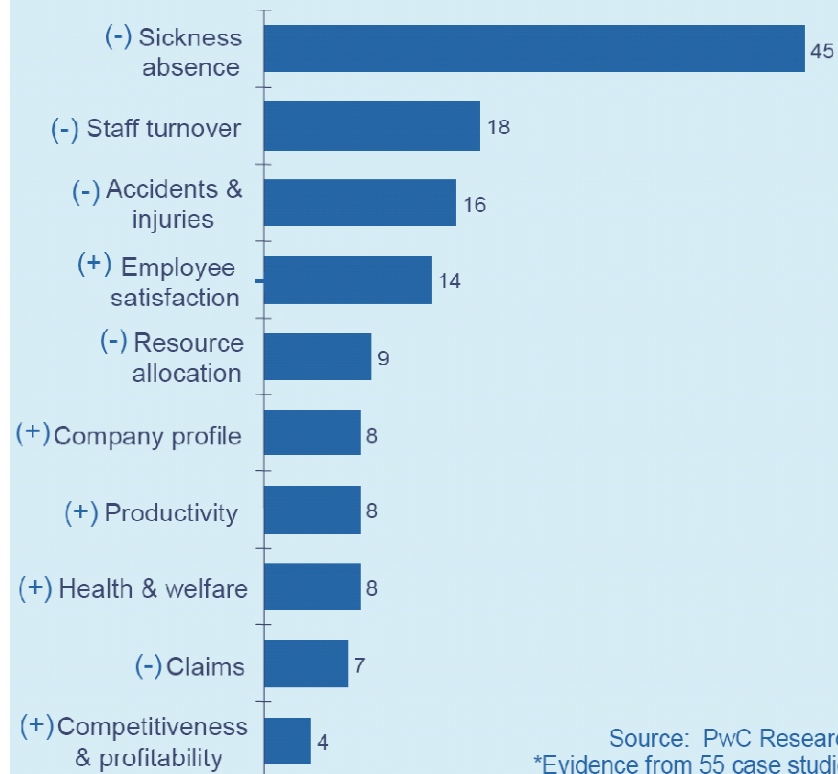


## Making the business case for employers to invest in employees' health

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\*



Source: PwC Research  
\*Evidence from 55 case studies  
Appendix 2b



## Making the business case for employers to invest in employees' health

- 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](http://www.workingforhealth.gov.uk)
- To date over 700 organisations have signed-up to use the tool and provide feedback from which we will further develop and enhance the tool



## Making the business case for employers to invest in employees' health

- 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*



## Recommendations to Government (Chapter 3)

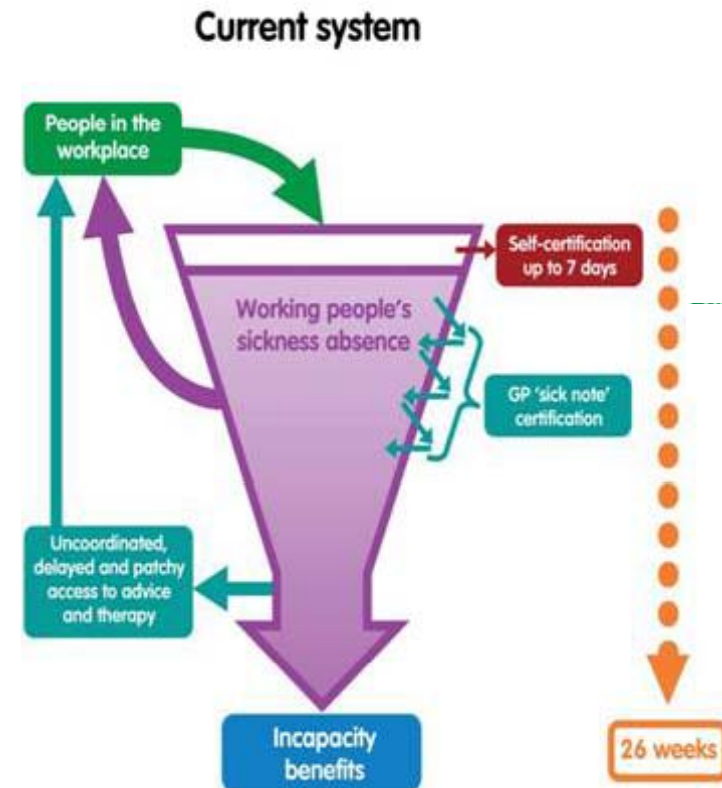
- Government should work with employers to develop a robust model for measuring and reporting on the benefits of investment in health and well-being
- Employers should report at board level on the health and well-being of their staff
- A *Health and Well-being consultancy service* should be set up to 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



## Current situation

What's not working:

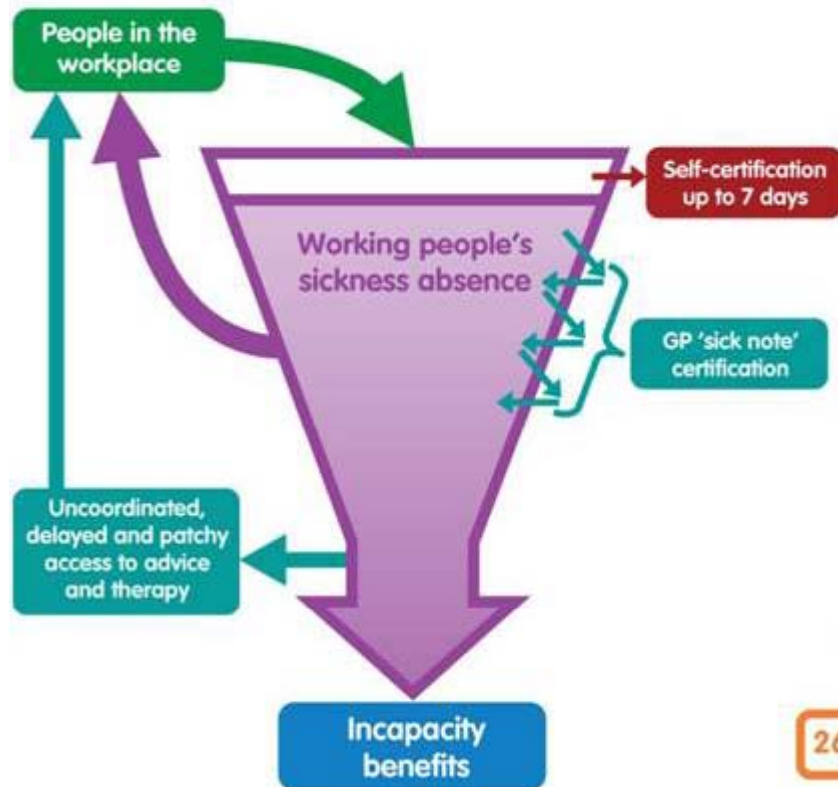
- GPs have no easy access to expert help
- This has led to sub-optimal advice and treatment of patients, and out-dated procedures for certification of sickness absence
- No clear pathway of rehabilitation for work-related ill-health
- Fallacy persists that individuals should only be at work if 100% fit



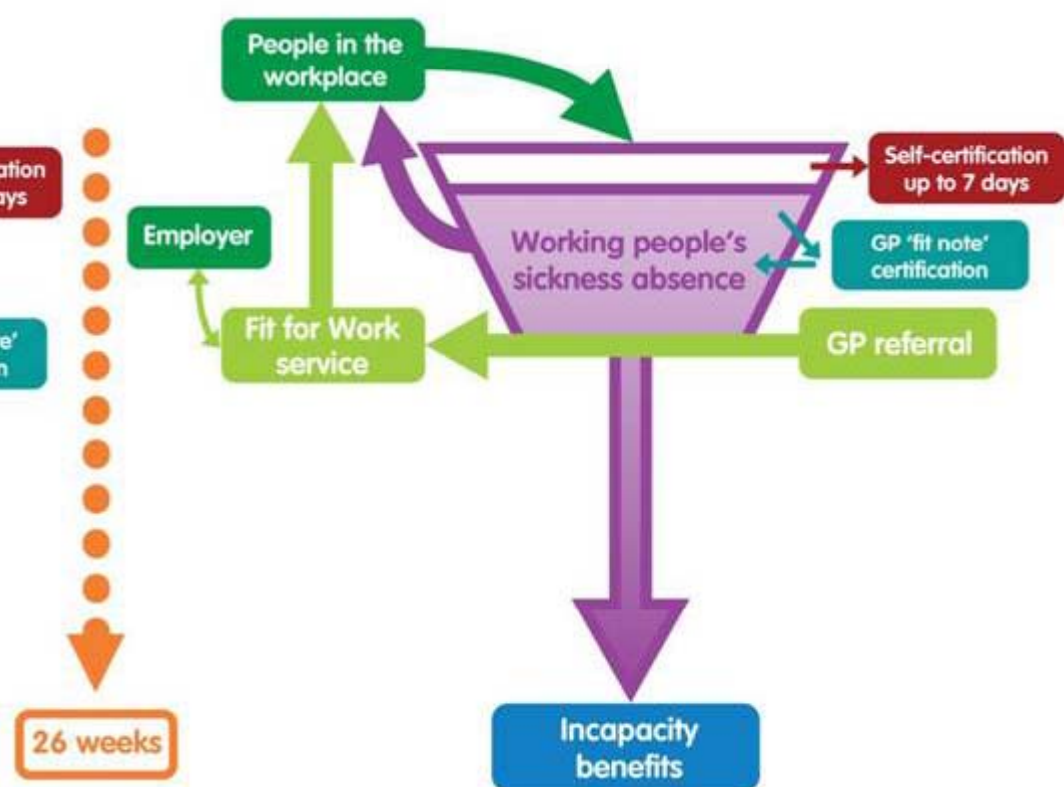


## New model: a *Fit for Work* service

### Current system



### A new model for early intervention





## Early intervention for those who develop a health condition

Recommend that the paper-based sick note should be replaced with an electronic *fit note*

Recommend that a new *Fit for Work* service should be piloted based on case-managed multi-disciplinary support for people in the early stages of sickness absence

GPs would use the new *fit note* to refer patients to the new *Fit for Work* service in the early stages of sickness absence





## 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



## 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



## Developing professional expertise for working age health

- Piloting of the new *Fit for Work* service needs to test various models of delivery and the optimum timing of interventions for a variety of health conditions
- This must be underpinned by an integrated approach to working age healthcare, including:
  - Clear professional leadership from the occupational health and vocational rehabilitation communities
  - Clear standards of practice and formal accreditation for all service providers
  - The development of a sound academic base involving systematic gathering and analysis of data at national, regional and local levels



## Developing professional expertise for working age health (cont.)

**“ 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*



## 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*



## Where are OH services currently provided?

Mostly in  
Business

in the NHS

occasionally in  
Primary Care

### Un-met need

‘The proportion of the general working population with access to an occupational physician varies enormously, from 43% in the health and social services to 1% in agriculture, forestry and fishing.’

McDonald J. C. Occup. Med 2002; 52:401-6 cited by Tony Newman-Taylor



## Key recommendations for the OH fraternity from my Review

- A repositioned cohesive OH workforce
- Development of a sound academic base to provide research and support in relation to the health of all working-age people
- Systematic gathering and analysis of data at national, regional and local level to inform the development of policy and the commissioning of services relating to the health of working-age people
- Widespread awareness and understanding of the latest evidence on the most effective interventions developed by organisations such as the Occupational Health Clinical Effectiveness Unit



## Improving the health of those who are out of work

- When an adult is prevented from working due to ill-health, it leads to worse health and employment prospects for the whole family
- *Pathways to Work* alongside the *Condition Management Programme* have achieved an 8% increase entering work
- Over 40% of those receiving incapacity benefits suffer mental health conditions – *Pathways* has had a limited impact on this group
- There is a need to consider in depth how to help those with mental health conditions



## 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 just 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



## Next Steps



- Ministers committed to ensure that 2008 marks a step change in the way we approach the health of the working age population
- Government response is due later this year
- Government has already committed to taking action through the Darzi review, health inequalities strategy, and piloting of the Fit for Work service



## 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

