NAO Rheumatoid Arthritis Conference

8 December 2009

Improving employment support

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HEALTH WORK WELLBEING

What is our overall goal?

Healthy engaged workforces in well-managed organisations

- A high-performing resilient workforce
- Enhanced productivity

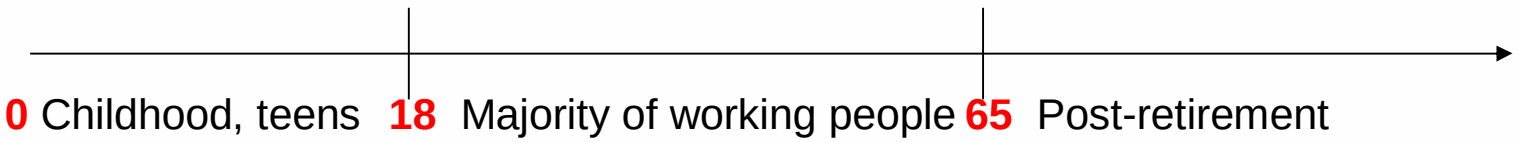
Contributing to:

- A well- functioning society
- Better economic performance

Most of the population is of working age

The population will be composed of longer survivors, a falling birth rate and more chronic disease - therefore

- We need the ratio of dependants to earners and wealth generators to be as low as possible



- For a flourishing society we need the maximum number of productive years from as many of the population as possible

- A cross-government challenge - no department of state can achieve this alone

Work and Society

"For most people their work is a key determinant of self-worth, family esteem, identity and standing within the community, besides of course, material progress and a means of social participation and fulfilment"

Working for a healthier tomorrow, 2008

"Work is generally good for physical and mental health & well-being."

Waddell & Burton (2006)

"Work is a social determinant of health" *Marmot (2002)*

The Costs in the UK

Financial

- Overall costs of working age ill-health in UK exceed £100 billion per year
- Around 172 million working days were lost to sickness absence in 2007, at a cost to the economy of over £13 billion *(CBI)*
- 'Presenteeism' due to mental ill-health is estimated to cost £15 billion per year.

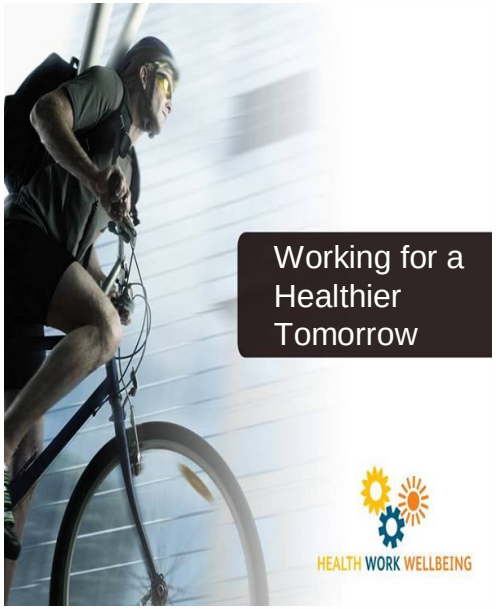
Social

- "If people are not healthy enough to work – or are inadequately supported through ill health to make a return to work possible – it is not just the individual or the business which is affected. The bottom line is often the impact on his or her family and children."

  Lane Lecture, University of Manchester, Nov 2007

- Children in workless households suffer higher rates of psychiatric disorders

Working for a healthier tomorrow, 2008 - 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."

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

Published February 2008.

Government accepted recommendations November 2008

HEALTH WORK WELLBEING

Problems with the UK system in 2007

- Misconceptions about health and work
- Workplace and employers often need a different culture and approach
- Mild mental ill-health and musculoskeletal conditions the major causes of absence, but no pathways of rapid intervention to keep you in work or return you to it
- Poor retention in work of those with disabilities or chronic disease
- A system of sickness certification that labels you as sick

HEALTH WORK WELLBEING

Problems with the UK system in 2007

- Poorly-informed healthcare professionals in both primary and secondary care, with little understanding of work as a determinant of health.
- Work, Health and Well-being not part of training curricula or clinical practice
- Rehabilitation to work not a performance measure for Primary Care Trusts, who therefore show little interest in this agenda
- No Occupational Health services in Primary Care. Patchy OH elsewhere. Remit too narrow.

HEALTH WORK WELLBEING

Misconceptions and the need to change attitudes

- It is vital that employers, healthcare professionals and the public understand better the positive links between work and health.

- The fallacy persists that individuals should only be at work if 100% fit. Many individuals wrongly believe that work is harmful to health. Beneficial effects of work outweigh the risks[1]

- Employees think that OH is of benefit mainly to employers

- In some countries these misconceptions underpin procedures for certification of sickness absence[2]

- Also, vocational rehabilitation, Occupational health services, and employer flexibility are frequently inadequate.

1. Waddell and Burton, September 2006
2. Working for a Healthier Tomorrow, *Dame Carol Black, 2008*

Why people are off work in the UK and many other countries

- Two-thirds of sickness absence and long-term incapacity is due to mild and treatable conditions:
  - Depression, anxiety, stress-related mental health problems
  - Musculoskeletal conditions – mild and often soft tissue
  - Cardio-respiratory conditions
- Inappropriate “medicalisation”
- Poor retention in the workplace of those with disabilities or chronic disease

Contact with the workplace is often lost

What problems are we dealing with ?

Symptomatology

- Often mild
- Symptoms not ‘diseases’ e.g.
  - back pain
  - anthralgia
  - stress
  - anxiety
- Few investigations required

- Diagnosed with relative ease
- Treatment needs to be early, appropriate, often non-medical, with good vocational rehabilitation.

Diseases

- Often chronic
- Diseases e.g.
  - diabetes
  - rheumatoid arthritis
  - cancer
  - endogenous depression
- Investigations more extensive

- Diagnosis can be difficult
- Treatment – good medicine, good flexible employers, plus vocational rehabilitation

Musculoskeletal disorders (MSDs)

- By some margin the most commonly-reported cause of work-related ill-health, in 2005–06 affecting about twice as many people as ‘stress’.
- Responsible for 9.5m lost working days in 2005-06, on average 17.3 days per sufferer.
- Cost to society estimated to be £5.7 bn in 1995-96 (HSE1999), equivalent to £7 bn in 2007 prices.
- In EU countries, MSDs account for about half of all work-related disorders, and almost 50% of absences from work of three days or more and 60% of permanent work incapacity, costing between 0.5% and 2 % of GDP.

Musculoskeletal Disorders and Labour Market Participation, The Work Foundation 2007

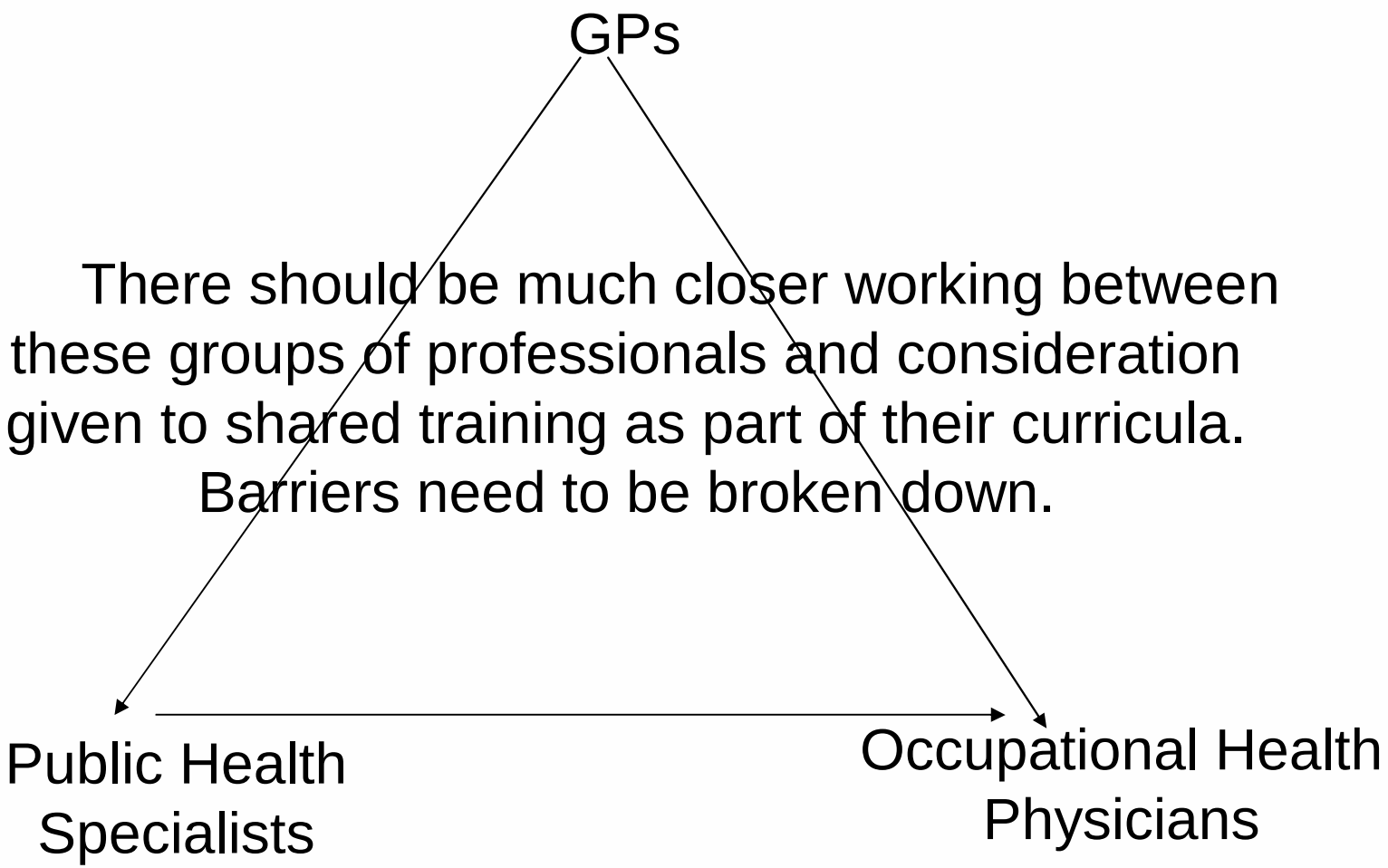
MSDs: Action needed

Five principles which GPs, employers, employees and the government should focus upon to improve working lives of those with a MSD:

- early intervention is essential
- focus on capacity not incapacity
- imaginative job design is the key to rehabilitation
- think beyond the physical symptoms
- assess the direct and indirect costs of MSDs

Musculoskeletal Disorders and Labour Market Participation, The Work Foundation 2009

Health & Work
Crucial to this Agenda



The Workplace: Findings of the Black Review

- Poor understanding of HWWB initiatives that employers can implement
- Many employers are unaware of the business case for investing in health and well-being.
- Employers may be inflexible about recovery adjustments for those with chronic disease
- Often no sickness-absence policies to enable early and sustained return to work.
- Line managers' understanding is crucial but there is often little training.
- Often there is no policy on handling mental ill-health
- Accessible and affordable sources of support and advice are rarely available for SMEs (small and medium-sized enterprises).
- No national standards are available to employers when they purchase occupational health or well-being services
- Occupational Health services need to be realigned

Business Healthcheck Tool

- The Business Healthcheck Tool is a FREE online resource designed to help employers improve the health and well-being of their staff

- The tool will help organisations to:

  – Estimate the impact of poor health and absence from work and help build a business case for action, ranging from the simplest changes to large scale initiatives

  – Help identify and understand the issues and underlying causes that affect work health and well-being in an organisation

  – Look at some of the things that can be done to improve workplace health and well-being, using examples and case studies of successes in other organisations

Business Healthcheck Tool

What does the Business Healthcheck Tool allow employers to do?

What are my Costs?	How do I compare?	How can I Improve?	What's the Benefit?
Measure the impact of ill health and well-being in your organisation	Compare your results against benchmarks and other organisations	Get practical ideas to help reduce health and well-being costs to your organisation	Work out the costs and benefits of investing in a well-being programme

Progress to date on response to Black review

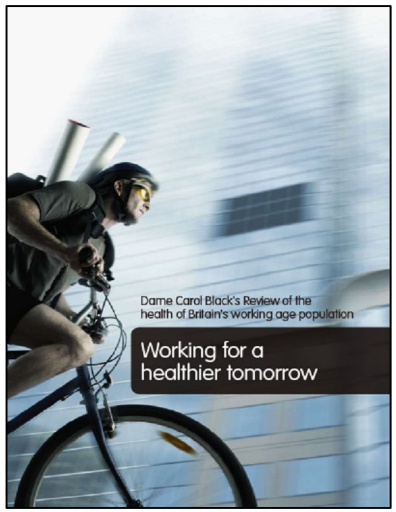
- Electronic ‘Fit Note’
- ‘Fit for work’ service pilots
- Education and training initiatives
- Regional co-ordinators of health, work and well-being
- Government strategy for Mental Health and Employment
- Public sector as exemplar - review of health of NHS staff

- Occupational Health help-line for small/medium enterprises (SMEs)
- Challenge Fund for SMEs
- Business Healthcheck tool

- National Standards for providers of OH
- Council for OH
- National Centre for Working-age Health and Well-being

All are designed to help keep people in appropriate work.

Health and well-being of NHS staff: The Public Sector as an Exemplar

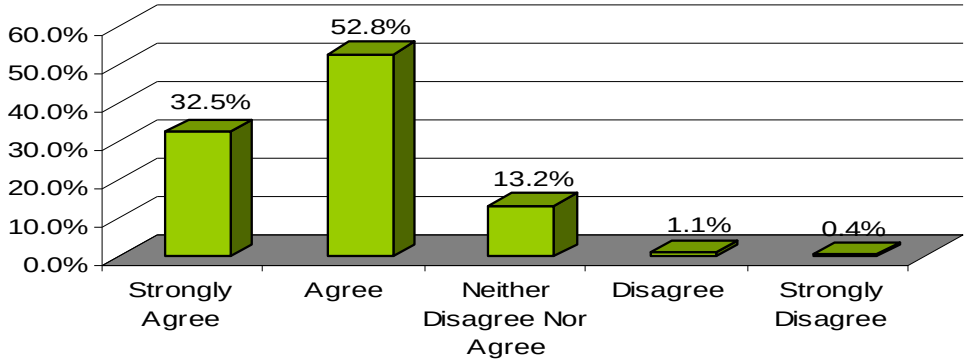


- **Review undertaken by Dr Steve Boorman of Royal Mail from March to November 2009**

- **Widespread consultation**

- NHS Chief Executive David Nicholson said:" There are opportunities to improve both the quality of care and the productivity of the NHS organisation by investing in the health of our staff. Other countries and industries already invest significantly in staff health and it is important that the NHS does the same. The review is crucial to develop world-class health and well-being for all NHS staff.

The Boorman review
The Impact on Service Delivery and Outcomes



… over 80% of staff felt that their health and well-being impacts upon patient care, and virtually none disagreed…

… yet only 40% think that their institution cares about their health and well-being.

… data correlation also showed some significant relationships…

	Trust A	Trust B	Trust C	Trust D
Absence Rate	4.21%	4.04%	4.58%	4.70%
Turnover Rate	10.5%	9.79%	11.65%	17.02%
Agency Spend	1.70%	2.96%	1.71%	4.57%
Patient Satisfaction	78.9	76.4	77.4	67.5
MRSA rate	0.65	0.88	1.56%	0.95%
Health Check – Quality of Services	Excellent	Excellent	Weak	Fair
Health Check – Use of Resources	Excellent	Excellent	Weak	Weak

Source: RAND Europe

Boorman Review

- Healthy NHS staff means optimum care for patients. The DH is determined to improve the health and well-being of the workforce

- Report concluded that it should be possible for the NHS to reduce sick absence by one third:
  - Saving up to £555m per year
  - A gain of 3.4m working days per year
  - Equivalent to 14,900 extra staff

Boorman Review: Recommendations accepted by Department of Health

These include:

- All NHS organisations to have a prevention-focused health and well-being strategy for their staff, monitored as part of the annual NHS performance assessments
- All organisations to have a board member accountable for the strategy
- Staff with musculo-skeletal and mental health conditions to have access to early interventions

- The Department of Health has set out a £6.5m action plan to put in place the national systems required to support the NHS to deliver
- A healthy nation starts with a healthy NHS staff

What is the social and economic toll of chronic disease ?

Rheumatoid arthritis

Asthma

Depression

Diabetes

Heart disease

How many people have inadequate support to stay in work?