

Prepared by:



**Improving health and work: changing lives**  
**The Government's Response to Dame Carol Black's**  
**Review of the health of Britain's working-age**  
**population**

**Executive Summary**

The costs of working-age ill-health are huge, but largely unnecessary. The annual economic cost is estimated at £100 billion in Dame Carol's report. The UK can't afford this level of cost, especially in the current economic climate. And it's not just the financial costs that are a problem; worklessness has more far-reaching effects e.g. increased child poverty and social exclusion.

*'Evidence suggests that by following basic healthcare and workplace management most people with common health conditions can be helped to return to work.'*

The Government's response is built around three 'key aspirations':

1. Creating new perspectives on health and work. (Chapter 2)

Promoting the benefits of work to health.

2. Improving work and workplaces (Chapter 3)

Supporting employers to promote the well-being of their workers and helping them to facilitate the return to work of employees who have been absent.

3. Supporting people to work (Chapter 4)

Helping people with health conditions and disabilities to work; by supporting employers and also by providing greater public services to meet these needs.

The importance of being able to measure progress in these areas is emphasised - Chapter 5 outlines how this will be done.

This report is not the end of Government efforts to address these issues. Chapter 6 outlines the next stages that are planned for the future.

## **Chapter 1 – Introduction**

### **The Government's vision:**

*'We want to create a society where the positive links between work and health are recognised by all, where everyone aspires to a healthy and fulfilling working life and where health conditions and disabilities are not a bar to enjoying the benefits of work.'*

### **Work improves our lives**

People of working age in work are generally healthier, and recover faster from health problems, than those who are not. Working parents can better provide for their families and their children are more likely to thrive.

Many people will inevitably develop health conditions which will mean an absence from work. The Government's aim is to sustain the return to work of those on benefits and ensure people are able to work in spite of their ailments.

### **Working for a healthier tomorrow**

2005 saw the launch of The Government's Health, Work and Wellbeing Strategy. In March 2008, Dame Carol Black's report, *Working for a healthier tomorrow*, was published. The report highlighted the economic and social costs of not supporting people to be healthier and in work. The annual cost of working-age ill-health was estimated to be over £100 billion.

*'Dame Carol was very clear about the positive links between health and work, and the impact on our personal lives and national well-being.'*

The report outlined a vision for health and work based on three core objectives:

- prevention of illness and promotion of health and well-being
- early intervention for those who develop a health condition
- an improvement in the health of those who are out of work so that everyone with the potential to work has the support they need to do so

### **Our response**

The Government welcomed Dame Carol's Review, the evidence it presents and the conclusions she draws. They concluded that supporting people's health and well-being and assisting those with health conditions and disabilities are 'in the first instance, simply the right things to do.'

They also noted the importance of supporting businesses to increase productivity and to help those who are most excluded, vulnerable or far from the labour market to realise their and their business' full potential.

## **How work benefits everyone**

The benefits of supporting people to be healthier in work can be felt by:

- the individual
- families and children
- regions and communities
- businesses
- the economy

Improving health and work also helps to realise wider social policy aims.

*'In addition, contributing to health and well-being can increase employment opportunities for all, may raise productivity and performance and supports our work to build fairer and more cohesive communities.'*

The report also notes that improving work and health will also have an indirect impact on other social policy goals, such as reducing child poverty and improving the health and well-being of children and young people.

## **Working together on the health and work agenda**

The Government state that further investment is needed to deliver this vision in light of the benefits of working and the costs of ill-health and worklessness.

*'We all stand to share the benefits of work and it is up to all of us - individuals, employers, healthcare professionals, trades unions and others - to invest in, and benefit from, better health, greater financial security and a more productive workforce.'*

## **Moving the agenda forward**

The response sets out what will be done to work towards:

- creating new perspectives on health and work
- improving work and work places, and
- supporting people to work

## **Chapter 2 – Creating new perspectives on health and work**

### **Summary**

Evidence shows that being in work is good for health and worklessness leads to poorer health, but it is still believed that people should refrain from work when they have a health condition.

Dame Carol Black was clear that more needs to be done to promote the health benefits of work. Her report suggested several key initiatives to address this, including:

- Electronic 'fit note'
- A National Education Programme for GPs
- Health, Work and Well-being Co-ordinators
- National Centre for Working-Age Health and Well-being

### **A fundamental change in thinking**

*'To achieve a fundamental change in the way we think about the interdependence of health and work we need to: improve awareness and understanding of the importance of work for good health; enhance education, training and standards of care and service delivery; strengthen the evidence base on health and work; and share best practice more effectively.'*

The report claims that we need to challenge beliefs that people 'must' be off work to fully recover and that health conditions are inevitably barriers to employment. The stated aim is that the benefits of work should become 'for granted' values. Achieving this will require the active engagement of people, employers, healthcare professionals, service providers and all parts of The Government working towards the same goals.

### **Supporting professionals to provide the best advice on health and work**

In 2008, leaders of professional bodies and educational establishments signed the Healthcare Professionals Consensus Statement on health and work, which stated:

*'We are committed to supporting all professionals working in this area to achieve these goals.'*

This support includes 'changing the current 'sick note', enhancing training and skills for professionals, and developing guidelines, standards and accreditation systems.'

### **Improving communication between GPs, individuals and their employers**

The Government aims to help healthcare professionals and employers to support individuals by using a medical certification system that facilitates information flow. GP's advice and support is pivotal to the individual's decision of whether to return to work. The current system requires GPs to record a diagnosis and indicate whether and individual should return to work - this makes the decision too black and white.

*'We have engaged with a broad spectrum of stakeholders, including representatives from health professions, employer organisations and trade unions to seek their views on revising the medical certificate.'*

A new 'fit note' has been developed, to help employers and individuals access information about returning to work. This supports GPs to provide the best advice to patients and employers and also help employers to consider whether accommodations can be made to facilitate a return to work.

A draft has been tested with over 500 GPs across Britain. Building on the findings, formal consultations on regulations to change the certificate will take place in early 2009, and the new system is intended to be introduced later that year.

Dame Carol recommended that the paper-based system should be replaced. The electronic certification is currently being tested in Wales and The Government have responded:

*'We agree and are committed to rolling out an electronic certificate across Great Britain.... We are also exploring whether we can introduce the new 'fit note' and electronic format simultaneously.'*

#### Education and training for GPs and nurses

GPs report a lack of training on health and work issues and, as a result, can lack confidence in this area.

*'We have been working in partnership with the Royal College of General Practitioners to improve GPs' knowledge, skills and confidence when dealing with health and work issues, and signposting additional means of support.'*

A National Education Programme will be made available to all GPs in Great Britain from April 2009. Other programmes to improve training of healthcare professionals on health, work and well-being include:

- Developing a competency framework and modular syllabus for GPs who want to increase their knowledge of occupational health. Working with Faculty of Occupational Medicine and Royal College of GP Practitioners. Available from 2009.
- Society of Occupational Medicine, in association with FOM and RCGP will be developing a web based resource with advice and support for GPs interested in health and work.
- Online learning module has been designed with the Royal College of Nursing to provide nurses with an understanding of the work/health relationship and their role in it.

### Improving practice across professional and practitioner communities

A wide range of professionals work in the area of health and well-being, other than GPs and nurses.

*'We are working with the Institution of Occupational Safety and Health (IOSH) in piloting a new training programme to help safety and health practitioners further their understanding of health and well-being at work.'*

The Government is also supporting plans to create a Council for Occupational Health - a 'multi-disciplinary representative group of professional bodies' who aim to:

- 'explore methods of joint working, including co-ordination of training and competency; and
- develop evidence-based guidelines and standards'

The Council will enable skill-sharing and agreement on content for training; it will also ensure that different bodies are working to evidence-based advice.

### Improving guidelines and standards

The Government aims to encourage improved standards in this whole area – this will help people to understand the quality of service that they should expect. To this end, the Royal College of Surgeons of England have been supported to produce leaflets to inform patients what to expect following an operation. This service has been piloted for seven common operations and uses a traffic light system to encourage progress and recovery - including returning to work.

*'We will be encouraging other Medical Royal Colleges to follow this lead.'*

The National Institute for Health and Clinical Excellence (NICE) already produces guidelines on medical and public health interventions, while NHS Plus Clinical Effectiveness Unit produce guidelines on occupational health conditions and interventions. NICE have agreed public health guidelines should include work-related outcomes and will be encouraged to consider work outcomes in future clinical guidelines. NHS Plus and NICE will be working together to align guidelines from this point onwards.

Agreed common standards will be produced for individual care service delivery. A draft set of The Vocational Rehabilitation Standards (produced by UK Vocational Rehabilitation Council) was sent for consultation in October 2008.

The Council of Occupational Health and Vocational Rehabilitation Council will be working together 'to develop supporting evidence-based standards for care and support across those professions working to improve the health and well-being of the population.'

Finally, the Transforming Community Services programme includes vocational rehabilitation (part of the NHS Next Stage Review).

### A national accreditation scheme

This scheme is to be developed to allow employers (especially smaller businesses with no in-house team) to assess the quality and suitability of various forms of support on offer. The Faculty of Occupational Medicine have started discussions regarding a scheme.

*'We are committed to funding a project to support the delivery of an accreditation system for occupational health services and support its first year of operation.'*

### **Spreading the positive message on health and work**

*'Wider public recognition of the importance of this relationship will help stimulate action.'*

A study has been commissioned to investigate the most effective way of spreading the message and it will report in Spring 2009.

### Championing action at a local level

Funding for Health, Work and Well-being Co-ordinators in English regions and Scotland and Wales is to be allocated.

The Government's response states that 'The co-ordinators will champion integrated approaches to health, employment and skills support (in and out of work), encourage local public sector employers as exemplars and build engagement with small business through their work with Regional Development Agencies and other strategic partners across Great Britain.'

The report continues, 'Accountable to Regional Directors of Public Health (and equivalents in Scotland and Wales), the co-ordinators will use existing public health networks as their starting point for sharing health, work and well-being best practice with health care professionals, primary care and mental health trusts, local partnership boards and business networks. There will be a new role, providing a focal point, working across departmental and partner boundaries and filling a leadership gap in the health, work and well-being infrastructure.'

### Examples of other public health initiatives

- Alcohol Awareness at Work - Piloting in Southampton, intended to be rolled out to other workplaces late 2009.
- Preventing Chronic Obstructive Pulmonary Disease - Communications strategy to raise awareness of risks of lung damage. Includes safety steps for those in high-risk industries. Early 2009.
- Smoking Cessation - Campaign to encourage workers in routine and manual groups to stop smoking (they represent nearly half the smokers in England). Also, NHS 'stop smoking' support to be modernised.
- Tackling obesity - *Healthy Weight, Healthy Lives* scheme already in place. Employers are also being encouraged to support Change4life, focusing on improving children's diets and activity levels.
- Healthy Eating - Healthier Food Mark Scheme for public sector organisations. To be piloted in 2009.

### Changing people's perceptions of poor mental health

The Government plan to maximise the impact of health promotion in this area by better aligning campaigns that are aimed at the general public (Action on Stigma) with those focused on employers (EmployAbility); they also aim to develop closer links with campaigns outside Government.

### Changing attitudes towards disabled people at work

*'We have also asked employers, disability-focused employer groups and others to help us build the foundations for an employer-led campaign to promote good corporate recruitment, retention and development practices.'*

Until March 2009, 'expert employer panel events' are being run to share good practice and help to develop an 'agenda for change'.

### Changing aspirations of children, young people and families

National Healthy Schools Programme is designed 'to promote the positive links between health, well-being, behaviour and achievement, and improve the physical and emotional well-being of children.' At present, 97% of schools are participating, 68% have achieved National Healthy School Status.

National Healthy Further Education Initiative - First phase is scheduled for autumn 2009 to benchmark current activity, develop a network of expertise and a web portal providing tools and guidance. The second phase will explore demand and options for a national standard for healthy colleges – it could be implemented by 2011.

### **Strengthening the evidence-base and better sharing of evidence**

#### The Government plans to create a National Centre of Working-Age Health and Well-Being:

Core functions

- gather and analyse data to identify and monitor trends
- identify evidence gaps and encourage necessary research
- create an authoritative source of guidance on evaluation of health and work interventions
- encourage development of evidence-based guidelines
- promote communication and joint initiatives among those generating and evaluating evidence on health and well-being of the working-age population

The Centre might also develop specialist resources and expertise.

*'We believe that the Centre will allow the development of a much better understanding of the various drivers that impact upon the working-age population and the interventions which improve outcomes.'*

Plans for commissioning will be announced shortly and the Centre hopefully established in 2009.

## Improving the academic occupational health base

The Government's Chief Scientific Adviser has asked the UK Research Base Funders' Forum to address the issue of a shrinking academic occupational health base.

## **Chapter 3 – Improving work and workplaces**

### **Summary**

Key initiatives to support employers in creating healthy, safe workplaces which promote well-being:

- the Business HealthCheck tool
- National Strategy for Mental Health and Employment
- further NHS Plus development
- occupational health helpline for smaller businesses
- a challenge fund
- a review of the health and well-being of the NHS workforce

### **From changing attitudes to change at work**

*'Supportive workplaces, together with timely, appropriate action by employers, can help people stay in work or return to work quickly - even with the onset or progression of health conditions or impairments.'*

Improvements have been made in recent years but there is still more to be done.

*'Helping employers to recognise why it is worth acting, what action to take and how it should be done are the key elements of our approach.'*

There is no clear boundary between safety issues and health and well-being issues. Workplaces need to support individuals across this whole range.

*'Only by taking such a holistic approach will employers be able to maximise the benefits to the bottom-line that can accrue from addressing health, safety and well-being in the workplace.'*

### **Helping businesses identify and quantify the costs of ill-health**

The Confederation of British Industry estimates the costs of sickness absence to UK employers to be around £13 billion a year. At this point, not all businesses understand the economic case for investing in health and well-being.

### A new tool to quantify the costs of ill-health

The Business HealthCheck tool was launched in July 2008 and was designed to enable businesses to calculate costs of sickness absence, turnover, work ill-health and injury. It also helps them to calculate the savings that could be made by investing in health and well-being. The tool will continue to be improved and developed over the coming years.

*'To date over 1000 organisations in the private and public sectors have downloaded the tool and are testing it. Early feedback is encouraging.'*

#### Putting health and well-being on the board agenda

By 2011, 75% of FTSE 100 companies will report on employees' health and well-being at board level. This is a promising trend and it is to be encouraged further.

#### Troubleshooting problems

Investors in People (IiP) have developed an online self-assessment tool which provides an overview of health and well-being issues and identifies good / bad areas.

In partnership with IiP, the Department of Health has developed 'The Health and Well-Being Framework' to help to address absenteeism. It has already been tested by 200 organisations and will soon enter a final pilot stage.

#### **Offering advice and support to enable businesses to help themselves**

Even when costs are known businesses, especially small ones, are not always able to address the issues. The Government states that it agrees with the Black Review that more should be done to support small businesses.

#### Addressing the needs of small and medium-sized enterprises

This sector needs more help than any other because its businesses are too small to have in-house services, but are greatly affected by absence relating to ill-health.

*'Through a £20 million Capital Fund, the Government is helping to establish 11 demonstration sites throughout the country, within this NHS Plus platform, to test out the most innovative ways of offering NHS occupational health services cost-effectively to SMEs.'*

The NHS Plus programme is to be financed for a further three years to develop this offering to SMEs. Furthermore, a national occupational health telephone line is to be piloted to support small and micro-businesses. It will provide 'business hours access to professional occupational health advice for individual employee health issues'. Local partnerships and business networks will be invited to bid for funding to create access points or 'gateways' to the national occupational health telephone line. Gateways will also signpost employers to other local services. The service is due to be piloted for 2 years from Summer 2009.

The Dame Carol Black Review recommended a 'business-led health and well-being consultancy service'. This will be considered once the Workplace Health Connect pilot, and other measures outlined in the Response, have been evaluated.

#### Tackling stress and poor mental health

The Black Review highlighted the effects of poor mental health on absence from work. The costs were estimated at more than £40 billion a year (Royal College of Psychiatrists' review, *Mental, Health and Work*).

*'We have asked Dame Carol to chair an independent expert steering group to oversee the development of the first ever cross-government National Strategy for Mental Health and Employment.'*

The recent Foresight report concludes that poor workplace conditions can cause stress and negatively impact on mental health. It also contains information for employers about creating a working environment which promotes good mental well-being.

Foresight confirms that employers benefit from such advice and also want more guidance and support for managing stress and supporting people with mental health conditions. Existing resources will be pooled to improve access to guidance and best practice.

*'We will work with the Business Link and Directgov platforms to position this support to reach the widest audience, including local business advisors, Chambers of Commerce, Federation of Small Businesses, CBI, Business in the Community and employment support advisers.'*

More will also be done to promote the Shift Campaign's Line Manager's Guide. The HSE is working with the Institute of Directors, CIPD, ACAS and others to promote the HSE's Management Standards for work-related stress.

Finally, a new work-related stress website is to be launched by Spring 2009 to offer guidance and direct users to BERR's 'Flexible working and Work-life balance pages' and then on to Business Link and Directgov websites.

### **Creating safe, healthy and supportive workplaces**

Employers can do more to 'ensure that every workplace has in place the fundamental elements of good health, safety and well-being management'

#### Getting it right at the front-line: the role of the line manager

Line managers are very important for the health, safety and well-being of employees.

*'We want to disseminate (in partnership with others) the basic principles of good line management: how to actively encourage worker participation; motivate the workforce; manage staff who have long-term health conditions or impairments; address short and long-term sickness absence, and encourage better worker engagement.'*

As above, this is a particular priority for SMEs and therefore a new SME package was announced by the Department for Innovation, Universities and Skills in October 2008. In addition to Train to Gain, private sector employers with 5-250 employees can access funding for Leadership and Management training.

#### Promoting health, safety and well-being in the workplace

Better health, safety and well-being at work requires employers, managers and workers to join forces. The HSE will continue to target businesses who do not comply with health and safety laws.

The Government is committed to supporting leadership 'and supports the efforts of the HSE and local authorities to achieve high standards of board-level leadership

through giving advice, guidance and enforcement.' Guidance in this area was published in October 2007 by the Institute of Directors/HSE.

The HSE plans to produce a new Strategy for the Health and Safety System of Great Britain by the end of 2008.

#### The role of trade unions' safety representatives

The Government agrees with Dame Carol's recommendation that the roles of health and safety practitioners and trades unions' safety representatives should be extended. The HSE and the TUC will be working together to encourage better training. The TUC has already issued guidance to their health and safety representatives.

#### Stimulating new approaches

A Challenge fund will be established next year to encourage initiatives that improve workplace well-being and innovative approaches to better worker engagement (particularly focusing on initiatives for small businesses). The fund will be administered by the new Health, Work and Well-being Co-ordinators.

#### **Leading by example**

NHS initiatives:

- draft constitution which pledges to keep its workforce healthy and safe
- Department of Health 'commissioning a systematic review of how the health and well-being of the NHS workforce is supported.' This should highlight priorities for whole-system improvement and recommend action

*'The National School of Government has developed a range of services in support of the Cabinet Office initiative to promote employee engagement approaches in the public sector.'*

Consultancy and training services will be developed and 'will consider the links between employee engagement and organisational health and well-being'. The conclusions that arise will be used to update services.

*'Across the public sector, we are keen to promote the health and well-being of our workforces' - e.g. web resources for school staff to identify risks - 'This pack and a new resource booklet on mental health and well-being for school staff will be available on TeacherNet early in 2009'.*

*'The safety, health and well-being agenda is already well developed in the local government community. Success with sickness absence management, health and well-being initiatives, managing work related stress and addressing mental health in teaching.'*

The majority of councils (88%) have introduced employee well-being programmes and 64% use the HSE Management Standards for work-related stress. This shows that the public sector is not starting from scratch.

## **Chapter 4 – Supporting people to work**

### **Summary**

Chapter 3 dealt with supporting employers to help people back to work. Chapter 4 is focused on the other public services that can also contribute.

These include

- piloting early intervention services
- improving the Access to Work service

### **Building a comprehensive system of support**

Despite best efforts, it is inevitable that some people will develop health conditions which will affect their ability to work.

*‘The key objective is to ensure at the outset that people receive support that will reduce the likelihood of health deteriorating to the point where a long period of sickness absence, or reduced productivity at work, is unavoidable.’*

Support could take the form of a period of sick leave, or of benefits, until the individual can recover or adapt to their condition. The longer people are out of work the worse it is for their well-being. The Government is responsible for public services that help people back to work.

### **Pilot schemes that support people to work**

There were 600,000 new claimants for incapacity benefits last year, half of those from people who would otherwise be working. With support many of these people could remain in work. A variety of schemes will be tested to prevent people ‘drifting out of work’. Pilots will then be evaluated.

*‘The findings will help put the right policies and practices in place to develop joined-up services to help people return to work from sickness absence or health-related benefits as soon as possible’*

### **‘Fit for Work’ service pilots**

Dame Carol’s recommendation for a ‘fit for work’ service has been accepted by The Government:

*‘Indeed we committed ourselves to doing so through the NHS Next Stage Review and the recent Green Paper on welfare reform, No one written off.’*

Many local partnerships are already aligning their services and this will be encouraged and supported.

*‘To achieve this, we have set aside central government funds to ‘pump-prime’ pilot activity in local areas.’*

This action will be based on the following principles:

- an innovative approach. Not a 'one-size-fits-all' model, service providers need to work locally to find the most effective models
- services need to meet needs of the community they cater for: *'They should be sensitive to the diverse needs of different people and take account of gender, age, sexual orientation, race, disability and religious beliefs'*
- working in partnership. Between employees, employers and healthcare professionals; and between private, public and voluntary sectors

Many components of the service are already in place, the challenge now is to ensure that they work together.

*'A formal bidding process will be put in place in early 2009 and it is our intention that pilot services will commence later that year and will continue at least until 2011, during which time we will evaluate robustly the various models piloted'*

#### Employment advisers in the 'Improving Access to Psychological Therapies programme'

Poor mental health is the main cause of absence from work. Mental health conditions account for 40% of people receiving ill-health benefits. In addition to the 'Fit for Work' service pilots...

*'In early 2009, we will pilot placing Employment Advisers as a core component of the Improving Access to Psychological Therapies programme.'*

*'The Employment Advisers will work alongside therapists, providing information, advice, guidance and practical support to help working people remain in work or return to work as quickly as possible. For people without work, the Employment Advisers will help access to Jobcentre Plus and partner support. Twelve Primary Care Trusts (PCTs) in England will participate in this two-year pilot and we envisage similar pilots being run in Scotland and Wales as part of their programmes of support.'*

#### Employment Advisers in GP surgeries

Employment Advisers in GP surgeries will be tested through the Pathways Advisory Service. Advice sessions will be available in surgeries or GPs will be able to refer individuals to an advice session with a Jobcentre Plus Adviser.

This pilot began in 2005; pilot and funding will be extended for a further three years. The aim is to test the effects of improving access to existing return-to-work services and to find out whether it is useful to have an advisor in the surgery.

#### Access to Work: supporting disabled people and people with fluctuating conditions to work

Taking the necessary steps to ensure that a disabled person can start work is often cheaper and easier than employers think. Access to Work can help provide funds to remove practical barriers, for example

- 'meet the cost of sign language interpreters or support workers;
- meet any additional costs of travelling to and from work;

- buy specialist technological equipment that would help a disabled person do their job; or
- meet the costs of expert advice on adjusting the workplace or work practices to support disabled people in work'

The current budget for such support is £69 million. The Green Paper, *No one written off*, proposes this will be doubled by 2013/14. The aim is to ensure that Access to Work funding is 'effective, flexible and timely' so it can reach more people who need it.

*'We have also been looking at how the system can be changed to better support people with fluctuating conditions' - Working with MIND, the pilot will provide a support worker.. 'who will work with employees and their employers to improve their confidence in finding appropriate adaptations to working practice and further support with the help of Access to Work funding. This support worker can respond quickly when mental health deteriorates or problems emerge.'*

### **Back-to-work action plans**

These are designed to ensure that the return to work is an effective one. Plans should address the steps employers and employees can take to ensure a faster return to work. Intentions will be outlined in the forthcoming Welfare Reform White Paper.

### **Improving specialist disability employment programmes**

Current range of programmes will be replaced by a single more effective programme with greater emphasis on job entry. The new programme will be more tailored to individual needs.

*'We consulted on these changes earlier this year and respondents were overwhelmingly in favour of the proposals for reform. Contracts for the new programme will be awarded from April 2010, and we plan to start the new programme from October 2010.'*

### **Ensuring the welfare system supports people to work**

Some people will have conditions that make it impossible to return to work in the short-term and therefore require the support of the welfare system. The system needs to be reformed to ensure that those claiming incapacity benefit are given the support they need to return to work.

Reforms introduced include:

- stronger legal rights, especially through the Disability Discrimination Act
- New Deal for Disabled People. Helped over 170,000 into employment since 2001
- Pathways to Work. Work-focused interviews and Return to Work credit up to £40 a week. Additional support available through a Conditional Management Programme
- Employment and Support Allowance. Introduced October 2008, included Work Capability Assessment which focuses on what people can do rather than what they can't. This also includes Work-Focused Health-Related

Assessment and the opportunity for individuals to discuss with a health professional their options for returning to work

*'But we want to do more.'*

New proposals are designed to move claimants from incapacity benefits to 'the more work-focused' Employment and Support allowance. People will be reviewed by the Work Capability Assessment as they move. Following assessment, people will move to either Jobseeker's Allowance or Employment and Support Allowance. Back-to-work support will be made available to all those who need it.

*'We have just completed a consultation on the reforms proposed in the Green Paper and will shortly confirm our plans in a White Paper.'*

### **Ensuring the NHS supports people to work**

*'In England we are rolling out the Improving Access to Psychological Therapies (IAPT) programme. By early 2009, IAPT will cover over a fifth of PCTs in England, and this coverage will increase to at least 50 per cent by 2011, and 100 per cent thereafter.'*

A self-referral to physiotherapy pilot has recently been completed and has been recommended. Local services can decide independently whether to use this scheme.

*'Based on this success, we encourage local extension of self-referral to other services provided by allied health professionals, including occupational therapy, which is also key in providing aspects of vocational rehabilitation'*

## **Chapter 5 – Measuring progress**

### **Tracking change**

This chapter sets out Government plans to track:

- knowledge and perceptions about the importance of work to health and health to work;
- the proportion of businesses that promote better safety, health and well-being at work
- the incidence of work-related ill-health and injuries;
- the proportion of people out of work due to ill-health who enter or return to the labour market;
- people's self-reported health status;
- the experience of working-age people in accessing appropriate and timely health services and support; and
- business productivity and performance, especially among SMEs

### Measuring changes in knowledge and attitudes

Changes in the perceptions of healthcare professionals, working-age people and employers will be measured in the hope of seeing:

- 'greater overall recognition of the importance of good work in maintaining health and well-being;
- an increase in the proportion of healthcare professionals who regard helping people to return to work as a measure of success; and
- increasing recognition among employers that they should support their staff to remain in and return to work following illness'

Indicators will be developed from the social marketing project detailed in Chapter 2. They will be tracked and recorded at suitable intervals with a baseline developed in the first year.

### Improving the promotion of better health and well-being at work

*'We want to see increases in the proportion of businesses and workers who report that their workplaces have in place the processes that characterise good work, including the provision and uptake of health and well-being initiatives/support, stress management, flexible working and effective methods of worker engagement.'*

Two-thirds of organisations think that they provide good jobs, and that good work is central to their business strategy. This needs to improve further, tracked by social surveys/ omnibus surveys.

### Reducing incidence of work-related ill-health and injuries

In 2007/8, 1.3 million people said that they experienced ill-health caused or exacerbated by work. There were 34 million days lost as a result of work-related ill-health and workplace injury. Changes will be tracked via the Labour Force Survey.

### Reducing the proportion of people out of work due to ill-health

A number of indicators will be measured locally and nationally to track changes. Success will mean a reduction in long-term sickness absence, the knock-on cost to benefits and an increase in people moving off benefits and into employment.

The Government will be looking for:

- Increase in proportion of people returning to employment following long-term sickness absence. Tracked by Longitudinal Labour Force Survey Data.
- Increase in the Disability Discrimination Act disabled employment rate (baseline in Black Review was 48.4%). Tracked using Labour Force Survey.
- Reduction in proportion of people who left last job because of ill-health. (baseline in Black Review was 6%). Tracked using Longitudinal Labour Force Survey.
- Overall reduction in number of people who move onto Employment and Support Allowance (ESA). Continued reduction in proportion moving onto ESA from employment. (baseline on incapacity benefits in Black Review was 7% of working-age population). Tracked using Department for Work and Pensions administrative data.

It will be important to address these issues at a local level and to continue the work being done to monitor and target National Performance Indicator 173 ('Measures the proportion of the working population living in a local authority that moves from employment to incapacity benefits).

#### Improving the health status of the working-age population

Self-reported health status provides an insight. This indicator will be monitored by employment status and occupational role to see the benefits of various initiatives. Progress will be tracked using the Health Survey for England.

#### Improving access to appropriate and timely health service support

The initiatives in the response are intended to ensure delivery of appropriate interventions and support. The Government is investigating whether this can be measured using modified Healthcare Commission NHS Patient Surveys and Community Mental Health Surveys.

#### Improving business productivity and performance

*'We intend to measure the impact of our initiatives and those of our partners on business productivity and performance, especially among SMEs'*

The cost of sickness is one measure and this is tracked using Labour Force Survey. The Government is exploring additional indicators, including 'looking at the feasibility of collecting data from the range of public, private and voluntary organisations already piloting the use of the Business HealthCheck Tool.'

## **Chapter 6 – Looking forward**

Work in this area started three years ago with the Health, Work and Well-being Strategy. The Black Review has moved this forward but this response is not the end of the process.

Areas the next phase will focus on:

- Skills, health and employment. 'We are working across Government to explore how we may more fully integrate health and work investment with the wider skills agenda.' More details will be in the Welfare Reform White Paper.
- Mental health and employment. Mental Health and Employment Strategy to be published spring 2009.
- Chronic and fluctuating health conditions. As well as work to help people suffering from these kinds of conditions to return to work, more must be done to help them remain in work.
- Whole-system incentives. 'The costs of ill-health and sickness absence in particular fall to individuals, employers and the State. We want to review whether the current system is appropriately balanced.'
- Monitoring progress. Proposals are outlined above, but more detailed ones will follow that allow appropriate action to be taken if progress is not as expected.

Positive impact on all groups involved in 'the vision':

- Employers will be provided with 'the means to better understand the costs of sickness absence; support to address individual employee health issues (in particular for SMEs); access to a fund to deliver innovative health and well-being measures in the workplace which are focused on improved employee engagement; and better information and support to help those who are off work sick.'
- Healthcare professionals will be provided with -'the tools to better address health and work issues through the roll-out of the revised medical certificate (the new 'fit note'); the advice and training they need to have confidence in supporting their patients to work; and options to refer to early intervention services and employment support.'
- For Individuals -'we will: find the best way to support individuals by piloting a range of early-intervention services, including the 'Fit for Work' service; improved advice from GPs about fitness for work, supported by the new 'fit note'; and enable people to make informed decisions about health and work through education campaigns.'

*'Dame Carol challenged Government to strengthen its own structures to ensure that the health, work and well-being agenda was fully joined up and effectively delivered. The preparation of this Response has been overseen by a group of senior officials from across Government (including Scotland and Wales) reporting to a cross-government Ministerial Group. Ministers are committed to continuing their close involvement while we implement the proposals contained in our Response. We will look to identify the most appropriate structure for the future; the Health, Work and Wellbeing Steering Board will continue to oversee this work. During 2009, we will report on progress, including more detail around the indicators we will be using to monitor that progress'*

The report concludes by saying that it has been published at a challenging time, but that health is a long-term commitment for the Government.

### **Conclusion**

The programme of work that has been proposed is ambitious, but crucial and will have positive effects on individuals, families, communities, society and the economy. It will also help to achieve other objectives such as eradicating child poverty and supporting our ageing population.