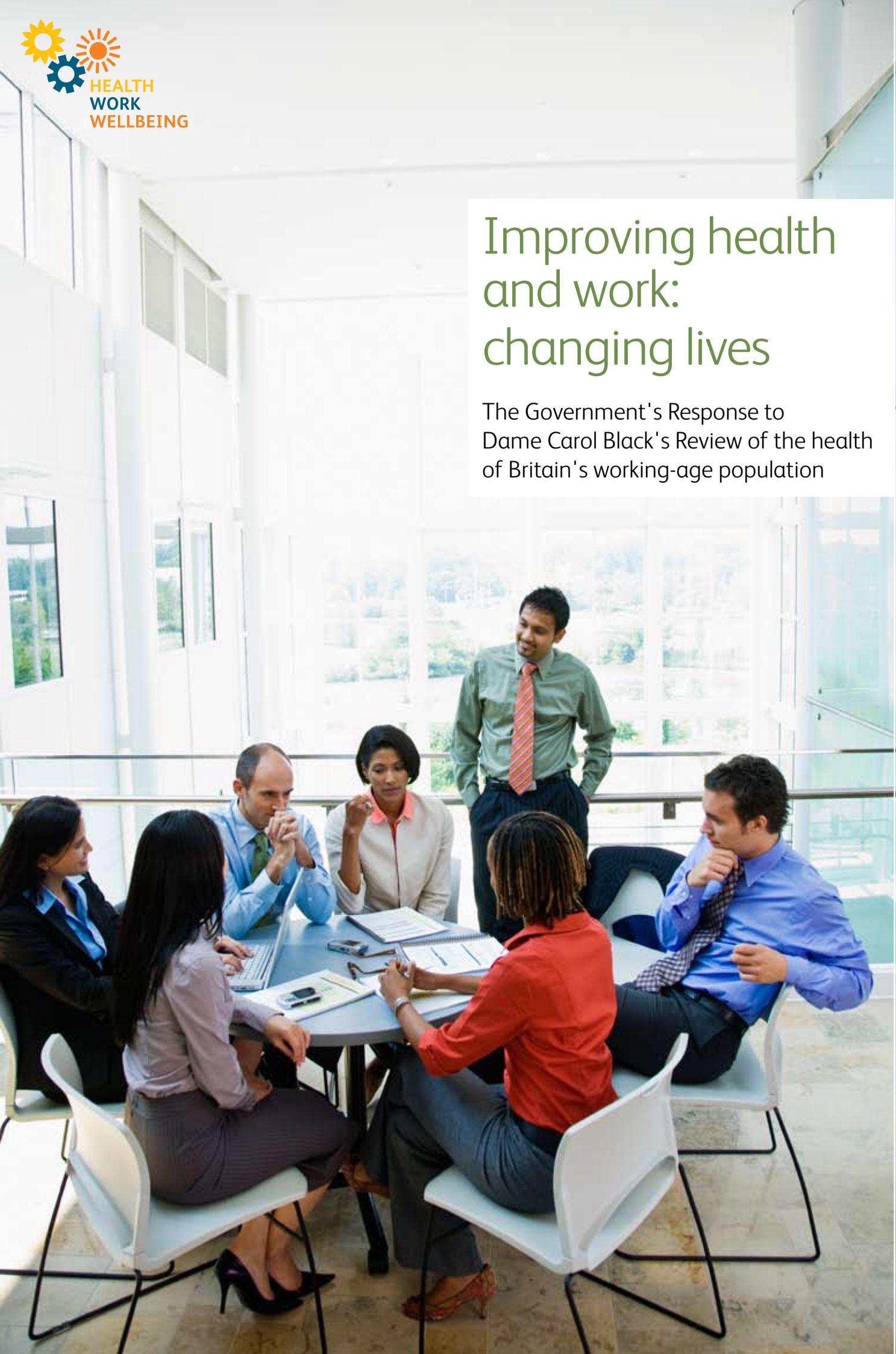
HEALTH
WORK
WELLBEING

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



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

Presented to Parliament by the Secretaries of State of the Department for Work and Pensions and the Department of Health by Command of Her Majesty

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Contents

The Health, Work and Wellbeing Steering Board

This Government Response has been overseen by the Health, Work and Wellbeing Steering Board, which is jointly chaired by the Department of Health and the Department for Work and Pensions, and comprises all relevant parts of Government, namely the Department for Children, Schools and Families; Communities and Local Government, the Department for Business, Enterprise and Regulatory Reform, the Department for Innovation, Universities and Skills; the Social Exclusion Unit, the Cabinet Office, Her Majesty's Treasury, The Health and Safety Executive, The Scottish Government and The Welsh Assembly Government.

Scotland and Wales

The Scottish Government and The Welsh Assembly Government will be responding separately to Dame Carol's Review, given that the delivery of health services is devolved. However, there are areas where policy impacts across Great Britain, as with employment and health and safety: these areas are covered for Great Britain in this Response.

Impact assessments

We have carried out an equality impact assessment as part of the policy development process. This is set out in Appendix 3. We shall be further developing more detailed impact assessments as we move through the implementation phase on each of the individual new proposals.

Foreword

A healthy workforce is a happier, more productive workforce.

Keeping people well and in work has obvious benefits: protection against financial hardship, promoting a better quality of life and allowing people to make the most of their potential. Conversely, being out of work can exacerbate physical and mental health problems and increase the chance of social exclusion.

Employers, communities and the taxpayer all bear the costs of working-age ill-health which is estimated to run to around £100 billion every year.

There is a strong moral, social and economic case for supporting disabled people and those with health conditions to work, thus enabling people to lead fulfilling working lives. This is especially important in times of economic uncertainty.

Dame Carol Black's Review of the health of the working-age population was a valuable and welcome contribution to this vital debate and we thank her for her hard work and achievements. This document sets out the Government's response to her recommendations, making clear the support we are putting in place for individuals, for healthcare professionals and for employers:

- **For individuals**, we will: test a range of early intervention services to give them the direct support they need to return to work, including piloting 'Fit for Work' services; improving advice from GPs about fitness for work, and a new 'fit note'; and for people with mental health conditions we are developing a National Mental Health and Employment Strategy to ensure that Government is doing all it can to support their particular needs.

- **For healthcare professionals**, we will: provide the tools to better address health and work issues through the roll-out of the revised medical certificate (the new 'fit note'); improve the advice and training they receive to give them confidence in supporting their patients to get back into work; and options to refer to early intervention services and employment support.

- **For employers** we will: provide tools to help them understand the costs of absence; support to address individual employee health issues (in particular for small and medium-sized enterprises (SMEs)); and funding to deliver innovative health and well-being measures in the workplace. The roll-out of an electronic 'fit note' will also give employers more information about the steps they can take to help someone return to work from a period of sickness absence.

The importance of this issue has brought together departments across Government to develop a concerted response, but we alone cannot deliver all the changes needed.

This response is not the end of the process. We are determined to continue our work with employers, healthcare professionals and individuals to influence attitudes and improve support. We will carry on working with everyone who has an interest in improving the health and well-being of the working-age population to ensure we are all doing all we can to support disabled people and people with health conditions to fulfil their potential in work.

James Purnell
The Rt Hon James Purnell MP
Secretary of State for Work and Pensions

Alan Johnson
The Rt Hon Alan Johnson MP
Secretary of State for Health

Executive summary

Executive summary

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.

The costs of working-age ill-health to Britain are large by any standards. Dame Carol Black estimated that the annual economic cost of ill-health in terms of working days lost and worklessness was over £100 billion – equivalent to the annual running costs of the NHS. The Confederation of British Industry (CBI) estimated that last year 172 million working days were lost due to absence, costing employers £13 billion. Against a backdrop of a wider economic downturn both taxpayers and businesses can ill afford to bear these largely unnecessary costs.

But the cost of ill-health cannot be measured in pounds and pence alone. There are about 2.6 million people on incapacity benefits and 600,000 people make a new claim each year; of these, half had been working immediately before they moved onto benefit. Once out of work it is likely that an individual's health will worsen and they and their families are more likely to fall into poverty and become socially excluded. Therefore, health-related inactivity prevents individuals from fulfilling their potential, causes needless financial hardship, and damages the communities in which people live.

Yet it need not be this way. About 6 million people in the UK who are in work say that they have a long-standing health condition. Evidence suggests that by following basic healthcare and workplace management most people with common health conditions can be helped to return to work.

It was for these reasons that we asked Dame Carol Black to conduct a review of the health of Britain's working-age population and to recommend measures that we could take to bring about positive change. Her wide-ranging Review, *Working for a healthier tomorrow* was published in March 2008. We welcome Dame Carol's Review, the evidence it presented, the conclusions she drew and the recommendations she made.

Our Response is built around three key aspirations that demonstrate how we will rise to the challenges that she set us and which will enable the delivery of our broader vision:

- creating new perspectives on health and work;
- improving work and workplaces; and
- supporting people to work.

Creating new perspectives on health and work

Evidence shows that, in general, being in work is good for health, and worklessness leads to poorer health. Despite the evidence, the belief that we should always refrain from work when we have a health condition persists.

In her Review, Dame Carol was clear that we could do more to promote the benefits of work to health for individuals, employers, healthcare professionals, society and the economy. We agree, and we have set out in Chapter 2 our response to this challenge. Our plans include the following key initiatives:

Electronic 'fit note'

A new electronic 'fit note' will replace the current medical certificate, and help GPs switch the focus of their advice to what people can do rather than what they cannot. The changes will improve the flow of information between employers, individuals and GPs.

A National Education Programme for GPs

This programme will improve GPs' knowledge, skills and confidence when dealing with health and work issues and will enable them to adapt the advice they give to help people stay in or return to work.

Health, Work and Wellbeing Co-ordinators

The Co-ordinators will stimulate action on health, work and well-being issues in their areas, offering advice and support to help local partnerships and engagement with smaller business in particular.

National Centre for Working-Age Health and Well-being

The Centre will form an independent, authoritative body providing a range of core functions related to the health and well-being of working-age people; these will include: the gathering and analysis of data enabling the identification and monitoring of trends; and help in determining the impact of interventions and initiatives. It will identify evidence gaps and encourage research to close those gaps.

Improving work and workplaces

We want everyone to enjoy the benefits of health and fulfilling work. While we have achieved much in recent years, we can do more to support employers to ensure workplaces are healthy and safe, promote the well-being of their workers and facilitate a return to work when people develop a health condition or impairment.

In her Review, Dame Carol set out a number of recommendations to support employers in creating workplaces which are accommodating and safe. Chapter 3 outlines our plans to address her recommendations, including the following key initiatives:

The Business HealthCheck tool

The Business HealthCheck tool will enable businesses to estimate the costs of sickness absence, turnover, worker ill-health and injury in their organisation; enable employers to identify the savings that could be generated by investing in health and well-being programmes; and help them measure the return on investment.

National Strategy for Mental Health and Employment

The Strategy will bring employment and health services closer together, support employers and healthcare professionals and tackle issues such as stigma and discrimination.

Further NHS Plus development

This expansion will allow NHS Plus to continue to work with others to further develop clinical and occupational health standards, and to further test and promote the most innovative ways of offering NHS Plus occupational health services cost-effectively to SMEs.

Occupational health helpline for smaller businesses

The development of an occupational health telephone helpline will offer help to smaller businesses by providing business hours access to professional occupational health advice for individual employee health issues (including mental health).

A challenge fund

The challenge fund will encourage local initiatives that improve workplace health and well-being, through innovative approaches which ensure worker engagement.

A review of the health and well-being of the NHS workforce

A review of the health and well-being of the NHS workforce will be commissioned. This review of the NHS workforce will consider the evidence for where the priorities for whole system improvement should be and recommend action that will enable local delivery.

Supporting people to work

It is in all our interests to do everything we can to support people with health conditions and disabled people to stay in, return to, or move into work. Chapter 3 sets out our plans to support employers to achieve this goal. But we also know that there is more public services can do to meet the needs of these groups.

Providing early intervention services for the working population and helping those people who are inactive because of a health condition or disability find work are at the heart of the conclusions to Dame Carol's Review. Chapter 4 outlines the plans we have to meet the challenges raised including:

Piloting early intervention services

A range of early intervention services will be piloted in 2009 and run until at least 2011. These will include: 'Fit for Work' service pilots; the embedding of Employment Advisers within the Improving Access to Psychological Therapies (IAPT) programme from early 2009; and the extension of the Pathways Advisory Service, which places Employment Advisers in GP surgeries, for a further three years.

The early intervention services will help individuals by making access to work-related health support more widely available. The 'Fit for Work' service pilots will provide case-managed, multi-disciplinary support and various models will be tested. All pilots will be comprehensively evaluated.

Access to Work

Changes to Access to Work will improve effectiveness – making the service as f exible and timely as possible and reaching more of the people who need it, particularly those who have f uctuating conditions.

The initiatives set out in this Response are designed to contribute to the health and well-being of the working-age population, their families and communities, and to benefit Britain's economic performance overall. It is important that we are able to measure our progress in meeting these aims. Chapter 5 sets out how we plan to measure the impact of our efforts by tracking changes across a range of indicators.

Finally, this Response does not represent the end of our efforts to realise the vision we have set ourselves: it is simply the next significant step on the journey. Chapter 6 sets out future steps that we intend to take: better integrating skills, health and employment provision; reviewing the incentives for individuals, employers and the state to tackle sickness absence to ensure they are optimally balanced; and continuing to develop strategies to address the specific needs of those with poor mental health.

Conclusion

Our Response is being published at a challenging economic time, but the measures proposed are as relevant in difficult times as in good. Health is not something we only think about when life is easy – it is a long-term commitment which produces benefits for all.

This is an ambitious journey, but one which is crucially important to everyone of working age, their families, their communities, our society and the wider economy. By working together we will help combat social exclusion, eradicate child poverty, support our ageing population, and together build a workforce for tomorrow. By improving health and work we will make a real difference to people's lives.

1
Introduction

Chapter 1 – Introduction

Our 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

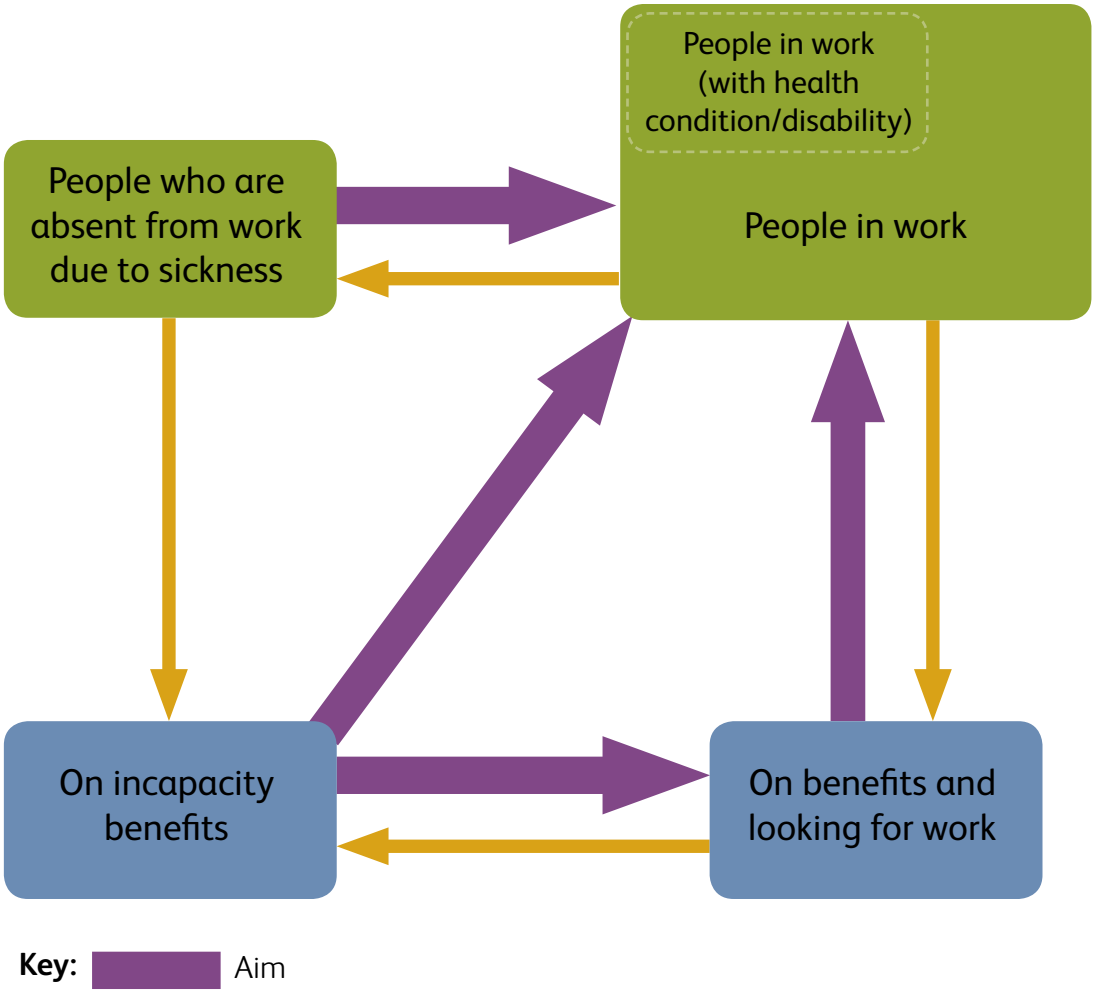
The relationship between people and their jobs is diverse and complex. People have many different reasons for working and have many different experiences during their working lives. They may, for example, change jobs, take a career break, or choose a different work pattern; indeed, their personal circumstances may change in various ways that impact on their working life. Across all these circumstances, however, evidence shows that being in work can enhance life in significant ways.

People of working age are generally healthier when they are employed than when they are not. When health problems occur they often recover more fully and more quickly when in work. Working means they can better provide for themselves and their families. Children of parents in work generally thrive more than those whose parents are not; and everyone in working families is likely to live longer, healthier and more fulfilling lives than those in families where no one is in work.[1]

In any one year, many people develop health conditions which lead to spells of sickness absence. Most return to work, but some progress to long-term absence and job loss and require the support of the benefit system until they can return to work. For those moving off benefits and back into work the aim is to ensure that return to work is sustained and that many people can continue to work in spite of health conditions or impairments, as shown in Figure 1.0.

[1] Nice, K. (2008). *Changing Perceptions about sickness and work: judging capacity for work and locating responsibility for rehabilitation*. Social and public policy Review Volume 2, number 2; Berthoud, R. (2007). *Work-rich and Work-poor: three decades of change* The Policy Press and Joseph Rowntree Foundation; Waddell, G. and Burton, A. K. (2006). *Is work good for your health and well-being?* TSO.

Figure 1.0 – Flow of people in and out of work



Working for a healthier tomorrow

The launch in 2005 of our Health, Work and Wellbeing Strategy[2] recognised the vital significance of work to the well-being of individuals and society as a whole. Building on this, we asked Dame Carol Black, the National Director for Health and Work, to review the health of Britain's working-age population. Her wide-ranging Review, *Working for a healthier tomorrow*, was published in March 2008.[3]

2 HM Government. (2005). *Health, work and well-being – caring for our future: A strategy for the health and well-being of working age people.*

3 Black, C. (2008). *Working for a healthier tomorrow: Review of the health of Britain's working age population*. TSO.

In her Review, Dame Carol highlighted the stark economic and social costs that result if we do not strive to support people to be healthier and in work. The burden of lost productivity and the costs of ill-health fall on everyone. Moreover, these burdens will increase if, as society ages, we cannot ensure that everyone is able to fulfil their working potential.

The Black Review estimated the annual economic costs of working-age ill-health in terms of working days lost and worklessness to be over £100 billion. This estimate excludes the costs of health-related productivity losses that do not lead to absence.

Dame Carol was very clear about the positive links between health and work, and the impact on our personal lives and national well-being. She outlined measures that she believed would raise standards in our working lives and reduce the human, social and economic costs of impaired health and well-being in Great Britain. She highlighted a vision for health and work in Britain with three key objectives at its heart:

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

Our response

We welcome Dame Carol's Review, the evidence it presents and the conclusions she draws.

Supporting the health and well-being of people in and out of work, ensuring that people with health conditions are assisted to stay in or return to work, and ensuring that disabled people get the support they need are, in the first instance, simply the right things to do.

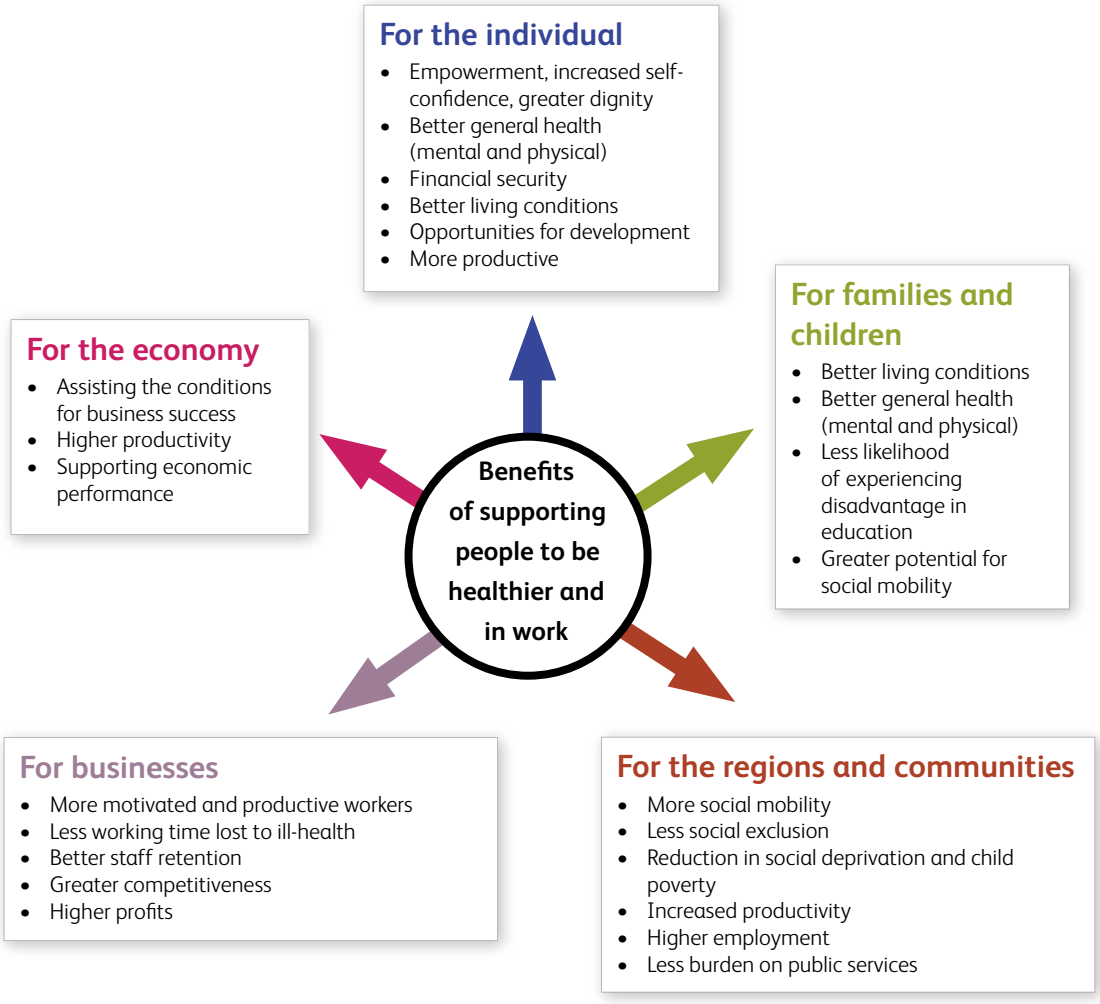
In good times or bad times, it is important that we support businesses to increase productivity and help those who are most excluded, vulnerable or far from the labour market to realise their and businesses' full potential. We cannot be complacent about personal hardship and lost opportunities to employers and society at large that would result from failing to embrace this agenda.

We are committed to building on what we have already achieved in terms of improving the health and well-being of the working-age population, rising to the challenges that the Black Review describes, and working to ensure that everyone can enjoy the benefits work brings.

How work benefits everyone

Supporting people to be healthier and in work, as the following diagram shows, benefits everyone.

Figure 1.1 – Benefits of supporting people to be healthier and in work



Improving health and work helps us realise many of our wider social policy aims. It underpins our drive towards greater equality, opportunity, fairness and social justice. In addition, contributing to better 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.

Improving health and work 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. The many positive relationships between our health, work and well-being agenda and wider Government objectives are set out in the following diagram:

Figure 1.2 – The links between the health, work and well-being agenda and Government's existing priorities

Working together on the health and work agenda

In view of the clear benefits of supporting people to be healthier and in work, and mindful of the enormous costs of ill-health and worklessness, we accept the need for further investment to protect and improve health and well-being and ensure that everyone can enjoy the benefits work brings.

However, we cannot achieve this alone. 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 do what we can to invest in, and benefit from, better health, greater financial security and a more productive workforce. We need to build a strong coalition of all those who have a part to play.

It is the responsibility of us all to realise the potential for truly life-enhancing jobs and a step-change in improved health and well-being. Work is central to our lives. Good jobs are good for health – and we know that good health is good for business too.

Moving the agenda forward

This response sets out what we will do and how, in partnership with others, we can work towards:

- creating new perspectives on health and work;
- improving work and workplaces; and
- supporting people to work.

In the following three chapters, we outline what we are already doing, our plans to achieve further progress and the roles our partners can play. Chapter 5 describes how we will measure progress using existing sources of information – and highlights areas where we will need to develop new sources. In the final chapter, we look ahead to our plans for taking this agenda to the next stage.

2
Creating new perspectives on health and work

Chapter 2 – Creating new perspectives on health and work

Summary

Evidence shows that, in general, being in work is good for health, and worklessness leads to poorer health. Despite the evidence, the belief that we should always refrain from work when we have a health condition persists.

In her Review, Dame Carol was clear that we could do more to promote the health benefits of work to individuals, employers, healthcare professionals, society and the economy. We agree, and this chapter sets out our response to this challenge. Our plans include the following key initiatives:

Electronic 'fit note'

A new electronic 'fit note' will replace the current medical certificate, and help GPs switch the focus of their advice to what people can do rather than what they cannot. The changes will improve the flow of information between employers, individuals and GPs.

A National Education Programme for GPs

This programme will improve GPs' knowledge, skills and confidence when dealing with health and work issues and will enable them to adapt the advice they give to help people stay in or return to work.

Health, Work and Well-being Co-ordinators

The Co-ordinators will stimulate action on health, work and well-being issues in their areas, offering advice and support to help local partnerships and engagement with smaller businesses in particular.

National Centre for Working-Age Health and Well-being

The Centre will form an independent, authoritative body providing a range of core functions related to the health and well-being of working-age people. These will include: the gathering and analysis of data enabling the identification and monitoring of trends; and helping to determine the impact of interventions and initiatives. The Centre will identify evidence gaps and encourage research to close those gaps.

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.

Only by doing this will we create a society where work contributes to improved health and well-being, and where everyone has the opportunity to participate in work and reap the benefits.

Everyone should base their choices and actions on the knowledge that work can promote health and working can help you get better.[4] But there is a gap between the growing body of evidence that demonstrates the positive benefits of work on health and the public perception that work may impede recovery. We need to challenge two commonly held beliefs: that you must be off work to recover fully from illness; and that health conditions and impairments are inevitably barriers to employment. These beliefs can sometimes be reinforced by employers and by healthcare professionals who may consider that giving advice to refrain from work is part of their duty of care.[5]

However, it is not easy to change beliefs and it takes time for new attitudinal and behavioural norms to develop. People need to be convinced that there are benefits in thinking differently about the relationship between work and health. People need to be persuaded that there are many small steps they can take that will make a great difference to the quality of their own and other people's working lives.

We want the benefits that being in work bring to health and well-being to become a 'for granted' part of our values. We are much more likely to achieve this if we actively engage people, employers, healthcare professionals, service providers, and all parts of Government so we share this understanding and are working together to achieve the same goals.

[4] Waddell, G. and Burton A. K, (2006). *Is Work Good for Your Health and Well-being?*. TSO.

[5] Wade, D.T. and Halligan P.W. (2004). *Do Biomedical models of illness make for good healthcare systems* BMJ Vol. 329; Mowlam, A. and Lewis, J. (2005). *Exploring how General Practitioners work with patients on sick leave: a study commissioned as part of the Job Retention and Rehabilitation Pilot Evaluation*. DWP Research Report 257; Pires, C., Kazimirski, A., Shaw, A., Sainsbury, R. and Meah A. (2006). *New Deal for Disabled People Evaluation: Eligible Population Survey, Wave Three*. DWP Research Report 324.

This chapter sets out our plans to:

- work with healthcare and other professionals to help them provide the best advice on health and work to individuals and their employers;
- spread the message on the positive interdependence of health and work, and the steps we can take to improve our well-being; and
- strengthen the evidence base and share evidence more effectively.

Supporting professionals to provide the best advice on health and work

In 2008, leaders of many professional bodies and educational establishments signed the Healthcare Professionals Consensus Statement on health and work. They pledged to work with Government, other healthcare workers, the voluntary sector, employers and trades unions to promote and develop ways of supporting individuals to achieve the socio-economic and health benefits of work. They also made a commitment to educate the healthcare community, employers and others about the benefits that work can provide.

We are committed to supporting all professionals working in this area to achieve these goals. We are, therefore, changing the current 'sick note', enhancing training and skills for professionals, and developing guidelines, standards and accreditation systems.

Improving communication between General Practitioners, individuals and their employers

Part of how we can help healthcare professionals and employers support individuals is to ensure that the medical certification system facilitates the flow of sound and helpful information to support people to work.

GPs are typically the first healthcare professionals that people encounter when they are off sick from work. The advice and support they provide can be pivotal when people are making decisions about whether or not they should return to work.[6]

[6] Mowlam, A. and Lewis, J. (2005). *Exploring how general practitioners work with patients on sick leave: a study commissioned as part of the Job Retention and Rehabilitation Pilot evaluation.* DWP research report 257; Kemp, P. and Davidson, J. (2008). *Routes onto incapacity benefit: findings from a follow-up survey of recent claimants.* DWP research report 516.

Many GPs want to be able to provide more helpful advice to their patients and their employers. Equally, many employers want to help their staff return to work as soon as it is appropriate for them to do so.[7] However, the current medical certificate does not readily provide employers or individuals with the information needed to help someone return to work.

The current format simply asks a GP to record a diagnosis, and indicate whether or not an individual should or should not work, turning fitness for work into a black or white decision.

To help address this issue, we are looking to make changes to the current system of medical certification. We have engaged with a broad spectrum of stakeholders, including representatives from health professions, employer organisations and trades unions to seek their views on revising the medical certificate.

We have developed a new '**fit note**' that will help employers and individuals have better access to timely information about when and how to return to work. The revised form is more user-friendly, simpler to complete and supports GPs to provide the best advice to their patients on fitness for work. It will also help employers consider whether an earlier return to work can be accommodated in the workplace and how this might be achieved.

We have tested a draft of the revised certificate with over 500 GPs from across Great Britain representing a range of practice types, sizes and settings. Building on the evaluation findings, we will consult formally on the regulations required to change the certificate early in 2009. We intend to introduce a revised medical certificate later that year.

As part of her Review, Dame Carol also recommended that we replace the current, paper-based, medical certification system with an electronic one. The paper-based system is onerous and makes it difficult for GPs to audit their clinical practice in this area and give advice to patients on returning to work. We agree and are committed to rolling out an electronic certificate across Great Britain.

We are currently testing electronic certification in Wales and lessons learnt will be used to inform wider national roll-out. We are also exploring whether we can introduce the new 'fit note' and electronic format simultaneously.

[7] ABI/Greenstreet Berman Ltd. (2006) *Improving health at work: employers attitudes to occupational health*; ABI. Nice, K. and Thornton, P. (2004). *Job Retention and Rehabilitation Pilot: employers management of sickness absence*, DWP research report 227.

Education and training for General Practitioners and Nurses

Many GPs have said that they have received little or no training on health and work issues, either as part of their undergraduate or postgraduate training or as part of their continuing professional development,[8] and is an area they find challenging. There are many factors that can influence GPs' certification practices, not least their own health and recovery beliefs, views on the financial benefits of work for certain patients, and their knowledge of the support available for people at work and through public, private and voluntary sector providers. Some GPs say they lack confidence in addressing the health benefits of work with some patients, especially those who report problems at work such as bullying or stress, or who may move onto, or already receive, welfare benefits.[9]

We have been working in partnership with the Royal College of General Practitioners (RCGP) to improve GPs' knowledge, skills and confidence when dealing with health and work issues, and signposting additional means of support. Following the successful piloting of this **National Education Programme**, we will be making it available from April 2009 to all GPs practising in Great Britain.

Some GPs taking part in the pilot to develop the National Education Programme said:[10]

"It's the first time in my entire training I've had anyone talk to me about this subject. It's something some of us do every day, all of us every week."

"I have realised the negative impact being off sick has on health and mental well-being. I have been more active and positive trying to encourage return to work."

"It has given me more confidence in persuading patients that it is in their best interests to try working."

8 Chang, D. and Irving, A. (2008). *Evaluation of the GP Education Pilot: Health and Work in General Practice*. DWP Research Report 479.

9 Hiscock, J. and Ritchie, J. (2001). *The role of GPs in sickness certification*. DWP Research Report 148; Mowlam, A. and Lewis, J. (2005). *Exploring how General Practitioners work with patients on sick leave: a study commissioned as part of the Job Retention and Rehabilitation Pilot Evaluation*. DWP Research Report 257; Marks, R. Sheils. C. and Gabby, M. (2006). *The influence of the GP and patient gender interaction on the duration of certified sickness absence*. Family Practice Vol. 23; Nice, K. (2008). *Changing perceptions about sickness and work: judging capacity for work and locating responsibility for rehabilitation*. Social and Public Policy Review Vol. 2 No. 2.

10 Chang, D. and Irving A. (2008). *Evaluation of the GP Education Pilot: Health and Work in General Practice*. DWP Research Report 479.

This complements a range of programmes to improve the training of GPs and other healthcare professionals on health, work and well-being issues (see box below).

We are working with the Faculty of Occupational Medicine (FOM) and the Royal College of General Practitioners (RCGP) to develop a competency framework and modular syllabus on health and work issues for GPs who wish to increase their knowledge of occupational health. The training will be delivered through a variety of methods, including online and by academic centres, and will be available from 2009.

The Black Review recommended the development of a register of GPs with an interest in health and work, and we are pleased that the Society of Occupational Medicine (SOM) in association with FOM and RCGP have committed to developing a web-based resource to provide advice and support for GPs with a particular interest in this area. This resource will back up the training initiatives for GPs.

We have also developed, in partnership with the Royal College of Nursing, an online learning module designed to give all nurses an understanding of the relationship between health and work and the role they can play in supporting patients of working age to return to work following illness or injury.

Improving practice across professional and practitioner communities

As well as GPs and nurses, a wide range of people with different qualifications and skills deliver services that can help protect and improve the health and well-being of working-age people. Some work across the whole arena of health and work; others practise in part of a speciality. Each group has its own skills and each makes an important contribution.

We will help all professionals working in the area acquire and share new skills and competencies to achieve functional and work-related outcomes. We know that joint training programmes can facilitate inter-professional collaboration, the exchange of information, and help develop trust-based networks.[11]

[11] Ennals, R. (2002). *Warner Lecture, British Occupational Hygiene Society: Partnership for Sustainable Healthy Workplaces.* Annals of Occupational Hygiene. Vol. 46 No. 4; Nuata, N. Weel, A. Overzier, P. and Von Grumbkow, J. (2006). *The effects of a joint vocational training programme for general practitioner and occupational health trainees.* Medical Education Vol. 40 issue 10.

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 training will equip them with the knowledge and skills to enable them to play a more active role in the management and promotion of health in their workplaces.

In addition, we are supporting a representative group of professional bodies who plan to create a co-ordinating Council for Occupational Health. This will provide leadership and develop a common purpose for all the relevant professionals working to improve the health of the working population.

Council for Occupational Health

The initial aims of this multi-disciplinary representative group of professional bodies are to:

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

This ensures that each professional group working to improve the health of the working population adopts these and works consistently to agreed evidence-based advice on key issues.

It will facilitate the sharing of skills and expertise by gaining consensus and agreement across the professions and practitioner communities for core content for education and training in health, work and wellbeing issues.

Improving guidelines and standards

Developing clear guidance and quality standards for individual care and support services will encourage improved standards across all providers that have an interest in achieving health and work outcomes, and will help people know more about the quality of support they should expect.

To help doctors and their patients we have supported the development of a series of leaflets by the Royal College of Surgeons of England, to fill a current information gap that many patients experience following an operation. The leaflets give sound and straightforward advice on what patients could expect during recovery. Initially piloted for seven common operations, the leaflets offer a simple 'traffic light' system to encourage steady progress back to everyday activities, 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) currently produces guidelines on medical and public health interventions[12] and the NHS Plus[13] Clinical Effectiveness Unit currently produces guidelines on occupational health conditions and interventions.[14]

We have agreed with NICE that their public health guidelines should include work-related outcomes. We will encourage NICE to consider work outcomes in clinical guidelines. NICE and NHS Plus have also agreed that they will work together to align the guidelines they produce.

Furthermore, the development of 'joined-up' guidelines will be encouraged by the production of agreed common standards for both individual care and service delivery. Standards will help service users access services with confidence. The Government supported the recent establishment of the UK Vocational Rehabilitation Council which is developing common standards for the delivery of services to help people return to or remain in work. The Vocational Rehabilitation Standards will provide guidelines that define the principles and practices expected of service providers and practitioners. A draft set of standards went out for consultation in October 2008.

The Council for Occupational Health will work closely with the Vocational Rehabilitation Council to develop supporting evidence-based standards for care and support across those professions working to improve the health and well-being of the population. These standards will cover both protection and promotion of health at work.

12 http://www.nice.org.uk/

13 NHS Plus is a Department of Health programme to support and coordinate the occupational health services provided to employees within the NHS and that encourages NHS occupational health staff to provide services to SMEs.

14 http://www.nhsplus.nhs.uk/web/public/default.aspx?PageID=332;

As part of the NHS Next Stage Review[15], the vision for primary and community care services is now being implemented, an element of which is the Transforming Community Services programme. This includes vocational rehabilitation. The programme seeks to identify the most effective ways of working.

A national accreditation system

The production of agreed common standards will also facilitate the development of an accreditation system for health, work and well-being services.

Some employers have effective in-house occupational health support. There are also various charitable, voluntary and private sector providers delivering occupational health services and services to facilitate rehabilitation and return to work. However, many employers, particularly small and medium-sized enterprises, find it difficult to assess the quality of the support on offer and whether this will meet their needs.[16] We believe, therefore, that there is a strong desire for some form of national accreditation system across occupational health and vocational rehabilitation services.

The Faculty of Occupational Medicine has started discussions on the form such a system might take. We are committed to funding a project to support the delivery an accreditation system for occupational health services and support its first year of operation.

Spreading the positive message on health and work

It is not enough to support the professionals and service providers and ask them alone to convey the messages about the positive relationships between health and work. Wider public recognition of the importance of this relationship will help stimulate action. Social marketing has a long, proven track record and puts detailed knowledge of motivations and behaviours at the heart of the development of methods for communicating information to achieve and sustain change.[17]

15 *High Quality Care for All - NHS next stage review final report* (2008) Cm 7432

16 Institute of Occupational Medicine. (2002) *Survey of Use of Occupational Health Support*. HSE Contract Research Report 445; FSB. (2006). *Health Matters: The Small Business Perspective*; IES. (2008). *What are smaller businesses doing to protect the health and welfare of their staff*. HSE Research Report (forthcoming).

17 Stead, M., Gordon, R., Angus, K. and McDermott, L. (2007). *A systematic review of social marketing effectiveness*. Health Education Vol. 107 No.2; Knott, D., Muers, S. and Aldridge, A. (2008). *Achieving Culture Change: A Policy Framework*. Cabinet Office Strategy Unit. Further information on social marketing is at http://www.nsms.org.uk/

We have commissioned a study to scope the most effective way to get the messages across to different audiences. We will develop tailored messages for employers, healthcare professionals, trades unions and individuals, taking full account of people's diverse circumstances, including those of people with limited resources who often feel least able to make changes. Some of the messages may be new and may challenge conventional wisdom. This study will help us develop a strategy that makes the messages meaningful to different audiences and empowers people to act on this knowledge. It will report in spring 2009.

Championing action at a local level

Answering Dame Carol's recommendation that we should do more to lead and support local health and work activity, we will provide start-up funding for **Health, Work and Well-being Co-ordinators** in the English regions and in Scotland and Wales. 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.

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. Theirs 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 wellbeing infrastructure.

Public health initiatives

In partnership with a number of employer associations, (including those representing small and medium-sized enterprises), trades unions and others, we have developed other initiatives to take health messages into workplaces across England and promote the positive links between health and work during 2009, as illustrated below.

Examples of our public health initiatives include:

Alcohol Awareness at Work

We have developed a campaign to promote alcohol-unit awareness, building on the Department of Health's existing general public health campaign. We are piloting the campaign with local authority and NHS staff in Southampton with the intention of rolling it out to all workplaces in England in late 2009.

Preventing Chronic Obstructive Pulmonary Disease

We are developing a communications strategy for Chronic Obstructive Pulmonary Disease (COPD) (a condition that includes chronic bronchitis and emphysema) that will be rolled out from early 2009. The strategy aims to raise awareness of the risks of lung damage from smoking and/or from occupational exposure to dusts, vapours, gases and fumes that can cause COPD and to reduce the number of people who are at risk. It links core health and safety steps that people can take in high-risk industries with messages on the positive association between improving working practices and having a healthy, active and fulfilling life.

Smoking Cessation

Nearly half of all smokers in England are in routine or manual occupations. We have developed a marketing and communications campaign geared to achieve maximum impact on smokers from routine and manual groups and encourage them to stop smoking. Work is also underway to modernise and improve NHS stop-smoking support and increase access for smokers from these groups.

Tackling obesity

In *Healthy Weight, Healthy Lives,*[18] we made a commitment to work with employers and employer organisations to develop pilots exploring how employers can best promote wellness among their staff and make health at work part of their core business model to help reduce obesity. In addition, Change4life is a new movement, with an initial focus to improve children's diet and activity levels, which we are encouraging employers to support.

Healthy Eating

We will pilot a new Healthier Food Mark for public sector organisations during 2009.[19]

[18] *Healthy Weight, Healthy Lives: a Cross-Government Strategy for England*. Department of Health, 2008. www.dh.gov.uk/obesity

[19] *Food Matters: Towards a Strategy for the 21st Century* – www.cabinet-office.gov.uk/strategy/

Changing people's perceptions of poor mental health

At any one time, one in six adults have mental health conditions, and a further sixth will experience symptoms associated with poor mental health, including problems with sleeping, fatigue, irritability and worry. An increasing number of people report that work causes stress or makes it worse.[20] We have identified things that we can do quickly to address negative perceptions of mental health and help promote positive attitudes and behaviours towards mental health at work.

We will improve the fit between our campaigns to improve mental-health 'literacy' among the general public (for example, Action on Stigma) and those that aim to change employers' perceptions and the attitudes of people at work (for example EmployAbility). We will develop closer links with complementary campaigns outside the Government. By aligning these campaigns we can maximise their impact and increase the visibility of positive mental health messages at work.

Changing attitudes towards disabled people and 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. We are, until March 2009, running a series of 'expert employer panel' events that give employers the opportunity to share good practice and help us develop an employer 'agenda for change' to help increase employment opportunities for disabled people.

Changing aspirations of children, young people and families

Public health initiatives are only one means of persuading people of the health benefits of work. A range of influences create and reinforce our attitudes and values: parents, friends, colleagues and the communities we live, work and socialise in.

Schools are an important place where we learn about ourselves and our aspirations as well as the expectations of others, not only through the curriculum, but also through interactions with other children and adults.[21] There are established links between learning achievement, health and future work outcomes for children and young people.

20 Mind Fact Sheet. Statistics 1: How Common is Mental Distress http://www.mind.org.uk/Information/Factsheets/Statistics/Statistics+1.htm/; Labour Force Survey 2006/07 http://www.hse.gov.uk

21 Knott, D. Muers, S. and Aldridge, A. (2008). *Achieving Culture Change: A Policy Framework*. Cabinet Office Strategy Unit.

Our National Healthy Schools Programme is designed to help schools in England, particularly in disadvantaged areas, work with children and young people, parents and the wider community, to promote the positive links between health, well-being, behaviour and achievement, and improve the physical and emotional well-being of children. Some 97 per cent of schools in England are already participating in the programme and 68 per cent have achieved National Healthy School Status.

We are also developing a new National Healthy Further Education initiative that will extend the principles of the National Healthy Schools Programme to young people and adults, many of whom are from more deprived areas. It will also support the initiatives on health and well-being that are already being undertaken locally by some colleges.

The National Healthy Further Education initiative will include an online self-assessment process to benchmark current activity; the development of a network of expertise and partnerships between colleges, health and community services; and a web portal providing tools, guidance and good practice examples. The first phase of the programme will be launched in autumn 2009. The second phase will explore demand and the options for creating a national standard or quality mark for healthy colleges that could be implemented by 2011.

Strengthening the evidence base and better sharing of evidence

Dame Carol identified the importance of gathering and analysing good quality data at national, regional and local level to inform the development of policy and the commissioning of services related to the health of working-age people. Likewise, she acknowledged the need for research to strengthen the evidence-base and the importance of promoting evidence-based knowledge of the most effective interventions.

There is currently no authoritative body focusing on the issues associated with the health of the working-age population in Britain. The data we have on that population are inadequate for our needs; there are significant and critical gaps in the evidence; and the dissemination of evidence-based guidance and best practice is inconsistent. To address this, we are creating a **National Centre for Working-Age Health and Well-being**.

National Centre for Working-Age Health and Well-being

This will be an independent, authoritative body which will have the following core functions:

- An observatory to gather and analyse data at national, regional and local level. This will allow the identification and monitoring of trends in the health of the working-age population (including the full spectrum of mental health issues) and help determine the impact of interventions and initiatives.
- Identification of critical evidence gaps, influencing and encouraging those who conduct research and research funding bodies to undertake the necessary research to address those gaps.
- Creating an authoritative source of guidance on evaluation of health and work interventions and encouraging those undertaking such interventions to be robust in their evaluations.
- Encouraging the development and promotion of evidence-based guidelines to inform and improve practice and identification and sharing of best practice.
- Enhancing communication and joint initiatives among all those involved in the area of generating and evaluating evidence on the health and well-being of the working-age population.

In addition, the Centre may develop health and work resources and expertise of a specialist nature which may not be available through organisations with a more local focus.

We believe the Centre will allow the development of a much better understanding of:

- the various drivers that impact upon the health of the working-age population; and
- the interventions which improve outcomes.

This will allow the development of robust policies and initiatives which will bring about significant and sustained improvement.

It is our belief that the most cost-effective way of establishing the Centre will be to site it within an existing establishment with suitable infrastructure, perhaps with a core team and a network of remote partners. We will shortly announce our plans for commissioning and hope to establish the Centre during 2009.

Improving the academic occupational health base

Dame Carol expressed concern about the shrinking academic occupational health base in the UK. We accept the need to reconsider the role of academic occupational health in its broadest sense and its contribution to improving the future health of the working-age population.

The Government's Chief Scientific Adviser has asked the UK Research Base Funders' Forum to consider this issue. It has agreed to scope this problem further, in particular the demand for occupational health courses and research, to establish whether or not demand has declined and whether or not supply is responding effectively to demand, and why this may be the case.

3
Improving work and workplaces

Chapter 3 – Improving work and workplaces

Summary

We want everyone to enjoy the benefits of health and fulfilling work. While we have achieved much in recent years, we can do more to support employers to ensure workplaces are healthy and safe, promote the well-being of their workers, and facilitate a return to work when people develop a health condition or impairment.

In her Review, Dame Carol set out a number of recommendations to support employers in creating workplaces which are accommodating and safe. This chapter sets out our plans to address her recommendations, including the following key initiatives.

The Business HealthCheck tool

The Business HealthCheck tool will enable businesses to estimate the costs of sickness absence, turnover, worker ill-health and injury in their organisation; enable employers to identify the savings that could be generated by investing in health and well-being programmes; and help them measure the return on investment.

National Strategy for Mental Health and Employment

The Strategy will bring employment and health services closer together, support employers and healthcare professionals and tackle issues such as stigma and discrimination.

Further NHS Plus development

This expansion will allow NHS Plus to continue to work with others to further develop clinical and occupational health standards, and to further test and promote the most innovative ways of offering NHS Plus occupational health services cost-effectively to SMEs.

Occupational health helpline for smaller businesses

The development of an occupational health telephone helpline will offer help to smaller businesses by providing business-hours access to professional occupational health advice for individual employee health issues (including mental health).

A challenge fund

The challenge fund will encourage local initiatives that improve workplace health and well-being, through innovative approaches which ensure worker engagement.

Summary (continued)

A review of the health and well-being of the NHS workforce

This review of the NHS workforce will consider the evidence for where the priorities for whole system improvement should be and recommend action that will enable local delivery.

From changing attitudes to change at work

In Chapter 2, we set out our plans for a fundamental change in attitudes towards health and work. But changing perceptions and attitudes will not be enough.

We know that the workplace itself can play a role in promoting employee health and well-being, minimising avoidable ill-health, and increasing the chances of a speedy recovery and return to 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.

In recent years, we have seen improvements in the way that workplaces actively promote health and well-being.[22] We know that such activities can have a direct positive impact on an employer's bottom line but, even with a clear business case, we have more to do to encourage more employer action. 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. For larger organisations, we can influence planning and investment. However, smaller organisations need more direct support.

There is no clear boundary between safety-related issues on the one hand and health and well-being issues on the other. We need to ensure that workplaces support individuals across this spectrum, from identifying and managing risk, through supporting those with health conditions, to improvement in overall health and well-being. Only by taking such an 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.

[22] Work Foundation. (2008). *Survey of businesses on Good Jobs: A survey undertaken on behalf of HSE and HWWB*; Kersley, B., *et al.* (2005). *Inside the workplace: first findings from the 2004. Workplace Employment Relations Survey* (WERS 2004). Crown copyright/ESRC.

This chapter sets out our plans to:

- put in place measures to help businesses readily identify and quantify the real cost of ill-health to their bottom line in a way that businesses (large and small) understand;
- give businesses, in particular small and micro-firms, access to the advice and support they need to better promote health and well-being; and
- further promote safe, healthy and supportive workplaces.

Helping businesses identify and quantify the costs of ill-health

The Confederation of British Industry (CBI) estimates that the cost of sickness absence to UK employers is approximately £13 billion per annum.[23] Yet while some businesses understand that there is an economic case for investing in the health and well-being of their workforce, others do not fully recognise this.

A new tool to quantify the costs of ill-health

Clearly, if we are to encourage investment in health and well-being measures, businesses need to understand better the costs of inaction. In July 2008 we launched the **Business HealthCheck tool**. This enables businesses to estimate the costs of sickness absence, turnover, worker ill-health and injury in their organisation and identify the kinds of benefits and savings that could be generated by investing in health and well-being programmes.

To date over 1,000 organisations in the private and public sectors have downloaded the tool and are testing it. Early feedback is encouraging.

"The Business HealthCheck tool is a valuable aid to developing a more cost-effective health and well-being programme. Using standard HR indicators, you are able to quantify health-related operational costs, plan your health and well-being interventions and measure the benefits for your business. This is a great tool for other organisations wishing to take an intelligent approach to promoting their employees' physical and mental health."
Nigel McIlwaine, Group Finance and HR Director, Foyle Food Group: a medium-sized enterprise. Recipient of the Business in the Community 2008 'Big Tick' award for its company *Health and Well-being Programme*.

[23] CBI/AXA. (2008). *At work and working well? CBI/AXA absence and labour turnover.*

However, we also recognise that there is more we can do to improve the tool. We will be working in partnership with Business in the Community to offer practical advice to businesses who want to use it and, in the light of feedback from organisations already testing it, we will develop and improve the tool in the coming months.

Putting health and well-being on the board agenda

As we noted in the Next Stage Review, published in the summer of 2008,[24] we are working with Business in the Community to ensure that 75 per cent of FTSE 100 companies report on their employees' health and well-being at board level by 2011.

Troubleshooting problems

In addition to estimating the costs of ill-health, using the Business Healthcheck tool, businesses need to be able to identify where problems are occurring. To assist employers, Investors in People (IiP) has developed an online self-assessment tool which is suitable for use by either line managers or owners. It provides an overview of the health and well-being issues in their workplaces, reviews how their organisations currently support the health and well-being of the workforce, and identifies what they are doing well and where they need to take further steps.

To support employers using this tool, the Department of Health, in partnership with IiP UK, has developed a health and well-being element for the existing standard – 'The Health and Well-being Framework' – which will help businesses address absenteeism. The Framework has already been tested by 200 organisations, including Unison, Scottish Provident, The Royal Liverpool Children's NHS Trust and Peterborough City Council, which comprise more than 100,000 employees. It will soon enter a final pilot stage.

Offering advice and support to enable businesses to help themselves

Even when the cost of ill-health at work is known and understood, many organisations, especially smaller ones, do not find it easy to tackle the issue in their workplaces. We agree with the Black Review that the Government should facilitate practical support, especially for SMEs, to address the health and well-being of their staff. So, as we provide employers with the means to understand the cause and impact of avoidable overheads related to ill-health, we will also give more practical support and guidance on the steps they can take.

[24] *High Quality Care for All. NHS Next Stage review final report* 2008. Cm 7432.

Addressing the needs of small and medium-sized enterprises

Small businesses face particular challenges. They may be too small to have in-house human resources or occupational health services and may feel they do not have the time or resources to tackle health and well-being issues before problems emerge. Dame Carol noted the disproportionate impact of ill-health absence on small businesses: this sector, more than any other, will need support to achieve better health and well-being outcomes for its staff. This, therefore, is where we have focused our resources.

NHS Plus is a network of 115 occupational health providers across England delivering services to NHS employers and their staff. 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. To develop this work, and spread good practice through the NHS Plus network, we will fund the **NHS Plus programme for a further three years**. The programme will also take forward work with others on clinical and occupational health service standards, as we mentioned in Chapter 2.

While NHS Plus has provided support to larger SMEs, we have had less success in addressing the occupational health needs of small and micro-businesses. To complement NHS Plus, we will pilot a **national occupational health telephone helpline** for employers in this group. Smaller enterprises need access to direct support. While literature and web-based help can provide a good starting point, we know that these managers want tailored advice to deal with individual problems. To meet this need we plan to test a new service. This will offer help when something goes wrong by providing business hours access to professional occupational health advice for individual employee health issues (including poor mental health).

Recognising that local partnerships and business networks are best placed to assess local business needs, we will invite them to bid for funding to design, market and deliver access points or 'gateways' to the national occupational health telephone helpline. The local gateways will signpost employers to other local services and support, as well as acting as the entry point to the helpline. This service will be piloted from summer 2009 and will last for two years. We expect to test the take-up of 'fee' and 'free' variants.

The Black Review recommended a business-led health and well-being consultancy service. We will consider the case for such a service once we have evaluated the two-year Workplace Health Connect pilot service (early in 2009[25]) and considered fully the impact of measures set out in this Response. We will also take account of lessons from advisory services in Scotland (Scottish Centre for Healthy Working Lives) and Wales (Workboost Wales).

Tackling stress and poor mental health

The Black Review highlighted the extent to which stress and poor mental health contribute to absence from work. The Royal College of Psychiatrists' companion review, *Mental Health and Work,*[26] concluded that poor mental heath costs Great Britain more than £40 billion a year and that ignorance, stigma and discrimination are major obstacles to the employment prospects of people who have or develop poor mental health. 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 recently launched Foresight report on mental capital and well-being[27] has also underlined the fact that poor conditions in the workplace can cause stress and make poor mental health worse, and so limit the benefits of working. The report contains some suggestions for employers to help them foster work environments that are conducive to good mental well-being and the enhancement of mental capital.

These findings build on what we already know: that employers and managers benefit from tailored and easily accessible advice and guidance.[28] In particular, they want more guidance in managing stress in the workplace, more help with supporting people with common mental health conditions (such as depression and anxiety), and more help in finding practical solutions for the smaller number of people with more complex needs.

25 Workplace Health Connect Evaluation is being undertaken by IES – Institute for Employment Studies.

26 Royal College of Psychiatrists (2008) Mental health and work report available on www.workingforhealth.gov.uk

27 Government Office for Science. (2008). *Foresight Mental Capital and Well-being Project (2008).* Final Project report. *Making the most of ourselves in the 21st Century*.

28 DTI. (2004). Shared Human resource pilots. Final report.
DTI. (2004). A government action plan for small businesses making the UK the best place in the world to start and grow a business: The evidence base.

To improve access to guidance and advice on best practice for employers and their intermediary support organisations, we will pool existing resources into one easily accessible central resources hub. We will work with the Businesslink and Directgov platforms to position this support to reach the widest audience, including local business advisers, Chambers of Commerce, Federation of Small Business, CBI, Business in the Community, and employment support providers.

We will also do more to promote uptake of the Shift campaign's highly-regarded Line Managers' Guide. This provides practical advice on how best to support staff with poor mental health.[29]

Increasingly, employers and employees cite 'stress' as a cause of ill-health in the workplace. We recognise that we need to reach as many employers and managers as possible to equip them with the tools and skills to tackle the causes of work-related stress.

To facilitate this, the Health and Safety Executive (HSE) is working in partnership with the Institute of Directors, CIPD, ACAS and others to promote the HSE's Management Standards for work-related stress more widely.

These Standards are underpinned by a robust research base[30] to help businesses simplify risk assessments for stress, identify how they can work in partnership with employees and their representatives to address the issue, and provide a benchmark by which organisations can gauge their performance in tackling the root causes of stress. Our aim is to work with others to help produce consistent guidance for employers that is practical, easy to understand and accessible. A new work-related stress website**,** to be launched by spring 2009, will offer just such guidance and point users both to BERR's 'Flexible working and Work-life balance pages' and from there to the Business Link and Directgov websites.

Creating safe, healthy and supportive workplaces

Set out above are the measures of support we will put in place to help businesses, particularly small and micro-firms address specific health and well-being issues. However, we also know that there is more that employers can do to ensure that every workplace has in place the fundamental elements of good health, safety and well-being management.

29 The Shift campaign is an initiative, funded by the Department of Health (DH), that tackles mental health-related workplace stigma and discrimination. The Line Managers' Guide is available on the Shift website (www.shift.org.uk) which provides practical advice and guidance for employers on ways to manage mental health conditions at work.

30 Cox *et al.* (2000). *Organisational interventions for work stress: a risk management approach.* HSE CRR 286/2000. Rick *et al.* (2002). *Review of existing supporting scientific knowledge to underpin standards of good practice for key work-related stressors.* Phase 1 HSE. RR024. Yarker *et al.* (2007). *Management competencies for preventing and reducing stress at work.* HSE Research Report 553.

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

Creating the right environment for health and well-being to thrive depends upon the knowledge and skills of managers and the backing of employers/owners. We know that line managers have a direct impact on the health, safety and overall well-being of their staff through their behaviours.[31] That is why it is so important that they have the necessary competencies and skills to be effective.

We want to ensure that all businesses, regardless of size or sector, understand the necessity of good management skills and practices that will promote positive behaviours and create healthy workplaces. We want to disseminate (in partnership with others[32]) 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 part of a cross-government package of support, we are placing particular priority on supporting SMEs, whom we know will benefit more from our interventions. The new SME package announced by the Department for Innovation, Universities and Skills in October 2008 means that, in addition to the core Train to Gain offer available to all, private sector employers with 5-250 employees can also now access funding for Leadership and Management training (previously this was only available for employers with 10-250 employees).

Promoting health, safety and well-being in the workplace

Bringing about better health, safety and well-being outcomes for workers and businesses will require employers, line-managers and workers to work closely together. Through advice and guidance we can show employers, owners and managers the steps to take to promote better worker health and well-being, and prevent ill-health and injuries caused at work. But we recognise that some businesses flout the law and put the health and safety of themselves, their staff and possibly others at risk. HSE will continue to work together with local authorities to target resources, according to risk, and to ensure that firm, targeted, consistent and proportionate enforcement of health and safety law is maintained.

31 Yarker *et al.* (2007). *Management competencies for preventing and reducing stress at work.* HSE Research Report 553.

32 Working in partnership with Advisory, Conciliation and Arbitration Service; Health and Safety Executive; Investors in People UK; Institute of Directors; Chartered Institute of Personnel and Development; Federation of Small Businesses, Business Link, Directgov and others.

It is important that those with a duty of care fully recognise their leadership role in promoting the health, safety and well-being of their workers. The Government is committed to promoting greater director 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 for directors and board members was published by the Institute of Directors (IoD)/HSE in October 2007 and sets out an agenda for the effective leadership of health and safety.[33]

We welcome HSE's plans to consult on a new Strategy for the Health and Safety System of Great Britain by the end of 2008. This will concentrate on key goals, including the competence of management to control the risks to health and safety created by their businesses, as well as making clear what the priorities for prevention of occupational ill-health might be and who is best able – both in terms of capacity and capability – to deliver them.

The role of trades union safety representatives

We also agree with Dame Carol that health, safety and well-being initiatives in the workplace will benefit from an extension of the role of safety and health practitioners and, where present, trades unions and safety representatives.

HSE will work with and support the TUC to encourage better involvement and training of safety representatives in health matters. As a starting point, the TUC has issued guidance to their health and safety representatives to promote better health at work. Further plans to enhance the training of safety and health practitioners are highlighted in Chapter 2.

Stimulating new approaches

Putting the fundamentals of health and well-being management in place will create a solid platform from which we can build healthy, safe and accommodating workplaces. But we are also keen to develop new and innovative ways to enhance employee health and well-being. Next year we will establish a **challenge fund**. This will encourage initiatives that improve workplace health and well-being as well as innovative approaches to better worker engagement. Our particular focus will be practical initiatives for mental health and well-being in smaller businesses.

[33] HSE and IoD produced leadership guidance for all directors, governors, trustees, officers and their equivalents in the private, public and voluntary sectors, which can be found at http://www.hse.gov.uk/leadership/index.htm

In Chapter 2, we outlined the role of the new Health, Work and Well-being Co-ordinators. We will ask the Co-ordinators to administer the challenge fund, in partnership with Regional Development Agencies and Government Offices (and their equivalents in Scotland and Wales). Building on existing business advice experience, each region will have the opportunity to tailor the challenge fund to its unique local requirements.

Leading by example

The NHS has the largest workforce in the country. Just as we expect private sector companies to test new and innovative approaches, so the Department of Health and the NHS will also look at what it can do for people who work in the NHS. The draft NHS Constitution (2008) pledges to keep its workforce healthy and safe, and in 10 pilot sites we are trying out new health and well-being programmes for frontline staff. The Department of Health is commissioning a **systemic review of how the health and well-being of the NHS workforce is supported**. It will look at the evidence for where the priorities for whole-system improvement should be and recommend action that will enable local delivery. It will reaffirm our commitment that good workplaces should exist for all the NHS workforce.

Public sector managers also need to have the competencies to address the health and well-being of their workforces. 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. As part of the emerging work in this area we will support a network of practitioners in 2009. In developing our consultancy and training services, we will consider the links between employee engagement and organisational health and well-being, and how both can contribute to the service transformation agenda.

The conclusions we draw will be used to update our services and the way we work with departments on an ongoing basis. In 2009/10, we will also contribute to the development of metrics showing the link between engagement and enhanced service delivery.

Across the public sector, we are keen to promote the health and well-being of our workforces. For example, we are developing web-based resources for school staff in England to help them identify the real risks in teaching environments and take sensible and proportionate action to address these when working with children and young people. This pack and a new resource booklet on mental health and well-being for school staff will be available on TeacherNet early in 2009 (www.teachernet.gov.uk).

The safety, health and well-being agenda is already well developed in the local government community, with some notable successes in the areas of sickness absence management, health and well-being initiatives, use of the HSE's Management Standards for work-related stress, and addressing mental health issues in teaching. Recent research indicates that 88 per cent of councils have introduced employee well-being programmes, and nearly two-thirds (64 per cent) use the Management Standards for work-related stress.[34]

[34] Local Government Sickness Absence Levels and Causes Survey: 2006-07, available at www.lge.gov.uk

The following are other examples of what Government, as an employer, is doing to support the well-being of its employees.

Cabinet Office policies to manage sickness absence include return-to-work interviews and casework support for line managers with staff on long-term sickness absence.

Communities and Local Government renegotiated its occupational health contract, to target support where sickness absence statistics suggest there are particular problems.

Innovation, Universities and Skills have provided all staff with lap-top computers to support home-working and videoconferencing is being used to reduce travel between the Department's London and Sheffield offices.

Department for Work and Pensions has an Employee Assistance Scheme that offers individual staff and managers a 24-hour service for advice and support on a range of issues, whether these are work-related, health-related, legal, financial or domestic. A new Well-being Framework has been established to promote positive changes to health and well-being while at work and includes a well-being toolkit, 'Askwell', accessible by staff both at work and at home.

Department of Health established a Health and Well-being Board and will shortly publish a Health and Well-being Strategy for all employees. We are working to encourage the employment of more people with mental health conditions and/or learning difficulties in the NHS.

Health and Safety Executive set up a managing attendance support team (MAST) to bring together best practice to tackle sickness absence.

Her Majesty's Treasury have appointed 'Treasury supporters' – these are staff trained to help colleagues cope with any problems that may adversely affect working life and so constitute an independent channel of support that complements team management and professional counselling services.

The Scottish Government has an Employee Assistance Programme that includes 'Wellbeingworks' which provides access to a comprehensive health information centre and to counsellors and specialist health and information consultants.

Welsh Assembly Government has occupational health provision that includes the occupational health team maintaining regular contact with the individual, line manager and HR Adviser during a period of absence. This often involves case conferences. Return-to-work programmes are monitored by the OH team.

4
Supporting people to work

Chapter 4 – Supporting people to work

Summary

It is in all our interests to do everything we can to support people with health conditions and disabled people to stay in, return to, or move into work. Chapter 3 set out our plans to support employers to achieve this goal. But we also know that there is more public services can do to meet the needs of these groups.

Providing early intervention services for the working population and helping those people who are inactive because of a health condition or disability find work are at the heart of the conclusions to Dame Carol's Review. This chapter outlines the plans we have to meet the challenges raised including:

Piloting early intervention services

A range of early intervention services will be piloted in 2009 and run until at least 2011. These will include: 'Fit for Work' service pilots; the embedding of Employment Advisers within the Improving Access to Psychological Therapies (IAPT) programme from early 2009; and the extension of the Pathways Advisory Service, which places Employment Advisers in GP surgeries, for a further three years.

The early intervention services will help individuals by making access to work-related health support more widely available. The 'Fit for Work' service pilots will provide case-managed, multi-disciplinary support and various models will be tested. All pilots will be comprehensively evaluated.

Access to Work

Changes to Access to Work will improve effectiveness, making the service as flexible and timely as possible and reaching more of the people who need it, particularly those who have fluctuating conditions.

Building a comprehensive system of support

Irrespective of the steps we all take to improve public health and to create healthy, safe and supportive workplaces, it is inevitable that some individuals will develop health conditions that may affect their ability to work in the short or longer term.

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. For many taking a short period of sick leave, with the expectation that they will soon be able to return to work, may be necessary. A few will need the support of the benefits system, but should recover from, or adapt to, their health condition or impairment and be able to return to work.

We know that being appropriately supported in employment is much better for people's well-being. Evidence shows that the longer people are out of work, the more likely they are to experience poor general physical and mental health, poverty and social exclusion and to have a poorer quality of life.[35]

Both Government and employers have a stake in ensuring that disabled people and people with health conditions are effectively supported to work. As we expect employers to do all they can to create supportive workplaces, so there is more we can do to ensure that public services help people return to work as soon as possible from sickness absence or after receiving health-related benefits.

This chapter sets out our plans to:

- run pilot schemes that support people to work;
- improve support for disabled people and those with fluctuating health conditions in work;
- work with employers to develop effective back-to-work action plans; and
- ensure the welfare system supports people to work wherever possible.

[35] Waddell, G. and Burton A. K. (2006). *Is Work Good For Your Health and Well-Being?* TSO.

Pilot schemes that support people to work

Many people return to work from a spell of sickness absence very quickly without any additional support. For some, however, a period of sickness absence may lead to a benefit claim. Last year, there were around 600,000 new claimants of incapacity benefits; around half of those people were in work immediately prior to their claim.[36] With appropriate support, many of these people would be able to remain in employment and enjoy the benefits to health and quality of life that this brings them, their families, and the neighbourhoods and communities in which they live.

We will, therefore, test a range of approaches to understand what services we can provide to help individuals remain in work or return to work as quickly as possible, preventing them drifting out of work because of physical or mental ill-health. We will evaluate these pilots robustly so they will help build the evidence base of what works. 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

At the heart of the Black Review was a recommendation to **pilot an early intervention, case-managed and multi-disciplinary 'Fit for Work' service**. By bringing together employers, healthcare professionals and wider 'social' services, such as housing, debt and skills advice, the service would help an individual on a period of sickness absence, including those with mental health conditions, return to work more quickly than would otherwise have been the case.

Ensuring rapid and effective intervention early in a period of sickness absence is key to ensuring that someone at risk of long-term sickness absence can go back to work. We agree with Dame Carol's analysis that there is more we can do here and we have accepted her recommendation to pilot 'Fit for Work' services in Great Britain. Indeed we committed ourselves to doing so through the NHS Next Stage Review[37] and the recent Green Paper on welfare reform *No one written off*.[38]

We know that many local strategic partnerships, including City Strategy consortia, across England, Scotland and Wales are already joining up and aligning their services with Dame Carol's broader vision.

36 Kemp, P. A. and Davidson, J. (2007). *Routes onto incapacity benefit: findings from a survey of recent claimants*. DWP research report 469.
37 *High Quality Care for All. NHS Next Stage Review final report*. (2008). Cm 7432.
38 Department for Work and Pensions. (2008). *No one written off: reforming welfare to reward responsibility*. Cm 7363.

We want to encourage and support these partnerships and others to develop their own effective services. To achieve this, we have set aside central government funds to 'pump-prime' pilot activity in local areas. This approach is underpinned by the following principles:

- an innovative approach – it is clear from the available evidence that delivering an effective return to work service is not easy; there is no one-size-fits-all model. To better understand what works, we want to work with local partners to test a number of different delivery models with the greatest potential for success;
- meeting the needs of the community – we are committed to ensuring that services and programmes are driven by, and meet, the specific needs of the communities they serve and help reduce health inequalities. They should be sensitive to the diverse needs of different people and take account of gender, age, sexual orientation, race, disability and religious beliefs; and
- working in partnership – we will support pilots that deliver partnership working between employees, their employers and healthcare professionals. We will encourage partners to take full account of the skills and services available in the private, public and voluntary sectors.

Many of the components that would underpin 'Fit for Work' service pilots are already funded and delivered across Great Britain. Our challenge is to work with local partners to ensure these are brought together in a seamless service focused on the needs of the working population.

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

We know that poor mental health is the main cause of absence from work. Around 40 per cent of people currently receiving ill-health benefits do so because they have mental health conditions.[39] We know that, with the right support, most of these people can be productive and fulfilled employees: their health status need not determine or undermine their employment chances.

[39] Mind Fact Sheet. Statistics 1: *How Common is Mental Distress?* http://www.mind.org.uk/Information/Factsheets/Statistics/Statistics+1.htm/; *Labour Force Survey 2006/07*. http://www.hse.gov.uk; Kesley *et al.* (2006). *Inside the Workplace: Findings from the 2004 Workplace Employment Relations Survey*.

We need to ensure that we design effective services to support individuals with poor mental health. Therefore, in addition to the broad range of services available under the 'Fit for Work' service pilots, we are piloting an intervention specifically focused on individuals with poor mental health.

In welcoming the Black Review we announced our intention to test integrated health and work support for people with poor mental health. 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.

These pilots are an opportunity to test the impact of early access to integrated health and work support for job retention and job outcomes more generally. We will work closely with the employment advice providers to learn which approaches are most successful in delivering the best outcomes for individuals and their employers.

Employment Advisers in GP surgeries

To provide appropriate advice at the point of care and an immediate referral route for healthcare professionals wanting to encourage their patients to think about the benefits of work we are testing, through our Pathways Advisory Service, the use of **Employment Advisers in GP surgeries**. People visiting a surgery or medical centre can be referred to an advice session with a Jobcentre Plus Adviser by their GP or they can ask for an advice session themselves from the Employment Adviser in the surgery.

This pilot is designed to test the impact of improving access to existing return-to-work services, including Pathways to Work, for people on a prolonged period of sickness absence or those on health-related benefits. The pilot also aims to establish whether it helps GPs to have an adviser in the surgery who can signpost their patients to a range of locally available work-related support. The pilot has been running since 2005 and, following early positive findings, from the initial pilot sites, we have committed ourselves to extending the pilot and funding for a further three years.

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

The steps that employers may need to take to help a disabled person start work or remain in employment are often much simpler and have a lower cost than many may think.[40]

The Access to Work programme provides funding to remove the practical barriers that may prevent a disabled person working on equal terms, where it would be unreasonable to expect an employer to meet these costs.

For example, Access to Work can help:

- 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.

In our recent Green Paper, *No one Written Off,* we set out proposals to double the current budget of £69 million by 2013/14. We will use findings from the evaluation of the Access to Work programme and the responses from the consultations on disability employment services and the Welfare Reform Green Paper proposals to ensure we improve the way that Access to Work funding is delivered. We want to make it as effective, flexible and timely as possible and to reach more disabled people who need it to seek or remain in work.

We have also been looking at how the system can be changed to better support people with fluctuating conditions. We are running a pilot to test a new form of support to help people with fluctuating mental health conditions remain in work. In partnership with MIND, a mental health charity, 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.

[40] Simm, C, *et al*. (2007). *Organisations' responses to the Disability Discrimination Action*. DWP research report 410; Needels, K. and Schmitz. (eds). (2006). *Economic and social costs and benefits to employers of retaining, recruiting and employing disabled people and or people with health conditions or an injury: A review of evidence*. DWP research report 400.

Back-to-work action plans

While we test what Government can do to support people to remain in or return to work when they develop health conditions, we are also keen to work with employers to help their employees make an effective return to work.

In our Welfare Reform Green Paper, *No one Written Off*, we set out our intentions to work with employers to agree back-to-work action plans with employees who are at risk of being absent from work for a long time because of a health condition. The plans would be implemented early in a sickness absence period to help individuals and their employers consider what steps each could take to help secure a swifter return to work. We have consulted on what the key features of an action plan might be through our Green Paper and we will be outlining our intentions in our forthcoming Welfare Reform White Paper.

Improving specialist disability employment programmes

We have also made a commitment to reform our specialist disability employment programmes. We want to replace our current suite of specialist programmes with a new single programme which will be more effective, customer-focused, and provide a greater emphasis on job-entry.

The new programme will move away from a 'one-size-fits-all' approach, and tailor services to meet individual customers' needs to help them move into and stay in work. It is our intention that, by taking a less prescriptive approach and creating better links between different elements of provision, we will be better able to meet individual needs for support at work.

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

While, for many people, returning to work is the best thing they can do for their long-term health and well-being, some will have conditions that make this impossible in the short term. They will need the support of the welfare system. However, we need to ensure that, once on benefits, people are still supported to return to appropriate work as soon as they are able.

Too often in the past, the welfare system has been passive and not provided sufficient support to help people with health conditions or disabled people to work. This reinforced many people's low expectations of the capabilities of disabled people and people with fluctuating health conditions, and encouraged a false perception that they could not hold down a job.

So we are reforming the system to ensure that people claiming incapacity benefits are given the active support they need to help them return to work. We have introduced:

- stronger legal rights, particularly through the Disability Discrimination Act, preventing discrimination against disabled people;
- New Deal for Disabled People (NDDP), which provides support and training tailored to the individual. Since 2001, this has helped over 170,000 people into employment;
- Pathways to Work, where people attend work-focused interviews and can receive a Return to Work Credit of up to £40 a week. They can also receive additional support to return to work through a Condition Management Programme. This has improved the chances of new benefit claimants being in work after 18 months by around 25 per cent; and
- Employment and Support Allowance, which was introduced in October 2008 for anyone starting to claim benefits because of a health condition or disability. This includes a new form of medical assessment, the Work Capability Assessment, which is based on what people can do, not what they cannot. In addition, a new Work-Focused Health-Related Assessment will provide individuals with the opportunity to talk to a health professional about their aspirations for returning to work and the steps they could take.

But we want to do more. Our recent Green Paper *No one Written Off* set out proposals to reform the incapacity benefit system further by moving existing claimants from Incapacity Benefit onto the more work-focused Employment and Support Allowance. As people are moved to the new benefit, they will be reviewed, through the new Work Capability Assessment, to ensure that they are claiming the benefit most appropriate to their circumstances.

Following the assessment, some people will move onto Jobseeker's Allowance (JSA) where they will receive active back-to-work support. For those people for whom the Employment and Support Allowance is more appropriate and who either want or should be expected to work, we will provide back-to-work support based on the successful Pathways to Work programme.

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

Every day, working people are calling on the NHS for support, especially for mental health and musculoskeletal disorders. We are committed to improving access to key services that are proven to be effective in helping people with these conditions manage their return 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 Primary Care Trusts in England, and this coverage will increase to at least 50 per cent by 2011, and 100 per cent thereafter.

Furthermore, our programme of piloting self-referral to physiotherapy services has recently been concluded successfully. Local areas will now make their own decisions about whether this route of access is for them, but we can commend it. 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.

5
Measuring progress

Chapter 5 – Measuring progress

Tracking change

The initiatives set out in this response are designed to contribute to the health and well-being of the working-age population, and benefit Britain's economic performance overall. We will measure the impact of our efforts by tracking changes in a range of indicators as described below.

This chapter sets out our 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 service support; and
- business productivity and performance, especially among SMEs.

Over the coming months, we will develop these indicators further and, once finalised, we will review and report on progress against them. We will take equality and diversity issues (including people's age, disability, race, religion and beliefs, gender and sexual orientation) into account when developing, monitoring and reporting on this indicator set.

Measuring changes in knowledge and attitude

We want to see improvements in knowledge and perceptions about the importance of work to health and health to work.

We will measure changes in the perceptions of healthcare professionals, working-age people and employers. Specifically, we wish to see:

- greater overall recognition of the importance of good work in maintaining health and well-being;
- an increase in the proportion of health 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.

We will develop indicators with input from the social marketing project described in Chapter 2. We will track and report on these indicators at suitable intervals, and develop a baseline during 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.

Recent research suggests that almost two-thirds of organisations believe they provide good jobs for their staff (including the kinds of provision mentioned above) and that good work is central to their business strategy.[41]

We need to develop measures of good work further and will track progress on the promotion of health and well-being at work using employer and worker perspectives within social surveys or appropriate omnibus surveys.

Reducing incidence of work-related ill-health and injuries

We want to see a reduction in the number of people reporting illness or injury they believe to be caused or made worse by work. Our most recent data show that, in 2007/08, 1.3 million people in work experienced ill-health they believe to have been caused or made worse by work and approximately 34 million days were lost because of work-related ill-health and workplace injury.[42]

We will track changes in the incidence of work-related ill-health and injuries using the Labour Force Survey.

41 Work Foundation. (2008). *Good Jobs Survey of Businesses, study carried out for HSE and HWWB.* A telephone survey of 600 businesses in England.

42 HSE. (2008). *Health and Safety Statistics 2007/2008.*

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

Supporting people to return to appropriate employment when they have moved out of work (temporarily or long term) because of ill-health, and enabling employers to recruit and retain disabled people and people who have ill-health conditions will be critical to the achievement of our vision.

To help us monitor progress in this area, we will measure change across a number of indicators both at national and local levels. We see success as a reduction in some of these measures (such as long-term sickness absence and flows onto benefits) combined with increases in other measures (such as flows off benefit into employment). We will track change across a suite of indicators, specifically:

- we want to see an increase in the proportion of people moving back into employment from long-term sickness absence in the previous quarter. We intend to track this using forthcoming Longitudinal Labour Force Survey Data;
- we want to see an increase in the Disability Discrimination Act (DDA) disabled employment rate. The baseline from the Black Review stated that the DDA employment rate was 48.4 per cent. This will be tracked using the Labour Force Survey;
- we want to see a reduction in the proportion of people who left their last job because of ill-health. The baseline from the Black Review stated that six per cent of the working-age population were out of work because of sickness or disability. We will track changes to this through the Longitudinal Labour Force Survey;
- we also want to see a reduction in the overall proportion of people who move onto Employment and Support Allowance (ESA) and, more specifically, continue to see a reduction in the proportion of people who move onto ESA from employment/self-employment. The baseline from the Black Review stated that seven per cent of the working-age population were on incapacity benefits. We will track changes using Department for Work and Pensions (DWP) administrative data; and
- we are aware that to be successful in this area we need to have an impact at local level. We will continue to engage with local partners building on the work already underway in monitoring and targeting National Performance Indicator 173,[43] to stop people falling out of work and onto benefits. We will do this by establishing what works at a local level; and how local conditions affect which interventions are most effective.

[43] Local authorities' performance is being monitored through a range of National Performance Indicators. 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

It is important to monitor the health status of the working-age population, particularly among occupational groups and among people who enter or return to employment after a period of being out of work due to ill-health. Self-reported health status provides a vital insight into how people feel about their own health.

We recognise that this measure may not directly capture the benefits of our initiatives on people's health status, but we will monitor this indicator by employment status and occupational role (e.g. the National Statistics Socio-economic Classification [NS-SEC]). We will track progress on this indicator using the Health Survey for England.

Improving access to appropriate and timely health service support

The activities set out in this response are designed to help employers and healthcare professionals deliver appropriate health interventions for employees, and ensure employees can access support when required.

We suggest using a suite of indicators to help us monitor progress in this area. We will measure people's experiences of receiving appropriate and timely healthcare to help them remain in employment or return to work following a period of ill-health or injury. We are exploring whether this indicator can be measured effectively through 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.

One direct measure will be the costs associated with sickness absence. The Black Review stated that the sickness absence rate was 2.6 per cent and that the associated economic costs amounted to £10 billion. We will track progress on these measures using the Labour Force Survey.

We will also explore whether there are additional indicators that will allow us to estimate the savings and additional benefits from lower sickness absence rates and higher performance and productivity levels arising from our interventions. We will also be 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 (see Chapter 3).

To track progress on our indicators we can use some existing data sources directly. For others, we will need to modify parts of existing sources. For the remaining indicators, we will need to develop new sources and baselines. Further details of the status of the proposed indicators are set out in the following table:

Indicator	Measurement	Source
Improving knowledge/ perceptions about the importance of work to health and health to work.	To be developed, but is likely to cover: measures of employers' views on providing support for their staff's health and well-being; health professionals seeing helping people to return to work as a measure of success; and all recognising that work, especially good work, is important for good health.	Baselines to be developed. Suggested sources include: • social surveys of employers and workers; and • omnibus surveys.
Improving the promotion of health and well-being at work.	To be developed, but is likely to measure increases in the proportion of businesses that provide the elements of good work, for example: • worker engagement; • health and well-being initiatives/support; • Management Standards for work-related stress; • attendance management programmes; • flexible working; and • satisfaction with work.	Baselines to be developed. Suggested sources include: • social surveys of employers and workers; and • omnibus surveys.
Reducing the incidence of work-related ill-health and injuries and their causes.	• Reduction in the number of accidents and incidence of ill-health caused or made worse through work. • Reduction in exposure to risk and improvements in risk controls.	Baselines exist (2007/08), drawn from the Labour Force Survey. Baselines to be developed, building upon some of the indicators developed by HSE.

Indicator	Measurement	Source
Reducing the proportion of people out of work due to ill-health.	• Proportion of people who left their last job due to ill-health. • Reducing the gap between DDA disabled employment rate and the overall employment rate. • Movement from long-term sickness absence back into employment. • Reduction in the proportion of people who move onto IB/ESA from employment. • Further to development, this indicator could also include the employment rate of adults receiving secondary mental health services.	Baselines exist or will be developed using the Labour Force and Longitudinal Labour Force Survey data. DWP administrative data – this will require some further development.
Improving the self-reported health status of working-age population.	• Self-reported health by employment status; • Self-reported health by NS-SEC; and • Moving people from fair health into good/very good health.	Baseline available for 2007. Health Survey for England.
Improving access to appropriate and timely health service support.	To be developed.	Baselines available for 2008. Suggested sources, with some additional development, include: Healthcare Commission: • Patient Surveys; • Community Mental Health Surveys;

Indicator	Measurement	Source
Improving business productivity and performance.	To be developed. Suggested indicators to include: • reduction in sickness absence as a proportion of working time; and • uptake and use of the initiatives/services we proposed in this response.	To be developed.

6
Looking forward

Chapter 6 – Looking forward

We set out our vision at the start of this response: our journey to achieve this began three years ago with the publication of our Health, Work and Wellbeing Strategy. We have made great progress thanks to the commitment of a wide range of key stakeholders. Dame Carol has moved us further forward and for that we owe her a considerable debt of gratitude. Our Response reflects her key recommendations and sets out the steps we are taking to realise them. But this is neither the beginning nor the end of the pursuit of our vision.

As we implement and evaluate the initiatives set out in the preceding chapters, we will start to prepare the next phase of our work. We have identified a number of areas on which we will start to focus, through the close partnerships already established with other stakeholders. These include:

- **Skills, health and employment**. While we have done much to strengthen the links between health and work, the link with the skills agenda is also important. We are working across Government to explore how we may more fully integrate health and work investment with the wider skills agenda. More details on how we plan to take this work forward will be included in DWP's forthcoming Welfare Reform White Paper.

- **Mental health and employment**. Addressing the challenges facing people with mental health conditions is central to our plans. Work is well advanced on the development of our Mental Health and Employment Strategy, designed to help us improve work outcomes for people across the spectrum of mental health conditions – from mild anxiety and depression to severe and enduring conditions. We are committed to publishing this Strategy in spring 2009.

- **Chronic and fluctuating health conditions**. People with chronic and fluctuating health conditions face particular challenges in entering, remaining in, and returning to, work. While we have considered how to support those who have fallen out of the labour market back to work, we believe that we need an equal focus on how we work with employers, healthcare professionals and voluntary sector organisations to help people to remain in work when chronic and fluctuating conditions develop.

- **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**. We have already outlined how we intend to measure success and we will be developing more detailed proposals, ensuring co-ordination across Government. We want to ensure a robust process that will allow us to review our impact and take appropriate action along the way if progress is not as expected.

We recognise that Government cannot achieve this vision alone; success depends upon working in partnership with employers, healthcare professionals and individuals and their representatives. We believe that the initiatives outlined here, which build on work already underway, will have a positive impact on each group.

- **Employers** – we will provide: 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** – we will provide: 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.

- **Individuals** – we will: find the best way to support individuals by piloting a range of early-intervention services, including the 'Fit for Work' service; improve 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.

We have achieved much already working together with a broad range of stakeholders.

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.

Finally, our Response is being published at a challenging time, but the measures proposed are as relevant in difficult times as in good. Health is not something we only think about when life is easy – it is a long-term commitment, which produces benefits for all.

Conclusion

This is an ambitious journey, but one which is crucially important to everyone of working age, their families, their communities, our society and the wider economy. By working together, our efforts will help us to combat social exclusion, eradicate child poverty support, our ageing population, and build a workforce for tomorrow. By improving health and work we will make a real difference to people's lives.

Appendices

Appendix 1 – Key initiatives

Creating new perspectives on health and work

A new electronic 'fit note' will be introduced across Britain in 2009.

A new electronic 'fit note' will replace the current medical certificate, and help GPs switch the focus of their advice to what people can do rather than what they cannot. The changes will improve the flow of information between employers, individuals and GPs.

A National Education Programme for GPs will be rolled out across Britain from April 2009.

This programme will improve GPs' knowledge, skills and confidence when dealing with health and work issues and will enable them to adapt the advice they give to help people stay in or return to work.

Health, Work and Well-being Co-ordinators, will be appointed for the English regions and Scotland and Wales from summer 2009.

The Co-ordinators will stimulate action on health, work and well-being issues in their areas, offering advice and support to help local partnerships and engagement with smaller businesses in particular.

A National Centre for Working-Age Health and Well-being will be established in late 2009.

The Centre will form an independent, authoritative body providing a range of core functions related to the health and well-being of working-age people. These will include: the gathering and analysis of data enabling the identification and monitoring of trends; and helping to determine the impact of interventions and initiatives. The Centre will identify evidence gaps and encourage research to close those gaps.

Improving work and workplaces

The Business HealthCheck tool.

The Business HealthCheck tool will enable businesses to estimate the costs of sickness absence, turnover, worker ill-health and injury in their organisation; enable employers to identify the savings that could be generated by investing in health and well-being programmes; and help them measure the return on investment.

The NHS Plus Programme will be extended for a further three years.

This expansion will allow NHS Plus to continue to work with others to further develop clinical and occupational health standards, and to further test the most innovative ways of offering NHS Plus occupational health services cost-effectively to SMEs.

An **occupational health helpline for smaller businesses** will be piloted from summer 2009.

The development of an occupational health telephone helpline will offer help to smaller businesses by providing business hours access to professional occupational health advice on individual employee health issues (including mental health).

A **challenge fund** focused on supporting SMEs will be available from summer 2009.

The challenge fund will encourage local initiatives that improve workplace health and well-being, through innovative approaches which ensure worker engagement.

The National Strategy for Mental Health and Employment will be published in spring 2009.

The Strategy aims to bring employment and health services closer together, support employers and healthcare professionals and tackle issues such as stigma and discrimination.

Improving work and workplaces (continued)

A review of the health and well-being of the NHS workforce will be commissioned.

This review of the NHS workforce will consider the evidence for where the priorities for whole-system improvement should be and recommend action that will enable local delivery.

Supporting people to work

Piloting early intervention services.

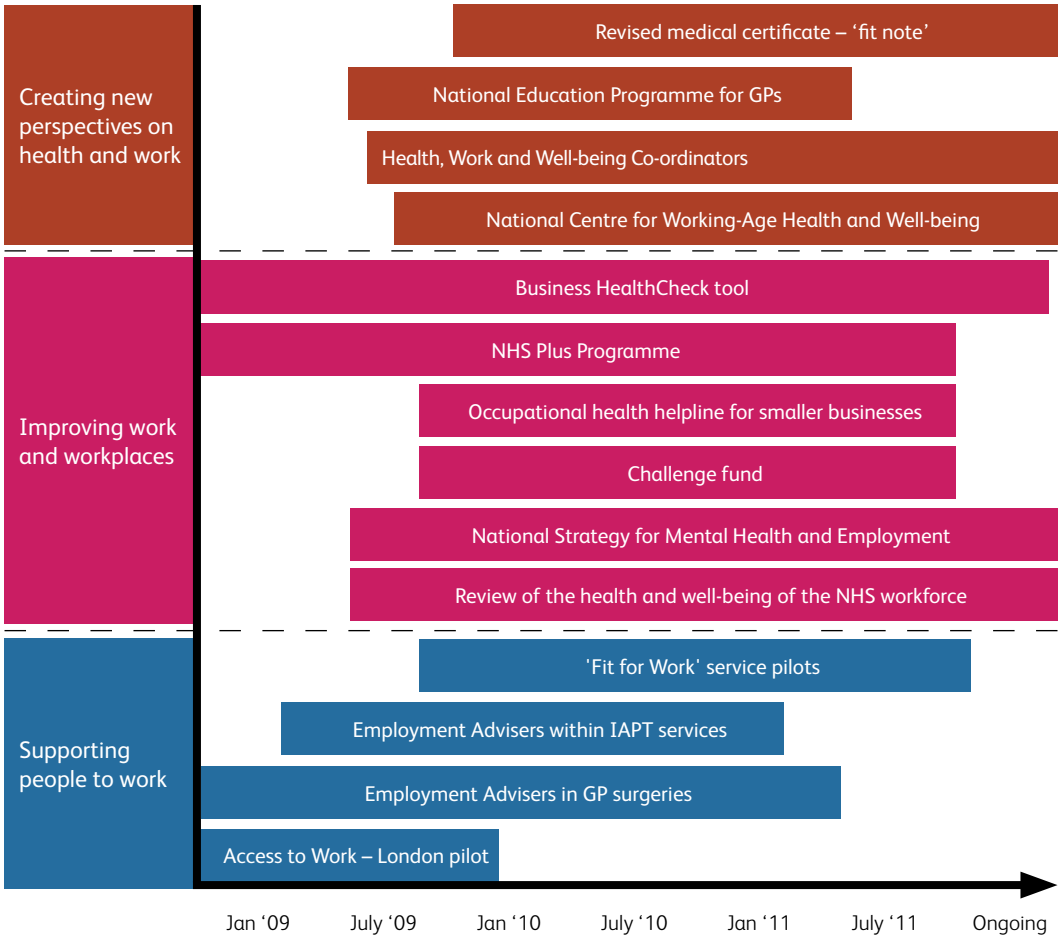
A range of early intervention services will be piloted in 2009 and run until at least 2011. These will include: 'Fit for Work' service pilots; the embedding of Employment Advisers within the Improving Access to Psychological Therapies (IAPT) programme from early 2009; and the extension of the Pathways Advisory Service, which places Employment Advisers in GP surgeries, for a further three years.

The early intervention services will help individuals by making access to work-related health support more widely available. The 'Fit for Work' service pilots will provide case-managed, multi-disciplinary support and various models will be tested. All pilots will be comprehensively evaluated.

The Access to Work programme will be extended.

The changes to Access to Work will improve effectiveness – making the service as flexible and timely as possible and reaching more of the people who need it, particularly those who have fluctuating conditions.

Initiatives timeline



Appendix 2 – Dame Carol's recommendations and the Government's proposed actions

No.	Dame Carol's recommendation	Chapter and page reference in *Working for a healthier tomorrow*	Government action taken/proposed	Chapter and page reference in *Improving health and work: changing lives*
1	Government should work with employers and representative bodies to develop a robust model for measuring and reporting on the benefits of employer investment in health and well-being. Employers should use this to report on health and well-being in the boardroom and company accounts	Chapter: 3 Page: 60	We have launched the Business HealthCheck tool, which enables businesses to estimate the costs of sickness absence, turnover, worker ill-health and injury in their organisation and to identify the kinds of benefits and savings that could be generated by investing in health and well-being programmes. We will be working in partnership with Business in the Community to offer practical advice to businesses who want to use the tool and, in light of feedback from organisations already testing it, we will develop and improve the tool in the coming months.	Chapter: 3 Page: 45

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
2	Safety and health practitioners and, where present, trades union safety representatives should play an expanded role in acting to promote the benefits of such investment	Chapter: 3 Page: 60	We are working with IOSH to pilot a new training programme so that safety and health practitioners can further broaden their knowledge of health and well-being. HSE will work with and support the TUC to encourage better involvement and training of safety representatives in health matters.	Chapter: 2 Page: 31 Chapter: 3 Page: 51
3	Government should initiate a business-led health and well-being consultancy service, offering tailored advice and support, and access to occupational health at a market rate. It should aim to be self-sustaining in the medium-term, and be fully evaluated and tested against free-to-use services	Chapter: 3 Page: 60	We will pilot an occupational health telephone helpline for SMEs. Local gateways will signpost employers to other local services and support, and act as an entry point to the helpline. We will consider the case for a business-led health and well-being consultancy service once we have evaluated the two-year Workplace Health Connect pilot service. We will also take account of lessons from advisory services in Scotland (Scottish Centre for Healthy Working Lives) and Wales (Workboost Wales).	Chapter: 3 Page: 47 Chapter: 3 Page: 48

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
4	Government agencies, and other bodies concerned with economic development and business, should promote employers' understanding of the economic case for investing in health and well-being	Chapter: 3 Page: 60	We have launched the Business HealthCheck tool, which enables businesses to estimate the costs of sickness absence, turnover, worker ill-health and injury in their organisation and to identify the kinds of benefits and savings that could be generated by investing in health and well-being programmes. We are working with Business in the Community to ensure that 75 per cent of FTSE 100 companies report on their employee's health and well-being at board level by 2011. We have commissioned a study to scope the most effective way to get the messages across to different audiences. We will develop tailored messages for employers, healthcare professionals, and individuals, taking full account of people's diverse circumstances, including those of people with limited resources who often feel least able to make changes. 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.	Chapter: 3 Page: 45 Chapter: 3 Page: 46 Chapter: 2 Page: 33 Chapter:2 Page: 36

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
5	Government should explore practical ways to make it easier for smaller employers and organisations to establish health and well-being initiatives	Chapter: 3 Page: 60	We will establish a challenge fund, administered through the new Health, Work and Wellbeing Co-ordinators. This will encourage initiatives that will improve workplace health and well-being, as well as innovative approaches for better worker engagement.	Chapter: 3 Page: 51
6	Government should launch a major drive to promote understanding of the positive relationship between health and work among employers, healthcare professionals and the general public	Chapter: 4 Page: 69	We have commissioned a study to scope the most effective way to get the messages across to different audiences. We will develop tailored messages for employers, healthcare professionals, and individuals, taking full account of people's diverse circumstances, including those of people with limited resources who often feel least able to make changes.	Chapter: 2 Page: 33
7	Building on the commitment from the leaders of the healthcare profession in the recent consensus statement, GPs and other healthcare professionals should be supported to adapt the advice they provide, where appropriate doing all they can to help people enter, stay in or return to work	Chapter: 4 Page: 69	We have been working in partnership with the RCGP to improve GPs' knowledge, skills and confidence when dealing with health and work issues, and signposting additional means of support. Following successful piloting of this National Education Programme, we will be making it available to all GPs practicing in Great Britain from April 2009.	Chapter: 2 Page: 29

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
7	continued	Chapter: 4 Page: 69	We are working with FOM and the RCGP to develop a competency framework and modular syllabus on health and work issues for GPs who wish to increase their knowledge of occupational health. We are supporting a representative group of professional bodies who plan to create a co-ordinating Council for Occupational Health. This will provide leadership and develop a common purpose for all the relevant professionals working to improve the health of the working population. We have agreed with NICE that their Public Health Guidelines should include work-related outcomes. We will also encourage NICE to consider work outcomes in clinical guidelines. NICE and NHS Plus have agreed that they will work together to align the guidelines they produce.	Chapter: 2 Page: 30 Chapter: 2 Page: 31 Chapter: 2 Page: 32

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
8	The paper-based sick note should be replaced with an electronic 'fit note', switching the focus to what people can do and improving communication between employers, employees and GPs	Chapter: 4 Page:69	We have developed a new 'fit note' that will help employers and individuals have better access to timely information about how to return to work. We are committed to rolling out an electronic certificate across Britain. We are currently testing electronic certification in Wales and lessons learnt will be used to inform wider national roll out.	Chapter: 2 Page: 28 Chapter: 2 Page: 28
9	NHS professionals and their organisations – along with their regulators – should recognise retention in or return to work as a key indicator of the successful treatment of working age people and appropriate data should be collected to monitor it	Chapter: 4 Page: 69	We are supporting a representative group of professional bodies who plan to create a co-ordinating Council for Occupational Health. This will provide leadership and develop a common purpose for all the relevant professionals working to improve the health of the working population. We are creating a National Centre for Working Age Health and Well-being to provide an authoritative body focusing on: data, evidence gaps, dissemination of evidence based guidance and best practice.	Chapter: 2 Page: 31 Chapter: 2 Page: 38

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
10	Medical professional bodies, together with Government, should consider the establishment of a network of GPs interested in health and work to be a source of growing expertise at a regional and local level	Chapter: 4 Page: 69	We are pleased that Society of Occupational Medicine (SOM), in association with Faculty of Occupational Medicine (FOM) and RCGP, have made a commitment to develop a web-based resource to provide advice and support for GPs with a particular interest in this area.	Chapter: 2 Page: 30
11	Government should pilot a new Fit for Work service based on case-managed, multidisciplinary support for patients in the early stages of sickness absence, with the aim of making access to work-related health support available to all – no longer the preserve of the few	Chapter: 5 Page: 82	We will pilot 'Fit for Work' services in Great Britain. We have set aside central government funds to 'pump-prime' pilot activity in local areas in order to achieve this. A formal bidding process will be put in place in the New Year and it is our intention that pilot services will commence in 2009 and will continue at least until 2011, during which time we will evaluate robustly the various models piloted.	Chapter: 4 Page: 59

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
12	Pilots should test various models of service delivery, including variations in the timing of intervention and the mix of providers from public, private and voluntary sectors. The service should be comprehensively evaluated	Chapter: 5 Page: 82	We will pilot 'Fit for Work' services in Great Britain. We have set aside central government funds to 'pump-prime' pilot activity in local areas in order to achieve this. A formal bidding process will be put in place in the New Year and it is our intention that pilot services will commence in 2009 and will continue at least until 2011, during which time we will evaluate robustly the various models piloted.	Chapter: 4 Page: 59
13	When appropriate models for the Fit for Work service are established, access to the service should be open to those on incapacity benefits and other out-of-work benefits	Chapter: 6 Page: 90	We will consider this recommendation once we have evaluated the 'Fit for Work' service pilots.	Chapter: 4 Page: 59

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
14	Government should fully integrate health support with employment and skills programmes, including mental health support where appropriate	Chapter: 6 Page: 90	To address this recommendation we are: • piloting placing Employment Advisers as a core component of the Improving Access to Psychological Therapies Programme to help working people remain in work or return to work as quickly as possible; • extending the Pathways Advisory Service pilot and funding for a further 3 years; • developing the first ever cross-government National Strategy for Mental 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 on how we plan to take this work forward will be included in DWP's forthcoming Welfare Reform White Paper.	Chapter: 4 Page: 60 Chapter: 4 Page: 61 Chapter: 3 Page: 48 Chapter: 6 Page : 79
15	Government should expand the provision of Pathways to Work to cover all incapacity benefits claimants as soon as resources allow, including appropriate provision for those with mental health conditions	Chapter: 6 Page: 90	In our Green Paper, *No one written off*, we signalled our intention to roll out Pathways to Work to all existing claimants of incapacity benefits. Since the end of April 2008 Pathways to Work has been available nationally for new and repeat benefit claimants who are unemployed because of ill-health. Existing claimants are able to volunteer to participate in Pathways to Work.	Chapter: 4 Page: 61

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
16	To support the development of its proposed mental health employment strategy, Government should review mental health support within current policies and seek to determine the most effective method of assisting this group of people back into work	Chapter: 6 Page: 90	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. This strategy will help us improve work outcomes for people with mental health problems across the spectrum – from mild anxiety and depression to severe and enduring conditions. We have also been looking at how Access to Work can be changed to better support people with fluctuating conditions. We are running a pilot to test a new form of support to help people with fluctuating mental health conditions remain in work in partnership with MIND. We will pool existing resources into one easily accessible mental health central resources hub. We will work with the Business Link and Directgov platforms to position this support to reach the widest audience.	Chapter: 3 Page: 48 Chapter: 4 Page: 62 Chapter: 3 Page: 49

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
17	Government should consider offering advice and limited funding to help local partnerships kick-start health and work activity	Chapter: 6 Page: 90	We will provide funding for Health, Work and Wellbeing Co-ordinators in the English regions and in Scotland and Wales. 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. We will establish a challenge fund, administered through the new Health, Work and Wellbeing Co-ordinators. This will encourage initiatives that will improve workplace health and well-being, as well as innovative approaches for better worker engagement.	Chapter: 2 Page: 34 Chapter: 3 Page: 51
18	Government should encourage the provision of vocational rehabilitation services by employers, building on the findings of their ongoing vocational rehabilitation review and providing guidance for employers	Chapter: 6 Page: 90	Government supported the recent establishment of the Vocational Rehabilitation Council, which is developing common standards for the delivery of services to help people return to or remain in work.	Chapter: 2 Page: 32

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
19	Government should consider the use of incentives for employers to support the employment of those with disabilities or health conditions	Chapter: 6 Page: 90	We have been looking at how Access to Work can be changed to better support people with fluctuating conditions. We are running a pilot to test a new form of support to help people with fluctuating mental health conditions remain in work in partnership with MIND.	Chapter: 4 Page: 62
20	There should be an integrated approach to working age health underpinned by the inclusion of occupational health and vocational rehabilitation within mainstream healthcare	Chapter: 7 Page: 100	A range of initiatives including: the development of accreditation standards; the work of the Vocational Rehabilitation Council; the development of the Council for Occupational Health; and the establishment of a National Centre for Working Age Health and Well-being will address this recommendation.	Chapter: 2 Page: 31-33 and 38
21	There should be an integrated approach to working age health underpinned by clear professional leadership from the occupational health and vocational rehabilitation communities to expand their remits and work with new partners in supporting the health of all working age people	Chapter: 7 Page: 100	Government supported the recent establishment of the Vocational Rehabilitation Council, which is developing common standards for the delivery of services to help people return to or remain in work. We are supporting a representative group of professional bodies who plan to create a coordinating Council for Occupational Health. This will provide leadership and develop a common purpose for all the relevant professionals working to improve the health of the working population.	Chapter: 2 Page: 32 Chapter: 2 Page: 31

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
21	Continued	Chapter: 7 Page: 100	We want to encourage and support local strategic partnerships and others to develop their own effective 'Fit for Work' service pilots. To achieve this we have set aside central government funds to 'pump-prime' pilot activity in local areas.	Chapter: 4 Page: 59
22	There should be an integrated approach to working age health underpinned by clear standards of practice and formal accreditation for all providers engaged in supporting working age people	Chapter: 7 Page: 100	We are committing to fund a project to support the delivery of an accreditation system for occupational health services and to support its first year of operation.	Chapter: 2 Page: 33
23	There should be an integrated approach to working age health underpinned by a revitalised workforce with the development of a sound academic base to provide research and support in relation to the health of all working age people	Chapter: 7 Page: 100	We are creating a National Centre for Working Age Health and Well-being to provide an authoritative body focusing on: data, evidence gaps, dissemination of evidence based guidance and best practice. We recognise the need to reconsider the role of academic occupational health in its broadest sense and its contribution to improving the future health of the working age population. As such, we have asked the UK Research Base Funders' Forum to consider this issue.	Chapter: 2 Page: 38 Chapter: 2 Page: 39

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
24	There should be an integrated approach to working age health underpinned by 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	Chapter: 7 Page: 100	We are creating a National Centre for Working Age Health and Well-being to provide an authoritative body focusing on: data, evidence gaps, dissemination of evidence based guidance and best practice.	Chapter: 2 Page: 38
25	There should be an integrated approach to working age health underpinned by a universal awareness and understanding of the latest evidence on the most effective interventions developed by organisations such as the Occupational Health Clinical Effectiveness Unit	Chapter: 7 Page: 100	We are creating a National Centre for Working Age Health and Well-being to provide an authoritative body focusing on: data, evidence gaps, dissemination of evidence based guidance and best practice.	Chapter: 2 Page: 38
26	Schools and Further Education colleges should consider including the benefits of work in their health promotion for children and young people	Chapter: 8 Page: 106	We are developing a new National Healthy Further Education initiative that will extend the principles of the National Healthy Schools Programme to young people and adults, many of whom are from deprived areas.	Chapter: 2 Page: 37

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
27	Any awareness-raising campaign about health, work and wellbeing should aim to demonstrate the benefits of being in work – not just for parents and carers but also the knock-on positive effects for their families and communities	Chapter: 8 Page: 106	We have commissioned a study to scope the most effective way to get the messages across to different audiences. We will develop tailored messages for employers, healthcare professionals, and individuals, taking full account of people's diverse circumstances, including those of people with limited resources who often feel least able to make changes.	Chapter: 2 Page: 33
28	Government should accelerate and broaden its work in applying the 'Healthy Schools' approach to further education to create expectations among new entrants to the workforce on the health and well-being support employers should offer	Chapter: 8 Page: 106	We have designed our National Healthy Schools Programme to help schools in England, particularly in disadvantaged areas, work with children and young people, parents and the wider community to promote the positive links between health, well-being, behaviour and achievement, and improve the physical and emotional well-being of children.	Chapter: 2 Page: 37
29	Government, healthcare professionals, employers, trades unions and all with an interest in the health of the working age population should adopt a new approach to health and work in Britain based on the foundations laid out in this Review	Chapter: 9 Page: 113	Chapter 2 of this response contains details of relevant work planned and underway to bring about a changed perspective on health and work amongst the groups with an interest in the health and work agenda, in line with the vision laid out in Dame Carol's review.	Chapter: 2 Page: 23-39

No.	Dame Carol's recommendation	Chapter and page reference	Government action taken/proposed	Chapter and page reference
30	The existing cross-Government structure should be strengthened to incorporate the relevant functions of those departments whose policies influence the health of Britain's working age population	Chapter: 9 Page: 113	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 whilst we implement the proposals contained in our response. We will look to identify the most appropriate structure for the future and 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.	Chapter: 6 Page: 80
31	Government should monitor the baseline set out in this Review and commission a coordinated programme of further research to inform future action with a comprehensive evidence base	Chapter: 9 Page: 113	Government will track changes in the key indicators set out in Chapter 5 of this response. We are also creating a National Centre for Working Age Health and Well-being to provide an authoritative body focusing on: data, evidence gaps, dissemination of evidence based guidance and best practice.	Chapter: 5 Page: 67-75 Chapter: 2 Page: 38

Appendix 3 – Equality impact assessment

Summary

In March 2008, Dame Carol Black published her Review of the health of Britain's working-age population – *Working for a healthier tomorrow*. The Review found that the cost to the economy of working-age ill-health in the UK is estimated at around £100 billion each year. To address this, Dame Carol proposed a number of recommendations for Government and others
in order to improve the health of the working-age population.

The Government welcomed the Review, and studied the recommendations closely.

This Response sets out the measures that Government will implement to address the challenges identified:

- Government plans to pilot a range of early intervention services to understand what more can be done to support individuals to stay in work when they become ill, rather than drift onto the benefits system;
- Government will also look to increase the support and training available to healthcare professionals, to ensure that they can best advise their patients on the value of work to their health;
- In addition, a revised medical certificate will be introduced in 2009 to facilitate a flow of information allowing GPs, employers and individuals to consider how best to support people to sustain employment when they fall ill.

This equality impact assessment (EIA) provides an initial overall assessment of the impact of the proposed interventions on people of working age according to their age, disability, race, religion and beliefs, gender and sexual orientation. The proposals have been developed through input from a wide range of stakeholders, including MIND and the Centre for Research into the Older Workforce.

Many of the proposals, set out in the initiatives timeline on page 88, are at very early stages of development and as yet do not have their own EIAs. Impact Assessments (IAs) and EIAs will be produced, and will help to inform the scoping and development of the proposals and Government policy.

Background

The relationship between people and their jobs is diverse and complex. People have many different reasons for working and have different experiences during their working lives.

Due to changing demographics, having more people in work is increasingly important for communities and our economy. The health and well-being of working-age people is therefore of fundamental importance to our future, and we are committed to bringing about a real and sustained improvement in this area.

In 2007/08, around 34 million days were lost because of work-related ill-health and workplace injury, according to official statistics.[44] This represents only part of the overall level of sickness experienced. In 2007, about 172 million working days overall were lost to sickness, according to the Confederation of British Industry (CBI).[45] While overall absence is important, long-term absence is most likely to lead to worklessness.

To help improve our understanding of the issue, the Government asked Dame Carol Black to undertake a review of the health of Britain's working-age population. Dame Carol published her wide-ranging Review, *Working for a healthier tomorrow,* earlier this year. It was clear about the positive links between health and work, and their impact on personal lives and national well-being. Taking the definition of working-age population to be females aged 16-59 and males 16-64, the Review covered just over 36 million people out of a total British population of about 60 million.

The Review estimated that the annual cost of working days lost and worklessness associated with ill-health is approximately £100 billion. The Review also highlighted the measures that could be taken to raise standards in working lives and reduce the human, social and economic costs of impaired health and well-being, which affect working life in Great Britain. Three principal objectives were identified:

- preventing illness and promoting health and well-being;
- early intervention for those who develop a health condition; and
- improving the health of those out of work – so that everyone with the potential to work has the support they need to find a job.

[44] Health and Safety Statistics 2007/08 – www.hse.gov.uk/statistics/overall/hssh0708.pdf
[45] CBI/AXA Absence and Labour Turnover Survey 2008.

The Government's Response to the Review is contained in the main body of this document. The Response contains a range of proposals to create a new perspective on health and work, improve work and workplaces, and support people to work. Initiatives like the Access to Work London pilot, the work on vocational rehabilitation and the placing of Pathways advisers in GP surgeries will help those in the categories described later in this document.

Engagement so far

The partners involved in the Health, Work and Wellbeing (HWWB) Strategy recognise the problem of ill-health among the working-age population, and the growing evidence base that shows working is good for health.[46] The Strategy has brought together employers, unions and healthcare professionals to help more people with health conditions find and stay in employment.

The partners have also recognised the importance of getting the views of the many other groups involved in health and work in order to inform policy formulation.

During Dame Carol's Review, 267 submissions of evidence were received from individuals, organisations, and bodies representing employers, employees, healthcare professionals, and the voluntary sector.

The proposals contained in the Government's Response have been developed through collaborative working between the different departments involved in the HWWB Strategy, and through taking account of the submissions of evidence to the Review.

The National Stakeholder Council (NSC), which represents employers, employees, healthcare professionals, and the voluntary sector, continued to meet following the publication of Dame Carol's review. The NSC, including its sub-groups, played an important role in the development of the proposals contained in the Government's Response.

The NSC provides the Response team with an important challenge function, an insight into what happens in the real world, and an update on any changes that are happening.

[46] Waddell, G. and Burton A. K. (2006). *Is work good for your health and well-being?* London: TSO (The Stationery Office).

Equality categories

Age

The target audience for Dame Carol's Review and the Government's Response is the working-age population of Britain. The initiatives proposed will be targeted at, and be available to, all those of working age. However, there is an impact on older people. Health is sometimes a reason that people have to retire from work. Improving the health of people of working age will allow more individuals to work for longer, and beyond retirement age, if they want to.

Those under working age, while not directly addressed, will benefit indirectly from their parents' ability to maintain, or return to, employment and the subsequent improvement in their capacity to provide for their family. Promoting better health and well-being for all of the family should also positively affect the health of the working-age population of the future: there is good evidence that living in a workless household has a measurable adverse impact on later mental health and individual resilience.[47,48]

Disability

Disability is a physical or mental condition that has lasted, or is likely to last, at least 12 months and a condition or disability that has a substantial (more than a minor or trivial) effect on the ability to carry out normal day-to-day activities.

Research shows poor mental health significantly increases the risk of poor physical health and premature death. It is associated with increased risk of heart disease, diabetes, respiratory disease and infections, with the risks of heart disease estimated to be twice as high for people with depression or mental illness.[49]

Support is available for three key groups: people with common health problems who want to return to or remain in work; disabled people who are in work or looking for work; and those on incapacity benefits who want to return to work.

47 Nurse, J. and Campion J. (2006). *Mental Health and Well Being in the South East 2006*. www.sepho.org.uk

48 Marmot, M. and Wilkinson, R. (eds). (2003). *Social determinants of health: The solid facts*. World Health Organisation.

49 National Institute for Mental Health in England. (2006). *Making it Possible: Improving Mental Health and Well-being in England*. Department of Health.

An independent review of vocational rehabilitation was published during the summer.[50] It found strong evidence of effective vocational rehabilitation interventions, which help people with common health problems return to or remain in work, but identified a need to develop ways of delivering these on a national scale. Government supported the recent establishment of the Vocational Rehabilitation Council, which is developing common standards for the delivery of services to help people return to or remain in work. A draft set of standards went out for consultation in October 2008. Development of the proposals will be accompanied by an EIA.

Access to Work provision assists disabled people who are in or looking for work by providing practical support and helping to meet additional costs associated with overcoming work-related obstacles resulting from disability. An EIA covering Access to Work was produced as part of the Improving Specialist Disability Employment Services work, which is being taken forward by the Green Paper *No one written off: reforming welfare to reward responsibility*.[51]

Pathways to Work provides financial, employment and health support for all people claiming incapacity benefits. Access to Work provision and the Condition Management Programme are available to those claiming incapacity benefits to help an individual manage their health condition or disability so that they can get back to work. An EIA was produced for the roll-out of Pathways to Work.[52]

Other initiatives proposed in the Government's Response, such as the local gateway and helpline support for small firms and the expansion of the National Education Programme for GPs to cover the link between health and work, could help to prevent common mental health problems from deteriorating into chronic mental illness and associated problems.

Ethnicity

People from black and minority ethnic groups report significantly worse access to primary care services than white British people. This can be partly explained by patient characteristics and practice performance. However, even once these factors are taken into account, satisfaction with primary care services is still lower for people from black and minority ethnic groups – and significantly so for people from Asian/Asian British backgrounds, particularly those recorded as Bangladeshi.[53]

50 Waddell, G., Burton, A. K. and Kendall, N. (2008). *Vocational Rehabilitation – what works, for whom, and when?* London: TSO.

51 www.dwp.gov.uk/welfarereform/noonewrittenoff/noonewrittenoffer-impactassesment.pdf

52 www.dwp.gov.uk/welfarereform/docs/DEIA.pdf

53 *Access to health care and minority ethnic groups*. (February 2006). King's Fund.

Ensuring that access to psychological therapies is not hindered, based on people's ethnicity, culture or faith, is one of the leading priorities for the Delivering Race Equality (DRE) in Mental Health Care action plan.[54] Ethnic minority access to and experience of psychological therapies will be assessed as part of the central monitoring of the Improving Access to Psychological Therapies (IAPT) pilots, as set out in the EIA published in August 2008.

Initiatives proposed, such as the Access to Work pilot, the pilots of Employment Advisers in GP surgeries and of employment advice within IAPT, will be in areas with the greatest potential to address health inequalities associated with worklessness. As such, they will have the potential to impact positively on people of black and minority ethnic origin, since many people from these communities experience poor social conditions such as poverty, poor housing and unemployment.

Religion and belief

The initiatives proposed are unlikely to impact differently on people on grounds of their religion.

However, there are opportunities to promote equality of opportunity for the Muslim population, who have the highest levels of ill-health among faith groups, once other factors have been taken in to account. Although Muslims are represented in a wide range of ethnic groups, including many of African origin, the majority are of Pakistani and Bangladeshi origin.[55] As mentioned above in relation to ethnicity, the initiatives have significant potential to support this particular sub-group of people in paid employment.

Gender

The range of initiatives proposed in the Response means that both men and women will be positively affected.

Carers are one group of people who are likely to be economically inactive, and they are more likely to be female. Official statistics indicate that between July 2008 and September 2008, about 2.25 million people were economically inactive because they were looking after family and home. Of these people, just over two million were women, compared to about 200,000 men.[56]

[54] Department of Health. (2005). *Delivering Race Equality in Mental Health Care*. London.
[55] Health Survey for England 2004.
[56] Labour Market Statistics First Release. November 2008. ONS. (www.statistics.gov.uk/pdfdir/lmsuk1108.pdf).

The recently published Carers Strategy seeks to improve the support offered to carers in their caring roles, while ensuring they have the opportunities to lead a life outside caring, e.g. through the provision of breaks from caring. The Strategy seeks to ensure that carers do not have their health compromised by their caring role and to mitigate the financial burden involved in caring. The Strategy has made new commitments to support this particular group. These include £38 million towards supporting carers to enter or re-enter the job market. Additionally, other commitments for carers include the piloting of annual health checks for carers to help them stay well, and training for GPs to recognise and support carers. An EIA was produced in May 2008.

Men have longer periods of sickness absence that might result in loss of employment.[57] Men also have a lower consultation rate in general practice than women,[58] which reduces the opportunities for primary care clinicians to engage men in timely health promotion and disease prevention interventions at key stages in their lives. Initiatives proposed in the Government's Response, such as the local gateway and helpline support for small firms and the expansion of the National Education Programme for GPs to cover the link between health and work, could help improve the level of advice and support for men.

Sexual orientation

The initiatives proposed are unlikely to impact differently on people because of their sexual orientation.

The research suggests that some lesbian, gay, bisexual and transgender (LGBT) people are at higher risk of mental health disorder and suicidal behaviour. Some of the initiatives proposed, such as support for small firms and the expansion of the National Education Programme for GPs to cover the link between health and work, would enable early intervention to reduce the likelihood of common mental health problems deteriorating into chronic mental illness.

[57] Shiels, C. and Gabbay, M.B. (2007). *Patient, clinician, and general practice factors in long-term certified sickness*. Scandinavian Journal of Public Health, 35:3, 250 – 256.

[58] NHS Information Centre. (2007). *Trends in Consultation Rates in General Practice 1995-2006*.

Conclusion

The Government's Response proposes a number of initiatives that are at varying stages of development.

The proposals aimed at the individual, i.e. providing employment advice within IAPT, placing employment advisers in GP surgeries, and Access to Work funding, are at an early stage and will be taken forward as pilots. They will gather evidence to inform future decisions on whether providing support in these ways has the intended impact: helping people stay in or return to work. As evidence is gathered from the pilots and further work undertaken, we will ensure that equality duties are fully considered.

Supporting the working-age population is only one of the ways in which Government is looking to improve the health of the working-age population. A number of the proposals, such as establishing a Council for Occupational Health and a Centre for Working-Age Health and Well-being, are looking to reform the occupational health profession by providing a central focus for the link between health and work. These will be supported through the widening of the National Education Programme for GPs, to improve knowledge and confidence when dealing with health and work issues, and the revised medical certificate, allowing GPs to focus on what individuals can do rather than what they cannot.

As work progresses, IAs and EIAs will be produced at an early stage of the development of each individual initiative, to ensure that policy proposals take full account of equality issues, taking steps to reduce existing inequalities and promote equalities.

Appendix 4 – Glossary

Access to Work Programme	Offers help to individuals with a disability or health condition that affects the way they do their work. Access to Work advisers can give the employee and their employer advice and support with extra costs that may arise because of individual needs.
Action on Stigma	Department of Health initiative that aims to build on the good work already undertaken by many organisations to improve mental health in the workplace.
Business Action on Health	Business in the Community Campaign which aims to highlight the business benefits of better health at work and to make reporting on workplace health issues commonplace in UK boardrooms.
Business in the Community	One of The Prince's Trust's Charities. They engage, support and challenge companies on responsible business, working through four areas: Community, Environment, Marketplace and Workplace.
Business Link	Free business advice and support service, available online and through local advisors.
Condition Management Programme	Part of the 'Pathways to Work Choices Package' provided by Jobcentre Plus, in partnership with the NHS. The programme is available to anyone claiming Incapacity Benefit or Income Support (because of a health condition), and aims to help participants understand and manage their health condition or disability.
Disability	The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.
EmployAbility	Jobcentre Plus campaign to encourage employers to recruit on the basis of skills and ability, not age.

Employment and Support Allowance (ESA)	Government benefit which, from October 2008, replaced Incapacity Benefit (see below) and Income Support (see below) for new claimants. Eligibility for ESA will be based on a new assessment of what individuals are capable of and what help they need to manage their condition and return to work.
Health	State of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
Healthcare Commission	Independent watchdog for healthcare in England. They assess and report on the quality and safety of services provided by the NHS and the independent healthcare sector, and work to improve services for patients and the public.
Health inequalities	Differences in health status or in the distribution of health determinants between different population groups.
Ill-health/illness	State in which a health condition impacts on well-being, activities or participation, or quality of life and not merely the presence of disease or a medical diagnosis, nor of symptoms.
Incapacity Benefit (IB)	Government benefit payable to those of working age who are unable to work because of illness or disability and who are not eligible for Statutory Sick Pay (see below).
Incapacity benefits	Group of government benefits which those unable to work because of illness or disability may receive. They include IB (see above), Income Support supplemented by a disability premium, and Severe Disablement Allowance (which has been closed to new claimants since 2001).
Investors in People (IiP)	Internationally recognised quality standard for the development of businesses and organisations through good workforce development practice.
Jobcentre Plus	Government agency that provides advice and support to those of working age who are workless, administers claims for certain welfare benefits, and helps employers to fill vacancies.

Jobseeker's Allowance (JSA)	Government benefit payable to unemployed people who are available for and actively seeking work.
Labour Force Survey (LFS)	Quarterly sample survey of households living at private addresses in Britain, carried out by the Social and Vital Statistics Division of the Office for National Statistics. It provides information on the UK labour market that can then be used to develop, manage, evaluate and report on labour market policies.
MIND	Mental-health charity in England and Wales. It works to create a better life for everyone with experience of mental distress.
Musculoskeletal disorders	Describes a range of health problems, such as low back pain, joint injuries and repetitive strain injuries of various sorts.
National Statistics Socio-economic Classification (NS-SEC)	Occupationally-based classification, but has rules to provide coverage of the whole adult population. The information required to create the NS-SEC is occupation coded to the unit groups of the Standard Occupational Classification 2000 and details of employment status (whether an employer, self-employed or employee; whether a supervisor, manager etc).
New Deal for Disabled People (NDDP)	Programme of advice and practical support which helps people move from disability and health-related benefits into paid employment.
NHS Trusts	Organisations which take responsibility for managing delivery of different types of NHS services in local communities.
Pathways to Work	Programme overseen by Jobcentre Plus to provide extra support and opportunities to help people with health problems and disabilities find jobs and retain them.
Poverty	Most commonly used threshold of poverty (low income) is a household income that is 60 per cent or less of the average (median) household income in that year.

Primary Care Trusts (PCTs)	Local organisations which decide and arrange provision of the health services a local community needs. These services include GPs, dentists, pharmacists and opticians. PCTs also make decisions about the type of services that hospitals provide and are responsible for making sure that the quality of service is high enough.
Public health	Science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, public and private organisations, communities and individuals.
Regional Development Agencies	Provide strategic direction in England for economic development, ensuring the needs and opportunities of every region are taken into account, through supporting business development and competitiveness by encouraging public and private investment, and by connecting people to economic opportunity.
Small and medium-sized enterprises (SMEs)	Small enterprises are defined as businesses employing fewer than 50 people. Medium-sized enterprises are defined as businesses employing more than 50 but fewer than 250 people.
Scottish Centre for Healthy Working Lives	Helps employers, employees and other partner agencies come together to create a healthier and more motivated workforce through confidential workplace visits, practical information and advice, and a structured award programme.
Shift	Initiative to tackle stigma and discrimination surrounding mental-health issues in England. Scotland's campaign to challenge stigma and discrimination around mental ill-health is called See Me.
Train to Gain	Service offered by the Government's Learning and Skills Council (LSC) to help businesses acquire the training they need. It offers skills advice and matches business needs with further education and training providers.
UK Rehabilitation Council	Umbrella organisation for the community of rehabilitation associations, rehabilitation providers, clients and other stakeholder groups. Their common goal is to ensure access to high quality medical and vocational rehabilitation services in the UK.

Well-being	Subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional ('happiness'), and development and activity dimensions. (Waddell and Burton, 2006).
Workboost Wales	A government-funded service providing confidential, practical and free advice to small businesses in Wales on workplace health and safety, management of sickness absence and return to work issues.
Work Foundation	Independent research consultancy advising organisations and policymakers about the changing world of work and corporate performance. They are dedicated to Good Work and aim to improve the quality of working life and increase the effectiveness of organisations. They do this through ideas and evidence, advice, and through advocacy and events.
Working-age population	Females in Great Britain aged between 16 to 59 and males aged between 16 to 64. For the purposes of this Response, people in employment beyond State Pension age are also included in the definition of the working-age population.
Worklessness	State which includes not being in paid employment and not actively seeking employment.
Workplace Health Connect	Two-year pilot service, funded and managed by the Health and Safety Executive, but independently delivered. It was designed to give advice on workplace health, safety and return-to-work issues, to small and medium-sized businesses in England and Wales. The pilot ended in February 2008.

Other abbreviations and acronyms

ACAS	Advisory, Conciliation and Arbitration Service
BERR	Department for Business, Enterprise and Regulatory Reform
CBI	Confederation of British Industry
CIPD	Chartered Institute of Personnel and Development
COPD	Chronic Obstructive Pulmonary Disease
DWP	Department for Work and Pensions
DH	Department of Health
FTSE	An independent company jointly owned by The Financial Times and the London Stock Exchange
FOM	Faculty of Occupational Medicine
FSB	Federation of Small Businesses
GP	General Practitioner
HSE	Health and Safety Executive
IoD	Institute of Directors
IOSH	Institution of Occupational Health and Safety
NICE	National Institute for Health and Clinical Excellence
NHS	National Health Service
ONS	Office for National Statistics
PSA	Public Service Agreement
RCGP	Royal College of General Practitioners
RCN	Royal College of Nursing
SME	Small and medium-sized enterprise
TUC	Trades Union Congress

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