London Health

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Working for a healthier tomorrow: The road ahead

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HEALTH WORK WELLBEING

The Fundamentals

- Work and Health are inextricably linked:
  - Work is a social determinant of Health
  - Good health is essential for a high-performing, resilient workforce

- Occupational Health and Public Health are closely connected and should work together

- Cross-government working is vital to attain our goals of healthy engaged workforces in well-managed organisations.

Work and Health

Galen (129-200)
Employment is nature's physician
and is essential to human happiness.

Voltaire (1694-1778)
Work banishes those three great evils:
boredom, vice and poverty.

William Osler (1849-1919)
To the young it brings hope, to the middle-aged confidence, to the aged repose: work.

Theodore Roosevelt (1858-1919)
The best prize that life offers is the chance to work hard at work worth doing.

Greek philosopher Galen wrote: "Employment is nature's physician, and is essential to human happiness."

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

Waddell and Burton 2006

Factors that stand in the way

Culture beliefs and attitudes – needing change

- Misconceptions about health and work – e.g. “need to be 100% fit”
- Poor retention in work of those with disabilities or chronic disease
- Inappropriate ‘medicalisation’ of complex psycho-social problems
- Managerial attitudes and leadership

Inadequate systems

- Inflexible system of sickness certification – the ‘sick note’
- No pathways of rapid intervention to keep you in work or return you to it
- Poorly-informed healthcare professionals – education and training needed
- Workplace organisation – need for better management training

Lack of Primary Care involvement

- Rehabilitation to work not a performance measure for Primary Care Trusts
- The current configuration of Occupational Health services

Next generation

- Little attention to building mental and emotional resilience in our future workforce

Some of the essential steps

- **Health Issues:**

  - spread the message that Work is generally good for Health
  - create services that deal with the **common symptoms**, which are often bio-psycho-social
  - do not medicalise unless necessary
  - recognise the burden of **chronic diseases**, prevent where possible, control, stop progression, enable people to work
  - educate and train professionals.

- **Public Sector and Private Businesses:**

  - make the business case for investing in Health, Work and Well-being, show what works, spread good practice
  – make HWWB a productivity issue
  - enable SMEs to be engaged
  – get the Trade Unions on board.

Fit for Work Service Pilot: Case Study

- 50 year old man, working alone as a catalogue distributor.
- Presented with musculo-skeletal problems and pain
- Assessment identified: anxiety; long term psychological issues dating back to childhood; previous gambling and alcohol addiction
- Had caring responsibilities in family causing stress at home
- Suffered from low mood, guilt and low self-esteem
- Having financial difficulties due to inability to work usual hours
- Poor relations with employer

Little of this strictly 'medical'

Action

- Referral to Physiotherapy
- Referral to local Council for Alcohol counselling and support
- Identified carer's support, referral completed
- Given information on Citizens Advice Bureau for benefit review
- Encouraged to attend Alcoholics and Gamblers Anonymous
- Motivational support from Case Manager at regular review calls

Fit for Work Service Pilot: Case Study

Results

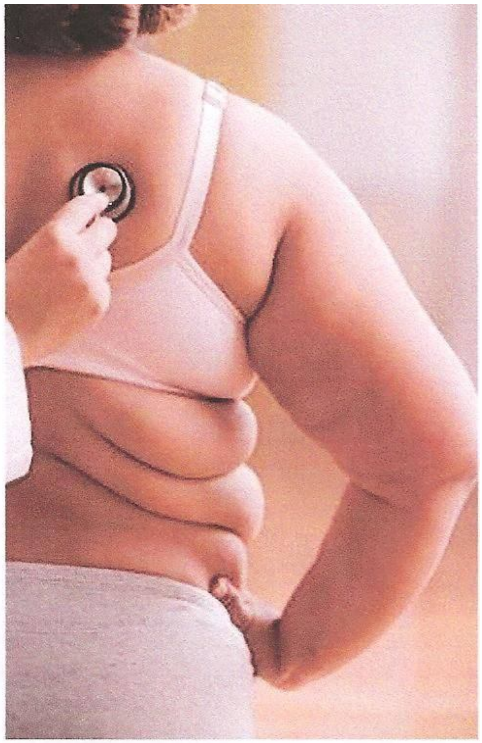
- Client improved from Physiotherapy
- Citizens Advice provided help and information
- Client continued counselling and attendance with Alcoholics and Gamblers Anonymous
- Case Manager provided regular review, motivation, self-help materials, and ensured client was progressing.

Outcome

- Increased productivity at work
- Client promoted to manager, doing less physical duties
- Caring responsibility now reduced, which has improved relationship between client and partner

The outcome could easily have been the Benefit system.

The UK epidemic of obesity: BMI-related diseases



Predicted UK rates per 100,000 (National Heart Forum):

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

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

Case Study: York Hospitals NHS Trust

Previously, absence rates sat at 5.13%, costing £3.7 m yearly

- Trust invested £100k in a team – specialist nurse, physiotherapist, counsellors, clinical psychologist, HR manager – operating in partnership with hospital managers, to help staff return to work.

- Number of staff off for 4 weeks plus reduced by 42% (99 to 57 staff)
- Number of staff off for 3 months plus reduced by 46% (52 to 28)

- Estimated saving of £200k with this pilot project

- Trust has dedicated resources for the coming year.

Boorman review update

- National agreement has been reached to aim for a maximum of 3.4% sickness absence in Northern SHAs and 3.0% sickness absence in the Southern SHAs by 2013
- NHS Health & Well-being at Work Portal to be launched on 16 November 2010 at NHS Employers Conference – a central repository for all Health & Well-being best practices within the NHS.
- Engagement for the process of setting standards for OH in the NHS to be launched on 17 November 2010
- NHS Challenge launched in July – now looking for Olympic sponsor

ncfe Investing in Quality

Engaging SME's

let's get healthy jump on board

A Understand sector and number of employees

B Identify decision maker and why would they engage?

C Sign post to public health and **do** health and wellbeing assessment for them

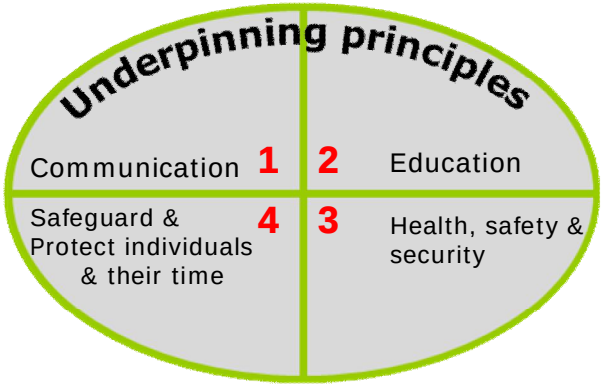
D **Jointly** Develop action plan

E Facilitate provision of National/NHS activities

F Understand and clarify budget for paid work

G Agree regular contact by DM preferred method

H Assist with Management reporting



let's get healthy jump on board

Public Health Responsibility Deal

- An initiative of the Secretary of State for Health, the business community, the voluntary sector and NGOs, working together to:
  - recognise their vital role in improving people's health
  - encourage and enable people to adopt a healthier diet
  - foster a culture of responsible drinking
  - encourage and assist people to be more physically active
  - actively support our workforce to lead healthier lives.
- Delivered through five networks:
  - Food
  - Alcohol
  - **Health at work**
  - Physical activity
  - Behaviour change

Responsibility Deal 2

Working with businesses to improve public health

So how much of the journey is left to go?

- We’re not there yet!
- All individuals and organisations concerned with working-age healthcare need to cooperate if we are to improve the health of the working-age population