HM Government

Health, work and well-being – Caring for our future

A strategy for the health and well-being of working age people

This report has been produced jointly by the Department for Work and Pensions, the Department of Health and the Health and Safety Executive.

Contents

Joint Ministerial Foreword

With a 10 per cent reduction in accidents at work since 1997, Great Britain today has one of the best health and safety records in the world. Yet 40 million working days are still lost every year to occupational ill health and injury, and a third of those people coming onto Incapacity Benefit have come from work.

In a modern world where rising dependency ratios and global market forces place an ever greater burden on those of working age in supporting others, neither our economy nor our society as a whole can afford for us to stand back and allow people to be written off.

Our strategy for the health and well-being of working age people is a crucial part of delivering on the Government's commitment to improving the health and well-being of the working age population. This is a central element of our wider welfare reform agenda and is set out in the Government's White Paper *Choosing Health: Making Healthier Choices Easier*.[1] It helps to make a reality of the Health and Safety Commission's Strategy for Workplace Health and Safety, building on the successful work over the last 30 years to prevent accidents and ill health.

Underpinned by a groundbreaking partnership between the Department for Work and Pensions, the Department of Health and the Health and Safety Executive (on behalf of the Health and Safety Commission), this strategy will enable us to work with all our partners across and outside Government to break the link between ill health and inactivity, to advance the prevention of ill health and injury, to encourage good management of occupational health, and to transform opportunities for people to recover from illness while at work, maintaining their independence and their sense of worth.

This is an ambitious agenda – far more stretching than any commitments of previous governments and more wide-ranging – placing real responsibility not just in the hands of government, but with employers, individuals, the healthcare profession and all our stakeholders. It will be led by a new national Director for Occupational Health and will include the creation of a National Charter for Health,

Work and Well-being, setting out the contribution of all stakeholders in delivering this transformation in occupational health.

The Government is now embarking on the second stage of a large-scale reform of the welfare state – building on our first stage, the New Deal, and embedding a 'something for something' culture. We are re-enforcing, re-emphasising and updating the original social contract from the early post-war period, to transform the welfare state from a crutch into a ladder, and assisting people through rapid economic and social change to live their lives to the full in a healthy, thriving community.

By taking this opportunity, we can improve the health of the working age population and minimise the risk of employees becoming ill in the first place; improve employee retention by supporting them during periods of transition; and build a world which rehabilitates rather than rejects people when they experience illness or disability. In this way we can support individuals to fulfil their potential in contributing to society. We can enable employers and the economy as a whole to gain from the huge potential that our people have to offer, and we can also deliver on our responsibility as a society, to ensure equal rights and opportunity for all.

David Blunkett
Secretary of State for
Work and Pensions

Patricia Hewitt
Secretary of State for Health

Introduction

Work matters – it can help to improve your health, reduce health inequalities and offer improved opportunities. Due to changing demographics, having more people in work is increasingly important for communities and our economy. The health and well-being of people of working age is therefore of fundamental importance to our future and we are committed to bringing about a real and sustained improvement in this area.

It has been estimated that absence due to sickness costs around £12 billion each year – with costs to the public sector representing around £4 billion. In addition to the impact on the health and well-being of individuals and their families, unplanned absence puts additional pressure on those colleagues who pick up the extra work. It also has a significant impact on productivity across the economy.

While much good work, both inside and outside Government, is already going on to improve the health and well-being of working age people, we need a strategy that will bring together all the elements. If we co-ordinate our approach and identify gaps where we need to carry out further work, then we will achieve much more to help that improvement in health and well-being.

"Forty million working days are lost every year to occupational ill health and injury".[2]

"A job can itself be an important step in the road to recovery and rehabilitation, helping people to enjoy better health and well-being as well as giving them greater control over their own health. And being out of work for long periods of time is likely to make a person's health problems much worse".[1]

"Work is important both in maintaining mental health and in promoting the recovery of those who have experienced mental health problems".[3]

Health, work and well-being – Caring for our future demonstrates our commitment to making a real difference to the health and well-being of working age people. It also forms a key component of the welfare reform, public sector reform and public health agendas.

What we want to achieve

Our vision

We want to achieve a society where:

- the health and well-being of people of working age is given the attention it deserves;

- work is recognised by all as important and beneficial, and institutional barriers to starting, returning to, or remaining in work are removed;

- healthcare services in the NHS and the independent sector meet the needs of people of working age so they can remain in, or ease their return to, work;

- health is not adversely affected by work, and good quality advice and support is available to, and accessible by, all;

- work offers opportunities to promote individual health and well-being, and access to and retention of work promotes and improves the overall health of the population;

- people with health conditions and disabilities are able to optimise work opportunities; and

- people make the right lifestyle choices from an early age and throughout their working lives.

How will individuals benefit from this strategy?

1. Helping people manage minor health problems in work: Sprains and strains often reduce a person's capacity to do their job effectively in the short term. Left untreated a minor injury can, over time, become a major problem leading to absence from work. Access to appropriate treatment may not currently be readily and quickly available in the early stages. A key aim of this strategy is to find ways of supporting employees in getting swift treatment so that they can remain in work.

2. Helping people return to health following an absence from work because of illness: After a long-term absence from work caused by illness or injury it can be difficult to return to work, even when the original health problem has been dealt with or is under control. Our strategy will support healthcare professionals to help people who are out of work due to ill health to plan and, if necessary, access specialist support in managing their condition and returning to work. This might be through employment advice and help to find a suitable job – not necessarily what they were doing before their illness. Adaptations to workplaces and work practices, including time flexibilities, can be another key to the return to work.

3. Helping people avoid work-related health problems: Many people work in organisations with little or no access to good quality occupational health advice – advice that can be essential in helping employers to manage risk and to protect and promote the health and well-being of employees. Our strategy will increase the number of people whose workplaces have access to occupational health support that is aimed at reducing the number of people who suffer from work-related ill health.

Key themes of this strategy

Our strategy, which is new, innovative and far-reaching, will bring together all those with a role to play in relation to the health of working age people. This is a comprehensive approach and one that dovetails with other key initiatives.

Case study: Work and Health Network

This group represents a wide range of expertise in delivering occupational health support in primary care, for small and medium-sized enterprises (SMEs) and the voluntary sector. Members include:

- Sheffield Occupational Health Advisory Service, which sees over 1,200 patients a year and provides advice on prevention, returning to work and general issues such as employment and health and safety law; and

- Health Works in London (Newham), which works alongside other agencies to provide services for long-term unemployed people to help them back to work, and support and training for SMEs to help them improve their workplace health and safety standards.

To assist in this process we will appoint a national Director for Occupational Health who will work across the Department for Work and Pensions and the Department of Health and with the Health and Safety Executive (HSE), with a specific remit to:

- oversee implementation of the Health, Work and Well-being Strategy;

- raise awareness of work and its relationship with health and well-being;

- help develop specific outcome measures designed to monitor the strategy's progress and success; and

- lead a national debate on occupational health and well-being, including how innovative proposals might be developed and funded.

To achieve our vision we will need all the organisations involved to recognise that occupational health is critical to individuals, families, communities, organisations and the whole of our society. If this is to work, we will need a collaborative focus. We have structured our strategy around three key themes that we believe encompass all the basics essential for success. Each theme is a key component of the strategy. The work required to meet these challenging objectives will be done in conjunction with stakeholders. Examples of areas that will require to be addressed are detailed below.

The **key themes** are:

1. Engaging stakeholders

2. Improving working lives

3. Healthcare for working age people

Key themes

1. Engaging stakeholders

The success of our strategy depends on the support and participation of many stakeholders. This strategy will be fully implemented – not by central government dictat, but through collective effort.

What we have achieved so far

Thorough and continuing engagement with our stakeholders has been key to the success of our programmes on health, work and well-being. It has been a significant element in the development of new initiatives, such as the expansion of the Investors in People award.

The White Paper *Choosing Health*[1] gave Investors in People UK (IiPUK) the remit to develop a new 'healthy business assessment' in conjunction with the Department of Health. This is intended to build on the success of IiPUK by developing the business case for investing in health and well-being.

In developing this new framework, IiPUK has been committed to involving a broad range of stakeholders, to ensure the framework is distinctive and credible and designed to meet the needs of employers and employees. As a first step in the engagement process, IiPUK has held a one-day interactive 'think tank' engaging over 40 stakeholders from government, industry, the voluntary sector, occupational health, and a range of employers. Participants shared their experiences of researching and promoting health at work, and took the first steps in defining the scope and positioning of the Healthy Organisation framework. The event started the process of communication with practitioners and experts.

From our experience, we recognise that this strategy must include working closely with stakeholders. We will therefore:

- create a National Stakeholder Council;

- hold a stakeholder summit;

- create a National Stakeholder Network;

- develop a Charter for Health, Work and Well-being;

- initiate a national debate; and

- support the creation of local stakeholder councils.

Create a National Stakeholder Council

This will be a small group of individuals, eminent in their field and with strong networks, whose experience and influence will help support this strategy. Members of this council will:

- share expertise with Ministers and the national Director for Occupational Health;

- represent distinct stakeholder groups that have been critical to the success of this strategy; and

- use their networks to generate awareness of our messages with a wide audience.

The council will act as champions for this strategy, representing and promoting it to their communities.

Hold a stakeholder summit

Involving all those with a role to play in improving and promoting the health and well-being of people of working age, this summit will seek to:

- determine the role of each stakeholder in helping achieve the vision;

- obtain a firm commitment from each stakeholder in relation to the contribution they will make; and

- identify ways in which stakeholders can come together at a local level to develop and deliver services to meet the needs of people of working age.

Create a National Stakeholder Network

The network will engage with national stakeholders who have an interest in this strategy or who offer channels to the working age population. It will explore ways of working in partnership with these organisations, especially those who can deliver the strategy's messages to those they represent.

Develop a Charter for Health, Work and Well-being

Key stakeholders will be invited to sign a charter setting out their role and contribution towards health and well-being. The charter will incorporate a detailed Action Plan to ensure progress.

Initiate a national debate

We will lead a national debate as we develop innovative proposals for the further evolution of our approach to occupational health and well-being. It should include discussion of innovative funding to put this strategy in place. The debate will spread the word about our goals while bringing in help and input from stakeholders. It will provide opportunities to both ask questions and listen to views on issues such as:

- getting public and private sector employers and workers to 'buy-in' and 'sign up' to action;

- ensuring that the right incentives are put in place to encourage such action;

- maintaining the momentum of change; and

- ensuring that the infrastructure (occupational health services, rehabilitation, etc) is in place to realise our vision.

Support the creation of local stakeholder councils

Because there is only so much that can be achieved from the centre, local stakeholder councils would be needed on the ground. Their focus would be on reaching the local working age population in order to deliver the strategy. Members would:

- act as champions for the services within their constituencies;

- disseminate information about this strategy to their wider contact networks;

- advise and support delivery;

- promote partnership working on delivery of the strategy;

- raise awareness of other activities within the regions that may have an impact upon the service; and

- create links with other regional and local initiatives.

2. Improving working lives

Working with partners, we will seek to promote the benefits of a healthy and supportive working environment to all organisations and employees.

What we have achieved so far

We have recognised the important role that occupational health services play in both the public and private sectors and the several models used to deliver work-focused support.

All NHS Trusts have achieved the Improving Working Lives Standard at *Practice level*, signalling delivery of modern human resources (HR) practices for staff in the NHS. They are now working towards the *Practice Plus level* of Improving Working Lives, which requires demonstrable evidence, through partnership working, that the working lives of employees in all staff groups are continuing to improve.

Another model, NHS Plus, was established in November 2001 to encourage the provision of occupational health services by NHS occupational health departments to external employers, under NHS income generation arrangements. Over 100 occupational health departments – approximately 50 per cent of all NHS units – joined the scheme. Research during the first two full years of operation showed an income growth of around 16 per cent a year.

In addition to clinical services, NHS Plus maintains an internet website, which allows employers to identify their local provider and gives general occupational health advice. Monitoring of web traffic shows 10,000 individual visits a month in the first half of 2004. NHS Plus has also published guidelines to help to develop appropriate quality guidance for all occupational health services.

The White Paper *Choosing Health*[1] has committed to developing the future role for NHS Plus. Expansion will allow the organisation to work with the workplace-focused advice and support service delivered in partnership with the HSE. This will provide health, safety and return to work support to SMEs.

Further work will focus on:

- healthy workplaces;

- occupational health support; and

- leading by example.

Healthy workplaces

We want to create workplaces where we both protect the health and well-being of employees and optimise the opportunity to help people improve their own health and well-being. The workplace component of the White Paper *Choosing Health*[1] sets out the key principles for supporting people to make healthier and more informed choices about their own health.

A 2004 review of over 20 evidence-based survey articles on work-based health promotion programmes and studies concluded that health-promoting programmes can have a positive impact on the workforce. The articles showed that heart conditions and other risk factors were lessened by participation in an occupational activity programme. In nine out of ten articles, the introduction of an activity programme was connected to a reduction in the number of smokers.[4]

Fourteen evaluation studies included in the review examined absenteeism and reported that health promotion measures led to between 12 per cent and 36 per cent reduction in sickness absence. This led to a saving of 34 per cent in absenteeism costs, concluding that every pound spent on promoting health in the workplace could lead to a £2.50 saving for businesses.[4]

The workplace is a setting that should support healthy food choices for staff (and visitors). Provision of healthier foods can contribute to "better attainment, less disruptive behaviour [and] higher productivity".[5] In the longer term it can contribute to a reduction in sick pay and treatment costs.

In 2003/04 there were 609,000 new cases of workplace ill health – of these cases, stress contributed 254,000 (42 per cent) and musculoskeletal disorders 204,000 (33 per cent). This was out of a total 2.2 million new and existing cases. In the same period – 29.8 million working days were lost to ill health; the equivalent figure for injuries (ie safety) is approximately 9 million.[6]

Action on healthy workplaces will include:

- encouraging companies to report their occupational health and safety performance as a key part of their business performance reporting, using the HSE's Corporate Health and Safety Performance Indicator (CHaSPI) system and the equivalent Health and Safety Performance Indicator for small businesses, and to benchmark themselves against others;

- working with trade unions at local, regional and national levels to build on the successful work that they have already undertaken in partnership with employers to better protect employees from health risks in the workplace. In particular, we will seek to develop the constructive and supportive role of safety representatives;

- piloting links between GPs and employment support to assist patients in staying in or returning to work, following health problems;

- working with relevant professional bodies towards having leadership competencies relating to occupational health incorporated into management and HR training courses;

- identifying incentives for businesses to encourage the provision of occupational health support for employees, and supporting the training of occupational health personnel;

- working with employers to make changes in the workplace necessary to allow people to work to a later age;

- developing guidance regarding the specific occupational health needs of migrant workers;

- incorporating an occupational health standard within the Investors in People award;

- developing a national award, similar to the Scotland Health at Work award and the Corporate Health Standard in Wales, for organisations where the Investors in People standard is not appropriate;

- establishing pilots to provide evidence of the effectiveness of promoting health and well-being within the workplace;

- promoting models of health improvement advice, including health trainers and Health Direct;

- developing a new cross-government campaign on obesity, raising awareness of the steps people can take through diet and physical activity to prevent obesity;

- introducing a smoke-free environment in all government departments and the NHS by the end of 2006;

- encouraging the development of a stronger and better co-ordinated academic research capability within the UK, to support research on issues relating to work

and health, including ageing, and to provide a sound evidence base to support new initiatives; and

• engaging with all stakeholders, but especially employers, unions and insurers, to develop a co-ordinated and mutually supportive approach to the health and well-being of people at work and to demonstrate the positive impact this will have on people's lives, and therefore on the competitiveness of Great Britain.

Case study: AstraZeneca

AstraZeneca, a pharmaceutical company, made a £5 million saving in one year through a programme of initiatives, including standalone projects and improved management aimed at reducing sickness absence levels. This was achieved through a commitment from the top that was emphasised throughout the organisation.[7]

Case study: Her Majesty's Prison Belmarsh

Belmarsh is one of the largest prisons in the Prison Service, with a complement of 900 staff and the highest levels of security. The Governor has been acutely aware of the need to lower absence rates, which were as high as 25 days per member of staff in July 2002. They radically overhauled the management of absence and introduced a number of measures, including improving the occupational health services available on site. Rates in June 2004 were down to 12.85 days, nearly half of the earlier rates.[7]

Case study: Southport and Ormskirk Hospital NHS Trust

The trust has developed a staff charter which aims to embed their Dignity at Work ethos. In setting up a staff counselling service and a confidential medication service the trust is supporting staff to deal with conflict. The occupational health service works closely with HR and staff to offer support and assistance in the management of sickness absence, and in the development of flexible working policies in the trust.

Case study: Port of London Authority (PLA)

PLA provides safe navigation on the tidal Thames. The company introduced a sickness absence management policy which resulted in a 70 per cent drop in absence rates from 11–12 per cent to 3–3.4 per cent (2003). PLA estimate that the improvement was the equivalent of 8.2 per cent more staff at work.[7]

Case study: BT

BT's 'Workfit' programme is supported by the Communication Workers Union (CWU). The CWU National Health and Safety Officer stated that the programme "aims to provide advice, support and rehabilitative assistance enabling people to be aware of the health risks on work and lifestyle related issues which can lead to better job satisfaction, reduced physical and mental stress, a more productive workforce, and a longer, healthier life for our members. We want to see a workplace where workers are supported in their own health and well-being".[7]

Case study: the NHS as a Healthy Employer

A workshop was recently held by the NHS Modernisation Agency, in conjunction with public and private sector employers, which identified five proposed high-impact interventions that could be piloted to achieve the greatest impact on the workforce.

Occupational health support

We want to achieve access to competent occupational health advice and support for all employees.

HSE-commissioned research showed that only 15 per cent of all British firms provided basic occupational health support, and only 3 per cent provided comprehensive support.[8]

Examples of work in this area will include:

- launching Workplace Health Connect, a new service for SMEs offering free and impartial advice on occupational health, safety and return to work issues. The service will consist of an adviceline covering England and Wales, and five regional Pathfinders delivering free workplace visits. The Pathfinders will initially run in the North East, North West, West Midlands, South Wales and Greater London. Workplace Health Connect will be delivered in partnership with HSE;

- further development of NHS Plus and co-ordination with the Pathfinders;

- learning from work done in Scotland on its Healthy Working Lives initiative and in Wales on its Corporate Health Standard;

- defining national standards for occupational health provision;

- creating models for exemplar services (complementing initiatives such as Pathfinders);

- defining competencies for all groups involved in occupational health and safety delivery;

- exploring innovative models of occupational health delivery which will help to address resourcing issues, review the role which health and safety representatives might play and explore the nature and delivery of training that such groups would require;

- ensuring effective links between GPs, occupational health professionals and employers are developed;

- improving the education of GPs in relation to health and work, to assist them in providing better fitness for work advice to patients;

- reviewing the medical statement for Statutory Sick Pay purposes, to make it more user friendly for GPs and to ensure that it provides enhanced advice for patients; and

- co-ordinating occupational health advice with arrangements for social care to enhance people's chances of remaining in work.

Leading by example

This will involve supporting the NHS, Government and local authorities as employers to become exemplars of healthy workplaces and good occupational health practice.

The public sector employs approximately 5 million people, 1.3 million within the NHS alone. This equates to 20 per cent of the workforce. Sickness absence rates in the public sector currently average ten days per person per year – costing around £4 billion a year.

What we have achieved so far

We have established a Ministerial Task Force for Health, Safety and Productivity – a cross-government ministerial forum tasked with driving improvements in sickness absence management in the public sector. Its analysis concluded that more needs to be done to:

- secure the commitment of top management to tackling the issues;

- provide better data and information on sickness absence and highlight the key causes and trends; and

- train managers to identify early warning signs and understand the impact of early intervention.

We are running a series of pilots to test the impact of innovative approaches. Stress is the most significant cause of sickness absence and HSE is working with organisations across the public sector to deal with it through its management standards approach. And we want to see the task force's balanced recommendations taken up across the public sector.

The approach will include:

- building on the work of the Ministerial Task Force for Health, Safety and Productivity;

- defining quality standards for public sector occupational health provision;

- promoting the adoption of the HSE Stress Management Standards in the public sector;

- supporting the training of occupational health professionals within the public sector;

- setting out how public sector employers will continue to develop employment policies and practices to make a better, healthier public sector workforce; and

- encouraging local authorities to continue to capitalise on the strong local networks afforded by local arrangements for partnership working between local authorities, the NHS and other public sector services to further this agenda through Local Area Agreements and Local Strategic Partnerships.

3. Healthcare for working age people

Any health problem can have a major impact on people's lives and their ability to work. Even relatively common health problems can have a disproportionate effect if investigation and treatment are delayed or appropriate forms of rehabilitation are not available. This can lead to long-term absence, loss of self-confidence and even job loss, with the common difficulty of getting back to work again.

We are now in a situation where once a person has been claiming Incapacity Benefit for 12 months, the average duration of their claim will be eight years – and after two years they are more likely to die or retire than return to work.

What we have achieved so far

A number of programmes have already been developed exploring the health of the working age population and supporting return to work. One such programme, Pathways to Work, is a joint initiative between the Department for Work and Pensions (DWP) and the Department of Health (DH). It provides additional support to help those who are on Incapacity Benefit to return to work. The majority of those claiming Incapacity Benefit do not have severe conditions, and the longer an individual is away from work, the less likely they are to return. Similarly, the longer they are away from work, the more their physical and mental health declines.

Pathways to Work has targeted support for these individuals, through mandatory work-focused interviews together with a range of choices packages. The health-focused choice is the Condition Management Programme (CMP). The CMP aims to provide a short, focused intervention that will assist the individual to effectively manage their condition, in order to help them to gain the confidence to return to work.

Early evaluation of Pathways to Work has shown that there has been between an 8 and 10 per cent increase in the rate of people coming off incapacity benefits after four months of their claim compared to non-pilot areas, and five times as many people in pilot areas are joining the New Deal for Disabled People programme. The Government has committed to expanding this programme as a result of these successes. From October 2006, Pathways to Work will be delivered to one-third of the population, covering the most disadvantaged areas.

We need to ensure that healthcare services are designed and delivered in a way that will assist people of working age to either remain fit for work, or to return to fitness for work. This will focus on:

- healthcare professionals;

- work-focused treatment;

- common mental health problems;

- return to work support; and

- vocational rehabilitation.

Healthcare professionals

We will support and engage healthcare professionals so that they recognise the importance of work for their patients' well-being and ensure that they can provide the assistance necessary to fulfil their key role in helping their patients to remain in and return to work.

GPs generally felt that a return to work can be of benefit to patients for a range of physical, social and psychological reasons [but] they described themselves as having limited occupational health expertise.[9]

A series of on-line learning modules for doctors about fitness for work, work and health and dealing with difficult consultations is being developed by DWP. The first module, on certification, has received very positive comments and met a wide range of learning needs.[10]

Areas of work will include:

- working with the relevant training bodies to include work and health competencies in undergraduate and postgraduate training;

- a national education campaign for patients and primary care providers;

- developing Practitioners with Special Interests (including GPs) in occupational health, within Primary Care Trusts, to provide guidance and best practice advice to all GP practices;

- working with leading healthcare professional bodies to identify ways of changing perceptions and practice amongst doctors, hospital specialists, nurses and other professional groups;

- developing on-line training modules on work and health for healthcare professionals; and

- working with Skills for Health to ensure that National Occupational Standards and National Workforce Competencies reflect the need for healthcare professionals to understand the importance of work for patients.

Work-focused treatment

This involves developing innovative ways of ensuring that people in work can access investigation of and treatment for health problems in a way that will assist them to remain in work and avoid unnecessary absence. This could include the establishment of a clearer evidence base for decisions on assessment and also prioritisation of clinical need, to build on recognition of the negative health impact of being away from work.

Common mental health problems

We will identify ways to improve the provision of, and access to, interventions for the management of common mental health problems, as these too can lead to long-term ill health with the consequent impact on work and well-being.

This will include:

• improved access to work-focused services to maintain affected people in meaningful community activities;

• provision of an extended range of services to support people in returning to work;

• increasing choice of evidence-based psychological therapies for people with mild to moderate depression and other mental health issues;

• reducing delays in receiving appropriate therapies and earlier intervention in people's care experience;

• reducing waiting times for psychological therapies in all settings by transforming the way in which the system manages demand; and

• recruiting, training and extending the roles of clinical staff to deliver an extended range of interventions, particularly in primary care and other community-based settings, including the workplace.

All these initiatives should help to reduce relapse rates and prolonged periods of treatment (which themselves cause extended absence from work or continued unemployment for people with common mental health problems) and improve service user experience and satisfaction. Here we will build on work already being undertaken by the Department of Health, including:

• building on the lessons learned from the success of Condition Management Programmes within the Pathways to Work pilots;

• piloting the development of local networks of services, designed to test a holistic approach to service provision involving the NHS, the voluntary sector, employers and other key local agencies;

• enhancing the training of occupational health professionals in the management of common mental health problems;

- seeking to encourage the promotion of mental health and well-being within workplaces; and

- working with employers to raise awareness and understanding of mental health issues.

Return to work support

We recognise that there are gaps in the current provision of return to work services and accept the challenge to explore new methods and models that can address these gaps. We will work across occupational health, the healthcare community and with wider stakeholders to develop capacity and expand the range of support services.

Vocational rehabilitation

We will build on the plans outlined in the Framework for Vocational Rehabilitation by incorporating them within this strategy. We will work closely across government departments, and particularly with the Department for Constitutional Affairs, to consider the specific aspects of the role of compensation and insurance in this area. We will also publish our literature review of the evidence for vocational rehabilitation which will identify opportunities for further research in this area.

What we have achieved so far

In September 2005, a useful workshop was held with stakeholders to progress work on vocational rehabilitation. Stakeholders identified five priority questions and agreed that they would be addressed in consultation with a newly formed Research Working Group.

Case study: Royal Mail

The Royal Mail has reviewed their trigger points for referrals to occupational health advisers. Anyone absent for 14 days gets an automatic referral, but for stress and musculoskeletal disorders, they operate a day-one referral. The Royal Mail has estimated that its action to improve management of sickness absence and help staff return to work has led to the equivalent of 2,000 extra staff being at work each day.[7]

Case study: British Polythene Industries plc (BPI)

BPI produces polythene film products. The introduction of a rehabilitation scheme has significantly reduced absences among its 3,500 staff. Outcomes included:

- an 80 per cent reduction in the average number of working days lost due to musculoskeletal disorders;

- a significant reduction in the length of time employees stay off work after they have been injured from an average of 26 days absence to four days; and

- increased productivity.[7]

How are we going to get there?

Why do we need a strategy?

Good work is already going on, both inside and outside of Government, in improving the health and well-being of working age people, including the following:

- The introduction of the Disability Discrimination Act to improve the rights and opportunities of disabled people, in part, to increase their levels of employment. This includes providing help to support disabled people to move into, and remain in, work.

- Volunteer organisations in the health service, in education, and in local and central government are implementing the stress management standards to help reduce the number of working days lost.

- The Prison Service is trying to reduce days lost by tackling accidents, such as slips and trips, stress and musculoskeletal problems.

- GlaxoSmithKline have reduced musculoskeletal disorders and mental health disorders in their workforce, the major causes of over-seven-day absences between 2003 and 2004. They are now working to tackle sub-optimal performance.

- Standard Life Healthcare reduced staff turnover by 25 per cent, reduced staff absence by almost 5 per cent and convinced more workers to adopt healthy options within a year of the introduction of an on-line health management programme for its staff.

- Recognising the importance of leading by example, the Department of Health is consulting with staff and unions to end all smoking in all the NHS and Department of Health workplaces by 2006.

We will achieve much more through a co-ordinated approach and by identifying gaps where we can undertake further work.

This overarching strategy is designed to ensure that:

- Government provides clear leadership, ensuring that institutional barriers no longer hinder progress;

- there is optimal engagement of all stakeholders and effective partnerships;

- there is effective delivery within the current financial resource constraints; and

- actions lead to long-term, sustainable improvements in the health and well-being of the working age population.

What is Government doing?

We recognise that to achieve success, we must provide leadership and promote collaboration on issues that impact upon the health and well-being of people of working age.

To drive this strategy forward, the Secretaries of State for Work and Pensions and for Health have established a joint ministerial group supported by a joint Senior Officials Unit (SOU) from both departments and the HSE. This unit will also work closely with the Devolved Administrations in Scotland and Wales and other government departments, especially HM Treasury, the Department of Trade and Industry and the Office of the Deputy Prime Minister.

Work has already started under the direction of the SOU in the following key areas:

- improving access to services for the management of common mental health problems;

- supporting and engaging GPs and other healthcare professionals to transform culture, attitudes and practice;

- decreasing the interval between treatment and a return to work;

- developing the NHS as an exemplar through the quality of provision of occupational health for its staff;

- implementing the workplace component outlined in the White Paper *Choosing Health*;[1] and

- supporting Government as an employer, in embedding the principles of good occupational health practice within its own departments.

We have developed cross-departmental working groups, aligned to these key work areas, which will:

- map all the relevant initiatives and activities, current or planned, across the public sector;

- develop work plans;

- build on initiatives already in progress;

- engage with relevant stakeholders for each initiative;

- identify outcome measures that will allow us to report on progress and determine success; and

- incorporate best practice from within and outside Great Britain.

In parallel, we have developed an overarching Communications and Stakeholder Engagement Working Group that will contribute to both the initiation and development of a national debate.

Many ideas have been tested in the past using pilots or demonstration sites, with careful evaluation of the evidence being used to determine whether there should be a wider roll out or further modification. We will continue, where appropriate, to explore opportunities for such an approach, as illustrated in our proposals for demonstration sites for the management of common mental health problems.

Next steps

This strategy is not about words – it is about actions that will make a real difference. It is essential that we have measures in place not only to ensure that the work to deliver the strategy progresses as planned, but that it will deliver real change for the health and well-being of working age people. We will ensure high-level commitment, by placing responsibility with a joint ministerial group from the Department for Work and Pensions and the Department of Health reporting to the respective Secretaries of State and working in partnership with Ministers from Scotland, Wales and other government departments.

The SOU, representing each department involved, will be responsible to Ministers for the development and implementation of this strategy.

We are anxious to make rapid progress and seek to achieve the following after the launch of the strategy in October 2005:

- appointment of a national Director by the end of 2005;

- holding of a stakeholder summit early in 2006;

- publication of outcome measures by early 2006;

- publication of our Charter for Health, Work and Well-being by spring 2006, including an Action Plan;

- publication of a follow-up document to inform the national debate in spring 2006, which sets out the future direction of the strategy; and

- holding of conferences, meetings and workshops across the country, bringing together key stakeholders to seek their views and to develop proposals for the further development of the strategy.

Conclusion

What will a successful strategy mean?

The Government, at both national and local levels, will work together with employers, trade unions, individuals, professional organisations, voluntary bodies and a range of other stakeholders to deliver this strategy with determination and long-term commitment.

- We will adopt a modern and flexible approach; we will not allow the old institutional barriers to hinder us in the pursuit of our goals.

- We will focus on supporting and empowering individuals, whether in work or not, to protect and improve their own health.

- By engaging with employers, employees and potential employees, local people and sectoral representatives from the outset, we will be able to address any needs and plan together how delivery will be achieved.

- We will learn from the successes, and failures, of the past; we will look at local pockets of excellence where barriers have been overcome by people working together at local level.

Success should lead to:

- improvement in the health and well-being of people of working age;

- increased employment – with more people able to work than ever before;

- optimal performance and attendance – with people at work for more of the time;

- people and their employers empowered to promote and protect their own health;

- increased productivity – so that people are more effective when they are at work;

- a reduction in health inequalities and social exclusion – resulting in benefits for individuals, families, communities and society;

- people being able to work to a later age if they wish; and

- people with health problems or disabilities being able to optimise work opportunities.

Definitions and references

Definitions

Throughout this document references are made to *occupational health* and to *working age*. For clarity these terms are considered to cover the following:

- **Occupational health** – covering the health and well-being *not* just of people in work but people seeking to enter or return to work.

- **Working age** – the age to which people wish to work or State Pension Age, whichever is the later.

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