

**COMCARE "Work 4 Health Forum"**  
**Canberra 26 October 2010**

**Working for a  
healthier tomorrow**

**Dame Carol Black**  
**UK National Director for Health and Work**



**HEALTH WORK WELLBEING**

# What is our overall goal?

Healthy, engaged  
workforces

Well-managed  
organisations

- A high-performing, resilient workforce
- Enhanced productivity

Contributing to:

- A well-functioning society
- Better economic performance

People with chronic diseases disabilities must be part of this goal.

# Work is generally good for Health

**Galen (129-200)**

Employment is nature's physician and is essential to human happiness.

**Theodore Roosevelt (1858-1919)**

The best prize that life offers is the chance to work hard at work worth doing.

**Waddell and Burton (2006)**

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



**Work is a social determinant of health**

**Work is generally good for physical health and well being.**

***Waddell and Burton 2006.***

# Good Work

Good work



Better health

Characterised by:

- Job security
- Varied and interesting
- Workers have some autonomy, control and task discretion
- Fair rewards (not just financial) for efforts
- Supportive social relationships with strong social ties within the workplace
- Worker engagement



**Poor relationships & poor work environments  
can lead to poorer health.**

# The UK Welfare System and Work

- The UK welfare system provides help and support for people of working age who:
  - are in low paid jobs, or
  - are out of work (including for health and disability reasons).
- The system is a combination of **social protection measures** (benefits) and tailored **training and support programmes** managed through government agencies.
- In October 2008 Incapacity Benefit (IB) was replaced by **Employment & Support Allowance** (ESA) for new claimants
- **ESA** follows a more rigorous regime, with an early Work Capability test, greater focus on rehabilitation and greater conditionality and support.
- **Major changes are now planned by the new coalition government.**

# The UK Healthcare System

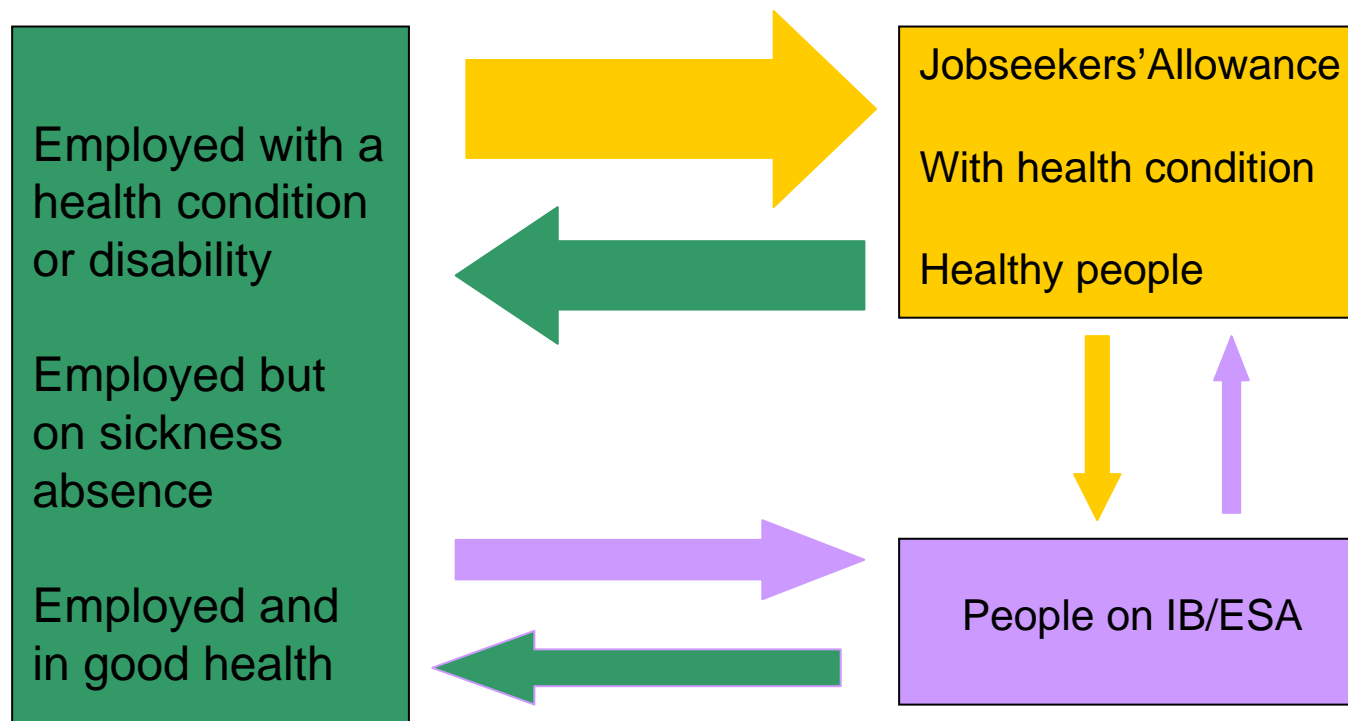
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- The UK **National Health Service** (funded from general taxation, covering the entire population, and free at the point of delivery) is divided into primary and secondary care.
- **Primary Care** is controlled by regional Strategic Health Authorities through the Primary Care Trusts (a Trust being a local board of unpaid appointees).
- **Primary Care** is the first point of contact for the public, and includes family doctor (GP) practices, pharmacists, opticians and dentists.
- **Secondary Care** is hospital care.
- Major changes are now planned by the new coalition government.

# The challenge

“The scale of the number on Incapacity Benefits represents an historic failure of healthcare and employment support to address the needs of the working-age population.”  
*Working for a Healthier Tomorrow (Black 2008)*



**Worklessness is a greater risk to health than many 'killer' diseases**

Source – UK Department of Work and Pensions, 2009

# The Fundamentals

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- **Enabling people to be in productive work is a health issue**
- **Worklessness is a greater risk to health than many 'killer' diseases**
- **People's social and economic circumstances affect health throughout life, so health policy must be linked to the social and economic determinants of health.**
- **Work is a social determinant of health.**

# Costs of working-age ill-health

## Financial

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

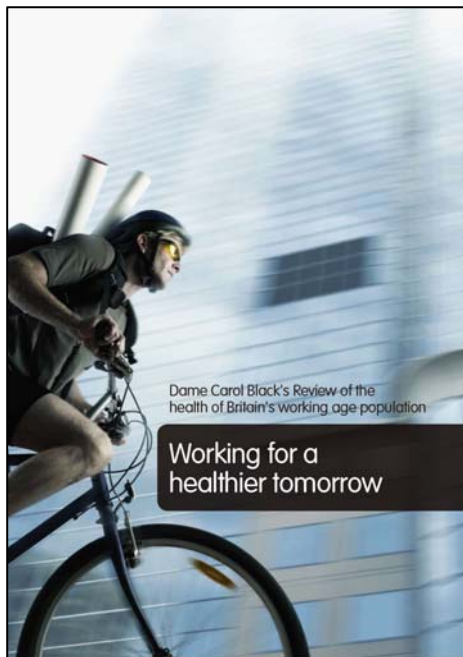
## Social

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

*Lane Lecture, University of Manchester, November 2007*

# A new vision for health and work

A Review of the health of the working-age UK population, commissioned in 2007 by the Secretaries of State for Health and for Work and Pensions.



“At the heart of this Review is a recognition of, and a concern to remedy, the human, social and economic costs of impaired health and well-being in relation to working life in Britain.

**The aim is ... to identify the factors that stand in the way of good health** and to elicit interventions, including changes in attitudes, behaviours and practices – as well as services – that can help overcome them.”

*Working for a healthier tomorrow, 2008*

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

# 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

## **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
- Health, work and well-being not part of training curricula or clinical practice
- Poorly-informed healthcare professionals

## **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

# Impact on the next generation

## Evidence that :

- families with no-one working are more likely to suffer persistent low income and poverty
- lower parental income correlates with poor health in children
- child deaths from injury correlate with low employment status and worklessness
- behavioural and conduct disorders are more likely where no parent is working
- children of workless households are more likely to experience worklessness themselves when adult
- **Almost one in five households across the UK is workless**



# Inactive and young

- **In 2006, just as in 1997**, almost a fifth of those aged 16 to 24 were not in employment, education or training – currently this is 1.4 million young inactive.
- **Male joblessness and single motherhood correlate strikingly.** In Liverpool male unemployment rose from 12% in 1971 to 30% in 2001; over the same three decades the proportion of families headed by a single parent rose from 11% to 45%.



“The taxpayer has become the father” - one in four UK mothers is single.  
“The men have no role. The State has helped create a class of jobless serial boyfriends who prey on single mothers on benefits.”

**“Those men need a chance, not a benefits system that undermines them.”**  
Camilla Cavendish, Opinion, The Times, 28 May 2010

# The old UK 'Sick Note'

- For the past eighty years or more, a family doctor (General Practitioner (GP)) in a local surgery assessed a person's health and ability to work.
- The old 'Medical Certificate' form required the doctor to state whether or not the patient could work, and how long they should refrain from work if sick.
- **Partial ability** to work was not overtly considered.
- The employee took the note to the employer, for payment of occupational or statutory sick pay (SSP).
- SSP lasts for 28 weeks

**FOR SOCIAL SECURITY AND STATUTORY SICK PAY PURPOSES ONLY**

**NOTES TO PATIENT ABOUT USING THIS FORM**

You can use this form either:

1. For Statutory Sick Pay (SSP) purposes - fill in Part A overleaf. Also fill in Part B if the doctor has given you a date to resume work. Give or send the completed form to your employer.
2. For Social Security purposes - To continue a claim for State benefit fill in Parts A and C of the form overleaf. Also fill in Part B if the doctor has given you a date to resume work. Sign and date the form and give or send it your local Jobcentre Plus or social security office QUICKLY to avoid losing benefit.

**NOTE:** To start your claim for State benefit you must use form SC1 if you are self-employed, unemployed or non-employed OR form SSP1 if you are an employee. For further details get leaflet IB1 (from Jobcentre Plus or social security office).

**Doctor's Statement**

In confidence to  
Mr/Mrs/Miss/Ms .....

I examined you today/yesterday and advised you that

(a) You need not refrain from work .....  
(b) you should refrain from work for\* .....  
OR until .....

Diagnosis of your disorder causing absence from work .....

Doctor's remarks .....

Doctor's signature ..... Date of signing .....

**Arun Kumar Singh**  
35-37 Wynyard Road, , Hartlepool, TS25 3LB

Form Med 3

**NOTE TO DOCTOR\***† See inside front cover for notes on completion

# Necessary changes to education and training

All healthcare professionals need to understand:

- Good work is good for health and well-being
- A return to functional capacity, and a sustained return to work where appropriate, should be key indicators of clinical success in the treatment of working-age people
- The importance of work-related issues within the healthcare setting (e.g. Vocational Rehabilitation, communication with employers, etc)



**Education and training at the undergraduate and postgraduate levels are urgently needed.**

# Insights from GPs

## Key Disincentives to Change :

1. **Reluctance to disrupt relationship** with patient by refusing sick notes
2. **Inadequate training** in work-related health issues
3. **Reluctance to break patient confidentiality** by engaging more directly with employers

## Other Barriers to Change :

4. General reluctance to increase / expand workload
5. A lack of or inconsistent access to suitable return-to-work services
6. No recourse / alternative action if they feel patients are malingering (no RM7 forms to alert DWP)
7. Local economic conditions
8. Benefits system which they see works against encouraging people (back) into work

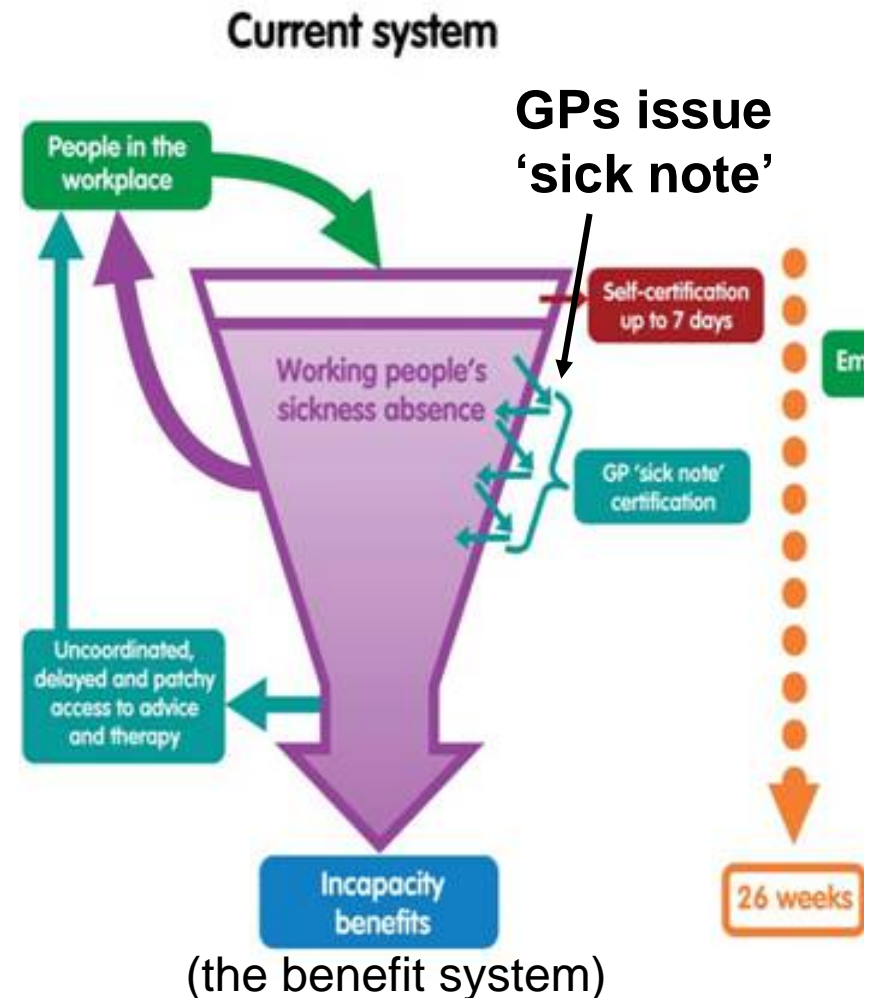
# The Compact

- GPs are the first port of call for most individuals when work-related health problems develop, but all healthcare professionals must be supported to understand better the positive links between work and health
- The **Consensus Statement**, signed on 5 March 2008 by the leaders of the healthcare profession, is a pledge to promote the link between good work and good health



# The current situation: the need for early intervention

- Work-related ill-health often not life-threatening, but **life-diminishing**
- In UK there have been no clear pathways of rehabilitation, no clear standards, and treatment all too often slow and inefficient, often with a poor outcome for the patient
- GPs have no easy access to expert help or OH advice
- Repeated Sick Notes can lead to worklessness – this is Bad Therapy!
- **Problems are often mild and treatable**



# The workplace.

## Findings of the Black Review (2008)

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

**And yet, the workplace provides great potential for prevention & promotion**

# The Power of the Workplace for Health and Productivity Improvement

## The potential for large-scale health impact:

- 28.5 million employees in the UK
- families of employees extend impact further.



## Advantages of the workplace:

- a microcosm of society, as to age, gender, income, ethnicity
- powerful communication and education structures
- a culture of health at work can reinforce positive health behaviours
- employer/employee relationships can sustain healthy behaviour
- infrastructure for measurement of health outcomes is often in place.

# Health Promotion in the Workplace

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- First ensure that organisational capacity and capability are in place – good management is critical

then

- Employees are better able to embrace healthy choices

# Occupational Health in the UK

Occupational Health services reflect the historical view of 'industrial medicine' as a benefit to employers which should be financed by them. (However, currently only 30% of employees have access to OH via their employer.)

A new model has to be put in place to reflect the current profile of employment in Britain, requiring new partnerships and new ways of working across traditional boundaries. Occupational Health must make a greater contribution to the health of the national economy.

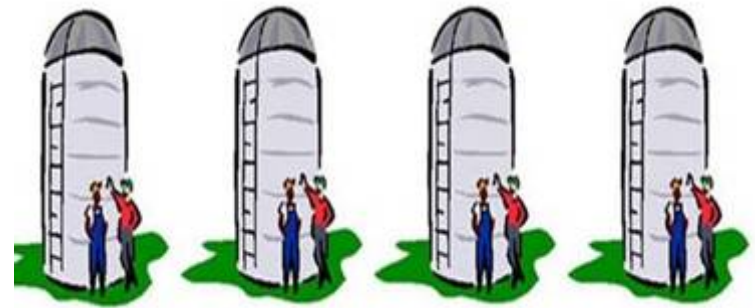
“ If we are to change fundamentally the way we support the health of working age people, then we have to address a number of challenges which face Occupational Health as it is currently configured.”

*Working for a healthier tomorrow (2008)*

# Challenges facing Occupational Health in the UK

- detachment from mainstream health care
- little communication with other specialties
- limited remit
- uneven provision, only in workplaces
- diminishing workforce
- shrinking academic base
- lack of good quality data
- image and perception

*Working for a healthier tomorrow, 2008*



Working in silos

**The challenge** for a new paradigm of OH is to examine the care pathways for working people and find new ways to support them before, during and after illness at work.

**What form should good OH services take in the 21<sup>st</sup> century ?**

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

- Two-thirds of sickness absence and long-term incapacity is due to mild treatable symptoms, often with inappropriate 'medicalisation':
  - Depression, anxiety, stress (est. cost £28.3 bn in 2008)
  - Musculoskeletal conditions – often soft tissue (est. cost £7 bn in 2007)
- Cardio-respiratory and other chronic conditions and disabilities
- Poor retention in the workplace of those with disabilities or chronic disease
- Old 'sick note' often detrimental to health and future well-being, especially if repeated



'Causes of the causes' ?

# Historical Perspective: 1957

*Clinical Aspects of Absenteeism*, R.S.H 10, 1957, p.681

Paper by **Sir Walter Chiesman**, Treasury Medical Adviser,

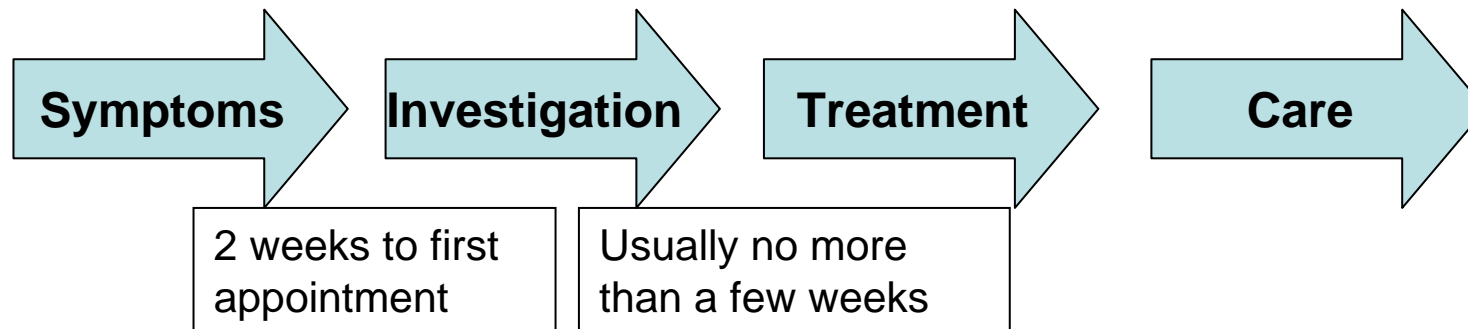
“**Absenteeism** is a much more complex problem, mainly because, although disease initiates absence, the time taken to return to work is influenced by a multitude of social factors little to do with medicine, and the pathological diagnosis of the disease is often in doubt.”

“Absence from work is an inaccurate measure of morbidity – 90% of minor illness does not lead to incapacity. Absence often depends not on a particular disease process but on the **standard of health for work that the patient sets** – i.e. on the patient’s ability to adjust to the working environment.”

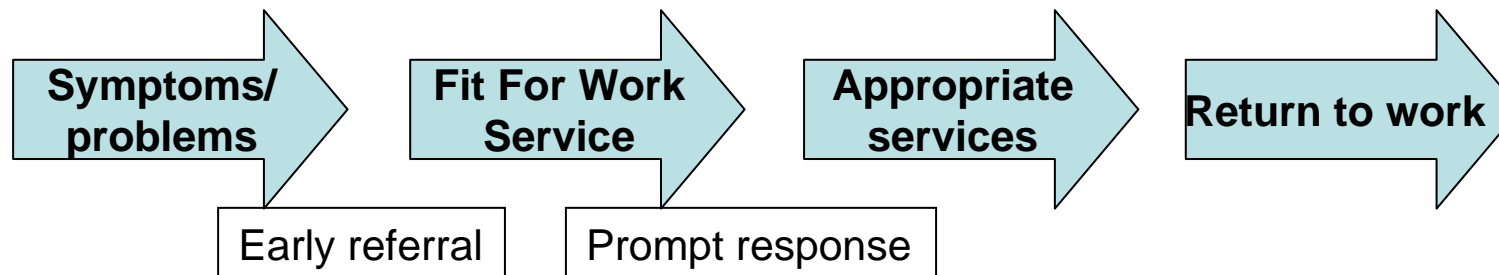
“Dissatisfaction with working conditions can often be counteracted by escape to outside interests, which unfortunately include ill-health and absence. ”

# Pathways of Care

Medicine to date has been creating pathways of care for physical conditions, e.g. cancer, heart disease:



We need to create **early efficient pathways of care** for problems and disabilities (physical, mental, bio-psycho-social) which impede people's ability to work:



# What problems are we dealing with ?

## Symptomatology

- Often mild
- Symptoms not 'diseases' e.g.
  - back pain
  - musculo-skeletal symptoms
  - stress
  - anxiety, mild depression
- Few investigations required
- Diagnosed with relative ease
- **Intervention needs to be early**, often non-medical, good vocational rehabilitation, regular contact between employee and employer.
- **Prevent chronicity**

## Diseases and Disabilities

- Often chronic
- Examples
  - chronic rheumatic diseases
  - endogenous depression
  - bipolar disorders, schizophrenia
  - diabetes, cancer
  - post-trauma disability
- Investigations more extensive
- Diagnosis can be difficult
- Treatment – good medicine, good flexible employers, plus rehabilitation
- **Prevent deterioration**

# Black Review: Recommendations and Initiatives

<b>Fit Note (replacing old 'sick note')</b>	In use from 6 April 2010
<b>11 'Fit for Work' service trials – early intervention</b>	Live 2009 -2011
<b>Public sector exemplar: Boorman review of NHS staff health in England</b>	Recommendations included in NHS Operating Framework 2010/11
<b>National Standards for provision of OH services</b>	Published Jan 2010
<b>Council for Health and Work</b>	Established 2009
<b>Regional Co-ordinators of health, work and well-being</b>	Live 2009-2011
<b>Education and training initiatives for GPs and secondary care professionals</b>	Live 2009-2011
<b><i>Working our way to better mental health: a framework for action</i></b>	Published Dec 2009
<b>Occupational Health Adviceline for SMEs</b>	Live 2009-2011
<b>Challenge Fund for Small and Medium Enterprises</b>	Live 2009-2011
<b>Free interactive Workplace Wellbeing Tool</b>	Launched 2010

**All designed to maximise health and wellbeing**

# From 'sick note' to 'fit note'

- For the past eighty years or more, a GP assessed a person's health and ability to work.
- The old form required the doctor to state whether or not the patient could work, and how long they should refrain from work if sick.
- **Partial ability** to work was not considered.

## New Fit Note:

Statement of fitness for work  
For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that:  you are not fit for work.  
 you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:  
 a phased return to work  amended duties  
 altered hours  workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for  or from  to

I will/will not need to assess your fitness for work again at the end of this period.  
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

Med3 04/10

## GPs share responsibility with employers:

- GP knows health condition and impact
- Employer knows job

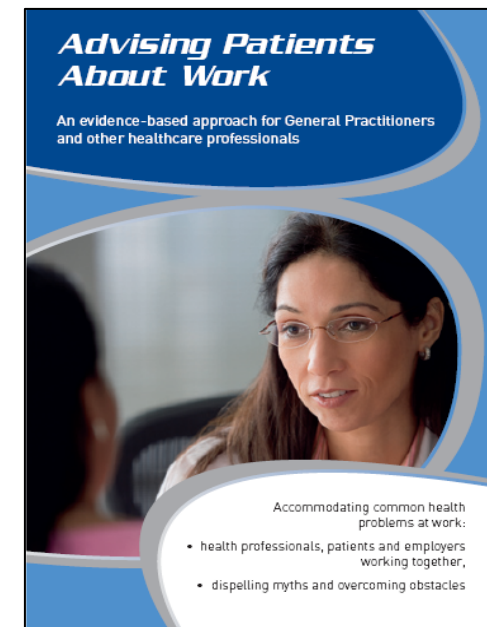
## Adjustments being made:

- Phased return to work
- Part-time working
- Working from home
- Flexible start times
- Different tasks
- Practical adjustments in the workplace.

**The old Sick Note could be detrimental to a patient's mental, physical and social well-being, particularly if repeated !**

# Education and Support for health professionals

- **‘Health and Work in General Practice’** – a national education programme for GPs
- **‘Healthy Working UK’** – a comprehensive web-based resource for primary health professionals
- **‘Health e-working for primary care’** – a modular e-learning package for primary care
- **‘Health e-working for secondary care’** – a modular e-learning package for secondary care
- **Royal College of Nursing** – web-based programme



- Plus Fit for Work Service and OH Adviceline  
08000778844

# Feedback from GPs

- “The forms stimulate a far more meaningful conversation with my patients on taking time off work for sickness as well as considerations on returning to work after a period of sick leave.”
- “Many examples of patients going back earlier to work mainly because a plan is established at a much earlier stage.”
- “One of my patients needed adaptations to get back to work earlier. They were put in place and enabled her to get back to work initially by working at home remotely using computers provided by the employer.”



# Training for managers on the Fit Note

By Acas, the UK's national Advisory, Conciliation and Arbitration Service



Our programme of **Fit Note** training courses continues to go well and we have reached approximately 3,500 delegates signing up and attending these courses. We will continue to advertise these events and anticipate ongoing interest.


In Acas we have a robust standardised process for evaluating our courses and regularly produce reports based on this evaluation.

Jane Bird, May 2010



# 'Fit Note' adjustments

Some anecdotal evidence suggests that employers can make recommended adjustments:

	Month 1	Month 2	Month 3
No need for adjustments	14	27	8
Adjustments made	19	42	21
Adjustments unable to be made	1	1	2

# Insights from employers/line managers

## Key Disincentives to Change:

1. **Not knowing/understanding the benefits** of health and well-being initiatives
2. Lack of awareness of the benefits of early intervention
3. Lack of incentive to look after low-skilled staff's welfare
4. Perception **that you do need to be 100% fit** to return to work

## Other Barriers to Change :

5. Present economic climate
6. Sickness Policy contributing to rather than encouraging change
7. Line managers ill-equipped to handle sickness absence and health/well-being issues
8. Unenlightened attitudes towards mental health / chronic pain
9. Perception of 'welfare and health issues' as 'nannying and fussing'

after Andrew Irving Associates, 2009

# Occupational Health Advice Helpline

- Provides SMEs and GPs with tailored occupational health advice, by advisers with special training in Mental Health
  - run in partnership with NHS Plus for GPs in England
  - Scotland Healthy Working Lives Advice line
  - Health at Work Advice Line Wales
- Around 200 calls a month
- Majority about sickness absence and attendance management
  - increasing number about the fit note
- Early results reveal 90% of callers find it useful or very useful



# Fit for Work Service pilots – co-ordinated early health and work support for individuals

**Aim** - To reduce sickness absence and avoidable job loss, through co-ordinated services. (Service started April 2010.)

## **How**

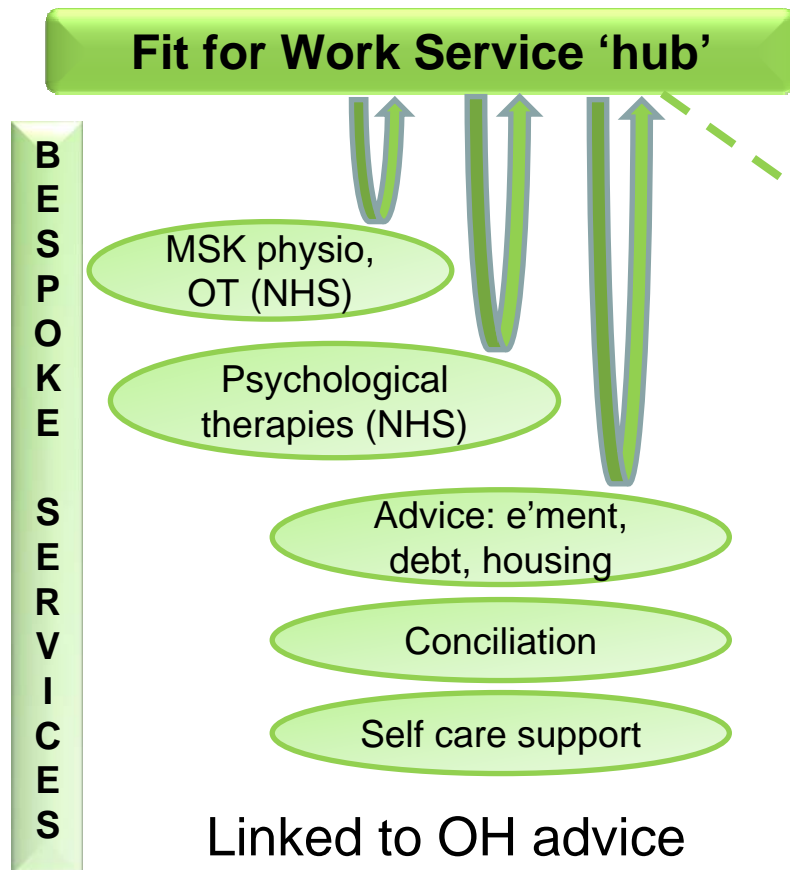
- Service for people off work sick, after 4 weeks away
- Eleven pilots in locations throughout GB, selected after stiff competition
- Early access to co-ordinated health treatment and employment support, including debt, housing, learning and skills, employer liaison, conciliation
- £13m pump-prime funds to co-ordinate, re-configure and procure health- and employment-related services (focus on common health conditions)
- Testing different local models – case-management a key component
- Variety of delivery partnerships – existing and new local consortia
- Robust evaluation

## **Ongoing activities**

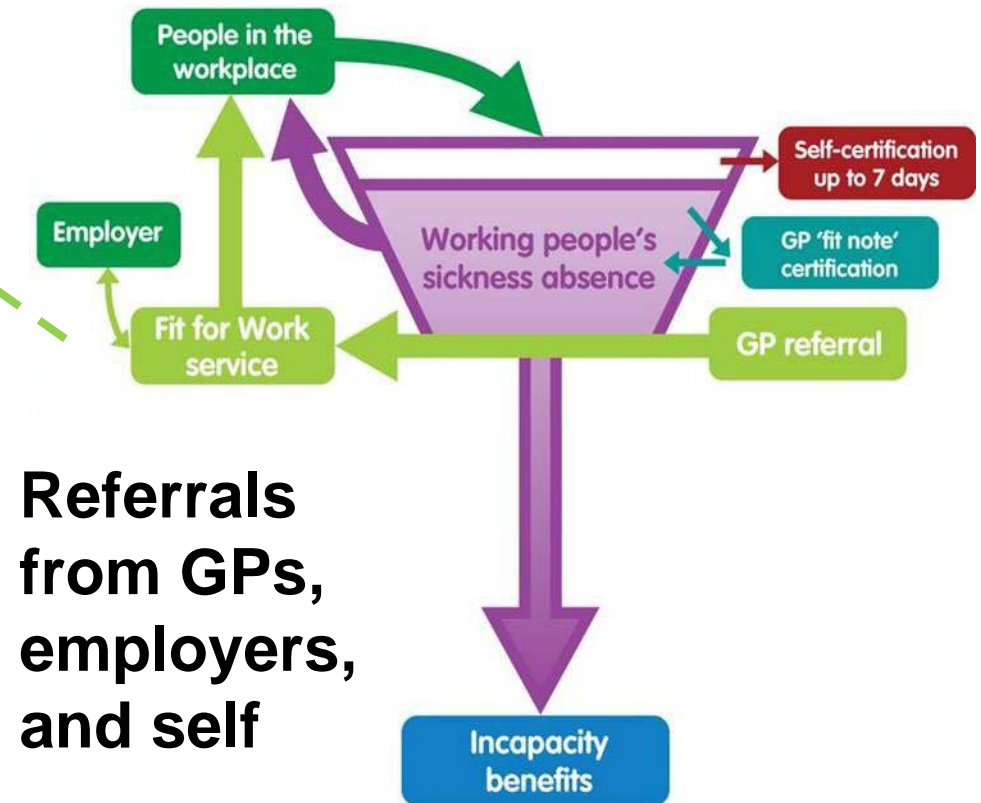
- Develop the learning network
- Link with the Occupational Health Adviceline and the HWWB Co-ordinators

# Fit for Work Service Pilots

FFWS Pilots: range of models



FFWS went live April 2010  
A new model for early intervention



All pilots are up and running.

# 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.**

# Common Mental Health problems

**The chief health problem of working age** in the UK - and at any age mental health problems may compound physical disorders.

Prevalence of mental health conditions requiring treatment increased from 14.1% of the adult UK population in 1993 to 16.4% in 2007 (ONS survey)

Mental health problems were cited by 40% of claimants for Incapacity Benefit in 2006 compared to 26% in 1996.

**Total cost** to UK employers is estimated at **£ 26 bn** per year (2006), including:

£ 2.4 bn in replacing staff who leave because of mental ill-health;

£ 8.4 bn in sickness absence (40% of the average 7 days off sick per year is for mental health problems); but

**£ 15.1 bn** in reduced productivity at work. 'Presenteeism' loses 1.5 times the working time lost due to absence, and costs more because more common among higher-paid staff. (Centre for Mental Health, 2010)

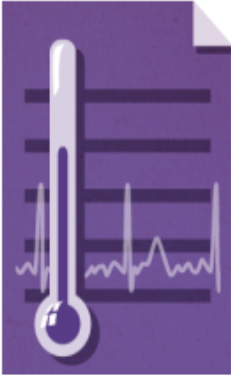



# Is there an economic Case for Investment in the Workplace?

## What do we know?

- Economic evidence of interventions and actions is promising but limited in the UK.
- The evidence is US dominated: there employers pay health care costs (approximately 30% of the overall costs of sickness) and thus have more incentive to promote better workplace health
- Much of the evidence has focused on interventions targeted at individuals rather than the workplace
- Interventions in the workplace can be of benefit to employees, employers and the public purse

# Workplace Well-being Tool

- Free on-line resource to help employers calculate financial costs of employee ill-health to their organisation
- Can be accessed at: [www.workingforhealth.gov.uk](http://www.workingforhealth.gov.uk)
- **Since launch in March 2010, there have been over 8,500 hits to the Welcome page, and over 2,500 users have created a profile to permit use of the full range of the tool's functions.**

What are my costs?	How do I compare?	How can I improve?	What's the benefit?
			
Use this section if you want to measure the cost of poor health and well-being in your organisation	Find out how you compare to other organisations by comparing your results to benchmarks	Get practical ideas that can help you to reduce your health and well-being costs in your organisation	Estimate the costs and benefits of investing in a well-being project by creating a business case or evaluation

# Workplace Well-being Tool

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- Use of the Workplace Well-being Tool has steadily grown since being launched in March 2010
- Since then more than 8,500 hits to the Welcome page
- 2,489 users have created a profile allowing them to use the full range of functions of the tool
- 1,052 registered their details allowing them to save their information
- 1,437 have accessed the tool via a trial account which allows full access

# Salford PCT: 'Working Well'

- Service for NHS staff with Musculoskeletal Disorders (MSDs) and related psychosocial problems
- Shine Award funding: **spend = £34,000** so far – £2000 under budget.
- **Estimated saving = £43,365.65**, mostly through reduction in sickness absence.
- Significant improvement in employees' functional capability.

# Ginsters- Manufacturers of Cornish Pasties

- Cornwall is one of the poorest areas in the UK.
- On average earnings are 25% below the UK national average.
- Ginsters is located in Callington, once a busy mining area, main industries now farming and tourism.
- From a population of 4,500, Ginsters employs 700
- Ginsters used to have a high staff turnover, high sickness absence, disengaged staff



# Ginsters: Wellbeing in the Workplace Project Idea

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- Initial data collected suggested:
  - Perceptions of fitness vastly differed from the reality
  - Higher than average levels of raised blood pressure
  - Poor diet choices and nutritional awareness
  - Very poor fitness levels
  - High percentage of smokers
- Of those who lived within a 2 mile radius of Ginsters – 75% drove to work!

# Ginsters: What they are doing

- Started July 2006
- On-site fitness suite: workplace coordinator
- Slimming club and nutritional sessions
- Health surgeries (drugs, alcohol, BP, BMI, diabetes, audio and weight management)
- Around 15 regular physically-based activities
- Taster sessions (e.g. canoeing, horse riding, archery, orienteering, scuba diving)
- New menus in Restaurant + free fruit for all staff
- Family and Community activities, e.g. allotments
- Reaching out to their suppliers and neighbouring small companies

# Business Case

**Ginsters are able to demonstrate to other businesses the economic viability of investment in health promotion within the workplace**

**Health insurance Premium reductions** *(cost per eligible employee)*

<b>2004/5</b>	<b>2005/6</b>	<b>2006/7</b>	<b>2007/8</b>
£338.44	£336.88	£306.45	£288.81

This is direct result of the reduction in the number of claims by employees

<b>Year</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Number of applicants</b>	2481	3641	3764
<b>Advertising Costs</b>	£50743	£33805	£18126

*Reduction in cost of advertising & agency fees indicate the trend of candidates approaching Ginsters direct and the impact of excellent staff stability.*

Staff satisfaction 58% → 78%

# The Challenge Fund

- Fund allocated to 73 small and medium sized businesses to improve health and welfare at work
  - Chess Telecoms 100 employees – free fruit and mineral water, on-site massages and health checks, health insurance and flu jabs
  - over 20% of employees now cycling to work, company providing showers to encourage more on to their bikes
  - Absence management monitored monthly
  - Long-term employees receive loyalty points to buy extra holidays, increase their level of health care, put more money into their pension
- **Results**
  - Rise in sales and profits over the last 3 years with an increase in profitability of 51% 08-09 to 09/10 attributed to healthy workplace initiatives (*Anne Binnie, Chess Telecoms HR & Compliance Director*)

# Relating to SMEs: Lessons learnt

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- Personalise the offer – face-to-face is best
- SMEs often do not perceive that they have a need
- Even if they do, they often do not know where to start
- Difficulty in making the business case – they need tools and exemplars
- Link them in to free public services wherever available
- Celebrate success!

# Regional co-ordinators

- 11 co-ordinators across England, Scotland and Wales

## Recent successes:

- Working with domestic violence support workers to reduce high staff turnover and absence related to stress
- Organising NVQ level 3 health and well-being training courses for NHS staff
- Engaging with SMEs to offer 'health at work advice' as part of the Healthy Heart of London Day



# Next steps, and the Further Horizon

## Next two years in UK :

- Maintaining progress and momentum
- Evaluation of pilots
- Measuring success
- Developing the next phase of work

## Challenges:

- **The need to work until later in life**
- **Increasing incidence of long term conditions (LTCs)**
- **An aging population and LTCs, with associated risk factors**
- **Lowest socio-economic groups least fit in middle age, yet often in most physically-demanding work**
- **The need to build from early years an emotionally-resilient and skilled workforce**
- **Links between sustainable development, health and work**

# The Coalition's Overarching aims 2010

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- To create an enabling society that maximises achievement of individual and community potential,
- To ensure social justice and health,
- and to bring long-term social and economic benefits.

# Useful Links

- **HWWB's new corporate site** for policy, research and information about the unit, for policy-makers, academics, the media, and interested public, with links to other HWWB content:

[www.dwp.gov.uk/health-work-and-well-being](http://www.dwp.gov.uk/health-work-and-well-being)

- **Information for businesses and employers:** new Guide on Improving Health and Well-being for Employees, at:

[www.businesslink.gov.uk/workingforhealth](http://www.businesslink.gov.uk/workingforhealth)

with pages on: business benefits; OH adviceline; HWWB Challenge co-ordinators, Fit for Work services, psychology therapy, and the Fit Note.

- **Public portal:** NHS Choices contains information on the Fit Note
- **Other useful sources:** [www.directgov.uk](http://www.directgov.uk) (e.g. relationship work and health)

[www.dwp.gov.uk/healthcare-professional](http://www.dwp.gov.uk/healthcare-professional) (for professionals)