

# **The Health of the Nation – and its links with work**

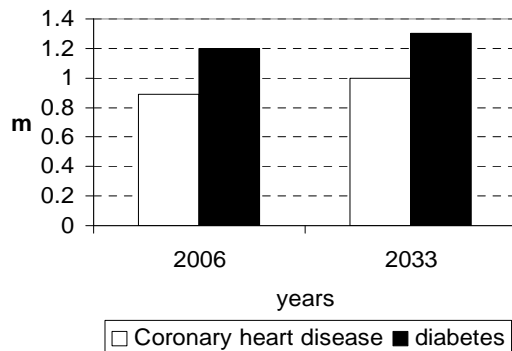
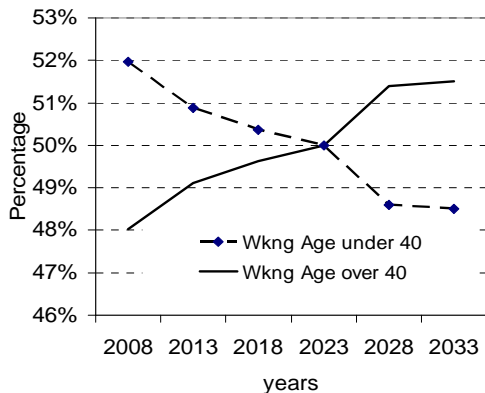
**Dr Bill Gunnyeon  
Chief Medical Adviser  
Department for Work and Pensions**



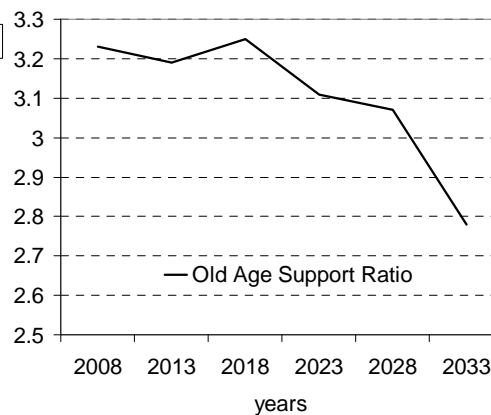
**HEALTH WORK WELLBEING**

# Demographic changes present an increasing challenge

## An ageing workforce



## With more chronic or progressive diseases

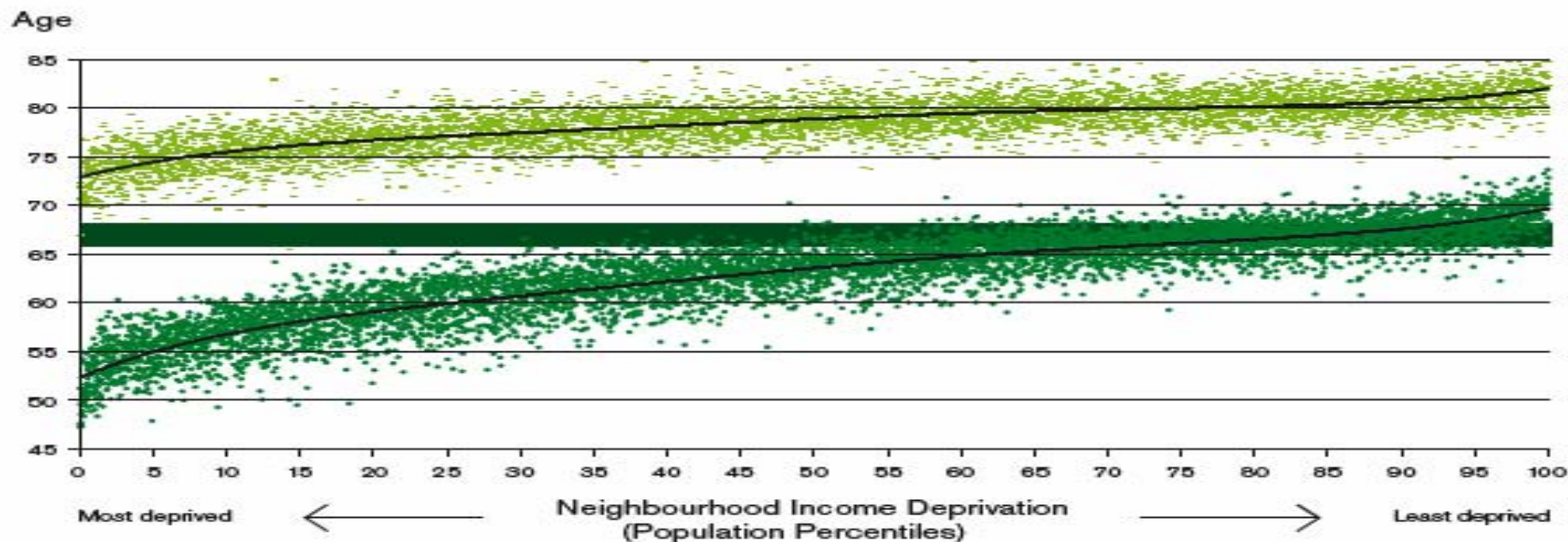


## Having to support more people of pension age



# Life expectancy and disability free life expectancy

Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



- Life expectancy
- DFLE
- Pension age increase 2026–2046

Source: Office for National Statistics<sup>5</sup>

•From Fair Society, Healthy Lives

# Sickness Absence – the statistics

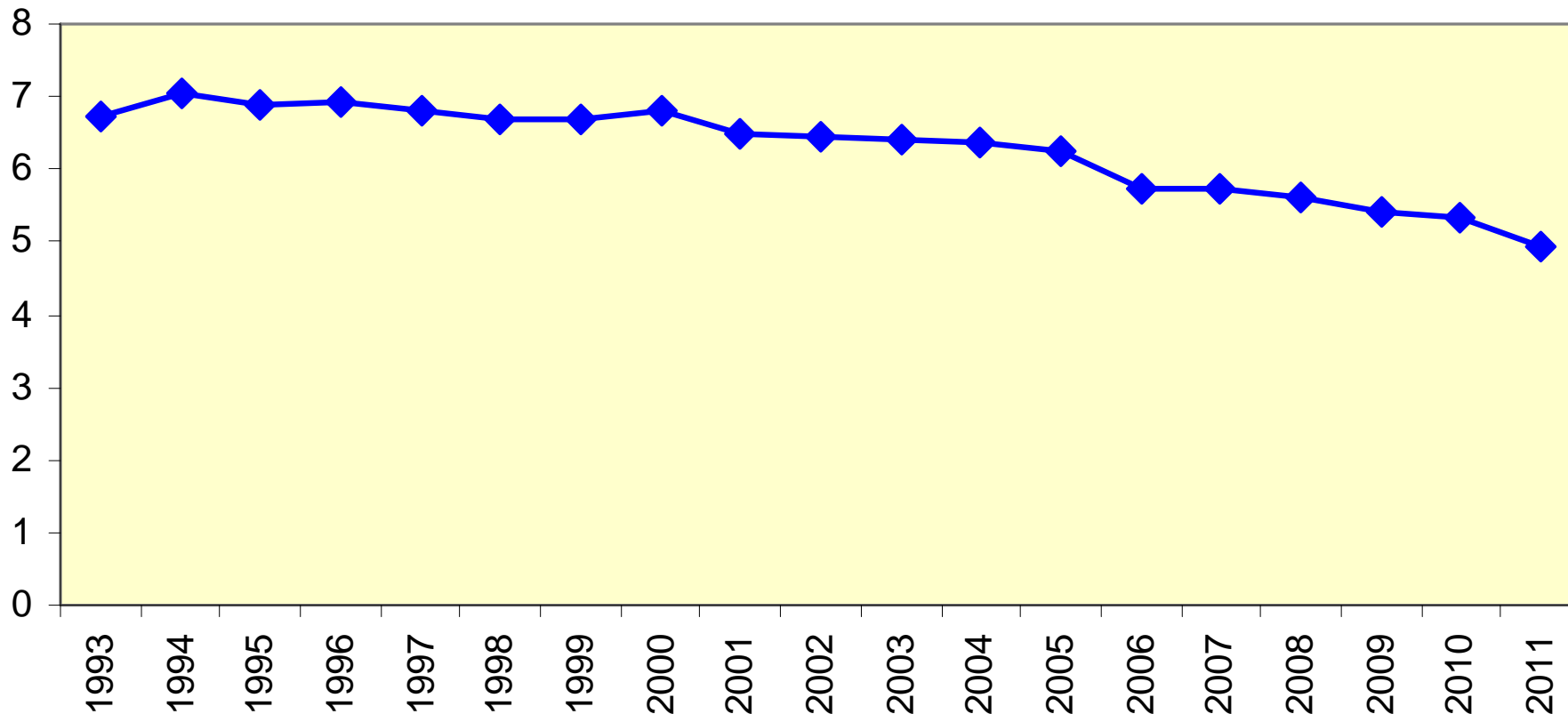
- Average working days lost per year **5 days**
- Total working days lost **135 million**
- Employees off sick in any one week **2.8%**
- Time lost from work in any one week **2.3%**
- Employed population with a long term health condition or disability **26%**
- Working age people with a long term health condition or disability that are in employment **58%**
- Employed population with a mental health condition **14.6%**



Source: all from Labour Force Survey 4 qtr average to March 2011 of men and women aged 16-64 in GB except for last bullet point which is from the Adult psychiatric morbidity in England 2007 household survey.

# Sickness absence over time

## Average days lost to sickness absence - GB



# Cost of ill health

	£ bn p.a.
Worklessness benefits	29
Foregone taxes	28-36
Extra healthcare	5-11
<b>Total Government</b>	<b>62-76</b>
Lost production from worklessness	63
Lost production from sickness absence	10
Informal care	25-45
Extra healthcare	5-11
<b>Total economy</b>	<b>103-129</b>

**Total direct costs of sickness absence are high but the costs of sickness-related inactivity are even higher.**



# What are we seeking to do?

- Bring about a change in **culture and behaviour**
- Create workplaces which both **protect and promote health**
- Reduce sickness absence, **job loss** and flow on to benefits
- **Improve work outcomes** for people with health conditions especially mental health conditions
- Support people to work to **a later age**
- Contribute to a reduction in **health inequalities and poverty**



# What evidence is there of progress?

## Health, Work and Wellbeing Baseline Indicators



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# Health, Work and Wellbeing Research

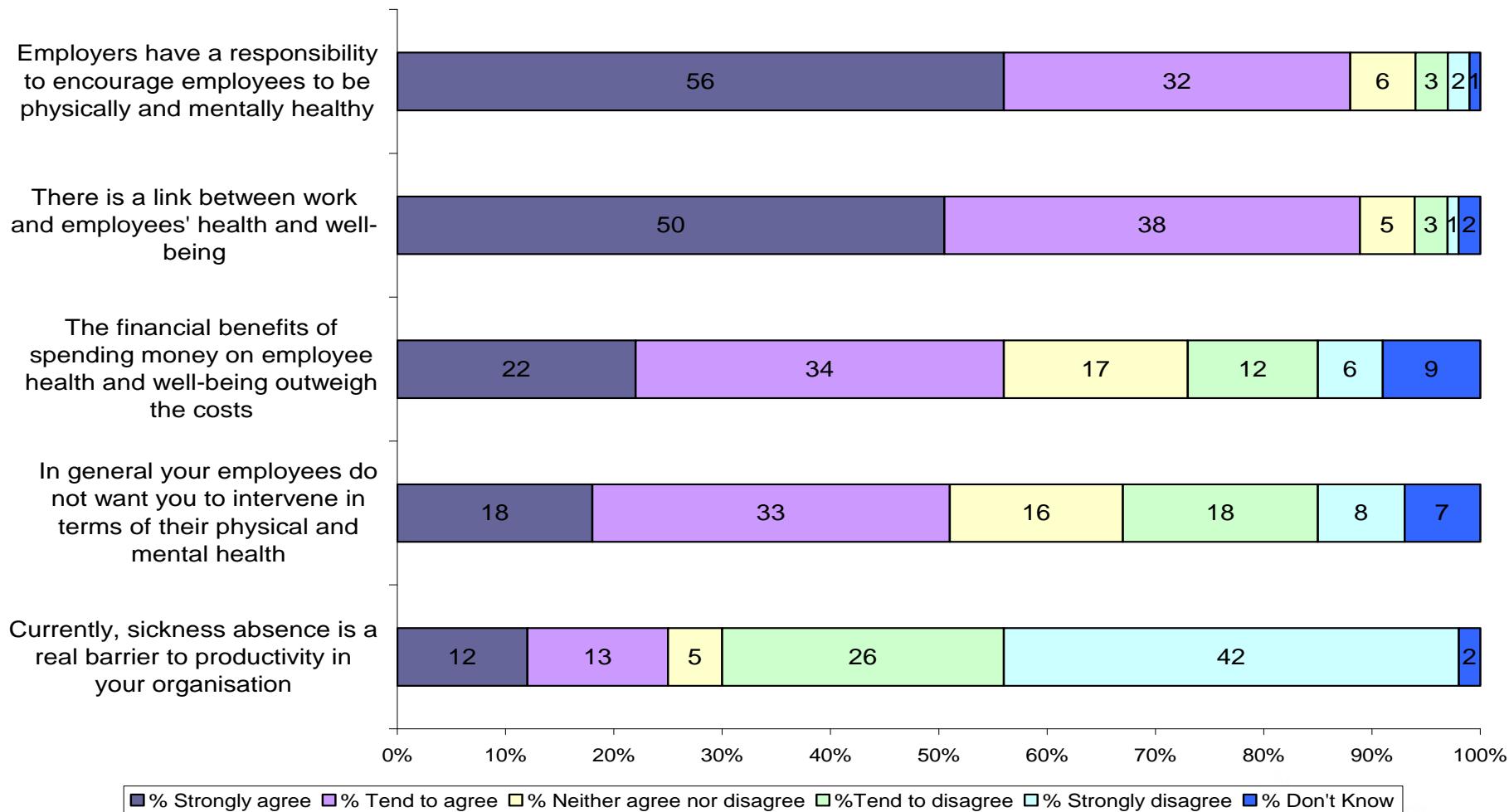
- 7 indicators (as per Chapter 5 of Govt response to Black Review)
- Over 20 sub-indicators
- Data collected through combination of:
  - Bespoke commissioned surveys
  - Use of existing surveys (e.g. Labour Force Survey) and administrative data
- Baseline report was published in December 2010 at <http://www.dwp.gov.uk/docs/hwwb-baseline-indicators.pdf> Plan to publish associated research reports in 2011.

# Health, Work and Well-being Research

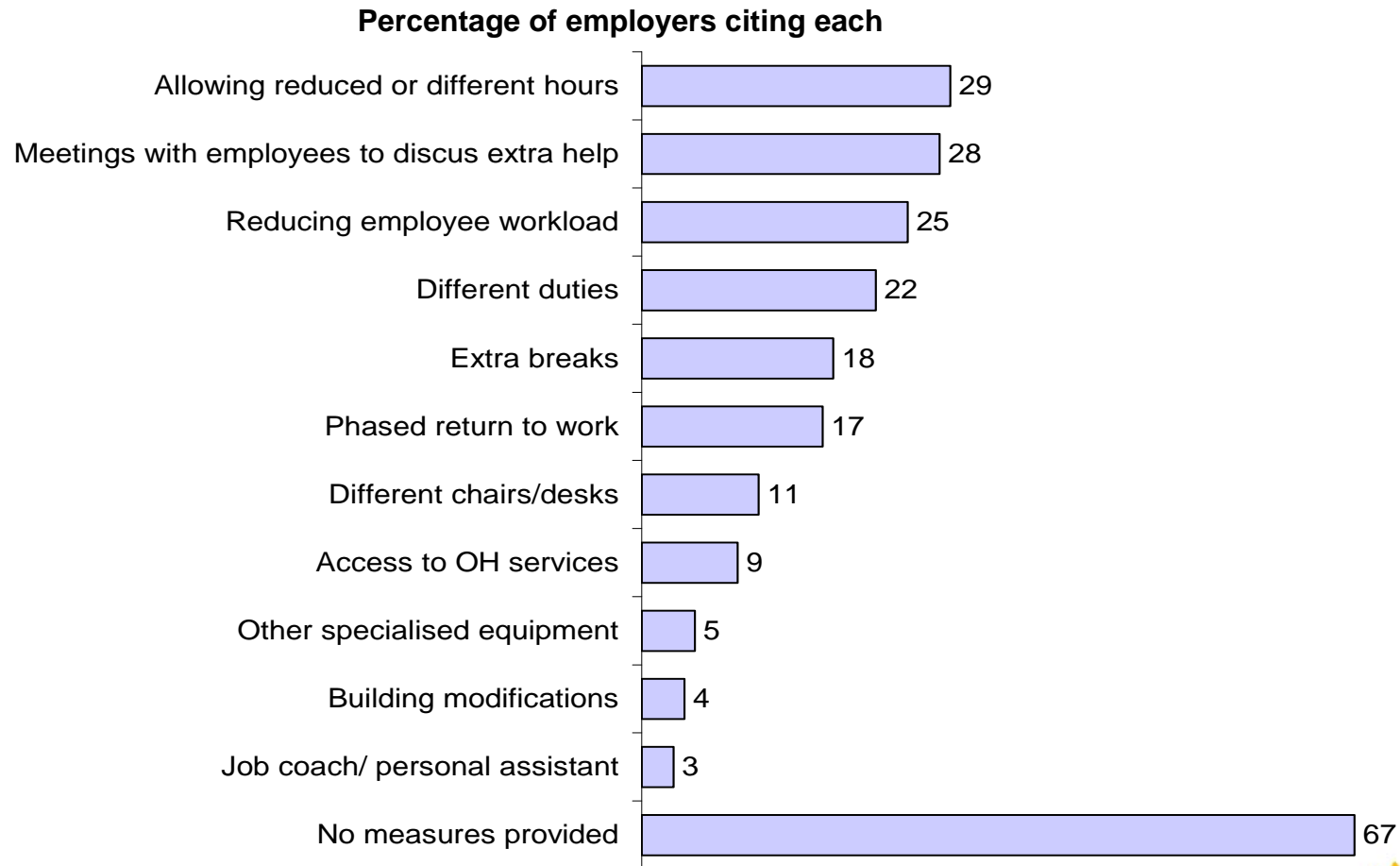
- A survey of employees - 2,109 employees in paid employment
  - A survey of employers - 2,250 employers of all sizes
  - Attitudes to health and work – 2,9675 working age adults
  - GPs attitudes to health and work – 1,405 GPs
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- Research carried out 2009-2010
  - Headline findings published in indicators report Dec 2010 (not GPs); Full findings expected July 2011
  - Summary of GP survey published on 5 April 2011



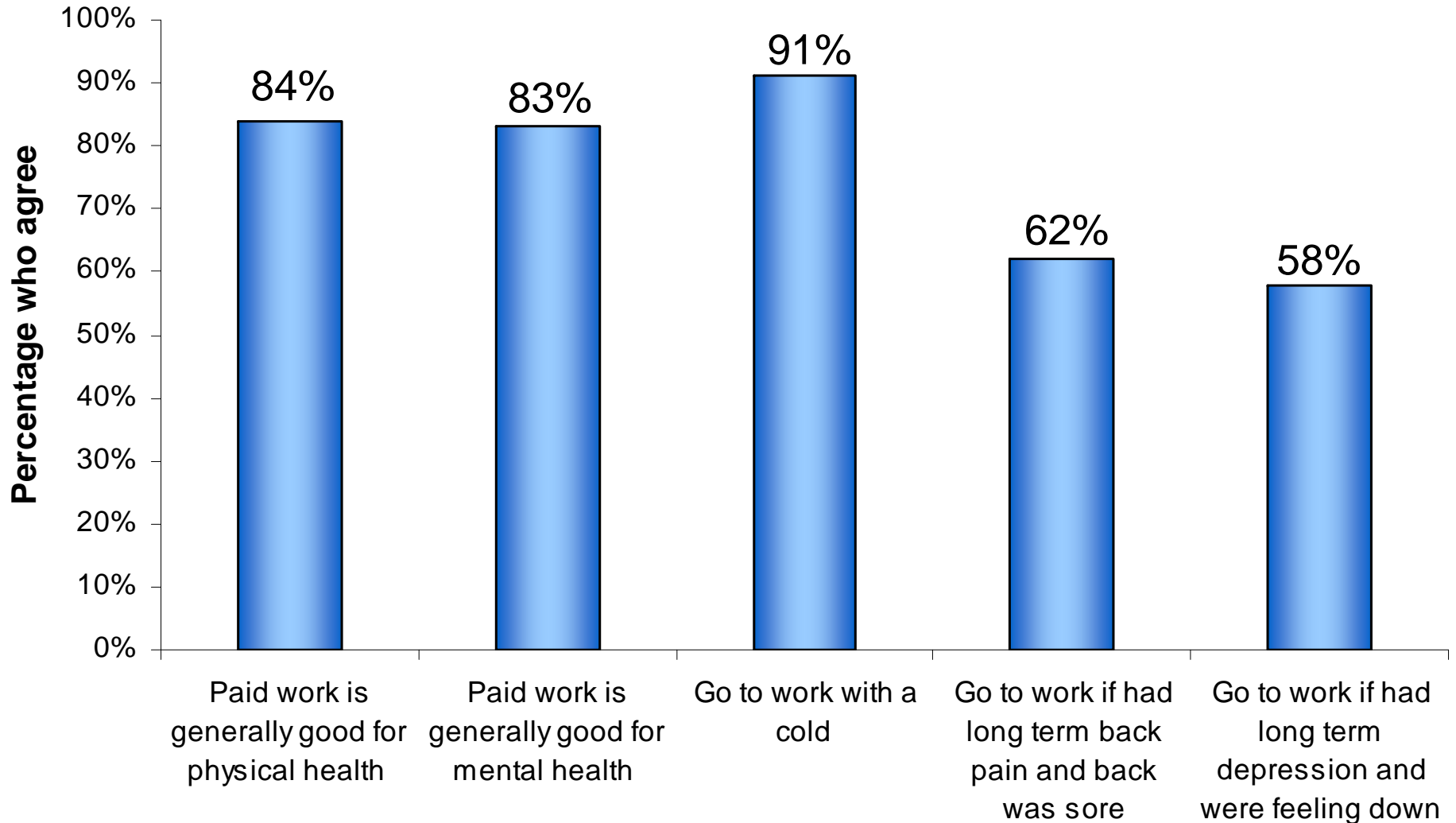
# Employers attitudes to health and well-being amongst their employees



# Measures used in the last 12 months by employers to help keep employees with health problems in work or facilitate their return to work



# Attitudes of working age adults to health and work



# A specific example

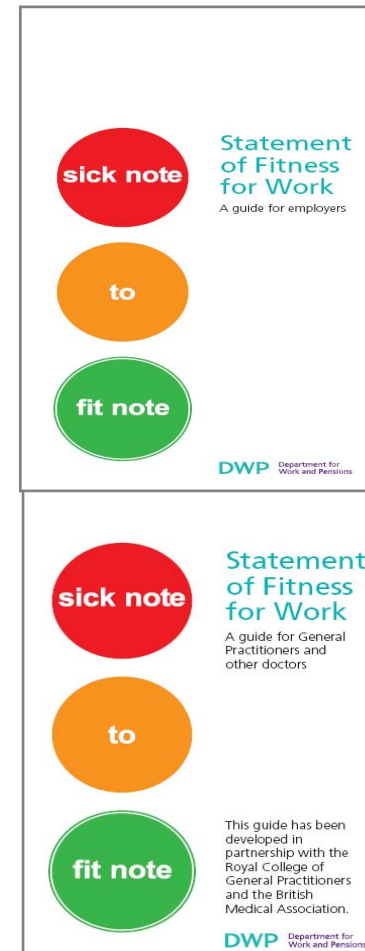
## Fit Note



# Implementation

- Statutory Instrument 137/2010 came into effect on 6 April 2010
- Employers guidance developed in partnership with CIPD, CBI, FSB, Acas, ABI and EEF
- GP guidance developed in partnership with RCGP and BMA
- Guidance for patients developed with RCGP Patient Partnership Group and TUC
- Guidance for Occupational Physicians developed with FOM and SOM

[www.dwp.gov.uk/fitnote](http://www.dwp.gov.uk/fitnote)



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# Early indications

- Many favourable comments from GPs and employers
- Utilisation of “may be fit for work ....” variable – 1% to 16+%
- Action by employers variable but some good case studies
- Many employers still insisting on people being signed back fit for work
- Still much work to do:
  - Increase use by GPs – including improving quality of advice
  - Increase action by employers
  - Improve understanding of individuals
- Will take 5 years to embed and achieve permanent culture change
- Working Group set up including representatives of GPs and employers



# Sickness Absence and Rehabilitation Survey 2011 - EEF

- 20% indicated Fit Note had already reduced sickness absence
- 28% agreed Fit Note had improved quality of return to work discussions between line manager and employee
- Proportion of companies contacted by GPs to ask about availability of adjustments doubled after Fit Note introduction
- Reduction in proportion of employers identifying GPs as a barrier to rehabilitation from 39% in 2006 to 26% in 2010

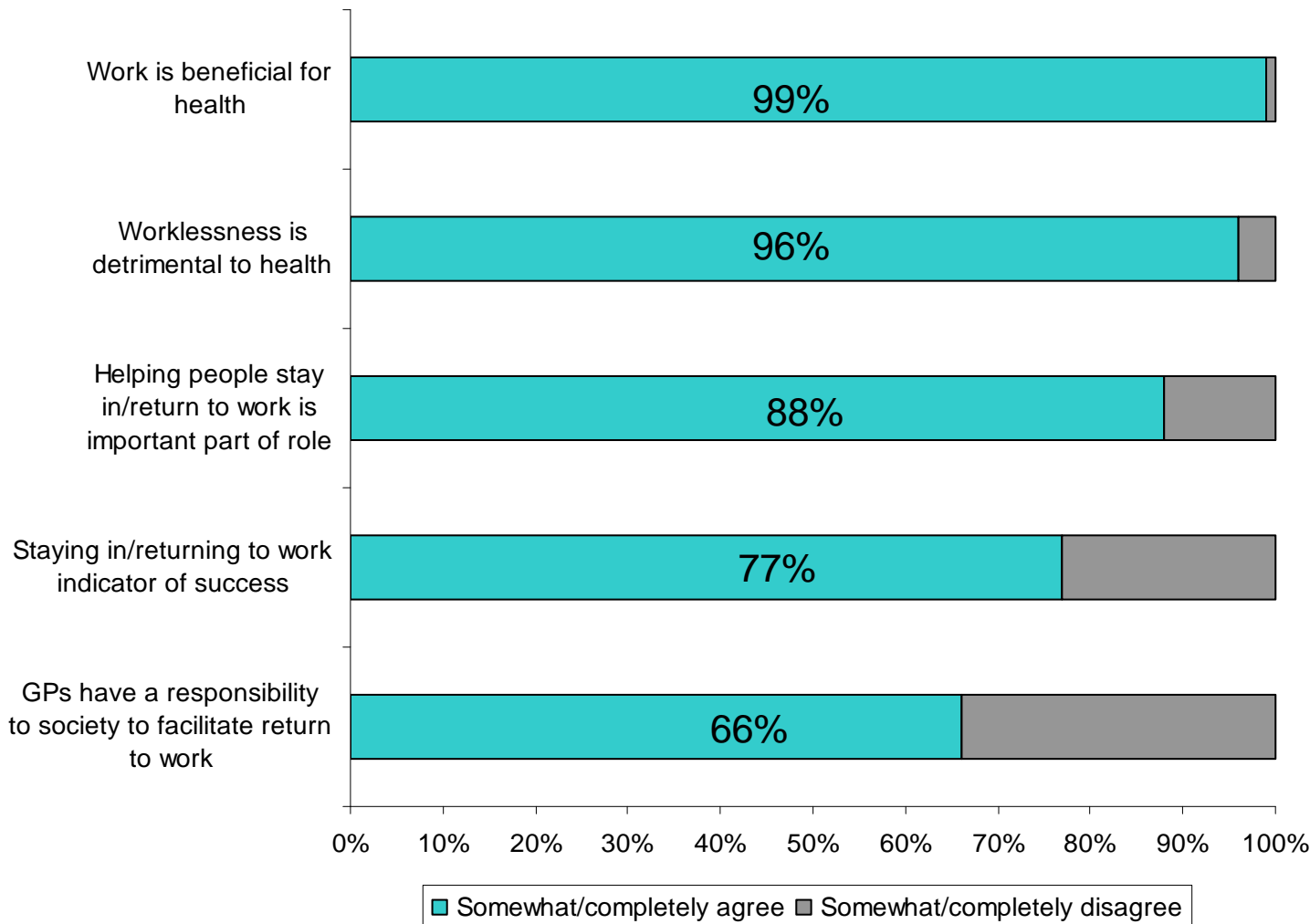


# GP Survey Results



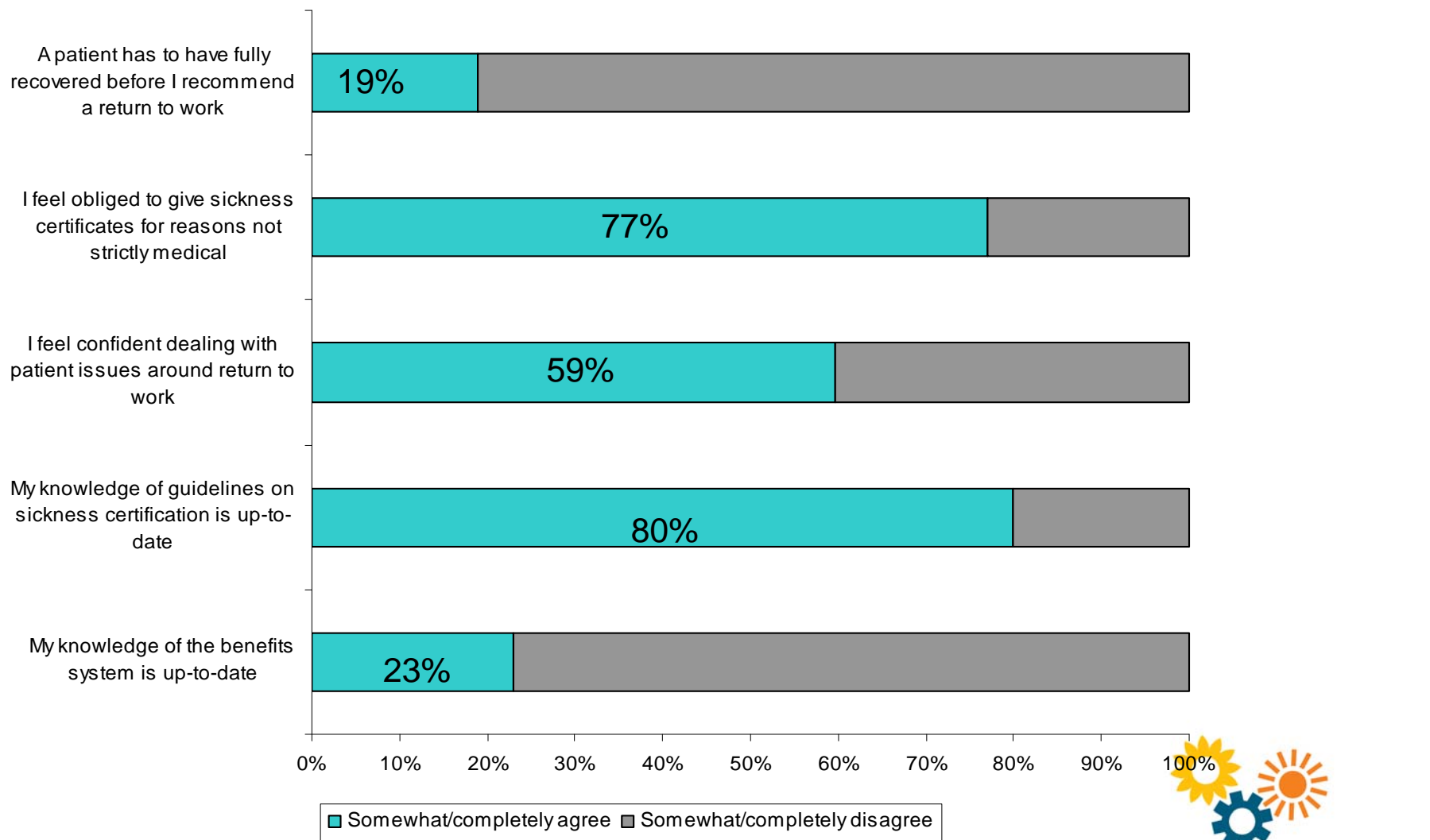
# GPs' attitudes towards patients' health and work

**99% of GPs agree that “work is generally beneficial for people’s health”**



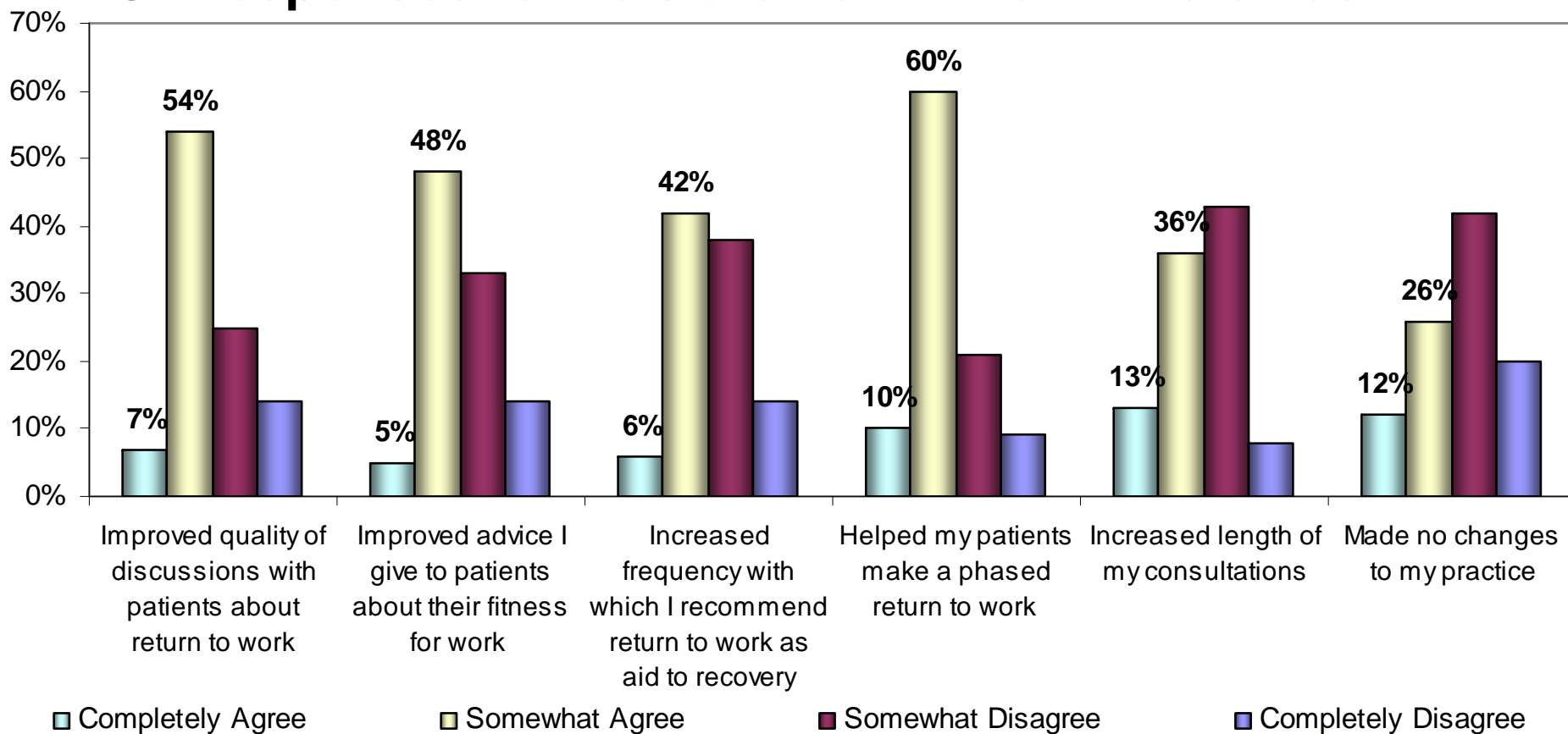
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# GPs' attitudes towards patients' health and work



# GPs' attitudes towards patients' health and work

## GP responses to the statement: The Fit Note has....



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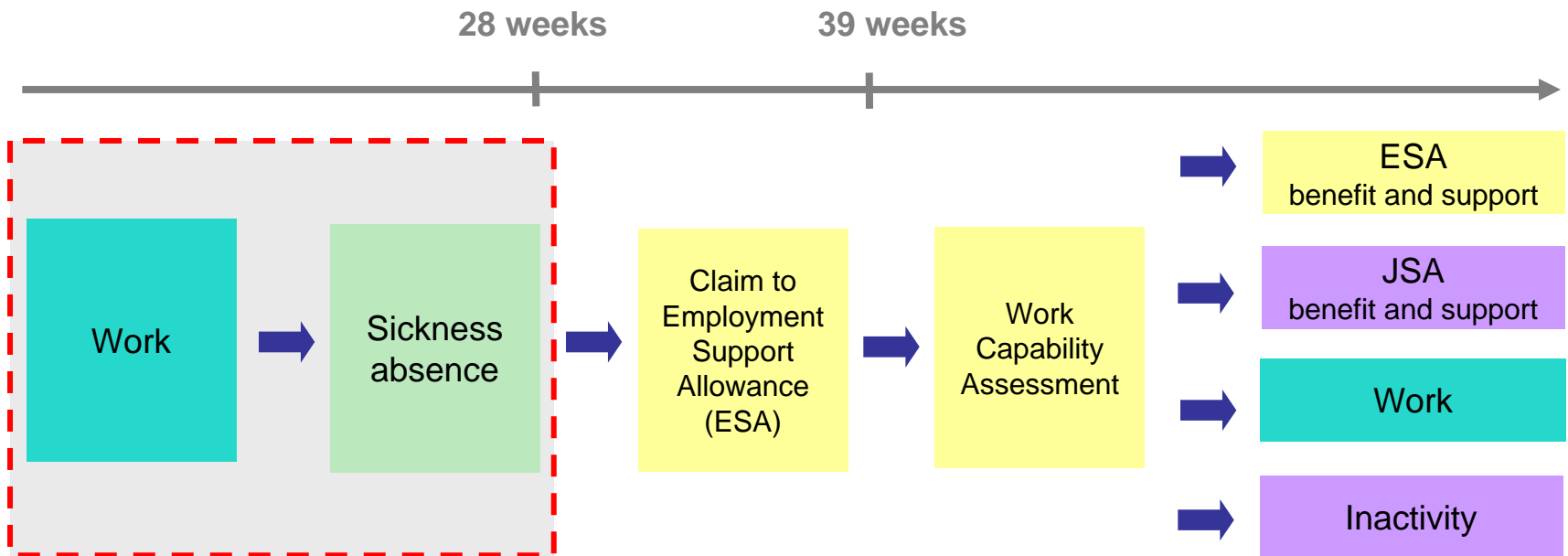
# Independent Review of Sickness Absence

- Announced by the Prime Minister on 17 February 2011
- Jointly sponsored by DWP and BIS
- Co-reviewers:
  - Dame Carol Black
  - David Frost, Director General, British Chambers of Commerce
- Aims of the review:
  - To explore how the current sickness absence system could be changed to help people stay in work, reduce costs and contribute to economic growth;
  - To examine whether the balance of these costs is appropriately shared between the State, individuals and employers;
  - To make tangible recommendations for system change; and
  - To ensure that recommendations for change are consistent with promoting private sector growth and minimising burdens on business and in particular small and medium-sized businesses.
- The review will report later in the year



# The current journey

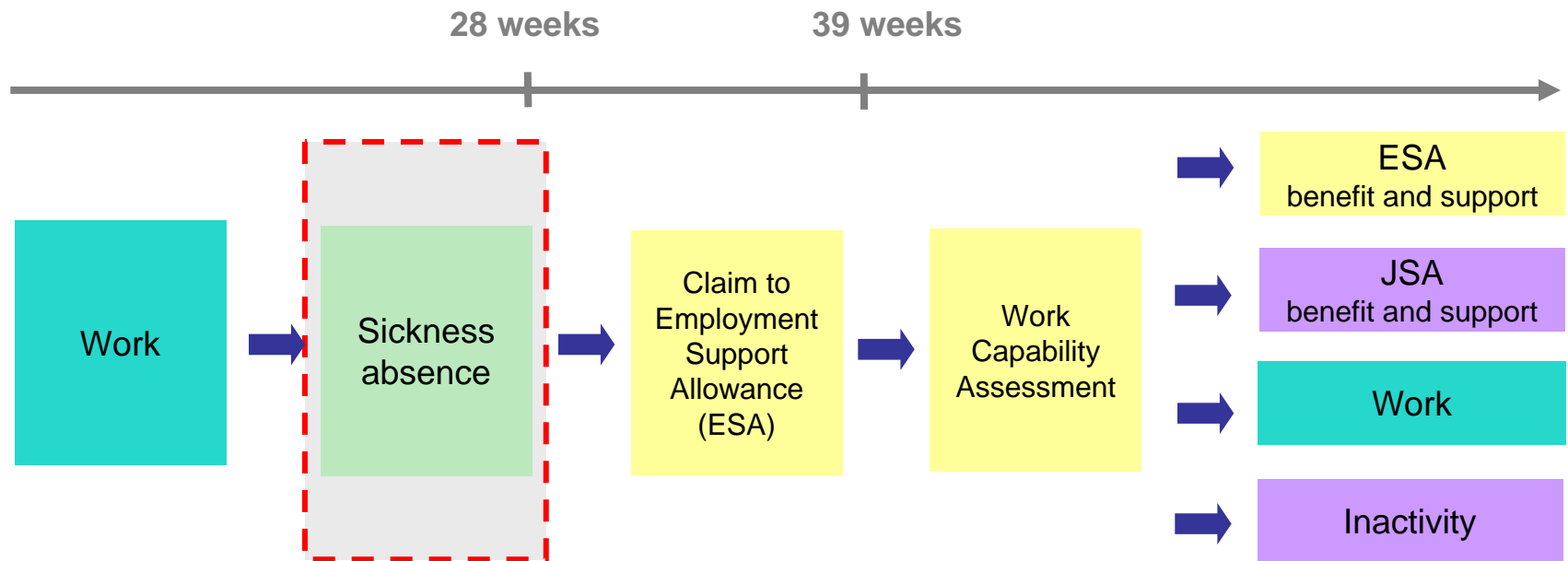
Incentives to rehabilitate and retain individuals in work lies with **employers**...



Employers pay sick pay and some offer rehabilitation and occupational health support.

# The current journey

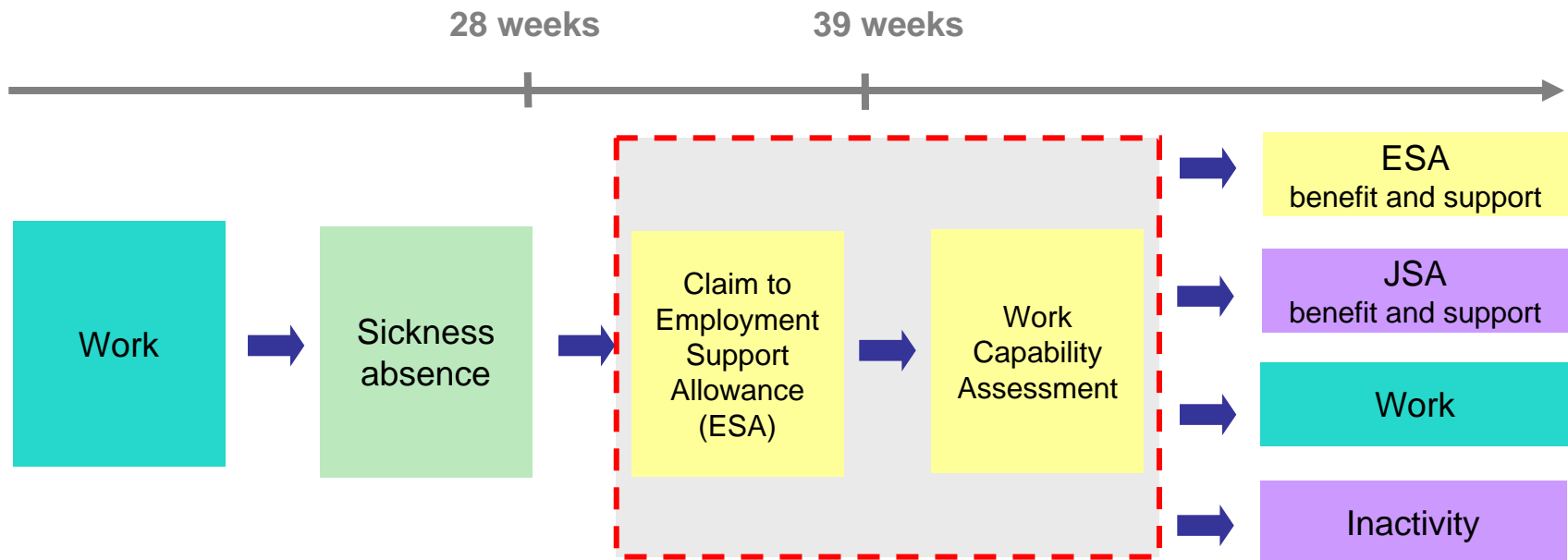
**GPs** also play a crucial role



GPs provide sickness certification and are typically the first healthcare professionals that people encounter when off sick from work.

# The current journey

**The State's** main interventions are focused on the after job-loss period



The State defines levels and duration of SSP and controls the benefit system.