KEY FACTS

- 35 millions working days per year were lost (28 million due to work-related ill health; 7 million due to injury) in 2004/05.

- Interventions can reduce sickness absence; the Port of London Authority introduced a sickness absence management policy which resulted in a 70 per cent drop in absence rates and Roll Royce plc has action plans which have reduced staff absence (saving £11 million in 2 years).

- The incidence rate of new cases of work-related ill health dropped by around 10% between 2000/01 and 2004/05.

- It is estimated that this costs the UK economy £12.7 billion per year.

- In addition to these costs, ill health among the working population places an additional burden on the NHS. This includes increased attendance at A&E for work related injury, increased burden on secondary care (e.g. musculoskeletal and mental health services) and increased attendances at primary care (e.g. GP visits for long term sickness absence).

- The Health and Social Care sector has one of the highest rates of sickness absence at 4.8%, where as the UK average is 3.4%.
In 2005/6 212 workers were killed, a rate of 0.7 fatal injuries per 100 000 employed.

363,000 reportable injuries occurred, according to the Labour Force Survey, a rate of 1330 per 100 000 workers (2003/04).

After two years on Incapacity benefit, a person is more likely to die or retire than return to work. Of those who reach their sixth week of statutory sick pay, one in five will stay off sick and eventually leave work.

Musculoskeletal disorders and stress and other common mental health problems like anxiety and depression account for approximately 75 per cent of those suffering from work related ill health.¹

Only 3% of companies have comprehensive provision of occupational health, safety and return-to-work support in place; 15% provide basic occupational health support. By improving access, we can make significant improvements to workplace health and safety.
Inequalities exist

- Sickness absence rates vary throughout the country with the area with the highest incidence, Yorkshire and Humber at 8.9 days lost per year per employer compared to only 5.1 days per employee per year in London.

- Health at work is one of the major levers for improvement in adult health and well-being (as set out in Choosing Health) and can contribute to PSA targets on coronary heart disease (diet, exercise and smoking) and cancer (smoking).

WHAT WE HAVE DONE SINCE CHOOSING HEALTH

- The Health, Work and Well-being Strategy was jointly published by the Department of Health, Department for Work and Pensions and the Health and Safety Executive in October 2005

- A National Stakeholders Council has been established including representatives of the key major stakeholders including the BMA, RCN, CBI, TUC.

- A Charter for Health, Work and Wellbeing has been launched and is available on the new HWWB Website www.health-and-work.gov.uk

- Well@Work is a two-year £1.6 million programme managed by the British Heart Foundation (BHF) and funded by Sport England, the Big Lottery Fund and the Department of Health.

- Investors in People UK are developing a Health and Wellbeing at Work Framework to incorporate within their accreditation standard and are piloting this in over 100 organisation.

WHERE WE ARE HEADING

- We are working with the Department for Work and Pensions and the Health and Safety Executive to better link our existing programmes. Together we are also working to identify a number of work projects which can be developed as part of Health, Work and Well-being, where we can make the greatest impact on sickness absence and return to work in the shortest time. This will include work to identify “What is a good job”, defining a good occupational health contract and how Government can lead by example. Further details of these work projects are being developed.

- A second pilot of the latest version of the H&W@Work Framework is underway with 100 organisations doing live assessments against the Standard alongside the H&W@Work Framework; and 20 organisations doing live assessments against IiP’s more sophisticated Profile tool. The evidence will help establish whether and how health and wellbeing can be rolled into the Standard and Profile when they are reviewed in 2007/8.

- As part of the national evaluation, baseline employee surveys and workplace audits were conducted between August 2005 and March 2006 and the process evaluation is ongoing. The majority of the two-year pilots are now half way through their funding period and are well-established within the various workplaces.

WE WILL HAVE DELIVERED IF

- Whilst much good work is already going on, both inside and outside of Government, in improving the health and wellbeing of working age people this strategy aims to bring all of this together. By working collaboratively on the Health, Work and Well Being agenda, highlighting the opportunities presented through closer working relationships across government, this ambitious strategy will effect real change for the working age population.

- As over 31% of the UK workforce is already working with the IiP Standard, the adoption of H&W@Work Project would mean that health and wellbeing activity would need to be planned, evaluated and continuously improved for almost a third of the workforce, if organisations were to meet the new Standard of 2007/08.
The aim of the Well@Work programme is to test the effectiveness of health promoting interventions in the workplace, relating to physical activity and other lifestyle behaviours such as diet and smoking. We will have delivered in relation to the 9 regional pilots if we have increased employee knowledge about health, provided opportunities for employees to participate in and become more involved in health promotion in the workplace and encouraged the development of a supportive work environment to encourage healthy choices. In addition, the programme will develop and disseminate an evidence base on what works in primary prevention/health promotion in the workplace in England.

We have a network of larger, quality focused Occupational Health services in the NHS able to increase the delivery to small and medium sized organisations and to develop the highest quality of OH services to NHS workforce.

Data source
1 ESRC ESRC Seminar Series: Mapping the public policy landscape 2006