



**International Forum on  
Disability Management  
Los Angeles 20 September 2010**

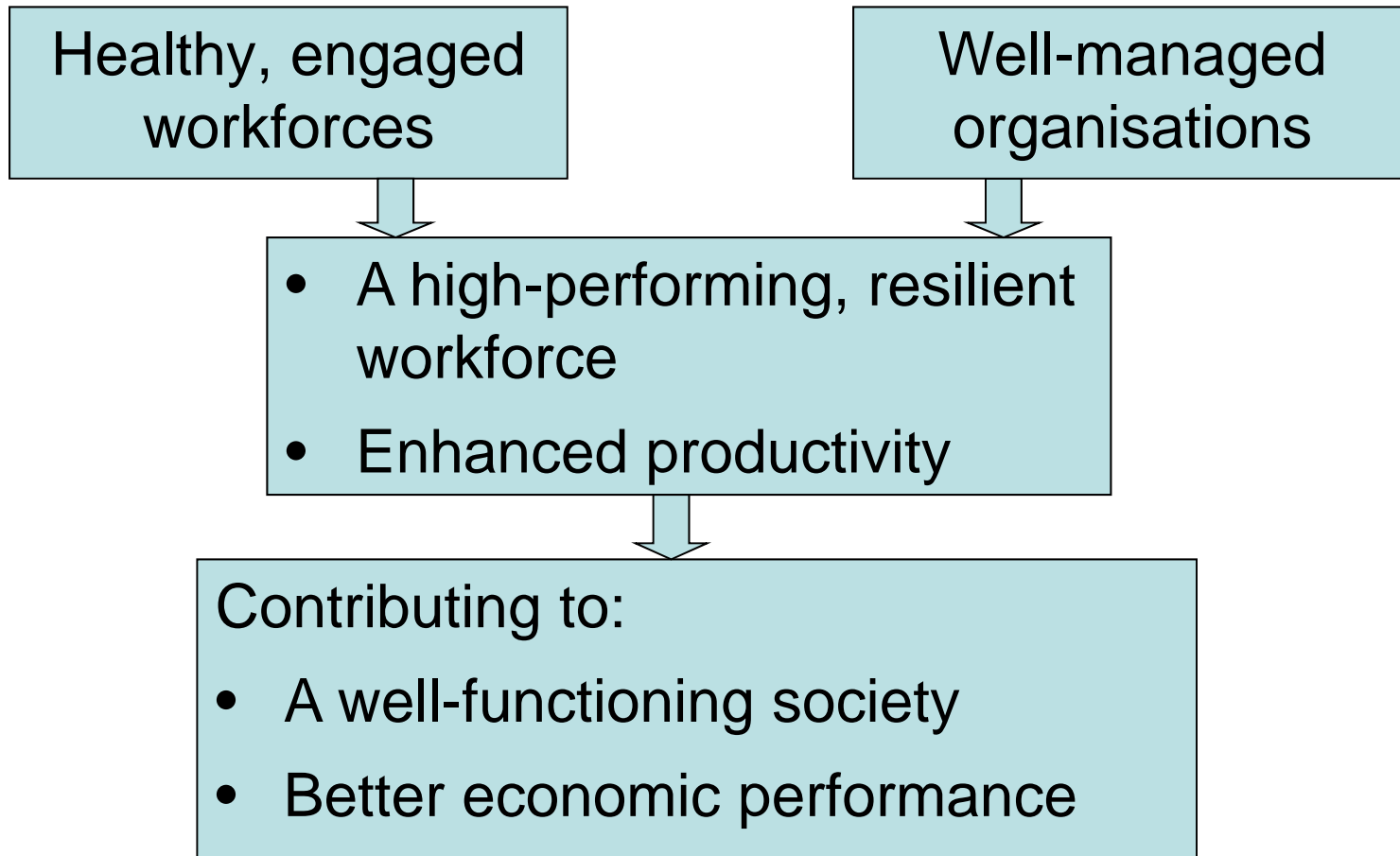
**Maximising the Health  
and Well-being of the  
Working-age Population**

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



**HEALTH WORK WELLBEING**

# What is our overall goal?



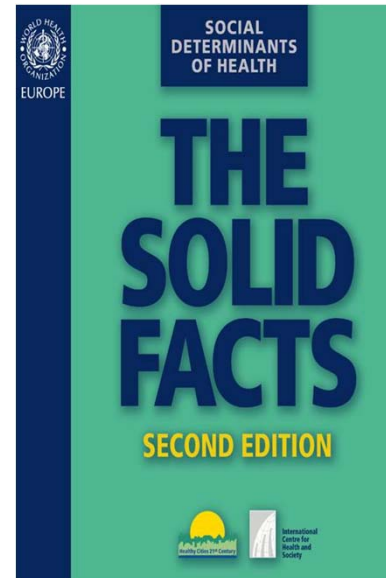
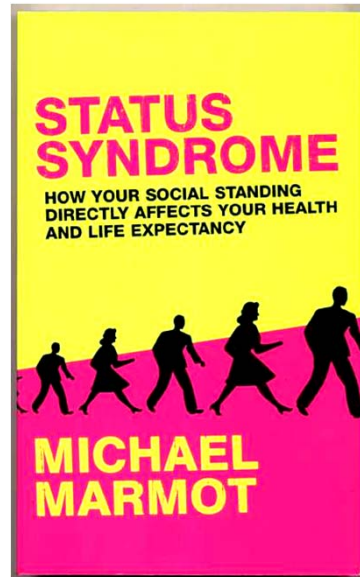
People with disabilities must be part of this goal.

# The Fundamentals: Social Determinants

## The social determinants of health:

People's social and economic circumstances affect health throughout life, so health policy must be linked to the social and economic determinants of health

*Michael Marmot*



- The social gradient
- Stress
- Early life
- Social exclusion
- **Working or not**
- Social support
- Addiction
- Food
- Transport

Many chronic diseases and disabilities are more prevalent in people who live in poorer economic circumstances.

# Work is generally good for Health

## **Galen (129-200)**

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

## **Voltaire (1694-1778)**

Work banishes those three great evils: boredom, vice and poverty.

## **William Osler (1849-1919)**

To the young it brings hope, to the middle-aged confidence, to the aged repose: work.

## **Theodore Roosevelt (1858-1919)**

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

## **Waddell and Burton (2006)**

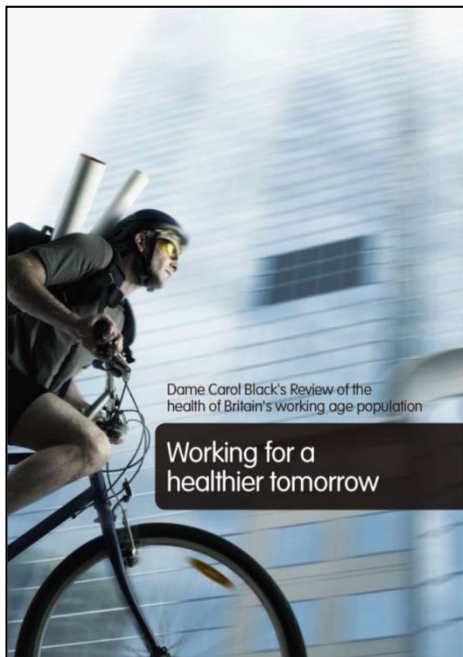
Work is generally good for physical and mental health and well-being



**And yet for too long, people with chronic diseases or disabilities have been kept from work by discrimination, lack of reasonable adjustments and other peoples' low expectations.**

# 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.**

# 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.”

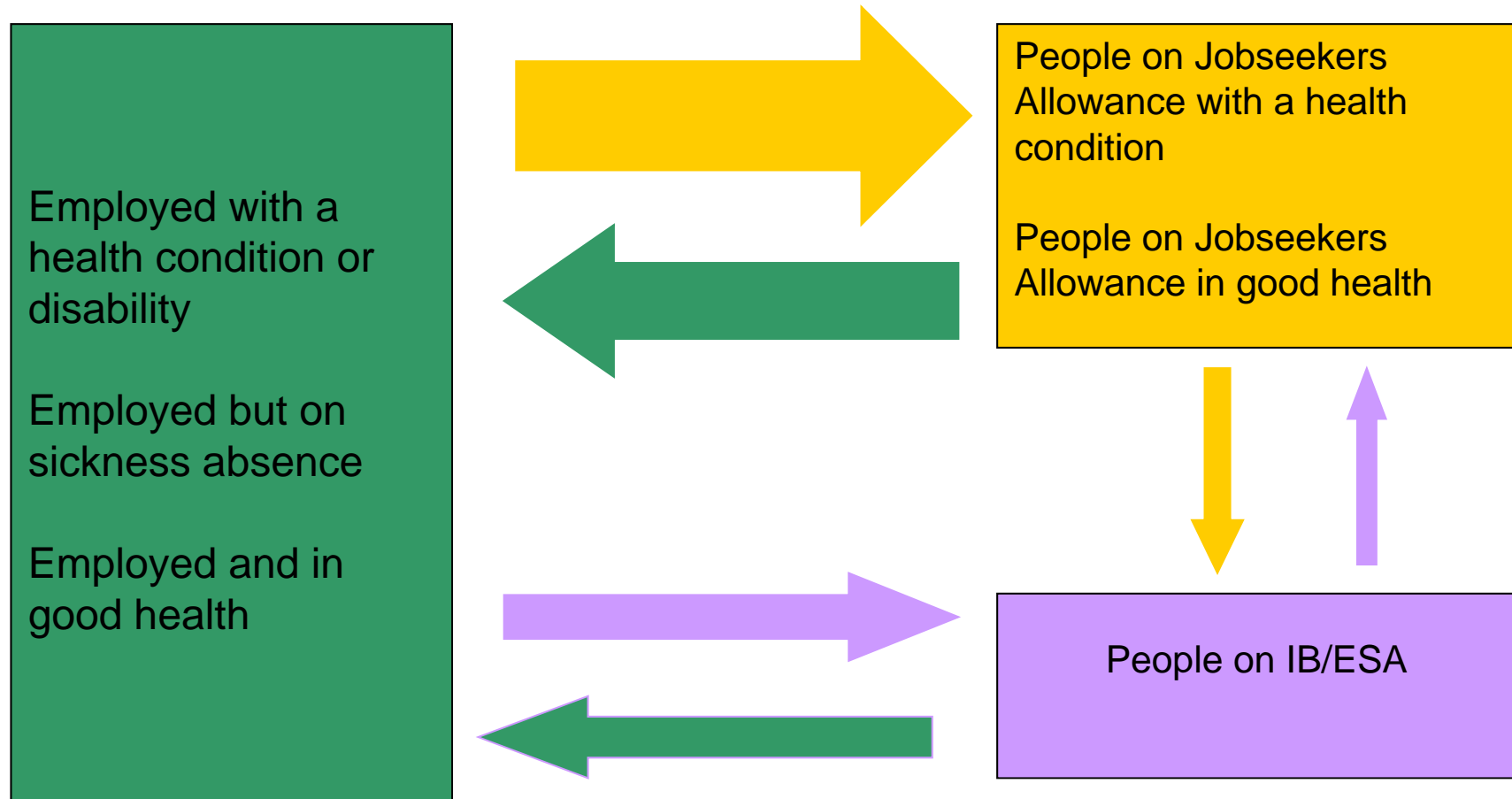
*Lane Lecture, University of Manchester, November 2007*

Worklessness is a greater risk to health than many ‘killer’ diseases.

# 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.**

# Flows of people into employment and out-of-work benefits



# The UK Healthcare System

- 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.

# Challenges in 2007-2008

## **Workplace culture**

- Misconceptions about health and work – “need to be 100% fit”.
- Poor retention in work of those with disabilities or chronic disease.
- Workplace and employers often needing a different culture and approach.

## **Inadequate systems**

- Inflexible system of sickness certification that labelled you as sick even when it was inappropriate.
- 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, leading to poorly-informed healthcare professionals with little understanding of work as a determinant of health.

## **Lack of Primary Care involvement**

- Rehabilitation to work not a performance measure for Health Boards or Primary Care Trusts, which therefore show little interest.
- No Occupational Health services in Primary Care. Patchy OH elsewhere.

# 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.

**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 \_\_\_\_\_  
for† \_\_\_\_\_

(b) you should refrain from work \_\_\_\_\_  
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

# Healthcare professionals 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.**

# 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.

# 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.

It requires new partnerships and new ways of working across traditional boundaries. Occupational Health must make a greater contribution to the health of the national economy.

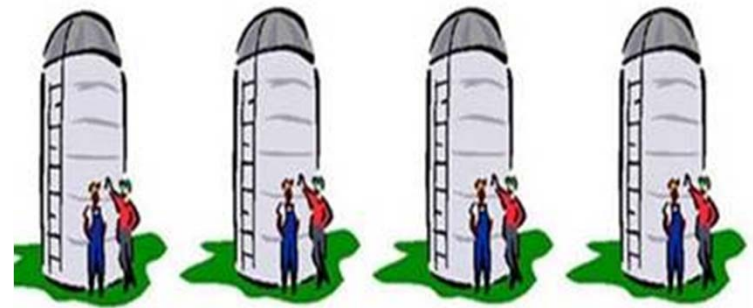
“ If we are to change fundamentally the way we support the health of working age people, then we have to address a number of challenges which face Occupational Health as it is currently configured.”

*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*



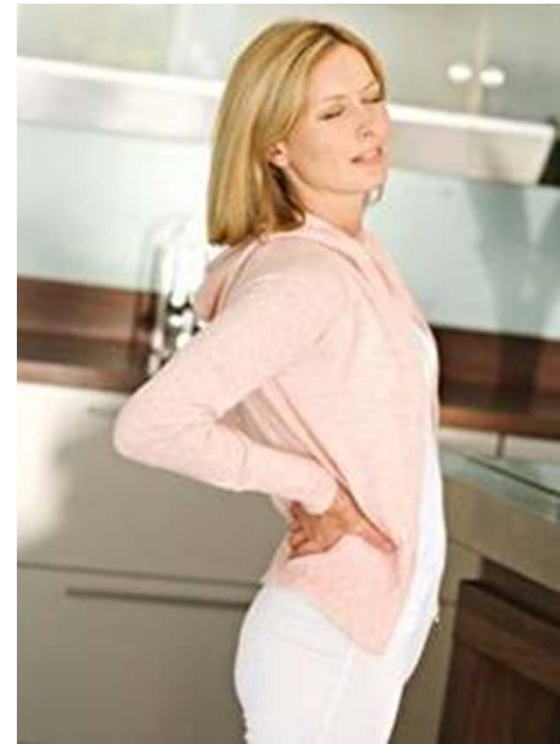
Working in silos

**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 and treatable conditions, often with inappropriate 'medicalisation':
  - Depression, anxiety, stress-related mental health problems (est. cost £28.3 bn in 2008)
  - Musculoskeletal conditions – mild and 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



'Causes of the causes' ?

# Historical Perspective: 1957

Paper by **Sir Walter Chiesman**, Treasury Medical Adviser,  
*Clinical Aspects of Absenteeism*, R.S.H 10, 1957, p.681

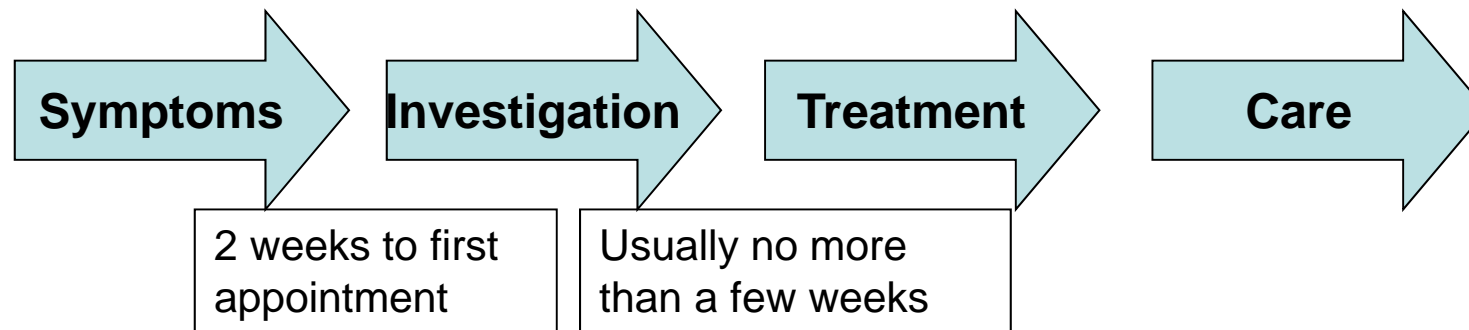
“**Absenteeism** is a much more complex problem, mainly because, although disease initiates absence, the time taken to return to work is influenced by a multitude of social factors little to do with medicine, and the pathological diagnosis of the disease is often in doubt.”

“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.”

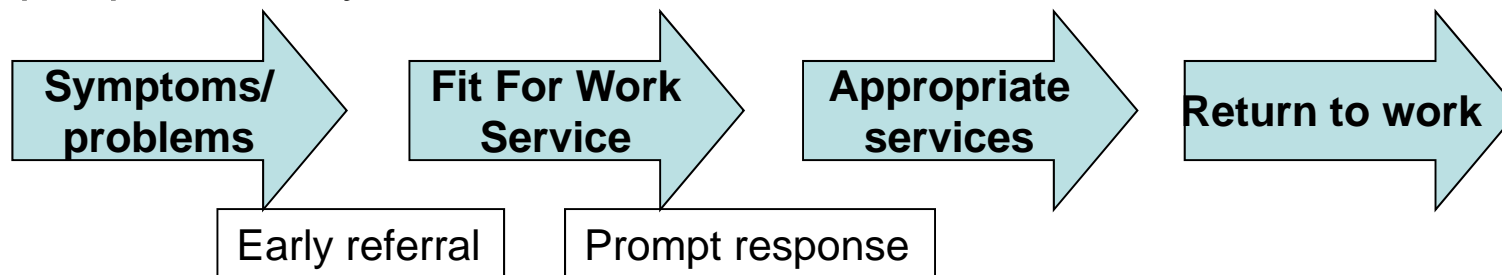
“Dissatisfaction with working conditions can often be counteracted by escape to outside interests, which unfortunately include ill-health and absence. ”

# 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
- Treatment needs to be early, often non-medical, with good vocational rehabilitation, and regular contact between employee and employer.

## Diseases and Disabilities

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

# 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

# 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 '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 considered.

## New Fit Note:

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

Patient's name: Mr, Mrs, Miss, Ms

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 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: / /

Doctors address: / / /

Med3 04/10

- Developed in partnership, tested by GPs, subject to formal consultation
- Designed to:
  - Reflect current medical practice
  - Be more user-friendly
  - Provide more helpful advice to patients
- GPs share responsibility with employers:
  - GP knows health condition and its impact
  - Employer knows job

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

# Adjustments being made : examples

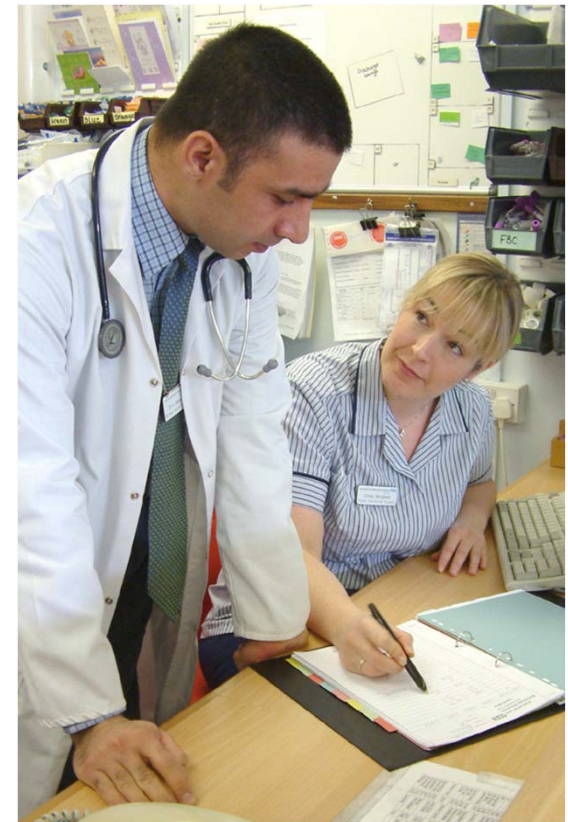
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- Phased return – employee starts on reduced hours and slowly builds them up.
- Part-time working.
- Working from home.
- Flexible start times – helpful if, for example, the employee can use public transport, but not at rush hour.
- Employee asked to do different tasks.
- Practical adjustments in the workplace

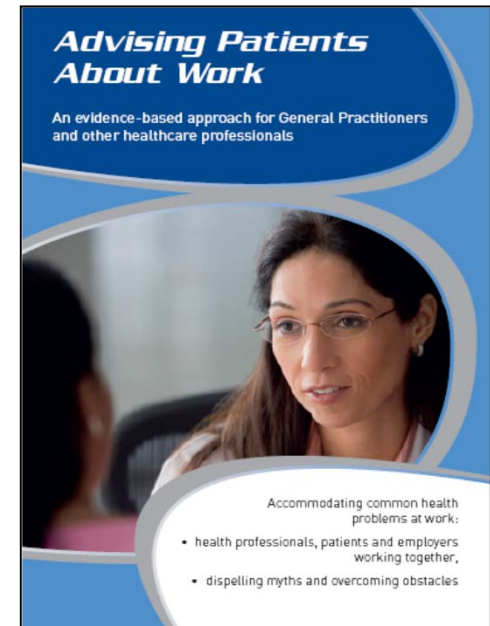
# Feedback from GPs

- “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.”



# 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

# 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

# Health for Work Adviceline

- Free GB wide occupational health telephone advice line pilot aimed at reducing sickness absence and avoidable job loss
- Professional occupational health advice on individual problems, and information about local services, by nurses with extra Mental Health training
- Focus on helping manager resolve individual employee health at work problems (especially mental health issues)
- Target audience: employers/managers in businesses with fewer than 50 employees, but also businesses with 50-249 employees.
- Family doctors (GPs) can also access the adviceline.

# 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

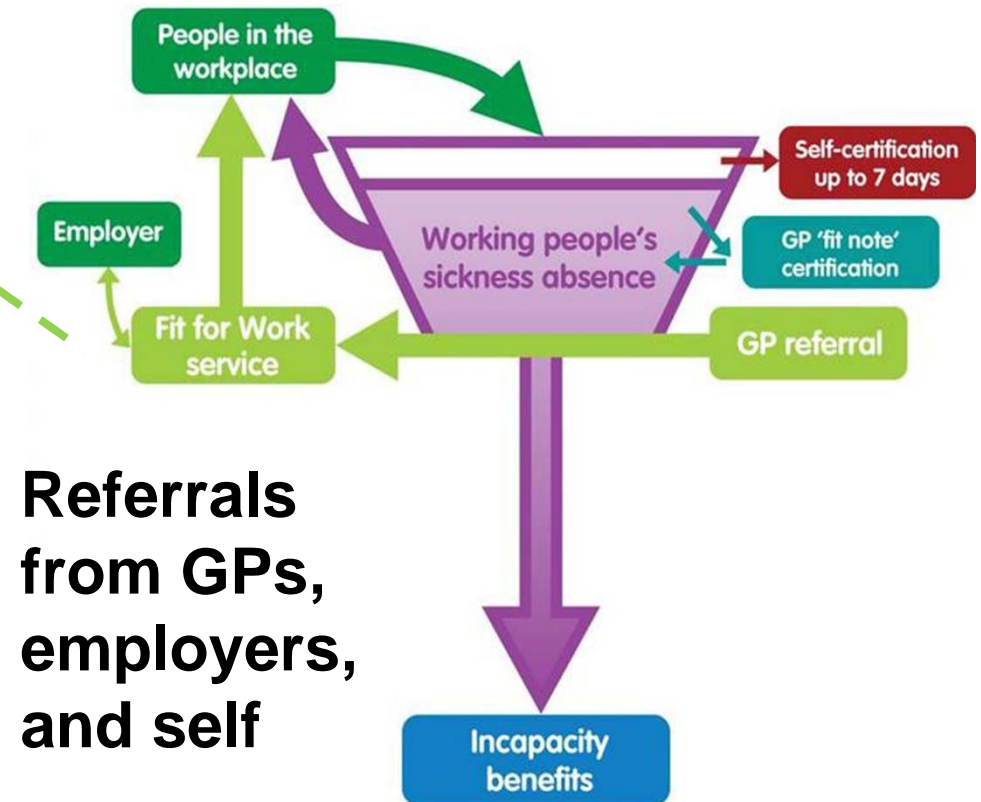
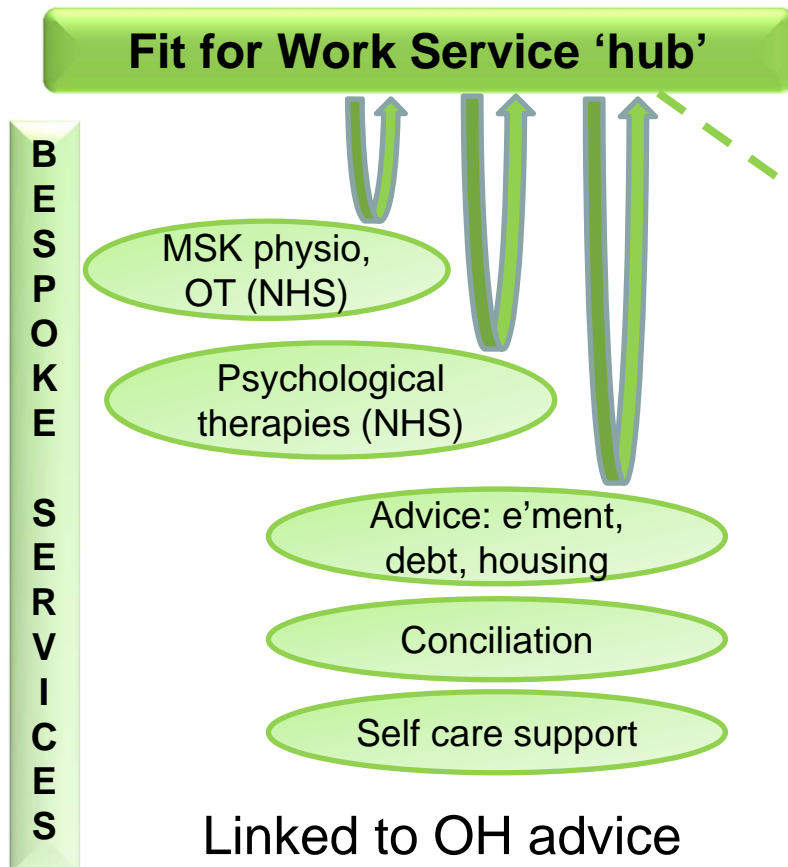
## **Ongoing activities**

- 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



Referrals from GPs, employers, and self

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.**

# Fit for Work service example vignette – the intervention

## The problem: anxiety and depression

- Support from a mental health case manager:
  - targets set
  - breathing exercises
- Case manager supported client to contact employer
- Provided safe place for meeting line manager to discuss issues
- Case manager helped plan and arrange phased return to work with HR department

*“I’ve found that when the problem is shared it’s easier to work through it, and having those targets has helped to increase my motivation...”*

*Talking to a counsellor about the past made me think about moving jobs and doing something else, but Fit for Work has helped me to face the challenge and get myself back to my job”.*

# 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.

People with mental health problems do not have to be entirely free of symptoms to remain in or return to work successfully, but there are barriers to be overcome.

Evidence on the effectiveness of health and employment interventions is currently not as strong as we could wish, and we depend on reinforcing accepted best practice to promote mental wellbeing and restore working life.

# Mental Health at Work: the business case

- At any time, one UK worker in five will be experiencing mental distress, depression, or problems relating to stress.
- **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.

# Mental Health: how can savings be delivered?

- **Awareness training for line managers**, to increase understanding of MH issues and their ability to respond confidently and rapidly
- **Prevention** of directly-work-related MH problems (around 15% of total) – e.g. by providing mentally-healthy working conditions and practices (see guidance by UK Health and Safety Executive)
- **Better access to help** for employees, particularly to evidence-based psychological help and support while carrying on working
- **Effective rehabilitation** for those who need to take time off, including regular contact with the employee during periods of absence

# The Top 10 Health Problems Impacting Productivity in the Workplace

1. **Fatigue**
2. **Depression**
3. **Back/neck pain**
4. Sleeping problem
5. **Other chronic pain**
6. **Arthritis**
7. Hypertension
8. **Obesity**
9. High cholesterol
10. Anxiety



Six of these ten have musculo-skeletal components or associations.

# MSDs: European Background

- Up to 80% of people are affected by an MSD at some time in their life.
- MSDs account for about half of all work-related disorders in EU countries, costing between 0.5% and 2 % of GDP.
- MSDs account for almost 50% of absences from work of three days or more, 60% of permanent work incapacity.
- Unemployment rates are three times higher among people with MSD than in general population.

*Musculoskeletal Disorders in the European Workforce,*  
The Work Foundation, October 2009

# MSDs in the UK

- By some margin the most commonly-reported cause of work-related ill-health.
- Affected about 1m people in 2005-06, twice as many as suffered from 'stress'.
- Responsible for 9.5m lost working days in 2005-06, on average 17.3 days per sufferer.
- Cost to society estimated to be £ 5.7 bn in 1995-96 (HSE1999), equivalent to £ 7 bn in 2007 prices each year.



*Musculoskeletal Disorders and Labour  
Market Participation, The Work Foundation, 2009*

# Rheumatoid Arthritis and Work

- 50% of UK adults with RA are of working age.
- 75% are diagnosed when of working age
- 33% of people with RA will have stopped working within 2 years.
- Earlier diagnosis and appropriate treatment mean better retention in work.
- Increasing from 10% to 20% the number of people treated within 3 months of symptoms would increase NHS costs in England by £11 million over 5 years

**BUT** could result in **£31 million gain** for the economy due to reduced sick leave and work-related disability.



# Rheumatoid Arthritis and Work

- Employees with RA average 40 days sick leave per year, and have reduced productivity at work.
- Those in work who respond to treatment have only 16 days sick leave per year.
- The wider costs to the economy of sick leave and work-related disability (lost employment) in respect of RA amount to an estimated £1.8 billion annually
- Incapacity Benefit data showed 26,500 claimants with RA in 2007.
- Employers were inflexible in making adjustments

National Audit Office (NAO)

*Services for People with Rheumatoid Arthritis, July 2009*

# Rheumatoid arthritis: National Audit Office Report

- Identified a lack of coherence in links between NHS and organisations commissioned by the Dept of Work and Pensions (DWP) to get people back to work
- 56% of hospitals are aware of DWP schemes
- 33% of these did not give information about the schemes to people with rheumatoid arthritis
- 12% of GPs gave information about continuing in employment to those newly diagnosed
- Just 20% of those with the disease considered they received sufficient information about employment issues

# MSDs: Action needed

Five principles which GPs (family doctors), employers, employees and the Government should focus upon to improve working lives of those with a MSD:

- early intervention is essential
- focus on capacity not incapacity
- imaginative job design is the key to rehabilitation
- think beyond the physical symptoms
- assess the direct and indirect costs of MSDs

*Musculoskeletal Disorders and Labour Market Participation,*  
The Work Foundation 2009

# Common long-term conditions

**Common chronic disorders** – rheumatic diseases, cardiovascular and respiratory conditions, diabetes, treated cancers – do not deny the possibility of fulfilling work or an extended working life.

They require:

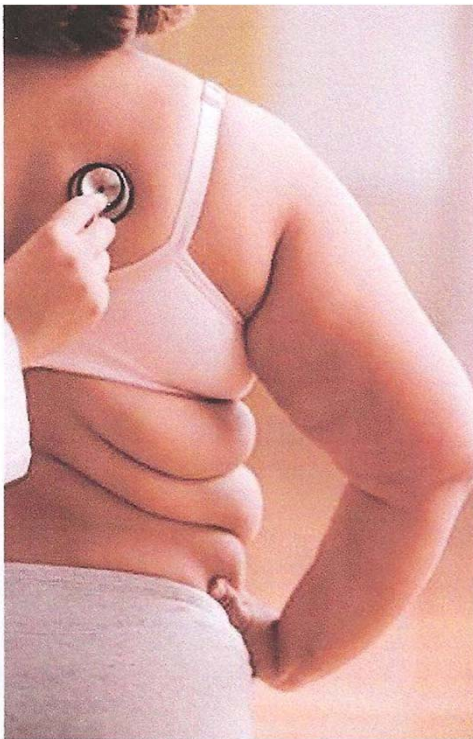
- good clinical care and Vocational Rehabilitation
- flexibility and adaptation in the workplace.

**Increasing prevalence** of chronic disorders appears inevitable with an ageing population and 'lifestyle factors'.

If managed effectively, disability can be minimised and disease progress delayed - thus extending working life and reducing the load on health and care services.



# The UK epidemic of obesity: BMI-related diseases



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

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

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

# Obesity and Long-term Conditions

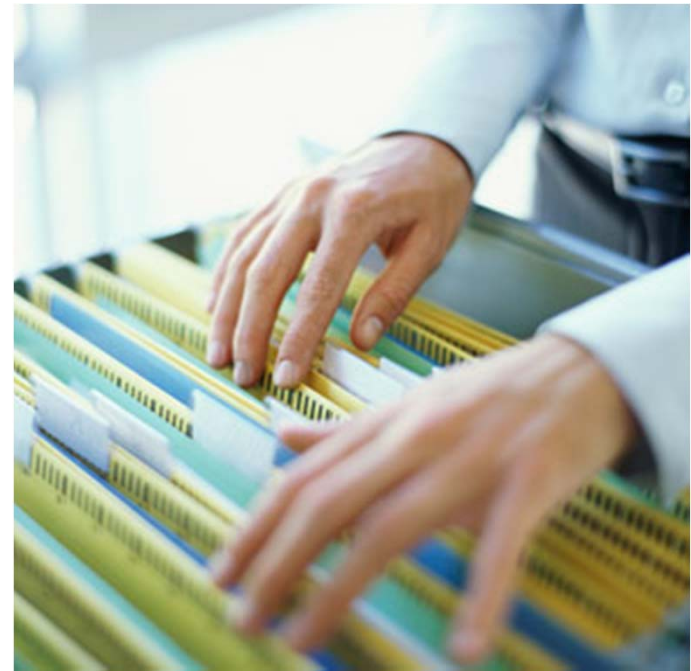
- Obesity trends among adults in England are increasing still
- National Heart Forum report forecasts continued increase
- By 2020 proportion of adults aged 20-65 (i.e. of working age) **who will be obese**
  - 41% for men
  - 36% for women
- Worse for those aged 40 – 65
  - 44% for men
  - 38% for women
- Burden of diseases attributable to obesity, predicted
  - 23% rise in obesity-related stroke
  - 34% rise in obesity-related hypertension
  - 44% rise in obesity-related coronary heart disease
  - **98% rise in obesity-related diabetes**

National Heart Forum 2010

# Cancer and work

## Cancer is becoming a long term condition.

- **109,000** working-age people are diagnosed with cancer in the UK each year
- **775,000** people of working age in the UK have had a cancer diagnosis
- Long term cancer survivors are **1.4** times more likely to be unemployed yet...
- ... research shows that cancer patients **want to work**
- **One in four** long term cancer survivors say their cancer is preventing them working in their preferred occupation
- The average fall in household income for a family of working age with cancer is **50%**. .
- . . . and **17%** lose their home



*MacMillan Cancer Support*



# Cancer and work: The problem?

## **During treatment**

- most cancer patients cannot work
- research shows that patients want to return to work, as it would signify return to normality.

## **End of treatment**

- patients return to work with little medical or rehabilitation advice
- clinicians are not advising patients about the likely impact on their ability to work.

## **Back in work**

- employers do not know how to support staff with cancer, and are unaware of their legal duties
- survivors struggle to cope with long-term effects, e.g. fatigue, depression, financial worries.

# Return after cancer: employer support is variable

## **The problem:**

- Only 50% of patients are offered flexible working arrangements
- 80% of employers are unaware that cancer is covered by the Disability Discrimination Act

## **The solutions:**

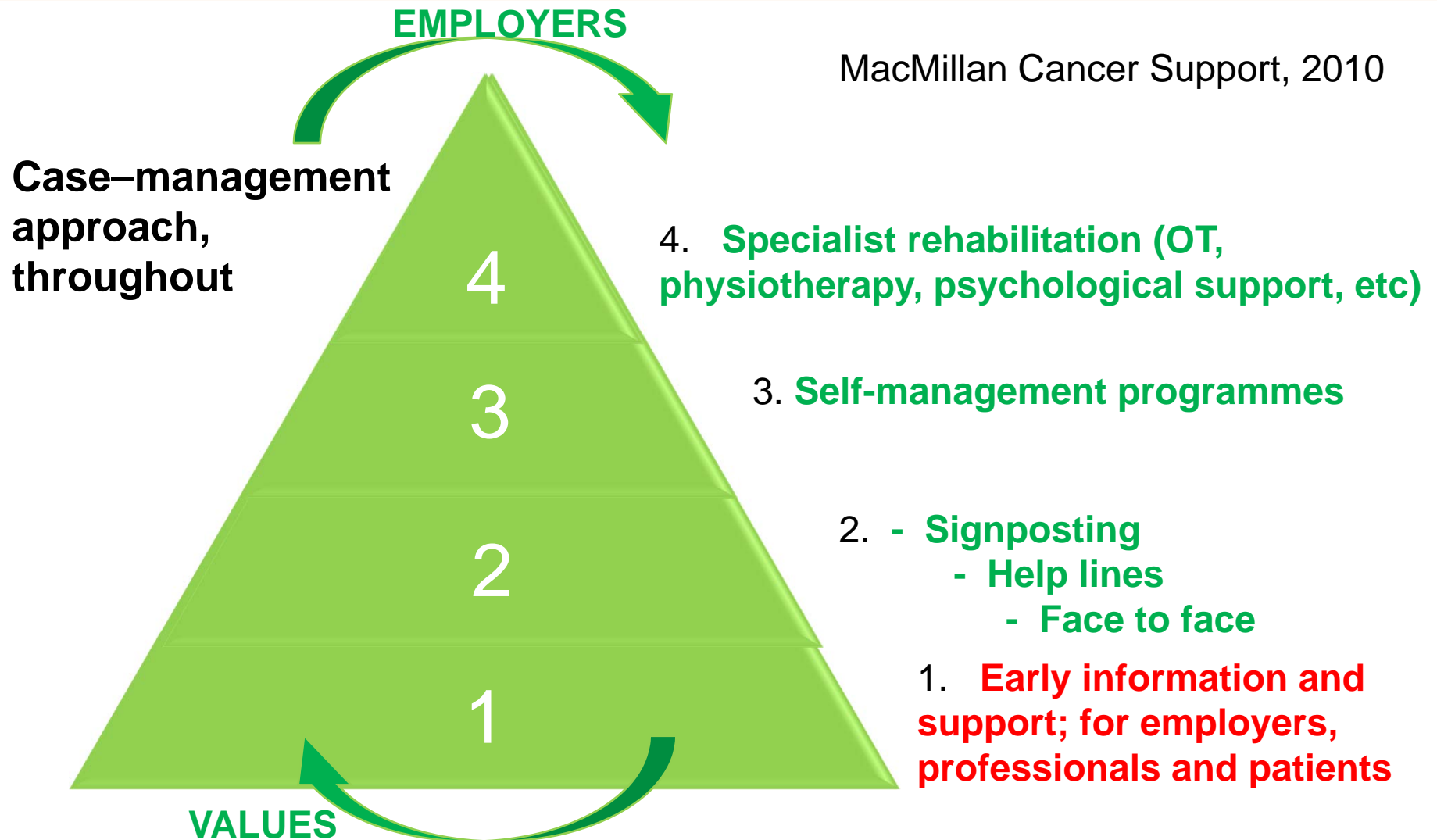
### **Macmillan Cancer Support**

- published an expert workshop report on getting the message out to employers
- published a 'Self-employment and Cancer' booklet
- produced with the TUC a learning programme for trade union reps
- are running a pilot Vocational Rehabilitation programme for recovering patients



# Vocational Rehabilitation model

MacMillan Cancer Support, 2010



# Black Review: Conclusions

- Annual economic costs to UK of sickness-absence and worklessness associated with ill-health are over £100 bn, greater than the current NHS budget, an unsustainable burden in a competitive global economy.
- Left unchecked this will diminish quality of life in Britain, undermine efforts to reach full employment, and deny business the talent and contributions of a potential workforce.
- It will condemn workless families to a cycle of poverty and dependency that will widen inequalities, perpetuate social injustice in our most deprived communities, and obstruct efforts to eradicate child poverty.
- We must act now if we are to prevent this happening. Together we have the opportunity to deliver long-term change. We will not secure the future health of the working-age population without it.

# 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: Work, Health, Well-being, Productivity

- **The need to work until later in life**
- **Increasing incidence of long term conditions (LTCs)**
- **Relationship of an aging population and LTCs, with associated risk factors, to the social gradient**
- **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 vision

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We want to create a society where the positive links between work and health are recognised by all, where everyone aspires to a healthy and fulfilling working life, and where health conditions and disabilities are not a bar to enjoying the benefits of work.



*Improving health and work: changing lives*  
UK Government Response to the Black review, 2008