



CHAPTER SUMMARY

For people in employment, work is a key part of life. The environment we work in influences our health choices and can be a force for improving health – both for individuals and the communities they are part of. Work offers self-esteem, companionship, structure and status as well as income.

This chapter sets out the action that employers, employees, Government and others can take to extend healthy choices by:

- *reducing barriers to work to improve health and reduce inequalities through employment;*
- *improving working conditions to reduce the causes of ill health related to work; and*
- *promoting the work environment as a source of better health.*

It also sets out what the NHS will do to become a model employer in supporting and promoting the health of its 1.3 million staff.

EMPLOYMENT FOR HEALTH

- 1.** Work, and the rewards it brings, allows full participation in our society. It also leads to better health, particularly mental health. On the other hand, being out of work leads to poorer health and a shorter life.
- 2.** Throughout this White Paper we have emphasised the importance of people making healthy choices, and the relationship between those choices and their environment. Work is a very important part of that environment. Having a job, and having a job in a healthy environment, will improve or hinder your chances of making healthy choices. These issues cannot be controlled by individuals, but need support from Government,

business and trades unions. This chapter therefore combines individual action with the importance of interventions by powerful institutions to improve health.

- 3.** The Government has already done much to increase the number of people in employment. Since 1997, the number of people in work is up by 1.9 million.¹ What has become clear through policies such as the New Deal is that personal services built around the needs of individuals are essential to encourage people back to work.

¹ Office for National Statistics.

CASE STUDY

In 2004, London First established a Health Champions group, with members from a range of sectors including property developers, city law firms, higher education, health insurance and Strategic Health Authorities (SHAs). The group has devised a Wellness Index (aka The Company Doctor) which comprises a number of indicators that reflect the inextricable link between the 'health' of a business and the health of its employees. The aim is to use these indicators to track London business' health improvement over time.

4. Employment levels are at their highest rates ever. But significant numbers of people are out of work on the basis of a health condition or disability – around 7.5% of the working age population. Many of those who are currently not economically active might benefit from being in employment.

- The Social Exclusion Unit report *Jobs and Enterprise in Deprived Areas* contains new evidence about local pockets of unemployment and low economic activity that exist across the country and sets out what more the Government will do to make sure the benefits of full employment are felt in every neighbourhood in England.
- *Building on New Deal: Local Solutions Meeting Individual Needs*² sets out how we will continue to develop New Deal to help more people, particularly those who face specific barriers to entering, remaining in or progressing in employment because of disability, health conditions, childcare responsibilities, age, language or skills problems.

493,000 young people have moved from the New Deal into work and, without New Deal, long-term youth unemployment would have been twice as high. New Deal 50 plus, along with Working Tax Credit, has helped over 1,100,000 older people move into work with additional financial assistance. And 261,000 lone parents have moved into work through New Deal.

- The *Age Positive Campaign* promotes recruitment and retention of older workers as part of an age diverse workforce. The Government will outlaw age discrimination in employment and vocational training by December 2006 in line with the EU Directive on equal treatment.
- The Social Exclusion Unit report *Mental Health and Social Exclusion* identifies employment as a critical issue for action – 900,000 people with mental health problems form the largest group of disabled people currently on benefits.

Returning to work after sickness

5. A common view, sometimes inadvertently reinforced by health professionals, is that people with a physical or mental health problem should not try to go back to work until they are fully recovered. But with many conditions inactivity compounds poor

health and leads to long-term absence from work. There needs to be wider recognition of the positive benefits for individuals and their employers that can come from getting people back to work when they have been off sick. For people who can be helped back to work again, 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 problem much worse.

Unemployment is an important determinant of inequalities in the health of adults of working age in Britain, with people lower down the social scale being hardest hit. Adverse effects associated with unemployment include:

- increased smoking at the onset of unemployment – the prevalence of smoking is considerably higher among those who are unemployed;
- increased alcohol consumption with unemployment, especially in young men;
- more weight gain for those who are unemployed;
- reduced physical activity and exercise;
- use of illicit drugs in the young who are without work;
- increased sexual risk-taking among unemployed young men; and
- reduced psychological well-being, with a greater incidence of self-harm, depression and anxiety.

CASE STUDY

The number of people claiming incapacity benefit has trebled between 1979 and 1997 from 700,000 to 2.4 million. The Government pays out £13 billion a year on incapacity benefits. Most of those on incapacity benefits have conditions such as depression, musculoskeletal problems and cardio-respiratory problems (such as angina) – conditions which, in most cases, can be managed effectively with the right advice and support from the health community.

The longer someone is signed off, the less likely they are to return to work. For example, those off sick with back pain for six months have only a 50% chance of returning to work; after a year, that chance reduces to 25%.

CSAG report on back pain, 1994.

6. People are often apprehensive about returning to work. We are encouraging employers to use temporary job modifications to help people back – even if they are not able to do their usual job. This can be of benefit both to employees, in terms of longer-term health, and to employers, who will not lose an experienced worker and face the costs of replacing them.

Since 1995, South West London and St George's Mental Health NHS Trust has successfully increased its employment rate for people with severe and enduring mental health problems. The Trust has developed a Vocational Services Strategy based on the individual placement and support approach. Occupational therapists and borough mental health and employment coordinators work within clinical teams to enable people with severe mental health problems to access open employment and mainstream education. Ongoing support is included in care plans, with a focus on individual choice. After one year, the employment rate rose from 10% to 40%, and the percentage not engaged in education, training or employment dropped from 55% to 5%. In 2003/04, the Trust supported 271 people into open paid employment.

CASE STUDY

During National Men's Health Week 2004, Hassocks Health Centre ran an 'MOT' clinic next to the railway station between 5.30 and 8pm. Almost 70 men attended for blood pressure, cholesterol and diabetes tests as well as body mass index assessment. Many of the men commented that they did not visit the Health Centre because it was open only from 9am to 5pm and they did not want to 'bother' the staff by requesting a check-up if they did not actually feel unwell.

7. For people with mental health problems, the biggest obstacle to returning to work is often fear of stigma and discrimination by their employers. Fewer than four in ten employers say they would recruit someone with a mental health problem.³ In June 2004, we launched a new anti-stigma strategy *From Here to Equality*. **The National Institute for Mental Health in England will work with the Disability Rights Commission to challenge discrimination against people with mental health difficulties, and enable more to gain access to employment.**

The Prime Minister's Strategy Unit has been asked to carry out a project to assess the extent to which disabled people are experiencing adverse economic and social outcomes in the UK; to identify why this is happening and what are the implications; and to assess what can be done to improve the situation. The project has highlighted the multi-faceted links between impairment, ill health and a range of socio-demographic factors, many of which are addressed in this White Paper. It has suggested that there should be a high-level debate among health professionals about ways in which work can feature more strongly as a positive driver for good health. A final report from the project will be published.

*The "Improving the Life Chances of Disabled People" project was announced in December 2003, and published an Interim Analytical Report in June 2004. Further information is available at www.strategy.gov.uk/output/Page5046.asp. Braille versions of publications are also available. Contact: Strategy Unit 'Disability' Team, Cabinet Office, Room 4.14 Admiralty Arch, The Mall, London, SW1A 2WH, Disability@cabinet-office.x.gsi.gov.uk

3 SEU report on mental health and social exclusion.

CASE STUDY

Yvonne, aged 57, had been a teacher all her working life. However, following instances of bullying at work she became clinically depressed (medicated) and felt she was not able to go back to the classroom. She retired on health grounds and felt at the age of 56 that she would never work again. Her family and friends rallied round and, although it helped to have their support, it did not alleviate the stress and depression she was feeling. Her personal adviser, Chris, discussed attending a pilot course, 'Help for Health', run at the local hospital. The group therapy sessions, run over six afternoons and based on a mixture of cognitive behavioural therapy, relaxation, etc, were, in Yvonne's words, "the very last resort". After assessment and attendance on the first session, she decided she would not be attending again as it was too uncomfortable to talk to strangers about her feelings. However, as the second week neared she decided to give it another go; when she arrived all the other group members told a similar story.

Yvonne and the others appreciated the support of other group members as much as the support of the psychotherapist running the sessions as they could relate to each other's problems and potential solutions. Six weeks later, having identified that she could take her hobby of floristry to another level, she enrolled on a self-employment course, again through her adviser. Yvonne launched her business, 'Aquilegia', on 29 September and couldn't be happier.

Pathways to Work pilots are helping much greater numbers of people on incapacity benefits get themselves back to work and improve their health. In these pilots, there is increased support from specially trained advisers in Jobcentre Plus, financial incentives and a Choices package. Where continuing health problems pose a significant barrier to getting back to work, the local NHS is working closely with Jobcentre Plus to help people manage their health and return to work. Early results suggest this approach is successful.

8. The Department of Health (DH) will work through the National Institute for Mental Health in England and in liaison with the Department for Work and Pensions (DWP) to implement evidence-based practice, in particular Individual Placement Support. This will include working towards access to an employment adviser for everyone with severe mental health problems. Provision of vocational and social support will be embedded in people's treatment plans and will include:

- establishing employment status on admission to hospital, and supporting job retention;
- promoting involvement of carers and families;
- identifying a lead contact on vocational and social issues in secondary healthcare teams;

- strengthening links to key local partners, in particular Jobcentre Plus and education providers; and
 - access to advice and support on benefits issues.
- 9.** Healthcare is about returning patients to good health, and that includes getting them back to work. Health professionals, wherever they work, need to start from the point of view that getting people back to work is likely to benefit their long-term health. Return to work must be seen as the norm and, where appropriate, should be included in treatment plans from the outset. Primary care trusts may want to consider developing a championship role for health professionals who are equipped to advise their colleagues on occupational health issues and share good practice in supporting return to work.
- 10.** There are many barriers to retaining, regaining or accessing work. The Government is determined to show leadership in this area. We recently published a *Framework for Vocational Rehabilitation*, which is the first step towards developing a new approach to helping people back to work following injury, illness or impairment.

11. Expansion and diversification of the NHS will ensure access to services in a way that fit better with people's working lives. More people already have the option of accessing healthcare through NHS Walk-in Centres near their place of work or through NHS Direct, as well as through their GP.

IMPROVING WORKING CONDITIONS

Two million people suffer an illness they believe has been caused by, or made worse by, their work.

12. Although being in work generally leads to better health, not all workplaces are healthy. There is persuasive evidence that a lack of job control, monotonous and repetitive work, and an imbalance between effort and reward are associated with a higher risk of coronary heart disease and other health problems. And, although work is generally good for people's health, poor health and safety management increases the risk of occupational diseases and injury. 'Bad' jobs may make people ill.

The Whitehall II Study concluded that job strain, high job demands and, to some extent, low decision latitude are associated with an increased risk of coronary heart disease among British civil servants.

CASE STUDY

Leeds City Council set up a health and safety risk-assessment training forum to raise awareness of workplace risks in the small and medium-sized enterprise (SME) sector. Information was provided about the costs of accidents and occupational ill health to SMEs and the UK as a whole, and how to facilitate improvements in the well-being of employees by encouraging a more positive health and safety culture. In addition, sources of self-help and support services were provided. The forum consisted of seven training sessions, the material from which has been incorporated into a free CD-ROM that can be used as a stand-alone training package.

Health and safety at work

13. A key driver of the Health and Safety Commission's new strategy is making advice and support more accessible and getting workers more involved in taking decisions that affect their health and safety.

The Health and Safety Executive's (HSE's) *Constructing Better Health* (due to launch in October 2004) is an occupational health support pilot for the construction industry. The scheme is being led by the construction industry, with Government providing a contribution to funding. This pilot includes health risks education and awareness-raising, free on-site risk assessments for employers and occupational health screening for workers. The pilot will also provide a 'gateway' to further specialist support, if required.

14. Many small and medium-sized employers are concerned about contacting HSE or local authorities for advice and information. This means that those who could most benefit are not accessing a body of knowledge on industry best practice and expert information. HSE is putting in place a programme of actions to help companies implement best practice as they work towards implementing their *Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond*.

Stress at work

Stress-related conditions and musculoskeletal disorders are now the commonest reported causes of work-related sickness absence.

15. A complex range of issues around work can act as a cause of mental illness. Often this is described generically as stress. Many people are concerned that stress at work affects people's well-being. But some level of stress is often a normal part of everyday life. It is excessive pressures in the workplace, often in combination with stress or pressures in our social life, that can reduce our sense of mental well-being and, in some cases, lead to physical and mental ill-health.

16. A focus on individual stress can be counterproductive, leading to a failure to tackle the underlying causes of problems in the workplace. Evidence has shown that poor working arrangements, such as lack of job control or discretion, consistently high work demands and low social support, can lead to increased risk of coronary heart disease, musculoskeletal disorders, mental illness and sickness absence. The real task is to improve the quality of jobs by reducing monotony, increasing job control and applying appropriate HR practices and policies – organisations need to ensure that they adopt

approaches that support the overall health and well-being of their employees.

3.74 million workers clock up more than the 48-hour limit under the Working Time Directive – 423,000 more than in 1992 when there was no long hours protection (Labour Force Survey, Department of Trade and Industry).

The Government introduced the Work-Life Balance campaign in 2000. The campaign aims to help employers recognise the benefits of adopting policies and procedures that enable employees to adopt flexible working patterns. This will help staff to become better motivated and more productive because they will be better able to balance their work and other aspects of their lives. Four years on, there is evidence that employers offering flexibility in working arrangements are experiencing an increase in recruitment and retention, employee commitment and productivity, and a decrease in staff turnover and sickness absence. A report by the Institute for Employment Studies shows some small businesses save up to £250,000 on their budget, simply by using family-friendly work policies. One company claimed profitability was up by 37%.



17. HSE has recently published (2 November 2004) new management standards for stress in the workplace.⁴ These materials have been developed to help employers manage the risks of stress, following consultation with a wide range of stakeholders.

Occupational health support

Forty million working days are lost each year to occupational ill health and injury. Of this figure, 33 million are due to occupational ill health.

While many people working for large organisations do have access to occupational health support, very few of those working in small companies are provided with access to such support. Some research suggests that the percentage of small companies providing occupational health support could be as low as 6%, and as little as 2% for micro companies.

CRR 445/2002 Survey of use of occupational health support, *Health and Safety Statistics Highlights 2002/3*, HSE. 2003.

18. There are many providers of occupational health support in the public, private and voluntary sectors. In 2001 we launched NHS Plus, a network of about 100 occupational health departments in the NHS to increase occupational health support for other employers. Research shows that, although its work has grown at a rate of around 20% a year, more needs to be done. We will increase the availability of NHS Plus services in parallel with the development of occupational health services in the NHS. **We are working to develop evidence-based guidelines on occupational health and we will bring forward measures to ensure that services are of a consistently high quality. SHAs will be asked to demonstrate how development is progressing in their areas.**

On 27 October, HSE launched a 'best practice approach' to help employers and managers, in partnership with their employees, to manage proactively long-term sickness absence and help those off work sick, whatever the cause, to return to work. To support this, HSE has also produced a best practice guide for employers and managers, a free desk aid for SMEs, a free leaflet for employees and new HSE web pages.

CASE STUDY

19. Occupational health is a matter for all health professionals. Our aim is to build a three-way partnership between health professionals, individuals and employers. **To help ensure that employees are able to return to work as soon as possible following injury or illness, we will ensure that the NHS supports a wider occupational health approach. The medical Royal Colleges and faculties are working on ways to put this into practice in both primary and secondary care.**

Sickness absence costs employers at least £11 billion each year – this is 16% of salary costs.

- Swiss Re* research has found that 90% of employers believe sickness costs can be significantly reduced, yet very few employers monitor sickness absence or take active steps to reduce it.
 - 55% of employers do not measure the cost of sickness absence.
 - Only 49% of employers have set targets to reduce sickness absence.
 - 50% of businesses do not offer occupational health services.
- However, 60% of employees do want employers to take some responsibility for their healthcare.

* Swiss Re is a global reinsurance company.

The *Everyday Sport* campaign was launched in June 2004 to encourage people in the North East to become more active. The region was specially selected for this four-month test case because it has some of the lowest levels of participation in physical activity and sport in the country. Using TV and outdoor poster advertising, supported by a host of local media competitions and stories, the campaign encouraged citizens to do a little more activity each day in a way that suited them. Hundreds of organisations took part and staff tackled lazy lifestyles by getting involved in a range of activities such as speed walks at lunch time, *Everyday Sport* Office Games and team activities after work.

“*Everyday Sport* activities are ideal because they are easily accessible to large numbers of staff and show that being active doesn’t have to be complicated. Something as simple as taking the stairs instead of a lift can contribute to a healthier lifestyle, and we are just as happy to say ‘best foot forward’ rather than ‘mind the doors,’” commented David Hood, Assistant Director, Corporate Responsibility, from Northern Rock in Gosforth.

CASE STUDY

The Broadgate Centre in the City of London was redesigned with fitness in mind. It is one example of a new generation of 'fit' office buildings being designed by architects to encourage employees to become healthier by making them walk while they are at work. The design policy is for fitter people and a fitter environment. Meeting rooms, canteens and car parks are being put at appreciable distance from desks so workers have to expend energy getting to them.

PROMOTING HEALTH IN THE WORKPLACE

20. A large proportion of the population is employed and spends more than a third of its waking hours at work. If the workplace enables and supports health, employees are more likely to make healthier choices. For many people, the work environment constrains the choices available and makes it difficult to choose health. Central government departments can show the way here. **Sport England will provide a free consultancy service to government departments on how they can encourage and support staff to be more active in the workplace.**

The Health and Safety Executive (HSE) is developing innovative partnerships, in the public and private sector, to provide occupational health, safety and rehabilitation support (OHSRS).

The ultimate aim is for a support service that offers employees and employers advice on best-practice solutions for assessing and reducing exposure to key health risks, with a gateway to further specialist support if required. It would help employers to employ and retain those in poor health or disabled and ensure that work does not harm their health.

Pilots are already planned or under way that will test HSE's basic model for support, for example in the construction industry and in the Kirklees region. In addition to these pilots, funding has been allocated for further pilots to test the impact of the model for delivering occupational health and safety support. Evaluation of these pilots will provide essential information to identify best practice in changing behaviour and establish the financial model necessary to provide a sustainable scheme with national coverage.

21. Many employers recognise that they have a direct interest in creating an environment that helps people make healthy choices: because of

CASE STUDY

corporate social responsibility or because a healthier, more engaged workforce makes good business sense. A motivated, healthy workforce is more likely to perform well. Employers and employees benefit through improved morale, reduced absenteeism, increased retention and improved productivity.

22. There are some simple measures employers can take to promote health in the workplace. For example, Inland Revenue rules allow employers to help staff in a number of ways to increase their physical activity by cycling to work, including through tax-efficient bike purchase from salary. The use of these concessions is low, in part because of lack of knowledge and understanding. **The Department for Transport will work with the cycle industry to produce user-friendly guidance on the tax-efficient bike purchase scheme to increase the use of the scheme and promote cycling.**

Primary care trusts are also now being encouraged to be much more proactive in their management of local supply to ensure access for all. Incentives to attract new providers will be developed to ensure that everyone has fair access to primary care near their home and/or workplace.

Ref: 2.8 NHS Improvement Plan

The Department for Culture, Media and Sport (DCMS) has introduced a number of changes to help promote a healthy workplace and to get staff more active. These include: stair prompts to encourage staff to take the stairs; provision of pedometers; investment in new bike racks and shower facilities to encourage cycling to work; and healthier options in the canteen and vending machines.

Through a new partnership with the Central YMCA, the DCMS is upgrading its in-house gym equipment and negotiating a special deal for staff who want to use the Central YMCA's facilities and has introduced yoga classes to broaden the offer to existing members and encourage more to join. A running club has also been set up, giving staff the chance to get fit and socialise with colleagues at the same time. Making use of the green spaces on DCMS's doorstep, the club welcomes men and women, regardless of ability, and holds lunchtime sessions specially designed for absolute beginners.



23. The NHS can also help. NHS services, such as walk-in centres, already provide easier access to health services close to work. Expansion and diversification of NHS health improvement services will ensure that they become just as convenient and accessible as healthcare services. The NHS and employers can also work in partnership to improve the health of their employees, for example through agreements with local NHS health trainers or NHS Stop Smoking Services to promote access to their services.

Promoting workplace health

24. Workplaces are often underutilised as a setting for promoting health and well-being. This is something that individual employees cannot achieve for themselves but need assistance from employers, Government and trades unions. We know a good deal about ways in which job and environmental design can help promote health. And we know that providing opportunities for activity and a healthy diet, and help to give up smoking, is important. Although a review by the US Centers for Disease Control and Prevention has concluded that behaviour change programmes in the workplace can work, we need more rigorous evidence of what works in the UK.

25. We will establish pilots to develop the evidence base for effectiveness on promoting health and well-being through the workplace.⁵ Each pilot will focus on a specific type of workplace, such as an NHS organisation, a local council or a business.

26. The programme will assess innovative approaches to support active living and also to promote healthy eating, smoking cessation and smoke-free environments, emotional and mental health and preventing back pain. A central focus will be on approaches that encourage self-management, personal responsibility and providing support to enable healthy choices.

Building health in

27. Employers have recognised the benefits of investing in their staff in the context of education and development, which is why the Investors in People (IiP) Standard has been so successful. Investing in health and well-being should be a key component of investment in staff. **We have agreed with IiP that they will develop a new healthy business assessment, in conjunction with DH, identifying the advantages for business and employees in investing in staff health and building on mechanisms already available to businesses from IiP covering issues such as work – life balance. This work will be incorporated into the IiP Standard when it is next reviewed in 2007.**

⁵ This programme is being developed in partnership with Sport England, the British Heart Foundation, Business in the Community and the Big Lottery Fund.



GOVERNMENT AND THE PUBLIC SECTOR: LEADING BY EXAMPLE

28. We are aware that Government and the public sector have real issues to tackle in improving the health of our workforce. Government recognises that individual employees alone cannot achieve this improvement, but need help from their public service employers. We want to learn from best practice elsewhere and find practical ways to promote the health of public sector employees, so that we lead by example as employers. For example, Sport England activity consultancy offers a flagship example of how this can be achieved.

Leading by example on smoke-free workplaces

29. Recognising the importance of leading by example, we, as central Government, want to end all smoking in all our enclosed workplaces by 2006. We will be consulting with staff and unions on how to put this into practice. Implementation of the ban on smoking will be supplemented by advice and support for those employees who want to stop smoking.

30. The Health Development Agency will shortly publish guidance for NHS organisations on the provision of smoke-free buildings to protect staff, patients and others from the health risks of second-hand smoke. In line with the wider strategy on second-hand smoke outlined in Chapter 4, NHS organisations should take action

to eliminate second-hand smoke from all their buildings and provide comprehensive support for smokers who want to give up. We recognise that in some cases, such as mental hospitals where for some patients the hospital may be their main place of residence and therefore their home, this may not be achievable. The guidance will therefore provide practical advice for a wide range of settings.

31. Nurses make up the largest staff group in the NHS and their health matters, for themselves, for the NHS and for their patients. Too many nurses smoke and many of them want to stop, so we want to give them more support to stop smoking. A joint Department of Health and Royal College of Nursing campaign will ensure that nurses are at the forefront of a smoke-free NHS by providing:

- personalised support for nurses wanting to stop;
- an award for teams that quit;
- a dedicated helpline for nurses;
- better access to nicotine replacement therapy;
- new self-help materials for nurses;
- a checklist for directors of nursing on how to help nurses to quit; and
- learning materials for student nurses.

Although we are starting with nurses, this is an approach that could be adopted with other staff groups across the NHS to support health improvement at work.

CASE STUDY

The NHS has embarked on a massive recruitment programme but cannot get the staff it needs. Yet it often operates in areas of high unemployment, where poverty makes local residents more vulnerable to illness. Until now, these people have seldom been considered as candidates for health service jobs as: they lack basic skills and qualifications; they do not hear about NHS vacancies; or their knowledge and experience is undervalued or unrecognised.

There are now moves to recruit locally by investing NHS funds in pre-employment training and starting people off in jobs that require few skills, to help them move up the NHS 'skills escalator'. This provides access points at every level of training to ensure a constant stream of new recruits moving through the system. Some trusts are already adopting this approach. Such a long-term strategy is capable over time of reducing risks to health as well as developing a local workforce.

The NHS as an employer

32. The NHS makes a valuable contribution to health by providing 1.3 million jobs. But too often NHS organisations have not been model employers and do not pay sufficient attention to the health of the people who work for them. A number of studies in the NHS have shown that patient care is affected by the experience of staff: staff who have positive attitudes towards their work are more likely to work more effectively and efficiently. So paying more attention to the health of NHS staff will benefit both the NHS organisations and their patients.

33. The *NHS Plan* introduced the Improving Working Lives Standard against which over 600 NHS organisations have been assessed. Achievement of the standards is monitored by the Healthcare Commission and contributes to star ratings. Since November 2003, 13 organisations have been piloting Practice Plus, a series of higher standards demonstrating organisation-wide commitment. All NHS organisations will achieve Practice Plus status by the end of March 2006.

34. **We believe that the NHS can and will become an exemplar for public and private sector employers. We will set out how the NHS will continue to develop employment policies and practices to make better, healthier NHS**

workplaces in the NHS workforce strategy that we are currently developing. This will provide details of how we develop a workforce to deliver the NHS Improvement Plan and the challenges set out in this White Paper. These initiatives will be supported by workplace pilots which will, in particular, encourage staff to be more physically active.

35. To achieve this, NHS organisations will need to give careful consideration to a range of factors, including:

- the expansion of staff required to boost capacity in public health and healthcare interventions, particularly diagnostics and the management of long-term conditions;
- the expected productivity benefits from skill-mix and role-redesign;
- the levels of international recruitment needed in nursing and key specialties; and
- taking steps to support good health in a high-quality workforce representative of the population it serves.

Healthcare Commission Staff Survey

The 2003 NHS staff survey was carried out by the Healthcare Commission to provide individual NHS employers, policy-makers and national regulators with information about the attitudes and experiences of staff.

The survey conducted in October 2003 is probably the largest workforce survey in the world. Five hundred and seventy-two organisations took part, and a total of 203,911 NHS employees responded (54% of those invited).

Although three-quarters of NHS staff said they are generally satisfied with their jobs, compared with two-thirds in similar surveys of other sectors, half felt under pressure at work. In addition, over a third of staff have experienced harassment, bullying or abuse at work in the previous 12 months, mainly from patients and relatives.

36. We will work with the NHS Employers' Organisation to ensure that the recently published *Framework for Vocational Rehabilitation*, which is the first step towards developing a new approach to helping people back to work following injury, illness or impairment, is adopted by NHS employers.



37. World-class organisations recognise the value of good people management and the importance of measuring the contribution of the workforce to providing high-quality services. We are working with SHAs to develop an HR Balanced Scorecard to help NHS organisations more effectively measure people management policies and procedures. This process will allow local NHS organisations to develop indicators that reflect the importance of staff health and well-being in creating a world-class workforce. In addition, **we will work with the Healthcare Commission and the NHS Employers' Organisation to develop the annual NHS staff survey so that we can better assess current practice and encourage more NHS organisations to become healthier workplaces.**

Improving Working Lives Standards

What are they?

A series of standards demonstrating good HR practice against which all NHS organisations have been assessed and accredited. The standards ensure that NHS employees work in an organisation that can demonstrate:

- commitment to flexible working conditions, giving staff more control over their own time;
- that they are investing in diversity and tackling discrimination and harassment; and
- that staff feel valued and treated with respect and dignity.

Why are we doing it?

So that the NHS is seen as a model employer, where individuals choose to come and work. Achieving improvements in healthcare needs a workforce able to deliver that care. Recruitment and retention of staff is key to delivering the *NHS Plan*. Given the demographic changes within the workforce, the NHS has to compete with other organisations for a limited number of people. The NHS has to be an employer that treats its staff well.

Occupational health

38. NHS organisations, as the largest employer, must also lead by example on occupational health. In the last six years up to 2002–03, support from occupational health has reduced by 50%, the number of staff forced to take ill-health retirement. **We will develop NHS occupational health services to increase the focus on quality and customer need. Altered working arrangements and the use of evidence-based practice will increase capacity and allow concentration on what the NHS needs in terms of staff and patient protection and attendance management.**

Mental health

39. Reports show that mental illness is a problem for NHS employees.

40. Improving line management skills can help improve mental well-being for staff. **The NHS Leadership Centre and NHSU support the development of leadership capability and capacity. Through national programmes, including Managing Health and Social Care, they will promote learning opportunities for leaders and managers on both wider public health issues and the responsibilities of managers to support and improve the health of staff.**

41. Building on the publication *Mental Health and Employment in the NHS*, published in 2002, **we will develop with partners⁶ guidelines on the management of mild to moderate mental ill health in the workplace to be published in 2005.**

CONCLUSION

42. There are strong links between employment, individual health and the health of local communities. It is in all our interests to take forward action to support people into employment and improve opportunities for good health in the workplace. Income from employment increases the potential for people to make healthy choices; employees can benefit personally from being in a healthy workplace; for the employer, their workforce is their most important resource and society benefits from high employment and a fit and productive workforce.

6 British Occupational Health Research Foundation and the Sainsbury Centre for Mental Health and Mentality.



Summary

43. The initiatives described in this chapter will ensure that there are better opportunities for health through work and the workplace.

- More people who are currently out of the workforce will be employed, reducing inequalities in employment and health.
- The NHS will be working in partnership with other public sector agencies, such as Jobcentre Plus, and employers to help those who can return to work, for their own good, the good of their employers and of wider society.
- Workplaces will become healthier environments.
- There will be better support for employers to help develop the health of their workforce.
- Central Government, NHS organisations and other parts of the public sector will lead as examples of healthy employers.

SCENARIO

WHAT WILL HEALTH LOOK LIKE IN THE FUTURE?

Dan is 50. He was divorced nine years ago and moved out of the family home. He works for a company that employs 500 people, making electrical parts.

Dan has found his job difficult since his team was given a new team leader, who is constantly pushing to meet targets. He starts to sleep badly and feel tired and anxious at work. Eventually, Dan visits his GP, who signs him off work.

Dan's GP also notices that Dan has not updated his personalised health guide (PHG) since he left school and advises him to go for a 'health check' – a new service for people entering their 50s. Dan is reluctant until he discovers he can access some of the service from home, using the digital TV package he bought for watching football. He books time one evening to talk to an NHS Direct nurse, who appears live on his TV screen. She asks him about his health and lifestyle and records this information in his PHG.

The health check shows that Dan generally eats poorly and does little exercise. Dan agrees to look at some websites about healthy eating. He also agrees to try and go for a daily walk while he is off work.

After some weeks, Dan's company sends one of its occupational health consultants to see him about returning to work. It allows him to move teams

and work part-time for some weeks. It also agrees to review its policies on target setting and to provide 'break out' rooms for other employees in danger of suffering from stress. Meanwhile, Dan's PHG has been loaded onto the HealthSpace website, where he can access it using a secure password. He makes a note about what he has agreed with the company's occupational health adviser, so his GP can see it the next time his PHG is called up.

Dan also decides to have a full health check and books an appointment for one at his local surgery. The walks have helped to control his stress symptoms, so he asks the health-check technician about the health benefits of starting to run.

The two find a suitable programme on a running magazine website. This is attached to his PHG. However, Dan also decides to pay for a subscription to the magazine, so he can receive a personalised programme, training and eating tips by text.