

# Health Works

**A Review of the Scottish Government's  
*Healthy Working Lives Strategy***

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*Healthy Working Lives Strategy***

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# FOREWORD



The overarching purpose of the Scottish Government is to create a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth. There is no better demonstration of our commitment to achieving this than *Health Works*, the update to our *Healthy Working Lives* strategy.

*Health Works* brings together improvement in the overall health of Scotland's people with improvement in the competitiveness of Scottish industry through improved productivity and with more people benefiting from work. We can help more people to join the labour market and share in the prosperity of the country with their families and communities. In doing so we will make a significant contribution to addressing some of the causes of health and social inequalities.

*Health Works* throws down a challenge to employers. Proactive workplace policies on health and wellbeing can deliver significant bottom line benefits, but this requires a commitment from employers and from business organisations to show leadership. There is also a challenge for the public sector. Employing almost a quarter of the working population of Scotland, the public sector can establish itself as an exemplar employer, leading the way in workplace practice, but also reaping the benefits of enhanced workplace health and wellbeing.

What the review of *Healthy Working Lives* has shown is that we are working in a very real partnership. Central and local government, the NHS, the public, private, third sectors and trades unions have all contributed to the development of the *Health Works* strategy and now must play their parts in ensuring that it is delivered successfully.

A handwritten signature in black ink, which appears to read 'Alex Salmond'.

RT HON ALEX SALMOND MSP MP  
FIRST MINISTER



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“A healthy working life is one that continuously provides working-age people with the opportunity, ability, support and encouragement to work in ways and in an environment which allows them to sustain and improve their health and wellbeing. It means that individuals are empowered and enabled to do as much as possible, for as long as possible, or as long as they want, in both their working and non-working lives.”

*Healthy Working Lives – a plan for action, Scottish Executive, 2004*

“The Scottish Government’s update of its *Healthy Working Lives* strategy confirms the country’s position at the forefront of improving the health and wellbeing of working-age people in Britain.”

*Professor Dame Carol Black, National Director for Health and Work*

# JOINT INTRODUCTION

The health of Scotland's working-age population is key to the wellbeing of both individuals and communities, and to the future economic success of Scotland. Healthy individuals are, generally, more productive, more motivated and have less sickness absence. Conversely, for most people, being in work is good for their long-term health.

The Scottish Government and COSLA are committed to working together to tackle the causes of health and social inequalities. One of the keys to this is to address poverty and deprivation through improving the health and wellbeing of those in work, reducing the risks of losing work through health issues and helping those out of work through poor health to return to employment.

The report of Dame Carol Black's review of the health of Britain's working-age population concluded that poor health costs the British economy £100 billion a year in lost productivity, lost tax revenues, lost spending and increased health and social care costs. In addition, there are impacts on individuals, families and communities as a result of health barriers to working that cannot be costed.

*Health Works* sets out why we want to change attitudes to health and work amongst employers, workers and healthcare professions, and the actions that we will undertake to achieve this.

We will work with employers in the public, private and third sectors to help them understand the importance to their organisation's success of supporting and improving the health and wellbeing of their workforce. In particular, we aim to connect better with the small and medium sized enterprise sector to promote the messages on workforce wellbeing and, crucially, to provide access to simple tools and guidance that will help.

The changes to the 'sicknote' being introduced by the UK Government will bring about a major change in culture and attitudes to health and work. The introduction of the new 'fitnote' will be a challenge in ensuring that everyone concerned understands what the changes mean, but it is also a great opportunity to improve understanding of the relationships between health and work and why maintaining and improving health is so important for the working-age population.

With the public sector employing almost a quarter of the working population of Scotland it will play a key role in being an exemplar employer for the current workforce and as a recruiter, offering opportunities to those wishing to return to work from the benefit system.

By sharing the benefits of the rewards of work the public sector can help make the case for change, which will not only encourage employers in Scotland to gain the benefits of improved health and wellbeing in the workplace but will also help support more people of working age back into work.



A handwritten signature in black ink that reads "Nicola Sturgeon".

**Nicola Sturgeon MSP**

Deputy First Minister and Cabinet  
Secretary for Health and Wellbeing



A handwritten signature in black ink that reads "Ronnie McColl".

**Councillor Ronnie McColl**

COSLA Spokesperson on Health and Wellbeing

# EXECUTIVE SUMMARY

## **Health Works – Conclusions of the Review of the Healthy Working Lives Strategy and Updated Actions**

*“We strongly believe that workers should not only be protected from harm in the workplace, but should benefit from practices that proactively promote health and wellbeing.”*

*– Dave Moxham, Deputy General Secretary, Scottish Trades Union Congress*

Ill-health in the working-age population has been estimated to cost the British economy £100 billion a year in lost productivity, lost tax and increased health and welfare costs. There is a clear, growing body of evidence to show that improving the health and wellbeing of the working-age population of Scotland will increase sustainable economic growth, particularly through improved business productivity.

Equally, we want as many people as possible to share in the rewards of work, because satisfying work is the best route for most people to a healthy and fulfilling life, defined as **“one that continuously provides working-age people with the opportunity, ability, support and encouragement to work in ways and in an environment which allows them to sustain and improve their health and wellbeing”**.

The approach of the *Health Works* actions is to ensure that health is not a barrier to work for as many people as possible, so that they can contribute to, and share in, the economic prosperity of Scotland.

Our review has been carried out in the context of Dame Carol Black’s review of the health of Britain’s working-age population. Amongst the recommendations in Dame Carol’s report is the replacement of the current medical certificate, or ‘sicknote’, with a ‘fitnote’ that will aim to keep people in work where it will help their recovery. The introduction of the new medical certificate will necessitate a major change in attitudes to health and work amongst employers, employees and the healthcare professions.

It is essential that employers understand that investing in the wellbeing of their workforces is of fundamental importance to securing and improving productivity and profitability. The Scottish Centre for Healthy Working Lives will work with its partners to develop a clear marketing and communications strategy to ensure that it maximises the number of employers it reaches with its services, in particular small and medium sized enterprises.

Individuals with a health barrier to entering, or fulfilling their potential in, work will have access to healthcare services that will support them back towards work. For many common health

conditions, early intervention provides the best opportunity for a speedy and full return to work. We will establish minimum standards for access and support, defined in a 'Scottish Offer', learning from the pilot vocational rehabilitation projects and the pilot Fit for Work Services.

Healthcare staff need to be suitably empowered to include work-related outcomes as part of patient care plans. We will work with NHS Boards and healthcare professionals to develop programmes of training to provide healthcare staff with the tools to support patients towards work.

However, training and empowerment of healthcare staff needs to be in the context of strategic leadership on health and work. We will work with NHS Boards to establish leadership at senior level and make the links with community planning partners, especially those engaged in employability activities, to provide effective and efficient routes towards the workplace for individuals.

The public sector accounts for about 25% of the workforce in Scotland. It therefore has a major role in improving the health and wellbeing of the working-age population both through their role as employers and as service deliverers. The Scottish Government, COSLA and NHSScotland will develop a public sector mandate for public bodies to become exemplars and champions for *Health Works*.

This will require public bodies to adopt the highest levels of policy and practice in promoting the health and wellbeing of their staff, as well as ensuring that delivery of services and purchasing of goods and services promote the workplace health and wellbeing of others.

We recognise that future generations of workers will need to be equipped to remain safe and healthy in the workplace and we will work with partners such as the STUC to develop and deliver relevant messages through schools and colleges.

As well as requiring local leadership to deliver the actions in *Health Works*, we recognise the need for national leadership. We will work with existing Scotland-wide bodies such as the Healthy Working Lives National Advisory and Advocacy Group and the Scottish Employability Forum to ensure that there is a clear, national, strategic lead for *Health Works*.

We are already working on the means to measure our performance in delivering *Health Works*. Work will continue to develop a set of realistic and measurable outcomes and performance measures that will be used to demonstrate success.

# 1. BACKGROUND

*“The health of Scotland’s population is key to the wellbeing of individuals and communities and to future economic success. The Scottish Government will continue to develop policies that support a healthy, productive and motivated workforce for the 21st century.”*

– Nicola Sturgeon MSP, Cabinet Secretary for Health and Wellbeing, June 2009

Ill-health in the working-age population has been estimated to cost the British economy £100 billion a year in lost productivity, lost tax and increased health and welfare costs<sup>1</sup>.

The then Scottish Executive published *Healthy Working Lives – a plan for action*<sup>2</sup> in August 2004. This set out a vision for improving the health of the working-age population through promoting health and wellbeing in the workplace and supporting into work those who are unemployed with health conditions. A healthy working life was defined as **“one that continuously provides working-age people with the opportunity, ability, support and encouragement to work in ways and in an environment which allows them to sustain and improve their health and wellbeing”**.

Since 2004 there have been a number of policy developments around health and work which have prompted a review of the healthy working lives approach. These have included: the publication of the Great Britain-wide *Health Work and Wellbeing* strategy; the review of evidence on health and work, *Is work good for your health?*<sup>3</sup>; Dame Carol Black’s review of the health of the working-age population of Britain, *Working for a Healthier Tomorrow*; and the responses to the latter by the Scottish, Welsh and UK Governments<sup>4,5,6</sup>.

The evidence that informed Dame Carol’s review, in particular, has significantly strengthened the case that, for most people, being in work is better for their long-term health than being unemployed, and that unemployment can severely damage health in the long-term. There is also a growing body of evidence to support the business case for employers investing in the health and wellbeing of their workforce.

Demographic changes are also impacting on the current and future working-age population. Scotland has an ageing population with a growing proportion of the workforce over 50, a trend that will continue for a number of decades. In addition, people are living longer, with more choosing to work later in life.

These changes will present challenges for the future. Public services, particularly health, will need to address demand for support to help people with conditions associated with older years to remain in work. Employers, too, will need access to advice on the measures they can take to maximise the health, wellbeing and productivity of an older workforce.

The Scottish Government wants as many people as possible to share in the rewards of work, because satisfying work is the best route for most people to a fulfilling life and to good health and wellbeing. In essence the *Health Works* approach is to ensure that health is not a barrier to work for as many people as possible.

## Government's Economic Strategy

In addressing some of the causes and effects of ill-health in the working-age population of Scotland the *Health Works* strategy can make a significant contribution to delivering the Scottish Government's purpose targets and to economic recovery. Therefore, the strategy is consistent with, and is indeed a key element of, the achievement of the central Purpose of higher and sustainable economic growth.

For example, the strategy will contribute to improved health and wellbeing which is crucial to people's ability to engage in education and training, and to increase their participation in the labour market.

The report<sup>7</sup> from the Scottish Council of Economic Advisers has identified improving productivity as a critical contributor to sustainable economic growth. There is strong evidence that employers who invest in promoting the health and wellbeing of their employees see significant benefits to the bottom line through improved attendance, better motivation, increased productivity and better staff retention. Research by PWC<sup>8</sup> looked at 55 organisations in the public and private sector, with between 50 and 100,000+ employees and covering a wide range of industries from pharmaceutical manufacturing, engineering, financial services, utilities, education, the NHS and local and central government. These cases showed returns ranging from £1 to £34 for each £1 invested in a variety of activities to promote and improve health and wellbeing over periods of between 6-12 months.

Higher productivity will (other things being equal) mean lower unit costs of production and lower output costs in general. Improved productivity will, therefore, increase the competitiveness of Scottish industry.

Work is, for most people, good for long-term health outcomes. Maximising the number of working-age people who are in work and promoting health through the workplace will contribute to improving the healthy life expectancy of the population of Scotland. By offering support to those whose ability to work is compromised by health problems, we can improve their health and reduce the negative impact of unemployment on health.

In the current economic climate, it is more important than ever for employers to maximise their competitiveness and the *Health Works* strategy should be seen in that context. Businesses need our support to recognise the significant productivity and profitability benefits they can gain by improving support available to all employees through the development of workplace policies and practices to promote and improve workforce health and wellbeing. We wish to encourage greater understanding and commitment from the business community to embrace and adopt better practices in this area.

The working-age population of Scotland is approximately 2.7 million. This figure includes all those over 16 years of age, but excludes students, homemakers, those on long-term or temporary sickness absence and the retired.

Source: Labour Force Survey, 2009<sup>9</sup> (ONS)

### **Estimated prevalence and rates of self-reported illness caused or made worse by work, by type of illness, for people working in the last 12 months (Great Britain)**

|                               |       |
|-------------------------------|-------|
| Bone, joint or muscle problem | 43.4% |
| Stress, depression or anxiety | 34.9% |
| Breathing or lung problems    | 6.9%  |

Source: Labour Force Survey, 2008<sup>10</sup> (ONS)

### **Occupational accidents and ill-health, 2007-08**

|  | Scotland | Great Britain |
|--|----------|---------------|
| Suffering illness caused or made worse by work | 113,000  | 1.3m          |
| Workers killed at work                         | 32       | 229           |
| Other injuries reported (RIDDOR)               | 11,909   | 136,711       |

Source: Health and Safety Executive/Labour Force Survey, 2008<sup>11</sup> (ONS)

### **Incapacity benefit claimant levels and rates by reason (for Scotland's working-age population), November 2008**

|  | (000s) | Percentage |
|--|--------|------------|
| Total IB Claimants                                       | 261.90 | 100%       |
| Diseases of musculoskeletal system and connective tissue | 40.70  | 15.5%      |
| Mental and behavioural disorders                         | 119.68 | 45.7%      |
| Diseases of the circulatory or respiratory system        | 19.32  | 7.4%       |
| Diseases of the nervous system                           | 14.90  | 5.7%       |

Source: DWP, 2009<sup>12</sup>

Inequalities in health can be reduced by helping people back into work. This will contribute to the solidarity and cohesion targets through both improving income levels in more deprived communities and improving the labour market participation gap in those areas. This requires improvements in collaborative working across health, employability and other agencies that support people into work. The Scottish Council of Economic Advisers has recommended that the civic consortium model already operating in Glasgow, Dundee and Edinburgh is adopted more broadly in Scotland where economic inactivity is a problem.

**Discover Opportunities** is the Dundee Partnership's Employability Programme.

The Dundee Partnership includes, amongst others, Dundee City Council, Jobcentre Plus, Skills Development Scotland, Careers Scotland, Dundee Community Health Partnership and the community and voluntary sectors. The Partnership recognises that organisations working together in partnership in a joined-up way are better able to meet the needs of the citizens of Dundee than working separately.

The Dundee Partnership deals with a wide range of issues affecting the lives of people in Dundee and the Employability Programme delivered through Discover Opportunities aims to:

- Reduce the number of people in the city on working-age benefits;
- Increase the number of people in work and who are able to stay in work.

The Discover Opportunities Centre brings together staff from various organisations to provide a joined-up service to help people progress into employment, education or training. The Discover Opportunities Centre team offers advice on jobs and careers, money matters, childcare, and health.

Through the current economic climate, those who find themselves out of work may be at increased risk of poorer health as a consequence. Those who develop health conditions will find it harder to return to work and risk the health and other consequences of long-term unemployment for themselves, their family and their community. We need to step up action to support people to maintain their health and wellbeing until they can return to work.

## Policy Context

In *Better Health, Better Care: Action Plan*<sup>13</sup> the Scottish Government committed to re-energising the healthy working lives agenda. This particularly recognised the important contribution that NHS Boards can make to enabling people to retain or return to work through partnerships and through delivering the recommendations of the *Delivery Framework for Adult Rehabilitation*<sup>14</sup>.

The importance of obtaining and remaining in work is recognised as a key contributor to reducing health inequalities. The Scottish Government and COSLA health inequalities strategy, *Equally Well*<sup>15</sup>, describes a series of actions to improve health and wellbeing in the workplace and help those out of work to access services to help them find employment.

Mental health and wellbeing is a particular cause for concern amongst the working-age population, being one of the major contributors both to sickness absence and to reasons for claiming work-related welfare benefits. *Towards a Mentally Flourishing Scotland*<sup>16</sup> sets out actions to promote good mental health and wellbeing and to address poor mental health in the working-age population.

Alcohol misuse has a significant impact on economic output, reducing the productivity of those at work and contributing to absences, unemployment and premature mortality. The total cost to the Scottish economy is estimated at £800m each year. This cost is one of the reasons why the Scottish Government is seeking to implement a range of actions in *Changing Scotland's Relationship with Alcohol: A Framework for Action*<sup>17</sup>, including the promotion of management-led workplace programmes in tackling alcohol misuse.

The welfare benefits system is reserved to the UK Government and is the responsibility of the Department for Work and Pensions (DWP). The DWP has undertaken a series of reforms of the welfare system, aimed at supporting more people into work. Jobcentre Plus provides services for the unemployed, including job seekers and those on incapacity benefits. The Pathways to Work programme aims to provide help to those on or at risk of going onto incapacity benefits and includes the Condition Management Programme to help people manage their health conditions so that they can return to employment.

Incapacity Benefit (IB) was replaced by Employment and Support Allowance (ESA) in 2008, which provides more focus on what people can do rather than what they cannot.

*Workforce Plus, an Employability Framework for Scotland*<sup>18</sup>, sets out actions for national and local partnerships on what is needed to achieve an effective and coherent employability service across Scotland. *Workforce Plus* recognises the essential role of the health services. This includes relevant forms of treatment and also reaching clients in receipt of inactivity benefits who are not currently making active use of employment services.

The Scottish Government has a range of policies aimed at improving the health and wellbeing of the wider population. In particular, those aimed at smoking cessation, alcohol and substance misuse, physical activity and healthy eating recognise that there is a role for the workplace in promoting healthy choices and in providing information on healthy lifestyles.

## **The 2004 Action Plan**

The 2004 *Healthy Working Lives – a plan for action* identified a set of actions to improve delivery of support for better health and wellbeing in the workplace, and for helping back into work those excluded due to health conditions.

The key action was the establishment of the Scottish Centre for Healthy Working Lives (the Centre) within NHS Health Scotland, bringing together a number of earlier initiatives aimed at improving health, safety and wellbeing in the workplace. The Centre has developed as a delivery body providing a range of advice and information on workplace health, safety and wellbeing, and promoting the *Healthy Working Lives* award scheme.

Other notable deliverables have included setting up a number of vocational rehabilitation pilot projects; the establishment of a stakeholder advisory group, comprising representatives from business organisations, enterprise, health, local government, trades unions and the third sector; and running pilot projects in the agriculture and construction industries.

Activities from the 2004 plan that require further work are development of national standards for occupational and health and safety providers; reviewing the international evidence base on health and work; and identifying future research priorities, including the build up of a library of best practice case studies, in order to develop the business case for the adoption of healthy workplace cultures. These issues will be picked up later in this document.

## 2. THE REVIEW PROCESS

The review of the *Healthy Working Lives* strategy has been taken forward with the involvement of key stakeholders. A number of meetings were held with small groups of key, interested parties to define the nature and scope of the review. Two key strands of work were identified: communication and engagement with key target groups; and the client pathway through the range of services and support that helps move an individual towards work.

Workstreams were set up for each of the two areas of work and met to discuss the issues and identify further work. These were led by Iain McMillan, Director, CBI Scotland and Dave Moxham, Deputy General Secretary, STUC respectively, and included COSLA, Institute of Directors, Federation of Small Businesses, Scottish Enterprise, NHS Boards, RCGP, Faculty of Occupational Medicine, Association of Local Authority Medical Advisers, healthcare professionals, Jobcentre Plus, DWP, third sector, Scottish Government divisions and the research community.

The communication workstream identified action to promote the services of the Centre in terms that will relate better to the needs of employers, and SMEs in particular.

The client pathway workstream identified a more focussed approach to three areas: redesigning the client pathway; changing relevant working practices and cultures in a range of health and social care agencies; and information, evaluation and performance management.

The workstreams' conclusions were presented to a Health and Work Conference held on 9 June 2009, with further opportunity for the delegates to provide feedback on these. The reports from the workstreams will be published online separately from the updated *Health Works*.

The following pages discuss the findings of the review and the actions required to develop the *Health Works* strategy further.

## 3. THE WORKPLACE

*“There is a sound evidence base for workplace policies that support the wellbeing of employees. Most of our top performing organisations have already embraced this.”*  
– Iain McMillan CBE, Director, CBI Scotland

With approximately 2.5 million people in Scotland in some form of employment, the workplace can play a significant role in the health and wellbeing of a large proportion of Scotland’s population.

Workplace health and safety is regulated by legislation reserved to the UK Government. This creates a statutory duty for the employer to ensure the health and safety of its workforce, to specifically assess workplace health and safety risks and to act to prevent or control those risks. Employees have a duty to cooperate with their employer.

Many workplaces employ health and safety professionals who play an important role in ensuring that the working environment does not harm the health and wellbeing of employees. This has contributed to Great Britain having one of the best health and safety records in the world.

Enforcement of health and safety regulation is undertaken by the Health and Safety Executive (HSE) and local authority environmental health officers (EHOs). The Centre’s advisers have no enforcement powers, but aim to be perceived as an alternative source of advice to the ‘enforcement authorities’.

The Centre and the HSE in Scotland are developing arrangements to avoid duplication of approaches to employers and to share information on client needs that will allow the Centre’s advisers to target those businesses that would benefit from healthy working lives advice.

### **The Employer’s Role**

As well as ensuring that they meet their statutory health and safety duties, good employers will also take steps to promote the health and wellbeing of their staff more generally.

### Examples of workplace health and wellbeing activities:

**First ScotRail**<sup>19</sup> – Offer physiotherapy, at-work massage, chiropody and ergonomic improvements to reduce time-off after accidents. 40% of cases referred to physiotherapy returned to work after an average of five sessions. Sickness absence decreased from 6.2% to 4.2%, saving around £3 million p.a.

**Glasgow Prestwick Airport**<sup>20</sup> – The airport halved its sickness absence rates after a Fit for Life @ Work Programme was set up, which included a health promotion suite and staff taking part in a variety of activities, including pilates and jogging classes. There are cycle routes around the airport and, in addition to providing bike parks, they are looking into the possibility of a cycle to work programme and offering gym facilities.

**BP Sullom Voe** – The oil terminal offers regular health checks to its 450-strong workforce which includes both BP employees and contractors. The checks – which include blood pressure, weight, body mass index, full cholesterol screening and blood glucose testing – are used to provide customised health plans, tailored to individual employee's requirements.

**Ross Harper LLP** – The legal firm ran a 'Better Backs' campaign looking at posture and exercise, and taking breaks from sitting at a desk. Smokers have been encouraged to quit by providing smoking cessation sessions after work.

**Scottish Government** – Has recently achieved its Gold Healthy Working Lives Award. This has involved a range of activities including provision of gym facilities, supporting participation in running and jogging activities, introduction of a bicycle purchase scheme, ensuring healthy choices in staff canteens, and negotiating discounts for membership of health clubs.

It is not just the physical work environment that affects the health and wellbeing of workers. A 'good' job also comprises 'softer' issues such as strong workplace relationships, meaningful work, fair procedures, job security, flexibility about how work is done and achieving a balance between effort and reward.

As well as workplace policies that promote health and wellbeing, employers can also be more proactive in supporting employees returning to work following sickness absence as part of a programme of rehabilitation. Waddell, Burton and Kendall<sup>21</sup> noted that vocational rehabilitation cannot be delivered by health services alone and employers have a key role to play in supporting return to work.

Employers should make use of the support that is available. The *Healthy Working Lives* advice line offers a wide range of advice. This is being enhanced as part of a DWP-funded pilot to provide advice on common mental health conditions. Further advice on good management practices can be obtained from the Health and Safety Executive (HSE).

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### Action 1: The Centre to work with DWP to develop and promote an enhanced advice line to small enterprises – by end 2009

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Given the overarching imperative of growing the economy and the need for improved productivity, we aim to enlist those bodies tasked with economic development to promote the importance of maintaining employee health and wellbeing to enterprises that they support and ensure that it is reflected in business plans.

The conclusions from the Communication and Business Engagement workstream note "the current economic situation makes it all the more important for employers to engage with

*Healthy Working Lives* in order to support staff motivation and productivity, as well as to control costs”.

The workstream recognised the different healthy working lives needs of organisations of different size and the need for the services of the Centre to take this into account (figure 1).

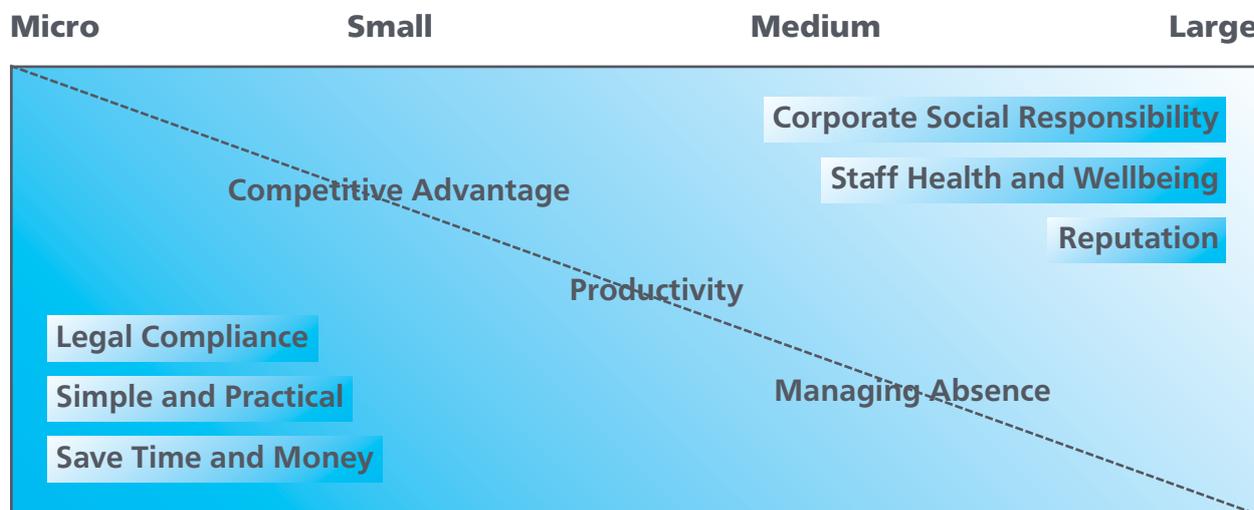


Figure 1. Segmentation of employer benefits of promoting healthy working lives by size of organisation

A challenge for the *Healthy Working Lives* programme has been to encourage SMEs to take up the services offered by the Centre.

There are two specific recommendations from the workstream in respect of delivering to business:

- A simple, practical resource for SMEs should be produced. This SME *Healthy Working Lives* Toolkit will be modelled on the Federation of Small Businesses/Scottish Government Energy and Environment SME Toolkit, the proposal for which is backed by the business representative organisations;
- There should be greater use of case study based promotion and business-to-business engagement models. Businesses speaking to other businesses about the value they have gained is the strongest message of all for another business, and this is something that SMEs should be encouraged to become involved in to make the message as relevant as possible to smaller businesses.

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**Action 2: The Centre to work with business organisations to develop and deliver a SME *Healthy Working Lives* Toolkit; and to work with clients to develop and promote compelling case studies**

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## Enterprise Agencies

Scottish Enterprise manages around 2000-3000 business clients at any one time. Highlands and Islands Enterprise and local government Business Gateways have contact with many more. This creates scope for advice on the importance of workplace health and wellbeing to the bottom line to be provided to a large number of employers and potential employers, with signposting to more specific services. Scottish Government encourages these economic development agencies to collaborate with the Centre to carry relevant advice and links in their websites and literature, and to provide business advisers with sufficient knowledge to provide appropriate advice to clients on the importance of workforce health and wellbeing.

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**Action 3: The Centre to work with Scottish Enterprise, Highlands & Islands Enterprise and local government Business Gateways to promote importance of workplace health and wellbeing to business success as part of advice given to clients; and to promote services of the Centre to clients as part of their business support**

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## Trades Unions

Many workplaces have trades union safety representatives. The 'safety reps' have traditionally had a role in working with employers to develop, maintain and promote measures to ensure health and safety at work. However, there is scope for these representatives to develop a wider role around wellbeing in the workplace. In working towards *Healthy Working Lives* awards, employers are encouraged to involve the workforce and where there are trades union representatives they could expect to be involved. However, a wider role to promote wellbeing would enable 'safety reps' to advise both employers and employees on good practices to promote both physical and mental wellbeing. The Centre has already developed a number of projects in collaboration with the STUC and should explore the scope for work to enhance the safety representative role.

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**Action 4: The Centre to work with the STUC to identify the scope for a programme to develop the wellbeing capabilities of trades union safety representatives**

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## Scottish Centre for Healthy Working Lives

An external consultancy was commissioned to review the work of the Centre, in order to identify ways to improve its operation and service delivery and to keep its activities relevant to the overall strategy. The conclusions of this review will be used to inform the development of the Centre's strategic business plan, taking into account the conclusions of the review of the overall *Healthy Working Lives* strategy.

A brief summary of the activities of the Centre is given at Annex B.

The review of the *Healthy Working Lives* strategy has identified that there is a very clear need for the Centre to target its services better, with promotional material that communicates the benefit it offers to businesses and particularly SMEs, and more flexible services that can meet the needs of SMEs without requiring large investment in time and money by the employer.

The key conclusions of the Communication and Business Engagement workstream are:

- The Centre, supported by Scottish Government, for example through the Regulatory Review Group, needs to work more closely with employer organisations (e.g. CBI, Federation of Small Businesses, Scottish Chambers of Commerce, Scottish Council for Development & Industry) to develop services that align with the business priorities of employers, particularly small and medium sized enterprises, and to improve communications in positive, business-friendly language, to achieve better engagement and commitment from employers to the *Health Works* agenda;

- Employers need services that are accessible and easily understood – keep it simple has been a key message from businesses;
- The Centre needs to make use of appropriate marketing tools and campaigns to target SMEs in particular and to work with business organisations and other agencies such as the HSE to run joint campaigns;
- The Centre will work with business organisations and economic development agencies (Scottish Enterprise, Highlands and Islands Enterprise and Business Gateway) to help them to promote the business benefits of good workplace health and wellbeing, and the services of the Centre, through their networks;
- The Centre should work with business organisations and individual employers to develop the evidence base and case studies of good practice.

The Centre also needs to be able to react to external circumstances that might impact on workplace health and wellbeing, such as H1N1 flu and the economic recession, and develop appropriate advice to help employers.

It is important that the Centre's clients can be confident that the services offered will provide them with the benefits they expect from developing good workplace health and wellbeing practices. The Centre's services are undergoing an evaluation programme over the next 2-3 years, to allow further active development of the Centre's engagement with employers in improving the health of their workforce.

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**Action 5: The Scottish Centre for Healthy Working Lives to develop a 3-year strategy and strategic business plan, informed by the conclusions of the independent review of the Centre and the conclusions of the review of the *Healthy Working Lives* strategy**

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## 4. THE INDIVIDUAL

*“...people are the key input to any business and therefore enhancing links between the promotion of better health and higher productivity will be very important if Scotland’s effective supply of labour is to be secured...”*

*– John Swinney MSP, Cabinet Secretary for Finance and Sustainable Growth*

For people of working age there is a continuum that goes from being in work and in good health through to being unemployed as a result of a health condition. There are a large number of health, social, employability and training services available to help and support people, depending on where they are on this continuum.

For most people of working age, ill-health will be short term and the individual will recover with little or no intervention from health services required and will either be able to remain at work or will return within a small number of days.

Employer-provided occupational health services can help those with more complex needs. However, it has been estimated<sup>22</sup> that no more than 15% of employers in Great Britain offer access to in-house occupational health services.



Figure 2. Health and Work Continuum

More serious conditions may require more complex health interventions and require a longer period of absence from the workplace. Good workplace management practices, such as remaining in contact with the individual and offering graduated return to work, and early access to rehabilitation interventions if required will support an individual while they are off work and will help them to return as quickly as is appropriate.

## Health Services – The ‘Scottish Offer’

*“...the commitment to include work outcomes as part of the patient recovery plan is of particular significance. This change of approach will go a long way to ensuring that as many people as possible enjoy the benefits to long term health and wellbeing that remaining or returning to work can provide.”*

– Professor Dame Carol Black, National Director for Health and Work

Those people who wish to enter work and do not have a health barrier to employment can access a range of services to help them find work, develop their skills and knowledge, or help to address other issues that may hinder them entering the workplace.

The review of the *Healthy Working Lives* strategy has identified that for those with a health barrier to entering work, or who are in employment with a health condition that may compromise their ability to continue in work, there is a need to develop a clear ‘offer’ that sets out what health services should be expected, standards that they should be delivered to, how they can be accessed and the links to wider services such as employability.

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**Action 6: Scottish Government, COSLA, NHSScotland and Jobcentre Plus in Scotland will work together to develop and embed a clearly defined ‘Scottish Offer’ for those with health barriers to work – by end 2010**

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Most people in work will recover from minor ailments, such as colds, flu or sprains, with little or no health service intervention. Others will have more serious medical conditions that require specialist interventions, such as operations or for chronic illnesses such as diabetes or hypertension. Common conditions such as musculoskeletal disorders or mild to moderate mental health conditions can be treated rapidly in the early stages, before they become a risk to continued employment. Evidence suggests that early interventions are required for these cases to prevent long-term sickness absence.

Dame Carol Black, in her review, recommended the development of a rapid intervention ‘fit for work service’ aimed at providing quick access for those in work to enable a fast return to the workplace. Dame Carol’s recommendation was based on a biopsychosocial model (a biopsychosocial model is one that simultaneously considers the biological (disease or condition), the psychological (impact and perceived impact on mental health and wellbeing) and the social (wider determinants that can have a negative impact on health and wellbeing)) using a vocational rehabilitation approach that de-medicalises the patient’s condition.

## Vocational Rehabilitation

Vocational rehabilitation can be defined as “whatever helps someone with a health problem to stay at, return to and remain in work”. In their review, Waddell, Burton and Kendall concluded that there is strong evidence that return to work assists recovery from many health conditions, that healthcare professionals should play a key role in advising and supporting patients in their return to work, and recognise return to work as an important clinical outcome.

The Scottish Government’s *Delivery framework for adult rehabilitation* identifies the importance of vocational rehabilitation and sets out a model for service delivery. Importantly, the rehabilitation framework recognises that rehabilitation cannot be delivered by health services alone and that an integrated approach across services is required. A network of Rehabilitation Coordinators has been appointed jointly between NHS Boards and local authorities.

The model for vocational rehabilitation outlines the support structures that should be available to individuals in workplaces to promote health and wellbeing at work. It identifies a rapid access referral process through which individuals should be able to secure support and specialist advice from a dedicated vocational rehabilitation team consisting of a range of professionals (case manager (any discipline), counsellor, manual handling trainer, occupational

health adviser, occupational health physician, occupational therapist, physiotherapist, psychologist) using case management approaches.

The case management approach to working with clients must be more widely adopted. It is important to de-medicalise the client's situation and take a whole person approach, considering wider issues around personal circumstances, housing, money issues, etc.

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**Action 7: The National Programme Lead for the *Delivery Framework for Adult Rehabilitation*, together with regional Rehabilitation Co-ordinators will ensure that all NHS vocational rehabilitation services adopt case management approaches**

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Three vocational rehabilitation service pilots in Dundee, Lothians and the Borders have been established to trial models of integrated service delivery, allowing rapid access to treatment for employees of small and medium sized enterprises who do not have access to in-house occupational health services.

These pilots are being fully evaluated to establish if the approach provides a cost effective way of helping people to recover from ill-health and return to and retain their employment. The learning from the evaluation will inform further development of vocational rehabilitation based services. The objective will be for every NHS Board area to develop access to relevant health services within their existing resources by adopting the good approaches and practices highlighted by the evaluations of the vocational rehabilitation and Fit for Work Service pilots (see below).

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**Action 8: Evaluation of Vocational Rehabilitation pilots to be completed – autumn 2010**

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Following Dame Carol's recommendation, the UK Government is providing funding for a series of 'Fit for Work Service' (FFWS) pilots across Great Britain. One of these is based on the vocational rehabilitation service in Dundee and the Scottish Government is working with a proposal led by Salus, the NHS Lanarkshire based occupational health service, which will deliver a basic, Scotland-wide service accessible by all. These will also be thoroughly evaluated.

These evaluations will provide data that will allow for the development of a set of standards for service access and delivery that would form the basis for a 'Scottish Offer'. This would set out what can be expected by an individual in terms of obtaining access to work retention or return-focused healthcare services and what and how these services would be delivered.

A feature of the current pilots, and the work done at Salus, is the use of case management. This approach is also advocated in the rehabilitation framework. The standards of service developed for the 'Scottish Offer' needs to identify a role for a key worker who will ensure that the individual is involved and engaged in the support that is offered and that they are supported through the various services that they may need to access.

The Vocational Rehabilitation Association published a set of standards for vocational rehabilitation in 2008 and the Rehabilitation Council published more general standards for rehabilitation in 2009. Work is required to determine if these could be used as the basis for setting standards for delivery of vocational rehabilitation services in NHSScotland. The Scottish Government Health Directorates National Implementation Group of the *Delivery Framework for Adult Rehabilitation* will provide a forum to consider how standards for vocational rehabilitation can be developed and adopted across NHSScotland.

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**Action 9: National Implementation Group of the *Delivery Framework for Adult Rehabilitation* to address adoption of vocational rehabilitation standards for NHS vocational rehabilitation services as part of the 'Scottish Offer' – by autumn 2010**

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## 'Fitnote'

Another development following Dame Carol's report is the introduction of a 'fitnote' to replace the current GP 'sicknote'. DWP has held a consultation on the draft regulations that are required to make the changes to the current medical certification. The changes will introduce an option on the medical form where the GP can recommend that a person can remain in the workplace, but would require some changes to their work while they recover from their condition. This recognises the evidence that, for many people, remaining in work helps to promote faster recovery.

The proposed changes are planned for introduction in April 2010. These will require to be supported by an education programme for GPs as well as awareness-raising with employers and employees. DWP commissioned work to develop a social marketing campaign to raise awareness of the changes with key groups. This will be an opportunity for the *Health Works* strategy to work with DWP to promote both health and work generally to health professionals and employers, and the vocational rehabilitation and FFWS pilots specifically.

## Role of Healthcare Staff

For those out of work, with a health condition that is a barrier to returning to work, access to healthcare to support a return to work may be more challenging.

Individuals who are on incapacity benefits for any length of time may become distant from the services that can help them. Jobcentre Plus Pathways to Work (PtW) programme is available to those entering Incapacity Benefit (IB) or Employment and Support Allowance (ESA). PtW can offer a range of support to help people return to work, including help from the Condition Management Programme (CMP). CMP assists people to manage their condition so that they are able to move towards work. PtW is also available to those who have been on IB/ESA for some time, but is not mandatory for all groups of claimants. For those who do not engage regularly with employability service providers such as Jobcentre Plus or other services such as health, it becomes difficult to provide advice on the support available.

Many people who have health barriers to work continue to access public services, though not necessarily in the context of employment, for example social services, housing or debt advice services. Such contacts provide an opportunity for staff to establish whether a person is in work or not and to provide advice on how they can access services to support a return to work. Similarly, healthcare staff may be working with a patient in a context that is not directly related to the individual's employment situation.

Staff need to be suitably empowered to ask a few, basic questions and, where appropriate, the patient care plan should aim to have a work-related outcome, such as referral on to an employability service. This should include healthcare staff engaging directly with patients and where advice is being provided such as through NHS 24. Referral processes into these employability services also need to be addressed and improved. Development of closer partnership working between local NHS Boards and Workforce Plus employability partnerships will facilitate this.

The *Equally Well* test site in Lanarkshire is rolling out key training to frontline staff that may have historically not explored employability needs with clients/patients, e.g. health, housing and social work staff. This has involved development of a training package and expansion of a phonenumber service. The approach needs to be developed and rolled out across Scotland.

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**Action 10: Scottish Government will promote the adoption of good practice and learning from the Lanarkshire employability test site to NHS Boards and local authorities in the rest of Scotland**

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NHS Education for Scotland (NES) is developing a programme for the design and delivery of a knowledge service for vocational rehabilitation. NES has established a consortium of key stakeholders from wider health and work interests in vocational rehabilitation to share education and training, and to jointly commission work to fill the gaps in provision across Scotland. An electronic learning network is to be developed to allow sharing of practice and this will link to the employability learning network to facilitate links across the health and employability agendas. A jointly funded project lead post with NES, NHS Quality Improvement Scotland and the Centre will be appointed in autumn 2009. It will have responsibility for progressing the work of the consortium, developing the e-library shared space resource and to seek partners to develop and design the education and training that workers across Scotland need to access so they are enabled to better support people back to employment. NES will map existing employability training for healthcare staff, identifying the gaps and commissioning and developing, where appropriate, new training that meets the overall aims and learning for raising awareness of employability with NHS staff.

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**Action 11: NHS Education for Scotland to appoint a Project Lead in Education and Practice Development for Vocational Rehabilitation – autumn 2009**

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Equal Access in Glasgow developed an employability training pack for healthcare staff which was rolled out across Scotland in 2008. This will now be further developed to encourage further uptake and use of the pack and to allow it to be tailored for non-healthcare staff and to reflect local requirements.

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**Action 12: Scottish Government and NHS Education for Scotland will deliver a programme for the development of the existing employability training pack and its delivery to healthcare and other professionals, seeking formal accreditation of training – autumn 2010**

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There is significant variation across Scotland in the range and depth of relevant health and employability services available and in the demand for these. In many parts of the country there are third sector organisations offering employability or rehabilitation services.

Development of a 'Scottish Offer' requires that local health and employability services are able to link effectively to allow an individual to access the right services in the right order and to progress quickly and smoothly towards work. A strong and committed health presence on local Workforce Plus employability partnerships will facilitate this.

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**Action 13: Membership of local Workforce Plus employability partnerships to be reviewed to ensure that health is represented at an appropriate level – by summer 2010**

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**Employability advisor pilot** – West Dunbartonshire and Renfrewshire have successfully bid for funding from DWP to run a pilot over two years to provide employability advisers who will support those in work who are at risk of losing their jobs as a consequence of a mild to moderate mental health condition. Support will include access to psychological therapies, return to work, working with employers, or seeking alternative employment.

The pilot is part of a wider programme for Improving Access to Psychological Therapies across Scotland, England and Wales.

A clear picture of existing provision of occupational health and vocational rehabilitation services in Scotland is required. This will allow NHS Boards to identify how health services can be configured to allow the individual's progression towards a work outcome. It will also allow NHS Boards to look at how health services interact with other service providers across the health and work continuum.

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**Action 14: Scottish Government will undertake a mapping of existing NHS and other provider occupational health and vocational rehabilitation services – by autumn 2009**

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Development of the 'Scottish Offer' will be taken forward by a group of senior representatives from NHS Boards and from the healthcare professions, who will establish the criteria for standards of access and service delivery. A suitable performance management (HEAT – Health Improvement, Efficiency, Access and Treatment) target will be developed to allow for performance management of service delivery by the NHS.

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**Action 15: Scottish Government to convene a group of senior NHS and healthcare professions representatives to take forward development of standards for the 'Scottish Offer' – by end 2009**

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**Action 16: Scottish Government to develop a HEAT target for health services for supporting people towards work – to implement in 2011-12**

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As already outlined, people passing through services supporting them towards work may pass through a number of different organisations. It is essential that the role of each organisation involved in helping someone towards the workplace recognises the role of the other local partners and how they need to interact with one another.

A detailed needs assessment is needed for individual clients when they enter the system. This needs to be comprehensive to ensure that all of the potential impacts on a client's ability to return to work are considered. These would include benefit maximisation, debt counselling, housing advice, education and skills appraisal, and health assessment. This may be provided by a single point of contact or may involve a number of organisations. There is growing evidence that a case management approach to supporting a client can be beneficial in providing joined-up support for the client, simplifying the process and ensuring an holistic approach. A key worker can develop an activity plan with the client to address those areas where support is needed. National guidance on what should comprise a needs assessment is required to ensure consistency.

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**Action 17: NHS Education for Scotland and Scottish Government to establish working group to develop national guidance on needs assessment – by end 2010**

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The pathways taken by individuals to help them towards work should not be confused with the health and work continuum. The pathway is the route through the services that support people, the continuum is simply a means of illustrating that an individual's distance from work can vary and change over time.

Work has been done in a number of areas to map out these pathways, identifying a number of key stages in the person's journey and who the service delivery organisations are. Every territorial NHS Board must work with local partners (through, for example, local Workforce Plus employability partnerships) to ensure that there is a clearly defined pathway(s) covering local employability and health services. This should ensure that there is a clearly defined set of services and service providers. This will require a mapping exercise. Where gaps in the pathway are identified steps must be taken to address these locally.

The mapping work needs to identify clear access points to the services and how individuals have their progress through the services managed. Some areas have already carried out such an exercise and an example of a health and employability pathway is given at Annex D.

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**Action 18: Territorial NHS Boards to work with local employability service providers to define the local pathway for providing support to those for whom health is a barrier to retaining or returning to work – by end 2010**

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## 5. ROLE OF THE PUBLIC SECTOR

The public sector in Scotland accounts for about 25% of the workforce. It, therefore, has a key role to play in delivering healthy working lives. NHSScotland and local government, in particular, can take a lead both through their role as employers and as service deliverers.

National Outcome 15<sup>23</sup> sets out the need for public services that are high quality, continually improving, efficient and responsive to local people's needs. The promotion of good health and wellbeing in the workplace can be a significant contributing factor to achieving this outcome. Quality and efficiency of services will be enhanced through reducing sickness absence, increasing productivity and improving staff motivation.

Public sector bodies can contribute:

- As an employer – promoting health, safety and wellbeing in the existing workforce; recognising the benefits to productivity of a healthier workforce; promoting physical and mental wellbeing;
- As a recruiter – supporting policies to assist the unemployed to return to work, particularly those on welfare benefits (notably IB/ESA); offering pre-employment training, such as the NHS Healthcare Academies; identifying and meeting long-term skills gaps (e.g. plumbers) through targeted recruitment to address these;
- Through procurement – as a purchaser of goods and services; using the contractual chain to encourage good health and work practices in suppliers; offering support to develop and implement healthy working lives policies down the contractual chain;
- As an exemplar – committing to the paradigm of healthy working lives (work is good for health, good health in work is good for productivity); developing the role of Community Planning Partnerships through the healthy working lives contribution to Single Outcome Agreements, especially around economic development and inequalities.

Public sector bodies in Scotland should commit to adopting health and wellbeing practices in all workplaces, acquiring a *Healthy Working Lives* award as a benchmark of achievement. They should also adopt transparent recruitment practices for supporting the long-term unemployed and particularly those on welfare benefits back into the workplace through the provision of pre-employment support and training.

There is a need to develop a clearer 'mandate' for the public sector to engage with *Health Works* as an employer and to more actively promote the healthy working lives message. This should be developed collaboratively between the Scottish Government and COSLA.

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**Action 19: Scottish Government, COSLA and NHSScotland to develop public sector mandate for *Health Works* for endorsement by Ministers and COSLA leaders – by end 2010**

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## 6. NEXT GENERATION

The main focus of the *Healthy Working Lives* strategy to date has been on the existing working-age population.

However, it is important that we ensure that the next generation of workers, those currently in education or training, are equipped to lead a safe and healthy working life.

The Health Promoting Schools approach aims to ensure that school children adopt healthy lifestyles from an early age that will contribute to a longer, healthier adulthood.

Schools also provide an opportunity to promote more specific messages on health and work to prepare young, future workers for what they can and should expect in the workplace in respect of provision for their wellbeing.

The Scottish Government has provided funding to support the STUC's 'A better way to work in Scotland'. This is a resource pack which includes a health and safety unit. As of June 2009, STUC representatives have made 100 visits to schools.

The SQA has developed a series of elective Skills for Work courses. These focus on generic skills for the workplace, linked to particular vocational areas such as hairdressing and construction.

The health and work unit will explore with the STUC, SQA and education colleagues the scope for further development of education resources to incorporate the latest advice on health and wellbeing in the workplace.

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**Action 20: Scottish Government to work with STUC, SQA, education colleagues and others to identify scope for developing health and work messages in education resources**

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## 7. MANAGING CHANGE

In order to deliver the health services necessary to help people to remain in or return to work, there needs to be clear leadership at a strategic level. This leadership will support the necessary realignment of healthcare resources to enable a seamless progress for the client through services with a work outcome as part of the patient care plan. This requires collaboration with other employability service providers and integration across healthcare services, including occupational health physicians, nurses and allied healthcare professionals.

At a national level, this will include a strengthened health and work unit in the Scottish Government including a DWP-funded Health Work and Wellbeing Coordinator who will have a remit to promote the messages on the importance of work for health and health for work. The unit will continue to sponsor and commission work from the Centre.

A NHS Board Chief Executive will be invited to join the Scottish Employability Forum (SEF) to support and develop a coherent approach between health and employability at a strategic level.

The health and work unit will work closely with the Employability and Health Development Manager in the Scottish Government Workforce Plus team to support local partnerships to improve outcomes for health and employability services and to inform future policy and delivery through SEF.

A post of National Programme Lead for the *Delivery Framework for Adult Rehabilitation* is being located in Salus occupational health services to lead on all the work of the rehabilitation framework, ensuring that Rehabilitation Co-ordinators are delivering on the high impact changes and leading on the main impact evaluation programmes, these being vocational rehabilitation, falls and musculoskeletal pathways.

Leadership will be required to address the NHS Board contribution to the 'Scottish Offer'. This needs commitment at a senior level in each Board. The NHS contribution to the wider health and work agenda will be included in the agenda for Boards' annual accountability reviews with Ministers, including reporting on the HEAT target proposed earlier.

Development of a Scotland-wide Fit For Work Service (FFWS) will require strong integrated working across NHS Board boundaries and across healthcare professions. Delivery of an effective FFWS will need strategic support at Board level.

Links are required to relevant clinical networks to ensure that they contribute to the development of the 'Scottish Offer' and develop patient plans with work outcomes where necessary.

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**Action 21: Scottish Government health and work unit to work with other Government directorates to identify and engage clinical networks on health and work – by end 2010**

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Health issues must be part of the local employability partnerships' work, with active and high-level NHS input but also forming part of local collaboration across all the partner organisations. This will require NHS Boards and Community Health Partnerships (CHPs) to take a strategic view of local health and non-health services, working with local community planning partners to build the necessary collaborative partnerships that will offer simple, unambiguous access points into the pathway for clients and enable a case management approach to be developed. Local leadership should be in the form of a strong and committed health presence either on existing local Workforce Plus employability partnerships or through other local partnership arrangements. To achieve this, territorial NHS Boards will require to ensure strong internal strategic leadership and ownership of the local health and work agenda. Such leadership will include making sure that local NHS staff have the skills to be able to ensure a work outcome for the patient, where relevant. Support from NES and the Scottish Government will be available as outlined above.

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**Action 22: Territorial NHS Boards to work with local community planning partners to establish a clear agenda with assigned roles and leadership for health and work**

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## 8. EVIDENCE AND MANAGING PERFORMANCE

To ensure that *Health Works* is delivering benefits for the working-age population, data is required to measure performance and to provide feedback to the strategy to allow fine tuning and to take account of change in the policy and delivery environments.

Performance management objectives should reflect implicitly or explicitly the contribution that good workplace health and wellbeing can make to overall performance and delivery.

Community Planning Partnerships should recognise in local plans that the promotion of health and wellbeing of the working-age population can make a significant contribution to economic development, through improving the productivity of employers' businesses and by improving the wellbeing of potential recruits.

NHS Health Scotland is developing an outcomes framework for the health and work continuum. This will provide a clearer understanding of the short, medium and long term outcomes that we can expect from interventions to support the health and wellbeing of the working-age population, and of the delivery mechanisms and organisations that play a part in a journey through the client pathway. In particular the model will allow demonstration of the linkages between high-level, long-term outcomes and the detailed local planning and performance management activities required from Community Planning Partnerships.

The outcomes framework will demonstrate the links between *Health Works* outcomes and the Scottish Government's purpose targets. It will also allow Community Planning Partnerships to plan programmes that build the links between health and work, and the wider outcomes on economic development and inequalities.

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**Action 23: NHS Health Scotland and Scottish Government to complete development of the outcomes framework and performance management model for *Health Works* that demonstrates links to health improvement, health inequalities and economic development outcomes; to disseminate it to NHS Boards and Community Planning Partnerships – by summer 2010**

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A cross-Government analysts group has been set up with membership drawn from the Scottish Government, Welsh Assembly Government, DWP, HSE and Department of Health. The group is working on the recommendation by Dame Carol for the systematic gathering of data to measure progress and inform policy development. The work aims to establish a set of data to set a baseline for measuring progress of the implementation of the UK Government's actions in response to Dame Carol's recommendations. A small group of officials from the Scottish Government and NHS Health Scotland is working with researchers from Glasgow University to

develop measures for the *Health Works* strategy and is in close contact with the cross-Government group to ensure that the work remains relevant to Scotland.

Scottish Government is supporting the development of a Scottish Observatory for Work and Health which will support the analysis of data on the working-age population to inform the development and implementation of relevant policies.

In order to understand how healthcare services improve people's ability to work, and in order to improve services it is important that relevant data are collected. A database has been developed for use by the vocational rehabilitation pilots. It will also be adopted by the Scotland-wide FFWS. Use of the database across all NHS occupational health and vocational rehabilitation services is to be promoted. This will allow a core data set to be developed across Scotland that will allow for service and performance management standards to be set and for a data resource for epidemiological studies for health and work. The data collected will be managed in compliance with the requirements of the Data Protection Act 1998.

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**Action 24: Scottish Government and the Centre to work with NHS Boards to adopt a standardised, core database for health and work treatment – by March 2011**

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The UK Government's Health Work and Wellbeing unit (HWWB) intends to establish a Centre for Health Work and Wellbeing with the aim of developing the evidence base on working-age health, collating existing evidence and supporting further work to address gaps. The Scottish Government will work with HWWB and the new Centre to consider how specific Scottish needs for evidence can be met.

Dame Carol recommended that an electronic GP medical statement be developed in order that data is collected on 'sicknotes' issued by GPs. This would allow epidemiological studies on certified sickness absences to be carried out which would provide data for service and policy development in the future. A trial is currently underway in Wales to collect electronic data. The Scottish Government will work with DWP on determining the scope for rolling out an electronic 'sicknote' (or 'fitnote' from April 2010) in Scotland once DWP have developed a proposal. This will also present an opportunity for the Scottish Centre for Healthy Working Lives to develop support measures for employers to help them to understand the implications of the 'fitnote' for them and the steps they can take.

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**Action 25: Scottish Centre for Healthy Working Lives to work with DWP to develop advice for employers (and employees) on the implications of the new 'fitnote' – by April 2010**

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# ANNEX A

## HEALTH WORKS

### Summary of Actions

|    |         |   |
|----|---------|---|
| 1. | Action: | The Centre to work with DWP to develop and promote an enhanced advice line to small enterprises – by end 2009   |
| 2. | Action: | The Centre to work with business organisations to develop and deliver a SME <i>Healthy Working Lives</i> Toolkit; and to work with clients to develop and promote compelling case studies   |
| 3. | Action: | The Centre to work with Scottish Enterprise, Highlands & Islands Enterprise and local government Business Gateways to promote importance of workplace health and wellbeing to business success as part of advice given to clients; and to promote services of the Centre to clients as part of their business support |
| 4. | Action: | The Centre to work with the STUC to identify the scope for a programme to develop the wellbeing capabilities of trades union safety representatives   |
| 5. | Action: | The Scottish Centre for Healthy Working Lives to develop a 3-year strategy and strategic business plan, informed by the conclusions of the independent review of the Centre and the conclusions of the review of the <i>Healthy Working Lives</i> strategy  |
| 6. | Action: | Scottish Government, COSLA, NHSScotland and Jobcentre Plus in Scotland will work together to develop and embed a clearly defined 'Scottish Offer' for those with health barriers to work – by end 2010  |
| 7. | Action: | The National Programme Lead for the <i>Delivery Framework for Adult Rehabilitation</i> , together with regional Rehabilitation Co-ordinators will ensure that all NHS vocational rehabilitation services adopt case management approaches   |
| 8. | Action: | Evaluation of Vocational Rehabilitation pilots to be completed – autumn 2010  |
| 9. | Action: | National Implementation Group of the <i>Delivery Framework for Adult Rehabilitation</i> to address adoption of vocational rehabilitation standards for NHS vocational rehabilitation services as part of the 'Scottish Offer' – by autumn 2010  |

|     |         |   |
|-----|---------|---|
| 10. | Action: | Scottish Government will promote the adoption of good practice and learning from the Lanarkshire employability test site to NHS Boards and local authorities in the rest of Scotland  |
| 11. | Action: | NHS Education for Scotland to appoint a Project Lead in Education and Practice Development for Vocational Rehabilitation – autumn 2009  |
| 12. | Action: | Scottish Government and NHS Education for Scotland will deliver a programme for the development of the existing employability training pack and its delivery to healthcare and other professionals, seeking formal accreditation of training – autumn 2010  |
| 13. | Action: | Membership of local Workforce Plus employability partnerships to be reviewed to ensure that health is represented at an appropriate level – by summer 2010  |
| 14. | Action: | Scottish Government will undertake a mapping of existing NHS and other provider occupational health and vocational rehabilitation services – by autumn 2009   |
| 15. | Action: | Scottish Government to convene a group of senior NHS and healthcare professions representatives to take forward development of standards for the 'Scottish Offer' – by end 2009   |
| 16. | Action: | Scottish Government to develop a HEAT target for health services for supporting people towards work – to implement in 2011-12   |
| 17. | Action: | NHS Education for Scotland and Scottish Government to establish working group to develop national guidance on needs assessment – by end 2010  |
| 18. | Action: | Territorial NHS Boards to work with local employability service providers to define the local pathway for providing support to those for whom health is a barrier to retaining or returning to work – by end 2010   |
| 19. | Action: | Scottish Government, COSLA and NHSScotland to develop public sector mandate for <i>Health Works</i> for endorsement by Ministers and COSLA leaders – by end 2010  |
| 20. | Action: | Scottish Government to work with STUC, SQA, education colleagues and others to identify scope for developing health and work messages in education resources  |
| 21. | Action: | Scottish Government health and work unit to work with other Government directorates to identify and engage clinical networks on health and work – by end 2010   |
| 22. | Action: | Territorial NHS Boards to work with local community planning partners to establish a clear agenda with assigned roles and leadership for health and work  |
| 23. | Action: | NHS Health Scotland and Scottish Government to complete development of the outcomes framework and performance management model for <i>Health Works</i> that demonstrates links to health improvement, health inequalities and economic development outcomes; to disseminate it to NHS Boards and Community Planning Partnerships – by summer 2010 |
| 24. | Action: | Scottish Government and the Centre to work with NHS Boards to adopt a standardised, core database for health and work treatment – by March 2011   |
| 25. | Action: | Scottish Centre for Healthy Working Lives to work with DWP to develop advice for employers (and employees) on the implications of the new 'fitnote' – by April 2010   |

# ANNEX B

## HEALTH WORKS

### Scottish Centre for Healthy Working Lives

The Centre operates a free and confidential advice line providing advice on a range of workplace health and safety and occupational health issues. During 2008-09 it handled a total of 3692 enquiries and during first quarter of 2009-10 the advice line handled 819 enquiries from a wide range of organisations from individuals through small and medium sized enterprises to large public sector and corporate bodies.

The website also carries information on a wide range of workplace issues, from fire safety to compliance with the Disability Discrimination Act, and gets typically over 20,000 visits per month.

The Centre has a network of 14.7 FTE Occupational Health and Safety Healthy Working Lives advisers that offer site visits to small and medium sized enterprises to provide advice on health, safety and wellbeing in the workplace. During 2008-09 there were 502 first time visits and 376 follow up/other visits to workplaces requiring further support. During first quarter of 2009 the advisers have made 130 first-time visits and 72 follow-up/other visits to workplace premises.

The Centre also has 49.5 FTE Health Improvement Healthy Working Lives advisers who promote the Healthy Working Lives Award to employers. These advisers support organisations to meet the criteria for achieving Bronze, Silver and Gold awards and the Mental Health and Wellbeing Commendation award. In addition they provide expert advice and guidance on a range of health improvement matters, such as, smoking cessation, mental health and health needs assessments. The advice is delivered either through one-to-one visits or training sessions and workshops. There are currently almost 300 Healthy Working Lives award holders, including the Scottish Government's Gold, and almost 1100 organisations working towards awards. Together this covers almost 640,000 employees.

The Centre has developed a model for the provision of vocational rehabilitation services to those in work that develop common health conditions (principally musculoskeletal problems and mild to moderate mental health issues). The service is aimed at those working for small and medium sized enterprises that do not have access to in-house occupational health support. This model is being piloted in three areas (Dundee, Lothians and the Borders).

The Centre offers training courses to employers in developing mentally healthy workplaces. This training is delivered in partnership with Jobcentre Plus and is aimed at helping managers to understand how they can improve workplace mental wellbeing.

Following its establishment the Centre took on responsibility for delivering a significant number of actions arising from the Scottish Action Plan on Health and Safety, particularly around increasing emphasis on reaching small and medium sized enterprises, fire safety in the workplace and protecting public service workers from violence.

# ANNEX C

## HEALTH WORKS

### Equality Impact Assessment

The *Health Works* strategy aims to promote health and wellbeing equitably in the workplace and to help those with health barriers to return to or retain work. Implementation of the policy will have positive outcomes for people in the workplace and for those with health barriers to retaining or returning to work, irrespective of age, sex, race, religion or disability.

Individual employers are required to meet their own statutory obligations in terms of equality legislation. The Scottish Centre for Healthy Working Lives requires to ensure that the advice given to employers is sensitive to the composition of a given workforce, which may vary dependent on the nature and the location of the organisation.

It is recognised that an ageing workforce will present new challenges to both employers and to public services, particularly health. The updated policy will seek to take forward work to assess the need for changes to advice to employers and for the provision of health services to reflect these challenges.

The delivery of NHS services to support the ability of people to remain in or return to work must be delivered in accordance with each NHS Board's own equalities policies.

The full Equality Impact Assessment can be found at:

[www.scotland.gov.uk/Topics/People/Equality/18507/EQIADetails/Q/Type/1/Id/329](http://www.scotland.gov.uk/Topics/People/Equality/18507/EQIADetails/Q/Type/1/Id/329).

# ANNEX D

## HEALTH WORKS

### Example of Employability Pathway

| EMPLOYABILITY PATHWAY OR PIPELINE FOR PEOPLE WITH HEALTH PROBLEMS   |   |   |  |
|---|---|---|--|
| STAGE 1<br>Referral/<br>Engagement  | STAGE 2<br>Initial Needs<br>Assessment  | STAGE 3<br>Specialist<br>Intervention   | STAGE 4<br>Employability<br>Training   |
| <i>Partners introducing new clients into employability, starting Activity Plan. This stage is ESSENTIAL</i> | <i>Partners assessing the initial needs of a client and agreeing the key activities to be undertaken with them. This stage is ESSENTIAL</i> | <i>Partners delivering specialist services as listed in the Activity Plan (e.g. financial advice, condition management, etc.)</i> | <i>Partners delivering unaccredited core employability skills as listed in the Activity Plan</i> |
| Breakthru   | Breakthru   | Adult Learning  | CraigOwl Communities   |
| Compass   | Cyrenians   | Breakthru   | DEAP   |
| Cyrenians   | Dundee College  | CraigOwl (literacies and dyslexia)  | Dundee College   |
| DEAP (Dundee Employability Action Partnership) (outreach Jobshops)  | Employment Unit   | Cyrenians   | Employment Unit  |
| Dundee College (outreach)   | Triage (Pathways)   | Dundee College  | Lennox Partnership   |
| Employment Unit   | Working for Families  | Employment Unit   | Springboard Scotland   |
| Jobcentre Plus Disability Advisors  | Working Towards Health  | Making Money Work   | Triage (Pathways)  |
| Triage (Pathways)   |   | Working for Families  | Working for Families (incl. ICT)   |
| Working for Families  |   | Working Towards Health  |  |
| Working Towards Health  |   |   |  |

EMPLOYABILITY PATHWAY OR PIPELINE FOR PEOPLE WITH HEALTH PROBLEMS

| <b>STAGE 5<br/>Accredited Training</b>   | <b>STAGE 6<br/>Work Placement</b>  | <b>STAGE 7<br/>Job brokerage and<br/>job matching</b>   | <b>STAGE 8<br/>In-Work Aftercare</b>  |
|--|--|---|---|
| <i>Partners delivering a range of accredited training including ECDL, food hygiene, etc.</i> | <i>Partners who can arrange a Work Placement with an employer to gain the client work experience</i> | <i>Partners who focus on engaging with employers, securing job vacancies and matching job-ready clients to jobs</i> | <i>Partners supporting clients who start work to maintain their jobs, through site visits, practical and specialist support</i> |
| Adult Learning   | CraigOwl Communities   | DEAP  | DEAP  |
| CraigOwl Communities   | Dundee College   | Employment Unit   | Employment Unit   |
| Dundee College   | Employment Unit  | Lennox Partnership  | Lennox Partnership  |
| Springboard Scotland   | Public Sector Recruitment Approach   | Triage (Pathways)   | Making Money Work   |
| Working for Families (ICT)   | Springboard Scotland   | Working Links   | Triage (Pathways)   |
|  |  | Public Sector Recruitment Approach  | Working Links   |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |

We would like to thank the staff of Discover Opportunities in Dundee.

# ANNEX E

## HEALTH WORKS

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| Kay Barton        | Scottish Government   |
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## Client Pathway Workstream

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# ANNEX F

## HEALTH WORKS

### Bibliography

1. Working for a healthier tomorrow, TSO, 2008  
(<http://www.workingforhealth.gov.uk/Carol-Blacks-Review/Default.aspx>)
2. Healthy Working Lives – a plan for action, Scottish Executive, 2004  
(<http://www.scotland.gov.uk/Publications/2004/08/hwls/0>)
3. Is work good for your health and wellbeing?, Gordon Waddell, A Kim Burton, TSO, 2006  
(<http://www.workingforhealth.gov.uk/documents/is-work-good-for-you.pdf>)
4. Scottish Government Response to Dame Carol Black's Review, Scottish Government, 2008  
(<http://www.scotland.gov.uk/Topics/Health/workingage-1/Response-1>)
5. Working for a healthier tomorrow: The Welsh Assembly Government's response, Welsh Assembly Government, 2008  
(<http://wales.gov.uk/docs/phhs/publications/workingforahealthiertomorrow/081215healthieren.pdf>)
6. Improving health and work: changing lives, TSO, 2008  
(<http://www.workingforhealth.gov.uk/documents/improving-health-and-work-changing-lives.pdf>)
7. First Annual Report of the Council of Economic Advisers, Scottish Government, 2008  
(<http://www.scotland.gov.uk/Publications/2008/12/04092147/0>)
8. Building the case for wellness, Health Work and Wellbeing Unit, 2008  
(<http://www.workingforhealth.gov.uk/documents/dwp-wellness-report-public.pdf>)
9. Labour Force Survey Feb-Apr 2009, Office of National Statistics, 2009  
(<http://www.statistics.gov.uk/statbase/product.asp?vlnk=8281>)
10. Estimated prevalence of ill-health caused or made worse by work - 2007/08, HSE, 2008  
(<http://www.hse.gov.uk/statistics/lfs/0708/swit3w12.htm>)
11. Health and Safety Statistics 2007/08, HSE, 2008  
(<http://www.hse.gov.uk/statistics/index.htm>)
12. Incapacity Benefits Data - Reason for entry, DWP 2009  
([http://83.244.183.180/100pc/ib/tabtool\\_ib.html](http://83.244.183.180/100pc/ib/tabtool_ib.html))
13. Better Health, Better Care: Action Plan, Scottish Government, 2007  
(<http://www.scotland.gov.uk/Publications/2007/12/11103453/0>)
14. Co-ordinated, integrated and fit for purpose: A Delivery Framework for Adult Rehabilitation in Scotland, Scottish Executive, 2007  
(<http://www.scotland.gov.uk/Resource/Doc/924/0069207.pdf>)
15. Equally Well: Report of the Ministerial Task Force on Health Inequalities, Scottish Government, 2008  
(<http://www.scotland.gov.uk/Publications/2008/06/25104032/0>)

16. Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-2011, Scottish Government, 2009  
(<http://www.scotland.gov.uk/Publications/2009/05/06154655/0>)
17. Changing Scotland's Relationship with Alcohol: A Framework for Action  
(<http://www.scotland.gov.uk/Resource/Doc/262905/0078610.pdf>)
18. Workforce Plus, an Employability Framework for Scotland  
(<http://www.scotland.gov.uk/Topics/Business-Industry/Employability/EFdocument>)
19. Healthy People = Healthy Profits, Business in the Community, 2009  
([http://www.workingforhealth.gov.uk/Case-Studies/Healthy-People-Healthy-Profits/4647\\_Healthy\\_Profits%20FINAL.pdf](http://www.workingforhealth.gov.uk/Case-Studies/Healthy-People-Healthy-Profits/4647_Healthy_Profits%20FINAL.pdf))
20. Case Studies, Scottish Centre for Healthy Working Lives  
(<http://www.healthyworkinglives.com/award/case-studies/index.aspx>)
21. Vocational Rehabilitation: What Works, For Whom and When?, Gordon Waddell, A Kim Burton, Nicholas AS Kendall, TSO, 2008  
(<http://www.workingforhealth.gov.uk/documents/vocational-rehabilitation.pdf>)
22. CRR 445/2002 Survey of use of occupational health support, HSE, 2002  
([http://www.hse.gov.uk/research/crr\\_hm/2002/crr02445.htm](http://www.hse.gov.uk/research/crr_hm/2002/crr02445.htm))
23. Scottish Government National Outcomes  
(<http://www.scotland.gov.uk/About/scotPerforms/outcomes>)



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