Occupational Health – New Challenges

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New challenges – new words??

- Presenteeism
- WRULD
- SEQOHS
- Workability
- Equality Act 2010
- Black Report
- Boorman report
- Inequalities
- Pathway to work pilots
- Heath, Work and Wellbeing

What is Occupational Health ?

- Occupational Health aims to promote conditions at work which promote the highest degree of quality of working life by protecting worker health, enhancing physical, mental and social well being and preventing work related ill-health and accidents.

(WHO, 1980)

OH Services

- OH Provider – outsourced
- Shared services – outspurced
- In house

OH Practitioners

- OHP
- OHA
- Technicians
- Occupational Health Physiotherapists
- Occupational Counsellors
- Occupational Psychologist
- Mediator

Old Hazards

- Lead
- Mercury
- Asbestos – although long latent period so cases apparent now
- Cancer
- Dusts – coal miners pneumoconiosis, silicosis

New Hazards

- Stress
- Other psychological hazards
- HAVS and WBV
- WRULD
- Occupational asthma
- Occupational dermatitis
- Ergonomic issues / office workers /call centres
- NIHL

Old OH Services

- Treatment orientated
  - Accidents
  - Injuries
  - Illnesses
- More staff
- Value not measured
- Staff benefit
- Dr lead

New style OH Services

- Absence management
- Prevention orientated
- More in touch with national agendas and public health orientated
- Less staff
- Value measured – KPI's
- Contract management
- Employer benefit
- Nurse lead
- Technicians, physios, counsellors
- Heavily IT dependent

An OH Service

- Addresses the impact of work on health and health on work.
- Seeks to reduce the incidence of illness and injury caused by work.
- Seeks to ensure that work fits the worker and all staff are able to achieve their full capacities at work
- Improves general health and promotes health
- Adds value for the employer in terms of productivity and absenteeism
- Is pro-active

The OH Practitioner

- Balance employer and employee needs
- Independent practitioner
- Professional code of conduct – primarily nurses and doctors
- Ethical code – GMC and NMC
- Confidentiality
- Consent

The OH Practitioner – daily activities

- Support, help and advice for employees suffering from ill-health/disability
- Sickness absence management, management referrals, health surveillance, ill-health retirement, training
- Help with rehabilitation and adaptations where necessary
- Return to work or resettlement support
- Stress Management
- Referral to other specialists/agencies as required
- Raising awareness and advising on health matters ie: EA

Health Work and Wellbeing Steps along the way

- 2005 Publication of a cross-government (DH/DWP/HSE) strategy on Health, Work and Well-being
- 2006 Appointment of a National Director for Health and Work
- 2006 Publication by Waddell and Burton: Work is generally good
- for you
- 2008 Black Report: Working for a Healthier Tomorrow
- 2008 Government Response to Black Review: Improving health
- and work: changing lives
- 2008 Waddell, Burton and Kendall: Vocational Rehabilitation:
- What Works for Whom and When
- 2009 Boorman: Independent Review : NHS Health and Well-being
- 2010 Marmot Review: Fair Society: Healthy Lives
- 2011 SEQOHS

2005 and before

- Health, well-being and work:
- Health and work not acknowledged as being related and interdependent
- Work not considered as a determinant of health
- Topic of little importance to politicians, civil servants, health professionals, employers etc.
- Little if any cross-government working on this agenda.
- Little connection made, in much of UK, between Health, Wellbeing, Engagement and Productivity
- Little recognition that the Health and Well-being of the working-age population is the first pillar of the welfare state

Waddell and Burton 2006

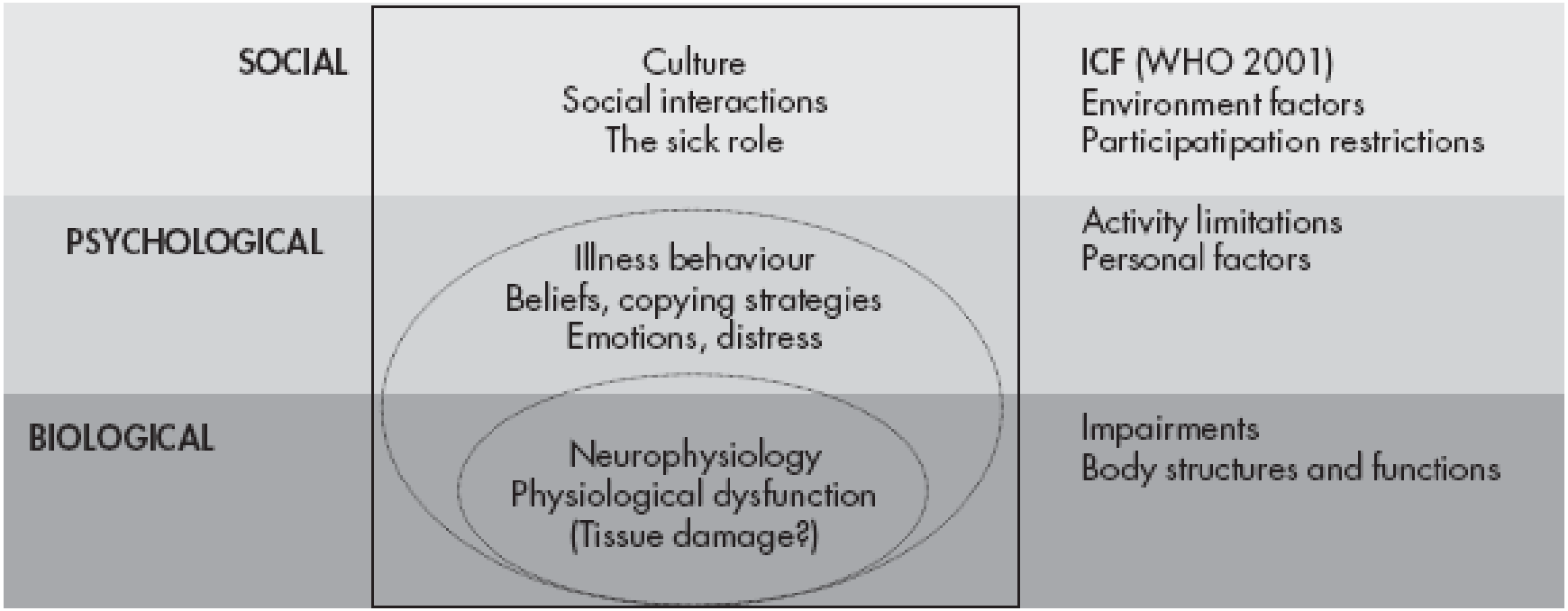
•There is a strong evidence base showing that work is generally good for physical and mental health and well-being.

•Worklessness is associated with poorer physical and mental health and well-being.

•Work can be therapeutic and can reverse the adverse health effects of unemployment. That is true for most people with common health problems and for social security beneficiaries.

•Overall, the beneficial effects of work outweigh the risks of work, and are greater than the harmful effects of long-term unemployment or prolonged sickness absence.

Waddell and Burton 2006



Black Review (2008) – Conclusions

- Annual economic costs of sickness-absence and worklessness associated with ill-health are over £100bn, greater than the current NHS budget, an unsustainable burden in a competitive global economy.

- Left unchecked this will diminish quality of life in Britain, undermine efforts to reach full employment, and deny business the talent and contributions of a potential workforce.

- It will condemn workless families to a cycle of poverty and dependency that will widen inequalities, perpetuate social injustice in our most deprived communities, and obstruct efforts to eradicate child poverty.

- We must act now if we are to prevent this happening. Together we have the opportunity to deliver long-term change. We will not secure the future health of the working-age population without it.

Black Report 2008
"Working for a Healthier Tomorrow"

"At the heart of this Review is a recognition of, and a concern to remedy, the human, social and economic costs of impaired health and well-being in relation to working life in Britain.

The aim is … to identify the factors that stand in the way of good health and to elicit interventions, including changes in attitudes, behaviours and practices – as well as services – that can help overcome them."

Working for a healthier tomorrow, 2008

Why health in the workplace??

- Employees spend a growing amount of time at work
- GP services not easily accessible to all as they are rarely available outside normal working hours.
- Men rarely visit their GP and do not talk about health matters in the same way as women do. This leads to late diagnosis →more serious disease → loss of employment and early death.
- Employers can influence behaviour by providing a supportive environment and leveraging existing infrastructure to offer low-cost but effective interventions

How can OH delivery the strategy

- By delivering a proactive service that encourages the business to embed health, safety and well-being into it's culture and business plan and make its employees feel valued.
- By delivering Health Promotion interventions that encourage healthy lifestyles and the message that 'work is good for you'. Introduction of Community Back to Work Health programmes that dispel myths.
- By effective assessment of fitness to work and helping the disabled and those with ill-health to optimise their work opportunities through reasonable adjustments.
- Early detection of hazards and recognition of ill-health through workplace visits, health surveillance and self as well as management referrals.
- By developing a good working relationship with HR to ensure best practice in absence management policy and procedures.
- By developing close liaisons with other health professionals and agencies both inside and outside the workplace to fast-track employees to appropriate help and support to facilitate early recovery with less interference to work.

Absence from work

- Most sickness absence, most long-term incapacity for work, and even premature retirement on medical grounds are caused by the less severe mental health, musculoskeletal and cardio-respiratory conditions. These common health problems should be manageable and allow a normal working life.

- *With appropriate clinical and occupational intervention, encouragement and support these people could remain in work. Others with more serious health problems should be able to take part in successful rehabilitation programmes.*

Biopsychosocial Factors

- **Biological factors?**

  Is there any Injury/Disability?
  Mental Health symptoms?
  Physical Health symptoms?

- **Psychological factors?**

  Perceptions/beliefs about health and work?
  Is the person happy in their job?
  Does the person want to return to work?
  Is the person distressed?
  Coping strategies/self confidence?
  Anxiety or depression?

- **Organisational factors?**

  Lack of clear policies
  Lack of understanding from employer
  Poor communication
  Disciplinary pending
  Attitudes of co workers
  Future changes of company
  Termination of employment
  Lack of modified work

- **Social factors?**

  Personal relationships,
  Carer issues,
  Housing issues
  Financial difficulties,
  Substance dependence,
  Domestic violence

Absence – Interventions

- GP buy in
- Physio, Health and Safety, Ergonomist,
- Psychotherapist
- DEA
- Trade unions
- Employer – HR and line managers
- Long term prognosis

Public Health and OH

- Early detection and treatment of mild to moderate symptoms to promote early recovery and prevent the development of persistent symptoms, progressive disability and long-term incapacity.
- Accommodation of temporary functional limitations from recurrent or persistent symptoms
- Job retention and early return to work interventions to minimise sickness absence and speed up return to sustained work.

MYTHS

- Common health problems are caused by work
- Absence from work means biological damage or disease
- Absence from work will be “cured” by treatment
- Health is made worse by work
- Il health should be treated by rest
- Most illness necessitates sickness absence and if given a sick note that the employee is not allowed to work
- Should not return until symptom-free
- Often lead to permanent impairment
- Need permanently modified work

All these are unhelpful and prevent early return to work

SEQOHS

- Safe, Effective, Quality Occupational health Services
- FOM and RCP
- Quality Standards : A-F
- 7 services accredited
- Future??