Fair and Healthy Work For All

A Review of the Scottish Government's Health and Work Strategy

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“Eight hours daily labour is enough for any human being, and under proper arrangements sufficient to afford an ample supply of food, raiment and shelter, or the necessaries and comforts of life, and for the remainder of their time, every person is entitled to education, recreation and sleep.”

Robert Owen (1833)[1]

“For most people work is their key determinant of self worth, family esteem, their identity and standing within the community, besides providing material benefits work is a means of social participation and fulfilment.”

Professor Dame Carol Black (2008)[2]

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1 EXECUTIVE SUMMARY

Health and Work are inextricable, with good work being a key determinant of good health, and good health being essential to productive work.

Scotland's record in relation to health and work is a good one and is something we can be proud of. For too many people, however, the relationship between their health and work is not a positive one, with health related 'presenteeism,' absence and workless-ness contributing to Scotland's persistent health and social inequality. It also presents a significant drag on the Scottish economy and national finances, especially in light of the new Fiscal Framework.

Moreover, there are a number of new and emergent risks to health and work that require an urgent response, and result from changes in:

- The economic environment.
- The nature of work.
- The nature of the workforce.

This Review considers these emergent risks and the approach that needs to be taken to health and work in Scotland. In doing so it sets out four policy themes underpinned by a series of health and work principles.

It makes the case for increased effort and investment in health and work, by government as well as employers and other stakeholders, and sets out a range of recommendations for actions that could be taken forward. Twenty-three recommendations are summarised in the following section and are detailed in sections eight to eleven of the report. Five of the recommendations – highlighted in bold text in the summary – have been proposed by stakeholders as issues to be considered as a matter of priority.

The benefits realised from a positive relationship between health and work will be felt by government, employers and individuals alike, and its achievement will require the commitment and concerted efforts of all three sets of stakeholders.

This report seeks to provide a call to action to make Fair and Health Work in Scotland a reality for all.

2. SUMMARY OF RECOMMENDATIONS

To enable and support everyone with a health condition or disability to access fair and healthy work that is sustainable and accommodating of their individual needs (and where this is not possible to ensure dignity and social and economic inclusion).

1.1 Adopt learning from the Individual Placement and Support approach to employability for people with wider health conditions and disabilities who are seeking work.

1.2 Increase the number of people able to gain support through the Access to Work scheme.

1.3 Encourage recruitment practices that are fully supportive of, and not inadvertently creating barriers for, people with health conditions and disabilities.

1.4 Strengthen integration of Health and Social Care into Fair Start to minimise the impact on individuals of health and disability as barriers to work.

To maximise the availability of Fair and Healthy Work for all that protects and improves health and which balances personal, societal and business needs, and which enables an individual to work, with support and adaptation where required, for as long as they wish to.

2.1 Maximise access to and uptake of on-line advice and support on fair and healthy work.

2.2 Ensure adequate skills and capacity are in place to support employers improve their workplace health practice - both locally and nationally.

2.3 Encourage innovation and learning in relation to workplace health practice – especially in Small and Medium Sized Enterprises.

2.4 Improve the co-ordination of interactions with employers between employer facing government activities.

2.5 Improve the skills and confidence of employers/managers to contribute to improved mental health and wellbeing.

2.6 Quantify and track the development of fair and healthy work in Scotland.

2.7 Ensure a robust regulatory, inspection and enforcement environment.

To support individuals with a disability or health condition, including long-term life limiting conditions such as cancer, where appropriate to their needs, to remain in work, return to quickly in the event of an absence, and where necessary access alternative work.

3.1 Improve the utilisation of the fit-note and the quality of return to work advice provided to employers and employees.

3.2 Mainstream funding for the Working Health Services Scotland 'pilot' as the single access point to occupational health/health and work support for employees out-with the Health and Work Support Pilot areas.

3.3 Proactively support those at risk of losing work because of a health condition or disability that cannot be accommodated by their existing employer, to find appropriate employment.

3.4 Incentivise employers to invest in the health and wellbeing of their employees.

3.5 Develop specific support in collaboration with third sector support organisations for employees with life limiting conditions.

Underpinning and Cross-Cutting Actions to support Fair and Healthy Work

4.1 Bring Health and Work and Fair Work together in policy terms.

4.2 Fair and Healthy Work to be an explicit priority across all Directorates of Scottish Government and its national agencies.

4.3 Establish a single, integrated National Occupational Health body for Scotland.

4.4 Maximise the role of professionals in the wider health and social care system to consider how they can actively contribute to helping people access, remain in and return to Fair and Healthy Work.

4.5 Undertake targeted marketing to ensure employers are aware of sources of support and advice, including service support for their staff, and employers make use of them.

4.6 Ensure on-going strategic oversight to ensure policy and practice is responsive to the rapidly changing employment and workplace environment.

4.7 Stakeholders are fully engaged in the on-going development of the agenda and the refinement and implementation of actions.

3 BACKGROUND

Two hundred years ago on the banks of the River Clyde at New Lanark, the industrialist and Social Reformer Robert Owen was making waves. During his years of ownership between 1800 and 1825, Owen introduced workplace practices as well as wider health and social measures that can be considered the precursor of todays' health and work agenda. Crucially, he demonstrated that by focusing on the health and social wellbeing of its employees, business could be a very profitable endeavour.

Two hundred years on, Scotland remains at the forefront of the health and work agenda and is recognised on an international level as having a strong commitment both to policy and practice.

Since Devolution, the Scottish Government has this commitment, including through the publication of its *Healthy Working Lives Strategy*[3] (2004), which provided a definition for Healthy Working Lives and which also led to the establishment of the Scottish Centre for Healthy Working Lives in 2005, a collaboration between NHS health Scotland and the 14 territorial NHS Boards which supports over 3,000 employers annually and which has working with in excess of 20,000 since its inception.

The Scottish Government's review of the Healthy Working Lives Strategy, *Health Works*[4], was published in (2009) and set out the ambition to develop early intervention support for individuals with a health barrier to entering or fulfilling their potential in work, with the Health and Work Continuum helpfully identifying the rationale in terms of the cost to society for investing in such support

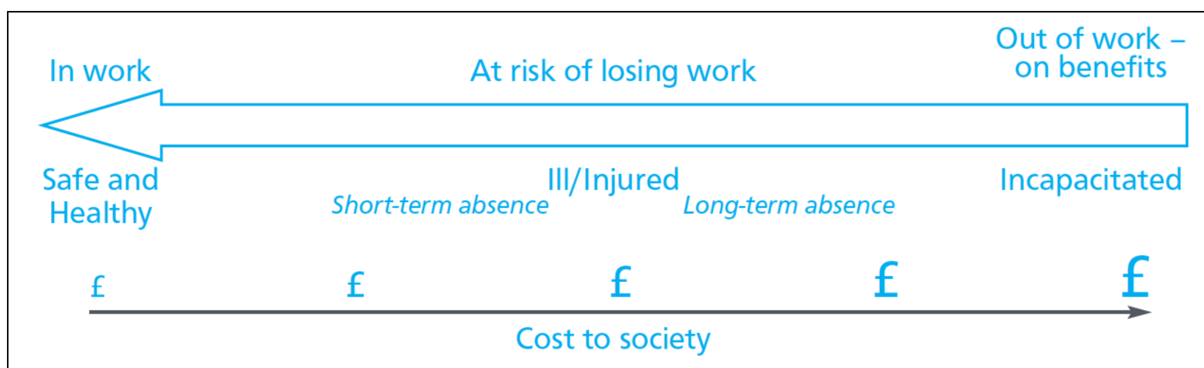

Figure 1 The Health and Work Continuum (Health Works (2009)

Services introduced to support individual job retention have included: The roll-out of Working Health Services Scotland[5] (2010) which supported over 13,000 patients in its first four years of operation with over 90% experiencing a positive health impact and either remaining or returning to work[6]; the introduction of the Fit For Work Service[7] (2014), which whilst regrettably cancelled by the Department of Work and Pensions after just three years nevertheless proved impactful for the individuals

accessing it and provided enormous learning, and most recently the introduction of the Health and Work Support Pilot[8] (2018) in Dundee and Fife.

The Health and Work agenda is notable for the degree of reach it has across Government Policy areas, both in Scotland and UK level.

It is explicit within the Scottish Government's *Economic Strategy*[9] (2015) and the *Fair Work Framework*[10] (2016) and there are clear linkages to the *Disability Employment Action Plan*[11] (2018) and the *Fair Work Action Plan*[12] (2019). Achieving a Scotland where we have a sustainable, inclusive economy, is one of the six *Public Health Priorities for Scotland* [13] (2018) established by the Public health Reform Programme which provides an important mandate for investing in health and work.

At UK level it has been at the heart of the joint work across the Department of Work and Pensions and Department of Health and Social Care, including the seminal Working for a Healthier Tomorrow[2] (2008), *Improving Lives, the Future of Work, Health and Disability Strategy*[14] (2017) and the Stevenson/Farmer *Review of Mental Health and Employment*[15] (2017).

In practical terms, Health and Work encompasses efforts through the work of organisations including the NHS, Local Authorities, the HSE and Employers to improve health, safety and wellbeing at work and reduce exposure to occupational risk; it includes programmes aimed at supporting those with a health condition to remain in work or return to work more quickly, such as through programmes such as Working Health Services Scotland, and the Health and Work Support Pilot; and it extends to efforts to support people more distant to the labour market to access work. As such, it embraces work across the Health and Fair Work policy areas within the Scottish Government. It is for this reason that the Review has been entitled ***Fair and Healthy Work For All*** and it is essential to its success that policy and practice are as joined-up as possible. The Scottish Plan for Action on Safety and Health (SPIASH)[16] (2017), an initiative of the Partnership for Health and Safety in Scotland (PHASS)[17] which brings together a range of partners including the Health and Safety Executive and Scottish Government's Health and Fair Work policy teams, provides a powerful example of what can be achieved when we work together.

The imperative for and evidence base for Health and Work is well developed. The costs of health related absence and worklessness for the UK was quantified in 2008[2] at £100 billion per annum (around £9 billion for Scotland pro-rata), equivalent to the cost of the NHS, a figure that remains valid given the stalling of improvements over the last ten years. These figures do not include costs associated with 'presenteeism' which have been estimated by Professor Cary Cooper[18] to be double those associated with absenteeism.

Health and work is cited as a public health priority by the World Health Organisation[19] and features heavily in two of the six evidence based policy areas identified by Michael Marmot[20] (2012) as requiring action if health inequalities are to

be prevented or reduced. It has been subject to detailed evidence reviews including: *Is work good for your health and wellbeing?*[21] (2006); Carol Black and David Frost's *Review of Sickness Absence in the UK*[22] (2012); *Building the Case for Wellness*[23] (2013); and *Thriving at Work*[14] (2017). There remains, however, a challenge in translating this into successful population health programmes with reach into all areas of the economy, especially with Small and Medium Sized Enterprises (SMEs).

In summary, there is a positive and supportive policy environment for the Health and Work agenda and a substantial range of interventions are in place across different policy domains. This Review is not about reinventing the wheel, but in instead focused on the gaps that exist in the response, and on the new challenges that are emerging. It is focused on the contribution that can be made directly in respect of the interaction between health and work, including considering the contribution of the health system in Scotland. It is about identifying what improvements can be made to keep Scotland at the forefront of the health and work agenda and is about creating the conditions to enable Fair and Healthy Work for All.

4 REVIEW PROCESS

Purpose

Two aims were established for the Review:

- To review the Scottish Government's Health and Work Strategy, identifying gaps and making recommendations on where change is needed; and
- To examine whether there are opportunities to invest further in the area of Health and Work creating a step change approach for the people of Scotland, especially in the digital area.

There were three project deliverables:

- Consideration of current strategy and possible future development proposals.
    - Engage with relevant services and ensure the Advisory Board has an understanding of current provision by all providers across government;
    - Engage with all key stakeholders to ensure the Advisory Board has relevant feedback.
- Take advice and insight from the Advisory Review Board, draw conclusions from the work undertaken, and draw up a list of options then make recommendations on the current strategy and any proposed new developments.
- Create a final report in 2019 for Scottish Government to review.

The Review sought to engage with and seek evidence and advice from a wide range of stakeholders, including the current service providers, service users, Scottish Government and a wide range of other interested parties.

Joint Sponsorship

The Review was commissioned by the Scottish Government's Health Improvement Division. In recognition of the cross-cutting nature of the agenda, particularly in respect of Employability and Fair Work, a joint sponsorship approach was taken with the Directorate for Fair Work Employability and Skills.

Review Advisory Board

A broadly based Review Advisory Board comprising key stakeholders was to provide advice and insight on how the Health and Work agenda should be developed and on its positioning within a new public health landscape for Scotland. The Advisory Board considered evidence at its meetings from a range of contributors, including written submissions received in response to the Review questionnaire. The Advisory Board was chaired by Steve Bell of NHS Health Scotland, and Individual roles for each member of the Board were agreed to reflect their areas of expertise and the stakeholder group they represented. Membership of the Advisory Board is provided at Appendix I. Meetings of the Advisory Board were organised around the three themes agreed by the Board of: access to; availability of; and, return to; Fair and Healthy Work.

Literature Review

A brief review of the literature review was undertaken by the Knowledge Services Team of NHS Health Scotland, and a range of papers and reports published over the last ten years, and which are referenced throughout this report, were also considered.

Personas

Personas are fictional characters that are developed in conjunction with professionals who work a target group. The aim of using personas is to help you to empathise with another person, put yourselves in their shoes, and begin to think about what life is like from their perspective. This enables reflection on the design of what support and services the persona needs[24].

A series of Personas for employees and employers were developed for the three principal Review themes. These were based on evidence considered by the Advisory Board and by Board members with particular experience in that area. An example of a Persona that was used is attached at Appendix II.

Stakeholder Engagement

It was clear from the outset that, despite having an Advisory Board that was broad in nature and which brought together stakeholders who were not considered to be on the whole 'the usual suspects,' there was much wider interest in the Review and

knowledge in the wider system that it was important to harness. Three further steps were therefore put in place to ensure the widest possible engagement within the scope and timescales allowed for the Review:

- A review questionnaire was issued to all NHS Boards and Local Authorities together with a range of other relevant public agencies, third sector organisations and professional bodies.

- Meetings were held with a variety of stakeholders, either as a follow-up to their questionnaire submissions, as well as with organisations who had not otherwise participated.

- A summative Review Workshop was held in May 2019 – originally scheduled for March 2019 but delayed due to Brexit related issues – which attracted approximately 100 delegates from a range of stakeholder organisations (see Appendix III), which enabled participants to consider the Review recommendations, provide feedback and indicate prioritisation.

Report Format

The recommendations of the report are framed by the four broad policy themes (detailed in section 6) proposed by the Review. Each recommendation is accompanied by possible implementation actions alongside a summary of its rationale and supporting evidence. Consideration is also given to the target audience, stakeholders, cost, complexity and impact, though in practice these matters will be dependent upon the precise specification agreed for any work to be taken forward, and upon which further detailed work will be required involving appropriate stakeholders.

5 HEALTH AND WORK: THE SCOTTISH PICTURE

Scotland's record in relation to health and work is a good one and is something we can be proud of. For too many people, however, the relationship between their health and work is not a positive one, with health related 'presenteeism,' absence and worklessness contributing to Scotland's persistent health and social inequality. It also presents a significant drag on the Scottish economy and national finances.

In addition to continuing to address these issues, there are a number of new and emergent risks to health and work that require an urgent response:

- The economic environment is changing.
- The nature of work is changing.
- The nature of the workforce is changing.

The Economic Environment

Scotland's Economic Performance

The tri-annual report into the state of the Economy published in February 2019 by the Chief Economic Adviser to the Scottish Government[25] provides a picture of the Scottish economy in an international context, including Brexit impact analysis. It paints mixed picture. Most positively, it highlights a record low level of unemployment and the maintenance of a historically high employment rate (75.3%), though it also reports low GDP growth that is lagging slightly behind the UK as a whole and a weakening in business confidence, issues it attributes to uncertainty related to Brexit, and in particular to concerns about the risk of a 'no deal' Brexit.

The report also highlighted a relative improvement in labour productivity (measured in terms of GDP/hour worked) in Scotland compared to the rest of the UK (rUK) over the last 12 months, though a persistent labour productivity gap remains between Scotland and the UK as a whole, with a significant gap remaining been Scotland and the UK, and other northern European countries.

Addressing this productivity gap and delivering sustainable inclusive economic growth are both outcomes that the Scottish Government is seeking to deliver through its Economic Strategy[9]. The Poverty and Inequality Commission have identified a number of actions that would support this[26], and a specific response from a health perspective could be stronger ring fencing of investment in supporting apprenticeships for young people with a disability of long term health condition. More generally, and indeed more significantly, persistent levels of sickness absence, presenteeism and health-related worklessness also present a significant brake on the Scottish Government's economic ambitions.

In light of the risks associated with Brexit or other economic shocks, it is vital that these issues are addressed, something that is recognised by Scotland's Economic Strategy, which, by seeking to invest in human capital, aims to achieve a "well-skilled, healthy and resilient population and an innovative, engaged and productive workforce[9]".

Brexit and Economic Shocks

It remains unclear when and on what basis Brexit will occur, however all of the economic modelling undertaken by the Scottish and UK Governments expects the impact of all Brexit scenarios to be adverse to a greater or lesser extent. Its impact is already being felt in a number of ways as reported by including in the labour market as the number of EU workers declines. Whilst this decrease currently appears to be offset by inward migration from other countries[27], it is unclear whether this will continue or whether the skills available will be matched to the vacancies that arise. Anecdotal evidence from the agriculture industry, for instance, suggests that recruitment is becoming increasingly problematic. With an already tight labour

market, it is essential that as many people as possible are able to contribute economically with health and disability presenting significant barriers to this.

In addition, there are concerns that Brexit could lead to 'a race to the bottom' in terms of conditions of employment, and it is noted that other than through procurement arrangements or voluntary mechanisms, the current devolved settlement would make it difficult for the Scottish Government to project or even strengthen employment rights given these fall under the reserved powers of the UK Government.

The Fiscal Framework

The Fiscal Framework[28] that was introduced under the terms of the Scotland Act (2016)[29] has particularly significant implications for the Scottish Government's Budget by shifting the balance of its income from the block grant received from the UK Government to income received from taxes levied in Scotland. Put simply: where the Scottish economy performs relatively well, tax revenues will rise and pressures on spending will ease; where it performs relatively less well, the effect will be to reduce tax revenues, cut available funding and increase spending demands.

The relative burden of work related absence and ill-health in Scotland will therefore increasingly impact upon the Scottish Government, and conversely, improvements in its performance will bring direct financial benefits. Were Scotland to become an independent country, the cost burden relating to work related absence, or conversely the financial dividend, would of course be entirely a matter for the Scottish Government.

The Nature of Work

In recent years there have been a number of changes in the nature of work, in large part driven by global economic and technological developments, and by domestic Government policy, particularly in relation to austerity, culture and employment practice.

Technological Change

Technological change and associated working practices appear to accelerating as part of a 21st century industrial revolution. Pre-existing developments such as information technology (IT) and increased automation have now been joined by artificial intelligence (AI) and machine learning, robotics and the development of autonomous vehicles, all of which have the potential to impact positively and negatively.

For people with a long term condition or disability, these developments may open up many opportunities in terms of providing the adjustments, necessary for them to be able to remain in, return to or access work. Autonomous vehicles may enable easier

and cheaper transport options and AI may lead to better voice recognition applications that would be beneficial to people with physical or visual disabilities.

Conversely, such developments can be expected to lead to significant job losses in certain industries with new opportunities emerging in other parts of the economy. This will inevitably lead to anxiety around job security, which if experienced in less skilled sectors of the economy is an additional risk to the health of those already exposed to the highest health risk. It will also require strategic foresight and investment in skills to enable displaced employees to take on new roles, assuming of course this is something they are able to do.

It is, of course, risky to make predictions about technologies that are not yet in widespread use, and other technologies will inevitable also emerge in the coming years. It will be a key role for occupational surveillance and public health observatory functions to consider the short, medium and long-term implications for health, with policy makers and those supporting the health of the workforce to be agile in their response.

Self-Employment, the ‘Gig Economy’ and Precarious Work

The last ten years have seen a significant increase in ‘employment’ in what has come to be known as the ‘Gig Economy,’ with examples routinely being reported of people on ‘zero-hours contracts’ and in-effect treated as self-employed, and thereby lacking the normal legal protections and support afforded to employees. It bears all of the characteristics of precarious work, though other than through its own employment practices and those of public sector bodies over which it can apply levers, using the Fair Work First approach to procurement and through wider advocacy, tacking such employment arrangements is otherwise beyond the powers of the Scottish Government.

Self-employment per-se, where it is a genuine choice, is of course an entirely legitimate career option, is an important sector of the economy in own right and is also potentially the starting point of the small, medium and even large employers of the future. Whilst enjoying many benefits associated with “Good Work”[20], particularly in relation to demand, control, voice and work-life balance, self-employment can also bring significant challenges like low income, long hours, and should ill-health occur there is the risk to an individual’s income and indeed to the business itself.

Of particular note is that by rising by 26%, self-employment “has accounted for almost half of overall employment growth over the past decade and over 80% of the growth in the number of businesses in Scotland”[30].

Working Health Services Scotland, along with providing support for SMEs, uniquely offers support to the self-employed, and in light of the current trend is therefore a crucial element of the Fair and Healthy Work infrastructure.

Working Hours

Analysis published in 2019 by the Trades Union Congress[31] shows that workers in the UK are working the longest hours in the EU, with full-time employees in Britain working an average of 42 hours a week in 2018, nearly two hours more than the EU average - equivalent to an extra two and a half weeks a year - and more than four hours longer than the average in Denmark. A review of the evidence undertaken for the UK Department of Trade and Industry[32] concluded that long working hours are associated with a range of health problems, poorer performance and decreased productivity and that women are more likely than men to suffer health related problems, if they worked long hours.

The Nature of the Workforce

Ageing and Declining Workforce

The workforce is getting older and is decreasing as proportion of the overall Scottish population, with the projected changes in the age profile over next ten years detailed in figure two below, and projecting further ahead to 2041, this picture is projected to become even more pronounced[33].

Age Group	Percentage Change
0-15	+ 2
16-24	- 9
25-45	+ 5
45-64	- 4
65-74	+ 13
75+	+ 27
	National Records of Scotland (2017)

Figure 2 – Projected Change in the Scottish Population by Age group (2016-26)

At the same time, the state retirement age for both men and women will rise to 66 in 2020 and to 67 in 2026, meaning that there is every likelihood that more people in the 65-74 age bracket will still be working, indeed 88,600 people aged 65 years and over were in employment in Scotland in 2018, almost twice as many as ten years ago, and the same period has also seen a jump of 131,600 number of people working aged 50-64[34].

Between 2016 and 2030, the average age of the workforce is projected to increase from 39 to 43[35], and with the average age of those working in the public sector already sitting at 45[36], this sector can expect to be particularly impacted.

For people of pensionable age there is projected to be an increase in the dependency ratio from 307 pensioners per 1,000 working age population in 2016 to 380 in 2041[33], which can only be expected to place additional carer pressures on those in employment.

Stalling Improvements in Health and Health Inequality

With an ageing workforce within an ageing population, the health or those of working age becomes even more critical. From around 2012-14, however, the rate of improvement in life expectancy and mortality has become substantially slower, with life expectancy actually falling in 2015-17, and mortality rates now increasing in the most deprived fifth of Scottish areas, developments described as "almost without precedent and requiring urgent action[37]," and in which austerity, pressures on services and influenza are implicated.

This slowing, and even reversal of improvements in health and the health inequality gap is mirrored by self-reported work-related ill health, which followed a generally downward trend to around 2011/12; since which time the rate has been broadly flat.[38]

Long Term Conditions

The trend towards an ageing workforce is leading to a rapid increase in long-term conditions with 40% of the workforce expected to have a least one such condition by 2030[35]. Whereas in the past, many especially smaller employers could say with some legitimacy that this was an issue they rarely faced, in just a few years' time it will become the norm for all employers to be managing employees with long-term conditions. In all likelihood, given the decline in the Fair and Healthy Work workforce, this will be without the advice or support they need to do so effectively.

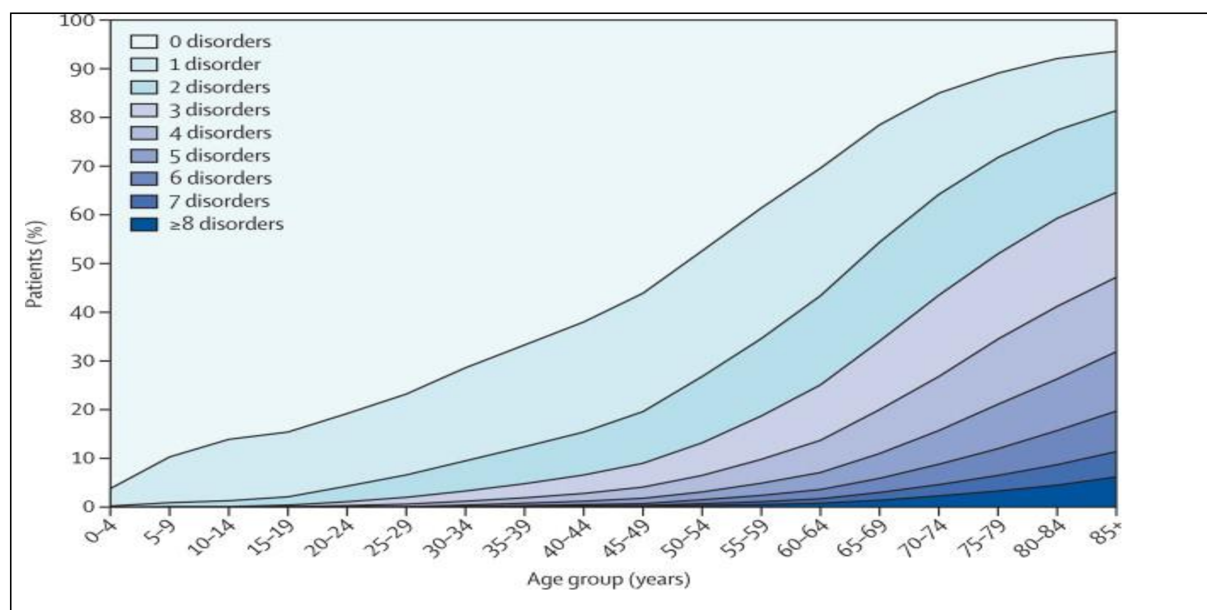

Figure 3 - Health Status of the Scottish Population[39]

Figure 3 illustrates the nature of problem, and the combination of an aging workforce plus a stalling in improvements in health and health inequalities, mean that many conditions, that are associated with health inequalities or more natural presentation in older age, such as many cancers, cardio-vascular disease and dementia, all of which require highly specialist intervention, are likely to increase in prevalence within the workforce. This is in addition to other conditions, such as asthma, obesity and type 2 diabetes which are already impacting the workforce.

Arthritis and Muscular Skeletal Disorders provide a good illustration of the challenge we face given its role in accounting for 35% of new and long-standing cases of work-related ill health[38], together with being a significant cause of health related worklessness. Among people aged 45–64 the prevalence of arthritis is more than double in the most deprived areas (21.5%) compared to the least deprived areas (10.6%), figures that increase to 36.2% and 23.1% respectively in the 65-74 age group[40].

An ageing workforce, coupled with persistent health inequality and stalled health improvement, presents an unprecedented economic threat.

Mental Health and Wellbeing

Stress, anxiety and depression account for 44% of new and long-standing cases of work related ill-health[38], with a trend over time that has seen mental health issues being responsible for an increasing proportion of absences. The cost of poor mental health to UK employers alone is estimated to be between £33 billion and £43 billion (£3-£4 billion pro-rata for Scotland, and as much as £100 billion for the UK economy (£9 billion to Scotland) as a whole[15].

Recommendations for Employers

1. Produce, implement and communicate a mental health at work plan.
2. Develop mental health awareness amongst employees.
3. Encourage open conversations about mental health and the support available when employees are struggling.
4. Provide your employees with good working conditions.
5. Promote effective people management.
6. Routinely monitor employee mental health and wellbeing.

Additional Recommendations for the Public Sector and Large Employers

1. Increase transparency and accountability through internal and external reporting.
2. Demonstrate accountability.
3. Improve the disclosure process.
4. Ensure provision of tailored in-house mental health support and signposting to clinical help

Figure 4 – The Stevenson/Farmer Recommendations for Employers

Absences associated with mental health are also typically are of a longer duration than physical health related absences. They can also frequently be associated with other health conditions, and as such it is important that an individual's mental wellbeing is considered within any wider treatment plan.

The *Stevenson/Farmer Review of Mental Health and Employers*[15] makes six recommendations for all employers and recommends a further four standards for all public sector organisations and private sector organisations employing more than 500 staff (see figure 4), recommendations that are endorsed by this Review:

Sickness Absence and Presenteeism

In common with the already situation already detailed in terms of health improvement, health inequalities and self-reported health at work, working days lost per worker due to work-related illness also showed a generally downward trend up to around 2010/11, since which time the rate has been broadly flat[38], with muscular skeletal disorders and mental health when combined accounting for 79% of this.

The costs associated with sickness absence therefore remain significant, and largely unchanged since the detailed analysis undertaken by Professor Dame Carol Black[2], however this fails to tell the whole story.

Presenteeism, which is defined by the Chartered Institute of Personnel and Development (CIPD) as "people coming into work when they are ill," which may exacerbate their underlying condition or lead to the spread of infection within a workplace, has more than tripled since 2010[41]. Over half of the £3-£4 billion cost of poor health to Scottish Employers is estimated to be down to Presenteeism[15].

Presenteeism, and 'Leavism', a more recent phenomena identified by CIPD in which employees work through annual leave or use it to cover absences, and which is also on the increase, "are both less common in organisations that are focused on employee wellbeing"[41].

The Disability Employment Gap

The disability employment gap, despite significant efforts, remains stubbornly large, with the employment rate amongst people with disabilities at 45.4%, only roughly half the level of those without a disability (81.2%)[33]. The Scottish Government, in launching its 2018 *Fairer Scotland for Disabled People: Disability Action Plan*, is rightly ambitious in its objective of decreasing this gap. The Health and Work workforce has a role to play in this also, as does the wider Health and Social care system.

Regrettably, there are also factors that are working beyond this ambition, and which lie outwith the powers of the Scottish Government. An important example of this is the growing body of evidence that shows the impact of conditionality on people with

underlying health conditions or a disability, the increased likelihood that their condition may lead to sanctions being applied (i.e. due to missing Job Centre appointments), and their being moved further from the labour market or accepting poor/precarious work to avoid the sanctions regime.

Research[42] published in May 2018 by a collaboration of universities including Glasgow and Heriot Watt found that welfare conditionality in overall terms failed to move job-seekers closer to the labour market, that in the case of disabled people it exacerbates existing illness and impairments, and expressed particular concern about the impact on those with mental health issues. It specifically concluded that 'benefits sanctions should not be applied to those in receipt of incapacity benefits." It is an issue that requires urgent action at UK level.

Gender Related Health

The number of women active in the labour market has also increased steadily over the last 50 years, whilst the rate of men has actually fallen, meaning that there are now similar proportions of men and women at work. The messages of this Review are therefore equally applicable to both genders, though there are also differences that need to be reflected in the policy and practice response.

It has already been noted that longer working hours have a more significant impact on women than men, and there is also evidence, despite legislation to tackle the gender pay gap, "female dominated occupational and industrial sectors tend to be low-paid and undervalued"[43]. Women are also much more likely to be in part-time work or unpaid work than men. Of the total number of employed women, 41% work part time, compared with 12% of employed men[44].

In terms of health, a review undertaken by the Work Foundation[45] reports that, whilst men die younger, tend to be less willing than women to seek health professional support and appear to be more significantly impacted by unemployment, women carry the burden of parenting and caring responsibilities and evidence suggest they are more likely than man to be disabled or have multiple long-term conditions. Male specific conditions such as testicular and prostate cancer commonly feature in workplace health interventions, but can the same also be said of female specific cancers, or "the multiple life phases that women experience that can all pose health challenges?[45]"

Given the role played by both men and women in the labour market and its importance for the economy as a whole, the conclusion must be that greater attention needs to be paid to gender differences in the workplace, and the impact they have in economic and health terms.

Resourcing Fair and Healthy Work

A significant part of the responsibility for delivering Fair and Healthy Work in Scotland rests on the workforce that supports employers, employees and those with health issues and disabilities who are seeking to enter work. This workforce is very small, predominantly comprising professionals working in Occupational Health, Condition Management, Employability, Local Authority Environmental Health Teams, the Health and Safety Executive and a small cohort within the Public Health workforce of national and territorial NHS Boards. Moreover, whilst this workforce is multi-disciplinary in nature and rightly sits across a range of sectors and organisations, the overall picture is one of at times unnecessary fragmentation and less than optimal coherence.

The Review identified concerns about the current capacity and sustainability of this resource, and its ability to meet the growing needs of employers and individuals in the future given the overall picture of a declining number of staff working in the field, a workforce which is also facing the same demographic issues as the wider workforce it supports. There has been some welcome new investment, such as in the Health and Work Support Pilot, and the Scottish Government's commitment to train 300 individuals to become Certified Disability Management Professionals[46], but in light of the challenges facing us there are relatively modest interventions.

Ten years ago, Health Works[4] estimated that no more than 15% of employers in Great Britain offer access to in-house occupational health services," a figure that the Society of Occupational Medicine reports has declined since this time, a figure which falls to just 3% if a tighter definition is used[47].

It is an issue that requires urgent action, particularly given the lead times for recruiting and training new staff, indeed work is already underway though COSLA and the Society of Chief Officers for Environmental Health in Scotland[48] to address matters in their field of work, and the development of Public health Scotland provides an opportunity to consider the resource and long-term arrangements for its contribution to Fair and healthy Work, most notably through the Healthy Working Lives Programme. At UK level, an Occupational Health Expert Group[49] has been appointed to look at the occupational health workforce to ensure sufficient capacity is available in the future.

The Review has noted the approach taken in other parts of Europe such as in Finland, a country with a population only half that of Scotland, whose national multidisciplinary Institute of Occupational Health employs around 750 whole time equivalent staff[50]. It is a scale of investment to which Scotland should aspire.

In summary, the Review takes the view that current provision in place is Scotland is inadequate to meet the needs that currently exist, and that the trends we are seeing in terms of the nature of work and workforce will significantly outstrip this provision. In light of the economic risks that are on the horizon, and the changes funding arrangements for the Scottish Government through the new Fiscal Framework, the

Review concludes that there is a genuine case to be made for significant additional investment to be made in the multidisciplinary workforce that is dedicated to or contributory to Fair and Healthy Work.

6 FAIR AND HEALTHY WORK FOR ALL

The Review proposes a vision (figure 5) for Fair and Healthy Work in Scotland that seeks to capture the critical relationship that exists between Health and Work, Fair Work and the Economy. Of particular importance is the framing of the agenda as being about 'Fair and Healthy Work,' a framing that makes explicit the improved integration that the Review considers is required between the policy areas of Health and Work, and Fair Work, indeed a number of the Review's recommendations identify opportunities for making this integration happen in practice.

For everyone of working age in Scotland to be able to enjoy **Fair and Healthy Work** that enables their full economic participation and personal fulfilment and that underpins successful private public and social enterprise in a vibrant productive inclusive and sustainable economy.

Figure 5 Vision for Fair and Healthy Work for All

Underlying Principles for Fair and Healthy Work for All

The Review identified seven underlying principles that should underpin the Scottish Government's approach to Fair and Healthy Work.

Healthy Working Lives

The Review embraces the definition of a Healthy Working Life established in the Scottish Government's original Healthy Working Lives Action Plan[3]. Fifteen years on this remains a valid expression of the outcome required at individual level to achieve Fair and Healthy Work for All.

"A Healthy Working Life is one that continuously provides working-age people with the opportunity, ability, support and encouragement that works 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."

Fair Work

The Review endorses the approach taken by the Scottish Government to Fair Work[10] and its five dimensions of Effective Voice, Opportunity, Security, Fulfilment and Respect. The dimensions have a clear read across to Good Work and reflect the conditions necessary to enable Fair and Healthy Work for All. Importantly, Fair Work also articulates the need for a balance between the rights and responsibilities of employers and workers, and that outcomes include benefits for individuals, organisations and society. More details of the dimensions of Fair Work can be found at Appendix V.

Work as a Human Right

Article 23.1 of the Universal Declaration of Human Rights states that " Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment[51]". Human Rights therefore underpin the requirement for Fair and Healthy Work for All, with disability and long-term conditions, particularly in relation to mental health[52] continuing to be identified as an area in which particular work is needed to deliver Scotland's Human Rights obligations.

Prevention

The Public Health Reform agenda and the Public Health Priorities for Scotland are explicit about the importance of "prioritising preventative measures to reduce demand and lessen inequalities[13]," underlining the adage that prevention is better than cure.

Tackling Inequalities

In their joint introduction to the Public Health Priorities for Scotland, the Minister for Public Health and COSLA's Health and Wellbeing Spokesman call "for Scotland to be a place where everyone thrives[13]," and these means tackling the health and social inequalities that continue to blight our communities. The priorities go on to highlight the importance of having a sustainable and inclusive economy with "inclusive growth" at its heart.

Professor Sir Michael Marmot[29], identified "Good Work"', within which he defined ten dimensions (Appendix IV), to be fundamental to tackling health inequalities. Good Work "provides a decent income, widens social networks and gives people a purpose" with the benefits of good work extending beyond working-age adults to their children[25]".

Good work is good for health.

Good work is good for health, however, not all work is good for health. "Up to one-third of jobs fail to lift families out of poverty and can increase worker's risk of illness,

injury or poor mental health. For some people, working in these jobs maybe no better for their health than being unemployed[53]."

Work is not always an appropriate outcome

Whilst the policy ambition is rightly about enabling everyone of working age in Scotland to enjoy Fair and Healthy Work, it is also important to recognise that the nature of some health conditions and disabilities means that work, paid or otherwise, is not an appropriate outcome for everyone. For some people, this may be at certain times in their lives, though for others this may be for the whole of their lives. For individuals for whom this is the case it is essential to ensure dignity and social and economic inclusion. The Review, therefore, welcomes the ambition of the Scottish Government to build a new social security system founded on dignity and respect and that considers 'social security is a human right, essential to the realisation of other human rights[54]'.

Policy Objectives

The Review proposes four policy objectives to deliver Fair and Healthy Work for All.

1. Access to Fair and Healthy Work

To enable and support everyone with a health condition or disability to access fair and healthy work that is sustainable and accommodating of their individual needs (and where this is not possible to ensure dignity and social and economic inclusion).

2. Availability of Fair and Healthy Work

To maximise the availability of Fair and Healthy Work for all that protects and improves health and which balances personal, societal and business needs, and which enables an individual to work, with support and adaptation where required, for as long as they wish to.

3. Retention of Fair and Healthy Work

To support individuals with a disability or health condition, including long-term life limiting conditions such as cancer, where appropriate to their needs, to remain in work, return to quickly in the event of an absence, and where necessary access alternative work.

4. Underpinning/Cross-Cutting Actions to enable Fair and Healthy Work for All

A number of the recommendations that emerged are applicable to more than one of the principle policy objectives and are therefore captured here. In addition, there are a number of recommendations that are in effect underpinning of those within the first three areas.

Measuring Success

The National Performance Framework[55] sets out a vision for national wellbeing and includes measures of a “Fair and Equitable working society,” and the proposal within the Fair Work Action Plan (2019)[12] to develop and adopt a set of indicators to measure progress in delivering a ‘Fair Work Nation’ will provide a helpful addition to this, though it would be strengthened by the inclusion of explicit health metrics.

At the level of intervention, there already exists a significant body of international and domestic data and evidence to demonstrate the costs of poor health at work and the positive impact and cost benefit of measures to improve health at work. Employers do not cite a lack of evidence as being a barrier to investment, indeed the Review has heard from some of our largest employers, who have the metrics available, whose commitment to health at work is because they understand it makes business sense to do the right thing by their employees. The issue, rather, is knowing what to do and where to find the right support.

Whilst continuing to build the evidence base, including evaluating new programmes to ensure they are impactful remains important, measuring the level of engagement by employers in Fair and Healthy Work needs to be the focus.

7 CONCLUSIONS

In overall terms, the Review concludes that the current picture of Health and Work in Scotland is a relatively positive one. The economy is moving forward and there are high levels of employment. Significant numbers of employers continue to engage with initiatives such as the Living Wage, Healthy Working Lives and Working Health Services, and a Health and Work Pilot is underway to test a more joined up approach to health and work in Dundee and Fife.

The policy environment is also generally supportive, with recent policy initiatives in relation to Fair Work, Disability and Employment, and Health and Work in the form of this Review, which has been supported across policy portfolios.

There remain, however, a number of challenges that remain to be tackled, including closing the disability gap and the stalling, and indeed reversal of, measures of health improvement, including those relating to work. Moreover, three new challenges are emerging, all of which must be addressed and when taken together present a significant risk for Scotland:

- The nature of work is changing;
- The nature of the workforce is changing;
- The economic environment is changing.

This Review was not established, and nor does it purport, to provide all the answers to these challenges, many of which lie beyond the domain of Health and Work, though in proposing four policy themes and a series of specific recommendations for

consideration by Scottish Government, it does seek to identify the interventions in relation to health and work can make a significant contribution.

In broad terms, the recommendations fall into three categories:

- Actions aimed at creating a more coherent approach.
- Areas for increased investment
- Actions to address issues that are not currently receiving focus.

In order to help provide a steer insofar as next steps are concerned, participants in the summative Health and Work Review Workshop held in May 2019 were invited to identify which actions they would like to see taken forward, with six emerging as priorities (figure 6).

2.2	Ensure adequate skills and capacity are in place to support employers improve their workplace health practice - both locally and nationally.
2.7	Ensure a robust regulatory, inspection and enforcement environment.
3.1	Improve the utilisation of the fit-note and the quality of return to work advice provided to employers and employees.
4.2	Fair and Healthy Work to be an explicit priority across all Directorates of Scottish Government and its national agencies.
4.3	Establish a single, integrated National Occupational Health body for Scotland.
4.6	Maximise the role of professionals in the wider health and social care system to consider how they can actively contribute to helping people access, remain in and return to fair and healthy work.

Figure 6 – Recommendations Prioritised at the Health and Work Review Workshop

Whilst taking action on these would be a helpful starting point, it is important to emphasise that improving the health of Scotland's working age population will require long term commitment and investment at a time when economic risks, such as the impact of Brexit, may make the financial environment a challenging one for Government. The economic gains to be derived from delivering Fair and Healthy Work for All make such investment all the more important, though inevitably there will be a lag in terms of seeing those returns materialise. The implications of not making such commitment will, conversely, result in a perpetuation of the adverse economic, social and individual impacts detailed within this report, and given the recent stalling and even reversal of the gains made prior to 2010, a likely exacerbation of these impacts over time. Maintaining the status quo is not, therefore, an option.

8 ACCESS TO FAIR AND HEALTHY WORK

RECOMMENDATION 1.1

Increase access to Individual Placement and Support (IPS) and use learning from the approach to support people with less severe health conditions and disabilities who are seeking work.

Implementation

- Support Scotland wide access to IPS for individuals with severe and enduring mental health conditions to enable them to access work.
- Test the wider applicability of the IPS approach for people with a wider range of disabilities and long-term health conditions.

Evidence/Rationale

IPS is an internationally recognised, heavily evaluated and effective[55], cost-effective though expensive model for people with severe and enduring mental health conditions, and involves intensive individualised support, placement in paid employment and long-term support for the employee and employer. It is not, however, currently available in all areas, with training for practitioners and effective cross-organisational working required to enable wider access.

It would also be useful to explore the evidence base for, and pilot the wider applicability of a lighter-touch model for less severe conditions, indeed the idea of 'IPS Light' was proposed as part of the Single Gateway Pilot bid though it was not supported at the time by the UK Health and Work Unit. Caution around describing the approach would be needed to avoid confusion with practice based in the IPS fidelity model[57].

IPS within Fair Start Scotland has been highlighted for review within the Scottish Government's Fairer Scotland for Disabled People: Disability Action Plan[11] (2018) which is to be welcomed and its wider applicability is worth exploring.

Target Audience

Those seeking work, and potentially at risk of losing their existing work, as a consequence of a severe mental health issue or other disability or long term condition.

Stakeholders

Scottish Government (SG) Employability, Employability Providers, NHS, Local Authorities and 3rd Sector organisations.

Cost

A pilot would not incur significant expense though it would require appropriately scaled evaluation. Wider roll-out based on the wider experience of IPS would be cost effective in terms of return on investment.

Complexity

IPS is already available in Scotland meaning there is the experience to support its integration, as well as learning from any 'IPS light' approach, into existing employability programmes.

Impact

Greater sustainability of disabled people in work would positively impact the disability employment gap.

RECOMMENDATION 1.2

Increase the number of people able to gain support through the Access to Work.

Implementation

- Scale up investment in Access to Work, through advocacy with UK Government.

Evidence/Rationale

The Access to Work grant scheme is an effective[58] though relatively small-scale intervention to support people with disabilities or long-term conditions, including mental health issues, with special equipment, adaptations or a support worker. It supports people to remain in work and to access work and is a well-regarded and effective scheme. Increasing awareness amongst employers and employees would increase the number of people supported.

Access to Work features prominently in the Scottish Government's Fairer Scotland for Disabled People: Employment Action Plan[11] with a commitment to invest up to £500,000 to pilot support similar to Access to Work to support disabled people undertaking work experience or work trials. With the average award being £3,000, this investment would potentially support an additional 170 people in Scotland.

Target Audience

People with a disability or health condition who are either in work and struggling with an aspect of their job because of their condition, or who are about to start or return to work.

Stakeholders

SG Employability, DWP.

Cost

Investment in Access to Work is cost effective at approximately £3,000 per person assisted according to UK figures quoted by the Scottish Government[2].

Complexity

Access to Work is an existing programme, but is currently reserved to the UK Government. Greater awareness of the scheme should assist in greater awareness and take up of support.

Impact

The greater the number of individuals supported, the greater the impact on the disability employment gap.

RECOMMENDATION 1.3

Encourage recruitment practices that are fully supportive of, and not inadvertently creating barriers for, people with health conditions and disabilities.

Implementation

- Provide, as an extension of existing employer focused advice such as Healthy Working Lives, advisory support and good practice guidance to employers, especially SMEs, to ensure recruitment policies and processes are fully disability and mental health aware.
- Public sector bodies should be exemplars who can test, using the Health Inequalities Impact Assessment[58], and model good practice.

Evidence/Rationale

The Equality Act has built upon previous legislation to protect employees and potential employees from discrimination, including on the grounds of disability and health conditions, however unintended barriers remain. Careful use of language, such as avoiding phrases such as 'the ability to work under pressure,' a potential barrier to someone with an anxiety related condition, proactively highlighting jobs that would be suitable, and using alternative recruitment methods to traditional interviews are examples of practices that can overcome such barriers.

The Scottish Government's Fairer Scotland for Disabled People: Disability Action Plan[11] and the Fair Work Action Plan[12] both include actions relating to this, and

such actions should be implemented in a way that make sense for employers in terms of accessibility and joined-up messaging.

Health Inequalities Impact Assessment[58] is a tool that can be used to test approaches and identify and eliminate practices that inadvertently discriminate.

Target Audience

Individuals with disabilities or health conditions seeking work or wishing to move on to new roles.

Stakeholders

All employers, especially those lacking internal HR functions such as smaller employers. Public Sector organisations have an important role to play as exemplars.

Cost

Minimal, on the basis that initiatives have already been announced. Integration with existing employer focused support will be more efficient than creating something new and stand-alone.

Complexity

The key is ensuring the solutions meet the needs of employers, which will require detailed employer engagement. The new advisory support will be most effective if it is delivered in a coherent way that connects to existing employer focused services such as Healthy Working Lives.

Impact

Removing barriers to jobs and career development will help close the disability employment gap and reduce health and disability related inequality.

RECOMMENDATION 1.4

Strengthen the integration of healthcare services into Fair Start Scotland to minimise the impact on individuals of health and disability as barriers to work.

Implementation

- Learn from existing best practice and integrate into delivery across Scotland.
- Evaluate the impact of national (Salus supported) and local (i.e. NHS Forth Valley supported) models.

Evidence/Rationale

Fair Start Scotland is a relatively new and ambitious large-scale employment programme delivered by a range of providers across Scotland. Though accessible to anyone requiring employment support, the scheme does include specific support people for whom health conditions or disabilities may be barriers to work. This support is delivered differently depending on the area and feedback suggests it is variable. It is also understood that the demands placed upon the health support component can be very high with many of the scheme's participants being quite distant from the labour market.

Fair Start Scotland is subject to evaluation as an action arising from The Scottish Government's Fairer Scotland for Disabled People: Disability Action Plan[11] and this work would helpfully include consideration of the most effective model for providing the health focused component. Enhancing the role of NHS professionals in supporting employment outcomes and developing a national occupational health offer through the NHS (addressed by recommendations 4.3 and 4.4) should both feature in this thinking. This would also be consistent with the Public Health Reform Agenda and the priority placed on the role of work in preventing poor heath and developing a sustainable and inclusive economy.

Target Audience

Job seekers with health problems and disabilities that present a barrier to accessing work.

Stakeholders

SG Employability, SG Health at Work, Fair Start Providers, Local Authorities, NHS.

Cost

The health and social care services required to support scheme participants already technically exist though they are not currently organised or their staff mandated to do so. Tackling problems further upstream should result in long term cost savings

Complexity

Complexity is likely to be high given the multi-provider nature of the delivery model and learning should be taken from the experience of health and social care integration. Implementation would also fit within the ambition of recommendation 4.4, which considers the role of NHS health professionals for which a Managed Clinical Network based approach has been proposed.

Impact

Fair Start Scotland is currently subject to evaluation, within which there should be reflection on the optimal design for the health support required to remove health and disability related barriers to work for Fair Start Scotland participants.

9 Availability of Fair and Healthy Work

RECOMMENDATION 2.1

Maximise access to and uptake of on-line advice and support on Fair and Healthy Work.

Implementation

- Ensure maximum ease of access to comprehensive web-based support for employers and employees around Fair and Healthy Work.
- Integrate Health and Work support into the proposed new business portal.

Evidence/Rationale

The pressures on employers and the workforce in terms of Fair and Healthy Work, as evidenced by stalling health improvement, absence and Presenteeism, have never been greater, and the impact of economic, labour market and demographic change can be expected to exacerbate these challenges. It is therefore essential that investment in support for employers to improve the health of their employees is also increased, whereas in practice, the level of investment in health and work support has declined in recent years.

Evaluation[60], market research[61] and on-going customer feedback[62] from employers has demonstrated the impact of and overwhelming satisfaction with the services provided by Healthy Working Lives, including www.healthyworkinglives.scot which attracts around 25,000 visitors per month. Market research has consistently identified on-line information channels as being the channel or choice for SMEs.

Employers and individuals consistently ask for a single access point to quality assured information and self-help focused advice via the web that is as joined up as possible in order to maximised ease of access. The new business portal referred to in the Fair Work Action Plan would provide such a vehicle.

Digital exclusion is an issue that needs to be considered, however, as not all individuals (personally or in the workplace) or businesses, have the necessary digital access. Maintaining a sustainable physical workforce, able to support employers and employees over the phone or in person therefore remains important, and is addressed in Recommendation 2.2.

Target Audience

Employers in all sectors, employees and the self-employed.

Stakeholders

SG Fair Work, SG Health at Work, NHS Boards, Employer Organisations Trades Unions.

Cost

Based on the most recent UK figures[2], the cost of health related absence and worklessness in Scotland is approximately £4,000 for every working person. Current expenditure on the entire Healthy Working Lives offering through NHS Health Scotland and territorial NHS Boards is currently under £1 for every working person.

Complexity

Relatively straightforward as new work can be built upon the existing infrastructure and the new Business Portal as it develops.

Impact

Research undertaken by PWC[7], which echoes other studies, demonstrated a significant return on investment in workplace health initiatives. Specific impact evaluation of Healthy Working Lives concluded that the "research evidence shows that it is making a positive impact on employers."

RECOMMENDATION 2.2

Ensure adequate skills and capacity are in place to support employers in improving their workplace health practice - both locally and nationally.

Implementation

- Increase investment in local and national employer focused advice on Fair and Healthy Work.

Evidence/Rationale

The pressures on employers and the workforce in terms of Fair and Healthy Work, as evidenced by stalling health improvement, absence and Presenteeism have never been greater, and the impact of economic, labour market and demographic change are expected to exacerbate these challenges. It is therefore essential that investment in support for employers to improve the health of their employees is also increased, whereas in practice, the level of investment has fallen in recent years.

The Healthy Working lives programme, which is a partnership-based programme between NHS Health Scotland and the 14 territorial NHS Boards, delivers advice and support to employers and employees across Scotland. Its' staff deliver support on a face-to face, telephone and web-chat basis, as well as through formal training courses, and are also responsible for the content of healthyworkinglives.scot. Staff also undertake the development of new resources, typically in partnership with other stakeholders. Funding for the programme has reduced significantly in recent years, impacting on the sustainability of the service and its ability to innovate and develop new resources.

An external evaluation[60] undertaken by the University of Glasgow of the Healthy Working Lives Services delivered by NHS Health Scotland and the 14 Scottish territorial Health Boards concluded that the "research evidence shows that it is making a positive impact on employers," with 90% of employers reporting an impact on policy and behaviour, and 90% reporting an impact on performance measures such as reduced sickness absence, better productivity and lower turnover. The biggest impact was seen with SMEs and third sector organisations, reflecting the fact that they have the most to gain, and the greater the engagement with Healthy Working Lives, the greater the impact.

Market research[61] and on-going customer feedback[62] with employers has demonstrated the impact of and overwhelming satisfaction with the services provided by Healthy Working Lives, with very high Net Promoter Scores[62] for all of its services ranging from 67% to over 85%.

Target Audience

Employers in all sectors and the self-employed. Employees can also access Healthy Working Lives Support but are not the primary audience.

Stakeholders

SG Health and Work, NHS Boards, Employer Organisations, Trades Unions.

Cost

Based on the most recent UK figures[2], the cost of health related absence and worklessness in Scotland is approximately £4,000 for every working person. Current expenditure on the entire Healthy Working Lives offering through NHS Health Scotland and territorial NHS Boards is currently under £1 for every working person.

Complexity

Relatively straightforward as this would simply involve scaling-up existing service support. It would be necessary to ensure any new investment was focused on Health and Work additional to the level of investment currently being made.

Impact

Research undertaken by PWC[23], which echoes other studies, demonstrated a significant return on investment in workplace health initiatives. Specific impact evaluation of Healthy Working Lives concluded that the "research evidence shows that it is making a positive impact on employers[60]."

Additional funding would enable the up-scaling of activity and enable the development of new resources to support employers with the priorities highlighted within this report, such as gender based workplace issues and supporting an ageing workforce.

RECOMMENDATION 2.3

Encourage innovation and learning in relation to workplace health and wellbeing practice – especially in SMEs.

Implementation

- Encourage new and innovative practice through a business challenge fund targeted at supporting workplace health for SMEs.
- Disseminate this and wider learning through an annual event and/or existing channels such as business organisations, Healthy Working Lives and Fair Work.

Evidence/Rationale

Almost all evaluated examples of workplace health programmes have taken place in larger employers, yet what works for larger employers, who will generally have HR and other support in place, is not necessarily applicable to smaller employers. Such an approach would develop SME specific practice for sharing and adoption elsewhere.

The use of challenge funds is a tried and tested approach for encouraging innovation and developing new practice and would not need to be large in scale. It would require evaluation support and a mechanism for dissemination though the infrastructure for the latter is already in place through business organisations and existing programmes. Promotion thorough, and engagement of the Federation of Small Businesses and Chambers of Commerce in the wider process, would ensure the programme reached a wide audience and would help strengthen employer engagement in Fair and Healthy Work.

The Learning Occupational Health by Experience Risk (LOcHER)[61] initiative has been highlighted as an approach that could be applied more widely in this context, indeed LOcHER projects could be included in the wider dissemination activities.

Target Audience

SMEs, particularly those employing under 100 staff.

Stakeholders

SG Health and Work, SG Fair Work, FSB, Chambers of Commerce. University support for evaluation.

Cost

Individual awards would not need to be large, indeed if significant investment were required it would not be replicable in other employers. Resources needed to support evaluation would likely be of a higher order.

Complexity

There are many examples of similar programmes to model upon and the work could be taken forward by one of a number of existing organisations.

Impact

Likely to be small at first, though dissemination of successful interventions over time would increase this. It would also be valuable in engaging SMEs. Creating a joint programme between the Work and Health and Fair Work policy teams and establishing shared criteria would promote an integrated approach.

RECOMMENDATION 2.4

Improve the co-ordination of interactions with employers between employer-facing government activities.

Implementation

- Locate as much business support as possible on the new business portal.
- Increased awareness of and training on the different offerings available through relevant agencies and encouragement of cross-promotion.
- Coordination of marketing campaigns to employers.

Evidence/Rationale

There are many good examples of coordinated action both nationally and locally, but there is scope for greater collaboration in terms of the interface between national and local government functions and employers.

There are a range of programmes and services that contribute to Fair and Healthy Work, including Employability Programmes, Healthy Working Lives, Working Health Services, the Living Wage, Carer Positive, Re:Markable, environmental health services, HSE and the Scottish Fire Service (Fire Safety), together with

others including Business Gateway and the Enterprise Agencies which have a wider business focus.

The new Business Portal, which is currently under development, provides a real opportunity to bring together online support for employers on the range of issues that affect them and therefore should be as broad as possible in its scope. It would also provide a resource and would enable easy cross referral, with staff of different bodies being supported and encouraged to consider wider business needs should they see them. This could extend to them promoting the marketing campaigns of one another's agencies and indeed ensuring the marketing is co-ordinated to avoid employers being overwhelmed with messages.

Target Audience

All employers and the self-employed.

Stakeholders

SG Health and Work, SG Fair Work, employer facing government programmes.

Cost

Minimal, indeed it may be possible to generate savings from more coordinated activity that could be reinvested.

Complexity

Straightforward in principle but in practice difficult to achieve as evidenced by continued fragmentation.

Impact

Improved co-ordination of activities and messaging would lead to a clear call to action for employers and a greater likelihood of engagement.

RECOMMENDATION 2.5

Improve the skills and confidence of employers/managers to contribute to improved mental health and wellbeing.

Implementation

- Increase investment in Mentally Healthy Workplace Training (MHWT) to enable more employers to be able to access it.
- Commission an evaluation of the training to specifically consider the impact of the training on the mental wellbeing of the staff managed by recipients of the training.

Evidence/Rationale

Promoting positive mental health at work and supporting a positive environment for those with poor mental health feature within the Scottish Government's Mental Health Strategy (Action 36), and work is being taken forward on action this by a range of partners led by NHS Health Scotland. The increase in mental health related absence and rise in presenteeism underline the importance of this work.

MHWT is a blended-learning based course comprising an e-learning module followed by 6 hours of face to face contact that is delivered to employers across Scotland by NHS Health Scotland the local NHS Boards. It is designed specifically for line managers and supervisors, and is also available on a Training for Trainers basis for larger organisations.

The training is well received by employers and has been evaluated positively in terms of improving the skills and confidence of managers. The training meets the six mental health core standards identified by the Stevenson/Farmer Review[15], the Review also highlighting the return on investment in a 4 hour manager mental health training programme to be £9.98 for every pound invested[63]. A more recent meta-analysis of manager training in mental health concluded there was positive impact on managers' knowledge, attitudes and behaviour in dealing with mental health issues, but was more cautious around the impact of this on the level of psychological distress on staff due to the lack of data[64].

A modest investment to promote MHWT and to train and resource more staff to deliver it would enable faster roll-out and increase the number of employers and line managers to benefit. An evaluation of the impact on the psychological wellbeing of employees would be a useful addition to the evidence base and would validate wider roll-out.

Target Audience

All sectors, but could begin intensively with public sector bodies and their contractors using the lever of procurement.

Stakeholders

Health and Work, NHS Boards, 3rd Sector Organisations.

Cost

The intervention cost is not significant and the investment could be scaled according to the desired scale of the roll-out. Any formal quantitative evaluation of impact would need to be specified and could either be outsourced at cost or prioritised for delivery by an appropriate public sector partner.

Complexity

The MHWT programme already exists and could readily be rolled out, though there are other programmes available in the marketplace. Pooling efforts around one consistent and evidence based would be advantageous.

Impact

Increased availability of the training will enable more employers to be reached. Evidence indicates that there is a positive impact on manager knowledge, attitude and behaviour, and whilst more data is required to confirm the impact on their staff, the training meets the current best practice guidance that does exist.

RECOMMENDATION 2.6

Quantify and track the development of Fair and Healthy Work in Scotland.

Implementation

- Identify mechanisms for gathering performance data on Fair and Healthy Work.
- Combine efforts with the Fair Work Action Plan proposal to measure progress towards a Fair Work Nation.

Evidence/Rationale

Comprehensive data on access to Fair and Healthy work is lacking, making progress difficult to assess. This issue has also been recognised within the Fair Work Action Plan[12], which proposes the development and adoption of a set of indicators to measure progress in delivering a Fair Work Nation.

Given the close relationship between Health and Work and Fair Work, and the benefits of pooling resources and co-ordinating data collection and analysis, it would be logical for this work to be expanded to explicitly include health and wellbeing measures.

Target Audience

SG Fair Work and SG Health and Work.

Stakeholders

SG Health and Work, SG Fair Work, NHS (including Public Health Scotland), Local Authorities, academia.

Cost

The cost will largely depend on the specification of the data and collection method and is work to take this forward will be required in terms of Fair Work. Including health and wellbeing measures from stage one will minimise any additional cost.

Complexity

Whilst some data sets will already exist, such as that which is currently included in National Performance[55] dataset, in all likelihood there will be the requirement to identify new measures and mechanisms for collecting data

Impact

Improved data and intelligence to inform policy and practice.

RECOMMENDATION 2.7

Ensure a robust occupational health and safety regulatory, inspection and enforcement environment supported by workplace occupational safety and health advice.

Implementation

- Maximimise co-ordination of activity across enforcement, regulatory and advisory branches of government.
- Continue to work through the Partnership on Health and Safety in Scotland (PHASS) to identify and prioritise higher risk industries and take

Evidence/Rationale

Formal arrangements exist between the Health and Safety Executive and local authority environmental health services to avoid duplication and maximise effort. A Service Level Agreement between the HSE and Healthy Working Lives was put in place some years ago and (bearing in mind the latter is focused on support and advice and lacks any regulatory or enforcement function) would usefully be updated given developments that have affected both partners in the intervening period, and could also be extended into a three way agreement with environmental health services.

PHASS also provides an important vehicle for supporting collaboration, extending beyond the governmental providers of enforcement, regulatory and advisory services to include industry groups, businesses, trades unions and safety bodies, and plays an important role in identifying priorities and encouraging joint working, such as through the Scottish Plan for Action on Safety and Health (SPIASH).

Concern has been expressed through the Review about the scale of the collective resource invested in this area

Target Audience

All employers, but with the prioritisation of higher risk sectors.

Stakeholders

Health and Work, Fair Work, HSE, Environmental Health, NHS, Industry and Trades Unions

Cost

Improved co-ordination of effort is expected to lead to a more efficient use of resources, although the overall scale of activity that can be maintained is inevitably constrained by the resources available.

Complexity

Joint working in this area is already strong, with PHASS providing an excellent example on which to build.

Impact

More coordinated action can be expected to result in greater, and more targeted impact.

10 Retaining Fair and Healthy Work

RECOMMENDATION 3.1

Improve the utilisation of the fit-note and the quality of return to work advice it provides to employers and employees.

Implementation

- Encouraging more GPs to use the advisory section of the Fit Note.
- Enabling members of the wider primary care team, such as practice nurses, physiotherapists and occupational therapists to complete/contribute to the advisory section of the Fit Note

Evidence/Rationale

The Fit Note was introduced to enable GPs and hospital doctors to provide advice to an individual and their employer on measures that could be taken to enable them to return to work. Whilst accepted as being a positive initiate, research undertaken by the University of Nottingham[65] found that only 6.7% of fit notes issued were marked as 'May be Fit,' concluding that "the fit note is not achieving

its aims and is unlikely to do so without increased investment of time, money, commitment, and (should changes be required to the design of the fit note) further legislation“. It made a range of recommendations, many of which resonate with the experience of the fit-note and Fit For Work Service in Scotland.

One specific action is to enable other healthcare professionals with relevant training and competency should be able to complete fit notes. There are a range members of the healthcare workforce who could make a valuable contribution in providing return to work advice but who are not currently permitted to complete a Fit Note. The UK Government, recognising that “the fit note is not fully achieving what it set out to do[66]”, has consulted on extending permission to a wider range of healthcare professionals, though this is understood to be a narrower cohort than would be preferred in Scotland.

It may, however, be possible to take forward the development of a ‘Scottish Fit Note’ proposition using devolved powers, which could consider wider health care participation in the process and reflect on other improvements based on research and the Scottish experience that are not taken forward at UK level.

Target Audience

Employers and their employees who are absent from work. The return to work advice aspect of the fit note should equally provide direct advice to the self-employed.

Stakeholders

GPs, the wider Primary Care Team, hospital based clinical staff.

Cost

Not likely to be significant as it would merely be extending the range of staff able to complete Fit Notes, however there would be training costs.

Complexity

The options described are technically straightforward and, unless changes were proposed to the design of the fit-note, should be achievable within devolved power. In practice, changes would require the agreement of a range of stakeholders, including specifically GPs.

Impact

There is evidence that where is its used well, the Fit Note has improved the quality of return to work discussions[66]. Greater uptake would extend these impacts.

RECOMMENDATION 3.2

Mainstream funding for the Working Health Services Scotland 'pilot' as the single access point to OH/health and work support for employees out-with the Health & Work Support pilot areas.

Implementation

- Mainstream funding for the Working Health Services 'pilot,' ensuring appropriate governance is in place to ensure the investment in the services is maintained by NHS Boards in the long-term.

Evidence/Rationale

Working Health Services Scotland (WHS) is an important part of the 'return to work' infrastructure that focuses on SMEs (under 250 staff) and the self-employed. Since the ending of the 'Fit for Work' service it is the only such Scotland-wide provision and is an integral part of for the Health & Work Support pilot in Fife and Dundee.

Evaluation of WHSS[6] found "that participation was associated with positive changes in health and return to work," noting that "the extent of the positive change…can be highly important economically for employees and employers". The service was also referred to positively in Dame Carol Black's Review[2].

Interestingly, the evaluation also indicated a higher balance of referrals associated with muscular skeletal conditions and a lower level of mental health related referrals than would be expected given their relative prevalence within the population. It would be helpful to reflect on the reasons for this and other patterns of uptake, and consider what changes may be required as a consequence.

Mainstreaming funding would place Working Health Services Scotland on a permanent footing, thereby providing confidence for employers, service users, and NHS clinical staff referring patients to the service. Given the timing, there would be logic in awaiting the outcome of the Health and Work Support Pilot evaluation, though WHSS could continue to operate on a stand-alone basis even if said pilot were not rolled-out.

Target Audience

SMEs (under 250 staff) and the self-employed.

Stakeholders

SG Health and Work, SG Fair Work, NHS Boards, Employers.

Cost

Cost neutral in the sense that this would simply be mainstreaming existing ‘pilot’ funding.

Complexity

No real complexity, though there would need to be assurances that spending on the service would be at least maintained and governance would need to be in place to ensure consistent clinical support is in place across Scotland.

Impact

Mainstreaming finding would place Working Health Services Scotland on a permanent footing thereby provide confidence for employers, service users, and NHS clinical staff referring patients to the service.

RECOMMENDATION 3.3

Proactively support those at risk of losing work because of a health condition or disability that cannot be accommodated by their existing employer, to find appropriate employment.

Implementation

- Develop options for providing proactive job brokering and other support for people who need to move employer due to a health condition or disability.
- Develop a bursary scheme to support the retraining of employees whose condition could be accommodated elsewhere.

Evidence/Rationale

The Review of Sickness Absence by Dame Carol Black and David Frost[22] estimated that 10% - 20% of employees absent from work with a health condition (which would equate to an estimated 5,000-10,000 people per annum in Scotland) would be best served by changing their employer, with this happening without a break in employment, something that would be all the more difficult because of their condition at this time. At present, however, a more likely trajectory for such people would be to take sub-optimal alternative employment or find their way into the benefits system, risking greater health and social impact. Black and Frost specifically proposed a job brokering service[22] to address this issue, a recommendation that was not acted on by the UK government. The Netherland’s operates a subsidised career coaching scheme for all employees over the age of 45[67], which shares some similarities to what was proposed.

Supporting individuals in such circumstances could be considered to be analogous with the Partnership Action for Continuing Employment (PACE) model, a joint programme involving Scottish Government, DWP, local authorities, Citizens Advice, colleges and training providers, between which supports employees at risk of redundancy, indeed some individuals who have health conditions will be supported through PACE. Explicitly including those at risk of losing work due to a health condition in the target audience for PACE could provide a solution, and it could include short circuiting support from a job coach. The Health and Work Support Pilot could also provide an access point to such a service.

The Scottish Union Learning Fund currently provides support to individuals who are union members, including to those in such circumstances if it involves union members, and this could provide a model for a wider bursary scheme.

This recommendation also fits within the overall context of and Scottish Government commitment to supporting life-long learning in Scotland. Encouraging employers to support the learning of their employees as well as supporting employees directly would ensure individuals were better placed seek advancement or to adapt to change, be that through changing demand for skills or a health condition requiring an individual to take on different responsibilities.

Target Audience

Employees generally, but particularly targeting those with a health condition for which accommodation/reasonable adjustment with their current employer is sub-optimal.

Stakeholders

Scottish Government, NHS, DWP, local authorities, Citizens Advice, colleges and training providers, trades unions.

Cost

The cost of developing options would be low, though implementation, depending on the model and scale of operation could be significant. However, the Black/Frost review suggested a return on investment of £3-4 for every £1 invested, which – if only targeted on those absent from work for over 20 weeks – would result in savings to the state of £30m and deliver an additional £80m of economic growth (pro-rate estimate for Scotland based on UK figures)[22].

Complexity

This would be a new programme for which there is not known to be a direct existing model in operation. It is therefore liable to be complex, though extending an existing service to offer such support would minimise this.

Impact

Impact would be contingent on the model developed and its scale, though reducing work related health impacts and health related worklessness, and enabling people to remain economically active, would result in savings in health care and social security costs.

RECOMMENDATION 3.4

Incentivise employers to invest in the health and wellbeing of their employees.

Implementation

- Work with UK Government to develop tax incentives for employers who invest in workplace health interventions including Occupational Health and Wellbeing support and extend the scope and visibility of Employee Assistance Programmes (EAP).
- Employ the leverage of the ‘public pound’ to encourage good workplace health practice linking to the Fair Work First approach.

Evidence/Rationale

There are a range of financial mechanisms available to Government to encourage employers to support the health and wellbeing of their staff, and indeed to support employees directly also such as through the Cycle to Work Scheme.

Tax free benefits in kind enable employers to provide support to their staff which does not attract a tax or national insurance charge. An example of this is EAP, which allows the provision of welfare counselling and referral services. EAP is a popular scheme with employers and employees who use it[22,68], however it currently limited to £500 per employee per annum with some associated costs being excluded. It also suffers in terms of visibility[67]. An extension of the scheme and better promotion could be considered, though such issues are currently reserved to the UK Government.

The Work Foundation has looked in some detail at the potential role of tax free employee benefits, recommending their extension to a wide range of health at work programmes, such as jogging clubs and obesity interventions by which government would “encourage employers to place health and wellbeing at the centre of their business plan and would show employers that government valued the public health benefits of workplace interventions[69].”

Multiple examples of such approaches can be found in other countries and could be considered, however they may not be transferable given differences in employment, tax and social security systems. In the Netherlands, for instance, employers are required by law to pay for an employee who is absent from work

due to ill-health for up to two years, something that provides a strong encouragement to investing in health and wellbeing.

A second approach to incentivising investment in Fair and Healthy Work is through the role of procurement. The Fair Work First proposal to extend Fair Work criteria into more Scottish Government contracts and support grants could easily be extended to include health and wellbeing specific requirements. This would also have the advantage of avoiding duplication of effort and having an integrated approach that would be easier to communicate to contractors.

Target Audience

Employers

Stakeholders

Scottish Government, UK Treasury, DWP, Employers.

Cost

Costs associated with tax incentives would currently fall on the Scottish Government under the Fiscal Framework, though would be offset by any improvement in workforce health and productivity. Costs associated with procurement requirements would fall upon the contractor.

Complexity

Relatively straightforward in terms of tax incentives, indeed a broad definition of what constitutes a health and wellbeing programme would be simplest for employers to understand and engage with. It would be complex in terms of the agreement that would need to be reached across several departments of reserved and devolved government.

In terms of procurement, the Fair Work First approach provides as existing mechanism that can be built upon.

Impact

Impact would be contingent on the precise nature of any intervention and evaluation would be required to assess the impact and cost benefit. Procurement conditions, backed with tax incentives for interventions that would meet said conditions, would provide a powerful combination.

RECOMMENDATION 3.5

Develop specific support in collaboration with 3rd sector support organisations for employees with long term and life limiting conditions.

Implementation

- Improve access to specialist, condition specific advice for employers of and employees with long-term and life-limiting conditions by supporting the development of resources and staff training.

Evidence/Rationale

Third sector organisations such as the Beatson Cancer Charity have great experience in supporting patients to return to/remain in work should this be appropriate, or providing advice to enable them to be as economically secure as possible should it not be. They, and other 3rd sector condition specific organisations have the knowledge and understanding to be able to provide advice to individuals and their employers and could be supported to develop resources, provide training for health and employment professionals, and provide advice to individuals both directly and through referral from services such as the Health and Work pilot or the Healthy Working Lives Adviceline.

Target Audience

Employers of, and Employees with, long-term and life-limiting conditions.

Stakeholders

NHS, Third Sector condition specific organisations.

Cost

In practice many materials and sources of advice already exist, therefore the focus could be on improving access to and awareness of these in the first instance.

Complexity

Relatively straightforward in principle, but this is a crowded and dynamic area of work.

Impact

Improving access to more and better resources for those who require them should enable more tailored work related advice and support for those living with long term and life-limiting conditions.

11 Underpinning Fair and Healthy Work

RECOMMENDATION 4.1

Bring Health and Work and Fair Work together in policy terms.

Implementation

- This could be achieved either by incorporating Health and Work within Fair Work, or establishing a cross Government Health and Work Policy Unit akin to arrangements in England.

Evidence/Rationale

Fair Work and Health and Work are closely related and there is significant scope for more effective collaboration and efficiency, and coherence in terms of programme delivery for employers and service users. The Health & Work Support pilot is a good example of how such collaboration can deliver on both agendas.

The recently published Fair Work Action Plan[12] (2019) proposes a set of actions, a number of which parallel those proposed by the review of Health and Work and which could be extended to embrace the health dimension more explicitly than is currently the case. These include:

- Embedding Fair Work across Scottish Government portfolios;
- Fair Work First;
- Online service for small and micro employers;
- Measuring progress in delivering a Fair Work Nation.

Target Audience

Employers, employees, self-employed.

Stakeholders

Scottish Government Health Improvement Directorate and Fair Work, Skills and Employment Directorate.

Cost

Making health explicit within the Fair Work agenda is unlikely to require significant cost, indeed may even result in more effective use of resources that could release investment that for use in other areas of the agenda. Implementation would, however, require resources to be either pooled or moved between existing Government policy areas.

Complexity

Relatively straightforward given this is directly within the powers of Scottish Ministers and the two Directorates have a good pre-existing relationship.

Impact

Improved co-ordination of the policy and delivery response to enable Fair and Healthy Work in Scotland, and a more coherent and therefore accessible set of messages for employers and employees.

RECOMMENDATION 4.2

Fair and Healthy Work to be an explicit priority across all Directorates of Scottish Government and its national agencies.

Implementation

- Include Health and Work within the work-stream to embed Fair Work across Scottish Government Portfolios.
- Fair and Healthy Work to feature explicitly within work to implement the Scottish Public Health Priority of Inclusive Economy.
- The public sector, including the Scottish Government, to be an exemplar in terms of the practice of Fair and Healthy Work.

Evidence/Rationale

Health and Work has traditionally sat within the policy domains of Public Health and Occupational Safety and Health but the bio-psychosocial and economic impact of work should make it a critical focus of work across Government. As such it relates directly to Fair Work as set out in recommendation 4.1, and it would be logical to extend the Fair Work Action Plan proposal to embed Fair *and Healthy* Work across Scottish Government portfolios.

Linked to this is the importance of the public sector, including the Scottish Government, being exemplars for Fair and Healthy Work, as is currently the case with the Healthy Working Lives Award. It also fits within the role of public sector bodies as Anchor Institutions[70] within local areas. The public sector is critical as an employer as well as for the wider impact is has on the community, and without its explicit leadership commitment it is also more difficult to encourage buy-in by other sectors of the economy, and the public sector is also able to play the role of a test bed for new practice.

Inclusive Economy is one of the Public Health Priorities for Scotland and is the priority to which Fair and Healthy Work relates, though there is no explicit

reference to Fair or Healthy Work, or indeed to Good Work[20]. This introduces the risk that the priority may not feature as clearly as it should in terms of public health implementation. Including explicit reference to Fair and Healthy Work within work to implement the Public Health Priorities for Scotland would be a very welcome, and in terms of setting an example, a crucial step.
It is also important not to lose sight of the fact that workplaces are a vital 'setting' for health improvement activity[19], though this must be within the principle of proportionate universalism[20] which states that the resourcing and delivering of universal services at a scale and intensity must be proportionate to the degree of need in order to enable health inequalities to be addressed.

Target Audience

Scottish Government, Scottish Government agencies including the NHS, local authorities and academic institutions.

Stakeholders

As above, plus employers, employees, the self-employed and trades unions.

Cost

Cost in not likely to be significant and any investment would be at the level of each individual organisation who would also recover benefit in terms of reduced absence and presenteeism, and improved productivity.

Complexity

Relatively straightforward in the sense that a number of mechanisms already exist that can be extended or in which Fair and Healthy Work can be made more explicit.

Impact

Extending the work to embed Fair Work across Government, by including in it the health dimension, will result in health impact that may otherwise not occur. Doing so also sends a crucial message to other sectors of the economy about the priority that needs to be placed on Fair and Healthy Work.

RECOMMENDATION 4.3

Establish a single, integrated National Occupational Health body for Scotland.

Implementation

- Review the current arrangements and training needs for specialist occupational health within the Scotland Public Sector (medical, nursing, workplace advisors) required to provide consistent, quality support for public sector employees and externally to SMEs and the self-employed with a view to establishing a single, integrated Occupational Health body for Scotland within the NHS.
- Consider options for a long-term funding model for this new body that balances the costs and benefits between stakeholders.

Evidence/Rationale

The impact of demographic change and the predicted increase in multiple long-term conditions impacting the workforce will require ever greater preventative and management action, yet the majority of employers lack access to the specialist advice they require to do this, a problem that is particularly acute for small and medium sized employers. The growth of the gig-economy has led to people who would previously have been considered 'employees' being designated as self-employed who now lack what access they previously may have had through their employer.

The current occupational health workforce, which includes occupational health doctors, nurses and allied health professionals, case managers and advisory staff, is relatively small and highly fragmented and there are issues of recruitment, training, retention, quality and inconsistency of provision[47]. Within the public sector, the bulk of the workforce is located within the NHS, with public sector organisations without in-house provision sourcing their occupational health support either from other public sector bodies or from private sector providers.

In her review of the health of Britain's working age-populations, Dame Carol Black made the case for an "integrated approach to working age health underpinned by the inclusion of occupational health and vocational rehabilitation within mainstream healthcare[2]," a recommendation that was not acted upon. Ten years on, the case for this is even stronger, and Scotland has the advantage of having the right scale and the relevant powers to make it happen.

Bringing together existing public sector provision in the first instance would create a sizable new organisation and would be expected to bring some efficiencies, however stepping-up provision to meet future needs will require new investment. Given the benefits of occupational health are shared between employers, employees, the NHS and the wider state[69], such as through lower social security

costs and increased tax take, work taken forward to design the new body should include consideration of a long-term funding model for given the benefits accruing.

Target Audience

Employers, Employees, the Self Employed, and those with a health condition seeking work.

Stakeholders

Scottish Government, Public Sector Agencies including the NHS, Local Authorities, Employers, Trades Unions.

Cost

Specific work will be required to scope the role and resources required by the new organisation, as well as a sustainable funding model.

Complexity

This will be a highly complex piece of work that will take time, resources and commitment to deliver, and the new organisation will require the right leadership, governance and accountability. The work could be expected to impact upon a large number of organisations, both in terms of the occupational health provision they receive and on those staff responsible for delivering it. As such a working group comprising a minimum of Scottish Government, existing providers, recipients of services, the different occupational health workforce stakeholder groups and trades unions would be required to take detailed thinking forward. In the short term it may be desirable to bring nationally organised public sector occupational health provision into a single organisation and develop the wider body from this base.

Impact

The evidence base for the impact of occupational health and wellbeing is significant[2,23,47], and bringing occupational health together in single national organisation can be expected to bring the benefits of scale and ensure the long-term sustainability of occupational health in Scotland. A new national organisation would also be positioned to provide occupational health leadership and expertise to support the wider health and social care system, such as in the case of the proposals outlined in relation to developing a Scottish Fit Note (Recommendation 3.1) and maximising the role of the wider NHS (Recommendation 4.4).

RECOMMENDATION 4.4

Maximise the role of professionals in the wider health and social care system to consider how they can actively contribute to helping people access, remain in and return to fair and healthy work.
Implementation

- Establish a Managed Clinical Network (MCN) with a remit to develop detailed proposals for how health and social care professional practice can more effectively support people to access, stay in and return to work.
- This work would also need to consider the training requirements for existing staff and the next generation of health and social care professionals.

Evidence/Rationale

Enhancing the role of healthcare staff in supporting people to access, stay in and return to work as an important outcome of a clinical intervention has featured in a number of strategies over the last decade[2,4], but has not been taken forward in a systematic way. The review of Health and Work endorses the importance of this work and has reflected on the reasons for this approach that should be taken to deliver the ambition.

The Review has concluded that the most appropriate way to take this forward is through a Managed Clinical Network (MCN) charged with providing the necessary high-level leadership and stakeholder engagement, to develop details proposals for how to broaden the current medical approach and enabling the patient to attain the best functionality possible for them to engage with work. The MCN will be responsible for developing, amongst other things, the metrics, indicators, and the training that would be required for each professional group and to develop the next generation of NHS staff. This MCN will require appropriately senior membership from clinical bodies working within the health and social care system, including occupational health/workplace health, in addition to patent, employer, employability and trades union representatives.

This work would naturally sit alongside the development of an Occupational Health Body that would provide the specialist support to professionals within the wider healthcare system.

Target Audience

Health and Social Care Professionals

Stakeholders

Scottish Government, NHS, Local Authorities, health and social care professional bodies, employers, trades unions, patients.

Cost

The principal costs will be associated with training. Part of the role of the MCN would be to clarify the appropriate level of OH training and support for each professional group to enable them to undertake their role.

Complexity

Despite the potential for the wider role of the NHS in health and work being highlighted on a number of occasions over the last decade, the fact that this potential has not yet been realised is indicative of the complexity involved. There are many stakeholders involved, and there is a need to balance what is clinically possible with what is operationally desirable, and there is also the need for clear and committed leadership. An MCN is therefore proposed as the mechanism for achieving the ambition

Impact

The impact of the whole health and social care system being equipped to contribute to the outcome of Fair and Healthy Work cannot be understated, and if achieved would result in the step change aspired to in the commissioning of this Review.

RECOMMENDATION 4.5

Undertake targeted marketing to ensure employers are aware of sources of support and advice, including service support for their staff, and employers make use of them.

Implementation

- Invest in a marketing strategy with realistically budgeted annual marketing plans that are co-ordinated with other agencies targeting employers and employees.

Evidence/Rationale

Market research undertaken for Healthy Working Lives[61,71] and the Fit For Work Scotland Service[72] provide a clear steer for the approaches to be taken to the marketing of health and work services and messages to employers. These include the need for a clear call to action, the importance of tailored messages for different stakeholder groups (employers by size and sector, employees, GPs, etc.), that multiple brands are confusing and to be avoided, the need for a clear channel

strategy, and that campaigns are co-ordinated to avoid overwhelming an already busy audience who may not consider health and work to be a priority. Experience also shows that regular marketing is required to maintain the engagement of target audiences.

Collaboration between Scottish Government initiatives would prevent duplication of effort and a much more focused approach to priority audiences. We know, for instance, that 470,000 people working in Scotland are not being paid the real living wage[73], and it is a reasonable working assumption (that will nevertheless require testing) that a range of Fair and Healthy Work related issues affect the same cohort of the population. Pooling resources to target the employers concerned would result in maximum impact. It would also promote a closer working relationship between the policy areas of Health Improvement and Fair Work, Skills and Employment.

Such an approach should not, however, replace an overall population health approach which should remain guided by the principal of ‘proportionate universalism proposed by Professor Sir Michael Marmot[20].

This recommendation relates to recommendations 2.1 and 2.2 in terms of the programmes being marketed.

Target Audience

Employers, employees and the self-employed. Intermediaries who can promote messages to these audiences.

Cost

The cost of marketing varies considerably depending on its scale in terms of the size of market being reached and the channel that is employed, and there is also value in on-going market research and tracking to measure impact and inform both strategy and implementation. Experience tells that an annual budget of less than six figures would achieve little in terms of impact.

Complexity

Marketing health services and messages to employers is highly complex and required considerable expertise such as that developed within the marketing team of NHS Health Scotland. Market research undertaken in Scotland in support of services including Healthy Working Lives and Fit For Work Scotland provides the insight to ensure implementation is as effective as it can be.

Impact

When delivered well, marketing can deliver significant impact in terms of engaging employers in health and work programmes.

RECOMMENDATION 4.6

Ensure on-going strategic oversight to ensure policy and practice is responsive to the rapidly changing employment and workplace environment.

Implementation

- Ensure constant and coordinated strategic review and oversight including data (observatory) and intelligence (research), horizon scanning and monitoring and reviewing progress and impact.
- Regular Health and Work stakeholder summits, which could be integrated into the Fair Work summit proposed in the Fair Work Action Plan.

Evidence/Rationale

The nature of work and the labour market, and their relationship to individual and public health is rapidly changing and it is important to remain responsive in terms of policy and practice. As an example, Andrew Pulford of NHS health Scotland is currently undertaking doctoral research into the relationship between precarious employment and health outcomes amongst Scottish working age adults. Outputs from this research which will be published over the coming four years, will have relevance for the Fair and Healthy Work Agenda going forward.

Bringing stakeholders together on a regular basis to consider new data and evidence, review progress and consider next steps should be done regularly. The Review Advisory Board could be starting point for this, though collaboration with related groups such as Fair Work and PHASS would be encouraged.

The evidence and data required to give a rounded and comprehensive overview would come from a range of stakeholders across Government and beyond, including Fair Work, Economy, NHS, Health and Safety Executive (HSE), Chartered Institute for Personnel and Development (CIPD), employers, trades unions and academic institutions.

Target Audience

Scottish Government and stakeholders with a role in delivering Fair and Healthy Work.

Stakeholders

HSE, Public Health Scotland, Scottish Government Health, Fair Work Employment and Skills, and Economy, Occupational Health, CIPD, employers, trades unions, third sector organisations and academia.

Cost

Relatively low as the expertise already exists, though it may be necessary to cover costs for some participants to enable attendance.

Complexity

Relatively straightforward in that this can largely be achieved by bringing together expertise that already exists. In terms of bringing together health related data, the establishment of Public Health Scotland can be expected to bring significant benefits in this respect.

Impact

Essential to setting strategy and monitoring the effectiveness of implementation.

RECOMMENDATION 4.7

Stakeholders are fully engaged in the on-going development of the agenda and the refinement and implementation of actions.

Implementation

- Engage with all key stakeholders, in particular employers and unions, to obtain buy-in in to the strategy as it is taken forward, including in the refinement and detailed implementation of possible options.

Evidence/Rationale

Delivering Fair and Healthy Work in Scotland requires the active commitment of a range of stakeholders including Scottish, UK and local government, employers, trades unions, professional bodies, academics and the third sector. The Review sought to be inclusive of these stakeholders in developing its proposals, and refinement and implementation of them will only be possible with their active engagement.

The Health and Work Review Advisory Board brought together a group of people with a wealth of expertise in the field and who represented these key stakeholder bodies, and could provide the basis of the engagement required going forward.

Target Audience

Scottish, UK and local government, employers, trades unions, health and other relevant professional bodies, academics and the third sector.

Stakeholders

Scottish, UK and local government, employers, trades unions, health and other relevant professional bodies, academics and the third sector.

Cost

Minimal, though consideration should be given to covering costs, including for locum/replacement cover, to encourage the participation of clinical staff, employers and third sector organisation in particular.

Complexity

Relatively straightforward, though to ensure participation it is critical to be able to assure stakeholders that their views are important and that they will be listened to

Impact

The engagement of stakeholders is essential to effective design and implementation.

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Appendix I

Health and Work Review Advisory Board Membership

Steve Bell, NHS Health Scotland

Donald Reece, NHS National Service Scotland

Gillian Brydie – Royal Bank of Scotland

Gabe Docherty – NHS Lanarkshire/Scottish Directors of Public Health

George Dodds – NHS Health Scotland

Roddy Duncan – Scottish Government

Mairi Gaffney – NHS National Services Scotland

Richard Jack - GP, Baroncourt Medical Partnership

Sarah Jones – Health & Safety Executive

Mark Kennedy – NHS Lanarkshire/Salus Occupational Health

Susan Love – Federation of Small Businesses

Brian McDermott - Marshall Construction

Ewan Macdonald – University of Glasgow

Lesley McGeoch – Royal Bank of Scotland

John McGurk – Chartered Institute of Personnel and Development

Donna McLeod – Beatson Health & Work Service,

Helen Martin – Scottish Trade Union Congress

Adam Reid – Scottish Government

Liam Slaven - Patient Representative

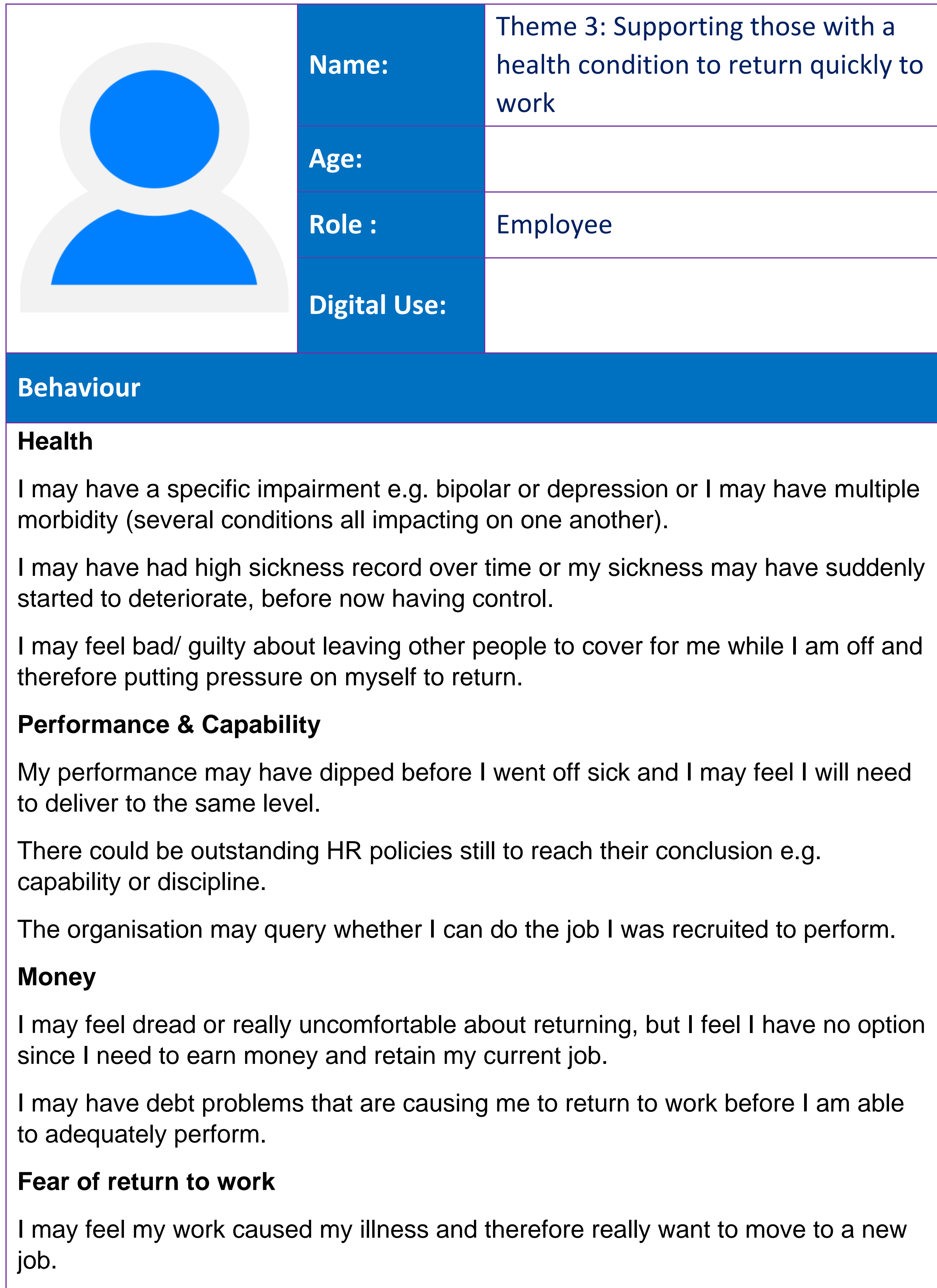
Margaret Taylor - Patient Representative

John Wood – COSLA

Janice Woodburn – Patient Representative

Appendix II

Employee Persona: An Example



	Name:	Theme 3: Supporting those with a health condition to return quickly to work
	Age:	
	Role :	Employee
	Digital Use:	

Behaviour

Health

I may have a specific impairment e.g. bipolar or depression or I may have multiple morbidity (several conditions all impacting on one another).

I may have had high sickness record over time or my sickness may have suddenly started to deteriorate, before now having control.

I may feel bad/ guilty about leaving other people to cover for me while I am off and therefore putting pressure on myself to return.

Performance & Capability

My performance may have dipped before I went off sick and I may feel I will need to deliver to the same level.

There could be outstanding HR policies still to reach their conclusion e.g. capability or discipline.

The organisation may query whether I can do the job I was recruited to perform.

Money

I may feel dread or really uncomfortable about returning, but I feel I have no option since I need to earn money and retain my current job.

I may have debt problems that are causing me to return to work before I am able to adequately perform.

Fear of return to work

I may feel my work caused my illness and therefore really want to move to a new job.

I may recognise that the workload I was getting through was unsustainable and fear having to go try it again.

I may have a work colleague or manager or customer/ client who I feel caused my mental health to deteriorate.

I may need to return to work in a phased approach, maybe with shorter hours.

I may feel worried to return to work as I may not feel as though I am still a valued member of staff.

Practicalities

I may need to have help to get to work and home again.

Work hours may need to be adjusted to allow me to get to work.

I may not be able to work for long periods without a break.

I may be unable to concentrate for the same amount of time as I did previously.

Staff may feel empathy to me or they may feel that before I went off sick and since then they have been required to work harder and so they may not be too welcoming to see me again thinking that they will need to "carry" me. Staff may feel I am getting special treatment and have negative feelings about that.

Peer support

My employer may wish to hold on to me, so I may need help in trying to identify all the skills I have that could be transferrable to another position within the company.

I may need a mentor or a colleague to assist me because half the time I'm too stressed to think straight.

I am concerned that my employer may not provide me with a sufficient handover on return to work.

Needs and Goals

Based on the box above:

- Where can the government intervene to overcome the challenges identified?
- What simple practical changes, if introduced, would make a big difference in the number of people feeling well at work?
- Where can the employee get help?
- What is the type of help that the employee would benefit from?
- Are there local or national changes that could make it easier?
- Is there something more that the public sector should do?
- Is there something that the public sector should stop doing?
- Is there something we should/ could do to motivate employers ... in different sectors?

Appendix III

Fair and Healthy Work For All Workshop Participant Organisations

Angus Council	NHS Lothian
Aramark Offshore	NHS National Services Scotland
Astley Ainslie Hospital	NHS Tayside
Beatson Cancer Charity	NHS Western Isles, Workplace Team
Capital City Partnership	North Ayrshire Council
Chartered Institute for Personnel Development	PCS National Museums Scotland
Dundee and Angus College	Royal Society for the Prevention of Accidents
Dundee Health and Social Care Partnership	Royal Environmental Health Institute of Scotland
Department of Work and Pensions	Scotland Versus Arthritis
Edrington Distillers / Unite the Union	Scottish Government Population Health
Falkirk Council	Scottish Government Employability Division
Falkirk Council Employment and Training Unit	Scottish Hazards
Federation of Small Businesses	Scottish Power
Fife Council	Skills Development Scotland
Fife Health & Social Care Partnership	SHSC Events
Glasgow City Council	Society of Occupational Medicine
Glasgow City Region	Scottish Trades Union Congress
Health & Work Support Fife, (NHS Fife),	SWITCH/IOSH
Health and Safety Executive	TechnipFMC
Health Promotion Service Fife	The Highland Council
McLaughlin & Harvey Construction Ltd & Barr Environmental Ltd	The Scottish Council for Development and Industry
Mental Health Foundation	UNISON
NHS 24	Unison Housing & Care Scotland Branch
NHS Borders	UNISON Scotland
NHS Dumfries and Galloway	University of The West of Scotland
NHS Forth Valley	Versus Arthritis
NHS Greater Glasgow and Clyde	Viridis Safety Ltd
NHS Health Scotland	Volunteer
NHS Lanarkshire	West Dunbartonshire Council
NHS Lanarkshire	Work EastRen

Appendix IV

Marmot's ten dimensions of Good Work (Marmot et al, 2012[20])

1. Prevention of hazards, Safe and Secure Free of the core features of precariousness, such as lack of stability and high risk of job loss, lack of safety measures (exposure to toxic substances, elevated risks of accidents) and the absence of minimal standards of employment protection.
2. Autonomy/Control Enables the working person to exert some control through participatory decision-making on matters such as the place and the timing of work and the tasks to be accomplished.
3. Demanding whilst not overtaxing Places appropriately high demands on the working person, both in terms of quantity and quality, without overtaxing their resources and capabilities and without doing harm to their physical and mental health.
4. Fair Reward Provides fair employment in terms of earnings reflecting productivity and in terms of employers' commitment towards guaranteeing job security.
5. Development – achieves potential Offers opportunities for skill training, learning and promotion prospects within a life course perspective, sustaining health and work ability and stimulating the growth of an individual's capabilities.
6. Non-Threatening without discrimination Prevents social isolation and any form of discrimination and violence.
7. Employee Voice Enables workers to share relevant information within the organisation, to participate in organisational decision-making and collective bargaining and to guarantee procedural justice in case of conflicts.
8. Work Life Balance Aims at reconciling work and extra-work/family demands in ways that reduce the cumulative burden of multiple social roles.
9. Rehabilitating Attempts to reintegrate sick and disabled people into full employment wherever possible by mobilising available means.
10. Health Promoting Contributes to workers' well-being by meeting the basic psychological needs of experiencing self-efficacy, self-esteem, sense of belonging and meaningfulness.

Appendix V

Dimensions of Fair Work

Fair Work practices provide a range of benefits to both employers, workers and to society. The Fair Work Convention produced its Fair Work Framework for Scotland on 21 March 2016. It identified five main dimensions that define Fair Work and set out a vision that by 2025, people in Scotland, will have a world-leading working life where Fair Work drives success, wellbeing and prosperity for individuals, business, organisations and society.

Security: Security of employment, work and income are important foundations of a successful life. This can be achieved through, for example:

- Fair pay (for example, the real Living Wage)
- No inappropriate use of Zero Hour contracts or exploitative working patterns
- Collective arrangement for pay and conditions
- Building stability into contractual arrangements
- Flexible working to align with family life and caring commitments
- Employment security arrangements
- Fair opportunity for pay progression

Respect: Fair work is work in which people are respected and treated respectfully, whatever their role and status. This can be achieved through, for example:

- Considering the concerns of others
- Respect of behaviours and attitudes
- Policies and practices are understood and applied that respect health, safety and well-being
- Respect of workers' personal and family lives
- Opportunities for flexible working

Opportunity: Fair opportunity allows people to access and progress in work and employment and is a crucial dimension of fair work. This can be achieved through, for example:

- Robust recruitment and selection procedure
- Paid internships
- Training and development opportunities
- Promotion and progression practices
- Buddying and mentoring

Effective Voice: The ability to speak, individually or collectively, for example, through a recognised trade union, and to be listened to, is closely linked to the development of respectful and reciprocal workplace relationships. This can be achieved through, for example:

- Enabling staff to have a voice at all levels
- Openness, transparency, dialogue and tolerance of different views
- Formal and informal structures
- Union recognition and collective bargaining

Fulfilment: It was widely accepted that fulfilment is a key factor in both individual and organisational wellbeing. This included the opportunity to use one's skills, to be able to influence work and have some control and to have access to training and development. This can be achieved through, for example:

- Effective skills use
- Autonomy, opportunities to problem solve and make a difference
- Invest in training, learning and skills development and career advancement

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