

A stylized illustration of two hands shaking, rendered in shades of orange and tan with black outlines. The hands are positioned diagonally across the frame, with the left hand on top and the right hand on the bottom. The background is a solid blue color.

Making the case-proving the
point

Public health intelligence in
practice

The
Fit
For
Work Team

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Outline

- Introduce The Fit For Work Team
- Using our FFW service as an example
Outline how we use PHI to-
- identify the need for the service
- Demonstrate its impact
- support the business case to secure funding

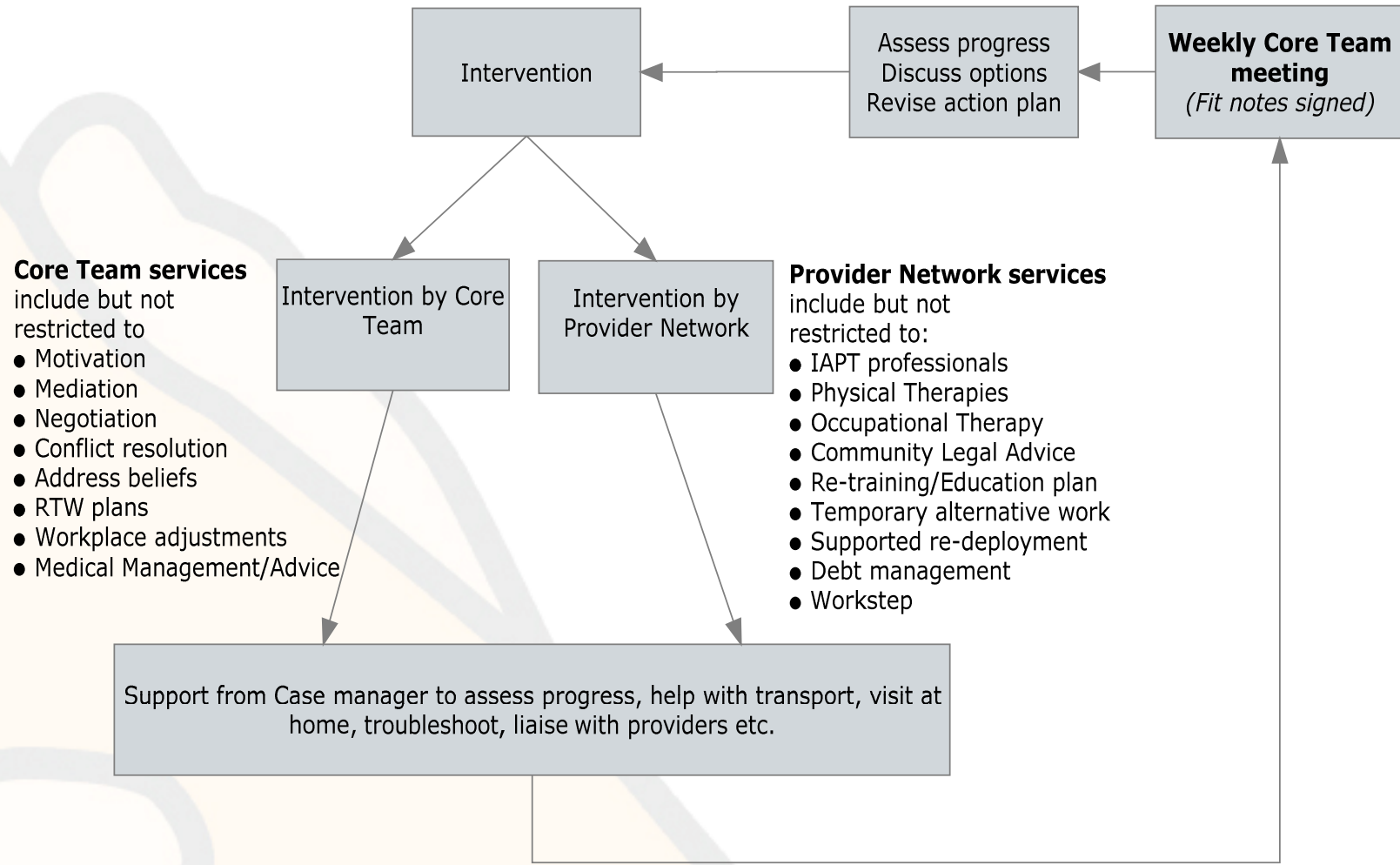
Fit For Work to Health Work and Wellbeing Group

- Not for profit social enterprise. Company limited by Guarantee
- Work across the health and work agenda with the aim of improving the health of the working age population and reducing health inequalities.
- Services include-Fit For work
 - IAPT
 - FFW Macmillan
 - JCP Chronic pain pilot – unemployed people
 - Workplace health
- Health Work and Wellbeing Group-National Strategic Partner Programme-Work Worklessness and HWB

DWP Pilot

- Aim to test whether **early intervention** improved return to work-
- Bio-psychosocial
- Case managed-Intensive Support
- GP referral-Leicester-close collaboration eg Fit notes
- Employed or self employed
- Early Intervention
- At risk of /on **long term sickness absence**(4-12 weeks)>6/12 75/25absentees/presentees
- Focus on SMEs(1-250)

Interventions



Identifying Need

The link between work and health is well established, as is the relationship between worklessness and health inequalities.(Black and Frost 2011)

Good work can promote and protect the health of employees and improve productivity and engagement.

Conversely those who are workless have been identified as having a 20% increase in mortality and two to three times the risk of poor general health, mental health problems or injury compared to those in work.

The longer someone is workless, the less likely they are to return to work. Only 10% of those off work for longer than 6 months ever return to employment· (Waddell and Burton 2006)

Over 63% of the local population are of working age(Nomis official labour market statistics)

Mapping proposals to funders priorities/needs

- JSNA
- Health profile(APHO/PHE)
- CCG Strategy
- Local economic strategy/LEP
- National outcomes eg PHOF, DH NHS England, DWP
- Local Health and Wellbeing Strategy

Leicestershire HWB Strategy 2013-16

LHWBS priority	FFW contribution
Tackling the wider determinants of Health	<ul style="list-style-type: none"> • Marmot – ‘Enabling people to stay in or return to work reduces the flow onto benefits and addresses the intergenerational cycle of health inequalities’ links to “Supporting Leicestershire Families” • FFWs action supports local economic development
Improving mental health and wellbeing	<ul style="list-style-type: none"> • 60-65% referrals - mental health • Employment support to City IAPT • NICE shared learning Award • Mental health key priority in Sickness Absence Review • Positive mental health targeted in workplace health
Managing the shift to early intervention and prevention	<ul style="list-style-type: none"> • FFW is early intervention to enable people at risk of or on long term sick leave to remain in or return to work • Workplace health targets SMEs • Increases access to health promotion

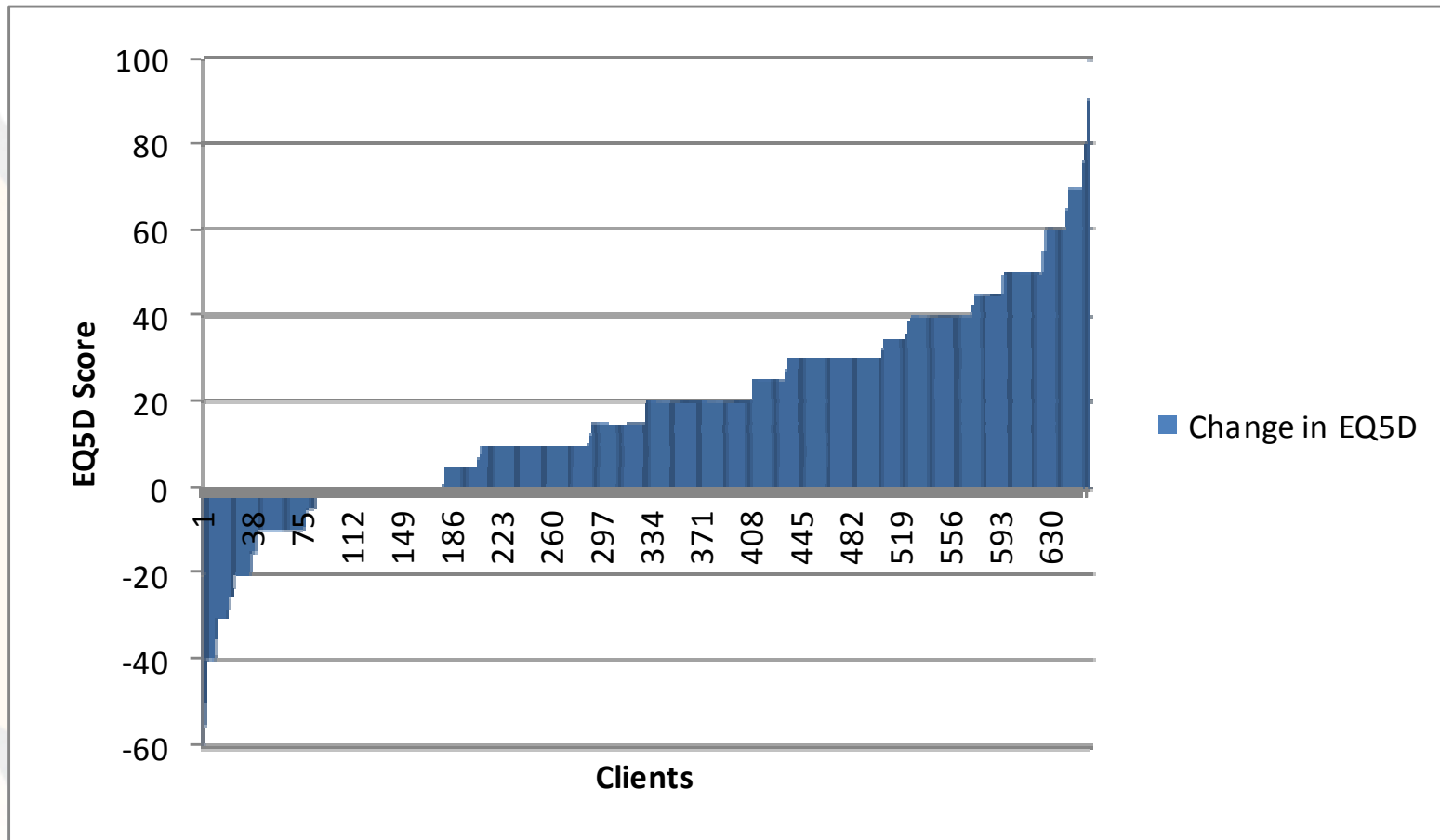
Leicestershire HWB Strategy 2013-16

LHWBS priority	FFW contribution
Getting it right from childhood	<ul style="list-style-type: none">• FFW supports parents to remain in or return to work.• Reducing the flow onto benefits• 60-65% referrals - mental health• Capacity for positive impact on family mental health
Supporting the ageing population	<ul style="list-style-type: none">• Aging worker - Workplace health improvement• FFW supports people manage condition at work.• Maintaining independence.• Macmillan and vocational rehabilitation.

Demonstrating Impact-Outcomes

- 94% GP practices had referred
- 1643 clients referred
- 67-79% remain in/return to the workforce
- >50% 'others' work ready
- 72-83% -Identify 'human intervention' as most important
- 50%+ support, negotiation, mediation
- Recorded improved health status

Change in clients EQ5D status between entry and discharge



482 (73%) Improved
83 (12%) Decreased
94 (14%) Stayed the same

Proving impact-measuring health

Figure 1: EQ-5D (UK English version) - Completed on entry to the service

By placing a tick in **one** box in each group below, please indicate which statements best your own health state today.

	Entry	
Mobility	Pain/Discomfort	
I have no problems in walking about	I have no pain or discomfort	<input type="checkbox"/>
I have some problems in walking about	I have moderate pain or discomfort	<input type="checkbox"/>
I am confined to bed	I have extreme pain or discomfort	<input type="checkbox"/>
Self-Care	Anxiety/Depression	
I have no problems with self-care	I am not anxious or depressed	<input type="checkbox"/>
I have some problems with washing or dressing myself	I am moderately anxious or depressed	<input type="checkbox"/>
I am unable to wash or dress myself	I am extremely anxious or depressed	<input type="checkbox"/>
Usual Activities (e.g. work, study, housework, family or leisure activities)		
I have no problems with performing my usual activities	<input type="checkbox"/>	
I have some problems with performing my usual activities	<input type="checkbox"/>	
I am unable to perform my usual activities	<input type="checkbox"/>	

Impact-Financial Benefits and Cost Savings

- The service has to date issued 2,288 fit notes (on average 4 per client) preventing the associated appointments and workload for GPs. It is estimated that this is equivalent to savings of £70,928 (based on 10 minutes total GP time per fit note - Unit costs of health and social care (Personal Social Services Research Unit Univ. of Kent 2011)
- As 60% of client referrals relate to mental health, a similar saving to that of IAPT could be expected, i.e. 3.2 fewer GP consultations, 1.5 fewer inpatient bed nights, 0.7 less outpatient procedures
- DWP estimated individual healthcare cost savings of around £1,200 and benefits savings of £8,500 per annum per person who returns to work. (DWP2011)
- Using Long Term Sickness Absence and Incapacity for Work Costing Report, NICE Guidance 2009 Estimates that Leicestershire has 4,953 long term sickness absence per year, with sick day costs of £9,693,732, taking away the cost of FFWS support provides a net saving of £6,549,005 (

Summary

Using Public Health Data and intelligence
and

Making the case in the funders language
is

Fundamental to delivering the aims of
your organisations and your clients
and

Demonstrating our value and impact