APPG on Primary Headache Disorders

Primary Headache Disorders and Work

4pm Tuesday 6th December 2016, Committee Room 21, House of Commons
Improving Lives: the Work, Health and Disability Green Paper
What will it take to transform the employment prospects of disabled people and people with long-term health conditions?

The disability employment gap is too wide

- 80% (Non-disabled)
- 48% (Disabled)

32 percentage points
The case for action

Evidence shows that appropriate work is good for our health

- Good work
- Worklessness
- Good health
- Poor health

Disability-free life expectancy at birth also varies across England

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<tr>
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<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>Expectancy</td>
<td>72 years</td>
<td>72 years</td>
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<tr>
<td>Age</td>
<td>55 years</td>
<td>53 years</td>
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Access to timely treatment varies across areas

- Average waiting times for mental health treatment can differ as much as 12 weeks across England and some evidence suggests treatment for musculoskeletal conditions can differ as much as 23 weeks.

Ill-health among working age people costs the economy

- £100 billion
- and sickness absence costs employers £9bn a year.

Reducing long term sickness absence is a priority

- Employees on average have a long-term sickness absence of four weeks or more in a year

Only around 3 in 100 of all Employment and Support Allowance claimants leave the benefit each month.

Disability has been rising

- Over 400,000 increase in the number of working age disabled people in the UK since 2013 taking the total to more than 7m

Compared to non-disabled people, disabled people are less likely to enter employment so preventing them from leaving work is important

- Between two quarters as many as 150,000 disabled people leave employment.

- 8% of employers report they have recruited a person with a disability or long term health condition over a year.
Building a shared vision

Our Vision
A society where everyone is ambitious for disabled people and people with long-term health conditions, and where people understand and act positively upon the important relationship between health, work and disability...

So that...

When an individual...

- Is unable to work, they should find
- Is out of work due to their health or disability, they should encounter
- Turns to the health service, they should find
- Is at risk of long-term sickness absence or falling out of work due to their health or disability, they should encounter

Opportunities to secure a good job and progress
- Looks for a job that makes the best use of their talents, they should find
- Is in work, they should have

Inclusive employers and job creation will provide
- Jobs that actively support and nurture health and well-being
- Early action as needed to stay in or return to work

A more effective employment support system will provide
- Access to rapid financial support when needed

A more effective health service will provide
- The right employment support to secure work or get closer to the labour market
- Healthcare professionals who support people in their employment aspirations, and health services that provide help at the right time and coordinate effectively with employment support
<table>
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<th>Key consultation themes</th>
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<tr>
<td><strong>How big a role can we expect employers to play?</strong></td>
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<td><strong>How can work coaches provide better support for disabled people and people with health conditions?</strong></td>
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<td><strong>How can we improve a welfare system that leaves people in the Support Group without any regular access to employment support?</strong></td>
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<td><strong>How can we promote mental and physical health and ensure that people have timely access to the health and employment support?</strong></td>
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<td><strong>How can we develop better occupational health support right across the health and work journey?</strong></td>
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<td><strong>What will it take to reinforce work as a health outcome in commissioning decisions and clinical practice?</strong></td>
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<td><strong>How can we ensure good quality conversations about health and work, and improve how fit notes work?</strong></td>
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<td><strong>How can we best encourage, harness and spread innovation?</strong></td>
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<td><strong>How can we build a culture of high hopes and expectations for what disabled people and people with long-term health conditions can achieve?</strong></td>
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Building a movement for change: taking action together

- Achieving real and lasting change will be challenging and Government cannot act alone

The Government has announced:
- Intention to **work with others to change perceptions** and transform the culture around disability, health and work
- **Launch of public consultation** to spark a proactive, wide-ranging and challenging conversation

The Green Paper consulting on:
- How to bring about a **shift in society’s attitudes** to make progress and achieve long-lasting change
- What the **role of government is in bringing about positive change to our attitudes** to disabled people and people with long-term health conditions
Supporting people into work

- We want people with health conditions and disabilities to have the same opportunity to benefit from the positive impacts that work can have, including on their health and well-being as everyone else. This requires a system that is tailored to the individual’s needs and circumstances, focussing on what they can do instead of what they cannot.

Universal Credit provides some of the answers - revolutionising the welfare system by making work pay and transforming lives across the country through personalised support, with those on UC moving into work significantly faster and staying in work longer than under the old system, but we want to do more.

The Government has announced:

- A new Personal Support Package
  - wide-ranging tailored support delivered to claimants through Jobcentre work coaches which includes targeted help for those with limited capability for work
  - Range of new support including the Work and Health Programme, Peer Support Job Clubs, work experience places, a new work and health conversation in ESA and increased funding for Access to Work Mental Health Support Services
- Qualitative and quantitative research, alongside a larger trial, to build evidence for how to help people in the ESA Support Group and UC equivalent

The Green Paper is consulting on:

- How to build work coach capability
- How to better manage transitions from education to employment
- introducing a keep in touch discussion for people in the ESA Support Group & UC equivalent
Assessments for benefits for people with health conditions

- The Government is committed to assessing people with health conditions and disabilities fairly and accurately which is why we keep our processes under review.
- The Work Capability Assessment process does not lead to individualised support – instead it places people in fixed categories meaning over half of all ESA claimants do not receive employment support.
- The welfare system should be simpler and more user-friendly, particularly for those with most severe health conditions.

We have announced:
- switching off re-assessments for those with the most serious health conditions and disabilities currently working with stakeholders to develop the criteria.

We are consulting on:
- Reform of the Work Capability Assessment, including separating decisions on financial support and employment support.
- Further improvements to simplify the assessment process for ESA & UC claimants who satisfy the criteria for switching off reassessments.
- How we can share information and assessment evidence more effectively across welfare and health systems.
Supporting employers to recruit with confidence and create healthy workplaces

- Fewer than 5 in 10 disabled people are in employment – we need to increase the number of disabled people recruited
- Disabled people and people with long-term health conditions should be able to reach their full potential in work
- When people do fall sick, employers might not provide the right support to help them stay in work
- Employers do not invest enough in preventative and wellbeing measures for their employees

The Government has announced:

- A Disability Confident Business Leaders Group to increase engagement around disabled employment, starting with FTSE 250 companies
- Intention to lead by example in getting the ‘public sector house’ in order
- Plans to build the business case on why health and disability in the workplace is worth investing in

The Green Paper consults on:

- The barriers preventing employers from recruiting and retaining disabled people and people with health conditions
- Which measures would best support employers to recruit and retain disabled people and people with health conditions
- Statutory Sick Pay reform to promote phased returns to work
- How best to encourage better provision and take-up of Group Income Protection insurance
- How to establish supportive networks between employers, employees and charities around health and work
Supporting employment through health and high quality care for all

- Access to care and treatment can be poor – especially for mental health and MSK services
- Evidence that work can bring health and wellbeing benefits is widely recognised, but not fully reflected within health services
- Fragmented system leads to a disjointed experience – few incentives for integration between health / social care and employment
- Occupational Health services are currently varied and fragmented – they are not easily accessible for all or well tailored to needs of individuals

The Government has announced:

- Work with Health Education England and others to embed benefits of the right work in training and approach of health and social care workforce
- More than double the number of Employment Advisors in talking therapies services
- Trials to test whether health-led services and support are effective in getting disabled people and those with long-term conditions back into work
- Intention to train healthcare professionals to ensure work is a health outcome
- Intention to increase capacity of Occupational Health workforce
- Fit Note Review

The Green Paper consults on:

- How to transform occupational health landscape to meet full spectrum of need
- How best to bring together evidence in one place for commissions / local delivery partners
- Improved sharing of health and employment data, innovation, co-location and local networks, all to support local service integration
- How best to encourage health care professionals and commissioners to promote work as a health outcome
Consultation

- 31st October 2016 – 17th February 2017

Ways to get involved

Citizen Space online survey
Simple and accessible way to respond to all consultation questions
https://consultations.dh.gov.uk/workandhealth/consult/

Face-to-face consultation events
• Led by stakeholders

Tweet using #workandhealth

Contact the Work and Health Unit
• Email workandhealth@dwp.gsi.gov.uk
Long-term conditions and work

All-Party Parliamentary Group on Primary Headache Disorders AGM & Briefing Meeting
Primary Headache Disorders and Work

6th December 2016
Karen Steadman – Health, Work and Wellbeing Lead
Why is work important for health?

“If a man has done much he is more contented after his labours than if he had done nothing whatever; for by work he has set his powers in motion.” (Kant, 18th C)

“Work is good – and unemployment bad – for physical and mental health... but the quality of work matters. Getting people off benefits and into low paid, insecure and health-damaging work is not a desirable option.” (Marmot, 21st C)
Work as a social determinant of health
Health and Work
Health of the working age* population

General
1 in 3 of the working age population in England report having at least one long-term health condition.
1 in 7 of the working age population in England report having more than one long-term condition.
Over half of people with a long term condition say their health is a barrier to the type or amount of work they can do, rising to over 80% when someone has three or more conditions.

Socio-economic factors
Long-term conditions and limiting long-term conditions are more prevalent in older people:
- 15% 16 to 24
- 21% 25 to 44
- 42% 45 to 64
- 57% 65 to 74
- 69% 75 and over

Long-term conditions are associated with social class and type of occupation. People in the poorest communities have a 60 per cent higher prevalence of long-term conditions than those in the richest.

Employees from unskilled occupations (52%) experience long-term conditions more than groups from professional occupations (33%).

Future
In the coming years the workforce is projected to get older:
- 39 in 2016
- 43 in 2030
Average age

By 2030 40% of the working age population will have a long term condition.


* Working age population: individuals aged 16 to 64
LTCs in the UK working age population - 2030

- Cancer: 800k
- Diabetes: 1.3m
- Mental Illness: 7m
- MSDs: 7m
- COPD: 1.6m
- Asthma: 2.6m
- CHD: 1m
- Stroke: 367k

Comorbidity

N=21.6m  Source: Vaughan-Jones & Barham, 2009

Migraine affects 1 in 7 people = < 3 million...
Pain affects work - comorbidities

- Fatigue or symptoms that affect stamina or breathing: 32.5%
- Poor psychological health e.g. moods or anxiety: 24.3%
- Difficulty with concentrating, making decisions, completing tasks: 22.9%
- Difficulty with learning and understanding: 7.2%
- Difficulty with dexterity (lifting and carrying objects): 24.3%
- Difficulty with mobility: 26%
- Difficulty with vision/hearing: 16.2%
- Pain/Discomfort: 45.6%

Percentage of respondents %
<table>
<thead>
<tr>
<th>Fluctuating conditions: a major challenge</th>
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<tbody>
<tr>
<td>Individual</td>
</tr>
<tr>
<td>Non-linear</td>
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<tr>
<td>Managed not cured</td>
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</tbody>
</table>
Affect of symptoms on ability to work

Fatigue or symptoms that affect stamina or breathing
- Great extent: 11.4%
- Some extent: 69%
- Not at all: 19.6%

Poor psychological health e.g. moods or anxiety
- Great extent: 13.4%
- Some extent: 66.4%
- Not at all: 20.2%

Difficulty with concentrating, making decisions, completing tasks
- Great extent: 11.6%
- Some extent: 76.8%
- Not at all: 11.6%

Difficulty with learning and understanding
- Great extent: 14.3%
- Some extent: 65.7%
- Not at all: 20%

Difficulty with dexterity (lifting and carrying objects)
- Great extent: 23.5%
- Some extent: 61.3%
- Not at all: 15.2%

Difficulty with mobility
- Great extent: 22%
- Some extent: 60.6%
- Not at all: 17.4%

Difficulty with vision/hearing
- Great extent: 5.1%
- Some extent: 70.9%
- Not at all: 24%

Pain/Discomfort
- Great extent: 18.4%
- Some extent: 70.4%
- Not at all: 11.2%
Frequency of symptoms

- Fatigue or symptoms that affect stamina or breathing: 20.5% all of the time, 38.6% some of the time, 40.9% just occasionally.
- Poor psychological health e.g. moods and anxiety: 12.6% all of the time, 40% some of the time, 47.4% just occasionally.
- Difficulty with concentrating, making decisions, completing tasks: 15.2% all of the time, 42.4% some of the time, 42.4% just occasionally.
- Difficulty with learning and understanding: 17.9% all of the time, 42.9% some of the time, 39.2% just occasionally.
- Difficulty with dexterity (lifting and carrying objects): 35.6% all of the time, 38.6% some of the time, 25.8% just occasionally.
- Difficulty with mobility: 40% all of the time, 38.1% some of the time, 21.9% just occasionally.
- Difficulty with vision/hearing: 25.5% all of the time, 38.2% some of the time, 36.3% just occasionally.
- Pain/Discomfort: 24.3% all of the time, 50.3% some of the time, 25.4% just occasionally.
Areas for change

• Access to specialist health support: how can we improve across spectrum?
  • OH, HR, fit for work, fit notes
  • shared decision making – employee, employer, Dr...
• Identify challenges for employers: how can we help & encourage employers to fulfil their obligation – strategically & individually?
  • Flexibility for line managers, training, resources, inc. AtW
Thank you

ksteadman@theworkfoundation.com
www.twitter.com/WorkFoundation
www.youtube.com/user/Theworkfoundation
www.linkedin.com/company/the-work-foundation
Migraine and Employment

Hannah Verghese
Advocacy, Policy and Campaigns Manager
What is the cost?

• Migraine/chronic headache was found to be the second most frequently identified cause of short-term absence (47%) for non-manual employees. (CBI survey 2011)

• Absenteeism from migraine alone costs £2.25 billion per year in the UK, calculated on the basis of 25 million lost days. (Steiner et al. 2003)

• Is this the full picture?
Visits GP and is signed off work for 5 weeks
Manager remains in contact throughout
At 4 weeks Occupational Health referral is triggered
At 5 weeks GP issues Fit Note recommending phased return to work with support
Employee Returns to work: 1 episode of sickness absence is recorded

Unable to attend work for 2 days
Informs Manager in line with policy
GP appointment not necessary/possible
Employee is asked to self certify on return
Employee returns to work: 1 episode of sickness absence is recorded
Lets get it right!


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Facebook: The Migraine Trust
Twitter: @MigraineTrust