

Adolygiad y Fonesig Carol Black o iechyd y
boblogaeth oed gweithio ym Mhrydain

Dame Carol Black's review of the health of Britain's working age population

Gweithio i sicrhau dyfodol iachach

Working for a healthier tomorrow

Crynodeb gweithredol • Executive summary

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Rhagair

Pwnc yr Adolygiad hwn yw iechyd pobl o oedran gweithio, unigolion y mae eu hiechyd yn effeithio ar lawer mwy na'u hunain – mae'n cyffwrdd eu teuluoedd a'u plant, eu gweithleoedd a'u cymunedau ehangach. Mae costau economaidd salwch a'i effaith ar waith yn fesuradwy ac fe'u nodir am y tro cyntaf yn yr Adolygiad hwn; ond yn aml nid yw'r costau dynol yn amlwg a chânt eu goddef yn breifat.

I'r rhan fwyaf o bobl, mae eu gwaith yn benderfynydd allweddol o hunanwerth, parch tuag at deulu, hunaniaeth â safle yn y gymuned, yn ogystal â chynnydd materol a chyfranogiad a chyflawniad cymdeithasol wrth gwrs.

Mae sawl ffactor yn dylanwadu ar iechyd a lles, er mai dim ond i'r rheini sy'n eu profi y mae llawer ohonynt yn gyfarwydd. Mae unigolion hefyd yn dod â'u dyheadau, eu beichiau, eu sgiliau a'u hofnau i'r gwaith. Felly, yn ei dro, gall yr amgylchedd gwaith ei hun ddylanwadu'n sylweddol ar eu lles.

Yr hyn sy'n sail i'r Adolygiad hwn yw cydnabyddiaeth o gostau dynol, cymdeithasol ac economaidd ar iechyd a lles gwaeth mewn perthynas â bywyd gwaith ym Mhrydain, ac ymdrech i wella hyn. Nid cynnig ateb delfrydol ar gyfer sicrhau iechyd gwell yn ystod bywyd gwaith yw nod yr Adolygiad. Yn hytrach, ei nod yw nodi'r ffactorau sy'n rhwystro iechyd da a mynnu cael ymyriadau, yn cynnwys newid mewn agweddau, ymddygiad ac arferion – yn ogystal â gwasanaethau – a all helpu i'w goresgyn.

Hyd yma, mae iechyd galwedigaethol wedi'i gyfyngu i helpu pobl sydd mewn cyflogaeth yn bennaf. Ond mae angen mynd llawer pellach er mwyn cynorthwyo iechyd pobl o oedran gweithio heddiw. Mae'n hanfodol o hyd ein bod yn gwella iechyd yn y gwaith ac yn galluogi gweithwyr sydd â phroblemau iechyd i aros yn y gwaith, ond mae'n rhaid i iechyd galwedigaethol hefyd ymwneud â helpu pobl nad ydynt wedi dod o hyd i waith eto, neu sydd wedi colli eu gwaith, i gael gwaith neu i ddychwelyd i waith.



Foreword

The subject of this Review is the health of people of working age, individuals whose health has consequences often far beyond themselves – touching their families and children, workplaces and wider communities. The economic costs of ill-health and its impact on work are measurable and set out for the first time in this Review; but the human costs are often hidden and privately borne.

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

A myriad of factors influence health and well-being, though many are familiar only to those who experience them. Individuals also bear their aspirations, burdens, skills and vulnerabilities to work. So, in turn, the working environment itself can be a major influence on their well-being.

At the heart of this Review is a recognition of, and a concern to remedy, the human, social and economic costs of impaired health and well-being in relation to working life in Britain. The aim of the Review is not to offer a utopian solution for improved health in working life. Rather it is to identify the factors that stand in the way of good health and to elicit interventions, including changes in attitudes, behaviours and practices – as well as services – that can help overcome them.

To date, occupational health has been largely restricted to helping those in employment. But supporting working age health today requires us to reach much further. It remains critically important to improve health at work and to enable workers with health problems to stay at work, but occupational health must also become concerned with helping people who have not yet found work, or have become workless, to enter or return to work.

My recommendations point to an expanded role for occupational health and its place within a broader collaborative and multidisciplinary service. Ultimately I believe such a service should be available to all, whether they are entering work, seeking to stay in work, or trying to return to work without delay in the wake of illness or injury.

Mae fy argymhellion yn awgrymu swyddogaeth ehangach i iechyd galwedigaethol a'i le o fewn gwasanaeth cydweithredol ac amlddisgyblaethol ehangach. Yn y pen draw, credaf y dylai gwasanaeth o'r fath fod ar gael i bawb, p'un a ydynt yn cael gwaith, yn ceisio cadw eu gwaith, neu'n ceisio dychwelyd i waith heb oedi yn dilyn salwch neu anaf.

Drwy'r Adolygiad hwn ceir cred gadarn na ddylem leihau'r materion sy'n ymwneud ag iechyd a gwaith i fod yn broblemau sy'n ymwneud â meddyginiaeth ac ymarfer meddygol, er eu bod yn angenrheidiol er mwyn datrys y broblem. Fel clinigwr, caf fy atgoffa yn barhaus am effaith ffactorau cymdeithasol ac amgylcheddol ar iechyd a phan ellir adfer iechyd da orau drwy ddarparu gofal iechyd, bod angen i'r ddarpariaeth honno fod yn sensitif i amgylchiadau'r claf yn y cartref, yn y gwaith ac mewn cymdeithas.

Rwyf yn ddiolchgar am y 260 o ymatebion a gefais i'm Galwad am Dystiolaeth ac i bawb a gynorthwyodd y digwyddiadau trafod a gynhaliwyd ledled Prydain ddiwedd y llynedd. Nodir y dystiolaeth a ddarparwyd ganddynt yn y ddogfen ategol *Crynodeb o Dystiolaeth a gyflwynwyd*. Wedi'i ddwyn ynghyd, mae'n cyflwyno achos clir a chymhellol. Yn fyr, ni all pethau barhau fel y maent.

Gobeithio y bydd yr Adolygiad hwn yn gosod y sylfeini ar gyfer cyflawni diwygiad cynhwysfawr ar unwaith. Ond mae negeseuon anodd a heriol i bawb yma – p'un a ydynt yn wleidyddion, gweithwyr proffesiynol ym maes gofal iechyd, cyflogwyr, undebau llafur neu hyd yn oed yr unigolion eu hunain. Mae gan bob un ohonynt gyfrifoldeb a rennir tuag at iechyd y boblogaeth o oedran gweithio ym Mhrydain. Mae'n rhaid i bob un ohonynt chwarae eu rhan mewn ymateb a rennir i'r heriau a nodir yn yr Adolygiad hwn.

Mae'n rhaid i ni weithredu nawr er mwyn adeiladu ar y consensws sy'n dod i'r amlwg ynghylch dull newydd o weithredu ar gyfer iechyd a gwaith ym Mhrydain. Ni allwn sicrhau iechyd ein pobl yn y dyfodol heb hyn.

Y Fonesig Carol Black

Running through the Review is a firm belief that we must not reduce the issues around health and work to problems of medicine and medical practice, necessary though they are to the solution. As a clinician, I am continually reminded of the impact of social and environmental factors on health and that when good health can best be restored by the provision of healthcare, the delivery of that healthcare needs to be sensitive to the patient's circumstances in the home, at work and in society.

I am grateful for over 260 responses to my Call for Evidence and to all those who supported the discussion events held across Britain at the end of last year. The evidence they have provided is detailed in the accompanying *Summary of Evidence submitted*. Taken together it provides a clear and compelling case. In short, we cannot go on as we are.

I hope this Review will lay the foundations for urgent and comprehensive reform. But there are difficult and challenging messages for everyone here – whether politicians, healthcare professionals, employers, trades unions or even individuals themselves. All have a shared responsibility for the health of Britain's working age population. All must play their part in a shared response to the challenges set out in this Review.

We must act now to build on the emerging consensus around a new approach to health and work in Britain. We will not be able to secure the future health of our nation without it.

Dame Carol Black



Crynodeb gweithredol

Crynodeb gweithredol

Pennod 1 – Cyflwyniad

Mae disgwyliad oes a nifer y bobl sy'n gweithio yn uwch nag erioed o'r blaen, ond er hyn, collwyd tua 175 miliwn o ddiwrnodau gwaith oherwydd salwch yn 2006. Mae hyn yn gostus iawn o ran allgáu cymdeithasol yn ogystal â chost economaidd.

Awgryma tystiolaeth ddiweddar y gall gwaith fod yn dda i iechyd, gan wrthwneud effeithiau niweidiol diweithdra hirdymor a chyfnodau hir o absenoldeb oherwydd salwch. Eto, mae llawer o'r dull presennol o drin pobl o oedran gweithio, yn cynnwys y broses ardystio salwch, yn adlewyrchu tybiaeth nad yw salwch yn cyd-fynd â bod mewn gwaith.

Mae teuluoedd lle na cheir aelod sy'n gweithio yn fwy tebygol o ddioddef incwm isel a thlodi parhaus. Ceir tystiolaeth hefyd bod cydberthynas rhwng incwm is gan rieni ac iechyd gwael ymysg plant.

Mae gwella iechyd y boblogaeth o oedran gweithio yn hanfodol bwysig i bawb, er mwyn sicrhau twf economaidd uwch a gwell cyfiawnder cymdeithasol.

Mae'r Adolygiad hwn wedi ceisio gosod y seiliau ar gyfer consensws eang ynghylch gweledigaeth newydd ar gyfer iechyd a gwaith ym Mhrydain. Mae tri phrif amcan wrth wraidd y weledigaeth hon:

- atal salwch a hybu iechyd a lles;
- ymyriadau cynnar ar gyfer y rheini sy'n datblygu cyflwr iechyd; a
- gwelliant yn iechyd y rheini sydd allan o waith – fel bod pawb sydd â'r potensial i weithio yn cael y cymorth sydd ei angen arnynt i wneud hynny.

Bydd penodau olynol yr adroddiad hwn yn nodi cynigion ar gyfer cyflawni'r amcanion hyn. Ond i ddechrau, mae'n hanfodol ein bod yn deall y gellir mesur iechyd y boblogaeth o oedran gweithio a phennu llinell sylfaen.



Executive summary

Executive summary

Chapter 1 – Introduction

Life expectancy and numbers in employment are higher than ever before, yet around 175 million working days were lost to illness in 2006. This represents a significant cost, not only economically, but also in terms of social exclusion.

Recent evidence suggests that work can be good for health, reversing the harmful effects of long-term unemployment and prolonged sickness absence. Yet much of the current approach to the treatment of people of working age, including the sickness certification process, reflects an assumption that illness is incompatible with being in work.

Families without a working member are more likely to suffer persistent low income and poverty. There is also evidence of a correlation between lower parental income and poor health in children.

Improving the health of the working age population is critically important for everyone, in order to secure both higher economic growth and increased social justice.

This Review has sought to establish the foundations for a broad consensus around a new vision for health and work in Britain. At the heart of this vision are three principal objectives:

- prevention of illness and promotion of health and well-being;
- early intervention for those who develop a health condition; and
- an improvement in the health of those out of work – so that everyone with the potential to work has the support they need to do so.

Successive chapters of this report will set out proposals for realising these objectives. First, however, it is essential to understand how the health of the working age population can be measured and to establish a baseline.

Pennod 2 – Iechyd y boblogaeth o oedran gweithio

Mae'r Adolygiad hwn yn nodi'r llinell sylfaen gyntaf erioed ar gyfer iechyd y boblogaeth o oedran gweithio ym Mhrydain. Mae'n dangos ein bod yn byw'n hirach, ond ni cheir gwelliant tebyg o ran statws iechyd hunangofnodedig.

Mae cyfraddau cyflogaeth ym Mhrydain yn uchel o gymharu â'r rhan fwyaf o wledydd eraill. Mae cyfradd cyflogaeth y rheini sydd â chyflwr iechyd yn codi, ond mae tua 7% yn dal i fod ar fudd-daliadau analluogrwydd ac mae 3% ychwanegol i ffwrdd o'r gwaith yn sâl ar unrhyw adeg benodol. Gall salwch hefyd amharu ar gynhyrchiant economaidd hyd yn oed os nad yw'n arwain at absenoldeb uniongyrchol.

Mae cyfraddau ysmegu wedi gostwng dros y degawdau diwethaf, ond maent yn 22% o hyd. Mae lefelau gordewdra yn codi'n ddramatig ac, os bydd y tueddiadau presennol yn parhau, bydd tua 90% o ddynion a 80% o ferched dros eu pwysau neu'n ordev erbyn 2050.

Mae cysylltiad uniongyrchol rhwng llawer o glefydau cyffredin a ffactorau sy'n gysylltiedig â ffordd o fyw, ond yn gyffredinol, nid rhain yw'r cyflyrau sy'n cadw pobl i ffwrdd o'r gwaith. Yn hytrach, problemau iechyd meddwl cyffredin ac anhwylderau cyhyrsgerbydol yw prif achosion absenoldebau oherwydd salwch a diweithdra oherwydd salwch. Caiff hyn ei gymhlethu drwy ddiffyg diagnosis ac ymyriad priodol ac amserol.

Amcangyfrifir bod y gost i'r trethdalwr – costau budd-daliadau, costau iechyd ychwanegol a threthi nas talwyd – dros £60 biliwn.

Amcangyfrifir bod costau economaidd blynyddol absenoldebau a diweithdra oherwydd salwch ymysg pobl o oedran gweithio dros £100 biliwn. Mae hyn yn fwy na'r gyllideb flynyddol gyfredol ar gyfer y GIG ac mae'n gyfwerth â holl CMC Portiwgal.

Felly, ceir achos cryf dros weithredu'n bendant er mwyn gwella iechyd a lles y boblogaeth o oedran gweithio – i helpu i sicrhau ymddeoliad iach a gweithgar, i hyrwyddo cynhwysiant cymdeithasol ac i sicrhau bod unigolion, cyflogwyr a'r wlad yn gyffredinol yn ffynnu.

Chapter 2 – The health of the working age population

This Review sets out the first ever baseline for the health of Britain's working age population. It shows that we are living longer, but that this is not accompanied by a similar improvement in self-reported health status.

Employment rates in Britain are high relative to most other countries. The employment rate of those with a health condition is increasing, but around 7% are still on incapacity benefits and an additional 3% are off work sick at any one time. Ill-health can also impair economic productivity even if it does not lead to immediate absence.

Smoking rates have fallen over recent decades, but are still at 22%. Levels of obesity are increasing dramatically and, if current trends continue, around 90% of men and 80% of women will be overweight or obese by 2050.

Many common diseases are directly linked to lifestyle factors, but these are generally not the conditions that keep people out of work. Instead, common mental health problems and musculoskeletal disorders are the major causes of sickness absence and worklessness due to ill-health. This is compounded by a lack of appropriate and timely diagnosis and intervention.

The costs to the taxpayer – benefit costs, additional health costs and forgone taxes – are estimated to be over £60 billion.

The annual economic costs of sickness absence and worklessness associated with working age ill-health are estimated to be over £100 billion. This is greater than the current annual budget for the NHS and equivalent to the entire GDP of Portugal.

There is, therefore, a compelling case to act decisively in order to improve the health and well-being of the working age population – to help ensure a healthy, active retirement, to promote social inclusion and to deliver prosperity to individuals, employers and the nation as a whole.

Pennod 3 – Rôl y gweithle o ran iechyd a lles

Mae angen newid mewn agweddau er mwyn sicrhau bod cyflogwyr a chyflogeion yn cydnabod y rhan allweddol y gall y gweithle ei chwarae wrth hybu iechyd a lles yn ogystal â phwysigrwydd atal salwch.

Gwnaed cynnydd ardderchog o ran gwella iechyd a diogelwch yn y gwaith. Bellach mae angen dull newydd o weithredu o ran iechyd a lles yn y gwaith. Nododd ymatebion i'r Alwad am Dystiolaeth fod llawer o gyflogwyr yn buddsoddi mewn mentrau yn y gweithle i hybu iechyd a lles, ond bod ansicrwydd o hyd ynghylch yr achos busnes ar gyfer buddsoddiadau o'r fath. Fodd bynnag, canfu ymchwil a gomisiynwyd yn arbennig ar gyfer yr Adolygiad hwn dystiolaeth sylweddol bod rhaglenni iechyd a lles yn cyflawni buddiannau economaidd ar draws pob sector ac i fusnesau o bob maint: sef bod iechyd da yn fusnes da.

Byddai model cadarn ar gyfer mesur a chofnodi buddiannau buddsoddiadau gan gyflogwyr i iechyd a lles yn gwella dealltwriaeth cyflogwyr o'r achos busnes dros fuddsoddi. Gallai ymarferwyr diogelwch ac iechyd chwarae rhan ehangach wrth hyrwyddo'r buddiannau hyn, ynghyd â chynrychiolwyr diogelwch undebau llafur lle bynnag y bont yn bresennol. Byddai gwasanaeth ymgynghori ar iechyd a lles a arweinir gan fusnes yn cynnig cyngor a chymorth wedi'i deilwra yn ogystal â chynnig cymorth iechyd galwedigaethol, sy'n arbennig o bwysig i sefydliadau llai nad ydynt yn dueddol o allu fforddio costau darpariaeth y gall sefydliadau mwy fanteisio arni.

Yn olaf, nid mater meddygol yn unig yw iechyd a lles. Mae natur a nodweddion y swyddi sydd gan gyflogeion yn hollbwysig o ran boddhad, gwobrwyo a rheolaeth. Mae rôl y rheolwr llinell hefyd yn allweddol. Gall rheolaeth llinell dda arwain at iechyd, lles a gwell perfformiad. Mae gan reolwyr llinell hefyd rôl yn nodi a chynorthwyo pobl sydd â chyflyrau iechyd i'w helpu i barhau â'u cyfrifoldebau, neu i addasu cyfrifoldebau pan fydd angen.

Chapter 3 – The role of the workplace in health and well-being

A shift in attitudes is necessary to ensure that employers and employees recognise not only the importance of preventing ill-health, but also the key role the workplace can play in promoting health and well-being.

Great progress has been made in improving health and safety at work. A new approach to health and well-being at work is now needed. Responses to the Call for Evidence indicated that many employers were investing in workplace initiatives to promote health and well-being, but that there was still uncertainty about the business case for such investments. Research specially commissioned for this Review, however, found considerable evidence that health and well-being programmes produced economic benefits across all sectors and all sizes of business: in other words, that good health is good business.

A robust model for measuring and reporting on the benefits of employer investments in health and well-being would improve employers' understanding of the business case for investment. Safety and health practitioners could play a more expanded role in promoting these benefits, as could trades union safety representatives wherever present. A business-led health and well-being consultancy service would offer tailored advice and support as well as access to occupational health support, especially important for smaller organisations which tend not to be able to afford the costs of provision enjoyed by larger organisations.

Finally, health and well-being is not just a medical issue. The nature and characteristics of the jobs that employees do are vitally important in terms of satisfaction, reward, and control. The role of the line manager is also key. Good line management can lead to good health, well-being and improved performance. Line managers also have a role in identifying and supporting people with health conditions to help them to carry on with their responsibilities, or adjust responsibilities where necessary.

Pennod 4 – Newid canfyddiadau ynghylch addasrwydd i weithio

Bydd angen ategu unrhyw welliant mewn cymorth sy'n gysylltiedig â gwaith ar gyfer y rheini sy'n datblygu cyflyrau iechyd â newid sylfaenol yn y canfyddiad cyffredinol ynghylch addasrwydd i weithio; sef, nad yw'n briodol bod yn y gwaith oni bai eich bod yn gwbl holltiedig a bod mynd i'r gwaith yn atal adferiad fel arfer.

Gall cyflogwyr wneud llawer i hwyluso'r adeg pan fydd cyflogai yn dychwelyd yn gynnar o absenoldeb oherwydd salwch. Gall cael cysylltiad cynnar, rheolaidd a sensitif gyda chyflogaion yn ystod cyfnodau o absenoldeb oherwydd salwch fod yn ffactor allweddol i'w galluogi i dychwelyd yn gynnar. Er hyn nid oes gan gymaint â 40% o sefydliadau unrhyw bolisi rheoli absenoldeb oherwydd salwch.

Bydd mynd i'r afael â'r stigma sy'n gysylltiedig â salwch ac anabledd yn allweddol er mwyn galluogi mwy o bobl sydd â chyflyrau iechyd i ganfod gwaith a'i gadw. Mae hyn yn arbennig o wir i'r rheini sydd â salwch meddwl, gan fod llawer o sefydliadau yn aml yn methu â chydabod gwerth llawn y cyfraniad y gallant ei wneud.

Er mwyn newid canfyddiadau bydd angen cynnwys y cyhoedd fwy o ran buddiannau gwaith ar gyfer iechyd, codi disgwyliadau o'r hyn sy'n gwneud swydd dda a'r cymorth y dylai pobl sydd â chyflyrau iechyd ei ddisgwyl i'w galluogi i gadw neu i dychwelyd i'r gwaith.

Mae diffyg dealltwriaeth ynghylch y gydberthynas rhwng gwaith ac iechyd claf, a'r ffaith nad yw'r dystiolaeth hon yn cael ei defnyddio mewn hyfforddiant proffesiynol, wedi golygu er gwaethaf y bwriadau gorau, y gall y cyngor sy'n canolbwyntio ar waith y mae gweithwyr proffesiynol ym maes gofal iechyd yn ei roi i'w cleifion fod yn or-ofalus ac efallai na fydd er lles gorau'r claf yn yr hirdymor.

Mae Datganiad Consensus arloesol a lofnodwyd gan arweinyddwyr y gweithwyr proffesiynol ym maes gofal iechyd yn cynrychioli ymrwymiad dwfn i hyrwyddo'r cysylltiad rhwng gwaith da ac iechyd da. Mae'n rhaid datblygu hyn gyda mwy o gymorth ar gyfer gweithwyr proffesiynol ym maes gofal iechyd wrth roi cyngor addasrwydd i weithio.

Byddai disodli'r nodyn salwch papur gyda nodyn addasrwydd electronig yn ategu hyn, gan newid y ffocws i'r hyn y gall pobl ei wneud yn hytrach na'r hyn na allant ei wneud, a gwella cysylltiadau rhwng cyflogwyr a meddygon teulu o bosibl.

Chapter 4 – Changing perceptions of fitness for work

Any improvement in work-related support for those who develop health conditions will need to be underpinned by a fundamental change in the widespread perception around fitness for work; namely, that it is inappropriate to be at work unless 100% fit and that being at work normally impedes recovery.

Employers have significant scope to facilitate an employee's early return from sickness absence. Early, regular and sensitive contact with employees during sickness absences can be a key factor in enabling an early return. Yet as many as 40% of organisations have no sickness absence management policy at all.

Tackling stigma around ill-health and disability will be key to enabling more people with health conditions find work and stay in work. This is particularly true for those with mental ill-health, as many organisations often fail to recognise the full value of the contribution they can make.

Changing perceptions will also require greater public engagement on the benefits of work for health, raising expectations of what makes a good job and of the support people with health conditions should expect to enable them to remain in or return to work.

A lack of understanding about the relationship between work and a patient's health, and the omission of this evidence from professional training, has meant that despite the best intentions, the work-related advice that healthcare professionals give their patients can be naturally cautious and may not be in the best interests of the patient for the long term.

A ground-breaking Consensus Statement signed by leaders of the healthcare professions represents a profound commitment to promoting the link between good work and good health. This must be built upon with more support for healthcare professionals in providing fitness-for-work advice.

Replacing the paper-based sick note with an electronic fit note would support this, switching the focus to what people can do instead of what they cannot, and potentially improving communications between employers and GPs.

Pennod 5 – Datblygu model newydd ar gyfer ymyriadau cynnar

Mae tystiolaeth sy'n dod i'r amlwg yn awgrymu bod ymyriadau cynnar yn helpu llawer o bobl i atal absenoldeb byrdymor oherwydd salwch rhag datblygu'n absenoldeb hirdymor oherwydd salwch ac i ddiweithdra yn y pen draw. Byddai gwasanaeth *Addas i Weithio* newydd, sy'n seiliedig ar ddull aml-ddisgyblaethol, a reolir fesul achos, yn rhoi triniaeth, cyngor ac arweiniad i bobl yn ystod camau cynnar absenoldeb oherwydd salwch. Gan fod angen help nad yw'n help meddygol ar lawer o bobl, byddai'r rheolwr achos yn y gwasanaeth *Addas i Weithio* yn cyfeirio at ystod eang o wasanaethau nad ydynt yn draddodiadol, a allai gynnwys cyngor a chymorth ar gyfer pryderon cymdeithasol fel materion ariannol a thai yn ogystal â gwasanaethau GIG mwy traddodiadol, fel ffisiotherapi a therapïau siarad.

Gan fod llawer o gyflogwyr hyd yma wedi methu â sicrhau iechyd galwedigaethol digonol, a gan fod y costau cysylltiedig i'r trethdalwr a'r economi mor sylweddol, ceir achos cryf dros gynnwys y GIG wrth ddarparu'r ymyriadau iechyd sy'n gysylltiedig â gwaith hyn. Mae'r dadansoddiad o'r adroddiad hwn yn awgrymu y gallai buddiannau ariannol gwasanaeth *Addas i Weithio* effeithiol fod yn helaeth iawn, yn cynnwys derbynebau treth uwch, cynhyrchiant gwell yn y gweithle, llai o daliadau budd-dal a, thros amser, llai o gostau i'r GIG. Mae'r budd-daliadau hyn yn debygol o orbwysu costau sefydlu a rhedeg y gwasanaethau hyn yn sylweddol.

Dylai treialon o'r gwasanaeth *Addas i Weithio* brofi modelau amrywiol o ddarpariaeth, yn cynnwys amrywiadau o ran amseru ymyriadau a'r cymysgedd o ddarparwyr o'r sectorau cyhoeddus, preifat a gwirfoddol. Dylid gwerthuso treialon o'r fath yn drylwyr wrth gwrs.

Os gwelir eu bod yn effeithiol, dylid cyflwyno gwasanaethau *Addas i Weithio* ar draws Prydain fel bod cymorth iechyd sy'n gysylltiedig â gwaith ar gael i bob cyflogai – yn hytrach na rhai cyflogeion fel sy'n wir ar hyn o bryd.

Chapter 5 – Developing a new model for early intervention

Emerging evidence suggests that for many people, early interventions help to prevent short-term sickness absence from progressing to long-term sickness absence and ultimately worklessness. A proposed new *Fit for Work* service, based on a case-managed, multidisciplinary approach, would provide treatment, advice and guidance for people in the early stages of sickness absence. With many people needing non-medical help, the case manager in the *Fit for Work* service would refer into a non-traditional, wide range of services, which could include advice and support for social concerns such as financial and housing issues as well as more traditional NHS services, such as physiotherapy and talking therapies.

With many employers to date having failed to provide access to adequate occupational health, and the associated costs to the taxpayer and the economy being so substantial, there is a strong case for the NHS being involved in the provision of these work-related health interventions. The analysis of this report suggests that the financial benefits of an effective *Fit for Work* service could be very considerable, including higher tax receipts, better workplace productivity, reduced benefit payments and, over time, reduced costs to the NHS. These benefits are likely to significantly outweigh the costs of setting up and running these services.

Pilots of the *Fit for Work* service should test various models of service delivery, including variations in the timing of interventions and the mix of providers from public, private and voluntary sectors. Such pilots should, of course, be comprehensively evaluated.

If found to be effective, *Fit for Work* services should be rolled out across Britain so that access to work-related health support becomes available to all employees – no longer the preserve of the few.

Pennod 6 – Helpu pobl ddi-waith

Mae nifer uchel y bobl sydd ar fudd-daliadau analluogrwydd yn cynrychioli methiant hanesyddol cymorth gofal iechyd a chyflogaeth i ddiwallu anghenion y boblogaeth o oedran gweithio ym Mhrydain.

Nid y baich achosion presennol yw'r unig broblem. Bob blwyddyn, bydd 600,000 o bobl yn symud ar fudd-daliadau analluogrwydd. Nid yw'r system yn diwallu anghenion y rheini sydd â chyflwr iechyd cyffredin y gallent fod wedi cadw eu swydd a gwneud cynnydd yn y gweithle pe baen wedi cael y cymorth cywir.

Er i tua 55% o'r rheini sy'n dechrau cael budd-daliadau analluogrwydd ddod naill ai o waith neu o gyfnod o absenoldeb o waith oherwydd salwch, roedd 28% pellach yn hawlio Lwfans Ceisio Gwaith neu Gymhorthdal Incwm yn union cyn hawlio budd-daliadau analluogrwydd. Mae hyn yn awgrymu bod pobl yn dechrau cael y budd-daliadau hyn pan fydd ganddynt gyflyrau iechyd nad ydynt wedi cael diagnosis neu gymorth ar eu cyfer, neu eu bod yn datblygu problemau iechyd tra byddant yn cael y budd-daliadau allan o waith hyn.

Pan gaiff modelau priodol ar gyfer y gwasanaeth *Addas i Weithio* eu sefydlu ar gyfer cleifion yn ystod camau cynnar absenoldeb oherwydd salwch, dylid sicrhau bod y gwasanaeth ar gael i'r rheini sydd ar fudd-daliadau analluogrwydd a budd-daliadau allan o waith eraill.

Mae'r gwaith o werthuso treialon Llwybrau at Waith wedi dangos cynnydd o tuag wyth y cant mewn cyfraddau all-lif chwe mis oddi ar fudd-daliadau analluogrwydd o gymharu â chyfartaleddau cenedlaethol. Gyda'r mwyafrif o'r hawlwr wedi'u cofrestru yn yr hirdymor, mae hefyd angen ehangu'r polisi i'w cynnwys er mwyn gwneud gwahaniaeth sylweddol yn nifer y bobl sy'n ddi-waith ar hyn o bryd oherwydd salwch neu anabledd.

Fodd bynnag, er bod Llwybrau at Waith yn llwyddiannus ar y cyfan, dim ond effaith gyfyngedig a gafodd ar y rheini sydd â salwch meddwl fel prif gyflwr iechyd. Ymhellach, mae dros 200,000 o bobl gyda chyflyrau iechyd meddwl yn dechrau cael budd-daliadau analluogrwydd bob blwyddyn, ac nid yw'r ffigur hwn wedi newid dros y degawd diwethaf.

Felly mae'n rhaid i'r Llywodraeth integreiddio'r opsiwn o ddarpariaeth iechyd meddwl arbenigol yn ei rhaglenni cymorth cyflogaeth – nid ar gyfer y rheini sydd ar fudd-daliadau analluogrwydd yn unig – ond hefyd ar gyfer y rheini sy'n ddi-waith, p'un a ydynt yn rhieni unigol, yn geiswyr gwaith neu'n cael Cymhorthdal Incwm.

Yn olaf, gall gwasanaethau adsefydlu ac addasiadau gan gyflogwyr fod yn hanfodol i alluogi rhywun i ddychwelyd i waith a'i gadw, i ddarparu ffynhonnell o wybodaeth i'r claf ar y mathau o waith a allai fod fwyaf addas yn ogystal â mynd i'r afael â'r rhwystrau iechyd penodol sy'n ymwneud â chyflogaeth unigolyn.

Chapter 6 – Helping workless people

The sheer scale of the numbers of people on incapacity benefits represents an historical failure of healthcare and employment support to address the needs of the working age population in Britain.

The problem is not just with the existing caseload. Each year, 600,000 people move onto incapacity benefits. The system is failing those with common health condition, who, with the right support, could instead have maintained their job and progressed in the workplace.

While around 55% of those coming onto incapacity benefits came either from work or a period of sickness absence from work, a further 28% were claiming Jobseeker's Allowance or Income Support immediately prior to claiming incapacity benefits. This suggests that people are joining these benefits with undiagnosed or unsupported health conditions, or that they develop health problems while on these out-of-work benefits.

When appropriate models for the *Fit for Work* service are established for patients in the early stages of sickness absence, access to the service should be open to those on incapacity benefits and other out-of-work benefits.

Evaluation of Pathways to Work pilots has shown an increase of around eight percentage points in six-month off-flow rates from incapacity benefits compared with national averages. With the majority of claimants registered long-term, there is also a need to extend the policy to include them if we are to make significant inroads into the numbers of people currently workless due to ill-health or disability.

However, while successful overall, Pathways to Work has had limited effect for those whose main health condition is a mental illness. Furthermore, over 200,000 people with mental health conditions flow onto incapacity benefits each year, and this figure has not changed over the last decade.

Government must therefore fully integrate the option of specialist mental health provision into its employment support programmes – not just for those on incapacity benefits – but for all those who are workless, whether lone parent, jobseeker or Income Support recipient.

Finally, rehabilitation services and employer adjustments can be critical in enabling someone to return to and stay in work, not just addressing the specific health barriers to an individual's employment, but also providing a source of information for the patient on the types of work which may be most suitable.

Pennod 7 – Datblygu arbenigedd proffesiynol ar gyfer iechyd pobl o oedran gweithio

Mae'r Adolygiad hwn yn nodi dull newydd o gynorthwyo iechyd a lles pob person o oedran gweithio ym Mhrydain. Er mwyn darparu'r newid hwn bydd angen cael gweithlu o weithwyr proffesiynol ym maes iechyd sy'n gallu diwallu anghenion presennol ac anghenion ar gyfer y dyfodol. Ar gyfer hyn mae angen iddynt gael y sgiliau cywir, sylfaen tystiolaeth a strwythurau sefydliadol.

Er mwyn newid y ffordd rydym yn cynorthwyo iechyd pobl o oedran gweithio, mae angen i ni fynd i'r afael â nifer o'r heriau sy'n wynebu'r maes iechyd galwedigaethol ar ei ffurf bresennol. Mae'r rhain yn cynnwys y gwahaniad hanesyddol oddi wrth ofal iechyd prif ffrwd, y ffocws ar y rheini sy'n gweithio yn unig, darpariaeth anghyson, ansawdd anghyson, gweithlu sy'n prinhaus gyda sylfaen academaidd sy'n dirywio a diffyg data o safon.

Er mwyn datblygu dull integredig o weithredu tuag at y maes iechyd i bobl o oedran gweithio mae angen cyflwyno iechyd galwedigaethol i ddarpariaeth gofal iechyd yn y brif ffrwd. Mae'n rhaid i'w ymarferwyr fynd i'r afael â chylch gwaith ehangach a chroesawu dulliau o weithio'n agosach gydag iechyd y cyhoedd, meddygon teulu ac adsefydlu galwedigaethol wrth ddiwallu anghenion pob person o oedran gweithio. Dylid ategu hyn â chynlluniau gweithlu clir, safonau ymarfer clir ac achrediad ffurfiol o bob darparwr.

Mae'n rhaid i ymagwedd o'r fath gynnwys arweinyddiaeth broffesiynol glir gan y cymunedau iechyd ac adsefydlu galwedigaethol er mwyn ehangu eu cylch gwaith a gweithio gyda phartneriaid newydd i gynorthwyo iechyd pob person o oedran gweithio.

Mae'n rhaid iddi gael ei chefnogi gan weithlu sydd wedi'i adfywio sy'n amlinellu'r gwaith o ddatblygu sylfaen academaidd gadarn i ddarparu ymchwil a chymorth mewn perthynas ag iechyd pob person o oedran gweithio. Mae'n rhaid i'r gwaith o gasglu a dadansoddi data yn systematig yn genedlaethol, yn rhanbarthol ac yn lleol fod yn sail i hyn er mwyn llywio'r gwaith o ddatblygu polisïau a chomisiynu gwasanaethau gofal iechyd.

Chapter 7 – Developing professional expertise for working age health

This Review sets out a new approach to supporting the health and well-being of all working age people in Britain. Delivering this change will depend upon having a workforce of health professionals who are equipped to meet current and future needs. For this they need the right skills, evidence base and organisational structures.

If we are to fundamentally change the way we support the health of working age people, then we have to address a number of the challenges which face occupational health as it is currently configured. These include the historical detachment from mainstream healthcare, the focus only on those in work, uneven provision, inconsistent quality, a diminishing workforce with a shrinking academic base and a lack of good-quality data.

Developing an integrated approach to working age health requires occupational health to be brought into the mainstream of healthcare provision. Its practitioners must address a wider remit and embrace closer working with public health, general practice and vocational rehabilitation in meeting the needs of all working age people. This should be underpinned by clear workforce plans, clear standards of practice and formal accreditation of all providers.

Such an approach must include clear professional leadership from the occupational health and vocational rehabilitation communities to expand their remits and work with new partners in supporting the health of all working age people.

It must be supported by a revitalised workforce which encompasses the development of a sound academic base to provide research and support in relation to the health of all working age people. This must be underpinned by the systematic gathering and analysis of data at national, regional and local level to inform the development of policy and commissioning of healthcare services.

Pennod 8 – Y genhedlaeth nesaf

Bydd iechyd y boblogaeth bresennol o oedran gweithio yn effeithio ar botensial y genhedlaeth nesaf hefyd. Pan gaiff rhieni eu hatal rhag gweithio oherwydd cyflwr iechyd, ceir risg y gallai eu plant ddioddef tlodi yn y pen draw, a hefyd y gallai'r plant hynny brofi canlyniadau iechyd gwaeth ac wynebu'r tebygolrwydd cynyddol y byddant yn ddi-waith yn y dyfodol.

Er mwyn sicrhau iechyd y boblogaeth o oedran gweithio yn y dyfodol mae'n rhaid dechrau gyda'r rheini nad ydynt wedi cyrraedd oedran gweithio eto. Dylem annog pobl ifanc i ddeall manteision bywyd mewn gwaith a beth y mae gweithle iach yn ei gynnig fel y gallant wneud penderfyniad hyddysg am y sefydliadau y gallent ddewis gweithio iddynt.

Pennod 9 – Datblygu'r agenda

Mae'r Adolygiad hwn wedi pennu gweledigaeth o ddull newydd o weithredu mewn cysylltiad ag iechyd a gwaith ym Mhrydain sy'n galw am ymrwymiad gweithredol gan y rheini â chanddynt ddiddordeb yn iechyd y boblogaeth o oedran gweithio.

Mae gan unigolion gyfrifoldeb personol sylfaenol dros gynnal eu hiechyd eu hunain. Yn ogystal â'u dyletswyddau cyfreithiol presennol, rhaid i gyflogwyr weithio gyda'u cyflogeion er mwyn newid natur y gweithle modern ym Mhrydain a sicrhau iechyd a chynhyrchiant eu gweithlu. Mae'n rhaid i undebau llafur fachau ar y cyfle i hyrwyddo iechyd a lles yn y gweithle.

Mae'n rhaid i weithwyr proffesiynol ym maes gofal iechyd addasu'r cyngor a roddant i gleifion i ddangos pwysigrwydd cadw gwaith neu ddychwelyd i waith lle bynnag y bo'n bosibl. Mae'n rhaid i'r Llywodraeth osod y sylfeini ar gyfer newid hirdymor drwy dreialu dull newydd o weithredu o ran ymyriadau cynnar a sicrhau ymrwymiad newydd i sicrhau bod y sector cyhoeddus yn gosod esiampl dda.

Bydd yn hanfodol ein bod yn monitro'r llinell sylfaen a bennir yn yr adolygiad hwn, yn ogystal â gweithredu rhaglen helaeth o ymchwil er mwyn llywio camau gweithredu yn y dyfodol gyda sylfaen tystiolaeth gynhwysfawr a gwell ymdrech ar draws y Llywodraeth er mwyn sicrhau cynnydd.

Gyda'n gilydd mae gennym gyfle i sicrhau newid hirdymor. Ni allwn sicrhau iechyd y boblogaeth o oedran gweithio yn y dyfodol heb hyn.

Mae'r tabl canlynol yn cyflwyno'r heriau allweddol a nodwyd yn yr Adolygiad hwn, ynghyd ag argymhellion sydd, pan gânt eu gweithredu, yn hanfodol ar gyfer mynd i'r afael â'r heriau hyn.

Chapter 8 – The next generation

The health of the current working age population will affect the potential of the next generation too. When parents are prevented from working because of a health condition, the risk is not just that their children may end up in poverty, but that those children may experience worse health outcomes and face an increased likelihood that they themselves will be workless in the future.

Securing the future health of the working age population must start with those not yet of working age. We should encourage young people to understand the benefits of a life in work and what a healthy workplace offers so they can make an informed decision about the organisations for which they choose to work.

Chapter 9 – Taking the agenda forward

This Review has set out a vision of a new approach to health and work in Britain which can only be achieved with the active commitment of all those with an interest in the health of the working age population.

Individuals have a fundamental personal responsibility for maintaining their own health. In addition to their existing legal duties, employers must work with their employees to change the nature of the modern workplace in Britain and ensure the health and productivity of their workforce. Trades unions must seize the opportunity to champion health and well-being in the workplace.

Healthcare professionals must adapt the advice they give to patients to reflect the importance of remaining in or returning to work wherever possible. Government must lay the foundations for long-term change through the piloting of a new approach to early intervention and a renewed commitment to make the public sector an exemplar.

Monitoring the baseline set out in this Review will be critical, as will an extensive programme of research to inform future action with a comprehensive evidence base and increased cross-governmental effort to ensure progress.

Together we have the opportunity to deliver long-term change. We will not secure the future health of the working age population without it.

The following table presents the key challenges this Review has identified, together with the recommendations which, when implemented, are most critical in addressing them.

Heriau allweddol

- 1 Mae costau economaidd absenoldeb oherwydd salwch a diweithdra sy'n gysylltiedig â salwch ymysg pobl o oedran gweithio dros £100 biliwn y flwyddyn – mae hyn yn fwy na'r gyllideb flynyddol gyfredol ar gyfer y GIG ac mae'n gyfwerth â holl CMC Portiwgal.
- 2 Nid yw cyflogwyr yn deall digon am y sylfaen dystiolaeth i ategu'r achos busnes dros fuddsoddi yn iechyd a lles eu cyflogeion.
- 3 Diffyg gwybodaeth a chyngor priodol yw'r rhwystr mwyaf cyffredin sy'n atal cyflogwyr rhag buddsoddi yn iechyd a lles eu cyflogeion. Mae hyn yn arbennig o wir ar gyfer sefydliadau llai na allant fanteisio ar gynllun iechyd galwedigaethol fel arfer.
- 4 Ni chaiff pwysigrwydd iechyd corfforol a meddyliol pobl o oedran gweithio mewn perthynas â chyflawniad personol, teuluol a chymdeithasol ei gydnabod yn ddigonol yn ein cymdeithas.
- 5 Yn aml ni fydd meddygon teulu yn teimlo bod ganddynt y wybodaeth i gynnig cyngor i'w cleifion ynghylch cadw eu gwaith neu ddychwelyd i'r gwaith. Nid yw'r hyfforddiant a gawsant cyn hyn wedi'u paratoi ar gyfer hyn ac felly gall y cyngor sy'n gysylltiedig â gwaith a roddir ganddynt fod yn or-ofalus.
- 6 Mae'r broses ardystio salwch bresennol yn canolbwyntio ar yr hyn na all pobl ei wneud, gan sefydliadu'r gred nad yw'n briodol i rywun fod yn y gwaith oni fyddant yn gwbl holliach a bod gweithio yn eu hatal rhag gwella fel arfer.
- 7 Nid yw cymorth i gleifion yn ystod camau cyntaf salwch yn ddigon hygyrch, yn enwedig i'r cleifion hynny sydd â chyflyrau iechyd meddwl. Nid oes gan feddygon teulu ddigon o opsiynau ar gyfer cyfeirio ac mae'r ddarpariaeth iechyd galwedigaethol wedi'i rhannu'n anghymesur rhwng rhai cyflogwyr mawr, gan adael y mwyafrif helaeth o fusnesau bach heb gymorth.
- 8 Mae nifer uchel y bobl sydd ar fudd-daliadau analluogrwydd yn cynrychioli methiant hanesyddol cymorth gofal iechyd a chyflogaeth i bobl ddi-waith ym Mhrydain.
Ymhellach, mae llif y bobl sy'n cael budd-daliadau eraill ac yn dechrau cael budd-daliadau analluogrwydd yn awgrymu methiant mewn rhaglenni cyflogaeth a sgiliau eraill i nodi cyflyrau iechyd sy'n datblygu pan fyddant ar gam digon cynnar.
Er bod Llwybrau at Waith yn llwyddiannus ar y cyfan, dim ond effaith gyfyngedig a gafodd ar y rheini sydd â salwch meddwl fel prif gyflwr iechyd. Ymhellach, mae dros 200,000 o bobl gyda chyflyrau iechyd meddwl wedi dechrau cael budd-daliadau analluogrwydd bob blwyddyn dros y degawd diwethaf.
- 9 Mae'r ffaith bod iechyd galwedigaethol ar wahân i ofal iechyd prif ffrwd yn tanseilio gofal cleifion cyfannol. Mae sylfaen academaidd wan a dirywiol wedi'i gyfuno ag absenoldeb unrhyw weithdrefnau achredu ffurfiol, diffyg data o safon a'r ffaith mai ar y rheini sy'n gweithio y mae'r ffocws, yn rhwystro gallu'r proffesiwn i ddadansoddi a diwallu anghenion llawn y boblogaeth o oedran gweithio.
- 10 Mae strwythurau adrannol presennol yn atal y Llywodraeth rhag chwarae rhan lawn o ran diwallu'r heriau a nodir yn yr Adolygiad hwn.

Prif argymhellion

- 1 Dylai'r Llywodraeth, gweithwyr proffesiynol ym maes gofal iechyd, cyflogwyr, undebau llafur a phob un sydd â diddordeb yn iechyd y boblogaeth o oedran gweithio fabwysiadu dull newydd o weithredu o ran iechyd a gwaith ym Mhrydain yn seiliedig ar y sylfeini a nodwyd yn yr Adolygiad hwn.
- 2 Dylai'r Llywodraeth weithio gyda chyflogwyr a chyrrff cynrychioliadol i ddatblygu model cadarn ar gyfer mesur ac adrodd ar fanteisio buddsoddiad gan gyflogwyr mewn iechyd a lles. Dylai cyflogwyr ddefnyddio hyn i adrodd ar iechyd a lles mewn cyfarfodydd bwrdd ac yng nghyfrifon y cwmni.
Dylai ymarferwyr iechyd a Diogelwch a, lle y bônt yn bresennol, cynrychiolwyr diogelwch undebau llafur, chwarae mwy o ran yn y gwaith o hyrwyddo manteisio buddsoddiad o'r fath.
- 3 Dylai'r Llywodraeth sefydlu gwasanaeth ymgynghori ar iechyd a lles a arweinir gan fusnes, sy'n cynnig cyngor a chymorth wedi'i deilwra a chymorth iechyd galwedigaethol ar gyfraddau'r farchnad. Dylid cyfeirio hyn tuag at sefydliadau llai. Y nod ddylai bod yn hunangynhaliol yn y tymor canolig, a chael gwerthusiad a phroffion llawn yn erbyn gwasanaethau sy'n rhad ac am ddim.
- 4 Dylai'r Llywodraeth lansio ymgyrch fawr i hyrwyddo dealltwriaeth o'r gydberthynas gadarnhaol rhwng iechyd a gwaith ymysg cyflogwyr, gweithwyr proffesiynol ym maes gofal iechyd a'r cyhoedd. Dylai hyn gynnwys annog pobl ifanc i ddeall manteisio bywyd mewn gwaith a'i effaith ar eu teuluoedd a'u cymunedau.
- 5 Gan adeiladu ar yr ymrwymiad gan arweinwyr y proffesiwn gofal iechyd yn y datganiad consensws diweddar, dylai meddygon teulu a gweithwyr proffesiynol eraill ym maes gofal iechyd gael cymorth i addasu'r cyngor a roddir ganddynt, a lle y bo'n briodol, dylent wneud popeth posibl i helpu pobl i gael gwaith, i'w gadw neu i ddychwelyd i waith.
- 6 Dylid disodli'r nodyn salwch papur gyda nodyn addasrwydd electronig, gan newid y ffocws i'r hyn y gall pobl ei wneud a gwella dulliau cyfathrebu rhwng cyflogwyr, cyflogeion a meddygon teulu.
- 7 Dylai'r Llywodraeth dreialu gwasanaeth *Addas i Weithio* newydd yn seiliedig ar gymorth amlddisgyblaethol a reolir fesul achos i gleifion yn ystod camau cychwynnol absenoldeb oherwydd salwch, gyda'r nod o sicrhau bod cymorth iechyd sy'n gysylltiedig â gwaith ar gael i bawb – yn hytrach na rhai cyflogeion fel sy'n wir ar hyn o bryd.
- 8 Pan gaiff modelau priodol ar gyfer y gwasanaeth *Addas i Weithio* eu sefydlu, dylid sicrhau bod y gwasanaeth ar gael i'r rheini sydd ar fudd-daliadau analluogrwydd a budd-daliadau allan o waith eraill.
Dylai'r Llywodraeth integreiddio cymorth iechyd yn llawn gyda rhaglenni cyflogaeth a sgiliau, yn cynnwys cymorth iechyd meddwl lle y bo'n briodol.
Dylai'r Llywodraeth ehangu'r ddarpariaeth Llwybrau at Waith i gynnwys pob un sydd ar fudd-daliadau analluogrwydd cyn gynted ag y bydd adnoddau'n caniatáu, ac archwilio'r ffordd o deilwra darpariaeth well ar gyfer y rheini sydd â chyflyrau iechyd meddwl.
- 9 Dylai'r canlynol fod yn sail i ddull integredig o weithredu o ran iechyd pobl o oedran gweithio: cynnwys iechyd ac adsefydlu galwedigaethol o fewn y maes gofal iechyd prif ffrwd; arweinyddiaeth broffesiynol glir; safonau ymarfer clir a phroses achredu ffurfiol ar gyfer pob darparwr; gweithlu wedi'i adfywio; sylfaen academaidd gadarn; dull systematig o gasglu a dadansoddi data; ymwybyddiaeth a dealltwriaeth gyffredinol o'r dystiolaeth ddiweddaraf a'r ymyriadau mwyaf effeithiol.
- 10 Dylid cryfhau'r strwythur presennol ar draws y Llywodraeth er mwyn ymgorffori swyddogaethau perthnasol yr adrannau hynny lle mae polisïau yn dylanwadu ar iechyd y boblogaeth o oedran gweithio ym Mhrydain.

Key challenges and recommendations for reform

Key challenges

- 1 The economic costs of sickness absence and worklessness associated with working age ill-health are over £100 billion a year – greater than the current annual budget for the NHS and equivalent to the entire GDP of Portugal.
- 2 The evidence base to support the business case for investment in the health and well-being of their employees is inadequately understood by employers.
- 3 Lack of appropriate information and advice is the most common barrier to employers investing in the health and well-being of their employees. This is particularly true for smaller organisations which tend not to have access to an occupational health scheme.
- 4 The importance of the physical and mental health of working age people in relation to personal, family and social attainment is insufficiently recognised in our society.
- 5 GPs often feel ill-equipped to offer advice to their patients on remaining in or returning to work. Their training has to date not prepared them for this and, therefore, the work-related advice they do give, can be naturally cautious.
- 6 The current sickness certification process focuses on what people cannot do, thereby institutionalising the belief that it is inappropriate to be at work unless 100% fit and that being at work normally impedes recovery.
- 7 There is insufficient access to support for patients in the early stages of sickness, including those with mental health conditions. GPs have inadequate options for referral and occupational health provision is disproportionately concentrated among a few large employers, leaving the vast majority of small businesses unsupported.
- 8 The scale of the numbers on incapacity benefits represents an historical failure of healthcare and employment support for the workless in Britain.

Furthermore, the flow of recipients of other benefits onto incapacity benefits suggests a failure in other employment and skills programmes to identify developing health conditions at a sufficiently early stage.

Pathways to Work, while successful overall, has had limited effect for those whose main health condition is a mental illness. Furthermore, over 200,000 people with mental health conditions have flowed onto incapacity benefits each year over the last decade.
- 9 Detachment of occupational health from mainstream healthcare undermines holistic patient care. A weak and declining academic base combined with the absence of any formal accreditation procedures, a lack of good quality data and a focus solely on those in work, impedes the profession's capacity to analyse and address the full needs of the working age population.
- 10 Existing departmental structures prevent Government from fully playing its part in meeting the challenges set out in this Review.

Main recommendations

- 1 Government, healthcare professionals, employers, trades unions and all with an interest in the health of the working age population should adopt a new approach to health and work in Britain based on the foundations laid out in this Review.
- 2 Government should work with employers and representative bodies to develop a robust model for measuring and reporting on the benefits of employer investment in health and well-being. Employers should use this to report on health and well-being in the board room and company accounts.

Safety and Health practitioners and, where present, trades union safety representatives, should play an expanded role in acting to promote the benefits of such investment.
- 3 Government should initiate a business-led health and well-being consultancy service, offering tailored advice and support and access to occupational health support at a market rate. This should be geared towards smaller organisations. It should aim to be self-sustaining in the medium-term, and be fully evaluated and tested against free-to-use services.
- 4 Government should launch a major drive to promote understanding of the positive relationship between health and work among employers, healthcare professionals and the general public. This should include encouraging young people to understand the benefits of a life in work and its impact on their families and communities.
- 5 Building on the commitment from the leaders of the healthcare profession in the recent consensus statement, GPs and other healthcare professionals should be supported to adapt the advice they provide, where appropriate doing all they can to help people enter, stay in or return to work.
- 6 The paper-based sick note should be replaced with an electronic fit note, switching the focus to what people can do and improving communication between employers, employees and GPs.
- 7 Government should pilot a new *Fit for Work* service based on case-managed, multidisciplinary support for patients in the early stages of sickness absence, with the aim of making access to work-related health support available to all – no longer the preserve of the few.
- 8 When appropriate models for the *Fit for Work* service are established, access to the service should be open to those on incapacity benefits and other out-of-work benefits.

Government should fully integrate health support with employment and skills programmes, including mental health support where appropriate.

Government should expand provision of Pathways to Work to cover all on incapacity benefits as soon as resources allow, and explore how to tailor better provision for those with mental health conditions.
- 9 An integrated approach to working-age health should be underpinned by: the inclusion of occupational health and vocational rehabilitation within mainstream healthcare; clear professional leadership; clear standards of practice and formal accreditation for all providers; a revitalised workforce; a sound academic base; systematic gathering and analysis of data; and a universal awareness and understanding of the latest evidence and most effective interventions.
- 10 The existing cross-Government structure should be strengthened to incorporate the relevant functions of those departments whose policies influence the health of Britain's working age population.

Nodiadau

Notes

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