HEALTH
WORK
WELLBEING

Cynodeb gweithredol – Gwella iechyd a gwaith: newid bywydau

Ymateb y Llywodraeth i Adolygiad y Fonesig Carol Black o iechyd poblogaeth oedran gwaith Prydain

Executive summary – Improving health and work: changing lives

The Government's Response to Dame Carol Black's Review of the health of Britain's working-age population

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Crynodeb gweithredol o Cm 7492 Gwella iechyd a gwaith: newid bywydau, a gyhoeddwyd 25 Tachwedd 2008 yw hwn.

This is an executive summary of Cm 7492 Improving health and work: changing lives, published 25 November 2008.

Bwrdd Llywio Iechyd, Gwaith a Lles

Goruchwyliwyd yr Ymateb hwn gan y Llywodraeth gan y Bwrdd Llywio Iechyd, Gwaith a Lles, a gaiff ei gadeirio ar y cyd gan yr Adran Iechyd a'r Adran Gwaith a Phensiynau, ac mae'n cynnwys holl rannau perthnasol y Llywodraeth, sef yr Adran Plant, Ysgolion a Theuluoedd; Cymunedau a Llywodraeth Leol, yr Adran Busnes, Menter a Diwygio Rheoleiddio, yr Adran Arloesedd, Prifysgolion a Sgiliau; yr Uned Allgau Cymdeithasol, Swyddfa'r Cabinet, Trysorlys Ei Mawrhydi, yr Awdurdod Gweithredol Iechyd a Diogelwch, Llywodraeth yr Alban a Llywodraeth Cynulliad Cymru.

Cymru a'r Alban

Bydd Llywodraeth yr Alban a Llywodraeth Cynulliad Cymru yn ymateb i Adolygiad y Fonesig Carol ar wahân, gan fod darparu gwasanaethau iechyd wedi'i ddatganoli. Fodd bynnag, mae meysydd lle mae polisi yn effeithio ar Brydain Fawr i gyd, fel gyda chyflogaeth ac iechyd a diogelwch: cwmpesir y meysydd hyn ar gyfer Prydain Fawr yn yr Ymateb hwn.

Asesiadau o effaith

Rydym wedi cynnal asesiad effaith ar gydraddoldeb fel rhan o'r broses o ddatblygu polisi. Nodir hyn yn Atodiad 3, *Gwella iechyd a gwaith: newid bywydau*. Byddwn yn datblygu asesiadau effaith mwy manwl ymhellach wrth i ni symud drwy'r cam gweithredu ar bob un o'r cynigion newydd unigol.

The Health, Work and Wellbeing Steering Board

This Government Response has been overseen by the Health, Work and Wellbeing Steering Board, which is jointly chaired by the Department of Health and the Department for Work and Pensions, and comprises all relevant parts of Government, namely the Department for Children, Schools and Families; Communities and Local Government, the Department for Business, Enterprise and Regulatory Reform, the Department for Innovation, Universities and Skills; the Social Exclusion Unit, the Cabinet Office, Her Majesty's Treasury, The Health and Safety Executive, The Scottish Government and The Welsh Assembly Government.

Scotland and Wales

The Scottish Government and The Welsh Assembly Government will be responding separately to Dame Carol's Review, given that the delivery of health services is devolved. However, there are areas where policy impacts across Great Britain, as with employment and health and safety: these areas are covered for Great Britain in this Response.

Impact assessments

We have carried out an equality impact assessment as part of the policy development process. This is set out in Appendix 3, *Improving Health and Work; Changing lives*. We shall be further developing more detailed impact assessments as we move through the implementation phase on each of the individual new proposals.

Rhagair

Mae gweithlu iach yn weithlu hapusach, mwy cynhyrchiol.

Mae gan y broses o gadw pobl yn iach ac mewn gwaith fuddiannau amlwg: diogelwch rhag caledi ariannol, hyrwyddo gwell ansawdd bywyd a galluogi pobl i fanteisio ar eu potensial. I'r gwrthwyneb, gall bod yn ddi-waith waethygu problemau iechyd corfforol ac iechyd meddwl a chynyddu'r tebygolrwydd o allgau cymdeithasol.

Mae cyflogwyr, cymunedau a'r trethdalwr oll yn ysgwyddo costau salwch oedran gwaith, yr amcangyfrifir iddo fod tua £100 biliwn bob blwyddyn.

Mae achos moesol, cymdeithasol ac economaidd cryf dros gefnogi pobl anabl a'r rhai sydd â chyflyrau iechyd i weithio, gan alluogi pobl i fyw bywydau gwaith boddhaus. Mae hyn yn arbennig o bwysig ar adegau o ansicrwydd economaidd.

Roedd Adolygiad y Fonesig Carol Black o iechyd y boblogaeth oedran gwaith yn gyfraniad gwerthfawr a groesawyd i'r ddadl hanfodol hon ac rydym yn ddiolchgar iddi am ei gwaith caled a'i chyflawniadau. Mae'r ddogfen hon yn nodi ymateb y Llywodraeth i'w hargymhellion, yn egluro'r cymorth rydym yn ei roi ar waith i unigolion, gweithwyr gofal iechyd proffesiynol ac i gyflogwyr:

- **I unigolion, byddwn yn**: profi ystod o wasanaethau ymyrryd cynnar i roi'r cymorth uniongyrchol sydd ei angen arnynt i ddychwelyd i'r gwaith, gan gynnwys treialu gwasanaethau 'Yn iach i Weithio'; gwella cyngor gan feddygon teulu am fod yn ddigon iach i weithio, a 'nodyn ffit' newydd; ac i bobl sydd â chyflyrau iechyd meddwl rydym yn datblygu Strategaeth Iechyd Meddwl a Chyflogaeth Genedlaethol er mwyn sicrhau bod y Llywodraeth yn gwneud popeth o fewn ei gallu i gefnogi eu hanghenion penodol.

- **I weithwyr gofal iechyd proffesiynol**, byddwn yn: darparu dulliau i fynd i'r afael yn well â materion iechyd a gwaith drwy gyflwyno'r dystysgrif feddygol ddiwygiedig (y 'nodyn ffit' newydd); gwella'r cyngor a'r hyfforddiant a gânt i roi hyder iddynt wrth gefnogi eu cleifion i ddychwelyd i'r gwaith; ac opsiynau i gyfeirio at wasanaethau ymyrryd cynnar a chymorth cyflogaeth.

- **I gyf ogwyr**, byddwn yn: darparu dulliau i'w helpu i ddeall costau absenoldeb; cymorth i fynd i'r afael â materion iechyd cyflogeion unigol (yn arbennig ar gyfer busnesau bach a chanolig); a chyllid i gyflwyno mesurau iechyd a lles arloesol yn y gweithle. Bydd y gwaith o gyflwyno 'nodyn ffit' electronig hefyd yn rhoi mwy o wybodaeth i gyflogwyr am y camau y gallant eu cymryd i helpu rhywun i ddychwelyd i'r gwaith ar ôl cyfnod o absenoldeb oherwydd salwch.

Foreword

A healthy workforce is a happier, more productive workforce.

Keeping people well and in work has obvious benefits: protection against financial hardship, promoting a better quality of life and allowing people to make the most of their potential. Conversely, being out of work can exacerbate physical and mental health problems and increase the chance of social exclusion.

Employers, communities and the taxpayer all bear the costs of working-age ill-health which is estimated to run to around £100 billion every year.

There is a strong moral, social and economic case for supporting disabled people and those with health conditions to work, thus enabling people to lead fulfilling working lives. This is especially important in times of economic uncertainty.

Dame Carol Black's Review of the health of the working-age population was a valuable and welcome contribution to this vital debate and we thank her for her hard work and achievements. This document sets out the Government's response to her recommendations, making clear the support we are putting in place for individuals, for healthcare professionals and for employers:

- **For individuals**, we will: test a range of early intervention services to give them the direct support they need to return to work, including piloting 'Fit for Work' services; improving advice from GPs about fitness for work, and a new 'fit note'; and for people with mental health conditions we are developing a National Mental Health and Employment Strategy to ensure that Government is doing all it can to support their particular needs.

- **For healthcare professionals**, we will: provide the tools to better address health and work issues through the roll-out of the revised medical certificate (the new 'fit note'); improve the advice and training they receive to give them confidence in supporting their patients to get back into work; and options to refer to early intervention services and employment support.

- **For employers** we will: provide tools to help them understand the costs of absence; support to address individual employee health issues (in particular for small and medium-sized enterprises (SMEs)); and funding to deliver innovative health and well-being measures in the workplace. The roll-out of an electronic 'fit note' will also give employers more information about the steps they can take to help someone return to work from a period of sickness absence.

Mae pwysigrwydd y mater hwn wedi dod ag adrannau ynghyd ar draws y Llywodraeth i ddatblygu ymateb cydlynol, ond ni allwn gyflwyno'r holl newidiadau sydd eu hangen ein hunain.

Nid yr ymateb hwn yw diwedd y broses. Rydym yn benderfynol o barhau â'n gwaith gyda chyflogwyr, gweithwyr gofal iechyd proffesiynol ac unigolion er mwyn dylanwadu ar agweddau a gwella cymorth. Byddwn yn parhau i weithio gyda phawb sydd â diddordeb mewn gwella iechyd a lles y boblogaeth oedran gweithio er mwyn sicrhau bod pob un ohonom yn gwneud popeth o fewn ein gallu i gefnogi pobl anabl a phobl â chyflyrau iechyd i gyflawni eu potensial yn y gwaith.

James Purnell
Y Gwir Anrhydeddus James Purnell AS Ysgrifennydd Gwladol dros Waith a Phensiynau

Alan Johnson
Y Gwir Anrhydeddus Alan Johnson AS Ysgrifennydd Gwladol dros Iechyd

The importance of this issue has brought together departments across Government to develop a concerted response, but we alone cannot deliver all the changes needed.

This response is not the end of the process. We are determined to continue our work with employers, healthcare professionals and individuals to influence attitudes and improve support. We will carry on working with everyone who has an interest in improving the health and well-being of the working-age population to ensure we are all doing all we can to support disabled people and people with health conditions to fulfil their potential in work.

James Purnell
The Rt Hon James Purnell MP
Secretary of State for Work and Pensions

Alan Johnson
The Rt Hon Alan Johnson MP
Secretary of State for Health

Crynodeb gweithredol
Executive summary

Crynodeb gweithredol

Rydym am greu cymdeithas lle y cydnabyddir y cysylltiadau cadarnhaol rhwng gwaith ac iechyd gan bawb, lle mae pawb yn dyheu am fywyd gwaith iach a boddhaus a lle nad yw cyflyrau iechyd ac anableddau yn rhwystr i fwynhau buddiannau gwaith.

Mae costau salwch oedran gwaith i Brydain yn fawr yn ôl unrhyw safon. Amcangyfrifodd y Fonesig Carol Black bod cost economaidd flynyddol salwch o ran diwrnodau gwaith a gollir a pheidio â gweithio dros £100 biliwn - sy'n gyfystyr â chostau rhedeg y GIG bob blwyddyn. Amcangyfrifodd Cydffederasiwn Diwydiant Prydain bod 172 miliwn o ddiwrnodau gweithio wedi'u colli y llynedd oherwydd absenoldeb, a gostiodd £13 biliwn i gyflogwyr. Yn erbyn cefndir o ddirywiad economaidd ehangach, ni all trethdalwyr na busnesau fforddio ysgwyddo'r costau hyn sy'n ddiangen ar y cyfan.

Ond ni ellir mesur cost salwch mewn punnoedd a cheiniogau yn unig. Mae tua 2.6 miliwn o bobl ar fudd-daliadau analluogrwydd ac mae 600,000 o bobl yn gwneud cais newydd bob blwyddyn; o'r rhain, roedd hanner wedi bod yn gweithio yn union cyn symud i fudd-dal. Unwaith y byddant allan o waith, mae'n debygol y bydd iechyd unigolyn yn dirywio ac maent hwy a'u teuluoedd yn fwy tebygol o fynd i dlodi a chael eu hallgau'n gymdeithasol. Felly, mae anweithgarwch sy'n gysylltiedig ag iechyd yn atal unigolion rhag cyflawni eu potensial, mae'n achosi caledi ariannol diangen, ac mae'n niweidio'r cymunedau y mae pobl yn byw ynddynt.

Ond eto, nid oes angen i hynny fod. Mae tua 6 miliwn o bobl yn y DU sy'n gweithio yn dweud bod ganddynt gyflwr iechyd hirdymor. Mae tystiolaeth yn awgrymu y gellir helpu'r rhan fwyaf o bobl sydd â chyflyrau iechyd cyffredin i ddychwelyd i'r gwaith drwy ddilyn camau rheoli gweithle a gofal iechyd sylfaenol.

Am y rhesymau hyn y gofynnwyd i'r Fonesig Carol Black gynnal adolygiad o iechyd poblogaeth oedran gweithio Prydain ac argymell mesurau y gallem eu cymryd i arwain at newid cadarnhaol. Cyhoeddwyd ei Hadolygiad eang, 'Working for a healthier tomorrow' ym mis Mawrth 2008. Croesawn Adolygiad y Fonesig Carol, y dystiolaeth a gyflwynodd, y casgliadau y daeth iddynt a'r argymhellion a wnaeth.

Executive summary

We want to create a society where the positive links between work and health are recognised by all, where everyone aspires to a healthy and fulfilling working life, and where health conditions and disabilities are not a bar to enjoying the benefits of work.

The costs of working-age ill-health to Britain are large by any standards. Dame Carol Black estimated that the annual economic cost of ill-health in terms of working days lost and worklessness was over £100 billion – equivalent to the annual running costs of the NHS. The Confederation of British Industry (CBI) estimated that last year 172 million working days were lost due to absence, costing employers £13 billion. Against a backdrop of a wider economic downturn both taxpayers and businesses can ill afford to bear these largely unnecessary costs.

But the cost of ill-health cannot be measured in pounds and pence alone. There are about 2.6 million people on incapacity benefits and 600,000 people make a new claim each year; of these, half had been working immediately before they moved onto benefit. Once out of work it is likely that an individual's health will worsen and they and their families are more likely to fall into poverty and become socially excluded. Therefore, health-related inactivity prevents individuals from fulfilling their potential, causes needless financial hardship, and damages the communities in which people live.

Yet it need not be this way. About 6 million people in the UK who are in work say that they have a long-standing health condition. Evidence suggests that by following basic healthcare and workplace management most people with common health conditions can be helped to return to work.

It was for these reasons that we asked Dame Carol Black to conduct a review of the health of Britain's working-age population and to recommend measures that we could take to bring about positive change. Her wide-ranging Review, *Working for a healthier tomorrow* was published in March 2008. We welcome Dame Carol's Review, the evidence it presented, the conclusions she drew and the recommendations she made.

Llunnir ein Hymateb o amgylch tri dyhead allweddol sy'n dangos sut y byddwn yn ymateb i'r heriau a osodwyd ganddi ac a fydd yn ein galluogi i gyflwyno ein gweledigaeth ehangach:

- creu safbwyntiau newydd ar iechyd a gwaith;
- gwella gwaith a gweithleoedd;
- cynorthwyo pobl i mewn i waith.

Creu safbwyntiau newydd ar iechyd a gwaith

Dengys tystiolaeth, yn gyffredinol, bod gweithio yn dda i iechyd a bod peidio â gweithio yn arwain at gyflwr iechyd gwaeth. Er gwaethaf y dystiolaeth, mae'r gred y dylwn ymatal rhag gweithio bob amser pan fo gennym gyflwr iechyd yn parhau.

Yn ei Hadolygiad, roedd y Fonesig Carol yn glir y gallem wneud mwy i hyrwyddo buddiannau gwaith i iechyd i unigolion, cyflogwyr, gweithwyr gofal iechyd proffesiynol, cymdeithas a'r economi. Rydym yn cytuno ac ym Mhennod 2 rydym wedi nodi ein hymateb i'r her hon. Mae ein cynlluniau'n cynnwys y mentrau allweddol canlynol:

'Nodyn ff t' electronig

Bydd 'nodyn ffit' electronig newydd yn disodli'r dystysgrif feddygol bresennol, a bydd yn helpu meddygon teulu i newid ffocws eu cyngor i'r hyn y gall pobl ei wneud yn hytrach na'r hyn na allant ei wneud. Bydd y newidiadau yn gwella llif gwybodaeth rhwng cyflogwyr, unigolion a meddygon teulu.

Rhaglen Addysg Genedlaethol i Feddygon Teulu

Bydd y rhaglen hon yn gwella gwybodaeth, sgiliau a hyder meddygon teulu wrth ymdrin â materion iechyd a gwaith a bydd yn eu galluogi i addasu'r cyngor a roddant i helpu pobl i aros mewn gwaith neu ddychwelyd i'r gwaith.

Cydlynwyr Iechyd, Gwaith a Lles

Bydd y Cydlynwyr yn ysbrydoli camau gweithredu ar faterion iechyd, gwaith a lles yn eu hardaloedd, gan gynnig cyngor a chymorth i helpu partneriaethau lleol ac ymgysylltu â busnesau bach yn benodol.

Canolfan Genedlaethol ar gyfer Iechyd a Lles Oedran Gweithio

Bydd y Ganolfan yn llunio corff annibynnol, awdurdodol a fydd yn cynnig ystod o swyddogaethau craidd sy'n gysylltiedig ag iechyd a lles pobl o oedran gweithio; yn eu plith bydd: casglu a dadansoddi data sy'n galluogi'r gwaith o adnabod a monitro tueddiadau; a helpu i bennu effaith ymyriadau a mentrau. Bydd yn nodi bylchau tystiolaeth ac yn annog gwaith ymchwil i gau'r bylchau hynny.

Our Response is built around three key aspirations that demonstrate how we will rise to the challenges that she set us and which will enable the delivery of our broader vision:

- creating new perspectives on health and work;
- improving work and workplaces; and
- supporting people to work.

Creating new perspectives on health and work

Evidence shows that, in general, being in work is good for health, and worklessness leads to poorer health. Despite the evidence, the belief that we should always refrain from work when we have a health condition persists.

In her Review, Dame Carol was clear that we could do more to promote the benefits of work to health for individuals, employers, healthcare professionals, society and the economy. We agree, and we have set out in Chapter 2 our response to this challenge. Our plans include the following key initiatives:

Electronic 'f t note'

A new electronic 'fit note' will replace the current medical certificate, and help GPs switch the focus of their advice to what people can do rather than what they cannot. The changes will improve the flow of information between employers, individuals and GPs.

A National Education Programme for GPs

This programme will improve GPs' knowledge, skills and confidence when dealing with health and work issues and will enable them to adapt the advice they give to help people stay in or return to work.

Health, Work and Wellbeing Co-ordinators

The Co-ordinators will stimulate action on health, work and well-being issues in their areas, offering advice and support to help local partnerships and engagement with smaller business in particular.

National Centre for Working-Age Health and Well-being

The Centre will form an independent, authoritative body providing a range of core functions related to the health and well-being of working-age people; these will include: the gathering and analysis of data enabling the identification and monitoring of trends; and help in determining the impact of interventions and initiatives. It will identify evidence gaps and encourage research to close those gaps.

Gwella gwaith a gweithleoedd

Rydym am i bawb fwynhau buddiannau iechyd a gwaith boddhaus. Er i ni gyflawni llawer yn ystod y blynyddoedd diwethaf, gallwn wneud rhagor i gefnogi cyflogwyr i sicrhau bod gweithleoedd yn iach ac yn ddiogel, hyrwyddo lles eu gweithwyr a hwyluso pobl sy'n datblygu cyflwr iechyd neu nam i ddychwelyd i'r gwaith.

Yn ei Hadolygiad, nododd y Fonesig Carol nifer o argymhellion i gefnogi cyflogwyr wrth greu gweithleoedd sy'n groesawgar ac yn ddiogel. Mae Pennod 3 yn amlinellu ein cynlluniau i fynd i'r afael â'i hargymhellion, gan gynnwys y mentrau allweddol canlynol:

Dull Prawf Iechyd Busnes

Bydd dull Prawf Iechyd Busnes yn galluogi busnesau i amcangyfrif costau absenoldeb oherwydd salwch, trosiant, salwch ac anafiadau gweithwyr yn eu sefydliadau; galluogi cyflogwyr i nodi'r arbedion y gellid eu creu drwy fuddsoddi mewn rhaglenni iechyd a lles; a'u helpu i fesur yr adenillion ar y buddsoddiad.

Strategaeth Genedlaethol ar gyfer Iechyd Meddwl a Chyf ogaeth

Bydd y Strategaeth yn dod â gwasanaethau cyflogaeth ac iechyd yn agosach at ei gilydd, cefnogi cyflogwyr a gweithwyr gofal iechyd proffesiynol a mynd i'r afael â materion fel stigma a gwahaniaethu.

Datblygiadau 'NHS Plus' pellach

Bydd yr ehangiad hwn yn galluogi NHS Plus i barhau i weithio gydag eraill i ddatblygu safonau iechyd clinigol a galwedigaethol ymhellach ac i brofi a hyrwyddo ymhellach y ffyrdd mwyaf arloesol o gynnig gwasanaethau iechyd galwedigaethol NHS Plus mewn ffordd gost-effeithiol i fusnesau bach a chanolig.

Llinell gymorth iechyd galwedigaethol i fusnesau bach

Bydd y gwaith o ddatblygu llinell gymorth iechyd galwedigaethol yn cynnig help i fusnesau bach drwy ddarparu cyngor iechyd galwedigaethol proffesiynol yn ystod oriau busnes ar faterion iechyd cyflogeion unigol (gan gynnwys iechyd meddwl).

Y gronfa her

Bydd y gronfa her yn annog mentrau lleol sy'n gwella iechyd a lles yn y gweithle drwy ymagweddau arloesol sy'n sicrhau ymgysylltiad gweithwyr.

Improving work and workplaces

We want everyone to enjoy the benefits of health and fulfilling work. While we have achieved much in recent years, we can do more to support employers to ensure workplaces are healthy and safe, promote the well-being of their workers and facilitate a return to work when people develop a health condition or impairment.

In her Review, Dame Carol set out a number of recommendations to support employers in creating workplaces which are accommodating and safe. Chapter 3 outlines our plans to address her recommendations, including the following key initiatives:

The Business HealthCheck tool

The Business HealthCheck tool will enable businesses to estimate the costs of sickness absence, turnover, worker ill-health and injury in their organisation; enable employers to identify the savings that could be generated by investing in health and well-being programmes; and help them measure the return on investment.

National Strategy for Mental Health and Employment

The Strategy will bring employment and health services closer together, support employers and healthcare professionals and tackle issues such as stigma and discrimination.

Further NHS Plus development

This expansion will allow NHS Plus to continue to work with others to further develop clinical and occupational health standards, and to further test and promote the most innovative ways of offering NHS Plus occupational health services cost-effectively to SMEs.

Occupational health helpline for smaller businesses

The development of an occupational health telephone helpline will offer help to smaller businesses by providing business hours access to professional occupational health advice for individual employee health issues (including mental health).

A challenge fund

The challenge fund will encourage local initiatives that improve workplace health and well-being, through innovative approaches which ensure worker engagement.

Adolygiad o iechyd a lles gweithlu'r GIG

Caiff adolygiad o iechyd a lles gweithlu'r GIG ei gomisiynu. Bydd yr adolygiad hwn o weithlu'r GIG yn ystyried y dystiolaeth ar gyfer lle y dylai'r blaenoriaethau ar gyfer gwella'r system gyfan fod ac argymell camau gweithredu a fydd yn galluogi ei ddarparu'n lleol.

Cynorthwyo pobl i mewn i waith

Mae o fantais i bob un ohonom wneud popeth o fewn ein gallu i gefnogi pobl sydd â chyflyrau iechyd a phobl anabl i aros mewn gwaith, ddychwelyd i weithio neu symud i mewn i waith. Mae Pennod 3 yn nodi ein cynlluniau i gefnogi cyflogwyr i gyflawni'r nod hwn. Ond rydym yn ymwybodol hefyd y gall gwasanaethau cyhoeddus wneud mwy i ddiwallu anghenion y grwpiau hyn.

Mae darparu gwasanaethau ymyrryd cynnar i'r boblogaeth sy'n gweithio a helpu'r rhai sy'n anweithgar oherwydd cyflwr iechyd neu anabledd i ddod o hyd i waith wrth wraidd casgliadau Adolygiad y Fonesig Carol. Mae Pennod 4 yn amlinellu'r cynlluniau sydd gennym i fynd i'r afael â'r heriau a nodwyd, gan gynnwys:

Treialu gwasanaethau ymyrryd cynnar

Caiff ystod o wasanaethau ymyrryd cynnar eu treialu yn 2009 ac yn para tan 2011 o leiaf. Yn eu plith bydd: cynlluniau peilot 'Yn iach i weithio'; ymgorffori Ymgynghorwyr Cyflogaeth o fewn y rhaglen Gwella Mynediad i Therapïau Seicolegol o ddechrau 2009; ac ymestyn Gwasanaeth Ymgynghorol Llwybrau, sy'n gosod Ymgynghorwyr Cyflogaeth mewn meddygfeydd, am dair blynedd arall.

Bydd gwasanaethau ymyrryd cynnar yn helpu unigolion drwy sicrhau bod cymorth iechyd sy'n gysylltiedig â gwaith ar gael yn fwy eang. Bydd y cynlluniau peilot 'Yn iach i weithio' yn rhoi cymorth aml-ddisgyblaethol a reolir fesul achos a chaiff modelau amrywiol eu profi. Caiff pob cynllun peilot ei werthuso'n gynhwysfawr.

Mynediad at Waith

Bydd newidiadau i Fynediad at Waith yn gwella effeithiolrwydd - gan wneud y gwasanaeth mor hyblyg ac amserol â phosibl a chyrraedd mwy o bobl sydd ei angen, yn arbennig y rhai sydd â chyflyrau cyfnewidiol.

A review of the health and well-being of the NHS workforce

A review of the health and well-being of the NHS workforce will be commissioned. This review of the NHS workforce will consider the evidence for where the priorities for whole system improvement should be and recommend action that will enable local delivery.

Supporting people to work

It is in all our interests to do everything we can to support people with health conditions and disabled people to stay in, return to, or move into work. Chapter 3 sets out our plans to support employers to achieve this goal. But we also know that there is more public services can do to meet the needs of these groups.

Providing early intervention services for the working population and helping those people who are inactive because of a health condition or disability find work are at the heart of the conclusions to Dame Carol's Review. Chapter 4 outlines the plans we have to meet the challenges raised including:

Piloting early intervention services

A range of early intervention services will be piloted in 2009 and run until at least 2011. These will include: 'Fit for Work' service pilots; the embedding of Employment Advisers within the Improving Access to Psychological Therapies (IAPT) programme from early 2009; and the extension of the Pathways Advisory Service, which places Employment Advisers in GP surgeries, for a further three years.

The early intervention services will help individuals by making access to work-related health support more widely available. The 'Fit for Work' service pilots will provide case-managed, multi-disciplinary support and various models will be tested. All pilots will be comprehensively evaluated.

Access to Work

Changes to Access to Work will improve effectiveness – making the service as flexible and timely as possible and reaching more of the people who need it, particularly those who have fluctuating conditions.

Cynllunnir y mentrau a nodir yn yr Ymateb hwn i gyfrannu at iechyd a lles y boblogaeth oedran gweithio, eu teuluoedd a'u cymunedau, ac i fod o fudd i berfformiad economaidd Prydain yn gyffredinol. Mae'n bwysig ein bod yn gallu mesur ein cynnydd wth gyflawni'r nodau hyn. Mae Pennod 5 yn nodi sut y bwriadwn fesur effaith ein hymdrechion drwy olrhain newidiadau ar draws ystod o ddangosyddion.

I gloi, nid yw'r Ymateb hwn yn cynrychioli diwedd ein hymdrechion i wireddu'r weledigaeth rydym wedi'i gosod i ni'n hunain: y cam sylweddol nesaf ar y daith ydyw. Mae Pennod 6 yn nodi'r camau yn y dyfodol rydym yn bwriadu eu cymryd: integreiddio darpariaeth sgiliau, iechyd a chyflogaeth yn well; adolygu'r cymhellion i unigolion, cyflogwyr a'r wladwriaeth i fynd i'r afael ag absenoldeb oherwydd salwch er mwyn sicrhau y cânt eu cydbwyso i'r eithaf; a pharhau i ddatblygu strategaethau i fynd i'r afael ag anghenion penodol y rhai sydd ag iechyd meddwl gwael.

Casgliad

Caiff ein Hymateb ei gyhoeddi ar adeg sy'n heriol o ran yr economi, ond mae'r mesurau a gynigir mor berthnasol mewn cyfnodau anodd ag ydynt mewn amser da. Nid yw iechyd yn rhywbeth rydym ond yn ei ystyried pan fo bywyd yn hawdd – mae'n ymrwymiad hirdymor sy'n rhoi buddiannau i bawb.

Mae hon yn siwrnai heriol, ond yn un sy'n hanfodol bwysig i bawb o oedran gweithio, eu teuluoedd, eu cymunedau, ein cymdeithas a'r economi ehangach. Drwy gydweithio byddwn yn helpu i frwydro yn erbyn allgau cymdeithasol, dileu tlodi plant, cefnogi ein poblogaeth sy'n heneiddio, gan greu gweithlu gyda'n gilydd ar gyfer y dyfodol. Drwy wella iechyd a gwaith, byddwn yn gwneud gwahaniaeth gwirioneddol i fywydau pobl.

The initiatives set out in this Response are designed to contribute to the health and well-being of the working-age population, their families and communities, and to benefit Britain's economic performance overall. It is important that we are able to measure our progress in meeting these aims. Chapter 5 sets out how we plan to measure the impact of our efforts by tracking changes across a range of indicators.

Finally, this Response does not represent the end of our efforts to realise the vision we have set ourselves: it is simply the next significant step on the journey. Chapter 6 sets out future steps that we intend to take: better integrating skills, health and employment provision; reviewing the incentives for individuals, employers and the state to tackle sickness absence to ensure they are optimally balanced; and continuing to develop strategies to address the specific needs of those with poor mental health.

Conclusion

Our Response is being published at a challenging economic time, but the measures proposed are as relevant in difficult times as in good. Health is not something we only think about when life is easy – it is a long-term commitment which produces benefits for all.

This is an ambitious journey, but one which is crucially important to everyone of working age, their families, their communities, our society and the wider economy. By working together we will help combat social exclusion, eradicate child poverty, support our ageing population, and together build a workforce for tomorrow. By improving health and work we will make a real difference to people's lives.

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