

Financial case for workplace health interventions

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ORR meeting
Occupational Health – The Financial Case
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MAYOR OF LONDON

Transport for London



TfL

- Created in 2000 to implement the Mayor's Transport Strategy and manage transport services across London.
- Includes London's Buses, Underground, Docklands Light Railway, London Overground, Croydon Tram link, London River Services, Victoria Coach Station
- Key statistics
 - 4 million tube journeys per weekday
 - 6.3 million bus journeys per weekday
 - 580km of main road network
 - 6,000 traffic lights
 - 25,000+ employees / ~100,000 people indirectly employed through the supply chain



What is London Underground?



600 trains



816 km of track



111 Lifts

3-4 million journeys/day
1.1 billion journeys/year
20 million customers

271 stations



13 depots



412 escalators



A history of under investment

Degraded assets

PPP originally envisaged a 22.5 year backlog to get assets in a good state of repair

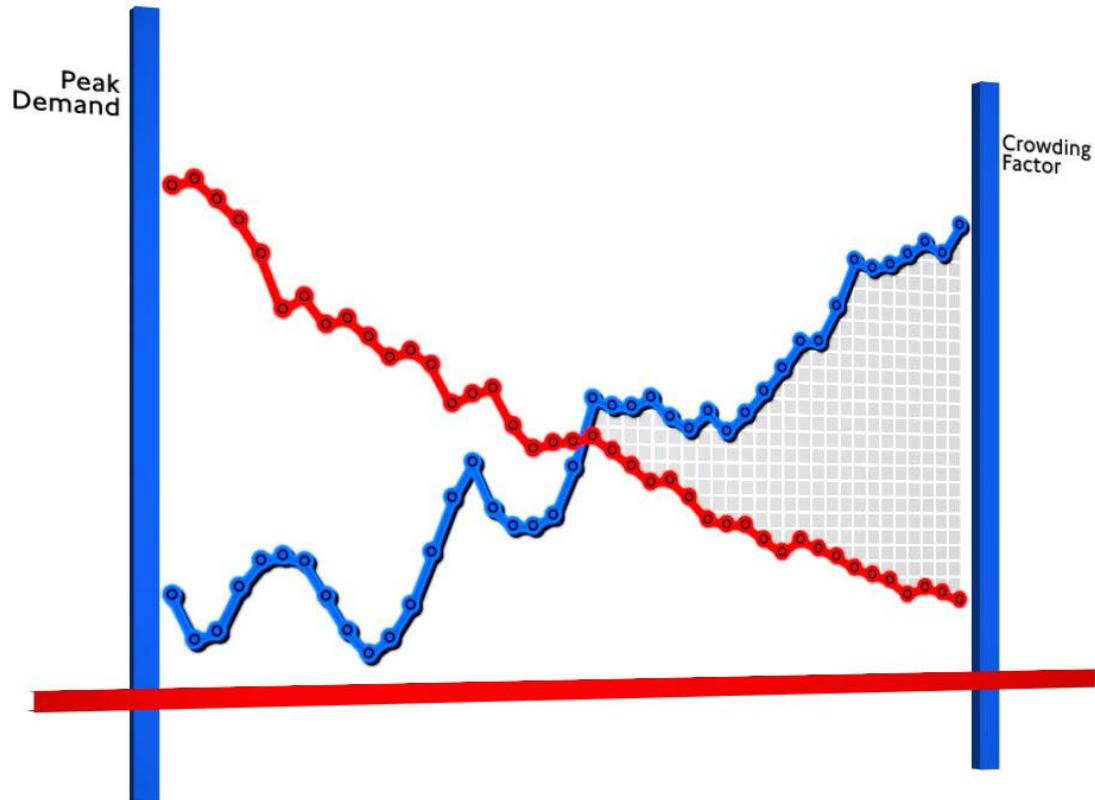
Investment to maintain, renew and upgrade



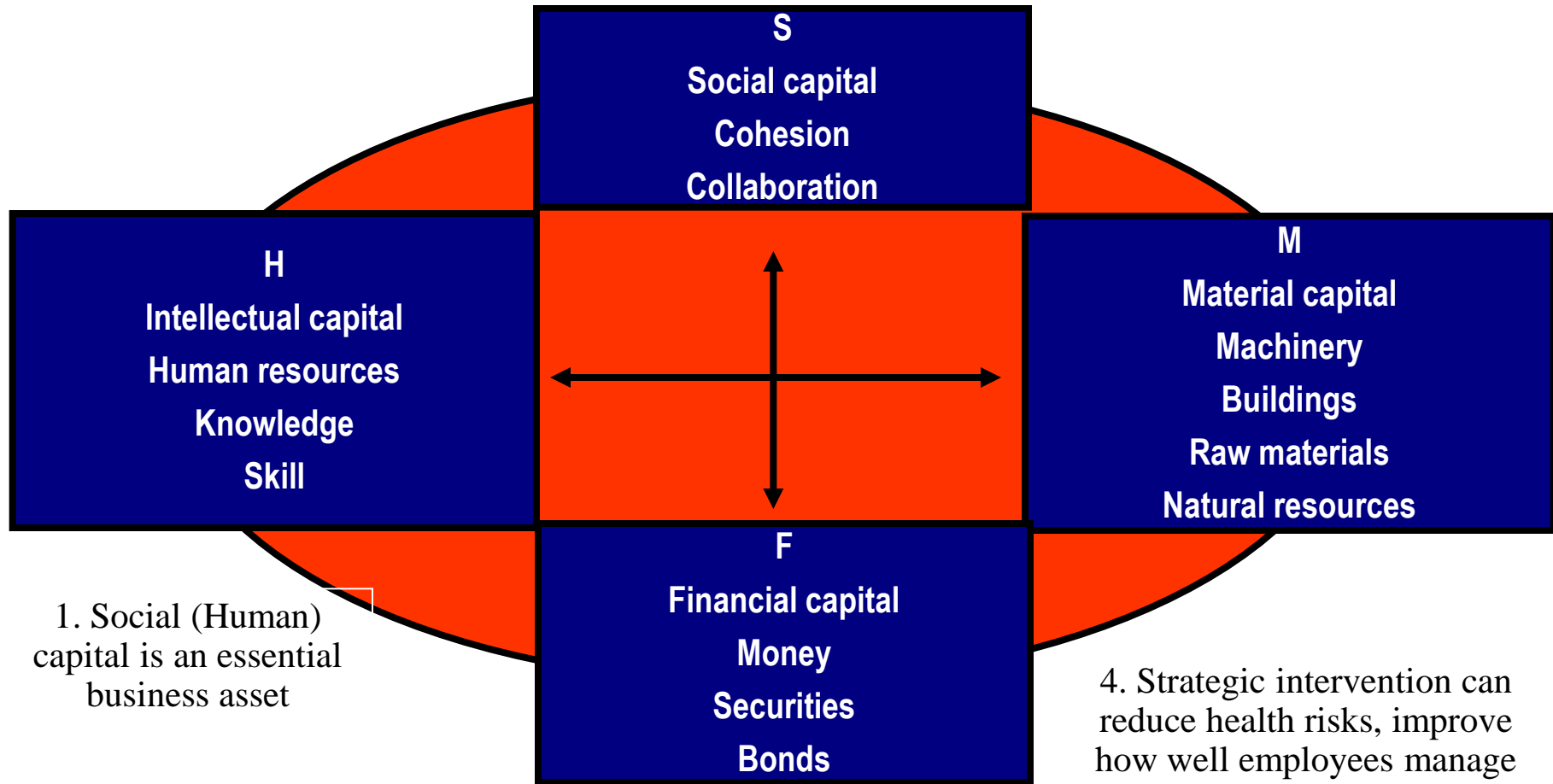
Renewing the Underground



Passenger Growth & Platform Wait Time



Why Invest in Health?



1. Social (Human) capital is an essential business asset

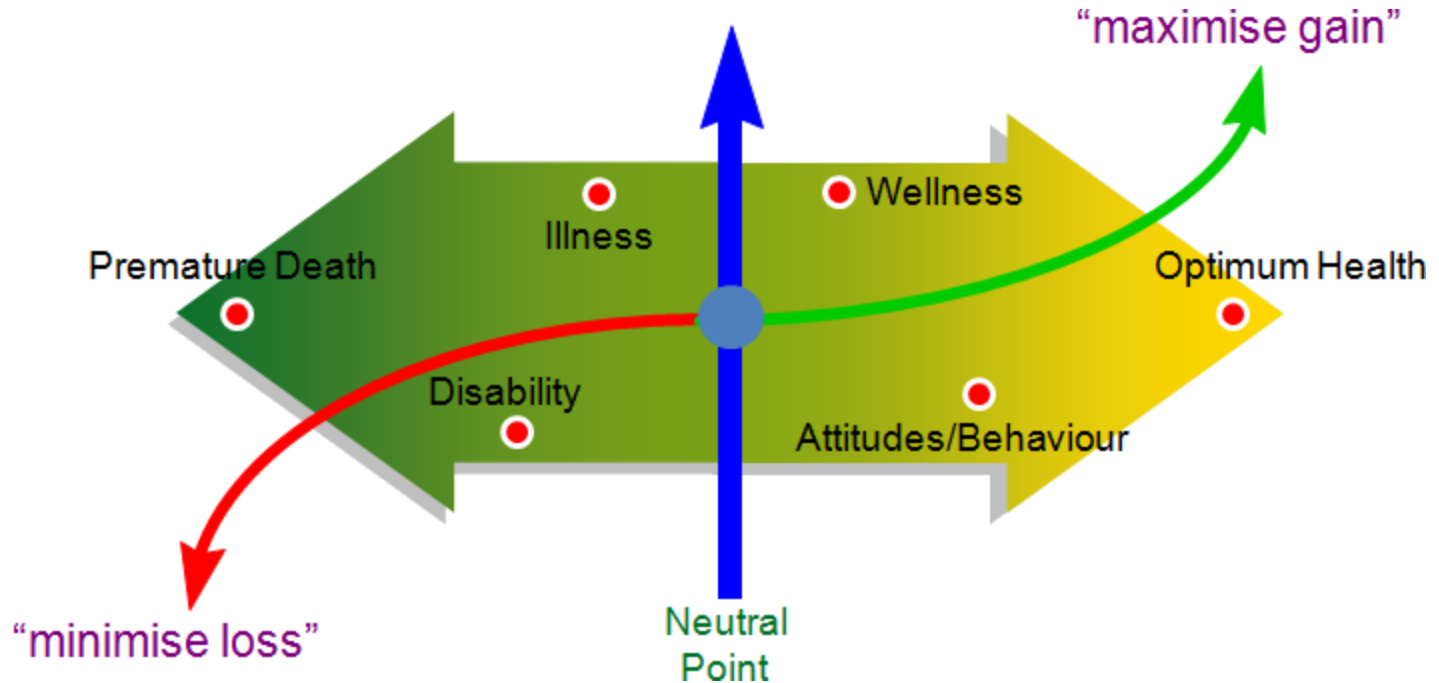
2. Health is a primary factor in human capital efficiency and effectiveness

3. Investments in employee health preserve and enhance the productive capacity of human capital

4. Strategic intervention can reduce health risks, improve how well employees manage their health and reduce employee absence and disability



The Health Performance “model”



TfL Occupational Health aims

- We aim to help people with health issues get into work, stay in work, and return to work quickly and safely after illness and injury.
- We aim to prevent work from harming people, and if it does we aim to act quickly to put things right.
- We aim to help people enhance the quality of their life through empowering them to identify and use any opportunities to improve their mental and physical health, to contribute to their motivation and work performance.



OH workstreams

- **Medical Advisory Service** – fitness for work / early return to work / maintenance at work with health issues / work –related illness / health advice
- **Treatment Services:**
 - Physiotherapy for low back pain
 - Mental health services
 - Counselling and Trauma Services / Stress reduction groups / TSGs
 - Drug and Alcohol Assessment and Treatment Services
- **Medical Assistance Programme** (only train ops, service control and maintenance)
- **Health Improvement Plan** (primarily London Underground)
 - Mental health plan / musculoskeletal plan / health fairs
- **Medical Standards** for safety purposes / advice on policy / contribution to emergency planning



Why we provide some services

Occupational Health provide treatment services for those treatments where there is a clear business case for the effectiveness of these services

AND

they are difficult, costly or slow to access through the NHS – for example work focused physiotherapy, drug and alcohol treatment, work focused counselling



Stress reduction groups

To enable participants to:

- Build resilience
- Understand stress, how to control it & how to prevent it in future
- Get back to work through liaison with the manager and graded return to work.
- Cognitively process underlying factors – e.g. negative thinking
- Make lifestyle changes to support the other changes



Stress reduction groups

qualitative data

Feedback from attendees (validated questionnaire completed post course)

Self reported change	% of evaluations reporting change
Relating to others better	90%
Improved sleeping patterns	60%
Improved diet (including drinking and smoking)	90%
Increased exercise	80%

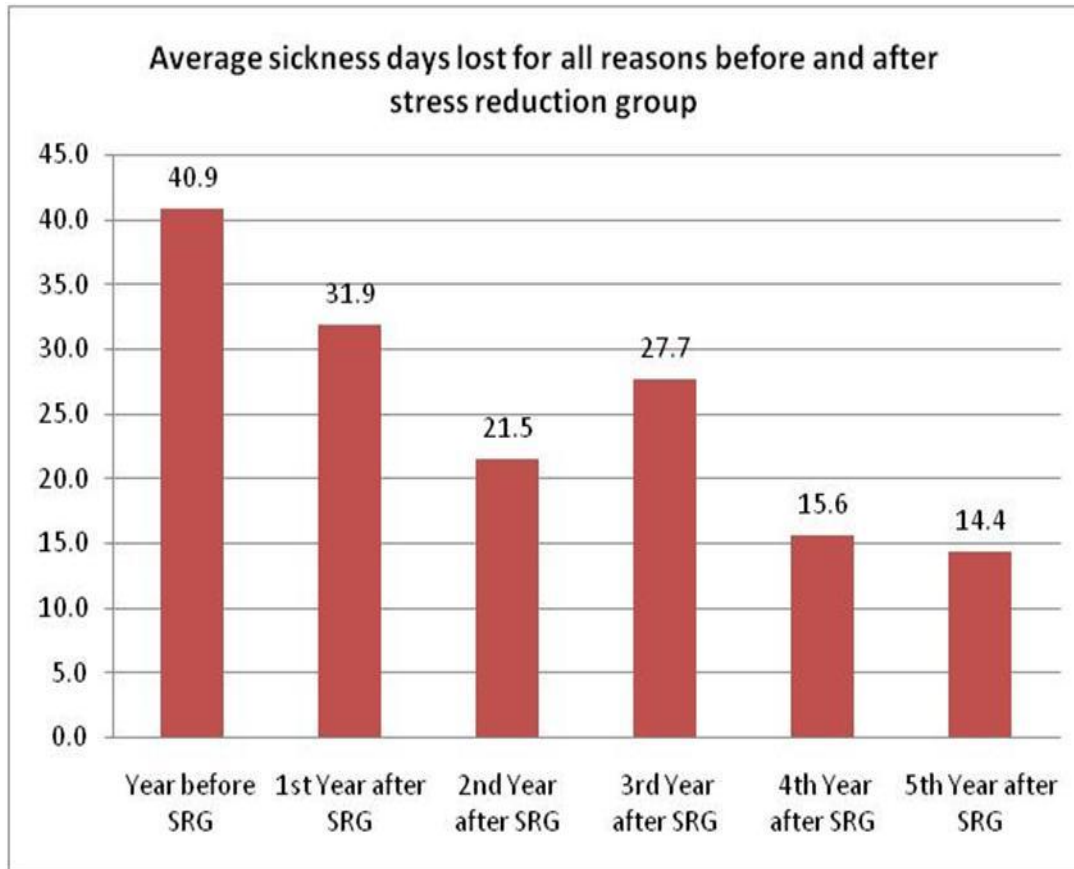


In their words:

- *I have learned to smile again and to laugh about life*
- *It'll be something that stays on my mind for good*
- *I have learned to deal with issues when they arise*
- *My diet, exercise/relaxation, relating to others has altered and I am happier at work*
- *Learning about the experiences of others and how they did or didn't cope was very helpful*
- *Learning about the link between stress and diet, the locus of control, and the relapse prevention plan were very helpful*



Stress Reduction Groups



For 56 people still working for us, who were in these groups (using average sickness absence calculations for previous years)

Time Pd	Days Lost	Cost
Yr before SRG	2290	£499k
1 st year	1786	£389k
2 nd year	1204	£263k
3 rd year	1551	£338k
4 th year	874	£191k
5 th year	806	£176k

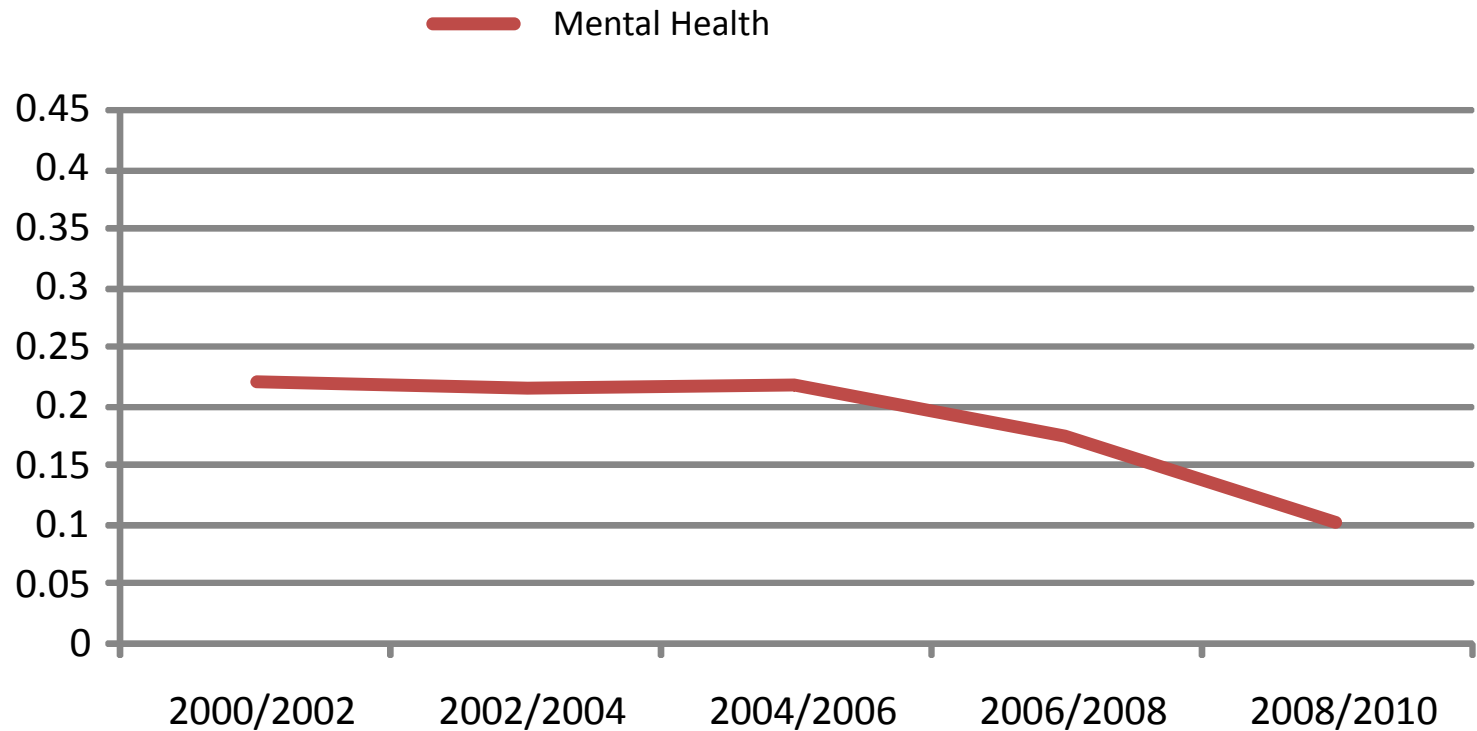
Based on an absence cost/day for operational staff of £218 for all time periods



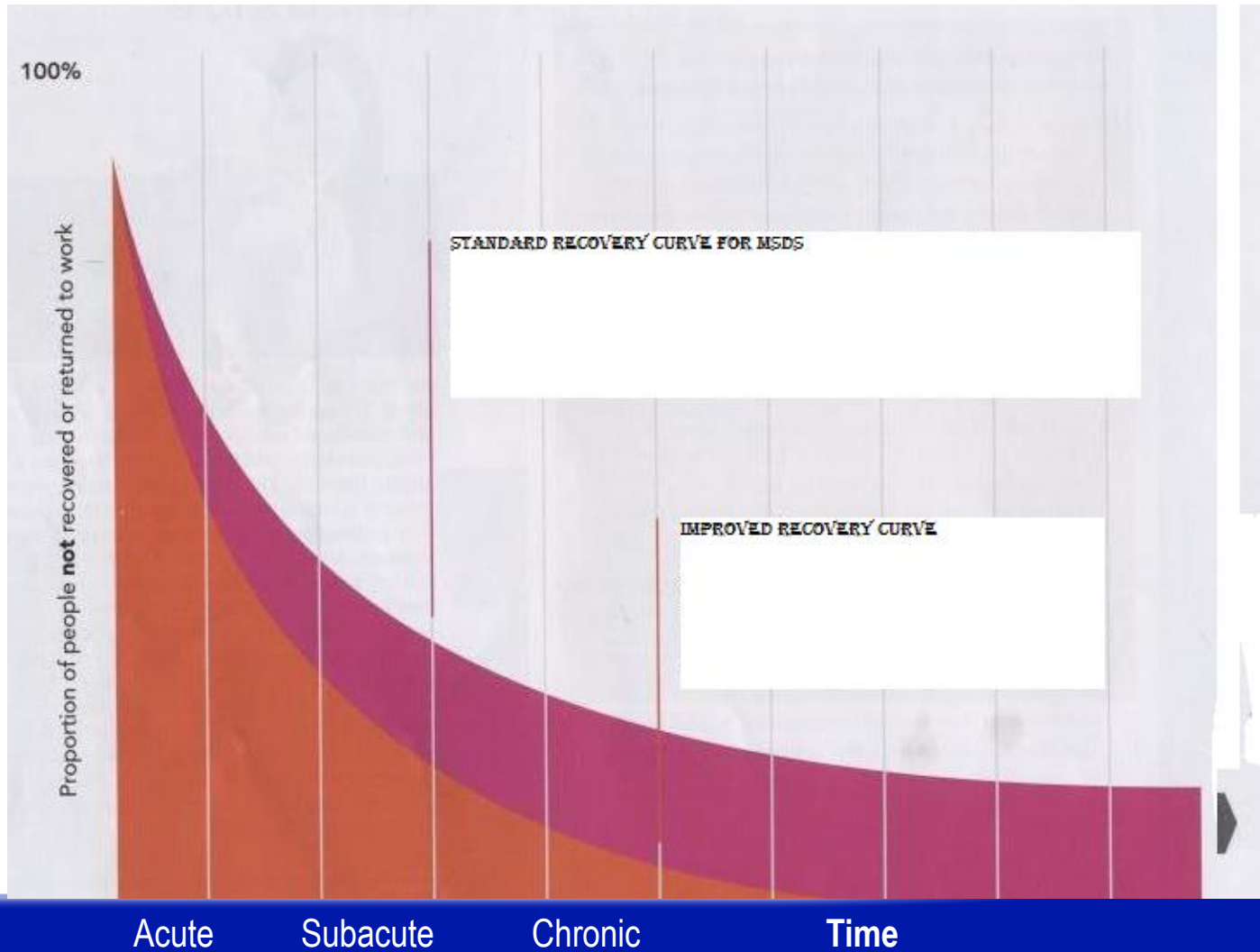
Medical retirements for mental health reasons

Graph 7

Medical retirements as a proportion of headcount



MSD Recovery Curve



Assess Risk of Delayed Recovery

- Referring phone call
- Attendance record
- OH Attendance record
- Medical Notes
- Screening Questionnaires
 - Orebro
 - Pain
 - Disability



Assessment of Risk: Flags

Workplace Factors:- work status, tasks, concerns, measures taken, others response, work return

Psycho-social Factors: cause, expectations, strategies, others response, effect on mood, stress factors

Possible Serious Pathology: routine questions and examination as appropriate -

Clinical Factors: nerve root, dysfunction movement patterns



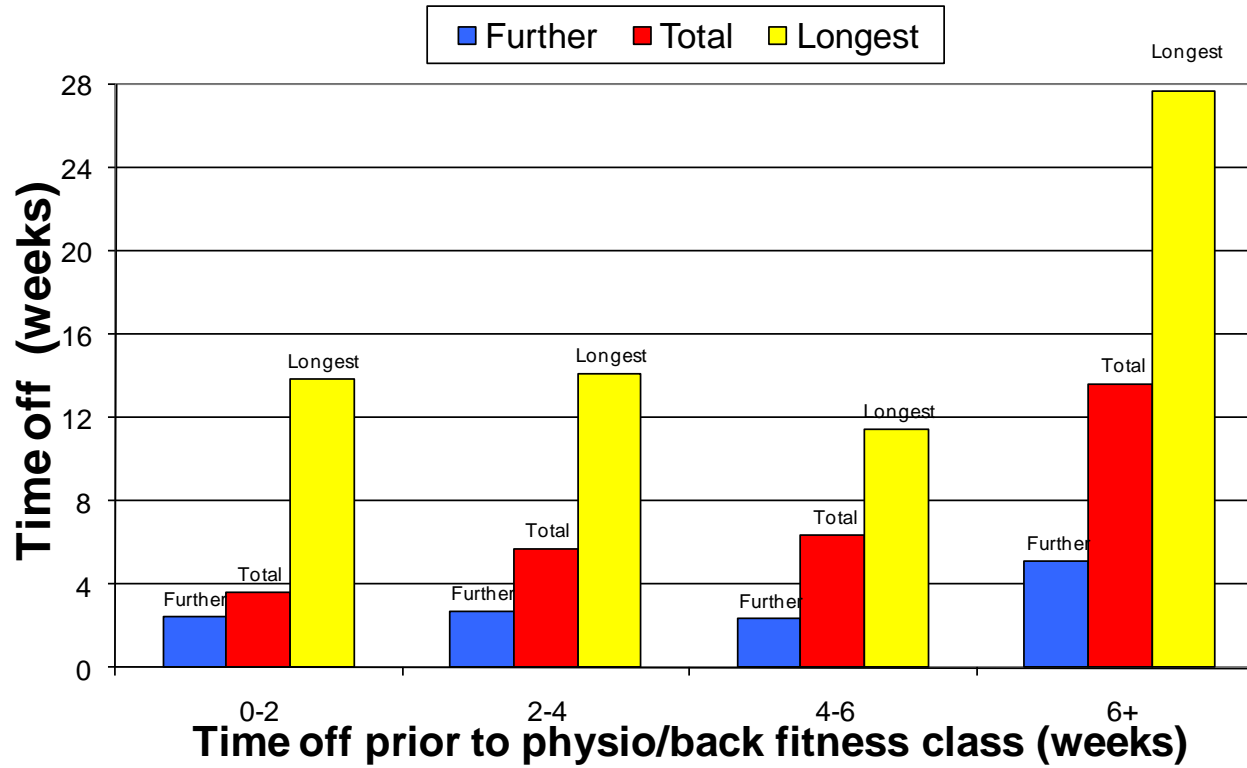
Stepped Approach

- Multi Disciplinary Team solutions
 - Condition Management Programme
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- Counselling
 - Workplace Visit
 - Gym Rehab
 - Psychosocial
 - Education
-
- Light treatment
 - Advice
 - Assessment

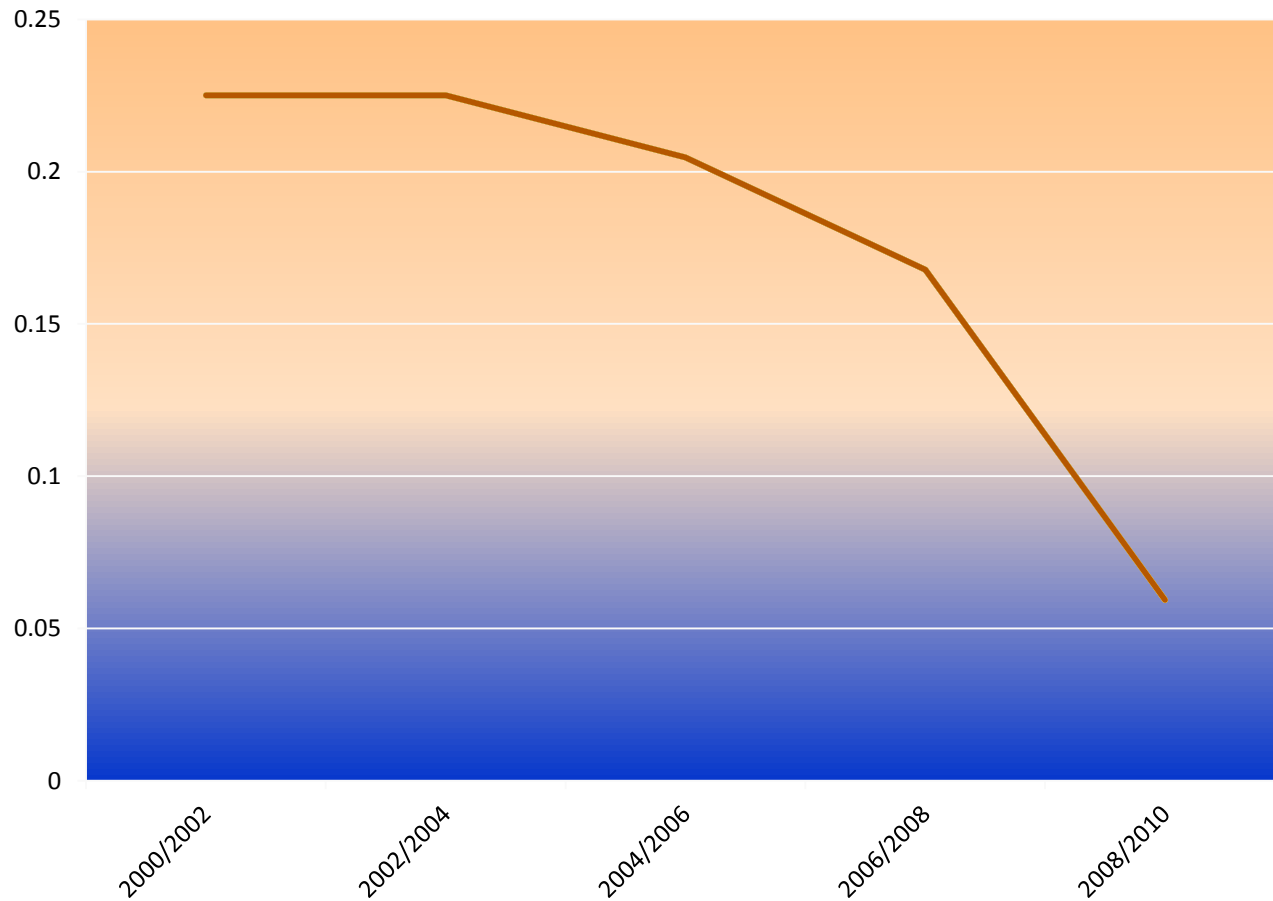


Impact of early referral to physiotherapy on attendance

The impact of speed of physio/back fitness class access on duration of sickness absence



% Medical Retirements p.a - MSDs



Physiotherapy – ROI

- Considering:
 - Improved attendance: on average 12.6 days saved per employee (*£1.16m net savings 2008/9 for 422 LBP referrals, ROI of 6.4 (using £218 per day sickness absence cost for operational employees)*)
 - Prevention of recurrence of problems: 17% recurrence for users of OH, compared to 33% in general population (*£0.3m net savings 2008/9 for 422 LBP referrals, ROI of 2.1*)
 - Modest assumption of reduced termination of service of employees, allowing for direct savings only (*£1m net savings 2008/9 for 422 LBP referrals, ROI of 5.6*)
- LBP service gives an estimated return on investment of 14



Medical team contribution to improving management of disability

- Analysis of 40 cases 2003/4 compared to 2008/9
- Eventual outcome was loss of job due to medical condition
- Table shows big increase in the number of efforts made to accommodate the individual at work

	av age	ave length of service	too ill to ever return to	no effort to accom	one effort to accom	two efforts to accom	> 2 efforts to accom	total
2003 - 4	47.0yrs	15.3yrs	7	16	17	0	0	40
2008 - 9	50.6yrs	15.8yrs	14	2	11	11	2	40



Medical Team recent contribution to Employment Tribunals

- O'Connor v TfL
 - Visual standard for track work successfully defended
- Dim v TfL
 - A recruit not taken on for medical reasons: successfully defended by demonstrating very thorough assessment by OH and encouragement by HR to apply for other roles
- Morgan v TfL
 - An employee with physical disability claiming not sufficient adjustment. Successfully defended, showing appropriate OH advice which has been implemented by manager.
- Vuoto v TfL
 - An employee with multiple sclerosis; adjustments recommended by OH were not implemented by manager. Case lost.

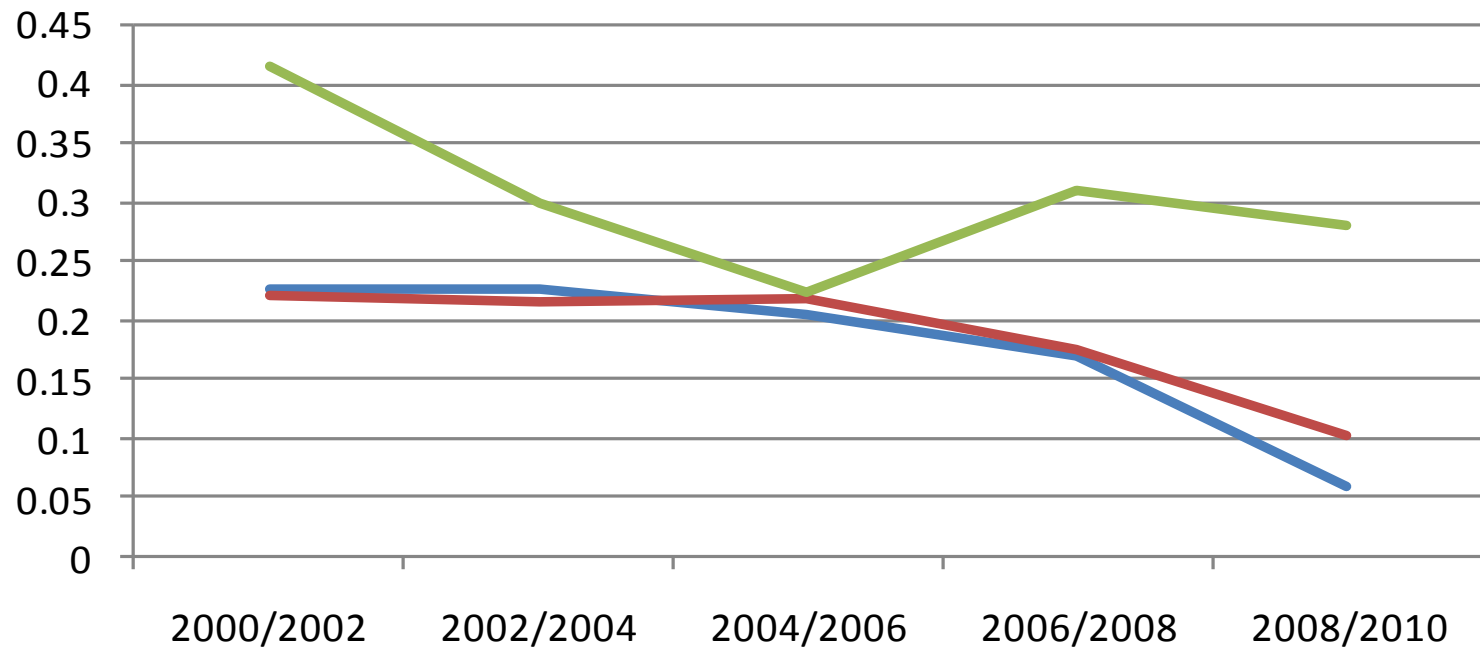


Medical retirements – contributions by all OH teams

Graph 7

Medical retirements as a proportion of headcount

MSD Mental Health Other med retirements



Evidence of contribution by OH to:

- Improved attendance
- Improved management of employees with disability, particularly in making adjustments
- Feedback from employees about favourable impact on their lives – impact on employee engagement, motivation and performance
- Feedback from managers about help to manage people with health issues
- Successful defence of employment tribunals, where manager implements OH advice
- 60% reduction in medical retirements over 10 years



Thank You

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