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**Kerry-Ann Chennells:** Hi and welcome to Zurich's podcast series. I'm your host, Kerry-Ann Chennells, and in this episode, we're talking about rehabilitation with our guest speaker Paula Farmer.

**Paula Farmer:** Thank you, Kerry. As Kerry has introduced me, I am Paula Farmer and I'm rehab services manager for Zurich Corporate Risk. My background is in nursing and also, strangely enough midwifery. But for more years than I care to mention, I've worked in the area of rehabilitation case management.

My experience is based in rehabilitation provision in England Protection as well as previously several years in personal injury rehabilitation.

**Kerry-Ann Chennells:** So, Paula, can you tell us a bit about the rehabilitation services we offer?

**Paula Farmer:** Of course, Kerry. All of our rehabilitation provision is based in-house. We have a team of medically qualified nurses.

I've recruited essentially based on issues that we're actually seeing in the workplace and absence issues that employers and members are experiencing. So, it will come as no surprise that even prior to this pandemic, we were seeing a lot of issues around mental health specifically.

So therefore, we've recruited strong contingent mental health qualified nurses in my team. We also have general nurses with experience and extended scope qualifications in areas such as oncology, cardiology and endocrine conditions. We also have an occupational health nurse in our team, and we also have physiotherapists. So, we have a very broad range of medical professions. All of our team are also experienced vocational rehabilitation practitioners.

Many have a vocational qualification and also my team also have other extended scope qualifications. Many are mental health first aid trainers. We also have CBT in the workplace qualified providers. We also have a mediator within our team and more recently one of our team is very experienced in supporting people that have suffered long COVID and actual COVID infections. And we work very closely with our claims team. Prior to the pandemic we used to attend head office at least one day a week for each rehab consultant so that we could enhance that close working with the claims team. That now has moved us indeed, many of us have in the pandemic, to be virtual meetings by telephone, by Teams meetings. But we do maintain that really close bond of working well with claims.

**Kerry-Ann Chennells:** So, who would benefit from the services?

**Paula Farmer:** That's a good question, Kerry. Chiefly, it's any customer with income protection coverage through Zurich Corporate Risk. Again, this cover is actually accessed by usually the designated HR team members within that scheme. It can sometimes be a line manager. But they have a dedicated claims manager contact within Zurich Corporate Risk that they can call with any query that they think may be helpful to have rehabilitation involved in. So, that is how they actually access us through that dedicated claims manager. And indeed, we work really closely with that individual member be they in work, which we'll come on to at the moment, but struggling or be they absent.

We also obviously work very closely with human resources managers, line managers and indeed occupational health. We work with all sized companies. Some companies have embedded in-house occupational health provision, some have external providers, and some have no formal occupational health provision at all. So, we will work to enhance occupational health. If a company requests us to, sometimes an OH may actually say this person's ready to return to work. They may not give a return-to-work plan. They may not give an idea of how long that will take, so then you can call the dedicated claims manager, and they can involve rehab to actually support that return to work. The only major differentiator with rehab services and occupational health is occupational health can obviously determine if someone is fit to work and what area of their duties that they can enable. As rehab, we cannot indicate if someone is fit for work, but we can support them in that return-to-work journey. We also very closely liaise with treatment providers to ensure that the employee is accessing the best treatment possible and expediently. We can liaise, and do liaise, with NHS provision. Commonly now we talk with community mental health teams, and we can also liaise and talk with private health providers as well.

So we are, if you like, holistically joining up that person's treatment and their rehabilitation recovery back to work.

**Kerry-Ann Chennells:** That's great. Thank you, Paula. So, what do we do to support income protection customers?

**Paula Farmer:** Again, that's a really broad but very good question. I think the key thing that we really do is we listen to what our customers really want and value. And we are proactive in reviewing just what we offer. And if you like, enable good solutions for that.

Since 2016, we've been really keen to realise that it's not just about supporting someone when they become absent. It's also looking at keeping people working well. It's preventing that absence where possible because that enables good performance in the workplace, retention of good employees and also it impacts positively on your claims history as a customer. So, we've offered presenteeism support for all of our income protection customers.

**Paul Farmer** (continued): And I'm sure many people listening to this are fully aware of what presenteeism is, however, we're just finding that being a situation where someone is actually working but may not be performing as well as usual. It may be that line managers are noticing they're not communicating that well. Their performance has dipped. They may have sporadic frequent absences, and I think currently in this pandemic again we are seeing people that are working from home and they're more remote. May well be that that's the person that's not putting their camera on when they did previously. Anything that the line manager has a sort of inkling, if you like, that things may not be well for that person. So, my team can be involved once you've contacted the designated claims manager to call that individual and perhaps the line manager and HR, to actually get to the root of the problem. And very often it is by signposting and supporting that individual and enabling conversations.

We are seeing a steep rise in presenteeism referrals since the COVID-19 pandemic, and that is due, I think, largely in part, to this remote working, to the restrictions of the pandemic on mental health and our general well-being. We are sadly seeing referrals where people are going through relationship breakups, financial worries, a really general anxiety about their parents, if they have elderly parents, to their children with homeschooling. So, we are getting involved early to look at signposting and supporting individuals and that's being very well received.

Of course, we're involved in early intervention. What we typically say to our customers, if you can't even from the first GP fit note, if you have someone who is absent with a subjective - that's a mental health related condition usually - it may well be you see GP fit note saying anxiety, low mood. And I think we all know after a period of time if someone isn't able to come back to work, you do see those fit notes change into being a more formal GP-led diagnosis of depression. So, the earlier involved, the earlier we can ensure that that employee is supported and is accessing the correct treatment appropriately and most importantly is making progress.

And we're there to support also the line manager too, in maintaining communication and support to that individual with their HR team and enabling really as soon as possible a sustainable return-to-work. So, early intervention I think is key in actually addressing issues early on, preventing extended absence and indeed improving claims histories for a lot of our customers as well by ensuring people are back to work before the end of their deferred period in the claim. So, really the earlier notification the better. You're never paying lines for talking to your claims team to discuss an absence, if you have any doubt whatsoever.

Of course, as rehab we're here to support at any point with case management. That could be where you have someone who is absent from work, who you had expected to have returned by now. They may have had what seemed like a perhaps a fractured ankle, and you'd expect them back within 8 to 10 weeks. But they're not. We can actually pick up a referral and actually look and see what's actually happening with that individual. Are they receiving the appropriate treatment?

**Paul Farmer** (continued): Are they actually making progress, or is something else actually going on? I think we all quite commonly too see people perhaps absent with back pain, and in reality, the issue isn't their back pain. It may well be a depression or other situation. So, we can be involved at any point. If you feel someone is maybe plateauing or not making the progress or maybe even not engaging with their HR or touching base with them or their line manager.

We, of course, are here to support any graded return to works, and we can be involved, as I mentioned, at any point in that in the early intervention stage, or if the claim actually goes into payment when perhaps an individual may say, 'Hey, I'm fit to return to work now.' Or we may have a GP note or a medical report sent into claims saying someone is fit to enable a graded return.

We're here as rehab consultants to contact yourselves as HR online managers and also that individual to get a good history and build a rapport with that individual who's absent from the workplace to gain an understanding into their condition, their treatment, any anxieties they may have, what their job role will actually entails, which is so crucial, and any concerns they may have about returning to work. We will also then liaise with HR and line managers to actually address those issues. And then enable, what used to be probably in the old days, around the table face-to-face meeting quite largely now where mostly telephonic or on Teams meetings to get everybody, if possible, in front of a camera because I think it's always better when you can be as near face-to-face in this virtual world as possible, to plan out a return-to-work plan that works for the individual and also works for the business.

We try and avoid long, rambling return-to-work plans. We aim to have a start and finish date or point that can be flexible depending on how that person progresses and the ability within the business to accommodate it. But it's built on obviously hours and days of the week that that individual is building upon to get to their full contractual hours.

But also, crucially, looking at what duties they're enabling. I think it's very easy to look at the days and hours of the week that someone's working to get them back to full time, but that return-to-work plan needs to be sustainable. So, we need to ensure that they can maintain their actual duties and role and that is sustainable. So, we will support that throughout with calls and virtual meetings that review with the individual and the line manager and probably HR to check in on how this is progressing and address any issues ideally before they occur. Usually at the end of a return-to-work plan, we will follow up once someone has attained their full role and hours about two weeks after just to make sure it is sustainable and then we'll close our involvement.

If anything happens that there is a problem later, then the HR team can always refer back to the claims manager and where it at all possible, we would try and refer to the same rehab consultant for continuity. So, that's a little bit about how we support our graded return-to-works.

**Paul Farmer** (continued): There are other things that we offer that we see are a huge part of rehab provision within Zurich Corporate Risk and that focuses on training. We have a training calendar that runs for the entire year. All of the sessions are based on customer requests for typical topics, many are based on mental health, which is no surprise. So, we have various sessions in our training calendars, such as dealing with difficult conversations and those sessions are aimed at perhaps the one-to-one conversations line managers have with individuals. Sometimes it may well be due to mergers or redundancies that line managers and HR may need to have those challenging and difficult conversations with an individual around the consultation period. We also enable workshops also on recognising and dealing with anxiety and depression in the workplace, sessions on building resilience. We also sadly had to introduce last year a session, which is very well received, on talking taboos around the subject of suicide. We also have sessions on using CBT skills in the workplace. And all of these training sessions are currently aimed at HR and line managers. They are interactive. There is an opportunity to ask questions which are usually addressed at the end of the session. The sessions typically last 45 minutes with about 15 minutes for questions. If we can't answer all the questions in that session, we will respond by email after.

We haven't forgotten the physical conditions within the workplace, so there is strong focus on a male and female health session dealing with drugs and alcohol abuse in the workplace, returning to work after cancer, also preventing lower back pain, and that's even more important now with people more and more working from home. Sometimes they may be sitting on a kitchen chair or using a desk at an inappropriate height. We also have sessions on dealing with joint pain and also sessions on COVID-19 which is based on current government information and updates. We haven't formally put those into the calendar. We had one in February. We're also going to introduce updates throughout the year.

So, we're constantly adding even to the existing calendar for this year with further topics and we do ask for feedback afterwards - suggestions of other sessions that we could run that our customers feel beneficial. We are looking to record some of the sessions to be employee facing. We did previously run some sessions that involved employees, but we did find with confidentiality that became difficult because people would often raise their own personal issues within a training session. But we will look to make those effective as a recorded session.

We also have a wealth of information on our website including various podcasts and employee facing literature that you are welcome to access. And we are trialling a rehab access line, which we will be inviting further customers to join throughout the year and this is where, at present, it is just one day a week. But there is an open line to a member of the rehab team to raise any rehab related query that you may have. Examples, of course that we've had are: 'I have this employee that again is not working terribly well in the workplace and not putting their camera on. I'm very concerned about them. Could this be something you enable for presenteeism reports?' So, if you like, that one was fast tracked through to us.

**Paul Farmer** (continued): We've also had questions come up where people have said 'I have a member that I think might have an alcohol issue. How could I actually broach this with them?' We have all sorts of questions come through on this line, which we aim to offer some support and signposting on. So, thank you.

**Kerry-Ann Chennells:** Thank you so much Paula for joining our podcast. We hope you have enjoyed listening and you can listen to our other podcast on a range of insurance topics.

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