

# **One Wales**

## **Occupational health task and finish group report**

**‘Explore opportunities to place  
occupational health services on a statutory  
basis in Wales’.**

**March 2009**

## 1.0 Introduction

1.1 This report sets out the conclusions and recommendations of the Wales Occupational Health Task and Finish Group (WOHT&F) who were convened to consider the commitment in the Welsh Assembly Government's **One Wales** document to:

**'explore opportunities to place occupational health services on a statutory basis in Wales'**

1.2 The membership of the group is listed in **Annex A**.

1.3 The group considered the following areas to draw a conclusion on the associated benefits and implications of the commitment;

- Definitions of occupational medicine and health
- A review of the evidence
- Legal issues
- Enforcement issues
- Capacity issues
- Cost effectiveness
- The profile of the working age population
- The existing approach in Wales

1.4 This work has been carried out at the same time that the UK Government and the devolved administrations have published their responses to Dame Professor Carol Black's Review of the health of Britain's Working Age Population – *Working for a healthier tomorrow*. The recommendations in this paper take account of the commitments made in these responses.

1.5 In reaching their conclusion, the OHT&F group have assumed that the One Wales commitment was made on the basis that a statutory duty to provide occupational health services would bring about improvements in health and reductions in the physical and financial loss caused through occupational ill health, injury and, sickness absence.

## 2.0 Definition of Occupational Health

2.1 The group considered several definitions of occupational health and concluded that they were not sufficient for the purposes of this group's work. The group therefore developed a broader definition which was felt to reflect a contemporary approach to occupational health service:

*Occupational health aims to maximise the health gains of being in work, ensures a safe environment for work and removes barriers to allow individuals to realise their potential whilst at and, on returning to work.*

## 3.0 Review of the Evidence

3.1 Amongst the material considered by the group were the following three key evidence reports:

- The Occupational Health Advisory Committee's report on access to occupational health support.
- *Is work good for your health and well being?* Professors Waddell and Burton
- *Working for a healthier tomorrow*, Dame Carol Black

3.2 The WOHT&F recognise the limitations of a report commissioned 8 years ago, but felt that the Occupational Health Advisory Committee report was a useful starting point to help consider the One Wales commitment.

3.3 The Occupational Health Advisory Committee (OHAC) was commissioned by the Health and Safety Commission in 2000 to look at ways in which access to occupational health support could be improved<sup>1</sup>.

The OHAC concluded that:

- Prevention of ill health and amelioration of the effects of health on work are essentially management issues and whilst professional occupational health support may be required this is not inevitably the case in all circumstances.
- Employers and managers need access to a point of enquiry that can either suggest solutions or signpost employers and managers to appropriate levels of advice.
- Improving access to occupational health support will not succeed unless further action is taken to improve employer and worker awareness of when such support is needed.

- There is no one solution that will meet the occupational health support needs of everyone; flexibility is the key to delivery mechanisms.
- Delivery mechanisms for occupational health should give priority to the prevention of health risks at work and issues that arise from the effects of health on work.
- There is a wide range of mechanisms, many involving partnerships, which should be pursued to raise awareness of occupational health issues, and encourage and facilitate the delivery and use of occupational health support.

- 
1. Occupational Health Advisory Committee report: *Improving access to occupational health support (2000)*  
<http://www.hse.gov.uk/aboutus/meetings/iacs/ohac/access.htm>

3.3 In 2005, the Department for Work and Pensions commissioned Professors Kim Burton and Gordon Waddell to consider the scientific evidence on the health effects of work and worklessness. *Is work good for your health and well being* was published in 2006 <sup>2</sup> and concluded that there is strong evidence showing that work is generally good for physical and mental health and well being. This report reinforces the importance of interventions aimed at retaining people in work who are suffering from a health complaint and the need for occupational health services to include retention and work focused rehabilitation services.

3.4 The report includes the caveat that work must be 'good work' to bring about the associated health benefits. The report does not go so far as to define what good work is and the beneficial effects depend on the nature and quality of the work and its social context.

3.5 In March 2008, Dame Carol Black, the National Director for Health and Work published her review of the health of Britain's working age population – *Working for a healthier tomorrow* <sup>3</sup>. The report was informed by discussions held across Britain, including key stakeholders representing health professionals, employers, unions, academia and Government officials. The review was also informed by over 260 written responses to a call for evidence. The review has called for a comprehensive reform to the current approach to health and work.

3.6 In relation to occupational health, Dame Carol Black recommends:

- The inclusion of occupational health and vocational rehabilitation within mainstream healthcare;
- 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;
- Clear standards of practice and formal accreditation for all providers engaged in supporting the working age people;
- A revitalised workforce with the development of a sound academic base to provide research and support in relation to the health of all working age people;
- Systematic gathering and analysis of data at national, regional and local level to inform the development of policy and the commissioning of services relating to the health of working age people;
- A universal awareness and understanding of the latest evidence on the most effective interventions developed by organisations such as the Occupational Health Clinical Effectiveness Unit;
- There should be an integrated approach to working age health underpinned by a universal awareness and understanding of the latest evidence on the most effective interventions.

3.7 The report has generally been positively received. It did not however focus substantially on health and safety issues.

- 
2. **Waddell, G & Burton, K; *Is work good for your health and well being?* (2006) The Stationary Office**
  3. ***Working for a healthier tomorrow: Dame Carol Black's review of the health of Britain's working age population.* (March 2008) TSO London**

#### **4.0 The current picture of occupational health**

4.1 The group also considered two reports which outline the current provision of occupational health services in Wales and the UK.

4.2 In 2002, the Health and Safety Executive commissioned a survey of the Use of Occupational Health Support across the UK <sup>4</sup>. The survey identified that 15% of companies provided access to occupational health services which included risk identification, risk management and provision of information. Only 3% of companies provided access to comprehensive services including modifying work, training, and the measurement and monitoring of work related hazards. The most frequently reported reason for not providing occupational health services was lack of relevant hazards.

4.3 More recently in 2006, the Welsh Assembly Government commissioned a mapping exercise to determine the level of occupational health activity in Wales <sup>5</sup>. The exercise identified that the majority of public sector organisations in Wales provided access to occupational health services compared with only 17% in the private sector. The type of occupational health support varied significantly with only 6% of the private sector providing access to comprehensive services. The study also revealed that services varied greatly across sectors with 94% of large production organisations providing comprehensive OH services compared to 14% in the retail and hotel sector and less than 5% in the construction sector.

4.4 The exercise also revealed that the largest category of staff employed in occupational health services in Wales are nurses, but less than half of those working in occupational health units in Wales hold an occupational health qualification.

4.5 The WOHT&F group recognised that these mapping exercises are limited both by the size of the samples surveyed and by their focus on the employment of occupational health nurses and physicians. Whilst these professions are important to occupational health services, it is recognised that the contemporary approach to occupational health includes, and should involve, a broader range of professionals such as safety managers, ergonomists and occupational hygienists.

---

4. *'Survey of the Use of Occupational Health Support'*, Health and Safety Executive (2002) CRR 445/2002, ISBN 0 7176 2394 7

5. *A mapping exercise of occupational health service and training provision across Wales*. The Welsh Assembly Government (2006)  
<http://www.awardresearch.org.uk/completedprojects.html>

## **5.0 Legal Implications of the commitment to make occupational health services statutory in Wales.**

5.1 The WOHT&F considered the extent to which legislation in relation to “occupational health” might fall within the area of work-related health and safety in the context of the overall health service in Wales. Functions in relation to health and safety at work are not devolved to Welsh Ministers whereas most functions in relation to the health service in Wales are devolved.

5.2 The current health and safety at work legislation is both evidence and risk based. Health surveillance is a legal requirement under health and safety law for employers where certain specified substances are used in the workplace, for example exposures to radiation or high noise levels. The arrangements seek to ensure that the type and level of occupational health support is directly related to the level of risk that exists in the workplace. There is no legal duty to provide health monitoring or surveillance for general medical conditions.

5.3 Two areas were discussed:

- The scope of existing legislation in relation to health and the Welsh Ministers functions in this regard, and;
- Amending legislation in the event that implementing the recommendation of the group would require this.

### **5.4 Part One Existing Legal Powers**

5.5 Functions in relation to the health service in Wales are exercisable by the Minister for Health and Social Services. Most of the health services are delivered through Local Health Boards and NHS Trusts. The relevant powers are mostly contained in the National Health Service (Wales) Act 2006. Under these provisions the Welsh Assembly Government may enter into arrangements with other bodies to deliver services. For example, section 83 of the Government of Wales Act 2006 provides that Welsh Ministers may make arrangements for other public bodies to exercise its functions. This may be the basis of an arrangement with the Health and Safety Executive. However no duties may be imposed under these provisions and arrangements are only on the basis of agreement between the parties.

**The legislation as set out above would not enable Welsh Ministers to impose duties and obligations on employers.**

## 5.6 Legislative Processes

5.7 Legislation generally falls into two categories; primary legislation which may be an Act of Parliament or Assembly Measure; or subordinate legislation which includes orders and regulations which are made under enabling powers in primary legislation and, in relation to Wales, usually made by Welsh Ministers. These types of legislation and how they are enacted is explained below;

- Transfer of Functions Order

Health and safety is a non devolved area, which means that Welsh Ministers do not exercise functions in this area and, in particular, do not have powers to make subordinate legislation. The Secretary of State does, however, have functions and may make regulations which can apply to both England and Wales. Section 58 of the Government of Wales Act 2006 provides for functions of the Secretary of State to be transferred by Order in Council to Welsh Ministers. An Order in Council is issued by Her Majesty's Privy Council. Functions under the Health and Safety at Work Act 1974 could be transferred by means of a Transfer of Functions Order although this would require the support of the Wales Office and the relevant government department.

- Act of Parliament

An Act of Parliament or part of an Act could make provisions that apply to Wales only. It is becoming increasingly difficult to find parliamentary time for legislation and it is unlikely that a bid for a Wales-only Bill, particularly when the Assembly has the option of making Assembly Measures, would be successful. Whilst Acts coming into force since the Government of Wales Act 2006 do still contain provisions relating to Wales they are mostly incorporated in UK government sponsored Bills. Any proposed legislation would be dependent on there being a suitable Bill and the requirements falling within the scope of the Bill. It would also require the co-operation of the relevant government department.

- Assembly Measures

The Government of Wales Act 2006 provides that, providing it is within its legislative competence to do so, the National Assembly for Wales may make Measures. These are equivalent to Acts of Parliament but may apply only in relation to Wales. Provisions of an Assembly Measure will be within the Assembly's legislative competence if it relates to a matter which is specified in Part 1 of Schedule 5 to the 2006 Act. So far Schedule 5 is limited and there are only a few matters that have been listed. Matters may be added to Schedule 5 either by Act of Parliament or by an Order in Council. An Order in Council (referred to as a Legislative Competency Order or LCO) may be initiated by Welsh Ministers but it must be approved

by the National Assembly and by both Houses of Parliament before it can be recommended to the Queen for approval.

Obtaining a Legislative Competence Order and then to make an Assembly Measure is likely to take at least 18 months to complete.

## **6.0 Enforcement**

6.1 Any new legislation on employers for the provision of occupational health services would be subject to regulation by Health and Safety Inspectors alongside their current duties. Regulation of health and safety at work legislation falls to Health and Safety Inspectors in the Health and Safety Executive and in Local Authorities. The HSE's Inspectors are responsible for premises including factories, farms, construction sites and medical facilities and Local Authority Inspectors for premises including offices, shops, hotels, catering and leisure facilities. The proposed changes to legislation would have a greater impact on smaller businesses where regulation falls largely to Local Authority Inspectors. Enforcement of any new duties would require either that additional resource was provided for the regulators, or that resource was diverted from other priority work. These associated costs should be considered alongside proposals to change legislation.

## **7.0 Occupational Health Capacity**

7.1 A mapping exercise of occupational health activity in Wales revealed that only around 6% of the private sector in Wales provide access to comprehensive occupational health services and small and medium size businesses are much less likely to provide these services. There is a lack of suitably qualified occupational health specialists to provide services and the quality of occupational health advice can vary significantly. It must be recognised that although there is evidence to suggest that there is a lack of qualified occupational health nurses and physicians in Wales, no current mapping exercises have included other specialists who work in occupational health including occupational therapist, hygienists and ergonomists.

7.2 New legislation placing a duty on employers to provide occupational services would therefore likely require additional resources to significantly increase the number of occupational health specialists available to provide these services across Wales (see section 4.0). Associated costs should be considered alongside proposals to changes to legislation.

## **8.0 Cost effectiveness of occupational health services**

8.1 PricewaterhouseCoopers (PwC) were commissioned by the Health, Work and Well being Executive in 2007 to consider the wider business case and specifically the economic case for employers to invest in wellness programmes for their staff. In their report published in 2008, PwC concluded that health and well being programmes have a positive impact on intermediate and bottom-line benefits, including reduced sickness absence and higher productivity <sup>6</sup>.

8.2 There is however, a lack of high quality evidence to demonstrate the relative cost effectiveness of a universal approach to occupational health with evidence limited to specific employee groups, contexts and interventions. Further, the evidence is primarily drawn from case studies of large employers, with limited applicability to SMEs. It is likely that the costs associated with the provision of comprehensive occupational health services in SMEs will far outweigh any potential cost savings and a duty to provide these services could undermine the competitive position of smaller firms. Alternative approaches need to be considered to enable employees within SMEs to avail themselves of the benefits emanating from occupational health services.

## **9.0 Profile of working age population**

9.1 Overall the health of the people in Wales is improving. Health outcome data show that long term trends in decreasing deaths from heart disease and improved life expectancy have continued. However, inequalities between different areas and between different social groups are not decreasing <sup>7</sup>.

9.2 Wales has an employment rate of 71.2% which is around 3% below the UK level. In 2008, there were 427,000 people categorised as economically inactive and one third of these people (compared to a quarter for the UK as a whole) gave long term sickness as the reason for their inactivity. At the time writing, around 200,000 people in Wales are in receipt of incapacity benefit.

9.3 In Britain, around 175 million working days were lost to sickness in 2006 and figures published by the Health and Safety Executives show that work related ill health accounts for around 25% of these days <sup>8</sup>. In 2007/08 229 people were killed at work and further 136,771 injuries reported under RIDDOR (Reportable Injuries, Diseases and Dangerous Occurrences Regulation, 1995)<sup>9</sup>. Two thirds of sickness absences in the working age population are caused by common mental illness, musculoskeletal disorders and cardio respiratory conditions <sup>10</sup>.

## 10.0 Existing Welsh Assembly Government activity

10.1 The Welsh Assembly Government are taking an integrated approach to improving access to occupational health services as part of its Healthy Working Wales programme. This programme was recently outlined in the Welsh Assembly Government's response to Dame Carol Black's review of the health of Britain's working age population. The programme includes Workboost Wales, providing free access to occupational health and safety for small businesses; an occupational health bursary training programme; an online system providing GPs with access to advice from occupational health advisers for their patients and; an occupational health and physiotherapy pilot project. This approach also includes work to improve occupational health provision in NHS Wales. More details on these programmes and the list of commitments made in the Welsh response to Dame Carol Black's review are provided in **Annex B**.

- 
6. PricewaterhouseCoopers; (2008) *Building the case for Wellness*.  
[www.workingforhealth.co.uk](http://www.workingforhealth.co.uk)
  7. Chief Medical Officer for Wales Annual Report, 2007
  8. Health and Safety Statistics  
<http://www.hse.gov.uk/statistics/index.htm>
  9. Health and Safety Statistics 2006/2007. Health and Safety Executive
  10. Waddell and Burton (2004); *Concepts of Rehabilitation for the Management of Common Health Problems*. London TSO

## **11.0 Conclusions and recommendations**

### **11.1 Occupational Health Legislation**

11.2. The group recognised that there is a lack of evidence to demonstrate if changes to legislation would, or would not bring about significant improvements in health, and a reduction in ill health at work. It would however place a financial burden on smaller businesses; require significant investment to enforce compliance with new legislation and to increase the current occupational health workforce to provide the support the new legislation would require. The Welsh Assembly Government does not have sufficient legal powers to place new occupational duties on employers.

- i. The WOHT&F group have concluded that changes to legislation are not an effective way of improving health and reducing ill health at work.

### **11.3 Developing and Augmenting Occupational Health Services in Wales**

11.4 The WOHT&F group believe that occupational health could be improved with the following recommendations:

- ii. A national occupational health service should be provided as part of an integrated approach to improve the health of the working age population. This service should be core to the NHS and made economically viable by contributions by employers.
- iii. It is essential that the public sector leads by example in providing appropriate occupational health services for their staff. Minimum standards for occupational health should be set for NHS Wales organisations and Local Authorities and enforced appropriately.
- iv. The existing bursary training programme for nurses should be extended to support the training of occupational health physicians to increase the capacity of NHS Wales to provide occupational health services to the community and businesses.
- v. Investment is required in the academic and research base for occupational health to ensure that service design is evidenced based.
- vi. Occupational health activity across Wales should be mapped to include other professionals.

#### 11.4 The Wider Context

11.5 The group identified that occupational health needs to be considered in the wider context and is one component of an integrated approach that is required to reduce occupational ill health and injury, sickness absence and to improve health and well being.

vii. The WOHT&F group concluded that an integrated approach is required that considers the working age population and includes interventions to change perceptions around health and work; provide advice to employers, individuals and health professionals to help them support people at work with health issues, and; provide rapid access to work focused health services.

11.6 The WOHT&F group supported the recommendations made in the Welsh Assembly Government's response to Dame Carol Black's review but felt that the following additional items should also be addressed:

viii. A fit for work pilot should be piloted in Wales, either to support the proposed DWP pilot, or to test a different model of delivery. The key components of the proposed service is outlined in **Annex C**.

ix. Workboost Wales should be extended to provide a link between GPs and employers, particularly to support employers to make reasonable adjustments to retain ill or injured employees in work. This advice should be linked to the occupational health advice provided to GPs by the online health and work centre.

x. Workboost Wales should include businesses with less than 5 employees (currently excluded from the service).

xi. A structured programme of engagement with primary care around occupational health and health and work issues should be developed. This work should support the national education programme for GPs being rolled out by the DWP from June 2009.

xii. The online health and work centre, currently being piloted with GPs, should be made accessible to other health professionals and employers.

xiii. The Welsh Assembly Government should consider the findings and recommendations from the Well Being in Work research project (stage 3) which will evaluate an intervention for managers designed to improve their knowledge, skills, confidence and motivation in effectively managing work retention and return to work.

<b>Name</b>	<b>Organisation</b>
<b>Chair - Professor Mansel Aylward, CB</b>	<b>Director, Centre for Psychosocial and Disability Research, Cardiff University</b>
<b>Mr. Chris Beadle</b>	<b>NHS Wales Occupational Health Policy Lead, Welsh Assembly Government</b>
<b>Mr. Martin Bibey</b>	<b>Engineering Employers Federation (EEF Cymru), Head of External Affairs</b>
<b>Dr. Steve Coppel</b>	<b>Health and Safety Executive, Operations Manager</b>
<b>Vanessa Davies</b>	<b>NHS Wales Occupational Health Nurse Forum</b>
<b>Dr. Geoffrey Denman</b>	<b>Faculty of Occupational Medicine, Wales representative</b>
<b>Professor Ceri Phillips</b>	<b>Centre for Health Economics and Policy Studies, Swansea University</b>
<b>Mr Terry Rose, CBE</b>	<b>Health and Safety Executive, Director Wales and South West</b>
<b>Professor Sir Anthony Newman Taylor, CBE</b>	<b>Head of National Heart and Lung Institute and Deputy Principle, Imperial College, London</b>
<b>Dr. Mike Tidley</b>	<b>Association of NHS Occupational Health Physicians, Chair, Welsh Group</b>
<b>Dr. Sally Venn</b>	<b>National Public Health Service for Wales, Primary Care Medical Adviser</b>
<b>Professor David Walters</b>	<b>Cardiff Work Environment Research Centre, Cardiff University</b>
<b>Caroline Whitaker, RRC</b>	<b>RCN Occupational Health Group (Wales)</b>
<b>Dr. David Wright, CBE</b>	<b>Society of Occupational Medicine</b>

**Secretariat provided by the Welsh Assembly Government's Health Improvement Division**

## **Annex B – Current activity in Wales**

### **Workboost Wales ([www.workboostwales.com](http://www.workboostwales.com))**

Workboost Wales ([www.workboostwales.com](http://www.workboostwales.com)) was launched by the Welsh Assembly Government on March 1<sup>st</sup> 2008 in partnership with the Health and Safety Executive. Workboost Wales offers free and impartial occupational health, safety and return to work advice to businesses with between 5 and 250 employees in the private and third sectors in Wales. Workboost provides three levels of services:

- Level 1: a free national enquiry line acting as a gateway to the service; providing telephone information and advice; booking workplace visits and; signposting to other services in Wales (e.g. support on specific lifestyle issues);
- Level 2: free problem solving visit from a qualified adviser.
- Level 3: signposting to approved local specialists for employers requiring further support.

Workboost is on target to achieve the expectation of 530 initial visits and 422 follow up visits impacting on around 9000 workers in SME's in Wales in 2008-09.

### **Online Health and Work centre**

The online health and work centre was launched on July 3<sup>rd</sup> 2008 ([www.healthyworkingwales.com](http://www.healthyworkingwales.com)) and provide GPs with access to online training modules on health and work issues; desk aids to support GPs with the fitness for consultation, and; access, via an online form to advice from an occupational health adviser.

The centre is available to all GPs in Wales and Cardiff University are conducting an evaluation of the website with seven GP surgeries who are participating in the pilot project.

### **Occupational Health Training Bursary Programme**

A bursary training programme was set in 2007 via National Leadership Innovation Agency for Healthcare to provide nurses working in NHS occupational health departments to gain formal occupational health qualifications. Five nurses are receiving funding to attend training in 2008-09. The purpose of the bursary is to increase the capacity in NHS Wales to offer occupational health services to small business in the local area.

### **Occupational Health and Physiotherapy Pilot Project**

The project launched in February 2008 and will continue until March 31<sup>st</sup> 2009. The pilot provides self-referral early intervention physiotherapy services for musculoskeletal disorders within a ring-fenced population of public, private and third sector employees across three pilot sites (29,031 employees). The pilot is being delivered by North West Wales, Gwent and Hywell Dda NHS Trusts.

An economic evaluation has been commissioned as part of the project which will report in the Autumn of 2009 on the impact of the pilot project.

### **NHS Wales**

The Welsh Assembly Government takes the view that a fair, equitable, proactive and multi –professional occupational health service should be provided to all NHS Wales staff and to those employed within the NHS family. The Welsh Partnership Forum Occupational Health Review Group was reformed with a remit to develop a model Occupational Health Service for General Medical and Dental Practitioners and their staff. The group met for is considering a number of issues including the current levels of service provision, the level of service that should be provided and, the fast tracking of the treatment of employees.

**Summary of commitments from the Welsh Assembly Government's response to Dame Carol Black's review**

1. We will explore opportunities to link the Observatory function of the developing Unified Public Health Organisation with the proposed Centre for Working Age Health and Well being.
2. We will develop an online survey to measure the impact of health and well being activities within organisations participating in the Corporate Health Standard.
3. We will launch a new Small Workplace Health Award programme in March 2009, specifically developed to engage businesses with less than 50 employees.
4. We will work with the Health and Safety Executive and the National Public Health Service for Wales to develop a long term delivery model for Workboost Wales to support the implementation of the Small Workplace Health Award.
5. Our Department for the Economy and Transport are developing the Flexible Support for Business programme to bring together services for businesses in Wales into one 'super-site', and we will ensure that the Corporate Health Standard, Small Workplace Health Award and Workboost Wales become part of the integrated support offered to businesses.
6. We will include specific criteria on mental health and well being and musculoskeletal disorders in our new Small Workplace Health Award.
7. We will set targets for the new NHS organisations to achieve Gold or Platinum Corporate Health Standards.

## Occupational Health Paper

8. We will continue to work with Local Authorities and other public sector organisations to encourage them to work towards Corporate Health Standard accreditation.
9. We will provide advice and guidance to the Welsh Network of Healthy School Schemes to raise awareness of the health benefits of work and to explore opportunities to promote these messages through the scheme.
10. We will work with the Department for Work and Pensions to assess how the proposed Small and Medium Enterprise Challenge fund and the Regional Health, Work and Well being co-ordinators can be adapted to reflect the current infrastructure in the Welsh Assembly Government and the National Public Health Service for Wales.
11. We would welcome an opportunity to discuss the opportunity to pilot the proposed occupational health advice line as an added dimension to Workboost Wales.
12. We will consider the findings from the evaluation of Healthy Working Wales to inform a future roll out of the programme. The evaluation report is expected in April 2009.
13. We will work with the National Public Health Service to provide CPD training sessions for all GPs via their Local Health Boards to raise awareness of work and health issues.
14. We will encourage workplaces to continue to engage with the Mental Health First Aid programme.
15. We will consider the recommendations from the occupational health task and finish group who have been convened to explore One Wales commitments relating to occupational health.

16. The Welsh Assembly Government and healthcare representatives from Wales will engage in any activity across the UK to develop standards and forms of accreditation for inclusion in the training of healthcare workers
17. We will continue to work with the Department for Work and Pensions on the Proof of Concept exercise for electronic sick notes and consult on any future proposals for changes to the sick certification process and on the recommendations for a 'fit note' to replace the existing sick note.
18. We will work with the Department for Work and Pensions to secure funding to pilot a fit for work service which is tailored for Wales.
19. We will work with colleagues in the Department for Work and Pensions to see how the proposals for employment adviser pilots in the improving access to psychological therapies pilot could reflect the current infrastructure in Wales.
20. We will require an ongoing dialogue with the Department for Work and Pensions about how the proposed changes to support people to work will be introduced in Wales.

## **Annex C**

### **Components of proposed fit for work service**

#### ***Early intervention***

In the first six weeks or so, most people with common health problems can be helped to return to work by following a few basic principles of healthcare and workplace management. This can be done with existing or minimal additional resources, and is low cost or cost-neutral. The key issue is to encourage and support primary care health professionals and employers to implement these principles: occupational health should have a central role in education, providing information and advice, and in coordination. This element of the service could be provided through an extension of the online health and work centre already being piloted with GPs and Workboost Wales.

#### ***Vocational rehabilitation***

There is strong evidence on effective vocational rehabilitation interventions for the minority (possibly 5-10%) of workers with common health problems who need additional help to return to work after about six weeks, but there is a need to develop system(s) to deliver these interventions on a national scale. These systems should include *both* healthcare and workplace elements that take a proactive approach focused on return to work. To operationalise this requires a universal Gateway that a) identifies people after about 6 weeks sickness absence, b) directs them to appropriate help, and c) ensures the content and standards of the interventions provided. Occupational health is in an ideal position to play a key linking role in such a service. Pilot studies of service delivery model(s) will be required to improve the evidence base on their effectiveness and cost-benefits in the UK context. This will take investment but the potential benefits far outweigh the costs and the enormous costs of doing nothing.

#### ***Extending elements of the support provided through Pathways to Work***

For people who are out of work more than about 6 months and on social security benefits, there is good evidence that *Pathways to work* increases the return to work rate of new claimants by 7-9%, with a positive cost-benefit ratio. Continued research and development is required to optimise *Pathways* for claimants with mental health problems and for long-term benefit recipients. The support provided through Pathways to Work should be extended to people in work and to those who have been on long term sick for a period of less than 6 months.

