

The Support Programme Action Group are:

- o Dr Ewan Macdonald (Chair) Salus OH&S service and Glasgow University
- o Dr David Beaumont OH Physician, Business Healthcare, on behalf of Faculty of Occupational Medicine
- o Dave Bennett ASLEF
- o Jo Berriman J Sainsbury plc
- o Gail Cotton OH&Welfare, Leicestershire Fire & Rescue Service
- o Dr Kit Harling NHS Plus, Department of Health, England
- o Nicky Hoyle Kirklees Metropolitan Council
Regulation Advice Project
- o Christine Hunter Occupational Health, Westminster PCT
- o Jacqueline Jeynes Opal Services, Federation of Small Businesses
- o Miriam O'Connor Health Education Board, Scotland
- o Susan Scott Parker Employers Forum on Disability
- o Sue Shillabeer BackCare (Ex)
- o Lawrence Waterman Sypol Limited
- o Mick Williams Keighley Worksafe
- o Anna Bliss HSE, PAG Secretary

The Group were invited to consider how the occupational health community could act upon the support programme, as set out in Securing Health Together:

To ensure that appropriate mechanisms are in place to deliver information, advice and other support on occupational health

Appropriate information, advice and support (e.g. help lines, information centres or providers of occupational health support) need to be available and provided by competent individuals and organisations. Some interested parties may also need help to recognise when they need to call on other people's skills to find a solution to a problem, and how they can go about obtaining this support. Delivery of the information, advice or other support will need to be imaginative and innovative (e.g. using state-of-the-art methods such as developing IT), as well as making sure that the right support, in the right format, is delivered to the right people at the right time.

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A: Vision and purpose for health, safety and rehabilitation support in work for GB

The Vision

1. The Support Programme Action Group vision is of a minimum level of integrated occupational health, safety, rehabilitation and job retention service established for all. The objective of such a service is to maximise the functional capacity of individuals, the organisations in which they work and the wider economy. The service will enable adults to retain employment, be flexible and productive at work and be plugged into life-long learning.
2. Integrating and boosting the current range of workplace-focussed services can achieve this.

Why action is needed

3. GB has a working population of 27.7 million people, doing 29.5 million jobs. There were an estimated 3.7 million businesses in the UK at the start of 2000. The vast majority of these (99%) had less than 50 employees and they provided 45% of the UK non-government employment and 38% of turnover.
4. Of these workers and small business owners very few have access to workplace health advice.
5. An HSE survey showed that only 3% of UK companies use basic, but comprehensive Occupational Health and Safety advice. A European survey reported that the UK had the lowest level of Occupational health provision in the developed EU at 34% of workers.
6. GB has a declining and ageing population.
7. Rehabilitation services for workers are inadequate. Those that are available are not focussed at maintaining the maximum functional capacity of workers.
8. The Labour Force Survey confirmed that 6% of workers have had health problems caused by or made worse by work in the past year.
9. The Lothian Occupational Health Project showed that up to 24% of GP consultations were due to work related problems.
10. A recent survey of 'ill health retired' Teachers and Health Care Workers showed that over 50% had improved since retirement and half of these had found other work.
11. The WHO estimates that 4% of Gross National Product (GNP) is lost by work-related injury and disease and that 20% of GNP through poor workability and poor work environments.

What this would mean

For the Individual:

- A healthy working life programme account for each worker aimed at: -
 - Maximising their functional capacity
 - Maintaining flexibility in the labour force
 - Utilising the ageing worker differently but effectively
 - Modifying work to suit functional capacity
 - Facilitating part-time and alternative work as functional capacity changes
 - Ready access to appropriate clinical and non-clinical services

For the Workplace and Employer

- Systematic delivery of workplace based health promotion programmes, integrated with the above.
- Support for the modification of workplaces and processes to facilitate return to work for injured or ill workers.
- Additional structured support for the continuous skill enhancement and development of all workers.
- Ready access to advice and support to ensure safe and healthy workplaces.

For the NHS

- Revitalising workplace dedicated rehabilitation services
- Development of existing occupational health and safety resource to meet these additional community needs
- Integration of all workplace focussed health initiatives and services
- Improved care of NHS staff

For the Education Sector

- More systematic links with employment and health sectors
- Delivery of life long learning targeted at maximising the economic potential of all workers

For the Community

- Ownership through the establishment of local partnership steering committees involving employers, employee organisations, Local Authority, Health Service, education, employment services, etc
- Locally available expertise and advice
- Integration with community based health initiatives

B: Proposed Structure for health, safety and rehabilitation support in work for GB

12. The proposed structure is intended to be one that can be applied across GB. It is unlikely to be established in one go as a national organisation; rather it can grow from existing regional, sector and other support services.
13. The key to the proposed structure is that services that contribute to the provision of support are accessed through hubs. The hubs should have a common identity, a link with a national Centre(s) of Excellence and provide a set of core services. The hubs will not however be identical as they will each be suitable to facilitate maximum access by whatever part of the population they particularly serve. Specialist services will be linked to the hubs but not owned by them. A diagram illustrating the structure is included at Appendix 1.
14. An individual hub may serve a local community (eg Kirklees Regulation Advice Service), a sector (eg EEF), or any other group with a common need. The national support structure must have multiple points of access to ensure that everyone from Lands End to John O'Groats has access to the occupational health, safety and rehabilitation support they need.

The Hubs

15. The service based in the hubs should provide the core services:
 - Information and advice, eg via telephone
 - a baseline assessment of needs
 - routing to free specialist support, and
 - signposting to commercial specialist services.
16. A team of problem solvers will staff the hub. These will be people who have some recognised H&S, OH or rehabilitation training; but also some experience of applying that knowledge in real workplace situations. They will also need to have skills to network and connect with resources that meet the client's needs.
17. Characteristics of the service will be that it is:
 - customer focussed - that it meets the customers needs by the best possible means;
 - uncomplicated – easy to understand;
 - committed to using plain language
 - free at the point of access;
 - based on partnership; and
 - well marketed.
18. There is unlikely to be a need for lots of permanently staffed walk-in 'help desks'. There is evidence that businesses rarely visit advice centres, preferring to use the telephone. Individuals already have access advice

centres (eg Job Centre Plus/Citizens Advice Bureaux), which they recognise and trust. The hubs would need to build links with these and they would need to be partner organisations. Partner organisations would understand the services provided through the hubs and would route clients to them, or assist them to use, the service.

19. Though the hub staff would need a home office base this need not necessarily be in one organisation across GB (eg as HSE is). The proposal is that it would be better to build up from existing support organisations (eg NHS Plus in England) or where there are already firm proposals to provide support via hubs (eg Scotland and Construction). This would have the benefit of building on current strengths and being responsive to local and/or sector needs. Thus the proposed hub structure is a brand, not an institution that can be taken up by those most able to provide it (similar to a franchise).

Specialist Services

20. The baseline assessment provided by the hub may identify that the client has a problem for which they need specialist advice (eg assessment of a complex risk), technical expertise (eg design of bespoke ventilation control) or use of an ongoing service (eg physiotherapy). A fuller list of the types of specialist assistance that may be needed are listed in Appendix 2.
21. The national picture is that there are probably sufficient experts to provide such services. However, organisational, geographical or professional barriers may prevent them from providing their services widely. Were these experts to be in one national pool there may be sufficient to meet the needs of employers and employees.
22. To overcome this, the hubs would not own particular experts as this would create new organisational barriers rather they would have:

- links to a core of experts from whom they would regularly assist their clients to obtain help, eg local physiotherapists, hygienists with particular experience of an industry; and
- would be able to search for less commonly needed expertise through the other hubs, facilitated by the Centre(s) of Excellence.

Example:

A manufacturer starts a production line to provide a new product for a big client. One of the line supervisors points out that the labels on the materials warn of hazardous exposure to heavy metals. The employer phones the National Helpline, who decide that telephone advice is not sufficient, and arrange for a health and safety assessor to visit. After a walk-through of the process she helps him begin his COSHH assessment. She also helps arrange for a local occupational hygienist and ventilation engineer to visit, to carry out some air monitoring and to design local exhaust ventilation controls (LEV); the results are included in the assessment along with the maintenance plan for the LEV. The employer pays for the specialist advice only.

23. The hub would be free to retain some experts for which it has an ongoing need. However, it is envisioned that most specialists would be independent and would charge for services provided over and above existing free services (ie an HSE/LA inspector's advice, NHS treatment).

Local Partnership

24. A steering group will be needed to oversee and support the hub. It should be made up of representatives of key players for the sector or locality that the hub serves. It will be responsible for:

- making sure the hub maintains links with the relevant partnership organisations (eg Job Centres, CAB, Health Primary Care Organisations);
- for reviewing the quality of the service provided by the hub and by specialist services to which the hub refers clients; and
- for taking a strategic view of the way the hub should develop to match the needs of its clients.

Telephone helpline

25. Part of the national identity could be a single phone number that anyone could ring with work health, safety and rehabilitation queries. Depending on the technical options available for this to be handled automatically – calls would be routed to the relevant hub. Each hub would have its own staff available to answer phone queries.

26. A characteristic of this proposal is that anyone calling should be able to speak to a person who has sufficient training and experience to be able to give case-specific advice – a “problem solver”. This is distinct from a service that provides information and generic advice, but cannot address individual circumstances. Larger hubs could use call handlers trained to identify the level of the client's need, provide generic information and answer FAQs. However, where this does not give the client the answer to what they must do - the option

Example:

A private care agency providing home care services for a local authority has an employee off sick for 12 months, initially with back pain that she says is from when she injured her back helping an elderly client. She has now been off sick so long she is stressed and becoming depressed. Her manager rings the National Helpline with questions:

- “What do I need to do to help her get back to work?”
- “Are there any implications for Disability Discrimination Act?”
- “What help is available regarding manual handling training?”
- “What can I do to prevent this happening again?”

The Help Line advisor further assesses the problem and talks through with the manager a range of issues including phased return to work, modified work, how the employee can be helped to access local rehabilitation services, good sickness absence systems, Manual Handling assessments and training and policy advice.

of speaking to a problem solver should also be available.

Website

27. A national website could provide simple information, link the user to appropriate FAQs, other sites offering specific advice or services, fact sheets and could have a simple interactive self-assessment and/or a page to submit a request for specialist advice.

National Centre(s) of Excellence

28. National Centre(s) of Excellence¹ will have a role ensuring the hubs provide common core services to a common standard, that there is the appropriate expertise and development of new approaches to support continuous improvement and to take a strategic overview at the national level of access to support for occupational health, safety and rehabilitation.

29. In order to support the common core services they would need to:

- run the national helpline and website;
- provide generic systems and procedures and guidance material;
- set service standards;
- provide core training; and
- establish systems to collect performance information and carry out quality audits.

30. The Centre(s) of Excellence would be responsible for

Example:

A Radiographer working in a Hospital Trust has had alcohol problems over fifteen years duration. She sees the National Helpline advertised in the hospital and on posters on the tube. She phones and is given information on services associated with alcohol abuse for self referral and is put in contact with the Trust's own Occupational Health Service (eg part of NHSPlus) for active treatment. She sees a Senior Occupational Health Nurse Advisor and has screening tests e.g. liver function test, and full blood count to assess liver damage.

The nurse liaises with her Manager to discuss her work place support and she starts a rehabilitation programme, including

- Physical assessment in Fitness Suite, thereafter twice weekly clinical exercise programme;
- Consultation with psychologist to explore the feelings of poor self esteem, lack of confidence and feeling of being 'let down' by Husband who had left her;
- A course of reflexology for relaxation as well as psychological support.
- Staff Development Review (SDR) to incorporate educational programme in personal awareness, self-esteem, or provide a basic lifestyle-coaching course.

¹ There may need to be more than one Centre of Excellence to suit the different arrangements for England, Scotland and Wales, but they would need to co-ordinate their work.

pursuing continuous improvement and development of the service provided by the hubs. To support this the Centre(s) would need to have resources for research into new techniques and development of new approaches. Research could be in-house, through existing Universities or other research bodies.

31. The Centre(s) of Excellence would also be responsible for creating an evidence base of what works, what does not work and why. Systems established to generate the information to evaluate the impact of the work done by the hubs would create feed this evidence base. To be objective and independent the evaluation function will need to remain structurally separate from the central support function.

32. Finally the Centre(s) of Excellence would need to take the national strategic view. For example,

- taking a view on whether everyone in GB does have access to a suitable hub and developing proposals for filling any gaps in access; and
- considering the relationships with health service providers and looking for opportunities to improve co-ordination with primary care provision.

The case of the Radiographer would be subject to monitoring and audit:

- At regular intervals a case conference with management, Occupational Health and the client will plot progress, maintain support and provide goals for the future;
- The Occupational Health physician with other specialists will audit the case management; and
- The records of this audit will be anonymised and included in records made available to the National Centre(s) of Excellence to assess the standard of service provided and build an evidence base for good practice.

C: Setting up and Marketing health, safety and rehabilitation support in work for GB

Setting up a service

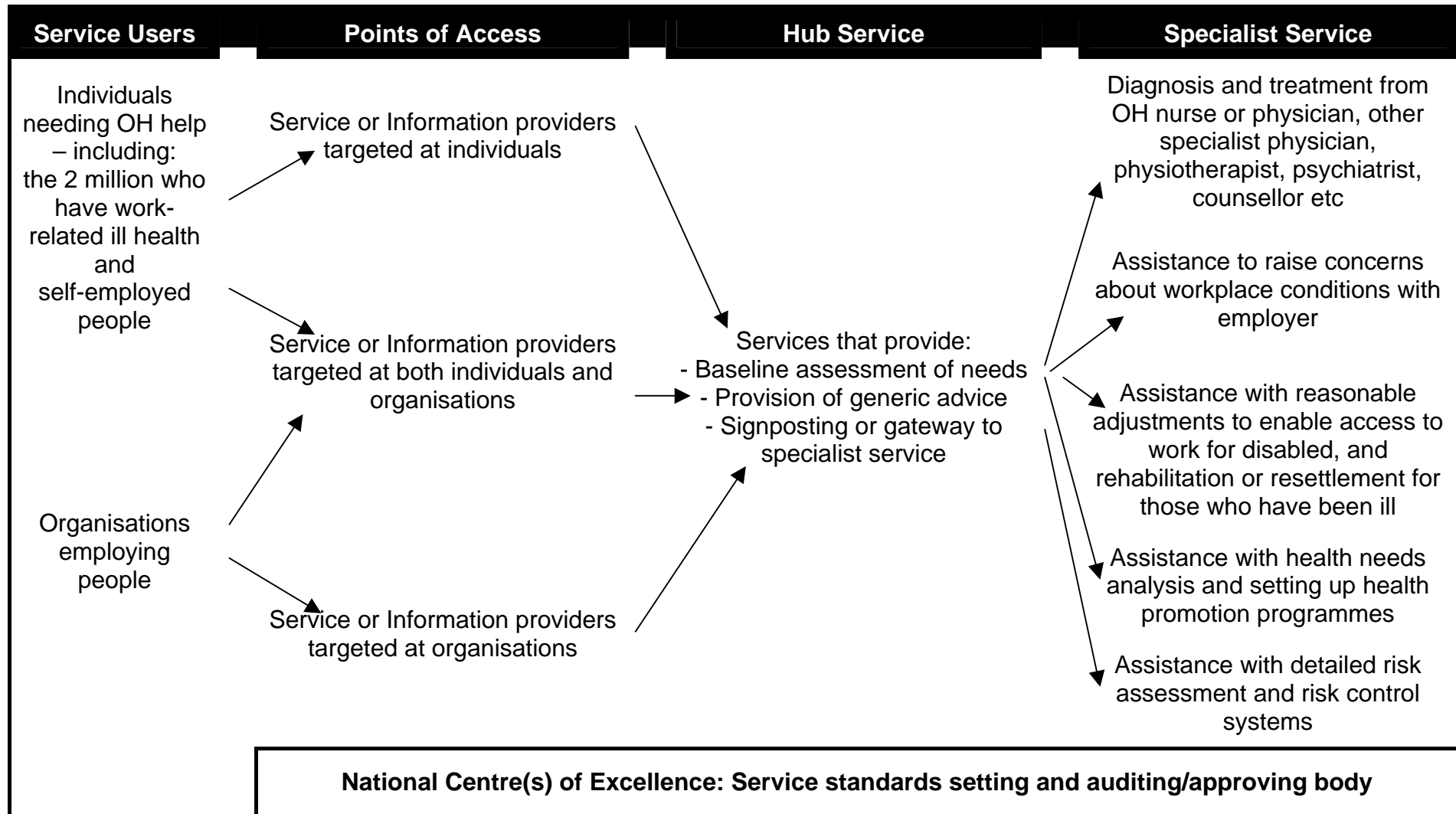
33. This is not a new service, but something that builds on existing services and ensures that they are integrated and boosted where necessary.
34. There are many government, industry, TU or other locally led programmes and projects that address aspects of support for OH, H&S or rehabilitation in work. This report does not attempt to summarise these – but most have been considered by the PAG during its deliberations and they concluded that we must build on existing success, not invent new models.
35. There is a need for investment in:
- Occupational Health and Safety provision
 - Job retention and rehabilitation programmes
 - Workplace preventable ill health
36. But, the key need is to make the links and better integrate existing services, for example by:
- Building existing services into comprehensive provision of multidisciplinary workplace focussed services
 - i. To include all the services needed for health protection and promotion
 - ii. To include boosted services aimed at prompt and dedicated rehabilitation of the sick and injured worker
 - Effective linkages with community based health improvement initiatives
 - Targeted support at work for the disabled
 - Effective linkage with employment services
 - Effective signposting to and from the education sector-life long learning.

Marketing

37. There is evidence from the “safe and healthy working” in Scotland that considerable effort does need to be put into marketing the availability of support for both employers, workers and those wishing to get back into work after ill health. This requires significant resource upfront and the right expertise.
38. Because of the devolved nature of the support service. The National Centre(s) of Excellence will need to be conscious of its brand image and the development of that over time.
39. Initially the aim should be that the brand should be:
- understood by both employers and employees;

- trusted; and
- known as being effective at solving problems.

Appendix 1: Diagram of the support service



Appendix 2: Suggestions for types of Specialist Services that could be available

The following tables list the types of specialist services that could be made available through the hub. They are divided into two categories:

- services aimed at the 'individual', and
- services aimed at 'employers'.

The further columns describe what the service would aim to deliver for the client, and any comments on the mode of delivery, links to other services or the content.

The list is included to represent a starting point and in order to help paint the picture of what is envisioned by the Support PAG. In particular, that it is seen to be a broad based service, going beyond just what is required to comply with the law. The practicalities of providing this range of services have not been fully explored. Some services have been included that would not after further development work be considered possible or desirable, and equally some services that ought to have been included and have undoubtedly been overlooked.

Notes

1. It has been pointed out that the support required may be a plumber, a ventilation engineer, etc. In these circumstances the Hub may not even maintain a "directory" of service engineers, but would indicate the competency required and encourage the employer to find the resource.
2. Where the support required is clearly more linked to occupational health, such as a ventilation engineer capable of designing suitable local exhaust ventilation, the Hub would be more helpful and seek to identify potential suppliers of that service.
3. There is a natural tendency to identify OH specialists, but as this is refined the examples cited (HR, dieticians, etc.) are likely to feature on a substantially expanded list.
4. There are many services that overlap between the arbitrary division of "individual-focused" and "Employer-focused", and between categories of service, so there is some duplication of comment.
5. Further detailed proposals are required concerning disability and rehabilitation. The group considered that these would emerge from work of the ongoing DWP Job Retention and Rehabilitation Pilots.

Individual-focused Services		
Service	Outcome	Comments
Pre-employment Screening (Fitness for Work)		
Health Questionnaire	Advice on suitability / work restrictions / suitable adjustments	
Health Interview	as above	Conducted if referred after questionnaire reviewed
Medical Assessment		as above, and/or statutory requirement for nature of work
Pre-placement Screening (Fitness for Specific Work)		
as above		Includes statutory requirements
Attendance Management		
Case Review and Action Plan	Advice to management Review of workplace Referral to specialist provision of service (e.g. physio) etc.	Systems operating in which initial review by OHNA invokes next steps for individual and/or organisation
Health Surveillance		
Audiometry Skin Checks HAVs etc.	Management of individual Advice to management (protecting confidentiality)	Wide range of health surveillance already in place, provided by many different types of competent person Includes statutory requirements
Work-related Immunisation Programme		
Specific to control of infection	Degree of immunity / protection	Provider determined by associated activity such as counselling, briefing, etc.
Rehabilitation		
Physiotherapy	Provision of technical service to speed recovery / return to work	From assistance with access to NHS or other statutory services to substitute provision from private sector.
Occupational Therapy	Provision of technical service to speed recovery / return to work	
Health & Fitness Programme	Provision of technical service to speed recovery / return to work	
Redeployment and Resettlement		

Individual-focused Services		
Service	Outcome	Comments
Management Advice / Training	Employer develops ability to support / participate in rehabilitation programme	
Specialist Service	Provision of technical service to speed recovery / return to work	
Workplace / work adjustment	Modification of workplace or work to facilitate return to work – advice to employer	The work stressors and the condition of the individual will determine the specific competent person / service required to assist
Mental Health		
Occupational Psychological Services	Assistance to individuals – coping skills etc.	From assistance with access to NHS or other statutory services to substitute provision from private sector.
Training inc. relaxation techniques		
Work / Life Balance		
Raising awareness	Individual briefings to employees on range of personal health issues	Personal choices (smoking, diet, etc.) may be influenced
Life Style Screening		
Personal Health Services		
Dental	Provision of technical service to minimise work disruption	From assistance with access to NHS or other statutory services to substitute provision from private sector.
Chiropody		
Complementary Therapies		
Career and Education		
Career advice	Individuals able to explore options for future career moves – particularly where health changes may have an impact on what they currently do	
Basic Skills assistance		Link with DfES schemes for employers and adult learners
Assistance with accessing Vocational training or CPD	Signposting to professional or technical bodies, especially for those with special needs	

Employer-focussed services		
Service	Outcome	Comments
Policies and Strategies		
Advice on corporate policies and strategies across occupational health issues	Set of corporate policies and strategies which integrate with HR management and H&S risk management	The provision of the support is likely to come from different sources, partially dependent upon origin of stimulus to action
Guidance on the collection of and assistance in the analysis of data	Corporate strategy for collection of health data, analysis and use	The data needs to inform future decision-making, and will require a team effort to generate and use. Confidentiality and ethical issues.
Health Risk Assessments		
Evaluation of workplaces and work activities – establishing significant risks to health	COSHH and other risk assessments in accordance with legal requirements	May be two stage process – initial identification of key risks, followed by detailed assessment by specifically competent person
Risk Reduction Advice		
Advice on reducing risks identified by assessment	Reduction in exposures to risks	In construction, risks may be reduced by architects – everyone with control over work and workplace should be encouraged to participate in risk reduction
Monitoring Risk Exposures		
Quantification of risk exposure against agreed standards	Data for comparison to occupational exposure limits etc.	Semi-quantitative methods applied by ergonomists and others
Health Surveillance		
Advice to management on appropriate health surveillance	Policy and strategy for health surveillance of specified worker groups and use of data to manage risks	Database management – IT staff Staff consultation / communication – HR professionals
Attendance Management		
Advice to management on attendance management strategies	Policy and strategy for management of attendance	Provided to absent individuals – see “Individual-focused services”
Management of attendance data	Developing baselines and data on attendance, to identify opportunities for improvement	From help with access to NHS or other statutory services to direct provision from private sector.

Employer-focussed services		
Service	Outcome	Comments
Retention / Rehabilitation		
Advice to management on retention / rehabilitation strategies	Strategy for maximum retention of staff and early return to work	Equipping the employer to deal with individuals
Advice to management on retention / rehabilitation for individuals	Specific retention or return to work programme for individual, which may include workplace / work task adaptations / reasonable adjustments (DDA)	see "Individual-focused services"
Information, Instruction & Training		
Occupational health and safety training etc.	Development and delivery of training courses etc. for every level of organisation	From including health protection guidance in work instructions to Boardroom Briefings
Work / Life Balance		
Advice to employer on working hours issues	Development of management system for gaining best from workforce, minimising stress etc.	Full programme likely to involve many other professionals
Advice to employer of health education	Development of policies and communication strategies on wide-range of lifestyle issues	
Advice to employer on workplace initiatives	Initiatives specific and appropriate to nature of work and workplace	
Campaigns		
Advice and assistance in running campaigns from work-focus (e.g. melanoma risk for outdoor workers) to lifestyle (exercise, healthy eating, etc.).	Employer consistently raises profile of health issues, and facilitates employees making informed choices (work-related and personal)	Variable team composition, determined by campaign content