Executive summary

Planning the future: Implications for occupational health; delivery and training

Good work is good for health, good for business and good for national prosperity
Planning the future: Implications for occupational health; delivery and training

This report represents the second stage of a project being undertaken on behalf of the Council for Work and Health. The following organisations are represented:

Confederation of British Industry (CBI)
Defence Medical Services
Trades Union Congress (TUC)
Executive summary

• This is the second report of the workforce-planning project aimed at developing a vision for occupational health practice and detailing the future workforce needed to deliver that vision. It has been written for senior policy makers, commissioners of healthcare, decision-makers in occupational health training, as well as employers and managers in organisations. Demographic trends and the need for employers to seek greater efficiency and productivity savings mean that the provision of occupational health must change to meet the needs of the customers and beneficiaries of service.

• Our vision is of a partnership such that the workplace becomes an integral part of healthcare delivery and that employers help to shape future delivery through mixed-market commissioning and procurement.

• This report is concerned with the UK working population and statistics provided by the Office for National Statistics (ONS) relate to the economy, population and society at UK national, regional and local levels. It is acknowledged that references to bodies such as Health Education England, Public Health England and NICE are England-specific and that the Health and Safety Executive has a Great Britain remit. Where appropriate, references to legislation and guidance for the devolved administrations have been included.

• The project has been led by a Working Group, under the auspices of the Council for Work and Health. The scope of, and the method adopted for, the project has been described in the first report Planning the future: Delivering a vision of good work and health in the UK and the professional resources to deliver it. This earlier report and the full report of this Executive summary are available on the Council for Work and Health’s website: www.councilforworkandhealth.org.uk/our-work

• While the first report focused on future occupational health needs, this report addresses the paradigm shift, describing the extending scope and reach of occupational health provision and occupational health practice, with implications for future delivery models, and defining the knowledge skills and competence levels needed.

• We found that there were three main driving forces for change in the organisation and delivery of occupational health. They are: the economic situation and availability of funding; demographic shifts in the UK population; and the pattern of chronic and long-term conditions. Other factors likely to be influential are increasing globalisation; the changing demands for services, such as the 24/7 culture; technological advances; and changes in the training and education of healthcare professionals.

• Our analysis underpins six recommendations for action in the report. These six clear recommendations, if implemented, will ensure that occupational health provision meets the future needs of people of working age, businesses and ‘UK plc’, and that prevention of ill health or early recognition of symptoms in the workplace can lead to effective occupational health interventions that will reduce latent disease, loss of productivity, use of healthcare resources and greater overall expense.

• In addition to discussing the changes required within occupational health, the report lays out the roles of employers, workers and providers of healthcare to effect a paradigm shift to a more knowledgeable and integrated approach to ‘good work’.
The recommendations

**Recommendation 1**

Extend mainstream healthcare provision to include the integration of occupational health, from commissioning and outcome measurements, through improved knowledge and understanding of clinical healthcare teams in hospital and general practice settings, to maintenance of work ability, to the referral of patients across the NHS/private interface to occupational health services.

Detaching occupational health from mainstream healthcare undermines holistic patient care.

The maintenance of work ability (a person’s capacity to do the work tasks they are required to do) and return to ‘good’ work should be a key clinical outcome for all care pathways formulated for people of working age.

**Recommendation 2**

The Government should create incentives to encourage investment in healthy workplaces and the uptake of occupational health and wellbeing initiatives.

There is scope to remove the tax liability for a wide range of occupational health and wellbeing interventions aimed at preventative workplace health risk management, promoting work attendance and effective rehabilitation back to work.

Employers currently have to wait for 28 days to refer to *Fit for Work* and there is the potential to reduce this so that they can have rapid access to the Government service.

Insurance companies should be encouraged to work with employers to promote workplace health and wellbeing.

**Recommendation 3**

Ensure that employers understand the return on investment in occupational health and have access to the right professionals to create healthy and productive work and workplaces and reduce the risk of harm from badly designed or managed work and workplaces. This is described more fully in Chapter 5 of the main report, with case studies presented in the first report to describe scenarios that employers may experience. We will revisit the proxy case examples for the workforce planning stage, to offer greater examples of scenarios and occupational health interventions.
**Recommendation 4**

Develop competency frameworks to ensure the capability of the multi-professional occupational health workforce through quality assured training.

We need an occupational health workforce with a distributed range of knowledge, skills and competencies.

A multi-agency approach is required to holistically address health and wellbeing in the workplace, advising employers and delivering the full range of preventative activities to ensure a working environment that is conducive to good health.

**Recommendation 5**

Develop models of delivery and workforce planning capability.

The planning of occupational health workforce needs is complex due to a number of factors, including:

- the proposed changes in future occupational health provision to deliver cost- and workforce-effective tailored services
- the breadth of models of delivery for the disparate needs of UK businesses
- a lack of workforce intelligence from the respective professions.

There is a need for a methodology to predict the match between requirements and supply.

**Recommendation 6**

Attract and train the required number of high calibre occupational health practitioners to meet predicted occupational health needs.

We must ensure that there are clear attractive career pathways to attract high calibre applicants in each of the professions in the future. The current shortfall must be addressed urgently.

There is a need to:

- promote occupational health as a career to attract candidates for specialty training
- encourage the training of non-specialist professionals for deployment into supervised roles
- explore the fast-tracking of specialist training
- deliver occupational health in a tiered approach, optimising the roles of experts and specialists and increasing the opportunities to deploy generic practitioners.
The term ‘occupational health’ is frequently misunderstood.

Occupational health professionals are concerned with advising employers about the prevention of work-related disease; and in this capacity, health professionals such as doctors, nurses, physiotherapists, occupational therapists, psychologists and counsellors work closely with Health & Safety officers, occupational hygienists and ergonomists. In this field knowledge of legal requirements and how to comply with them is a much-valued skill.

Occupational health professionals advise on fitness for work, both pre-employment and in employment.

They assist managers in adjusting work to the needs of workers with health conditions, in particular those who have a disability and are protected by the Equality Act.

They give advice to employers about dealing with sickness absence and, if possible, returning workers to the workplace, which may include a process of rehabilitation.

Some health professionals provide treatments in the workplace, for example physiotherapy for musculoskeletal conditions or cognitive behaviour therapy for those with psychological problems.

A growing field of activity is the provision of advice to managers about health promotion and health and wellbeing programmes in the workplace.

The term ‘occupational health’ encompasses the full range of professionals involved in improving health and work (See Appendix 2). Occupational health should be considered a multi-professional specialism, where needs assessment identifies the profession(s) with the skills and competence to address the presenting issues and implement standards of good practice.

Work should not harm health. Figure 1 shows the occupational health journey. Good design at the outset reduces health risks. And while wellness and risk management must be promoted, there should be care for those harmed or made ill by work, including rehabilitation to support people back to ‘good work’.

Employers can and should assume greater responsibility for protecting, supporting and restoring the work ability of their employees, thus reducing the burden on the NHS and benefiting from the increased productivity of their workforce.

They will need access to suitable and sufficient occupational health resources tailored to their business needs.

The World Health Organisation regards occupational health as a cost-effective investment for the prevention and control of non-communicable diseases and for mental health. The cross-government strategy Health, work and wellbeing contributed to the evidence base to support the aphorism ‘Good work is good for health’.
Delivering the vision of ‘universal access to multidisciplinary occupational health resources that deliver good health for working age people, businesses and ultimately the UK economy’ therefore requires a new paradigm, namely using occupational health services for the:

- elimination or control of risk to health at work
- prevention of work-related ill-health and promotion of good health through good work
- prevention of non-work-related health problems and promotion of health and wellbeing using the workplace as a venue for awareness-raising, education and motivation for wellbeing behaviours
- early intervention for those who develop a health condition or disability
- cost effective recommendations for adjustments to support good work
- effective rehabilitation of people with impaired work ability whose work performance or attendance is affected
- improvement in the health of those who are out of work – so that everyone with the potential to work has the support they need to do so.

**Figure 1: The occupational health role in the interface between work and health**

![Diagram](image-url)
This vision is also consistent with the NHS Five year forward view, with a renewed focus on prevention, and the Health and Safety Executive (HSE) strategy for GB’s health and safety system. A notable feature of the HSE strategy is that it does not concern the HSE alone: it is for everyone. The aim is to promote broader ownership of Health & Safety in Great Britain and to tackle the costs of work-related ill health by simplifying risk management.

Keeping pace with change is another theme that accords with the recommendations of this report; that is, ensuring that the occupational health workforce remains relevant to modern day working practices and business needs.

Accurate specialist occupational health workforce planning will be needed to model the future UK workforce. Multi-disciplinary practice will underscore service delivery, and training will include up-skilling managers, human resources professionals and the national healthcare workforce, in addition to a tiered approach to training occupational health practitioners.

New ways of working within a framework of integrated occupational health provision will affect the numbers of specialists required, and may lead to an overall decrease relative to the working population covered.
The UK workforce

Total employment grew 0.6 per cent in Quarter 3 (July to September) 2015 to reach 31.2 million, the highest level since comparable records began and 1.4 per cent higher than the same quarter 2014; while 1.71 million people aged 16 and over were unemployed (available for work and seeking employment).

Technological advances, the ageing population, the increasing prevalence of long-term chronic conditions and the particular challenges of ‘lifestyle diseases’ caused by obesity mean that the UK must change the way it delivers occupational health to promote health and wellbeing in the workplace.

NHS resources are stretched and the workplace is a cost effective place to support people with long-term conditions, and to address lifestyle behaviours and choices that lead to ill health. Moreover, people who are in ‘good’ work use healthcare less.

Occupational health should become part of both mainstream healthcare and business strategy; the workplace and workplace health must become recognised as important contributors to primary, secondary and tertiary healthcare prevention. Healthcare workers need the knowledge and skills to engage with barriers and enablers to work, and the ability to refer to occupational health specialists as part of treatment or rehabilitation plans.

The workplace has a role in promoting good health, preventing the development of disease, and supporting people with long-term conditions. Being in employment and returning to work after illness or injury should be fully recognised as valuable health outcomes.

It is time for the NHS to work in partnership with the best of non-NHS occupational health expertise, not only to optimise the health and wellbeing of its staff but also to facilitate the occupational health dimension of patient care.

We must create healthy workplaces through good design and reduction of risk. The world of work is also changing with increasing numbers of small and medium-sized enterprises (SMEs) and self-employed workers, more home working, more people with portfolio careers and more people working on temporary contracts, many of whom are ‘hard to reach’ for public health and have poor access to occupational health.

Good health is good for business and for UK plc to have access to a productive working population with the physical and mental functional capacity to advance economic growth, we need to provide cost effective solutions.
Occupational health scope and reach

Figure 2 presents our analysis of how to extend the scope and reach of occupational health. It shows planning themes for developing the occupational health proposition, aligning these with service capability and accessibility and communicating with stakeholders.

The upper part of the graphic sets out themes to be addressed; the lower part describes actions to be taken (see also Chapter Four).

**Planning themes to improve scope and reach**

- Improve business capability
- Use technology
- Ensure quality improvement
- Address health and wellbeing in the workplace
- Develop a healthy work culture
- Promote workability and rehabilitation
- Engage healthcare professionals who do not work in the occupational health specialism
- Improve accessibility of occupational health services
- Promote health risk management
- Educate specialist and expert occupational health practitioners
- Educate non-occupational health professionals, managers and human resources
- Educate the public

**Actions to be taken**

- Develop a commissioning model for occupational health
- Introduce credentialling in occupational health services
- Ensure timely access to occupational hygiene
- Ensure timely access to human factors
- Ensure timely access to physical therapies (occupational therapy, physiotherapy)
- Ensure timely access to psychological therapy
- Revise marketing of occupational health
- Include occupational health in integrated healthcare
- Investigate the use of IT and new communication methods to increase the reach of occupational health
- Extend reach of occupational health to SMEs and self-employed
- Develop occupational health packages for home workers
- Improve understanding of the occupational health needs of ageing workers
- Promote national frameworks/charter, such as Public Health Responsibility Deal, Healthy workplace charter, Mindful employer

*Figure 2: Improving the scope and reach of occupational health in the UK*
Occupational health practice

The drive to integrate quality occupational health into the workplace ethos requires actions to progress occupational health practice. The results shown in Figure 3 describe the planning themes identified in the research and subsequent actions.

Risk management implementation and training is seen as fundamental to practice, as is health promotion. Engaging managers and workers with skilled occupational health practitioners to create business-focused healthy working environments will be important to change working cultures. Actions address the importance of work design and prevention of ill health as well as improving support of people with ill health, work ability and work attendance.

Figure 3: Themes and actions to be developed for future occupational health practice

<table>
<thead>
<tr>
<th>Planning themes for occupational health practice</th>
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<tbody>
<tr>
<td>• Health and wellbeing promotion and training in the workplace for managers and employees</td>
</tr>
<tr>
<td>• Risk management training for managers and employees</td>
</tr>
<tr>
<td>• Routine risk management implementation</td>
</tr>
<tr>
<td>• Health and safety and wellness policy and practice implemented throughout businesses</td>
</tr>
<tr>
<td>• Support/structure for those struggling in, or returning to, work</td>
</tr>
<tr>
<td>• Ensuring a fair and consistent approach to ill health at work</td>
</tr>
<tr>
<td>• Support for workers including employee assistance</td>
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<table>
<thead>
<tr>
<th>Actions to be taken</th>
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</thead>
<tbody>
<tr>
<td>• Promote the importance of workplace health risk assessment</td>
</tr>
<tr>
<td>• Promote the importance of reducing exposures and conditions that can cause occupational disease</td>
</tr>
<tr>
<td>• Promote the importance of designing workplaces and systems to minimise occupational exposures to chemical, physical, biological and psychological stressors</td>
</tr>
<tr>
<td>• Promote the use of the bio-psycho-social model</td>
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<tr>
<td>• Improve ability to recognise workplace causation, to assess and manage common occupational illnesses and workplace health conditions such as cancer, occupational lung disease, musculo-skeletal and mental health conditions</td>
</tr>
<tr>
<td>• Enhance capability to assess functional implications of medical illness</td>
</tr>
<tr>
<td>• Work with other agencies to reduce stigma of mental ill health at work</td>
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<tr>
<td>• Enhance capability to support long term conditions at work</td>
</tr>
<tr>
<td>• Develop capability in vocational rehabilitation</td>
</tr>
<tr>
<td>• Develop attendance management packages</td>
</tr>
<tr>
<td>• Develop capability for implementation of workplace health and wellbeing</td>
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**Training and education**

The shift to multi-professional occupational health should be supported by changes in training. Competency themes for training and education in occupational health are shown in Figure 4. Actions to be taken include ensuring that relevant disciplines have competency frameworks relating to the occupational health paradigm, and progressing improvements in specialist occupational health training.

<table>
<thead>
<tr>
<th>Competency themes for training and education</th>
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<tbody>
<tr>
<td>• Assessment of workplace hazards and exposures</td>
</tr>
<tr>
<td>• Implementation of prevention and/or control strategies</td>
</tr>
<tr>
<td>• Clinical occupational health</td>
</tr>
<tr>
<td>• Legislation and standards</td>
</tr>
<tr>
<td>• Health promotion</td>
</tr>
<tr>
<td>• Workplace health and business approach</td>
</tr>
<tr>
<td>• Influencing and Impact</td>
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<tr>
<td>• Professionalism in occupational health</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Actions to be taken</th>
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</thead>
<tbody>
<tr>
<td>• Develop modules to deliver training in generic competencies</td>
</tr>
<tr>
<td>• Ensure all disciplines have competency frameworks relating to the occupational health paradigm</td>
</tr>
<tr>
<td>• Develop the provision of multi-professional training in occupational health</td>
</tr>
<tr>
<td>• Ensure sufficient training places to supply the requisite numbers of occupational health specialists</td>
</tr>
<tr>
<td>• Develop the role of the National School of Occupational Health in multi-disciplinary training and education</td>
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</tbody>
</table>

*Figure 4: Competency themes and actions for training and education*
The future occupational health workforce

The occupational health workforce planning process can only estimate numbers of practitioners once population needs, changing method of delivery and training requirements have been considered; detailed projections of numbers will be the subject of the next stage of this project.

This report highlights the current need to address insufficient numbers of occupational health specialists.

The estimated numbers of specialist practitioners in occupational health in each of the professions shown in Figure 5 have been included to demonstrate what an occupational health workforce to provide an equitable service for workers would look like today, based on areas of established and effective service delivery in the UK. These figures do not include all the individuals involved in the prevention of health issues in the workplace whose work often takes place outside of a clinical/health environment, for example safety specialists.

The figures reflect current data and serve to show how undermanned occupational health is.

It is important to point out that these figures are not recommendations for recruitment, but have been included to demonstrate the poor access to occupational health services for most workers, and to emphasise the need for urgent action to address current lack of capacity to deliver workplace health and wellbeing at a time when its importance has been recognised by government and industry.

The respective professional titles in the figure refer to accredited specialists.

<table>
<thead>
<tr>
<th>Profession</th>
<th>Occupational Medicine</th>
<th>Occupational Health Nursing</th>
<th>Occupational Physiotherapy</th>
<th>Occupational Hygiene</th>
<th>Occupational Therapy</th>
<th>Ergonomist/Human Factors</th>
<th>Practitioner psychologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current registered* numbers</td>
<td>710</td>
<td>3,200</td>
<td>400</td>
<td>152</td>
<td>200</td>
<td>380</td>
<td>300</td>
</tr>
<tr>
<td>Current ratio of practitioner to UK workers</td>
<td>1:44,000</td>
<td>1:9,700</td>
<td>1:77,000</td>
<td>1:203,000</td>
<td>1:155,000</td>
<td>1:82,000</td>
<td>1:103,000</td>
</tr>
<tr>
<td>Number required to deliver a quality service to the current UK workforce</td>
<td>1,200</td>
<td>10,000</td>
<td>13,200</td>
<td>1,150</td>
<td>9,000</td>
<td>2,500</td>
<td>10,000**</td>
</tr>
</tbody>
</table>

*Professionals who have achieved accreditation of Occupational Health competence, through either Chartered status, accreditation or HEI award
**This figure represents an estimate of psychologically-trained mental health professionals as a whole.

Figure 5: Calculations of current occupational health specialists to meet UK workforce need based on 2015 statistics
The third and final *Planning the future* report, which completes stages 5 and 6 of the population-centric methodology used to establish workforce planning needs, will explore the relationship between occupational health functions, requisite skills and numbers of practitioners.

It will address awareness of and access to information, workplace practices, the composition and functioning of occupational health teams, and the role of specialist practitioners within a diverse workforce that has a distributed and non-specialist knowledge and skill set. These are examples of factors that will determine the delivery of cost-effective occupational health services.

Consequent service delivery models will require a suitable and sufficient occupational health skill mix. The case studies introduced in the first report will be revisited and used as examples for the workforce planning, to offer greater examples of scenarios and workforce calculations.
The Council for Work and Health would like to thank Public Health England, Health Education England, the Commercial Occupational Health Providers Association and the British Occupational Hygiene Society for their financial support, without which this work would not have been possible.

This report has been compiled by a sub-group of the Council for Work and Health member representatives and chaired by Professor John Harrison. We could not have produced this report without their help.

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