Rhwydwaith
CYMUNEDAU MWY DIOGEL CYMRU
WALES SAFER COMMUNITIES
Network

Wales Safer Communities Network response to:
Public Consultation Occupational Health: Working Better
Closed 12 October 20243

Response submitted via email.

Chapter 1: Opportunities for greater employer action, best practice sharing and voluntary health at work standards

Question 1: What would you consider to be a robust and reliable source of evidence to establish a simple and clear baseline for quality OH provision?

- Evidence based outcomes from an Expert Advisory Group.
- The Government guidance to support employee health outcomes in the workplace, including specifying a clear and simple baseline for minimum levels of OH support.
- Anything else? Give reasons for your views below.

We think that it should be a combination of Government guidance including a clear and simple baseline for minimum levels of occupational health support, along with an evidence-based outcomes approach which is overseen by an Expert Advisory Group. Our opinion is that the Expert Advisory Group should not only consist of experts in Occupational Health and Employment (personnel/ human resources) but also from disability organisations who may have specialist knowledge and an understanding of reasonable adaptations but also of exploitation and workplace bullying.

Question 2: What best practice examples have you seen where workplaces are used to better support employee health outcomes that could be used instead to bolster greater take-up of OH provision? What kind of model would you prefer for sharing this good practice, particularly to support SMEs?

From a Community Safety perspective we have no examples to contribute at the moment.

Question 3: What benefits does, or could, access to OH services bring to your organisation?

The benefits could include reducing exploitation or bullying either at work or at home, especially if OH services enable a person to remain or to join the workforce. There should be a socio-economic benefit for those able to remain in employment and reduce employers need to train others in place where appropriate. It may also assist with community cohesion and improved work-life-balance with employees having the assistance and tools that enable them to work smoother and more efficiently.

Question 4: Are there particular benefits these measures could bring for people with protected characteristics? In what ways could this be achieved?

It could benefit those with disabilities or caring responsibilities, allowing them to work or continue to work and so improve their quality of life and feel more part of the community. In Wales socio-economic is also a characteristic and it could benefit by enabling some people to remain in work or to join the workforce who otherwise may be excluded.

Question 5: What are, or could be, the costs of accessing OH services for your organisation?

We are responding on behalf of a Network of public bodies and the third sector therefore it is not appropriate for us to comment on costs as the roles are varied.

Question 6: a) What should such a national health at work standard for employers, embedding a baseline for quality OH provision, include, especially given the requirement to accommodate different employer needs?

It should encapsulate mental and physical health including wellbeing. It should engage with speech and language requirements and be transparent and jargon free to limit the opportunities for Occupational Health to be used as part of any wider harassment or exploitation that may be taking place.

b) What should the OH elements of that standard look like, particularly to ensure a simple and clear baseline for quality OH provision?

There should be an element where the OH provision understands what harassment looks like in the workplace and work to make sure they are not used in this way. OH provision should enhance the workplace experience for all involved as much as possible, and if there are no reasonable adjustments that can be made then links to career advisors should form part of the process.

Question 7: For an accreditation scheme, should the levels or tiers be based on business size and turnover? What other factors should we consider for the tiers? What incentives should be included in the higher tiers?

It may be appropriate for any fees for an accreditation scheme to be based on the business size and turnover. However, if for the actual delivery of OH support then the tiers should be based on the level of support and flexibility to adapt, which may make some employers more attractive than others. A person may not need OH and then a change in circumstances or external impacts leads to the need and a well grounded use of OH may be seen as a sign of a good employer, we would expect this to be monitored however especially when organisations change owners.

Question 8: [To be answered if you are an SME or if you represent SMEs]
As an SME with fewer than 250 employees or as a SME representative,

a) how useful and/or practical would such an accreditation scheme be for you? Give reasons.

Not applicable

b) how useful and/or practical would benefits such as access to peer support be?

Not applicable

Question 9: How should such an accreditation scheme be monitored and assessed? What assessment or evidence should employers need to provide to achieve each level?

A policy which incorporates OH and a positive response should be the minimum. Regular engagement with a recognised Occupational Health provider through ongoing contract or agreement.

Question 10: What Government support services would be most valuable for employers seeking to improve their support for health and disability in the workplace, including as they work by towards a baselined quality OH provision as set out in a national health at work standard for employers, embedding a baseline for quality OH provision, that the Government would develop?

We think that the options put forward on page 32 of the consultation document would appear appropriate. In addition, it may be appropriate to have information about organisations that help with matters at a local level.

Question 11: **Should access to a government-funded support package be conditional on accrediting to the proposed national health at work standard for employers, embedding a baseline for quality OH provision? Give reasons for your views.**

Funding should only be provided where there is accreditation that can be clearly evidenced to prevent fraud and claiming funding without making the relevant adjustments and resulting in poor work environments and practices.

Chapter 2: Lessons from international comparators and successful UK-based employer models to drive OH take-up

Question 12: Drawing on examples from international comparators, what could be effective in driving employer demand to enable a shift towards higher rates of access?

Based on the information it would appear that there is more take up when the legislation to support OH is easy to locate in one piece of legislation rather than spread across multiple. This should also prevent any gaps or loopholes that can be exploited either deliberately or accidentally.

Question 13: What are the possible costs/benefits of legal measures to provide OH?

From our members point of view the cost would be of how any legal measure would be implemented and resources required to ensure compliance or to enforce when there is no compliance. In addition, there could be additional specific costs if the legislation places any specific duty in regard to this on the public sector.

Question 14: What lessons could be learned from self-reporting models and Automatic-Enrolment that could be applied to increase access to OH amongst employers? Please include which elements of these examples could be delivered for OH.

It could potentially be built into some of the existing regulation and awards linked to employers which already carry accreditation and assurance for current and future employees about how they will be treated.

Chapter 3: Developing the work and health workforce capacity, including the expert OH workforce, to build a sustainable model to meet future demand

Question 15: What more can be done to build the multidisciplinary clinical and non-clinical workforce equipped with the skills needed to deliver occupational health and wider work and health services? Please include any examples of creative solutions.

We have no suggestions to make to this question.

Question 16: What would professionals find helpful to refer into wider work and health or employment support services?

We have no suggestions to make to this question.

Question 17: How can we promote OH as an attractive career to encourage a wide range of professionals to join and/or remain in the profession?

We have no suggestions to make to this question, especially at a time when recruitment into almost all sectors and roles remains challenging.

Question 18. What are the optimum touchpoints to promote careers in OH at entry level e.g., studying different disciplines to those who have left the NHS or are considering a career change?

We have no suggestions to make to this question.

Question 19: What actions or mechanisms (including technology) can be used to ensure that the multidisciplinary OH workforce will be utilised by service providers in an effective way to respond to an increase in demand for quality expert and low intensity work and health support (OH)?

Whilst we have no suggestions to make to this question, we would ask that any technology that is used is compliant with data protection, GDPR and confidentiality as there may be personal health information that is being shared or discussed and which should therefore be handled accordingly.

Question 20: How do we encourage and support small and medium sized OH providers to adopt a multidisciplinary approach? What are the key enablers and what opportunities are there to incentivise collaboration within the sector?

We have no suggestions to make to this question.

Question 21: As part of the move to a more multidisciplinary workforce to deliver work and health conversations, should we consider further extension of the professionals who can sign fit notes?

And if yes, which professionals should we consider?

We are concerned that this could lead to forms of exploitation or harassment either of those requiring sign fit notes or those able to issue them. We would therefore ask for careful consideration around expanding the list from the health professionals who have undergone specialist training to become qualified.

Question 22*:* What further action can the Government take to support multidisciplinary teams to deliver work and health conversations in other settings (for example NHS or community settings), to improve health outcomes and address health inequalities?

We think that there should be a role for Public Health/Public Health Wales which may require funding to assist they could then work in partnership with local communities and business networks to share best practice and the benefits of utilising OH support appropriately and at the right time for employees in their health and wellbeing variations.