

From Nick Pahl : [https://www.aomrc.org.uk/wp-content/uploads/2019/05/Good work is good for you summary 0519.pdf](https://www.aomrc.org.uk/wp-content/uploads/2019/05/Good_work_is_good_for_you_summary_0519.pdf)

From Nick Pahl : Darzi review: "Contribute to the nation's prosperity. With the NHS budget at £165 billion this year, the health service's productivity is vital for national prosperity. Moreover, the NHS must rebuild its capacity to get more people off waiting lists and back into work.

<https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf>

From Jain Holmes : Spending on sickness and disability benefits is projected to increase by £30bn over the next five years, according to the Office for Budget Responsibility (OBR).

From Jain Holmes : The UK is the only country in the G7 whose employment rate has not returned to pre-pandemic levels.

From Nick Pahl : <https://www.deloitte.com/uk/en/about/press-room/poor-mental-health-costs-uk-employers-51-billion-a-year-for-employees.html>

From Nick Pahl : SOM publications, covering key guidelines and reports on Occupational and Workplace Health can be found in the SOM Publications Catalogue.

From Mandy Murphy : For all of you here, *what do you think is needed to make it different this time?*

From Katie Knapton : Recognising the necessary difference from the simple intervention to the more complex requirements also co-morbidity. Also Health literacy reducing barriers to access advice...over medicalised

From Miriam Mintz : We routinely see the best outcomes for those participants who are working in an environment that provides the safety to disclose any challenges and is open to implement reasonable adjustments.

From Jain Holmes : We need to be breaking down the barriers to accessing support; whether that is access to easily located self-help toolkits e.g. mental health, pain self-management, early support at your GP surgery (can people get an appointment when they need it?), OH (not always easy if you don't get on with your manager), community rehab services for more complex and long term conditions.

From Nick Pahl : <https://www.som.org.uk/som-buyers-guide-wellbeing-products-or-services> buyers guide for wellbeing products and services - need to take an evidence based approach

From Jain Holmes : The support needs to be relevant to communities and targeted at the right level by professionals but also those who are not health professionals but supported by them. A model of social prescribing but better - more than just signposting.

From Kris Ambler : the vast majority of employers in the UK are SME's - the landscape of support is huge and for many OH and other wellbeing solutions will be beyond their reach financially. Janet's point is key here - there's a disconnect between employers and support, has been since the coalition government removed the regional tier of support, including Business Link and RDAs - these could have played an important role here

From Jain Holmes : We do need to be able to describe the edges of all our interventions so we can identify the gaps and overlaps as well as understanding who and how to refer onwards to other services - really recognising multi and interdisciplinary working!

The new iteration of the Access to Work Mental Health Support Service contract is aimed at SMEs. At the moment, it still seems to be a bit of a well kept secret but we do provide free mental health support for nine months, as well as signposting to other relevant services

From Nick Pahl :

<https://www.som.org.uk/sites/som.org.uk/files/The Value of OH and HR in supporting mental health and wellbeing in the workplace Nov23 0.pdf> HR and OH working together..

From Mandy Murphy : Multi/Interdisciplinary working is so important and reduce the silos we often see

From Jain Holmes : Totally agree Janet - but also community rehabilitation is very much a Cinderella service. This is a great space in which to cross health and work boundaries

From Kris Ambler : Replying to "the vast majority of..." Absolutely - I've been around the table when business representative organisations have described a need for something like Access to Work - without knowing it already exists.

From Nick Pahl : <https://pubmed.ncbi.nlm.nih.gov/25626136/>

From Mandy Murphy : If we are to have interdisciplinary working and as we can already see a new health workforce emerging, how do we ensure we can work together and remain joined up to the same outcomes and goals?

From Julie Hughes : Connecting services together in a Case Management would be so important to bring support together working for the good of the employee

From Rob Hampton : Case Management, with links to primary care have a proven success for long term sickness absence. Fit for Work pilots had good results but not implemented in the national service. Signing sickness certification as part of the service was popular and encouraged referrals

From Mandy Murphy : Wow, great to hear that is strong interest in the clinical fields about understanding "work as a health outcome".

From Jain Holmes : I audited this service recently and they are striving to link with all the relevant support services - and this is specifically targeted at NHS staff  
<https://services.nhslothian.scot/lothianworksupportservices/> they have a 80-100% success rate in supporting staff to stay at or return to work. A brilliant example!

From Mandy Murphy : Replying to "I audited this servi..." Sounds like a great case study

From Jain Holmes : Replying to "I audited this servi..." 👍 We are trying to get this published right now ;-)

From Nick Pahl : Building a healthy workforce: new Research report published: <https://futurehealth-research.com/rising-levels-of-staff-sickness-and-long-nhs-waiting-lists-hitting-businesses/>

Policy recommendations: Expanding the occupational health workforce through the planned NHS Long-Term workforce plan 2025

Improving the guidance, information and support available to SMEs to support them in selecting occupational health

The introduction of a minimum standards framework for occupational health services in all workplaces

Ensuring that the NHS reforms focus on workforce health and better identification and management of patients with conditions that are driving increased workforce absence

introduce tax incentives for employers for investing in occupational health and employee health benefit schemes including health checks, vaccinations and access to occupational health equipment

From Jain Holmes : We need social financial support but the way it is organised presently is over engineered and set up to prevent claims - do we need the equivalent of the Rehab Code @Julie?

From Rob Hampton : Permitted work is still part of ESA/Universal credit schemes.

From Natasha Owusu : To ensure universal and equitable access to OH services for everyone in the labour market such as workers and SMEs we need to invest in rehabilitation services. To do this we need to expand the multi disciplinary teams including physiotherapists to ensure sufficient supply across the NHS and private sectors and within multi-disciplinary teams

From Kris Ambler : Totally agree @Dr Steve Boorman and @Nicola Neath - the sanctions regime and hostile environment approach we've seen needs to change, it's not empowering and counter to supporting people back into sustainable employment. Maybe less stick and more carrot - a more human approach

From Jain Holmes : 1 in 8 people are not in education, employment, or training (NEET). Shifting this will require whole system changes supported by Policy.

From Kris Ambler : Great session, thanks so much for organising @Mandy Murphy and the excellent contributors today