Engagement with policy makers to prevent ill health at work and to sustain people in their work, and the importance of national standards

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Council for Work and Health

29 May 2025

Agenda

- The national health and work agenda

- To consider what is meant by Prevention

- Standards

- Ethics

We agree that **prevention** to stop people becoming ill in the first place is essential. Public health measures to improve risk factors for economic inactivity include promoting mental health, and preventing musculoskeletal conditions, cardiovascular disease and obesity, and also addressing the social determinants of health. **Work is a key social determinant of health**.

Council for Work and Health response to Get Britain Working White Paper November 2024 at:
https://www.councilforworkandhealth.org.uk/news/council-for-work-and-health-response-to-get-britain-working-white-paper-november-2024/

Department for Work & Pensions

HM Treasury

Department for Education

Policy paper
Get Britain Working White Paper
Published 26 November 2024

Government consultations April – June 2025

- The **report on the Discovery phase of the Keep Britain Working review led by Sir Charlie Mayfield** has a focus of those who are in work, and what can be done by employers to prevent people falling out of work, to protect health and support those with health problems and disabilities in work. The principle is good work is good for health (physical and mental health).

- The **Pathways to Work Green Paper** is more focused on those with disabilities and how those out of work may return to being economically active; potential implications for those with mental health conditions.

- Although there is some overlap, we see these as two different groups, for which different approaches may be appropriate.

Pathways to Work at: https://www.gov.uk/government/consultations/pathways-to-work-reforming-benefits-and-support-to-get-britain-working-green-paper/pathways-to-work-reforming-benefits-and-support-to-get-britain-working-green-paper

MARCH 2025

KEEP BRITAIN WORKING REVIEW
DISCOVERY

Keep Britain Working: Discovery (the Mayfield Report) at:
https://www.gov.uk/government/publications/keep-britain-working-review-discovery/keep-britain-working-review-discovery

GOV.UK

Home > Welfare > Welfare reform > Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper

Department for Work & Pensions

Open consultation
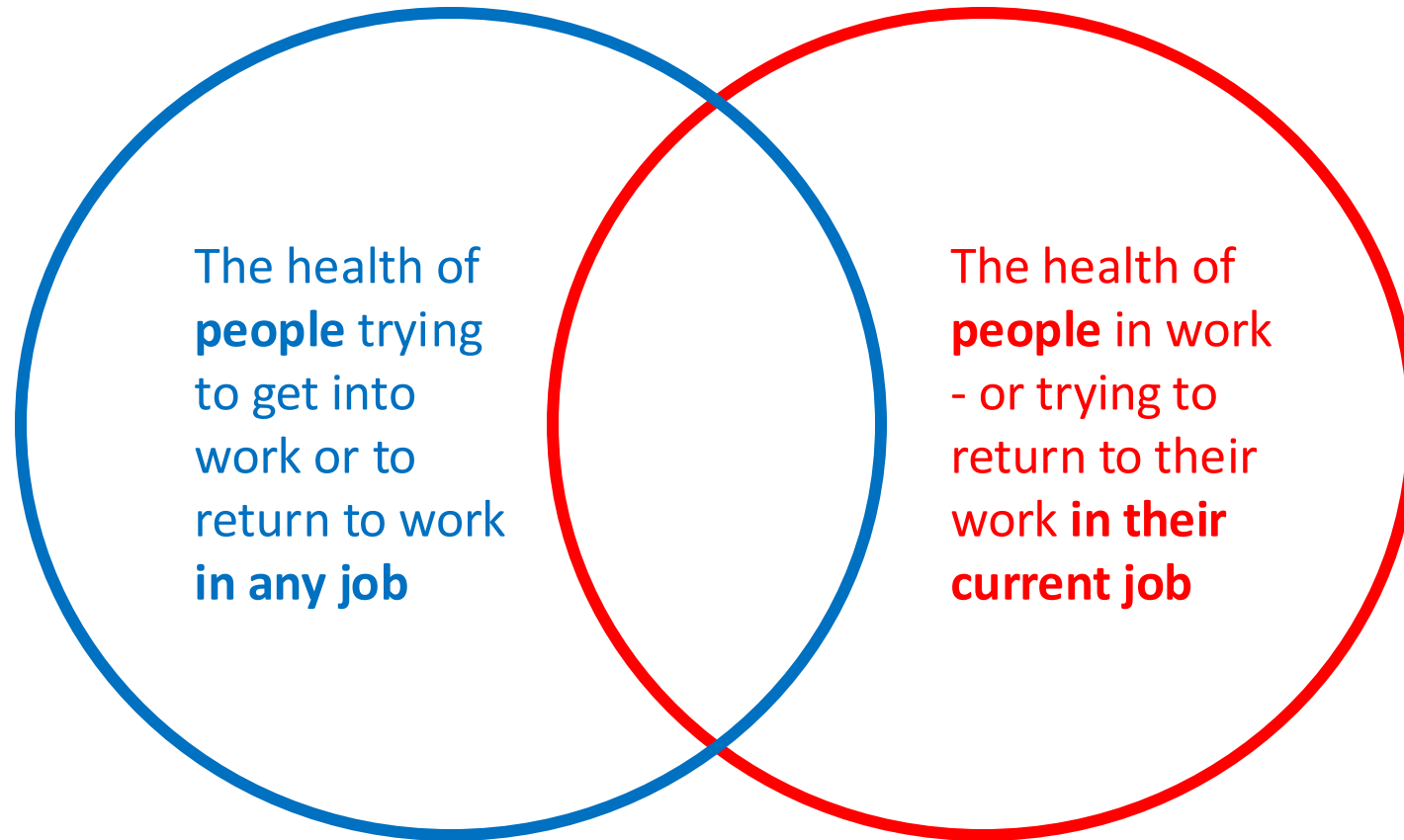**Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper**
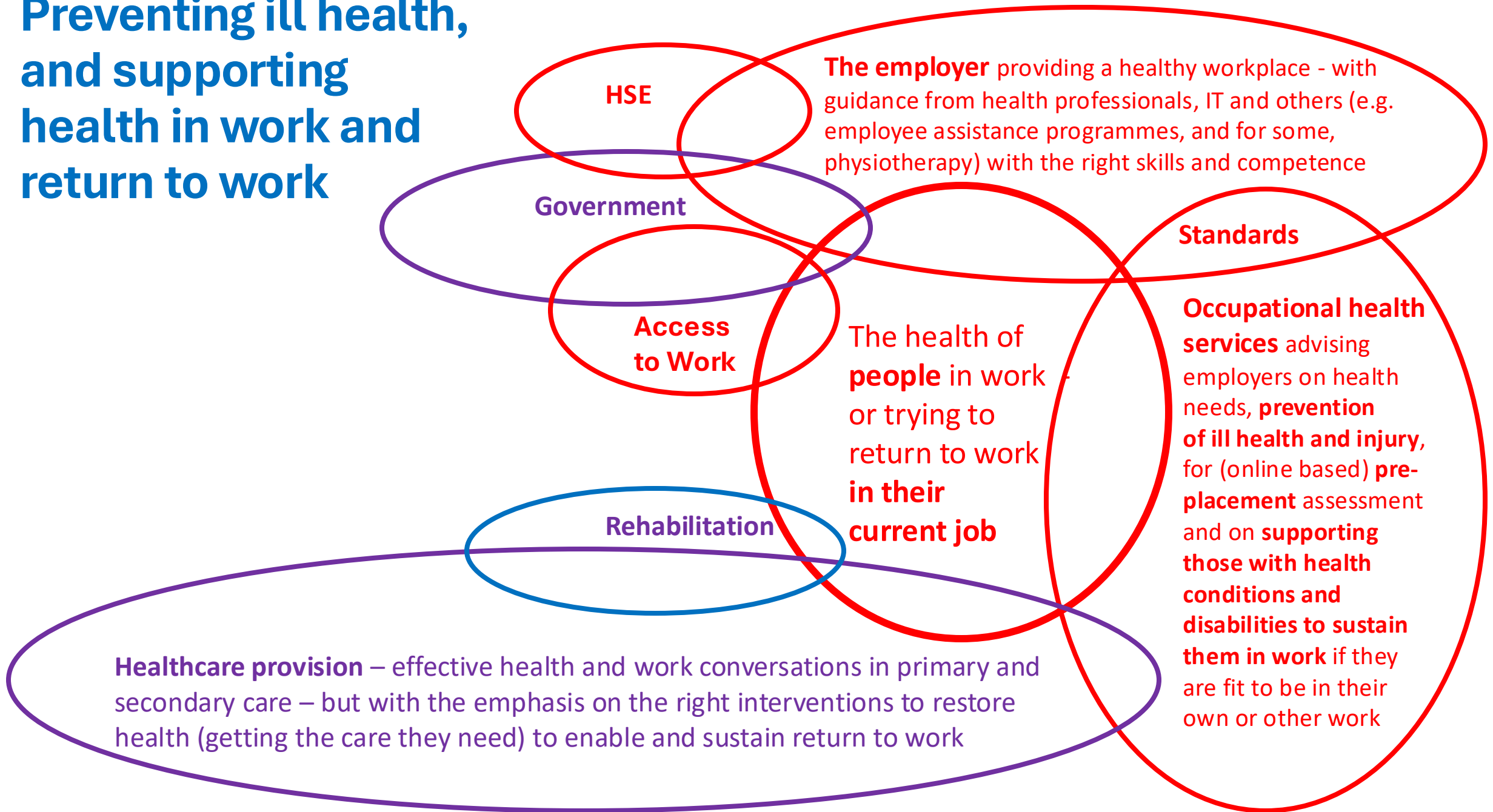Updated 26 March 2025

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Ministerial Foreword

Presented to Parliament by the Secretary of State for Work and Pensions by Command of His Majesty
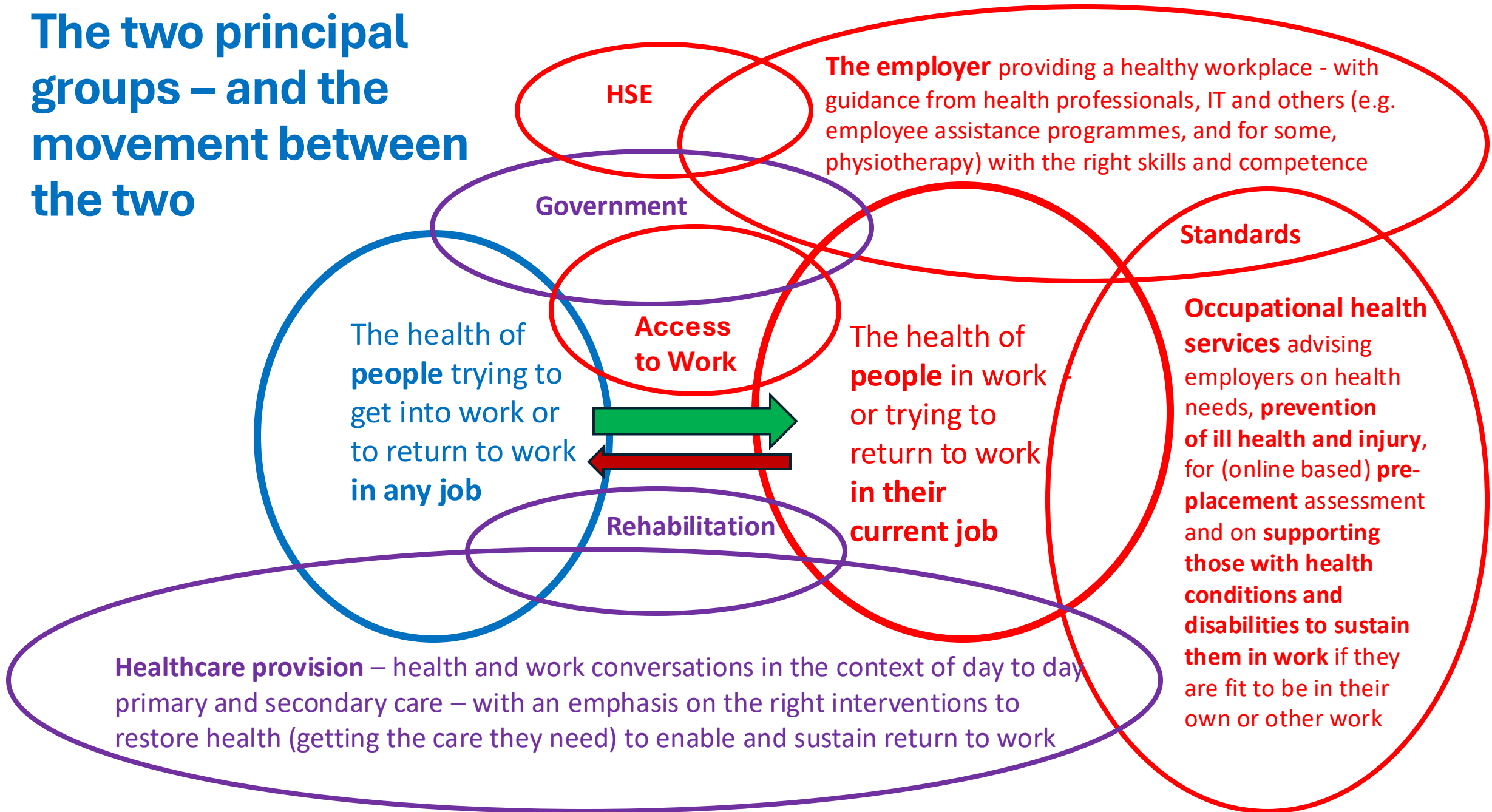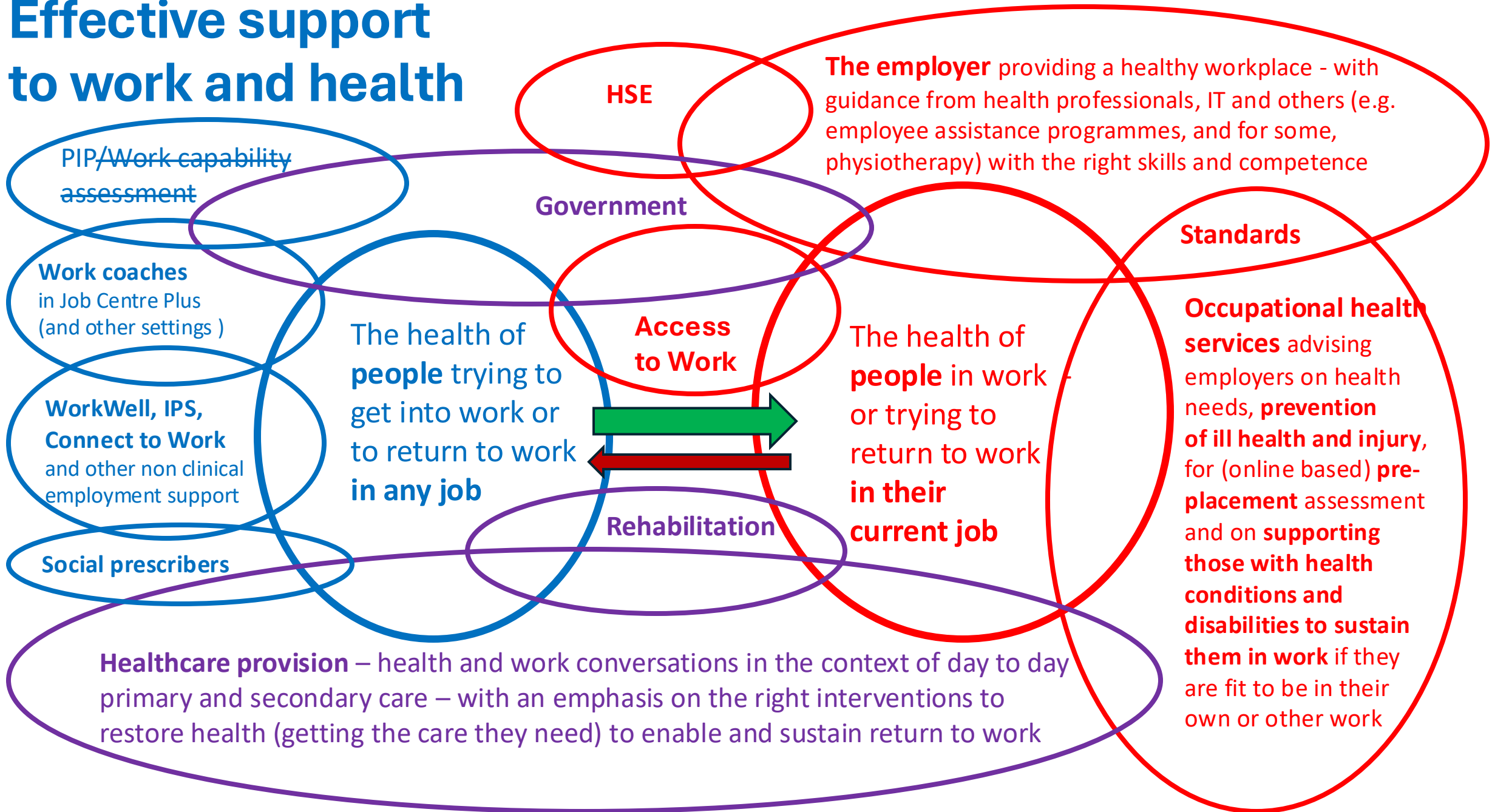
Two principal groups

The health of **people** trying to get into work or to return to work **in any job**

The health of **people** in work - or trying to return to their work **in their current job**

Preventing ill health, and supporting health in work and return to work

HSE

Government

Standards

The employer providing a healthy workplace - with guidance from health professionals, IT and others (e.g. employee assistance programmes, and for some, physiotherapy) with the right skills and competence

Access to Work

The health of **people** in work - or trying to return to work **in their current job**

Occupational health services advising employers on health needs, **prevention of ill health and injury**, for (online based) **pre-placement** assessment and on **supporting those with health conditions and disabilities to sustain them in work** if they are fit to be in their own or other work

Rehabilitation

Healthcare provision – effective health and work conversations in primary and secondary care – but with the emphasis on the right interventions to restore health (getting the care they need) to enable and sustain return to work

The two principal groups – and the movement between the two

HSE

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Rehabilitation

Healthcare provision – health and work conversations in the context of day to day primary and secondary care – with an emphasis on the right interventions to restore health (getting the care they need) to enable and sustain return to work

Effective support to work and health

HSE

The employer providing a healthy workplace - with guidance from health professionals, IT and others (e.g. employee assistance programmes, and for some, physiotherapy) with the right skills and competence

Government

PIP/Work capability assessment

Work coaches in Job Centre Plus (and other settings)

Standards

Access to Work

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WorkWell, IPS, Connect to Work and other non clinical employment support

Social prescribers

Rehabilitation

Healthcare provision – health and work conversations in the context of day to day primary and secondary care – with an emphasis on the right interventions to restore health (getting the care they need) to enable and sustain return to work

Bringing coherence

- Local initiatives and coherence
  - A balance to be struck between local initiatives and coherence in delivery.
  - How this is to be led at a national level unclear; our offer to contribute to discussion.

- A means to join this into a whole
  - Health professionals having the conversations as part of day to day practice
  - Oversight of the emerging non clinical work and health workforce

- Risk of people trying to get back to unsupportive workplaces
  - Once an employer has agreed to take on those in this group, occupational health professionals can advise on adjustments to increase chance of a successful return.
  - Having a supportive workplace will be critical, including flexibility where feasible.

Key points from the papers being consulted

- Occupations that are less **flexible**, e.g. over hybrid/home working have higher rates of economic inactivity among those who leave - as do lower paid jobs - impacting continued health inequalities.

- The Mayfield Report notes **distance can develop from the workplace and a key role of managers is to keep in touch with employees**; occupational health professionals can contribute and advise on interventions to create the conditions for a return to work at the right time, in light of health and other factors

- A key element is **timely access to treatment** - including mental health, primary care and hospital care.

AoMRC/RCN/AHPF health professionals consensus statement on health and work

- In addition to asking what work their working age patients do, and asking how they are managing in work, health professionals may support people in their work as an integral part of patient care pathways.

- Health professionals may also promote a culture where good work is seen as a benefit to people.

- Through promoting healthy life choices and lifestyles, health professionals might also contribute to prevention of ill health and injury, so reducing risk of people falling out of work, as well as supporting people to enter, remain in, or return to work when they are able to.

https://www.aomrc.org.uk/publication/2025-healthcare-professionals-consensus-statement-for-action-on-health-and-work/

Why preventing ill health and supporting health in work and return to work important – consensus statement

Work is also one of the key social determinants of health ; being in work is associated with improved mental and physical health, provided this is 'good work' , i.e. good working conditions and supportive management . In contrast, "toxic" workplace environments harm physical and mental health

Advice and advocacy for health and work

Prevention of ill health and injury at the national and workplace level

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So what do we mean by prevention?

- **Primary prevention** is action that tries to stop the problem happening

- **Secondary prevention** is action which focuses on early detection.

- **Tertiary prevention** is action that aims to minimise the harm of a problem that has occurred

What is Prevention and what does this mean for health and work?
Primary prevention

Primary prevention is action that tries **to stop the problem happening**:

- At a **population level** to prevent ill health from developing; e.g. measures to address the social determinants of health, and lifestyle factors such as healthy diet and physical activity. **This is government business**. Investment in youth opportunities could bring benefits as primary prevention. **Primary healthcare** also has a role in primary prevention, including supporting lifestyle changes such as stopping smoking, alcohol advice, maintaining a healthy weight and promoting physical activity, as well as interventions such as immunization programmes.

- **At a workplace level**; e.g. promoting health at work through **positive workplace cultures**, and to prevent ill health and injury related to work through workplace stress risk assessment and risk management control measures to reduce exposure to psychological and other hazards in work. This is **the business of employers, with competent advice**. HSE gives advice on these issues .

What is Prevention and what does this mean for health and work?
Secondary prevention

Secondary prevention focuses on **early detection**

•   **In healthcare**, **early interventions to reduce risk of harm; e.g. screening for cancer to investigate and treat early**. Identifying and treating high blood pressure aims to prevent stroke and heart disease, and optimising treatment for diabetes reduces risk of known complications developing. **This is for government to fund and the healthcare system to deliver.** Mental healthcare for young people to receive treatment before progression would also be secondary prevention.

•   **In workplaces**, to reduce risk of harm from early stages of effects of work on health**; e.g. workplace stress risk assessment** to identify signs of stress and where these are in the organisation so these may be mitigated early, and **health surveillance** to find early health effects from exposure to, then to review control measures to prevent ill health. This reduces the likelihood of people falling out of work by preventing the adverse health effects of work worsening so they become unable to work, This is **the business of employers, with competent advice; HSE provides advice to employers on finding competent advice** , which we suggest **should be assured to meet agreed national standards** .

What is Prevention and what does this mean for health and work?
Tertiary prevention

Tertiary prevention aims to minimise the harm of a problem that has occurred

•	**In healthcare**, this would **be treatment for established health problems to reduce risk of further harm**; e.g. treatment for the complications of diabetes in order to mitigate the effects of established disease. This is **the business of the healthcare system. For some work may not be realistic. Rehabilitation** for mental health and physical conditions promotes return to work and valuable activity for those who cannot work. The **business of government and healthcare system to support people unable to work**.

•	**In workplaces**, **adjustments for the effects of health conditions on work** capacity to sustain people in work, and rehabilitation to enable a return to work after sickness absence. **The adverse effects of non-supportive workplace cultures** are also seen, where employers have not made adjustments that might support those with long-term physical and mental health conditions in their work, and are likely to leave. The **business of employers**, with **competent advice** from health professionals familiar with the functional impacts of complex medical conditions in **services assured to agreed national standards**

Standards of occupational health service delivery

SEQOHS
Safe Effective Quality Occupational Health Service
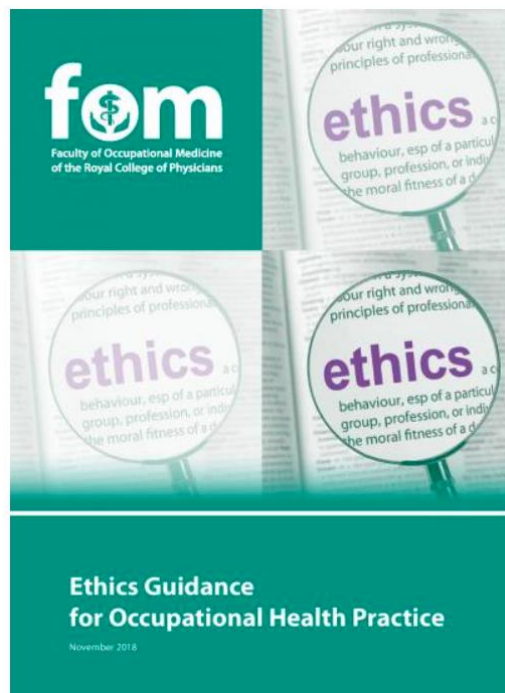
EMPLOYERS   EMPLOYEES   PROVIDERS

190
Accredited services
MORE

108
Services working towards accreditation

The standards

The latest standards (2023)

The latest SEQOHS standards and evidence guide went live on 1st November following stakeholder consultation.

The new standards have an emphasis on outputs and outcomes. This enables accredited providers to move from showing not only that they are "doing things right" – i.e. processes are robust - to show they are also "doing the right things", by which we mean understanding, anticipating and delivering what each client organisation needs. Providers can now demonstrate the breadth of value they bring to commissioners/purchasers of services, to their employees, and to themselves through benchmarking.

The work we have done with the Health and Safety Executive on the evidence guide enables providers to more clearly demonstrate how they meet their legal obligations in Health and Safety legislation, as well as greater clarity on how they show they meet data protection requirements, and the disability and other provisions of the Equality Act 2010.
Overall, SEQOHS 2023 enables providers to demonstrate how they meet standards through what they do day to day - delivering value to health and work.
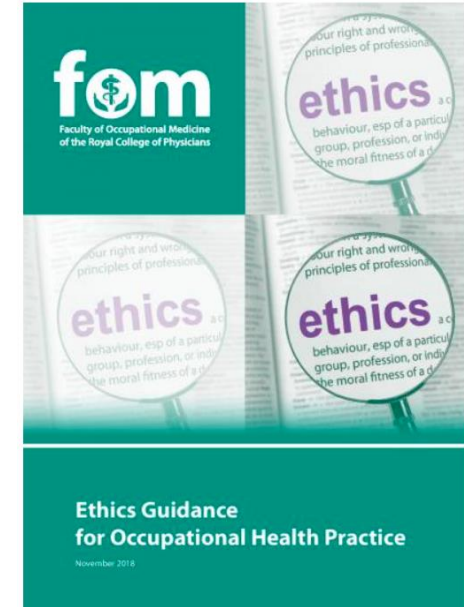
Adherence to the SEQOHS standards is required to become an accredited provider. The standards are categorised into six domains:

1. Governance and Finance
2. Resources and Processes

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of the Royal College of Physicians

Ethics Guidance for Occupational Health Practice
November 2018

fom
Faculty of Occupational Medicine

Future approach to the FOM Ethics Guidance

- Document to be on line and open source

- Ethics advice available at: ethics@fom.ac.uk

- Need for guidance as the work and health legal and ethical landscape changes, for example:

https://www.equalityhumanrights.com/ehrc-statement-supreme-court-ruling-women-scotland-v-scottish-ministers

Joint RSM-FOM meeting on Ethics Mon 17 Nov 2025 (details TBA)

Competence

HSE guidance on competence in occupational health at:

https://www.hse.gov.uk/health-surveillance/occupational-health/index.htm

HSE guidance on health surveillance at:

https://www.hse.gov.uk/health-surveillance/index.htm

-19...   Assessing fitness to...   Welcome | OrchidLi...   BBC iPlayer - Watch...   Royal Bank of Scotl...   T|Th

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HSE > Guidance > Topics > Health surveillance > Assessing competence

Occupational health

1. Overview
2. Buying support from occupational health professionals
3. Assessing competence

3. Assess the competence of occupational health professionals

Occupational health professionals can work as independent professionals or as part of an occupational health provider service, and can include doctors and nurses.

Occupational health professionals have duties under section 3(1) of the Health and Safety at Work etc Act 1974, which covers the general duties of employers and self-employed to people other than their employees.

Standards of Professional Practice. **Vibration**

HAVS

https://rnli.org/


Health and Safety Executive

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Why are quality standards needed now?

- The "Towards a Healthier Workforce" interim report mentions occupational health services, but comments **"the quality of existing provision is variable"** and **"despite existing quality marks, some employers report finding it hard to purchase the most effective services"** and **"a number for employers reported long waits to access services"**.

Health Foundation interim report of the Commission for healthier Working Lives dated 3 Oct 2024 at:
https://www.health.org.uk/reports-and-analysis/reports/towards-a-healthier-workforce

Health Foundation final report of the Commission for healthier Working Lives dated 10 Mar 2025 at:
https://www.health.org.uk/reports-and-analysis/reports/action-for-healthier-working-lives
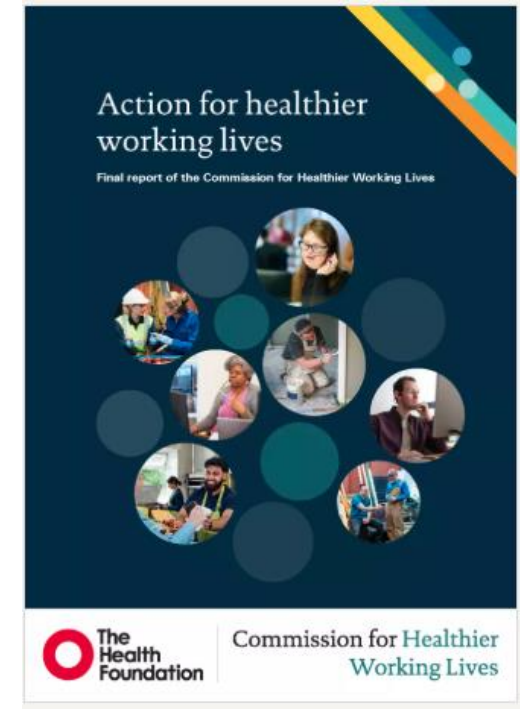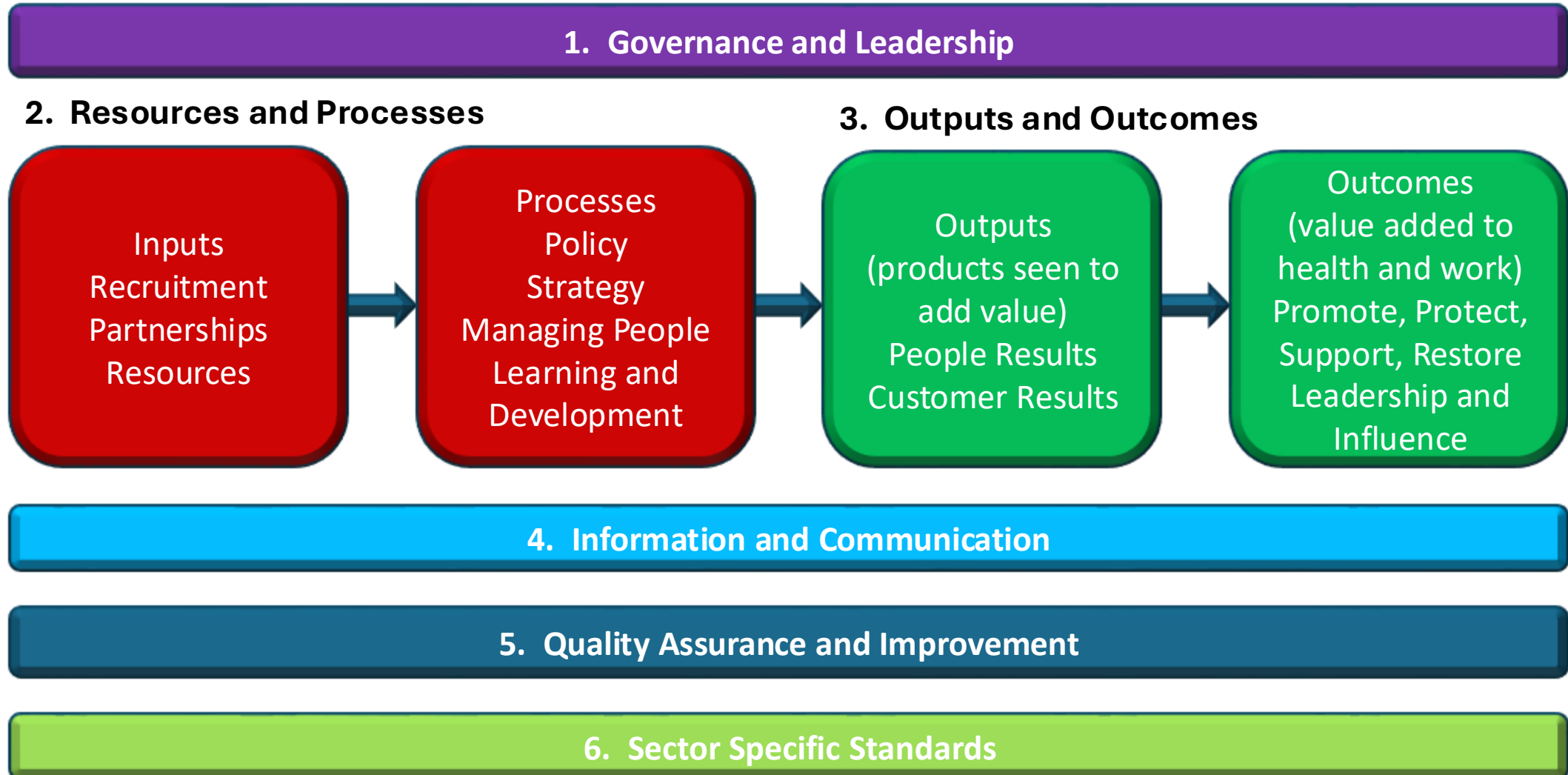
Safe Effective Quality Occupational Health Service standards
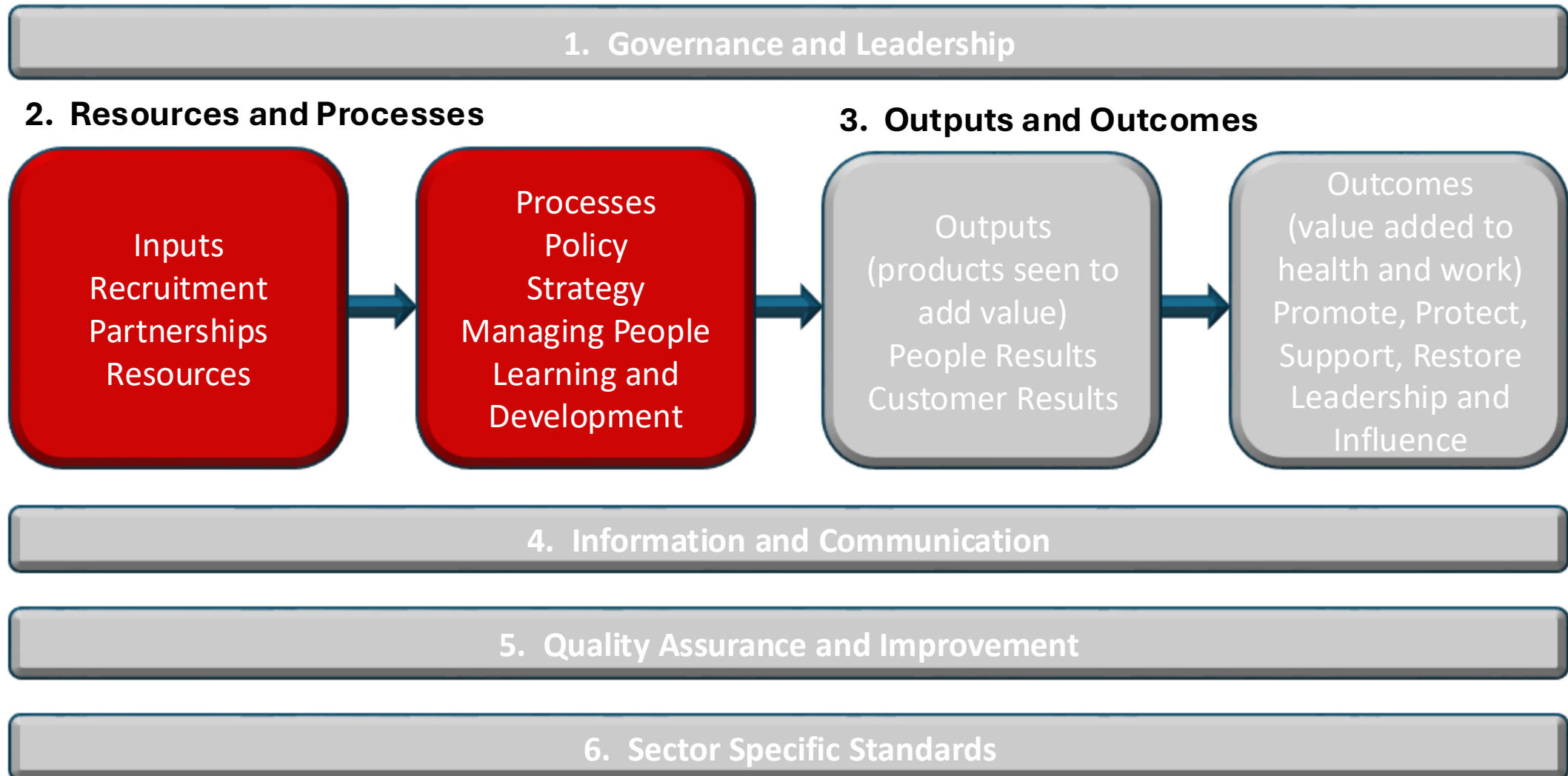
The 2023 SEQOHS Standards were launched on 16 Jun 2023 (at the Occupational Health Conference in Newcastle) and went live in November 2023. The 2023 standards have replaced the 2015 standards for SEQOHS accreditation

Realignment of the six SEQOHS domains in 2023

1. Governance and Leadership

2. Resources and Processes

3. Outputs and Outcomes

Inputs
Recruitment
Partnerships
Resources

→

Processes
Policy
Strategy
Managing People
Learning and
Development

→

Outputs
(products seen to
add value)
People Results
Customer Results

→

Outcomes
(value added to
health and work)
Promote, Protect,
Support, Restore
Leadership and
Influence

4. Information and Communication

5. Quality Assurance and Improvement

6. Sector Specific Standards

Ensuring appropriate qualifications and competence in occupational health

1. Governance and Leadership

2. Resources and Processes

3. Outputs and Outcomes

Inputs
Recruitment
Partnerships
Resources

→

Processes
Policy
Strategy
Managing People
Learning and
Development

→

Outputs
(products seen to
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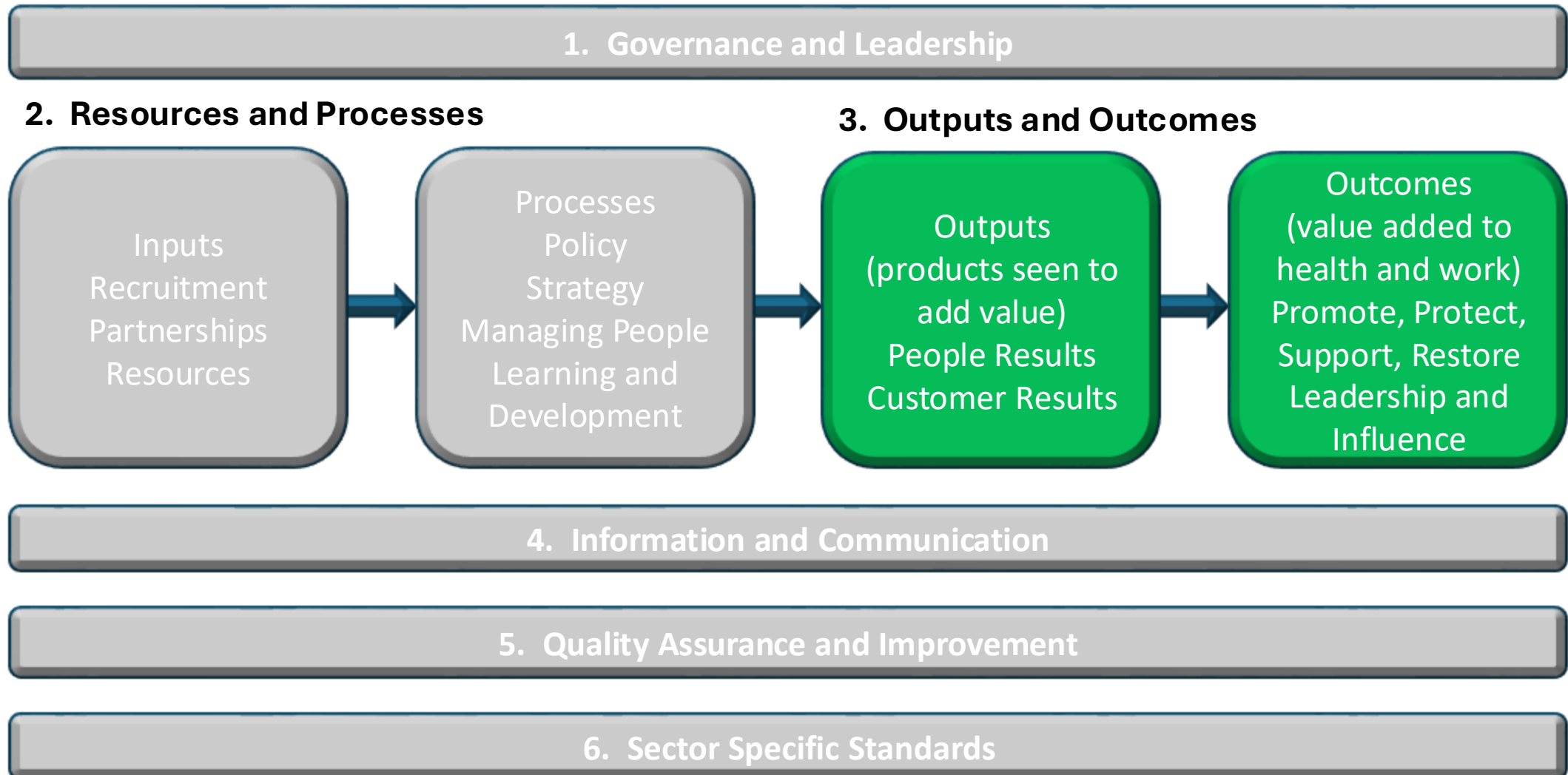# Clinical Governance and effective systems for escalation and further advice

2.2 Arrangements are in place for access to more specialised advice, and escalation when indicated to an occupational physician on the GMC specialist register.

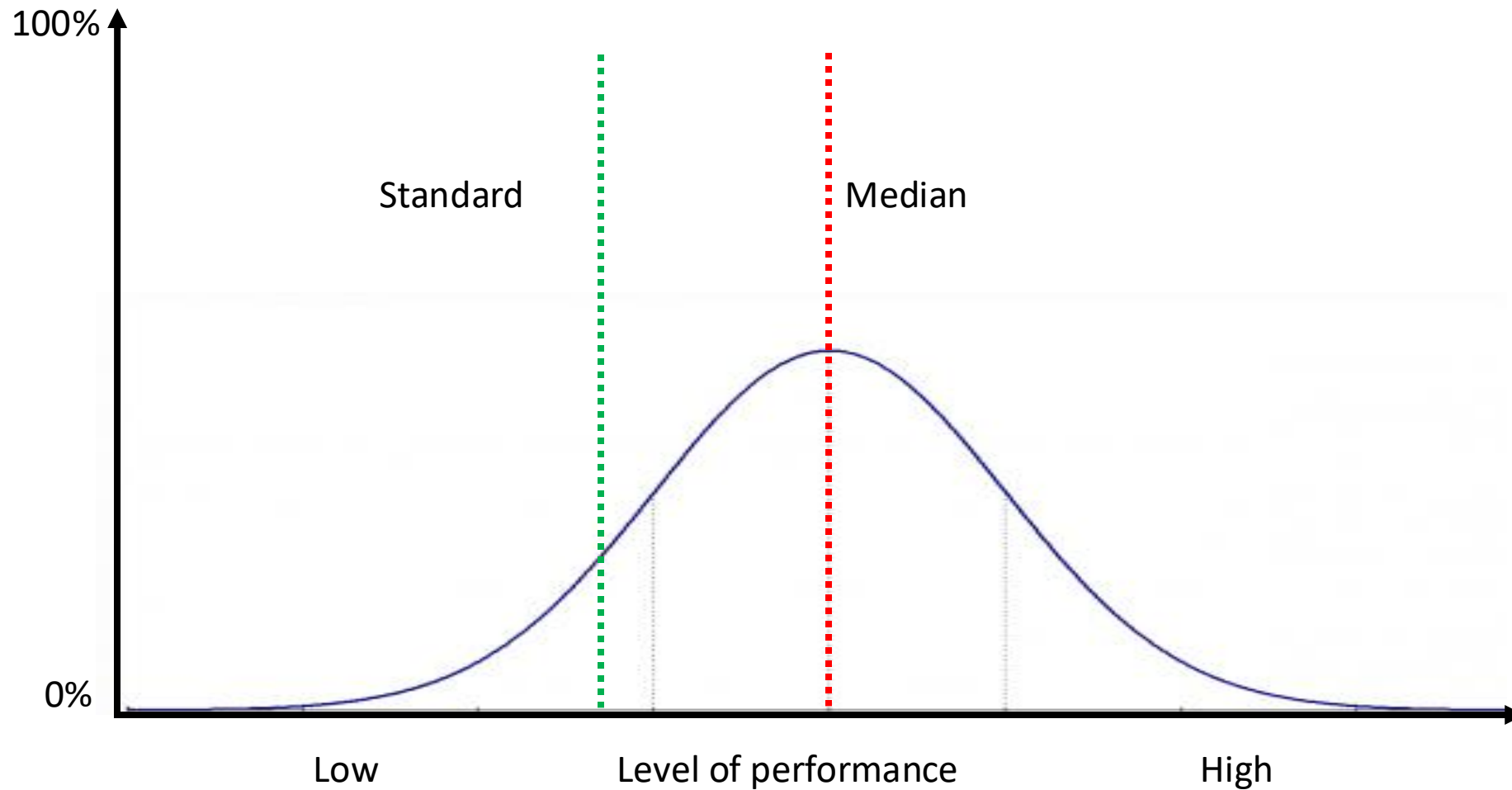○ How is work allocated, supervised, referred and escalated?

Evidence might include:

- A description of your triage system to decide on the most appropriate person to allocate work to.

- A list of your clinical staff and their supervisors, showing that occupational health technicians are supervised by an occupational health professional registered with a professional regulator (e.g. GMC, NMC, HCPC) who can act as a competent person (as defined for example by the Health and Safety Executive in Great Britain) who, in turn, for the purpose of escalation have access to a specialist occupational physician. In the UK this would be a doctor on the Specialist Register of the General Medical Council accredited as a specialist in Occupational Medicine

- An overview of your arrangements for advising referral to other occupational health services where this is appropriate, for example occupational hygiene.
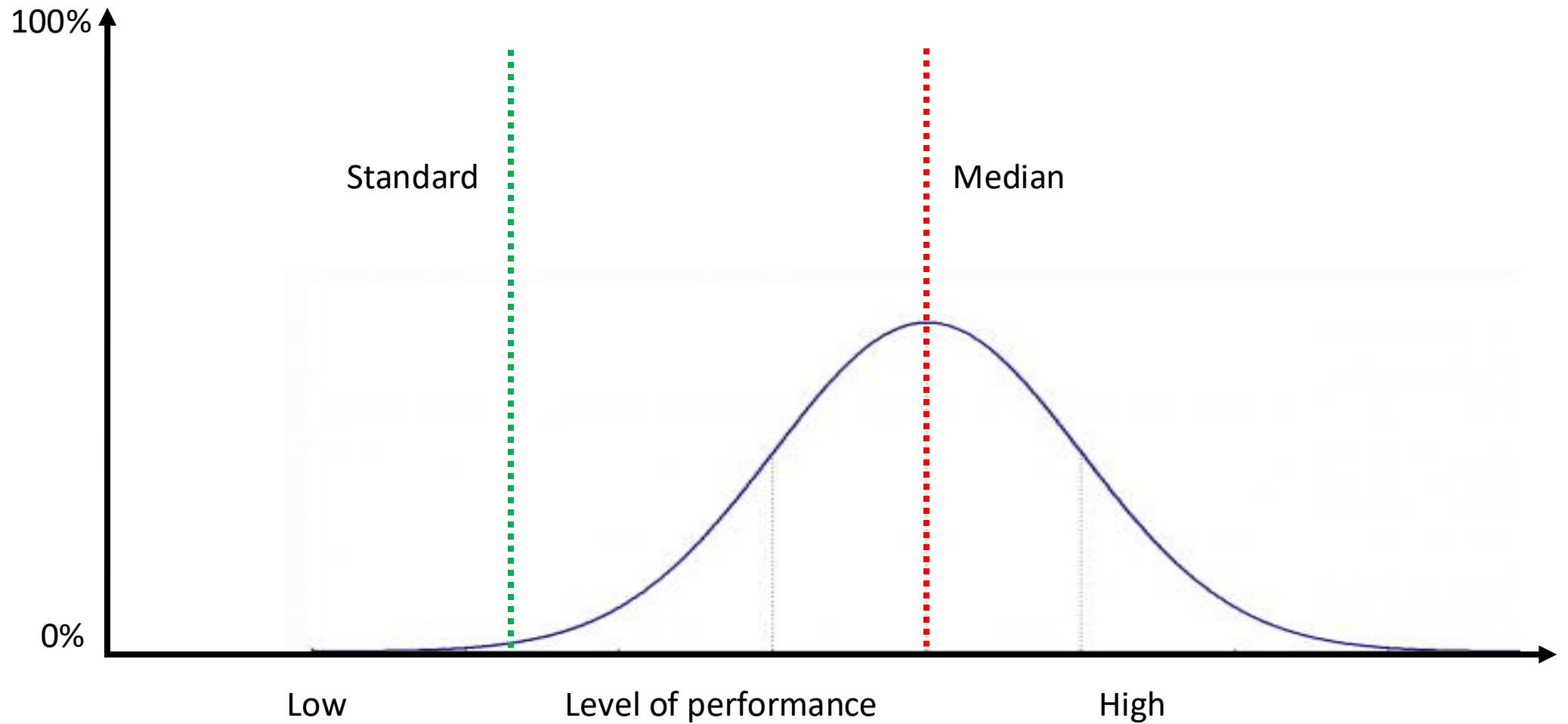
Focus on outputs and outcomes

1. Governance and Leadership

2. Resources and Processes

3. Outputs and Outcomes

| Inputs
Recruitment
Partnerships
Resources | → | Processes
Policy
Strategy
Managing People
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(products seen to
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People Results
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(value added to
health and work)
Promote, Protect,
Support, Restore
Leadership and
Influence |

4. Information and Communication

5. Quality Assurance and Improvement

6. Sector Specific Standards

Meeting the Standard

"From good to great"

SEQOHS Clinical Lead

I am writing to you to let you know about an exciting part-time paid opportunity that has arisen at the Faculty of Occupational Medicine.

Following the successful review and launch of updated SEQOHS Standards, work is underway to take our accreditation scheme to the next stage of development. As part of this, the FOM Board of Trustees would like to appoint a suitably qualified and experienced consultant occupational physician as SEQOHS Clinical Lead.

The role will include engagement with key stakeholders and chairing a new SEQOHS Advisory Committee which will involve strategy and continuous improvement. The role is for two half-days per week (Mon-Fri), and will be reviewed on an annual basis.

We're looking for someone with experience of working in a SEQOHS accredited organisation, who recognises the importance of standards, and is keen to ensure that SEQOHS thrives and delivers continued and further value to occupational health service providers and effective assurance of quality and value to purchasers and commissioners of services, and their employees. If you enjoy working collaboratively to devise strategic aims and deliver results, and feel you have the right skills and experience for this key appointment, we look forward to hearing from you.

Further information about the role can be found here.

To apply, please send your CV and a supporting statement (max 1,000 words) to recruitment@fom.ac.uk .

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