The importance of occupational health and the challenges facing it
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THE ROLE OF OCCUPATIONAL HEALTH SERVICES

Employers have a duty of care to their staff and must do what is reasonable and practicable to protect the health, safety and welfare of workers. As such, they are obliged to:

- assess and control the effect of work on employee health (e.g. risk assessments, health surveillance);
- ensure that people with health conditions and disabilities are not discriminated against (in line with the Equality Act 2010);
- ensure that workers are fit to perform their job roles (e.g. risk assessments, adjustments).

A vital role is played by occupational health services in:

- keeping workplaces healthy;
- protecting and promoting the health and wellbeing of workers;
- providing early interventions to prevent people going off on sickness absence;
- helping workers to recover from illness whilst at work;
- supporting workers in their return to work after sickness absence.

CHALLENGES FACING OCCUPATIONAL HEALTH

Challenge 1: Lack of legal obligation to offer occupational health services to staff

Unlike most other European countries, there is no statutory requirement for employers to provide blanket access to occupational health services in the UK although there are specific regulations (e.g. The Control of Asbestos Regulations 2012, Ionising Radiation Regulations, COSHH) that require statutory health surveillance.
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Few people would argue against the importance of safeguarding the health of workers (both so that employers can fulfil their legal responsibility to safeguard workers and so that businesses can continue to benefit from healthy and productive employees), however, some employers are still hesitant to take on the extra cost of providing occupational health support to staff.

Organisations that invest in workplace health (risk assessments, wellbeing initiatives, health screening, etc.) can expect to see improvements in productivity and employee performance (ERS Research and Consultancy, ‘Health at Work: Economic Evidence Report 2016’). However, only 38% of employees surveyed for a 2011 report from the Department for Work and Pensions (Research Report No. 751) had access to occupational health services.

In the absence of a legal requirement to offer occupational health services to staff, one suggestion has been to incentivise employers to support staff with occupational health advice and guidance. For example, a 2006 report from the FSB proposes that organisations with fewer than 50 employees could be incentivised to provide occupational health support to their staff through reduced Employers’ Liability Compulsory Insurance (ELCI) premiums.

**Challenge 2: Demonstrating return on investment for occupational health services**

It is a common perception that the most important indicator of the success of occupational health activities is a reduction in sickness absence based on the assumption that an organisation that has low sickness absence levels amongst its staff must have a healthy and productive workforce. Sickness absence is very costly to organisations, particularly smaller ones where the absence of a key member of staff can have serious implications on the ability to complete workloads, so it is important to have an effective sickness absence management process in place.

Interestingly, however, the evaluation of the pilot of the HSE’s Workplace Health Connect scheme, which ran from 2006-2008 and offered free occupational health support for SMEs, concluded that many SMEs do not see sickness absence as a problem for their business (unlike larger businesses) so the message about reducing the impact of sickness was not resonating sufficiently with small business owners to spur them on to taking up occupational health services.

In addition to the management of sickness absence (i.e. preventing people from going off work due to illness), there are other measures that are important indicators of the effectiveness of occupational health activities. One such measure is presenteeism (being at work when a person is actually too ill to function effectively), the costs of which were estimated at twice those of absenteeism by the Economic and Social Research Council in 2010. So alongside preventing people from missing work due to illness, it is potentially even more important to ensure that employees who are at work are well enough to function effectively.
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Another good measure of the effectiveness of occupational health services are an organisation’s return to work procedures. Whilst it may not always be possible to prevent a person from going off sick, the appropriate measures can be put into place to ensure a timely return to work. The longer a person is absent from work, the harder it becomes for them to return. In many cases, people can return to work whilst still recovering from illness, albeit with some adaptations, where necessary.

**Challenge 3: Balancing the priorities and needs of employers, staff and occupational health**

Occupational health practitioners, who are qualified nurses with additional specialist training who have an understanding of the world of work, find themselves uniquely positioned between the medical profession, employers and employees, who each have their own unique set of priorities with regards to work and health.

Some workers hold the misconception that occupational health practitioners are representing the interests of employers and are therefore focused predominantly on getting people back to work in order to ensure the smooth running of organisations. This is not the case. Whilst effective occupational health provision can be very beneficial to organisations, the remit of occupational health is to remain impartial and to protect the health and wellbeing of employees. GPs are also focused on the needs of their patients, but are not generally qualified to make judgements about the impact of a person’s health on their ability to work. Occupational health practitioners are uniquely positioned to offer this advice.
Challenge 4: Training and recruiting enough occupational health professionals

According to a 2016 report by the All-Party Parliamentary Group on Occupational Safety and Health, recruitment of occupational physicians has been dropping since 2003 and occupational medicine has more doctors aged over 50 than any other speciality. Retirement is exceeding retention, which is impacting negatively on the provision of care and the training and supervision of new doctors.

A significant proportion of workers in the UK do not yet have access to occupational health services and it is generally accepted that it is important to ensure access to high-quality occupational health provision for a greater proportion of the workforce. Therefore, recruiting and retraining high quality occupational health practitioners will become increasingly important as demand increases.

Some people have proposed that GPs and nurses could be trained in occupational health to cover any shortfall although this is unlikely to be an adequate solution as the medical profession is already under immense pressure (the ageing population, short appointment times, etc.) and is unlikely to be able to cover occupational health services too. Another proposal, made by Dame Carol Black in her 2011 report ‘Working for a healthier tomorrow’ is to develop an integrated approach to working age health in which occupational health plays an important role but within mainstream healthcare provision and in conjunction with other professionals, employers, healthcare providers, vocational rehabilitation and public health to create a public health partnership to tackle the challenges of work and health.
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**Challenge 5: Encouraging workers to take responsibility for their own health**

There are many initiatives that can be undertaken by employers and occupational health teams to protect the health of employees and prevent illness. However, employees cannot be entirely passive in this process. Part of the remit of occupational health should be to harness the growing enthusiasm for the concept of health and wellbeing to encourage workers to look after their own health through health promotion activities and wellness programmes that inspire workers to keep themselves fit and healthy.

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**Challenge 6: The changing world of work – the service sector**

There will always be hazards and risks in the workplace, but these hazards and risks are changing along with the nature of business activities. The significant increase in service activities is setting a different set of occupational health challenges such as stress and mental health issues, musculoskeletal disorders (MSDs) and the health risks posed by our increasingly sedentary lifestyles. Occupational health provision needs to change in line with these developments.

Part of the remit of occupational health should be to harness the growing enthusiasm for the concept of health and wellbeing to encourage workers to look after their own health, keeping themselves fit and healthy.
Challenge 7: The ageing workforce
As the workforce ages, the state pension age increases, and the number of younger people entering the workforce no longer compensates for the number of people dropping out of work, it will become increasingly important to:
• look after the health of older workers so they can continue working for longer;
• help those who have health conditions or disabilities to stay in/return to work.

By 2020, it is estimated that one in three British workers will be over the age of 50 years, which signifies an increase in the prevalence of chronic health conditions - 42% of people aged between 45-64 will have a long-term health conditions by 2020 compared to 21% of those aged between 25-44 (Public Health England).

According to the DWP (2015), the number of older workers in paid employment has hit a record high with more than 8.2 million people aged between 50 and 64 in work (235,000 more people aged between 50 and 64 in work than there were in 2014). Some experts have proposed that there should be an explicit legal duty on employers under the Management of Health and Safety at Work Regulations to assess jobs and job tasks in light of the increasing proportion of older workers (e.g. considering potential adaptations to tasks, deadlines or working hours in order to accommodate older employees).

Challenge 8: Changes in the structure of industry – the prevalence of smaller organisations
According to the FSB, small businesses (10-50 employees) accounted for 99.3% of all private sector businesses at the start of 2016, and the largest growth in new business has been in the small business sector. Smaller companies are far less likely to provide in-house occupational health services or contract occupational health requirements out to external providers.

A 2011 DWP-commissioned report indicated that only 38% of employees surveyed had access to occupational health services (Research Report No 751), so consideration must be given to ways of ensuring that workers in even the smallest organisations can benefit from occupational health support. Small businesses may be loath to add additional costs in the form of the provision of occupational health support for staff, but the direct and indirect costs of absenteeism and presenteeism (e.g. sick pay, training and paying replacement staff, reductions in productivity and customer service) are likely to be greater than the costs of providing occupational health services.
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