



*Championing better  
work and working lives*

**Occupational Health: Working Better**

Submission to the Department for Work and Pensions

**Chartered Institute of Personnel and Development (CIPD)**

**October 2023**



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## About CIPD

The CIPD is the professional body for HR and people development. The not-for-profit organisation champions better work and working lives and has been setting the benchmark for excellence in people and organisation development for more than 100 years.

It has 160,000 members across all sectors and sizes of organisation and provides thought leadership through independent research on the world of work, and offers professional training and accreditation for those working in HR and learning and development.

Public policy at the CIPD draws on our extensive research and thought leadership, practical advice and guidance, along with the experience and expertise of our diverse membership, to inform and shape debate, government policy and legislation for the benefit of employees and employers. It also seeks to promote and improve best practice in people management and development and to represent the interests of our members.

## Our response

### Background

We have worked with health professionals and experts to publish a wide suite of practical guidance to advise people professionals and employers on how to support people's health at work, including:

- [Managing and supporting employees with long-term health conditions](#)
- [Working with long COVID: guidance to provide support](#)
- Joint [mental health guide](#) with Mind for people managers
- [Responding to suicide risk in the workplace](#)
- [Guidance for managing drug and alcohol misuse at work](#)

The CIPD is a Disability Confident Leader, serves on the Department for Work and Pensions Disability Confident Professional Advisers' Group, and [Chief Executive Peter Cheese represents the CIPD on the Mental Health at Work Leadership Council](#). We work with the DWP and Disability Confident team on important guidance for line managers: [Recruiting, managing, and developing people with long-term health conditions](#).

<p><b>Q1. What would you consider to be a robust and reliable source of evidence to establish a simple and clear baseline for quality OH provision?</b></p>
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The role of an Expert Advisory Group comprising the specialist occupational health organisations, and using evidence-based outcomes, could add value to ensure quality Occupational Health (OH) provision. However, we already have established quality standards for the industry - the Safe Effective Quality Occupational Health Service (SEQOHS) standards. These were reviewed and relaunched in 2023 following wide consultation with organisations within the Council for Work and Health (of which the CIPD is a member), and other relevant bodies. Therefore, we

believe that these should be used as the foundation for establishing quality OH provision more widely in workplaces, rather than developing a new framework. It makes more sense to build on and integrate into existing standards and frameworks where these are fit for purpose. This includes the Disability Confident Scheme where there is scope to develop more rigorous evaluation and assurance measures.

In August 2019 the CIPD surveyed 516 HR professionals on their views regarding the previous 'Health is everyone's business' consultation. We asked '**What indicators of quality and compliance arrangements would help your organisation choose an OH provider?**' - and the results were:

- 60% - Work outcomes
- 49% - Process times
- 47% - Quality marks
- 43% - Customer reviews
- 4% - Other - please state
- 18% - Don't know

**Q2. 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?**

### ***A strategic and systematic organisational approach to improving employee health outcomes based on prevention***

It's now proven and recognised that [Good work is good for health](#) and can reduce health and economic inequalities. Clinical interventions alone are not enough to improve health outcomes for employees and effective interventions need to include the provision of 'good work' to help prevent ill health. This means creating the working conditions and environment that manage and mitigate the main health risks. Employers can put in place helpful adjustments and provide flexibility for people to manage the impact of their symptoms on work, as part of a systematic and evidence-based approach to improving health outcomes.

There has been progress on this front. For example, the CIPD 2023 [Health and Wellbeing at Work](#) survey report (covering 918 employers and 6.5 million employees) shows more organisations now have a standalone health and wellbeing strategy (53% in 2023 compared with 40% in 2018) and are proactive; for instance, in 2023, 33% agree with the statement 'our organisation is much more reactive (taking action when people have gone off sick) than proactive (promoting good wellbeing) compared with 47% in 2018.

There are many good practice examples of organisations where quality OH provision is part of a strategic and systematic approach to improving employee health outcomes. For example:

- CIPD 2023 [Southern Health and Social Care Trust case study](#) - the Trust's Workplace Health and Wellbeing Framework is systematic and used to integrate health and wellbeing throughout the organisation, embedding it in culture, leadership and people management practices. This includes:

- a multidisciplinary Health and Wellbeing Steering Group to implement an action plan to support physical and psychological health:
- expansion of its occupational health and wellbeing service (OHWS), with a shift towards ill health prevention and proactive provision by specialist occupational health and wellbeing practitioners
- new occupational health psychology service that provides specialist trauma-informed psychological assessment and interventions to employees, managers and teams impacted by work-related stress/trauma.

## ***Capable and confident line management***

OH services should be a vital component of every employer's health and wellbeing framework but other elements are also pivotal in ensuring that the value of OH is understood and its expertise used to best effect. As recognised in the consultation paper, this includes the role of '*robust line management support to enable beneficial conversations about health and wellbeing.*' [CIPD evidence](#) shows that, when times are tough, support from line managers is one of the key resources that can help prevent or at least mitigate, the risk of stress and burnout. [Other CIPD research](#) shows clear links between line manager quality and employee health, especially mental health - for example, half (50%) of employees with bottom-quartile managers thought work had a negative (or very negative) impact on their mental health, compared with one-seventh (14%) of employees with a top-quartile manager.

Effective use of OH services also relies on the ability and willingness of employers and managers to implement the advice they receive, for example, when making effective reasonable adjustments for people.

Our [Health and Wellbeing at Work](#) survey report shows the central role that managers play in supporting employee health and wellbeing: 70% of respondents report line managers take primary responsibility for managing short-term absence and 61% for long-term absence. Line managers need to be confident to keep in touch with absent team members in a sensitive and supportive manner and conduct effective return-to-work interviews. They can spot the early warning signs of stress and also play a key role in preventing stress, ensuring that workloads are manageable and objectives achievable. They act as a 'gateway' for employees to access expert health services and HR policies that can help individuals to manage the impact of health symptoms on work, as well as discussing and implementing reasonable adjustments where needed. However, CIPD respondents identify '*lack of line manager skills and confidence to support wellbeing*' is by far the top challenge for health and wellbeing in their organisation over the next year (43%).

Where organisations recognise the importance of line managers having the capability to support health and wellbeing, there can be considerable benefits.

- CIPD 2023 [MacMillan Cancer Support case study](#): People managers play a pivotal role in colleague health and wellbeing and can feel overwhelmed with such a significant responsibility. Macmillan set up a cross-organisational taskforce to design a dedicated programme with support and resources, including guides, self-assessment tools, objectives, direct report feedback, action planning and peer support. Intent on taking an evidence-based approach to health and wellbeing, Macmillan has also implemented a

new colleague experience dashboard, which encompasses health and wellbeing and other people-oriented data. The plan is to use this data to make more informed decisions on colleague health and wellbeing, ensuring the right support is in place.

### Q3. What benefits does, or could, access to OH services bring (to your organisation)?

CIPD research consistently shows that employers and HR professionals view OH services as a valuable resource to manage employee health at work, with access to OH services identified as one of the most common and effective interventions for managing sickness absence. For example, the 2023 [Health and Wellbeing at Work](#) survey report finds:

- OH involvement is the fourth main method for managing long-term absence (73% of employers)
- Offering OH assessments is the top way organisations support people with long COVID (72%).

However, the prevalent view of OH is as a reactive referral service for long-term sickness absence rather than a specialist and valuable resource to develop a strategic and preventative approach to employee health. For example, [2020 CIPD research](#) found that:

- the majority (68%) agree that their OH services are primarily used for referral in cases of long-term sickness
- Just 1 in 3 employers use OH specialists to prevent/mitigate risks to mental health or to develop a mental health policy
- Just 29% agree that HR and OH work closely at a strategic level to help prevent ill health.

Similarly, the CIPD 2023 [Health and Wellbeing at Work](#) survey report shows that employers rely far more on Mental Health First Aid training (66%) and wellbeing champions (50%) than on specialist OH services to manage mental health (25%)

These findings suggest that many employers, and HR professionals, tend to view OH predominantly as a referral service, to deal with complex cases of sickness absence when ill health issues have already escalated. There could be clear benefits from involving OH in health-related issues at an earlier stage where appropriate, for example identifying main health risks, ill health prevention, developing strategy and policy for workplace health interventions, effective reasonable adjustments, developing guidance for line managers.

#### **Supporting SMEs**

Around 15,000 of our CIPD members provide HR consultancy to small firms and their insights and experience help to inform this consultation response. Small firms typically have no HR or OH inhouse expertise and require trusted advice and guidance to understand the value of OH. Our members typically work with small firms and encourage them to appreciate that OH represents value for money and to procure OH services where needed.

The SME market is diverse and their workforce/business challenges, people management capability, knowledge of employment and H&S law will be very



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different for a business of 30 compared with 230 employees. To improve access to OH across the SME sector, an effective model will need to segment that sector in terms of need and what kind of model will work. We very much welcome the SME pilots currently running that provide an 80% subsidy for SMEs and, for firms at the larger end of the SME spectrum, this could prove effective. However, in terms of very small employers with less than 50 employees, affordability is a huge barrier and in our view OH needs to be completely free for small organisations to shift the dial at scale in terms of OH coverage in this sector.

[Evaluation of the CIPD's HR business support pilots](#), which aimed to build HR capability in small UK firms, shows the challenges of engaging small firms in support services which have relevance for improving OH coverage in this sector. Although take up of the free HR consultancy was high, this was primarily from SMEs who already had relationships with local partners/sought business support, and the concern was that many 'hard-to-reach' SMEs remained so. This learning underlines the importance of an OH model that is localised and integrated with existing business support structures and networks.

Further, small firms' people management needs were overwhelmingly quite basic (for example contracts, legal compliance), and these typically needed to be met first before they were ready to engage in more 'transformational' work (for example workforce development, health and wellbeing).

Some HR interventions are key to effective occupational health support for workers such as basic absence management policies, return to work interviews, reasonable adjustments including flexible working and phased returns to work. Consequently, there is a need to improve the quality of business support to small firms on HR/people management at a local level delivered via key stakeholders such as Local Enterprise Partnerships and Growth Hubs and through providing additional resources to Acas.

There is therefore a considerable need for improving people management capability in small firms as well as effective education and awareness-raising among SME communities to raise demand for OH services.

**Q4. Are there particular benefits these measures could bring for people with protected characteristics? In what ways could this be achieved?**

Access to quality OH services could undoubtedly have the potential to enhance an organisation's capability and confidence in how it manages people with protected characteristics, particularly in relation to those with a disability or long-term health condition. For example, [2020 CIPD research](#) found that 'advising on compliance under the Equality Act 2010 (for example, reasonable adjustments)' was the third most common service provided by OH services (64% of organisations).

However, in terms of the timing of referral to OH services, organisations are least likely to encourage referrals at any stage if an employee is having a challenging time health-wise - for example, feeling stressed. As stated above we need to shift practice, so that OH is not used primarily as a referral service for complex or long-term sickness cases. Early intervention and referral for health issues, such as

mental health and musculoskeletal conditions, for example, could speed up the process for making effective adjustments and help prevent problems from escalating. Employee perception also needs to shift so that a referral to OH is viewed as a positive and supportive measure for their health, rather than as a performance issue. In this way, access to OH services could result in more benefits for employees with a disability or health condition.

There is also scope for OH and HR to work more collaboratively at a strategic level to develop policies and foster a culture of wellbeing and inclusion. This should include securing senior leadership commitment and visible role-modelling on EDI, as well as developing line management capability in terms of supporting people with a disability or health condition.

**Q6. 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?**

**Q8. [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?**

We understand the Government's aims in exploring the value of consolidating existing best practice and introducing new guidance to develop a Government-endorsed, evidence-based accreditation scheme on workplace health and disability which employers could adopt, which could include a national health at work standard for employers. However, in line with our comments above, we are not convinced that introducing a *new* scheme would achieve the desired increase in awareness of best practice and employer confidence, particularly among SMEs. Several healthy workplace accreditation schemes and frameworks already exist and we believe it would be more effective to build on these - such as the Disability Confident Scheme, Mental Health at Work Commitment - to avoid the risks of confusion and duplication.

Further, small employers, in particular, are unlikely to engage as a first step with an accreditation scheme or a national health at work standard but need easy access to local, quality OH services at the point of need. The key priority is to raise awareness among smaller employers about the need for them to offer health and wellbeing support, including OH services, to employees. This can partly be achieved by leveraging the influence of large organisations via their supply chains as well as building on existing relationships between trusted local institutions and employers.

**Q10. 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?**

**Q11. 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.**

We are fully supportive of additional funded support for organisations aiming to improve health outcomes for their workforce. However, if this support is contingent on employers signing up to a new proposed health at work standard, it could risk missing the key target audience and those organisations, i.e. small firms, which are most in need of additional support. As outlined above, through our research with small firms we know that engagement on people management and health issues can be challenging and their perceived needs are typically basic in terms of employment. It's unlikely that a new standard would gain enough traction among smaller firms. The employers who would be most likely to embrace a new (voluntary) national health at work standard are larger organisations, most of which already provide OH services.

However, we very much welcome the promising findings from the Midlands pilots which are so embedded in the region and build on local networks and business support. The kind of support offer that is available through these pilots, such as outreach workers, peer support, evidence-based resources and the tailoring of a package to meet their needs, could make a significant difference in building capability among SMEs to access OH services and improve health outcomes. We are therefore very supportive of exploring the wider potential of bespoke support options tailored to different employer sizes and the sectoral mix in different regions.

There are different models that could achieve national OH coverage combined with local delivery. For example, we welcome the different pilots underway for improving access to clinical and non-clinical health support, such as the Society of Occupational Medicine (SOM) led initiative which also involves a pilot 'join up' between OH, primary care, and DWP work coaches to reduce worklessness due to ill-health. Integrating clinical and non-clinical health support with the current fit note regime and providing proactive support to patients and employers through GP practices and at ICS level makes sense.

Any expanded coverage of OH services and universal offering should meet the baseline for quality occupational health provision (e.g. the Safe Effective Quality Occupational Health Service (SEQOHS) standards).

The CIPD also supports the call for the reinstatement of a National Director of Work & Health to ensure continued joined-up public policy across the Government

and to build awareness and confidence as part of a national employer-led campaign to improve health at work outcomes.

**Q12. Drawing on examples from international comparators, what could be effective in driving employer demand to enable a shift towards higher rates of access?**

It's always valuable to learn the lessons of how international comparator countries approach health and work, including in relation to increasing employer demand for OH services. However, as the UK's health, welfare and employment frameworks are unique there is no direct comparator. Regulation is effectively used in some countries to increase employer responsibility and OH provision for worker health but the wider context in terms of welfare, taxation, access to health services, etc aren't the same as in the UK. If a move was made to mandate the provision of OH services in firms, for example, this would not necessarily have the desired impact and improve work-related health outcomes for the reasons outlined above - for OH to be used effectively, we need effective employer engagement, and it needs to be part of a wider culture and framework of health and wellbeing with good people management at its core. We also need to shift the perception of OH as a performance-related service.

However, regulation still has a crucial part to play in improving health at work in the UK, particularly through enforcement and the role of the HSE where we need more proactive and robust enforcement to improve compliance by employers for their duty of care including in relation to stress at work.

There are elements of international practice where we could take inspiration from, however, such as the existence of Centres for work and health in some countries that help to ensure the application of evidence into workplace practice, where these are clearly disseminated to employers (a new role of National Director of Work & Health could support this). Removing financial disincentives for employers to invest in health interventions is another area of reform that could be helpful and help to shift employer behaviour.