Meeting Date	**16th August 2018**	**Agenda Item**	**2b.**
Report Title	**Occupational Health – Models for Future Service Delivery**		
Report Author	Paul Dunning, Head of Staff Health & Wellbeing		
Report Sponsor	Hazel Robinson, Director of Workforce & OD		
Presented by	Paul Dunning, Head of Staff Health & Wellbeing		
Freedom of Information	Closed		
Purpose of the Report	To seek views from the Workforce and OD Committee regarding a sustainable model for Occupational Health Services, which is predicated on significant challenges in recruiting Occupational Health Physicians nationally, planned retirements within the team and a direct approach by neighbouring Health Boards to set up a medical network model with Physician input from ABMU. This paper is intended to contribute to an iterative process of consideration and development and although a preferred future model has been suggested along with a series of options, it is recognised that the final model will be realised through further and wider consultation.		
Key Issues	There is no agreed template model for Occupational Health Services in NHS Wales. In practice this means that the model in each Health Board is different and the way each organisation provides services has evolved over time and in line with challenges. In South Wales, ABMU and Hywel Dda are the only organisations who employ medical staff within their Occupational Health Departments. ABMU has been approached directly by Aneurin Bevan and Cwm Taff to develop a medical network to respond to medical shortages. This would mean the deployment of our medical staff to work within AB and CT. This has already been establish for CT. Before a decision can be taken around the feasibility of entering into a regional model, the Committee is asked for their views on a range of different options which will need to support the Health Board's Recovery and Sustainability programme, with each option carrying associated benefits and risks.		

Specific Action Required ***(please ✓one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
		✓		
Recommendations	Members are asked to: • Consider to content of the briefing paper and provide advice regarding further work to be completed for consideration of the Executive Team			

Occupational Health – Models for Future Service Delivery

1. INTRODUCTION

This report aims to inform the Workforce and OD Committee of a proposed possible future model of Occupational Health and Wellbeing in light of a decreasing medical workforce within ABMU and the wider NHS Wales. Work has been undertaken in developing a regional Medical network solution and the Executive Team has been asked to consider this along with other potential models that would contribute to the long-term sustainability of Occupational Health services. The 'ideal' model is articulated within the Background section of this report and several models will be explained within the Appendix, providing the Committee with information to guide discussion and inform thinking.

BACKGROUND

Within ABMU there is an urgent need to review and plan new models of service delivery within Occupational Health and this is influenced by several factors. These include:

- both the Clinical Director and full time Specialist Doctor indicating plans to retire in 2019
- increasing difficulties recruiting specialist Occupational Health Nurses
- the pressing needs of other Health Board's within South Wales who have no substantive NHS medical cover and who have expressed an interest in working with ABMU to develop a medical network (Aneurin Bevan UHB and Cwm Taf UHB)
- increasing reported mental health related sickness within the Health Board. This has steadily risen from 20% in March 2016 to 32% in May 2018. Musculoskeletal absences remain static at around 22%
- The opportunity to integrate the experience of the AHP's working in the project-funded Wellbeing service within Occupational Health

ROLE OF AN OCCUPATIONAL HEALTH SERVICE

Within NHS Wales, there is no one model of Occupational Health delivery and each Health Board has developed services based on a number of factors including organisational need, clinical leadership, ability to recruit Occupational Health Medical and Nursing staff and local expertise within other related professions (for example the AHP workforce). ABMU has a long established Occupational Health Medical team, led by the Clinical Director and historically the Health Board has been able to recruit to medical posts within the service.

The Occupational Health service provides a number of statutory and local functions that enable identified health risks to be managed safely and effectively, therefore contributing to both safe patient care and the quality and safety requirements of the Health Board. This includes providing reports to managers regarding advice and recommendations regarding fitness to work, return to work and reasonable adjustments, undertaking pre-employment screening and interventions, managing infection control and and providing interventions to manage identified hazards related to the requirements of the Health and Safety Executive.

CURRENT DEMAND AND ACTIVITY

Currently there are approximately 160 management and self-referrals and 375 pre-employment referrals each month, with the addition of unplanned work such as outbreaks of communicable diseases and HSE investigations along with planned seasonal work such as the Staff Flu Campaign and Doctors Intakes.

Over 70% of management referrals to the service are for stress, mild-moderate mental health and musculoskeletal problems. Many stress related referrals are the result of work-based issues and staff awaiting employment related processes to be undertaken. Demand is also driven by the All Wales Sickness Absence Policy and related guidance and within ABMU it is recognised that a risk averse culture results in some managers not taking independent action to support staff health in work with reasonable adjustments, therefore increasing referrals to Occupational Health.

The Doctor and Nurse establishment within ABMU is 8 sessions of Consultant Physician; 1.6 wte Specialist Doctor, 1x Band 8a Nurse, 1x Band 7 Nurse, 0.6 Band 6 Nurse and 3.4 wte Band 5 nurse.

The current weekly clinical sessions related to assessing and reviewing management referrals and self-referrals includes 3 sessions of Consultant Physician, 16 sessions of Specialist Doctor and 5 sessions of Nursing. The current wait from receipt of referral to Doctor appointment is 7 weeks and reports, once typed by the administrative team are forwarded to managers 2-3 weeks later (providing the staff member does not wish to view the report). The wait from receipt of referral to Nursing appointment is around 7 weeks and the report is generally sent the following day (providing the staff member does not wish to view the report) as the Nurse's type reports themselves.

REQUIRMENTS FOR THE FUTURE

The future model will be required to meet the current and future performance needs of managers, staff and the wider organisation within the broad scope of practice outlined above. The model adopted should adhere to the set of principles outlined in NHS Employers, 'Commissioning Occupational Health Service's.' These include a strong focus on a high-quality, clinically-led and evidence-based service; an equitable and accessible service; an impartial and approachable service receptive to both staff and the employer; a service that contributes to improved organisational productivity and is underpinned by innovation and one that offers diversity and depth of specialisation and training opportunities.

The model requires the ability to provide services in a timely manner, maximising efficiencies and minimising wastage and national best practice suggests that receipt of a management referral to report being sent should be 4 weeks. A number of initiatives are currently being implemented within the Recovery and Sustainability programme to reduce inefficiencies, however a recent analysis of data demonstrated that one of the key contributors to waiting times is due to the only fulltime medical practitioner undertaking 40% of the management and self- referral work. This results in a significant backlog of work when the practitioner takes annual leave and within the current model, contributes to an ongoing waiting list.

After consultation and consideration with the Occupational Health team, their preferred future model would be more multi-disciplinary in nature, reflecting service demands relating to the mild-moderate nature of the majority of management/self referrals, whilst retaining some medical and Consultant Physician resource to provide specialist interventions, leadership and training. Along with developing a more responsive infrastructure through technological developments within the administrative function and the scanning of records into an e–record, this model would enable the right professional to meet the needs of staff and managers in a timely way. There is opportunity to develop the nursing function to be more responsive to wider service demands than those it currently meets and the potential to broaden the Band 6 nursing role, enhancing Occupational Health as a career opportunity within nursing and contributing to the sustainability of the service.

There is also an opportunity to utilise and integrate the AHP resource within the project funded Wellbeing service to complement the current model, whilst transitioning towards a less medically resourced model as reflected in other Health Boards within Wales and the wider UK. Currently, the Physiotherapists and Occupational Therapists in the Wellbeing team provide interventions and support for staff experiencing mild-moderate mental health and musculoskeletal problems and with relevant training could support and complement the nurse and doctors with management and self-referrals.

This report has been developed after consultation with the Occupational Health Service Managers of Betsi Calwaladr UHB, Cardiff and Vale UHB and Avon Partnership NHS Trust who have also experienced the challenges currently facing ABMU and remodelled and developed services within sustainable, multi-disciplinary frameworks.

The options appraisal contained within Appendix 1 seeks to present the Committee with possibilities and opportunities for developing ABMU's Occupational Health Service along with an outline of the perceived benefits and risks. It is framed within the context of a diminishing medical workforce and the need to ensure that the Occupational Health Service is developed within a sustainable model in the context of the Welsh Government's 10 year plan for Health and Social Care, therefore meeting the current and future 'health at work' needs of the workforce.

2. GOVERNANCE AND RISK ISSUES

The associated risks and governance issues are presented within the appendix. However, these include the risks to the organisation in 'doing nothing' during a window of opportunity to develop and sustain Occupational Health services within alternative models.

3. FINANCIAL IMPLICATIONS

Depending on the release of resource due to potential retirement of staff in the medium term, it is anticipated that the options presented within this paper are cost neutral although to 'test' an increased Nursing and AHP model prior to this, additional resource may be required.

4. RECOMMENDATION

This report is to inform the Committee of the potential solutions in sustaining the Occupational Health service and is for discussion and views regarding ‘next steps’.

Governance and Assurance							
Link to corporate objectives ***(please ✓)***	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships		
	✓	✓	✓	✓	✓		
Link to Health and Care Standards ***(please ✓)***	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
							✓

Quality, Safety and Patient Experience

There is increasing evidence that a healthy, engaged workforce improves patient outcomes and satisfaction along with decreased sickness absence, increased job satisfaction and reduced staff turnover. To support the health and wellbeing of staff, an effective staff health and wellbeing service is required that includes a responsive and proficient Occupational Health service to meet staff and manager's needs in managing sickens within the context of work.

Financial Implications

This report is related to service model redesign within a cost neutral context.

Legal Implications (including equality and diversity assessment)

Staffing Implications

The models for service redesign contained within Appendix 1 outline the various options related to staffing

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

This report relates to staff health and wellbeing within ABMU and therefore has reaching implications into local family health, impacting on staff member's abilities to fulfil wider social roles that include parenting, caring, learning and fulfilling their wider duties as citizens within their communities.

Report History	First submission
Appendices	Appendix 1 – Proposed models for future delivery and associated benefits and risk.

Appendix 1

Proposed models for future delivery of Occupational Health

Option 1:

Development of A Regional Medical Model that enables consultant training

It is recognised that the Occupational Medicine workforce is in crisis across the UK and there is a marked reduction in capability in NHS Wales due to the combination of medical staff retiring and the unsuccessful recruitment of successor replacements; only one of four Consultants trained within NHS Wales in the past 10 years has remained within the NHS. Some of the impact of this reduction has been accommodated by altered/new team working but the situation has recently become very acute with just two substantive full time Consultants across South Wales. Attempts to recruit to substantive Consultant posts in Cardiff and Vale, ABMU (second Consultant post) and more recently Aneurin Bevan UHB's have all been unsuccessful mirroring the extreme difficulties with recruitment to Consultant level posts in Occupational Medicine across the wider NHS due in part to fierce competition with the commercial/industrial Occupational Health sector for the very limited number of available specialist doctors.

In the short-term, there is an acute need to maintain Consultant level support to Occupational Health services and a network model can, with new/altered ways of working, provide this. However, there is also a need to train and rebuild the Consultant workforce and a network model also provides opportunities for this. The Clinical Director in ABMU established a Specialist Training post/programme for Occupational Medicine in 2004. Several doctors have successfully completed Specialist Training in Occupational Medicine in Wales but only one of the doctors has been retained in the NHS as a Consultant, now working in Hywel Dda.

Currently, the Clinical Director/Consultant in ABMU also works in Cwm Taf one day a week seeing complex cases and providing specialist leadership and support to the Occupational Health team. Aneurin Bevan have asked for consideration to be given to an extension of this model and for the network model whereby the Clinical Director/Consultant would additionally work one day per week in Aneurin Bevan providing specialist support.

In parallel with this, it is also proposed that this network model will include additional non-specialist doctors (eg Specialty Grade or GPs with a Special Interest) working in Occupational Health services with arrangements to provide them with regular Consultant support and also support for Specialist Training to rebuild a sustainable Consultant workforce. In addition, the model will also require a commitment to consider and develop new multidisciplinary team working in local services. Work is being undertaken nationally led by Phil Bushby, to develop a more integrated 'once for Wales' approach to Occupational Health in Wales and the regional model could act as a 'blueprint' towards this.

In the short-term, a network model will help to alleviate service pressures in Aneurin Bevan UHB and Cwm Taff UHB and in the medium/long-term it can, with

commitment and support, also enable doctors to train to attain Specialist Accreditation and rebuild Consultant provision. However, there is urgency about this and it would require the 'retire and return' of the Clinical Director as the training takes four years (if full-time) and realistically supervision, at most, for only one more training cycle will be available from the Clinical Director in ABMU. The Clinical Director has stated that this additional work can be accommodated within his current job plan arrangements.

In addition, there is a request for a Responsibility Allowance to support the Clinical Director in developing and maintaining the model during the initial four years which would be funded from the charges made to external Health Boards.

Benefits	**Risks**
• Increases NHS medical resource across AB & CT, but no direct benefit to ABMU in terms of medical capacity	• Employment risks sit with ABMU • Medical network model will require management and oversight for performance outputs, with no additional management resource
• Enables a speciality doctor to be trained to attain Specialist Accreditation and rebuild Consultant provision over the next 4 years	• No guarantee that trained consultant will remain in NHS Wales post-qualification
• Continued medical leadership to Medical and Nursing team	• May lose opportunity to develop wider multi-disciplinary service using AHP and Psychology resource within the Wellbeing team
• If Clinical Director retires and returns, this provides ABMU with 4 years of senior medical resource	• Depletes Clinical Director resource to ABMU during multiple complex changes (boundary change, complex service changes, Recovery and Sustainability and recent pay deal with emphasis on reducing absence to 4.2%)

Option 2:

Alternative model for provision of medical input & widening the Multi-disciplinary team

In the absence of sufficient substantive medical cover, other Health Boards in NHS Wales and England and have adapted and remodelled their services by expanding the team with other health professionals and then contracted medical cover for service needs that cannot be provided by these.

This has resulted in the expansion of the clinical team to a more multi-disciplinary model of service delivery and ensured that medical services are delivered to the 'top of licence', increasing sustainability and reflecting the recommendations of the Black Report; 'Working for a Healthier Tomorrow' and the Boorman Report; 'The Health & Wellbeing of NHS Staff'. Both reports emphasise the fact that most sickness absence in the NHS is due to manageable mild-moderate health conditions (musculoskeletal and mental health) and that these do not warrant long-term

sickness absence if managed appropriately through early intervention and proactive support within the workplace.

Within Cardiff and Vale Occupational Health service there is no substantive medical establishment and after a reassessment of required medical need, a decision was made to purchase this via the All Wales MPS procurement framework resulting in 2 days of Specialist Doctor medical cover a week and 1 day of Consultant cover every two months. The Doctors provide specialist support relating to ill-health retirement, potential dismissal on grounds of ill health and complex cases requiring medical input. The resource released was used to expand the Physiotherapy provision to undertake musculoskeletal related referrals and to provide advice and guidance to managers related to these conditions. The Nursing team has received additional investment and training to enable them to provide support, advice and guidance related to mild to moderate mental health conditions.

Clinical Governance, policy development and health surveillance is managed by the Head of Service (also a Specialist Occupational Health Nurse) and supported by the All Wales National Occupational Health Forum. The MPS Procurement framework ensures that governance requirements related to Medical provision are monitored and managed according to National Professional Standards.

Within Betsi Cadwaladr, the Head of Service has remodelled Occupational Health with a focus on early intervention/prevention and wellbeing, shifting from a reactive to a proactive model, utilising released resources to develop these. Future delivery will include 2 days of medical cover a week via a procurement arrangement to cover complex cases, ill health retirement and complex pre-dismissal reviews with resources reinvested into widening the multi-disciplinary team to include additional Wellbeing Practitioners, Psychology and Occupational Therapy in order to meet the increasing demand for mental health related referrals.

Avon Partnership NHS Trust have followed a similar model with a much reduced medical resource compared to the past resulting in reinvestment in Physiotherapy, Psychology, Nursing and Counselling & services, ensuring a sustainable widened multi-disciplinary service.

Possible future ABMU model within option 2

There is the potential to develop a sustainable, increased multi-disciplinary model within ABMU should the medical resource be reduced due to proposed retirements in 2019, utilising the principles of prudent, multi-disciplinary health care with a focus on prevention and early intervention described above.

This could include the integration of the Allied Health Professional's (Physiotherapists and Mental Health Occupational Therapists) and Psychology support currently working within the externally funded Wellbeing team who have developed additional skills in work-based health and prevention, training and report writing to support managers with sickness absence at work. Although there has been some integration of the two services, true integration has not been possible due to the need to deliver the aims & objectives of the Welsh Government Invest to Save funded Wellbeing service.

A fully integrated model would support the organisation with the need to shift focus towards a prevention/wellbeing model where managers are supported to manage staff health at work in order to prevent sickness absence and to aid a speedier return to work for staff undertaking sickness absence. Further analysis of the medical needs of the service would be required to determine those duties that only a specialist Occupational Health Doctor could undertake and this could be procured through the National framework as described above. Issues related to Clinical Governance would need to be managed by the Head of Service, The Senior Nurse Manager and the National Occupational Health forum and/or other National bodies that are being considered by the Workforce & Organisational Directors.

Benefits	**Risks**
• Sustainable, prudent, evidence based service with proven success in some NHS Wales and England organisations	• No medical leadership. Would need to contract out for medical input and advice via MPS framework or other sources.
• Ability to 'upstream' services towards prevention/early intervention/wellness	• Reduced on-site medical expertise
• Ability to access medical resource for 'top of licence' only within procured governance framework	• May lose capacity to train current Specialist Doctor to Consultant
• Staff and managers receive specialist trained mental health and MSk support – highest causes of sickness absence	• Lose the opportunity to develop a regional medical network
• Cost effective model	

This option would allow a transitional approach to development if circumstances permitted.

Option 3:

Develop an integrated Occupational Health, Staff Health and Wellbeing model with Cwm Taff UHB

Within the context of the proposed boundary change there is the potential for developing a single Occupational Health and Wellbeing service that utilises the resources of both teams across the geographical area. The details of this would require further consideration and development, however, initial plans could be established and explored on a set of shared principles that may include the integration of professional expertise, harmonisation of processes and procedures and the development of a sustainable multi-disciplinary model. This model could significantly reduce the disruption of needing to disaggregate Occupational Health from POWH (most staff are currently based at either Morriston Hospital where services have been centralised or work across the Health Board) and would ensure that no staff are transferred to Cwm Taff Health Board. The development of the Consultant training post could be joint-funded between the two Health Boards as

Cwm Taff are experiencing difficulties recruiting medical staff and this may provide a sustainable medical resource into the future.

Benefits	Risks
• The potential to explore a wider integrated service, maximising scarce resources across the two Health Board's.	• Cwm Taff HB may not want to proceed with this model
• Increased capacity to train current Specialist Doctor to Consultant without employment risks sitting in one organisation.	• No guarantee that trained consultant will remain in NHS Wales post-qualification
• Ability to take multi-disciplinary best practice' from each organisation and embed across the wider, integrated service	• Some roles may be duplicated
• Potential to improve recruitment and retention of wider multi-disciplinary staff across both services	• Risk delaying the disaggregation of services from ABMU to CT

Option 4

Develop an integrated Occupational Health, Staff Health and Wellbeing model with Hywel Dda Health Board

Within the development of the ARCH programme, there may be opportunity for joint working and integration of some services between the two Health Boards. This would provide the ability to share knowledge, skills and experience along with developing a shared research and development agenda to contribute to service innovation and sustainment. Hywel Dda is the only other Health Board with full time Consultant Physician resource in Wales and if support was forthcoming, this could be utilised across the two Health Boards, providing sustained Physician resource for ABMU.

Benefits	Risks
• The potential to explore a wider integrated service, maximising scarce resources across the two Health Board's.	• Hywel Dda HB may not want to proceed with this model
• Increased ability to access Consultant support.	• Some roles may be duplicated
• Ability to take multi-disciplinary best practice' from each organisation and embed across the wider, integrated service	
• Potential to improve recruitment and retention of wider multi-disciplinary staff across both services	

Option 5:

Do nothing

Not responding to the current context would result in missed opportunities to develop services as outlined. Although there is sufficient medical cover until March 2019, if retirement opportunities are undertaken by Medical staff, the Health Board would not have a contingency plan to meet the needs of it's staff, resulting in increased sickness absence and the inability to support managers to effectively manage this.

Benefits	**Risks**
• Fully established medical workforce in the short term until March 2019	• Lose the opportunity to transform the service as described in the options above
	• Don't respond to the regional medical needs as outlined above
	• May lose the most recently appointed Specialist Doctor as the potential to train as a Consultant which would be lost.
	• May lose the opportunity to utilise the skills of the Wellbeing service to develop a more multidisciplinary model