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Supporting occupational health and wellbeing professionals

Inactivity due to ill health:

Supporting Trailblazer and WorkWell service design and delivery

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Introduction

This briefing consolidates evidence and resources to help inform investment priorities at WorkWell pilot sites. It aims to support integrated care systems (ICSs) in maximising the impact of funding by tailoring implementation to local population needs while leveraging knowledge and services.

Methods

This briefing is based on a rapid evidence review of academic and grey literature focused on developing services at the work–health interface. Additional insights were gathered from key stakeholder conversations with the Society of Occupational Medicine (SOM), including at the WorkWell launch event.

Current landscape

The pathway for people experiencing long-term ill health that affects their ability to work includes intervention points such as the fit note and the application process for Employment and Support Allowance. These intervention points are very rare, with limited interim dedicated work and health support. In addition to the state health and welfare offering, up to 50% of employed individuals will have some access to work and health support through their employer.

WorkWell offers a unique opportunity to improve access to work and health support for the entire working-age population. To add value, this support must be:

- *Expert:* Delivered by professionals (non-clinical and clinical) with knowledge of work and health
- *Timely:* Provided as early as possible in a service user's work and health journey
- *Local:* Tailored to local needs using data-driven insights and delivered locally
- *Integrated:* Coordinated and communicated across work and multiple health domains
- *Personalised:* Pitched at the level that meets the individual needs of service users.

Across these principles, we identify five priority areas for WorkWell investment:

1. The fit note
2. Primary care
3. Hospital discharge
4. Community mental health services
5. Community musculoskeletal (MSK) services

Priority areas

1. The fit note

The fit note plays a critical role in the work–health landscape due to its early intervention potential but it is underused in achieving this. Indeed, NHS Digital data indicates that over 90% of fit notes are signed as 'not fit for work'. Since June 2022, broader groups of healthcare professionals, such as physiotherapists and occupational therapists, have been able to issue fit notes. Evidence suggests that these professionals use the 'may be fit for work' option up to 30% of the time, compared to the lower usage rate by GPs. GPs with training in occupational medicine also use the 'may be fit for work' section in up to 30% of cases.

There is a knowledge and skills gap in delivering work and health advice in primary care, including sickness absence certification. This is well documented among the medical workforce and other allied healthcare professionals. The different uses of the 'may be fit for work' section among professional groups suggest there is scope to use this section of the fit note more often. As well as training, levers include exploring operational delivery of fit note consultations such as consultation time, triage and matching complexity to professional resource.

ACTIONS FOR ICS LEADERS

- Analyse local fit note usage and encourage greater use of the 'may be fit for work' option.
- Provide training and operational improvements to optimise fit note consultations, including triage and professional resource allocation.
- Use the fit note as an early intervention point to catalyse referral to dedicated work and health support, including making the case for change to fit note to enable easier signposting to early occupational health support.

2. Primary care

A growing evidence base supports integrating work and health support in primary care. In a national pilot led by Dr Shriti Pattani OBE, National Clinical Expert in Occupational Health and Wellbeing at NHS England, non-clinical Jobcentre Plus staff were able to streamline cases requiring clinical expertise to just 5%. This allowed healthcare professionals with occupational health training to focus on more complex cases. This collaborative approach improved efficiency but faced logistical and visibility challenges, thereby highlighting key areas for investment.

The Health Foundation's final report of the Commission for Healthier Working Lives presents the benefits of a tiered approach in matching resource to need, beginning with self-help, moving through to caseworker-led support, on to more specialised referrals. The report also emphasises the value of flow between fit notes and a tiered support service as a route to early intervention.

Occupational therapists can attach an AHP Health and Work Report to the fit note (which has only small boxes), which will allow greater detail on the return to work plan, and support complex cases, as they have been doing for many years. Read more here.

ACTIONS FOR ICS LEADERS

- Build upon national work that has brought together non-clinical workplace expertise and occupational health expertise in primary care in a tiered offering.
- Where possible, make use of resources that have been developed for this purpose, including professional networks and IT infrastructure.
- Ensure a tiered approach connects with touchpoints such as the fit note.

3. Hospital discharge

When an issue affecting work and health is investigated and managed in a secondary care context, such as during a hospital admission, secondary care clinicians may be best placed to complete a fit note where appropriate. Directing patients to their GP surgery to seek this advice can lead to delays, and is inefficient for the individual, their employer, and the healthcare service. In addition, the secondary care clinician involved in an individual's acute management may have a more nuanced understanding of their fitness to work. While the majority of fit notes are issued in primary care, research suggests that of the fit notes issued in secondary care, a higher proportion are authorised as 'may be fit for work', which often also suggests workplace modifications. Educational initiatives in secondary care have been shown to increase staff awareness and use of the fit note.

ACTIONS FOR ICS LEADERS

- Assess current fit note practices in secondary care and promote clinician engagement.
- Encourage work and health presentations in secondary care to be initially managed in secondary care, support training, and initiatives to enable hospital-based clinicians to provide work and health guidance within their context.
- Ensure secondary care providers are aware of community services that support service users with work and health once they leave hospital, with clear referral pathways in place.

4. Community mental health services

Mental ill health is one of the main reasons for economic inactivity due to ill health, particularly in younger demographic groups. Work-related mental ill health also accounts for the largest proportion of occupational illness. Targeting work and health support within community mental health services, including developing partnerships between services such as NHS Talking Therapies and others that provide community-based treatment and care, may confer similar benefits to what has been observed in primary care when it comes to collocation and collaboration between work and health services. Community mental health services should build on the integrative approach taken between NHS Talking Therapies and employment advisors, moving towards tiered offerings including individual placement and support and occupational health input. As community mental health services move closer to primary care, there is an opportunity to centralise and align resources.

Occupational therapists can attach an AHP Health and Work Report to the fit note (which has only small boxes), which will allow greater detail on the return to work plan, and support complex cases, as they have been doing for many years. Read more here.

Occupational therapists are trained in both physical and mental health and are employed across both primary care and community mental health services. Read more here.

ACTIONS FOR ICS LEADERS

- Leverage collaboration between community mental health services and primary care in developing community-based work and health support.
- Consider ICS-level services that offer tiered non-clinical and clinical work and health support from referral points including mental health services.

5. Community MSK services

Musculoskeletal (MSK) conditions are another significant contributor to work-limiting health conditions. Since 2022, physiotherapists have had the authority to issue fit notes, creating an opportunity for a streamlined, end-to-end work and health pathway within community MSK services, particularly as many community physiotherapists are experienced first contact practitioners. Emerging evidence supports demedicalised approaches to improving musculoskeletal health, such as community MSK hubs. Integrating work and health investment in these initiatives will help improve reach and add a layer to the rehabilitation offering.

ACTIONS FOR ICS LEADERS

- Strengthen physiotherapists' confidence in using their work and health expertise.
- Consider a physiotherapist-level offering in tiered work and health support.
- Consider ICS-level services that offer tiered non-clinical and clinical work and health support from referral points including MSK services.

Aligning priority areas

These five priority areas intersect, presenting opportunities for integrated investment. Integrated Care Systems can:

- Develop regional work and health expertise to provide fit note training across settings and emphasise the importance of early intervention to service users, providers and policymakers.
- Leverage professional networks and infrastructure shown to be effective in pilots – Jobcentre Plus staff, GPs holding the Diploma in Occupational Medicine, and registered nurses, physiotherapists and occupational therapists – to enable a multidisciplinary approach.
- Create a tiered approach to work and health support ranging from self-help to non-clinical case coordination to specialist referrals accessible to people of working age regardless of employment status or size of employer.
- Connect health providers with work and health services through referral points and promote collaboration, encouraging rapid escalation to occupational health input for support where treating clinicians are concerned an individual is not fit for work.

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