What can the UK learn from other countries?

The <u>DWP's 2021 report</u> on the International Comparison of 12 Occupational Health Systems and Provisions

| Type A | Type B |
|-------------------------------------|------------------------------------|
| Mandate OH provisions and services | More fragmented legislation around |
| through a single act | work and health which creates more |
| e.g. France/ Germany | variety in coverage |
| OH services are mandatory for all | e.g. UK |
| private and public sector | |
| organisations therefore more than | |
| 90% of employees have access to OH, | |
| funded by employers | |

What are the levers?

- Regulation
- Insurance
- Taxation
- Market forces
- Centers for work and health- translate research into practice

Removing disincentives

- Corporate wellbeing space
- Complexity of the provider landscape

Contrasting case studies

| US | Japan |
|--|--|
| low regulation strong market forces with employers providing healthcare insurance for majority of the population aligned incentives self insured e.g. H-E-B, a Texas-based retailer that employs a workforce of 85 000, where health promotion is carried out through work with financial bonuses to those that remain well or take action to improve health following the results of screening. | high regulation Industrial Safety and Health Act of 1972 SMEs can apply to government for grants for OH services workforce has upskilled in OH, driven by regulation workplaces support with general health promotion OH used to navigate fit notes |