

DWP Overview of the Health and Work Service

Source: [The Work Foundation, London Tuesday 15th October](#)

The Health and Work Service will:

- make independent, expert, health and work advice more widely available to **employees, employers and GPs**;
- help **employees** who have been on sickness absence for four weeks to return to work, support **employers** to better manage sickness absence among their workforce and give **GPs** access to work-related health support for their patients;
- benefit all **employers, including SMEs**, who currently have limited in-house occupational health services; and
- complement and work with existing **in-house occupational health provision** to ensure that any measures or interventions that could facilitate a return to work are implemented

Why Increase Access To Occupational Health Advice?

Currently, over 130 million days are lost to sickness absence every year, negatively impacting individuals, employers and the State. Dame Carol Black and David Frost CBE's *Health at Work – an independent review into sickness absence* identified the importance of good quality occupational health advice in reducing the number of days lost to sickness absence. In January 2013 the government published its response and committed to the introduction of the health and work assessment and advisory service by the end of 2014, funded by the abolition of the Percentage Threshold Scheme (which compensates employers for high sickness absence costs).

What Will The Health And Work Service Offer?

There are two elements of the service; **advice** and **assessment**:

Advice:

Irrespective of length of sickness absence, **employers, employees** and **GPs** will be able to access, through a phone line and website, advice to assist with issue identification, adjustments and self-help for common obstacles preventing a return to work or to support employment.

Assessment:

Once the **employee** has reached, or is expected to reach, **four weeks of sickness absence** they can be referred by their **GP** or **employer** for an assessment by an occupational health professional. This will identify all the obstacles preventing a return to work and any measures, steps or interventions that would facilitate a return to work. Recommendations for these will be included within a **return to work plan** that will be shared with the **employee, employer and GP**.

The Health and Work Service will implement a stepped approach to the assessment process dependent on the level of need. These will include:

- an **initial (phone) assessment**: an OH professional will use a biopsychosocial approach to identify all the issues preventing a return to work and offer managed self-help. A case management approach will be used. DWP envisage that most employees will not require further assistance and that those that do can be referred for a further assessment.
- a **further assessment**: conducted when more detailed information on the obstacles preventing a return to work is required. This could be telephone or face to face and is expected to include an increased level of employer input and access to specialist advice, particularly focused on musculoskeletal and mental health conditions.

The Health and Work Service will not take on responsibility for, or fund, ongoing clinical care. When further support is necessary, the Health and Work Service will signpost to appropriate **external interventions**. The 2013 Budget announced a tax exemption for employers who fund the health interventions recommended by the Service (Macmillan recently responded to a HMT consultation on this exemption).

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