

On behalf of the Academic Forum for Occupational Health
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Introduction

The Academic Forum for Occupational Health provides a forum for academic organisations and was established in 2000.

Since then there has been a slow decline in the number of academic departments in the UK with closure or near closure of departments in Aberdeen, Dundee, Edinburgh, Newcastle, Birmingham and in London (LSHTM) with now only one tenured chair in academic Occupational Medicine in the UK. This has been paralleled by a decline in academic departments delivering training in occupational health nursing and a decline in OH clinical professionals generally- at a time of rising demand.

Fortunately this has been counterbalanced by a growth in academic departments which are focussed on single system occupational disease and ill health and these include Occupational Musculoskeletal, Respiratory, Psychiatry and Psychology. Occupational medicine involvement in these departments is scanty, and these departments are not contributing to the training of occupational health professionals.

Other growth of academic interest in the OH field has occurred among the in the social sciences, health economics, urban studies, environment, geography, economics, and others as well as the more directly relevant to the Green Paper,- Associated Health Profession disciplines of physiotherapy, occupational therapy, podiatry and psychology.

However the Green Paper is pointing towards an expansion of the availability of occupational health advice, which is already in high demand because of the need to provide advice to maintain functionality of an ageing population with multiple morbidities in the wide variety of occupations. Currently only 30 % of the UK workforce has access to OH support and advice.

The increased emphasis in the Green Paper on rehabilitating the ill and disabled to work, and on job retention, are directly relevant to current NHS pressures due to ever increasing demands for social care.

The unanimous opinion of the Academic forum was that there had been a lack of research and evaluation to both inform and evaluate previous government initiatives.

Proposal

At the last meeting of the Academic forum the Green Paper was discussed and the following agreed:

1. It was proposed and agreed that that a previous initiative of UK government **to create a National Centre for Working Age Health and Well-being (the National Centre)** should be revisited, given the diversity of academic activity in the UK, but the relative paucity of clinical occupational health academic resource.
2. In light of the scale and ambition of the Green Paper there should be strengthening and coordination of the academic input into future initiatives which may result from

the consultation and that future policy in this area should be informed by rigorous research.

3. A future National Centre should take account of the specification proposed for the National Centre first proposed by government in 2011, but also include a responsibility for advising government on the people requirements and their training.

Appendix

The proposal for a National Centre was one of a suite of initiatives of the Government when implementing its response to Dame Carol Black's 2008 Review of the health of Britain's working age population, *Working for a Healthier Tomorrow*.

Health Work and Well-being Board (HWWB) a cross cutting body representing five Government departments put out an ITT to commission the services of an existing organisation or a collaboration of organisations to strengthen the evidence base on working age health and well-being and to communicate this in an accessible way to aid Government in developing evidence based policy making and stakeholders in implementing that policy. The aims, objectives and key deliverables were as follows:

Aim 1 – to support the Government in evidence based policy making in relation to the health and well-being of the working age population.

Objectives	Key deliverables
1. Gathering, analysing and reporting on data relating to the health and well-being of the working-age population	<ul style="list-style-type: none"> a. provision of analysis of existing data sources to ensure policy makers are kept up to date with the latest information and trends b. communication of analysis with key stakeholders in a user friendly format c. identification of data gaps and the recommendation of new data set requirements for consideration
2. Reviewing and promoting the evidence base	<ul style="list-style-type: none"> d. Provision of quarterly briefing papers that summarise and evaluate the quality of the latest research and place it in context of the wider agenda and other finding e. Organisation of seminars and workshops for key policy makers and stakeholders to expand and explain the content of quarterly briefing papers; f. Development of a database of key stakeholders to ensure appropriate sharing of information.
3. Identifying evidence gaps and recommending further research	<ul style="list-style-type: none"> g. Provision of bi-annual briefing papers; identifying evidence gaps and making recommendations for future research to inform those who fund and undertake research

Aim 2 – to support stakeholders to take actions to improve the health and well-being of the working age population.

Objectives	Key deliverables
4. Gathering evidence on and promoting best practice interventions	<ul style="list-style-type: none">h. Production of quarterly outputs that identify interventions that aim to improve workplace health and well-being and evaluate their efficacyi. Promotion and dissemination of above evidence, including through the Workplace Well-being Tool
5. Utilising robust research to develop the Workplace Well-being Tool (see Section 5.1 for further details)	<ul style="list-style-type: none">j. Be responsible for the development of the new Workplace Well-being Tool, especially through adding new case studies based on the best available evidencek. Manage and promote the Tool which allows employers to calculate the costs of ill-health to their business
6. Advising on measuring the impact of interventions	<ul style="list-style-type: none">l. Development of expertise and guidance to inform stakeholders about how to evaluate the health and well-being solutions they have put in place;m. Act as an authoritative body in relation to the evaluation of health and well-being interventions.
7. Developing practice guidance	<ul style="list-style-type: none">n. Establish what evidence-based, and other, guidance is available; and identify gaps in knowledgeo. Work collaboratively with other organisations, to develop further evidence based, and other, guidancep. Maintain and make available a library of evidence based, and other, guidance to stakeholders
8. Establishing the profile of the National Centre	<ul style="list-style-type: none">q. Establish a unique and credible brand for the National Centre;r. Engage with key stakeholders to ensure they actively promote the National Centre and its work
