Health, Work & Well being: The Occupational Health Contribution

Thursday 15 February 2007

Post Conference Report
Foreword

by Professor Mansel Aylward CB, Chair: The Wales Centre for Health.

This conference jointly sponsored by the Wales Centre for Health, Welsh Assembly Government and the Royal College of Nursing (Wales) was the latest in a series of Biennial Conferences of the RCN’s Occupational Health Forum in Wales. In addressing its theme, “Health, Work and Well-being: the Occupational Health Contribution” the conference took as its principal emphasis the need for Occupational Health professionals to embrace further an approach to retention-in-work, psychological and social obstacles, as well as the health condition, that confound pathways to recovery and return to work among people with health-related problems.

The Government believes that everyone who can work should have the opportunity to do so. The worrying gap in the existing provision of employment-focused rehabilitation programmes, the limited availability of Occupational Health services, and the pressing need for more effective and validated interventions for retention in work, all featured prominently in presentations given by speakers at the conference. Attention was also drawn to the recent dramatic increases in the numbers of people in receipt of State incapacity benefits (IB) who report mental health problems; currently these account for more that 40 per cent of the health conditions in the population receiving IB. By contrast there has been a significant fall in the proportion of people on benefit with musculoskeletal conditions which still, nonetheless, account for around one quarter of the illness featured. The relevance to the conference’s theme of the nature of the health conditions which affect people receiving IB was also given prominence by speakers and in workshops.

It was pointed out that the great majority of these health problems are largely subjective in nature and, indeed, commonly experienced by the everyday working population. These minor to moderate mental health problems and musculoskeletal conditions should be readily manageable, and given the right support should not of themselves preclude return to work. The results to date of the Government’s “Pathways to Work” initiatives is evidence in favour of this contention. The acquisition of new knowledge, skills and competencies by Occupational Health professionals are essential to their providing a lead in gaining greater understanding and management of the relationships between health, work, disadvantage and well being. As key stakeholders in the UK Government’s Health, Work and Well-being Strategy, Occupational Health professionals were urged to facilitate the necessary changes and exploit the opportunity that this strategy offered them. At the same time, it was advocated that in order to reorganise and
re-focus Occupational Health services there was a pressing need for capacity building and allocation of resources.

The importance of the Conference’s theme was reinforced by the high calibre of speakers who had agreed to present at the meeting: amongst whom were Brian Gibbons AM, former Minister for Health and Social Services in the Welsh Assembly Government; Dame Carol Black, National Director of the UK’s Health, Work and Well-being Strategy; Professor David Coggan of Southampton University; and Terry Rose, Director of the Health & Safety Executive, Wales and the West. Other speakers at the conference described a contemporary picture of Occupational Health provision in Wales, the HSE’s the Workplace Health Connect support for employers, and an update on “Welsh Backs” – an evidence based initiative to tackle the burden of back pain in Wales. A number of interactive workshops provided the opportunity to share best practice and to discuss a wide range of Occupational Health related issues relevant to the conference’s theme.

This post conference report was prepared by the Wales Centre for Health. It summarizes the presentations, with a link to copies of the presenters’ slides; provides abstracts of the workshops, and lists the recommendations which emerged during the day. Claire Barley and Matthew Thomas are thanked for putting the report together.

On behalf of the Wales Centre for Health I also wish to express my gratitude to Tina Donnelly, Director of RCN Wales for chairing the Conference; to Lynda Spear, Chair of the RCN’s Occupational Health Forum Wales for the foresight and energy which brought the conference to fruition; to Matt Downton and the Welsh Assembly Government for their support; to Louise Morris of the Wales Centre for Health for the substantial role she played in organising the conference; and to the Training and Education Team at the Wales Centre for Health for their assistance in hosting the event.

Mansel Aylward CB


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Great progress has been made over recent years in transforming the economy of Wales and unemployment is now at its lowest level since January 1975. However, just over 44,000 people are still claiming Jobseeker’s Allowance and almost five times as many are claiming Incapacity Benefit. Such high numbers of people on incapacity benefit have a major impact on the Welsh economy and on the lives of a large number of households across Wales. One of the factors behind the level of incapacity benefit is the poor level of health in our communities. Whilst ill health can be one reason why people are forced to give up work, for others it can be a barrier to them returning.

To help ensure work is the healthy option, virtually all workers will be protected from tobacco smoke in enclosed public places and workplaces from 2 April 2007. Improving health and preventing ill health also makes sound economic sense; evidence suggests a £2.50 return to business for every £1.50 invested in health interventions in the workplace.

In an effort to bring together all those with a role to play in improving the health of working age people, the Department for Work and Pensions, the Health and Safety Executive and the Department of Health - supported by the Scottish Executive and the Welsh Assembly Government - launched the ‘Health, Work and Well-being Strategy’ in October 2005.

The Welsh Assembly Government is continuing to support workplace health through several initiatives including Welsh Backs and the Corporate Health Standard which has recently been expanded to offer more support and to engage further with the private sector.

In terms of Occupational Health provision in the NHS in Wales, the Welsh Partnership Forum is producing a framework for the provision of a best practice model for the effective management of Occupational Health and safety for NHS Wales. The framework will set out guidance and model policies to deal with the main topics affecting Occupational Health and safety, and performance will be measured by the Healthcare Inspectorate.

The Welsh Partnership Forum has instigated a review of Occupational Health provision in the Welsh NHS. This review will ensure that all NHS Trusts provide an equal service, based on best practice (including proposals on making equitable service available for Primary Care providers in Wales).

Recommendations are being taken forward from the Occupational Health mapping exercise completed last year. All of these activities contribute to Health Challenge Wales, which seeks to promote and support activities that address the range of economic, social and environmental determinants of health.
Health, Work and Well-being Strategy: Occupational Health

Dame Carol Black, National Director for Health and Work

The general role of the National Director for Health and Work is to help establish national partnerships and a supporting network with a common vision. The Health, Work and Well-being Strategy will bring a new emphasis for clinicians in restoring not only physical and mental health, but promoting more social well being and social inclusion, thus positioning work as a crucial part of total well being.

The Health, Work and Well-being Strategy was developed to improve health and well being in the context of life and work, with related goals of reducing health inequalities and social exclusion, and improving opportunities for every person of working age. Recently, there has been an increase in the amount of research on health at work and work on health. Poverty and unemployment exacerbate episodes of common mental health disorders, illustrating that returning to work from unemployment can reduce psychological distress. Indeed, those who are unemployed or on long-term sick leave are over twice as likely to commit suicide as their fitter, working counterparts.

A recently published report “Is work good for your health and well-being?” by Gordon Waddell and Kim Burton also shows that being in work can help people recover from both physical and mental health problems. Work is good for individuals and their families and by lifting people out of poverty, it also benefits communities by increasing prosperity while reducing health and wealth inequalities.
Preventing Work Related Illness

Professor David Coggon OBE, Professor of Occupational & Environmental Medicine, Southampton University

Preventing work-related illness is only a small part of the promotion of health at work, but is important and extends into wider areas of Occupational Health.

A distinction must be made between disease - an objectively demonstrable disordered state of an organism or organ - and illness - a subjective absence of well being. Many occupational diseases have been successfully controlled by eliminating or reducing the hazardous exposures that cause them. However, the work-related illnesses that are now most common in the UK (e.g. back pain and repetitive strain injury) are more complex. Evidence is emerging that they do not occur as a simple consequence of over-exposure to hazardous activities or agents, but also depend importantly on psychological and cultural influences such as:

- Low mood
- Psychosocial aspects of work
- Tendency to somatise
- Health beliefs and expectations

For these disorders, reductions in chemical and physical exposures may have paradoxical adverse effects by reinforcing perceptions of risk that predispose to illness. Similarly, efforts to identify and remove psychological stressors in the workplace, if presented in the wrong way, may perversely raise expectations and awareness of hazard, and thereby generate illness and unhappiness that would not otherwise have occurred. Careful research is therefore needed to evaluate and optimise preventive strategies for these more complex disorders. In some cases, there may be scope for prevention by modifying beliefs and expectations, as was achieved in a campaign on back pain in Victoria, Australia5.

Changing the Culture about Work, Health and Inactivity: The Pivotal Role of Occupational Health

Professor Mansel Aylward CB, Chair, Wales Centre for Health

Enjoyment of an optimal state of health is key to human well being. Economic, social, and moral arguments are advanced which favour work as the most effective means to improve well being of individuals, their families and their communities. Worklessness, which includes but is broader than unemployment and economic inactivity, can be destructive to self-respect, brings risks of poor physical and mental health, thwarts the pursuit of happiness, and profoundly handicaps the achievement of well being. Moreover the “psychosocial scar” of worklessness persists, even affecting future generations. It is thus difficult to refute a moral obligation on society to do all at its disposal to move people of working age into a life of work; but what kind of work? In most circumstances do the beneficial effects of work outweigh the risks of worklessness and harmful effects of long-term unemployment or prolonged sickness absence from work? There is a broad consensus that encouragement and support should be given to sick and disabled people to remain in, or (re-)enter work as soon as possible, when their health condition so permits. But how far should society go, and what ways are acceptable of achieving this? The social contexts of economic inactivity and worklessness must be fully recognised and soundly addressed if the desirable shift in culture about work and health is to be attained.

Lack of autonomy in life is an enduring negative which leads to poor health, economic inactivity and unhappiness. Work may be central to well being and correlated with happiness; but disadvantage is a cumulative process which can only be altered by prioritising transition to a more advantaged trajectory. A person’s past social experiences become, and are written into the body’s physiology and pathology. Tackling effectively the social determinants of disadvantage, economic inactivity, and thereby, health, is not a matter for public health and Occupational Health alone; it is central to the UK Government’s realisation of its aspiration for an 80% employment rate for the working age population. Family relationships, financial situation, social integration, personal freedom and values, as well as work, are among the principal factors that contribute to happiness. All these too are inextricably linked to the life-course perspective. Only by addressing the social gradient in health, advantage, income and happiness will culture change about health and work be achievable, and avenues to well being be open to those who wish to pass along them. Occupational Health Professionals have to address this challenge and contribute their knowledge, experience and expertise to effect the necessary changes as key stakeholders in the UK Government’s Health, Work and Well-being Strategy.

Health, Work & Well being: The Occupational Health Contribution


1 Blaney, D. *Social Determinants of health.* WHO: 1998
Workplace Health: A Picture of Occupational Health Provision in Health

Bridget Wells, All Wales Alliance for Research and Development (AWARD) Research Officer, Swansea University

It was deemed important to identify Occupational Health courses available to Wales and to map current Occupational Health provision across Wales including public and private sectors. The methodology used included carrying out a postal survey of public and private sector organisations and where necessary following this up with a phone call.

The results of the survey saw a good response rate from public sector employers with 78 organisations for which 200,000 employees were represented, and a total of 63 Occupational Health providers were identified (see presentation slides for more information). In terms of qualifications, 41 out of 94 Occupational Health nurses held an Occupational Health qualification.

For the private sector - 5,000 businesses of all sizes responded to the survey: responses covered over 100,000 employers. Comprehensive services were offered by 6%. Health and safety staff delivered a lot of the services in businesses. Only 2% employed their own Occupational Health staff. It is difficult to access information about existing Occupational Health providers in Wales as there is no simple contact point to access services (e.g. a database of providers) i.e. it is difficult to find locally provided services.

It was highlighted that there is under-provision of Occupational Health services and where Occupational Health provision exists, a high number of Occupational Health staff are under-qualified. The report stated that there is an under-subscription to Occupational Health courses (consideration of funding streams is needed to support a greater uptake). It was also recommended that accreditation issues for the courses that are available are consolidated. Qualifications held by Occupational Health staff and out-of-hours services were also raised as needing further attention. The researchers recommended the need to establish a UK database detailing Occupational Health provision.

Whilst the survey didn’t focus on standards the recommendations include quality regulations and industry standards. The RCN have conducted work on this - and concluded that there is a need for competencies for Occupational Health nurses.

Bridget Wells b.wells@swansea.ac.uk
Welsh Backs - an Evidence Based Initiative to Tackle the Burden of Back Pain on Wales

Matt Downton, Workplace Health Specialist, Welsh Assembly Government

Welsh Backs is a Health Challenge Wales initiative to dispel common misplaced beliefs about back pain, developed by the Welsh Assembly Government, in partnership with the Wales Centre for Health, the Health and Safety Executive and NHS Direct. Based on similar initiatives in Australia and Scotland, Welsh Backs is a three stemmed approach engaging with the general public, employers and health professionals. Back pain will affect 80% people at some point in our life irrespective of any preventative measure taken. Back pain accounts for approximately £90m in incapacity costs and £150m in healthcare costs.

Medical guidance has changed and suggests that 95% of back pain is mechanical and in these cases, staying active and staying in work can aid recovery. Contrary to popular, misguided belief, bed rest is detrimental to recovery which is why Welsh Backs promotes the message, ‘Don’t take back pain lying down’.

The initiative was launched in October 2006 and is under ongoing monitoring via the Omnibus Survey (including desk aid evaluation, website hits, update of resources e.g. public information leaflet). Pre-campaign omnibus data was recorded to track changes in awareness and beliefs about back pain. Early evaluation after six weeks demonstrated a positive influence on awareness and attitudes towards back pain.

Matt Downton
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Workplace Health Connect: Support for Employers

Jane Standerwick, Service Manager, Holistic Service

Workplace Health Connect is a government funded service for small businesses (those who employ between 5 and 250 workers) that are unable to access specialist health and safety advice in England and Wales. Employers and Employees can also call 0845 609 6006, for free confidential advice on making the workplace safer and healthier.

Businesses can request visits from specialist advisers for specific and detailed advice and training, covering problem solving, health and safety performance indicators, risk assessments, training/coaching, recommendations and if necessary signposting for specialist help. The types of organisations using the service have on average of 20 employees many of which tend to be using the service as a ‘health check’ to establish whether they are doing enough. Other types of visits include new start-ups/expansion of a business or those looking at a specific problem (this is the least common only accounting for 5-10% of visits). Whilst anyone can use the advice line, visits to the organisation can only be arranged by the employer (not the employees).

In the first instance the service is being piloted for two-years across five areas of England and Wales. The aim is roll out the service across England and Wales following evaluation by the Health and Safety Executive.
Occupational Health Perspective

Terry Rose, Director, Health and Safety Executive Wales

The Health and Safety Executive’s (HSE) mission is to protect people’s health and safety by ensuring risk in the changing workplace is properly controlled. This is a challenging role and partnership working across many organisations is paramount. An important aspect of this is to ensure that Occupational health is integral to the business and must include a relationship with GPs, managers and employees to effectively work. The HSE has a remit to monitor and decrease the accident rates and illness in the workplace. Notably, a serious and increasingly repeated illness is stress.

The HSE is working in partnership with Workplace Health Connect to provide confidential, practical and free advice to small businesses on workplace health and safety, management of sickness absence and return to work issues.

A national survey of Occupational Health services was conducted in 1976 by the Employment Medical Advisory Service (EMAS). Designed to investigate the use made by employers of advice and treatment provided by medical and nursing personnel, it reported that the Occupational Health provision provided included:

- Employment screening/medicals
- Injections
- First Aid/Minor Treatment
- Ill Health Retirements
- Absence - Dismissals
- Health Promotion/Campaigns
- Absence Management
- Return to Work/Rehabilitation

Many of these services are still offered by the Occupational Health services in today’s organisations. Building on this and in order to modernise the approach to Occupational Health provision, the Corporate Health Standard provides a vital development in promoting and supporting a healthy workforce and the prevention of ill health.
Occupational Health Nursing: Contribution to Better Health in Wales

Lynda Spear, Chair, Royal College of Nursing (RCN) Forum

The aim of the Royal College of Nursing (RCN) Forum is “provide access to all for Occupational Health services in Wales”. It is appreciated that this will be at different levels as it is important to motivate Occupational Health nurses to join forces and support the Forum.

The RCN Forum will manage an all-Wales Occupational Health network which will aim to identify Occupational Health nurses in Wales in order to:

- facilitate the sharing of best practice through networking and communicating information;
- develop the website; produce an annual newsletter and bi-annual conference to share best practice;
- continue lobbying the Welsh Assembly Government to raise the profile of Occupational Health nursing in Wales.

The Occupational Health Services in Wales Review was conducted in March 2004, and compared the Occupational Health service in Wales with England, Scotland and Northern Ireland. It questioned the lack of Occupational Health nurse involvement and investment in services in Wales. The implementation of the results from the review could contribute to significant health improvement in the working population. The Forum eagerly awaits the Welsh response to Health, Work and Well-being: Caring for our Future.

Occupational Health nurses are at the forefront of workplace health and they need to strengthen their positions through the Forum, ensuring quality services are delivered working as part of an increasing interdisciplinary team including public health professionals.

The successes of the Forum are highlighted in Plaid Cymru’s inclusion of a “requirement on employers to provide Occupational Health schemes” in their May manifesto. Increased access to Occupational Health services is important research increasingly demonstrates that access improves health and has the potential to reduce health inequalities by empowering individuals for improved health management.
Workshops

The afternoon workshops consisted of presentations followed by group discussion on various topics. The workshops were facilitated by experts/specialists in their field.

The workshops were held to give an opportunity for delegates to interact and debate Occupational Health topics. Each workshop covered different topics and delegates had the opportunity to attend two workshops.

Desk Aid for Back Pain
Dr Debbie Cohen, Cardiff University

Based on the consultation with key players, and the most recent evidence of management of acute low back pain, a tool was developed for GPs in the format of a ‘desk aid’. The aim of the project was to bring about a behaviour change in methodology and to enable the development of a tool to advise on managing back pain. The process of the development of the tool was:

- Development of basic layout, categories and information
- Consultations with experts
- GP focus groups
- Development of the working tool
- GP consultation trial
- Development of final product.

The initial tool (the ‘desk aid’) was met with some resistance by GP's; it was thought to be very complex, there were issues about clarity and usability and some felt that it was too time consuming to find the relevant information. Further development work took place, after various consultations, and led to the development of an interactive tool that is currently being trialled by 15 GP practices. Evaluation Interviews will be conducted to gather views and feedback, in order to inform the development of the final product.

There are many benefits from using the interactive tool and research has shown that if you can influence GP behaviour it can influence patient behaviour and vice versa. Thus tool can be used as a teaching/ training tool and as an important source of reliable information that helps GPs to inform and advise patients.

During the workshop the responses received were positive, and reflected that the tool would be of benefit to users. Disability advisers believed that in referring to them as a source of information, it would help increase awareness amongst patients.
Improvements put forward included suggestions for a page to help with diagnosis and that the approach should be widened for example to Occupational Health nurses. It was also felt that the desk top icons could be clearer. Overall it was seen as a tool with a potential to be developed for wider coverage.

What Research Is Now Needed To Support Education, Training and Service Delivery

Bridget Wells- All Wales Alliance for Research and Development in Health and Social Care (AWARD) & Dr Robin Philip United Bristol Healthcare Trust (UBHT)

It is clear that information regarding Occupational Health training is not collected in a specific place, and workshop delegates sought information from a number of different sources. The sources of information are dependant upon the organisation. There is not currently a recognised independent source. Delegates felt that previously the learning options were too narrow, as distance learning was the only real option. Local training facilities had ceased. Although the situation has improved in recent years, it is still thought that the lack of accreditation of training is a key barrier.

It was suggested that Occupational Health nurses will need to obtain an accredited qualification to continue to practice, however, few training organisations hold the necessary accreditation to offer the professional qualifications required. The other route available is through vocational experience and building a portfolio. More information on this is available from the Royal College of Nursing (RCN). A representative of the Welsh Assembly Government stated that putting together a portfolio is difficult, and AWARD is currently working with the Welsh Assembly Government to develop templates. (This work is in the initial phases, and funding sources are being sought).

As part of the discussions, it was agreed and stated that an e-learning option was not a one size fits all solution, and that more formal teaching was required. There should not be a requirement to achieve a full degree for nurses that already have a great deal of experience.

The current situation and structure is impractical, changes are needed through lobbying to draw attention to the problem. The keys issues are:

- No source of central training information exists
- There are issues for Welsh Assembly Government regarding the standards that are imposed meet the requirements for the job
- It is a UK wide problem not one unique to Wales
- It is very limiting to enforce required qualifications for professionals to call themselves Occupational Health Nurses
- An NMC accreditation is required before any course can be offered
• Funding, time and location of accredited courses are all issues to be considered
• Well being should be an integral part of any training developed or delivered

Educational Commissioners need to:

• Act on the disparity between public (NHS) and private sector Occupational Health Nurses
• Commission needs assessments to find out the gaps and attain the competencies to do the job

A pilot in Wales could provide solutions applicable to the national (UK wide) problem. An awards scheme introduced to meet with workforce development and other partners to find the core competences and skills needs/gaps.

Strategic Plan for Occupational Health Nursing in Wales
Lynda Spear Royal College of Nursing (RCN) Forum

There is broad strategic plan of the Occupational Health nursing contribution to the public health agenda in Wales. The strategic plan being;
• Highlight role of RCN Occupational Health Forum
• Engage support for Forum
• Share best practise
• Overarching theme of access to Occupational Health for all in Wales.

Participants were engaged by being asked if they, as Occupational Health professionals. The majority agreed that it was appropriate.

Workshop participants felt that often employers do not know enough about Occupational Health but that where there are Occupational Health professionals in position, a holistic approach to health management is used. It was highlighted that there is a lack of Occupational Health training available locally and access to funded and accredited courses was needed. There are various Occupational Health groups in Wales and therefore increased networking and links with the Forum would improve sharing of best practice and collective influence.

Workshop participants felt that although there are statutory regulations to cover specific Occupational Health issues, there are no general requirements in place to increase access. It was highlighted in Wales that there is lack of access to specialist centres and research projects in Occupational Health that are available in other parts of the UK.

It was felt that more detailed discussion with GP’s was needed to agree a way forward with crossover issues.
The discussion highlighted quality and consistency of services issues and suggested that there was a lack of benchmarking of standards and audits available in Wales. All present agreed that there is a need to raise awareness about the contribution Occupational Health makes to health improvement by facilitating the use of existing facilities and provisions such as Book Prescription Wales, Jiscmail (www.jiscmail.ac.uk), etc.

On the whole the presentation/discussion ended with stressing the importance of the RCN Occupational Health Welsh Forum to joint working to be more effective and in partnership with those responsible for public health.

**Occupational Health Practice in a Challenging World**
Sue Eynon Welsh Assembly Government

The profile of Occupational Health has improved and it has a much higher profile than 10 years ago. Indeed, it is now even on the Public Health Agenda.

Comparisons between private and public sector show that the public sector has more Occupational Health provision but a higher workforce absence level. Performance indicators of Occupational Health in a business may highlight a few areas that are relevant to companies e.g. sickness absence- and how much Occupational Health reduced costs, etc.

The group suggested that from their experiences, if a person doesn’t return to work it’s deemed an Occupational Health problem. When they do come back its difficult to prove that it is as a result of Occupational Health influence and intervention. We need to be able to provide evidence to managers- use of a computer system, feedback and statistics to assist in this issue.

**Skills for Health and Competencies**
Anne Eaton Skills for Health

The work of Skills for Health (SfH) covers the whole of the UK health sector including the NHS, independent and voluntary sectors and includes staff working at all levels. SfH develop workforce competencies - they do not develop courses. ‘Better skills, better jobs, better health’ is the SfH strap line. They assist the NHS to commission training, education and development that is appropriate to the workforce. SfH offices are situated in Leeds and Bristol. However, many SfH staff are home-based workers and this includes those in Northern Ireland, Scotland and Wales.

Skills for Health was established in 2004, and works in an inclusive way with the whole of the UK health sector. It was formed with the backing of the
four national health departments, the independent health sector, voluntary sector organisations and staff associations. It aims to:

- Identify and articulate sector skills needs
- Help develop more responsive provision
- Engage employers in skills development
- Influence skills policy

A questions and answers session followed the presentation:

Q: In terms of the NHS Commission Management Role how would one go about using these tools to map competence for this role?

A: Visit the SfH website/competence and competence application tools. Roles can be mapped against competence using these tools. The website gives step by step instructions in doing this. The tools can also be used accordingly for training and development. SfH can be called directly to provide assistance with using the tools.

Q: How do these competences interlink with KSF and professional standards? Are we overwhelmed with standards?

A: KSF are generic standards, SfH work with and incorporate all existing standards, codes of conduct etc.
Appendix

1. Presentation Slides

It has not been able to incorporate the presentation slides into this report due to technical limitations. The presentation slides can be viewed/downloaded from the following link: http://www.wales.nhs.uk/sites3/events.cfm?orgId=568&id=903

2. Useful Websites

www.health-and-work.gov.uk
www.awardresearch.org.uk/reports.html
www.welshbacks.com
www.workplacehealthconnect.co.uk
www.skillsforhealth.org.uk
www.rcn.org.uk/wales
www.hse.gov.uk
www.wch.wales.nhs.uk
www.mrc.ac.uk
www.healthchallenge.wales.gov.uk