

Dear Corporate Services Scrutiny Panel,

Re: Call for evidence - People and Culture Follow-up Review

Thank you for the opportunity to submit evidence to the Panel's People and Culture Follow-up Review.

I write in a personal capacity as a Jersey resident and an Occupational Physician – a medical doctor working in the field of Occupational Health (OH). I recommend that in reading this submission the panel considers the original World Health Organization/International Labour Organization definition of OH as the *'promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health, controlling risks and the adaptation of work to people, and people to their jobs.'* (ILO / WHO 1950). In essence, OH is the medical specialty focussed on the effects of work on health, and the effects of health on work.

I therefore feel it is appropriate to submit evidence to the panel, particularly as it pertains to the issue of employee wellbeing as covered by the Terms of Reference of the Review.

As background for the panel, OH specialist services tend to cover three main areas:

- 1) Protecting employees from workplace risks, for example:
 - a. appropriate risk assessments for workplace health risks (including stress, as well as physical risks such as dust, noise, vibration, chemicals, asbestos, radiation etc.)
 - b. fitness for task assessments (ensuring that employees are fit for their role and not placed in undue danger)
 - c. health surveillance – ongoing health monitoring to detect early signs of work-related disease (e.g. for stress/burnout, respiratory disease, hand-arm vibration syndrome, noise-induced hearing loss etc.)
 - d. trauma and major incident management (related to staff welfare)
 - e. strategic advice on workplace health risks and their management, for example Personal Protective Equipment during the COVID-19 pandemic or the management of medicinal cannabis use in the workplace
 - f. occupational immunisations

- 2) Managing health of workers, for example:
 - a. pre-employment medical screening
 - b. sickness absence management and advice
 - c. advice on reasonable adjustments re disability and illness
 - d. ill-health retirement assessment
 - e. provision of appropriate health services, e.g. psychological therapy and physiotherapy
 - f. liaison with external medical services and signposting to appropriate services, as required
 - g. co-ordination of other forms of workplace health provision e.g. neurodiversity assessment and support, Mental Health First Aid, Employee Assistance Programmes etc
 - h. support to improve access to employment for those with disabilities and other groups, for example the older worker
 - i. associated strategic support and training

- 3) Workplace wellbeing, for example:
- a. health and lifestyle assessment and screening
 - b. wellbeing and lifestyle education
 - c. co-ordination of workplace wellbeing initiatives (e.g. sleep, stress management, active workplaces, healthy eating in the workplace, smoking cessation, relationship management)
 - d. support for equality, diversity and inclusion initiatives
 - e. appropriate support to manage workplace issues e.g. coaching to reduce likelihood of formal grievance, bullying and harassment processes

As the Panel can hopefully deduce from the above summary, OH is a wide-ranging specialist service which is complementary to, but separate from, the traditional areas of Health and Safety and Human Resources, as well as the direct delivery of health services (and specifically Health and Community Services in a Jersey context). In a nursing context, OH is a recognised branch of Specialist Community Public Health Nursing. It is worth also noting the increasing trend of large employers recognising the strategic input of OH in the boardroom, through the employment of Chief Health Officer or Chief Medical Officer roles (e.g. [The Growing Role of Chief Medical Officers in Major Corporations | Health Policy | JAMA Health Forum | JAMA Network](#)) focussed wholly on maintaining and improving the health and wellbeing of employees.

The value that OH as a speciality can add in improving health, productivity and culture within both public and private sector organisations is increasingly recognised in other jurisdictions – neatly summed up in the diagram below from the Society of Occupational Medicine publication [Occupational Health The Value Proposition March 2022.pdf \(som.org.uk\)](#)



In a Jersey context, there is no specific legislation or strategic framework related to OH services (compared with many European countries, for example Italy, whereby the provision of specific OH services is mandated by law for all employers). In the specific context of the Panel's review, I am aware that OH has been the subject of the occasional comment in previous relevant reports, but has never featured prominently in strategic recommendations. For example:

- The 2019 C&AG Review into the functioning of the States Employment Board ([Role-and-Operation-of-the-States-Employment-Board-Report.pdf \(jerseyauditoffice.je\)](#)) comments on OH once, as follows: '3.36 The absence of such clarity has resulted in confusion over the role

of the People Hub and a lack of accountability for different elements of HR processes. For example, in May 2018 the Interim HR Director for Health and Community Services noted that due to a 'blockage with the People Hub' over 400 cases of sickness absence were not being managed in compliance with the Code and policies. However, the People Hub views its role in managing sickness absence as logging information. The more probable reason for the backlog was a capacity constraint in Occupational Health. This meant that, instead of moving to either 'return to work' or a formal management of sickness absence, staff were being informally managed for up to six months at a total estimated cost of £7.2 million per annum, including staff cover costs of £4.2 million.'

- In the previous People & Culture Scrutiny Review ([report - people and culture review - 6 september 2021.pdf \(gov.je\)](#)), OH is mentioned only once in the context of a quote from the Associate Director, People and Culture – *'Then we have been revamping the occupational health contract that is in place with the organisation AXA, our occupational health providers, so doing more to promote the employee assistance programme, so there is a whole heap of support that is available there.'*
- OH is not commented upon at all in the [Gouvernement of Jersey People Strategy.pdf](#)
- Despite featuring as a key area of the COVID-19 response in other jurisdictions, OH is not mentioned at all the [Report of the Jersey Independent Covid-19 Review \(gov.je\)](#), although I do note Recommendation 15 of the C&AG report on the [Management-of-the-Healthcare-Response-to-the-COVID-19-pandemic-report.pdf \(jerseyauditoffice.je\)](#) – *'R15 Review the States wide Occupational Health service and ensure that any new tender meets the future needs of all HCS staff including access to confidential external counselling and support.'*

I note also that the Government of Jersey, and its associated departments, does not currently employ directly any OH expertise and does not have a unifying Occupational Health & Wellbeing Strategy. As a comparison, there are clear standards applied across UK NHS services, Blue Light Services, and Local Authorities with regards the provision of OH expertise (see below for examples). Whilst there has been a significant increase in focus and provision across various departments of GOJ in terms of health and safety, and also general wellbeing, it is evident that there remains a lack of strategic focus on a joined-up, well-resourced, specialist OH service provision on-island for the benefit of all staff.

I also draw the Panel's attention to the C&AG's report of September 2022 - [Report-States-Employment-Board-Follow-up.pdf \(jerseyauditoffice.je\)](#), particularly with regards to Exhibit 9, copied below, and the associated section of the document which I feel is of relevance:

Exhibit 9: Summary of progress with health, safety and wellbeing

Recommendation	Current Position	Evaluation
<p>R16 Fundamentally review corporate arrangements for health, safety and wellbeing in light of the findings of this review and the independent review that reported in October 2018.</p>	<p>A new operating model for health and safety has been put in place with revised governance and operational framework.</p> <p>The SEB has remained concerned about the liabilities arising from health and safety duties across a complex organisation with significant public facing services but has not made any decisions that would improve the situation.</p> <p>A lot of progress has been made to create a health and safety function; however, there are not sufficient resources to take remedial action across the estate as the estate remains fragmented across departments. Sometimes lines of responsibility between departments are unclear.</p>	<p>Partially implemented</p> <p>Significant progress has been made on the recommendation relating to the SEB's role in terms of discharging its responsibility for health and safety.</p> <p>However, there are huge inconsistencies in the resources and application of policies across Government departments. This is a situation that is difficult to address while departments have responsibility for delivery but the SEB is accountable. More needs to be done to ensure consistent application of resources, policies and procedures.</p> <p>Additionally, work needs to be undertaken to assess the resources required to deliver minimum standards across the estate and to demonstrate what mitigating actions are being put in place in the meantime to minimise exposure to risk.</p>

Whilst outside of the direct remit of the Panel and the responsibility of the SEB, the need for development of on-island OH provision in a wider island context is noted as a key feature in the GOJ-commissioned expert report - 'Social Security Review: incapacity benefits Expert report on future design of incapacity benefits system' (<https://statesassembly.gov.je/assemblyreports/2021/r.189-2021%20add.pdf>) – 'There was also significant support for developing occupational health capacity and capability within health services and employers themselves, and a strong view that given the specific and fairly unique nature of Jersey's institutions and labour market, as far as possible the emphasis should be on developing 'on-island' provision (with off-island services only used where specialist capability or capacity cannot be met locally)'. I would highly recommend that the panel read the OH section(s) of this particular report for further background.

I would further recommend that the Panel, in collating evidence on policies and procedures to improve employee wellbeing, consider at least UK best practice and the overall trajectory of investing in and improving OH services, particularly within the UK public sector. As a guide, I would consider the following to be essential reading:

National Standards developed for Police Forces by the National Police Wellbeing Service/College of Policing:

[Target operating models for occupational health units | Oscar Kilo](#)

[Occupational health | Oscar Kilo](#)

The National Health Service Strategy for Growing Occupational Health and Wellbeing:

[Growing Occupational Health and Wellbeing Together \(england.nhs.uk\)](#)

The Association of Local Authority Medical Advisors:

[Alama](#)

Note that ALAMA developed the most comprehensive employee risk assessment for COVID-19 - [Covid-19 Medical Risk Assessment – Alama](#)

UK Government 2023 Consultations on Improving access to Occupational Health Services:

[Tax incentives for occupational health: Consultation - GOV.UK \(www.gov.uk\)](#)

[Occupational Health: Working Better - GOV.UK \(www.gov.uk\)](#)

Faculty of Occupational Medicine Standards for Quality Occupational Health Services (SEQOHS):

[2023-SEQOHS-Standards-March-2023.pdf \(fom.ac.uk\)](#)

In a wider international context, it would be valuable to also consider the following publications/sites:

International Labour Organisation - BUILDING A PREVENTATIVE SAFETY AND HEALTH CULTURE A guide to the Occupational Safety and Health Convention, 1981 (No. 155), its 2002 Protocol and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)

[wcms_233211.pdf \(ilo.org\)](#)

NIOSH Total Worker Health® Program (from the US Centres for Disease Control and Prevention/National Institute for Occupational Safety and Health)

[Total Worker Health | NIOSH | CDC](#)

If the Panel were then interested in exploring the area further, I would particularly recommend Jaguar Land Rover as a useful exemplar in the field of integrated Occupational Health and Wellbeing services - [Welcome to Wellbeing - JLR Wellbeing \(jaguarlandrover.com\)](#). It would be worthwhile considered the JLR approach as a reference site for what is possible, and what the GOJ could choose to aim for in terms of a modern, integrated, co-ordinated and universal provision for staff Health and

Wellbeing (specifically noting the ongoing impact that such an approach has been demonstrated to have on both employee productivity as well as overall organisational culture and staff satisfaction).

To summarise, it is my personal opinion that there is great opportunity in the GOJ exploring the development of a strategic approach to Occupational Health and Wellbeing (ideally in partnership with local OH expertise, which could then itself be further developed over time), with the aim of meeting the standards put forward particularly by the National Police Wellbeing Service and the National Health Service Strategy for Growing Occupational Health, as outlined above. Whilst these are exemplar strategies in specific areas of the public sector, such an approach would benefit employees across the government (including all blue light services), improve provision in the event of further major incidents (the lack of OH provision was particularly evident during the COVID-19 pandemic but also in the more recent major incidents of 2022 and 2023), as well as having significant potential to support the productivity and public health agendas within the wider private sector and the public of Jersey as a whole.

I would be happy for the Panel or officers to contact me for further information, or if any questions or clarifications arise.

Best regards,

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Occupational Physician