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Good Practices in Social Security

Good practice in operation since: 2015

The Supporting Occupational Health and Wellbeing (SOHWELL) Programme

The Committee for Employment and Social Security
Guernsey

Summary

The Supporting Occupational Health and Wellbeing (SOHWELL) programme was launched by the Committee for Employment and Social Security in response to a rising trend in long-term incapacity benefit claims. The programme recognised that in order to stem the rising trend in long-term incapacity, there was a need to transform the way short-term incapacity claims were managed. Phase one of SOHWELL introduced a biopsychosocial model as its foundation and transformed the way key processes had been managed for many years which resulted in case managers and doctors working in a different way and with a greater focus on occupational health and work rehabilitation.

Phase one of SOHWELL delivered a redesigned medical certificate and work capability assessment and bespoke training for doctors. This training focused upon the concepts of the new medical certificate as well as occupational health, case management and vocational rehabilitation.

The medical certificate and training was well received by doctors, the new work capability assessment has proved effective and employers have found the occupational health-related advice conveyed through the medical certificate helpful in terms of appropriate adjustment.

The issue or challenge

What was the issue or challenge addressed by your good practice? Please provide a short description.

It is accepted that being in work is good for people's health and wellbeing. The likelihood of someone returning to work after extended incapacity becomes less as time goes on. A delay in providing support for people in recovery can be critical, as research shows, the probability of successful rehabilitation after six months absence is only 50 per cent. This is because people are prone to encounter more significant and numerous barriers that may prevent their return to work. These may include obstacles related to their condition, or through indirect consequences that may become increasingly problematic if left untreated, such as loss of confidence, negative behaviours or adjustment to a sedentary lifestyle.

More broadly, the rising trend in incapacity was seen to have an adverse effect on businesses and the Island's economy. High rates of sickness absence in the workplace negatively impact business and furthermore, colleagues are put under pressure to absorb additional workload. As Guernsey is a small jurisdiction, with low unemployment, there is a need to intervene quickly to limit the duration of some short-term incapacity claims and thereby stem the rising trend in long-term incapacity and maximise the island's workforce. The need to overcome this challenge will become increasingly important due to the ageing demographic.

Addressing the challenge

What were the main objectives of the plan or strategy to resolve the issue or challenge? List and briefly describe the main elements of the plan or strategy, focusing especially on their innovative feature(s) and expected or intended effects.

Elements of the plan:

- The system has benefited from the continued expert advice given by Dr Leslie Smith, a Consultant Occupational Physician and Accredited Specialist in Occupational Medicine. Dr Smith, the Committee's Medical Adviser, has been instrumental in re-designing the system based on a biopsychosocial model. This framework is advantageous because it widens the scope with which health can be examined by taking into account biological, psychological and social factors. Providing a more comprehensive overview of the issue encourages doctors to look beyond a patient's medical impairment and to focus on what they are able to do.
- To implement early intervention, a new timeline was introduced so that regular and routine points of contact are had between Employment and Social Security officials, an occupational health specialist, medical professionals and the individual.
- To work more closely with doctors and other medical professionals to improve the design of the medical certificate, and provide occupational health training. Doctors have been actively involved in the process from the outset by providing feedback on pilot studies. Doctors have received training based on two core modules: "concepts of the new medical certificate" and "Occupational Health, Case Management and Vocational Rehabilitation". Selected doctors attended an additional module on the "Work Capability Assessment". The content of the modules was consistent with the evidence-based recommendations from the UK National Institute for Health Care Excellence. It was essential to foster a good relationship with the medical professionals as their engagement was critical to the success of the programme.
- The new medical certificate provides a more informed evaluation and enables case managers to advance the most appropriate way forward for the individual, which might include a treatment plan, referral to work rehabilitation or a recommendation for voluntary or trial work.
- At the five-week stage, an occupational health therapist engages with people who are still off sick, via a telephone questionnaire, to understand how their illness or condition is preventing them from working. In addition, the Therapist communicates with the employer to discuss what they are able to do to help. While some people will not be ready to return to work at this point, it is important to create an open dialogue between the employee and employer in preparation for their return, so any appropriate adjustments can be made in advance to avoid undue delays in their rehabilitation.
- To improve the work capability assessment by requiring two independent doctors to undertake the review. Prior to SOHWELL, a work capability assessment was only applied on an ad hoc basis. Good practice is now demonstrated by way of introducing independent assessments as part of a standard process at the twenty-two-week stage.
- To raise awareness of occupational health and the important relationship between work and health. It was essential to have a good communication strategy to develop partnerships with key stakeholders, such as Guernsey MIND, Guernsey Employment Trust, Health and Social Care Services and to promote the project to employers. Employment and Social Security hosted a series of events on the topic of health and wellbeing in the workplace, aimed at employers across the Bailiwick and other interested parties. The Committee values the opinions of employers, and so individual interviews were also conducted to ascertain how SOHWELL could enhance its impact.

Expected or intended effects:

- Employers become more aware of the advantages of making appropriate adjustments to help keep people in the workplace.
- People are able to return to work as quickly as possible and with minimal disruption to their routine.
- Enhanced communication between interested parties, which will deliver better outcomes.
- To find suitable remedies that offset problems before they are left to worsen. The aim is to establish preventative measures rather than rely upon reactive responses.
- Earlier referral to work rehabilitation officer support.
- A shortened timeframe and more substantial medical certification will help to better identify those who might go onto long-term incapacity benefit and to prioritise a response.
- A slowing down in the trend in long-term incapacity and a gradual reduction in long-term claims.
- Long-lasting support for people returning to work and a greater success rate of people remaining in work.

Targets to be achieved

What were the quantitative and/or qualitative targets or key performance indicators that were set for the plan or strategy? Please describe briefly.

- To adopt a more effective and efficient case management style to provide a timely and informed response to incapacity.
- To develop a more effective working relationship with doctors at the primary care level.
- To achieve a greater awareness of occupational health amongst employers and their willingness to consider reasonable workplace adjustments.
- Reduction in average claim duration.
- Reduction in the number of long-term incapacity benefit claims.

Evaluating the results

Has there been an evaluation of the good practice? Please provide data on the impact and outcomes of the good practice by comparing targets vs actual performance, before-and-after indicators, and/or other types of statistics or measurements.

- Intervention is now staged much earlier. Interaction with an Occupational Health Therapist takes place at five weeks from the start of the incapacity, and a work capability assessment within six months.
- A positive outcome has been the enthusiastic involvement from doctors who have welcomed the opportunity to work with the SOHWELL programme to identify patients who might be able to return to work more quickly. Since work capability assessments have

been introduced there have been very few benefit appeals, and encouragingly, approximately 40 per cent of people assessed were found capable of some form of work.

- There has been good feedback from the majority of organisations who believe the new certificate provides more opportunities for discussion between the employer and employee.
- SOHWELL's promotion has encouraged employers to consider occupational health in a broad context and to re-evaluate their processes and policies, such as allowing staff to return to work before the expiry of their medical certificates. Employers said they felt more confident having an open conversation with staff managing sickness or a condition.
- At the end of 2017, the number of active and approved long-term incapacity claims was below the five-year average.
- Phase 2 of the SOHWELL programme will commence in 2019 and is expected to be driven by a multi-agency team which is expected to result in further benefits being driven out of the programme.

Lessons learned

Based on the organization's experience, name up to three factors which you consider as indispensable to replicate this good practice. Name up to three risks that arose/could arise in implementing this good practice. Please explain these factors and/or risks briefly.

- The project was largely dependent on the engagement of key stakeholders, and therefore creating strong communication channels between medical professionals, employment and social security officers and individuals has been key to the success of SOHWELL by providing a comprehensive and consistent approach to managing sickness absence.
- SOHWELL relied on the clinical expertise of the medical professionals and the skills of the case management team to provide a thorough assessment of an individual's ability to work. Designing a medical certificate that requested more detail on an individual's capabilities and a work capability assessment which avoided a point scoring type system were pivotal to the success of the SOHWELL programme.
- Working more closely with doctors and employers is gradually leading to a better understanding of occupational health and more regular consideration of appropriate adjustments.