Question & Answer briefing for members

Health & Work Assessment and Advisory Service
[previously termed ‘the Independent Assessment and Advisory Service’]

Q1. What is the Health & Work Assessment and Advisory Service?

The Government proposes the establishment of a health and work assessment and advisory service to make occupational health advice more readily available to employers and employees, so they can better manage sickness absence. The new service will be delivered in 2014 and will include:

- a State-funded assessment by occupational health professionals for employees who are off sick for four weeks or more;
- signposting to appropriate interventions including Universal Jobmatch, an online jobsearch service for those employees who are able to work, but unlikely to return to their current employer;
- case management for those employees with complex needs who require ongoing support to enable their return to work.

The Department for Work and Pensions is leading the commissioning of this service and has established an internal project team. We are given to understand that a specification is being developed and DWP proposes to issue invitations to tender to interested parties in Autumn 2013. It is proposed that the new service will launch by the end of 2014.

The Government expects that around 560,000 absentees will use the service every year at a cost of between £25 – 50 million. The government also expects that the service will recommend follow up interventions and undertake case management at a total cost of between £20 – 85 million.

Q2. Why is the Government introducing this service?

In 2011, the Government commissioned David Frost and Dame Carol Black to take a critical look at sickness absence in Great Britain. Their report was published in 2012 and the Government in turn published its response to their report in January 2013 [Fitness for Work: The Government Response to ‘Health at work – an independent review of sickness absence’].

The Government accepted virtually all of the Frost/Black recommendations including measures to improve sickness absence management, reforming the benefits systems, supporting healthcare professionals and introducing a health and work assessment and advisory service.

In their Review, Dame Carol Black and David Frost called for a service that would provide healthcare professionals, employers and employees with an independent assessment of an individual’s occupational health needs.
Q3. Why should the NHS Health at Work Network be interested in this service?

The NHS Health at Work Network believes that the proposal to launch a Government funded Health & Work Assessment and Advisory Service creates a significant opportunity for the NHS.

- In the context of a challenging financial climate, the development presents a significant income opportunity for a share of potential business in the form of face to face assessments and the sell on of further interventions
- Involvement in the provision of assessment and advisory support to local employees and their employers will help build the reputation of the local NHS healthcare provider, contribute to the social responsibility agenda and support the local economy
- The service provision will constitute a contribution by the NHS Trust to the local public health strategy and early intervention will help to reduce the burden on acute services
- By providing additional support to the local working population, Occupational Health teams will play more of a mainstream role in supporting the local economy, networking with primary and secondary care clinicians and bringing external income into the Trust

There are around 150 NHS occupational health services in England and a further 34 Trusts have outsourced their service to the private sector. NHS Occupational health services and potentially, their private sector provider colleagues, are therefore in a unique position to deliver at least part of the Health & Work Assessment and Advisory Service [H&WAAS].

Q4. What's the opportunity for my service?

If the NHS bid is successful, then a network of NHS occupational health providers will be required across England to deliver the face to face assessment service. Becoming involved will enable your service to play a role in the development of the tender, and, provided your service meets the minimum service specification requirement, being appointed as a member of the delivery team. Details of the specification are yet to be published by DWP, but we can expect that for example accreditation by SEQOHS will be one of the minimum standards.

Alternatively, if you don't want to directly deliver the service, then we will be seeking locations for delivery across England. Your department or Trust could rent out space for face to face assessments delivered by a neighbouring NHS provider.

Q5. Why can't the Network bid for this contract alone? Why does the Network Board believe it is necessary to seek a private sector partner?

The NHS offers three distinct advantages in bidding for a national contract;

1. Geographical reach - so that no person of working age is more than an hour from a local NHS site
2. A strong trusted brand with local populations – critical in inspiring confidence amongst potential clients
3. Local connections into primary and secondary care to support on-going case management and care to support return to work

However, we are also realistic about our limitations;

1. The NHS lacks capacity and investment in terms of an IT infrastructure
2. The NHS lacks capacity to support large scale telephone assessments
3. The NHS does not have a track record of winning large Government procurement contracts

The NHS Health at Work Network is therefore exploring a potential partnership with Capita, a large private sector occupational health provider, which has strengths in the above three areas.
Q6. **How did the Network identify the potential partners and what criteria was used to assess their suitability?**

It is probable that the Government will choose to restrict invitations to tender to those providers who have already gone through an approval process and are listed on a preferred bidder framework. Such providers include ATOS, Capita and Serco. In addition, we added Health Management and Corporate Health as large providers with a potential interest in bidding.

Contact was made with these five organisations. ATOS responded but did not pursue any interest. SERCO failed to respond. Capita, Health Management and Corporate Health all responded positively and face to face meetings were arranged to explore the scope for partnership working.

The criteria explored with these providers was;

1. Ability to complement the NHS in terms of IT infrastructure capacity and investment, capacity to support large scale telephone assessments and a track record of winning large Government procurement contracts
2. Shared values and a commitment to high quality occupational health services
3. Genuine commitment to partnership working

Q7. **What decision process did the Network use?**

The three respondents were reduced to two on the basis that Corporate Health could not meet the first criteria above. Dr Anne de Bono and Barry Lane then talked with representatives from Capita and Health Management.

They fed back to members of the Network Board on Thursday 4th July and recommended a partnership on the basis of Capita demonstrating a fit with the full criteria set.

Q8. **Why Capita – what advantage do they offer?**

In addition to satisfying the main criteria listed above, what was critical to us was the fact that Dr Steve Boorman has been appointed by Capita as the Clinical Lead for this project.

Members will recall that Steve was previously the Medical Director and CSR Director at Royal Mail and in 2010 completed a review of NHS Health and Wellbeing which was well received across the service. Steve is a respected Clinician and in our discussions recognized the added value of the NHS to the deliver of an independent assessment and advisory service.

Q9. **What precisely is the nature of the agreement between the Network and Capita?**

At this stage there is no formal agreement other than a commitment to explore the potential for the submission of a joint bid. Terms of Reference and an outline project plan are expected to be drawn up in August and work will progress during the autumn. We will keep members briefed as the project unfolds.

What we are clear about is that any formal agreement must deliver real benefits for both the clients of the new service and Network members. No contract will be signed unless we are entirely satisfied that a true partnership is in place and the commercial arrangements are satisfactory.

Q10. **Does this increase the chances of my own service being market tested?**

No, our exploration with Capita is in respect of the joint delivery of a DWP contract for the H&WAAS. We have advised Capita that whilst discussions continue, it would be unhelpful to promote their health and wellbeing services to NHS Trusts currently serviced by member organisations.
Q11. **What has Syngentis got to do with this?**

Syngentis is the not for profit social enterprise that was established in March 2012 to take forward some of the ongoing projects from NHS Plus. Syngentis is Chaired by Professor John Harrison and the Network is represented on the Syngentis Board by Barry Lane. Syngentis provides Network management and administrative support through Wendy Coleman and Keith Johnston.

Syngentis is involved for two reasons. First, Syngentis currently provides the Health4Work Adviceline Service for SME’s funded by DWP. It is understood that this service is likely to be incorporated into the specification for the H&WAAS and therefore Syngentis would be keen to continue to be the service provider. Second, in developing the proposal, Syngentis, particularly through Andrew Gilbey, will play an important role as our commercial representatives and in planning the development of a face to face assessment delivery network.

Without the support of the Syngentis team, the Network would not have the capacity to develop this joint proposition.

Q12. **If Syngentis is so closely involved in the development, who will have the final decision on taking this forward?**

The Network is not a legal entity and any contractual relationship will be between Capita, Syngentis and individual NHS occupational health services. HOWEVER, the Network is acting as the representative organization on behalf of network members and Syngentis has confirmed that it will not enter into any contracts with Capita or individual services without the agreement of the Network Board.

Q13. **What business model is being proposed to deliver this contract?**

In the absence of a detailed specification from DWP, it is too early to be clear about the nature of the business need. However, Syngentis has prepared an outline business case [link] based upon a range of scenarios. This business case will be updated as further information becomes available.

Q14. **What if I have no interest in being part of this delivery network?**

There is no compulsion upon Network Members to join this delivery network. Network Membership will remain unchanged and you will continue to receive the benefits of membership including our priority work on promotion and influence on behalf of NHS occupational health services and support in improving clinical quality and service delivery. Updates on the development of the delivery network will be included from time to time in the monthly Chairs’ briefing.

Q15. **I would rather keep my options open and work with a commercial OH provider once the contracts have been awarded. Can I do this?**

In practice, there is nothing to prevent individual members from keeping their options open and awaiting the result of the tendering process before choosing a provider. However, it is important that the Network can demonstrate it has the geographical reach to deliver the face to face assessment service and we will therefore be seeking commitment from Network members prior to submission of the tender. The risk for members who decide to keep their powder dry is that they will miss out altogether.

Q16. **I am interested but would rather partner with another OH provider. Can I do this?**

Individual members are free commercially to partner with whomsoever they please. However, the Network Board would hope that members would recognise that partnership with other Network members in delivering a national contract is one of the main benefits of Network membership.
Q17.  What if I am interested – what do I need to do?

Network Members who would like to register an interest in potentially being part of a group across England delivering this service are invited to contact andrew.gilbey@syngentis.co.uk.

NHS Health at Work Network
25 July 2013