

## **Service Specification**

### **Provision of Occupational Health Service for Wokingham Borough Council**

#### **1. Introduction**

Wokingham Borough Council (WBC) is a unitary Local Authority in Berkshire, 40 miles west of London. We have approximately 1,200 employees working for the Council, who will be covered by this contract, plus 48 schools in the Borough, that currently use our occupational health provision, covering an additional 1,200 employees.

We require an occupational health service that has a positive impact upon the Council's service. Quality and high performance will be key to a successful contractual relationship.

Our occupational health contract with our current supplier runs until 31st March 2018. Our current contract provides occupational health referrals to be carried out either locally in person or by phone. We also have pre-placement questionnaires completed by new starters, with our provider arranging follow up discussions when necessary.

#### **2. Contract Duration**

It is expected that the contract will commence on 1<sup>st</sup> April 2018 for a period of three years (with an option of an extension for an additional year).

#### **3. OH Services**

The following are the OH services required to be provided for the duration of the contract:

- Health screening for pre-employment checks and follow up discussions when an issue is raised on the questionnaire
- Occupational health referrals and assessments on:
  - general management support and advice
  - absence management
  - ill health retirement
  - return to work and rehabilitation programmes
  - disability adjustments
  - complex risk assessments e.g. related to pregnancy or disability
- Vaccinations due to workplace concerns, e.g. hepatitis (normally vaccinations every few years for a minimal amount of employees)

- Management statistics and information.

#### **4. Scope**

Working alongside WBC's HR Service, the OH services will be provided for employees:

- from WBC corporate functions. These employees carry out a wide variety of roles, including office work, manual jobs and social work.
- from WBC owned companies that are under contract to receive an HR traded service, including occupational health, and
- from schools in the Borough.

#### **5. Location of Service**

We would prefer the option of occupational health referrals being carried out in person, rather than having them all carried out by phone. If the proposal provides for face to face and phone based referrals. We would like to have clarity on when the provider recommends each method is used.

We do not have health facilities on-site, and are ideally looking for a locally delivered service from the provider's location or premises. This is particularly pertinent for any vaccinations that need to be provided. Premises or facilities need to have disabled access and, preferably, adequate car parking facilities and/or be easily accessible by public transport.

Proposals need to be clear on the location to be used by the provider. Where options on locations are provided, these need to be costed individually. If the proposal provides for face to face and phone based referrals, we would like clarity on when the provider recommends each method is used.

#### **6. Qualifications and Experience of OH Staff**

We are happy for a combination of occupational health professionals to carry out the referrals, i.e. doctors, nurses or other specialists. The provider will ensure that their staff are appropriately professionally qualified. Any staff, providing occupational health advice, must hold current professional registration with the appropriate professional body (e.g. GMC, NMC, MFOM).

The provider will be required to supply evidence of staff qualifications, experience and professional registration.

We would like the tender to include information about when a particular type of professional is recommended, for example, when and why a nurse would be used rather than a doctor.

#### **7. Administration and Appointments**

All administration and appointments (except where indicated otherwise) will be carried out by the provider. The provider shall utilise electronic systems of communication wherever possible for all areas of service provision.

The provider shall detail any applicable cancellation arrangements which apply to occupational health services.

Assuming an in person service is provided, employees of the Council must have reasonable and timely access to Occupational Health Services from their place of work in line with the timescales specified in the pricing schedule.

## **8. Invoicing**

For Council employees, the provider will forward to the HR Service the names of users of the OH services for payment and invoicing purposes on a monthly basis. Detailed monthly invoices will be submitted, including details of the employee's service to HR as appropriate.

For referrals from schools, each school will need to be invoiced separately each month.

All invoices will be checked for accuracy regarding the services provided, and correctly supplied ones will be paid within 28 days of receipt.

## **9. Record Keeping**

Individual health records, including all health screening questionnaires, will be retained by the provider and assessed for subsequent screening/referral appointments. These records must be kept confidential and in accordance with the provisions of the Data Protection Legislation and Access to Medical Records Act 1988.

Proposals should include a plan of how existing records would be transferred from the WBC's current provider (Annex I). We would expect all existing records to be transferred but alternative solutions will be considered. Where the supplier would like to suggest an alternative approach, this should be set out in a separate document.

Upon termination/cessation of the contract the provider will be required to pass on all employee records held to any subsequent provider, **subject to the requirements of Data Protection Legislation and Health and Safety Regulations.**

## **10. Health Screening Service Details**

WBC offers of employment are dependent on individuals completing a health screening questionnaire. In the 12 months from November 2016 to October 2017, 193 pre-employment questionnaires were completed by Council employees and 406 by schools employees.

The provider is required to advise the Council on the design and content of the pre-employment health questionnaire. The questionnaire will need to:

- meet the different working environment needs of both office and non-office based staff,
- be simple and quick to complete, and
- comply with the Council's Equal Opportunities Policy and best practice.

Samples of pre-employment health questionnaire should be provided with the tender submission and attached to the answer of Q5 (Reporting Facilities).

An on-line system is required, which must be secure and meet the requirements of legislation, and the provider will be required to notify the HR Service on a weekly basis of the questionnaires received and their current status.

In addition to pre-employment health screening, screening is also required for:

- existing employees, should they obtain a significantly different role within the Council, and
- night workers, in accordance with the Working Time Directive.

### **10.1 Health Screening – The Process**

Where incomplete questionnaires are returned, the provider will liaise with the individual directly to obtain further information.

The provider is required to:

- Scrutinise the pre-employment questionnaire and the needs of the job for which the individual has applied for (or currently occupies) to determine whether the individual is fit or unfit for the job.
- Complete and return a response form to HR, categorising whether the individual is fit or unfit for the job applied for (or currently occupies), detailing any adaptations or considerations required in accordance with the Equality Act (i.e. Disability Discrimination).
- Investigate the matter further with the individual concerned, before declaring that a person is unfit. For more basic matters, e.g. clarification of information, this should involve discussing the matter with the individual by phone. However, for more complex matters, a pre-employment health interview may be required.
- Obtain, where required (and with the Human Resource Consultant's agreement), a report from another health professional such as the individual's GP. The provider will make the necessary arrangements in accordance with the Access to Medical Reports Act. It is expected that GP/specialist reports will not be required for the vast majority of pre-employment screening.

As part of the tender, providers should supply examples of pre-employment questionnaires demonstrating their style and content.

### **10.2 Health Screening – Performance Requirements**

The expectations of the OH provider are that they will:

- Carry out an appropriate level of investigation to determine fitness for the job. Follow up calls will be carried out when a declared medical condition is ongoing and is likely to have a significant impact on the individual's ability to carry out their job.

- Provide clear and comprehensive written advice on fitness for the job to the HR Service at the end of the screening process
- Email to the HR Service the certificate of fitness for employment within 5 working days from the date which the health questionnaire is received. If further investigation is needed, then the HR Service will be notified within 48 hours by email of the delay. A response will be issued no later than 10 days from receipt of the pre-employment questionnaire (unless a GP report is required, where a response will be issued no later than 5 working days after receipt of the GP report).
- Offer night workers the opportunity of completing a pre-employment questionnaire and being medically assessed, where necessary, at least once a year. A list of night workers, including work locations and contact details, will be collated by the HR Service annually, and forwarded to the provider so that agreed material and health questionnaire can be sent to night workers directly

#### **11. Occupational Health Referral Service Details**

A medical opinion and assessment are required where employees have been referred to Occupational Health, usually in the following circumstances:

- In connection with sickness absence or other matters relating to workplace conduct. The Council's current sickness absence trigger levels for considering implementation of our capability procedures are as follows:
  - the employee has been absent from work for six continuous weeks, or
  - the employee has been absent for more than ten days within the last twelve months
- The employee has been attending work satisfactorily, or has had little sickness absence, but has become incapable of performing their job role due to their health
- Where there is concern over the employee's ability to carry out their job, or the employee has been identified as being at risk or requiring support by reason of medical history, condition or disability
- A manager is concerned about an employee's health, e.g. stress, or supports a request from an employee to be referred
- Where the duties of the post have particular medical requirements and may place the employee at risk
- Where management have requested an assessment of whether health reasons are contributing to poor work performance
- Where the employee is being considered for retirement due to ill-health.

In the 12 months from November 2016 to October 2017, the Council made 51 occupational health referrals and our schools made additional 33. Both figures exclude ill health early retirement referrals.

### **11.1 Occupational Health Referral – The Process**

Referrals will be sent electronically to the provider. Our preference for occupational health services provided to WBC employees is that each manager will make a referral directly, rather than it coming through the HR Team. Ideally, we would like a manager to have direct access to the provider's occupational health referral form through an interface from our intranet, meaning that the manager does not have a separate sign in for the occupational health referral form. Referrals from schools will not have access to our intranet and are likely to need individual user-names and passwords to access the provider's system.

The information provided to the provider will include the employee's name, address and service / team name and information on their absence history.

The provider will supply a completed Medical Consent Form where appropriate, for requesting reports from the employee's GP, specialist or consultant. Such reports should only be requested where they are necessary to provide an OH professional assessment on the matter. Where an employee is referred to Occupational Health on a subsequent occasion, the original Medical Consent Form will be used by the provider. This is on condition that it is less than one year since the original consent form was signed, and the referral relates to the same health matter. The Council recognises that on occasions GPs may request a more recent signed consent form, and the provider will obtain this, where it is necessary.

The written report to the HR service from the OH provider will, where appropriate, contain the following detailed information:

- Information regarding the employee's medical condition (as relevant to performance of job role), and any implications for the employee's ability to carry out the full range of duties and responsibilities as detailed within the job description and person specification.
- An assessment of whether continuing to undertake the contractual duties of employment would exacerbate or aggravate the medical condition.
- An opinion as to whether the employee is disabled in accordance with the provisions of the Equality Act (i.e. Disability Discrimination), with advice on any rehabilitation, adjustment of duties and/or hours or re-deployment the Council could reasonably offer.
- A prognosis of the likelihood of recovery and possible timescale of return, and provision of options for the employee's rehabilitation to work. This information will be used by the Council to develop, where applicable, return to work plans. Plans normally contain specific proposals relating to changes in work pattern, hours or job role for an agreed period to achieve a phased return to work, typically over 4 – 6 weeks.

- An opinion as to whether the employee meets the criteria to be retired on the grounds of ill-health (after reasonable adjustments have been made/considered). Further information regarding the Council's ill health retirement process is detailed below.
- An opinion on whether, in the circumstances, management action in accordance with WBC's Capability Policy would be appropriate.
- Consider forms of alternative employment which are likely to be suitable given the employee's ill-health, taking into account any health implications or special conditions.
- Details of any further support the Council can provide, e.g. counselling.
- The HR Service may also request further additional medical opinion on other matters as appropriate to the case.

The provider may be required to attend Employment Tribunals regarding cases to present medical evidence and/or opinion.

As part of the tender, providers should supply examples of reports demonstrating their style and content.

## **11.2 Occupational Health Referral – Performance Requirements**

The expectations of the OH provider are that:

- For routine and non-complex medical issues, the referral should be dealt with by an Occupational Health Advisor, and where appropriate referred to the Qualified Occupational Health Physician. However, for more complex medical matters (including ill health retirement matters), or where requested by the Council, a qualified Occupational Health Physician should deal with the matter. Please provide information on when you would refer to a particular type of professional. Following receipt of the referral request, the provider will arrange for the Advisor/Occupational Health Physician to meet with or phone the employee to carry out a medical assessment, where required. The timescales for this are covered in Schedule 2, the pricing schedule.
- The provider will utilise email or an online system when sending reports to managers or the HR Service.
- OH reports will:
  - Provide a balanced opinion which takes into account both the observations relating to the employee's health and the employer's service and operational needs.
  - Provide practical occupational health recommendations, which are based upon a considered view of the needs of the service and the individual's health and job role.
  - Be in a professional, typed format and written in plain language with any medical terms clearly explained.

- Where an employee raises a serious matter which is directly attributable to, or connected with, their employment, the Provider shall assess whether confidentiality can be maintained, in view of the Council's duty of care to the employee. In any event, employees should be advised to discuss/resolve issues with their manager or seek assistance from the HR Service wherever possible.

## **12. Ill Health Retirement Service Details**

Medical assessment as to an employee's qualification for ill health retirement will be in accordance with the relevant regulations – the Local Government Pension Scheme Regulations or the Teachers' Pension Scheme Regulations. At the point of referral the provider will be advised which regulations apply.

In the 12 months from November 2016 to October 2017, the Council made 2 ill health early retirement referrals to our current provider and our schools made three referrals.

### **12.1 Local Government Pension Scheme Ill Health Retirement**

The Occupational Health Physician, who concludes the eligibility for ill health retirement in accordance with the provisions of the Local Government Pension Scheme (LGPS) Regulations, must not have had any prior involvement with the case. Therefore, providers are required to have immediate access to suitably qualified independent Occupational Health Physicians who will provide medical opinion on retirement decisions, and certify whether or not the medical criteria for release of retirement benefits has been met.

The LGPS regulations stipulate that the Occupational Health Physician must be qualified in occupational health medicine and:

- a. hold a diploma in Occupational Medicine (D Occ Med) or an equivalent qualification issued by a competent authority in an European Economic Area State; or
- b. be an Associate (AFOM), a Member (MFOM) or a Fellow (FFOM) of the Faculty of Occupational Medicine or an equivalent institution of an European Economic Area State.

The Local Government Pension Scheme includes three tiers of ill health retirement benefit:

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| Tier 1: | The employee cannot currently continue working because of ill health and has no reasonable prospect of being capable of undertaking any gainful employment before their normal retirement age of 65.  |
| Tier 2: | The employee cannot currently continue working because of ill health but, although the employee is not capable of undertaking gainful employment within three years of leaving their current employment, it is likely that they will be capable of undertaking any gainful employment before their normal retirement age of 65. |
| Tier 3: | The employee cannot currently continue working because of ill health, but it is likely that they will be capable of undertaking gainful employment within three years of leaving their current employment, or before reaching normal  |



retirement age of 65 if earlier.

For the purposes of ill-health retirement, the regulations define gainful employment as being paid employment for not less than 30 hours in each week for a period of not less than 12 months.

### **12.2 Teachers' Pension Scheme Ill Health Retirement**

Under the Teachers' Pension Scheme (TPS) Regulations, all applications and supporting medical evidence for ill health retirement are assessed by the medical advisors appointed by the Department for Education. They determine which of the two levels of ill health retirement benefit within the scheme will apply, if any.

Tier 1: Total Incapacity Benefits are awarded if the employee is assessed as being unable to undertake any type of gainful employment.

Tier 2: Accrued Benefits are awarded if the employee is assessed as being permanently unable to teach but can do other work.

Employees will be referred to the OH provider for the completion of the Medical Information Form by an Occupational Health Physician. It is important that these are comprehensively and accurately completed as the medical advisers to the Teachers' Pension Scheme rely exclusively on the submitted forms and will only request further medical evidence except in exceptional circumstances. Generally, cases, where there is insufficient evidence, are rejected.

### **12.3 Ill Health Retirement – Performance Requirements**

The expectations of the OH provider are that:

- Advice on ill-health retirement will be provided in accordance with the relevant regulations (Local Government Pension Scheme or Teachers Pension Scheme), and the performance standards for content of medical report (where applicable) and medical referrals will apply.
- The provider will be accountable for ensuring that performance standards regarding ill health referrals are met, even where third parties are involved.
- Regarding LGPS ill health retirement referrals, the independent Occupational Health Physician must report specifically how the employee meets/does not meet the relevant regulations, taking into account the Tiers of ill health retirement.
- All reports and certificates must be signed by the Occupational Health Physician, and detail relevant medical qualifications held.

## **13. Complex Risk Assessments Service Details**

In exceptional circumstances, an employee may be referred to OH for a non-routine risk assessment, where OH input is required due to the complexity of the situation, e.g. the employee is carrying out a non-routine role and becomes pregnant or has a disability. Standard

risk assessments, including workstation assessments, are the responsibility of the employee's manager and are routinely carried out within WBC.

The assessment shall provide general advice in response to requests, including any requirements under the Equality Act (i.e. Disability Discrimination), e.g. reasonable adjustments to the workplace.

#### **14. Vaccinations Service Details**

The provider will supply and administer relevant vaccinations to employees which are deemed by their manager to be in keeping with personal or work related needs, e.g. Hepatitis B. Typically, this will be as a result of a Health and Safety risk assessment and will only be required by a very small proportion of employees.

Also, the provider will proactively schedule subsequent appointments and monitor attendance to ensure that a course of vaccinations is completed effectively.

#### **15. Case Conference Service Details**

The provider is required to attend case conferences where appropriate, either in person or by phone. These shall also be attended by the employee, manager and normally HR to resolve particularly complex or challenging cases. Either an Occupational Health Advisor or Occupational Health Physician is to attend, depending upon the nature and background of the individual case.

#### **16. Management Statistics and Information Service Details**

Management statistics and information regarding the delivery of the service will be required. The following reports and feedback will be supplied by the provider:

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|---|-----------|
| • Number of referrals, by reason and service      | quarterly |
| • Trend of referrals, number and reasons          | quarterly |
| • Trend on number of health screenings by service | quarterly |

##### **16.1 Service Reviews**

The provider shall carry out reviews of services to report:

- waiting times of service users
- perceptions of the service by users
- administrative and appointment arrangements.

Service Review Meetings with the provider will, for the initial phase of the contact (first quarter), be held on a monthly basis, and thereafter every 3 months. They will discuss the above reports,

usage and service statistics, general contract performance, complaints and other OH matters. Relevant occupational health best practice, legislative changes and local occupational health findings/issues will also be discussed. This is expected to be included within the service provision at no additional cost.

#### **17. Employee Assistance Programme**

The Council currently provides employees with an in person counselling service through local counsellors. The Council does not provide an Employee Assistance Programme. If our occupational health provider can also supply an Employee Assistance Programme, we will factor this into our tender review and will consider whether to also take up this service.

#### **18. Reports**

All reports should:

- focus on factual information and answer any specific questions asked (or give reasons why specific questions cannot be answered).
- give clear information in relation to timescales using definite terms – e.g. days, months, years or indefinite.
- not use colloquial terms that are open to different interpretations – e.g. unlucky, eventually, light duties.
- give clear independent but actionable advice to managers. (for example: an occupational health referral will need to include some indication of when a staff member will be considered fit to return to work or what tasks should be undertaken to progress the case).
- be appropriate for submission to an employment tribunal, if required.
- not contain any spelling or grammar errors.