HOUSE OF COMMONS

Administration Committee

Oral evidence: Health and Wellbeing, HC 937

Tuesday 24 June 2025

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Watch the meeting

Members present: Nick Smith (Chair); Mr Alex Barros-Curtis; Bob Blackman; Bambos Charalambous; Mary Glindon; Carolyn Harris; Navendu Mishra.

Questions 1-28

Witnesses

I: Josie Lazenby, Head of the Parliamentary Health and Wellbeing Service, Chris Johns, Quality and Governance Lead, People and Culture, and Tanya Harris, Health and Wellbeing Manager.

HOUSE OF COMMONS

Examination of witnesses

Witnesses: Josie Lazenby, Chris Johns and Tanya Harris.

Q1 **Chair:** Welcome to our health and wellbeing inquiry. Our witnesses today are Josie Lazenby, the head of Parliamentary Health and Wellbeing; Chris Johns, the quality and governance lead; and Tanya Harris, our health and wellbeing manager. Good morning, everybody. I am Nick Smith, the Chair of the Administration Committee. Thank you for coming to the Committee's first session in our inquiry into health and wellbeing. This is the Committee's first public broadcast in this Session, although we do lots of important work behind the scenes to support House services. We welcome our witnesses from the Parliamentary Health and Wellbeing Service—I will invite you to introduce yourselves in a few moments.

Before we begin, I want to set out the background to our inquiry and what we aim to achieve in the coming months. We pride ourselves in the House of Commons on the importance that we place on the health and wellbeing of all those who work here, whether they are Members of Parliament, Members' staff or staff of the House. From today, we will look at the evidence and consider the Committee's next steps, and in the autumn we are likely to hold further sessions, bringing in fitness experts from the gym who can advise us about promoting good health in a large workplace.

We thank Mr Speaker for the work that he has done over the years to champion health and wellbeing across our parliamentary community. He has been behind many of the initiatives that we have in place today. We are very appreciative of the work of the Parliamentary Health and Wellbeing Service, which offers a range of health facilities. We are starting this inquiry in a positive place, knowing that what is made available is already of excellent quality. Thank you.

We know, however, that more can be done. We need to better promote and communicate the health facilities to the parliamentary community, so that those who need support know where to come. We have more than 300 new MPs in the House of Commons since the election in July last year, and we need to ensure that they are fully supported as they adapt to coping with a life lived in the public eye. New MPs bring new priorities, and we need to find out whether there are gaps in our health and wellbeing provision, and what can be made even better.

I will ask each Member of the Committee to introduce themselves before they start their questions. Before we start, I ask Josie, Chris and Tanya to introduce themselves and briefly explain what the Parliamentary Health and Wellbeing Service does.

Josie Lazenby: It is lovely to meet you all. My name is Josie Lazenby and, as you rightly said, I am head of the Health and Wellbeing Service in Parliament. I am a registered nurse and a specialist occupational health practitioner. I have worked in public and private entities, with acute experience—A&E, ITU—as well as more within occupational health latterly over the past 15 years, with a focus on workplace health and wellbeing.

Tanya Harris: My name is Tanya Harris. I am the health and wellbeing lead in the Parliamentary Health and Wellbeing Service. I have more than 20 years' experience in the team. I am the mental health lead in Parliament and am also responsible for delivery of the wellbeing programme and many other proactive initiatives. I am also the contract manager for our assistance programmes and mindfulness programme. I work closely with my colleagues to support health and wellbeing in the workplace.

Chris Johns: I am Chris Johns, the quality and governance lead. I have 30 years' experience in healthcare, both private and NHS, mainly around clinical effectiveness and clinical governance. Continuous improvement is probably my bag, as they say. I am supporting Josie and Tanya in delivering that service to the best possible standard.

Q2 **Chair:** Thanks to you all. It is the Committee's opinion that the range of health and wellbeing services offered by the Parliamentary Health and Wellbeing Service is excellent, but our inquiry is open to changes in the future. I have the first question. Can you tell us more about the levels of usage and who uses your services? How many passholders, on average, access your services in any week?

Chris Johns: I will take that one. We see on average around 200 patients for direct consultations with our clinicians each month, if that helps. That does not include all the other work we do on screening, vaccination clinics, awareness sessions or anything like that. There are two cohorts of patients: those who take on average 15 minutes on consultations in the walk-in clinic, and those taking an hour or hour-plus for occupational health consultations. That is roughly where we are on cases.

Chair: Anything to add, Josie or Tanya?

Josie Lazenby: I wonder whether it might be helpful to give you a flavour of some of the services we offer, because they are varied and wide ranging. I will whistle-stop you through. We offer occupational health advice to all within the estate. We have a number of specialist occupational health practitioners we lean on. That could be for advice about anything to do with a long-term health condition, return to work, rehabilitation, pre- and post-surgery. We look after Members with proxy votes for long-term illness and health conditions. That is just one element of our occupational health service. Aligned to that is workplace adjustments; that looks at the accessibility piece, which I am sure we will come to later.

We look after managers and individuals, Members and Members' staff, with advice—anyone who needs health and wellbeing assistance. We also look after people if they have a particularly stressful period in their lives, such as post bereavement, or post a traumatic event that might have occurred. Physical, mental, emotional and psychological health—we cover all of that. We also have treatment services for minor illness and injury. I thought it was important to highlight that there is a wide range of services that we offer to the UK Parliament.

Chair: There are 17,000-plus passholders on the parliamentary estate, so

it is a big pool of people.

Josie Lazenby: Yes.

Q3 **Chair:** Does the level of demand exceed your team's capacity at particular times?

Josie Lazenby: It is an interesting question. In the main, I would say no. We have been really fortunate to be well supported by the House with additional resources to meet demand and capacity. We have noticed that over the last few years, people's knowledge and education regarding health and wellbeing has been large, and that drives additional demand on our service. We have flexed up to meet that demand, so in acute healthcare questioning, for example, for advice on staying within work, we know that work is good for health, and we want to encourage and promote good, productive work wherever we can.

Unplanned events can sometimes put stress on the service. By that, I might mean a medical incident or a significant first aid event. We support our first aiders around Parliament and we offer an escalation point for mental health first aiders and physical first aiders to our service, in case of particular concern, or guiding, signposting. There are occasions when we have had multiple incidents on the estate, and that can put us under particular stress in trying to offer that service until emergency services arrive, but in the main there has been no significant impact to that, and we are lucky that we can flex and adapt to the changing needs of the organisation. Another example might be the recent hot weather event. That drives an increase in heat-related questions or people feeling unwell.

In the main, I would say, demand does not outstrip our capacity to deliver. There are occasional incidents that put us under a little more stress, shall we say.

Q4 **Chair:** I was thinking about the 300 new MPs this time round. Have you evolved to meet changes in need and demand over time? What are the big picture changes that you have witnessed, Josie?

Josie Lazenby: I mentioned the changing landscape of health. The general population, and Members particularly, are more informed about health and wellbeing, personally and professionally. I think, post covid, that has had a significant effect, where we had no choice but to become fairly acquainted with health and wellbeing. We are obviously post pandemic now, but that raised the profile of general health and wellbeing, and from that point we have definitely seen an increase in knowledge and in asking.

We have also noticed from the support that we gave during the general election period and to our new Members, that there were lots of questions about services that we have on site—services that maybe people would be more familiar with through university, or previous workplaces, as health and wellbeing absolutely comes up the agenda. We have a wide range of specialists within health and wellbeing that we can lean on and ask for particular advice. We also partner with some trusted providers that we lean on for specialist support as we need it, and they are very understanding of

us, as we are experts in many areas but not in everything and we accept that there will be times when we need to seek specialist advice—from the Business Disability Forum, or on accessibility and particular health needs—as we need to.

Q5 **Chair:** Has there been a better response to promoting flu and covid vaccines in recent years? Has that seen an uptick?

Josie Lazenby: Yes, 100%. We offer an annual flu vaccination clinic in Parliament, which is open to anybody on the estate. We have seen an increase in that; last year was our most successful year yet. We changed our operating model, so that people could book digitally online, and that was pivotal. It sped up the booking process and the clinical process, in order to spend time vaccinating people. That was a significant win.

Q6 **Mary Glindon:** Welcome panel. I am Mary Glindon, the MP for Newcastle upon Tyne East and Wallsend. Could I ask you to explain the GP service and how that is used? Is it primarily for health emergencies or acute episodes experienced by people while they are at work, like an onsite A&E?

Josie Lazenby: We are fortunate to have worked with an excellent provider for a number of years, so they understand the needs of our workforce. The GP is there not to replace an individual's own GP; it is purely to meet the needs of an acute illness or injury at the point at which it happens.

We are not a full GP service. The provider we use is a full GP service. They come two hours a day, four days a week to offer that service to our population. We do not offer a booking system, but we will work around parliamentary duties and Chamber duties. We understand that the work and life associated with Parliament can be tough and hard, and that people are away from home. When you are poorly away from home and need to deliver to your remit, we understand that can be a challenge.

We have a nurse triage model, where we will look at those in most need. We do not wish to replace the fabulous NHS services that people have in their constituencies, but we do recognise that if you are poorly while at work, you will be seen first by a nurse. If they deem that you need a GP appointment, we will get you the next available GP appointment.

Q7 **Mary Glindon:** If it wasn't immediate, you could refer them to a GP. If someone is not bleeding with a hand hanging off, you would refer them to that GP, who you access.

Josie Lazenby: Yes.

Q8 **Mary Glindon:** Would they come here or would the patient have to go to the surgery?

Josie Lazenby: In the main, we have a clinic here. The GP is here, and we are very good at managing that demand, as we need to. Our GPs are also very good, should we have a peak. We can generally flex the appointments if we need to. We work closely with them. Essentially, we are not here to look after chronic or long-term health conditions, which are best placed back in the constituency with a local GP. We are not there to replace that long-

term chronic condition management. It is purely in the moment. We understand that, if you are not well, you need to see a GP, and we will do what we can to support that.

Q9 **Mary Glindon:** That is very reassuring. Could I ask about the difference with the devolved nations? How joined up is the onsite GP service with the NHS in the devolved nations? Is there a difference in the services Members representing devolved constituencies can access, compared with Members registered with a GP in England?

Josie Lazenby: Primarily, the service remains the same. At the point of need, a GP appointment will be given. The assessment will be undertaken by the GP. It is a partnership conversation between the GP and the individual, as to what is needed at that point. If the GP here needs to liaise with a GP elsewhere, they can do that. They have a partnership conversation about consent and what can be released at the point at which they need it. We do not get directly involved in that GP talk, so to speak; it is an individual decision based on what is needed at that point and whether we need to communicate with your GP. If that is required, that can happen.

Q10 **Mary Glindon:** So wherever you are from, you will get whatever you are entitled to.

Josie Lazenby: Yes. What you need, you will get.

Q11 **Mary Glindon:** Thank you. That is great. Other than the services that you provide, outside what GPs might provide, are there any services that cannot be provided by GPs—any health services that are not available?

Josie Lazenby: Because we do not look after chronic condition management, we do not send people for routine bloods or routine chest X-rays. That type of thing is not offered, and we do get asked for that. I understand that reasoning, because perhaps people are less aware of the service remit and parameters. We are quite clear that it is for an acute need right now. That is an area on which we strongly communicate as much as we can to say, "If you need an X-ray or a particular referral, we can't do that because we are not here to replace an NHS service." There is nothing that we cannot do for an acute illness in that moment, but the long term is out of our remit.

Q12 **Mary Glindon:** Do you get many people expecting you to provide long-term support?

Josie Lazenby: We get enough questions on that, and that is probably due to a lack of knowledge and awareness. I think that people in the moment think, "This is a fantastic service." It absolutely is, but we need to be mindful that this is a service within Parliament, and we cannot overstep those boundaries. We do not want to stray into territory that is not ours. For us, it is a communication piece: "If that is what you need, let us help you, signpost you and support you to have that conversation with your own GP or healthcare provider, whoever that might be." We do work with individuals, and we are happy to support letters and conversations with people if they need that support.

Q13 **Mary Glindon:** That is good to know. What are some of the biggest challenges, and how are you tackling them?

Josie Lazenby: We are lucky enough to work in the most amazing site, but that presents us with some challenges. We are a UNESCO world heritage site and are trying to deliver 21st-century workplaces. Our service is spread geographically. The estate is wide, and we have offices at one end of the estate, a clinical area in the middle and a separate office with a GP area. Some of the challenge is just getting people to the right place at the right time. We are working very hard to deliver maps and instructions for appointments. We communicate where we can. We have recently relocated the GP to sit alongside the nurse to make that accessibility piece a lot easier. That has taken some time and consultation to get to, but I think we are in a good place with it now.

We recognise that there are other challenges. This is a busy site, and it is open to the public and employed and non-employed individuals. Offering a service to such a diverse workforce, with different needs and wants and of different ages, can sometimes present us with a varied challenge.

Q14 **Bambos Charalambous:** I am Bambos Charalambous, and I am the Member of Parliament for Southgate and Wood Green in north London. Are there any health and wellbeing needs specific to the staff of the House that this inquiry should look to support?

Tanya Harris: One of our challenges is ensuring awareness of some of the things that we do, particularly the events. As we have talked a lot about, the reactive services are very important, but equally important is proactive healthcare and ensuring that people remain well, so that we can try to prevent some of those healthcare issues before they turn into something more serious.

What we would really welcome is collaboration with Members on highlighting some of the services that we have. We have come a long way in doing that, and I think a joined-up approach and streamlined organisational messaging really helps. In the past, it has been very segregated between the individual customer groups, and perhaps some of that has got a bit lost. For instance, if Members can potentially champion our five pillars of wellbeing—mental, physical, financial, social and digital—that would really encourage individuals to engage with us who perhaps otherwise would not. Again, as I said, it would be fantastic if that were possible.

We know that things like physical activity are particularly important but have become more challenging for many individuals, and that can have mental health benefits as well. Perhaps we need things like healthy competitions and initiatives where we can get staff more proactive, moving and working together on that, so again it becomes a real community feel—I think that would be really helpful.

Also, perhaps we could look at a team award for staff here, which could really encourage and highlight the good work that many teams do in trying to look after their own staff. We can set out areas that they must meet and really encourage and showcase some of the great work that goes on. That

type of thing really encourages and pulls other teams up in wanting that healthy competition to ensure that they are looking after their staff and engaging with the activities that we provide.

Q15 **Bambos Charalambous:** What health and wellbeing interventions can have the greatest and strongest impact on Members?

Josie Lazenby: Early intervention is key. What we do not want to do with anybody who comes to our service is leave a problem there. We want people to come at the earliest opportunity to talk to us so that we can offer support in the moment, look at what the best course of action is and help that person to feel better and access services, whatever they actually need.

We have been working really positively with the Members' and Members' staff services team and the head of Member liaison, which has perhaps enabled us to access Whips a bit more frequently than we may have done previously and to have cross-party talks. That just allows us to increase the visibility and awareness piece of our service that says who we are and what we can support with.

It also gives a face to a name, and that trust and culture piece. We recognise that, particularly as a Member, you are very much in the public eye. Whether there is actual or perceived stigma that goes along with any health condition, we understand that may drive a lack of reach to us. We are very clear that we are an open, trusted and confidential service. We are bound by those levels of confidentiality and we will support an individual with whatever they need. For me, the strongest impact on Members comes from knowing: first, that we are there; secondly, where we are; and thirdly, who we are and what we can do to support them.

Q16 **Bambos Charalambous:** On public health, what advice has the Parliamentary Health and Wellbeing Service provided to Members and staff of the House on public health issues such as promoting physical activity, dietary advice or quitting smoking or vaping? What sort of advice do you provide for that?

Josie Lazenby: We strongly align with NHS principles and best practice. We frequently look at NICE guidance and we signpost individuals to websites, such as NHS Choices and Better Health. All those initiatives are all about looking at increasing activity, reducing smoking, looking at weight management and obesity and, potentially, actively increasing your health and wellbeing education.

In every interaction that we have, we ask questions that are pertinent to that individual and hopefully not intrusive. We can then tailor the advice to the individual's need. We never want to assume and we do not want to direct. We are not there as a parent body; we are simply there as a partner to engage and support, and to signpost people to the best place, where they can make active behaviour change—evidence-based, appropriate and aligned to current best practice.

Q17 **Carolyn Harris:** I apologise for being late—I was at a menopause breakfast. I am Carolyn Harris, the MP for Neath and Swansea East.

Unsurprisingly, I am going to ask you about menopause. It is the biggest topic that colleagues ask me about, and they ask me for advice about it. What kinds of services are the House offering colleagues in relation to menopause support, awareness and help?

Josie Lazenby: Thank you, Carolyn. We have met before to speak about this very topic. Tanya, would you like to respond?

Tanya Harris: First, thank you, Carolyn, for all the work that you have done to champion menopause in the workplace. It has brought this really important topic to the forefront. You will probably recall that in '22, we signed the menopause workplace pledge—championed by Mr Speaker—which was a significant moment in moving things forward and highlighting the topic. We continue to build on awareness, in terms of running workshops and individual sessions for those working in Parliament, to give them a greater understanding of menopause. I would like to say that it is not just for women; is also for partners, husbands and other people who want to best support those going through these issues.

We also have a dedicated mental health support programme. Again, it is important that we look at it holistically. Often, it is about managing the anxieties and worry that come with it, particularly when you are at work and have medical concerns. Our occupational health team can give individual advice, particularly about work, and can offer workplace adjustments, and guidance on challenges that individuals may be having. There is a lot that we can do, as well as the things that my colleagues have already mentioned, such as the nurse service for further medical advice, if needed.

I am pleased to say that last year, the House introduced a menopause policy, so we now have that in place. It is really important to give managers confidence in how to best support staff who are going through the menopause. Our HR advisory team have also put in place best practice for Members' offices. We are looking at the broadest reach that we possibly can to ensure that people are equipped with the right advice, guidance and signposting on the topic. We are also looking forward to collaborating with your team, later today, in the menopause initiative that you are offering, so thank you.

Q18 **Carolyn Harris:** I am looking forward to it, and I hope you can join us for lunch. It should be an interesting session. For the benefit of others, we are hosting a session today in which trained menopause nurses will be in the building. We will have private consultations for individual MPs who have expressed an interest in learning more about the pathway and what they can do. Would you consider rolling it out for non-MPs—other staff members? Obviously, I am contacted by a lot of MPs' staff and House staff. Security staff, especially, are always telling me how hot and bothered they are underneath their protective clothing. Is there more that we could be doing to help all members of staff to understand what the menopause is, and to help them, and get the message to them that support is available?

Tanya Harris: Peer support groups would be a good thing. I think that people greatly benefit from sharing their experiences with each other, because sometimes it is difficult to be open about what you are experiencing, particularly if you are working in an isolated role. Peer support groups are something that we could look to introduce in future—bringing people together. We could supplement them with education, awareness and ensuring that people know about the medical support and occupational services that are available to them. It is very much about the importance of educating managers to ensure that they are supporting their staff in all aspects of health and wellbeing, and taking a proactive approach.

Carolyn Harris: Brilliant. Thank you for all that you do.

Q19 **Navendu Mishra:** Could I ask about the workplace adjustments system, and how it can make a difference to health and wellbeing?

Josie Lazenby: Thank you. I think the workplace adjustments system works incredibly well. We definitely road-tested it with our new Members through our general election support. Particularly different this time was the fact that we focused quite heavily on whether there were any workplace adjustment requirements at the point of induction. The whole point of that—this goes across the board for employed individuals as well—is that we need, wherever possible, to remove or reduce any barriers to productive work. We want people to come to work and be able to work as quickly, efficiently and productively as they can. If there are simple workplace barriers in the way, we will do what we can to remove them.

We are very lucky that we have a workplace adjustments manager with specialist skills who sits within our health and wellbeing team. He has particular knowledge in assessing people, working out what is needed and supporting those who know exactly what they need already. Many individuals will come into Parliament knowing exactly what they need. This is not a new thing for them. It may be new to us within Parliament, but that individual has been living with a condition or a particular need for their whole life, perhaps, so they are very confident and comfortable with their requirements.

We are definitely seeing an increase in demand for workplace adjustments across the board. I think that is reflected both here and outside in other organisations. We work closely with our civil service partners, and we keep a keen eye on data and information that is coming out. We also work closely with IPSA, particularly for Members' needs and support that is being requested. I think, in the main, our workplace is absolutely spot on.

Q20 **Navendu Mishra:** Very briefly, if a new MP or a new member of staff needed a standing desk, for example—I know that some MPs have them—do they need to have an assessment or can they just request one? If they need to have an assessment, how quick is it? You mentioned rising demand. How quickly can someone get an appointment for an assessment?

Josie Lazenby: If you know that is what you need—and let's face it, that is a fairly standard request for many people—we can actually expedite that quickly. We partner with other departments across the House, for example

the workspace and accommodation teams and the Members' services team, to ensure that things that are needed are provided in a timely manner. We understand that delay becomes frustrating for everybody. That is why we have a dedicated workplace manager to work directly with more specialist or complex needs.

In the main, if it is something simple like a sit-stand desk, that should just be a simple request, as you might have in any other workplace—so in answer to your question, yes, we have a mechanism and it should be quick. There are obviously the odd occasions where it is not, but we will support people and smooth out any issues along the way, if required.

Q21 **Bob Blackman:** I am Bob Blackman, the MP for Harrow East. Two things have been raised already that I want to follow up on. First, a lot of staff who work for Members are coming into London for the first time. Many of them are in accommodation that is short term. They do not register with a GP because they can't, basically, in London. Therefore, if they have any medical needs, they are going to come through the service. If they are not registered with a GP, what happens?

Josie Lazenby: We have a system. The GPs can support a temporary registration, or can talk to the individual about how they may do that in wherever they are located. We do not act as a central GP service, but we can meet that in-the-moment need, if they are unwell, then support them to find somewhere, or go through the process of a temporary resident registration with a GP.

Q22 **Bob Blackman:** Two other things. For me to get an appointment with my GP is almost impossible. To get a telephone appointment, you wait two weeks. I have used the service when I have needed to, and it has been really good, so that is really positive. The other thing that I wanted to raise is that when you have other passholders onsite, and there are obviously a lot of potential injuries that can take place, do they use the same service, or do they have a specialist service?

Josie Lazenby: We use one service for all, which is why we have a nurse triage system in place: to ensure that appointments are given to the GP based on acute need. We are not there to expedite GP appointments because people cannot get them, nor to replace a standard GP service as a reference.

We are there for those who need us because they are unwell or acutely unwell at that point. The nurse can offer advice, simple solutions and signposts, and can refer on or out if needed, if that person does not fit our remit or we have particular concerns—for example, high blood pressure. We will signpost urgent treatment centres locally or other appropriate services as required.

Q23 **Bob Blackman:** The other issue is that MPs and staff could be going through medical treatment, as you say, on a long-term basis—for example, if someone has been diagnosed with cancer and is going through therapy. Do you register those cases, because they may have a crisis while they are here? Do you encourage people to come to you and register that fact?

Josie Lazenby: Yes, absolutely. We would much rather know that someone is undergoing that sort of treatment so we can be on hand. We are a clinical delivery service and maintain confidentiality, and we are open and trusted to that point. It helps us because while you might not need us at that very point, you may at some point. We are very happy to work with individuals in whatever capacity they need—whether for physical or mental health needs—because it helps us help that person.

It is a similar model for workplace adjustments, for example, with a workplace adjustments passport. That is key because it is tacit knowledge based on an individual's consent and what they would like to share with us, which means we have sight of it and can be as involved—or not—as the individual chooses.

Bob Blackman: I do not think that is well known among Members.

Josie Lazenby: Okay.

Tanya Harris: Can I just add to that on our occupational health physicians? We work closely with our contract provider, which is on site several days a week. Often, Members with long-term conditions can benefit from further and ongoing support; we absolutely encourage them to have an appointment with their occupational health physician and get support throughout their treatment.

There can be highs and lows in that, so it is about monitoring and connection. We also look at a holistic approach, adding mental health support should it be needed for difficult situations. The focus is not always just on our GP and nurse services but the broader occupational health reach that can also support Members and staff with long-term conditions.

Chris Johns: Can I just re-emphasise that point? Even if they are not registered with us and have an acute episode during whatever treatment plan they are on, they can still access our service through nurse triage. We would encourage that because, as Josie and Tanya said, we are there and extremely reactive to such situations. We can signpost and get people where they need to be as a result.

Q24 **Bob Blackman:** Obviously, someone in those circumstances may need to be diagnosed, and if they have registered the fact that they are already undergoing treatment, then at least the doctor or nurse has a chance to say, "Right, we know you have a problem."

Chris Johns: And we can refer you on—absolutely.

Q25 **Bambos Charalambous:** What improvements could be made to existing facilities? For example, the onsite gym and how they can promote healthy lifestyles for everyone who works here.

Josie Lazenby: The gym is separate from us; we work in partnership with the gym. We publish and communicate initiatives, and we can refer people to the gym. For example, if we see someone for an occupational health referral and increased activity is good for a bad back, we might offer to refer

them to the gym for rehabilitation sessions, advice, or a personalised, tailored exercise programme. We do not directly support the gym services, so I would not like to comment on their facilities, but I can vouch that they are very good.

Q26 **Bambos Charalambous:** What about health awareness? For example, the House promotes screening services and there are other health promotion activities. Could more be done in that respect and could that be joined up? For example, a screening might find that somebody was overweight and pre-diabetic; maybe going to the gym could be part of an activity. Would you do that to help them on their journey?

Josie Lazenby: Absolutely; in fact, we already do that. If we notice a bad back or high blood pressure and if somebody comes directly to ask for support when it comes to increased activity and weight loss, we will be able to partner with a gym—essentially, do a referral for a rehab plan.

Tanya Harris: On that, we are calibrating with a gym in early July—next week, in fact—on a physical activity exercise, based on getting people moving again and the health benefits of that. That is a really good opportunity. There will be a very visible stall in Portcullis House. We have found that that is a really good way to come out to the people, meet the community and work in collaboration to promote the broader services that places such as the gym can offer and the health benefits of joining.

Q27 **Mr Barros-Curtis:** I am Alex Barros-Curtis, the Member of Parliament for Cardiff West. What is your perspective on the provision of health and wellbeing services here as compared with similar workplaces, if there are such a thing, or other Parliaments, both within the United Kingdom and abroad?

Josie Lazenby: That is a great question. We are always keenly looking at other organisations of similar sizes. We may be fairly unique in how we run, but we are not unique in that we are working with people and people are predominantly our greatest asset here and externally, in whatever organisation we worked in before.

We broadly align well with other large organisations of similar size. We offer a significant health and wellbeing service and cover most of our employees' and non-employees' needs. So I feel comfortable and confident that we address that and are comparable with other organisations. We are really well supported by the House of Commons and House of Lords in identifying health and wellbeing opportunities. We have significant advocates at senior stakeholder level, which is hugely helpful. If senior stakeholders understand the significance of health and wellbeing, that allows us to do our job to the best of our ability. Certainly here, we see that and feel that.

Q28 **Mr Barros-Curtis:** Are any other Parliaments market leaders or ones that you think this Committee should be looking at and learning from, or should we be spreading to them the word about what we are doing?

Chris Johns: A bit of both, I think. As Josie says, we are definitely on a par. We have good links with other Parliaments, but we are quite unique in some areas in the service delivery that we offer—and really good at it.

Josie Lazenby: I should add that we work very closely with our EU counterparts and Parliaments of wider reach. We are part of a medical network and are always keen to share ideas, within the realms of the possible. We are always happy to share what we do with visiting delegations and to take suggestions from what they do. We are lucky. In fact, Tanya is going to one next week.

Tanya Harris: Tomorrow!

Chair: Good. Thanks for talking to us and answering our questions. You have given us bags to think about for our future inquiry. We now conclude the public part of our session. Thank you for getting us this far.