Health is everyone's business
IOSH online response to DWP and DHSC
7 October 2019

Introduction

The Institution of Occupational Safety and Health (IOSH), is the only Chartered body for occupational safety and health professionals, with over 47,000 members in more than 130 countries. We welcome the opportunity to comment on the UK Government's important *Health is everyone's business – proposals to reduce ill health-related job losses*.

IOSH believes that 'good work' is good for health and wellbeing and **all** work should be good. This means, among other positives, that work should be safe, healthy and supportive and accommodate individual employee needs. This can help protect workers and help them to lead healthy extended working lives, as well as ensuring successful organisations and sustainable futures for everyone. IOSH advocates a strong multidisciplinary approach that harnesses the input of trained OSH professionals as part of workplace teams. This is important in order to tackle the non-clinical issues related to OSH risk management.

Summary IOSH position

1. IOSH strongly agrees that, in addition to Government support, there is a role for employers to support employees with health conditions not already covered by disability legislation and agree there should be guidance and case studies on this.

2. IOSH agrees that the proposed new 'right to request work(place) modifications on health grounds' could help employees stay in work and that any employee able to demonstrate such a need, should be eligible. Without this right, we would be concerned that such workers may simply 'suffer in silence', unable to perform at their best.

3. We have repeated our calls for more economic incentives for SMEs and the self-employed and support the proposal for vouchers / subsidies that prioritise high-quality occupational health services. In addition, we support performance-related insurance and tax-breaks for therapy for non-work-related injury / illness and employer-subsidised access to public gym or sports facilities.

4. We have repeated our calls for a strong multidisciplinary approach that harnesses the non-clinical input of trained occupational safety and health professionals, as part of workplace teams, helping organisations better manage occupational safety and health risks.

5. We have recommended wide promotion of approved occupational health services through hospitals, GPs and pharmacies and the use of performance indicators to help evaluate efficacy.

6. We have also highlighted the need to plan for and develop the occupational health workforce to better meet current and future needs and the gathering of anonymised national data on work-related sickness absence and interventions to inform public policy.

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IOSH answers to consultation questions

Q1. Do you agree that, in addition to government support, there is a role for employers to support employees with health conditions, who are not already covered by disability legislation, to support them to stay in work?

Yes, IOSH strongly agrees there is such a role for employers.

Q2. Why do you think employers might not provide support to employees with health conditions not already covered by disability legislation to help them stay in work?

IOSH suggests that the reasons for employers not providing support to help those not already covered by disability legislation could be researched through employers surveys, interviews and focus groups. However, looking at possibilities, IOSH suggests that employers might not provide such support because of a **lack of awareness** of: the challenges that workers are experiencing; the range of appropriate interventions; and the many potential benefits to be achieved. And for those organisations only committed to minimal legal compliance, the perceived cost of providing something that they are not legally obliged to provide, may be a factor.

Q3. Do you agree that a new 'right to request work(place) modifications' on health grounds could be an effective way to help employees to receive adjustments to help them stay in work?

Yes, IOSH believes that this proposed new right will help those with health conditions to remain in work and operate more effectively. Without it, we would be concerned that employees with health conditions may simply 'suffer in silence', not able to perform at their best or they may fall out of work.

Q4. If the government were to implement this new right to request work(place) modifications, who should be eligible?

IOSH believes that any employee who is able to demonstrate a need for a work(place) modification on health grounds should be eligible.

Q5. How long do you think an employer would need to consider and respond formally to a statutory request for a work(place) modification?

IOSH believes that employers would require 0-4 weeks to respond to a request.

Q6. Do you think that it is reasonable to expect all employers to consider requests made under a new 'right to request' work(place) modifications?

Yes, IOSH agrees this is reasonable.

Do you think that it is reasonable to expect all employers to provide a written response setting out their decision to the employee?

Yes, IOSH agrees this is reasonable.

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Q8. The government thinks there is a case for strengthened statutory guidance that prompts employers to demonstrate that they have taken early, sustained and proportionate action to support employees return to work. Do you agree?

Yes, IOSH agrees that guidance prompting demonstration of return-to-work activities would be helpful.

Q10. If yes, would principle-based guidance provide employers with sufficient clarity on their obligations, or should guidance set out more specific actions for employers to take?

IOSH believes that principle-based guidance supported by specific requirements and case study examples would be the best option.

Q17. All respondents: what support would make it easier to provide phased returns to work during a period of sickness absence?

IOSH agrees the following would help:

- Guidance on how to implement a good phased return to work
- Clearer medical or professional information on whether a phased return to work is appropriate

Q27. In your view, would targeted subsidies or vouchers be effective in supporting SMEs and the self-employed to overcome the barriers they face in accessing OH?

Yes, IOSH agrees that targeted subsidies or vouchers could help SMEs and the self-employed to access occupational health.

We commissioned ComRes in 2012 to survey decision-makers in companies with 1-249 employees about which health and safety-related economic incentives they thought would be helpful, focusing on lower insurance costs and tax-breaks rather than subsidy or vouchers. However, the findings may also be relevant to this consultation, given that lower insurance costs and tax-breaks offer a similar incentive of cost-reduction to SMEs for positive action.

Q28. Please provide any evidence that targeted subsidies or vouchers could be effective or ineffective in supporting SMEs and the self-employed to overcome the upfront cost of accessing OH services.

Further to IOSH's answer above highlighting a 2012 poll we funded, indicating what SME-employers themselves felt would be beneficial in terms of financial incentives and what would encourage them to provide more employee health support (Q27), we would add the following:

- In the resulting report (*Safety in numbers?*),[1] 60% of respondents indicated that they felt reduced employers liability insurance premia for good health and safety management would be beneficial to their companies (this was 75% in the manufacturing and automotive sector).

- The poll also explored how SME-employers felt about tax-breaks for certain interventions. It showed that 37% overall (and at least 50% in medium-sized firms) felt tax-breaks for providing employee therapy like physiotherapy for injury / illness not caused by work, would be beneficial. For subsidised gym membership, it was 43% and

nearly two-thirds respectively. And in terms of impact, 40% and just over 50% respectively, felt that tax-breaks would encourage them to provide more health-related support for their employees.

IOSH would also suggest that Finland [2] may have useful data that the UK Government may find informative on how effective such subsidy is in encouraging uptake of OH services. In Finland, employers are entitled to reimbursement from the social insurance institution for up to 50% of approved OH service costs they incur. This comes from the sickness insurance fund, mainly collectively-financed by employers.

Q29. In your view, would potentially giving the smallest SMEs or self-employed people the largest subsidy per employee be the fairest way of ensuring OH is affordable for all?

Yes, IOSH would agree that this may be the fairest approach.
Q30. All respondents: what type of support should be prioritised by any potential, targeted OH subsidy for SMEs and/or self-employed people?

IOSH would agree that this subsidy should prioritise: OH assessments and advice; training, instruction or capacity building (e.g. for managers and leads); OH recommended treatments.

Q31. Please give reasons and details of any other categories of support you think should be included.

Please see IOSH's answer above in which we highlight SME-employer poll support for tax-breaks for providing employee-therapy for non-work injury / illness and subsidised employee-access to public gyms or sports facilities (Q27). In addition to those elements prioritised above, we suggest that consideration could be given to their inclusion.

Q32. How could the government ensure that the OH services purchased using a subsidy are of sufficient quality?

IOSH suggests that the Government could maintain a list of quality-assured OH service providers to be used as part of the eligibility for subsidy. These service-providers would need to meet specific and agreed quality and continual improvement standards.

Q41. What approaches do you think would be most effective in terms of increasing access to OH services for self-employed people and small employers through the market?

IOSH would suggest the following approaches:

- The use of technology to support OH service provision
- New ways of buying OH
- New OH service models

Q42. If applicable, what other approaches do you think would be effective? Please explain the reasons for your answer.

In addition to the above, IOSH would suggest the promotion of approved OH services through hospital A&E departments, GP surgeries and pharmacies, so that those seeking care for injury or illness are made more aware of the treatment options and professional support that may be available.

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Q47. All respondents: how could work outcomes be measured in a robust way?

IOSH believes that measuring 'work outcomes' in a robust way requires the development and application of appropriate performance indicators. This process would also need to establish a causal-link and take account of confounding factors. Possible examples could include:

- Reductions in employees remaining on extended sick leave without support
- Reduction in employees who feel that they need to leave their jobs due to ill health
- Satisfaction-levels from employees receiving return-to-work support

Q48. All respondents: do you have suggestions for actions not proposed here which could improve capacity, quality and cost effectiveness in the OH market?

IOSH would draw attention to Professor John Harrison's report for the Council for Work and Health '*Planning the future: Implications for occupational health; delivery and training*',[3] which advocates a multidisciplinary approach that IOSH strongly supports. This would harness the input of trained OSH professionals as part of workplace teams, which is important in order to tackle the non-clinical issues related to OSH risk management. The report highlights that the term 'occupational health' is often misunderstood and explains: "*Occupational health professionals are concerned with advising employers about the prevention of work-related disease; and in this capacity, health professionals such as doctors, nurses, physiotherapists, occupational therapists, psychologists and counsellors work closely with Health & Safety officers, occupational hygienists and ergonomists.*" It makes recommendations summarised as:

1. Mainstream OH into healthcare
2. Provide tax-breaks for OH and wellbeing interventions and insurers to promote good practice
3. Promote the return on investment
4. Develop competency framework for multi-professional OH workforce
5. Develop models for OH workforce planning and delivery
6. Attract and train OH practitioners for future needs

We also draw attention to the All-Party Parliamentary Group on Occupational Safety and Health report '*Occupational medical workforce crisis – the need for action to keep the UK workforce healthy*',[4] which makes recommendations for training and retaining more occupational medical posts, to meet current and future demand. Two of its recommendations are:

1. *"Government and insurers should explore how to best incentivise employers to provide workers with access to multi-disciplinary occupational health services*
2. *The GMC and the Royal Colleges must ensure that occupational medicine forms part of the core curricula - so that all medical undergraduates and doctors in postgraduate training understand the importance of work as a clinical outcome*"

Q51. What would you recommend as the best source of such new advice and information?

IOSH suggests that the main government portal (GOV.UK) could provide the best source of such new advice.

This could help ensure appropriate funding, prioritisation, promotion and cross-departmental working.

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Q54. All respondents: do you agree with the proposal to introduce a requirement for employers to report sickness absence to government?

Yes, IOSH believes that requiring employers to report work-related sickness absence to Government, if fully and securely anonymised, could be beneficial by helping to create a central database related to sickness absence-causation, outlining trends and including information on potential interventions.

References

1. IOSH. (2012). *Safety in numbers? How small businesses in the UK see tax breaks, insurance cuts and other health and safety management incentives*. https://www.iosh.co.uk/~/media/Documents/About us/Life savings/LS_ComRes_survey_light_v2.pdf?la=en
2. IOSH. (2007). *Supporting health at work: international perspectives on occupational health services*. Special edition of Policy and Practice in Health and Safety journal. https://www.iosh.com/resources-and-research/resources/supporting-health-at-work-international-perspectives-on-occupational-health-services/
3. Council for Work and Health. (2016). *Planning the future: Implications for occupational health; delivery and training*. http://www.fom.ac.uk/wp-content/uploads/Planning-the-Future-Implications-for-OH_Full.pdf
4. All-Party Parliamentary Group on Occupational Safety and Health. (2016). *Occupational medical workforce crisis. The need for urgent action to keep the UK workforce healthy*. https://d3n8a8pro7vhmx.cloudfront.net/ianlavery/pages/150/attachments/original/1476691067/OM_Workforce_Crisis_2016_pdf.pdf?1476691067

Further reading

1. IOSH response to *Improving Working Lives – the Work, Health and Disability Green Paper* (February 2017) https://www.iosh.com/media/3359/iosh-response-to-dwpdoh-improving-lives-green-paper-feb17.pdf
2. IOSH consultation response to *Long-term Conditions – developing a cross-government strategy* (June 2012) [contact IOSH for copy]
3. IOSH response to *Healthy Lives, Healthy People White Paper* (March 2011) [contact IOSH for copy]
4. IOSH response to Dame Carol Black's *Review of the health of Britain's working age population* call for evidence (November 2007) [contact IOSH for copy]

For more about IOSH, our members and our work please visit our website at www.iosh.com. Our five-year strategy can be viewed at www.ioshwork2022.com and our resources specifically tailored for business can be found here www.iosh.co.uk/ioshmeansbusiness.

Please direct enquiries about this response to:

Richard Jones
IOSH Head of Policy and Regulatory Engagement
richard.jones@iosh.com or consultation@iosh.com

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