

Health at work – an independent review of sickness absence

IOSH response to the Dame Carol Black and David Frost CBE report for the Secretary of State for Work and Pensions (Cm 8205)



Submission

19.03.12



Introduction

The Institution of Occupational Safety and Health (IOSH), the Chartered body for health and safety professionals, is pleased to provide comment to the Department for Work and Pensions on the '*Health at work – an independent review of sickness absence*' report by Dame Carol Black and David Frost CBE.¹

We note that the report, while recognising that absence from work is often unavoidable, highlights the damaging effects of unduly prolonged absence to individuals, families, employers and society. And that the aims of the review were to "...minimise the loss of work resulting from ill health and to find ways of reducing the burdens and costs."

In the submission that follows, we provide a summary of our position; our comments on the recommendations; additional comments; references; IOSH health-related resources; and an information section about IOSH.

Summary

- IOSH supports the introduction of a Government-funded, multidisciplinary 'Independent Assessment Service' (IAS) for those GPs and employers wishing to access it. We believe that timely, independent, expert advice could benefit employees, employers and society.
- We support improved guidance on non job-specific 'fitness to work' assessments for GPs and also believe advice from the IAS could be helpful in this area.
- We would like to see improved understanding of the benefits of 'good work' and what 'good work' is, by all those involved in the system.
- We have called for tax breaks for certain employer-provided health support and subscriptions to public gyms and sports facilities. We believe it is also important that tax relief for Employee Assistance Programmes (EAP) is retained.
- We would like to see action to support and improve those parts of the public sector that are not managing attendance and return to work issues as well as others.
- We believe that GPs would benefit from better training in occupational health issues and that the UK needs a stronger multidisciplinary, holistic approach.
- We advocate continued Government provision of occupational health advice lines, in line with the recent evaluation and lessons learned from the pilot.
- We would like to see wider promotion of the business case for good health and safety that complements the legal and moral imperatives and is the driver for our Li£e Savings campaign.

IOSH comments on the Dame Carol Black and David Frost CBE recommendations

- 1. Government should fund a new Independent Assessment Service (IAS). The IAS would provide an in-depth assessment of an individual's physical and/or mental function. It would also provide advice about how an individual on sickness absence could be supported to return to work. This service should usually be accessed when an individual's absence spell has lasted around four weeks.***

We agree the proposed Independent Assessment Service (IAS) would be a useful service for those GPs who lack sufficient OH training and/or are unable to devote sufficient time to conducting functional assessments; and also, for employers who do not have access to appropriate expertise in this area and need assistance.

The proposal to engage the services of a variety of occupationally-trained specialists (e.g. occupational therapists, physiotherapists, GPs and nurses, as well as occupational health professionals) in 'fitness for work' advice accords with our belief that a multidisciplinary approach is required and beneficial. We also support the proposal that IAS should be subject to independent scrutiny to ensure quality and consistency; and suggest piloting and evaluation. We understand the IAS assessment will help inform, but not replace, the Work Capability Assessment (WCA).

We suggest the timeframe for accessing this service should be flexible, so that it can be accessed earlier in certain situations depending on the patient's condition, the individual concerned and the type of work under consideration.

- 2. Government should revise fit note guidance to ensure that judgements about fitness to work move away from only job-specific assessments.***

We agree with improving the 'fit note' guidance. The Department for Work and Pensions guidance for GPs (Statement of fitness for work – a guide for General Practitioners and other doctors²) explains that employers need advice on the functional effects of the condition. However, if some GPs are only conducting job-specific assessments, then clearer guidance would be helpful, as would access to an expert service such as the proposed IAS.

We believe that improved GP training in occupational health issues, continuation of the advice lines and an emphasis on multidisciplinary working, should all help support the biopsychosocial (holistic) approach to effectively managing sickness absence.^{3,4}

In addition, we suggest that the employers guide⁵ (or its replacement) is improved to include more on the need for employers to monitor, review and modify as necessary, their return to work programmes.

3. Government should do more to improve knowledge and awareness among healthcare professionals, particularly those involved in certification, of the Work Capability Assessment (WCA) and the benefits system generally and the importance of work for health.

We agree that all those involved in the system, or providing advice to users of it, should have a good understanding of how it works. It is also important that healthcare professionals understand the potential benefits of 'good work' for health and wellbeing and the potential detriment of prolonged worklessness. Employers should have an adequate awareness of what constitutes 'good work' and understand that work should be safe, supportive and accommodate people's individual needs.

4. Expenditure by employers targeted at keeping sick employees in work (or speeding their return to work) such as medical treatments or vocational rehabilitation should attract tax relief. This should be targeted at basic-rate taxpayers.

We agree with this proposal. IOSH has long-called for these sorts of tax breaks, which are now part of our [Life Savings](#) campaign.⁶ We believe these will incentivise more employers to invest in supporting their employees back to work and encourage more workers to take up this assistance. We are also calling for tax relief for employers who provide subscriptions to public gyms and other sports facilities for their employees. This is because we believe such measures could help support physical activity in workers who may otherwise lead generally sedentary lives. We believe this could help improve health and wellbeing, provide enjoyable leisure pursuits, and also enable better productivity.

IOSH has recently written to the Secretary of State for Work and Pensions and the Chancellor of the Exchequer calling for tax relief to remove disincentives and help support individuals, businesses and the economy. We believe this modest investment by The Treasury would reduce absence, increase productivity, reduce demand for social security and relieve the workload on the NHS, far exceeding the outlay.

5. Existing tax relief on employee assistance programmes (EAPs), which provide information, advice and counselling on a variety of issues causing absence and/or performance problems should be retained.

We strongly agree existing tax relief on employee assistance programmes (EAPs) should be retained. These schemes provide information, advice and counselling on a range of topics; including debt, workplace conflict and stress. Dame Carol Black's sickness absence review¹ found survey-evidence and employer input showing that EAPs were valued and could help reduce absence.

We believe removing EAP tax-relief would be a backward step and might discourage employers from providing these useful and relatively inexpensive programmes. We think Government should help promote such schemes as they can provide potential benefits to individuals, employers and the State, reducing the need for sickness absence and enhancing performance.

- 6. *Government should abolish PTS (percentage threshold scheme) which compensates mainly smaller employers for very high rates of sickness absence in their organisations, but reduces incentives to manage absence.***

We do not have enough information to take a view on this. Though in principle we would support moves to incentivise effective absence management, we would be concerned if there were unintended downsides to this proposal e.g. if employers became less willing or able to pay sick pay to absent employees or exerted undue pressure on absent employees to return to work before they are ready. We suggest that the full implications of this proposal should be carefully investigated and considered before a decision is taken.

- 7. *Record-keeping obligations under Statutory Sick Pay should be abolished, thereby helping to reduce employer administrative burdens.***

We understand that records are kept by employers for Statutory Sick Pay compliance checks by Her Majesty's Revenue and Customs, as well as to support claims under PTS. We note that this proposal refers only to records that may be required under the PTS arrangements. As we do not have a position on PTS, we cannot comment on removal of this record-keeping requirement, though in principle, we support removing any unnecessary bureaucracy.

- 8. *Government should update its Employers Charter to address misconceptions around sickness absence management, especially legal uncertainty.***

We agree with updating the Government's Employers Charter⁷ to address any misconceptions around sickness absence management, promoting the benefits of 'good work' and outlining to employers what 'good work' is and how to provide it.

- 9. *Government should carry out further research into the reasons behind the significant number of people claiming ill health benefits who come straight from work, especially from smaller employers, but appear not to have been paid sick pay by their employer beforehand.***

We agree that research into situations where employees suffering ill health appear not to have received sick pay from their employers could provide useful information. This would help Government assess how well the system is working, particularly for those employed by small employers.

- 10. *Public sector employers should take immediate action to bring the worst performing parts of the public sector up to the standards of the best. Government should also review Occupational Sick Pay in the public sector.***

We agree that prompt and appropriate action should be taken to support and improve attendance management and health and safety in any underperforming parts of the public sector. There needs

to be a clear focus on preventing injury and illness (both protecting and improving health), as well as on early intervention and rehabilitation. The 2009 Boorman review⁸ concluded that “Improving the health and wellbeing of staff is key to enabling the NHS genuinely to provide health and well-being services for all.”

11. The introduction of a new job-brokering service to help long-term sick employees find new work (where appropriate) before they fall onto the benefits system. This service should be offered free by the State in cases of very long-term absence (at 20 weeks or sooner if the Government is convinced of the business case to do so), but should be available earlier for individuals and employers that are willing to pay for it. Government should consider delivering the service as an extension of the Work Programme.

This is not really an area for IOSH, but we support the concept of help for employees who need to find alternative employment. As always, our concern would be that those advising people about new jobs have the required competence to do this without creating risk. We know that ‘good’ work is generally good for health and wellbeing and believe redeployed people should be helped to find suitable, supportive and satisfying work.

12. The Government should end the Employment and Support Allowance (ESA) assessment phase altogether. People should go onto ESA only if they qualify after a Work Capability Assessment (WCA), or as at present, if they qualify to pass directly onto ESA without a face-to-face WCA.

We do not take a view on whether the Government should end the Employment and Support Allowance (ESA) assessment phase altogether, as this relates to the administration of the benefits system. However, we note that Dame Carol Black’s report states that the assessment phase for ESA can be up to 91 days and that for those subsequently found fit for work, unnecessary delays in support and help with job seeking could be unhelpful for the individuals concerned. We therefore agree that the system should be reviewed with regard to potential improvements for those affected.

13. The recommendation above should be supported by changes to Jobcentre Plus’ claims policies and processes to prevent large numbers of people being inappropriately directed towards ESA.

As we do not take a view on the specific recommendation above, we cannot comment on changes in support of it. However, in general, we would agree that actions should be taken to avoid people being directed to the wrong benefit.

Additional comments

- IOSH believes that GPs and others would benefit from better training in occupational health issues and that the UK needs a stronger multidisciplinary, holistic approach. In collaboration with the Department for Work and Pensions and occupational health colleagues, we have developed a professional development course for our members on return to work, absence management and multi-professionalism.⁹
- We would like to see wider promotion of the business case for good health and safety that complements the legal and moral imperatives and is the driver for our Li£e Savings campaign.⁶
- We advocate continued Government provision of occupational health advice lines, in line with the recent evaluation and lessons learned from the pilot.¹⁰

References

1. Black C and Frost D. *Health at work – an independent review of sickness absence* (Cm 8205). London: TSO, 2011. www.dwp.gov.uk/docs/health-at-work.pdf
2. Department for Work and Pensions. *Statement of fitness for work – a guide for General Practitioners and other doctors*. London: DWP, 2010, www.dwp.gov.uk/docs/fitnote-gp-guide.pdf
3. Black C. *Working for a healthier tomorrow* (p.75). London: The Stationery Office, 2008. www.workingforhealth.gov.uk/documents/working-for-ahealthier-tomorrow-tagged.pdf
4. IOSH. *Working well – guidance on promoting health and wellbeing at work* (p.4). Wigston: IOSH, 2009, www.iosh.co.uk/workingwell
5. Department for Work and Pensions. *Statement of fitness for work – a guide for employers*. London: DWP, 2010, www.dwp.gov.uk/docs/fitnote-employer-guide.pdf
6. IOSH Li£e Savings campaign web pages www.iosh.co.uk/lifesavings
7. Department for Business, Innovation and Skills. *Employers Charter* (URN 11/680). London: BIS, 2011. www.bis.gov.uk/assets/biscore/employment-matters/docs/e/employerscharter.pdf
8. Boorman S. *NHS Health and Well-being: final report* (299039). London: Department of Health, 2009, www.nhshealthandwellbeing.org/
9. IOSH policies on Health, Rehabilitation and Wellbeing www.iosh.co.uk/policies.aspx
10. Sinclair A, Martin R and Tyers C. *Occupational health advice line evaluation: final report* (RR793). London: DWP, 2012, <http://research.dwp.gov.uk/asd/asd5/rports2011-2012/rrep793.pdf>

IOSH health-related resources

Guides, tools and policies

- IOSH. *Occupational health toolkit*. www.ohtoolkit.co.uk
- IOSH. *Working well – guidance on promoting health and wellbeing at work*. Wigston: IOSH, 2009
www.iosh.co.uk/workingwell
- IOSH. *A healthy return – good practice guide to rehabilitating people at work*. Wigston: IOSH, 2008
www.iosh.co.uk/healthyreturn
- IOSH. *Health, Rehabilitation and Wellbeing* policy statements www.iosh.co.uk/policies.aspx
- IOSH. *Occupational safety and health research database*. www.oshresearch.co.uk

Some published research reports (www.iosh.co.uk/researchreports)

- Crawford JO, Graveling R, Cowie H, Dixon H and MacCalman L. *The health, safety and health promotion needs of older workers: an evidence-based review and guidance*. Wigston: IOSH, 2009
- Sprigg CA, Martin A, Niven K and Armitage CJ. *Unacceptable behaviour, health and wellbeing at work*. Wigston: IOSH, 2010
- Smith A, Wadsworth E, Chaplin K, Allen P and Mark G. *What is a good job? The relationship between work/working and improved health and wellbeing*. Wigston: IOSH, 2011

Training courses (www.iosh.co.uk/training)

IOSH provides a wide-range of health-related professional development courses covering topics such as noise, stress management and hazardous substances at work. We offer a number of courses specifically focused on return to work issues and making the business case, including:

- Rehabilitation – effective sickness absence management
- Managing attendance and rehabilitation
- Reasonable adjustments in an accessible workplace
- Meaning business – developing and delivering the business case for health and safety

About IOSH

Founded in 1945, the Institution of Occupational Safety and Health (IOSH) is the largest body for health and safety professionals in the world, with around 40,500 members in over 85 countries, including over 13,000 Chartered Safety and Health Practitioners. Incorporated by Royal Charter, IOSH is a registered charity, and an ILO international NGO and CIS collaborating centre. The IOSH vision is:

“A world of work which is safe, healthy and sustainable”

The Institution steers the profession, providing impartial, authoritative, free guidance. Regularly consulted by government and other bodies, IOSH is the founding member to UK, European and International professional body networks. IOSH has an active [research and development](#) fund and programme, helping develop the evidence-base for health and safety policy and practice. Summary and full reports are freely accessible from our website. IOSH publishes an international peer-reviewed journal of academic papers twice a year titled *Policy and practice in health and safety*. We have also developed a unique UK resource providing free access to a health and safety research database, as well other free on-line tools and guides, including award-winning websites for business start-ups and young people; an occupational health toolkit; and a risk management tool for small firms.

IOSH has 30 Branches in the UK and worldwide including the Caribbean, Hong Kong, Isle of Man, Middle East, the Republic of Ireland and Singapore, 17 special interest groups covering aviation and aerospace; communications and media; construction; consultancy; education; environment; fire risk management; food and drink; hazardous industries; healthcare; international; offshore; public services; railways; retail and distribution; rural industries; and sports grounds and events. IOSH members work at both strategic and operational levels across all employment sectors. IOSH accredited trainers deliver health and safety awareness training to all levels of the workforce from shop floor to managers and directors, through a professional training network of more than 1,600 organisations. We issue around 100,000 certificates per year.

For more about IOSH, our members and our work please visit our website at www.iosh.co.uk

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