

To: Equality and H&S Reps
NEC H&S
NEC Equalities
cc: Branch Chairs and Secretaries

21 November 2016

2016/02176

Dear Colleague

Consultation to 17 February 2017

“Improving Lives: The Work, Health and Disability Green Paper”

Introduction

Last month the government launched an important consultation highlighting the benefits of ‘good work’ to good health, the shameful disability employment gap, the £100 billion cost to the economy of ill-health among working age people and the patchy, fragmented provisions of NHS and occupational health care.

The Green Paper, as its name suggests, has a strong focus on disability and people with long-term health conditions, aiming to address barriers to *access to* the workplace because a mere 48% of disabled people are in employment.

However it also deals with all people *in work*, in particular in relation to promoting health at work, preventing sickness absence, enabling prompt returns to work and improving the operation of the ‘fit note’ to support workers back into their jobs faster and for longer.

It also proposes better provision by the insurance industry, and use by employers, of income protection insurance.

Good Work and Equality of Opportunity

Prospect takes pride in seeking to tackle discrimination, promote good health, safety and wellbeing and the evidence-base and maturity of our Good Work and Neurodiversity campaigns. The Green Paper, which has many attributes to welcome, provides us with an important opportunity to further our goals.

Link to consultation documents:

www.gov.uk/government/consultations/work-health-and-disability-improving-lives

We need your help to ensure we can make an evidence-based consultation submission by the deadline of Friday 17 February 2017.

Have your say!

Prospect's first impressions and an overview are attached, followed by some of the specific questions the consultation asks (for full questions, go to the consultation document).

This is YOUR chance to contribute to Prospect's submission to this consultation. You may have personal experience, experience as a rep, and/or members you know who feel strongly about work, health and disability. Real-life stories, insights and anecdotes all count as evidence!

If you have **anything you can tell us**, for instance (the list is not exhaustive):

- disability equality initiatives in your workplace
- mental health stigma campaigns
- how Prospect has **made a difference** supporting individual workers and/or campaigns
- whether sickness absence '**trigger points**' impact on staff
- any experience of **management systems** (eg performance management) introducing inequalities that may impact on health or disability

please let us know by 31 January 2017.

Joint initiatives

Where you are working in partnership with your employer, please provide contact details for the manager lead. That way we can showcase more effectively the willingness and benefits of union involvement.

Civil Service reps

The consultation recognises the need for **Government to lead by example**. CS Sector reps may therefore wish to add additional material for Prospect's submission.

How to reply

Please write to me or Sandie Maile at New Prospect House or email safetyreps@prospect.org.uk

Yours sincerely

Sarah Page
Research Officer

Improving Lives: The Work, Health and Disability Green Paper

First impressions

The paper openly acknowledges the significant **health and employment inequalities** that exist.

Some of the proposals to overcome the **disability employment gap** come from the review of the Work Capability Assessment. Broadly the proposals have been welcomed by organisations supporting disabled people and claimants.

The paper makes a welcome statement on the need to address the lack of support for those with **musculoskeletal disorders** and **mental health issues**.

Clearly there are major issues around the need to develop better **occupational health** support right across the board, including for those currently unable to work. The Government's "Fit to Work" service has not achieved its full potential and there is still a way to go before we can say all employees have timely access to safe, effective and quality assured occupational health support.

The paper outlines a positive vision of the need for a whole person approach to occupational health and related services including timely and appropriate access to support. But given that there has been an **11% reduction in specialist occupational physicians** between 2011 and 2015 the decline in trainee numbers must be addressed urgently.

It is likely that the emphasis on '**work**' being an important health outcome will be welcomed by many. However, there is a need to recognise that the primary role of any medical intervention is to ensure that a patient's health is restored so that they can live a full and active life. Not just get them back to work. Prospect promotes 'good work' as being good for us, not any work.

The Green Paper also deals with **promoting well-being** and most of what is proposed in this section is a continuation of what Public Health England is already targeting.

With respect to promoting **income protection insurance**, some stakeholders warn of the dangers of it being a substitute for sick pay. Those with experience of such policies cite how limited they are – precluding many with pre-existing ill-health. Moreover, it is unlikely that they will be available to lower paid workers or those in vulnerable employment.

Overview

There is a lot that to welcome in the Green Paper. But in relation to occupational health, much of it echoes the proposals contained in Dame Carol Black's 2008 review of the health of Britain's working age population: "Working for a healthier tomorrow".

Notable by its absence is the lack of recognition of the constructive role of trade unions, whose track record on equalities and health and safety are well-established. In particular, we mediate over workplace adaptations and reasonable adjustments, enable sensitive disclosures that help secure joint dialogue over work improvements, help remedy people management issues, tackle bullying and harassment and bring to the attention of our employers problems such as slow 'reasonable adjustment' processes or counter-productive sickness absence management.

Summary of questions

Chapter 2: Supporting people into work

- What support should we offer to help those 'in work' stay in work and progress?
- What does the evidence tell us about the right type of employment support for people with mental health conditions?

Chapter 4: Supporting employers to recruit with confidence and create healthy workplaces

- What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?
- Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?
- What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?
- What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

Chapter 5: Supporting employment through health and high quality care for all

- How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual can do, particularly during the early stages of an illness/developing condition?
- How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?
- Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?
- Regarding the fit note certificate, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?
- Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?
- How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?
- How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?
- What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?
- What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?
- How can we encourage the recording of occupational status in all clinical settings and good use of these data?
- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?