

Health and Safety Commission Paper			HSC/04/10
Meeting Date:	11 May 2004	Open Gov. Status:	Partially closed. - information about to be published [Exemption 10]
Type of Paper:	Above the line	Paper File Ref:	
Exemptions:	The public version of this paper has annexes 1 and 2 removed as exempt material.		

HEALTH AND SAFETY COMMISSION

Managing Sickness Absence and Return to Work – workplace managed rehabilitation and job retention

A Paper by Stephen Taylor, Better Working Environment Division

Advisor(s): Keith Wiley, June Manson and Sarah Moore

Cleared by Jane Willis on 23/04/2004

Issue

1. To note the early progress made in taking forward the Health and Safety Commission's (HSC) commitment, in the new Strategy, to strengthen the role of health and safety in getting people back to work – communicating a best practice approach to *managing sickness absence and return to work*.

Timing

2. A decision is required now so that launch of HSE's work on *managing sickness absence and return to work* and publication of the best practice guidance (Annex 1) dovetails with the late summer 2004 launch of the Department for Work and Pensions (DWP) *Framework for Vocational Rehabilitation*.

Recommendation

3. The HSC is invited to:
 - note the contribution the guidance makes to the new Strategy.
 - note that *managing sickness absence and return to work* marks a step change moving beyond traditional health and safety boundaries and engaging within the wider employment and health at work issues.
 - support the best practice guidance as an authoritative source and the communications of the message to change the work culture in Great Britain.

Background

4. HSC's new Strategy indicates the intention to strengthen the role of health and safety in getting people back to work through a greater emphasis on rehabilitation as a contribution to the wider government employment agenda. This will capitalise

on HSE's existing policy programmes that implement the *RHS and SH2* strategies launched in 2000.

5. Since 2000 much progress has been made. The HSC was last updated at the 12th November 2002 meeting¹. The HSC were advised that there was no immediate prospect of primary legislation to make rehabilitation a legal duty for employers. HSE would therefore consult on guidance to help change employer culture and set it in the context of the broader government agenda to give as many people as possible the opportunity to work.
6. Since the 12th November 2002 meeting:
 - DWP's Green Paper "Pathways to Work" published in November 2002 recognized the role HSC/E can play in reducing the numbers flowing via sickness absence to Incapacity Benefit and improving job retention for disabled people. It flagged up HSE's intention to publish an employer's guide on *Managing sickness absence and return to work* and the development of the absence tool described below.
 - HSE commissioned the development and evaluation of a simple tool for employers to facilitate the collection of sickness absence data, help highlight areas where they may need to act to prevent work related harm and help return to work those who are off sick. This tool should be available this summer.
 - HSE has continued to contribute to DWP and Department of Health led Job Retention and Rehabilitation Pilots which went live in April 2003 and will test, compare and evaluate various client-based ways of helping people on long-term sickness absence return to work. Results will start to be available at the end of 2005.
 - DWP's review of ELCI commits to producing a *Framework for Vocational Rehabilitation* that will set out existing structures, best practice, and consider the barriers and way forward for delivering vocational rehabilitation on the broadest front.
 - Increasing HM Treasury interest in reducing sickness absence to improve public service productivity.

Argument

7. Long-term sickness absence, i.e. more than 20 working days, continues to be a significant and stubborn issue. The CBI estimates it accounts for 30% of all absence, yet involves only 1 in 20 employees and costs UK industry up to £3.5bn in lost wages alone².
8. Employers are naturally concerned with the impact of long-term sickness absence on their businesses. However, at present the situation is that;
 - too few organisations understand the potential opportunities and benefits of actively managing it, and their managers do not have the basic training or information to act, while;
 - specialist help can be difficult to obtain and employers and employees may not know what they need, and the incentives are not always evident to support the process.

¹ HSC/02/125

² Confederation of British Industry Absence and Labour Turnover Survey 2003

9. Addressing these issues is a long-term matter and some are for across government but HSC/E is raising the profile of *managing sickness absence and return to work* and investing in tackling the knowledge and skills issues to help grow a workplace managed approach that combines helping the ill individual with appropriate organisational interventions including prevention.
10. To tackle the knowledge and skills issue for employers and employees we have developed best practice advice – *Managing sickness absence and return to work*. This has drawn information from academic and scientific reviews and included extensive consultation with experts and practitioners³. This best practice advice is based on identifying and then addressing barriers to return to work in three key areas. These are:
- health conditions,
 - personal or psychological issues (shifting beliefs, attitudes, behaviour changes); and
 - social (organisational and work) issues.
11. In developing the guide, HSE has tackled a number of issues; these include:
- encouraging employers to take action beyond their legal duties whilst marking the guide with a warning, well recognised by consultees, as to its advisory status.
 - setting out health and safety duties in context of other legal duties, in particular explaining the practical interface with the Disability Discrimination Act 1995 to ensure health and safety is not used as an excuse for discrimination.
 - concentrating on practical advice and avoiding comprehensively addressing legal duties but signposting employers to relevant sources of advice.
 - advocating a ‘helping’ rather than ‘disciplinary’ approach whilst acknowledging the importance of an employee’s contract of employment and their need to be honest with a helping employer.
 - recognising that employees have rights in the workplace and the role that trade unions and other representatives/advisers have to play in partnership with employers in return to work.
 - providing no detailed advice on contract of employment issues, i.e. remuneration for employees who are off sick or returning to work.
12. The HSC should be aware that other stakeholder issues still remain:
- whether the guidance will be useful in what some see as the “real” world of work, i.e. employers and their employees do not work in partnership in many workplaces.
 - the employer’s use of contractors and where, in these cases, the responsibility for managing an employee’s sickness and return to work lies.
13. HSE has developed a communications plan to engage with stakeholders. An overview is attached as Annex 3. This sees the guide - *Managing sickness absence and return to work* – as principally an authoritative resource from which targeted approaches are developed to engage identified stakeholders, for example, SME employers and line managers. An information and training package will be developed that will enable stakeholders to digest easily the information in the

³ RR106 etc, DWP reviews of rehabilitation. 2002 Turning a Challenge into an Opportunity Conference

guidance along with a one page desk aid for SMEs that will summarise the main issues they need to consider and point them to where they can find more help when appropriate.

Consultation

14. There has been extensive consultation both within HSE, with OGDs and externally with a wide range of stakeholders via invitations to comment and focus groups. A list of consultees is attached as Annex 4.

Presentation

15. There is likely to be considerable Ministerial interest in the DWP *Framework of Vocational Rehabilitation* launch in September 2004.

Costs and Benefits

16. There are considerable benefits for employers and employees if the best practice guide is widely used. For example, it is estimated that if interventions by employers cost £730 (figure based on interviews with practising organisations) for each of the 1.4m long-term sick workers and that these interventions return sick workers to full time work 15 days earlier then there is a potential saving to the economy if applied across the country by all employers of £1.5bn.

Financial/Resource Implications for HSE

17. Estimates of expenditure are: £7K plus DIAS costs to produce priced and free publications; up to £30K for events to promote the message with partners; and £50K to develop training and information material (bids made plus latter agreed S&I allocation). Staff costs are £74K (RR), included in the Better Health at Work Partnership Strategic Programme bid.

Environmental Implications

18. None identified.

Other Implications

19. None identified.

Action

20. With HSC agreement of the recommendations, HSE will:

- seek Ministerial endorsement of the best practice guide.
- implement the communications plan, with publication of the best practice guide and a web page in late Summer 2004.
- work with stakeholders to drive forward the role of health and safety in returning people to work as outlined in the HSC's new Strategy and as a contribution to achieving our sickness absence PSA targets and the government's wider employment agenda.

Annex 1



Information about to be published [Exemption 10]

Annex 2



Information about to be published [Exemption 10]

Annex 3

Communications Plan overview.

Annex 4

List of stakeholders invited to comment on the guidance.