



## **JOINT RESPONSE BY THE BSRM, CMSUK AND VRA TO THE RECOMMENDATIONS CONTAINED IN "WORKING FOR A HEALTHIER TOMORROW" A REVIEW OF THE HEALTH OF BRITAIN'S WORKING AGE POPULATION BY DAME CAROL BLACK**

### **BACKGROUND AND INTRODUCTION**

This joint BSRM, CMSUK, and VRA response is to work commissioned by Dame Carol Black on potential collaboration between health, occupational health (OH) and vocational rehabilitation (VR) with the focus on work being integral to health and wellbeing. It is anticipated that the resulting document "Working for a Healthier Tomorrow" will lead to the development of pilots that will test out various models for job retention and redeployment.

The Vocational Rehabilitation Association (VRA) has a vested interest in this work as its members provide Vocational Rehabilitation services and will likely be engaged in supporting the pilots and sustaining services from the pilots.

The Case Management Society of the UK (CMSUK) likewise has vested interest in that Case Management forms the foundation on which many of the pilots will be based. Their members too will be engaged in service delivery.

The British Society of Rehabilitation Medicine (BSRM) recognises that barriers to working are often not health related and that overcoming the barriers needs a multi-faceted approach.

Consequently, the BSRM, CMSUK, and VRA have joined forces to respond to the recommendations put forward in Dame Carol Black's review. Our united response is respectfully presented beneath each of the recommendations.

**1 Government, healthcare professionals, employers, trades unions and all with an interest in the health of the working age population should adopt a new approach to health and work in Britain based on the foundations laid out in this Review.**

We applaud this recommendation and agree that the focus needs to be on the more proactive approach of health, safety and prevention of injury or illness. Where this approach is less effective, a more critical path involving simultaneous health and work restoration is needed. Medically focused practices alone have not worked in restoring the employee to health and work or in supporting employers with job retention strategies.

We believe that everyone has the right to participate in economic and communal activities and that such participation is a mediator of the relationship between work and well-being. The new approach promoted in this document should be seen as a way of increasing the potential of people with physical or mental health problems to contribute to society according to their abilities.

We suggest that, separate from “healthcare professionals”, VR and Case Management professionals be included and acknowledged in the list of stakeholders identified above. This would reinforce the role that VR and Case Management professionals have in encouraging more emphasis on vocational approaches to health. It would also recognise the defined expertise of VR and Case Management professionals in health, safety, prevention, innovation, partnership development, and solution-focused approaches to biopsychosocial outcomes. It will encourage accountability on the part of our members.

**2 Government should work with employers and representative bodies to develop a robust model for measuring and reporting on the benefits of employer investment in health and well-being. Employers should use this to report on health and well-being in the board room and company accounts. Safety and Health practitioners and, where present, trades union safety representatives, should play an expanded role in acting to promote the benefits of such investment.**

There are numerous tangible and intangible benefits to investing in health and wellbeing. We have been long-term proponents of incorporating both types of benefit measures when considering the value of occupational health, vocational rehabilitation and case management. The Associations particularly support a cost benefit analysis approach to the measurement of service delivery. Our members frequently use this technique when promoting vocational rehabilitation and case management services to our customers and when demonstrating the value of these services.

We therefore support this recommendation. It is an important step in reinforcing the effectiveness and cost effectiveness of occupational health, vocational

rehabilitation and case management and in furthering the work of Waddell, Burton and Kendall completed in June 2008.

Many employers and trades unions already conduct cost benefit analysis and could provide guidance and direction to the government on this initiative. They should become examples for others and first promoters of health and wellbeing interventions.

We offer our services in not only developing the robust model but in educating all parties on the advantages of adopting a cost benefit approach.

**3** Government should initiate a business-led health and well-being consultancy service, offering tailored advice and support and access to occupational health support at a market rate. This should be geared towards smaller organisations. It should aim to be self-sustaining in the medium-term, and be fully evaluated and tested against free-to-use services.

As a first step towards commercially driven services, this is a start. Once employers appreciate the cost benefits of occupational health, vocational rehabilitation and case management, they should be prepared to accept fiscal responsibility for providing these interventions. SMEs in particular may need this government initiative to ensure they are exposed to quality service delivery and cost savings so they gain a greater appreciation for what is on offer.

In view of the increasing numbers of Occupational Health professionals adopting a case management role as part of the rehabilitative process, we suggest that vocational rehabilitation and case management services be incorporated into the consultancy service along with occupational health provision. All three levels of intervention working in collaboration will ensure employer and employee needs are fully met and considerably add value to the existing provision of Occupational Health services. We concur with medium term self sustainability and with full evaluation against free-to-use services.

**4** Government should launch a major drive to promote understanding of the positive relationship between health and work among employers, healthcare professionals and the general public. This should include encouraging young people to understand the benefits of a life in work and its impact on their families and communities.

We support this recommendation wholeheartedly. There is extensive evidence suggesting that this relationship between health and work exists. It needs to be presented to all stakeholders in user friendly terms and reinforced continuously throughout life.

This recommendation is about life long understanding and commitment and begins with the UK's educational system. It also ties in with our respective organizations' strategies for capacity building.

Young people need to be aware of the value of work. They also need to be more aware of the help available to support recruitment, retention and redeployment processes. Many relevant resources are beyond the boundaries of current healthcare systems but we believe that vocational rehabilitation should be integrated within the UK healthcare system and not be an 'add-on'. Vocational rehabilitation is a vital aspect of rehabilitation, requiring the skills of healthcare practitioners and others working together as a team.

This should include advice on the career paths open in the field of Vocational Rehabilitation and in Case Management. The vast majority of case managers are healthcare professionals. Thus Rehabilitation and VR are not distinct - they are part of the same process, utilising different skills in the same way that psychologists and physiotherapists work together as part of a team, using different methods, sometimes to different time-scales.

We would be pleased to participate in the development and implementation of this project.

**5 Building on the commitment from the leaders of the healthcare profession in the recent consensus statement, GPs and other healthcare professionals should be supported to adapt the advice they provide, where appropriate doing all they can to help people enter, stay in or return to work.**

There is a huge need for greater awareness of occupational health, vocational rehabilitation and case management within medically based environments like GP surgeries and other NHS facilities. We support this recommendation and offer to engage with educational processes and service model development aimed at healthcare professionals in general.

**6 The paper-based sick note should be replaced with an electronic fit note, switching the focus to what people can do and improving communication between employers, employees and GPs.**

There is much to be done to make this a reality. It starts with getting understanding and buy-in from all parties. Information sharing will be key. GPs can only make sound decisions when they have clear and concise details about the employee's job, their work environment, their functioning levels, their personal profile as a worker, their social history, their employer's expectations,

etc. These details are usually elicited through vocational rehabilitation professionals and case managers who are important participants in the communication process.

The concept of switching to an electronic fit note is one that we highly endorse. We welcome the opportunity to participate in the design and dissemination stages.

**7. Government should pilot a new Fit for Work service based on case-managed, multidisciplinary support for patients in the early stages of sickness absence, with the aim of making access to work-related health support available to all – no longer the preserve of the few.**

This concept has long been promoted by the BSRM, CMSUK, and VRA. It reinforces our basic principles of early intervention, multidisciplinary activities, case management, and full access. We highly encourage the use of the word “employees” versus “patients” in this recommendation to ensure interventions are vocationally focused. We support this recommendation and applaud Dame Carol Black’s vision of a variety of designs to the pilots to ensure various models of delivery are robustly tested and reviewed, and offer our involvement in the introduction, implementation and review of the pilots.

**8 When appropriate models for the Fit for Work service are established, access to the service should be open to those on incapacity benefits and other out-of-work benefits. Government should fully integrate health support with employment and skills programmes, including mental health support where appropriate. Government should expand provision of Pathways to Work to cover all on incapacity benefits as soon as resources allow, and explore how to tailor better provision for those with mental health conditions.**

In principle, we support this recommendation. Properly designed and implemented models should be effective in all compensation streams and should cross benefit boundaries. It is possible to develop generic models that are highly effective at the individual delivery area. This would eliminate confusion around needs and expectations and would encourage access for all.

We cannot as yet support the concept of expanding the provision of Pathways to Work to cover all on incapacity benefits. The current Pathways programme has not yet been deemed to be effective in achieving outcomes. It is possible that Fit for Work models would be more effective at engaging / re-engaging people in work than the current Pathways model. We recommend that time be allowed for a thorough review of the effectiveness of the Pathways programme before implementing this part of recommendation 8.

Many individuals only go on to incapacity benefit because of a lack of appropriate rehabilitation following accident or ill-health. Thus, proactive rehabilitation following myocardial infarction, stroke, or trauma produces better outcomes. Utilising VR skills within routine clinical practice has been recommended by both the British Society of Rehabilitation Medicine and the Royal College of Psychiatrists. The poor development of musculoskeletal rehabilitation in the UK needs to be addressed. Survivors of multiple trauma are particularly badly served, but so also are many individuals with less complex injuries.

**9. An integrated approach to working-age health should be underpinned by: the inclusion of occupational health and vocational rehabilitation within mainstream healthcare; clear professional leadership; clear standards of practice and formal accreditation for all providers; a revitalised workforce; a sound academic base; systematic gathering and analysis of data; and a universal awareness and understanding of the latest evidence and most effective interventions.**

This recommendation summarises most of VRA's and CMSUK's tasks and objectives for the next 2 to 5 years. Both the VRA and CMSUK have launched Standards of Practice and are working on certification / accreditation processes. In addition, all three Associations are also working with educational institutions to reinforce a sound academic base in our areas. The BSRM is anxious to develop further the currently inadequate academic base within rehabilitation medicine in order to develop the evidence base needed. Including vocational rehabilitation within mainstream healthcare would support our efforts and would help to de-medicalise work related endeavours.

The obvious lack of a "Champion" in vocational rehabilitation and case management in the UK is doing the country a disservice. Solidifying a role of this nature would do much to develop and implement the key points identified in recommendation 9 and would help to put these valuable services "on the map".

We recommend the adoption of the UKRC as an appropriate 'champion' for the development of UK vocational rehabilitation services supported by Government.

**10 The existing cross-Government structure should be strengthened to incorporate the relevant functions of those departments whose policies influence the health of Britain's working age population.**

The UK would benefit greatly from joined up effort within and between Government areas. Health and the DWP in particular often appear to be working at cross purposes. Employers, employees, unions, occupational health providers, vocational rehabilitation providers and case managers would all benefit from the implementation of this recommendation.

## CONCLUSION

The authors will be pleased to jointly meet with you or your officials to discuss how we can assist with progressing the implementation of the above agreed recommendations as soon as practicable.



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