

Work and Pensions Committee

Oral evidence: Disability and ill-health in the workplace, HC 1668

Wednesday 4 February 2026

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Members present: Debbie Abrahams (Chair); Rushanara Ali; Lee Barron; Johanna Baxter; Mr Peter Bedford; Steve Darling; Damien Egan; Amanda Hack; John Milne.

Questions 1 - 49

Witnesses

I: Chris Russell, Senior Policy Manager, Federation of Small Businesses; Ian Cass, Managing Director, Forum of Private Business; Tom Pollard, Head of Policy, Public Affairs and Campaigns, Mind; and James Taylor, Executive Director, Strategy, Impact and Social Change, Scope.

II: Sir Charlie Mayfield, Author of Keep Britain Working Report.

Examination of witnesses

Witnesses: Chris Russell, Ian Cass, Tom Pollard and James Taylor.

Q1 Chair: Welcome to this one-off evidence session on disability and ill-health in the workplace. We are delighted to welcome our first panel. We have: Chris Russell from the Federation of Small Businesses; Ian Cass from the Forum of Private Business but also chairman of the Micro Business Alliance; Tom Pollard from Mind; and James Taylor from Scope. It is very good to see you all, and thank you for sparing the time to come in to give evidence to the Committee.

I would like to start by mentioning the Keep Britain Working report that was published last November. The report identified a number of issues, particularly the structural concerns about disabled people being able to get into the workforce and concerns about employees and employers. Chris and Ian, have you experienced that through your businesses? Do you also have concerns about the health of employees in the workplace?

Ian Cass: Yes, to a degree. The pandemic was a tipping point for a lot of things in the small and micro business world, and that—probably along



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with the drive of technology in general—has definitely changed working patterns. We are still dealing with a lot of that. I think there is a danger, and I say this quite often. Small and micro businesses are not big businesses only smaller; they are completely different.

The issues around big businesses are sometimes very different when you look at small and micro businesses with an individual business owner, who is a generalist, trying to do everything; they are trying to be the HR director, the finance director, the salesperson and the marketing person. However, I think that the micro and small business world is dealing with mental health better than big business. If you are working with a small group of people on a day-to-day basis, you know that their wellbeing and looking after them is part of the heart of your business. Small and micro businesses very often form a community, working with others. I think we need to make a distinction between how things happen in the big business world and the small and micro business world. There is a difference, and I think that small and micros are dealing with it better.

Chris Russell: I agree with Ian. If you look at the Department's statistics on small and micro businesses compared with large businesses, disabled people are proportionately more likely to work in small and micro businesses or be self-employed than work in large businesses.

From the Department's statistics published on Friday, you can see that 9% of employees working for large employers have taken four weeks or more off in the past 12 months, compared with 2% of those who work in small businesses. Building on Ian's point, I think there is a strong case for saying that small businesses are actually a lot better at this than large businesses.

Q2 **Chair:** What, on average, is the employment rate in small businesses for not just disabled people but people with long-term conditions? I acknowledge what you and Ian are saying about the challenges that micros especially face. For people who do not know what a micro business is, they employ between one and nine employees; is that right?

Ian Cass: Yes.

Chair: And 95% of businesses are micros, which not everybody will be aware of. There are 5.5 million of them, I think.

Ian Cass: Another thing about the micro business sector is that it is growing. A lot of businesses that perhaps used to be medium-sized businesses, with 20 to 25 employees, technology and work patterns have driven a reduction in size. Businesses are outsourcing a lot of their work, so they end up with a core employee base of maybe nine people. They then outsource all these other things—their social media and websites, for instance. They might have somebody doing their books.

There are some significant businesses—and we cannot dismiss them—in that micro and small business sector. There are world leaders in that



sector, but they are lean and using technology in a clever way. A lot of them moved that way with the pandemic, which forced them to go, “Oh Christ, maybe we should be selling online. What can I do digitally?” A lot more of them engaged with the digital world because of what happened in the pandemic. It is an interesting change, and we are still dealing with some of the issues around that.

Q3 Chair: Chris, I am sorry to put you on the spot, but do you happen to know the employment rate for disabled people in small businesses?

Chris Russell: I have the published Department for Work and Pensions statistics, which show that 45% of disabled people in employment work in a small workplace compared with 42% of non-disabled people in employment; and 13% of disabled people in employment are self-employed, compared with 11.9% of non-disabled workers. I do not have the stats for large businesses, but you can see that, proportionately, disabled people and those with long-term health conditions—

Chair: They all need to do better.

Chris Russell: Yes. I would go back to the point, though, that employees in small businesses are taking less sick leave than those in large businesses. The way I see it, if you are a micro business, you do not have HR support—the business owner is also the HR person, as Ian said earlier. This is about the person-to-person support that you are able to provide as a small business owner. The review mentions what I think it called re-humanising the workplace, but it probably could have expanded on that.

Q4 Chair: Thank you. Tom and James, what is your take on the report from the perspective of organisations that support people with chronic conditions and disability? As we are looking at small businesses today, how could we better support people in work, and to stay in work?

Tom Pollard: We broadly welcome the recommendations in the review, and I know we will come on to talk about them in more detail later. I broadly agree with the diagnosis in the report, which suggested that there is a culture of fear among employees and employers around health and disability. I think that is right. It is what we see in our work. Often, there is inadequate support when people need help. The report also identifies structural challenges.

My instinct is that those structural challenges are probably the most significant driver of the scale of economic inactivity due to health and disability, and it is probably the aspect that is the least addressed by the report. That is understandable, because the scope of the review was to look at what can be done within workplaces. A lot of the structural factors cut across that, but I think it is important to be aware of them. The risk otherwise is that we overweight what can be done through the occupational health space and underweight what needs to happen at a macro level.



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Health problems and disabilities have a strong socioeconomic gradient. You are more likely to be ill or disabled if you are from a lower socioeconomic background. If you grow up in poverty or living with deprivation, you are more likely to become disabled or unwell. There are also some interesting relationships around things like education. For instance, people with a higher level of education suffer much less in terms of their earning potential over their lifetime as a result of a disability.

There is a multiplier effect, a compounding effect, if you have low educational attainment as well as health and disability issues. Then there is the geographical context of people with health problems and disabilities, especially for those who are out of work because of their health and disabilities. They are more likely to cluster in parts of the country where there are fewer economic opportunities. There is a lot of intersection with things like people being from racialised communities. There is a bunch of structural factors at play determining who is out of work because of health and disability.

Putting it crudely, the sorts of jobs that people are likely to be looking at going into—if they have spent a period out of work because of poor health and disability—are also likely to be in the parts of the labour market where they are less likely to get good support in work. We risk looking at good practice in large employers and asking what can be done to improve the field there and miss the bigger picture, which is that poor-quality, insecure work is leading to lots of people becoming unwell. And people who are out of work because of health and disability will struggle to get into the sorts of jobs that will provide the right support.

It is important that we keep that bigger picture in mind. The aspiration of the review to drive a race to the top is welcome, but we have had lots of previous reports on work and health that said, “Let’s focus on working with the willing to drive a race to the top”, and they have probably not really got to the root of a lot of the problems we see in the labour market.

Chair: That is really helpful, Tom. Thank you.

James Taylor: I agree with everything Tom has just said. Even the report says there is no silver bullet to solve disability unemployment.

I want to pick up on one thing Tom said. It is about education. Research published by the University of Sheffield last year found that, if every disabled adult had the same level of education as non-disabled adults, the disability employment gap would be reduced by 6%. A host of things need to happen around the workplace. From our perspective, there is a good set of recommendations for medium and large employers, which seems to be the focus of the review. However, as we have heard from the panel already, that sector is not where most people work and is not where most disabled people work.



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There are two things for me. The first is that there are some amazing micro businesses and small businesses that are doing incredible things with disabled people to support them into employment and keep them there. Scope invests in lots of small businesses that employ disabled people. We invest in a recruitment agency that is staffed only by neurodiverse people and focuses on roles for neurodiversity. There is a brewery in south-east London that employs people with learning disabilities. There is a chocolate manufacturer that employs disabled people.

Micro businesses are amazing at being able to just do things. They do not get caught up in the bureaucracy of HR or loads of different policies and practices. The review does not quite do what I think we need to do, which is think about how we can learn from all the great stuff that small businesses can do and roll it out nationally. Then looking backwards—as I think we have heard—what can we learn from some of the bigger businesses about adjustments that smaller businesses could learn from? There are lots of positives in the review, but it has not covered the full spectrum of things that need to happen.

Chair: A fair point, and I hope my colleagues will draw them out. Thank you.

Q5 Johanna Baxter: Thank you very much for joining us this morning. The first of the three recommendations in the report is to do with the development of the Healthy Working Lifecycle. The report envisages this becoming a formal accreditation and standard, with the aim of preventing problems from arising in the first place. What difference could that make? What are the challenges to implementing it?

Ian Cass: It sounds like a good idea. My field is small and micros, and I cannot speak for big business, but I would imagine that if you have an HR department and the resource for implementation, it will be easier for them than it is for smaller businesses to put programmes in place. Small and micro businesses have owner-operators—couples, whatever—and they might be good at one thing but struggle at certain others, and they have to outsource them. That is where the challenge is going to lie when you get to the small and micros: giving them the support and help to be able to implement a programme like that. That will be a challenge, as it is with a great many things, and it will be the main challenge you are going to face with that one.

Chris Russell: From our perspective, the recommendations are a little bit puzzling. On the one hand, the review talks about an urgent crisis. On the other hand, you are going to have a bunch of vanguards feeding back information, set up a workforce health intelligence unit that feeds back information to build a standard, and that standard is going to give you more incentives. It feels pretty convoluted.

I think there are things the Government could do that would support small businesses a lot more. We talk a lot about statutory sick pay



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rebate, which 34% of our members said would encourage them to employ more people who are currently not in employment. For reference, 5% mentioned more support from Jobcentres and 8% said occupational health support.

If there is an urgent crisis, there are things that the Government can do to tackle economic inactivity pretty quickly without going through this huge exercise. It is going to take so many years to get to this point, and I think it is very convoluted. I struggle to see why a small business owner would sign up to be a vanguard. I have tried to explain it to our members, and they do not understand it. They have no interest in it. They are too busy running their businesses.

I think we end up with the risk that we are trying to put solutions suitable for large businesses into small businesses, and small businesses are doing this better. I have just read out the statistic saying there is less long-term sickness absence in small businesses. So why are we trying to implant a large-business solution, which is not working, on to small businesses?

Tom Pollard: Mind runs the mental health at work commitment, which 4,000 employers are signed up to. It sets out what is a healthy working lifestyle with regard to mental health, asking what it looks like to create a mentally healthy workplace but also support people when they are unwell and support people who have been off work to return. There is a lot of knowledge out there, particularly on mental health.

The report is right to talk about going beyond just accreditation and having something that is more active. We might come to this later, but in our experience, something that is just about accreditation—something like Disability Confident—has tended to be about getting your accreditation and that is it. The solution has to be much more active.

I worry that there are some areas where there has been a pretty clear case for a long time about what you need to do to support people around mental health at work, many of which actually support your broader base of employees as well, and some of that stuff still does not happen. We know that, for example, the line-management relationship is absolutely critical for mental health. That relationship will often determine whether a person becomes unwell as a result of stress, and what that relationship looks like will also be the thing that mediates whether a person can return to work. Yet in my experience, from working in a range of employment settings, that relationship is often neglected.

We do not recruit line managers based on their line-management skills; we recruit based on seniority and whether someone has done the job below. We do not do a lot of training and prioritisation of one-to-one relationships. There is some basic stuff that we know would make a big difference, but it does not happen, so I am not necessarily convinced that gathering more evidence about the right thing to do will be what drives improvement.



It comes back to the strategy of working with the willing being worthwhile and being a good thing to do, demonstrating that these vanguards gain economic benefits from doing this stuff. That is great, but previous evidence would suggest that it is not necessarily the thing that is going to drive widespread adoption of the practices we need to see.

James Taylor: I see quite a few positives. One is that it is good to see the social model of disability reflected in policy and the review. Recognising that disability is caused by the barriers put in place, in this case by workplaces, does not happen very often. Also, it is encouraging to read about the importance of healthy, stigma-free conversations.

Many disabled people I speak to talk about a culture of fear in the workplace—a fear among line managers of not wanting to say the wrong thing, and then there is no conversation at all, and it is entirely up to the disabled person, who is often quite junior, to advocate for themselves, which cannot be the place we are in. It is positive to see that reflected in the report. For Tom and Mind, and for us, it is about what happens as a result of this life cycle and how we make it consistent across every employer. There have been lots of reviews, and there are lots of different models out there, so why is this the best one?

Q6 Johanna Baxter: The report also talks about improved workplace health provision, which would also be a certified standard paid for by employers. Do you support that recommendation, including the proposal to require employers to pay for it? How much of a difference do you think that would make?

Chris Russell: We certainly would not support extra taxation on businesses. Surveys we have done show that, when employment costs go up, it is more likely that small businesses will reduce their recruitment activity. There is also a question of who they recruit. Due to rising employment costs and regulation, employers tend to look for better-qualified, more experienced workers and avoid those with gaps in their CVs or who are currently out of the labour market, which can unfortunately mean that disabled people are overlooked because of some of the structural factors that Tom was going into. Increasing employment costs can be very counterproductive.

Having a service that gives good examples and good case studies of what a business could do is broadly welcome, but I would also look back to 2014 when the Government introduced something very similar. The Government stopped the SSP rebate back in 2014 and said they were going to introduce something very similar with the money they had been spending on the SSP rebate. It was called the Health and Work Service, but it lasted only a couple of years. If improved workplace health provision were funded out of general taxation and the Government had learned the lessons from over a decade ago, we might be supportive of it in principle, but they are two pretty big ifs.



Tom Pollard: My recollection of what happened around that service is that the idea was that the Government would provide an occupational health function to organisations that did not have that. My recollection is that there was not a huge amount of take-up. We have a challenge here. Employers that are not doing this stuff well are probably not going to be the ones to come forward and actively seek help to do it better.

Overall, the aspiration to have more constructive conversations about how to manage sickness absence and support someone back to work is right, and I think there are undoubtedly challenges around that currently being mediated by the GP and the fit note. I think it is a fair criticism to say that GPs will often not have a clear sense of what kinds of processes and support could be put in place to help someone remain in work.

A lot of what was in the report seemed like it was getting towards wanting reform around the fit note. We are open to that, but I think the challenge is that it has become a somewhat confrontational system where people may seek a fit note in order to get signed off because they are worried about being pressured to work otherwise. If you are going to shift that conversation—and I think it should be shifted—the thing you have to make sure happens is that the process remains trusting, consensual and constructive.

There is some talk in the report about introducing greater conditionality around sick pay, saying that people have to engage with stuff. The fear is that, as soon as you get to a place where people feel pressured by an employer, or by some third party, to engage with a process, people can often hunker down and become quite defensive. Opening up a more constructive conversation around what a return to work can look like, what someone staying in work when they are unwell can look like, is great. I think it is really difficult to do, which is why the fit note exists as it does, and there are challenges around how to overhaul that system.

Ian Cass: I would be very careful about adding any more cost to businesses at the moment. I am a generalist, and I am talking to members, and this is good. I do not have data on it, but the feeling I get from most at the moment is that this is survival time. Nobody is looking to grow, because nobody is looking at taking any risks. The market out there is very risk-averse, and adding more costs will not help, particularly in those industries where you do not have the option of using technology. We see that already in hospitality, where you cannot have a machine serving beer and where AI cannot help.

If the brewery in Sydenham is the one you are talking about, it is mind-blowing—you should all go there. They do a fantastic job. In hospitality, though, they need the people there, costs have gone up and we have seen what is happening. We are losing perfectly viable pubs for the wrong reasons. You have to be very careful when you are adding more cost to employing people at a time when people are very risk-averse about adding any cost to their business. At the moment, a lot of businesses are



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thinking “We have to survive this”, and I am afraid that is the general state for the small and micro businesspeople I talk to.

James Taylor: That might be true, and I hear what my colleague is saying. There are a couple of things in workplace health provision for me. One is that it is great that there could be some facilitated conversations. Tom is right that GPs are not the best people to decide what adjustments someone might need in the workplace. However, it read to me like a conversation that has happened a bit too late. Actually, the way you keep people healthy in the workplace, particularly disabled people, is to have a conversation at the very beginning. Ask them what they need to succeed, rather than “How can we stop you leaving?”, which should be the backstop. The first port of call is to ask, “How can we support you?”

Secondly, we need to think about how this translates into the reality of work for the many people who work from home. Employers cannot control those home environments. How do we keep our employees safe when they are not in our buildings or offices? I am not saying we should all go back to work, but that is something to consider.

The third thing to think about, which we will maybe touch on a bit later, is incentives for employers to hire disabled people. The Government cannot bear all the costs of tackling the disability employment gap. There has to be a role for employers too, and we think there have to be some incentives in there for them to take on and retain disabled people in the workplace.

Chair: I am conscious of time, colleagues and our lovely panel, so could we please keep our questions and responses succinct?

Q7 **John Milne:** The third recommendation in the report is about the workplace health intelligence unit, which we referred to earlier. The idea is to set up a positive feedback loop that informs and improves the other two recommendations. I have a simple question: do we think we really need another body to drive reform on top of all the bodies that have existed in the past? Tom, you touched on this earlier, so I think I know what your views are.

Tom Pollard: I am not necessarily averse to it. I think more rigorously collecting and collating data and broader evidence is welcome. However, I think the challenge at the moment is more about implementation rather than a lack of knowledge. I think there is also a risk that the data will skew towards the experience of larger employers that are able to gather much larger datasets, and that again we will be focusing on where good practice has been effective rather than spotting the broader structural factors that are disadvantaging disabled people. The recommendation is welcome. I am not sure how much of a difference it would make.

James Taylor: I think it is a good thing. There is not enough data on what works. There is a lot of great practice and lots of resources, toolkits and guides, but there is nothing definitive on, “If you do this thing, you



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will improve the experience of your disabled employees, you will recruit more and you will improve your bottom line." It sounds like a good thing on paper, but the proof will be in how it is executed.

Chris Russell: I broadly agree with Tom and James. As I mentioned earlier, our big concern is that most of the vanguards so far seem to be large businesses that have a lot of resources, but the data suggests that smaller businesses are doing it better. I think the main challenge would be how to learn from smaller businesses if this unit is set up.

Ian Cass: We do not have the data at the moment; it is as simple as that. I was at a meeting with the Office for National Statistics the other day and learned that the only people who are filling in surveys are the larger companies that have a statutory requirement to do so. Basically, you are not getting enough data from what makes up 99% of the UK economy. Yes, there is definitely an issue with the data that you are working on at the moment.

Q8 **John Milne:** One of the new intelligence unit's key jobs will be to design incentives. James, you predicted this question last time around. It is about incentives for employers and for employees. What incentives do you think they could create, and what is the balance between employers and employees?

James Taylor: It has to be balanced, because we need employers to hire and retain disabled people and people with long-term health conditions, and we need employees to go to those organisations too. You cannot simply push all the responsibility on to employers to solve the problem.

We have been thinking about a couple of things. One is the role of national insurance contributions and whether they could be rebated to small and medium-sized employers. That has happened in the past, with moderate success. Smaller businesses that recruited disabled people or people with health conditions received a rebate to keep them in the workplace for three to six months or so.

I think you would probably want to look across what organisations are providing to the workplace health intelligence unit to develop incentives properly, but there has to be something. There are some sticks around better reporting. One thing the review perhaps does not talk about much is the benefit to the business itself of having a diverse workforce, and this is not just a social justice argument; it is a profitability and economic argument. Lots of research from the United States, in particular, suggests that employing disabled people improves profit margins by 2% to 3% in some places.

Tom Pollard: We welcome a focus on incentives. If you are going to go beyond just working with the willing, you probably need to have something more in place. However, you need to recognise that there are different challenges that you need to be incentivising for. The experience of someone who is in work already and who maybe develops a mental



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health problem presents quite a different challenge from someone who has been out of work for a long time and is struggling to get back into work, and you might need quite different incentives in response to those problems.

The third challenge would be that lots of people live in areas where there just are not many jobs going. There is something about how to more proactively intervene in the labour market to create jobs for people. You can think about how the public sector can do that, and also through procurement, which is mentioned in the report. However, you want to be smart about designing incentives that will not put extra costs on employers who are already doing the right thing but will provide a genuine incentive to try to deal with some of these problems.

Incentives and obligations for employees are a tricky area. We have seen from the benefits system that, in trying to lean on conditionality to drive behaviour, you end up with quite an adversarial system. I would be really cautious about any move towards more conditionality on employees.

Q9 John Milne: I used to work in advertising. I believe in incentives, not sanctions, but what about the employers' perspective?

Chris Russell: To build on James's point, I mentioned earlier that 34% of our members say that being able to claim a rebate on statutory sick pay costs would encourage them to hire people currently out of the labour market. We also asked about financial incentives, and 44% of our members said that would be helpful, and that was the second-top rated factor behind if it was just cheaper to employ people in general.

Our view is that you could have a tax credit system, similar to the one for veterans at the moment, where you get a bit of a rebate on your NICs costs if you employ someone who is disabled or who is coming out of being economically inactive. I would question whether to link incentives to the standard. I think that is tricky, because with standards in general, it tends to be the case that larger businesses sign up to them more because they have the staff to be able to tick all the right boxes and join that initiative, whereas a small business might be doing all the right things but just does not bother signing up to the standard because it would be yet another thing to do for the time-poor business owner.

John Milne: Ian, briefly.

Ian Cass: Keeping it quick, big business still has a tendency to think that if you are present and you look busy, you are being productive, and that is something they have to deal with. Small and micro businesses are changing their work patterns and the way they work. The reason I mention that is because I do not like spending time and money on things that I don't have to.

I think you are sitting on a huge opportunity with the small and micro business sector, in that the sector is looking at more flexible working.



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They are used to people working at home. They need to buy in the expertise because they are not experts. For instance, they may not want a full-time employee but somebody doing a couple of days here and a day there.

There is a massive opportunity, not only for people with various disabilities, but also for that older workforce that is retiring but would like to work a couple of days a week. There are two things that need doing, and neither of them is going to cost a lot of money. One is to tell positive stories, like the one about the brewery. You have to get those stories out there. I am a salesman. We tell stories, but nobody is telling those stories at the moment about how it is working and the best practice. You need to get those stories out there.

The other challenge, which I do not have an answer to, is about how to put together those potential workers and all these small and micro businesses that I think would be willing? What is in it for them? Well, it is great, because I can bring in a specialist to do a few days a week. Tell the stories and find a way of bringing together those potential workers and the businesses, and I think you have a massive opportunity. Regardless of all these other bits and pieces, if you can capitalise on that opportunity, it is going to solve a hell of a lot of problems.

Q10 Lee Barron: I am conscious of time, so I will chuck my questions together to get some quickfire answers. First, the report sets out a seven-year timeline for implementation. How realistic do you think that is? Does the report have much support among the businesses you represent, and are any of them participating in the vanguard phase? Tom and James, is there much interest in the report among disabled people? The questions are about the timelines and the support.

James Taylor: Seven years feels quite a long time when the first line in the report is that this is a "quiet but urgent crisis". I don't know if seven years feels urgent enough to me, but I appreciate that getting these things off the ground, collecting the evidence and creating the standards does take time. I think we would like to see something about what is going to happen in the next six months and what is going to happen in the next year, because the disability employment gap is just getting bigger.

Does it have support among disabled people? I think disabled people would welcome lots of the things in here. One thing the report does not talk much about is adjustments and Access to Work, which I think many disabled people we speak to find frustrating and infuriating. I am not clear how the report is going to fix that, but it has to. There is some support, but seven years feels quite long.

Chris Russell: I agree. You have an urgent crisis, but you are going to implement recommendations over seven years? It does not seem right. There are some things, such as an SSP rebate, which would have a big impact and that the Government could do immediately.



I would be very surprised if many of our members had heard of this review. We have not done any surveys on that, but I would be astonished if many of them have, because they are busy people and have a lot of other stuff going on. I would be very surprised.

Tom Pollard: I do not have much to add to what James said. I think it is welcome that Charlie Mayfield seems to be staying on to be involved in pushing for implementation. A failure of previous reports has been that the report gets written and handed over, and then you just have to hope that it gets implemented. Having something a bit more structured is good.

The report talks about building a partnership between employers, providers, trade unions and Government. If you were looking at big, systemic change, seven years probably is the right timescale. I would query whether that is the scale of ambition in the report at the moment. It still feels broadly like working with the willing and building a bit of a movement, rather than more fundamental systemic change.

Ian Cass: Seven years feels too long, and as for engagement with our members, neither the report nor anybody being a vanguard has ever come up in conversation, so that is simple.

Q11 **Mr Bedford:** Turning to reasonable adjustments, Ian, you highlighted some of the challenges faced by businesses at the moment, and the pressures they are under in trying to grow or even stand still. I will start with Ian and Chris. Do you think businesses are making enough reasonable adjustments? What more could be done to support that effort, be it guidance, further support from the Government or incentives? You touched on some of the incentives earlier. Can I just start with you two on that?

Chris Russell: Employers could always do more. They can always make more adjustments and provide more support, and I think that is a given. When we surveyed our members—those who employ disabled people and those with long-term health conditions—we found that 80% make workplace adjustments. I think most of that is quite flexibly done.

Flexible working is a big thing, as Ian mentioned, but employers would not necessarily go to the effort of changing people's employment contracts; they would just have an ad hoc arrangement. In general, however, they make a lot of effort, and they really care about their staff. Of course, there are employers who do not do all the right things, and they should. They can be taken to a tribunal if they are not doing the right things.

I have spoken to the Department in the past about how it could provide more guidance on reasonable adjustments, because I think it would be helpful if the guidance were more clear-cut. The problem is that, in law, reasonable adjustments are quite a vague concept. The Department has said that, legally, it is quite tricky to provide very precise guidance on



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what reasonable adjustments an employer could make, and that is a difficulty, but there must be a way around that. There must be a way to get around that issue in order to give more information, support and guidance.

Q12 Mr Bedford: Ian, how about small and micro businesses?

Ian Cass: If it adds cost, and not just monetary costs—quite often the higher cost to a micro business is time out from doing something to grow and develop your business—that is a barrier.

James mentioned the benefit to business. If a small business can see that there is a different way to do this, bringing somebody in and making reasonable adjustments, and that it will benefit the business, then yes. A lot of them are already doing that. I think you will find far more flexibility within the micro and small sector. Hybrid working requires you to write a separate contract. There is part-time working and full-time working. If you agree a way of working with somebody, you are writing that contract of employment between the two. I am seeing a lot of that happening in the small and micro business sector anyway, but it could get better, and I think that is where a bit more education and guidance would help.

Q13 Mr Bedford: Tom and James, do you have anything to add about the support you think should be there?

Tom Pollard: There will probably be quite a fundamental difference between the experience of someone who is in work and develops a mental health problem versus someone who is trying to get into work. For someone who has been in work for a while, and let's say has a supportive employer and a good line manager relationship, I imagine there will be a greater receptiveness to flexibility around working patterns and adjustments, particularly post-pandemic.

It is different for someone who is out of work and looking to get into work. We hear about people being really worried and unsure about whether and when to disclose that they have a mental health problem, whether and when to ask for adjustments. When you are new to a job, you might fear that if you are asking for adjustments and saying you need flexibility, that is going to disadvantage you in a competitive job market. We need to get to a place where people feel confident that they can ask for adjustments without fear of it leading to discrimination. I don't think that is where we are at yet.

James Taylor: It is pretty clear from the work we have done that many employers are not meeting their duty under the Equality Act to provide reasonable adjustments. We have just heard the problem that it is impossible to define "reasonable". What it means is completely different for you, for me and for anybody in this room, and that is the challenge we have with adjustments.

We hear from some HR managers that they think disabled people are too expensive. I do not think we can have a system where those who require



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greater support are denied the opportunity to succeed in work just because they need some additional financial support. It should not just be for employers to bear that cost. Maybe there is some work to be done around tax incentives for adjustments.

Disability Confident is a network of 20,000 employers. Maybe that group could put together a purchasing power collective to bulk buy adjustments. Maybe there could be incentives for technology companies to develop new technological adjustments. Our understanding is that many people are not getting the adjustments they need because the word "reasonable" is not understood and is not defined properly. We think that should be changed.

- Q14 **Steve Darling:** My first little question is to Ian and Chris. What awareness of Access to Work do you think there is among the businesses that you engage with? How many of them use it or are even aware of it? More broadly, I would say that it is potentially a really useful scheme. With my disability, I have personally benefited from it for many years, but it is also a bit cumbersome and challenging at times—that is the kind way of putting it. Do you have any reflections on what alterations you would hope for in an ideal world that would make it more effective?

Ian Cass: Awareness is not where it should be. I have painted the picture of people, individuals or couples, partners or whatever, who are focused on the business and developing it. You have to give them a good reason to pick up on these things. When auto-enrolment came along, yes, people picked up on it, but even at the last minute, on the last day, our helplines went crazy. I am sure they did at the FSB as well—"What do we do about it?"—because people had not noticed it. You almost need the old salesman's fear close. You have to give people a reason to respond, so yes, awareness is not where it should be.

Chris Russell: First, I think Access to Work is overall a very good scheme. I also think that awareness among small business employers is not high and definitely could be higher, as Ian mentioned. FSB also represents self-employed people, and we find that their awareness is growing and that they benefit from the scheme.

The support that Access to Work provides can often make the difference between them staying in work and leaving the labour market. The main problems I see are the waiting times and the application process. The support that the scheme provides is fantastic, but if the Department could address waiting times and do something about the application process, it would be most beneficial because, yes, in general it is a great scheme.

- Q15 **Steve Darling:** Any further reflections? If Stephen Timms was Father Christmas and you were writing to him about the improvements you would want for Access to Work, what would they be?



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Chris Russell: For FSB, maybe having a separate self-employment stream within the scheme would be helpful. We have just talked about reasonable adjustments. A self-employed person does not have an employer to make reasonable adjustments for them so, in many ways, they could benefit from more support because there is not that baseline of reasonable adjustments for them. That would be helpful. In general, I think the scheme is fantastic, and it is the waiting times and the application process that need to be addressed.

Q16 **Steve Darling:** James and Tom, any reflections on what you would want to see enhanced?

Tom Pollard: One thing we have been calling for for a long time is the ability for someone to passport their support between employers.

Coming back to the conversation about someone with a mental health problem looking for work, if they could go into that discussion knowing that certain support would be in place, that would give them and the employer more confidence. A relatively low number of people benefit from the scheme, only about 65,000 people a year and mental health as a primary condition is actually quite a high proportion among those people.

I was surprised that 38% of awards are being awarded where mental health is the primary condition. It is not the highest spend because other kinds of support costs more. Some of it is for counselling and some of it is to do with brokering a conversation with the employer. I have a question about whether some of what is happening through Access to Work should be happening through the NHS or through HR or other schemes.

However, I fear that if you pull support away, on the basis that it could be happening elsewhere, it might not be met by the other sources of support. There needs to be a wider look at why people are not getting that support elsewhere and whether Access to Work is the best place for them to access it.

James Taylor: I have spoken about Access to Work so many times over the years, and it is always exactly the same. It has not changed. I worry that the Department has boxed itself in, that it has a defined budget from the Treasury to spend on Access to Work and that is never going to grow but only get smaller. We also want to support more people with reasonable adjustments, and those two things do not really add up. That creates lots of problems.

We also do not know the return on investment of Access to Work. It is impossible to relate the benefit of Access to Work to the spend. We think it is a good thing. We hear from lots of disabled people that it is a good thing. But it is important that we find out about exactly how it is working. How successful is it?



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Also, yes, dealing with the backlog is important. We hear from lots of people who need support workers that, unofficially, their hours from support workers are being cut and some are having to leave the workplace as a result. Yes, employers could do more, but our challenge is that we want to get more people into work. Access to Work is in a finite budget and that has to shift.

- Q17 **Steve Darling:** This is a question for both Scope and Mind. In November, the Government said that they were consulting with disabled groups on changes to Access to Work. Have either of your organisations, to your knowledge, been engaged with that at all?

James Taylor: We have been engaged a little bit, and we are part of the Disability Charity Consortium, which has been involved in that work. That work happened before Christmas, but we have not heard anything since then. We have made lots of similar points, that we really want to support more people to stay in work and that Access to Work plays a key role.

Tom Pollard: We are in the same position. We are part of the same coalition, so we are involved in similar discussions.

- Q18 **Steve Darling:** James, you were just going on to some of the changes, particularly talking about changes in levels of support for people with support workers, strangely enough. Can either of you put any flesh on the bones of that? The Government have said that there have been no changes in the guidance and that they are just applying them differently, or words to that effect. That is rhetoric, but what is the reality on the ground? What are you finding from clients of Scope and Mind? What are the facts on the ground?

James Taylor: I can tell you very briefly about someone called Jamila, who uses Access to Work as a grant for taxis and 24 hours a week with a support worker. She has used that for a couple of years. She had to take some time off sick for several months last year, so she did not use a lot of her funding. As a result, Access to Work reduced her funding for a support worker to eight hours a week, and her taxi allowances were reduced. She cannot work without the right level of support. She works in the NHS and does loads of site visits. The reduced funding means she can only go to two sites, but she has to visit up to 50 for her job. She has now handed in her notice. Official or unofficial, that sort of change has an impact on disabled people. These are people who want to be in work, and that is what we are hearing.

Tom Pollard: I have heard isolated anecdotal evidence of reductions in awards or a more stringent application process. The latest stats that came out last week showed a lower number of approvals compared with last year, but I have not heard anything robust on that.

- Q19 **Steve Darling:** Can you clarify where those stats came from?

Tom Pollard: From DWP. It was their annual, possibly, Access to Work stats. They basically showed a slight reduction in the number of awards.



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Q20 **Steve Darling:** Chris and Ian, do you have any reflections on the areas we have just covered?

Chris Russell: I have heard similar anecdotal evidence, but I don't have anything to add.

Steve Darling: That is really helpful.

Ian Cass: All I would add is about hybrid working and the changes that came after the pandemic. Yes, there are those stories undoubtedly, but there are also some positives. I have heard one or two stories about where it has actually led to better working conditions and patterns, somebody working from home instead, and in different ways, but that is not going to be the same for all jobs. For office and technical work, in some cases there have been some positive outcomes.

Steve Darling: That is helpful. Thank you all for your evidence today.

Q21 **Amanda Hack:** Disability Confident has been mentioned. In a previous life, I have been through the form, so I do understand the process of Disability Confident and can reflect some of the conversations about it being a tick-box exercise and that it does not really push employers to do better. There have been some changes to Disability Confident. Do you think the changes go far enough? Do the changes take some of the good stuff out of Disability Confident? I would be interested to hear your views.

James Taylor: I don't think the changes go far enough. Scope does not think they go far enough. The scheme, as I mentioned, has 20,000-odd employers of all sizes, and it has the potential to significantly shift the problems that are highlighted in the Keep Britain Working review if DWP and others really get behind it as a movement of employers to incentivise them—I talked about the power of bulk buying adjustments—to really think about the role of how we can support all these employees with better technology. It does not quite feel that we have gone from being what you have accurately described as being, in some cases, a tick-box exercise and a good piece of PR to being a lever that DWP or others can pull to tackle disability unemployment, and I think there is far more work to do on that.

Q22 **Amanda Hack:** There are other standards. Disability Confident is just one of many. Should the Government be looking at alternatives? Others in the market do different things.

James Taylor: They do, but Disability Confident has the most members, 20,000 employers, who could potentially be employing a huge number of disabled people. It has been around for a long time and probably has some brand awareness. I would argue for investing in that, rather than starting something afresh.

Amanda Hack: Thank you. That is useful.



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Tom Pollard: The challenge from a mental health perspective is that I do not know whether all employers bracket mental health problems in the same space as other disabilities. Mind has a separate mental health at work commitment that has about 4,000 employers on board. Our focus has been on working collaboratively with those employers that have signed up to the commitment to push towards more active steps beyond just that initial accreditation and push for reporting of what they are doing.

My read of the shift in Disability Confident is more towards that. Mind is talking about not allowing employers to remain at level one and just use it as a tick box. I do not know whether many of the people Mind represents would necessarily think that a Disability Confident employer is more likely to employ them, despite them having been out of work for a long time because of a mental health problem. I don't know how much cut-through it has, but as James says, the potential is there if you have all those employers who are showing some willing by signing up to the scheme. It feels as if you could be leveraging that a lot more to get some action around employment and retention of disabled people.

Chris Russell: I think I touched on this earlier, but our view on standards in general is that small businesses could be doing all the right things but just not be aware of it and not sign up to it. It can often become a bit of a PR exercise for larger businesses who are aware. Our most recent survey found that 23% of small businesses are aware of Disability Confident. They employ more disabled people proportionally, and employees in a small business are less likely to take long-term sick leave. Lots of small businesses are doing the right thing without having that standard in place, and this is why we are a little wary of it in general.

Having said that, I think that standards provide support to businesses that might not necessarily know what to do. That is a positive, and as Tom and James said, having 20,000 or so businesses signed up is quite a good community to have. I think the changes that have been announced to make it more meaningful and to have more specific support for small businesses is a good thing, but as James said, I would like to see it go further.

Ian Cass: It is not being leveraged enough. It is as simple as that. Small and micros are fairly simple creatures, "What is in it for me?" "Why should I take any notice of this?" and unless you are giving them reasons to take notice of it, they will just ignore it. It is a potential vehicle for those positive stories, "This is what you can do. This is best practice. Doing this is benefiting the small business owner". Small business owners are terrible for listening to supposed advice, but they will listen to Fred up the road who has experience. If they hear a story from another small or micro business owner, "Oh, he did that," and that is the way it works in that community. It is not very sophisticated. You could be leveraging it a hell of a lot more in terms of those stories, that education piece and best practice.



- Q23 **Amanda Hack:** Looking at those very small businesses, one of the things that is really interesting, having been around small businesses for a long time, is that they seek advice when they need it. They will not necessarily get Disability Confident accreditation, and then they might be faced with a key member of staff having a disability, so they find out how to support that person. I think there is a different psychology, isn't there?

Ian Cass: Yes, very much so.

- Q24 **Rushanara Ali:** Turning to older people, do you think we need a dedicated piece of work to develop an older worker strategy, not least given that disability is a big issue but also, post-pandemic, there are issues around not enough over-50s returning to the labour market and, of course, age discrimination.

Ian Cass: Unfortunately, we saw a lot of people leaving the business world after the pandemic. It was just, "Oh, I have had enough of this. I am faced with all this change." Change is inevitable and natural, but it led to a hell of a lot of change, and we saw a lot of people going out of business earlier than they had planned. They were retiring early, in their mid-to-late-50s, "That is it. I am out of here." They are still capable of working, but they are possibly looking for a different way of working, not the 9 to 5 and the grind. Actually it is, "I would love to work three days a week. I would love to work in an FE college or work for somebody focused on a particular area of their business that they struggle with." They are out there, but we just have not harnessed it at all.

I do not have the answer, but do I think there is a massive opportunity? Absolutely, but doing something about it will take a bit of creative thinking and getting used to these new working patterns. "Who says I have to work 9 to 5? I could work in the evening and do so many hours for somebody." I will not waffle on too much, but that would be my answer.

- Q25 **Rushanara Ali:** Could we make it more quickfire? Chris and others, do you all agree that we should have an older worker strategy?

Chris Russell: I am not sure about the specifics of having a strategy, because it seems like there are quite a lot of strategies at the moment, and I am not entirely sure whether they are all having a huge impact. It is definitely something to consider.

I will add two points to what Ian said. First, you need to consider that self-employment is much higher among the over-50s, and using that as a vehicle to maintain them in the labour market is very important. Also reskilling and upskilling plus lifelong learning is really important. The adult skills budget has been cut quite a lot in recent years, and I would like to see that reversed.

Tom Pollard: I do not have anything much to add, but there is understandably a focus on young people at the moment, but I think there



is a risk within that. We also saw quite significant increases in health and disability among older people, so we would not want that to be lost.

James Taylor: The older you get, the more likely you are to have a disability or long-term health condition, so I would reflect that.

Q26 **Rushanara Ali:** As we have discussed, the Mayfield review is a seven-year programme, yet the state pension age starts to rise to 67 in April. We have had evidence from those who are in that period of transition, as well as those who were either made redundant or, for different reasons, have left employment earlier, and so on. Building on what you have said—and please do not repeat what you have already identified—are there any new ideas on what quick wins can be identified to support these groups?

Ian Cass: I think I have said mine.

Chris Russell: I am not sure if it counts as a quick win, but I would reiterate the point on the over-50s being more likely to be self-employed. Self-employed people are a lot less likely to save into a private pension. When we did a survey, we found that 52% of sole traders are not currently saving into a private pension. They are going to be more reliant on the state pension, and I think it is really important that the Government consider that when doing this review.

Tom Pollard: It is not an area we have done specific work on, so I would not add anything.

James Taylor: The only thing I can think of is whether there could be a vanguard that is specifically focused on older disabled people and what they are doing.

Chair: Thank you. That brings this session to an end.

Examination of witness

Witness: Sir Charlie Mayfield.

Q27 **Chair:** Welcome to our inquiry into disability and ill-health in the workplace. We are absolutely delighted to be joined by Sir Charlie Mayfield. You published your Keep Britain Working report last November. Can you explain to us how you went about gathering the evidence you published in your report?

Sir Charlie Mayfield: We approached the review in three phases. In short order, we called it “Why, what, how?” A lot of the evidence we gathered quickly at the beginning. We published that in a discovery report in March, and it was incredibly valuable to get the data analysis and the evidence out there as best we could.

That helped us to shape the extensive engagement phase where we basically held over 150 in-person or virtual meetings, directly in the room



with people across the country, and we had over 500 contributions to our portal. We aggregated all of that, and a summary was published. All of that was fed into the “how” phase, which was where we worked on developing recommendations that we published in November. It all carried through. I would say that the report we published in November was more about both framing the urgency of the problem, describing the opportunity to resolve it and then setting out the recommendations for how to do so.

Q28 Chair: I know that University College London is one of the institutions that you engaged with. Did that also include the Institute of Health Equity, where Professor Michael Marmot currently resides?

Sir Charlie Mayfield: Very probably. I am afraid I cannot remember exactly where that fitted in, but we did gather a huge amount of evidence.

Q29 Chair: The reason I ask is that, in terms of the epidemiology and the underpinning issues that we face as a country around the health of our workforce, as well as our working-age population more generally, there is a lot of work that has been done by epidemiologists such as Michael Marmot who led the Whitehall studies. I do not know if you are aware of that.

For colleagues who are interested, it was the first study that showed the hierarchical relationship with job strain—you are more likely to die of a circulatory condition such as heart disease if you are further down the pecking order in the civil service. That was unfortunately for colleagues in the 1960s and 1970s. Improvements have been made since then, but there is a lot of learning from organisations like that.

A question I put to the Secretary of State last week was whether we are engaging with the academic centres—and we have some world-leading academic centres—on this area, and whether that is something you want to harness, given the urgent need to try to resolve the issues around health and economic inactivity.

Sir Charlie Mayfield: Definitely, yes. We do, and we have spoken to many of the people you have just mentioned. They were included in the wider engagement phase that we did during the review.

Given that our scope is about employers and what more they can do, we have taken all of those studies, which essentially say there is a very big problem that has a number of different characteristics that need to be addressed, and then been mindful in using that backdrop to drive the engagement with employers to try to identify what we could do to fix it.

The focus going forward is substantially about shaping those actions and developments within the workplace so that we do a much better job of supporting ill-health and disability in work. Data and evidence will be a very important part of that whole drive. What we hope to do is move from a position where, frankly, the data visibility in this area is pretty



poor—the fact that you have to get academics to do bespoke pieces of work to understand it—to a position where it becomes much stronger. That will be part of what we seek to achieve over the vanguard phase.

Q30 Chair: I was quite surprised by what you say about the paucity of evidence. It is a field that I worked in 20 years ago, and evidence was being collated.

Getting back to the focus of the report, which is about the urgent need to address the issues around economic inactivity and the health-related elements of that, a comment that was made more than once in the earlier panel was that this is an urgent crisis but we are going to take seven years to come up with the solutions, so whether we can break this down to what we expect to achieve in the next six months, a year and so on and the milestones around that.

There is quite a significant amount of evidence already out there. It does not necessarily need to be bespoke, because there is already causal evidence. I have mentioned the Whitehall studies, which go back to the 1970s, on job strain and the type of jobs that you have. I think Tom Pollard mentioned, in the first panel, the importance of the relationship with your line manager. It is how we can build on that, rather than start from scratch. That is the point I am getting at.

Sir Charlie Mayfield: I do not mean to imply that there is a paucity of evidence. There is a lot of excellent academic work and studies that have looked in detail at the problem. Where there is an absence is in good workplace data. For example, do we know what the absence rates are in different sectors, regions, sizes of companies? We do not. Do we know what the return-to-work rates are in companies that manage occupational health well or poorly? We do not. My comment is really about the absence of workplace data that gives us a real insight into what is going on. That is the issue.

To your point about urgency, I feel that intensely. On the one hand, I don't want to imply that the task we are undertaking can be accomplished too easily because, frankly, I think it is a complicated and difficult one. Therefore, we need to have an attitude that says, "We are going to make a very significant change, and it is going to take a bit of time to achieve that". Having said that, I have a real desire to move as fast as we possibly can, and in the review we effectively asked the Government to support a three-year vanguard phase during which we will attempt to shift the system significantly.

Since the review was published—and we have moved straight into implementation, so for a start we did not pause—there has been no gap, in the sense that the report lands and people think about what they are going to do about it. The team has moved straight into implementing the recommendations we made to the Government, so we are getting on with it with some speed.



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I also think that momentum is very important. I don't see why we cannot do a pretty good job of defining what the Healthy Working Lifecycle should look like, the standard associated with it, and what good workplace health provision should look like. You and others need to challenge us to do that within about 12 months. I don't think it needs to take longer. We may not have dotted every i or crossed every t, but we should have done the majority of that work so that, within 12 months, we are talking about specific changes and getting on with figuring out how to implement them and get general adoption. I agree with you that urgency is very high.

- Q31 **Chair:** We will put that date in the diary. In terms of small businesses, you obviously had a flavour from the representatives from the FPB and the Federation of Small Businesses. Given that they are such a huge contributor to the workforce compared with medium and larger businesses, what are you going to do to make sure they are properly supported? When we are looking at a healthy workforce or lifecycle, it might be quite different in a small business, particularly in a micro business. How are you going to make sure that is addressed?

Sir Charlie Mayfield: We have already begun, and in the course of the review, during our "what" phase—the engagement phase, where we are out talking to a lot of people—to be honest, the majority of the conversations we had with employers were with smaller and mid-sized enterprises. We emphasise those as a cohort precisely because SMEs employ two thirds of the people who work in the UK. They don't have quite the level of financial resources that large companies have, but they are incredibly important in terms of being a very large employer.

- Q32 **Chair:** Sorry to interrupt. I am just looking at my notes, and I have that small businesses are up to 49 employees, medium-sized have up to 250. That is quite a large organisation, although they are defined as small. How many of the SMEs you talked to are actually small businesses?

Sir Charlie Mayfield: As you point out, there is a definitional challenge here. The majority of the smaller businesses we spoke to will be within the 10 to 250 cohort, but that is not to say that we are not mindful of sole traders, for example.

I was on a call yesterday with the HSE, and someone asked me a question from the roofing contractors consortium, many of whom are sole traders. They are very important. It is just that if we are trying to tackle this big problem, we will probably be more successful if we start in the middle and then work out to the edges. We focused a lot of our engagement on SMEs, with a view to making sure that, as we think about things like the Healthy Working Lifecycle, we do that with them in mind. It has become a bit of a joke in the team, but I say, "Look, this will not pass the Hannah and Tom test".

Hannah is a wonderful woman who runs a fantastic business in Bury, and Tom is a fantastic business owner and leader who runs a pub and hotel in



Rochdale. The whole point is that we must have their mindset in mind when we are looking at how we solve this problem. If we solve it for huge companies, we will fail all those people. By the way, those people will take about half a second to look at something and form a judgment on whether it has been written with them in mind, so it is very important.

On a practical level, we announced at the publication of the report that we had over 60 vanguard employers. We had several SMEs within that vanguard, but the majority were larger businesses just because they are easier to reach in some respects. That number has now more than doubled to 125.

We also had five mayoral authorities, and we now have 10. The significance of the mayoral authorities is that we are saying to all of them that we particularly want to work with them to reach their SMEs. In fact, this week there is a third meeting in Manchester with the Good Work Charter companies of Manchester. There are 1,500 members of those, and they are mixed sizes, but many of them are small and mid-sized. A lot of the mayoral authorities will work with them directly to convene and engage with SMEs.

Chair: The Good Work Charter started in Oldham, by the way.

Q33 John Milne: Good morning. In your analysis, you identify three key problems or challenges, which are fear, the lack of a support system and structural challenges. Could you expand a little on that analysis?

Sir Charlie Mayfield: Absolutely. Fear is the most important of them, to be perfectly honest, because it is the human behavioural factor that, if it is present, undermines the effectiveness of any structure or intervention. Essentially, what we have is a situation where—I am going to generalise—if you are a person with an ill-health condition or disability, very often you will be fearful of telling your employer about that.

If you dig into that a bit, if you are a young person with a mental health issue, you probably don't even know it is a mental health issue. You may not have even reached the point where you have called it that. You just don't feel something is quite right. In many cases, perhaps one of the last people you are going to tell is your employer, because you are nervous about how you might be treated and whether you will be judged in a certain way.

Fear is a huge issue that a lot of people in that situation feel, but it is two-sided because fear is also felt intensely by employers. For example, if you are a line manager who is managing somebody and—you are not a psychiatrist—you don't know what is going on, but you observe some behaviours. If you even see that there is a health issue, you may often be quite fearful of even talking to somebody about it, because at a human level you don't want to cause offence. You don't want to say something that might be considered inconsiderate. You definitely don't want to cause any kind of complaint or grievance.



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This is then exacerbated, in some ways, by HR teams because, let's imagine you have somebody who has been signed off sick with stress, it would be quite common for the policies or HR people within an organisation to say, "For goodness' sake, don't call that person when they are off sick," because you don't want to make the situation worse. Fear is creating distance between people, and the fact is that when people are ill or not well, distance is generally not a good thing. It is not conducive to a good recovery. This is a factor that we are dealing with, and it is partly why this problem is difficult.

The second thing is about the system, and we don't have an ordered system for how we deal with ill-health and disability in the workplace. Some employers have extraordinarily well-developed, very good systems with occupational health and support for employees, which are ingrained in the way they operate. In many cases, they generate some particularly good outcomes. Other companies have almost nothing, and many in between have something—there are a lot of employee assistance programmes and those kinds of things, but very often the take-up is low. It is sometimes because awareness is not good, and sometimes it comes back to the fear factor: you don't necessarily want to use something provided by your employer, because to do that you need to have crossed the threshold of fear and be confident that it is going to be in your interests. We have a whole range of issues there.

Added to that, we have a system whereby when people do get ill, and their ill-health condition gets to a certain stage, very often the first thing they will do is go to their GP. There is nothing wrong with that. It is exactly the right thing to do. If you are unwell, you should go to your GP. However, when they get to the GP, we are currently asking GPs to do two things. First, to ask, "What is your ill-health condition, and what should I do to help you get better?" That is absolutely their role, but with the fit note you are also asking them to make a judgment on the extent to which that person can work while they are ill or recovering from their illness.

If you think about it, that is a very difficult thing to do. As a GP, you don't know what the work environment is. You don't know whether the employer is very supportive or not very supportive. You probably don't know in enough detail what the nature of the work is and how that might intersect with the capabilities of the person in question, and of course you must do all that within a fairly short space of time because you have lots of patients to see. The result is that 93% of fit notes just say that people are not fit for work.

Q34 John Milne: Do you foresee removing the fit note process altogether?

Sir Charlie Mayfield: We have to be a bit careful. It is not within our gift at all. The fit note system is broad and has a number of roles. What I am pointing out is that there is an issue in the context of the working environment, which I think is very well recognised.



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What I have said to you would not surprise GPs. We have had a lot of conversations with them. They are the first to describe the issue. What we are essentially saying is that this further exacerbates the problem. If you go back to my point about fear, if you are a line manager and somebody has a fit note, it can act a bit like a firewall, almost the authority of the GP. "The GP has now said that the person who works for me is not fit for work, so I am definitely not going to ring them and say, 'Would you be able to come in next week?'" It just exacerbates that issue. We need to address all of that, and we are seeking to do so.

The third point is all about disability and, frankly, it is not a quick point. You were talking a bit about that on the previous panel. Bluntly, a lot of disabled people are excluded from the workplace. That is the truth. We have a disability employment gap that is far worse than many other countries, which is an enormous cost to individuals and a huge cost to employers and the economy.

I will just give you one example. At a roundtable in Glasgow, there was a blind lady who joined the session. She was working for the NHS and came in with her guide dog. Just as we were wrapping up the session, she said in a very quiet voice, "I was 49 when I got my first job, and I had five degrees." If you just imagine what 30-odd years of her adult life have been like, where she has been so able, willing and wanting to work but has not been able to find work. That is just one example. I could give you a lot. This is a real issue. Of course, we pulled it out as a third point, but it is really a manifestation of the first two: fear and a lack of structure and support equal the exclusion of disabled people.

Q35 John Milne: It has been commented that there is a relative lack of detail about this third structural problem and how to solve it. What would your response be to that?

Sir Charlie Mayfield: I came in at the back of the last panel, where you were talking about Disability Confident. We want to work with employers to find out how to improve the situation and how to tackle these issues. The good news is that there are a lot of employers who are very keen and enthusiastic to do this.

We ran a survey recently with all the vanguard employers, ostensibly with the purpose of understanding which areas they were interested in helping us with in terms of developing solutions. I think 74% of them said they were interested in working with us on disability inclusion. This is not a cross-section of all employers, of course. The employers who volunteered to be vanguards are employers who already feel that this is an important topic and something on which they want to be on the front foot, so they are not in any way a cross-section.

In some ways, it is a meaningless number, but I think it is significant, none the less, because it signifies that there are quite a lot of people who want to work on this. Essentially, what we are going to do is bring them together. We are also going to be working with a number of disabled



people's organisations and people such as the Business Disability Forum to look at how we improve the situation as it stands.

In the context of Disability Confident, our view is that if you talk to disabled people, a lot of them are very disparaging because they basically feel that this is good PR, but the outcomes don't justify it. There is also some evidence to suggest that even top-tier Disability Confident employers may not employ many more disabled people than employers who are not in the scheme at all.

What we want to do—and it is very early days—is work with those interested parties to find out how we could improve that scheme, in a way that particularly focuses on whether and how we could measure outcomes. What I think we all want to see is more disabled people in employment. To my mind at least, if you want to step forward as a Disability Confident employer, one of the outcomes should be that you end up employing more disabled people and you retain them over time. Basically, we are going to be working with them to try to figure out how to do that and work it into our overall recommendations.

Q36 Amanda Hack: Because we have started on Disability Confident, I will merge the two questions together. You have obviously reflected on Disability Confident and the fear that it is a tick box rather than really looking at how employers are employing more disabled people. When we look at the Healthy Working Lifecycle, a formal accreditation and standard, how do you think it will be different? What lessons do we learn from the work done on Disability Confident to make sure that it is not another tick-box exercise and does drive change?

Sir Charlie Mayfield: The first thing I would acknowledge is that we have a lot of work to do. We don't have all the answers yet, and I don't pretend that we have. The second thing is that it is important not to conflate ill-health and disability but, equally, to recognise that in the context of an employer looking at their total workplace and practices within it, you would also not want to have a situation where you said, "Ill-health is dealt with this way, and disability is dealt with that way. They are completely different and separate." The fact is that disabled people also get unwell, and people who are unwell develop disabilities, so you have to find a way to bring those two things together.

Equally, particularly when you talk to disabled people's organisations, they are pretty vehement about the importance of keeping those two things separate. I understand why, so we are keeping them separate. We are not going to try to tackle the two together directly, but we also need to recognise, from an employer standpoint, that we need to reach a position that is both simple and coherent. We are going to tackle it that way.

My view is that if you look at the different elements of the Healthy Working Lifecycle very quickly there is recruitment and onboarding, there is hopefully a period where people are healthy and well in work, there is a



period where they may get an ill-health condition but stay in work, there is a period when people may have a health-related absence from work, hopefully from which they return but, if they don't return or cannot return to the job they are employed to do, the focus then shifts to redeployment.

If you think about that lifecycle, the things that we are now working on include, in the context of staying in work, the development of a stay-in-work plan. We would like to see a stay-in-work plan become a feature within the UK employment landscape. One of the things we are doing with some of our vanguard employers at the moment is to take that as a concept, flesh it out, develop it and put specificity around what it would look like. Very probably, what that would include is: if someone has developed an ill-health condition and needs time off for appointments, they should have time off for appointments. If they need some adjustment to their working practices, they probably should have some of those adjustments, and there should be some mechanism whereby that could be agreed.

What I am describing, in many respects, are exactly the same processes that are also required by disabled people who need reasonable adjustments. One of my observations is that the word "reasonable" is very reasonable, but it is also poorly defined and there is not much support for employers or employees in determining what is and is not reasonable.

Part of the work we are going to do when we start looking at the provision, the providers and the support that need to be there to support employers and employees, is how to get people on to the pitch alongside them so that you have some arbitration going on in the workplace that determines that. I could go into more detail but, hopefully, that has given you an impression of one particular part of the Healthy Working Lifecycle and where we think it could be highly relevant to disabled people.

Q37 Amanda Hack: I can understand the sense of trying to keep those things very separate. However, in the landscape that more employers will recruit at the point at which somebody already has a disability, the sense of the Healthy Working Lifecycle is that you start healthy, whereas you can join at any point in that cycle. In terms of employers and the formal accreditation, how will they be supported to do that and what vision do you have for it?

Sir Charlie Mayfield: I agree with you. I have chosen one bit to illustrate the point. I am not suggesting that is the be-all and end-all. The whole point is that this is a lifecycle, and you are quite right that we need to operate across the whole lifecycle and think about people moving between different phases. The other thing is that people will get ill and then get better again. I have done it as a linear thing, but it is not really. It is a whole series of circles, or it should be. That is definitely true.



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The stage we are at now is that we are basically saying to employers, “We need you on the pitch. You need to be active in the context of ill-health and disability”. The good news is that a lot of employers have joined us and agreed—those are basically the vanguards. What we want to do is work out how we now do that.

We have just started the first of what we hope will be three cycles of employer-led sprints to look at the detail of what needs to go into that. There are five employer-led sprints that are kicking off right now. The one on data started on Friday. We will have ones on prevention, which will have a particular focus on mental health. We will have one on staying in work, basically fleshing out what I described just now. There will be one on return-to-work plans and how we develop those. The fifth is on disability inclusion. Essentially, what we are doing is working with employers to develop those. That will be one cycle.

We want to make a virtue of trying to do this quite fast, so we have basically said to these groups of employers that we are going to give them eight weeks to work on those topics, and they can give us their best answers after those eight weeks. We will then evaluate where we are, share those findings with some of our vanguards and other stakeholders, and then we will go again with another set of sprints. By then we will have identified some of the next issues, and we will do that again. We are aiming to do three cycles over the course of this year, with a view to reaching a position in a year’s time where we can come back and tell you what we think the Healthy Working Lifecycle looks like, including what the provision and the data picture need to look like.

The question of how you do certification and accreditation is an interesting one. It is one that we want to tackle with a lot of care and consideration. You can have accreditation that basically says, “Let me give you a very long list of things that you must assure that you have done and tick all of it off”. That could be practices. It could be having people and procedures. You can imagine what that could look like.

The challenge I always give to the team when that is what we end up looking at is, “Well, that will fail the Hannah and Tom test”. It will not work because they will just look at it and take about five seconds to realise it is not for them. Instead, what we want to try to do is focus as much as possible on outcomes, because that is ultimately what matters to everybody.

As an example, if people are off sick from work, absent from work with ill-health, you are not worried about people being off ill for a week or two because people get flu and they come back. However, once somebody has been absent for two weeks, and they are projected to be absent for a longer period, it should not be the case that they are just not in contact with their employer. Instead, there should be a process where a return-to-work plan is developed for those people. We don’t want to be overly



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prescriptive about the form it takes, and if we get into defining all of that, we will again fail the Hannah and Tom test.

What matters is how many of the people in your organisation who are absent from work for more than two weeks successfully return and within what timeframe. What we are probably going to say to employers is, "We want you to measure that." What is interesting so far is that we have surveyed about 30 employers to look at what the measurement picture is currently, in terms of asking them what they are measuring now. The vast majority of employers have some kind of measure of absence rates. They know that X% of staff are absent at any one moment in time.

What is quite interesting is that there are probably 20 different ways in which absence is being measured. They may be valid, but our view is that, once we get into it and understand it better, there may be three ways that you should probably measure it. It would be quite helpful to all employers if we could tell them what those three are rather than them having to find out. What we have also found is that very few employers are measuring successful return-to-work rates. When I have this conversation with employers they go, "That is interesting." You can see people writing it down and thinking about going back to their teams and saying that they should probably start measuring that.

What I am trying to describe is that it is important and needs to be carefully considered, but we also need to be careful not to develop something that we are incredibly proud of and looks wonderful but is totally inoperable for most of the people who need to use it. We think the answer to that is to focus on outcomes in the way that I have outlined and, therefore, data and aggregating data around this is really important.

One of the main recommendations in the review was for the creation of a workplace health intelligence unit. If we get to a world where we can say, "This is the Healthy Working Lifecycle. These are the key outcome measures of different aspects of that, and to meet the standard, you must agree to share data confidentially with the workplace health intelligence unit", if you had thousands of employers doing that, you would start to develop a very interesting and potentially valuable dataset.

You would have to be very careful how you use it, because if you get into naming and shaming people or league tables, people will not join it, so it will not work. But imagine a world where you had an employer, let's say a retailer employing 100 people in the west midlands, and they were able to look into that database and say, "How do our absence rates, measured in a consistent way, compare with other organisations similar to ours? How do our return-to-work rates compare with other organisations similar to ours?"

Again, one of the things we have to be very careful of is to say that a 2% absence rate is good and 4% is bad, because if you are running a professional services firm, it might be the case that 2% is okay and 4% is terrible. If you are running a retail business, you would probably say 4%



is pretty good and 8% is bad. We have to be very thoughtful and careful about how we use data and measurement but, equally, it is an absolutely critical part of our creating a system that works and is self-correcting.

Q38 Mr Bedford: You proposed a certified standard for workplace health provision. I am interested in how you envisage that working. What support is there among employers for bringing that in?

Sir Charlie Mayfield: The Healthy Working Lifecycle is one key piece, and workplace health provision is another key part of this. What we are effectively saying here is that employers will not be able to deliver the outcomes of the Healthy Working Lifecycle without a level of provision and support from workplace health professionals. What we need to do is figure out what is the required level of support that employers must have in place.

To give you an example, return-to-work plans. If you have somebody who is off sick and an employer, and you say to the two of them, "Come up with a return-to-work plan," there is a risk that the employer says, "Well, I think you could do this" and the employee says, "Well, I don't," and you have no way of resolving that issue. If you add into that picture an experienced workplace health professional who can then arbitrate between the two parties, then probably, although not in every single case but maybe in 80% of cases, you can reach a sensible agreement whereby a return-to-work plan is arrived at.

What we are saying is that the provision needs to be available to employers, and we need to figure out how to do it. The good news is that this kind of thing is already available in the market and is already provided probably in the order of 11% of current employers. If you have a group income protection policy, or some kind of insurance policy that is provided by one of the big insurers, you will have within that organisation quite large numbers of case managers whose job it is to call you—the individual and the employer—to figure out how to do that, and they already do quite a lot of that. What we are looking at is how to make that kind of provision more available to more people, without saying that everyone must have a group income protection policy, because we are not here to make that stipulation.

Perhaps unsurprisingly, we have had a lot of interest from providers in our work. Within our vanguard, we have over 30 providers and they are all sorts of different companies. Some of them are the large insurance companies, but they also go right the way through to occupational health businesses, the third sector. Interestingly, we also have quite a few NHS organisations within the vanguard, and particularly within the regions. You have probably talked about WorkWell on the Committee.

Q39 Mr Bedford: How do you see the national roll-out of WorkWell evolving? You have two separate things here. Do you see it all evolving into a single delivery?



Sir Charlie Mayfield: I think WorkWell is well intentioned and is achieving some quite interesting results in the places where it is present. One of the challenges with WorkWell is that it is fairly small scale, to be honest, compared with the scale of employment across the UK. If, for example, the solution is for WorkWell to be the answer to everything I have described, we would have to find a lot of money—seriously, a lot of money—to do that. You are basically talking about a national occupational health service, and you would have to stand that up and someone would have to pay for it. It is not obvious to me that that kind of funding is available. Ultimately, the taxpayer would have to pay for it, and then you would have to figure out how you would do it. I don't think it is a solution in its own right.

Having said that, when you go to different parts of the UK and talk to people on the ground in those localities, what you find is that there are a lot of people who are trying to solve this problem. I often use the analogy that if you go to any big city in the UK—and this is where the engagement with the mayors has been so good—you will find literally hundreds of people who are involved in supporting workplace health in some form, or employees at least within that.

The analogy I offer is that if this table were covered with an iron filing for everybody who is already trying to help with this issue, it would be covered with iron filings. The greatest arrogance and stupidity we could exercise would be to put them all on the floor and say, "We have arrived with this review. Here is our iron filing and everyone can go home and not worry about it." What we want to do is think about how we amplify and increase the impact of the people who are already there.

One of the things we are very keen to do with them—particularly with the mayors in the regions—is explore whether we can find a route to make things like WorkWell available to employers as well as employees, and to look at whether there is any scope to look at funding mechanisms and whether there is the scope to create pooled funding mechanisms where employers can effectively pay for some of that to enable the expansion.

What we are certain of is that, for the workplace health provision to be affordable and accessible to SMEs, we need to give SMEs access to scale. If you are employing 10 people and you try to buy the workplace health provision, it is going to be unaffordable. If we can create the opportunity for you to do that as part of a scaled-up, pooled risk operation, we think you could probably get the provision we think you need for in the order of £60 per person per year. It is not nothing. I am not saying it is an insignificant amount of money, but it is not £6,000 either. Scale is very important. What we want to try to do is figure out how we can develop mechanisms to do that.

Q40 **Steve Darling:** Thank you so much for giving up your time today to come to speak to us. Building on the workplace health provision, where do we get to in seven years' time, particularly focusing on small



businesses? It is the “So what?” question. Where will we be? What do results look like?

Sir Charlie Mayfield: We are at the beginning of this journey, so perhaps we should be mindful of just how challenging it will be. Equally, I would be very clear that our ambition should be no less than creating a fundamental change to the way we handle ill-health and disability in the workplace from what is currently a pretty haphazard system—if it warrants that word—with very mixed results, to one where we have a much better outcome, where basically it is the norm that we handle ill-health and disability in as proactive a way as possible within the workplace with good support available for people to do so, and that it becomes generally adopted across the UK.

What we are doing, in the work during this vanguard phase, is to figure out what that needs to look like—the Healthy Working Lifecycle, the provision and the data. What we have said is that the Government will have a key role to play, which is how to assure the outcome. While my view is that there is a very good case for adoption of what we are going to propose, because it is good business and creates a good return on investment in its own right, the fact is that we will not get everybody to adopt this because you never do. Therefore, the Government will need to be a key actor in creating the incentives, and aligning the incentives in such a way as to encourage that adoption.

Q41 **Steve Darling:** I want to pick up on WHP. The report talks about how this provision could assist with navigating Access to Work. Do you have any reflections on any reform that would be helpful around Access to Work to make it more enabling than it is at the moment?

Sir Charlie Mayfield: I came in on the back of the conversation you had with the previous panel, and I broadly agree with what they were saying. The thing about Keep Britain Working is there are quite a number of policy adjacencies to the core of what we are focusing on, and this is one of those. We are not saying that we are taking on the responsibility of trying to solve this, but we also recognise that we can hopefully contribute in a positive way.

My view on Access to Work is that there is a legitimate and very important role for the Government to provide support to individuals to enable them to work where otherwise they would not be able to do so. However, there is also a legitimate expectation on employers to create the conditions where people can work. The difficulty is judging where one responsibility stops and the other starts. It is compounded by the fact that there is a finite amount of money. Once there is a pool of money and people become aware of it, they tend to go towards it and look to use it. One would, wouldn't one?

In my view, one of the critical factors that has to be addressed is how to determine reasonableness in the dividing line between the two. I find it hard to see how we are going to dramatically improve the situation



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without doing that. I am not saying that, in Keep Britain Working, we have the answer to that because I don't honestly think we do. However, I do think that, if we can develop some of the things I have been talking about, you might get to a situation in the future where you have workplace health professionals who are able at least to contribute or to have input into that system.

It may also be the case that, by improving the overall workplace health provision, and looking to encourage innovation and a provider response, you will reduce the cost to employers of making the adjustments required that enable more people to work. I absolutely feel that we can be helpful to that cause. I am not saying that we are going to be the answer to it.

Q42 Steve Darling: I am aware of time, but can you be a bit more specific?

Sir Charlie Mayfield: I have mentioned two parts. If you look at the assessment side of things, if we could reach a position where there is a more clearly established group of workplace health professionals who can objectively assess an individual and what they require, and if they are also in a position to reach an objective assessment of what is reasonable for an employer to provide, that would be a very useful input.

If you look at some other countries—some of the work that we did looking at the Netherlands and Denmark—they do resource that. In the Netherlands they have UWV, which is essentially the enterprise that assesses people in a very objective way. An individual will be assessed by three different people, and they will be given a score that determines their ability to work and what they require to do so and, therefore, the expectations that will flow to them and/or to their employer. We are not going to provide all of that, but I think we may be able to move us forward a bit on that front.

Q43 Rushanara Ali: My questions are partly on the intelligence unit. Before I go on to that, I want to pick up on the Access to Work point. On a visit this week, we took evidence from young people with disabilities returning to work in Durham. In some cases, there are well-documented examples that it can take many months, up to a year or longer, but even if you are not eligible, it is helpful to know the outcome early when a job has been offered. It is devastating if you have achieved the success of being offered a job and then that is the main barrier. Do you think there needs to be much more work on reforming what works, so that it does not create barriers to employment when people have been given job offers?

Sir Charlie Mayfield: I have heard exactly that point: somebody is made an offer, but they don't get confirmation of their Access to Work grant, and they have lost the job by the time it comes through. I have heard that story many times, unfortunately. I think this is a real issue. Apart from anything else, there are process issues with the current scheme that are creating some very unfortunate outcomes.

Q44 Rushanara Ali: Does it undermine what you and the Government are



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trying to do?

Sir Charlie Mayfield: It is a further barrier. It is a serious impediment to disabled people getting into work, and I think someone on the previous panel also mentioned passporting. If you are a disabled person and you find it hard to get into work, and you have had to fight through a lot of stuff to get whatever you need to get there, you are very unlikely to want to move job or go to another employer if that means you have to go through that whole rigmarole again, with all the uncertainty. I do think that disabled people currently face pretty severe restrictions, which we should all be very concerned about. I would share that. I think what I am describing is a current issue. It is an important and difficult issue.

Rushanara Ali: It needs to be fixed.

Sir Charlie Mayfield: I agree with you that it needs to be fixed. I am very sympathetic to the problem.

Rushanara Ali: You don't want scope creep.

Sir Charlie Mayfield: Well, we are not the Government, and we have a particular remit. I think what we must do is focus on trying to do that as well as we can, and to be as helpful as possible to others who are trying to solve these other issues.

Q45 **Rushanara Ali:** On the intelligence unit, you mentioned a number of things that you want to measure, which is really helpful. Do you see it also measuring savings to employers in the public and private sectors, if the data is used to look at how employers are using that data to get better outcomes?

Sir Charlie Mayfield: We definitely think that the intelligence unit has a role to play in providing evidence on impact. That impact can come in a number of different forms. We have already seen a lot of evidence to suggest that where employers invest in employee health and wellbeing, they get very good returns on investment: seven times, eight times, 11 times, even 20 times return on investment. We believe that there is a compelling investment case for employers. That would not convince a lot of employers. They will just think it is other people and not relevant to them and their business. What we want to do is use the intelligence unit to increase the amount of data that is available, increase the evidence and make it more salient to the people who we need to reach. That is definitely a role.

I also think it is going to be very important with a view to facing into Government. For example, if an employer employs a young person—and I will give you a specific example, and we have mentioned this in the review—starting out in work, lacking social confidence and, like most young people, having a degree of insecurity. They may even have some early-stage anxiety issues, for whatever reason. Hopefully, they end up in a good place where their employer supports them actively.



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Let me give you an example. If that person turns up late for work—let's face it, sometimes young people do, because they don't quite realise the importance of that—it is incredibly important that the employer says, "It is not okay to be late for work. I need you to be here. The reason I need you to be here is because you are part of a team, and if you are not here, you are letting down the team." It is important to be clear with that person. They may not like it, but if they show up for work on time the next day it is also important for that employer to say, "Thank you for listening to me. I really appreciate it. You are now here and part of the team".

It is a micro-example, but employers have the opportunity to determine whether that young person ends up on a trajectory where they gradually get a sense of belonging, gain confidence and get a greater sense of what they can contribute, and they get on to a track that can easily lead to over £1 million of earnings in the course of a lifetime of work.

The alternative is if that person does not get that experience and they have perhaps already started in a slightly vulnerable position, and their sense of self-confidence gets squashed a little more every single day, then six months, nine months, three years down the track, you may well find that person ends up going to see their GP and say, "I am so anxious about work." Then they get signed off on a fit note, often for a month and then another month and another month.

What we know is that if that person ends up distant from work, the chance of going back to work is very small. That is worth £1 million, and it costs the Government £1 million. It is a £2 million difference, and 190,000 young people have taken that path in the last five years, so the maths is pretty scary.

Q46 Rushanara Ali: Agreed. The other role that the intelligence unit is due to play is designing incentives for employers. You have touched on that. What incentives are you looking at first?

Sir Charlie Mayfield: We are really saying that it is for the Government to incentivise adoption. What we have said is that we think there is a range that we can adopt. For example, the easiest end of this is to say, in public procurement terms, "If you meet the standard, and you have all this in place, that should count in your favour from a procurement point of view." That is a relatively straightforward, easy thing to do.

The next step could be to look at some of the rules that currently exist around tax relief on investment in occupational health. You will hear a lot from employers saying that, if they pay for someone to have an operation they cannot have on the NHS, but it means they can get them back to work faster, they will face a double taxation issue from that. I am not suggesting that you give a blanket tax relief for all employers for every expenditure they make, but perhaps there should be some favourable treatment for people who adopt the standard. That would be another one.



Then should there be tax incentives? Again, this is agreed by the Treasury, and it is not our job. All we can do is make recommendations. However, if you go back to the point I made that if an employer, through taking proactive steps, is preventing a large number of people from ending up on welfare, it is of huge benefit to the state, and so perhaps there should be some consideration of other incentives.

Q47 Rushanara Ali: My final question is about enforcement. Obviously, you are focusing on the positive engagement with employers, but there will be areas where there needs to be enforcement of equalities legislation, for instance. What are your thoughts on that?

Sir Charlie Mayfield: Enforcement and accreditation sit side by side because you need to know how we are going to deal with the accreditation, but you can only really address this question of enforcement off the back of that. I have indicated that we need to be very thoughtful about that, not least because, even though we have an Equality Act, which essentially says it is illegal to discriminate against people on a whole load of protected grounds, we still have a disability employment gap that is pretty shameful.

Yet I think, even if you just took an enforcement route—again, quite a lot of disabled people's organisations say that we should enforce it even harder—the risk is that you are ratcheting up the fear on the employer side to employ somebody with some kind of potential vulnerability. We have to be thoughtful and careful about enforceability, or about relying on enforcement as the mechanism to achieve change.

Q48 Rushanara Ali: It is about enabling good practice.

Sir Charlie Mayfield: Yes.

Q49 Damien Egan: We had a very interesting visit to Durham, as other members have referenced. As part of that, we talked to a group of people who were at pre-retirement. We touched on this in the last panel, and I would like to know your thoughts—because it was overwhelming, from the table we were on—about flexible working, bringing in elements of self-employment, and the one, two or three days a week that people were coming in and being able to give their expertise. What are your thoughts on that? Obviously, there are big regional disparities. How can those be addressed?

Sir Charlie Mayfield: I have talked a lot about young people and mental health, because that is one of the biggest drivers of ill-health conditions in the workplace, and of course it is particularly important because you have a lifetime of consequences ahead of people. The other big area is musculoskeletal issues among older people. The fact is there is a lot of good evidence from people—such as Andrew Scott—around longevity and keeping people in work for longer, and the economic value of that is huge. If you increase the participation rate up to the age of retirement, it would do a lot for the economy. I think it is a very important issue.



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I don't want to suggest that we have the same answer to all the problems, but a stay-in-work plan, if that existed as a thing, if an employee and an employer had stay-in-work plans that were commonplace in the workplace you might well find that someone would say, "I want to stay in work, but I can't stay in work doing five days a week. However, I could stay in work doing three days a week. Can we find a way to do that?" Having that as a supportive mechanism would probably help with that outcome.

I also think there is an opportunity to look at where there are overlaps with things like the industrial strategy. We have made the point to various people that quite a lot of the industrial strategy sectors have older than average workforces. Generally speaking, older people in those workforces have more experience than the younger people in those workforces, and we want those sectors to be drivers of growth for the future. It may be the case that keeping more older people in work for longer is important to achieving the objectives of the industrial strategy and will be beneficial to those people. There are a number of things that we should look to try to draw together to encourage that outcome.

You very rarely meet people who say that it is not a good idea to try to find ways to keep older people in work for longer. The question is how you do it. That is where I think the Healthy Working Lifecycle will be helpful in terms of developing some practices and support that would enable that outcome.

Chair: That concludes our session with Sir Charlie Mayfield.