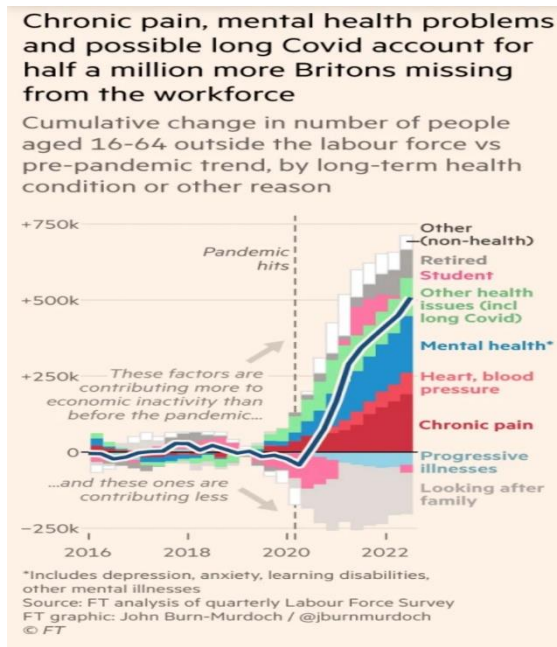


Perspectives on worklessness due to ill health – 13th October

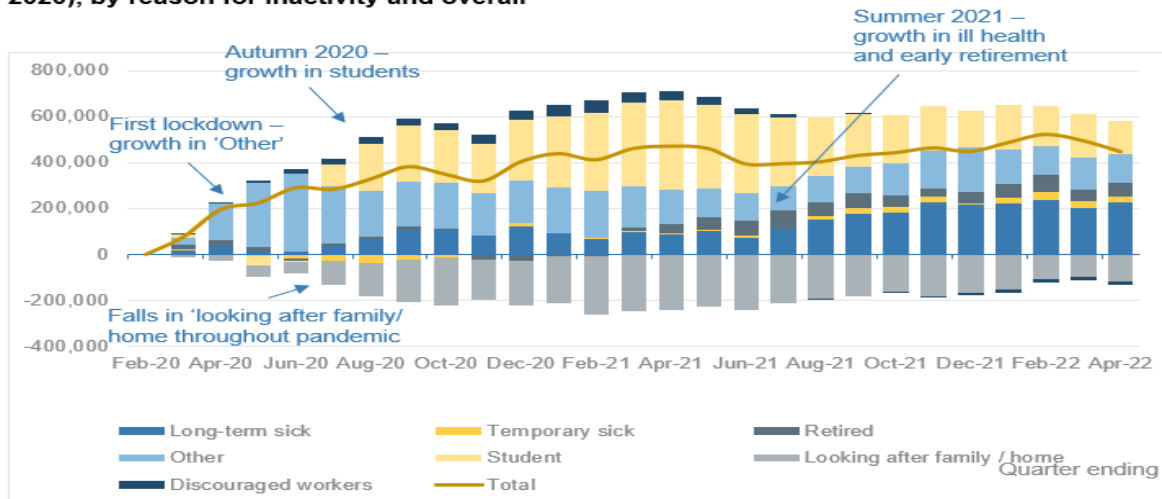
The event covered:

- Data and context e.g. worklessness due to ill health by industry / occupation and ability to hybrid work; the disability employment gap, barriers to work, the impact of NHS waiting lists, the increase in mental health and Long Covid issues:



The growth in worklessness due to ill health and retirement (see IES graph from the LFS below):

Figure 5: Changes in economic inactivity since start of pandemic (December-February 2020), by reason for inactivity and overall



Source: Labour Force Survey

- Tools - the best package to support work participation e.g. in retention and return to work via DWP employment support, avoiding medicalisation; facilitating phased return to work / return to function. See presentation from Stephen Bevan
- What this means for managers and employers

What is driving in activity III- health in the current Labour market?

Nearly 60% of women and 45% of men are economically inactive by the age of 64 according to ONS Data – ill health is a significant cause of drop out.¹ Before Covid, an estimated 300k disabled people fell out of work every year, a huge loss for the individuals and their contribution to Society.

OH can play a key role in keeping disabled people in work by helping advise on appropriate adjustments to their working life which support their health. There is a variation in how well employers manage work and health and support/ enable people to thrive in their workplace. Presenteeism is a major issue.² Only around a quarter of employees have access to OH services. Those in large companies are five times more likely to have access than small companies. In the UK, 1.2 million people suffer from occupational disease, out of a working population of 32 million. The direct costs of health and social care is aggravated by direct disability benefits costs, indirect costs to carers, lost taxation revenue and the loss of skills and talent.

A growing number of employees are struggling to return to work because of Long Covid and are facing, or have faced, losing their job due to being unable to work at their full capacity. Losing their job, or even the threat of it, can set people recovering from Long Covid back significantly and lead to long-term unemployment.

The event highlighted the role of:

- Stimulating the demand side e.g., through SMEs purchasing occupational health, and the work of the DWP/DHSC work and health unit's "health is everyone's business response" .. increasing access to Occupational health and that "good work is good for you" and challenges to achieve that e, g, regarding ensure "intelligent customers".

In response to the 'Health is everyone's business' (HiEB) consultation, HSE are developing principle-based, non-statutory guidance to support disabled people and those with long term health conditions in the work environment. The guidance provides seven clear and simple 'principles' for employers to apply and sets out how to best to create a supportive workplace. It focuses on key elements of doing this, including how to make suitable workplace adjustments or modifications and how to communicate in an accessible manner. This work will be launched at the HSE work and Health conference in November

- Stimulating the supply side for more Occupational Health (OH) professionals – who help people to make appropriate adjustments to their working life to enable to them to continue in work, by providing independent advice to both employee and employer. For those out of work, OH specialists can help advise them on what work they would be able to manage and give people with health conditions confidence to return to work. Harvard University found that £1 investment in OH leads to £1.93 saving in absenteeism costs or a £2.35 saving in medical costs.³⁴

SOM supports DWP/DHSC's work and health programme linked to the *health is everyone's business consultation response*, SOM is calling for:

1. OH workforce expansion – by increasing the number of training placements available in the NHS
2. Evaluating the impact of a subsidy for SMEs and the self-employed – to reduce the cost of accessing suitable OH
3. Improve information and guidance on purchasing OH and explore outcome-linked measures to support providers to help employers to choose the most appropriate service for their needs.

¹ [ONS Data release August 2021 'Living longer: impact of working from home on older workers](#)

² https://www.som.org.uk/sites/som.org.uk/files/Presenteeism_during_the_COVID-19_pandemic_May_2021.pdf

³ <http://nrs.harvard.edu/urn-3:HUL.InstRepos:5345879>

⁴

https://www.som.org.uk/sites/som.org.uk/files/Occupational_Health_The_Value_Proposition_March_2022_0.pdf

4. a Centre for Work and Health Research that will strengthen research infrastructure that supports long-term innovation, identify interventions which work, and provide a route to translate research into policy and practice. It would commission research that meets the UK's bespoke priorities and rapidly respond to emerging issues.

SOM wants to press the urgency of these commitments. We are worried that momentum has been lost on this agenda, funding is not confirmed, and progress is slow. DWP should work with GP practices to ensure those who at risk of falling out of work due to ill health have occupational health support following engagement with disability employment adviser or work coaches.

There should be access to occupational health for all DWP return-to-work services. People deserve to have their mental and physical health looked after when they are at work, where they spend a huge amount of their life. Access to occupational health is a key part of this. SOM want the Government to go further and commit to a long-term goal of universal access to OH.

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