

## **Society of Occupational Medicine**

### **Scottish Employment Injuries Advisory Council Bill**

#### **Note from the Society of Occupational Medicine to the Social Justice and Social Security Committee**

This note is intended to assist the Committee with its consideration of the Employment Injuries Advisory Council Bill.

The Representative from The Society of Occupational Medicine to give evidence at the meeting in person will be Professor Ewan Macdonald. Biography below:

#### **About the Society of Occupational Medicine**

The Society of Occupational Medicine (SOM) is the largest and oldest national professional organisation of individuals with an interest in occupational health (OH). Membership is for anyone working in and with an interest in OH and supports professional development. Its 1875 members are part of a multidisciplinary community – including doctors, technicians, nurses, health specialists and other professionals. SOM's Patrons are Lord Blunkett, Dame Carol Black, Lord Popat and Rt Hon Sir Norman Lamb. SOM is a member of the Government's OH expert group and hosts an Academic Forum which aims to inform government and support the health of the UK workforce. SOM released the first in-depth study into the impact of ill-health on the UK's working population, "[\*Understanding Recent Trends in Ill-Health Driven Fallout from the UK Job Market\*](#)". Key findings include:

- Long-term sickness in women across all age groups has been rising since 2014, with women becoming economically inactive at a higher rate than men.
- An increase in economic inactivity in young men, aged 16 to 24, with sharp increases in mental health issues.
- Occupations with a low ability to work from home are more likely to see people leave the workforce due to long-term sickness.
- Pressures in health and social care delivery, including the impact of COVID-19, has led to backlogs for treatment and worsening health outcomes.
- The UK has an ageing population, high rates of excess weight, and alcohol consumption and a legacy of smoking, resulting in long-term physical and mental health problems.

Of the 41.6 million people in the UK of working age (age 16-64), 2.5 million (1 in 16 people) are inactive due to long term sickness. The historically high number of people off work, long-term sick, remains an immediate and pressing concern for the Government. More than 11 million people are living with long term conditions that can affect their ability to work.

Of the 4 million people living with mental health conditions only 2 million are employed. Nearly 60 percent of people who are economically inactive and left work in the last two to three years have a work limiting health condition.

The analysis demonstrates how occupation, gender, and disability affects getting back to work. Occupational health (OH) provision is a key solution to this issue. SOM is calling for comprehensive OH coverage, with only 50 percent of workers currently accessing OH. Westminster Government steps have been taken, including in the Spring Budget, to support OH so those with health conditions can continue work, but

more must be done to keep people healthy at work and reverse these trends. New Westminster Government consultations on OH and Tax incentives on occupational health (OH) recently closed.

### **Questions to ask Ewan:**

- **Is an IIAC equivalent in Scotland the best way of supporting the Bill?**

Ewan – we need to harness the experts in workplace health that we have in Scotland to create a group that will improve work and health e.g. based in wider occupational health knowledge. A repeat of the IAAC in Scotland would duplicate resources and experts. A wider, more focused, work and health expert group examining issues to do with worklessness due to ill health would be of benefit.

- **What are the wider, secondary, areas the Scottish Parliament to consider?**  
i.e. How can we improve people's lives with people with health conditions of working age? e.g. to help them get back to work and function better?
- What is the best way to support people with ill health at work?

The Scottish Parliament should focus on boosting economic growth by working to ensure good health at work as this leads to more productive workplaces, fewer lost hours, and people leaving the job market. Occupational Health's strategic approach prevents and reduce ill-health among employees. OH reduces staff absence and resignations, keeping people in work when they would otherwise be off sick, leading to higher productivity.

Occupational Health has real value on supporting people in Scotland stay at work event with health conditions.

See the SOM's publication on the Value Proposition updated last year – see [Occupational\\_Health\\_The\\_Value\\_Proposition\\_March\\_2022\\_0.pdf](https://www.som.org.uk/Occupational_Health_The_Value_Proposition_March_2022_0.pdf) (som.org.uk). OH Provider, PAM, has produced a <https://www.pamgroup.co.uk/post/benefits-of-early-intervention-report> which contains the following stats:

- Referring people into OH before they become too sick to work can reduce absence by 64%
- 91% of people referred into OH, while they were still in work, were expected to be in work one month later. This compares to just 45% of those referred between 1-2 months of absence and 27% of those who had been off for over six months.
- Despite the benefits of early OH intervention for reducing sickness absence, 38% of managers wait until the employee goes absent before offering support
- More than one in two (55%) of absent employees are only referred into occupational health once they have been off sick for over a month

### **Professor Ewan Macdonald**

Ewan is Head of the Healthy Working Lives Group, which he established at the University of Glasgow in 1990. He divides his time between academic activities and provision of clinical Occupational Health and Safety services through his company MacOH Ltd. Ewan is a Fellow of the Royal Colleges of Physicians of Glasgow, Edinburgh, and London and a Fellow and Past President of the UK Faculty of Occupational Medicine. He is a Founder and Past President of the Occupational

Medicine section of the Union of European Medical Specialists. Ewan developed the Healthy Working Lives paradigm, and this was adopted as policy in Scotland. Subsequently, he stimulated its review which led to the Health Works Policy. During 2011, he chaired the implementation group of the first Health Works pilot to introduce a redesigned musculoskeletal service in the Health Service in Scotland with the aim of ensuring a more patient-centred faster service with a focus on return to maximum function including work, where appropriate. He is also a member of the Disability and Carers Benefits Expert Advisory Group reporting to the Cabinet secretary in Scotland. Ewan chairs the Academic Forum for Health and Work in the UK and reported to the House of Lords on the Value of Occupational Health Research.