

Blog from Nick Pahl, CEO Society of Occupational Medicine (SOM)

There was renewed confidence at the annual SOM/FOM annual scientific conference last month. In particular, it was good to see Public Health understanding our speciality and how we can work collaboratively. Dr Justin Varney outlined Public Health England's strategic agenda at the conference. He has also joined the DWP/DH health and work unit one day a week. A key objective of the unit is influencing the NHS so that work is seen as a clinical outcome. He said that this was not about clinicians acting as gatekeepers to the benefit system, more that work should be framed as a positive outcome for patients and something clinical teams should be working together with patients to enable. For sudden health events, employment can be seen as measure of regaining functionality; and for progressive conditions, employment status is a measure of on-going functionality and adaptation for disease progression.

It's pleasing to see that we all share a vision where occupational health provision for all employees is the societal expectation across all sizes of business - and that Occupational health should also be a frontline NHS clinical service, integrated with all.

There still seems hope that the Green Paper will come to fruition, despite the Government's pre-occupation with other issues. There is an opportunity for the Society and all those with an interest in Work and Health to influence this Green Paper. The DH/DWP Joint Unit for Health and Work, in partnership with NHS England, has recently written to the devolution areas asking for expressions of interest in a funding stream of innovation pilots focused on closing the disability employment gap. Interest is in funding pilots to explore:

- 1. "Provision of Individual Placement and Support (IPS) in new care settings. IPS is a well evidenced service that embeds employment support advisors into clinical teams, providing support to individuals as they seek and return to work. To date it has focused on severe mental health conditions in secondary care. We want to see current services expanded and test how the IPS model could support a broader range of people - for example, in primary care settings and those with different conditions.*
- 2. Improved access to musculoskeletal (MSK) services through self-referral and new modalities of provision (e.g. phone, online etc.) that will enable improved and faster access to MSK support.*
- 3. Enabling referrals into the right services to support people in and out of work. This could be achieved by improving referrals from healthcare and Jobcentres into current services, where they exist; or by establishing new ways for healthcare professionals and Jobcentre staff to refer people into relevant services.*
- 4. Expanding Personal Budgets in health and social care to include employment, giving individuals greater control over how they spend the money available to help them live more independently"*

Devolution areas were asked to submit their initial expressions of interest by the 1st July. Although the deadline has passed, this a great opportunity for occupational health teams and professionals to engage with Directors of Public Health in local authorities and through the local NHS leadership to find out about what the local thinking has been and whether a bid was submitted or not. We need to bring the expertise of our members to bear in this - supporting local thinking around closing the disability employment gap and helping individuals achieve their potential in work and at home.

As Dr Robin Cordell stated at the conference, the Society for Occupational Medicine encourages those who work across the disciplines to engage locally on work and health

and healthy work – this may be with health and wellbeing boards, local chambers of commerce, or directors of public health. Public Health and Occupational health have to work together on this.

Finally, SOM and Faculty of Occupational Medicine are launching a campaign (#why occupational health?) as to what occupational health can offer - focused on GPs in particular. SOM and FOM are speaking at the RCGP conference in the autumn to press this message further and we aim to re-launch a toolkit for GPs working in occupational health soon. Do contact me if you can contribute to this initiative.

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