

Oral PQ S6O-02357 - background note

Jackie Baillie: To ask the Scottish Government what proportion of the reportedly rising number of people of working age who are economically inactive are inactive as a result of NHS waiting lists or long COVID.

Response:

Scotland's labour market continues to perform well, with unemployment at just 3.1% in February to April 2023. Economic inactivity due to illness is a problem across the UK, and analysis suggests that most people now inactive due to long-term sickness were already out of the labour market for another reason. Nonetheless, economic inactivity due to ill-health is a key concern for the Scottish Government, and our National Strategy for Economic Transformation (March 2022) makes a commitment to address Scotland's labour market inactivity challenges.

If pushed -

Work is getting underway to look closely at how our health system and employability support services can better support people to stay in work and get back to work when they are out of the labour market.

Background –

The question refers to media reporting and statistics released over recent months which indicate that economic inactivity due to long-term sickness is rising, with more people out of the labour market due to illness than pre-pandemic. There has been speculation that long Covid or NHS waiting lists are driving the increase.

Jackie Ballie is deputy leader of Scottish Labour and MSP for Dumbarton. Ms Baillie is a co-convenor of the Cross Party Group on long COVID.

Statistics

- Long-term sickness is the most common reason for economic inactivity in Scotland (accounting for 32.1% of all inactive people age 16-64 in Scotland in the 12 months to December 2022). Mental health problems are a key driver of health-related inactivity.
- The recent increase in inactivity has mainly been driven by rising levels of long-term sickness. If we compare 2019 and 2022 (the most recent full year for which we have detailed data) –
 - There was a net increase in the number of economically inactive people in Scotland. They increased by 15,700 (a 2.0% increase)
 - The largest single contributor to that increase was long-term sickness (up by 35,500 people).
- The Scottish Fiscal Commission cites work by the Fraser of Allender Institute and ONS, with both institutions finding that between 50 per cent to 70 per cent of 16-64-year-olds who recently became inactive due to ill-health were already

inactive for another reason (such as education, retirement, and family caring responsibilities).

What the government is doing

- We published the NHS Recovery Plan in August 2021, which sets out our plans for health and social care over the next 5 years. Backed by over £1 billion of funding, the plan will support an increase in inpatient, day case, and outpatient activity to address the backlogs of care, which will be supported by the implementation of sustainable improvements and new models of care.
- We have introduced a series of ambitious targets for NHS Scotland to address the backlog of planned care.
- In August 2022 the Scottish Government, in partnership with Public Health Scotland, launched a new mental health and wellbeing platform to help Scottish employers actively support and promote mental health at work.
- With substantial investment, we have record numbers of staff providing more varied mental health support and services to a larger number of people than ever before
- Salus and Working Health Services Scotland provide return to work and occupational health services for people who have health conditions or injuries that are impacting on their work, including long COVID.
- And further work is getting underway now to look closely at how our health system and employability support services can better support people to stay in work and get back to work when they are out of the labour market.

Long Covid / waiting lists / health system impacts

- We absolutely recognise the impact that long COVID can have on the health and wellbeing of those affected, including on their ability to stay in employment.
- Our emerging sense is that Covid and Long Covid are not themselves directly driving the increase in inactivity due to ill-health.
 - When we talk about estimated prevalence of long COVID, it is important to remember that this is an umbrella term which covers a spectrum of different symptoms, which can vary significantly in their presentation and impact from person to person.
 - Only around 0.8% of those who were economically inactive in the four weeks to 3 September 2022 also reported that they had long COVID that was limiting their life a lot (ONS UK figures).
 - The increase in long-term sickness as a driver of inactivity looks to have pre-dated the pandemic.
- We have established a £10 million long COVID Support Fund. We made an initial £3 million from the fund available over 2022-23, and a further £3 million is being made available from the fund over this financial year. This fund aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these in to more clearly defined pathways and to provide a more co-ordinated experience for those accessing support.

- However, it is possible that the wider health system impact of Covid could be linked to overall increases in health-related inactivity. We do know backlogs in planned care have undoubtedly been exacerbated by the impacts of the global pandemic
- Through Fair Work we are explaining to and supporting employers so they can support workers living with long Covid.
- Flexible working is key here, including to consider it from day one of employment as a reasonable adjustment if the person already has a long term health condition or is disabled – or if they develop a health condition while they are working for their employer.
- We are committed to reducing NHS waiting times year on year and have already taken a number of steps to address the backlog of planned care.
 - 33 out of 41 outpatient specialties (80%) have fewer than 10 waits over 2 years, while 20 have none.
 - Waits over two years for inpatient/day-case treatment have also reduced in line with the targets.
 - Four National Treatment Centres (NTCs) are opening this year which will deliver year on year reductions in waiting lists by providing significant new and protected capacity for orthopaedics, ophthalmics and diagnostics.
 - In 2022, we opened a mobile operating theatre (£2.3m) to enable almost 350 planned care surgeries to go ahead for patients in Orkney and Shetland.
 - We opened an urology hub at Forth Valley Royal Hospital, providing a one-stop diagnostic and treatment service for patients.
 - 7 mobile MRI and 3 mobile CT scanners will help people get diagnostic tests they need and additional activity throughout the week including weekends, such as weekend Endoscopy sessions, will help reduce diagnostic waits.

Potential supplementary questions

Q. The number of people with long COVID has trebled since the Scottish Government first announced the £10 million Support Fund in September 2021. Will you increase funding to match this increasing demand?

A. The long COVID Support Fund is targeted additional resource for NHS Boards to further enhance the assessment and support they are already delivering for people with long COVID, across a range of services.

In 2023/24, over £19 billion of funding is provided for the health portfolio. This record level of frontline health spending in Scotland is £323 per person (10.6%) higher than in England. We engage with NHS Boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the long COVID Support Fund.

Q. Do you plan to deliver ‘long COVID clinics’? How many long COVID clinics are being delivered by NHS Boards in Scotland?

A. It is the role of NHS Boards to develop and deliver the models of care that are most appropriate for their local population's needs, and we are providing resource to Boards through our long COVID Support Fund to enable them to do that.

Initiatives being supported by the funding include key elements of care that are also offered by long COVID assessment clinics elsewhere in the UK, including single point of access for assessment and co-ordinated support from services including physiotherapy and occupational therapy.

Q. What is your response to analysis from the Lib Dems which claims that more than 2,600 NHS staff have taken sick leave due to long COVID since 2020?

A. All staff are fully supported in accordance with the NHS Once for Scotland attendance policy where health impacts their ability to be at work. There may be some small differences in the way some NHS Boards record COVID-related illness, meaning these figures may not reflect long COVID in every case. For the fortnight ending 6 June 2023, a daily average of 340 NHS staff were absent due to COVID-related illness. This represents 0.19% of the total workforce.

Oral PQ S6O-02357 – additional facts and briefing

Data trends / Scotland's performance relative to rUK

- In Feb - Apr 2023, **Scotland's unemployment rate** was 3.1%, the joint second lowest rate in the series and below the UK. (Scotland 3.1% v UK 3.8%).
- Scotland's male unemployment rate (3.2%) (16+ years) was the joint second lowest on record (joint with Dec-Feb 2023).
- HMRC data now show there are 2.44 million PAYE payrolled employees in Scotland, the highest since the series began in July 2014.
- The **employment rate** in Scotland was 74.6%, lower than the quarter before (76.5%) and below the UK rate of 76.0%. 2,663,000 people were in employment, 74,000 less than November 2022 to January 2023.
- The **economic inactivity rate** in Scotland was 22.9%, higher than the quarter before (21.0%) and above the UK rate of 21.0%. 790,000 people were economically inactive aged 16 to 64 (not working and not seeking or available for work), 67,000 more than November 2022 to January 2023.
- While the inactivity rate in Scotland fell below the UK-wide rate in Jun-Aug 2022, Aug-Oct 2022 and Nov-Jan 2023, the rate in Scotland has now exceed the UK-wide rate for the last three monthly releases. (Labour Force Survey stats).

Health-related inactivity – statistics

- Long-term sickness is the most common reason for economic inactivity in Scotland (accounting for 32.1% of all inactive people age 16-64 in Scotland in the 12 months to December 2022).
- Mental health and musculoskeletal problems are key drivers of health-related inactivity.
- The Fraser of Allender Institute and ONS both think that long-term sickness is mainly increasing among people who are already inactive for another reason. In other words, it is not necessarily the case that people are being forced out of work because of ill-health.
 - Both FAI and ONS find that between 50 per cent to 70 per cent of 16-64-year-olds who recently became inactive due to ill-health were already inactive for another reason (such as education, retirement, and family caring responsibilities).

What the government is doing about health-related inactivity

- We published the NHS Recovery Plan in August 2021, which sets out our plans for health and social care over the next 5 years. Backed by over £1 billion of funding, the plan will support an increase in inpatient, day case, and outpatient activity to address the backlogs of care, which will be supported by the implementation of sustainable improvements and new models of care.

- We have introduced a series of ambitious targets for NHS Scotland to address the backlog of planned care.
- In August 2022 the Scottish Government, in partnership with Public Health Scotland, launched a new mental health and wellbeing platform to help Scottish employers actively support and promote mental health at work.
- With substantial investment, we have record numbers of staff providing more varied mental health support and services to a larger number of people than ever before
- Salus and Working Health Services Scotland provide return to work and occupational health services for people who have health conditions or injuries that are impacting on their work, including long COVID.
- Work is getting underway to look closely at how our health system can better support people to stay in work and get back to work when they are out of the labour market.

Long Covid / waiting lists / health system impacts

- We absolutely recognise the impact that long COVID can have on the health and wellbeing of those affected, including on their ability to stay in employment.
- Our emerging sense is that Covid and Long Covid are not themselves directly driving the increase in inactivity due to ill-health.
 - When we talk about estimated prevalence of long COVID, it is important to remember that this is an umbrella term which covers a spectrum of different symptoms, which can vary significantly in their presentation and impact from person to person.
 - Only around 0.8% of those who were economically inactive in the four weeks to 3 September 2022 also reported that they had long COVID that was limiting their life a lot (ONS UK figures).
 - The increase in long-term sickness as a driver of inactivity looks to have pre-dated the pandemic.
- We have established a £10 million long COVID Support Fund. We made an initial £3 million from the fund available over 2022-23, and a further £3 million is being made available from the fund over this financial year. This fund aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these in to more clearly defined pathways and to provide a more co-ordinated experience for those accessing support.
- However, it is possible that the wider health system impact of Covid could be linked to overall increases in health-related inactivity. We do know backlogs in planned care have undoubtedly been exacerbated by the impacts of the global pandemic

Fair Work

- Through Fair Work we are explaining to and supporting employers so they can support workers living with long Covid.

- Flexible working is key here, including to consider it from day one of employment as a reasonable adjustment if the person already has a long term health condition or is disabled – or if they develop a health condition while they are working for their employer.

Waiting times

- We are committed to reducing NHS waiting times year on year and have already taken a number of steps to address the backlog of planned care.
 - 33 out of 41 outpatient specialties (80%) have fewer than 10 waits over 2 years, while 20 have none.
 - Waits over two years for inpatient/day-case treatment have also reduced in line with the targets.
 - Four National Treatment Centres (NTCs) are opening this year which will deliver year on year reductions in waiting lists by providing significant new and protected capacity for orthopaedics, ophthalmics and diagnostics.
 - In 2022, we opened a mobile operating theatre (£2.3m) to enable almost 350 planned care surgeries to go ahead for patients in Orkney and Shetland.
 - We opened an urology hub at Forth Valley Royal Hospital, providing a one-stop diagnostic and treatment service for patients.
 - 7 mobile MRI and 3 mobile CT scanners will help people get diagnostic tests they need and additional activity throughout the week including weekends, such as weekend Endoscopy sessions, will help reduce diagnostic waits.

Employability

- Despite the recovery of the labour market, many individuals still face significant challenges and barriers to obtaining and sustaining work. This includes disabled people, those with long-term health conditions, lone parents, and people from minority ethnic groups.
- No One Left behind and Fair Start Scotland are an integral part of the employability support landscape in Scotland and aim to support individuals to overcome these barriers through person-centred tailored support, enabling them to access and sustain fair employment.
- Whilst we continue to face economic challenges and a cost crisis the Scottish Government remains committed to investing in employability and training to help the economy recover, and allow people to fulfil their potential.

Labour shortages, visas and immigration

- Labour and skills shortages are having a significant impact across Scotland, with staff shortages being reported across almost all sectors, especially Accommodation & Food, Arts, Entertainment & Recreation and Construction.
- The Scottish Government has committed to developing a Talent Attraction programme and a Migration Service for Scotland to improve our ability to

attract and recruit workers from outside of Scotland with the skills that our economy will need in the future.

- As the labour market continues to remain tight for business, adding to inflationary pressures, the UKG should review its migration policy to alleviate harms of Brexit on prices and growth prospects, such as skills shortages and additional trade frictions and costs.
- Other asks of UKG –
 - To scrap the immigration, skills and health surcharges and reduce additional fees, which are often an insurmountable barrier for both workers and employers.
 - To review the purpose of the Shortage Occupation List and give the Scottish Government a formal role in deciding which occupations are in shortage in Scotland.
 - To commit to establishing a Joint Task Force on Labour Market Shortages with the SG.
 - To agree to deliver the Scottish Government's proposed Rural Visa Pilot scheme.

From: [redacted S.38(1)(b)] <[redacted S.38(1)(b)]@gov.scot>
Sent: 02 February 2023 17:59
To: [redacted S.38(1)(b)] <[redacted S.38(1)(b)]@gov.scot>; [redacted S.38(1)(b)] <[redacted S.38(1)(b)]@gov.scot>
Subject: RE: PQ for approval

Thanks [redacted S.38(1)(b)]. From memory, it's challenging to say from the APS what the components of long term sickness are, and how they're changing (as the main increasing component of inactivity).

*We recognise the impact that long COVID **can have** on the health and wellbeing of those affected, including on their ability to stay in employment. **While there have been increases in the numbers of people who are economically inactive since before the pandemic, the extent to which this is attributable solely to long Covid is not yet clear.***

We are investing in scientific efforts to understand and treat Long Covid and we have made an initial £3m available to NHS boards and partners to deliver the best local models of care for assessment, diagnostic tests, and support for the ongoing management or treatment of symptoms.

Through Fair Work we are also explaining to and supporting employers so they can support workers living with Long Covid to remain in employment.

Conscious this is an oral PQ, so worth requesting sight of the background note and Q&A. Can you guys pick up?

Happy to discuss,

[redacted S.38(1)(b)]

[redacted S.38(1)(b)]
OCEA
Tel: [redacted S.38(1)(b)]

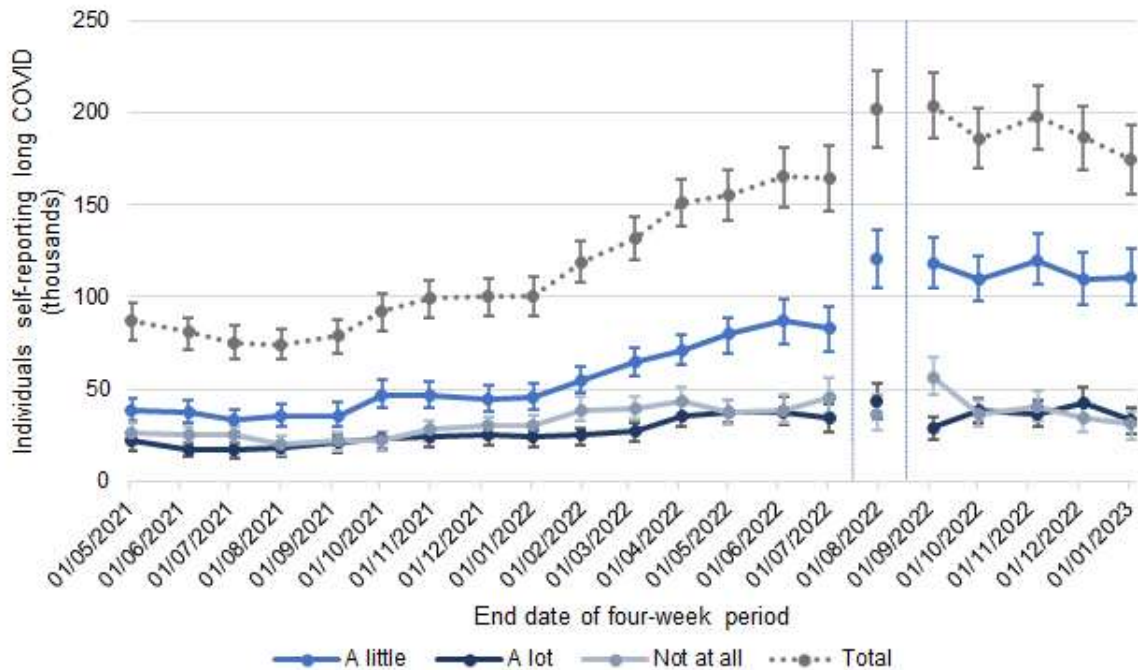
From: [redacted S.38(1)(b)] <[redacted S.38(1)(b)]@gov.scot>
Sent: 02 February 2023 17:59
To: [redacted S.38(1)(b)] <[redacted S.38(1)(b)]@gov.scot>; [redacted S.38(1)(b)] <[redacted S.38(1)(b)]@gov.scot>
Subject: RE: PQ for approval

Hi both,

For me this hinges on 'significant' and also the relative comparison to unnamed other drivers, attached is this morning's briefing on long covid – key graph suggests a bit of a plateau in people's activity being limited:

Figure 2: Reported estimates of the number of people in private residential households in Scotland with self-reported long COVID by subsequent activity limitation, for four-week periods ending 2 May 2021 to 2 January 2023, with 95% confidence intervals.

Breaks in the comparability of estimates are marked by the vertical dashed lines, and by breaks in the lines connecting each estimate.



Unfortunately we can't really tie that to economic inactivity. Some data from December at UK level [redacted S.38(1)(b)] may have seen suggested long-covid were more likely to be inactive than no-long-covid, but I don't think it's the big driver relative other causes? [Self-reported long COVID and labour market outcomes, UK: 2022 - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

Maybe chat tomorrow when my brain has caught up!

[redacted S.38(1)(b)]

From: [redacted S.38(1)(b)] <[redacted S.38(1)(b)]@gov.scot>
Sent: 02 February 2023 17:37
To: [redacted S.38(1)(b)] <[redacted S.38(1)(b)]@gov.scot>
Cc: [redacted S.38(1)(b)] <[redacted S.38(1)(b)]@gov.scot>
Subject: FW: PQ for approval

Hi [redacted S.38(1)(b)],

To see below. does the highlighted text seem consistent with the data, or a bit strong?

Happy to discuss,

[redacted S.38(1)(b)]

[redacted S.38(1)(b)]
 OCEA
 Tel: [redacted S.38(1)(b)]

From: [redacted S.38(1)(b)] <[redacted S.38(1)(b)]@gov.scot>

Sent: 02 February 2023 16:31

To: [redacted S.38(1)(b)] <[redacted S.38(1)(b)]@gov.scot>; [redacted S.38(1)(b)] <[redacted S.38(1)(b)]@gov.scot>

Subject: PQ for approval

[redacted S.38(1)(b)]/[redacted S.38(1)(b)],

We have a PQ that is slightly out of our area. Policy colleagues in health and labour market have supported with lines but suggest we run the reposne past you both for additional clearance. The question and response is below. We are sending to SpAds for final clearance in the morning.

Thanks,

[redacted S.38(1)(b)]

7. Stuart McMillan: To ask the Scottish Government what discussions it has had as part of its cross-government coordination of Covid Recovery policies regarding the wider impact of long COVID, including on the economy and workforce. ([S6O-01874](#))

We recognise the impact that long COVID has on the health and wellbeing of those affected, including on their ability to stay in employment. **However, our emerging sense is that Covid and Long Covid are not themselves directly driving a significant increase in inactivity due to ill-health.**

We are investing in scientific efforts to understand and treat Long Covid and we have made an initial £3m available to NHS boards and partners to deliver the best local models of care for assessment, diagnostic tests, and support for the ongoing management or treatment of symptoms.

Through Fair Work we are also explaining to and supporting employers so they can support workers living with Long Covid to remain in employment.

[redacted S.38(1)(b)]

[redacted S.38(1)(b)] | Covid Recovery Division | Scottish Government

Email: [redacted S.38(1)(b)]@gov.scot | Mob: [redacted S.38(1)(b)]