Health and Work

Dr Justin Varney
Consultant in Public Health Medicine
Adults and Older People’s Health and Wellbeing
Programme Lead: Corporate Priority Programme Board on Health and Work
Justin.Varney@phe.gov.uk
“It is the working man who is the happy man. It is the idle man who is the miserable man.”

Benjamin Franklin
Why is health at work a public health issue?

71.1% of adults aged 16-64yrs in the UK are in employment.

The average working adult spends 36.3hrs a week in work, although higher in some sectors like manufacturing and construction (41.2hrs).

People in work are healthier and use health and social care services less than the unemployed.

Workplace injuries and ill health (excluding cancer) cost society an estimated £13.4 billion in 2010/11. Stress is now the largest cause of workplace absence.

Health at Work initiatives are an opportunity to engage adults in a structured way and promote healthier lifestyles and health promoting environments, supported by the fact healthier staff are more productive, more present and it makes good business sense.
Inequalities in employment

There are 33.8 million people aged 16-64 in England (16.9 million male and 16.9 million female). Of this 33.8m population, 26.1m (77.3%) are economically active.

Inequalities in employment:
• 83.4% of men vs. 71.2% of women are economically active
• 30.7% of the ethnic minority population aged 16-64 is economically inactive, compared to 22.7% of the general population

While the average across England is 0.78 jobs per person there are very strong regional variations. People in the North East have 25% fewer jobs available than Londoners (0.67 jobs per person compared to 0.88 in London). The pattern of employment varies across the country. For example while finance and insurance accounts for 3.6% of jobs across England there is a four-fold difference between the East Midlands (1.6%) and London (7.0%).
Percentage of all in employment who work, by number of hours worked and gender

Legend:
- Top range - under 10 hours
- 10-34 hours
- 35-44 hours
- Bottom range - 45 hours or more

Source: ONS Annual Population Survey
Inequalities

Having a disability is a strong risk factor for being unemployed or economically inactive.

People with a disability are 2.5 times more likely to be economically inactive than those without (43.1% compared to 17.3%).

Source: ONS Annual population survey
Inequalities

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Source: NOMIS Official Labour Market Statistics
Work and Health and the Public Health Outcomes Framework

**Domain 1: Improving the wider determinants of health**
- Employment for those with long-term health condition, including those with a learning difficulty/disability or mental illness (NHS OF 2.2 & 2.5/ ASCOF 1E/F)
- Sickness absence rate

**Indirect Indicators of success**

**Domain 2: Health Improvement**
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adult (over 18yrs)
- Self-reported wellbeing

**Domain 3: Health Protection**
- Population vaccination coverage

**Domain 4: Healthcare Public Health and Preventing Premature Mortality**
- Mortality
- Preventable sight loss
Health and Work

• Pre-employment – apprenticeships, internships, education and those Not in education/employment or training (NEET)
• Employment
• Unemployment and it’s impact on health
• Ill health as a cause of unemployment
• Older people in work and preparing for retirement
Figure 8 Mortality of men in England and Wales in 1981–92, by social class and employment status at the 1981 Census

Standardised Mortality Rate

Employed in 1981

Unemployed in 1981
Chart 13: Unemployment by duration for March to May 2013, seasonally adjusted

Source: Labour Force Survey: Office for National Statistics
Health and Work: Employment

The vast majority of businesses in the UK are small to medium enterprises (SME: 0-249 employees).

Across the UK small business (0-49 employees) accounts for 99.2% of the total private sector, employing just under 46.9% of the total private sector workforce and 34.4% of the annual turnover.

Companies with higher levels of staff engagement have 13% lower staff turnover, less than half the UK average sickness absence and consistently outperform on the FTSE 100

Ref Sunday times ‘Best companies to work for in the UK

Workplace wellbeing initiatives are demonstrating a return on investment in sickness absence, productivity, and presenteeism, as well as reputational benefits and recruitment and retention.
1.09i Sickness absence - the percentage of employees who had at least one day off in the previous week

The percent of employees who had at least one day off due to sickness absence in the previous working week ranged from 6.7% in Boston to 2.2% in Sedgemoor.
WIDER DETERMINANTS

1.09ii Sickness absence - the percentage of working days lost due to sickness absence

The percentage of working days lost due to sickness absence in the previous week ranged from 6.7% in Boston to 1.51% in Sedgemoor.
Health and Work: Older people - Median age of population

1993

2013

years

56.2 to 61
51.3 to 56.1
46.5 to 51.2
41.6 to 46.4
36.8 to 41.5
31.9 to 36.7
27.1 to 31.8
Figure 4.12 Average age of withdrawal from the labour market using the static indicator: by sex, 1984 to 2012
United Kingdom, age

Source: Labour Force Survey: Office for National Statistics
Public Health England H&W Priorities

Improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives

• Support employers large and small – public, private and voluntary – to establish the business case for supporting a healthy workforce, securing adoption of practical evidence-based interventions and to build support for the Responsibility Deal among employers.

• Encourage more widespread adoption of the Responsibility Deal commitment on mental health adjustments in the workplace, and develop a greater understanding of the workplace’s potential for improving and sustaining good mental health, resilience and wellbeing.

• Lead where we expect others to follow by developing the employment practices of PHE to become a key exemplar of the aspirations embodied in the Responsibility Deal to support a healthy and productive PHE workforce.
2013/14 Deliverables

Supporting Employers Large and Small
• National workplace health and wellbeing charter standards framework
• National workplace Health and Wellbeing accreditors accreditation framework
• National Health and Compassionate Places Framework – initial places frameworks for Hospitals, Hotels and Local Government

Supporting mental health and wellbeing in the workplace
• Work with DH to develop national mental wellbeing public health responsibility deal pledge and supporting documentation

Becoming an exemplar of best practice
• Develop PHE Healthy and Compassionate Workplace Strategy & Action Plan
• PHE sign up to PHRD Pledges & Time to Change
• Pilot Big White Wall
• Work with Corporate Alliance Against Domestic Violence
• Pilot workplace alcohol and physical activity programmes for staff wellbeing
Public Health Responsibility Deal on Mental Health, Wellbeing and Resilience

H07. Mental Health and Wellbeing

“We will create an environment where anyone with past or present experience of mental health issues is valued, respected and able to flourish. This will involve providing all staff with the environment, knowledge and tools to develop and maintain emotional resilience and mental wellbeing, while raising awareness of, and providing support for, mental health in the workplace. This will include at least one of the following:

• Encouraging all members of staff to consider the impact of their behaviours and decisions on the wellbeing of themselves and those they work with, manage and have a duty of care for. This will include creating and sustaining an organisational culture where the risks from work-related stress are being effectively managed and controlled.

• Provide specific training for line managers to promote mental wellbeing and resilience. Identify early opportunities to support staff with mental health needs. This will include raising awareness amongst staff, e.g. materials promoting self-awareness, guidance on disclosure of mental ill health, how to identify early signs and symptoms and practical issues such as positive recruitment practices and managing disclosure.

• Providing opportunities for employees to support and develop their overall wellbeing by taking a holistic approach to a healthier life, covering nutritional awareness, physical activity and social engagement.

• Taking a demonstrable and positive stand against mental health stigma and discrimination in the workplace, for example by supporting the ‘Time to Change’ movement.

• Embedding the principles of the Mental Health Workplace Adjustments Guide (developed through the Responsibility Deal’s health at work network) within HR procedures to ensure that people experiencing mental ill health are managed at work in the best way possible with reasonable flexibilities and workplace adjustments.”
Workplace Wellbeing Charter

Refresh of original Liverpool Charter, drawing in the learning from existing regional and local schemes across England, and also from Welsh model.

Work being led by Liverpool City Council and the Health at Work Centre

Focus on establishing:
- National core standards framework for existing and future schemes to utilise
- National branding with potential for local integration
- National accreditation model

The commissioned work includes a series of regional workshops in December and as part of the engagement there is exploration of post-April business model for quality assurance.
Healthy and Compassionate Places

Industry specific frameworks which support the implementation of the workplace wellbeing charter and connect a range of agendas into a simple, single tool.

Framework outline:
• Workplace wellbeing
• Sustainability
• Social justice
• Compassion in action (responsible CSR)

Focus is on providing simple, straightforward summary approach which recognises that the actions for hotels are different from haulage, and local government is different from hospitals.

PHE is looking for local and regional strategic partnerships to take the lead in developing the thinking around one or more framework documents, so these are developed for industry with industry.
Conclusions

• Work is generally good for physical and mental health and well being

• Unemployment is associated with poorer physical and mental health and well being

• Work can reverse the adverse effects of unemployment

• The quality of work matters

• Good work is characterised by a living wage, having control over work, in-work development, flexibility, protection from adverse working conditions, ill health prevention and stress management strategies, support for sick and disabled people that facilitates return to work
“Being in good employment is protective of health. Conversely, unemployment contributes to poor health.”

Marmot Review
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