

5.1.06 Health, Work and Wellbeing

Introduction: why is this important?

There is a two-way relationship between our work lives and our health and wellbeing. Secure, safe and satisfying work can improve our health and wellbeing, whilst poor working conditions including job insecurity, fluctuating hours, low-pay, stressful, unsafe or hazardous work, can cause temporary, cumulative or permanent damage to physical, mental and emotional health and wellbeing, or even serious injury or death in the workplace.

However, poor health, even when unrelated to work, can limit or prevent people from having job security and a decent income over a long period. Periods of ill-health make it harder to access the rewards of a stable working life including access to better diet, leisure activities, access to warm, decent housing, paid holiday, less debt, lower levels of stress and insecurity.

Poor health that keeps people out of employment will obviously have the greatest impact on individuals and their families. However, there are wider impacts on workload and productivity for colleagues, employers and businesses, also for public services in terms of higher demand for treatment and support, and for wider society, particularly where ill-health, sickness absence and sickness-related job-loss are concentrated in particular areas or communities.

Nationally, growth in the economy since 2010 has been associated with growth in part-time employment, increased use of zero-hours contracts and higher levels of in-work poverty which will drive health inequalities. High levels of deprivation are associated with poor health outcomes and with health inequality between different communities and different areas of the district. Average life expectancy in the most deprived areas of the district is 8 years lower for women and 10 years lower for men than in the least deprived areas.

What do the facts and figures tell us?

Levels of ill health and the impact on work and wellbeing

Nationally, in 2014-15, an estimated 1.2m working people in Great Britain had an illness or health condition believed to be caused, or exacerbated by, their current or previous work placement. Long-term sickness absence can cause a downward spiral of depression, social isolation and delayed recovery, reducing the chances of return to work. Of those who reach six weeks of statutory sick pay almost one in five become long-term sick and eventually leave work.

Sickness absence has been identified as an indicator in the Public Health Outcomes Framework. In 2011-13 2.0% of working days were lost due to sickness absence in Bradford. This is higher than the average for England (1.5%) and is the third highest rate in the region.

The gap between the overall employment rate and the rate for those with a long-term health condition is 4.4% in Bradford District. This is approximately half the size of the employment gaps across the region and across England (9.4% and 8.6% respectively). This could mean that people with a long-term health condition are better able to access work in the district, or that the gap is smaller because we have lower employment figures.

Self-reported wellbeing scores are inconclusive – slightly more people in the district report a low score (4.6%) when asked whether the things they do in their life are worthwhile, but slightly fewer (4.3%) report a low score when asked 'overall, how satisfied are you with your life nowadays?'

What strategies, policies and best practice have been developed locally and nationally?

Health and Safety at Work – national legislation and guidance, local practice

- Health and Safety at Work etc. Act 1974 - primary legislation for workplace safety
- Health Act 2006 – Smoke Free Premises, places and vehicles

- Health and Safety (Enforcing Authority) Regulations 1998 - allocates the enforcement of health and safety legislation at different premises between Local Authorities and the Health and Safety Executive. Local guidance can be found at:
- https://www.bradford.gov.uk/bmdc/the_environment/environmental_health/health_and_safety_at_work

National and local guidance and policy on health, work and wellbeing

- Marmot Review - Fair Society, Healthy Lives (date) included Policy Objective C “Create fair employment and good work for all”, Employment and Work Task Group proposed 5 main policy recommendations
- Increased job security; Enhanced participation at work; Promotion of control and reward at work; Reintegration of sick, disabled and unemployed people; Strengthened work-life balance

Health Work and Wellbeing Initiative

The cross-government 'Health, Work and Wellbeing Initiative' is aimed at improving the general health and wellbeing of the working-age population. It supports people with health conditions to stay in work or enter employment. Following a review of the sickness absence system in February 2011, a 'Fitness for Work' strategy was proposed. This was published in January 2013, aiming to support the health and wellbeing of the working age population and help reduce the 140 million days lost to sickness absence every year. It includes the following initiatives:

- Setting up a health and work assessment advisory service
- Improving sickness and absence management
- Supporting healthcare professionals
- Reforming the benefits system

Nationally, reporting by GPs on occupational diseases from 2012-14 showed that mental health conditions accounted for 36% of new diagnoses of work-related ill-health, but accounted for 60% of total days sickness absence certified.

The Bradford and Airedale Joint Health and Wellbeing Strategy 2013 -17 adopted Marmot's life-course approach which is described as: Starting well; Developing well; Living well; Working well; Ageing well. The Joint Strategy and the associated Health Inequalities Action Plan support the ambitions of this section of the JSNA. First: the ambition for work and workplaces to be safe, healthy and have a positive impact on health and wellbeing. Second: the ambition to increase fitness for work by improving health, reducing health inequalities and increasing healthy life expectancy. Four of the priorities have particular relevance:

- Priority 11 - co-ordinating action to increase employment opportunities and training
- Priority 12 - workplaces promoting healthy lifestyles
- Priority 17 - reducing harm from preventable diseases caused by tobacco, obesity, alcohol and substance misuse
- Priority 18 - reducing mortality from the major diseases that can result - cardiovascular disease, respiratory disease, diabetes and cancer

Bradford Area Occupational Health and Safety Forum

The Bradford Area Occupational Health and Safety Forum (BAOHSF) developed the local occupational health and safety strategy called “Health, Work and Wellbeing in the Bradford District 2015-2018”. The Forum Working Group is made up of representatives from:

- NHS
- Health and Safety Executive
- City of Bradford Metropolitan District Council
- Environmental Health
- Private Business
- Trade Unions
- Voluntary Sector

The Strategy focuses on the following five programmes:

- Improving compliance with the law
- Continuous improvement
- Obtaining and imparting knowledge
- Improving competence and skills
- Providing links to where support and advice may be obtained

The BAOHSF has a website which is updated with information associated with the five programmes and they run at least two seminars a year which are, at present, free to attend. These seminars provide a platform for speakers who impart information about subjects covering the 5 programmes. The seminars are targeted mainly at small and medium businesses who do not employ dedicated health and safety professionals. However, spaces permitting, others are welcome to attend. <http://baohsf.org.uk/>

What challenges have been identified in a local context?

Local challenges include the district's historically low-wage, low-skill economy and higher than average levels of unemployment, particularly where this follows national growth in insecure and under-employment (informal economy, part-time working, zero-hours contracts). However, the District economy is improving, gaps with national wage and unemployment rates have narrowed (see Chapter 3 of the JSNA). Up to date local unemployment data and a quarterly economic bulletin can be found here:

http://www.bradford.gov.uk/bmdc/business_and_industry/bradford_economy/economic_intelligence

Progress towards a higher-skilled local economy has been slowed by lower than average educational attainment over a long period of time. However the number of highly skilled people rose by 16% from 2011-14, faster than regionally or nationally.

Information about healthy life expectancy at birth tells us how many years on average men and women will have good health based on mortality rates and self-reported good health. High levels of health inequalities in the district increase the level of serious and chronic illness in the population, reducing the average number of years in which adults remain healthy and active.

Unlike life expectancy at birth, women in Bradford District lower healthy life expectancy than males, 61 years compared to 61.4 years (2012-14). In both cases healthy life expectancy is lower than then average for England, which is 63.4 years for men and 64.0 years for women. As the retirement age increases, staying fit and well into later life will be increasingly important, for better quality of life but also to enable people to stay economically active for longer.

Bradford District is developing a New Deal approach to working with its citizens on the most important issues. Through programmes to prevent illness and encouraging people to play an active part in staying healthy this approach will support better health for the future.

Recommendations: What do we need to do? How do we ensure this remains a priority?

Follow Public Health England / Health and Safety Executive guidance on preventing sickness turning into job loss. Focus on:

1. Identifying measures to improve worker health and prevent it being made worse by work
2. Developing workplace plans and policies on sickness absence management
3. Helping to keep workers who are on sick leave in touch with work
4. Planning adjustments that will enable sick workers to return to work
5. Supporting sick workers to help them to return to work
6. Promoting understanding of health conditions and disability in the workplace

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