



The Association of Directors of Public Health

Policy Position: Living and Working Well

Key messages

- Work is an important determinant affecting the health and wellbeing of the population.
- A healthy and happy workforce has synergistic benefits for workplaces, productivity and the economy.
- Supporting all people to have equal and meaningful opportunities and supporting them into fulfilling work or other activity should be a national priority.
- Promoting and protecting health at work is paramount, including healthy workplace initiatives and creating an environment free from stigma and discrimination.

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

This policy position outlines our position on living and working well. It has been developed in partnership with the membership and led by the ADPH Work and Health Policy Advisory Group. It is part of a series of position statements looking across the life course and should be read in conjunction with our statements on best start in life, healthy ageing and health inequality.

Background

Approximately 63% of the UK population is aged 16-64 years.¹ This group constitutes the majority of the 'working age' population and their good health is key for ensuring a healthy, happy and economically productive society.

It is in the 'working age' that life-long health-harming practises such as smoking, alcohol and poor diet consolidate. In 2017 approximately 20% of 25-34-year olds smoked, the highest proportion in all age brackets.² This has an impact on workplace participation; it has been estimated that smokers take between one and 2.7 days more off work per year than non-smokers.³ One in three of the working age population report having at least one long-term health condition and over half of people with a long-term health condition say their health is a barrier to the type or amount of work they can do.⁴ Musculoskeletal (MSK) conditions are very common in multimorbidity, for example, four out of five people with osteoarthritis have at least one other long term condition such as hypertension, cardiovascular disease or depression.⁵ 30.8 million work days are lost due to MSK conditions each year, accounting for 22.4% of total sickness absence.⁶

In England in 2014, an estimated one in six adults met the criteria for a common mental health disorder, with under 40% of those with depression and anxiety accessing mental health care.⁷ In 2017/8, 25.4 million working days were lost to work-related stress, anxiety or depression.⁸

Focus on inequalities

There are clear health inequalities within the working age population and between those who are unemployed and those who are employed, and those who are in skilled as opposed to unskilled work. Those experiencing long term worklessness have a lower life expectancy and worse health than those in work.⁹ Employees in ‘unskilled’ occupations (52%) experience long term conditions more than groups from ‘professional’ occupations (33%).¹⁰ One in four people working in routine/manual occupations smoke, which is double those in professional roles, and represents an avoidable inequality.¹¹ People with Black or Minority Ethnic (BME) backgrounds face further health inequalities¹² and higher levels of unemployment - 62.8% of BME people of working age are in employment, compared to 75.6% of white people.¹³ Women are more likely to have part-time, insecure work¹⁴ and there remains a substantial pay gap between genders.¹⁵

Policy context

In 2017, the UK Government published [Improving Lives: the future of work, health and disability](#) outlining its position on supporting people with disabilities or long-term conditions in and into work. This document clearly articulates the UK Government’s view that ‘good work supports good health’ and provided a response to the Government commissioned reports the [Taylor Review of Modern Working Practices](#) and the [Black Review of the Impact on Employment Outcomes of Drug or Alcohol Addiction and Obesity](#). In 2017, Public Health England and the Local Government Association published a [guide](#) for local authorities around health, work and health-related worklessness, in addition to [infographics](#) on health and work, clearly conceptualising good work as a key factor to wellbeing. In 2017, UK government introduced legislation that made it statutory for organisations with 250 or more employees to report annually on their gender pay gap. Most recently, the UK Government published the [Carers Action Plan 2018-2020](#), which expanded on the [National Carers Strategy](#) and set out 64 actions across services and systems, employment and financial wellbeing, young carers, community and research.

In 2009, the Scottish Government published [Health Works](#), a review of their Healthy Working Lives Strategy, setting out 25 actions to encourage employers to support the health and wellbeing of their workforce. This was followed up by a [report on implementation](#) in 2013. [Health at Work](#) is a key aspect of health improvement initiatives by the Welsh Government, with clear promotion of ‘improving health and wellbeing to help people stay in work or return to work’. In Northern Ireland, the Department of Health discuss the importance of work in their key public health strategic document [Making Life Better](#) in which they emphasise the importance of gainful employment.

ADPH position

A whole system approach

A whole system approach is vital for ensuring the health and wellbeing of the working age population. This approach should include a focus on good and affordable housing, safe and healthy environments, active and accessible transport, good education, supported families, healthy relationships, empowered individuals and supportive social networks. To tackle worklessness and improve working conditions, collaboration must take place across sectors including between education, businesses and the welfare system at both a local and national level.

Public health funding

Local authority public health funding in England will be cut by 9.7% by 2020/21, £331 million in cash terms in addition to the £200 million in-year cut in 2015/16¹⁶. Although DsPH have been acting to manage these

cuts without detriment to outcomes they have reached the limit of available efficiencies. These funding cuts directly affect the role public health can play in prevention, supporting people into work, workplace health and wellbeing and supporting the health of parents and carers.

Prevention in the working age population

A greater focus on prevention and good health literacy is key to improving the health of the working-age population.¹⁷ This should include addressing determinants such as smoking, alcohol and obesity as well as social determinants such as housing. ADPH has made recommendations across these areas in its broader [series of position statements](#).

Worklessness

Approximately one in four people aged 16-64 in the UK are either unemployed or economically inactive.¹⁸ Worklessness is linked to financial exclusion and poverty, cardiovascular mortality¹⁹, suicide risk²⁰, higher rates of smoking and alcohol excess²¹ and a lack of control and autonomy that exacerbates poor mental and physical health.²² Those who are unemployed are more than twice as likely to report having a limiting long term condition. There are concerns about the negative health impacts of welfare reform and the introduction of Universal Credit on groups already at risk of poor health.^{23 24 25}

Good work

For work to be beneficial to health it needs to be 'good' work with adequate pay, acceptable hours, good health and safety, job security, job progression and the ability for workers to participate in decision making.²⁶ Flexible and/or self-scheduled work hours have a positive effect overall on health.²⁷ People can become trapped in 'low pay/no pay' cycles of temporary, usually poor employment alternating with periods of worklessness.^{28 29} Poor health, including mental health, exacerbates these issues.³⁰ Routes out of this cycle include in-work support, occupational health, education and training³¹, opportunity for progression and skills development³², support back into work via Job Centre support³³ and the devolution of employment and skills services.³⁴

Supporting people into work

Supporting people into work not only benefits their health but supports a healthy national economy, with approximately £100 billion annually lost in the UK through sickness absence and productivity losses.³⁵ Over half of people with a long-term condition (80% of those with three or more) report their health is a barrier to work and the employment rate in this group is low at 60%.³⁶ Supporting people with long-term health conditions, including mental health conditions, in and into work is a national priority.³⁷ It is important to avoid presenteeism, a potential negative outcome of such policy.³⁸

Healthy workplaces

Health and safety and occupational health play a vital role in protecting the workforce and workplaces have a core role to play in prevention and healthy living. There were 1.4 million work-related ill health cases in 2017/2018.³⁹ Small and medium enterprises consist 99.9% of all UK private sector businesses and account for 60% of private sector employment, but frequently have poor or no access to occupational health services.⁴⁰ Musculoskeletal health can both negatively impact on an ability to work and be work-related, both in manual labour and in sedentary work at desks.⁴¹ Smoking cessation has a role in the workplace⁴², as does the promotion of a healthy alcohol culture.⁴³ Active and stress-free travel to work has a major positive benefit on health and wellbeing, with employers and travel infrastructure playing an enabling role.⁴⁴ Interventions such as workplace travel plans⁴⁵, cycle parking and shower facilities are evidence-based to reduce car use and increase active commutes.⁴⁶ Access to healthy food and snacks during work formulates an important aspect of a healthy diet in this population.

Mental health and work

For adults of working age, low educational attainment and unemployment are strong risk factors for poor mental health.⁴⁷ One in six adults have a mental health condition with work specifically identified as a potential causative and/or aggravating factor.⁴⁸ In 2017/18, 595,000 people in the UK were affected by work-related stress, anxiety and/or depression.⁴⁹ The majority of employees state they do not feel able to talk about their mental health in the workplace and 11% report facing discrimination after disclosure.⁵⁰ While there has been a positive shift in the proportion of managers who acknowledge that employee wellbeing is their responsibility, 67% of line managers still say they have received no training in mental health.⁵¹

Disability

There are 13.9 million disabled people in the UK and 19% of the working age population are disabled.⁵² In 2018, 51.3% of people with disabilities were in employment, up from 49.8% the previous year.⁵³ Employment is much lower amongst those with learning disabilities. While statistics are difficult to ascertain and verify, in England in 2016/17, only around six percent of 18-64-year olds with learning disabilities were known by their local authority to be in paid work.⁵⁴ Stigma and discrimination remain barriers to disabled people enjoying full participation in work and society.⁵⁵

Caring

In 2015, there were an estimated 6.5 million carers in the UK, with an annual economic value of £132 billion.⁵⁶ Over 80% of carers report that their caring role has a negative impact on their physical and mental health.⁵⁷ Millions of carers have additional work responsibilities.⁵⁸ Supporting the health of carers and supporting them in or into work is crucial both to maintain their health and the health of those they care for. Supporting working parents should be a priority for all workplaces. Adequate paid parental leave has benefits to mothers⁵⁹, fathers⁶⁰, children⁶¹ and wider society and economy.

Volunteering

Volunteering can be extremely beneficial both for individuals and for wider society. In 2013 there were an estimated three million volunteers in acute NHS trusts in England alone, with an estimated return of investment of 11 times their cost.⁶² Volunteering confers significant benefit to the community and to those volunteering, including lower mortality and a positive impact on social support, self-confidence and mental health.^{63 64 65} Volunteering can be a route into social participation, including employment.⁶⁶

New technology

Technology has changed the face of work and the move towards app-based service industries may have negative impacts on employee rights and health.⁶⁷ There are concerns that advances in automation and artificial intelligence could make many jobs redundant, disproportionately affecting those in unskilled or manual work, exacerbating health and social inequalities already affecting this group.⁶⁸ However, there are huge potential benefits associated with new technologies and there is a move towards the use of new technologies to support health at work initiatives.⁶⁹

ADPH Recommendations

National

- Governments across the four nations should take a whole system approach to work and health and should adopt a health in all policies approach to decision-making and policy.
- Investment in public health must be increased. Cuts to public health budgets must be reversed and public health needs to be funded both sustainably and adequately in line with local population health need.

- NHS England needs to ensure that prevention forms a key, mandatory and funded part of all Sustainability and Transformation Partnership and Integrated Care System plans to ensure a healthy working population in the future.
- Governments across the four nations should ensure there is a national Occupational Health service; this could potentially be part of the NHS and funded by a levy on employers.
- The Westminster Government should make clear what action it will take following the first year of gender pay reporting.
- Governments across the four nations should demonstrate leadership in equality and diversity, including employment and gender, ethnicity and disability.
- Employers across the four nations should adhere to the [NICE Quality Standard 147](#) and [NICE Guideline 13](#) and sign up to a healthy workforce pledge, including support for the mental health and wellbeing of their workforce.
- Employers across the four nations should provide training for all staff on the impact of all health conditions, including mental health conditions and musculoskeletal conditions.

Local

- Local areas should take a whole system joined up approach to work and health.
- Analysis of evidence on local employment should form a part of local needs assessment processes and in England should be discussed at Health and Wellbeing Board level.
- Local authorities and local businesses should be encouraged to adopt a healthy workforce and wellbeing charter, including supporting good mental health.
- Local areas should consider applying the ethos of Making Every Contact Count to work and health and implementing brief conversations about workplace health.
- All staff, including healthcare professionals, should be informed of the existing range of employment support offered in a local area so that they can share this information with individuals and promote work as a health outcome.

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