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 co-benefits for workplaces, productivity, the economy, and the wider community.
- Employers have a role in the wider community to create conditions that improve employees' health and mental wellbeing.
- Policy interventions should ensure all people are enabled to overcome the barriers that reduce their access to equal opportunities and are supported to stay in work if they want to do so.
- Employers should be supported to enable people with health conditions to stay in work through improvement to the quality and design of work and developing inclusive and diverse cultures.
- Legislative powers should be utilised to improve health at work and prevent in-work poverty.

ADPH Recommendations

National

Whole system approach: 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. Greater strides towards a wellbeing economy should be made.

Investment in public health must be increased across the four nations. In England, the Public Health Grant needs £0.9 billion more a year to reverse years of funding cuts.[1]

Health improvement role of the workplace: Businesses have a role in the wider community to create conditions that focus on prevention and improve employees' health and mental well-being. They should adhere to the NICE Quality Standard 147 and NICE Guideline 13 and sign up to a healthy workforce pledge.

Role of the NHS: The NHS should ensure that prevention forms a key, mandatory and funded part of all Integrated Care System plans to ensure a healthy working population in the future.

In work support services: Employers, especially small businesses, should be supported and encouraged to provide in work support services eg occupational health (OH) services and employee assist programmes.

Staff training: Employers should be supported and encouraged to provide staff training on developing healthier environments and on particular issues such as mental health and musculoskeletal conditions. The Government should consider setting up a national body like Healthy Working Wales to oversee this.

Sickness absence management: Employers should be supported to embed effective sickness absence management as a key tool to support people when they are off sick, ensure they come back to work, and then do not drop out again.

Equality and diversity: Governments across the four nations should demonstrate leadership in equality and diversity in the workplace by setting an example and establishing clear standards and guidelines.

Local

Analysis of evidence on local employment (eg supply, quality, sickness absence, fit notes) should be a part of local needs assessment processes in the four nations to enable timely response to employees' needs.

Local areas and 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, so that brief conversations about workplace health are implemented by healthcare professionals.

Healthcare professionals should be provided with training that enables them to better understand the symbiotic relationship between work and health and how they can support both aspects of a patients' life.

All staff, including healthcare professionals, should have access to advice on 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 key determinant of health.

Background

Health and wealth are two sides of the same coin. Investment in health can enable higher labour supply and efficiency, paving the way for economic growth. However, bad management and inadequate investment in health can have long lasting, detrimental impacts on the economy and society. Work can have a positive impact on people's wellbeing. It enables people to earn an income, broadens their sphere of social connections and can give people a purpose.[2] Conversely, the absence of paid work increases the risk of premature mortality by 60% in working-age adults.[1] This rate is slightly higher in Scotland with people who are of working age and out of work demonstrating a 63% rise in risk of premature death. Being unemployed also exacerbates the risk of alcohol induced hospitalisations, road accidents and self-harm.[1]

What is fair work?

For work to be beneficial to health it needs to be 'fair' work with adequate pay, acceptable hours, good health and safety, job security, job progression and the ability for workers to participate in decision making.[3] Fair work entails:

- the provision of good and safe work for all
- taking a proactive approach to providing workplaces that enable healthier choices for employees,
- providing support for them when they have health issues, which is delivered across the system in accordance with evidence-based guidance for best practice and achieves evidence-based outcomes for public health improvement[4]

This will enable people of working age to access and stay in work and support good health and healthy lifestyles for those in work.

How has health-related worklessness become an emerging problem?

Poor physical and mental health is becoming a common factor for rising economic inactivity. In a study, 28% of respondents said they were economically inactive because of long term sickness. This was 3% higher than those who were inactive because of the pandemic.[5] There has also been an 22% rise in the number of people reporting to have mental conditions since 2020. The occurrence of sickness absence is the highest it has ever been, which has increased to 2.2% since 2010. An estimated 149 million days of work were lost due to injury or illness in 2021 which equals to more than 4 days per employee.[6]

Occupations with higher proportions of former employees with long term sickness tend to have lower pay averages. There are also disparities in populations that take sick leave, as people with the highest rates of sickness absence were females, older employees and people with chronic conditions, part-time workers and those employed in service sectors such as care and leisure.

Policy Context

What have the Governments done on health-related worklessness?

'Improving Lives: the future of work, health and disability' was published to set out a 10-year strategy to improve employment outcomes for working-aged people with health conditions and/or disabilities.[7] The 2019 Healthcare Professionals' Consensus Statement on Health and Work was subsequently created to mark the collective commitment of health and care professionals to the Health and Work agenda. In 2022, the Department for Work and Pensions (DWP) announced that a network of 50 'Plus' Champions would be created across England, Scotland and Wales to help older workers into the workplace.

In 2019, the Scottish Government reviewed its Health and Work strategy to make Fair and Health Work in Scotland a reality for all.[8] Wales has committed to be a fair work nation.[9] In Wales, the Healthy Working Wales programme aims to support employers to create healthy working environments.[10] 'Stronger, fairer, greener Wales' was also introduced to improve access to work/education and tackle inequalities through a system-wide approach. On the other hand, Northern Ireland identified occupational lung diseases, cancers, musculoskeletal disorders and work-related stress as key OH priorities in 2018 – 2023.[11]

What support has been given to people with mental health issues?

Since June 2017, the Work and Health Unit has tripled the number of employment advisers (EAs) working in 40% of Improving Access to Psychological Therapies (IAPT) services to support workers with mental health issues to stay in work or look for jobs.[12] Since 2018, the NHS has supported people with severe mental illness through Individual Placement and Support (IPS), an intensive, individually tailored support programme.[13] In 2022, the Government provided £122 million new funding to NHS England to help people managing mental health issues find, stay in or return to work.[14]

In Scotland, an Employment and Mental Health Short Life Working Group was established to collaborate with key stakeholders to make enduring improvements to mental health within the workplace.[15]

ADPH Position

A whole system approach to ensure the health and wellbeing of working age

Health is not just a personal quality determined by individual choice, it is facilitated by the wider systems which provide support for individuals to work in a healthy environment. A whole system approach is vital to ensure 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. Primary care, DWP, in work support systems and employers all play a vital role. To tackle worklessness and improve working conditions, collaboration must take place across education, business and the welfare system at both local and national level.

More public health funding needed to promote workplace health and reduce health-related worklessness

Investment in public health must be increased across the four nations. Public health needs to be funded sustainably and adequately in line with local population health need. In England, local authorities' public health funding has suffered a 26% cut (in real terms on a per person basis) since 2015/16, even though

public health interventions provide great value for money and cost 3 to 4 times less than NHS interventions.[16] [17] Although DsPH have been acting to manage these cuts, 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 and workplace health. Funding needs to be provided to better support workplace health and prevent people from having to leave the workforce due to poor health.

Health Improvement Role of the Workplace

The workplace has a role in the wider community to create working conditions that focus on prevention and improve employees' health and wellbeing. Businesses should take health seriously considering that a healthy workforce is beneficial both to the employers and employees. They should recognise that when people are supported in business and valued as employees, they are able to exercise their full potential in the workplace. They should link with other anchor institutions and invest in health and the community.

In addition to the statutory requirements of health and safety, employers can create a healthy workplace by developing family friendly policies, introducing flexible working hours and supporting breast feeding. Smoking cessation also has a role in the workplace as does the promotion of a healthy alcohol culture.[18] 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.[19] Interventions such as workplace travel plans[20], cycle parking and shower facilities are evidence-based to reduce car use and increase active commutes.[21]

Legislation to improve health at work and prevent in-work poverty

Legislative powers can be used to improve health at work through:

- Introducing regulations and standards on health and safety.
- Creating inclusive environments where the rights of all workers are protected especially vulnerable workers and those in precarious employment.
- Ensuring a fair and reasonable National Living Wage as well as appropriate and flexible working time.
- Incentivizing employers through tax regulations to promote and maintain employee health and wellbeing.
- Facilitating access to opportunities for learning and career development.

The prevalence of in-work poverty in the UK has been the greatest it has ever been since 1996. Two-thirds of working age adults are still in poverty despite having a minimum of one employed adult in their household.[22] Tackling in-work poverty should therefore be a priority, which could benefit both employers and employees.[20] Implementing the real living wage for example can lead to positive outcomes such as improved business reputation, better relationships between workers and their managers and greater rates of employee retention.[20]

Discrimination can be detrimental to the health of workers as it leads to greater demoralisation of staff.[23] Staff most affected by discriminations are more likely to take sick leave due to poorer mental health.[24] Additionally, a survey from CIPD reported that workers from ethnic minority backgrounds had a higher likelihood of citing their background as having an impact on their access to opportunities at work.[25] It is important that organisations implement fair practices and ensure equal opportunities in the workplace.[28]

Promoting positive mental health and preventing burnout

People with poorer mental health are often over-represented in unstable and inconsistent forms of

employments which are usually temporary with low pay.[26] This creates a huge risk of creating a cyclical pattern of unemployment causing declines in health which in turn makes it harder to get into, and stay in, work.[27] Extra support should be provided to employees with mental health issues. In addition, it is vital that measures are put in place to protect workers from burning out.

Workplace stress is a huge factor behind burnout and increased rates of sickness absences, 21% of people surveyed expressed that they would call in sick to handle workplace stress.[28] A further 42% agreed that they had considered leaving their job due to stress from the workplace.[29] Employers can improve the health of their employees by utilising the Mental Health at Work Commitment framework which ensures that the work environment and culture actively strives to produce beneficial mental health outcomes.[30] The framework also provides support for employers to create a mental health workplan.[31]

Occupational health services and management training

Health and safety and OH play a vital role in protecting the workforce. Some key roles of occupational health services include pre-employment health screening, support and advice services (including counselling) and advice on rehabilitation following illness. However, occupational health support and advice is currently not equitably available in the workplace.

Supporting small businesses (SMEs)

SMEs account for 61% of private sector employment. However, only 10% of OH providers provided their services to SMEs over the past year.[32] In fact, there is less than a 1 in 7 probability that SMEs provide OH services to their employees.[33] It is crucial to promote OH in the workplace and ensure that employees are aware of the range of OH support offered in their local area. Employers, especially small businesses, should be supported and encouraged to provide in work support services such as OH services and employee assist programmes.

Management training

While there has been a positive shift in the proportion of managers who acknowledge that employee wellbeing is their responsibility, 56% of line managers say they have received no training in mental health.[34] 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.

Supporting remote work

Flexible and/or self-scheduled work hours have a positive overall effect on health.[35] Since the outbreak of Covid-19, remote work has also been normalised. This has enabled more people to enter the workforce, with research showing that 10% of participants who were economically inactive stated that being able to work from home would encourage them to take up work again.[19] While remote working is a challenge for some employers and employees as it requires use of new technology, some occupations particularly those that involve interactions also have difficulties in implementing flexible working arrangements.[17] Workers experiencing higher wage precariousness and workers in atypical (non-permanent) jobs were found to be less able to work from home.[36] Working from home also blurs the boundary between home and work and could easily create an 'always-on' work culture, leading to poor sleep quality and inability to switch-off outside of work hours.[37] Employers should provide adequate support to promote work-life balance.

Tackling worklessness and supporting people into work

People can become trapped in 'low pay/no pay' cycles of temporary, usually poor, employment alternating

with periods of worklessness.[38] [39] Poor health exacerbates these issues.[40] Stigma and discrimination also remain | barriers to people with disabilities enjoying full participation in work and society.[41] Therefore, it is crucial to implement interventions based on the specific needs of groups that are disproportionately facing worklessness.

People do not have to be fully fit or recovered before being reintroduced to the workplace. They can be supported back to work through temporary job modifications, in-work support, OH services, education and training.[42] [43] [44] [45] In these circumstances, fit notes can be a helpful tool as it provides employers with a better understanding of what adjustments may be required to enable their employees to return to work comfortably without exacerbating their existing condition. Awareness raising is also needed to develop an inclusive organisational culture that supports people of different backgrounds and health needs.

Supporting working parents and people with caring responsibilities should also be a priority. Adequate paid parental leave has benefits to parents, children and wider society and economy.[46] [47] [48]

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.[49] This should include addressing determinants such as smoking, alcohol and healthy weight as well as social determinants such as housing. ADPH has made recommendations across these areas in its broader series of position statements.

Evidence-based policy on work and health

There has been some progress in developing the evidence base on the impact and cost effectiveness of health and work interventions. However, there is still a lack of high-quality intervention studies that describe, in sufficient detail, the nature of the intervention and its effect – and whether effects are sustained long term. There is also a lack of data on small organisations and 'blue-collar' sectors.[16] Peer learning approaches, such as sector led improvement, can be used to increase the evidence base. Validated tools can also be used as part of workplace accreditation schemes to build evidence.

About ADPH

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.

The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. 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.

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