ANNUAL REPORT

OF THE

DIRECTOR OF PUBLIC HEALTH

2017

Health and Work

Contents

Foreword

The Director of Public Health has a statutory duty to produce an independent report on the health of the local population. The aim is to highlight the key issues facing local people, looking at patterns of poor health and wellbeing, and providing recommendations on how opportunities to improve health should be achieved.

The link between work and good health is reciprocal. Good health is an important enabler for us to engage in work successfully and there is good evidence that fulfilling working lives can be an important factor in good health, be it remunerated or voluntary work. The council has an important role to play in supporting organisations and individuals to build healthy working environments and to strengthen health and resilience in our communities to maximise fulfilling engagement in work.

This year, my annual public health report examines work and health in our borough. It focuses upon how we can work with our communities to build healthy work environments and maximise the benefits to health that work can bring.

As with my previous annual reports for 2015 and 2016, this review presents headline data and examines their importance for the population of Southend-on-Sea. More detailed information about the health and wellbeing of our population can be found in the borough's Joint Strategic Needs Assessment sections on the Council website (available at http://southend.gov.uk).

I hope you find my report of interest. As always, I would welcome your feedback and comments, and any suggestions you may have.

Dr Andrea Atherton, Director of Public Health

Overview – Work and Health

This year my independent annual report focuses on the topic of work and health. There is increasing scientific evidence that good quality work is beneficial for physical and mental health and well-being (1, 2, 3). For most people their work is a key determinant of their identity, self- esteem and standing within the community. In addition to the provision of income, work provides a means of social interaction and fulfilment (4).

With its positive impact on the health and wellbeing of employees, ultimately good work affects the productivity and profitability of businesses and contributes to economic growth.

There is extensive evidence that there are strong links between unemployment and poorer physical and mental health and mortality, with re-employment generally leading to improved health (2).

Currently 61.5%% of the local population is of working age (defined as 16-64 years). Nationally there has been an overall increase in the proportion of men and women between 50 and state pension age who participate in the labour market, and by 2020 it is estimated that a third of British workers will be over the age of 50 years (5). This will also be reflected in local workforce statistics.

The employment culture of today has shifted from people remaining in a lifelong job in a variety of sectors and industries, to one with workers frequently switching positions and increasingly employed in desk based roles. There has also been a growth in flexible or part-time working, from 4% to 25% of total employment (6). Both the number of self-employed workers and the share of all employment accounted for by self-employment have also risen steadily over the past 15 years (7).

Alongside this shift in working patterns, there has also been a significant increase in the number of people commuting longer distances to get to work. For people living in East of England the average commute time to and from work is 60 minutes (8). Work and commuting can therefore occupy a substantial proportion of waking hours in the day and limit the opportunity to undertake health promoting behaviours, including the healthy food preparation and physical activity.

Despite the benefits of work, some work itself can be damaging to health. It is important to support employers to ensure the work environment is safe in relation to prevention of accidents and takes account of the health risks posed by workplace stress.

I previously described in my 2015 annual public health report how the workplace can be used as a setting to promote and deliver health and wellbeing initiatives to employees. The Southend Public Health Responsibility Deal was designed to support local small and medium sized businesses to improve the health of their customers and employees. There is a range of support available to Southend businesses to enable them to commit to at least one of our workplace health pledges.

The Working Age Population

Who are the working age population?

This report includes men and women aged 16 – 64 years to define the working age population (1). In 2016, the total population in Southend was an estimated 179,800 of which 110,700 people (61.6%) were of working age (2).

Figure 1   The Working Age Population (Age 16-64 years) by Upper Tier Authority in East of England (% of total population in 2016)
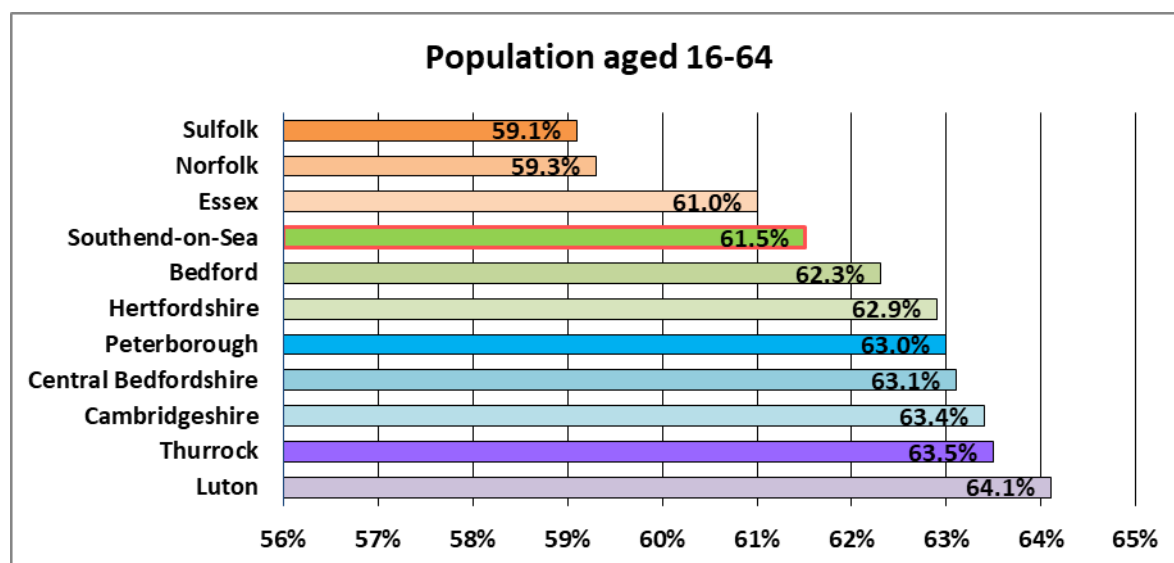
Source: Nomis (2)

Figure 1 highlights that Southend has the fourth lowest proportion of their local population within the 16-64 working age group in the East of England region. This reflects the older age profile of Southend.

Future changes in the workforce

In order to plan for the future we need to understand how the workforce in Southend is expected to change over time.

The local population is set to grow by 15.9% between 2018 and 2038, to over 212,600 (3). Within this increase, the demographic composition of Southend is changing, with a growing number of older people. Currently 1 in 5 residents are aged 65+ (34,487 people), and this will increase so that by 2038, 1 in 4 Southend residents will be aged 65+ (3, 4).

Between 2018 and 2038, the proportion of the population who are of working age is expected to fall from 61% to 57%, whilst the proportion of people who are aged 65+ is expected to increase from 19% to 25% (3).

These demographic changes will lead to a change in the ratio of working to non-working people. In 2018, there are expected to be 158 people of working age for

every 100 children and older people and this is set to change to 131 people of working age for every 100 children and older people by 2038 (3)

This makes it more important than ever to help more people in Southend to stay healthy, stay in good jobs and work productively for longer.

People are living longer, and in 2017, a 65-year-old can now expect to live for another 22.8 years, or 33.6% of their adult life. This is 9 years longer than a 65 year old was expected to live in 1948 when the state pension was first introduced (5).

As we live longer, we will need to work longer to fund our retirement. Over the course of 2019 and 2020 both the women's and men's state pension age will rise from 65 to 66, with an intention of rising to 68 between 2038-39 (6).

There are now more people aged over 50 in employment than ever before (7) Nationally labour market participation is currently over 75% among those between 50 and state pension age, and over 12% for those beyond (8). However, whilst people are working for longer than they used to, one in five men and one in twelve women still leave work in the five years before they reach state pension age. A chronic health condition is a contributory factor in nearly half of men between the ages of 55 and state pension age who are no longer working (7). In addition to health issues, caring responsibilities and workplace factors also contribute to an earlier than planned exit from the labour market.

Unplanned early labour market exit can be harmful to overall well-being, particularly where there is less social interaction in retirement and difficulties in maintain living standards.

In addition to the personal financial impacts, early labour market exit also has an impact on the public purse, since £7 billion is paid each year in out-of-work benefits to people between the age of 50 years and state pension age (7).

Evidence suggests that employers who fail to retain their older workers are losing important skills from their workforce, and the premature loss of older workers can lead to loss of output and higher recruitment costs for employers. There is no systematic evidence that older workers are less productive than younger workers


Focus for Action

People will be required to work for longer in the future. Action to improve health earlier in the working life will help to maintain health into later life and maintain overall productivity.

Who is working in Southend?

A high proportion of the Southend working age population are in employment. Since 2011/12, employment levels in Southend have generally been on an upward trajectory, with 76% of 16-64 year olds in employment in 2016/17. This compares to 74.4% across England (1).

Figure 1   Percentage of Southend residents aged 16-64years in employment (2011/12 – 201617) compared to England
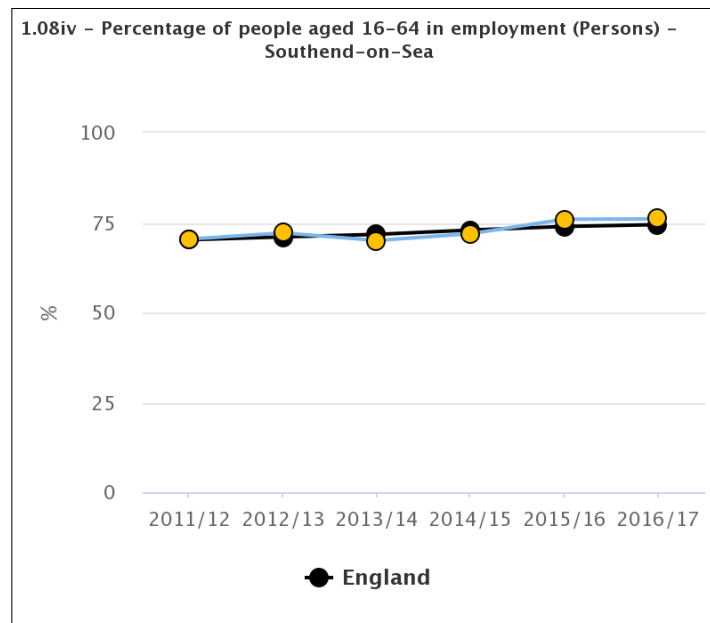
Source: Public Health Outcomes Framework (1)

In 2016/17, 82.4%, of men of working age in were in employment compared to 69.6% of women of working age, with women accounting for 46% of the overall working age population in employment.

Unemployment

Unemployment rates in Southend have been steadily reducing from 7.7% in 2011 down to 5% of the working age population in 2016. However, not everyone in Southend who would like a job in Southend can find one.

Unemployment is associated with an increased risk of mortality and morbidity, including cardiovascular disease, poor mental health, suicide and health-damaging behaviours (2). The length of time a person is unemployed also impacts on health, for example individuals unemployed for more than six months have lower wellbeing than those unemployed for less time (3).

An inclusive workforce

It is recognised that gaining meaningful employment can pose a challenge for people of working age with health conditions, and those with learning disabilities. In particular, people affected by mental ill health often face barriers in securing employment (4).

Figure 2 shows the employment rate and gap for people with key conditions and the potential for halving that gap.

Figure 2   Employment rate and gap for people of working age in England with health conditions and those with learning disabilities compared to those with no health conditions (2014)
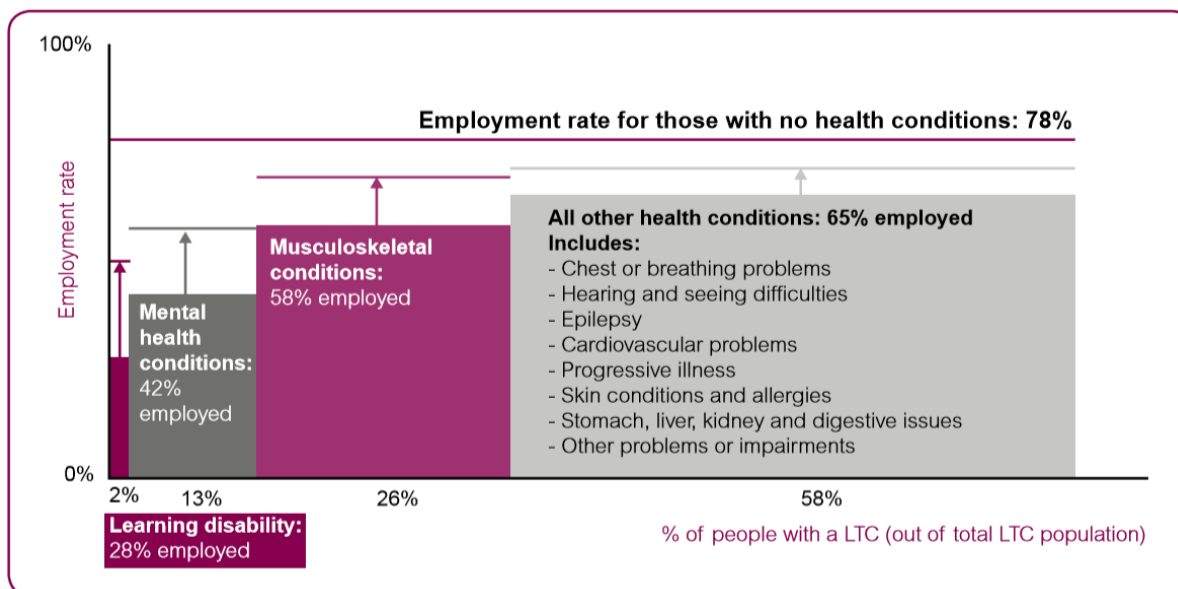
Source: DWP Health and Work Core Statistics July 2014, Labour Force Survey Q2 2014

There are a number of Government operated schemes that help support employment among people with health problems, these include:

Fit for Work is a Government-funded initiative to support people in work with health conditions and help with sickness absence. It is designed to prevent people losing their job as a result of sickness.

Access to Work is a specialist employment support programme that aims to help people with a disability or long term physical or mental health condition to start or stay in work. It provides both practical advice and financial support.

New Enterprise Allowance is a scheme that provides a grant and support to individuals to set up their own business if they are receiving certain benefits.

In recognition of the fact that one in ten disabled people in work fall out of work each year, compared to one in twenty non-disabled people, a national strategy has recently been published to deliver the pledge "to see one million more disabled people in work over the next ten years" (6). This outlines key actions in three settings:

- **Welfare** – employment and financial support
- **Workplace** – supporting employers to create healthy, inclusive workplaces
- **Healthcare** - supporting employment through health and high quality for all

In addition the recently published review. *Thriving at Work,* details how investing in supporting mental health at work is good for business and productivity.   The most important recommendation is that all employers, regardless of size or industry, should adopt 6 'mental health core standards' that lay basic foundations for an approach to workplace mental health (7).

The core standards are:
- Produce, implement, and communicate a 'mental health at work' plan
- Develop mental health awareness among employees
- Encourage open conversations about mental health and the support available when employees are struggling, and offer suitable workplace adjustments to those that require them
- Provide employees with good working conditions and ensure they have a healthy work life balance and opportunities for development.
- Promote effective people management through line managers and supervisors, ensuring appropriate training for managers
- Routinely monitor employee mental health and wellbeing

It also details how large employers and the public sector can 'lead the way' and develop these standards further through a set of 'mental health enhanced standards'.

Focus for Action
Developing inclusive workplaces to ensure people living with disability, those with learning difficulties and those with mental health problems are encouraged and supported to thrive at work.

Where are people employed in Southend?

Self-employed

Self-employment in the UK is currently higher than at any point over the past 40 years, and the rise in total employment since 2008 has predominantly been among the self- employed (1).

Older workers aged 50 to 64 are more likely to be in self-employment than other age groups, particularly those who continue to work beyond the age of 65 years (2).

In Southend 10.3% of people aged 16 to 64 are self-employed, which is similar to the national average (3). Men make up 69% of the self-employed in Southend.

Employment by Occupation Type

Figure 1 shows employment by occupation in Southend, as defined by the Standard Occupational Classification (4). This classification uses broad occupational categories which are similar in terms of the qualifications, training, skills and experience commonly associated with the competent performance of work tasks[1].

Figure 1   Employment by Occupation in Southend (July 2016- June 2017)
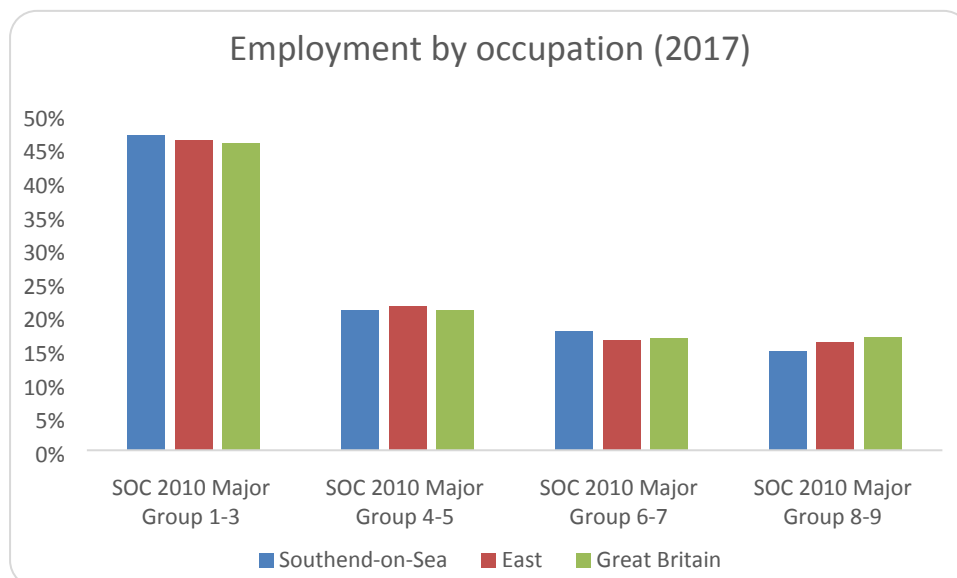
Compared with East of England and nationally, the current working population in Southend has a slightly higher proportion of people working in senior managerial and professional roles, and a lower proportion of people in skilled trade occupations and administrative and secretarial roles.

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[1] Major Group 1-3: Managers, directors, and senior officials; professional occupations; associate professional and technical,
Major Group 4-5: Administrative and secretarial; skilled trades occupations,
Major Group 6-7: Caring, leisure, and other service occupations; sales and customer service occupations,
Major Group 8-9: Process plant and machine operatives; elementary occupations

The public sector is the largest employer in Southend, accounting for 18.2% of employee jobs. The next largest category is wholesale and retail trade at 15.2%, followed by education at 10.6%. Accommodation and food services at 9.1%, are a major part of the visitor economy, along with the retail sector.

There are a number of implications of the current occupational landscape in Southend that can impact on health and wellbeing. It is well recognised that people in routine and manual work have a higher prevalence of poor lifestyle behaviours, such as smoking, which can contribute to poor health outcomes. Employment sectors also vary in the degree of opportunity they present for employees to move from unskilled low pay jobs to an occupation commanding a bigger salary.

Business types

Southend's enterprise base is heavily based on micro businesses (0 to 9 employees). Table 1 shows that of the 6355 enterprises in Southend in 2015, 91.3% had 0-9 employees. There are only 5 enterprises in Southend with more than 1,000 employees.

Table 1 Size of enterprises in Southend (2017)

Size of business by employees	Numbers	Percentage
Micro (0-9)	6355	91.3
Small (10-49)	510	7.3
Medium (50-249)	75	1.1
Large 250+	25	0.4
Total	6960	-

Source: Inter Departmental Business Register (ONS)

Southend's industrial structure is fairly uneven and distinct compared to the industrial structure of the country as a whole.

Key points to note are:

- There is a higher concentration of employees in the public administration; education and health sector as well as arts, entertainment and other services

- There is a very low concentration of employees in the transport and storage and information & communication sectors compared to the national industrial structure

It is also noteworthy that nearly 39.4% of employee jobs in Southend are part-time, above England, and that the last census data indicated that about 1in 3 employees commute to a workplace outside of Southend.

Focus for Action

As the proportion of micro businesses in Southend-on-Sea is very high, this brings challenges for delivering workplace-based health interventions for large numbers of our working population. We will continue to offer support to businesses through the public health responsibility deal alongside our community-based initiatives and our wider health promotion communication.

Skills and education

Appropriate training and qualifications are significant factors in gaining well-enumerated employment and increasing income across the life-course. People who have a high level of education are less likely to be unemployed than people without that experience, are more likely to work full-time, are more likely to describe their jobs as fulfilling, and are less likely to experience economic hardship (1). There is robust evidence that sustained economic hardship leads to poorer health and well-being (2).

Opportunities should be provided for career development to be a lifelong endeavour, where people can access pathways and possibilities throughout their working lives (3). Access to such education can improve an individual's ability to maximise their personal and professional potential in their current work situation and open up possibilities for new employment positions.

Education and qualifications in Southend-on-Sea

In Southend-on-Sea, 92.1% of the population have at least one recognised educational qualification. This figure is slightly lower than the regional (92.8%) and national average (92.3%). There is, however, a significant difference between the proportion of people in Southend-on-Sea with a qualification of NVQ2 and above (5 GCSEs grade C or above, or equivalent). While in Southend 70.4% of the eligible population achieve this qualification level, the figure is 73.3% regionally, and 74.7% nationally. This trend continues at NVQ4 or above (HND, Degree, or Higher Degree) with 30.7% of Southend's population being educated to this level, compared to 34.7% regionally and 38.6% nationally (4).

The proportion of 16 to 17 year olds not in education, employment, or training (NEET) is a challenge for Southend-on-Sea. The most recent available data (2016) suggests that 9% of our relevant population are classified as NEET. This is the highest figure across the East of England region and is a statistically significant difference to the national average (6%) (5).

However, for the Early Years Key Stage of education, the picture is bright for Southend. 74.1% of children achieve a good level of development at the end of reception year in school readiness assessments, which is the second highest figure in the region and significantly above the national average (5). Further, school absence is also significantly better than the national average and is the joint lowest in the region (4.3% of half days missed). There is strong evidence that low attendance at school is associated with poorer levels of educational attainment for children. Department of Education research has demonstrated that each extra day of school missed was associated with a lower attainment outcome (Fig 1) (6).

Fig 1　　**Percentage of pupils in state-funded mainstream schools achieving states levels at the end of KS2 in 2013/14 academic year by overall absence rate across KS2.**
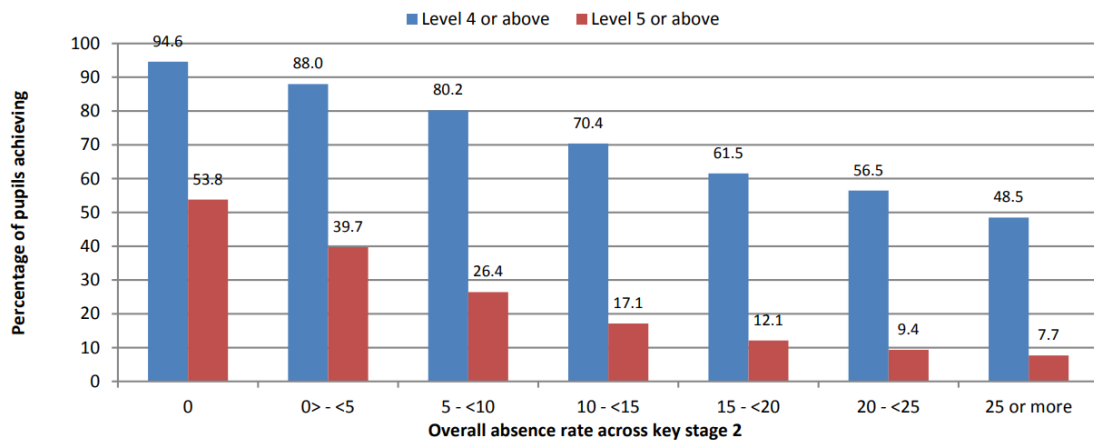
Overall absence rate across KS2	0	0> - <5	5 - <10	10 - <15	15 - <20	20 - <25	25 or more
Number of pupils	2,150	342,330	110,620	20,735	4,470	1,215	730

Source: Department of Education. 2016. The link between absence and attainment at KS2 and KS4: 2013/14 academic year.

Focus for Action

There is then a key task to ensure that the good start our children are getting in school translates into a high level of educational attainment and an ambition to partake in lifelong learning and career development.

Health issues in the working age population

It is estimated that between 130 and 140 million working days are lost to sickness or injury in the UK each year (1). This equates to just over 4 days of absence per worker. While this has a significant impact on productivity and employee wellbeing, the trend has been for a general decrease in this figure since 2003.

For the most recent available data (2016), minor illnesses such as coughs and colds were the most frequently cited cause of sickness absence and were the reason for around a quarter (24.8%) of all such absence. The second most frequent cause were musculo-skeletal complaints (22.4%) with 11.5% of total days lost caused by mental ill health (1).

The population groups most affected by work sickness absence in 2016 were women, older workers, people with long-term health conditions, smokers, public sector workers, and those working in organisations of 500 or more employees (1). In addition, ill health in the working age population is concentrated among manual workers and the least wealthy.

Annual Population Survey data from the Office for National Statistics suggest that 1.6% of working hours are lost to sickness absence in the East of England region each year. This is below the national UK rate of 1.9% (1).

The other side of the coin to absenteeism is sickness presence (or presenteeism). This is the practice of working while sick and can be the result of good intentions by staff or by direct or indirect pressure on staff from organisations or businesses to avoid absence. It is difficult to quantify the extent of presenteeism in the Southend or UK workforce but a Europe-wide survey of working conditions in 2010 found that on average UK respondents had worked while sick on five days in the preceding year (2). When workers are present in the workplace but unable to perform their duties properly, it impacts upon on organisation's productivity and potentially lengthens the employee's period of illness.

For many people within our population, long-term sickness is a barrier to employment. Where people are economically inactive (not employed or active seeking employment), long-term sickness is the second most frequent cause for men aged 16-64 and the third most frequent for women (3).

For Southend-on-Sea, in 2017 there were 5,700 people who were economically inactive due to long-term sickness. This equates to over a quarter of the economically inactive population of the borough (26%) and 5.1% of the overall borough population (4). The proportion of the population economically inactive due to long term sickness is markedly higher than for the East of England (3.6%) and higher than for Great Britain as a whole (4.8%).

The Public Health Outcomes Framework for England provides us with a tool to monitor the gap in the employment rate between people with long-term conditions and the general population (5). In 2016/17, there was a 28.8 percentage point gap in the employment rate between the two groups. The current employment rate in Southend-on-Sea is 80% so this means that the chances of being in employment are around one and a half times greater if a person does not have a long-term health condition. However for Southend's population, this gap is smaller than it is both regionally and nationally.

We also routinely monitor the gap in employment rate between people with a learning disability or in contact with secondary mental health services, and the overall employment rate. In 2016/17, the gap for people with a learning disability in Southend was 66 percentage points and for people in contact with mental health services it was 70 percentage points. This suggests that the general Southend working age population are nearly six times more likely to be in employment than people with a learning disability, and ten times more likely than people in contact with mental health services (5).

For people in employment, poor mental health is a major issue for the employee and their employers. Thriving at Work, a recent independent review commissioned by the Government, found that 300,000 people with a long-term mental health problem lose their jobs each year, and around 15% of people at work have symptoms of an existing mental illness (6).

In addition, it is recognised that poor quality, insecure, and low-paid work can be as harmful to health as unemployment, and both can lead to health inequalities. The Marmot Review of Health Inequalities focused on the need to "create fair employment and good work for all" (7). Further, some ill-health is directly work related. This can include sudden injuries, such as a trip or fall or from lifting and handling, 'slow' injuries, such as the development of repetitive strain injury (RSI) or the ill health effects of stress at work.

Promoting good health and wellbeing at work

The workplace is a setting where many people spend the largest proportion of their time and therefore it can play a key role in contributing to employee health and in turn the health and productivity of their organisation, families, local community and society.

74% of adults are in employment, on average spending a third of their waking hours in the workplace. During the working day there is scope for employers to influence employee health behaviours and promote a culture of good health and wellbeing, and to provide a supportive environment to enable those with health problems to continue working.

The World Health Organisation suggests that the benefits of the workplace as a setting for improving health are widespread for both the organisation and the employee:

To the organisation	To the employee
a well- managed health and safety programme	a safe and healthy work environment
a positive and caring image	enhanced self-esteem
improved staff morale	reduced stress
reduced staff turnover	improved morale
reduced absenteeism	increased job satisfaction
increased productivity	increased skills for heath protection
reduced health care/insurance costs	improved health
reduced risk of fines and litigation	Improved sense of wellbeing

Source: WHO

Southend health and care organisations are developing integrated locality working which will help improve understanding of the health and care needs of particular groups of adults of working age within the population, and the interventions needed to support them.

Prevention in the workplace – local programmes

There are a multitude of evidence-based programmes of activity that can be offered from the workplace to help improve employee health:

- NHS Health Checks
- Mindful Employer
- Mental Health First Aid
- Investors in People
- Public Health Responsibility Deal
- Active Working
- Active Travel
- Stop Smoking Support
- NHS Health Trainers
- Health and Safety Policy and programmes

Focus for Action

For the area of work and health, the key challenges for public health services in Southend and across England, are to work with employers to develop workplaces that encourage health-positive behaviours, and to work with partners within our local authority and in organisations and businesses across the borough to tackle the employment gap for people with long-term health issues. Employment is a key determinant of population health and barriers to employment are a significant source of health inequalities.

Recommendations

1: Continue to promote positive lifestyle behaviours such as not smoking, regular physical activity, being a healthy weight, sensible drinking, and good mental wellbeing through community and workplace activities and resources.

2: Continue to promote Making Every Contact Count (MECC) training in brief interventions to increase awareness and access to appropriate support services

3: Promote the importance of workplace health in the ill-health prevention strand of locality service design modelling.

4: Encourage local workplaces to sign up to the National and /or Southend Public Health Responsibility Deal and put into place effective actions to support employees and customers to make healthier choices

5: Support workplaces in producing and implementing inclusive policies on recruitment and retention of people living with a disability, mental health problem or long-term condition

6: Encourage local employers to use Business in the Community / Public Health England workplace toolkits to improve prevention and management of MSK and mental health issues in the workplace

Summary health profile

Health Profile
2017.pdf

Summary of the 2017 Report in Infographics

APHR 2017
Infographics summary

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