BULLETIN TWO

The Director of Public Health's Annual Report 2018/19

Introduction

"Insufficient income is associated with worse outcomes across virtually all domains, including long-term health and life expectancy."[1]

In general, it is correct to think that being in work is better than being out of work, and that unemployment increases our risk of dying and becoming ill.

In fact, employment brings benefits not only to individuals and their families but to their communities, local businesses and the economic growth of the nation.

However, the relationship between health and work is quite complex and for everyone to benefit, businesses need to use their position to create a 'good working environment' for people, which is one that promotes the wellbeing of people and local businesses.

This means businesses need to start to think in a new way and realise good health is 'business critical'.

An evidence-based business approach suggests that if an employer wants high levels of productivity and low levels of absenteeism – and what employer doesn't – action is necessary to create good jobs.

Bad working environments (characterised by low levels of job control, insecurity and organizational fairness, and a high effort/reward imbalance) not only contribute to poor worker health but also to low productivity and poor economic growth, whereas healthy environments supporting 'good' jobs produce higher productivity and lower sickness levels. This approach creates a virtuous circle where living standards improve, more resources are available for services such as education, health (which support high productivity), social problems decrease and ultimately a flourishing economy is the result.

To me, as a Director of Public Health, it suggests a more holistic view of health that brings workplaces into the forefront as a key setting for engaging adults in activities to improve their wellbeing as well as to improve the health and cohesiveness of the nation and the economy.

This is why many Councils around the country are embarking on a type of 'reinvigorated municipalism' seeking to improve people's lives by both improving inward investment and increasing the wellbeing of their communities by supporting anchors and other local employers to create 'good' jobs. They know it is basically a win-win for everyone.

Cate Edwynn, Director of Public Health

The issue

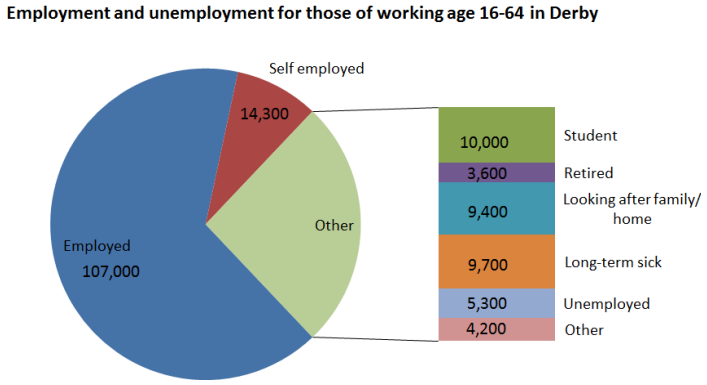
Unemployment and economic inactivity

Unemployment is associated with an increased risk of ill health and mortality. Being out of work is linked with poor mental health, suicide, higher self-reported ill health and limiting long-term illness, and higher prevalence of risky health behaviours such as alcohol misuse and smoking.

[1] The Marmot Review (2010) Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010

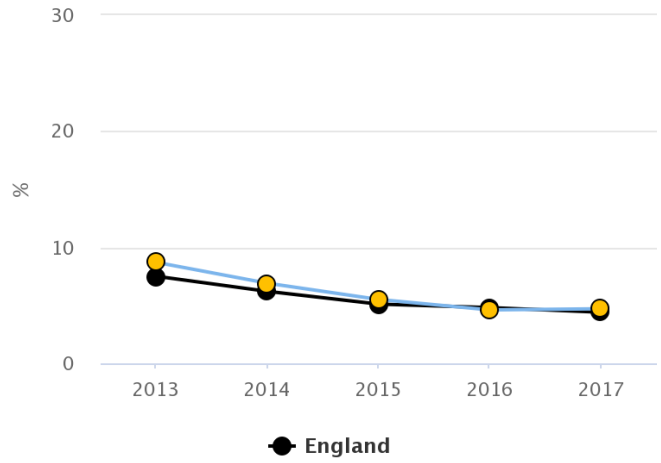
There is an association between unemployment and poor mental health. There are known psychosocial effects of unemployment, including stigma, isolation and loss of self-worth. People with long term severe mental illness (SMI) are less likely to be employed than people with long-term physical disabilities, despite signals that the majority of people with SMI would like to be economically active.[2]

Figure 1 Employment and unemployment for those of working age 16-64 in Derby



There are several categories which constitute economic inactivity and are not only defined by people who are registered as unemployed. There are over 32,000 working age people in Derby who are economically inactive and not students (20%), many of which may be able to become economically active.

Figure 2 Population aged 16+ who are unemployed in Derby



[2] Fingertips Public Health England (2019) Work and the labour market - unemployment

Unemployment in Derby has fallen from 8.7% (n=11,000) in 2013 to 4.7% (n=5,800) in 2017. However, the recent fall in unemployment has occurred at a time where there has been a noticeable rise of more part-time low-skilled employment, zero-hour low-paid contracts, and higher levels of in-work poverty. Therefore, employment is not a silver bullet because work conditions have a huge impact on our health. Poor quality jobs are an issue for health inequalities as they tend to be focused at the lower end of the social gradient.

> *"Being in good work is better for your health than being out of work. 'Good work' is defined as having a safe and secure job with good working hours and conditions, supportive management and opportunities for training and development."*

Health inequalities and work

In England there is a clear social gradient in employment status and working conditions. *"People in more disadvantaged socioeconomic groups are at higher risk of unemployment, and if employed, of poor working conditions."*[3] A result of this is worse health.

Employment patterns therefore both reflect and reinforce the social gradient of health and there is inequality of access to labour market opportunities. Increasing the number of better quality jobs will contribute to reducing health inequalities.

[3] Public Health England & UCL Institute of Health Equity (2015) Local action on health inequalities: promoting good quality jobs to reduce health inequalities

Figure 3 Longstanding illness/ disability by income

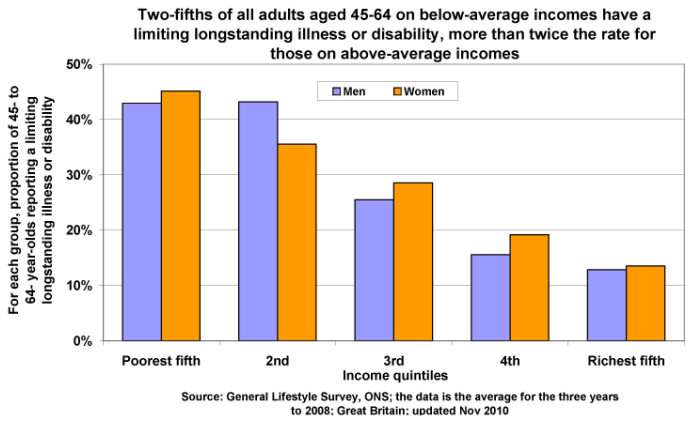


Figure 4 Health and economic prosperity relationship considerations[4]

There is a health impact of income inequality in a population. High inequality is associated with reduced social cohesion, negative impact on economic growth, and contributes to diminished opportunities.

Income inequality contributes to poor health outcomes and social problems.

A large degree of inequality negatively impacts the health of the poor, as well as the whole population.

Reducing health inequalities is important in health and work because it reduces losses from illness associated health inequalities:

- productivity losses,
- reduced tax revenue,
- higher welfare payments,
- increased treatment costs.

The relationship between health and work has been illustrated in the analysis of deaths from suicide. Suicide is unequally distributed across the social gradient. Males working in the lowest-skilled occupations have a 44% higher risk of suicide than the male national average. Specific occupations with elevated suicide risk for males include construction roles, building finishing trades and agriculture. For females, the risk is highest among those working in artistic, literacy and media occupations.

The highest paid occupational group, which includes managers, directors and senior officials, have the lowest risk of suicide. Some occupations have a higher risk of suicide due to the work features of low pay and low job security.[5] Whilst there is the known relationship between suicide and unemployment/ poor quality jobs due to low income, insecurity, mental health conditions, hopelessness, etc., it is recognised that suicide often results from a mix of multiple circumstances, of which work can add to but is not often the single factor.

[4] Public Health England (2018) Health, Work, and Inclusive Growth: Working together to improve health and employment, and reduce inequalities, in the East Midlands

[5] Office for National Statistics (2017) Suicide by occupation, England: 2011 to 2015

Health and wealth

Poverty is not a static concept; it is highly dynamic and reflective of individual income and family circumstances. In addition, worklessness does not always result in poverty and, conversely, work does not lift all individuals out of poverty[6].

Poverty can be described as:

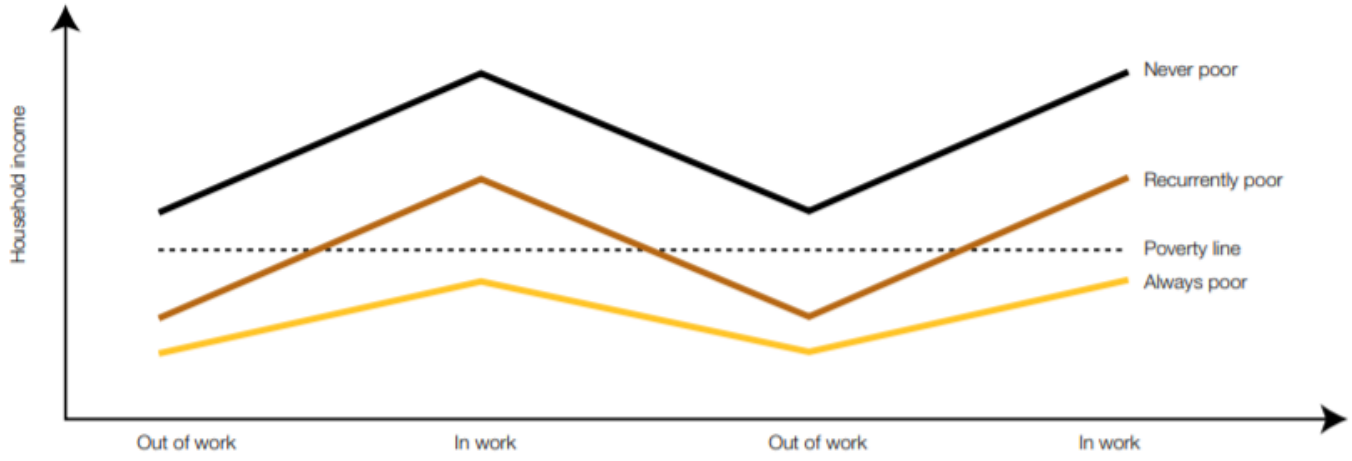
- 'persistent' meaning long periods of poverty,
- 'recurrent' referring to cycling in and out of poverty,
- 'transient' denoting a brief spell of poverty.

Moving between persistent poverty and transiting in and out of work could be worse than no employment at all because of the instability on a household's finances.

Health and wealth across the life course has the potential to have an intergenerational cyclical sequence to it. Children growing up in wealthy households are more likely to have access to the building blocks which generate good educational outcomes that will in adulthood likely lead to employment opportunities and an adequate income to live well to support families of their own. Children growing up in poverty and disadvantage are a greater risk of experiencing Adverse Childhood Experiences (ACEs) and are more likely to leave school without GCSEs. In adult life this contributes to the likelihood of disadvantage and difficulties which in turn affects their children's futures.

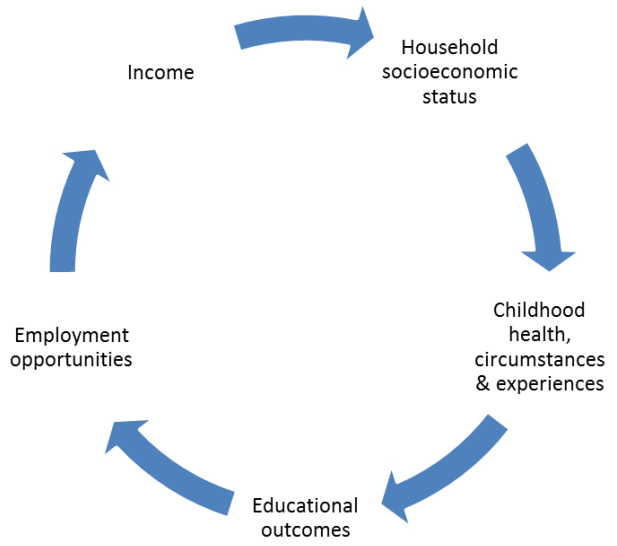
Adverse Childhood Experiences (ACEs) are traumatic events occurring in childhood which have a lasting negative impact on individual's health outcomes in adulthood. Contributing events include: domestic violence, parental abandonment, victim of abuse, etc.

Figure 5 Relationship between cycles of income and worklessness (reproduced from Joseph Rowntree Foundation, 2010)



[6] Joseph Rowntree Foundation (2010) Cycles of poverty, unemployment and low pay

Figure 6 Health and wealth across the life course



Health and economic prosperity extends beyond work and employment.

Health and work

> "The proportion of the working age population aged between 50 and the state pension age (SPA) will increase from 26% in 2012 to 35% in 2050 – an increase of approximately 8 million people" [in the UK].[7]

Health and economic prosperity includes

- Good well-paying jobs
- Adequate household incomes
- Affordable housing
- Healthy, affordable food
- Affordable, accessible transport

Dame Carol Black's review of Britain's working age population showed that *"the annual economic costs of sickness absence and worklessness associated with ill-health are over £100 billion a year – greater than the current annual NHS budget."*[8]

The report concluded that employment:

- Leads to better health outcomes,
- Minimises the harmful physical, mental, and social effects of long-term sickness absence,
- Improves quality of life and wellbeing,
- Reduces social exclusion and poverty.

The nature of work can adversely affect health[3]:

1. Through adverse physical conditions of work,
2. Adverse psychosocial conditions at work,
3. Poor pay or insufficient hours,
4. Temporary work, insecurity, and the risk of redundancy or job loss.

An unhealthy workforce negatively impacts our economy and society

- Lost productivity
- A reduction in income tax receipts
- Increases in long-term sickness
- Increased informal caregiving
- Increased healthcare costs

A healthy workforce clearly benefits employers as staff are more productive, have less absences and do not retire until they are ready to. Equally there are several costs of ill health associated with an unhealthy workforce.

[7] Government Office for Science (2016) Future of an ageing population

[8] Dame Carol Black (2008) Working for a healthier tomorrow: Review of the health of Britain's working age population

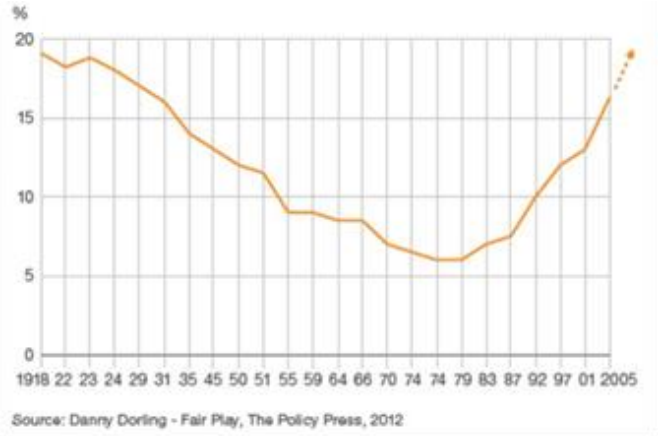
The causes

"Experiencing income poverty as a child is associated with increased risk of educational under-achievement and unemployment later in life."[9]

News articles can distort the true image of work and health in Derby. For example, the 2018 item on the Derby Telegraph led with the title ***Stop whining! Derby is rated the UK's second best place to make a living***. Certainly, the numbers show that compared to national averages the cost of living is low, average take-home earnings are high and work commutes are reasonable. These are important positives for Derby. However, does a higher than national average monthly salary reflect good work and optimal health and wellbeing outcomes?

This bulletin offers more insight behind such media headlines and indicates there is room for improvement in order for all the local population to share in good work and health.

Figure 7 Share of all income received by the richest 1% in Britain



The nature of employment is changing. There has been a rise in self-employment and the gig economy. There is a spread of low skilled, low paid, part-time and zero hours contracts. This has led to an increased number of households in work who are living in poverty.

Income inequality in Britain has been widening since the 1970s. The UK's dependency on London was clear in the 2007-08 financial crash and a product of this was the acknowledgement of the importance of the local economy in creating economic resilience and a cohesive country. The concept of an "inclusive economy" emerged.

What are the factors of economic exclusion?

Wide inequalities in healthy life expectancy, life expectancy[10] and deprivation are some of the main components and Derby has significant challenges in these areas:

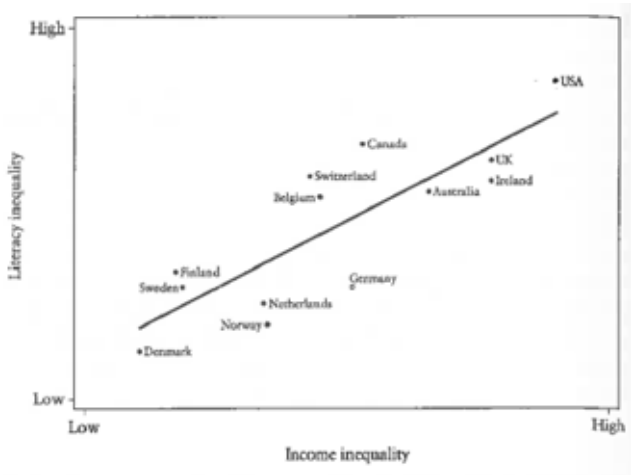
- Healthy life expectancy (HLE) is falling and a greater rate than England as a whole. Now HLE for males in Derby is 60.2 years and just 58.4 years for females in the city. This is experienced unequally across the city with wide differences between the most and least deprived populations. Unfortunately these large differences mean that Derby is in the top 10 local authorities in England for the widest inequality in HLE nationally.
- Life expectancy (LE) for males (78.2 years) and females (82.7 years) in Derby are significantly below the England average.
- The English Indices of Multiple Deprivation (IMD) provides a weighted calculation of local measures of deprivation in England. The IMD

[9] HM Government (2010) State of the nation report: poverty, worklessness and welfare dependency in the UK

[10] Fingertips Public Health England (2019) Local Authority Health Profiles

provides an indication of the locations of the most deprived, as well as the least deprived, local populations. Out of the 326 English districts and unitary local authorities ranked by IMD in 2015, Derby is at 84th position meaning that the city is placed on the more deprived end of the scale and many city residents experience deprivation. In terms of income deprivation specifically, 18.1% of Derby residents live in income deprived households reliant on means-tested benefit (both people that are out-of-work and those who work but have low earnings).

Figure 8 Income inequality is related to a wider gap in educational attainment among adults[11]

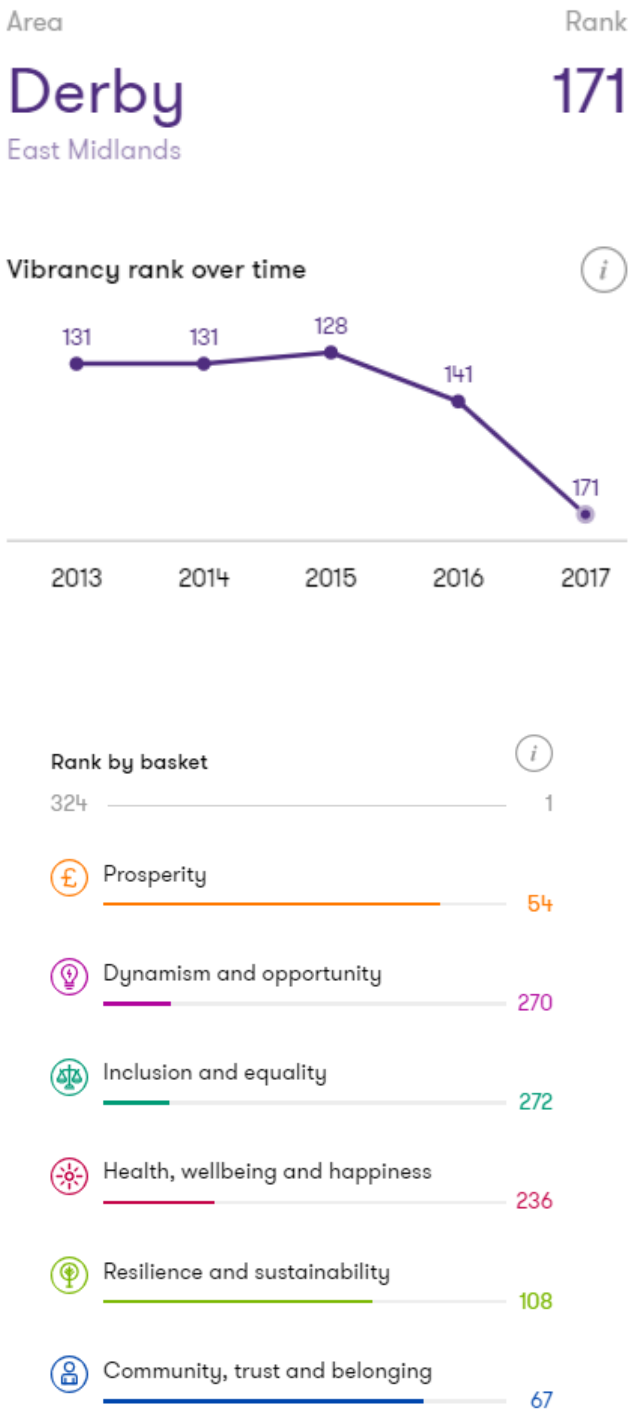


The Grant Thornton Vibrant Economy Index is a measure of inclusive economy. It is an assessment of what makes a place successful and uses several elements, looking beyond GDP, to measure success.

How did Derby perform in the Grant Thornton assessment?

In 2017, Derby stands out as performing in the top 20% nationally for 'prosperity'. However, it is in the bottom 20% for 'inclusion and equality' and 'dynamism and opportunity'. In addition, it ranks below the national average for 'health, wellbeing and happiness'. Overall, vibrancy rank has fallen in recent years from position 131 in 2013 to 171 in 2017, placing Derby in the middle of performance nationally.[12]

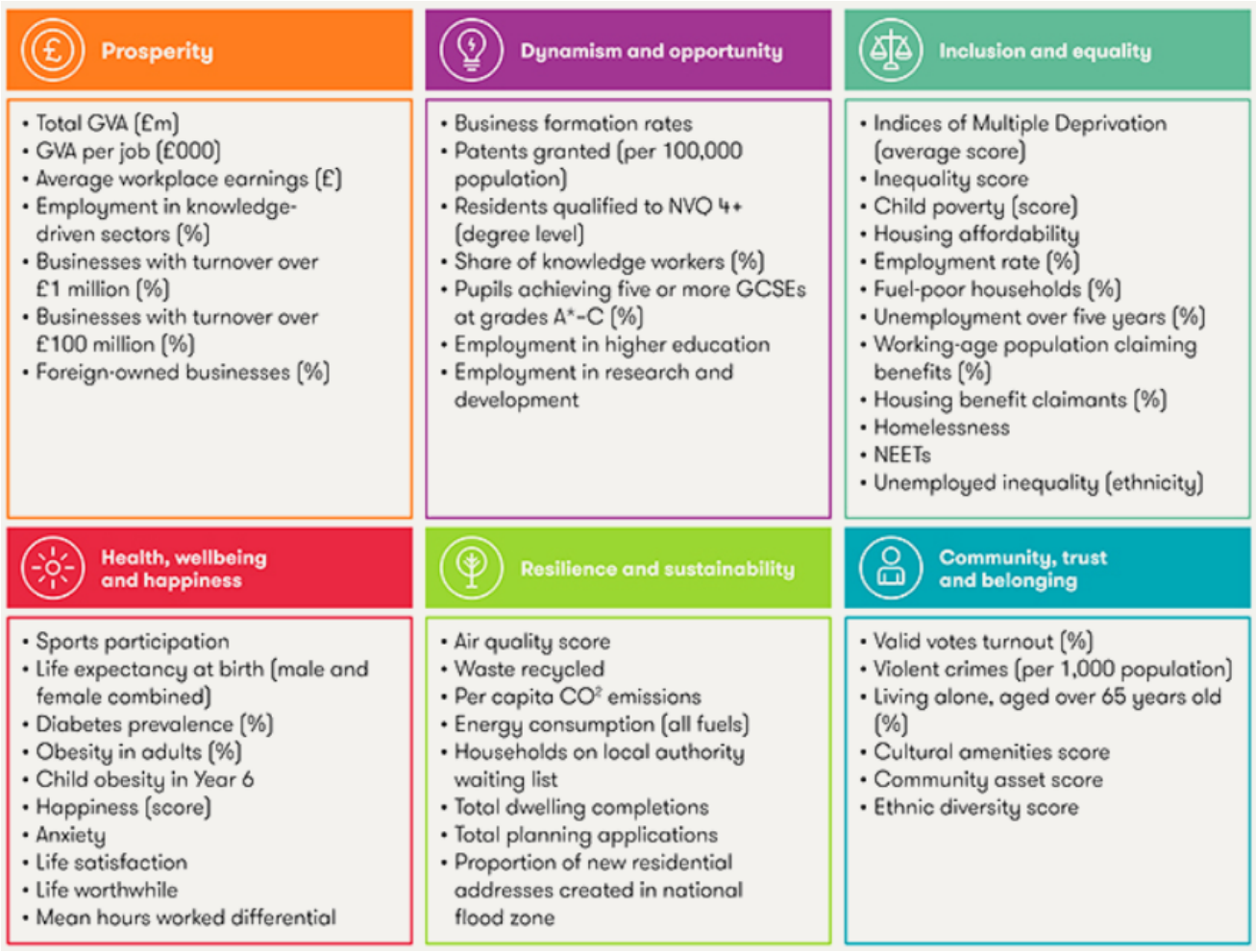
Figure 9 Derby's performance in the Vibrant Economy Index



[11] Wilkinson & Pickett (2018) The Inner Level: how more equal societies reduce stress, restore sanity and improve everyone's well-being

[12] Grant Thornton (2019) Vibrant Economy Index: Derby

Figure 10 Vibrant Economy Index category indicators



Inclusion, equality, dynamism, opportunity, happiness and health and wellbeing should be nurtured from an early age. Supporting these will lead to good educational attainment, which in turn fosters career development opportunities. Derby is challenged in this area for three key reasons. Firstly, educational attainment in the local authority is the lowest in England. In 2015/16, 44.8% of pupils at the end of Key Stage 4 achieved 5A*-C GCSEs including English and Maths. *"Educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances. Children with poorer mental health are more likely to have lower educational attainment and there is some evidence to suggest that the highest level of educational qualifications is a significant predictor of wellbeing in adult life; educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources."*[13]

Another challenge Derby faces is the high proportion of 16-17 year olds not in education, employment or training or whose activity is not known (NEET). The proportion of people who are categorised as NEETs is high at 8.4% and this places the city in the bottom 10% nationally at rank 15 out of 152 county and unitary local authorities. People who are male and more deprived more often have NEET status than female and least deprived populations. *"The Government recognises that increasing the participation of young people in learning and employment not only makes a lasting difference to individual lives, but is also central to the Government's*

[13] Fingertips Public Health England (2019) Education – GCSEs achieved

ambitions to improve social mobility and stimulate economic growth."[14]

Thirdly and finally, the gender pay gap (by workplace location) in the local authority is the highest in England. This indicator reflects the role of local businesses in generating differences in pay between men and women who work in a given area. In Derby male earnings (excluding overtime) are 38.3% greater than female earnings (excluding overtime). This local difference is double the national absolute difference of median gross earnings (19.1%). The substantial Derby difference between male and female earnings is an anomaly in the region as the gender pay gap by workplace in neighbouring cities is small (14.1% in Leicester; 10.8% in Nottingham). This is also the case generally for Derby's CIPFA nearest neighbours.

Social-structure inequality contributes to health inequality. Derby has a vast gender income gap in parallel to low life expectancy, healthy life expectancy, and self-reported health and wellbeing.

Derby has space for growth in terms of realising improvements in inclusion, equality, dynamism, opportunity, happiness and health and wellbeing. However, it is acknowledged that there are local challenges - high deprivation, low aspiration, long-term conditions preventing access to the labour market. These factors prevent achieving a healthy and well workforce participating in good work.

Figure 11 Derby's performance on indicators relevant to the Vibrant Economy Index

* a note is attached to the value, hover over to see more details

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

Quintiles: Lowest Highest Not applicable

Benchmark Value

Worst/Lowest 25th Percentile 75th Percentile Best/Highest

Indicator	Period	Derby		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Deprivation score (IMD 2015) (Persons, All ages)	2015	-	27.8	-	21.8	5.7		42.0
Gender pay gap (by workplace location) (Persons, 16+ yrs)	2017	-	38.3%	20.2%	19.1%	38.3%		4.5%
1.01i - Children in low income families (all dependent children under 20) (Persons, 0-19 yrs)	2015	12,110	20.2%	15.8%	16.6%	30.6%		2.8%
Affordability of home ownership (Persons, All ages)	2017	145,000	5.1	6.6	7.9	28.9		4.4
% of people aged 65+ receiving winter fuel payments (Persons, 65+ yrs)	2011/12	35,860	92.9%	96.9%	96.7%	67.1%		100%
1.17 - Fuel poverty (Persons, All ages)	2016	13,836	13.2%	11.7%	11.1%	17.0%		4.9%
% in long-term unemployment (Persons, 16-64 yrs)	Aug 2016	420	0.26%*	0.35%*	0.37%*	0.00%		1.36%
Economic inactivity rate (Persons, 16-64 yrs)	2016/17	37,600	23.4%	21.9%	21.8%	33.9%		13.3%
Employment and Support Allowance claimants (Persons, 16-64 yrs)	2018	11,570	7.2%	5.7%	5.4%	12.0%		0.7%
Statutory homelessness: rate per 1,000 households	2015/16	377	3.6	1.9	2.5	0.1		12.5
Homeless young people aged 16-24 (Persons, 16-24 yrs)	2017/18	99	0.95	0.56*	0.52	1.92		0.08
1.05 - 16-17 year olds not in education, employment or training (NEET) or whose activity is not known - current method (Persons, 16-17 yrs)	2016	460	8.4%	6.2%	6.0%	44.8%		0.0%
GCSEs achieved (5A*-C including English & Maths) (Persons, 15-16 yrs)	2015/16	1,207	44.8%	55.1%	57.8%	44.8%		74.6%

[14] Fingertips Public Health England (2019) Child and Maternal Health - NEET

The impact

"The relationship between employment and health is close, enduring and multi-dimensional. Being without work is rarely good for one's health, but while 'good work' is linked to positive health outcomes, jobs that are insecure, low-paid and that fail to protect employees from stress and danger make people ill."[1]

The impact on local people

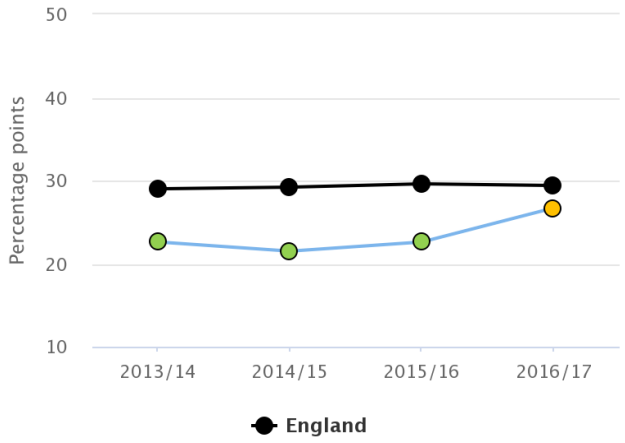
Good quality work protects against social exclusion through the provision of:

- Income
- Social interaction
- A core role
- Identity and purpose

Long-term conditions can result in working age people leaving the workplace ahead of state retirement age. In Derby, there is a 26.7% point gap in the employment rate between those with a long-term health condition and the overall employment rate. In the last few years there has been a decline in the proportion of people with a long-term conditions employed. However, it is projected that the prevalence of long-term conditions and multi-morbidities are predicted to rise in the working age population.

Long-term conditions are not equally distributed: most deprived have the greatest burden.

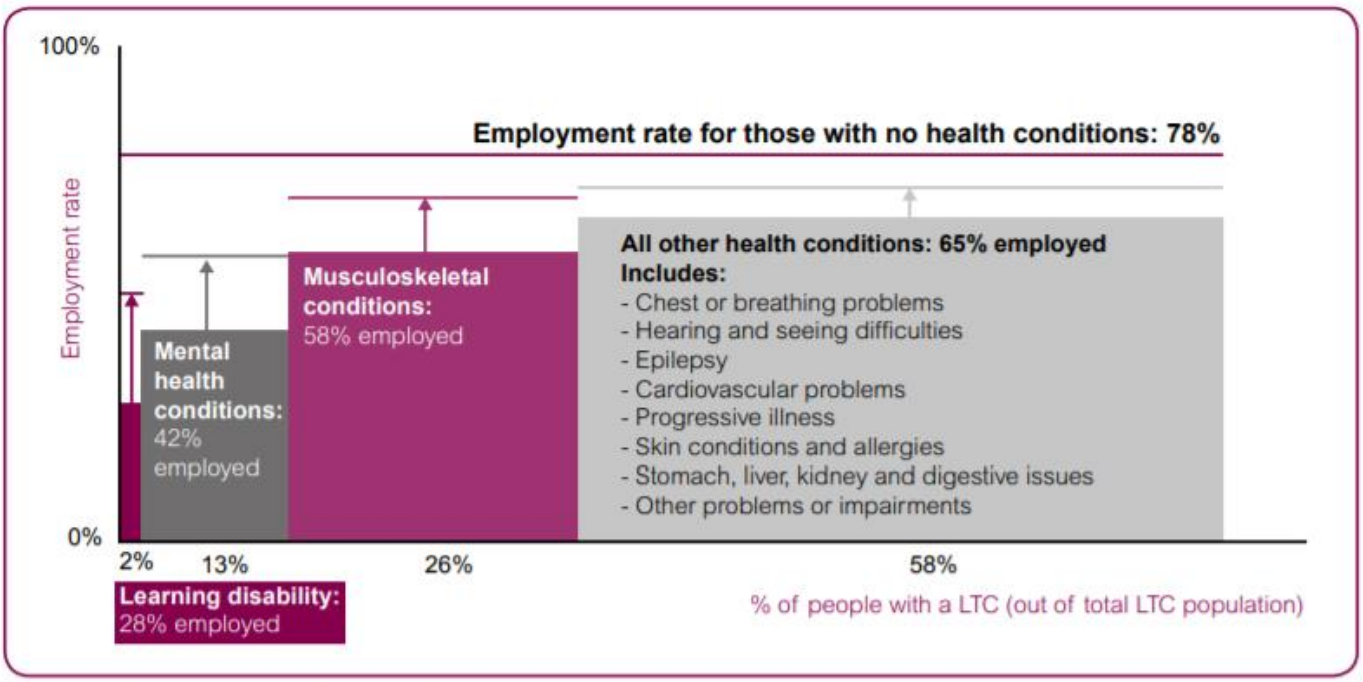
Figure 12 Gap in the employment rate between those with a long-term health condition and the overall employment rate in Derby and England



Research has shown that people with learning disabilities and mental health conditions are less likely to be employment compared to people with physical health conditions. However, 24% of sickness absences are reported to be for musculoskeletal conditions and 11% are due to mental health illness.[15]

[15] Local Government Association (2016) Health, work and health related worklessness: a guide for local authorities

Figure 13 Proportion employed and gap for people with specific health conditions



Source: DWP Health and Work Core Statistics July 2014, Labour Force Survey Q2 2014

The impact on the health and care system

Poverty as a result of unemployment and poor quality employment has an adverse impact on people's health and wellbeing[16]:

- Low incomes increase the likelihood of food poverty and nutritionally inadequate diets which can lead to adverse health effects.
- Manual occupations have been shown to have a higher burden of ill health than other occupations. Death rates from cancer and heart disease are twice as high in manual occupations compared to non-manual.
- The Marmot Review illustrated an increase in overall mortality and medication use in the unemployed population.
- Individuals living in poverty are more likely to have no qualifications which will impact on the likeliness of securing employment and potential income.
- Poverty and low incomes are associated with fuel poverty. Inadequately heated homes increase the risk of morbidity and mortality.
- Poverty is associated with poor emotional wellbeing due to the stresses surrounding living in poverty.

The impact on the local workforce

"Each 16-18 year old NEET will have an estimated cost to society of £56,000 over their lifetimes based on welfare costs, lost tax and national insurance contributions, and costs to the health and criminal justice systems."[17]

Workplaces which have good working conditions create a positive workplace image which attracts and retains excellent candidates to posts, has low absenteeism and high productivity.

Public Health England has released a Return on Investment (ROI) tool - 'Movement Into Employment' - which estimates the benefits from moving an

[16] British Medical Association (2017) Health at a price: reducing the impact of poverty

[17] Public Health England (2015) Local action on health inequalities: using the Social Value Act

individual from unemployment into sustainable employment. As explained at the beginning of the bulletin using Figure 1, in Derby 20% of people aged between 16 and 64 years are economically inactive (retired; looking after family/ home; long-term sick; unemployed; other). The ROI tool illustrates that the financial benefits of 1,000 people in Derby moving into work are substantial to the individual and the local authority, across one financial year. In addition, there are health benefits such as better mental health outcomes and NHS savings not presented in the table.

	Per person returning to work	Total (1,000 people returning to work)
Financial benefits to the individual(s)	£3,300	£3,305,400
Financial benefit to society as a whole	£22,600	£23,508,200
Financial benefits to the exchequer, of which accrue to:	£11,900	£11,921,900
National Government	£11,400	£11,417,100
Local Authority	£500	£504,900

Tackling the issue

Right now, work isn't working for enough people in Derby and undeniably it isn't working for health. Research and reports show low pay, low security and low status jobs can adversely affect our health. With current working conditions we run the risk of people working an increasing number of jobs and hours to make ends meet.

A key message of the Taylor Review commissioned by the Prime Minister in 2016 reported:

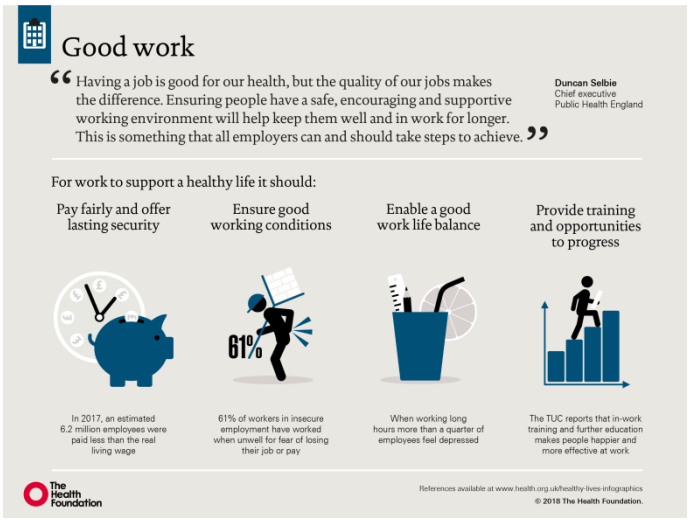
"All work in the UK economy should be fair and decent with realistic scope for development and fulfilment."[18]

Figure 14 Good work and health

Good work matters for several reasons:

- Because, despite the important contribution of the living wage and the benefit system, fairness demands that we ensure people, particularly those on lower incomes, have routes to progress in work, have the opportunity to boost their earning power, and are treated with respect and decency at work.
- Because, while having employment is itself vital to people's health and well-being, the quality of people's work is also a major factor in helping people to stay healthy and happy, something which benefits them and serves the wider public interest.
- Because better designed work that gets the best out of people can make an important contribution to tackling our complex challenge of low productivity.
- Because we should, as a matter of principle, want the experience of work to match the aspirations we have for modern citizenship; that people feel they are respected, trusted and enabled and expected to take responsibility.
- Because the pace of change in the modern economy, and particularly in technology and the development of new business models, means we need a concerted approach to work which is both up to date and responsive and based on enduring principles of fairness.

Figure 15 A picture of good work[19]



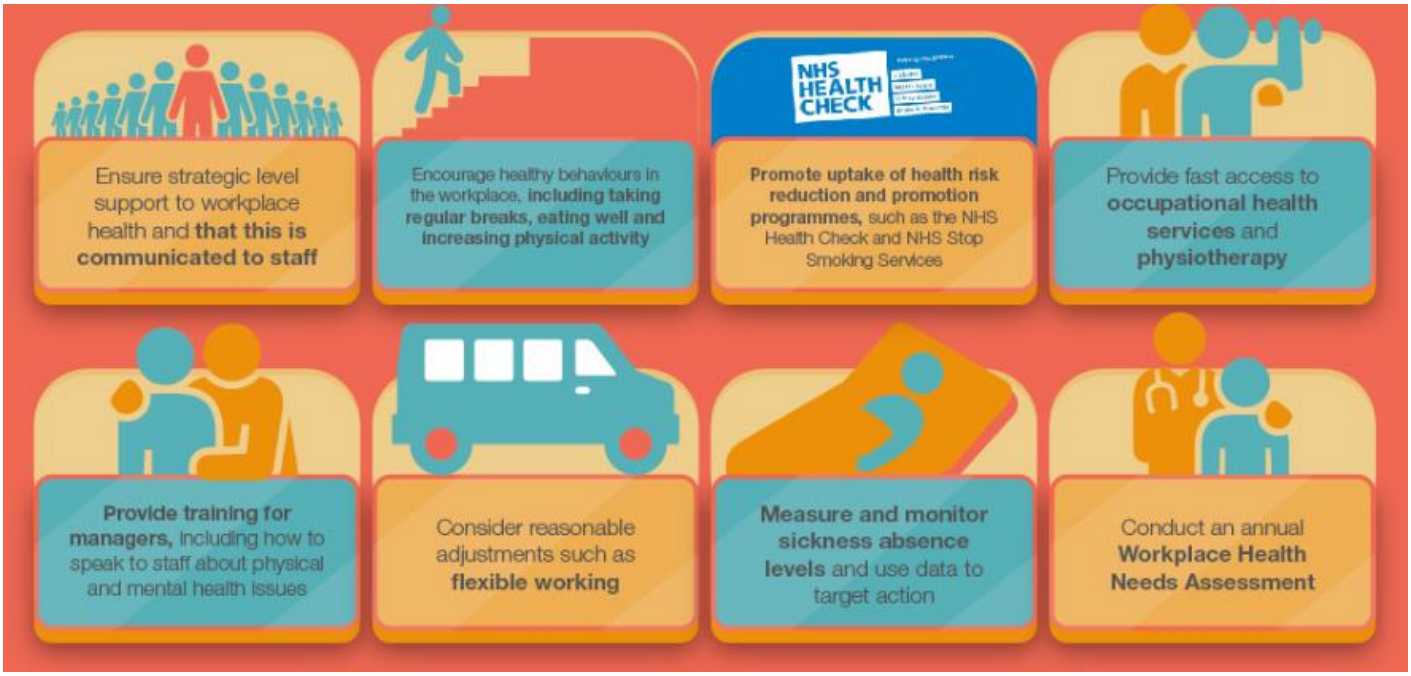
[18] Matthew Taylor (2017) Good Work: The Taylor Review of Modern Working Practices

[19] The Health Foundation (2018) How is work good for our health?

The Health Foundation illustrates how good work is good for our health yet many people in the UK are at risk of poor health due to their working conditions (wage; job security; number of hours worked; progression routes). These factors are particularly important for people on lower incomes, to ensure they have the same opportunities to boost their earning power, to reduce health inequalities.

Public Health England illustrates the actions all employers can take to positively look after their workforce.

Figure 16 Actions employers can take to meet workforce health and wellbeing



Reducing health inequalities through employment

There are Government schemes in operation to support people with health conditions into work and remain employed:

- Fit for Work – supporting people off sick to return to work,
- Access to Work – specialist disability service delivered by Jobcentre Plus,
- New Enterprise Allowance – money and support available for business start-ups for individuals claiming certain benefits,
- New Work and Health Programme – specialist support for the long-term unemployed and claimants with health conditions and disabilities.

Schemes such as these improve the quality of life and skills for the population. In addition, improvements made in terms of equality and inclusion should create safe, sustainable, accessible, and healthy places with more and better jobs.

Possible improvements addressing equality and inclusion include:

- Raising educational attainment,
- Reducing proportion who are NEET status such as work undertaken in Derbyshire Raising Aspirations Programme delivered by DEBP,
- Gender pay gap by workplace – supporting local campaigns to reduce the pay gap.

Improving productivity

Good employee health and economic growth:

- Leads to high productivity and successful enterprises,
- Requires a fit, healthy, well-educated and trained population able to fulfil their potential,
- Social wellbeing and health are intertwined into our economy.

Integrated health and work approach

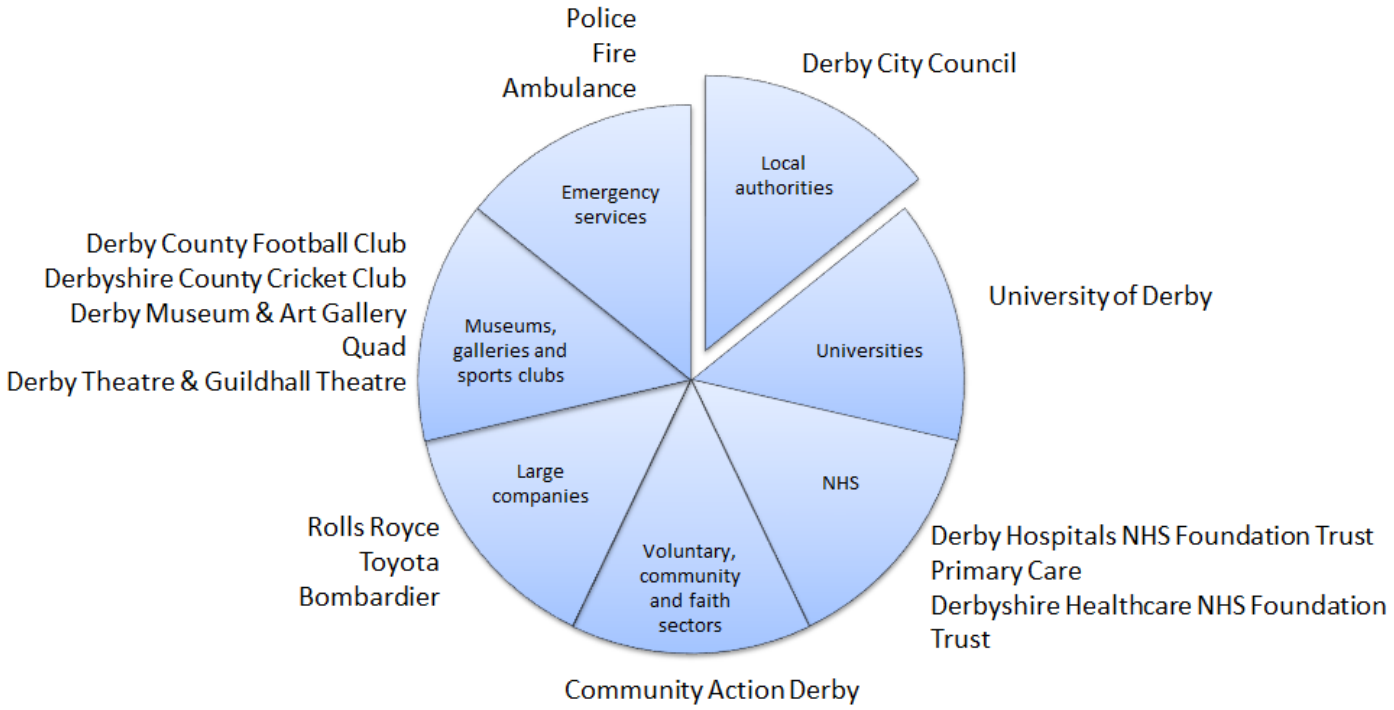
Life course approach in health and work:

- Interventions for the best start in life - reduce the incidence of Adverse Childhood Experiences (ACEs),
- Preparing for work - reduce the number of people who experience being NEETs,
- Maintaining health - workplace wellbeing for those to stay well in work,
- Inclusivity - accommodating people with long-term health conditions and disabilities in the workplace,
- Flexibility - supporting people in work who have caring responsibilities e.g. sandwich carers.

Anchor institutions in Derby

Anchor institutions are large companies in terms of number of employees and place presence. These existing assets provide opportunities for working together in a joined up approach for collaborative city improvements. Derby has a number of institutions across a wide range of sectors which could, and some already do, work collectively for shared goals such as health, work and inclusive growth.

Figure 16 Sketching out some of the anchor institutions in Derby



Public Health England show where collaborative cross-sectoral action can impact upon inclusive growth objectives:

Marmot 6 Policy Objectives	Actions supporting inclusive growth
Give every child the best start in life	Reducing incidence of Adverse Childhood Experiences (ACEs)
Enable all children young people and adults to maximise their capabilities and have control over their lives	Reducing the number of NEETs
Create fair employment and good work for all	Prioritising action to support vulnerable people to get in and stay in work
Ensure healthy standard of living for all	
Create and develop healthy and sustainable places and communities	Working across sectors on Place-based strategies, including maximising the opportunity in the upcoming Industrial Strategies
Strengthen the role and impact of ill health prevention	Strategic alignment of services; prevention at scale

A call to action!

National approaches

The government's plans for transforming employment prospects for disabled people and those with long-term conditions over the next 10 years are outlined in *Improving Lives: The Future of Work, Health and Disability.* There is the NHS England drive to double national access to Individual Placement and Support (IPS) services by 2020 to 2021, allowing more people who experience SMI to find and retain employment.

The collaborative approach *Health in All Policies (HiAP)* can be a powerful tool towards inclusive growth for reducing inequalities and improving economic and health and wellbeing through incorporating health considerations into decision making across sectors.

Public sector commissioners have a legal requirement to consider economic, social and environmental wellbeing during procurement for services as part of the *Social Value Act*.

Our approaches

ACEs

The Commissioning Unit in the Public Health department are embedding ACEs into their strategies going forward in an effort to prevent adversities and mitigate the negative impacts of those who experience ACEs. Bulletin Three, which will follow after this bulletin, will explore ACEs in detail.

Mental health & wellbeing

An in-depth review of the mental health and wellbeing of children and young people in Derby and Derbyshire has resulted in the recent Future in Mind health needs assessment publication.[20] Derby city's Health and Wellbeing Strategy is currently under review which will involve an appraisal of the mental health component of the strategy.

Derby City Council was one of only six local authorities in England, in the first wave of signatories, to sign up to the Prevention Concordat for Better Mental Health (2017). The Concordat is a prevention focused approach to improving public mental health through

[20] Derby City Council (2017) Children and Young People's Mental Health and Emotional Wellbeing: health needs assessment

using evidence based planning and commissioning to increase the impact on reducing health inequalities.

Long-term conditions & multi-morbidities

Bulletin One recognised that Derby has healthy life expectancy challenges. Ongoing efforts in the Public Health department continue towards improving population health and reducing health inequalities. Improvements will contribute to an increase in healthy ageing in the population.

These approaches are examples of in-house actions being taken by Public Health. However, there are opportunity areas to work collaboratively across sectors to improve health and employment, and to reduce inequalities in Derby.

Closing words from Cate

> "We need good work, not any work… and we have to work together"

More people need to be moved into good quality work to reduce socio-economic inequalities and create a healthier city.

Good work provides a decent income, widens social networks, protects health and gives people a purpose. The good thing is that the health benefits of good work go beyond working-age adults to their children and their communities.

Supporting parents, especially lone parents, to move into sustainable paid employment can lift them out of poverty, protect their mental health, can help improve outcomes for their children and reduce health inequalities.

However, not all work is good for health. Up to one-third of jobs do not lift families out of poverty and can actually increase workers' risk of illness, injury or poor mental health. For some people, working in these jobs may be no better for their health than being unemployed.

What makes work good or bad?

Factors that matter most in determining whether employment is good or bad for health include:

Job insecurity
Pay (and hours)
Physical work environment
Design of the job: shift work, and especially rotating shift work, is bad for physical and mental health
Impact on workers' mental health, including the balance between demand and control, and effort and reward
Balance of power between workers and employer.[21]

This is why Derby City Council is committed to improve both the health, wellbeing and work outcomes for their residents.

It has recognised that a vibrant, productive, economy can only benefit from a healthy, engaged workforce, and that healthy communities grow healthy places and businesses.

However, the Council is also aware that addressing inequality through improving access to 'good work' cannot be theirs alone and requires the combined efforts of many. This has led the Council to look for opportunities to engage and work with others.

The Council has sought to use their unique position to 'bridge the gap' between the health and economic agendas, link HWBs and LEP and bring city leaders, anchors and third sector together to help develop joint approaches to transform the lives of people living in Derby.

To assist this, the Health and Wellbeing Board had a themed meeting dedicated to health and work; and the Council delivered a 'closing the gap' workshop in

[21] Bambra C. Work, worklessness and the Political Economy of Health. Oxford: Oxford University Press; 2011.

January, where thematic Board members, LEPs, STP, CCG, and the Third sector come to together to discuss three themes of the initiative, one of which was around work and health.

Key work already completed or in progress, includes:

- 'Closing the Gap' workshop held in January;
- HWBB meeting involving LEPs and PHE to bring health and work together;
- Establishment of a Stronger Communities Board, led by an independent Chair, to lead on 'closing the gap';
- Appointment of a Lead Cabinet member for 'closing the gap';
- DPH report focused on aspects of this initiative;
- Development of a Tobacco Alliance with one of its key aims to reduce poverty by reducing smoking in disadvantaged families;
- Work to consider how to use the Social Value Act to improve economic, social and environmental wellbeing;
- Work to improve social mobility and access to work for our young people.

Getting people into work is good for everyone.....

Getting people into work is important. It can help reduce the huge economic cost of workplace injuries, ill health, sickness absence and worklessness.

The World Health Organization and NICE Public Health Guidance identify a range of cost-effective workplace interventions to promote physical and mental health[22],[23] and it has been estimated that getting disadvantaged groups in particular 'Ready for Work' provides more than £3 in benefits to society for every £1 spent over five years. These savings for central and local government are based on reduced costs associated with homelessness, crime, benefits, and health care. Indeed, workplace employee wellness programmes like Workwell in Derby have been found to return between £2 and £10 for every £1 spent[24].

Tim Curtis calls problems such as improving health and work 'wicked issues'[25] because of their complexity. "A wicked issue," he says, "is a social problem in which the various stakeholders can barely agree on what the definition of the problem should be, let alone on what the solution is." He goes on to say that, "social issues and problems are intrinsically wicked or messy. Real world problems have no definitive formulation; no point at which it is definitely solved... they do not have simple causes; and have numerous possible explanations which in turn frame different policy responses."

In Derby, we realise that Council faces many 'wicked' issues all competing for our time which cannot be solved overnight, but we also know that we have to start somewhere if we are to address the needs of the people of Derby.

What we find so gratifying is that when we asked the difficult question 'what should we do?' at our Workshop, so many of our partners and friends within the City are willing to work together to find answers.

[22] World Health Organization. The Case for Investing in Public Health. World Health Organization, 2014.

[23] Owen L, Morgan A et al. The cost-effectiveness of public health interventions. Journal of Public Health 2011, 34(1): 37–45.

[24] Buck D, Gregory S. Improving the Public's Health: A resource for local authorities. London: King's Fund, 2013.

[25] Tim Curtis's essay The challenge and risks of innovation in social enterprises in Robert Gunn and Christopher Durkin's book Social Entrepreneurship: A skills approach