Inclusive Wellbeing Economies CPD Webinar

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March 2024



Introduction



Content

- Our working-age health challenge
- Emerging lessons from Health Foundation programmes
- Commission for Healthier Working Lives
- Questions and discussion

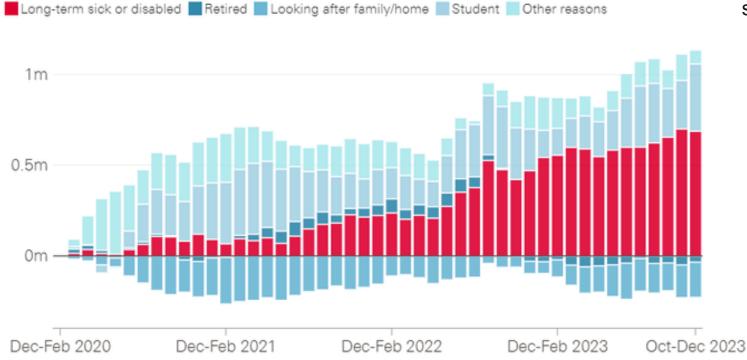
What do we know about working-age health trends?

https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge



The health of the working-age population is in the spotlight

Net change in working age population (16–64 years) who are economically inactive by reason since Dec-Feb 2020: UK, 2020–23

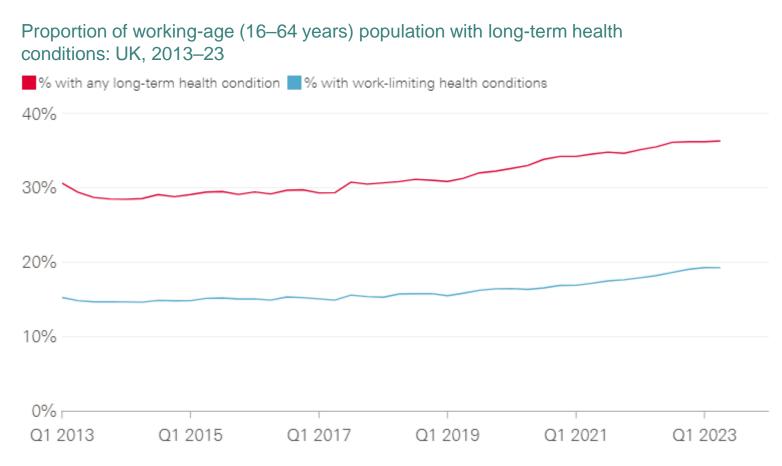


 People with ill health have made up most of the increase in labour market inactivity since 2020

Source: Health Foundation analysis of the Labour Force Survey, Office for National Statistics, 2024.



Recent challenges reflects a longer-term rise in reported health conditions among the working-age population

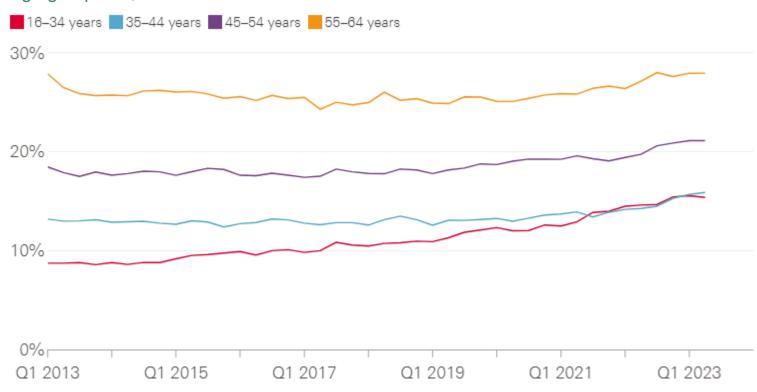


Source: Health Foundation analysis of the Labour Force Survey, Office for National Statistics, 2023. Note: Q1 refers to the first quarter (January to March) of each calendar year.



An increase in work-limiting conditions is evident across age groups, especially younger people

Proportion of working-age population with work-limiting health conditions, by age group: UK, 2013–23

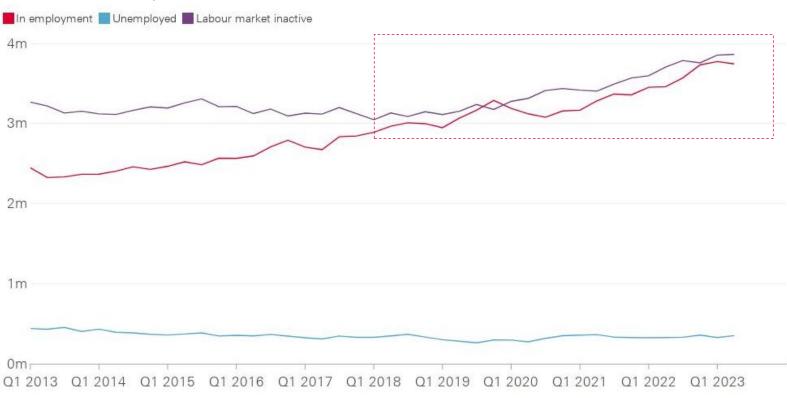


Source: Health Foundation analysis of the Labour Force Survey, Office for National Statistics, 2023. Note: Q1 refers to the first quarter (January to March) of each calendar year.



As a result, there are more people aged 16-64 who cite worklimiting health conditions, both in and out of work

Number of people with work-limiting health conditions by headline labour market status: UK, 2013–23

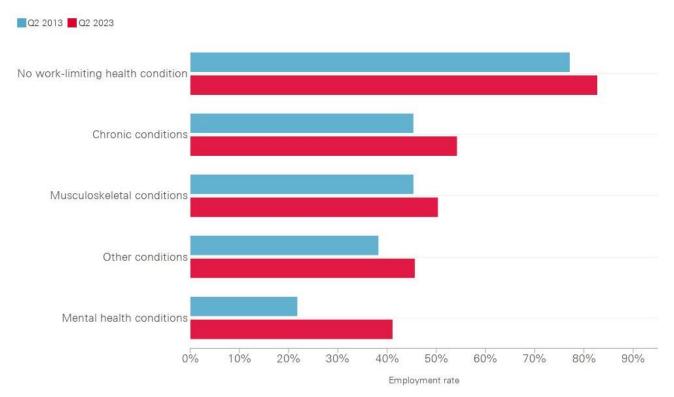


Source: Health Foundation analysis of the Labour Force Survey, Office for National Statistics, 2023. Note: Q1 refers to the first quarter (January to March) of each calendar year.



Despite some improvement, there is a persistent health employment gap, with variation by type of condition

Employment rate by work-limiting health condition (% aged 16-64): UK, quarter 2 2013 and quarter 2 2023



- 36 percentage point headline employment gap in 2023
- Variation by (main) type of condition
- Despite bigger improvement, widest gap is still for people with mental ill health

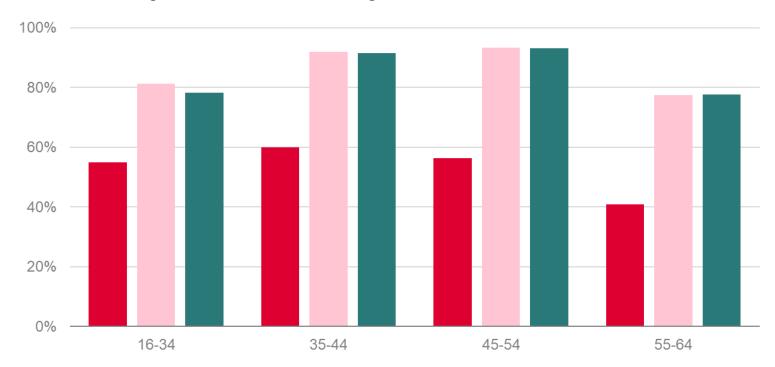
Source: Health Foundation analysis of the Labour Force Survey, Office for National Statistics, 2023. Note: Quarterly data refers to four-quarter rolling averages. Q2 refers to the second quarter (April to June) of each calendar year.



Whether a condition is 'work-limiting' matters...

Employment rate for people by whether reporting a long-term health condition by type (% aged 16-64): UK, 2023

■ With a work-limiting LTHC ■ With a non-work-limiting LTHC ■ No LTHC

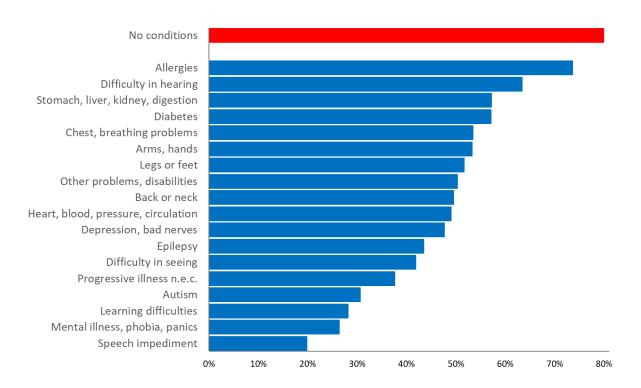


Source: Health Foundation analysis of the Labour Force Survey, Office for National Statistics, 2023.



... as does the specific type of health condition

Employment rate for people by whether reporting a long-term health condition by main type of conditions reported (% aged 16-64): UK, 2023



- But health conditions often overlap
- For those economically inactive because of long-term sickness, nearly two-fifths (38%) reported having five or more health conditions in 2023 (ONS 2023)

Source: Health Foundation analysis of the Labour Force Survey, Office for National Statistics, 2023.



More deprived areas in England tend to have higher rates of working-age ill health

Proportion of working age population who are work-limiting disabled vs. average deprivation score, by local authority district: England, 2023



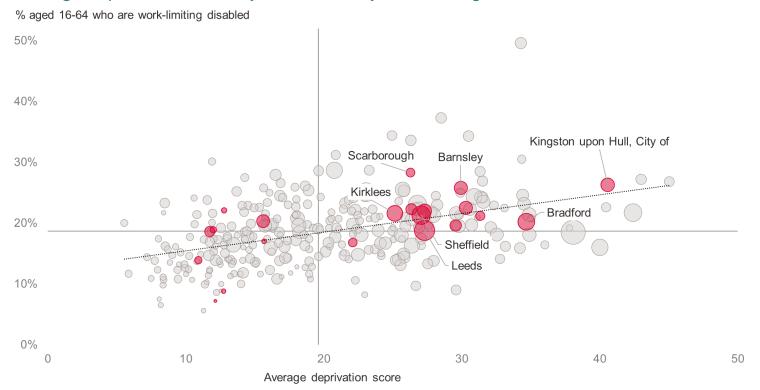
- ~10 percentage point gap between least and most deprived local areas (by decile)
- People living in poorer areas also have greater levels of multiple diagnosed illness (multi-morbidity)

Source: Health Foundation analysis of the Annual Population Survey (Oct 2022-Sep 2023), Office for National Statistics, 2023; English Indices of Multiple Deprivation, 2019. Note: The deprivation score refers to the average score across LSOAs in each local authority. A small number of local authorities are missing due to data issues.



More deprived areas in England tend to have higher rates of working-age ill health

Proportion of working age population who are work-limiting disabled vs. average deprivation score, by local authority district: England, 2022-2023



In the Yorkshire and The Humber region:

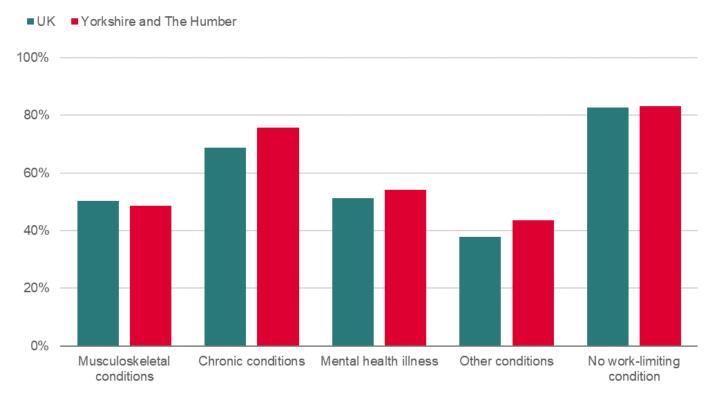
- Scarborough (28%), Hull (26%), and Barnsley (26%) have the highest rates of 16-64-year-olds reporting a work-limiting disability
- Selby (9%) and Harrogate (14%) have far lower rates
- The highest numbers are in Leeds (96,600) and Sheffield (82,700)

Source: Health Foundation analysis of the Annual Population Survey (Oct 2022-Sep 2023), Office for National Statistics, 2023; English Indices of Multiple Deprivation, 2019. Note: The deprivation score refers to the average score across LSOAs in each local authority. A small number of local authorities are missing due to data issues.



Employment chances for people with health conditions do seem to be above average in the region

Employment rate for people by whether reporting a work-limiting health condition (% aged 16-64): UK, 2023



Source: Health Foundation analysis of the Annual Population Survey, Office for National Statistics, 2023; English Indices of Multiple Deprivation, Office for National Statistics, 2019. Note: The deprivation score refers to the average score across LSOAs in each local authority.



Key considerations

- The prevalence of health conditions among the UK's working-age population appears to be increasing, and we're starting to see the consequences
- Part of this is the result of an ageing population, but there are new challenges emerging including a sharp rise in mental health problems
- A focus on prevention and early intervention is needed to reduce the impact of illness and improve the quality of people's lives
- There is a key role for employers, but a question about the extent of their role
- An understanding of local context and challenges matters for tailoring interventions

Emerging lessons from Health Foundation programmes

economiesforhealthierlives@health.org.uk



Economies for Healthier Lives

- New initiatives like WorkWell have potential to support work and health but successfully implementing new schemes is challenging
- EHL is an ongoing Health Foundation programme to strengthen relationships between local economic development and public health activities
- Working through five local partnerships, including Havant, Liverpool, Glasgow, and Salford
- The <u>Leeds Inclusive Anchors Network</u> is building employers' understanding of how to improve health through procurement, service delivery or as a civic partner.



Five key lessons from EHL programmes

- 1. Engage employers in designing interventions to meet work and health aims
- 2. Ensure community engagement and participation to identify local needs
- 3. Understand how to navigate differing local systems (eg LAs, ICBs, JCPs)
- 4. Obtain buy in from local senior leaders to sustain effective pilots over the long term with evidence to show impact
- 5. Ensure resourcing to set up, engage, and deliver change



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Partnerships have benefitted from learning across the programme locations, with toolkits and guides coming this year

Commission for Healthier Working Lives

https://www.health.org.uk/commission-for-healthier-working-lives



What is the Commission for Healthier Working Lives?

- Chaired by Sacha Romanovitch OBE
- A diverse group of commissioners including employers, workers, and health and policy experts
- Supported by:
 - An expert advisory group and THF secretariat
 - A research programme led by the Learning and Work Institute, Institute for Employment Studies, and Royal Society of Public Health
 - A public involvement programme led by ClearView Research



Where we want to get to

- A consensus on the (work and health) action needed by government, employers and individuals
- A credible programme of policy for a new government



What will the Commission do?

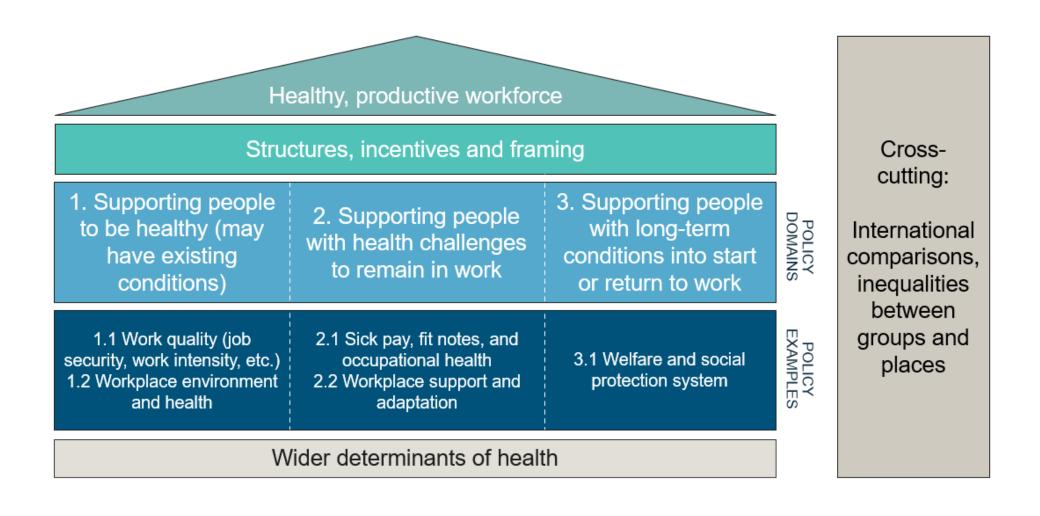
Over the next 12 months, our independent Commission will:

- Produce and share new evidence on work and health, with a focus on inequalities between people and places
- Build a consensus on our working-age health challenges, and the action needed by government, employers, and individuals to address them
- Make policy recommendations based on an understanding of what works and the costs and benefits of change, reporting in Spring 2025

We want to learn about best practice and build consensus, but we know we can't do that alone



Key areas of attention



Thoughts and questions?

Please do get in touch: christopher.rocks@health.org.uk

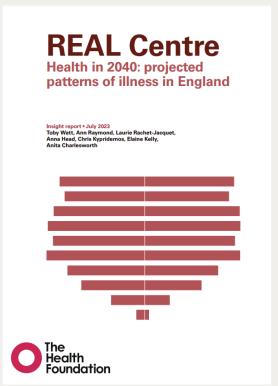
Sign up to hear more about Economies for Healthier Working Lives here: economiesforhealthierlives@health.org.uk

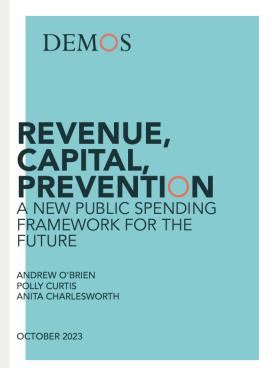
Find out more about the Commission here: https://www.health.org.uk/commission-for-healthier-working-lives



Further reading

- Insight report: Health in 2040: projected patterns of illness in England, July 2023 (<u>link</u>)
- Long chart: What we know about the UK's workingage health challenge, November 2023 (<u>link</u>)
- Diagnosed health inequality: Socioeconomic, regional and ethnic inequality in England, August 2022 (<u>link</u>)
- Briefing: Revenue, capital, prevention: a new public spending framework for the future, October 2023 (<u>link</u>)





Commission for Healthier Working Lives

Tuesday 16 January 2024, 16.00-17.30

- (L) About 1 mins to read
- O In-person | Mary Ward House, Tavistock PI London WC1H 9SN 🗷
- ► Event | Inequalities | Social determinants of health | Workforce



Thank you

