

PUBLIC
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Agenda Item No 6e

DERBYSHIRE COUNTY COUNCIL

CABINET

31 January 2019

Report of the Director of Public Health

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2018 WORK AND HEALTH IN DERBYSHIRE: TWO SIDES OF A COIN

1. Purpose of the report:

To inform Cabinet of the publication of the Director of Public Health's Annual Report for 2018.

2. Information and analysis:

Background

The Health & Social Care Act 2012 created a duty for the Director of Public Health to write an annual report on the health of the local population. The County Council has a duty to publish the report. The content and structure of the report is for local determination and the Director can tailor the report to align with local issues and priorities.

Content

The DPH Annual Report 2018 (Appendix 1) focuses on the relationship between work and health, highlighting local interventions that are in place. This year we have also produced a DPH Annual Report Calendar for 2019 (Appendix 2).

Each chapter/month of the report and calendar makes recommendations as to what can be done locally to make improvements to the overall health of the workforce, create more opportunities for people to enter the labour market, maximise the value of work for health improvement and how once people become ill or drop out of the labour market they can be supported to return to employment where this is feasible. These recommendations are framed within a population health perspective informed by additional expertise from the fields of employment, skills and education.

The report also provides a summary of progress against the 2017 report, which focussed on the partnerships, programmes and local interventions in place to protect the Derbyshire population from threats to their health and wellbeing.

Distribution

The full DPH Annual Report 2018 is available digitally on:-

<https://observatory.derbyshire.gov.uk/dphar>

Calendars have been distributed to key medium and large-size employers across Derbyshire. Public health staff will also present the report to key groups and partner organisations across the county.

3. Financial considerations:

The costs associated with producing this year's Director of Public Health Annual Report have been met via the Public Health ring-fenced grant that the Council receives

4. Legal considerations:

By formally publishing this report the Council is meeting its statutory obligation to publish the Director of Public Health annual report.

5. Other considerations:

In preparing this report the relevance of the following factors has been considered: financial, legal, prevention of crime and disorder, equality of opportunity, human resources, environmental, health, property and transport considerations.

6. Background papers:

Derbyshire Director of Public Health Annual Report 2017: Protecting the Health of Derbyshire.

7. Key Decision:

No

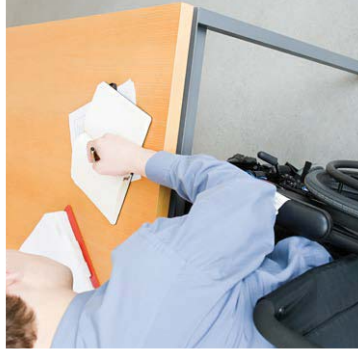
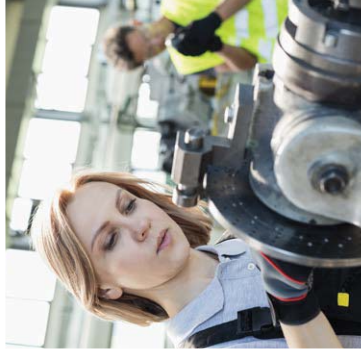
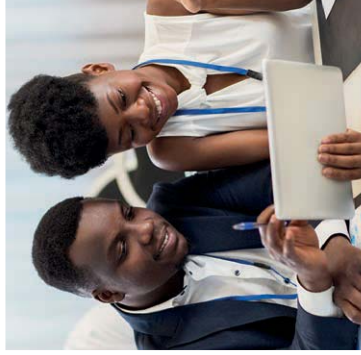
8. Call-in:

Is it required that call-in be waived for any decision on this report? No

9. Officer's Recommendation:

That Cabinet notes the production of the Director of Public Health Annual Report 2018 and notes the recommendations contained within.

Dean Wallace
Director of Public Health



Work and Health in Derbyshire: two sides of a coin

Director of Public Health Annual Report 2018

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Foreword

In this my third annual report as Director of Public Health for Derbyshire, I focus on the impact of work on our health and the impact of our health on our work.

Discussions around health within the UK usually revolve around the NHS and whilst access to quality healthcare free at the point of need is world renowned for its universal access and is a great source of national pride and rightly so, our overall health is influenced by things far beyond the healthcare system. Access to healthcare contributes around 20% of our overall health, our genetics roughly account for a further 10% and the remaining 70% is made up of our behaviours, the environment in which we live, the social connectedness we

have, the work we do and the financial income which this provides, these factors are often referred to as the wider or social determinants of health.

Although at a population level we are living longer, we are living many more years with at least one and usually multiple health conditions, causing individual misery and pain, increasing the demand for health and care service provision and also impacting on the local and national economy. All these factors are not mutually exclusive; the healthier the general population is, the lower the demand for health and care services and, generally speaking, the more buoyant the local and national economic figures - at least those linked to productivity and performance.

Therefore, the health of the population should not be viewed as just sitting within the domain of healthcare; the key to achieving objectives linked to growing



employment, developing the workforce, education and skills is to have a healthy and well population to draw from.

Running through the spine of our approach should be to place health and wellbeing at the centre of decision making processes, not only will this lead to significant population level health improvements over time, it is also likely to help employers achieve their goals.

The world is becoming increasingly complex and it is only by working with this complexity and realising all the links between what might seem like divergent goals, can we start to address long standing health issues that are likely to become issues that stifle the economy in future. For example, the growing prevalence of obesity, type 2 diabetes and deteriorating air quality; all important health issues, all equally important for the future viability of our employee base.

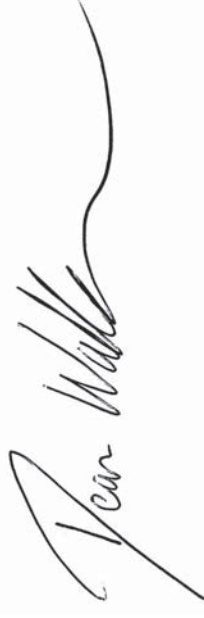
Our ability to access, and the availability of, good quality employment that provides us with the financial means to cover our basic needs and allows us to have a meaningful interaction with wider

society is a vital underpinning component of our health and wellbeing. As you will see in the following chapters, a healthy and connected workforce is far more likely to be productive, creating a virtuous circle of benefit for both employee and employer alike.

There is a substantial and growing body of evidence in relation to employment and health. This report within each chapter makes recommendations as to what can be done locally to make improvements to the overall health of the workforce, create more opportunities for people to enter the labour market, maximise the value of work for health improvement and how once people become ill or drop out of the labour market they can be supported to return to employment where this is feasible. The recommendations are framed within a population health perspective informed by additional expertise from the fields of employment, skills and education. I would like to thank everyone who contributed to this report, your knowledge, expertise and passion is greatly valued.

I hope you enjoy reading this report.

Best Always,



Dean Wallace, Director of Public Health
Derbyshire County Council

Introduction

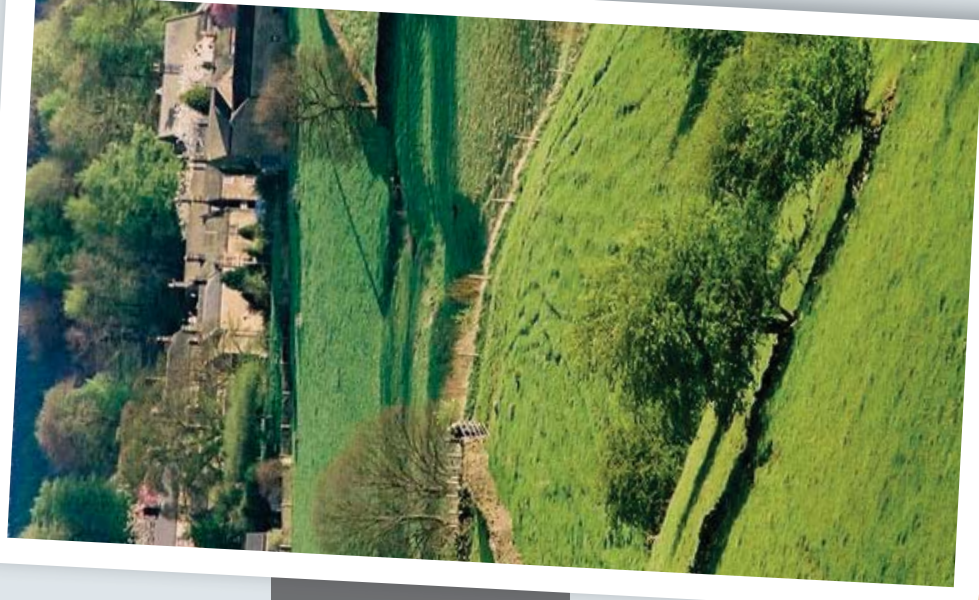
Research shows that work is generally good for people's health¹ and therefore ensuring that as many people as possible in Derbyshire are in employment will bring significant public health benefits.

If people are happy in their work there will be further positive effects on all other areas of their life such as their relationships with friends and family, their physical and mental health, their resilience and general wellbeing. People who are economically active are also less likely to suffer from financial hardships with all the negative public health implications that that brings.

Derbyshire is a large diverse county with a population of 786,700 people. The county benefits from being centrally located in the UK with strong links to the neighbouring cities of Derby, Nottingham, Sheffield, Manchester and Leicester.

Derbyshire is a spectacular county with a beautiful natural landscape rich in natural resources. Alongside this the county also has a diverse heritage with several historic towns and buildings of great interest and importance.

Derbyshire is highly accessible, with the M1 providing easy access to the North and South and with the A50 and A38 also being important links. The county is well served by rail including the Sheffield to Birmingham and Sheffield to London mainlines. This is set to be further enhanced by the development of the high speed rail line HS2. Derbyshire is within easy reach of Doncaster Sheffield, East Midlands and Manchester airports.





Chesterfield is the main urban area with a population of 104,500. The county also has a number of market towns that play a significant role in the local economy both as employment centres and providers of services to residents. A large part of the north and west of the county is very rural, most of it falling within the Peak District National Park.

Derbyshire's economy continues to grow and is now worth an estimated £14 billion. Productivity levels are also improving across the county, helping to narrow the gap between Derbyshire and England.

The county is home to more than 29,500 business that employ around 300,000 people. The area has significant strengths in the advanced manufacturing sector, with a number of world class companies such as Toyota, Rolls Royce and Bombardier choosing to locate and invest in the county and its surrounding area. Although Derbyshire has fewer new businesses starting up than England, the survival rate of local businesses continues to be higher.

Derbyshire's employment structure is markedly different from the national picture. Locally, manufacturing remains a key sector accounting for nearly a fifth of all employment, more than double the national rate. The visitor economy is also a significant sector locally, employing 22,500 full-time equivalent workers.

Over the next 15 years, Derbyshire's employment levels are estimated to increase, with an additional 10,000 jobs forecast. The service sector is forecast to see some of the largest growth levels, whilst a decline is predicted in a number of Derbyshire's

manufacturing sub-sectors. Further advances in automation in the manufacturing sector will play an important role in the coming years. Advances in technology and data exchange as part of Industry 4.0 are expected to lead to reductions in the workforce in some areas of the sector locally. These developments will support the sector through helping to drive improvements in productivity and competitiveness.

Derbyshire is also an attractive and predominantly affordable place to live. Housing availability is one of the key challenges facing the UK due to there being insufficient supply to meet current and future population demands in some areas. Locally there is sufficient planned housing to meet the expected levels of demand overall. However, affordability is an issue in certain parts of the county, particularly in rural areas.

The overall qualification levels of Derbyshire's residents continue to improve, despite relatively fewer people in the county holding a higher level qualification than across England. Levels of educational attainment at age 16 and 18 in Derbyshire are just below the national average. The county has performed well on apprenticeships in recent years.

¹ [Is work good for your health and wellbeing?](#); 2006; Waddell, G and Burton, AK; TSO

The Impact of Employment on Life Expectancy and Healthy Life Expectancy

Life expectancy at birth is the average number of years a person would expect to live based on contemporary mortality rates. Healthy life expectancy at birth is the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

Successful treatment and care services, as well as behavioural change, have resulted in increasing life expectancy in the 21st century. However, unless it is accompanied by increasing healthy life expectancy it will result in increasing numbers of older people requiring care. With the working age population expected to fall as a proportion of the whole and with increases to the retirement age, keeping people healthy to work longer becomes more and more important.

Increasing healthy life expectancy can be achieved by primary, secondary and tertiary prevention¹. As the gap between total and healthy life expectancy increases with deprivation, the biggest health gains are to be achieved by targeting resources at the worst off.

Average healthy life expectancy at birth in Derbyshire is higher than England for men (63.9 years) but lower for women (63.5 years). The difference in healthy life expectancy between the least and most deprived areas of Derbyshire is 13.7 years for men and 13.5 years for women, both of which are significantly smaller than the gaps for England.

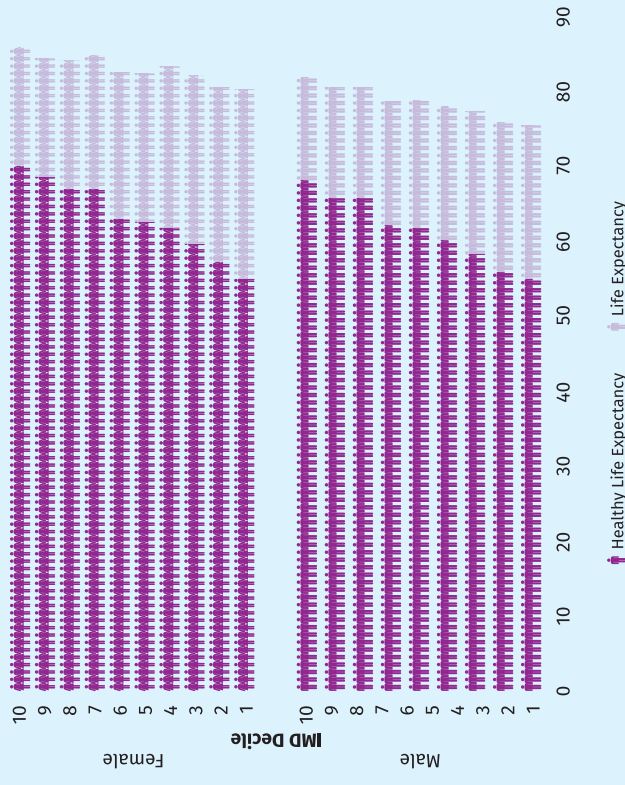


Figure 1 shows the average of the life expectancies and healthy life expectancies in areas of Derbyshire grouped by Index of Multiple Deprivation 2015 ranks, 1 being the most deprived.

Health inequalities are the preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs.

Differences in life expectancy between different population groups, e.g. between genders, social classes and ethnic groups, reflect these health inequalities. Deprivation shortens lives overall, but it has a greater impact upon the length of time spent living with poor health and/or with disability.

In the most deprived areas of Derbyshire, it is estimated that the gap between total and healthy life expectancy stands at around 20 years for men and 25 years for women.

It is striking that HLE for both men and women remains significantly lower than retirement age.

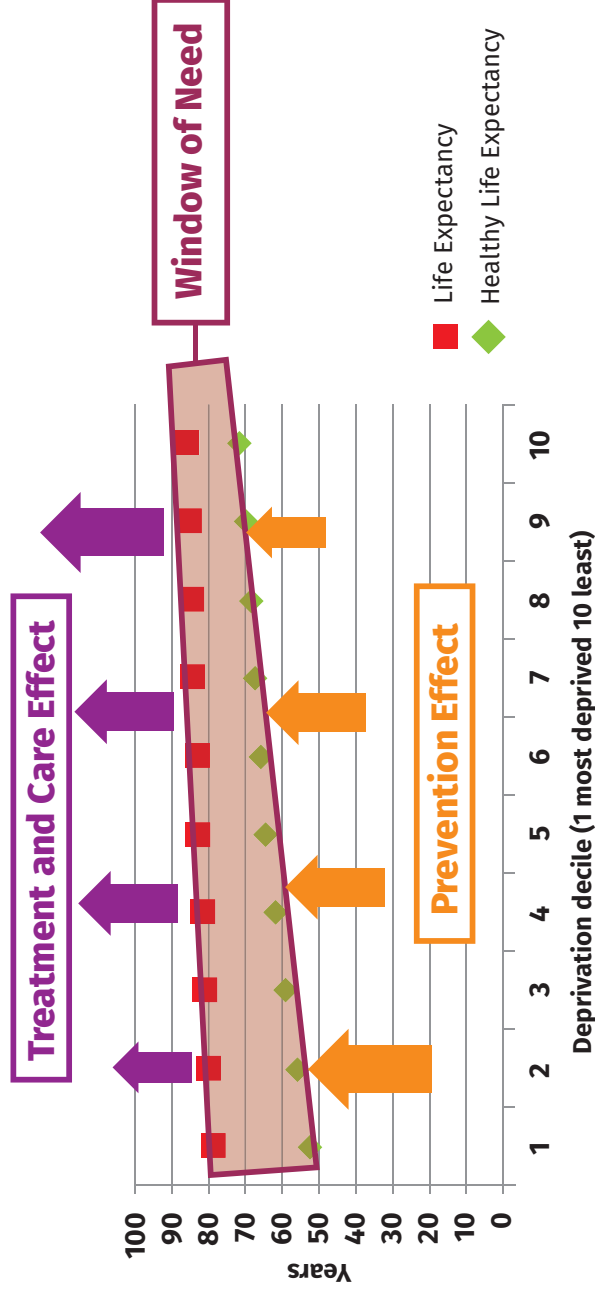


Figure 2 Window of need

Figure 2 illustrates how both life expectancy (the top line of red squares) and health life expectancy (the bottom line of green diamonds) are affected by deprivation.

The slope of the healthy life expectancy line is much greater than that of the total life expectancy line, implying that Healthy LE is more strongly influenced by deprivation.

Our aim must be not just to extend life (the 'treatment and care' effect) but also to reduce the time spent in poor health - the 'prevention effect' - and in so doing, reduce the burden on treatment and care services.

Deprived communities have most to gain from prevention and the biggest gain in health can be achieved in addressing it.

¹Primary prevention includes health promotion and requires action on the determinants of health to prevent disease occurring. It has been described as refocusing upstream to stop people falling in to the waters of disease.

Secondary prevention is essentially the early detection of disease, followed by appropriate intervention, such as health promotion or treatment.

Tertiary prevention aims to reduce the impact of the disease and promote quality of life through active rehabilitation.

Working population

Derbyshire Local Economic Assessment identifies that there were over 6,000 job vacancies across the D2 (Derbyshire and Derby) geography in January 2018 and employment forecasts show that over the next 15 years Derbyshire's employment levels are set to increase by 10,000.

Whilst Derbyshire's labour market continues to be buoyant there are challenges facing employers, in particular they identify skills shortages and employability as issues within the current local labour force. Therefore the working age population is important as it is part of the mechanism to address skills shortages and to fill expansion and replacement demand in the local labour market.

However, the working age population is going through a transitional phase. In 2016, 62% of Derbyshire's population was of working age but by 2039, the number of residents aged 65 and over is set to increase by 58% (92,175) but the working age population is projected to fall by 4% (19,629). Therefore the productivity and economic success of the our economy will be increasingly tied to the productivity and success of its ageing workforce and over the coming years there will gradually become fewer working age residents to support those in retirement.





The decreasing working age population is a Public Health issue, because unless the local labour force, irrespective of age, health related conditions, ability or individual circumstance, are supported to remain or enter the labour market we could end up with a labour shortage that cannot fulfil the opportunities that are forecast to be created in the local economy. In addition, employers will need to look at and be supported to access new cohorts to fill their skills demands, especially from those with health conditions.

There is wealth of evidence on what can be done to address the issues:

- Age positive practices: the [Employers Forum on Age](#) showcases innovative strategies for opening up employment access at each end of the age spectrum;
- The role of workplace design: most aspects of age-related physical and cognitive decline, or barriers to employment from individuals with a disability are partly a function of the working environment, so organisations are utilising things such as [Access to Work](#);
- Adapting job design for disadvantaged cohorts: Businesses are adapting to the changing demographics of the available labour force.

Local and national government have adopted policies promoting good practice:

- Department of Work and Pensions [Fuller Working Lives policy](#);
- Changes in legislation to protect older workers;
- [Disability Confident](#) campaign;
- Derbyshire County Council Employment and Skills Strategy;
- Derbyshire County Council [Disability Employment Strategy](#);
- D2N2 (D2 plus Nottingham and Nottinghamshire) approach to Employment and Skills including delivery of the ESF funded projects.

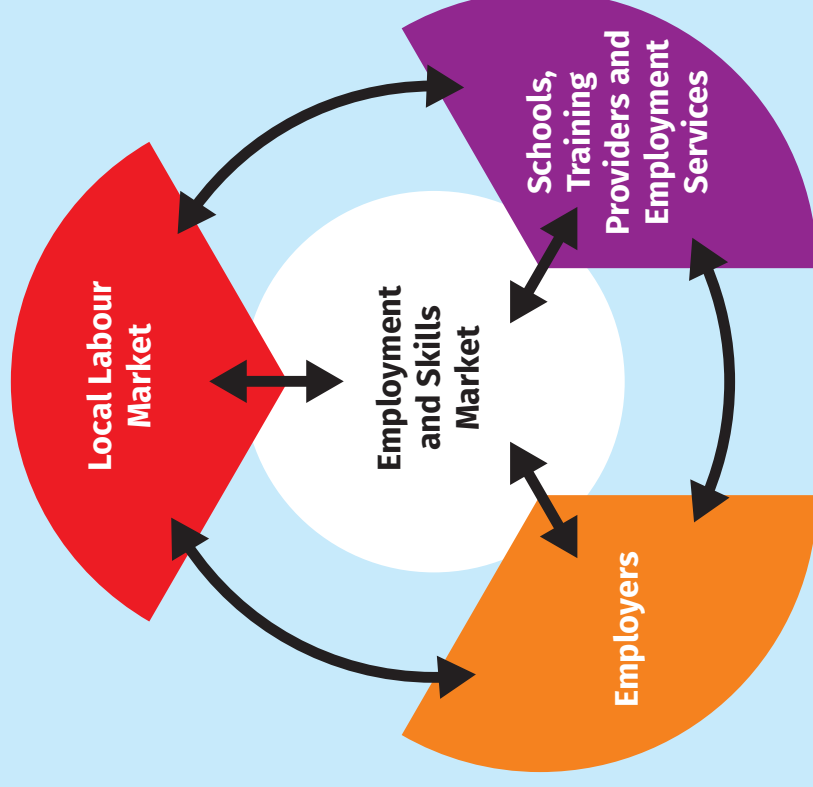
Some employers specifically are implementing good practice at a national level:

- Removal of age barriers from apprenticeship schemes (British Gas; The Co-operative Group; McDonalds);
- Active targeting of older workers or those with health conditions in recruitment and flexible working conditions geared towards their needs (B&Q; ASDA; Centrica);
- Entitlement to assessments of ergonomic and job design (BT plc).

In relation to the employment and skills system both nationally and locally it is important to recognise that there is not a single arbiter deploying or responsible for delivering the system. It is recognised at national and local levels that the employment and skills system is fragmented and as a result continues to deliver poor outcomes for certain cohorts and employers alike.

The County Council has developed a model which reflects the mutual relationship between what we regard as three vital elements or strands of a successful employment and skills system – the labour market (supply), educational institutions (providers), and employers (demand). This model provides a framework for close working with key partners and stakeholders to enable a greater functioning and successful local employment and skills system and can be tailored to suit the needs of particular cohorts in any of the three strands.

The Model will deliver a co-ordinated and integrated approach across the following three strands to ensure provision and services are targeted to local need and maximising the effectiveness of available funding coming into the D2 area.



The ethos is to provide a step change to current delivery by providing a coherent and understood ‘marketplace’ for employment, skills and learning opportunities to all stakeholders.

To make things better it is recommended that Derbyshire County Council and its partners should:

- Understand the cohorts we wish to support in greater detail to develop the support they need to enter and remain in employment;
- Maximise the approach to developing an integrated local employment and skills system – this will by default identify the key partners and stakeholders we need to engage with;
- Support the setting up of the Local Integration Boards;
- Develop an approach to ‘honest triage’ which identifies barriers to employment and not just issues that are linked to performance indicators for contracted or commissioned provision.
- Develop a systemic and coherent approach to engaging employers in relation to changing their behaviours around recruitment and employment practices for the hardest to reach cohorts.

Young People and Skills

Since August 2013, all 16 and 17 year olds leaving school have been required to participate in education or training in line with the requirements of Raising the Participation Age (RPA)¹ and in Derbyshire the majority of 16 and 17 years olds do move into a positive destination with the Derbyshire NEET (Not in Employment, Education and Training) figures persistently lower than that of the national average (2.7% vs 3.1%). However, within this cohort, Derbyshire continues to have high and disproportionate levels of NEET with particular cohorts such as Children in Care, those with a disability and lone parents.

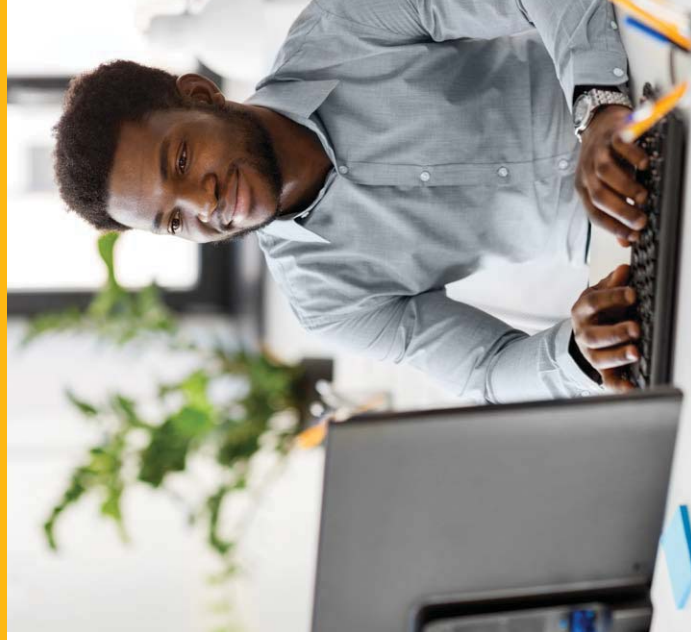
For those who are NEET or unemployed there continues to be provision developed to provide the support required to help these young people transition into Employment, Education and Training. This provision ranges from those funded via Local Authorities, Education Skills Funding Agency, Department for Work and Pensions, Department for Health and the European Social Fund.

Young people are increasingly experiencing mental health issues, sedentary lifestyles poor diet and obesity. According to the Mental Health Foundation², young adults report higher levels of mental health problems and lower levels of good mental health than the middle age and older age groups. Government guidance on childhood obesity states that 'The numbers of children who continue to have an unhealthy, and potentially dangerous, weight is a national public health concern.'³



Evidence from engaging with young people shows us that the majority of young people are inquisitive and want to understand the opportunities available to them once they leave full time education and how they can then progress their careers in the long term. However, there is a perception amongst young people that they receive limited or no actual Careers Advice and Guidance. In contrast, when working with the NEET cohorts there is increasing evidence to suggest they would welcome more structure in the terms of future career planning.

In respect of businesses providing opportunities to young people, there is some evidence to suggest that employers' value employment/workability skills over academic qualifications and employers' recognise their role to teach the technical aspects of a job. However, as the Derbyshire business base is made up of 88% of businesses employing 10 people or under, there is a need to provide guidance to employers in order to navigate the perceived complexities of recruiting a young person and guiding them towards the relevant support available to them for the recruitment of young people e.g. The Apprenticeship Levy, etc.



In Derbyshire, provision for young people who are more vulnerable has been developed to meet needs within communities and at smaller venues with high emphasis on pastoral and personal development. Working with the most vulnerable young people in small cohorts has a positive effect on their motivation and commitment to learning. There are very good partnerships in place to support this area of work - with parents, Multi-Agency Teams, the Electively Home Educated Team, the [Children in Care service](#) and employers who provide supported work placements for learners.

‘Study Programmes’ is a government funded scheme for 16-19 year olds designed to help young people who don’t yet have the appropriate skills or experience essential for the world of work. It provides work preparation training, English, Maths and work experience. It widens participation in learning, improves attainment and increases personal resilience through a targeted approach focusing on the following priority groups:

- Looked after Children;
- Care Leavers;
- Young People Not in Education, Employment or Training (NEETS);
- Electively home educated young people;
- Teenage and Lone Parents.

The '1 Step Up' Programme, devised within Derbyshire, is 4 week intensive training programme for employability. Participants take part in team building, presentation and CV-writing, complete employer challenges and in a short work experience placement.

The service also offers suitable personalised learning opportunities to 14-16 electively home educated young people, who, for whatever reasons, are unable to attend school or a college. These learners are recruited through referrals from the Electively Home Educated Team.

This programme has returned excellent achievements and positive destinations for participants. 49 young people who were NEET or at risk on being NEET have taken part in the programme, 90% of whom had positive destinations of employment, training or further learning.



It is recommended that Derbyshire

County Council should:

- Ensure all young people should be able to access good and relevant careers advice and guidance, linked to up to date Labour Market Provision which is delivered flexibility to meet the needs of the individual;
- Ensure effective engagement with businesses to provide them with an understanding around all young people and the skills and benefits they can bring to an organisation;
- Support employers to navigate the complex employment and skills landscape in an effort to create more opportunities to access and progress in employment;
- Increase promotion of the bespoke Study Programme offer within school settings;
- Strengthen partnerships with employers and community organisations.

It is recommended that employers should:

- Increase offers of workplace experience to help raise aspirations and employment choices for all young people;
- Increase employment opportunities for all young people.

It is recommended that communities should:

- Recognize the positive skills of all young people;
- raise the aspirations of disabled young people to seek employment;
- Increase the offers of workplace experience;
- Integrate young people into community projects to encourage social cohesion.

It is recommended that young people should consider:

[Volunteering](#)
[Active Derbyshire](#)

¹Raising the participation age

²Health, happiness and wellbeing in the transition from adolescence to adulthood, 2017

³Childhood obesity: applying All Our Health. April 2015

Apprenticeships

Apprenticeships continue to be a key Government policy in developing the economy, raising productivity and providing a mechanism to meet current and future skills shortages. Apprenticeships have been subject to a range of reforms which include the introduction of the Levy and replacing frameworks with standards and the introduction of a Public Sector Apprenticeship Target.

Apprenticeships offer individuals the opportunity of receiving paid employment and working towards a qualification from Level 2 (equivalent to GCSE's) up to a Level 6/7 (equivalent to Bachelor's or Master's degrees) and provide an employer with an effective way of growing their skills base. Through their apprenticeship, apprentices gain:

- Technical knowledge;
- Practical experience;
- English, Maths and ICT skills;
- The wider skills they need for their immediate job and future career.

Apprenticeships are an excellent experience in the working world and show employers that individuals can 'hit the ground running'. Hands-on training provides a real chance to put skills into practice and helps individuals to gain more confidence in a working environment. Apprenticeships are not just for young people. They are also an option for individuals who may wish to change direction voluntarily or as a result of economic changes.



In Derbyshire, apprenticeship growth has been in line with or exceeding that in other parts of the country. In the 2016 to 2017 academic year, 9,070 individuals started an apprenticeship. People aged 25 and over accounted for 42.3% of these, individuals aged 19-24 accounted for 28.5% and those aged under 19 accounted for 29.5%. Across Derbyshire, of apprenticeship starts, 7.2% were at a higher level (4, 5 and 6) 39.2% were advanced (level 3) and 53.6% were intermediate apprenticeships (level 2). As well as having reasonable levels of apprenticeship growth over recent years, more apprentices are completing and achieving their qualification than the national average.

However, as the reforms continue to roll-out evidence is emerging that fewer businesses are now recruiting an apprentice with employers suggesting the new apprenticeship system complicates rather than facilitates the recruitment of more apprentices. The full impact of this is still to be analysed at the County level, and if this trend is borne out it will be up to key stakeholders within the employment and skills system to actively identify the barriers to apprenticeship recruitment and act accordingly.

It is recommended Derbyshire County council should:

- Work in partnership with key stakeholders to support the private sector (particularly SME's) to recruit apprenticeships by promoting the benefits of apprenticeships and helping them navigate the new apprenticeship landscape.
- Promote apprenticeships more effectively as a viable option for sustained employment (regardless of age or circumstance) to individuals, parents and carers.
- Work with large Levy-paying organisations to ensure they are maximising their Levy contribution.
- Support future lobbying to Government that seeks practical improvements in the apprenticeships system, e.g. to allow Levy-payers to use funds to support pre-apprenticeship training for individuals who require additional support to be in a position to obtain and complete an apprenticeship.

It is recommended employers should:

- Increase apprenticeship opportunities across job roles;
- Review recruitment processes so that they better match the skills required within the role.

It is recommended individuals should:

- Consider apprenticeship as an opportunity to gain qualifications and current work experience.



Valuing the Workforce

Evidence shows that from an organisation's perspective a healthy and happy workforce is more productive, engaged and works more effectively. Staff are also an organisation's most important asset. If they take lots of time off sick this reduces productivity, causes stress for other colleagues and brings significant costs. **UK businesses are losing an average of 27.5 days of productive time due to employee sickness.**



Research published by Lee, Hecht, Harrison and Penna¹ also found that 1/3 of employees are unhappy at work and 1/5 are troubled by stress and anxiety. If an employee moves on because they are unhappy in their work they take valuable skills and experience with them and leave the organisation with expensive recruitment costs. Given all of this, organisations need to recognise the enormous benefits of valuing their workforce and put measures in place to support and enhance their wellbeing.

It is recommended employers may wish to consider:

- Encouraging staff to exercise and eat healthily through using programmes such as the [Cycle to Work scheme](#), [Live Life Better Derbyshire](#), [Five Ways to Wellbeing](#) and/or [Healthy Workplaces Derbyshire](#).
- Providing flu vaccines, provide health information, and offer health screening at work.
- Supporting people's mental health through healthy work/life balance, sign up to [Time to Change](#), and provide training about mental wellbeing for staff and managers, e.g. [Mental Health First Aid](#).
- Providing staff counselling services and offer advice about reducing work place stress.
- Providing training about emotional intelligence and dealing with change.
- Managing staff well though strengthened leadership, management training, appreciation of good work, good engagement and communication, developing trust, supporting flexible work opportunities, providing more training and career development, mentoring and coaching.
- Engaging with staff as this is essential for organisational success and research has found that organisations with high levels of employee engagement are more efficient and effective.
- Supporting staff who have disabilities or long term health conditions through providing disability awareness training and equalities training.
- Ensuring managers understand reasonable adjustments and [Access to Work](#) funding and feel confident to make decisions about what's needed.
- Improving recruitment processes to make them more flexible to better suit the needs of staff with autism or other conditions.
- Progressing to [Disability Confident](#) 'Leader' Accreditation.
- Differentiating between 'sickness' absence and 'disability absence' in attendance management.
- Supporting staff with terminal illnesses by signing up to the [Dying to Work](#) Charter and encourage partner organisations and suppliers to do the same.
- Developing a resource list of sources of information and advice for staff coping with terminal illness.



The pursuit of happiness: [More than a third of employees unhappy at work](#)

Mental Health and Wellbeing

Mental ill health is extremely common in that 1 in 4 people will experience a mental health problem at some point in their lives; as many as 1 in 10 children experience mental health problems.



In Derbyshire:

- 80,000 people have a common mental health condition;
- 1 in 5 people report high anxiety;
- 12% of the population are affected by depression;
- 9 in 10 people with mental health problems say that stigma has a negative effect on their lives.

In the workplace:

- 1 in 3 people have experienced mental health problems while in employment;
- Mental ill-health is the leading cause of sickness absence in the UK, costing an average of £1,035 per employee per year;
- 95% of employees calling in sick with stress gave a different reason;
- 48% said they would not talk to their employer about their mental health;

FTSE 100 companies that prioritise employee engagement and wellbeing outperform the rest of the FTSE 100 by an average of 10%.¹ However, for most people who experience mental ill health it is temporary and they recover fully.

People with mental health problems say that the stigma and the discrimination they experience from society, friends,

colleagues or family can make their difficulties worse, may delay or impede uptake of treatment and make it harder to recover.

Society in general has stereotyped views about mental illness and how it affects people, this can be exacerbated by the media. Many people have the perception that people with mental ill health are violent and dangerous, when in fact they are more at risk of being attacked or harming themselves than harming other people.

The Equality Act 2010 makes it illegal to discriminate directly or indirectly against people with mental health problems in public services and functions, access to premises, work, education, associations and transport.

The best way to challenge these stigma stereotypes is by dispelling common myths and through having direct contact with people with experience of mental health problems. A high profile national campaign, [Time to Change](#), provides practical suggestions on how this may be achieved in changing public attitudes to mental illness. One method to improve inter-group relations and reduce prejudice is through

promotion of events encouraging mass participation and social contact between individuals with and without mental health problems. Examples include roadshows in town centres or health promotion events in workplaces. Analysis of these kinds of inter-group events suggests that they improve attitudes towards people with mental health problems, increase future willingness to disclose mental health problems, and promote behaviours associated with understanding of anti-stigma.

time to change

let's end mental health discrimination

Training that includes raising awareness and providing practical skills has been shown to increase the confidence of attendees and in turn reduce the fear or stigma associated with the perception of mental ill health. It is important that the initial benefits of training are reinforced in the longer term by the setting, the system (e.g. policies, work practices) and the parameters in which people work or live for anti-stigma to become normalised.



What we hear, read and see contributes to the way in which we act and can reinforce or contradict the perception of mental health. The way in which the media report incidents is key and in the UK we have seen a move away from sensationalised reporting to much better language and context. The increased use of social media allows arms-length, instant comment from virtually anonymous sources which could be used for positive and negative communication.

[Time to Change](#) has produced some [guidelines](#) to provide advice to journalists and reporters, which are also applicable for everyday use by everyone.

There are steps we can take at individual and community level to raise awareness and decrease stigma. We can influence the settings we live in and the people we come into contact with in a positive way. Settings such as schools and workplaces can affect the attitudes and opportunities of thousands of people. If their culture is open, non-discriminatory and supportive, the way that people act and behave can be altered to be positive.

A workplace is a setting that can play a major role in the health and wellbeing of its employees. How policies and procedures are established and enacted can enhance or undermine identification, support and recovery in relation to mental health. In recruitment, retention, line-management, occupational health and return to work there are crucial opportunities to positively influence the work setting so that productivity, profit and wellbeing are maximised.

It is recommended that employers:

- Sign up to [Time to Change](#) as a commitment to ensuring that good practice is identified and delivered. This includes developing an organisational plan for mental health;
- Provide [Mental Health First Aid](#) training;
- Access support from [Healthy Workplaces Derbyshire](#).

Members of the public can:

- Become a local [Mental Health Champion](#);
- Undertake [Mental Health First Aid](#) training
- [Have a conversation about mental health](#).



Healthy for Work

There is strong evidence that work is good for health and unemployment is bad for it.¹ Ill health can also affect people's participation in the labour market, with over 300,000 people annually falling out of work and onto health related welfare.² This has a huge cost to the individual, families, communities, employers and public services.

Helping people with health issues to obtain or retain work, and be happy and productive within the workplace is a crucial part of the economic success and wellbeing of every community. Evidence shows that good quality work is beneficial to an individual's health and wellbeing³ and protects against social exclusion through the provision of income, social interaction, a core role, identity and purpose. However, jobs need to be sustainable and offer a minimum level of quality, to include not only a decent living wage, but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health⁴.

Musculoskeletal conditions (MSK) are a significant factor in sickness absence:

- 1 in 8 working age population reported having an MSK
- 33% of English long-term sickness absence is attributed to MSK

The prevalence of MSK in the workforce is likely to increase (6.5m in 2008, 7m in 2030)⁵.



One way to improve workplace health is to ensure local health risk reduction and promotion programmes (e.g. [NHS Health Checks](#), [NHS Stop Smoking Services](#)) are maximising opportunities to partner with employers for delivery within or linked to workplaces.

Derbyshire County Council's [Live Life Better Derbyshire](#) is a free integrated healthy lifestyle service that offers:

- Stop smoking support;
- Weight management services;
- Help getting active;
- Help identifying other health and wellbeing needs via a holistic wellbeing assessment;
- Healthy workplaces support;
- Stopping smoking, losing weight, getting more active and addressing other health and wellbeing needs will help to improve workplace health.

Derbyshire County Council and Shift (a local community interest company) are developing the Fit 4 Life programme. The programme aims to support and encourage members of staff at Chesterfield Royal Hospital and Derbyshire County Council Adult Care staff who are

- sedentary and don't meet the recommended weekly physical activity guidelines but are motivated to do more. The programme will support and encourage people to take up more physical activity through:
- Providing 1-1 support with an advisor from Shift (previously the Community Sports Trust). This will be provided over a 12 week period for each individual;
 - Provide a wrist band for participants to wear to track their lifestyles and activity;
 - Linking individuals to local physical activity opportunities.

It is recommended that employers:

- Develop a Fit for Work strategy;
- Share good practice with other employers looking to develop such strategies;
- Encourage their employees to be [Fit for Work](#).

It is recommended that individuals:

- Access information and advice about health and wellbeing from the Live Life Better Derbyshire service on: <https://www.livelifebetterderbyshire.org.uk/>
- Tel:** 0800 085 2299/01629 538 200
E-mail: lbd.info@derbyshire.gov.uk



¹ M.Marmot, J.Allen J, P.Goldblatt , T.Boyce, D.McNeish, M.Grady, et al. [Fair society, healthy lives: strategic review of health inequalities in England post 2010](#). London: The Marmot Review; 2010.

² C.Black, D.Frost, [Health at work – an independent review of sickness absence](#). 2008.

³ L.Parker , S.Bevan, Good work and our times: Report of the Good Work Commission. London: The Work Foundation; 2011.

⁴ W.Marmot, J.Allen J, P.Goldblatt , T.Boyce, D.McNeish, M.Grady, et al. Fair society, healthy lives: strategic review of health inequalities in England post 2010. London: The Marmot Review; 2010.

⁵ Public Health England. Health and Work. [Spotlight on Musculoskeletal conditions \(MSK\)](#)

Healthy Workplaces Derbyshire

There is a growing recognition that the workplace can have a significant effect on people’s health and wellbeing. As previously highlighted, evidence suggests that a good working environment is good for health and that a bad working environment may contribute to poor health¹.

A large proportion of people’s time is spent in their place of work and as such the work environment is a significant contributor to improving the population’s health and

wellbeing, tackling health inequalities and reducing levels of work related ill-health and sickness absenteeism, thus increasing overall productivity. An estimated 137.3 million working days were lost due to sickness or injury in the UK in 2016. This is equivalent to 4.3 days per worker². Problems such as back pain account for 30.8 million days lost (22.4%) and mental ill-health, including stress and depression, for 15.8 million days lost (11.5%)³.

The [Healthy Workplaces Derbyshire](#) programme was developed around the recommendations outlined in [Working for a Healthier Tomorrow](#) which acknowledged that more should be done through the creation of:

- A new vision for health and work in Britain;
- A shift in attitude to ensure that employers and employees recognise not only the importance of preventing ill-health, but also the key role the workplace can play in promoting health and well-being.



The programme offer is defined by the following aims:

- Engage with an employer/organisation to help them ascertain what priorities they may have related to health and wellbeing of their staff – this is with a view to supporting their bottom line through increased productivity and decreased sickness absence;
- Targeted awareness raising amongst employed people through: employer engagement, sign-posting, facilitation and a point of entry to service delivery partners.

Established in 2015, Healthy Workplaces Derbyshire takes a whole-system approach to workplace health and wellbeing, working with small to large organisations across the statutory, voluntary and private sector in Derbyshire. Currently around 60 organisations are receiving the programmes from individual schools through to large businesses employing thousands of staff.

Healthy Workplaces Derbyshire helps individual organisations make a sustained change to policy and practice and supports a holistic approach to staff health and wellbeing. The programme provides a flexible, tailored approach with a number of different elements to suit organisational needs:

- Assess the current situation and help prioritise key area for change;
- Provide a comprehensive range of frameworks and policies specifically adapted to need;
- Support health and wellbeing in the workplace;
- Develop strategy and actions plans for making improvements;
- Provide information on local services;
- Provide advice and support on healthy eating, physical activity, stop smoking support, mental health and wellbeing and alcohol and substance misuse;
- Provide training opportunities, e.g. mental health and wellbeing in the workplace.
- Workplace Health Champion Training is a relatively new introduction to the programme.

Training is supported by a dedicated network with access to resources, information and help, and is promoted via regular e-mails to trained Health Champions forming part of a peer to peer network. This has led to the creation of a parallel Mental Health Champions Training course which will form part of a combined network resource.

Further work internally and with external partners such as the NHS, Tier 2 authorities, the voluntary sector and the Chamber of

Commerce will ensure Healthy Workplaces Derbyshire is strategically aligned. Wider adoption of the concept will help normalise lifestyle interventions, de-medicalise and increase awareness of lifestyle issues.

It is recommended that Derbyshire County Council:

- Must remain committed to adopting a Healthy Workplaces approach more formally across the whole system and recognising the benefits of a preventative approach to health. As one of the largest employers in the county, there is an opportunity to have significant positive health impact on a large number of employees and therefore help build capacity and efficiencies.

It is recommended employers should:

- Increase access and knowledge of public health services, such as [Live Life Better Derbyshire](#), and offer the opportunity for staff engagement across all departments. [Healthy Workplaces Derbyshire](#) is a good public relations opportunity and a vehicle to engage with external stakeholders, for example at Markham Vale, where workforce health and wellbeing support is being used as an additional marketing tool.

¹PHE Health and Work Infographics ²Sickness absence in the UK Labour market: 2016 ³Sickness absence in the labour market: 2017

Long Term Unemployment

Unemployment statistics, particularly for people who claim Employment Support Allowance (ESA), suggest that once in receipt of ESA it is likely that individuals will stay on this benefit for lengthy periods of time, with a large percentage in a support group as opposed to a Work Ready Group (WRAG). Furthermore, the majority of the ESA claimants (50%) are now aged 50 and above.

Job Seekers Allowance (July 2018):

- Derbyshire has 3,490 Job Seekers Allowance Claimants and 1,140 (32.7%) have been unemployed for over 1 year.

Employment Support Allowance

(Feb 2018):

- Derbyshire has 29,070 ESA Claimants with 24,930 (85%) claiming ESA for 1 year and over.
- Of the ESA cohort claiming for 1 year and over, 19% of these are in the WRAG and 77% of these are in the support group.
- Of the ESA cohort claiming for 1 year and over, 3,320 (13%) have claimed ESA for 1 – 2 years. 11,960 (48%) have claimed ESA for 2 – 5 years and 9,650 (39%) have claimed for 5 year and above.
- Of the ESA cohort claiming for 1 year and over, 5090 (20%) of ESA claimants are aged 18 – 34, 7420 (30%) are aged 35 – 50 and 12,390 (50%) are aged 50 and above.



Employment support interventions play an integral part in enabling a long term unemployed individual to re-enter the labour market and also in preventing individuals becoming long term unemployed.

There is evidence that [Individual Placement and Support](#) is successful in getting people with severe mental health difficulties into employment. This should be built in to new services as appropriate.

There is also good evidence for the success of the [Disability Confident](#) campaign and [Access to Work](#) policy. Existing relationships with the Department for Work and Pensions should be built upon to develop a coherent and consistent program for rolling out the disability confident approach and then ensuring employment opportunities are created for this cohort.

In Derbyshire:

- An Individual Placement and Support trial is now being delivered by Derbyshire County Council and partners within our substance misuse treatment services;
- Public Health wellness hubs are being developed;
- Derbyshire County Council Disability Employment Service has been expanded;

- Devolved areas are looking at innovative ways of supporting those furthest away from employment;
- European Social Fund programmes are delivering services to those furthest away from employment;
- National Work and Health Programme, known locally as [Better Working Futures](#), has been implemented.

It is recommended that Derbyshire County Council:

- Understand the effectiveness of existing interventions in order to offer insight into future requirements that will support the long term unemployed back into employment. This will require the development of communication and working partnerships, particularly at the strategic level (including data sharing where practical) to ensure a coherent approach to service design and delivery and that employment and health provision are integrated and is seen by long term unemployed individuals as part of the same 'offer'.

It is recommended that employers:

- Engage with employment support interventions to offer employment opportunities to enable long-term unemployed individuals into the workforce.

Unpaid/Family Carers

The 2011 Census found that there were more than 3 million people in England and Wales who had both work and family caring responsibilities (an estimated 1 in 8 of the Derbyshire workforce: 52,165 people) but many are falling out of the labour market because the challenges of juggling care and work become too great.

This can have a profound effect on the health and wellbeing of those carers and their families, due to loss of identity and self-worth, with loss of income, pension and social networks, caused by leaving work.

In the next 25 years, even more people will need to work and care due to:

- An ageing population and those with a long term condition living longer;
- An ageing workforce and later retirement ages;
- Spending cuts in health and social care leading to an increased responsibility on family and friends to provide care, or supplement formal care.

Many carers are in skilled positions within the public, private and voluntary sector. Employers increasingly recognise caring as an issue that may impact on their employees and their business, ranging from the loss of skills and capabilities to the cost of recruiting and retraining new staff. Supporting carers in the workplace has business benefits for the wider economy, as the public expenditure cost of carer's benefits and lost tax revenues is significant from those leaving their jobs to provide unpaid care.



Many carers are able to achieve a realistic work/carer/life balance with small adjustments and considerations from employers. The Flexible Working Regulations 2014 provide all employees with the right to request flexible work from their employer after 26 weeks of consecutive employment. Supporting carers can help at crucial tipping points, that otherwise are likely to disrupt the balance of care and work. Recognising carers and adopting a flexible approach can achieve good business results by attracting and retaining staff, reducing recruitment and training costs, reducing stress, sick leave and absenteeism, whilst improving resilience, productivity and staff morale.

[Derbyshire Carers Association \(DCA\)](#) operate a [Carers in Employment](#) project focusing on 4 key areas:

- Improving business leadership, management skills and training needs analysis - many SME's do not have the infrastructure or resources available to introduce specific policies, procedures and practices to support carers in their workforce.
- Foster careers adaptability and resilience – the DCA [Employers Carers](#)

[Pledge](#) assists employers and employees to build resilience through support from carer champions, access to carer support services and the introduction of carer friendly policies. This initiative will potentially assist over 1,200 carers in Derbyshire to remain in employment.

- Employer engagement – equipping employers to be ‘carer aware’, providing information and support and acting as a point of contact between DCA and the workplace. DCA updates employers through quarterly newsletters and also provides an ‘Employer Innovation Fund’ which enables employers to access financial support while ‘carer’s champions’ undertake training.
- Training programme - DCA offers a training programme which includes a day in the life of a carer, the impact of caring, legislation to support carers, combining working and care and the support services available in Derbyshire.

The work carried out between the DCA [Carers in Employment](#) project, Public Health [Healthy Workplaces](#) project and Derbyshire Adult Community Education Service Carers Returning to Work project have common priorities in promoting carer friendly workplace policies.

There are potential partnerships with the [East Midlands Chamber of Commerce](#) (supporting growth and developing skills) the [University of Derby](#) (local and national research) and the DWP [Jobcentre Plus](#) (local Employment and Skills system) which could be explored.

Further consideration could be given to how the needs of carers in employment can be taken into account through cross-department initiatives and strategies.

It is recommended that employers:

- Consider a designated carers policy, the case for five days statutory paid carers leave and incorporate unpaid family carers within the employee leave scheme and flexible working policy¹.
- Ensure that recruitment, retention, line-management and returning to work are recognised as crucial opportunities to positively influence the work setting and create opportunities for working carers.

It is recommended that individuals:

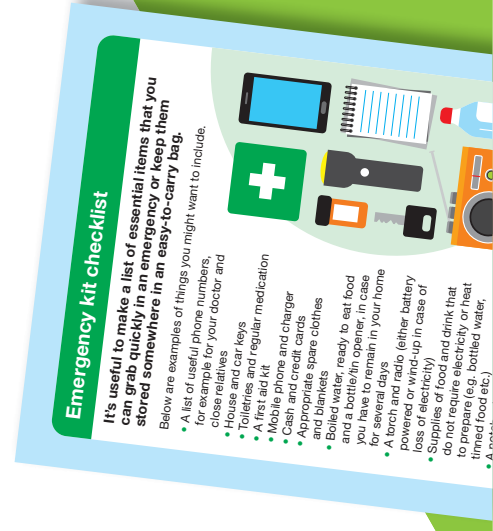
- Access advice and support on their rights in the workplace from: [Derbyshire Carers Association](#); [Carers in Derbyshire](#); [Working Families](#); [Timewise Jobs](#)

¹Government response to [Employment support for carers](#)

Promoting community resilience

Last year's report sought to raise awareness of Health Protection and promote community resilience. A thousand copies of the public facing leaflet "Derbyshire Prepared: What you can do to be better prepared for an emergency", which included an emergency checklist, were distributed across the County. A social media campaign "[Twelve Months of Health Protection](#)" raised awareness on issues including childhood immunisation, food safety, antimicrobial resistance, safe travel, and suicide prevention, through public facing messages shared across Derbyshire County Council social media channels.

In the report I made recommendations for partners to support multi-agency effort to protect the health of those most at risk, through promotion of preventative programmes, mitigation of risk and effective planning and coordination.



The challenge of infectious diseases

Within the report I made recommendations around strengthening partnerships working around Infection Control and made specific recommendations around promotion of food safety, antimicrobial resistance and improving TB treatment outcomes for under-served groups.

- We continue to seek opportunities to ensure the profile of Infection Prevention and Control within Sustainability and Transformation Partnership plans.
- Derbyshire County Council has appointed an Infection Prevention and Control (IPC) lead within the Public Health Team to support and embed IPC within the organisations delivered and commissioned care services.

- We have mapped opportunities to promote food safety messages within community food schemes and look to build on this work further in the coming year.
- Derbyshire County Council has worked with TB specialist services to support engagement for under-served groups and are currently mapping support services.

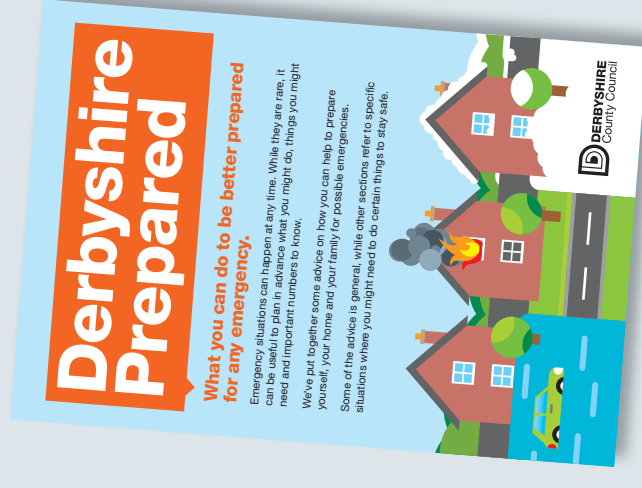


Incident planning and response

This chapter made recommendations around ensuring effective multiagency planning for pandemic influenza, strengthening community resilience and ensuring effective systems and process to enable timely response to incidents.

- The Local Health Resilience Partnership (LHRP) has developed a Pandemic Influenza Plan and a multi-agency exercise is planned for Spring 2019.
- As well as the Derbyshire Prepared leaflet produced, the Local Resilience Forum (LRF) is developing the [Derbyshire Prepared](#) website to include live updates.

- A sub group of the LHRP has been established which seeks to support response and planning to incidents. The group which consists of CCG, Public Health England (PHE), NHS England and local authority representatives has developed lessons learnt processes, established a multiagency memorandum of understanding and strengthened commissioning around emergency response.



Vaccination and Screening Programmes

Chapters 3 and 4 focused on the preventative vaccination and screening programmes and made recommendations to facilitate multi agency working to promote screening and immunisation and address inequality of access.

- A working group drawn from CCG, NHS England, Public Health England and local authorities has worked to improve inequality in uptake of MMR vaccination across Derbyshire. A similar working group is planned to address inequality in Shingles uptake.
- A comprehensive Bowel Health Equity Audit has been undertaken, which provided information about pockets within the community where the risk of bowel cancer is higher and yet screening coverage is low. The report has been presented at a number of Boards and its recommendations have been incorporated into the 'Joined Up Care Derbyshire' Cancer Screening Prevention workstream. Activities are planned by a range of stakeholders to promote bowel screening within communities and workplaces in the coming months.
- Derbyshire County Council has also been looking at how we can promote screening within workplaces and within our own workplace policies or commissioned services.



Environmental impacts

Chapter 5 made recommendations for partners to implement strategies which would support improvements in air quality across Derbyshire and reduce the impact of severe weather for residents.

- The Joint Air Quality Working Group continues to work with partners to support joint strategic action around air quality, current activities include the development of planning guidance, promotion of low emission vehicles, and development of a low emission strategy. The group also hopes to work with the Health and Wellbeing Board to embed the recommendations from the DPH annual report into a Joint Air Quality Strategy or Charter for Derbyshire.
- The Healthy Homes team offers support to people with a long term health conditions to improve home insulation and heating. During 2017/18 the service helped 300 households.
- Citizen's Advice Bureau services in GP practices have supported over 9000 people in the last year, securing additional income for families of over £12,000,000.

Injuries and violence

The final chapter focused on 'Injuries and Violence' and looked at issues including falls, road traffic collisions, needle and syringe programmes, domestic abuse and suicide prevention.

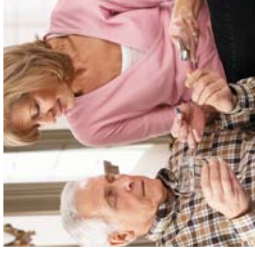
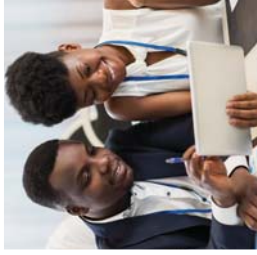
- The Joint Strategic Need Assessment Falls Group have developed a guidance resource for health and social care professionals to raise awareness of the impact of falls and the importance of preventing them. Current activities include the development of a training package for health and social care professionals.
- Suicide prevention training has been offered to workplaces across Derbyshire. Preventative messages including the five ways to wellbeing which support positive mental wellbeing and seek to reduce stigma associated with mental health are embedded within locality working.



Acknowledgements

I would like to thank those who have contributed to the annual report this year, including:

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Richard Flint, Management Information Officer, Derbyshire County Council
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Sharon O’Hara, Service Manager – Disability Employment Service/Adult Care Information Service, Derbyshire County Council
Vicky Smyth, Public Health Lead – Wider Determinants, Derbyshire County Council
Andrew Williams, Senior Economic Development Officer, Derbyshire County Council



Work and Health in Derbyshire: two sides of a coin 2019 Calendar

Introduction

In my third annual report as Director of Public Health for Derbyshire, I focus on the impact of work on our health and the impact of our health on our work. Discussions around health within the UK usually revolve around the NHS and whilst access to quality healthcare free at the point of need is world renowned for its universal access and is a great source of national pride and rightly so, our overall health is influenced by things far beyond the healthcare system. Access to healthcare contributes around 20% of our overall health, our genetics roughly account for a further 10% and the remaining 70% is made up of our behaviours, the environment in which we live, the social connectedness we have, the work we do and the financial income which this provides, these factors are often referred to as the wider or social determinants of health.

Our ability to access, and the availability of, good quality employment that provides us with the financial means to cover our basic needs and allows us to have a meaningful interaction with wider society is a vital underpinning component of our health and wellbeing. As you will see in this calendar, a healthy and connected workforce is far more likely to be productive, creating a virtuous circle of benefit for both employee and employer alike.

There is a substantial and growing body of evidence in relation to employment and health. Within each month of this calendar I make recommendations as to what can be done locally to make improvements to the overall health of the workforce, create more opportunities for people to enter the labour market, maximise the value of work for health improvement and how once people become ill or drop out of the labour market they can be supported to return to employment where this is feasible. The recommendations are framed within a population health perspective informed by additional expertise from the fields of employment, skills and education. I would like to thank everyone who contributed to this, your knowledge, expertise and passion is greatly valued.

I hope you find this calendar useful.

Best Always,



Dean Wallace, Director of Public Health
Derbyshire County Council

January – Employment and Health in Derbyshire

This calendar focuses on the impact of work on health and the impact of health on work.

Research shows that work is generally good for people's health and therefore ensuring that as many people as possible in Derbyshire are in employment will bring significant public health benefits, including the impact on life expectancy and healthy life expectancy.

Each month of this calendar corresponds to a chapter of the Director of Public Health Report 2018 providing information and recommendations that workplaces can make to improve the health and wellbeing of their workforce.

Derbyshire is a fantastic place to live and work, it is:

- A large diverse county with a population of 786,700 people;
- Home to more than 29,500 businesses;
- Employs around 300,000 people;
- It has a growing economy worth £14billion;
- Home to a number of world class companies.



To read the full report visit:

<https://observatory.derbyshire.gov.uk/dphar>

Mon	Tue	Wed	Thu	Fri	Sat	Sun
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3



February – The Impact of Employment on Life Expectancy

Life expectancy at birth is the average number of years a person would expect to live based on contemporary mortality rates. Healthy life expectancy at birth is the average number of years a person would expect to live in good health.

In 2014-16 the average healthy life expectancy at birth in Derbyshire was:  **Male 63.9**  **Female 63.9**

In the most deprived areas of Derbyshire, it is estimated that the gap between total and healthy life expectancy stands at around 20 years for men and 25 years for women. It is striking that HLE for both men and women remains significantly lower than retirement age.

With the working age population expected to fall as a proportion of the whole and with increases to the retirement age, keeping people healthy to work longer becomes more and more important.

Mon	Tue	Wed	Thu	Fri	Sat	Sun
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	1	2	3



March – Working Population

In 2016, 62% of Derbyshire’s population was of working age but by 2039, the number of residents aged 65 and over is set to increase by 58% but the working age population is projected to fall by 4%.

Our economy will be increasingly tied to the productivity and success of its ageing workforce and over the coming years there will gradually become fewer working age residents to support those in retirement.

To aid this some employers specifically are implementing good practice by:

- Removing age barriers from apprenticeship schemes;
- Actively targeting older workers or those with health conditions in recruitment and flexible working conditions geared towards their needs;
- Entitlement to assessments of ergonomic and job design.

Could your workplace implement some of these practices? To find out more visit:

<https://observatory.derbyshire.gov.uk/dphar>

Mon	Tue	Wed	Thu	Fri	Sat	Sun
25	26	27	28	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



April – Young People and Skills

Since August 2013, all 16 and 17 year olds leaving school have been required to participate in education or training in line with the requirements of Raising the Participation Age (RPA)³ and in Derbyshire the majority of 16 and 17 years olds do move into a positive destination with the Derbyshire NEET (Not in Employment, Education and Training) figures persistently lower than that of the national average (2.7% vs 3.1%). However, within this cohort, Derbyshire continues to have high and disproportionate levels of NEET with particular cohorts such as Children in Care, those with a disability and lone parents.

Across the county employers can help these young people by:

- Increasing the offers of workplace experience to help raise aspirations and employment choices for young people;
- Recognizing the positive skills of young people.

Could your workplace help Derbyshire's young people? To find out more visit: <https://observatory.derbyshire.gov.uk/dphar>

Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5



May – Mental Health and Wellbeing

Mental ill health is extremely common in that 1 in 4 people will experience a mental health problem at some point in their lives; as many as 1 in 10 children experience mental health problems.

In Derbyshire:

- 80,000 people have a common mental health condition;
- 1 in 5 people report high anxiety;
- 12% of the population are affected by depression;
- 9 in 10 people with mental health problems say that stigma has a negative effect on their lives.

A workplace is a setting that can play a major role in the health and wellbeing of its employees. It is recommended that employers:

- Signing up to Time to Change
- Provide Mental Health First Aid training
- Access support from Healthy Workplaces Derbyshire.

To find out more visit:

<https://observatory.derbyshire.gov.uk/dphar>

Mon	Tue	Wed	Thu	Fri	Sat	Sun
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2



June – Valuing the Workforce

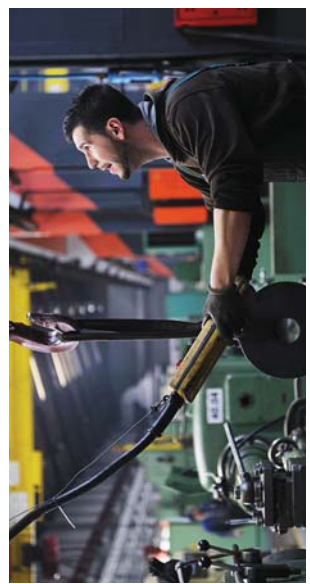
Evidence shows that from an organisation’s perspective a healthy and happy workforce is more productive, engaged and works more effectively. Their staff are also less stressed and have less sick days.

Employers can improve wellbeing by:

- Encouraging staff to exercise and eat healthily;
- Providing flu vaccines, provide health information, and offer health screening at work;
- Supporting people’s mental health through healthy work/life balance;
- Providing staff counselling services and offer advice about reducing work place stress;
- Supporting staff who have disabilities or long term health conditions through providing disability awareness training and equalities training;
- Progressing to Disability Confident ‘Leader’ Accreditation;
- Improving recruitment processes to make them more flexible to better suit the needs of staff with autism or other conditions.

To find out more on employee wellbeing visit:
<https://observatory.derbyshire.gov.uk/dphar>

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July – Apprenticeships

Apprenticeships are structured training programmes which offer the combined opportunity of paid employment and working towards a qualification.

Apprenticeships benefit employers and employees by both providing employers with an effective way to develop their skill base and by helping apprentices gain:

- Technical knowledge;
- Practical experience;
- English, Maths and ICT skills;
- The wider skills they need for their immediate job and future career.

Employers can:

- Increase apprenticeship opportunities across job roles;
- Remove age barriers from apprenticeship schemes;
- Review recruitment processes so that they better match the skills required within the role.

Could you offer apprenticeships? For more information visit:
<https://observatory.derbyshire.gov.uk/dphar>

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August – Healthy for Work

There is strong evidence that work is good for health and unemployment is bad for it.

Helping people with health issues to obtain or retain work, and be happy and productive within the workplace is a crucial part of the economic success and wellbeing of every community.

Derbyshire County Council's Live Life Better Derbyshire is a free integrated healthy lifestyle service that offers:

- Stop smoking support;
- Weight management services;
- Help getting active;
- Help identifying other health and wellbeing needs via a holistic wellbeing assessment;
- Healthy workplaces support.

Employers can:

- Promote this service with your workforce.

To find out more visit:

www.livelifebetterderbyshire.org.uk



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September – Healthy Workplaces Derbyshire

A large proportion of people's time is spent in their place of work and as such the work environment is a significant contributor to improving the population's health and wellbeing.

The Healthy Workplaces Derbyshire (HWD) Programme is a whole-system approach to workplace health and wellbeing, working with small to large organisations across the statutory, voluntary and private sector in Derbyshire. The programme helps:

- Assess the current situation and help prioritise key area for change;
- Support health and wellbeing in the workplace;
- Develop strategy and actions plans for making improvements;
- Provide information on local services;
- Provide support on health/lifestyle related issues;
- Gain recognition by working towards the National Workplace Wellbeing;
- Provide training opportunities.

Employers can:

- Adopt a Healthy Workplaces approach;
- Consider joining the Healthy Workplaces Programme.

To find out more and how to contact Healthy Workplaces Derbyshire visit: www.derbyshire.gov.uk/healthyworkplaces

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October – Long Term Unemployment

It has been shown that those once someone is in receipt of Employment Support Allowance (ESA) it is probable individuals will stay on this benefit for lengthy periods of time. It is important to ensure those experiencing long term unemployment are supported and given opportunities to find work.

In Derbyshire:

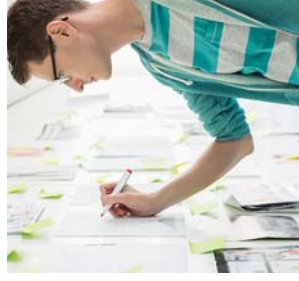
- An Individual Placement and Support trial is now being delivered by Derbyshire County Council and partners within our substance misuse treatment services;
- Public Health wellness hubs are being developed;
- Derbyshire County Council Disability Employment Service has been expanded;
- Devolved areas are looking at innovative ways of supporting those furthest away from employment;
- European Social Fund programmes are delivering services to those furthest away from employment;
- National Work and Health Programme, known locally as Better working Futures, has been implemented.

It is recommended that employers:

- Engage with employment support interventions to offer employment opportunities to enable long-term unemployed individuals into the workforce.

To find out more visit: <https://observatory.derbyshire.gov.uk/dphar>

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November – Unpaid/Family Carers

The 2011 Census found that there were more than 50,000 people in Derbyshire who had both work and family caring responsibilities. Sadly, many carers fall out of the labour market because the challenges of juggling care and work become too great.

Recognising carers and adopting a flexible approach can achieve good business results by attracting and retaining staff, reducing recruitment and training costs, reducing stress, sick leave and absenteeism, whilst improving resilience, productivity and staff morale.

Employers should consider:

- A designated carers policy;
- The case for 5 days statutory paid carers leave;
- Organisational structures should also ensure that recruitment, retention, line-management and returning to work are recognised as crucial opportunities to positively influence the work setting and create opportunities for working carers.

To find further information on carers visit:

<https://observatory.derbyshire.gov.uk/dphar>

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December – End of Year Review

Throughout 2019 this calendar has provided recommendations that employers could undertake to improve the health and wellbeing of its staff, have you:

- ☐ Recruited an apprentice?
- ☐ Removed age barriers from apprenticeship schemes?
- ☐ Actively target older workers or those with health conditions in recruitment?
- ☐ Encouraged staff to exercise and eat healthily?
- ☐ Signed up to Time to Change?
- ☐ Provided Mental Health First Aid training?
- ☐ Contacted Healthy Work Places?
- ☐ Promoted Live Life Better Derbyshire to employees?
- ☐ Produced a designated Carers Policy?
- ☐ Engaged with employment support interventions to offer employment opportunities to enable long-term unemployed and disabled people into the workforce?
- ☐ Improved the health and wellbeing of your employees?

If not, could this be a New Year Resolution for your organisation?

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