

Working for Wellbeing in Warwickshire

Director of Public Health Annual Report 2019



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References are available online: warwickshire.gov.uk/publichealthannualreport



Foreword

I am very pleased to welcome our Director of Public Health's (DPH) Annual Report for 2019, which this year focuses on work, and the health and wellbeing of our working age population - a key aim of our Year of Wellbeing 2019.

With our working age population growing and ageing, and 1 in 3 reporting at least one long-term condition, it is a priority for us all to support the health and wellbeing of those aged 16-64.¹

Being in work is good for health and wellbeing. Our employment rates are high, but this varies greatly between different groups, with only half of disabled people in employment. Employment not only impacts on our health and wellbeing, but it impacts on businesses, the economy and wider society.²

To progress the work and health agenda we must work collaboratively with our partners from across the private, public and voluntary and community sectors to create good jobs and healthy workplaces for all.

This year's report will be a great tool to highlight the importance of work on health and wellbeing. Together we are **working for wellbeing in Warwickshire**.

Councillor Les Caborn

Portfolio Holder – Adult Social Care and Health
Warwickshire County Council



Introduction

The theme of this year's annual report explores the impact of work on the health and wellbeing of the working age population. Nationally, there has been a huge drive to improve wellbeing in the workplace, which is highlighted within the report in some of the key strategies and policies. This theme was chosen for good reason as the potential for further health gain and wellbeing in this population group is considerable.

Chapter 1 of my report provides an overview of the health and wellbeing of Warwickshire's population. **Chapter 2** introduces the evidence base for the impact of work on wellbeing and **Chapter 3** focuses on workplace health and those who are out of work but seeking work in Warwickshire. This chapter also signposts to **Support for Warwickshire Residents**. **Chapter 4** provides progress on last year's recommendations. The **Glossary** at the end of the report will help you to understand key terms.

This year's **recommendations** focus on how we can work together to improve the health and wellbeing of our working age population.

Helen King

Interim Director of Public Health
Warwickshire County Council

Recommendations 2019

Reflecting on the key challenges highlighted in this report, I believe the following recommendations will improve the health of the working age population in Warwickshire.

- 1.** The workplace provides an opportunity for the promotion of health and wellbeing. Warwickshire County Council (WCC) and partners should work with businesses of all sizes to enable them to support employee health and wellbeing. Businesses should recognise wellbeing as a key element of core business as healthy employees are more productive, are less likely to take sickness absence and are more likely to remain in work.
- 2.** The public sector is a key employer across Warwickshire employing in the region of 12% of the working age population. The public sector should promote messages about wellbeing and self-care to this group as it provides the opportunity to: improve their own health and wellbeing; influencing their social circle and family as well as improving their interaction with customers and patients.³
- 3.** Workplace wellbeing is a key focus for the Place Forum and Year of Wellbeing 2019. The Forum should promote “Thrive at Work” which provides a framework enabling all employers to support the health and wellbeing of their staff.⁴
- 4.** WCC, businesses and partners should work with the Department of Work and Pensions, and other partners, to provide programmes of support to improve the health and wellbeing of those out of work, to enable them to gain employment should they choose to do so.



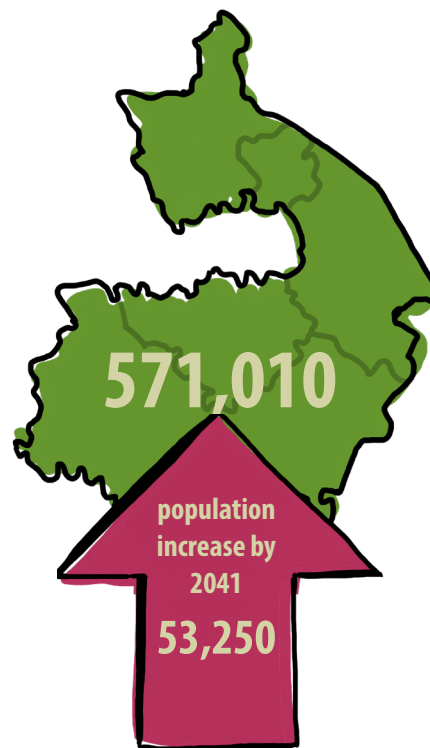
The picture of health and wellbeing in Warwickshire

This chapter provides an update on the health and wellbeing of our local population at district/borough, county and clinical commissioning group (CCG) levels. At a Warwickshire level, health and wellbeing is generally reported as good compared to England and there have been many improvements in the population's health over the last twelve months.

Warwickshire has an estimated population of **571,010**. Over the period 2016 to 2041, the population in Warwickshire is expected to increase by **53,250** (9.5%); Rugby Borough is expected to have the greatest population growth (14.3%) and Stratford-on-Avon District the least (6.7%) (figure 1).^{5,6}

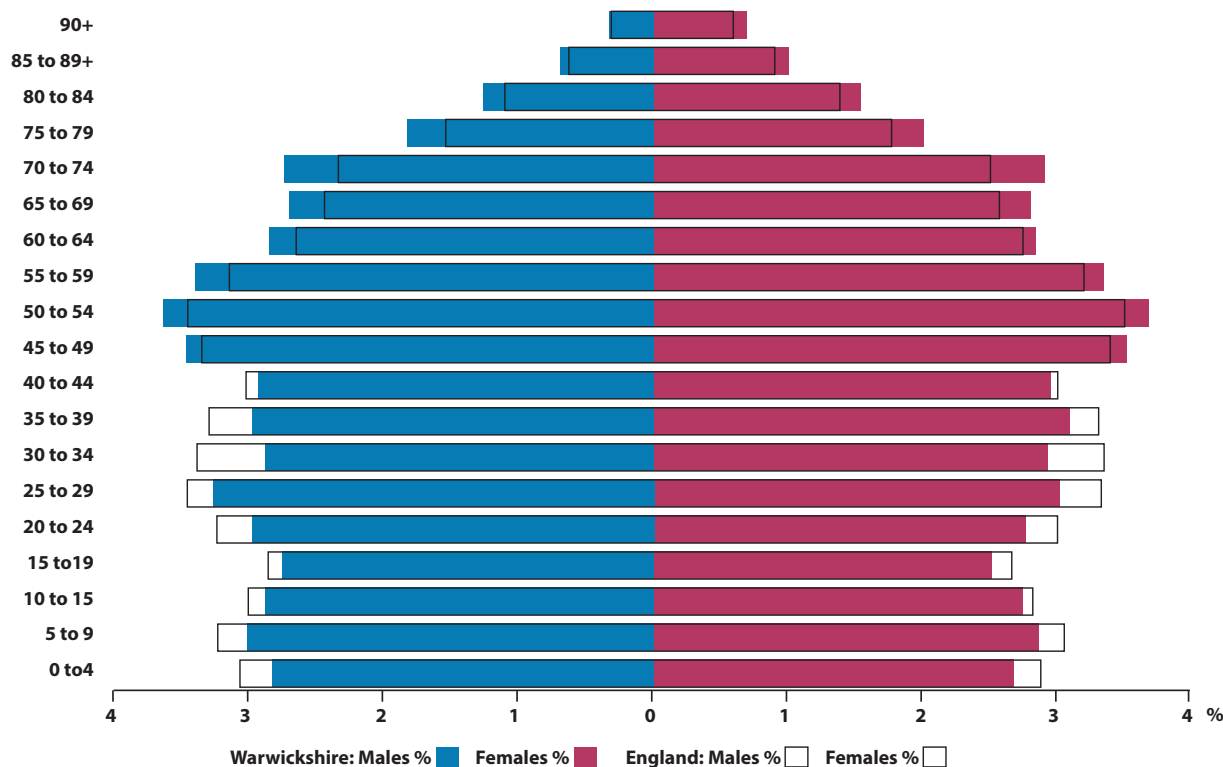
It is projected that the population of those aged 85 years and over in Warwickshire will increase by **116%** by 2041. This has an impact on the working age population, as by 2041, **3 in 4** adults will have dependants (those aged 0-15 years old and/or 65+).⁶

Figure 1: Population in Warwickshire



Source: ONS mid-2018 population estimates⁵

Figure 2: Warwickshire population by age and gender



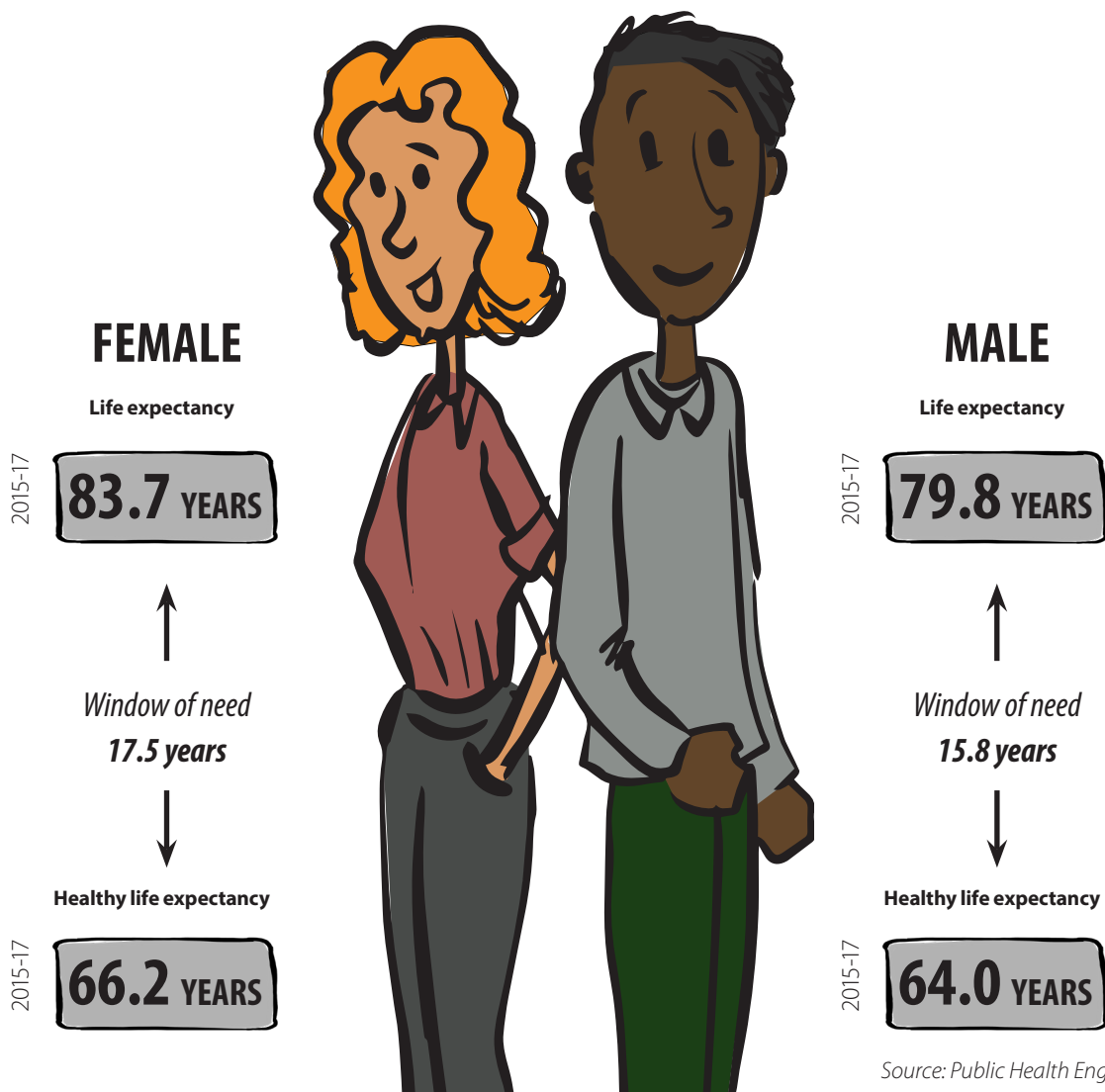
Life expectancy and healthy life expectancy:

In Warwickshire, life expectancy at birth is significantly better for females (83.7) compared to England (83.1) and similar for males (Warwickshire - 79.8, England - 79.6). These figures have remained relatively stable over the last five years. This is reflected nationally as improvements in life expectancy have slowed during the second decade of the 21st century.⁷

Healthy life expectancy, particularly in males, continues to decline. In 2015-17, Warwickshire's healthy life expectancy for males at birth fell to 64.0 years from 66.2 years in the previous reporting period (2014-16) and is no longer significantly better than the national average (63.4 years). Healthy life expectancy at birth for females remains stable (66.2 years), however, it remains significantly higher than the England average (63.8 years).⁷

The gap between life expectancy and healthy life expectancy is known as the 'window of need'. **While it is good that we are living longer, the window of need shows that much of the additional time is spent in poor health, 15.8 years for men and 17.5 years for women** (figure 3). Years spent in poor health impact on families and workplaces, and increases pressure on health and social care services. The 'window of need' for males in Warwickshire is 0.4 years narrower than the England average and for females is 1.8 years narrower than the England average (19.3 year gap for females nationally and 16.2 year gap for males nationally).⁷

Figure 3: Warwickshire life expectancy and healthy life expectancy at birth

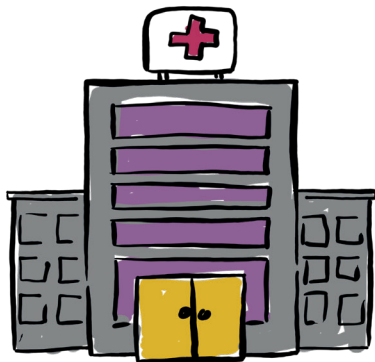
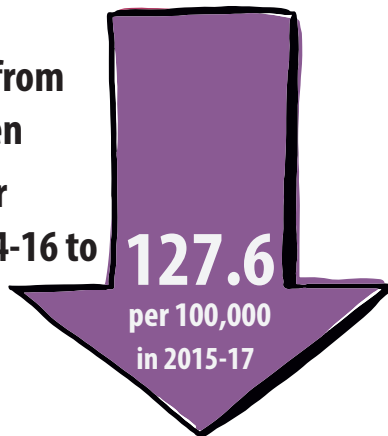


Source: Public Health England, 2019

There have been improvements in core areas of public health and in some of the wider determinants that affect health:⁷

The under 75 mortality rate from cancer has fallen from **131.0** per 100,000 in 2014-16 to

(England 134.6)

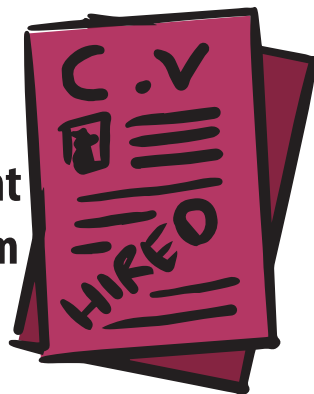


477.1 per 100,000
Hospital admissions in 2017/18 as a result of self-harm in people age 10-24 this has reduced from 500.8 in 2016/17

(England 421.2)

The percentage of people aged 16-64 who are in employment has increased from **79.5%** in 2017 to **80.2%** in 2018

(England 75.6%)



**Under 18s
conception rate
has fallen**
from 18.7 per 1,000 in 2016

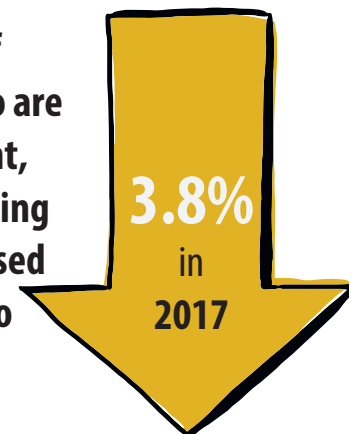


to
17.5 in 2017

(England 17.8)

The percentage of young people who are not in employment, education or training (NEET) has decreased from **6%** in 2016 to

(England 6%)



The percentage of pupils achieving a GCSE at grade 9 to 5 in Maths and English has increased from **48.1%** in 2016/17 to **48.7%** in 2017/18

(England 43.5%)

Warwickshire continues to face a number of public health challenges:⁷

14.1%
of adults smoke
(18 years and over)
2018



(England 14.4%)



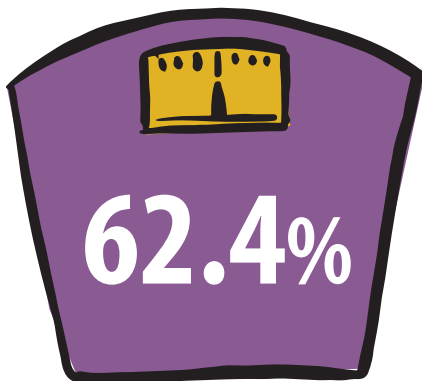
The mortality rate
from suicide is
11.3 per **100,000**
(2015-17)

(England 9.6)



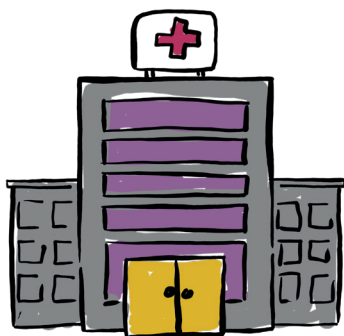
49.6 per **100,000**
under 18s are admitted for alcohol
specific conditions (2015/16-17/18)

(England 32.9%)



of adults are
classified as
overweight or
obese (2017/18)

(England 62.0%)



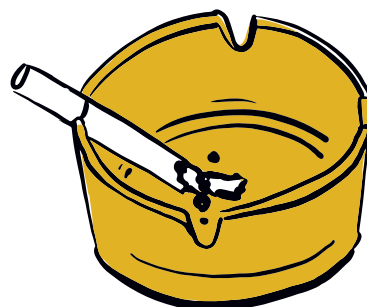
118.3 per **10,000**
children aged 0-14 years admitted
to hospital for unintentional/
deliberate injuries (2017/18)

(England 96.4)

10.1% of women
smoking in
pregnancy
(2017/18)

(England 10.8%)

(national target
6% or less by 2022)














Clinical Commissioning Group (CCG) Health and Wellbeing Profiles

There are 3 CCG organisations commissioning health services in Warwickshire. Table 1 includes information on both the services provided and the health of the population served.⁷

Table 1: CCG health and wellbeing profiles

Compared to England:

● Better ● Similar ● Worse

		Coventry and Rugby CCG	South Warwickshire CCG	Warwickshire North CCG	England
Estimated dementia diagnosis rate age 65+	 %	63.5	60.5	60.2	68.7 <i>Aug 2019</i>
Depression: recorded prevalence QOF % (aged 18+)	 %	9.1	10.6	8.5	9.9 <i>2017/18</i>
People entering IAPT (in month) as % of those estimated to have anxiety/depression	 %	21.1	20.2	21.6	19.1 <i>Mar 2019</i>
People on primary care mental health register/with SMI with a comprehensive care plan	 %	79.8	83.5	78.1	78.2 <i>2017/18</i>
Hospital admissions as a result of self-harm (10-24 years)	 DSR per 100,000	406.8	458.0	473.6	407.0 <i>2017/18</i>
Prevalence of diabetes QOF (aged 17+)	 %	6.7	5.7	7.6	6.8 <i>2017/18</i>
Hospital admissions due to substance misuse (15-24 years)	 per 10,000	63.6	66.9	95.8	85.2 <i>2015/16-2017/18</i>
Infant mortality	 per 1,000	4.8	3.4	5.4	3.9 <i>2015-17</i>
Females, 50–70 years, screened for breast cancer in last 36 months (3 year coverage)	 %	69.1	73.0	74.6	72.1 <i>2017/18</i>
Persons, 60–74 years, screened for bowel cancer in last 30 months (2.5-year screening coverage)	 %	57.7	63.5	59.8	59.6 <i>2017/18</i>
Females, 25–64 years, attending cervical screening within target period (3.5 or 5.5 year coverage)	 %	70.0	74.8	72.1	71.7 <i>2017/18</i>

Source: Public Health England, 2019

Table 2: Warwickshire Health Profile 2019



Table 2 shows the current health performance of the Warwickshire County and allows comparisons of performance between the districts and boroughs. The values are coloured to indicate statistical significance compared to England. This is the most recent compiled and published data as of 6th August 2019.⁷

Short name	Unit	Eng	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick	Period
Under 18 conceptions	per 1,000	17.8	17.5	18.6	22.0	21.8	11.1	14.2	2017
Low birth weight of term babies	%	2.8	2.4	2.4	2.6	3.4	1.7	1.9	2017
Breastfeeding initiation	%	74.5	Not published data quality issues	61.2	61.1	82.6	81.2	80.2	2016/17
Smoking prevalence in adults	%	14.4	14.1	14.4	16.6	23.1	9.4	9.9	2018
New sexually transmitted infections	per 100,000	784	548	537	675	554	466	505	2018
5 year olds free from dental decay	%	76.7	78.4	79.3	71.8	78.1	82.6	80.9	2016/17
Overweight & obese (reception)	%	22.4	22.3	27.2	23.5	22.9	22.7	17.7	2017/18
Overweight & obese (Year 6)	%	34.3	31.7	31.9	37.6	33.6	28.4	26.0	2017/18
Hospital admissions for unintentional and deliberate injuries in children (aged 0-14 years)	per 10,000	96.4	118.3	91.9	111.7	153.0	110.5	113.5	2017/18
Overweight & obese (adults)	%	62.0	62.4	70.6	71.9	65.8	56.4	52.8	2017/18
Incidence of TB	per 100,000	9.2	5.5	3.6	7.8	5.6	2.9	6.4	2016-18

Suicide rate (aged 10+)	per 100,000	9.6	11.3	12.4	14.2	9.8	10.7	10.1	2015-17
Infant mortality (under 1 year)	per 1,000 live births	3.9	4.2	3.1	6.4	3.5	2.7	3.9	2015-17
Mortality rate from causes considered preventable (all ages)	per 100,000	181.5	171.8	179.3	213.1	178.6	147.2	153.2	2015-17
Under 75 mortality rate: cardiovascular	per 100,000	72.5	66.8	75.7	79.9	68.2	53.7	62.4	2015-17
Under 75 mortality rate: cancer	per 100,000	134.6	127.6	124.3	145.7	127.0	120.3	120.3	2015-17
Hip fractures in people aged 65 and over	DSR per 100,000	578	615	668	713	515	516	694	2017/18
Emergency hospital admissions for intentional self-harm (all ages)	per 100,000	185.5	157.7	107.6	154.9	187.0	174.3	155.0	2017/18
Killed or seriously injured on the roads*	per 100,000	40.8	62.6	105.5	31.6	75.0	75.1	50.9	2015-17
Hospital admissions for alcohol-related conditions (Under 18 years).	per 100,000	32.9	49.6	48.7	67.9	49.8	40.1	39.5	2015/16-2017/18
Sickness absence - the percentage of working days lost due to sickness absence	%	1.1	1.4	1.3	3.1	0.8	0.2	1.3	2015-17

The values are coloured Red, Amber and Green (RAG) to indicate statistical significance compared to England. RAG ratings are affected by small numbers for some indicators.

*This includes all people (residents & non-residents) killed or seriously injured on Warwickshire roads.

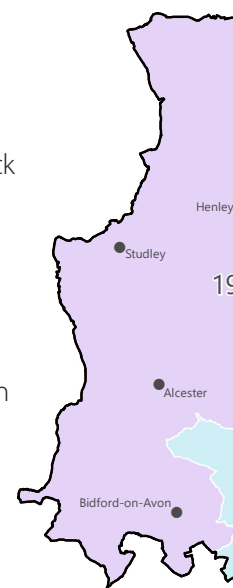
Place-based approach to understanding our health and wellbeing needs



Warwickshire's Joint Strategic Needs Assessment (JSNA)

WCC is embarking upon a programme to develop place-based assessments of population health known as a Joint Strategic Needs Assessment (JSNA). The JSNA identifies the health and wellbeing needs of local communities. Twenty-two geographic areas, each covering populations of around 30-50,000 people, have been defined across Warwickshire and a detailed needs assessment is being produced for each area. These needs assessments will inform the development of health and social care services across Warwickshire. The JSNA process involves engagement with local stakeholders and communities and is being delivered in three waves (see below and figure 4).⁸

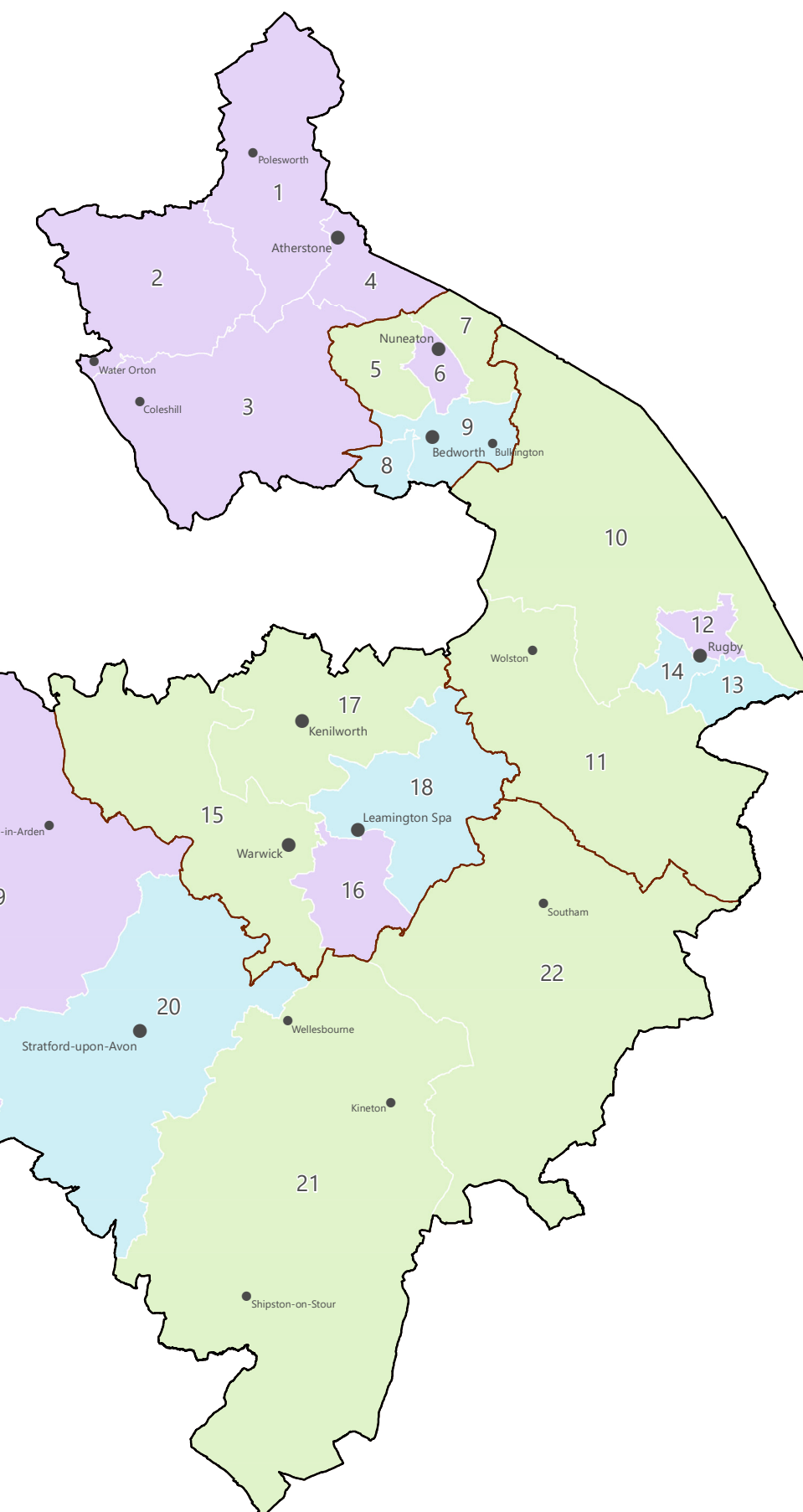
Wave 1 - <i>complete</i>	Wave 2 - <i>complete</i>	Wave 3 - <i>to be completed</i>
1 Polesworth	8 Bedworth West	5 Nuneaton Common and West
2 Kingsbury	9 Bedworth Central and Bulkington	7 Weddington, Horeston Grange and Whitestone
3 Coleshill and Arley	13 Hillmorton	10 Rugby Rural North
4 Atherstone and Hartshill	14 Bilton and Town Centre	11 Rugby Rural South
6 Nuneaton Central	18 Cubbington, Lillington and Warwick District East	15 Warwick and Warwick District West
12 Newbold and Brownsover	20 Stratford-upon-Avon	17 Kenilworth
16 Leamington, Whitnash and Bishops Tachbrook		21 Wellesbourne, Kineton and Shipston
19 Henley, Studley and Alcester		22 Southam



Emerging themes and issues have been identified in Wave 1, these include:

- Transport
- Housing and homelessness
- Healthy lifestyles
- Mental health and wellbeing
- Children and young people
- Older people and an ageing population
- Carers and young carers
- Deprivation
- Population growth

Figure 4: Map of Warwickshire JSNA geographies



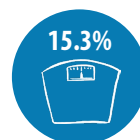
Why look at data at this level?

Example - childhood obesity

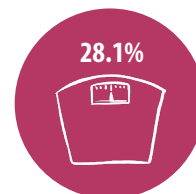
In Warwickshire, the proportion of children aged 4-5 years old who are overweight (including obese) is **22.3%** (similar to England - 22.4%). By year 6, **31.7%** (better than England - 34.3%) of 10-11 year olds are overweight (including obese), an increase of over 450 children (2017/18).

However, when analysing the data at JSNA level there is **significant variation across the county over a five year period (2013/14 - 2017/18)**

Reception (4-5 year olds)

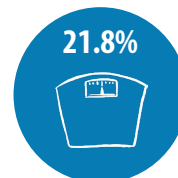


Kenilworth
(lowest)

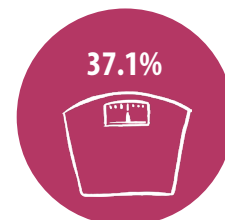


Atherstone and
Hartshill
(highest)

Year 6 (10-11 year olds)



Cubbington,
Lillington and
Warwick District East
(lowest)



Bedworth Central
and Bulkington
(highest)

For more information: warwickshire.gov.uk/jsna

Chapter 2:

Work, health and wellbeing: health of the working age population in Warwickshire

Key terms:

Working age population – those aged 16-64 years old

Wellbeing – is about feeling good and doing (or functioning) well

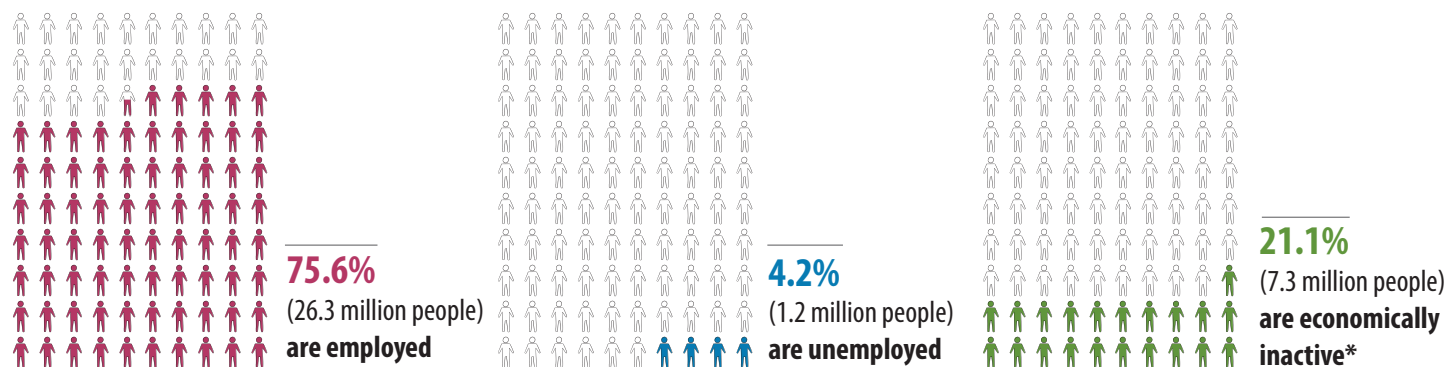
Background

There is a strong relationship between work, health and wellbeing. Being in a secure good quality job has a positive impact on health, whilst being unemployed or having insecure employment is generally bad for health. Work, health and wellbeing impacts on individuals, families, communities, and wider society, and has been identified as a key public health issue. The connection between work and health is highlighted by Public Health England and within the recently published NHS Long Term Plan. Locally, the Coventry and Warwickshire Health and Care Partnership (HCP) also emphasises the importance of good working conditions.^{9,10,11}

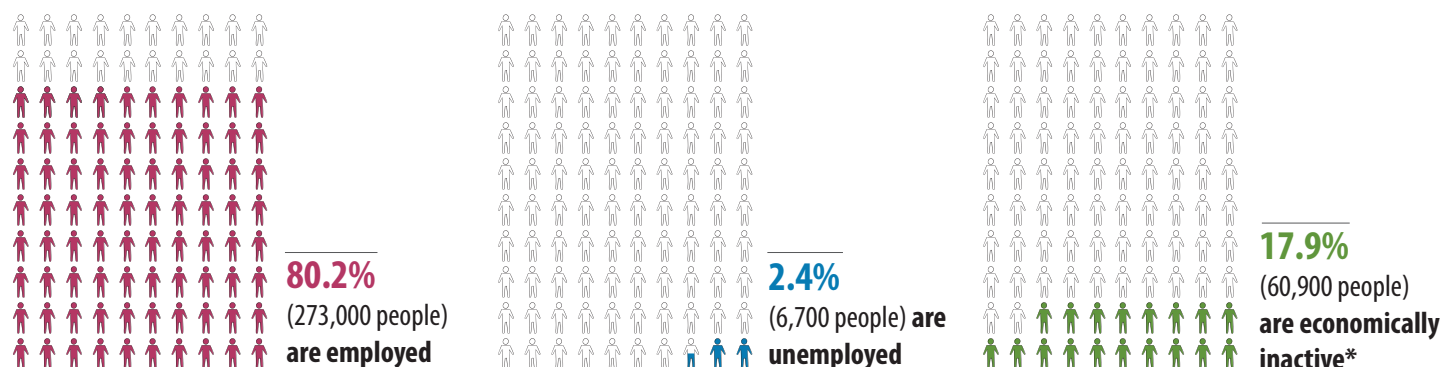
The working age population (those aged between 16-64 years) has been increasing across England and in Warwickshire. However, this population is forecast to fall between now and 2030 and then (in Warwickshire) will remain static over the next 25 years. Despite this, the number of jobs in the county is set to increase and this will likely have an impact on congestion (in-commuting), skills shortages and recruitment difficulties for employers. The vast majority of the working age population are in employment and will spend a great proportion of time at work (figure 5).^{3,6}

Figure 5: Estimated working age population (April 2018 - March 2019)³

England



Warwickshire



*People not in employment who have not been seeking work within the last four weeks and/or are unable to start work within the next two weeks.

The health of the working age population

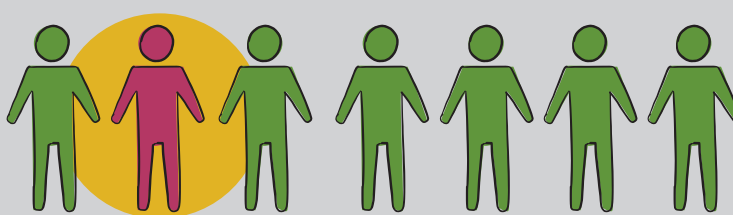
People are living and working longer. The number of people working aged 50-64 is increasing and fewer people are retiring early. While it is good that people are living longer, much of the additional time is spent in poor health which can impact on a persons' work, their ability to work, and ultimately their quality of life.¹

In the UK:¹

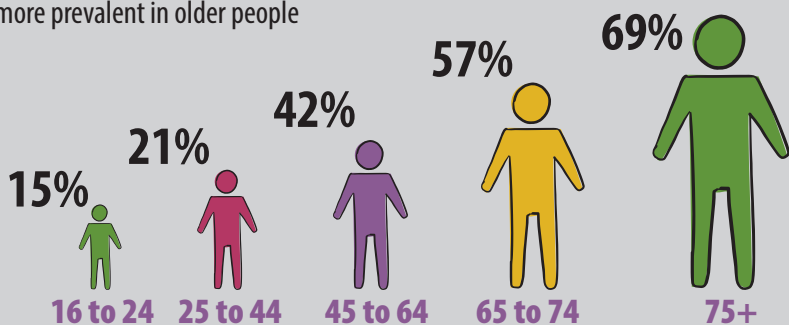
1 in 3 working age people in England **have a health condition**



1 in 7 working age people in England report having **more than one** long-term condition

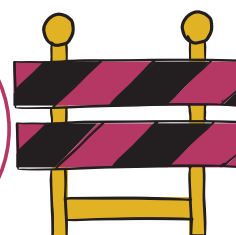


Long-term conditions are more prevalent in older people



Over half of people with a long term condition say their health is a barrier to the type or amount of work they can do,

this rises to over **80%** when someone has **3 or more conditions**

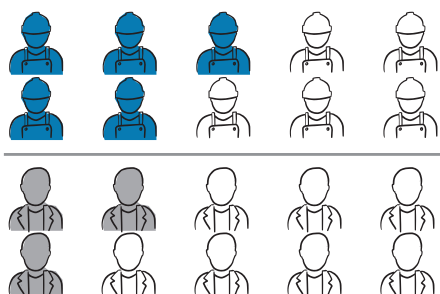


People in the **most deprived communities** have a **60%** higher prevalence of long-term conditions than those in the **least deprived**

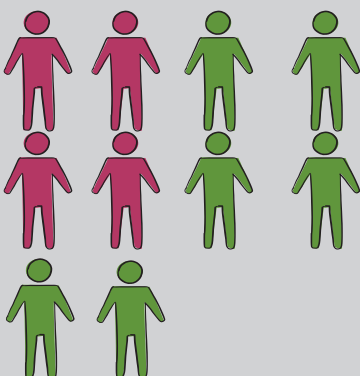


The workforce is projected to get older. The **average age** is predicted to increase from **39 in 2016** to **43 by 2030**

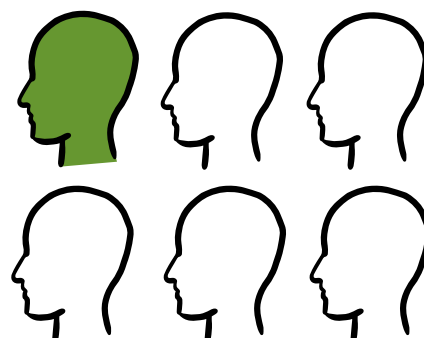
52% of employees from **unskilled** occupations experience long-term conditions compared to just **33%** of those from **professional** occupations



By **2030**, **40%** of the working age population will have a long-term condition



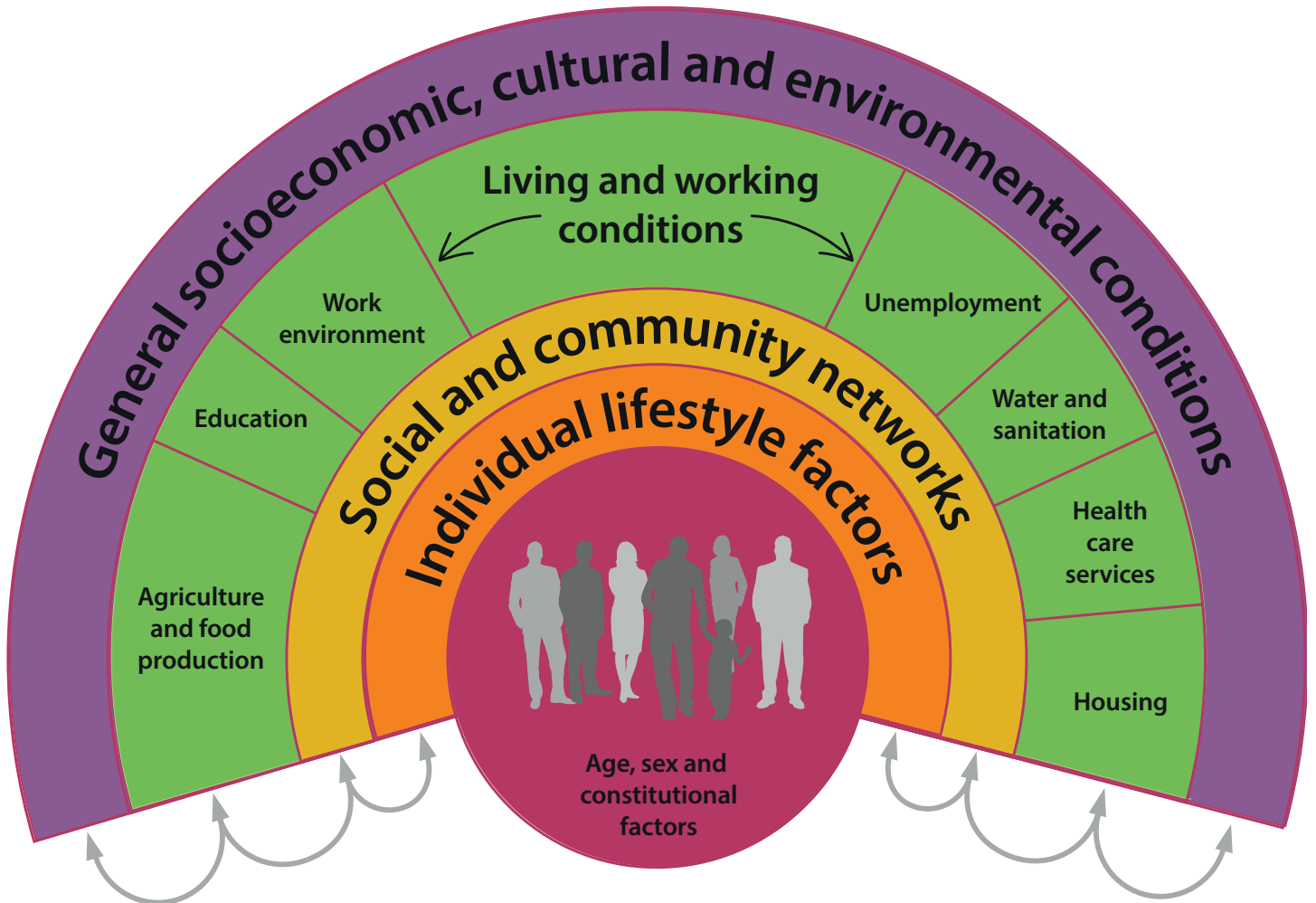
Almost 1 in 6 people of working age have a diagnosable mental health condition



Relationship between work and wellbeing

Work is a key factor that influences health and wellbeing (figure 6).¹²

Figure 6: Factors that influence health and wellbeing



Source: Dahlgren and Whitehead, 1991

The relationship between work and health is complex and varies between individuals. Overall there is clear evidence that being in work is beneficial to health and wellbeing, whilst in general being out of work is associated with poorer health outcomes.

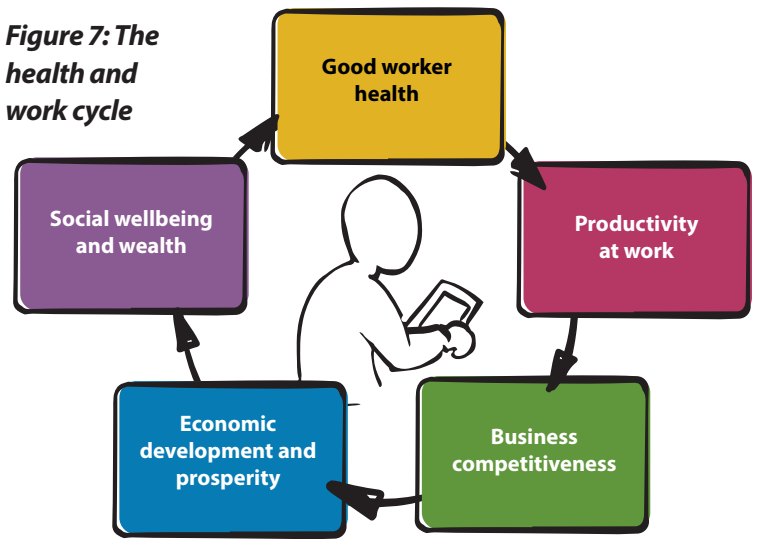
The following **chapter** will explore in more detail the relationship between health, work and wellbeing of the working age population in Warwickshire. The focus will be on those who are in paid employment as this is the majority of the working age population (3.1). The chapter will also explore the health and wellbeing of those out of work but seeking work (3.2). These have been selected to illustrate the impact of work on health and wellbeing. It is recognised there are other groups within the working age population who are not in paid employment and are not seeking work for example students, early retirees, volunteers, stay at home parents and carers. Their health and wellbeing needs would also need to be considered to improve the overall health and wellbeing of the working age population in Warwickshire.

3.1 Workplace health and wellbeing

Workplace wellbeing is a huge challenge facing employers. Creating a healthy workplace protects and improves the health and wellbeing of all employees. It also ensures that appropriate support is given to people living with disabilities and long-term health conditions, enabling everyone to thrive at work.¹³

A healthy workplace will encourage people to stay in work and where possible return to work. **There is strong evidence that a healthy workforce increases productivity and reduces costs, which is good for businesses and the economy (figure 7).**¹⁴

Figure 7: The health and work cycle



The Warwickshire Picture

Employment rates in Warwickshire (**80.2%**) are higher than the average for England (**75.6%**) and the average for the West Midlands region (**69.0%**). Of those employed, **13.7%** are self-employed. Employment rates vary across the county (table 3). The highest employment rate is in Warwick District (**85.6%**) and the lowest employment rate is in Nuneaton and Bedworth Borough (**74.0%**).³

In general, employment rates are high but there are variations between different groups. For example, there is a substantial employment rate gap between those living with or without a disability.³

Estimates for 2017 indicate that there is approximately **1 job** per person in Warwickshire although this varies by district and borough, with most jobs being in North Warwickshire Borough (**1.3** per person) and the least in Nuneaton and Bedworth Borough (**0.7**). The majority of Warwickshire's workforce is employed in the private sector (table 4).³

Table 3:

Warwickshire employment rate 2018 - aged 16-64 years (April 2018 - March 2019)

	No.	%
North Warwickshire	31,500	82.7
Nuneaton & Bedworth	57,300	74.0
Rugby	54,600	83.9
Stratford-on-Avon	52,600	75.1
Warwick	77,100	85.6
Warwickshire	273,000	80.2
England	26,264,100	75.6

Table 4:

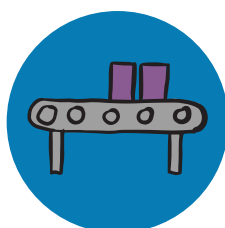
Employment sector in Warwickshire

Warwickshire Employees	Public Sector	Private Sector
Full-time	8.6%	91.4%
Part-time	18.6%	81.4%
All employees	11.8%	88.2%

The three largest employment sectors in Warwickshire:³



51,000 people (17.2%)
Wholesale and retail trade



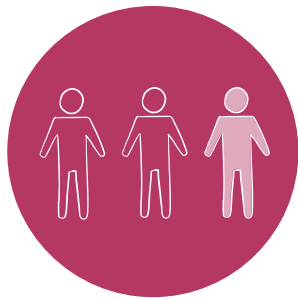
35,000 people (11.8%)
Manufacturing



31,000 (10.5%)
Health and Social Work

The health of employees in Warwickshire

In the UK^{1,13}



1 in 3
with a long-term condition have not discussed it with their employer



1 in 8
have a mental health condition



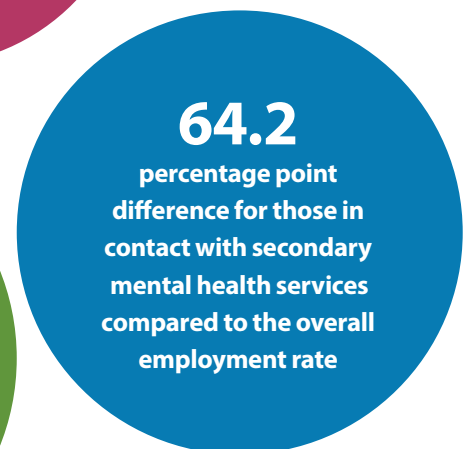
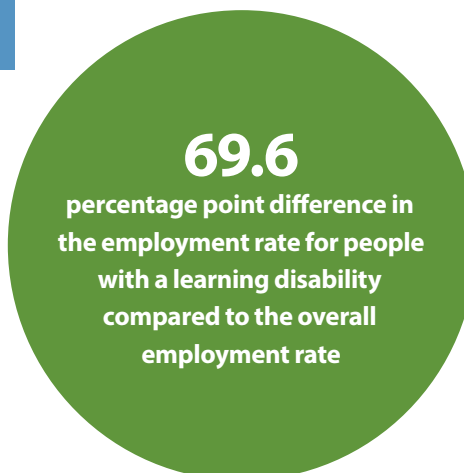
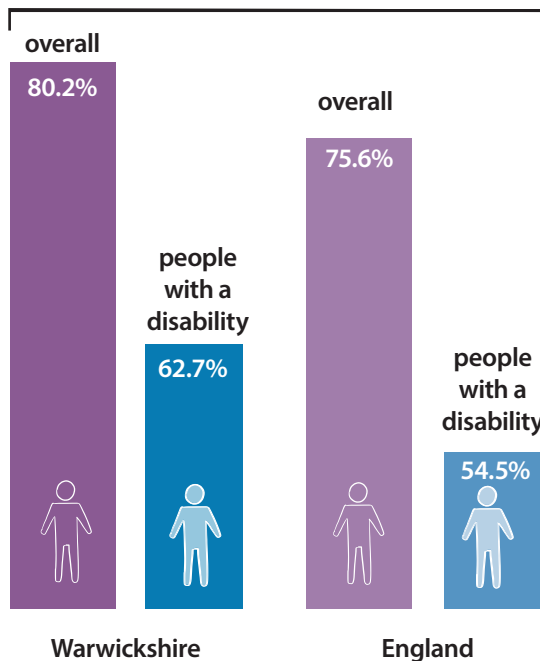
1 in 4
have a physical health condition, of whom 1 in 5 also have a mental health condition



1 in 10
have a musculoskeletal condition

The data below provides further insight into the current health and disability of the Warwickshire employees:³

Employment rate



Employment Support Allowance (ESA) claimants where musculoskeletal conditions are primary health cause identified (2018):³

Warwickshire -
12.4% (1,660)
England -
12.3% (214,620)

Sickness absence provides an indication of how well businesses are supporting staff health and wellbeing.¹⁵

Estimated annual sickness absence:



million days

lost due to sickness in the UK



million days

lost to sickness in Warwickshire

Main causes in the UK:



34 million days

minor illnesses (including coughs and colds)



30.8 million days

musculoskeletal problems (including back and joint pain)



15.8 millions days

stress, depression and anxiety



Cost of sickness absence, worklessness and health-related productivity losses:

England

over £100 billion annually



Warwickshire

over £1 billion annually



Good work is good for you and good for business

“Having a job is good for our health, but the quality of our jobs makes the difference. Ensuring people have a safe, encouraging and supportive working environment will help keep them well and in work for longer. This is something that all employers can and should take steps to achieve.”²

Duncan Selbie, Chief Executive, Public Health England

To improve the health and wellbeing of employees we need to ensure everyone has the opportunity to experience good work as evidence suggests that good work has a positive impact on employee health. There is no universal definition of good work however, the Health Foundation UK have identified four key attributes:²

‘Just about managing’ - households falling short of achieving the minimum income standard but who are not in poverty or destitute.¹⁷

For work to support a healthy life it should:



1. Pay fairly and offer lasting security:

Having a fair income and job security is important for people’s health and wellbeing as it can enable a good quality of life.²

Despite unemployment remaining at its lowest level since the mid-1970s, in-work poverty is at its highest point in 20 years.¹⁶

In 2016 the government introduced the national living wage to encourage people into work.¹⁶

It is estimated in Warwickshire that 12.6% of the population (72,000 people) are ‘just about managing’. Households that are ‘just about managing’ tend to sit just above the poverty line and, although they may be struggling financially, they are likely to fall short of meeting criteria for financial support.¹⁷

Evidence shows that job insecurity and/or a lack of job control are strongly related to long-term health conditions such as cardiovascular disease and poor mental wellbeing.¹⁸



2. Ensure good working conditions:

Good working conditions mean everyone should be safe and comfortable at work and have secure contracts.²

The working environment can be physical (e.g. office layout, temperature) and psychosocial (e.g. organisational culture, support at work) and both can impact on health and wellbeing. Working conditions are an important source of job satisfaction and impact on work motivation and relationships between employees.¹⁹

Permanent contracts positively impact on health compared to short-term contracts. Research shows that those on zero hours contracts are at a greater risk of reporting poor mental health than those in secure jobs.¹⁹

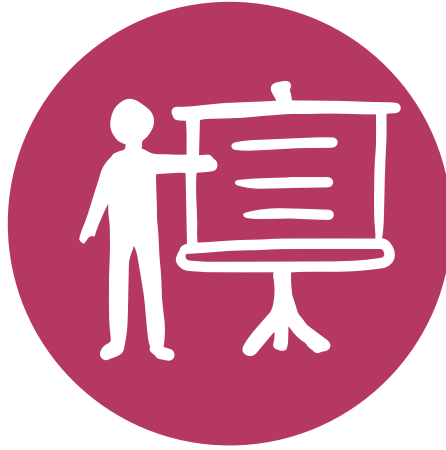


3. Enable a good work life balance:

Good work ensures employees have a balance between their work and personal lives.²

A good work-life balance may vary from person to person and can be determined by a variety of factors, such as hours spent at work. Flexible working is a way of working that suits an employee's needs, such as flexible start and finish times, or working from home.¹⁹

Research shows greater flexibility within a role can increase the sense of control that an individual feels at work, and provides opportunities to improve work-life balance and health and wellbeing. Flexible employment can reduce barriers to employment for people with caring responsibilities and/or health conditions.¹⁹



4. Provide training and opportunities to progress:

Good work allows staff to gain skills and progress. Providing training and development opportunities (e.g. apprenticeships, internships, in-work training) makes employees more likely to engage in work, develops job satisfaction and improves performance.²⁰

Research shows further training and education creates happier and more productive employees. Most employers recognise a highly skilled workforce is good for business.¹³

Local research with employers has highlighted a skills shortage in Warwickshire. The Coventry and Warwickshire Chamber of Commerce conducted a survey with local businesses and over half of respondents reported a skills shortage within their workforce.²¹

Benefits of good employment:¹³



Healthier and happier employees:

- Are more productive
- Take less time off sick
- Remain in employment
- Are less likely to retire early



Healthy working environments have higher levels of:

- Employee attraction
- Employee retention
- Employee morale
- Job satisfaction
- Productivity



A healthy workforce positively impacts on our economy and society due to:

- Increase in productivity
- Increase in income tax receipts
- Decrease in long-term sickness
- Decrease in healthcare costs

National and local strategies and policies

There are a wide range of national and local strategies, policies and initiatives which are driving improvements in workplace health for example:

National:

Improving Lives: The Future of Work, Health and Disability

paper was published by the government in 2017. The paper sets out plans to transform employment prospects for people living with disabilities and those with long-term health conditions over the next 10 years. The action plan within the paper covers three areas:

- Welfare: creating a sustainable welfare and employment support system that operates in tandem with the health system and as part of strong wider local partnerships to support people into work when they are ready;
- Health system: availability of effective occupational health and wellbeing services within but also beyond the NHS, giving access for everyone, including small businesses and the self-employed; and
- Workplace: working with employers, managers and supervisors to create healthy workplaces.²²



Industrial Strategy was published by the government in 2017.

The aim of this strategy is to improve productivity by backing businesses to create good jobs and increase the earning power of people throughout the UK with investment in skills, industries and infrastructure. The strategy sets out four 'grand challenges', one of which is meeting the needs of an ageing society, which is of great importance to the work and health agenda. A more localised West Midlands Local Industrial Strategy has also been developed to translate the national ambitions to the issues and opportunities that exist within the West Midlands region.^{23,24}



Thriving at Work: the Stevenson/Farmer review of mental health and employers 2017 makes six recommendations for employers on managing mental health at work. These include:

- having a mental health at work plan
- promote mental health to employees
- provide support for employees to talk about their mental health and signpost to support
- provide employees with control and a sense of purpose over their work
- ensure managers manage people properly
- ensure regular checks on employees mental health and wellbeing²⁵



Local:

Thrive at Work

is one of the West Midlands Combined Authority 2018/19 priorities. It is an accreditation scheme which aims to encourage and empower employers to take an active role in supporting their employees' wellbeing. There are 23 local businesses committed to the programme so far including all Warwickshire Health and Wellbeing Board member organisations.⁴



Coventry & Warwickshire Year of Wellbeing 2019

is an initiative to encourage everyone to feel good and function well. It is a unique partnership between Coventry and Warwickshire Health and Wellbeing Boards - the first of its kind in the country. One of the key objectives is to work to improve health and wellbeing at work in the voluntary, public and private sectors.²⁶



Evidence of best practice to improve workplace health and wellbeing

An effective health and wellbeing strategy should be at the heart of every organisation and include good policies to create and maintain a healthy workforce to improve the health and wellbeing of the working age population.¹³

A workplace health and wellbeing strategy should include:

- Good recruitment and workplace policies e.g. flexible working policies
- Good management training for all managers
- Good staff engagement, communication and consultation
- Access to schemes which improve skills, provides training and education e.g. apprenticeship schemes
- Training of employees to become “wellbeing champions”
- Offering wellbeing training for staff such as Making Every Contact Count (MECC), Five Ways to Wellbeing training, Mental Health First Aid training
- Encouraging healthy behaviours in the workplace e.g. regular breaks, eating well, smokefree workplaces, active travel to work - promoting the Coventry and Warwickshire ‘Choose How You Move’ campaign - warwickshire.gov.uk/activetravel
- Promoting uptake of local health and wellbeing services and initiatives for example:
 - NHS Health Checks - healthcheck.nhs.uk
 - Fitter Futures Warwickshire - weight management, physical activity and healthy lifestyle services - warwickshire.gov.uk/fitterfutures
 - Mental health and wellbeing - warwickshire.gov.uk/mentalhealth
 - Drugs and alcohol - warwickshire.gov.uk/drugsandalcohol
 - Stop smoking - warwickshire.gov.uk/quit4goodFor more services and initiatives visit - warwickshire.gov.uk/health
- Providing access to occupational health services
- Measuring and monitoring sickness absence levels and using data to develop support
- Conducting an annual workplace health needs assessment
- Committing to a workplace wellbeing accreditation scheme such as ‘Thrive at Work’ - wmca.org.uk/what-we-do

An effective workplace health and wellbeing strategy will:¹³

Create a working environment where staff feel happy, healthy, valued and motivated. This will increase morale and engagement and improve recruitment and retention of employees

Have wellbeing at the core of the organisation which will improve productivity

Promote a culture where staff take ownership for their own wellbeing, managers lead by example, are trained and proactively supporting the health and wellbeing of their staff

Recommendations for employers:

Develop or work towards a workplace wellbeing strategy, which employees can contribute to. The wellbeing strategy should include policies, from recruitment and retention of employees, through to managing the physical and mental health and wellbeing of employees.

Case studies



Workplace Health and Wellbeing Strategy - Warwickshire County Council (WCC)

Scenario

Health and wellbeing of the workforce is at the heart of WCC's core behaviours, and WCC want to continue to improve the health and wellbeing of employees.

Intervention

A Workplace Health and Wellbeing Strategy was launched in 2018 which sets out the vision and commitment for improving staff health and wellbeing. The key themes of the strategy include: staff engagement, communication and awareness, mental health and the Year of Wellbeing.

WCC initiatives:

- A new, proactive occupational health service and employee assistance programme
- A "Wellbeing Wednesday" promoting health and wellbeing campaigns, information and signposting to Workplace Wellness and the Year of Wellbeing initiatives
- Recruitment, training and promotion of WCC Health and Wellbeing Champions to support teams and staff
- WCC have signed up to the "Thrive at Work" commitment, working to attain the Bronze Level which focuses on: enablers of health, mental health, musculoskeletal health and healthy lifestyles
- Resilience and mindfulness training sessions
- Delivery of mental health awareness and wellbeing sessions for teams
- Employee carers group

Outcome

WCC staff are more engaged and aware of wellbeing information, support and initiatives. The annual staff survey found a 5% increase in response to 'employee wellbeing being promoted at work'. Sickness absence has reduced from 9.87 to 9.51 (days lost per full time equivalent employee) in 2018/2019.

'Thrive at Work' - Citizen Advice South Warwickshire (CASW)

Scenario

Citizen Advice South Warwickshire (CASW) employees provide a front line welfare role to the public. Employees engage with a large number of people with complex needs, which often puts them under significant pressure.

Intervention

The service manager signed a commitment to take part in the trial 'Thrive at Work' programme. CASW feel the programme will provide them with tools and resources to significantly enhance their approach to workplace wellbeing.

Outcome

CASW are working towards achieving an accreditation award for Workplace Wellbeing. They are currently focusing on mental health, musculoskeletal health, lifestyles, social value and improving policies and management practices to better support colleagues with their health and wellbeing. Activities are planned for the year to help them on their journey to a healthier, happier workplace.

Find out more about 'Thrive at Work' programme at www.wmca.org.uk/what-we-do/thrive/thrive-at-work/



Chapter 3

3.2 Out of work but seeking work

Key terms:

Unemployed – is generally defined as someone of working age not working, but looking for work.

Worklessness – the state of being without paid work.

Background

The overall employment rate in England is at a near historic high of 75.6%, however for certain groups it can be much lower. For example, only around half of people living with disabilities in the UK are in work, and 600 people give up work every day due to caring responsibility.^{3,27}

Employment should be open to all who want to and have the capacity to work. Many people who are out of work want to work, and could do so with the right support. It is therefore important that everyone is supported to gain employment and maintain economic independence for themselves and their families, especially as they age. Enabling people to obtain or retain work, and be productive within the workplace, is a crucial part of economic success and key to improving health and wellbeing.²²

The Warwickshire picture

Overall, Warwickshire's unemployment rates are low (2.4%) when compared with the national (4.1%) and regional (4.7%) averages. Unemployment rates vary across the county (table 5). The lowest unemployment rate is in Warwick District (2.7%) and the highest unemployment rate is in Nuneaton and Bedworth Borough (4.2%). Overall, in Warwickshire, unemployment rates have been steadily declining since 2016.³

Public Health England's return on investment tool identifies nationally:¹³

Every person moving from worklessness to employment would save...

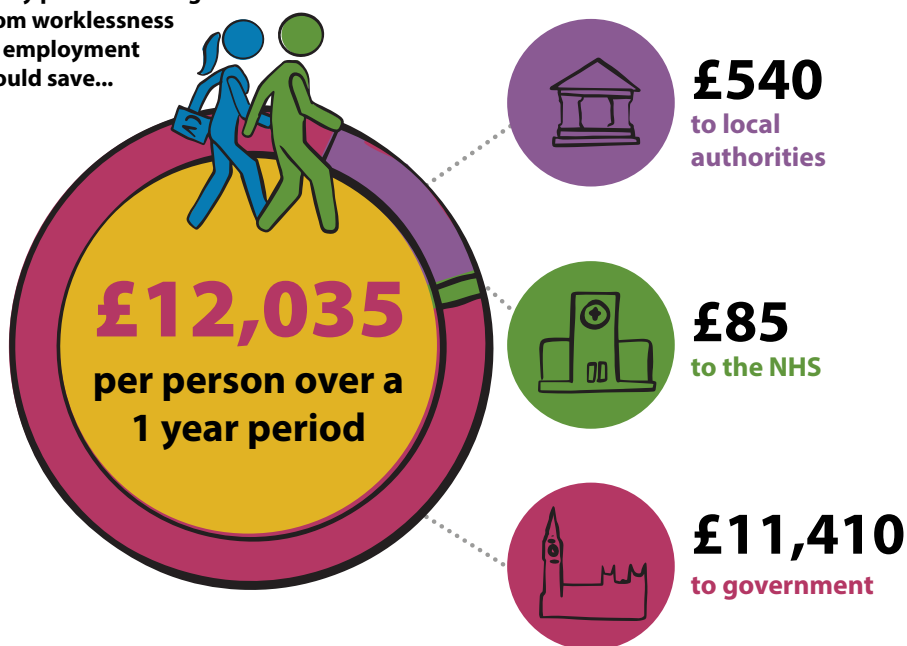


Table 5:

Warwickshire unemployment rate 2018 (16+ years)

	Number	%
North Warwickshire	1,000	2.9
Nuneaton & Bedworth	2,600	4.1
Rugby	2,000	3.4
Stratford-on-Avon	1,700	2.8
Warwick	2,200	2.7

Groups at higher risk of being out of work

Research shows that certain groups are at higher risk of being out of work, for example:

Young people (16-24 years old)⁷

Black, Asian and Minority Ethnic (BAME) groups²⁸

Lower socioeconomic groups¹⁹

People living with physical and learning disabilities²²

People with long term conditions²²

Those in contact with secondary mental health services²⁹

Those with caring responsibilities²⁷

Impact on health and wellbeing

There is clear evidence that unemployment is detrimental to health and wellbeing and that the longer the period of unemployment, the greater the impact on health.¹³



Physical

Increased risk of:

- long-term illness
- cardiovascular disease
- making unhealthy lifestyle choices e.g. smoking, drug and alcohol misuse



Mental

Increased risk of:

- depression
- anxiety
- low self esteem



Social

Increased risk of:

- social isolation
- loss of networks
- relationship breakdowns

National and local strategies and policies

There are a wide range of national and local strategies, policies and initiatives to support those out of work to get into work for example:

National:

Equality Act 2010 states that employers must make reasonable adjustments to ensure that people living with disabilities can do their jobs as well as someone without a disability. A reasonable adjustment could be changing the physical layout of the work environment.³⁰

The government's Improving Lives: The Future of Work, Health and Disability paper 2017 sets out actions to implement across three settings; employment system, workplace and health services. Key actions relating to those out of work, seeking work are around:

- A welfare system which offers people living with a disability and those with long-term health conditions personalised and tailored support adapted to their needs, and which links them to healthcare and other services for support.
- Continuing to build the capability of Jobcentre Plus work coaches to deliver tailored support, and continue to build positive relationships with customers.
- Ensuring individuals can access personalised and tailored employment support.
- Continuously improving the assessment process so that people experience a streamlined assessment and are able to easily access the employment support they need – paving the way for future reform and improvement of the system.
- Empowering those furthest away from the labour market (Employment and Support Allowance (ESA) Support Group and its equivalent in Universal Credit (UC)) who wish to seek employment or develop their skills to do so.²²



Local:

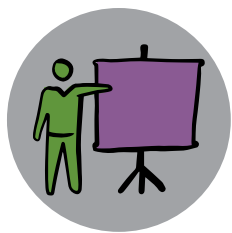
Warwickshire County Council Careers Strategy (2019/20 - 2024/25) includes assisting those who may be looking for work or training. The strategy has five key priorities.³¹

- Raising awareness of the range of career and employment opportunities locally, inspiring residents of all ages to develop their education and skills as far as possible.
- Building the capacity of education providers to deliver effective and sustainable careers support and advice.
- Providing targeted support and help to the most vulnerable learners.
- Improving alignment of demand and supply of skills, now and in the future.
- Encouraging and enabling businesses to recruit from a richer and wider talent pool.



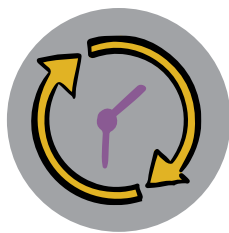
Evidence of best practice to prevent unemployment and supporting those out of work who are seeking work

Below are examples of the factors that need to be considered to prevent people being unemployed and support those out of work, who are seeking work.



Education and training

Early intervention for those at higher risk of becoming 'not in education, employment or training' (NEET) to prevent unemployment among young people. For example, extend career guidance in schools to include earlier promotion of apprenticeships, as well as pathways into them. This must also apply to services supporting young people who are not in formal education or training. Education and training opportunities need to then be accessible to support people to find and remain in meaningful employment. For example, internships for people with special educational needs and disabilities (SEND).³²



Flexible working

Research suggests flexible working opportunities will better support the needs of carers, people living with disabilities and long-term health conditions. For example, flexible working locations.²²



Assistive technologies

New advances in technology offer more opportunities than ever before to improve outcomes for people living with disabilities and long-term health conditions. Assistive technology can be highly specialised and designed to overcome a specific impairment or difficulty, such as embossing machines that can produce hard copies of information in braille. More common assistive technologies can also be used, such as a smartphone voiceover which reads out text on a screen for those who are visually impaired.³³



Individual Placement and Support Programmes

An individual placement and support (IPS) scheme is recognised as the most effective way to support people with mental health problems to gain and keep paid employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer.³⁴



Workplace

Employers need to be supported to create healthy workplaces to enable people to enter and remain in employment. This includes having effective workplace health and wellbeing strategies and policies in place to provide employment opportunities for all. For example, work experience for young people at higher risk of NEET, in-work skills development and training, and apprenticeships for all ages.²²

Recommendations:

Private, public, voluntary and community sector and partners should work together to ensure support programmes are in place to prevent unemployment and support those back into work if they choose to do so.

Case studies

Breakthrough Programme

Scenario

The client was unable to work due to anxiety and depression and living on benefits had resulted in debts.

Intervention

A referral to the Breakthrough Programme meant the client was supported to reclaim benefits, apply to a trust fund and arrangements were made with creditors. Budgeting advice was also given and a sustainable payment plan for debts and priority payments made. The client was also supported to complete employment application forms.

Outcome

As the support continued and debts were dealt with, the client's mood and confidence improved resulting in securing employment locally. The client felt they could not have done this without support from the Breakthrough Programme.

Note: The Breakthrough Programme is jointly funded by the European Social Fund and the National Lottery

Community Fund. The programme led by Bedworth Rugby and Nuneaton Citizens Advice

(BRANCAB) working in partnership with the other Citizens Advice Services in Coventry and Warwickshire and Groundworks West Midlands.



Warwickshire Employment Rights Service

Scenario

Warwickshire Employment Rights Service (WERS) assisted a client who experienced problems at work. The client had been on sick leave for approximately six months, due to suffering from anxiety and depression.

Impact on health and wellbeing

During this period there had been very little contact from the client's employer which was making the client feel even more anxious about the situation, especially as the client had received a 'fit note' from their GP stating that they could return to work with amended duties.

Intervention

The client attended an appointment with WERS, who made contact with the client's employer to assist with a phased return to work and to act as a mediator. WERS were able to suggest some reasonable adjustments to the client's position to enable them to return to work. This included the use of various tools which enabled the client to notify their line manager if they needed a few minutes away from their desk as they were becoming stressed.

Outcome

After a 12 week period the client returned to work full time and the reasonable adjustments had been put in place. WERS supported the client and employer during the phased return to work. The client and employer can receive further support from WERS in the future if required.



“Making Space” - Warwickshire Mental Health Service User Co-production Service



Scenario

The client's mental illness led to them leaving their job. Prior to working the client had been to university and straight into employment. The client was aware there was something not quite right with their health over a number of years, but continued to carry on as normal.

Impact on health and wellbeing

A long period of unemployment led to the client's mental health declining and they were sectioned under the Mental Health Act.

Intervention

The client wanted to return to work but struggled to find employment. The client then heard about Making Space and began working as a volunteer and is now employed part-time.

Outcome

The client's confidence and wellbeing have improved and they have a renewed sense of purpose and structure in their life. The client describes work as an important part of their life.

Below are some examples of national and local services available to support local residents

Workplace health and wellbeing

Citizens Advice - provides general information and impartial advice to residents on a variety of topics including money, work, health, benefits, housing - [citizensadvice.org.uk](https://www.citizensadvice.org.uk)

The Centre for Research in Social Policy - has produced a Minimum Income Standard Calculator to help people understand if they are earning enough for a decent standard of living i.e. they are able to buy the goods that they need to - [minimumincome.org.uk](https://www.minimumincome.org.uk)

Thrive at work - this WMCA initiative aims to encourage and empower employers to take an active role in supporting their employee's wellbeing. It's free to sign up to and places of work can achieve a bronze, silver or gold standard - [wmca.org.uk/what-we-do/thrive/thrive-at-work](https://www.wmca.org.uk/what-we-do/thrive/thrive-at-work)

Warwickshire credit unions - available across Warwickshire, credit unions are non-profit making money cooperatives. Members can borrow money from pooled deposits at low interest rates - [creditunions.co.uk/warwickshire](https://www.creditunions.co.uk/warwickshire)

Warwickshire Employment Rights Service (WERS) - provides residents with confidential specialist employment law advice - [warksemprights.wixsite.com/home](https://www.warksemprights.wixsite.com/home)

Public Health England's workplace health needs assessment - this document gives employers of all types and sizes a tool for carrying out workplace health needs assessments, and provides practical workplace health advice - [gov.uk/government/publications/workplace-health-needs-assessment](https://www.gov.uk/government/publications/workplace-health-needs-assessment)

Public Health England and Business in the Community employer toolkits - a range of free evidence-based toolkits for employers, all co-produced with business leaders and topic expert charities. Examples of toolkits include: musculoskeletal health, physical activity, healthy eating and healthier weight and suicide prevention - [wellbeing.bitc.org.uk/tools-impact-stories/toolkits](https://www.wellbeing.bitc.org.uk/tools-impact-stories/toolkits)

Warwickshires mental health and wellbeing services - free services to support Warwickshire residents - [warwickshire.gov.uk/mental-health](https://www.warwickshire.gov.uk/mental-health)

Warwickshire County Council five point plan - provides support to businesses to tackle the skills shortage in Warwickshire - [i.warwickshire.gov.uk/tackling-skills-shortages-2018-campaign](https://www.i.warwickshire.gov.uk/tackling-skills-shortages-2018-campaign)

Out of work but seeking work

ReThink - delivers an Individual Placement Support (IPS) scheme for people with mental health conditions across Warwickshire - [rethink.org/help-in-your-area/groups-in-your-area](https://www.rethink.org/help-in-your-area/groups-in-your-area)

WISE Ability - supports those who are disadvantaged or have a disability to find and keep employment. - [wiseability.co.uk](https://www.wiseability.co.uk)

Jobcentre Plus - is part of the Department of Work and Pensions which delivers working-age support and a skills gap service. There are 6 job centres within the county. Their offer includes training, careers advice, access to mental health support, citizen's advice and other local partnerships via a job coach. The centres implement the national "Access to work" programme which helps those with a disability start or stay in work, and the work and health programme which supports those out of work to find and keep a job - [gov.uk/contact-jobcentre-plus](https://www.gov.uk/contact-jobcentre-plus)

Building Better Opportunities programmes The National Lottery Community Fund and the European Social Fund (ESF) have invested in local projects tackling the root causes of poverty, promoting social inclusion and driving local jobs and growth. Three local programmes in Warwickshire:

- Accelerate [accelerate.org.uk](https://www.accelerate.org.uk)
- Progress [groundwork.org.uk/Pages/Category/building-better-opportunities-progress](https://www.groundwork.org.uk/Pages/Category/building-better-opportunities-progress)
- Breakthrough - [bbobreakthrough.org.uk](https://www.bbobreakthrough.org.uk)

For more information on health and wellbeing services and initiatives in Warwickshire including:

- mental health and wellbeing
- weight management, physical activity, healthy eating
- active travel
- drugs and alcohol
- smoking

[warwickshire.gov.uk/health](https://www.warwickshire.gov.uk/health).

Guide for employers visit: [warwickshire.gov.uk/publichealthannualreport](https://www.warwickshire.gov.uk/publichealthannualreport)

Progress on 2018 recommendations

This chapter outlines progress with the recommendations made in last year's annual report, which were endorsed by the Warwickshire Health and Wellbeing Board in September 2018. The report entitled, '**Eat, Sleep, Selfie, Repeat**' focused on the impact of social media on young people's health and wellbeing. Great progress has been made in a relatively short period of time. It is expected that further progress will be made throughout 2019/20 as partners continue to work together. If your organisation would like to share further progress on these recommendations please contact - dphadmin@warwickshire.gov.uk.³⁵



Recommendation

1. Social media can improve access to physical and emotional health and wellbeing information. Warwickshire County Council (WCC) and local NHS partners need to recognise that social media is potentially the best method to engage, inform and signpost young people to information, support and services.

Progress

WCC invited young people to participate in the procurement of the Warwickshire School Health and Wellbeing Service. Young people led a session and challenged the potential providers on the use of social media. The contract has been awarded to Compass.

WCC are working towards developing a social media account to engage with young people. Promoting services such as the School Health and Wellbeing Service (warwickshire.gov.uk/schoolhealthandwellbeing) and Respect Yourself website (respectyourself.info).

WCC have been invited to speak at the Public Health England Annual Conference 2019 to share the findings of social media research with partners.

2. Tackling the resilience of young people in a social media world is urgent. All partners need to demonstrate that we adequately resource and work in partnership to protect our young people from harm through social media.

WCC Cybercrime Advisors deliver sessions which include protecting young people from harm through social media:

- 'Preventing online grooming' sessions for parents, carers and teachers. Includes: risks of social media and how to keep young people safe e.g. parental controls of social media platforms.
- Online safety sessions for young people includes: how to keep personal information safe, how to avoid the risks of location sharing services, cyber bullying and cyber stalking, sexting and image based sexual abuse (delivered to the appropriate age group), general cyber safety tips (passwords, email etc.) and also where to report a cyber crime and seek psychological and emotional support – cybersafewarwickshire.com

Recommendation

3. We need to take account of the influence that social media can have on promoting healthy lifestyle choices (including getting enough sleep, being physically active and having a balanced diet). Resources aimed at promoting healthy lifestyles and support for young people should be adapted to reflect this.

Progress

In 2019/20 Warwickshire School Health and Wellbeing Service will employ a dedicated communications lead who will work with the Warwickshire Youth Parliament to develop a plan to communicate with young people using social media.

WCC actively promote the PHE Rise Above campaign (campaignresources.phe.gov.uk/schools/topics/rise-above/overview) which includes how schools can effectively educate students on a range of subjects, including:

- Bullying and cyberbullying
- Online stress and fear of missing out (FOMO)
- Body image in a digital world
- Forming positive relationships

4. Social media can influence relationships in both a positive and negative way. We should ensure that Relationship and Sex Education, as part of the broader Personal Social and Health Education (PSHE) curriculum, includes information on how social media can impact on relationships and how to prevent inappropriate relationships and contact with others online.

Social media and the impact of this, both negative and positive, is embedded within all WCC Relationship and Sex Education (RSE) training for professionals:

- Avoiding the OOPS
- Its only Banter
- Breaking the Taboo
- RSE Foundation

and school programmes for young people:

- All About Me (primary schools)
- Doing It (secondary schools)

WCC Cybercrime team cover the impact on relationships within the online training for young people (see recommendation 2).

5. Social media dependency may be detrimental to health and wellbeing. We should raise awareness to help young people, parents and carers recognise the signs and symptoms of this and provide information on where to seek support.

WCC Cybercrime team raise awareness of the impact of social media dependency within the online session for parents, teachers and carers.

Glossary

Apprenticeship - a way to gain the skills, knowledge and experience you need to get into many careers. They combine work, training, and study, letting you 'earn while you learn'.

Breastfeeding initiation - the mother is defined as having initiated breastfeeding if, within the first 48 hours of birth, either she puts the baby to the breast or the baby is given any of the mother's breast milk.

Cancer screening - can detect cancers at an early stage and in some cases, even prevent cancers from developing in the first place. Screening is not the same as the tests a person may have when doctors are diagnosing or treating cancer.

Carer - anyone that has an unpaid caring role for another person, such as a family member or friend, above what would be normally expected.

CCG - clinical commissioning groups were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

Commissioning (Public Health) - planning, setting up and contracting of a service.

Deprivation - covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The English Indices of Deprivation 2015 use 38 separate indicators, organised across seven distinct domains of deprivation which can be combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2015 (IMD 2015). This is an overall measure of multiple deprivation experienced by people living in an area.

Directly Standardised Rate (DSR) - the rate of events that would occur in a standard population if that population were to experience the age specific rates of the subject population.

Economically inactive - people not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks.

Economy - the activities of a region, measuring the use of products, goods, services and resources available and what people spend.

Employment Support Allowance (ESA) - offers financial support to those who are unable to work, and personalised help so that you can work if you're able to. A person can apply for ESA if they are employed, self-employed or unemployed.

Fit note - a record given by a doctor, of someone's ability to work. This may include suggestions for adaptations to their normal work, to enable them to return to work earlier than would otherwise be achievable.

Five Ways to Wellbeing - evidence suggests there are 5 actions to improve personal wellbeing: connect, be active, take notice, keep learning, give.

Health and wellbeing champion - role of a health and wellbeing champion is to support the overall health and wellbeing programme of an organisation by encouraging colleagues to think about and act on improving their health and wellbeing, both mentally and physically.

Health outcome - a change in the health status of an individual, group or population.

Healthy life expectancy at birth - 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.

IAPT - Improving Access to Psychological Therapy services are for people with mild, moderate and moderate to severe symptoms of anxiety or depression.

Incidence - the number of new events e.g. new cases of disease in a defined population within a specified time period.

Intervention - the action or process of intervening, which could relate to commissioning a service for disadvantaged populations, in an attempt to address a particular issue.

Job density - this figure is calculated to show how many jobs in an area per person living in that area, eg a job density of 1 means that there is 1 job for every working age person living in that area.

Joint strategic needs assessment (JSNA) - looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.

Just about managing (JAM) - households that are 'just about managing' tend to sit just above the poverty line and, although they may be struggling financially, they are likely to fall short of meeting criteria for financial support.

Life expectancy at birth - the average number of years a person would expect to live based on contemporary mortality rates.

Local Authority - an organisation that is responsible for public services and facilities in a particular area.

Low birth weight - recorded birth weight under 2500g.

Making Every Contact Count (MECC) - is an approach to behaviour change that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health.

Mortality - the number of deaths in a given area or period, or from a particular cause.

Musculoskeletal condition - any injury, disease or problem with muscles, bones or joints.

National living wage - is higher than the National Minimum Wage - workers get it if they're over 25.

Not in Education Employment Training (NEET) - people not in employment, education or training (age 16-24).

Obese - adults are defined as obese if their body mass index (BMI) is greater than or equal to 30kg/m². In children, obesity is defined as BMI greater than or equal to the 95th centile for population monitoring, 98th centile for clinical assessment (UK90 BMI reference).

Overweight - adults are defined as overweight if their body mass index (BMI) is 25-29.9kg/m².

Place Forum - comprises the two health and wellbeing boards for Coventry and Warwickshire plus the Sustainability and Transformation Partnership (STP). Forum sets the vision and principles for how the health, care and wellbeing system will work together.

Poverty - those whose lack of resources forces them to live below a publicly agreed minimum standard.

Prevalence - measures existing cases of disease and is expressed as a proportion e.g. 1% of the population or as a rate per 1,000 or per 100,000.

The Quality and Outcomes Framework (QOF) - is a voluntary reward and incentive programme. It rewards GP practices in England for the quality of care they provide to their patients and helps standardise improvements in the delivery of primary care.

Severe Mental Illness (SMI) - people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI.

Socioeconomic - relating to or concerned with the interaction of social and economic factors.

Unemployment Rate - the proportion of people unemployed as a percentage of the economically active population.

Unemployed - is generally defined as someone of working age not working, but looking for work.

Universal Credit - is a social security payment that is intended to simplify working age benefits and to incentivise paid work, it replaces six previous means tested benefits.

Warwickshire Health and Wellbeing Board (HWBB) - the board is a statutory committee of the county council with members from the county council (Social Care and Public Health), clinical commissioning groups, district & borough councils, the Police & Crime Commissioner, NHS Provider Trusts, Healthwatch Warwickshire and NHS England. Its primary purpose is to provide strategic direction and develop shared outcomes for improving health and wellbeing in Warwickshire.

Wellbeing - is about feeling good and doing (or functioning) well.

Worklessness - the state of being without paid work.

Year of Wellbeing 2019 - a joint initiative of the Coventry and Warwickshire Health and Wellbeing Boards, which aims to inspire everyone to recognise, celebrate, and improve wellbeing. The Year of Wellbeing places a strong emphasis on the importance of workforce wellbeing, and has a focus on initiatives to reduce sedentary behaviours and promote mental wellbeing.

bettercarecovwarks.org.uk/year-of-wellbeing-2019

Zero-hour contract - also known as casual contracts. Zero-hours contracts are usually for 'piece work' or 'on call' work, for example for interpreters. A type of contract between an employer and a worker, where the employer is not obliged to provide any minimum working hours, while the worker is not obliged to accept any work offered.

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