

Employment and Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.



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World Health Organisation

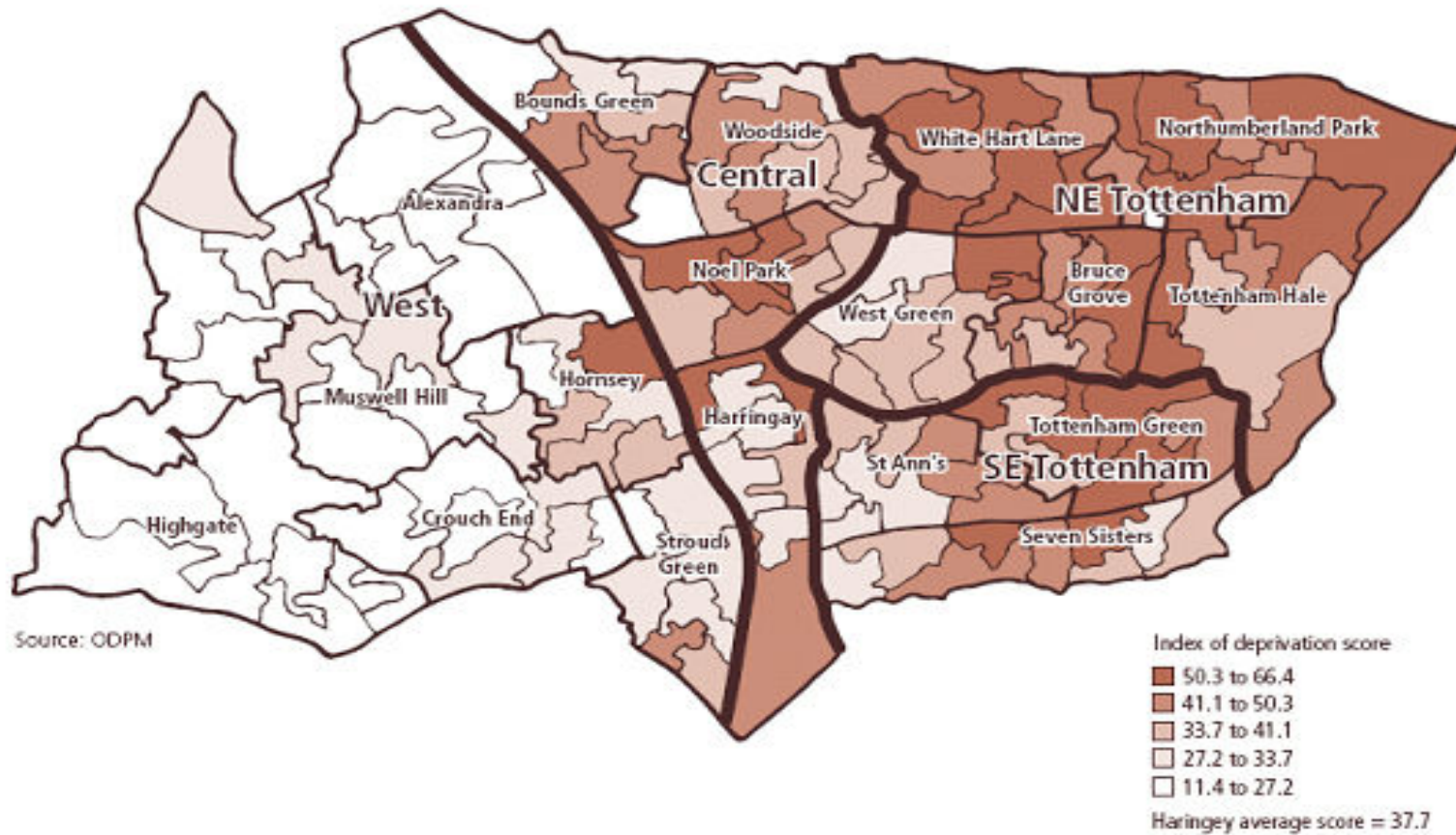
“Employment and working conditions have powerful effects on health equity. When these are good, they can provide financial security, social status, personal development, social relations and self-esteem, and protection from physical and psychosocial illness.”



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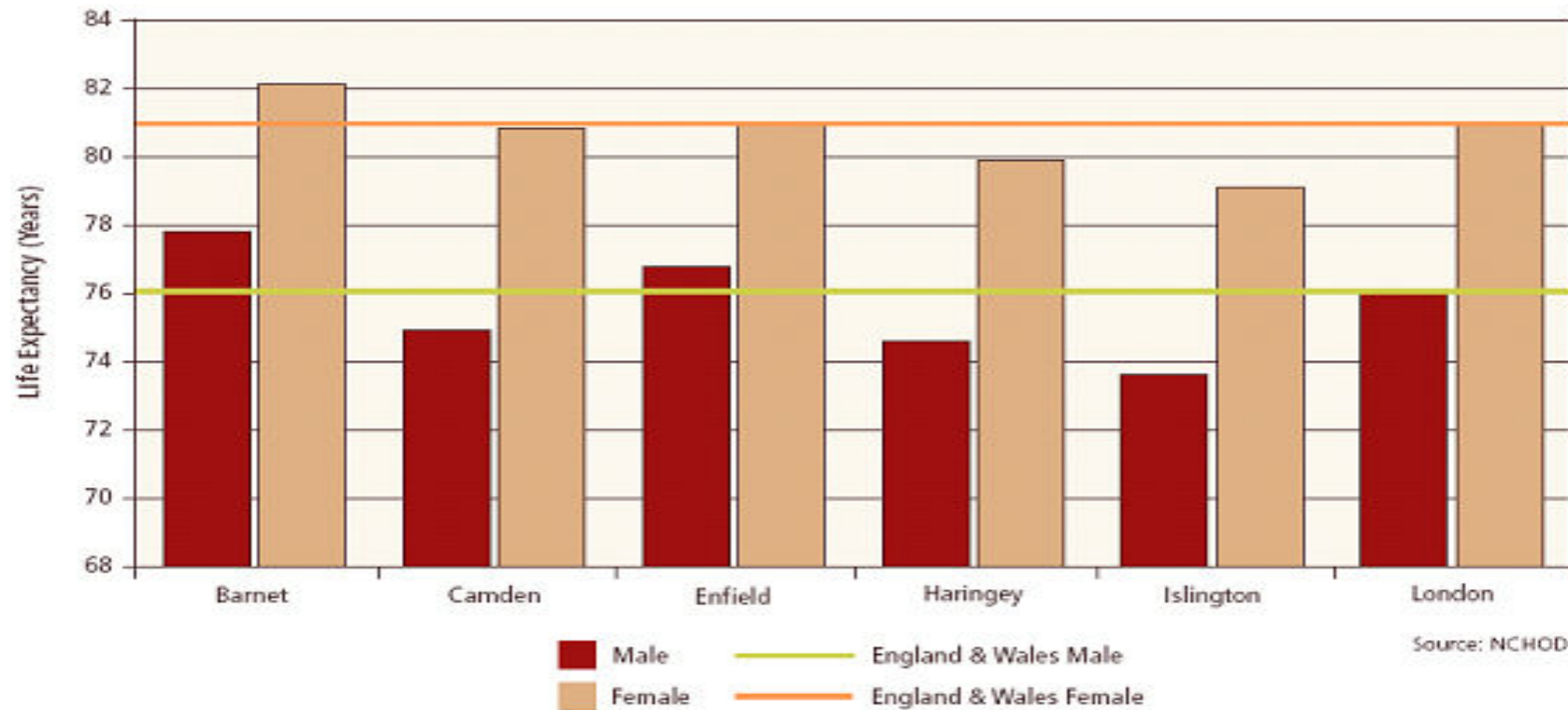
Scale of deprivation

Figure 11 Index of deprivation scores by ward



Life Expectancy

Figure 14 Life expectancy in males and females in Haringey compared to London, England and neighbouring boroughs (2002-2004)



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Local Context

- 12,000 IB/ESA claimants in the borough of which for approximately 45%, a mental health condition is the main reason for their claim.
- Haringey Welfare to Work for Disabled People Strategy 2005 - 2015



National Policy Context

- Government are increasingly saying:
‘Unemployment is bad for your health, working is good for your health’
- Increased policy weight on links between a healthy workforce and a healthy national economy
- The new Public Health White Paper draws heavily on the Marmot Review



The Marmot Review of Health Inequalities

- In February 2010 Professor Sir Michael Marmot published his Strategic Review of Health Inequalities in England post 2010, Fair Society, Healthy Lives
- This followed his work chairing the World Health Organisation's Commission on the Social Determinants of Health.



The Marmot Review of Health Inequalities

“It is harder for many people to accept that serious health inequalities exist here in England. We have a highly valued NHS and the overall health of the population in this country has improved greatly over the past 50 years. Yet in the wealthiest part of London, one ward in Kensington and Chelsea, a man can expect to live to 88 years, while a few kilometres away in Tottenham Green, one of the capital’s poorer wards, male life expectancy is 71.”



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The Marmot Review of Health Inequalities

- The prevalence of unemployment is unequally distributed across society, leaving those in lower socioeconomic positions at higher risk of ill health. There are substantial income inequalities in England leading to material deprivation amongst the worst off.



The Marmot Review of Health Inequalities

- Adverse effects on health are most visible among those who experience long-term unemployment
- In addition to material deprivation, many psychosocial stressors contribute to poor health not only among the unemployed themselves, but also among their partners and children



The Marmot Review of Health Inequalities

- Participation in the labour market offers a range of life chances and opportunities through regular wages and salaries.
- Exclusion means loss of a core role in social life that is crucial for one's sense of identity.



The Marmot Review of Health Inequalities

- There is a greater health risk in jobs with multiple stresses, physically demanding or dangerous work strenuous tasks with low control, low wages and high job instability.
- Technological progress, economic growth globalised markets with a high risk of volatility and financial crises have resulted in new types of tasks.



The Marmot Review of Health Inequalities Recommendations

- Create fair employment and good work for all: improve access to and availability of 'good quality jobs' and promote greater security and flexibility in work
- Strengthen the role and impact of ill health prevention: four per cent of the NHS budget is currently spent on prevention activities



Employment and Health

The Research



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EXISTING RESEARCH EVIDENCE

- The weight of evidence suggests unemployment is bad for your health but impacts vary by length of unemployment and characteristics such as age
- There is less evidence on the impact of return to work on health although about half of studies suggest a positive impact



University of Glasgow Study

(Training and Employment Research Unit)

Focussed on individuals moving from health related unemployment and benefits into work

Research tasks

- In-depth interviews with 80 individuals
- Focus groups with frontline employment support staff



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Objectives

- To focus on individuals moving from health related benefits to employment
- To assess impact of work on health, health behaviours and demands on health services
- To evaluate the role of key services in supporting job entry and job sustainability



BARRIERS TO WORK

- Loss of confidence, partly related to health condition, partly length of time out of work
- Takes people a long time to convince themselves they can work again
- Real and perceived discrimination
- Concerns about the impact of work on health condition
- Benefit trap



IMPACTS OF RETURN TO WORK

- Impacts on health when working compared to unemployed
- Changes in behaviours likely to impact on health
- Changes in demand on health services



Health Changes in Employment

	No Change	Improvement	Deterioration
General Health	7%	90 %	3 %
Emotional Health	13 %	81 %	6 %
Mental Health	12 %	79 %	9 %
Physical Health	15 %	77 %	8 %
Social Functioning	17 %	75 %	8 %
Vitality	22 %	66 %	12 %
Physical Functioning	28 %	63 %	9 %
Bodily Pain	32 %	52 %	17 %



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IMPACTS ON HEALTH

- Significant improvement in relation to each of 8 aspects of health
- Percent claiming improvement dominant group, with deterioration for small minority
- Differences statistically significant in all cases



Changes in Health Behaviours After Getting a Job

	Made changes since began working	Thinking of making change in next 6 months
Increased physical activity	60%	23%
Eating healthier	60%	12%
Controlling weight	41%	17%
Cutting down smoking	33%	12%
Cutting down alcohol	29%	1%



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GP Use After Moving Into Work

More often	5%	
Less often	61%	
About the same	33%	



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CHANGES IN BEHAVIOUR AND DEMAND ON HEALTH SERVICES

- Evidence shows less use of GP and other health services after moving into work
- Significant percentages reporting positive change or planned change in health behaviour
- Even if there is no immediate improvement in health, positive behaviour change can impact positively on future health



Services Used to Gain Employment

- Nearly 60% used 3 or more different services leading up to re-employment
- Health services are an important part of the service package, working alongside employment support services



Range of Health Services Used

Services used	
Psychological or psychiatric services	19%
General Practitioner	18%
Addiction services	15%
Occupational therapists or physiotherapists	8%



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OVERVIEW OF SERVICE ISSUES

- The research revealed considerable variability in service access and quality for clients with health issues
- Service variability needs to be reduced by identifying good practice localities and bringing up standards



RECOMMENDATIONS

- Employment support staff need to have skills to recognise health issues, not put pressure on clients with health issues
- Health professionals need to see potential value of work for their patients
- Matching clients with employers who will support individuals with continuing health problems to perform effectively and on going support post job-entry is key



NHS RESPONSE

“The NHS should deal with the full parameters of a patient's recovery; including helping them return to work and get their life back after illness. “

Care Services Minister Paul Burstow on the link between poor mental health and deprivation, September 2010



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The Haringey Guarantee

- In 2006 the Haringey Strategic Partnership identified worklessness as a key priority for the borough. NHS Haringey developed a strong alliance with the Employment and Skills team at Haringey Council to address these inequalities with a long-term approach, to establish employment pathways within the NHS, and to support individuals facing barriers to work related to illness or disability.



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NHS Haringey Community Health Services

The Healthy Communities Programme



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Working for Health

The “Working for Health” project provides employment support in GP practices and healthcare settings. Employment advisers provide one-to-one support to patients to help them improve their skills, access training and work experience and to gain employment. The project aims to reduce the number of people who are claiming benefits as a result of poor health.



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Condition Management Programme

The Programme addresses the needs of individuals claiming Incapacity Benefit who require support to return to work. Patients suffering with mild to moderate mental health problems, back or neck pain and cardio-respiratory conditions have all benefited from this service which links to other NHS services and includes pain control and life style change advice.



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Employment Support Service for IAPT

Employment Advisers from the Working for Health team are attached to each of the IAPT (Improving Access to Psychological Therapies) teams in Haringey to support the IAPT service in achieving its benefit reduction targets which is regarded as a measure of recovery.



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Additional Support

- The Expert Patients Programme is a self-management course for people with long-term conditions.
- NHS Community Health Trainers support people on a one to one basis to make lifestyle changes, increase physical activity, stop smoking and improve diet.



Funding



Haringey Employment and Health Network

Aims of the Network

- To provide opportunities to share good practice in reducing health inequalities through employment and workplace health promotion..
- To support innovation through shared learning around key themes linked to Government policy objectives in employment, health, reduction of health inequalities and social inclusion.



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