



Department  
of Health &  
Social Care

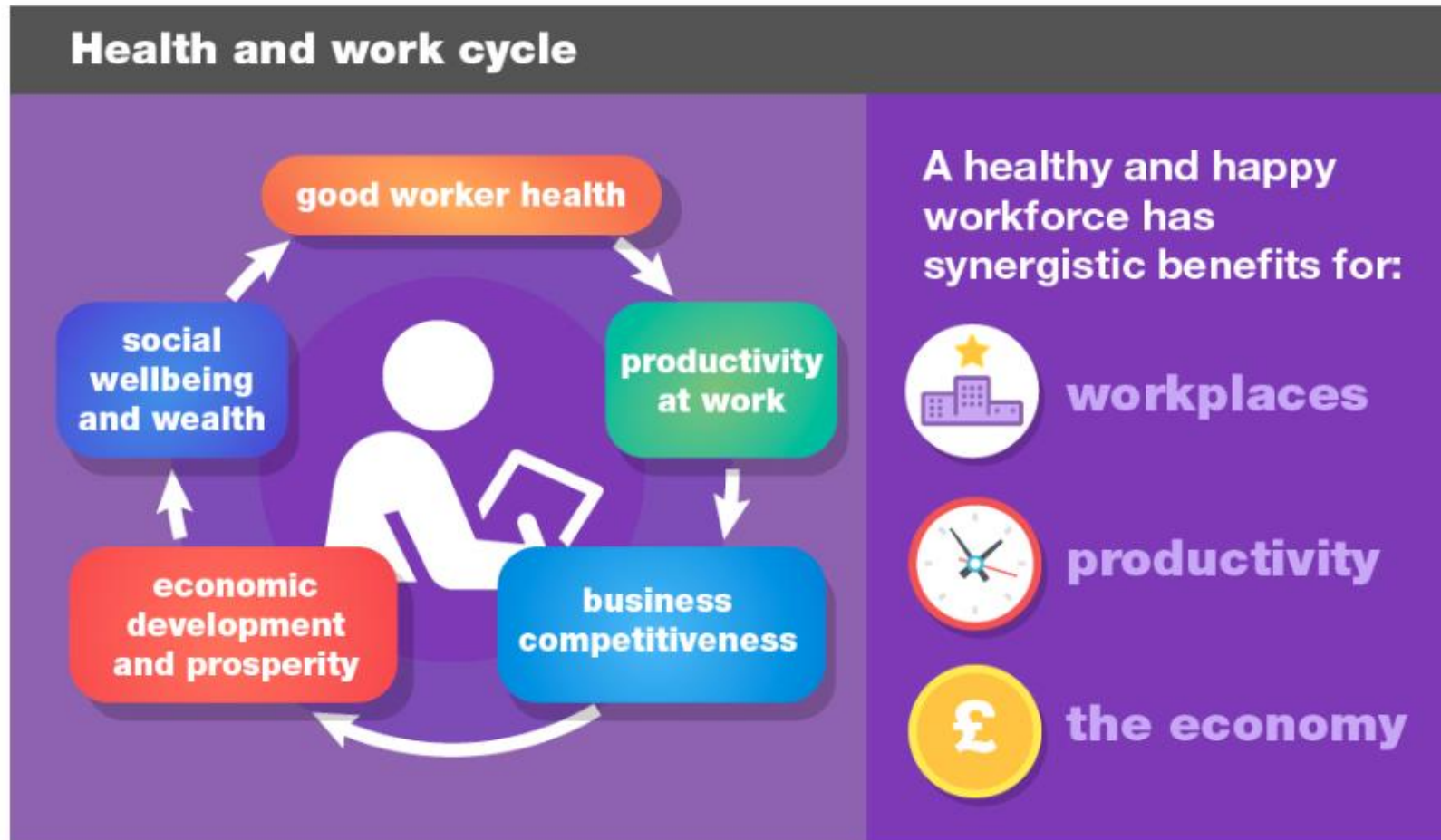
# **The Role of Prevention and Understanding the Work and Health Needs of a Local Area**

Work and Health Services Webinar No 3: Service Essentials

13/05/24

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# Why employment matters to health



## Evidence and resources

[Health matters: health and work - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Health and work: infographics - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

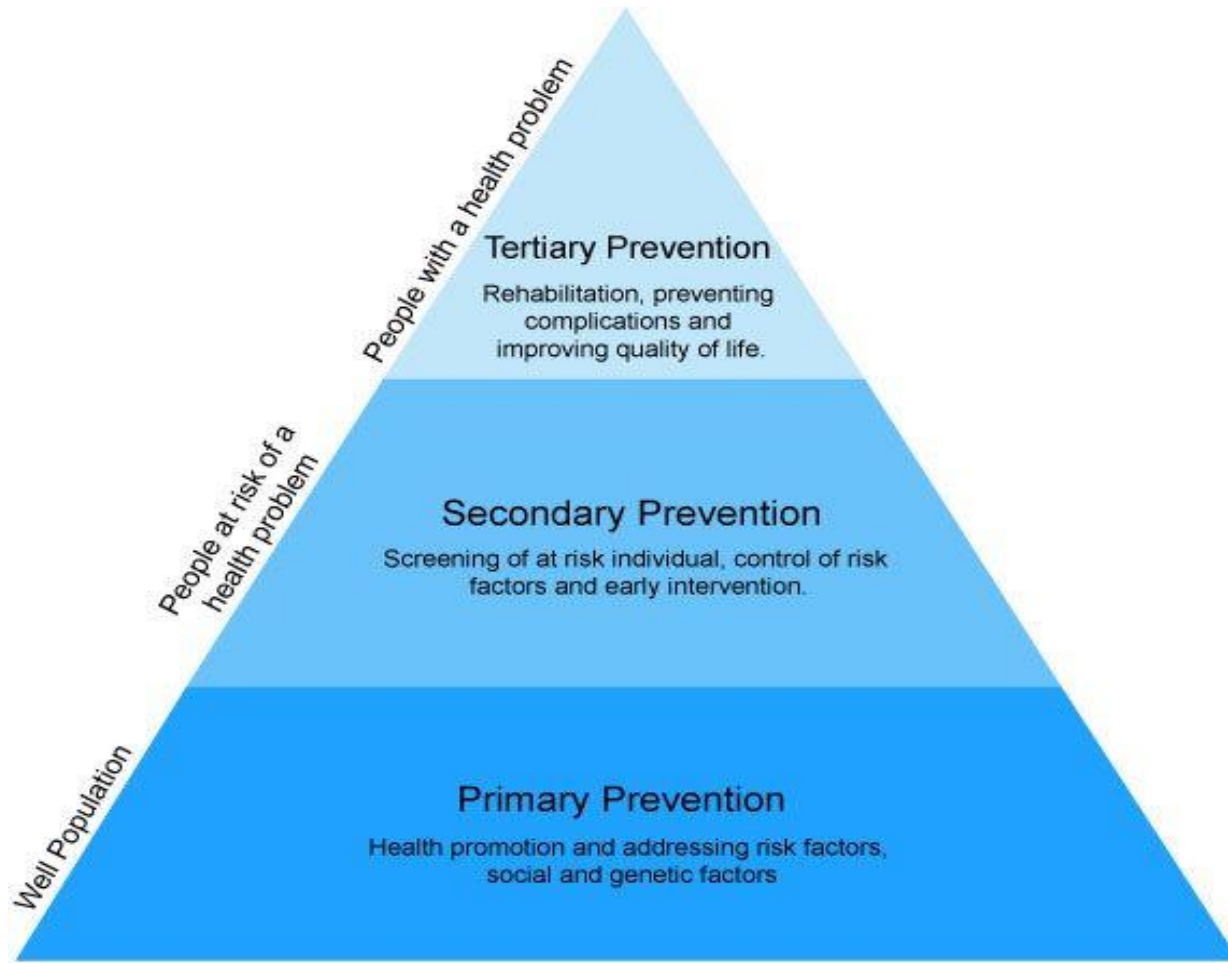
[Work, worklessness and health: local infographic tool - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[What-Good-Health-at-Work-Looks-Like-1.pdf \(adph.org.uk\)](http://adph.org.uk)

Source: [WHO Health Workplace Framework and Model](#)



# The Role of Prevention



Prevention is about helping people stay healthy, happy and independent for as long as possible.

Primary prevention means stopping problems from arising in the first place; focusing on keeping people healthy, not just treating them when they become ill.

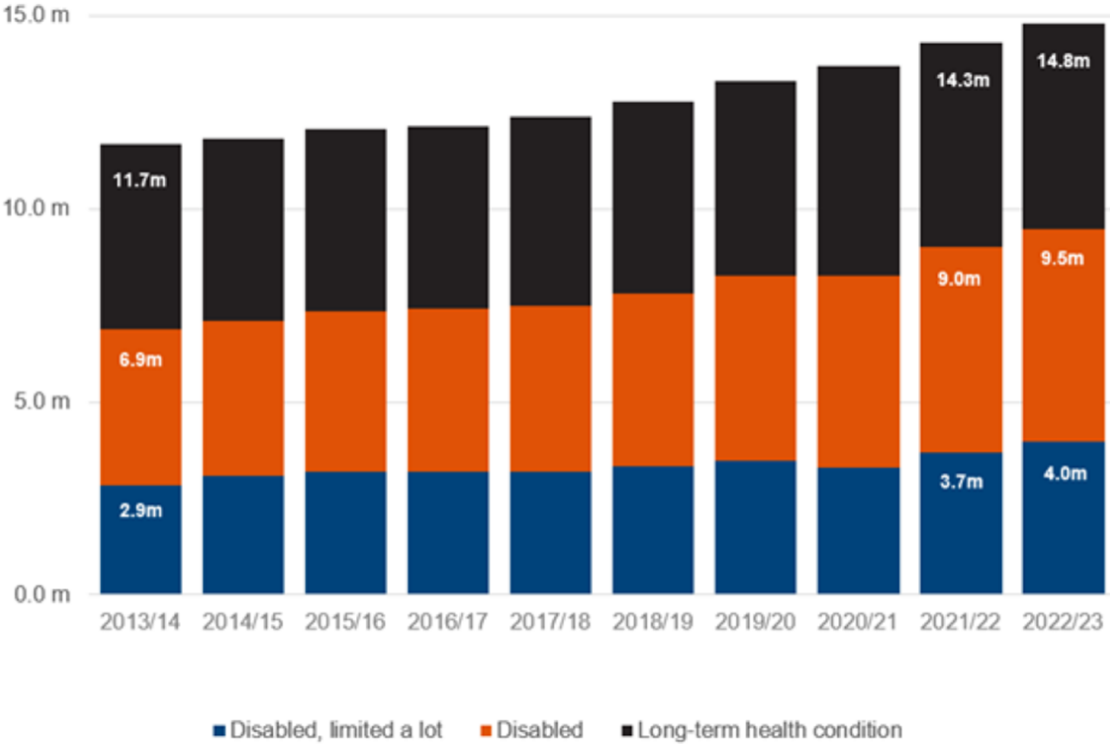
And if they do become ill, it means supporting them to manage their health earlier and more effectively.

This means giving people the knowledge, skills and confidence to take full control of their lives and their health and social care, making healthy choices as easy as possible.



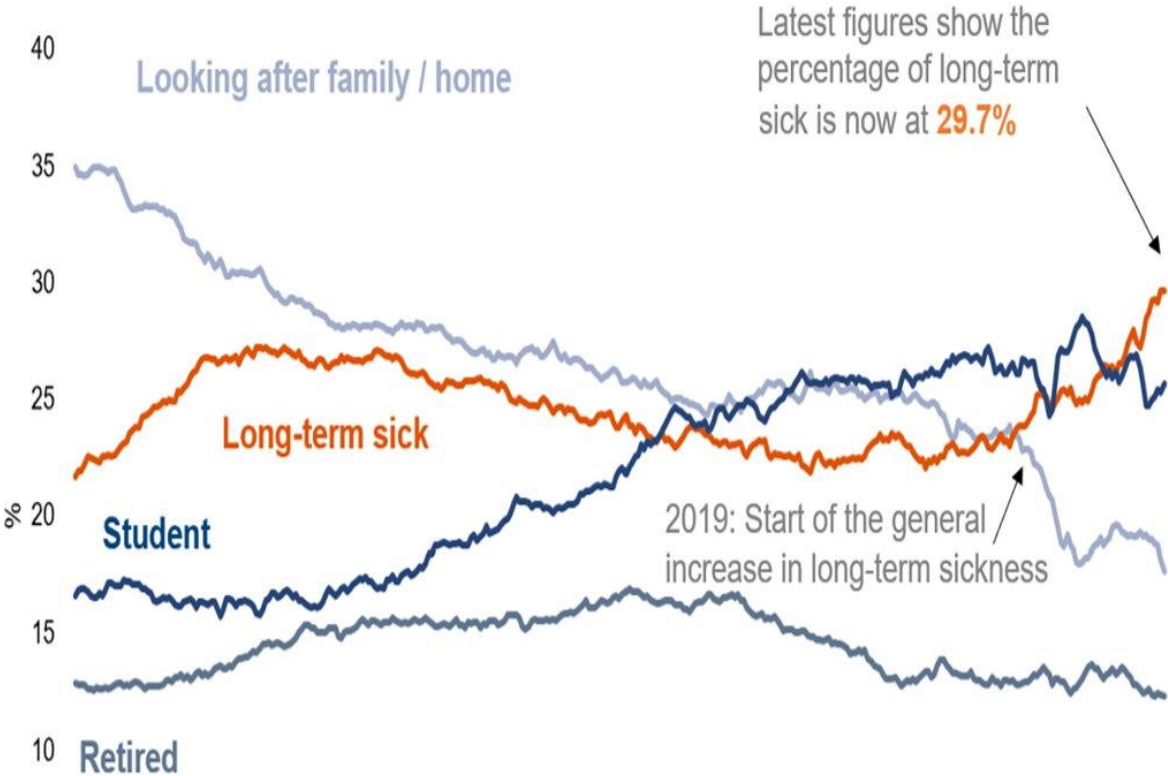
# The Need for Work and Health Interventions

**Long-term health conditions and disability are common among people of working age, often acting as a barrier to employment.**



The number of people reporting a long-term health condition increased by 3.1m (26.8%) between 2013/14 and 2022/23.

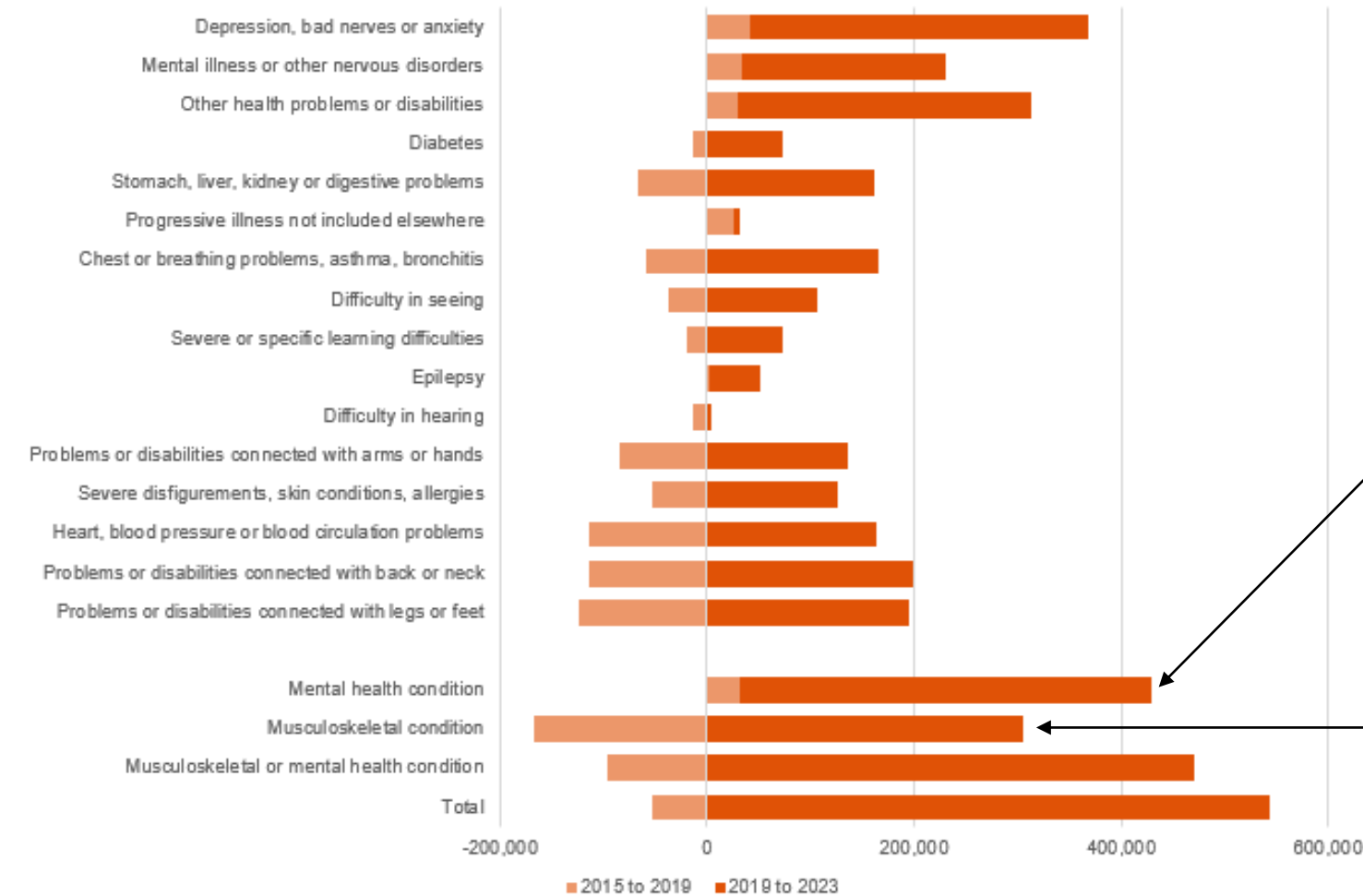
Long-term sickness is the most common reason (for the working-age population as a whole) for being economically inactive.



This has increased by 5.8 percentage points (or **556,000**) over the latest four years to **2.6 million**.

# Most of the recent increase in economic inactivity due to long-term sickness is being driven by people with a mental health condition

Change in the number of people who are economically inactive due to long-term sickness by main or secondary health condition, people aged 16 to 64, UK, (April to June) 2015 to 2019 and 2019 to 2023



The number of people who are economically inactive due to long-term sickness increased by 540,000\* (27%) between April to June 2019 and the same quarter in 2023 - between 2015 and 2019 the number had fallen by 50,000.

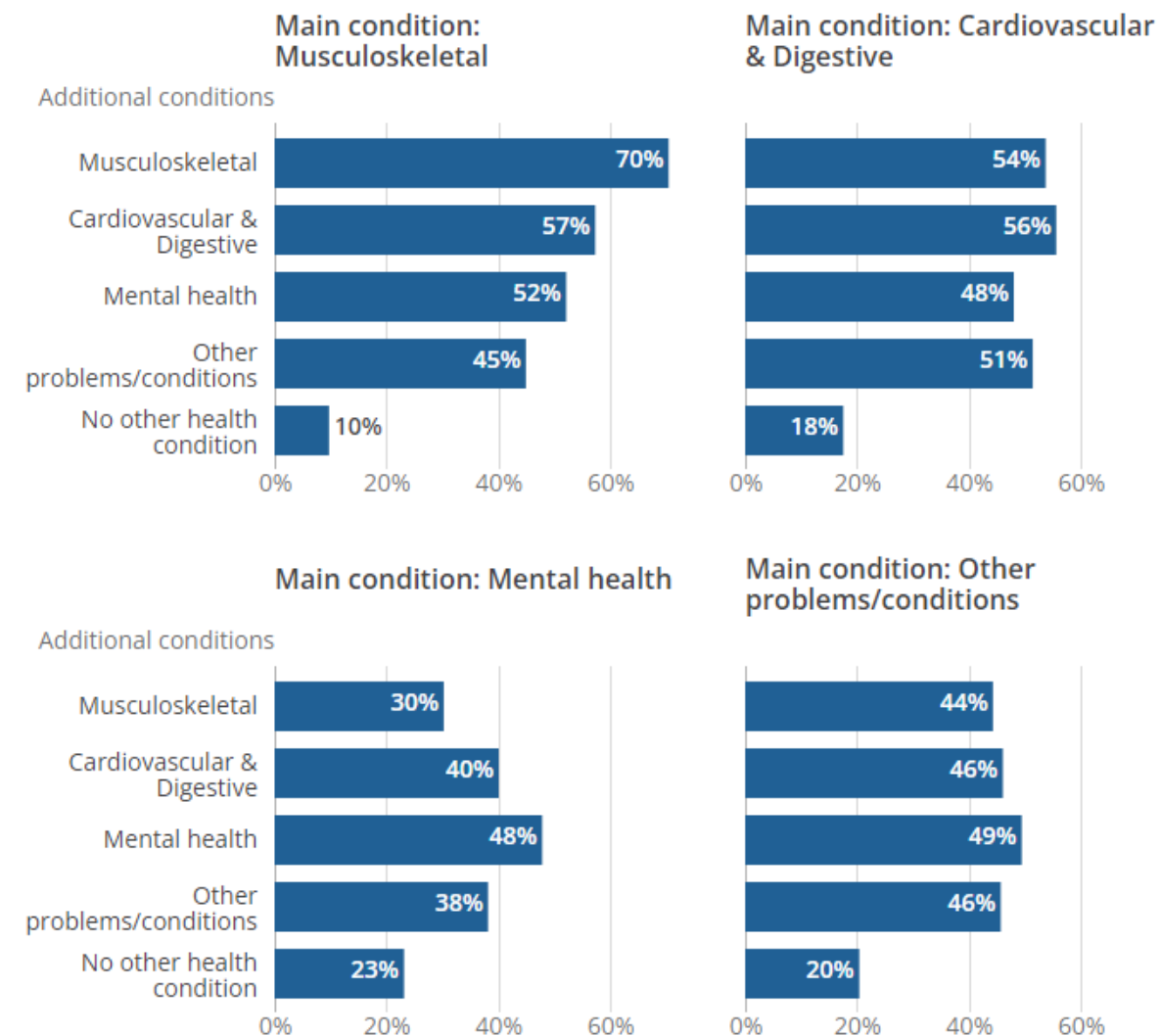
The largest absolute increase between 2019 and 2023 was for people with a mental health (main or secondary condition) which has risen by 400,000 (34%). This was one of the few conditions that had been increasing before 2019, albeit at a much slower rate.

The number of people with a musculoskeletal condition also increased (by 310,000 or 28%) between 2019 and 2023. This after falling by 170,000 (13%) between 2015 and 2019.

\* Figure not seasonally adjusted to allow for more detailed breakdowns therefore may differ from that given elsewhere.

# Over 70% of the long-term sick whose main health condition was MSK reported having more than one MSK condition

Combinations of health conditions for people aged 16 to 64 years and economically inactive, where the main reason was long-term sickness, UK, January to March 2023



In January to March 2023, over 70% of those inactive who gave the main reason as long-term sickness and had a main health condition that was musculoskeletal (MSK) in nature, reported that they had more than one musculoskeletal condition. The largest combination that illustrates this is those who reported their main health condition as problems with back or neck, of whom 166,000 (58% of those with back or neck main health conditions) also reported issues with their legs or feet.

The largest combination of health conditions was those whose main health condition was "other" and also reported having depression, bad nerves or anxiety. This represented 193,000 people who were inactive and gave the main reason as long-term sickness. Depression, bad nerves or anxiety was also highly prevalent for adults who gave their main health conditions as mental illness (56%, 179,000 people) and chest or breathing problem (57%, 80,000 people).

# Health and Work Needs Assessment

Systematic method of identifying the unmet health and work needs of a population and making changes to meet those unmet needs. Allows for appropriate targeting of resources, and involves working in partnership with other agencies, communities and service users

## Step 1: Getting started

- Identifying the population of interest
- Identifying the key stakeholders
- Identifying what resources are available

## Step 2: Identify health and work priorities

- Gathering data describing the population of interest. This may involve collection of both quantitative and qualitative data, which are then analysed to give a detailed picture of health and work needs. This stage may involve collecting data on similar localities to allow comparisons of need. Useful to include geographical footprint, evidence of need, working age population, levels of inactivity, measures of deprivation, local health life expectancy and employment rates
- This stage should also incorporate a review of current levels of service provision, which may include information on infrastructure and workforce/skills
- Assess evidence of effectiveness



# Health and Work Needs Assessment (cont...)

## Step 3: Identify priorities for change.

This stage should identify which of the issues identified are most important, leading to priorities for action. Priorities may be decided on the basis of:

- Size and severity impact
- Availability of effective and acceptable interventions and actions
- Local commissioning priorities and partnership arrangements

## Steps 4 and 5:

These steps involve implementing the changes, developing a monitoring and evaluation strategy, and measuring the impact of the changes in services.





# Resources

## Data compendium

It includes links to a range of data sources which can help you evidence the level of need in your local area, as well as some of the academic research that underpins the evidence base for interventions



Microsoft Word  
Document

## SOM 'Understanding recent trends in ill health-driven fallout from the UK job market'

[https://www.som.org.uk/sites/som.org.uk/files/SOM\\_Deep\\_Dive\\_Research-compressed.pdf](https://www.som.org.uk/sites/som.org.uk/files/SOM_Deep_Dive_Research-compressed.pdf)

## Joint Strategic needs assessments (JSNAs)

JSNAs are assessments of the current and future health and social care needs of the local community, produced by health and wellbeing boards and are unique to each local area

**Health Equity Assessment Tool (HEAT)** <https://www.gov.uk/government/publications/health-equity-assessment-tool-heat>

**Health and Wellbeing at Work Summary Toolkit** [Health and Wellbeing at Work Summary Toolkit - Business in the Community \(bitc.org.uk\)](https://www.bitc.org.uk/Health-and-Wellbeing-at-Work-Summary-Toolkit-Business-in-the-Community)



# Resources (cont...)

**NICE guideline [NG13] - Workplace health: management practices**

<https://www.nice.org.uk/guidance/ng13>

**NICE guideline [NG146] - Workplace health: long-term sickness absence and capability to work**

<https://www.nice.org.uk/guidance/NG146>

**NICE guideline [NG212] - Mental wellbeing at work**

<https://www.nice.org.uk/guidance/ng212>



# Examples

The following include good examples health and work needs assessments, embedded in Health and Work Strategies (examples used at previous national webinars):

## Cornwall and Isles of Scilly Health and Work Strategy



Microsoft Edge  
PDF Document

## Cambridgeshire and Peterborough Work, Health, and Wellbeing Strategy 2023-2030



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Document



# Questions?

