

Director of Public Health Annual Report 2016



Good work - good for you, good for business:

The health and wellbeing of the working age population



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Introduction – Health, Work and Wellbeing

Why are we writing about this topic?

Work is one of the key things that defines us as individuals and dictates our place in society. On meeting someone for the first time, we want to know their occupation. Although a person's occupation tells us less about them than it used to, it still conveys useful information about their education and socioeconomic status. Individual profiles and stereotypes are constructed from the answer to the question, "What do you do?" It is impossible to answer that question without the potential for it to elicit some judgment about identity and purpose in society.

We hold very definite views about work that often frame the way we think about life; childhood is supposed to prepare us for productive work in adulthood and old age is marked by retirement from work. Adults of working age should be in gainful employment unless exempted by sickness, disability, education and training, or the care of others. Adults who are unemployed and are deemed not to have a legitimate reason for being out of work are viewed with suspicion.

What is happening at the moment?

The health outcomes of working age adults who are unemployed are generally poorer when compared to those in paid employment. The situation for adult students and homemakers is different and may be related to roles that are accommodated by society in general. However, there may be tensions as these social roles are considered of lower prestige than those of people in paid occupations.

Social structures seem to favour those who are employed. As a result the public health concerns of this group are seldom considered although they represent the single largest segment of the population. Work and related activities such as commuting occupy the greatest proportion of waking hours in the day. While the risks associated with the workplace have reduced through the introduction of measures like Health and Safety legislation, there are still challenges to be overcome. 'Stress' and 'musculoskeletal conditions' are the commonest causes of sickness in the workplace today.

Employers are rightly concerned about promoting the health of their employees because a healthy workforce is a productive workforce. However, work patterns are changing and there is a marked shift from full time employment to part-time working with a rise in the numbers who are self-employed.

Seasonal work patterns, second jobs and zero-hour contracts also mean that significant segments of the workforce have an experience of work that is less conducive to health promotion than previously. As a marker of this trend the average work hours for self-employed people is **two hours** more per week than employees.

Major changes in the nature of work can offer new opportunities for family life and a more favourable work-life balance. Some parents choose to work part-time so they can share household responsibilities more equally. Parents and grandparents increasingly share paid employment and "home-making" responsibilities. Advances in technology mean the workplace can be anywhere and home-working is on the increase.

In North Yorkshire, the levels of unemployment and worklessness are low compared to our neighbours. However, this hides some major challenges. The young working age population has reduced and continues to shrink. At the same time we struggle to recruit workers to fill jobs in vital sectors. This is a particular problem for the health and social care system that must address the growing needs of an ageing population.



What can we do about it?

A healthy collaboration - It's good for Business and it's good for you.

In this report we aim to engage with employers, health and social care professionals, and individuals as potential employees so that we can 'work well' together and raise the awareness of the health benefits of good work. The recommendations and focus for action are either workplace or workforce issues and are highlighted throughout the report.

For the first time, we have presented this year's report in a calendar format with actions each month for you as an individual or an employer. We hope you find this a useful change to maintain the focus throughout the year.

So whether you employ five people or 5,000 people, or whether you are employed, self-employed, unemployed or in unpaid employment, there are things we can all do to improve our future in North Yorkshire so that it's somewhere people want to live and work in 2050.



Dr Lincoln Sargeant
Director of Public Health
July 2016

Foreword

Working with business to improve the health of our communities

This year's Director of Public Health Annual Report asks us to engage with the local health and wellbeing agenda in our workplaces. Businesses have a great influence over the lives of their staff and customers. I'm convinced we can work together to promote healthier choices and help our employees and customers to live healthier lives. If we value health and wellbeing it's good for our business as well as our staff!

Local enterprise partnerships bring local businesses and local authorities together to lead economic growth and job creation. A healthy economy that creates good jobs is one of the most important determinants of health in a population. A healthy workforce in turn is vital to a healthy economy. North Yorkshire County Council is demonstrating commitment in leading through partnerships with businesses, public, private and third sector organisations to promote economic prosperity and improve the health and wellbeing of the people in North Yorkshire.

In working together to ensure that the benefits of work are available to all our residents we know the challenges that some face in entering the workforce or in maintaining employment because of ill health or disability. We recognise the potential for our workplaces to deliver tangible improvement in health and wellbeing for employees. However, many people work part-time or are self-employed and small business do not have the resources on their own to offer their employees all the benefits of a health promoting workplace. This report helps us to grapple with these issues that are important for businesses and public health alike.

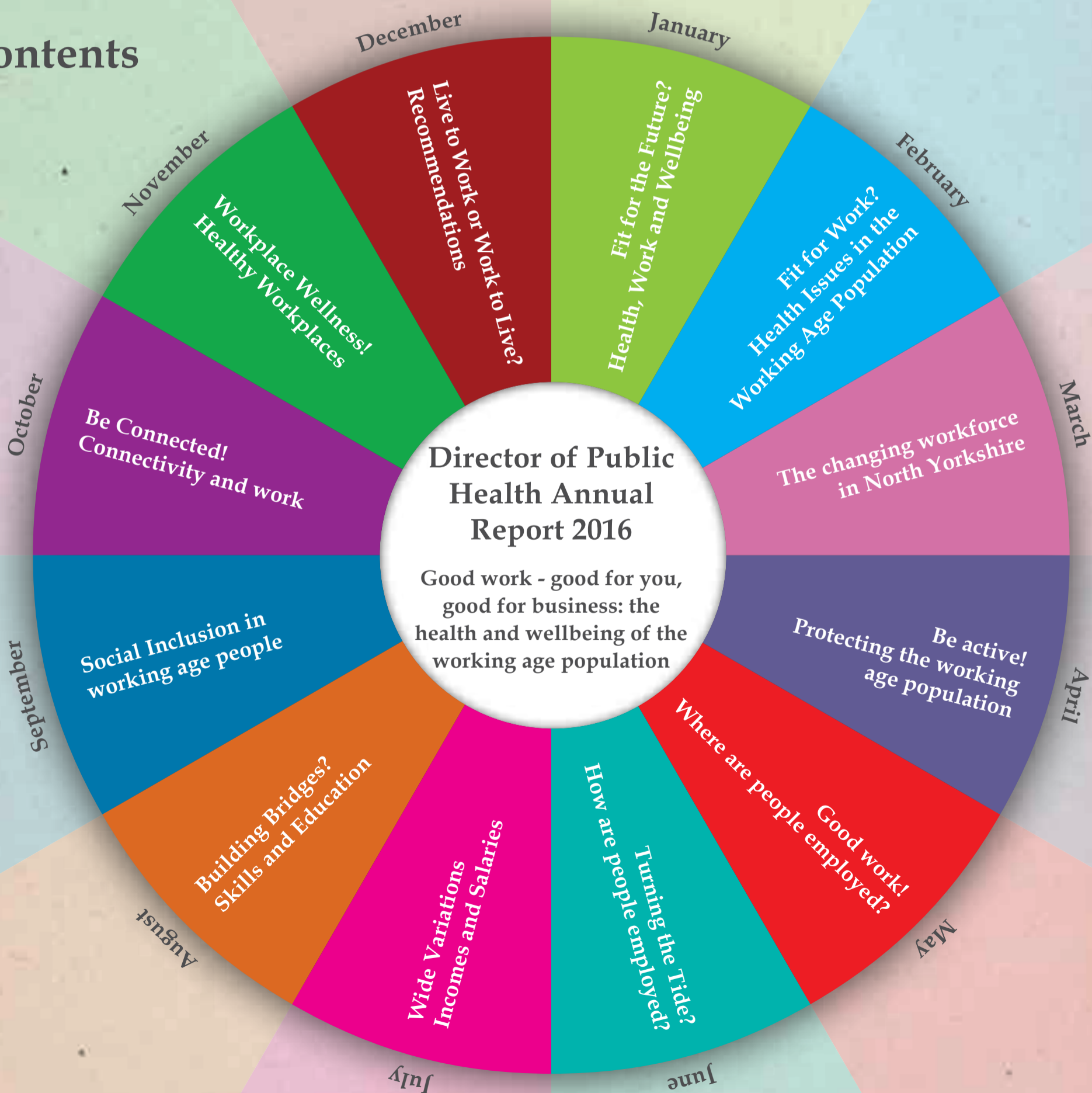
We have a valuable source of advice and support in the work already led by the Local Enterprise Partnerships to develop 'health, work and wellbeing' in our workplaces. There are also useful case studies in this report that show a range of ways in which we can innovate to achieve the goal of a healthier and productive workforce.

The challenge for us all is to engage and recognise the importance of taking action - for our health and the health of our businesses. Small changes now are the investment we make to guarantee a bright future for business growth in North Yorkshire.



Dr Ruth Smith
Chair of LEP skills board

Contents



Fit for the Future? Health, Work and Wellbeing

"Choose a job you love, and you will never have to work a day in your life." Confucius

January 2017

Why is health, work and wellbeing important?

Our experience of work and the satisfaction that we derive from it, has an important impact on our emotional, physical and mental health and wellbeing. There is increasing scientific **evidence** that good work is good for you!

The concept of good work is important here, with three essential elements contributing the most. The degree to which people find their work has significance and purpose, the contribution work makes to finding broader meaning in life, and the desire and means for one's work to make a positive contribution to the greater good. Good work helps us to develop our sense of identity, purpose and belonging in society. It can also help us to learn new skills; engage with others; become more active; take

notice of things around us and enable us to contribute to life. In this context it is often easier to derive meaning from skilled work than from unskilled work. Ultimately good work affects the productivity and profitability of businesses and it can be life enhancing for us, our families and our communities.

There is no generally accepted definition of good work but the **UCL Institute of Health Equity** identifies a range of features commonly associated with good jobs. These are adequate pay; protection from physical hazards; job security and skills training with potential for progression; a good work-life balance and the ability for workers to participate in organisational decision-making.

Dry January

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A healthy future

The **joint health and wellbeing strategy** for North Yorkshire emphasises 'living well' throughout all stages of life. Since our working lives span about half of our years, it's important we also consider 'working well'. Residents of North Yorkshire enjoy good health and unemployment levels are low. However, there are some challenges:

- Young people are leaving North Yorkshire because of the job market or lack of affordable housing.
- There are skills shortages (e.g. health and social care).
- More people are living with long term health conditions.
- Our workforce is ageing.
- Over the next six years it is estimated that 12.3% of the North Yorkshire workforce will reach retirement age.
- People are carers for older relatives and young dependants

(See **York, North Yorkshire and East Riding Economic Review 2015-16 Draft**).



Personal action plan

Can you stay off the booze for 31 days?
Search 'Dry January' online and sign-up
Dry January participants often report losing weight, sleeping better, more energy, clearer skin plus huge savings. 65% drink less or cut out alcohol completely.



Key facts

- In 2015 there were 366,483 people of working age (between 15-64 years) living in North Yorkshire (ONS 2015), 4% lower than the UK average.
- Between 2016 and 2039 there will be a 10% reduction in the working age population, (about 36,600 people) with wide variation at district level (ONS 2015).
- Although 80.4% of our working age population are in employment, 6,400 people were unemployed in 2015 (nomis 2015).

Recommendation 1 - Create healthy workplaces

- Make workforce health and wellbeing a priority. It is good for staff and customers and it promotes business development and prosperity. Employees are more likely to take their health and wellbeing seriously if they can see those in leadership positions are serious about these issues too.
- Be aware of your responsibilities as an employer and employee under the Health and Safety at Work Act and associated legislation - www.hse.gov.uk and under the Equality Act 2010 www.cipd.co.uk.
- Develop policies and plans that promote the health and wellbeing of the workforce as a long term investment.
- Make an action plan to create a healthy workplace making sure your organisation has good policies and practice in place (e.g. equal opportunities policy, anti-discriminatory practices) and clear routes for reporting and seeking redress.

Case study

North Yorkshire County Council is one of the largest employers in North Yorkshire, with almost 9,000 staff, over 80% living in North Yorkshire. NYCC is implementing significant changes to working practices, striving to be a modern council as part of its 2020 Transformation Programme:

- Senior level commitment through the Corporate Management Board
- Sign up to Mindful Employer and working towards National Workplace Wellbeing Charter status
- Healthy Workplace Group plans, co-ordinates and monitors progress, with subgroups on leadership, smoking and mental health

Interventions have included developing a staff intranet site, conducting a health needs assessment and promotion of health campaigns and staff led activities.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>

Fit for Work? Health Issues in the Working Age Population

"It is not how much you do, but how much love you put into the doing that matters" Mother Teresa

February 2017

Building a healthier workforce

What we do today is important for the future health and wellbeing of our workforce. While employment in 'good work' is important to our health, there may be work-related factors which positively or negatively affect our wellbeing. Fifty years ago, though records are lacking, work-related illness was more likely to be due to industrial and infectious diseases. Today, the most common reasons for sickness absence are stress, anxiety and neck, muscle and back pain. It will take time before the full health impact of our modern workplaces and working culture becomes clearer.

Although premature deaths due to industrial diseases may be a thing of the past in the UK, working conditions are still very important to our health. Nationally during 2010-11, an estimated 1.8 million people suffered from an illness that they believed was caused, or made worse by, their current or past work (**Health and safety statistics**). Our modern workplace can be obesogenic (encourage obesity) with many hours spent in sedentary activity. The number of hours of work per week also affects our health.

Compared to those working less than 16 hours, those who worked between 30.1 and 45 hours were 45% more likely to have time off due to sickness (**ONS, 2014**).

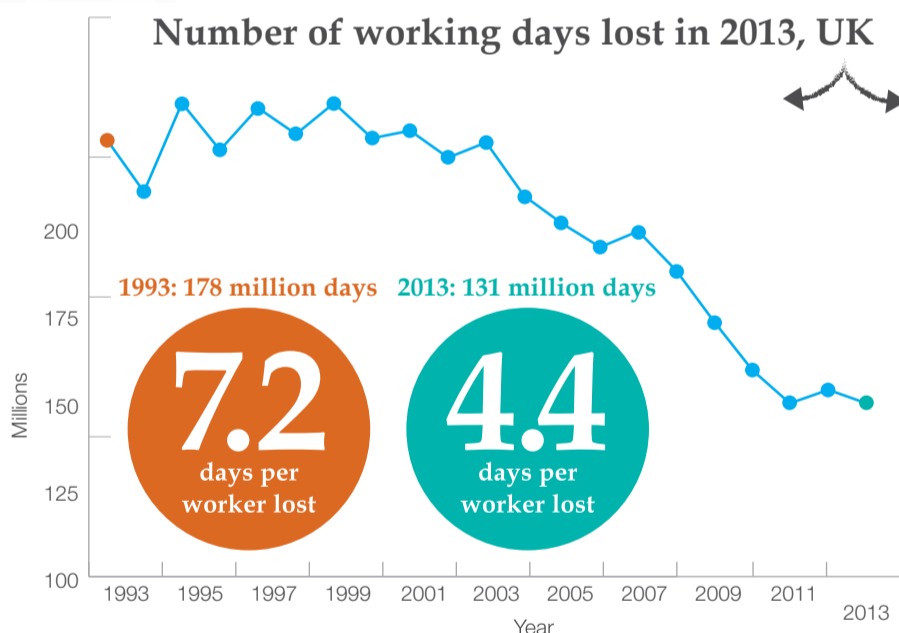
The sickness absence rate has fallen for both the private and public sector since earliest records in 1994. In 2013, the percentage of hours lost due to sickness in the private sector was 1.8% compared with the public sector at 2.9%. However, the Chartered Institute of Personnel and Development (**Employee Outlook Focus on employee wellbeing CIPD, 2013**) found an increase in 'presenteeism' - going to work when ill. More people in the public sector are likely to go to work when they are genuinely ill (39%) compared with the employees in the private sector (26%).

The impact of healthy workplace programmes, health awareness campaigns and associated behavioural and environmental changes, however small, may only be seen long term. Healthy workplace programmes have positive outcomes for the organisation if the employer goes beyond meeting their legislative obligations and develops a culture of inclusion, staff engagement and partnership working.



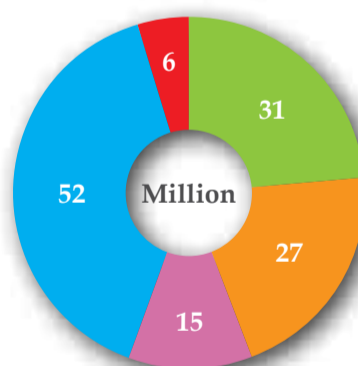
Personal action plan

Do you know how much physical activity adults aged 19-64 years old need to do to stay healthy?
Search NHS Choices Physical Activity to find tips and tools to help you get active.



2013: Days by reason

- 31 million Musculoskeletal conditions (back and neck problems)
- 27 million Minor illnesses (coughs and colds)
- 15 million Stress/Anxiety/Depression
- 52 million Other
- 6 million Prefer not to state a reason



Source: Labour force survey, 2013 - ONS

Figure taken from Report Evidence Ref ONS "Sickness absence in the labour market (Feb 2014)"

Key facts

- In 2014-15 around 80% of new work-related conditions were either musculoskeletal disorders or stress, depression or anxiety (**Health and Safety Statistics 2014-15**).
- 33% of North Yorkshire healthcare workforce felt unwell as a result of work related stress in last 12 months.
- 90% of North Yorkshire NHS staff feel they put themselves under pressure to come to work (**NHS Staff survey, 2015**).

Recommendation 2 - Build a healthy workforce, creating a culture that is diverse and inclusive

- Realise the benefits of recruiting a diverse workforce to inform, influence and improve the range and quality of services you provide for customers.
- Provide reasonable support and adjustments to recruit and retain people living with disability and long term health conditions so that they can return to work and remain in employment. (**North Yorkshire Supported Employment services** can offer guidance).
- Raise awareness of the issues encountered by people living with long term health conditions and those with mental health problems in the workplace and promote a culture of inclusiveness.
- Consult with employees and their representatives to identify problem areas and make a commitment to take action in partnership.

Case study



Mindful employer - Tees Esk and Wear Valley NHS Trust

Being a mindful employer demonstrates our commitment to increase people's awareness of mental ill-health, and also our commitment to recruit and retain staff who have mental health issues. This is a long term pledge and with the right support, people with mental health issues can and do stay in work and can be a real asset to our business. At least 23% of staff sickness absence in our trust is mental health related. As a trust we want to ensure we are an exemplar employer to staff who experience mental health issues and we are seeking the views of staff in relation to our role as employer of people who may experience mental health issues. For more information and examples of activities see www.tewv.nhs.uk and the Mindful Employer initiative visit www.mindfulemployer.net

The changing workforce in North Yorkshire

"Your work is going to fill a large part of your life and the only way to be truly satisfied is to do what you believe is great work. And the only way to do great work is to love what you do" Steve Jobs

March 2017

A changing future

In order to plan for the future we need to develop a picture of our potential workforce in North Yorkshire and understand how it is expected to change over time. There has been a decrease in our birth rate combined with a declining death rate which means that over time the proportion of working age people is declining compared to the rising number of pensioners. In 1994, for every pensioner there were 3.5 employed people in North Yorkshire. This ratio of workers to pensioners is changing drastically so that by 2035 there will be almost as many pensioners as working age people.

However, as the pension age rises there will be an increase in the number of older workers living with long term health conditions.

This means employers need to create age friendly workplaces to ensure success.

In general the health of adults who are unemployed is poorer compared with those in paid employment. However, there are exceptions depending on the reasons people are not in work. Groups of working age adults such as students, carers, volunteers and home-makers may not be in paid employment but can be in good health. North Yorkshire has low unemployment rates compared to national statistics but this should be interpreted within the context of our shrinking working age population and an **ageing workforce**.

Change4Life Sugar Smart

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Personal action plan

Change4Life Sugar Smart app

Too much sugar can lead to the build-up of harmful fat around vital organs causing serious disease in the future (weight gain, type 2 diabetes, heart disease and some cancers)

Cut down on your family sugar intake by downloading the Change4Life Sugar Smart app to find out how much total sugar is in everyday food and drinks www.nhs.uk/change4life

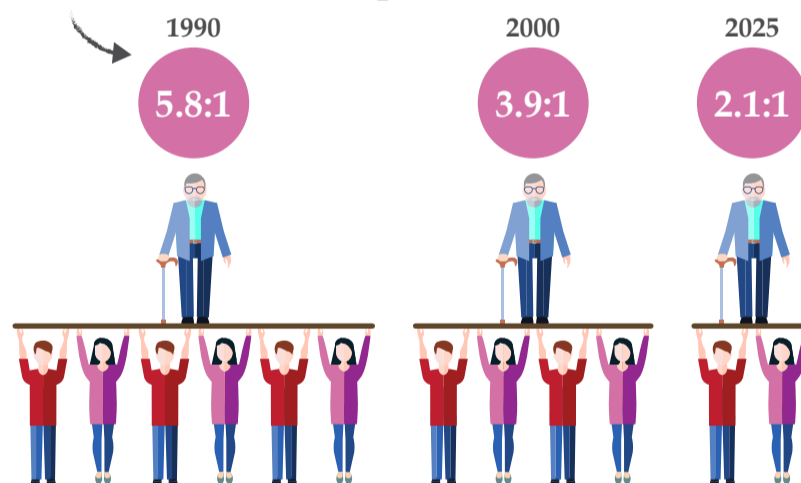


A change in emphasis

While the benefits of work are well established, discussion of the impact of the workplace and the nature of employment on the health outcomes of employees can be limited. Employers may be keen to reduce accidents at work but pay little attention to the ill health associated with sedentary occupations. While preventing sickness absence is a priority, employers also need to see their extended role in actively promoting health and wellbeing in their workforce by supporting people to stay fit and healthy. All employers, whether small, medium or large enterprises can create recruitment policies that are healthy and inclusive.

Work and work related activities, such as commuting, can occupy the greatest proportion of the waking hours for many working age adults. If this time does not allow for health promoting activities then workers need to cram these into the remaining hours of the day - in their own time. Employers need to be proactive in promoting the health of their employees, if they want to maintain a healthy workforce that remains productive and profitable over a longer working life.

Ratio of workers to pensioners



Key facts

- Of the 2015 working age population 213,800 people (58%) were over 40 years ([nomis, 2015](#)).
- The reduction in the working age population between 2015 and 2035 will be greatest in the 50-54 age group (26%) and the 45-49 age group (21%) ([ONS, 2015](#)).
- 22-25% of Harrogate and Selby working age population commute to work from outside their district.

Focus for action - Develop healthy recruitment, retention, training and rehabilitation processes encouraging people to stay in employment

- Consider how to use internal or contracted-in occupational health services to improve the health of your employees.
- Assess the costs of employee turnover and recruitment in your organisation ([see online workplace wellbeing calculator](#)).
- Develop a policy and process for managing sickness absence, including systems for data collection and reporting.
- Maintain contact with employer/employee during period of sickness absence, and have return-to-work interviews to plan support during the return to work.
- Consider flexible working arrangements to facilitate rehabilitation and early return to work.



Case study

Make Every Contact Count

'Making Every Contact Count' is a national initiative which aims to equip front line workers with the knowledge and skills to have conversations about health and wellbeing at every appropriate opportunity. In North Yorkshire County Council over 1,000 employees have attended the training programme which covered five key health areas: smoking, alcohol, eating well, physical activity and mental wellbeing. Participants learnt about small lifestyle changes which can have a large impact on health, and how to engage others in appropriate conversations through the 'Ask, Advise, Assist' model.

The original aim of the training was to improve the health of the population but participants reflected on their own health behaviour.

In a follow-up survey, almost a third who responded said they had made changes to their own lifestyles (joined a weight loss club, taken up swimming, reduced their alcohol consumption) and encouraged family to develop healthy behaviours.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>

Be active! Protecting the working age population

"Some people dream of success while others wake up and work hard at it." Winston Churchill

April 2017

An attractive place to live?

In North Yorkshire the levels of unemployment and worklessness are low compared with our neighbours – 12.9% households compared to 17.7% households in the Yorkshire and Humber region and 15.85% nationally ([nomis, 2015](#)). However, this hides some major challenges. People who move into North Yorkshire tend to be of older working age and remain into retirement, while there is a net exodus of young people. Average house-prices are similar to the south of England and higher than elsewhere in the North of England ([ONS, 2015](#)). There are also hidden costs of living in a rural economy such as greater expenditure on fuel (e.g. off-grid heating fuel and greater transport costs) while average salaries are the same as elsewhere or slightly lower ([Joseph Rowntree Foundation, 2010](#)).

A place to work?

The working age population peaked in 2008 and is now in decline with a reduction of a third by 2035, due to retirement and net outward migration of workers. At the same time there is a lower proportion of young working age people (less than 40 years) and a higher proportion aged 40 years and over in the working age population in North Yorkshire ([ONS, 2015](#)). The young working age population has contracted and continues to shrink compared to 2008. It is therefore challenging to recruit workers to certain occupations (e.g. health, care, and engineering) especially in the public sector. This is a particular problem for the health and social care sector which is trying to meet the growing needs of the ageing population.

Work patterns are changing and there is a marked shift from full-time employment to part-time working and a rise in the numbers who are self-employed.

In addition, there are seasonal work patterns, second jobs and zero-hour contracts meaning that significant segments of the workforce have an experience where employer-employee relationships are more ambiguous than previously. As a marker of this trend the average working hours for self-employed people is two hours more per week than employees. ([ONS, 2014](#))



Personal action plan

Being active.

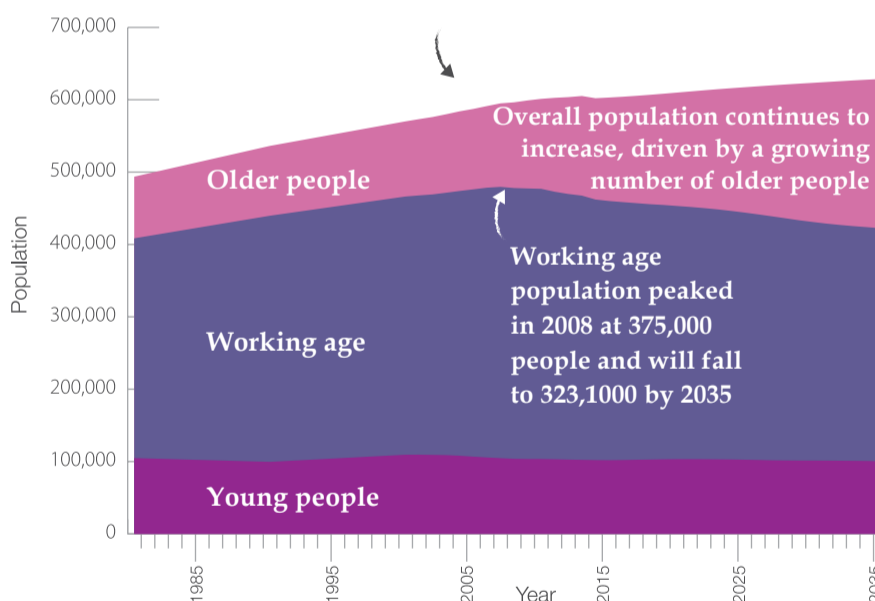
Being active is really good for your body, mind and health - and there are lots of easy ways you and your family can get moving

Find a way of being active that you enjoy and you're more likely to keep it up. Get your heart beating faster and your lungs working harder for at least 10 minutes at a time.

- Take the stairs whenever you can.
- Do a brisk walk instead of driving.
- Take the 10,000 steps a day challenge Search online NHS Choices 10,000 steps challenge.



Change in broad age groups 1981 to 2035 in North Yorkshire



Source: 2014-based Subnational Population Projections, ONS

Key facts

- The percentage decrease in the working age population over the next 20 years will be greater in women (10%) compared to men (6%).
- In 2014, twice as many 15-39 year age group left the County (14,100) compared to the 40-64 year age group who entered the workforce (7,500).
- This is important for future recruitment and business development since there is a net loss each year of 15-39 year olds (1,400 people) and a net gain in 40-64 year olds (1,500 people).
- Self-employment is significantly higher in most rural districts compared to England. Craven and Ryedale are currently two of the top three local authorities with the highest self-employment rates in England ([nomis, 2015](#)).

Focus for action - Promote health and wellbeing by increasing physical activity

- Consider how to encourage and support increased physical activity e.g. encourage employees to walk or cycle to work. www.dft.gov.uk; make the stairwells more attractive and use signage to encourage use of stairs.
- Involve employees in organising workplace activity programmes to encourage more physical activity.
- Provide information on the benefits of physical activity.
- Consider negotiating discounted health and fitness membership for employees, and supporting activity or sports programmes in and outside the workplace. www.sportengland.org

Case study

Pathways to health - increasing physical activity

This project creates opportunities for people to access and benefit from the natural environment across North Yorkshire's boundaries through volunteering, walking and cycling. The aim is to increase the use of the Public Rights of Way network by North Yorkshire communities; improving both mental health and physical activity. The first pilot is in Selby district and the second will be in Scarborough.

See <http://www.northyorks.gov.uk/article/32720/Pathways-to-health> for more information

Further suggestions: ([National Parks](#), [Woodlands Trust](#), [Canal and River Trust](#), [North Yorkshire walks](#))



Good work! Where are people employed?

"Satisfaction lies in the effort, not in the attainment. Full effort is full victory" Indira Gandhi

May 2017

Big dreams

Although self-employment in North Yorkshire is at its highest in 40 years (ONS, 2014) and is higher than the national average, the largest sector of employment is in public services, mainly health. Nearly 16% of jobs are in the public sector and over 22% of employed working age residents are in public sector employment (nomis, 2015). The public sector in North Yorkshire employs about 41,000 people in NHS, NYCC and District councils. Accommodation, food services and retail sectors are next and are a major part of the visitor economy. Manufacturing and education complete the list for largest sectors for employment in the County. These employ over half the employed residents (nomis, 2015). Towns such as Northallerton, Catterick Garrison and Skipton see a large increase in workday population due to the presence of large employers such as local government offices and military establishments. For example the workday population of Northallerton is around 4,200 higher than the resident population.

Others towns such as Selby and Knaresborough have a substantially smaller population during the workday than the resident population, with large numbers of employees travelling to work outside these towns.

Employment sectors vary in the degree of mobility they offer for workers to move from low pay unskilled jobs to higher wage occupations. This links to social mobility and health inequalities. For example, hospitality and sales roles offer less chance for progression compared to the health sector. Larger employers of over 1,000 employees offer greater scope for career progression than small employers. In North Yorkshire we have the highest number of small employers (microbusinesses) when compared to 15 other similar rural areas and employment in farming is five times the national average.

Mental Health Awareness week

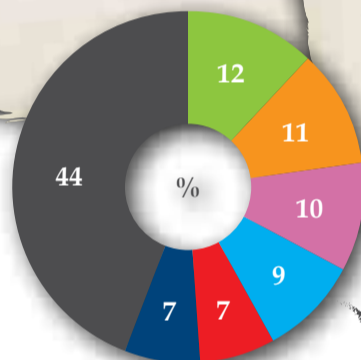
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Personal action plan

Mental Health Awareness Week 8-14 May 2017.

The Mental Health Foundation campaigns to raise awareness of issues affecting the national wellbeing and to help people better manage their mental health.

- Search Mental Health Awareness Week to check on this year's theme - Living with Change.
- Search One You Stress to find out why you should stress less with tips and tools to help.



Employment in North Yorkshire - 2015

2014 BRES (ONS), 2013 DEFRA Agricultural Survey, April 2016 MoD Quarterly Location Statistics

- 12% Health
- 11% Accommodation & food services
- 10% Manufacturing
- 9% Retail
- 7% Public administration & Defence
- 7% Education
- 44% Other

Big commitment

Relatively small changes in working policies and the workplace environment can make healthy choices easier choices. A recognition that working long hours increases work-related stress and increases the risk of accidents can prompt employers to change working culture. Many workers struggle to find the time to take care of their health when a high proportion of the workday is spent in work and commuting. People who are self-employed or in part-time work may have an even greater struggle to find the time to look after their health.



Case study

Making adjustments - Creative Support Coffee Cart

Creative Support is a not-for-profit agency and provider of person-centred social care services for people with learning disabilities, mental health and other needs. A new coffee cart serving fresh barista coffee was launched at County Hall, Northallerton in 2015.

The cart is staffed by an employee from Creative Support working alongside people with disabilities or their carers who are training as baristas. The project is designed to create opportunities for training and professional development for those who would otherwise have limited opportunities. The coffee cart aims to generate income as a business and by providing individuals with training and support enables them to build the skills and confidence they need to become a barista and obtain paid employment.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>



Key facts

- The visitor economy including accommodation, food and retail services employs 29,900 people (ONS, 2015).
- There are 12,810 working age people in the military and 7,995 veterans (MOD data)
- There are 27,955 microbusinesses employing less than ten people in North Yorkshire (ONS, 2015).
- There are 70 large employers in North Yorkshire with over 250 employees. (ONS, 2015)
- The rise in total employment over the last ten years is predominantly among the self-employed from 11.4% in 2014 to 15.2% in 2015 (nomis, 2015)

Focus for action -

Make adjustments to broaden the potential recruitment field and encourage people into work

- Ensure equality and diversity training to promote an inclusive workplace.
- Consider small changes in the workplace to encourage people into employment.
- Create opportunities for 'work experience' sessions.
- Recognise that recovery from illness can be assisted by activity, including return to work.
- Use doctor 'fit note' recommendations such as part-time employment to facilitate a phased return to work and support work patterns that reflect what an employee is medically fit to do.
- Work with employees to develop initiatives to improve their health and wellbeing and address concerns in the workplace.

Turning the Tide? How are people employed?

"Don't count the days, make the days count" Muhammad Ali

June 2017

Maximising Growth

With a shrinking workforce, an outflow of younger people and challenges in recruiting to key sectors, employers need to extend their field of recruitment making it attractive to find work and stay in North Yorkshire, especially for young people and the economically inactive. With 58% of the working age population over 40 years old, employers will also need to make adjustments to support people living with long-term health conditions and disabilities to remain in work. Some welfare to work initiatives can offer initial financial support to the employer during the early stages of employing a person with a disability. Working together across sectors and sharing these actions can increase the numbers of employable people from which to recruit.

In the **annual population survey** those who have not been actively seeking work include people:

- in education (students);
- looking after the family home;
- retired;
- sick (short term and long term health conditions).

In North Yorkshire all districts are below the national average of economically inactive people except Scarborough where almost a quarter of the working age population (24.1%) are economically inactive. Although our proportion of people in the working age population is declining, some occupational sectors have grown. Between 2009 and 2014 there was an increase in employment in manufacturing (+8.1%), transportation (+29.8%), accommodation and food services (+18.7%) and administration and support services (24.6%) (**nomis, 2015**).

NHS Health Check

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Personal action plan

Free health check

Have your health checked for free. The NHS Health Check invites adults aged 40-74 - without previously diagnosed heart disease, diabetes or chronic kidney disease - for a free health assessment to identify those at risk of heart disease, stroke, diabetes, kidney disease and certain types of dementia.

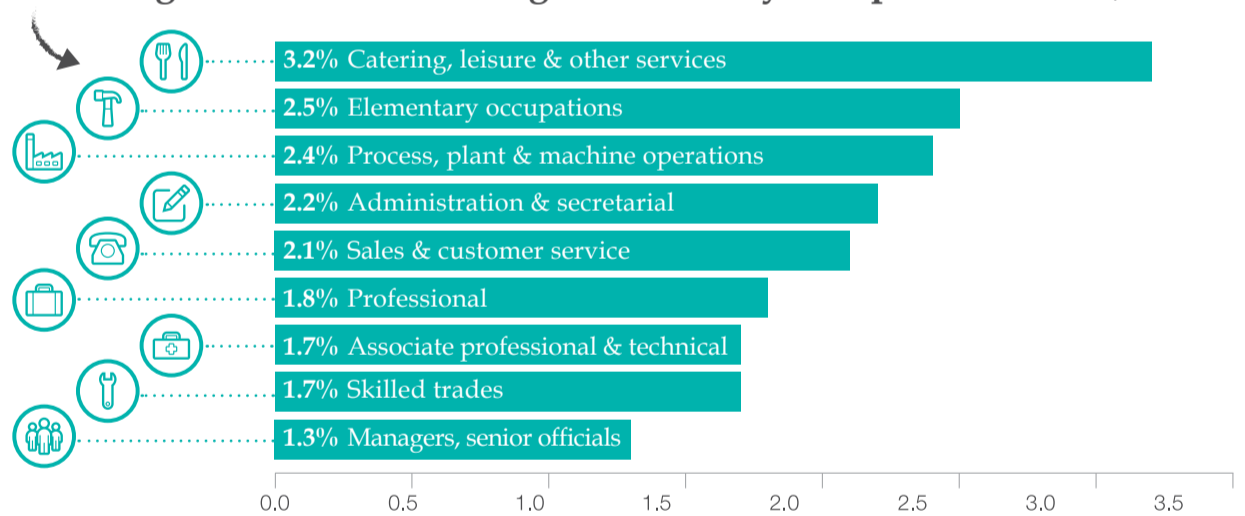
- If you receive your NHS Health Check invitation, make sure you make an appointment with your GP
- Search NHS Health Check for more information

Maximising Employment opportunities

Elementary occupations are seen as those with the lowest skill requirements. In England 10.8% of jobs fall into this category but in areas such as Richmondshire around 20% of all jobs are in this category. In North Yorkshire, the most common roles are working in professional (17.6%), managerial (14.2%) and skilled trades (15.9%).

As well as creating healthy workplaces, providing new and more flexible employment opportunities which are attractive to our changing workforce can increase business efficiency. Flexible working; part-time hours; apprenticeships and skills training and support for those in caring roles are increasingly common among employers. By making adjustments employers in parts of the County have successfully worked with partners, to recruit the long-term unemployed and people with disabilities and/or long-term health conditions to engage in training, and then work in areas where there were skills shortages.

Percentage of hours lost through sickness by occupation in 2013, UK



Source: Labour force survey, 2013 - ONS

Key facts

- 27.2% of jobs in North Yorkshire are part-time compared to 25.4% nationally (**nomis, 2015**).
- Manufacturing in Selby and Ryedale employs at least one in every six people (more than twice the national average).
- 8.7% work in elementary occupations (**nomis, 2015**)
- The financial and insurance sector in Craven employs 8% of Craven's population which is a much higher rate than England and all other districts.
- Scarborough and Ryedale have the most seasonal employment in North Yorkshire with Job Seekers' Allowance claimant rates sometimes up to 50% higher in the winter months than the summer months (**nomis, 2015**).

Focus for action - Creating smokefree workplaces



- Develop a smokefree policy in the workplace that applies to everyone.
- Ensure appropriate consultation with employees and unions, and the commitment of senior management.
- Give reasonable notice of the introduction of a smokefree policy and set a date for your organisation to become smokefree.
- Ensure that every employee is informed of the smokefree policy and its implications. Include the policy in all recruitment and induction packs.

Case study

Smokefree workplaces

Supporting employees to quit smoking is one of the most effective measures to improve the health of a workforce. Smoking can cost employers in sickness absence, cigarette breaks and lowered morale for non-smoking employees. NICE guidance recommends that all workplaces have a smokefree policy which directs employees to cessation services, as well as offering guidance, advice and recommending proven effective support to quit, such as nicotine replacement therapy. The North Yorkshire Tobacco Control Strategy 2015-2025 aims to widen the scope of smokefree workplaces to include whole-site bans and a whole organisation approach. North Yorkshire's smoking cessation service, Smokefreelife North Yorkshire www.smokefreelifenorthyorkshire.co.uk can offer support and advice to employers who want to help their employees to quit.



Wide Variations - Incomes and Salaries

"If you look at what you have in life, you'll always have more.
If you look at what you don't have in life you'll never have enough" Oprah Winfrey

July 2017

A healthy income

There is a wide variation in income across North Yorkshire's districts with the lowest in Ryedale and the highest in Selby. While the rate of income poverty was lower in rural than urban areas, it is growing faster in rural areas than elsewhere. The higher incidence of low pay in more remote rural areas increases the risk of in-work poverty.

Evidence suggests that rural low income families face higher costs for certain essentials such as food, fuel and transport than their urban counterparts. Median weekly income in North Yorkshire is 92% of the national level and has fallen from 94.8% in 2008

A healthy expenditure

Evidence shows how much income people in rural areas need in order to afford a minimum socially acceptable standard of living. This is known as the minimum income standard (**MIS**). The Commission for Rural Communities **report** on tackling rural disadvantage shows the income rural households need to meet the minimum income standard, compared with urban households. The biggest expenditure difference for rural areas is due to the greater dependence on cars and less access to public transport than in urban areas. Domestic fuel costs are also higher in some rural areas because of older, less fuel-efficient housing and lack of mains gas. Typically people in rural areas need to spend 10-20% more on everyday requirements than those in urban areas (**Joseph Rowntree Foundation, 2010**). The more remote the area, the greater the additional **expenditure**.

A healthy salary

For rural areas like North Yorkshire, minimum income standards estimated single working-age adults need to earn at least £15,600 a year in rural towns, £17,900 in villages and £18,600 in hamlets or remote countryside (compared with £14,400 in urban areas) (**Joseph Rowntree Foundation, 2010**). For couples with two children, the annual earnings needed were much higher, between £33,000 to £42,000 depending on whether one or both partners work and the remoteness of the community. Thus people in rural areas generally need paid employment and need to earn well above the minimum wage to make ends meet. Where this doesn't happen there is poverty, sometimes hidden, and it can occur when people are in employment.

Evidence strongly suggests that income inequality affects population health and wellbeing. An individual's health status is better in societies with a more equal distribution of incomes. Several factors are likely to contribute to this finding.

These include underinvestment in public education and health care, poor social relationships with lack of social cohesion and the mental stresses that result from living in unequal communities. (**The Spirit Level: Why more equal societies always do better. Kate Pickett/Richard Wilkinson, The Equality Trust, 2009**)

For parents there is the additional cost of childcare to consider. The increasing costs of childcare mean working parents struggle to break even. They may want to work but decide to stay at home after weighing up the financial decision of returning to work. The cost of sending a child under two to nursery part-time (25 hours) is now £115.45 per week, or £6,003 per year. Since 2010 the cost of a part-time nursery place for a child under two has increased by 32.8%. A family paying for this type of care now spends £1,533 more than they did in 2010, while wages have remained largely static. (**Family and Childcare Trust, 2015**)

Be clear on cancer

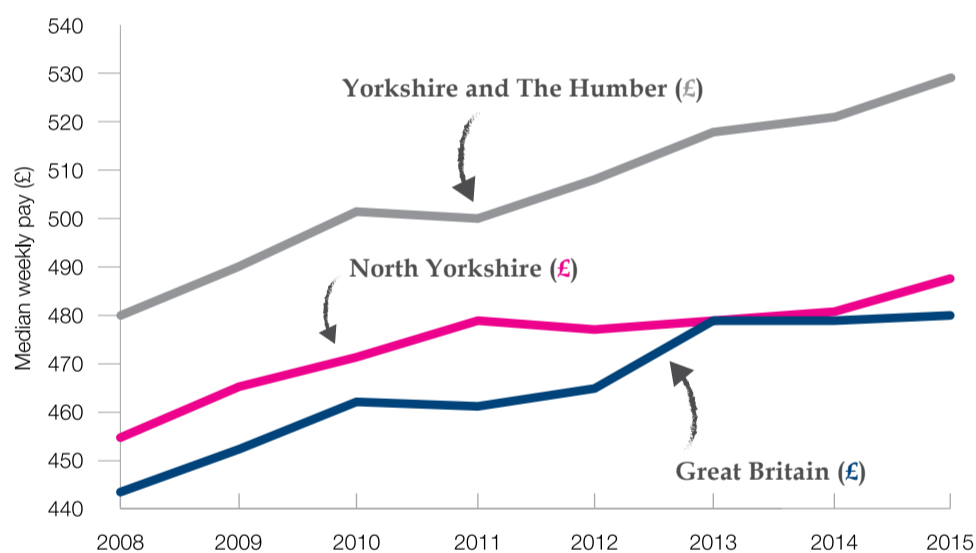
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Personal action plan

Know 4 sure

When it comes to cancer, there are four key signs to look out for - unexplained blood that doesn't come from an obvious injury; unexplained weight loss, which feels significant to you; any type of unexplained pain that doesn't go away so if you notice any of these signs, tell your doctor.

- Have the conversation with friends and family to make sure they know the symptoms and take action if necessary.



Source: 2015 Annual Survey of Hours and Earnings resident analysis (ONS)

Key facts

- Median weekly income in North Yorkshire has remained consistently below the national figure and above the Yorkshire and Humber level. The median net weekly household income (equivalised) before housing costs in North Yorkshire in 2011-12 was £520 per week and £471 after housing costs (ONS, 2015).
- The median gross weekly income for full-time workers in North Yorkshire (by residence) in 2015 was £488. This was lower than the national figure of £530 (nomis, 2015).
- Selby had the highest levels of gross weekly income (£526) and Ryedale the lowest (£411).
- Net household income in Harrogate district is significantly higher than in Scarborough district even after allowing for higher housing costs.

Focus for action - Work in partnership to maximise employment opportunities to enhance recruitment and retention of young people in North Yorkshire

- Raise awareness of apprenticeships as a positive career choice for young people who want quality employment and change the perception that apprenticeships are difficult to fill.
- Look for ways to provide discounted travel/commuting to an apprenticeship placement within North Yorkshire (e.g. West Yorkshire combined authorities have discount travel cards).
- Increase efforts for comprehensive schools careers guidance specific to opportunities within North Yorkshire to promote the vacancies, encourage the 'quality' apprenticeship opportunities, and link to user friendly on-line information.
- Increase awareness of childcare availability and opportunities for funded places through the Family Information Service.



Case study

Craven College and Selby College - working together

Craven College's commercial training arm, Tyro, worked collaboratively with Selby College to research, develop and deliver new training packages to the health and social care sector to improve workplace confidence, boost skills, enhance working practices and develop businesses. The two colleges researched the skills gaps to find where there were specific requirements on how care in the community is provided. The research findings revealed the courses employers were keen for their staff to undertake the types of training that would have the biggest impact on the area and the capacity to upskill substantial numbers of employees.

As a result, Craven and Selby Colleges worked together to develop and deliver a range of one day courses, training programmes and distance learning qualifications.

Case study and contact details available at

<http://hub.datanorthyorkshire.org/group/dphar>

Building Bridges? Skills and Education

"Opportunity is missed by most people because it is dressed in overalls and looks like work." Thomas Edison

August 2017

Finding the gaps to higher skills and employment

The benefits of skilled jobs and higher education include greater mobility, better health and growth in the local economy. The North Yorkshire area is typically characterised by high skills and low unemployment. However, there are wide variations across the County with pockets of unemployment, underemployment and skills gaps. Lower educational levels and lower skilled jobs are associated with low aspiration and health inequalities. Our main coastal towns including Scarborough have the lowest skill levels, while other areas such as Harrogate and Craven contain some of the highest skill levels nationally ([York North Yorkshire & East Riding Economic Review 2015-16 Draft](#)).

The working-age population in North Yorkshire is generally better qualified. However, we need to think differently about recruitment to certain sectors. For example public administration, health and education make up 45% of all female employment compared to 18.9% of males. In the construction industry 1.9% of employees are female compared to 12.1% of males. A similar pattern occurs in the learning environment. In public sector jobs there are wide variations in roles from a high concentration of low level occupational roles such as administration and the care sector, to highly trained professionally qualified roles such as finance, education, healthcare and engineering ([nomis, 2015](#)).

Retaining and training the Workforce

The skills shortages, skills gaps and lack of training affect the ability of employers to effectively grow and develop, which has a knock-on effect on the health of the population and on the local economy. As technology changes the way we live and work, our futures are becoming more digital, online and automated. Thus the need for a greater proportion of the workforce with matching skills, such as IT, problem solving, data analysis, customer service and communication. Up-skilling the existing workforce is a priority, particularly because 26% of our population will retire between 2015 and 2022 ([ONS, 2015](#)).

Of North Yorkshire employers surveyed in 2014 32% had offered work experience, in the bottom third nationally. The [Apprenticeship Hub](#) project has reported that young people feel they are not given comprehensive careers advice. Reflecting the demographic of the majority of districts, young people are encouraged down the A level university route which adversely affects retention of young people in the area and the potential of small businesses to expand. This is often compounded by our rurality and difficulties for young people accessing higher education.

Skills requirement



Key facts

- In 2014, 39.6% had at least a degree-level qualification (NVQ level 4+) compared to the national average of 35.8% ([nomis, 2015](#)). See [here](#) for an explanation of NVQs.
- For people with one to four GCSEs there is the greatest gain in employment compared to those with none.
- There are 610 young people in North Yorkshire classified as Not in Education, Employment or Training (NEET) ([DCSF, 2015](#))
- 39.3% of working age population in Scarborough were economically inactive and wanted a job, meaning several thousand people in the area are not in work, but want to be, yet they aren't classed as unemployed (compared with 22.9% for North Yorkshire) ([nomis, 2015](#)).
- Employment in IT and finance/insurance sectors is 0.9%, lower than the national average (1%).

Focus for action - Take action to overcome the skills shortages

- Improve careers coaching in schools and colleges, including information which fosters ambitions in sectors where there are skills shortages and gender differences.
- Establish collaboration between employers, schools and academic centres to develop work experience, recognised vocational qualifications and other routes for entry into employment, flexible training, recruitment and up-skilling the workforce cost-effectively.

One you campaign all of August

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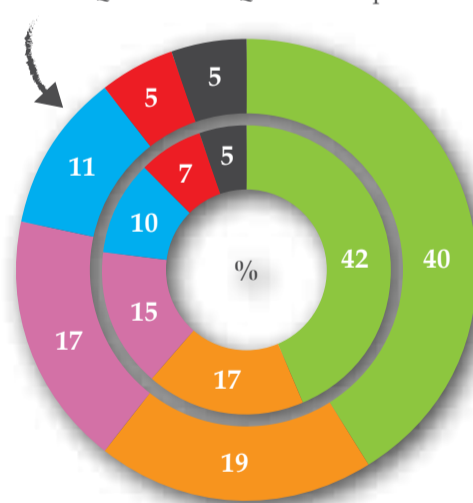
Personal action plan

There's only one you

One You is here to help you make simple changes which can double your chances of being healthy at 70 and beyond. Reduced health in later life is not inevitable. Older people can live as well as young people by making relatively small changes to their habits and lifestyles now. Take the free One You health quiz, 'How Are You', to get personalised recommendations on how to start the fight back to a healthier you. Check out your score and see what tools and offers One You suggests to help you change.

Percentage employment by qualification - 2015

■ NVQ4+ ■ NVQ2 ■ Other qualifications
■ NVQ3 ■ NVQ1 ■ No qualifications



There are areas within North Yorkshire which have the 10% most 'skills deprived' neighbourhoods in the UK. The proportion of the working aged population with an NVQ level 4+ qualification (degree level) fell in the Annual Population Survey for the first time in nearly 10 years.

Source: Labour Market profile North Yorkshire, [nomis, 2015](#)

Case study

Scarborough Enterprise Match

- Scarborough Enterprise Match (SEM) was part funded by the European Regional Development Fund. The project comprised of enterprise coaching;
 - in the community and at Yorkshire Coast College
 - in the voluntary and community sector supporting Small and Medium Enterprises.

The most successful strands of the service were the enterprise coaching in the community (delivered by our partner the West and North Yorkshire Chamber of Commerce) and the enterprise coaching in the voluntary / community sector which in effect was a social enterprise support service delivered by Coast and Vale Community Action.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>



Social Inclusion in working age people

"When one door of happiness closes, another opens, but often we look so long at the closed door that we do not see the one that has been opened for us" Helen Keller

September 2017

Social inclusion

Social inclusion and social exclusion are closely linked. In North Yorkshire social inclusion is about giving everyone an equally appropriate opportunity to achieve their potential in life, for example, through access to services, education and skills, employment and support; thus enabling people to feel included in society. Social exclusion is the opposite. Factors leading to social exclusion can be a barrier to employment and lead to a vicious cycle of worsening exclusion.

This is part of the complex relationship between social inclusion/exclusion, employment and, physical and mental health and wellbeing. Being in work can help people who are socially excluded to build relationships and create a sense of community with others in the workplace which can contribute to a sense of purpose and belonging. The social networks with co-workers can reduce the risk of loneliness especially for those who live on their own and help overcome isolation and social inaction.



Reasons for Social Exclusion

Social exclusion can happen to us all at some point in our lives through ill-health, serious injury, violence, abuse, bereavement, unemployment or natural disaster. Our ability to cope depends on the protective factors around us to create resilience and where those are missing it can seriously limit our participation in everyday life. It can also increase behaviours harmful to health such as excessive drinking and/or smoking.

A number of factors may act as a barrier to individuals in accessing work and therefore a steady income and ultimately feeling included in society. Commonly these include homelessness, disability and/or a long-term health condition. Homelessness can de-skill a person and contribute towards them becoming increasingly isolated and excluded. Disability is a significant factor in determining the distribution of income and wealth, since it can lead to exclusion.

Economic hardship and socio-economic deprivation are highly correlated with poor health. People living in disadvantaged areas are at greatest risk of experiencing poverty, deprivation and unemployment. Nationally 1,546 clients were surveyed by the debt charity **StepChange** and 47% of respondents said they had visited their GP as a result of mental or physical health problems caused by their debts. 55% of neighbourhoods in North Yorkshire are classified as digitally and socially excluded compared to national average 40% (**AssistedDigitalProject NYCC 2015**).

Personal action plan



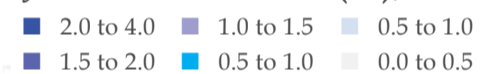
Five ways to wellbeing

The Five Ways to Wellbeing are a set of evidence-based actions which promote people's wellbeing. They are: **Connect, Be Active, Take Notice, Keep Learning and Give**. These activities are simple things individuals can do in their everyday lives.

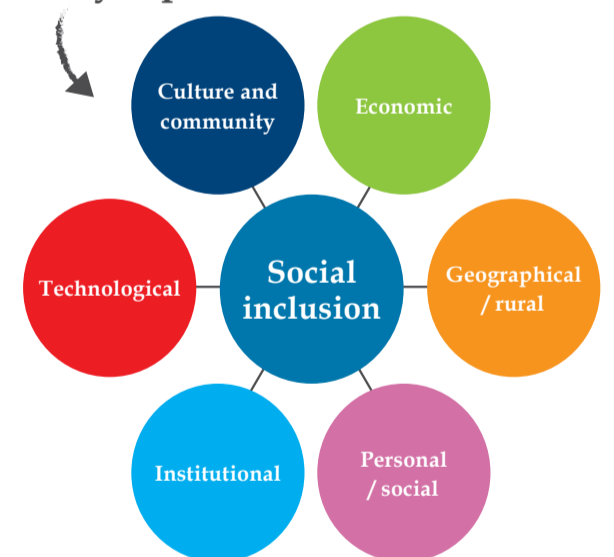
- Search Five Ways to Wellbeing online and find out how to build the five ways into daily living to improve your wellbeing



JSA claimant rate (%), 2015



Key aspects of social inclusion



Key facts

- Although North Yorkshire is one of the least deprived areas in England as a whole, there are 23 **lower super output areas** in the **most deprived quintile** in England. Seventeen of these are in Scarborough district, two are in Selby, two in Craven, one in Harrogate and one in Richmondshire.
- 16,280 people in North Yorkshire are economically inactive and claimed the Employment Support Allowance (ESA)/Incapacity Benefit (IB) (2015) due to long term health conditions. 44% of these (13,500 people) claimed for mental health and behavioural disorders. Of these 1,400 people were aged 18-24 years (**nomis, 2015**).
- There were 2,820 people with disabilities aged 15-64 years who claimed health related benefits in 2015 (**nomis, 2015**).
- On average, 3,280 working age residents claimed the Job Seekers Allowance (JSA) each month in 2015 (**nomis, 2015**).
- There are 12 North Yorkshire wards with JSA unemployment rates higher than the national rate and three wards where the rate is more than double the national rate. All are in Scarborough or Selby districts.

Focus for action - Make adjustments to allow those living with long term health conditions to work

- Accept a doctors 'fit note' which may recommend part-time employment for a phased return to work. In most cases recovery is assisted by activity including return to work.
- Make appropriate adjustments in response to the 'fit note' which means the person is assessed as medically fit to work for the specified number of days a week.
- Maintain regular conversations between employer/employee on what concerns they have about their health and wellbeing in the workplace to develop support and encourage initiatives that aim to improve health and wellbeing.

Case study



Just the Job - workplace occupational training

Just the Job is a charity and social enterprise that empowers adults to reach their potential through work-based training and learning opportunities in their community. Learners complete training in Northern Council for Further Education (NCFE) occupational studies in the workplace, which includes garden maintenance skills, problem solving, building confidence, health and safety, working as a volunteer and as a member of a team. Learners develop new skills, achieve qualifications and contributing to their local community, whilst also benefiting the local environment.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>

Be Connected! Connectivity and work

"Don't say you don't have enough time. You have exactly the same number of hours per day that were given to Helen Keller, Mother Teresa, Pasteur, Michelangelo, Leonardo da Vinci, Thomas Jefferson and Albert Einstein" H Jackson Brown Jr

October 2017

Reducing Social Isolation

There is increasing awareness of the importance of connectivity i.e. 'the state of being connected' for health and wellbeing (**Five ways to wellbeing**). Being connected helps individuals overcome loneliness and social inaction, and reduces social isolation. Workplaces, transport infrastructure and digital access are important facilitators of connectivity in North Yorkshire. These factors influence working patterns, for example the physical distance between home and the workplace may be less of a barrier to employment when there is good connectivity; or the home may become the workplace where there is good digital access and flexible employment policies.

Connectivity includes the many formal and informal networks that increasingly describe the way we live 'online'.

Broadband access is vital to modern connectivity and economic growth. Accessibility statistics provided by the Department for Transport show local-level measures/indices of the availability of transport to important services including food stores, education, health care, town centres and employment centres for the populations who use them. The latest data is for 2013, where the national baseline level for accessibility is 106. **North Yorkshire had a score of 53 which is the joint lowest score for all English local authorities for households with transport access to key services and work (Roadwise, 2015).** The North Yorkshire Local Transport Plan (**LTP4 2016**) includes the importance of the transport infrastructure to grow our economy.

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Personal action plan

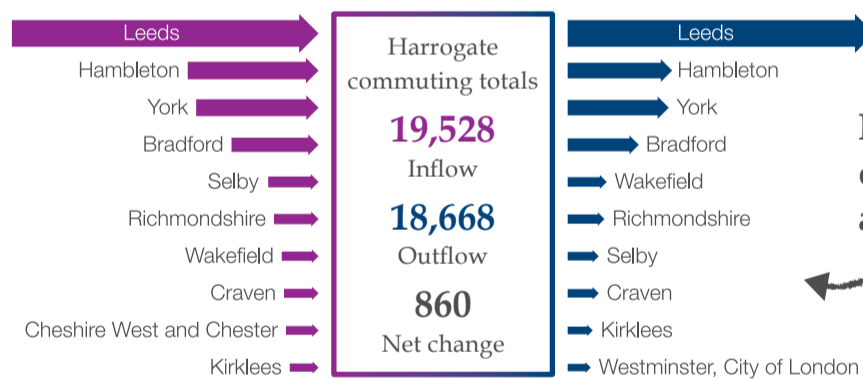
Stoptober

If you stop smoking for 28 days, you're five times more likely to stay smokefree for good. Those who stop smoking for 28 days and longer will begin to experience financial, physical and health benefits including better sense of taste and smell

- Search 'Stoptober' online and sign-up to quit.

Infrastructure

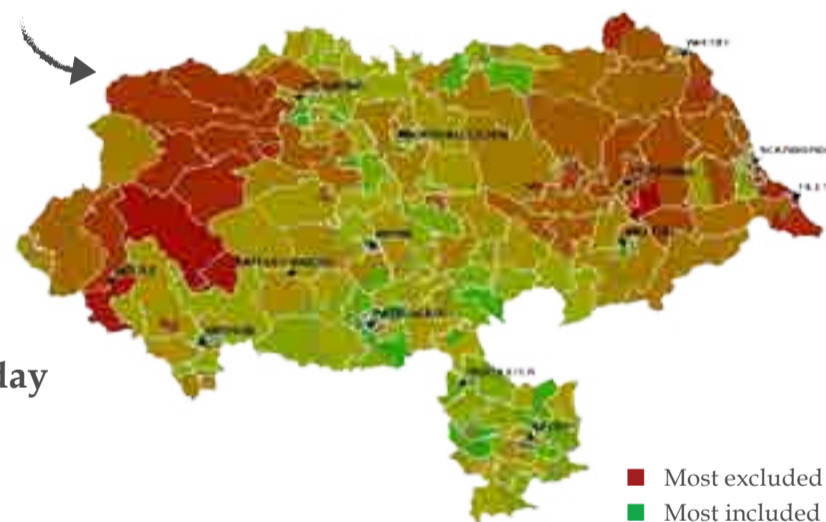
Transport access is important since the majority of people commute to key services including their places of employment and the net change in population during the working day varies substantially between towns in North Yorkshire (**Roadwise, 2015**). The majority of residents live and work within their home district. However, there are very large flows of people travelling to work between North Yorkshire and York, West Yorkshire, the East Riding of Yorkshire and the Tees Valley authorities in particular. There are approximately 9,200 km of highways and some of the worst figures in the UK with respect to the numbers killed and seriously injured on our roads. This is the focus for action of the 95 Alive Road Safety Partnership in North Yorkshire. Raising road safety awareness, increasing education and tackling issues such as drink driving are all part of the partnerships remit.



Movement of people during the working day aged 16 and over

Source: 2011 Census table WU02UK - ([nomis, 2011](http://nomis.ons.gov.uk))

Combined social and digital exclusion index North Yorkshire



Key facts

- For North Yorkshire residents, 88% access the internet via computer or laptop and 42% via mobile phone, 37% via tablet.
- In North Yorkshire 11 of 370 neighbourhoods (LSOA) are classed as deeply digitally and socially excluded.
- People in Craven travel to work on average 6.8 km further than the national average.
- The largest travel to work outflow is from Harrogate to Leeds - 8,481 people, followed by the Selby to Leeds outflow of 6,193 people.
- Within North Yorkshire the largest travel to work flow is from Hambleton to Harrogate (2,377 people), while the opposite flow, from Harrogate to Hambleton is also very large (1,920 people). (Source ONS, 2015).

Focus for action - Raise awareness of road safety and in particular the risks of dependant drinking and develop alcohol policies in workplaces

- Establish a policy and code of conduct for alcohol and substance misuse in the workplace, involving employee representatives.
- Ensure that the policy makes it clear whether or not employees are allowed to consume alcohol at work, drink during working hours, or drink before attending work.
- Make sure that the policy includes information about the level of support – including counselling or professional help – which an employee will receive if alcohol or drug problems are recognised.
- Provide information to increase awareness of alcohol or substance dependence and sources of support. Review access to alcohol within the organisation – for example, at social functions or in social facilities.



Casestudy

95 Alive - North Yorkshire Road Safety Partnership

There is a growing level of concern that drivers do not appreciate the length of time it takes for their body to process alcohol and some are driving to work the following day whilst still over the legal limit. The so-called "morning after" effect. A short visual presentation has been developed by the Road Safety team using a typical large wine glass and blackcurrant squash to demonstrate the quantity of wine that will leave the average person over the limit at 8am the following day – when they drive children to school, or drive to work. The use of unit counters and visual measures reinforces this practical and memorable demonstration of what alcohol units represent in real terms. Feedback has shown people understand the visuals and the risks they face if they drink too much or too late at night.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>

Workplace Wellness! Healthy Workplaces

"The best way not to feel hopeless is to get up and do something. Don't wait for good things to happen to you. If you go out and make some good things happen, you will fill the world with hope, you will fill yourself with hope." Barack Obama

November 2017

Creating healthy workplaces

A healthy workplace is one in which the health and wellbeing of employees is valued and where policies and procedures support individual action e.g. public health campaigns. Good work is good for health – provided attention is given to key issues such as, health and safety; job design; management and the organisational culture. From a public health perspective the workplace is an important setting for improving health because of:

- The opportunity to target defined segments of the population.
- The opportunity to work on structural and cultural changes in addition to high visibility 'quick wins'.

Building healthier workforces

An effective healthy workplace programme is associated with positive outcomes for the organisation if the employer goes beyond meeting their legislative obligations, and develops a culture of staff engagement, partnership working across departmental boundaries and a preventative proactive approach to wellbeing. The most successful healthy workplace programmes are underpinned by high levels of commitment and involvement at all levels of the organisation.



Workplace Wellness

There is increasing evidence that investing in workplace health can increase performance and productivity, reduce sickness absence levels and improve employee engagement and motivation. Actions can include:

- Adopting a management and leadership style which supports employees mental health and wellbeing.
- Introducing an environment which encourages and supports health e.g. healthy eating choices, physical use of space to encourage physical activity.
- Creating a culture which encourages good practice in employment through policies and procedures
- Adopting evidence based frameworks (examples of which are discussed below).

There are National Standards for Wellbeing in the workplace

1. The **Workplace Wellbeing Charter** is endorsed by Public Health England and Dame Carol Black and introduces a national framework which brings together evidence and best practice from existing workplace health programmes into one framework. The charter provides a clear set of wellbeing standards focussing on three key areas – leadership, culture and communication in addition to standards relating to mental health, smoking, health and safety, nutrition, alcohol and physical activity.
2. **Mindful Employer** initiative was launched in October 2004 by Devon Partnership NHS Trust to support employers with easier access to information and support for employees with mental health conditions. Beginning as a local initiative, the programme has organically grown into a well-respected national approach to mental health and wellbeing. The Charter is just one part of the Mindful Employer initiative and over 1,500 employers have been signatories at some point since the initiative began in 2004.

One You Easy Meals

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Personal action plan

How healthy is your food?

What you eat, and how much, is so important for your health and your waistline. Choosing healthier foods is easier than you might think. Moderate obesity reduces life expectancy by an average of three years, while morbid obesity reduces life expectancy by 8-10 years - equivalent to the effects of lifelong smoking.

- Search One You online and find information on how to eat well.
- Eat at least five portions of fruit and veg a day; check the fat, salt and sugar content when buying food.



Key facts

- Of the North Yorkshire NHS workforce 30% feel their organisation takes positive action on health and wellbeing (NHS staff survey, 2015).
- The most common reason reported for sickness absence is minor illnesses e.g. coughs and colds. However more days of work are lost due to back, neck and muscle pain (musculoskeletal conditions) than any other cause.
- Sickness absence is highest in the largest workforces, with sickness rates the highest in the health sector and lowest in senior staff positions and in those that are self-employed.
- With increasing age sickness absence rates increase, but this then decreases after eligibility for the state pension.

Focus for action - Promote Healthy Eating

- Create healthy working cultures which encourage people to take a break and provide clean and healthy eating facilities.
- For places with in-house catering facilities, provide a range of healthy foods and drinks, with appropriate healthy portion sizes: identify the healthier choices on menus; provide information on food content and healthy eating.
- For those with vending facilities choose 'healthy vending' options; experiment with pricing of vending items – for example, subsidising the healthier ones and increasing the price of less healthy ones.
- Support 'healthy eating weeks'.

Case study

Disability Action Yorkshire – Harrogate – Food Safety in Catering Course

Disability Action Yorkshire is a charity, limited company and social enterprise providing a variety of services for disabled people in an inclusive environment. The organisation offers training for employment, supported living and assistance in developing the skills required to live independently. Sixteen staff took part in the Food Safety in Catering course. All found the course beneficial in helping them to ensure they exceeded mandatory legal requirements, enabling Disability Action Yorkshire to maintain its 5* hygiene rating and further enhance its reputation.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>

Live to Work or Work to Live? Recommendations

"They may forget your name, but they will never forget how you made them feel" Maya Angelou

December 2017



Stay Well this winter

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Recommendation 1 - Create healthy workplaces (January)

- Make workforce health and wellbeing a priority. It is good for staff and customers and it promotes business development and prosperity. Employees are more likely to take their health and wellbeing seriously if they can see those in leadership positions are serious about these issues too.
- Be aware of your responsibilities as an employer and employee under the Health and Safety at Work Act and associated legislation - www.hse.gov.uk and under the Equality Act 2010 www.cipd.co.uk.
- Develop policies and plans that promote the health and wellbeing of the workforce as a long term investment.
- Make an action plan to create a healthy workplace making sure your organisation has good policies and practice in place (e.g. equal opportunities policy, anti-discriminatory practices) and clear routes for reporting and seeking redress.

Focus for action

1. Promote health and wellbeing by increasing physical activity (April).
2. Create smokefree workplaces (June).
3. Raise awareness of road safety and dependant drinking and develop alcohol policies for the workplace (October)
4. Promote healthy eating (November).

Recommendation 2 - Build a healthy workforce, creating a culture that is diverse and inclusive (February)

- Realise the benefits of recruiting a diverse workforce to inform, influence and improve the range and quality of services you provide for customers.
- Provide reasonable support and adjustments to recruit people living with disability and long term health conditions. (North Yorkshire Supported Employment Services can offer guidance).
- Ensure support is in place to retain employees who may become disabled or experience illness and need help to return to work and remain in employment.
- Raise awareness of the issues encountered by people living with long term health conditions and those with mental health problems in the workplace and promote a culture of inclusiveness.
- Consult with employees and their representatives to identify problem areas and make a commitment to take action in partnership.

Focus for action

1. Develop healthy recruitment, retention, training and rehabilitation processes encouraging people to stay in employment (March).
2. Make adjustments to broaden the potential recruitment field and encourage people into work (May).
3. Work in partnership to maximise employment opportunities to enhance recruitment and retention of young people (July).
4. Take action to overcome the skills shortages and up-skill the workforce (August).
5. Make adjustments to allow people living with long term health conditions to work (September).

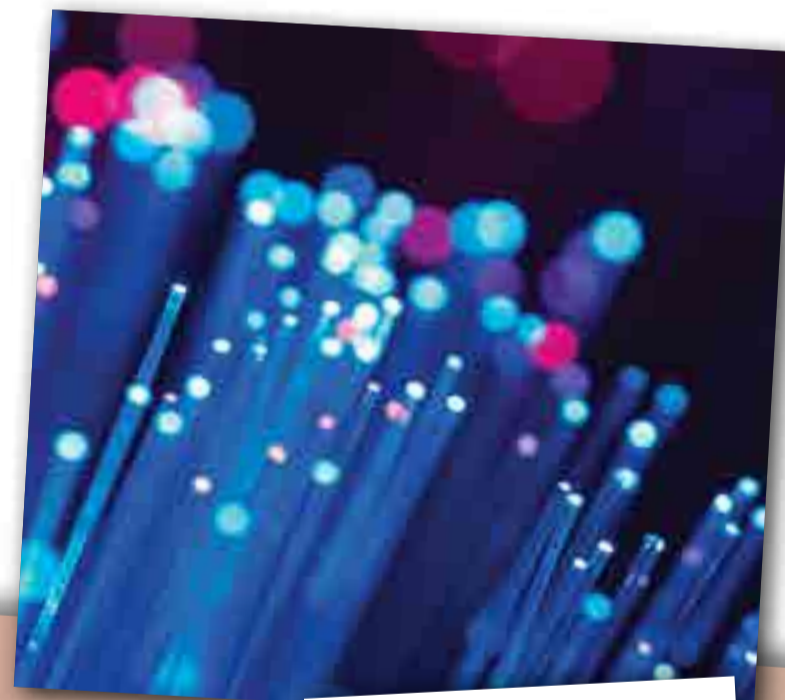
Personal action plan

**STAYWELL
THISWINTER**

Stay well this winter

Winter can be seriously bad for our health but there a number of things you can do to keep you and your family well this winter. Visit www.nhs.uk/staywell for helpful tips and advice

- Don't put off getting the flu vaccination. If you're eligible get it now. It's free because you need it.



**SUPERFAST
NORTH YORKSHIRE
CONNECTING OUR COMMUNITY**

Case study

Superfast Broadband across North Yorkshire

North Yorkshire has reinforced its commitment to making the area a better place to live and do business by agreeing funding of £20.5 million for phase three of its Superfast North Yorkshire programme. Just over £12 million will come from the NYCC funds, £7.3 million from the Government's Broadband Delivery UK (BDUK) and £1 million from the European Regional Development Fund (ERDF). High quality broadband with a minimum speed of 25Mbps will have been brought to 91% of premises across the County by next June in phases one and two of the project, which has cost £34.5 million. By the end of June 2016, 830 fibre broadband cabinets had been switched on since the launch of the project.

Case study and contact details available at <http://hub.datanorthyorkshire.org/group/dphar>

Update on Recommendations from 2015 report

While this year's report focuses on the working age population, last year's DPH Annual Report 2015 focused on children and young people and made six recommendations that included improving the health and wellbeing of children and young people. These are the actions taken so far:

Child poverty

Child poverty has been discussed in a number of forums including the "Reimagining health for all children in North Yorkshire" conference in April 2016. This conference, the first of its kind, was sponsored by the Children's Trust and brought together leaders and practitioners with responsibility for children's wellbeing. The conference helped to inform the development of the Council's approach to childhood poverty and further work will be done to respond to the national life chances strategy due to be published in the near future. Health visitor assessments include measures of child poverty.

0-5 Healthy Child Programme

The 0-5 health visiting programme successfully transferred from NHS England on 1 October 2015. NYCC embarked upon a rapid review which resulted in the design of a new service specification and performance framework. The new specification was developed based on direct engagement feedback from stakeholders and families. The core principles of the new service are:

- Addressing inequality and easy access - open access for all but intensive targeted work with priority population groups that is timely and consistent.
- Delivering quality - strong leadership and effective system working delivering excellent quality and value for money in conjunction with a professional and skilled workforce.
- Improving outcomes - through delivery of strong evidence based practice that promotes consistent messages and support. A strong focus should be given to prevention, health promotion and early identification.
- Innovation - continuous improvement and use of technology.
- Promoting integration - services to be delivered as part of a multi-agency integrated approach.

Parenting Programmes

A multi-agency group has been meeting regularly to put together the third parenting strategy for North Yorkshire. The Children's Trust Board will be asked to adopt the strategy at its meeting on 28 September. In the meantime, work is ongoing to train staff in the evidence-based programmes that have been identified. There is also a group of professionals and parents developing support for parents' with children who have special educational needs and disabilities.



Childhood obesity

A draft strategy 'healthy weight healthy lives' has been developed on behalf of the Health and Wellbeing Board and is currently under consultation. Giving every child the best start in life is one of the five priorities identified in the strategy, which aims to improve the outcomes of our children and young people in terms of reducing obesity and increasing physical activity and narrow health inequalities within the County by:

- Promoting breast feeding and supporting local organisations to achieve UNICEF Baby Friendly accreditation.
- Encouraging breast feeding initiation and maintenance at six to eight weeks.
- Promoting Healthy Start vitamins and encouraging target groups to take up the offer.
- Developing existing and planned programmes, services and projects that promote healthy school environments and nutritional literacy for school aged children.
- Ensuring that only healthy foods, beverages and snacks are served in formal child care settings or institutions.
- Reducing access to unhealthy food options within an agreed radius of early years, schools and college settings.

PSHE in Schools

All schools have access to the North Yorkshire personal, social, health and economic (PSHE) curriculum entitlement framework for key stages 1- 4 which provides a framework to support schools implement an effective and well planned curriculum.

A range of training opportunities have been provided and accessed by schools to ensure they are delivering high quality PSHE using age appropriate and up-to-date resources, including the National PSHE Continued Professional Development (CPD) programme.

Resources developed by young people in North Yorkshire have been distributed to all secondary schools to support the curriculum delivery on issues such as online safety, child sexual exploitation and raising awareness about lesbian, gay, bisexual, and transgender issues.

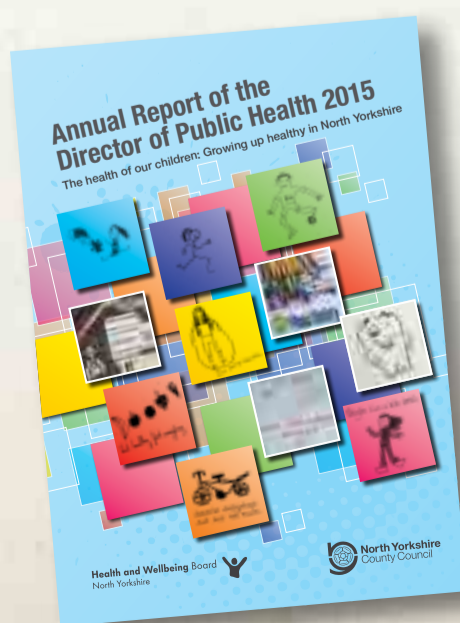
All schools have completed a safeguarding audit that included a focus on how pupils are taught about how to keep themselves and others safe both on and offline. It has identified some further areas that schools would like support on which will be addressed over the coming year in relation to their planned PSHE curriculum.

A number of schools have been invited to take part in targeted programmes to review the provision of PSHE. Training has been provided to schools on delivering effective PSHE, including the national PSHE CPD programme and sex and relationships education in schools. A task and finish group is meeting to identify what offer will be made to schools around improving sex and relationships education.

The Local Authority is currently exploring the impact of the White Paper "Educational Excellence Everywhere" on the delivery of PSHE (<https://www.gov.uk/government/publications/educational-excellence-everywhere>).

Maximise opportunities for Future in Mind

There are two Future in Mind projects to be taken forward this year. The first project is to identify and test with around 30 schools an early identification and assessment tool to support staff to spot any emerging difficulties and provide them with an intervention toolkit. This project will be implemented in September 2016. The second project is the schools emotional wellbeing project which will identify a suitable provider to build capacity in schools to implement whole school approaches to promote emotional wellbeing as well as provide some specific individual and group work interventions; the service will be implemented from January 2017. Alongside the project work there are a number of work streams looking at transformation within the current emotional wellbeing offer to ensure all services are working effectively together.





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