

# Health, Work and Well-being Indicators

**Progress Update Report**

**December 2011**

## Introduction

Dame Carol Black's review of the health of Britain's working age population published in 2008, identified the importance of healthy workplaces in promoting good health among workers. The report set out some challenges for the improvement of the health of Britain's working age population.

[Carol Black Review: Working for a healthier tomorrow](#)

In response to the review, a number of initiatives were developed aimed at improving the health and well-being of the working age population which would benefit Britain's economic performance overall.

[Government Response: Improving health and work: changing lives](#)

A report of the health work and wellbeing indicators was published in 2010. The report published the baseline for which all indicators would be measured on an annual basis towards the achievement of key health work and well-being indicators.

[Health Work and Well-being Indicators Baseline Report 2010](#)

This is a follow up of that report. Data in this report have been updated wherever possible using the Labour Force Survey, DWP and HMRC Administrative data and the GP-Patient Surveys from England, Scotland and Wales. To access published material from which information in this report has been obtained, click on the relevant links at the bottom of the page.

Indicators

Headlines

Indicator 1

Indicator 2

Indicator 3

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## The Health and Well being indicators are:

1. Improving knowledge / perceptions about the importance of work to health and health to work
2. Improving the promotion of health and well-being at work
3. Reducing the incidence of work-related ill-health and injuries and their causes
4. Reducing the proportion of people out of work due to ill-health
5. Improving the self-reported health status of the working-age population
6. Improving access to appropriate and timely health service support
7. Improving business productivity and performance

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## Indicator 1: Health perceptions

No update is available for this year's report but evidence from the Health, Work and Well-being Employer Survey published in 2011 shows the vast majority of employers recognise the importance of health to work and work to health. In this report we have published additional sectoral analysis on employers' attitudes to health and well-being.

## Indicator 2: Promotion of health and well-being at work

No update is available for this year's report but evidence from the Health, Work and Well-being Employer Survey in 2011 shows employers in general do provide some Well-being measures. In this report we publish additional sectoral analysis of the provision of health and well-being initiatives.

## Indicator 3: Work-related ill-health

Latest evidence from the Health and Safety Executive indicate a statically significant improving trend towards the reduction of work-related ill-health incidences at work. The same is also true of work-related injuries.

## Indicator 4: Worklessness due to ill-health

4a: The proportion of people leaving their jobs in the last 12 months actually increased to 11.6 per cent compared with the baseline of 10.7 per cent, The change however is not statistically significant .

4b: The gap between the employment rate of those with a long-term health condition and the overall employment rate in Great Britain has contracted from 12.8 per cent at the baseline to 11.8 per cent in the four quarters to June 2011. This is a statistically significant improvement from the baseline.

4d: The proportion of people moving into working age ill-health benefits from employment fell from 43 per cent to 41 per cent.

## Indicator 5: Health status

No material change was observed in the reported health status of the working age population in Great Britain between the baseline report and this update.

## Indicator 6: Health service support

In all three countries in Great Britain, the proportion of people who were able to see a doctor quickly either rose or stayed at the same level as the baseline.

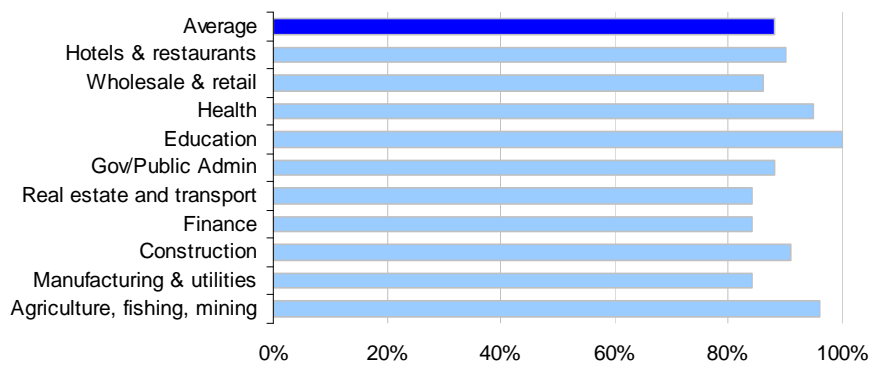
## Indicator 7: Productivity

An estimated 134 million working days were lost to sickness absence in the year to June 2011. This equates to 2.1 per cent of all working time or 4.9 days for each worker. The change is not statistically significant.

## Indicator 1: Improving knowledge / perceptions about the importance of work to health and health to work

No new data is available to update the headline indicator. Additional analysis is presented below:

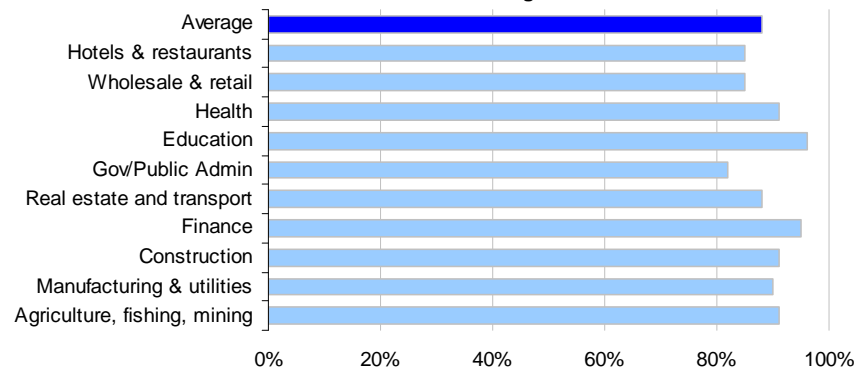
1a. % Agreeing with "Employers have a responsibility to encourage employees to be physically and mentally active"



Overall, 88 per cent of all employers agree that they have a responsibility to encourage their employees to be physically and mentally healthy. Looking at the variability of responses by industry reveals a high proportion of agreement with this statement in all industries particularly in the Education, Health and Agriculture, fishing and mining industries. Further information about this measure can be found in chapter 2 (pages 11-17) of the report: Health Work and Well-being at work: a survey of employers (see link to the report below).

88 per cent of all employers also agree that there is a link between work and employee's health and well-being. A closer look at the variability of responses by industry shows a lower level of agreement with this statement among Government and Public Administrative employers. Further information about this measure can be found in chapter 2 (pages 11-17) of the report: Health Work and Well-being at work: a survey of employers (see link to the report below).

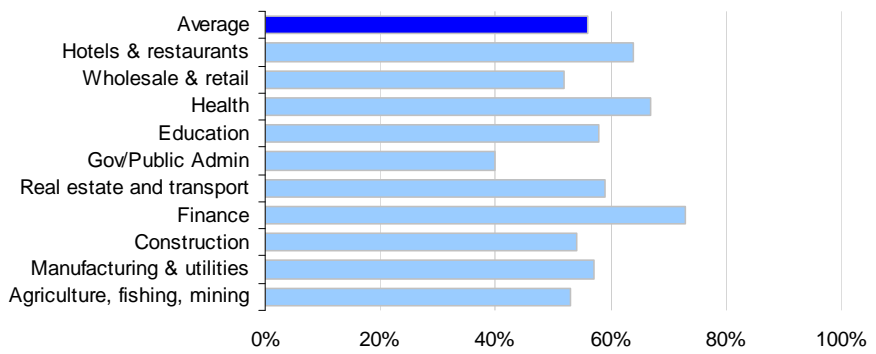
1b. % Agreeing with "There is a link between work and employees' health and wellbeing"



## Indicator 1: Improving knowledge / perceptions about the importance of work to health and health to work

No new data is available to update the headline indicator. Additional analysis is presented below:

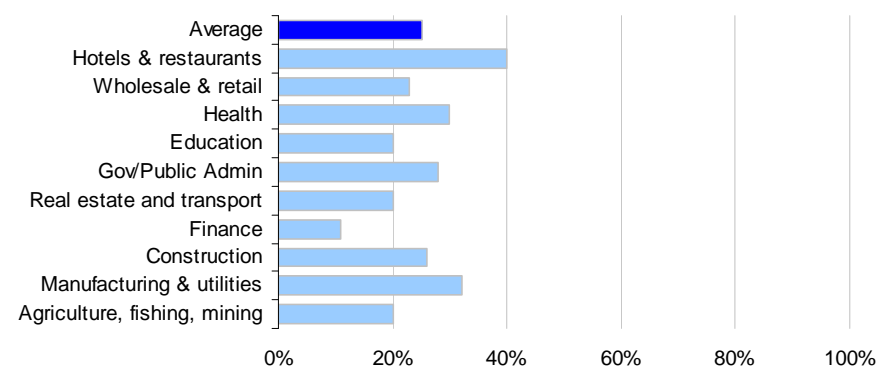
1c. % Agreeing with "The financial benefits of spending money on employee health and wellbeing outweigh the costs"



Over half of employers (58 per cent) agree that the financial benefits of spending money on employee health and well-being out weighs the costs. Employers in industries such as hotels and restaurants, health, education, real estate and transport, finance and manufacturing and utilities sectors are more likely than average to agree. However, in the Government and Public Administration sector, just 40 per cent of employers said they agreed with the statement. Further information about this measure can be found in chapter 2 (pages 11-17) of the report: Health Work and Well-being at work: a survey of employers (see link to the report below).

Employers surveyed were asked if sickness absence was a real barrier to the productivity of their organisation. Only 25 per cent of employers felt that this was the case overall. However, this perception was higher among employers in the hotel and restaurants industry. Employers in manufacturing and utilities also displayed greater than average sensitivity towards the impact of sickness absence on the productivity of their workforce. Further information about this measure can be found in chapter 2 (pages 11-17) of the report: Health Work and Well-being at work: a survey of employers (see link to the report below).

1d. % Agreeing with "Currently, sickness absence is a real barrier to productivity in your organisation"

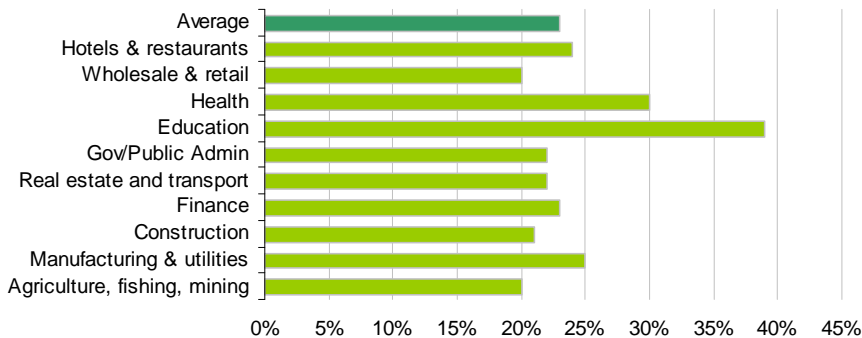


## Indicator 2: Improving the promotion of health and well-being at work

No new data is available to update the headline indicator. Additional analysis is presented below:

### Sub-indicator 2a: Provision of health and well-being initiatives

Index of Wellbeing Measures as reported by Employers



All employers reported providing some well-being measures.

The chart on the left shows the number of well-being measures employers provided in the last 12 months as a proportion of the maximum number of measures they were asked about. These measures include providing more than 20 days holiday, pension schemes, work area assessments and adjustments, counselling and access to occupational health, among others.

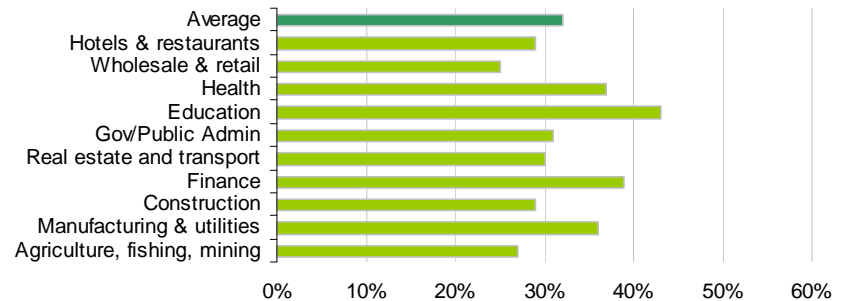
An average of four health and well-being measures were provided by each employer. However, employers in education provided an average of eight measures. Employers in the wholesale and retail sector were found to provide fewer health and well-being measures for their employees with an average of just three measures for each employer. Further information about this measure can be found in chapter 3 (pages 19-27) of the report: Health Work and Well-being at work: a survey of employers (see link to the report below).

### Sub-indicator 2b: Provision of stress management support and advice

Overall, only 17 per cent of organisations provided stress management support and advice but there is considerable variation between industries. Employers in wholesale and retail as well as agriculture, fishing and mining industries, in general, offered less stress management support than other industries.

Employers the Public Sector (Government, Education and Health) as well as Finance and Manufacturing/Utilities sectors seemed to do better but none scored above 50 per cent. Further information about this measure can be found in chapter 3 (pages 19-27) of the report: Health Work and Well-being at work: a survey of employers (see link to the report below).

Index of Stress Measures as reported by Employers (who had any)



Indicators	Headlines	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7
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## Indicator 3: Reducing the incidence of work-related ill-health and injuries and their causes

### Incidences of illness:

There were an estimated 1,640 incidences of self reported illness for every 100,000 workers in the last 12 months where the illness was believed to have been caused or made worse by work. This is a reduction from last year when the rate was 1,850 per 100,000 workers. The reduction represents a statistically significant fall from the baseline rate.

### Incidences of injury

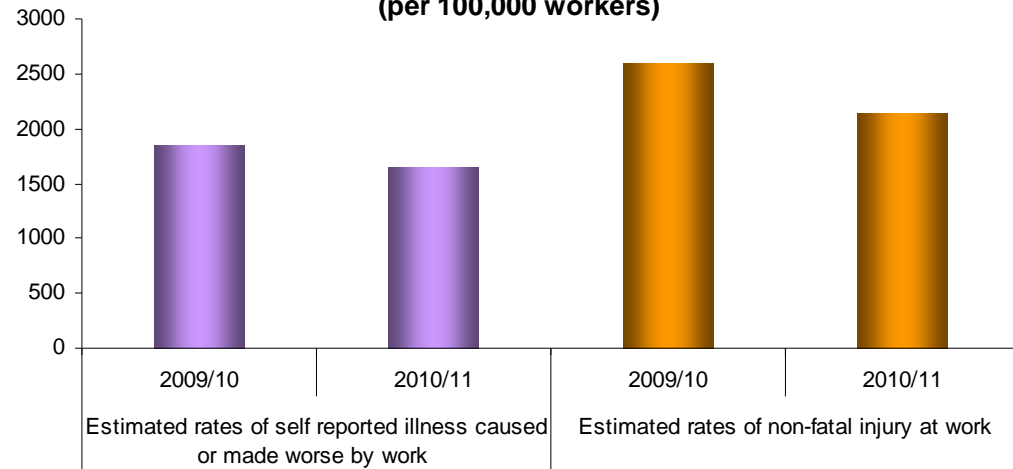
In the same period there were 2,130 incidences of non-fatal injury per 100,000 workers. Again this is a statistically significant reduction from last year when there were 2,590 incidences per 100,000 workers.

Data for these measures were provided by the Health and Safety Executive and is based on results from the Labour Force Survey.

For further information about this measure, click on the link to the Health and Safety Executive’s statistics webpage highlighted below.

*Source: Quarterly Labour Force Survey, 2011, 16-64 year olds not seasonally adjusted.*

**Estimated incidence rates of illness or injuries (per 100,000 workers)**





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## Indicator 4: Reducing the proportion of people out of work due to ill-health

### Sub-indicator 4a: Reducing the proportion of people who left their last job due to ill-health.

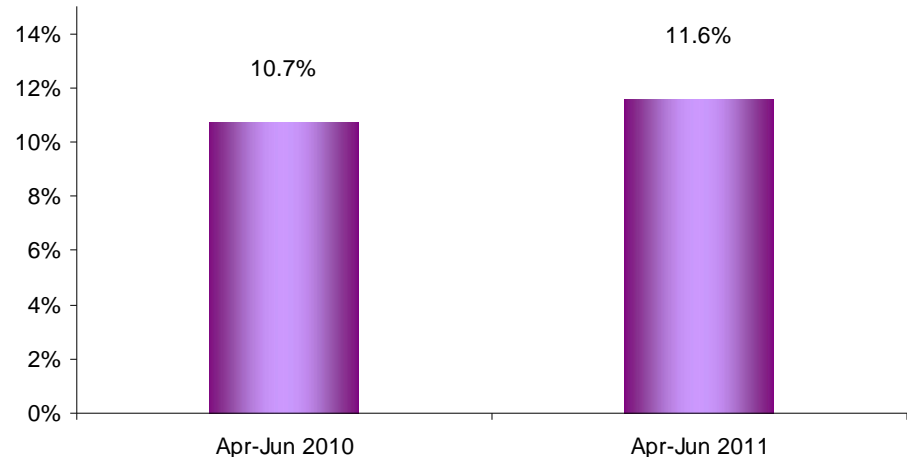
In the 12 months to June 2011, of the people who left their jobs, 11.6 per cent did so due to ill-health.\*

The worsening result between the baseline and this year's result is not statistically significant and it has not been possible to fully investigate the causes of the rise in the number of people leaving their jobs due to ill-health.

\* Updated methodology to take account of seasonality in this measure means the baseline has been altered and is 10.7 per cent (rather than the 11.2 per cent published in last year's report).

*Source: Quarterly Labour Force Survey, 2011, 16-64 year olds not seasonally adjusted.*

Proportion of people who left job in the last 12 months due to ill health



## Indicator 4: Reducing the proportion of people out of work due to ill-health

### Sub-indicator 4b: Reducing the gap between the employment rate for those with a long-term health condition and the national employment rate (LFS).

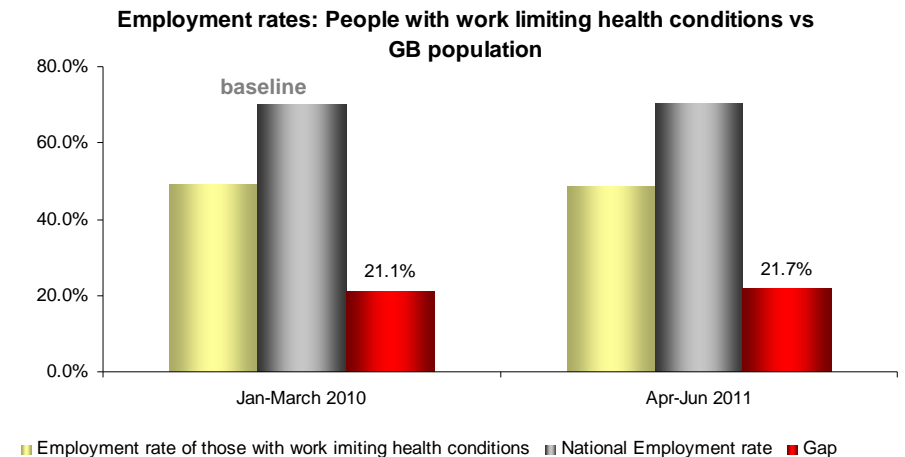
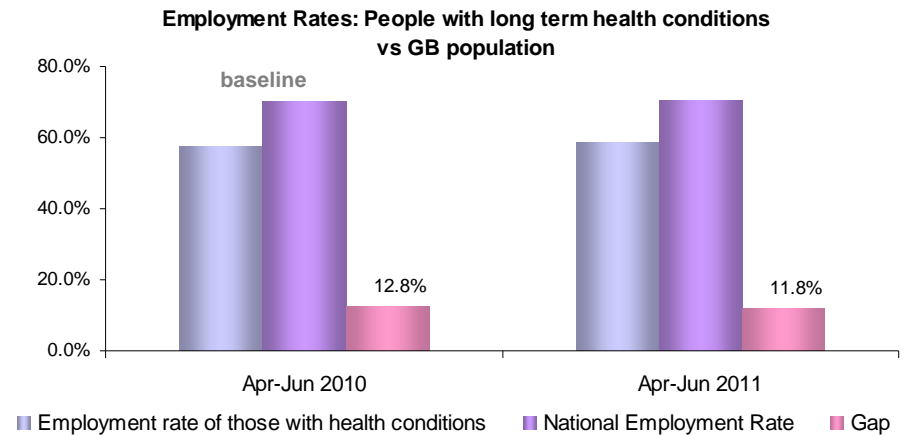
The current employment rate for those with a long-term health condition is 58.7 per cent. This compares with a national rate of 70.5 per cent. The gap between the two groups is therefore 11.8 per cent, which is a statistically significant improvement compared with the 12.8 per cent gap last year.

We also provide the employment rate of those with a work limiting health condition, which is 48.8 per cent (June 2011); this is only marginally lower than the 49.0 per cent published in the baseline report and therefore the change in the employment rate gap is not statistically significant.

*Source: Quarterly Labour Force Survey, 2011, 16-64 year olds not seasonally adjusted.*

### Sub-indicator 4c: Increasing the proportion of people who move back employment after a period of long term employment.

No direct measure is yet available for this sub-indicator. From January 2012, the Labour Force Survey questionnaire will be expanded to include questions pertaining to this sub-indicator. It is envisaged that some early results will be published with the next report.





## Indicator 4: Reducing the proportion of people out of work due to ill-health

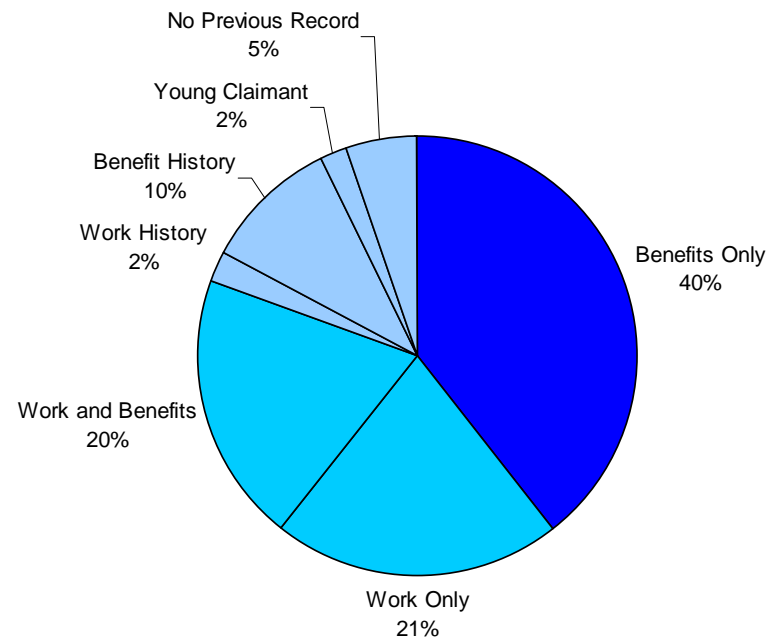
### Sub-indicator 4d: Reducing the proportion of people who move on to working age IB/ESA from employment.

Last year, the data for this indicator showed that 43 per cent of people claiming ESA had worked in the preceding 91 days. The latest data (those claiming ESA between June 2010 and May 2011) show this proportion has fallen to 41 per cent. \* This is a small but clear improvement on the baseline.

Furthermore, the proportion coming from “benefits only”, with no record of working in the preceding 91 days, has risen from 37 per cent to 40 per cent.

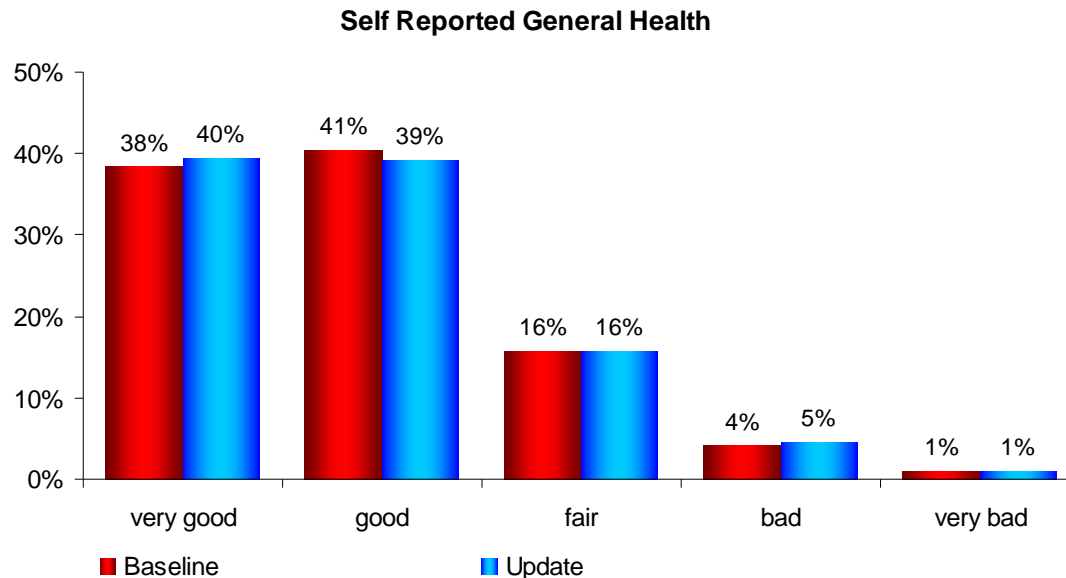
**It should be noted that the data used for this indicator are still experimental estimates:**  
 P45 employment data misses some low hours and self-employed jobs. We suspect that due to high levels of retrospection in P45 end dates, the “work and benefits” categories may be too large at the expense of the “benefits only” category. The chart above is simply a representation of the administrative data as it stands.

**Administrative Data on Origins of ESA Claimants  
 June 2010 – May 2011**



\* Working in the preceding 91 days is defined as the sum of “Work Only” and “Work and Benefits”

## Indicator 5: Improving the self reported health status of the working age population



This indicator is measured by the annual General Lifestyle Survey. Comparing data from 2008 (baseline year) with 2009 (the latest data available) reveals that the vast majority of people (almost 80per cent) believe themselves to be in good health. The updated figures show that the number of people reporting very good health has improved since the baseline while the number of people reporting good health worsened. However these changes are not statistically significant.

A more detailed look at the self-reported health status by employment status reveals that those in work are generally more likely to report better health than those out of work. At this time no work has been done to investigate the possible causes of this.

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## Indicator 6: Improving access to appropriate and timely health service support.

**There are 2 sub-indicators for this measure:**

- **To increase the proportion of people who were able to see a doctor fairly quickly (usually within 48 hours)**
- **To increase the proportion of people who were able to book ahead for an appointment with a doctor in the past six months**

### **For England:**

The latest results to March 2011 show that 79 per cent of patients who tried to see a doctor in the past six months were able to, on the same day or within the next two days. This is a 16 percentage point improvement from the baseline position in 2010.

The majority or 71 per cent of those who tried to book ahead for an appointment with the nurse or doctor were able to get an appointment more than two full weekdays in advance. This is a three percentage point improvement from the baseline position in 2010.

*Source : English GP Patient Survey April 2010 to March 2011.*

### **For Scotland:**

Both measures are largely unchanged from the baseline:

- 94.3 per cent of patients in Scotland were able to see or speak to someone at their GP practice within 48 hours compared with 94.5 per cent last year
- 85.2 per cent were able to obtain advance access (book ahead for an appointment with a doctor compared with 84.5 per cent last year,

*Source : Scottish GP Patient Experience Survey 2009-10.*

### **For Wales:**

Latest statistics for the Welsh GP Access Survey, released on 16 June 2011, show that overall, of those who tried to see or speak to a GP or healthcare professional fairly quickly, a large majority (84 per cent) reported that they were able to do so.

A total of 90 per cent of patients also said they had tried to book ahead (more than two full days in advance) for an appointment with a GP or healthcare professional. Of these, 74 per cent said they were able to book in advance the last time they tried to do so.

*Source : Welsh GP Access Survey, 2011.*

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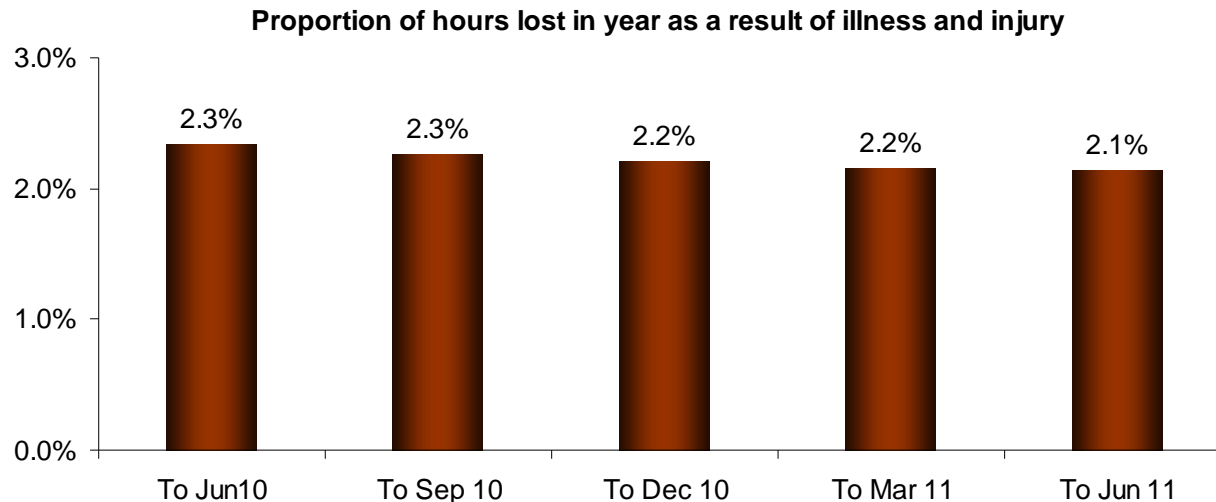
## Indicator 7: Improving business productivity and performance

**Productivity for this indicator is measured by analysing working time lost to sickness and injury as a proportion of total contracted working hours of the workers in Great Britain.**

There were an estimated 134 million working days lost to sickness absence in the year to June 2011. This equates to 2.1 per cent of all working time or 4.9 days for each worker. This is not a statistically significant improvement from the baseline position.

Data from the last five quarters as shown in the chart below however, does show a declining trend in the proportion of time lost to sickness and injury in the last year.

*Source: Quarterly Labour Force Survey, 2011, 16-64 year olds, Great Britain, not seasonally adjusted.*



**NB: Baseline figure has been amended to include self-employed data.**