

MANCHESTER JOINT STRATEGIC NEEDS ASSESSMENT

ADULTS AND OLDER PEOPLE

CHAPTER: Wider Determinants

TOPIC: Work and Health

WHY IS THIS TOPIC IMPORTANT?

People who are in work live longer, healthier lives. Being out of work can put people at increased risk of ill health and premature death. There is strong evidence that unemployment is generally harmful to health, and leads to:

- higher mortality. Statistics suggest that you are more likely to die early if you are out of work for two years due to a health condition, than return to work
- poorer physical and mental health, including psychological distress and minor psychological/ psychiatric illnesses. It is estimated that 1 in 7 men who experience a prolonged period of unemployment (six months or more) will develop clinical depression and the incidence of psychological problems more than doubles in unemployed individuals (risk rises from 16% to 34%)
- increased alcohol and tobacco consumption; decreased physical activity
- increase in family violence, and child neglect
- children of unemployed parent(s) have an increased risk in onset of emotional/conduct disorder in childhood
- higher rates of medical consultation, medication consumption and hospital admission rates It is estimated that less than 30% of presenting issues at GP surgeries actually require clinical intervention, and 70% of appointments are actually down to issues around wider social determinants ('social prescribing'); furthermore, this figure rises in more deprived areas

The impact of unemployment can be particularly acute among younger individuals. A bad early experience of unsuitable employment can lead to a 'scarring' effect which can last for 20–30 years and restrict a person's ability to progress in the labour market. This can have a lasting effect on not only their employment prospects but also their general well-being. Young people who are not in education, employment or training (NEET) for a substantial period are less likely to find work later in life, and more likely to experience poor long-term health. ([Audit Commission, 2010](#)). Unemployed young men are also seven times more likely to commit suicide than those in employment

Conversely, the jobs that people do can have major positive impact on their health and on the health of the population as a whole. Research shows that work meets important psychosocial needs in societies where employment is the norm and is also central to individual identity, social roles and social status.

Employment is generally the most important means of obtaining adequate economic resources, which are essential for material well-being and full participation in today's society. Getting back into employment (re-employment) increases the likelihood of reporting improved health (from poor to good) almost threefold and boosts quality of life

almost twofold.¹ There is strong evidence that re-employment leads to improved self-esteem, improved general and mental health and reduced psychological distress and minor psychiatric morbidity. The magnitude of this improvement is more or less comparable to the adverse effects of job loss.² (Waddell and Burton 2008).

Although the balance of the evidence is that work is generally good for the health and well-being of most people, it is important to take the social context into account. Employment and socio-economic status are the main drivers of social gradients in physical and mental health and mortality ([Marmot 2010](#)). Work to tackle health inequalities and reduce social gradients in health needs to address the factors that mean that some groups in society are less able than others to take advantage of the health benefits stemming from employment

The beneficial health effects of employment also depend on the nature and quality of work being undertaken. Various physical and psychosocial aspects of work can also be hazards and pose a risk to health ([Waddell & Burton, 2008](#), ³[‘Working for a Healthier Tomorrow’, Black, 2008](#)).

Maximum economic growth cannot be achieved without a healthy population, and a strong economy is essential if we are to realise the potential that employment has to improve the health of the local population.

- Workplace injuries and ill health cost society an estimated £14.1 billion in 2014/15, excluding cancer (Health and Safety Executive, 2016)
- Sickness absence and worklessness cost the British economy £100 billion a year (Black, 2008)
- 300,000 people every year fall out of work onto health-related state benefits (Black and Frost, 2011)
- Evidence shows that getting people back into work and helping them ‘be well’ in work can help to reduce this huge economic burden⁴ (McDaid et al, 2008). For example, [‘Business in the Community’](#) has estimated that its programme of getting disadvantaged groups ‘Ready for Work’ provides more than £3 in benefits to society for every £1 spent over five years (Business in the Community, 2012)
- Employee wellness programmes have also been found to return between £2 and £10 for every £1 spent ([PricewaterhouseCoopers, 2008](#))

Therefore, supporting Manchester residents into work, and ensuring that it is ‘good work’, improves not only the life chances of individuals and their families but boosts the local economic growth as a whole.

A health and care system which incorporates a focus on moving into, and remaining in, work as a routine element of service delivery will achieve better health outcomes for the Manchester population. This interdependent relationship requires system change to create an integrated approach in order to achieve maximum gain across public sector partners, particularly the health sector and will require change at a structural, operational and cultural level.

¹ Carlier, B et al 2013: The influence of re-employment on quality of life and self-rated health

² Waddell and Burton, 2008 Is work good for your health and wellbeing

³ Black, 2008 Working for a Healthier Tomorrow

⁴ McDaid et al, 2008 Employment and Mental Health: Assessing the economic impact and the case for intervention

THE MANCHESTER PICTURE

The Manchester picture: data

Approximately 73% of people aged 16-64 years in the North West of England were in employment during September to November 2016, compared to 74.9% in England (Labour Force Survey, Office for National Statistics, 2017).

In Manchester, high rates of health-related worklessness have persisted within the city during times of economic growth as well as economic downturn.

- 44,340 Manchester residents claim out of work benefit (Department for Work and Pensions (DWP), May 2016)
- of those 31,270 were claiming Incapacity Benefit (IB) or Employment Support Allowance (ESA), the two main sickness related out of work benefits
- Statistics show that there are fewer Manchester residents claiming out of work benefits than the previous year
- Over 50% of those claiming sickness-related benefits have mental and behavioural disorders as the primary health condition. High numbers have musculoskeletal disorders or substance misuse issues
- It is common for claimants to have multiple conditions but only the primary condition is reported for data purposes by the DWP.

The strong evidence base from 2013 onwards for the benefits of work indicates that work for health is not given the priority it should have in relation to patient care. The Manchester Health and Wellbeing Board sought to address this by making work and health a strategic priority and creating shared governance alongside the Manchester Work and Skills Board. Through funding provided initially by the City Council and then via a shared arrangement with Manchester Clinical Commissioning Groups, local programmes (Fit for Work and Healthy Manchester) have been developed which have demonstrated that an integrated approach to work and health can deliver strong outcomes.

The Manchester picture: lived experience

Extensive consultation and evaluation has been carried out as part of the ongoing delivery and evolution of Health and Work initiatives such as Fit for Work, HEALTHY Manchester and GM Working Well, with participants in all programmes reporting the beneficial effects, and improved health outcomes, from engaging with provision (and, conversely, reporting that previous lack of service had an adverse effect on their health and well-being).

Health professionals such as GPs, Mental Health / Improving Access to Psychological Therapies (IAPT) workers, and Musculoskeletal (MSK) / Pain Management practitioners who have referred their patients have also reported positive health outcomes for their patients, as well as reduced need for services.

An interim evaluation (October 2015) of the North Manchester Fit for Work Pilot (the precursor of HEALTHY Manchester) found that patients engaged with the programme reported health based outcomes such as ability to manage a health condition, behaviour change, ability for self-care, improvements to mental health, and reduction in social isolation, as well as employment outcomes. A Cost Benefit Analysis (CBA) which formed

part of the evaluation showed a return of £1.35 to the public purse for every pound spent.

Likewise, a full Evaluation of Fit for Work was carried out in March 2015, and showed improvements in ability to manage symptoms, self-care, mobility, improved mental health and even personal relationships in participants, as well as a fall in the average length of time spent off work. The CBA also showed a return of £1.25 for every £1 spent. Both Working Well Pilot and Expansion have a robust evaluation framework which covers health and social determinants, as well as employment outcomes, and both record physical and mental health support needs as part of initial assessment, and subsequent reviews capture progress (or otherwise) against these presenting support needs.

Case Study – HEALTHY Manchester:

The GP reason for referral given on the referral form was *Rheumatoid arthritis causing depression following treatment from rheumatologist and being prescribed antidepressants. Worked as driver but was involved in an accident as a result of side effects of his medication. Laid off work. Worried about the future.*

At the point of referral patient was suffering with low mood and was feeling 'unemployable'. He consequently resigned from work because of his health condition.

Following his resignation his mental health worsened significantly. He felt that he would not be able to work again as it was too demanding and he could not manage his health condition or the associated pain and pain management. This also affected him socially and he became increasingly withdrawn.

The HEALTHY advisor supported the patient with lifestyle adjustments and provided a lot of motivational support to rebuild his confidence and self-esteem. Recommendations were made in relation to his diet to help manage his health condition. He was referred into the Expert Patients Programme but felt he did not want this support. The advisor discussed patient's transferrable skills with him, reviewed his CV and addressed his financial situation. He was supported to identify what he could manage within the limits of his condition.

18 weeks after entering the service, the patient secured employment, working part time driving air crew back and to from the Airport to their hotels. He has fully embraced his job, loves the interaction with the pilots and it has given him something interesting to talk about with his friends and family, so his self-confidence and self-esteem have returned. This part time role enables him to both manage his health condition and attend all of his hospital appointments.

The patient has fed back that he 'was very grateful for the service, the continuation of calls and the positive voice, support and encouragement at the end of the phone.'

Some other quotes from participants in our health and work programmes have included:

“I would honestly like to say I could have not considered this return to work if were not the help and support you gave me. I am now on the road to full recovery and getting better with each passing day and am extremely happy to back in paid employment in a job that I love. Again my sincerest thanks in all the help and support you gave me and I wish you all well in the future and hope your service goes from strength to strength.”

“The Fit for Work service has helped me come a long way since suffering from low mood and depression. The key-worker played a huge part in helping me rediscover the old me, she helped me get back into routine and motivated me every step of the way. All of the staff that I have spoken to were friendly and approachable, also very understanding of my situation. I consider myself lucky to have had the support I received.”

“If it wasn’t for you I wouldn’t be where I am now..... a billion thank yous is not enough.”

And from a GP -

“I must repeat that your help was absolutely essential. I would not have found it anywhere else. I have no hesitation in referring my patients to F4W and praise the service with my colleagues and patients.”

WHAT WOULD WE LIKE TO ACHIEVE?

There has been an absence of a systematic approach to integrate healthcare provision with programmes designed to move people back to work, in order to support the best health outcome for the individual.

- We want to see as many as possible Manchester residents to either be in employment, or receiving appropriate support to ensure that they are able to access employment opportunities and the myriad of health benefits that employment offers
- An effective early intervention system available to Manchester residents in work who become ill and risk falling out of the labour market combined with early intervention for those newly out of work who need an enhanced health support offer
- Better support for the diverse range of people who are long-term economically inactive in GM
- Development to enable Manchester employers to provide ‘good work’, and for people to stay healthy and productive in work, with opportunities for progression, a real Living Wage, and job security

WHAT DO WE NEED TO DO TO ACHIEVE THIS?

The provision of employment and skills support is complex and can be difficult to navigate for those unfamiliar with this sector. For example, there is no cohesive referral pathway which provides primary and secondary care with a trusted service which can make an assessment of the socio-economic needs of the patient and co-ordinate the right support in a sequenced, prioritised way (although Fit for Work has had some demonstrable success in this area). It is anticipated that the reconfiguration of health and wellbeing services commissioned through public health will help establish the cohesive referral pathway with an increase in capacity for key workers to support the new delivery models. In addition to this, primary and secondary healthcare providers also need better understanding of the health risks of worklessness in order to refer people appropriately.

Current in-work support tends to only be available to individuals who have been through distinct employment support pathways e.g. Working Well, Troubled Families Interventions. There is no single, consistent support in place to ensure that both employers and the individual themselves have the right support to enable a sustained transition to full health.

The provision of support for the National Workplace Wellbeing Charter (which raises the standard of 'good work' within employing organisations) is not consistent and requires a Greater Manchester response and the realignment of commissioning budgets if it is to make a significant impact. It also relies on the employer take up of the Charter.

Whilst brokering employment opportunities for those with health / mental health conditions is a key responsibility of Jobcentre Plus, GM Working Well provision, and The Work Programme prime contractors, more work needs to be done with employers to test the most effective approaches and increase the number of opportunities for people with health conditions, particularly mental health needs.

Manchester's large public sector organisations could potentially offer leadership to influence the creation of opportunities for this group and leverage through procurement policies. Similarly, influencing major employers through existing relationships to increase corporate social responsibility approaches for these groups would also support this objective but this needs to be presented as a business case.

WHAT ARE WE CURRENTLY DOING?

People living with long term health conditions

There is a broad consensus that, when possible, sick and disabled people should remain in work or return to work as soon as possible because it:

- is therapeutic
- helps to promote recovery and rehabilitation
- leads to better health outcomes
- minimises the harmful physical, mental and social effects of long-term sickness absence and worklessness

- reduces the chances of chronic disability, long-term incapacity for work and social exclusion
- promotes full participation in society, independence and human rights
- reduces poverty
- improves quality of life and well-being. ('Is Work Good for your health and wellbeing?' Waddell & Burton 2008, 'Working for a Healthier Tomorrow' Black 2008, [Marmot 1997](#))

A strategic approach is being taken to develop support for people with health conditions who are currently out of work or at risk of being out of work. The programmes outlined below are commissioned at a national, Greater Manchester and Manchester level.

'Fit for Work' (in work) service

The service has been delivering health based interventions for people in work, but currently off sick for the last 3 years. In this time 1151 patients have been seen, 382 of whom have been attached in the last year. The Fit for Work support service aims to proactively engage with patients with low level support needs, before conditions are allowed to deteriorate and to ensure that those in work are able to sustain employment despite having a health condition. This service builds on a Greater Manchester pilot which collated strong evidence that interventions at two weeks of sickness was more effective in preventing unemployment than interventions later on. People can access this service through a GP referral.

86% of GP practices in city have referred patients to the In Work service. This is a major success. 98% of patients who engaged with the service reporting that it helped them to return to work earlier as a result of the service

Healthy Manchester

Healthy Manchester was built on the back of Fit for Work (Out of Work) Pilot. Following its successful results Healthy Manchester was rolled out citywide to help people get back into work. The expansion of the fit for work service for out of work patients, rebranded 'HEALTHY Manchester', has been expanded to cover 19 GP practices citywide in 2015/6. Those practices who wanted the service were required to sign an agreement agreeing to conditions which helps us to build the evidence base on the benefits to primary care.

This service acts as a primary care single point of access to biological, psychological and social support helping unemployed people aged 16-64 who are struggling to manage their health condition and need to make progress back to employment. Of the 270 patients attached to the service since April 2015, 85% had previously worked, 38% had been unemployed for over five years, 64% had a mental health condition and 28% needed support with daily routines. 70% were on ESA of which 76% were awaiting assessment; 12% were in the Work Related Activity Group and 12% in the support group.

Outcomes and Impact

- 33% into employment at discharge (service provision plus 6 months tracking)
- Social Value return on investment in terms of increased confidence/self-esteem, reduced isolation, improved positive functioning, wellbeing

- Social and economic cost benefit analysis shows £2.36 of total public value returned for every £1 invested (savings to DWP [87%], NHS, and local authority).
- EQ5D (health related quality of life assessment) scores show substantial improvements (0.15 Quality of Life Years), particularly significant improvements across usual activity/self-care domains

Overall average self-reported health conditions improved significantly over the duration of the interventions

HEALTHY Manchester has been delivering for 1 year as an open access, patient led model. This model has been tweaked to link into the Working Well Expansion delivery (see below), which is achieved through a bespoke 8 week intervention. Referred individuals who meet Working Well Expansion criteria are encouraged to engage with that provision, but with HEALTHY Manchester deliverer (Pathways CIC) continuing to lead on support provision (providing continuity for the individual) and putting in place a sequenced package of support which is lead by individual need. Those who do not meet Working Well criteria will continue to receive a HEALTHY intervention as appropriate, including signposting to other appropriate mainstream local employment support provision.

GM Working Well Pilot Programme

The Working Well Pilot is the programme, designed and jointly funded by the Greater Manchester Combined Authority and the Department for Work and Pensions, which supports Employment Support Allowance (ESA) Work Related Activity Group claimants into sustained employment. Participants are referred into the programme by Jobcentre Plus having completed two years on the Work Programme without moving into sustainable work. All participants have at least one health condition, often including poor mental health. Big Life has been commissioned to deliver the service in Manchester, Salford & Trafford with a key feature of the programme being the integration of other public services to achieve positive outcomes.

The Working Well pilot has been running for over 2 years, and evaluation has shown that the intensive support, motivational interviewing techniques and integration of services make a positive difference for this hard to reach cohort. Long-term unemployed residents accessing the programme report increased levels of self-efficacy, which should support higher numbers into employment than previous programmes aimed at the same group.

A Local Integration Board oversees delivery of this programme and all public sector partners, including health providers, must configure their local services to ensure long-term unemployed people are given priority.

The programme is subject to external evaluation which will establish the potential to reduce long term costs across public sector partners and to establish what the most effective methods are for moving people with health conditions into good quality jobs.

Working Well Expansion

The **GM Working Well Expansion** to 15,000 GM residents includes a 'health pathway' which provides voluntary access to the programme via primary care referrals. This is a significant development for which Manchester advocated strongly during the programme development & procurement processes. It assists with the expansion, resourcing and sustainability of our work and health programmes in the City. We are testing this pathway out via the existing HEALTHY Manchester programme.

The Working Well Expansion contract has been awarded to the Manchester Growth Company (formerly Economic Solutions) for Manchester, Salford and Trafford, and to Ingeus for the rest of Greater Manchester. Pathways CIC who have previously delivered the Healthy Manchester and Fit for Work services in the city, are end to end suppliers within the Growth Company supply chain in the Manchester contract area. An initial mapping exercise undertaken by Pathways CIC suggests that up to 85% of unemployed GP patient referrals (and some in-work referrals) would meet the criteria for Working Well Expansion.

The Working Well Expansion is, however, not just a direct extension of the pilot across larger numbers of GM residents (anticipated 1200 GM referrals per month), but has effectively used the available evidence from the pilot to create a wider Working Well Expansion Ecosystem.

The Working Well Eco-system incorporates the pilots bespoke wrap around and sequenced interventions through a Personalised Keyworker Service which will offer clients expedient access to the Skills for Employment service and Mental Health IAPT Talking Therapies service, with plans to include access to a SM Healthy Lifestyle services (support smoking cessation, physical activity, nutrition and alcohol reduction). The Working Well Ecosystem will operate as one cohesive system and the providers will work together to ensure the client journey is coordinated and sequenced.

The Working Well Expansion also includes a Talking Therapies element, which builds on the learning from the GM Mental Health and Employment pilot. Participants in the expanded delivery who have identified / have been identified to have a Mental Health support need are provided with accelerated access to talking therapies such as Cognitive Behavioural Therapy (CBT) and Motivational Interviewing, which is provided by Greater Manchester Mental Health Foundation Trust.

The Working Well Expansion programme in Manchester has achieved 78 job starts since April 2016 (from 2,027 referrals)

Transformation Challenge Award (TCA) Workplace Health Baseline Assessment

The Health and Wellbeing Workplace Baseline Assessment Project (HWWBA) was commissioned on behalf of the Manchester Health and Wellbeing Board. The Board requested a 'transparent look' at workplace health standards with an emphasis on mental health and disabilities. This work will potentially impact on the 40,000 people who are employed by Board organisations in the city, plus their supply chains and local residents.

It has been recognized that the health of a workforce is central to the realisation of economic growth ambitions, particularly in the context of longer working lives. The significant efforts made at both Manchester and Greater Manchester level to move people back into employment will not achieve maximum gain if the workplace contributes to poor health, particularly mental health. The role that employers play is critical, both in term of protecting health and promoting longer, healthier lives to reduce demand on public services.

The following organisations will be directly involved:

- Manchester City Council
- Central Manchester Foundation Trust

- Pennine Acute Hospitals Trust
- Manchester Mental Health and Social Care Trust
- University Hospitals South Manchester Trust
- South, Central and North Manchester Clinical Commissioning Groups
- A voluntary sector organisation, to be nominated by Board Member organisation Manchester Alliance for Community Care

The project aims to create a benchmark across the city that identifies areas of good practice within each organization and key areas for improvement across the city. All of the organisations and their employees across the city are doing some really innovative work which we can all benefit and learn from.

Following a competitive tender process, an external consultancy – PACE Aspire - were appointed in June 2016 to lead on this work. Qualitative and quantitative data continues to be collected with each of the partner organisations.

North Manchester One Team Prevention Programme

We are currently working closely with North Manchester CCG to put in place a new way of working across the North Manchester area, which aims to address poor health outcomes for North Manchester residents from a wide and diverse range of demographics through the embedding of community based health initiatives, that actively consider employment outcomes as a key part of a health intervention. This will be developed through a person and community strengths based approach, supporting residents in strengthening the social determinants of health, and using a personalised and holistic asset based approach to better enable self-care. It will have a single referral/access point which allows healthcare professionals to connect people with various sources of support that address the wider determinants of health.

OPPORTUNITIES FOR ACTION

More work needs to be done to understand the nature of interventions which support improved mental and physical wellbeing and good employment outcomes for those out of work with a health condition, in particular the balance of medical/social interventions. This evidence base is under development locally through the GM Working Well and GM Mental Health and Employment pilots, and through the nationally commissioned Joint Unit Health Innovation Pilots.

Further research and development is required to determine how best to meet the particular needs of older workers as a distinct group, and develop the evidence base in this area. The GM Ageing Hub, in partnership with the Centre for Ageing Better, is conducting employment pilots to develop the evidence base on what works for people aged 50 and over.

Further examination is also required of the issues encountered by young people making the transition between adolescent and adult services and the effectiveness of entry into sustained training and employment for young people in receipt of child and adolescent mental health services (CAMHS), Adolescent Learning Disability and / or Adolescent Physical Disability services.

- integration of work as a health outcome within all health and care services – routine enquiry, monitoring and referral – this is under development through the Health and Wellbeing Board
- training and education programme to effect change in culture and practice across health and care sector – this work is under development nationally with Public Health England and Health Education England, and we will be looking to test this early within the city
- increased employment opportunities within public sector organisations and through supply chains for groups with health conditions.

This issue requires system change and evolution of existing commissioned services to respond in a more effective way to health and employment needs.

- The Manchester Locality Plan Early Intervention and Prevention theme is now investing in an integrated model of social determinants support, including employment, learning and volunteering as part of a core offer within the health and care system. This will start in the North Manchester CCG area and expand city wide by 2019, utilising mainstream commissioning budgets and Transformation Funding. It incorporates the HEALTHY Manchester and Manchester Fit for Work services. The test will be whether this can accommodate the scale of the need. A full evaluation is planned.
- Public Services need to strengthen their leadership role around workplace health best practice, and recruitment and retention of people with disability, long-term health conditions and those disadvantaged in the labour market. Recommendations will follow the publication of the Health and Wellbeing Board Workplace Health Baseline assessment.
- Comprehensive and inclusive in-work support offer for employers, and employees with health support needs. To include employer-led initiatives, shared examples of good practice from public, voluntary and community and private sectors, consideration needs to include how small and medium sized employers and the self-employed access suitable health and employment/occupational health support.
- Further work needs to be undertaken to build on the learning from the GM Ageing Hub employment pilots and shape the offer for those aged 50 and over
- Expansion of existing Targeted Youth Support Service (TYSS) provision to provide additional intensive support for NEETS / those at risk of NEET with health / substance misuse support needs.
- Commissioned resources for ex-Armed Forces / Veterans with Mental and Physical Health Support needs (post-traumatic stress disorder (PTSD), injury)

REFERENCES AND LINKS

The case for action to tackle work and health is also set out in the following documents:

Audit Commission, 2010

<https://www.gov.uk/government/organisations/audit-commission>

Business in the Community

<http://www.bitc.org.uk/>

Carrier, B et al, 2013: The influence of re-employment on quality of life and self-rated health

<http://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-13-503>

Centre for Local Economic Studies

<https://cles.org.uk/>

Evaluation of Fit for Work (In Work)

<https://www.cigna.co.uk/downloads/2015/Fit%20for%20Work%20research%20article.pdf>

Manchester's Joint Health and Wellbeing Strategy

http://www.manchester.gov.uk/directory_record/91156/joint_health_and_wellbeing_strategy/category/762/health_and_wellbeing

Marmot 2010: Fair Society, Healthy Lives

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

NICE – Guidance: What do we know about the causal relationship?

<http://www.employabilityinscotland.com/media/83147/worklessness-and-health-what-do-we-know-about-the-relationship.pdf>

'Psychological Wellbeing and Work' RAND Europe

<http://www.rand.org/randeurope/research/projects/psychological-wellbeing-work.html>

PricewaterhouseCoopers, 2008

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209547/hwwb-dwp-wellness-report-public.pdf

Public Health Outcomes Framework

<http://www.phoutcomes.info/public-health-outcomes-framework>

Waddell and Burton, 2008: Is work good for your health and wellbeing

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

Data sources:

- Labour Force Survey, Office for National Statistics
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/labourmarketstatistics>
- NOMIS Official Labour Market Statistics, Office for National Statistics
<https://www.nomisweb.co.uk/>

OTHER RELATED INFORMATION

The work in this Joint Strategic Needs Assessment theme supports a number of priorities outlined in Manchester's [Joint Health and Wellbeing Strategy](#):

- Strategic priority 7: bringing people into employment and leading productive lives.
- Strategic priority 6: Improving people's mental health and wellbeing
- Strategic Priority 2: Educating, informing and involving the community in their own health and wellbeing.

Date first version completed: January 2017

Date of latest version:

It is hoped that you have found this topic paper useful. If you have any comments, suggestions or have found the contents particularly helpful in your work, it would be great to hear from you.

Responses can be sent to jsna@manchester.gov.uk