



**Sunderland  
City Council**

# **Sunderland Workplace Health Strategy**

2024-2027

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# Foreword



For many years now, and certainly in my time as Director of Public Health, there has been a strong focus on supporting workplace health and wellbeing across Sunderland. The results of this approach have been demonstrated through the recent success of programmes like the Workplace Health Alliance and the Better Health at Work Award, which continue to go from strength to strength.

This Workplace Health strategy outlines the collective vision we have, in collaboration with partners, to continue this support and strengthen our position to offer the best possible provision for workplace health and wellbeing in Sunderland, whilst also broadening the scope of our delivery to reach different cohorts of people.

Supporting workplace health and wellbeing is a key priority within our ten-year Healthy City Plan which aims to tackle the social determinants, 'the causes of the causes' of poor health throughout the life course and address inequalities for key vulnerable populations. Employers have a fantastic opportunity to engage their staff in conversations concerning health and wellbeing.

Promoting a healthy workplace has considerable benefits including decreased absenteeism, increased productivity, and improved performance. It can also enhance an organisation's reputation and standing with staff, stakeholders, and the wider community.

This strategy also follows on nicely from my 2022–23 annual report on the impact of the commercial determinants of health. The commercial determinants of health affect everyone. We know that employment and good work for all can have a positive impact on health and wellbeing; locally we are harnessing and promoting this through the Better Health at Work Award and our Workplace Health Alliance.

Regeneration is also key to ensuring we have vibrant communities, supporting developments and businesses that are health promoting. Working policies and practices can impact negatively on a wide range of health outcomes including obesity, diabetes, cardiovascular health, cancer and mental health. It my sincere hope that this newly developed workplace health strategy will build on the work already being done to address the impact of the commercial determinants of health.

I'm grateful to everyone who has contributed to this strategy, including colleagues from services across the council, our partners and the wider business community.

A handwritten signature in black ink, appearing to read 'Gerry Taylor'.

**Gerry Taylor**  
Executive Director Health, Housing and Communities

# Purpose of the strategy

The Sunderland Workplace Health Strategy (referred to as ‘the strategy’) outlines the approach, vision and objectives which will improve conditions for employees within workplaces. It will also encourage employers to support the health and wellbeing of their workforce to reduce sickness, improve productivity and support people to remain in work.

This evidence-based strategy demonstrates that good employment and economic activity can have a significant impact on health outcomes for our residents. We will adopt a universal proportionalism approach ensuring resources and services are allocated proportionately to population need.

## Sunderland Healthy City Plan

The Sunderland Healthy City Plan (2020–2030) is our Health and Wellbeing Board’s refreshed joint Health and Wellbeing Strategy. The vision for our Healthy City Plan is:

**“Everyone in Sunderland will have healthy, happy lives, with no one left behind”**

The Healthy City Plan supports the delivery of the overarching City Plan (2019–2030). Its vision is:

**“By 2030 Sunderland will be a connected, international city with opportunities for all”**

The City Plan sets out three key themes:



The Health City Plan focuses on tackling the social determinants, ‘the causes of the causes’ of poor health throughout the life course - starting well, living well and ageing well and addressing inequalities for key vulnerable populations. The priorities in the plan are:

**Starting Well:** giving every child the best start in life; and enabling children, young people and families to maximise their capabilities and have control over their lives.

**Living Well:** creating fair employment and good work for all; ensuring a healthy standard of living for all; creating and developing healthy and sustainable places and communities; and strengthening the role and impact of prevention.

**Ageing Well:** strengthening the role and impact of prevention for older people.

The shared values and behaviours of the Healthy City Plan underpin this strategy and will guide our approach to strategy implementation. These shared values and behaviours are:

- Focusing on providing 'good' work conditions
- Tackling health inequalities - challenging and taking action to address inequalities and the social determinants of health
- Equity - ensuring fair access to opportunities
- Building on community assets - recognising individual and community strengths that can be built upon to support good health from a business perspective.
- Working collaboratively - everyone playing their part, sharing responsibility and working alongside communities and individuals
- Being led by intelligence - using data and intelligence to shape responses

# Aim of the Workplace Health Strategy

To promote work as a health outcome, including working towards a healthy retirement and also support inclusive economies and reduce inequalities amongst those furthest from the labour market.

This will be achieved through the delivery of the following four objectives.

## Objective 1

Promote, engage and influence employers across all sectors creating fair, inclusive employment and good work for all.

What is being done:

- The current workplace health offer is attempting to embed the above values and behaviours primarily through business engagement with the Better Health at Work Award and Sunderland Workplace Health Alliance
- Employees occupying positions of leadership or management within businesses, are encouraged through the current Sunderland Workplace Health offer to lead by example in ensuring staff health and wellbeing is taken seriously and implemented in a coordinated way

## Objective 2

Understand the wellbeing needs of the local population and how these can be supported.

What is being done:

- Due to the identified need through the JSNA around work and health, the workplace health offer in Sunderland has expanded in recent years and currently engages with the highest number of businesses on record
- The current workplace health offer puts a strong focus on supporting employees with mental ill health through the provision of specialist services, engaging with the Mental Health at Work Commitment, training (resilience/menopause), education and best practice sharing within workplaces
- The Better Health at Work Award mandates support for the older working age population towards a healthy retirement

## Objective 3

Support workplaces on the wider offer for workplace health to include key leads across the city to create opportunities for greater influence on policy and strategic development

What is being done:

- The Workplace Health Alliance Steering Group has representation from a number of anchor organisations to contribute to key decisions and future planning

## Objective 4

Use data, intelligence and outcomes to ensure that workplace health is based on trends, need and good practice.

What is being done:

- Sunderland City Council's Joint Strategic Needs Assessment (JSNA) contains important data to give a snapshot of key measures linked to workplace health
- Data monitoring and recording of Better Health at Work Award and Workplace Health Alliance members to ensure a targeted approach to the support being offered to best reduce health inequalities in vulnerable groups
- Through attendance at local and regional networks, sharing of information so the Alliance can keep up to date with national, regional and local trends to inform local practice
- Best practice is shared amongst engaged businesses locally to support workplace health and wellbeing

## Limitations and out of scope

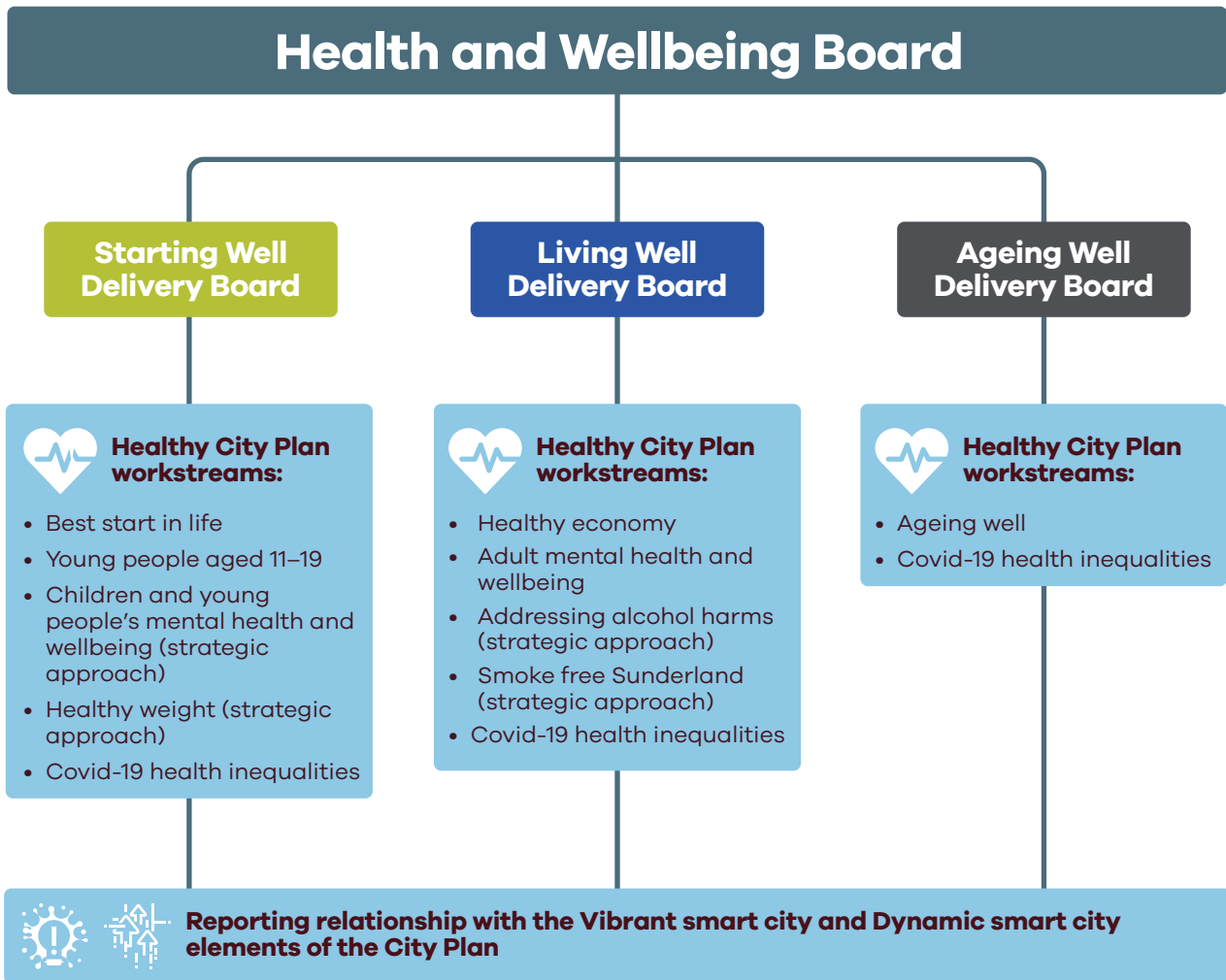
The areas that are limited and out of scope for this strategy include the following:

- Adult skills, education and training
- Unemployed/economically inactive cohort
- Legislated Health and Safety

Although these areas are out of scope and/or limited, elements of this strategy could be used to inform specific strategic approaches that address these areas.

# Governance

The Sunderland Workplace Health Alliance leads the strategic approach on workplace health, providing assurance to the Health and Wellbeing Board through the Living Well Delivery Board.





# What will success look like?

Key measurements that we will use to demonstrate impact against the strategy and resulting action plan are listed below:

## Success for workplaces

- Sickness absence improvements
- Improved productivity/reduced presenteeism
- Improvement in staff satisfaction rates
- Improvements in mental health and wellbeing including a reduction in work related stress
- Improvement in risk factors for worsening health impacting on employment (obesity/smoking/physical inactivity)
- A healthy and inclusive workplace culture where colleagues feel supported at work
- Improved morale and motivation at work
- Increased staff retention/reduction in turnover/voluntary resignation rates
- Change in workforce age profile to reflecting older staff not needing to leave the workforce prematurely due to ill health
- Change in health-related retirements

If there is evidence of these measures improving within workplaces, there is likely to be a positive impact on wider city ambitions such as:

## Success for Sunderland

- Employment/unemployment rate
- Reductions in claimant count
- Reducing economic inactivity
- Data and intelligence from the Workplace Health Alliance and the Better Health at Work Award

## Why is workplace health important?

The government's command paper "Improving lives: the future of work, health and disability" (Department of Health, 2017) is committed to reducing health inequalities by promoting good work as a determinant of good health and advocates employers to proactively include and enable people with ill health and/or disability to access and stay in work.

Workplace health interventions are activities undertaken within the workplace by an employer or others, to address any health issues staff face and action to address health and safety risks.

Good quality work improves health and wellbeing across people's lives and protects against social exclusion. Conversely, poor work is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity. Employment is a primary determinant of health. Socioeconomic factors (of which employment is greatest) are responsible for 50% of an individual's health status.

Work and health is central to the story of people and place. There needs to be a collective effort to increase participation in the labour market and improve productivity. Helping people with health issues to gain, retain and progress in work supports economic growth and is a crucial part of the wellbeing of every community (Work, health and growth: A guide for local councils, 2023).

## Commercial determinants of health - working conditions

The corporate sector influences the physical and social environments in which we live and work, both positively and negatively. Commercial activities can contribute to economic growth, job creation, and improved standards of living, which can have positive impacts on health outcomes. On the other hand, commercial activities can also have negative impacts on health, such as through the promotion of unhealthy products and practices such as sugary drinks or processed foods, or through environmental degradation.

Good employment policies such as ensuring real living wages, paid parental leave, paid sick leave and access to occupational health services are critical to improving the health and wellbeing of the working population. Across all sectors, working conditions can have a considerable impact on health and wellbeing. The HSE (Statistics – Work-related ill health and occupational disease, 2023) estimates 1.8 million UK workers are suffering from work-related ill health (new or long-standing) in 2022–23. Risk factors include long working hours and exposures such as air pollution and carcinogens (long working hours was the biggest factor).

With this in mind, workplaces should be striving to provide the best working conditions possible to their staff to promote a healthy workforce. Good work is made up of many factors, but these are four core attributes:

### 1. Pay fairly and offer lasting security

We know pay alone does not define the quality of a job, but it's very important. Poverty has increased for families in work, both with high and low work intensity – families are increasingly in poverty where all adults work and with full-time work too. People living in higher work intensity households comprised 18.8% of people living in poverty in 2019–20, compared to 12.8% 10 years earlier and 8.5% in 1996–97

(The Health Foundation, 2022). Having a fair income is important for people’s health as it means they can live in decent housing, afford nutritious food and do the things they enjoy, while also being able to save for their future.

**2. Ensure good working conditions**

Good working conditions means everyone should be safe and comfortable at work. Additionally, it means ensuring staff have secure contracts that allow them to take paid leave for illness and crucial life events.

**3. Enable a good work life balance**

We know strong relationships with friends and family are important for our health. Unfortunately, work can sometimes get in the way of our relationships. Good work ensures employees have a balance between their work and their personal lives, allowing them to spend valuable time relaxing and seeing friends and family.

**4. Provide training and opportunities to progress**

Good work also allows staff to gain skills and chances for progression. Workers can then develop and potentially increase their incomes and career prospects. This can help to promote social mobility and reduce the socio-economic inequalities that are linked to negative health outcomes.

Good employment that promotes the health of employees can reduce sickness absence; improve morale, increase productivity and performance. From an employer’s perspective, the benefits of a healthy workforce are clear, healthy staff are more productive, take less time off sick and do not necessarily need to retire early. However, an unhealthy workforce negatively impacts our economy and society due to lost productivity, presenteeism, reduction in income tax receipts, increases in long-term sickness, informal care giving and increased healthcare costs. Looking at the wider economy, combined costs from worklessness and sickness absence amount to over £100bn annually, so there’s a strong economic case for action which ultimately benefits employee health and in turn, has a positive impact on businesses and local economies.

**Figure 1: Good Work**

**For work to support a healthy life it should**

**Pay fairly and offer lasting security**



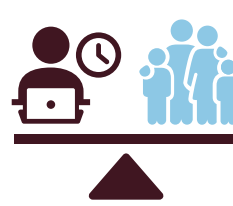
In 2017 an estimated 6.2 million employees were paid less than the real living wage

**Ensure good working conditions**



61% of workers in insecure employment have worked when unwell for fear of losing their job or pay

**Enable a good work life balance**



Employees working long hours are 2.5 times more likely to have a major depressive episode

**Provide training and opportunities to progress**



In-work training can make people happier at work and lead to higher levels of personal wellbeing

Source: (The Health Foundation, 2019)

## Benefits of investing in workplace health

The British Heart Foundation, in 2015, found that employers who invest in appropriate workplace health initiatives to support the health and wellbeing of their employees have the potential to see a significant return on investment. Evidence indicates that typically holistic wellness programmes can be expected to show a positive financial return over a period of two to three years, whereas more targeted interventions are more likely to show a pay-back earlier.

**Figure 2: What are the key benefits of investing in workplace health initiatives?**



Source: (Health at Work - Business case infographics, 2015)

Value for money is an important, tangible measure but value beyond money cannot be ignored. A healthy, well and resilient workforce is a corporate asset. It is also an important piece in the puzzle of creating healthy, vibrant, and productive communities. Those healthy communities stand at the heart of a vital local economy that attracts new employers and industries, creates jobs, increases housing values, enhances prosperity, and supports local, national, and global competitiveness.

## Economic activity and its links to workplace health

Income, employment and economic prosperity all have a strong link with population health, a healthier local population should provide a healthier local workforce and vice versa. In a culture where work is the norm, employment is a key part of our identity and our beliefs about our societal role and status. As the most important means of obtaining economic resources, it is also essential for material wellbeing and influences our ability to play an active role in our communities.

The business sector needs employees that are well and at work to deliver effective, quality services for customers. It is now more important than ever that public sector

workplaces maximise opportunities to develop environments that encourage and enable staff to lead healthy lives and make choices that support positive wellbeing. Staff are any businesses most prized asset, and a healthy happy workforce contributes to an efficient, effective and productive organisation.

Worklessness is associated with an increased risk of mortality and morbidity, including cardiovascular disease, poor mental health, suicide and health-damaging behaviours. Good employment and conditions at work play an important role in improving health and reducing health inequalities.

## National evidence

In June 2023 the Association of Directors of Public Health (ADPH) produced a position statement which outlines four key messages in relation to local priorities for living and working well. These being:

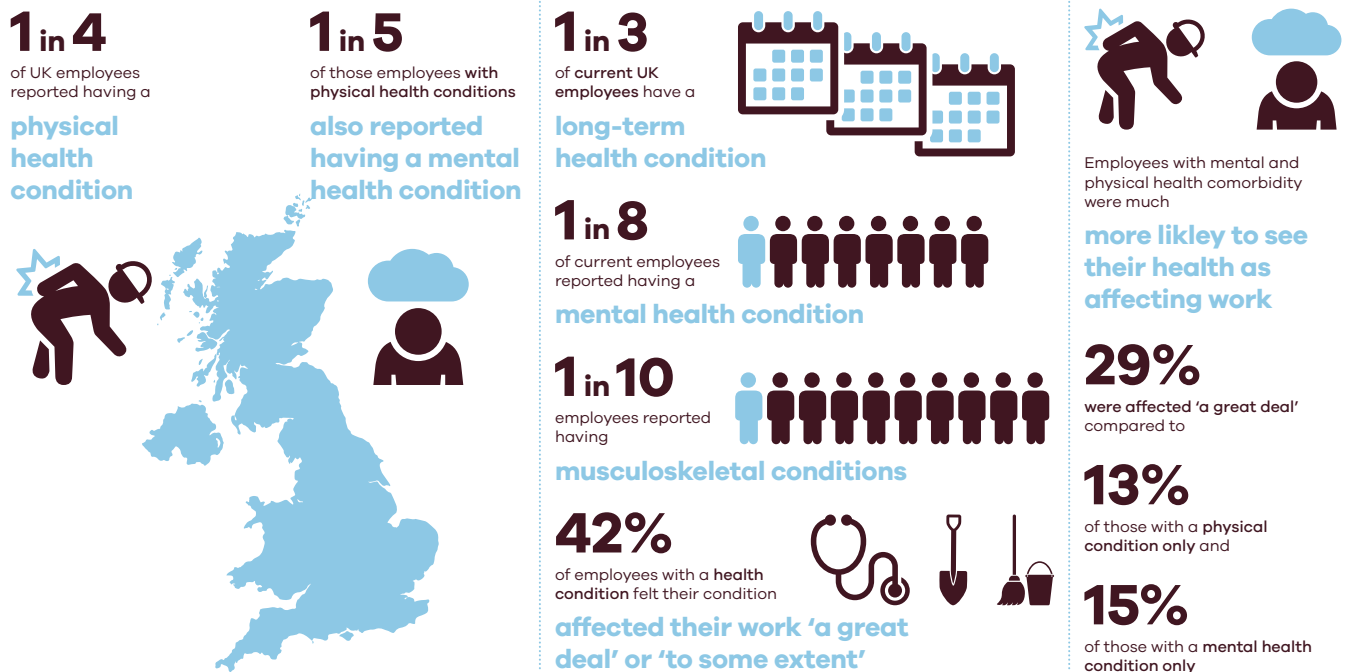
- Work is an important determinant of our health and wellbeing – a healthy and happy workforce has co-benefits for workplaces, productivity, the economy, and the wider community
- Employers have a role in the wider community to create conditions that improve employees' health and mental wellbeing
- All people should be able to overcome barriers that reduce access to equal opportunities, and everyone should be supported to stay in work if they want to do so
- Employers should be supported to enable people with health conditions to stay in work through improvement to the quality and design of work and developing inclusive and diverse cultures. (ADPH, 2023)

This government policy paper 'Improving lives: the future of work, health and disability' (November 2017) sets out plans to transform employment prospects for disabled people and those with long term health conditions over the next 10 years.

The paper sets out actions focused on every employer and the crucial role played by managers and supervisors in creating healthy and inclusive workplaces where all can thrive and progress; a sustainable welfare system and employment support system that operates in partnership with the health system and as part of strong wider local partnerships to move people into work when they are ready; and health services – with health professionals ready to talk about health barriers to work, timely access to appropriate treatments, and effective occupational health services accessible by all in work.

More working-age people are reporting long-term health conditions than ever before. There are currently more than 2.6million working age people out of work due to long term sickness. Since the pandemic, 470,000 more people are out of the workforce on ill-health grounds, while many more continue to work despite long-term health problems.

**Figure 3: Health and work: Health of UK employees**



Source: (Workplace health: applying All Our Health, 2022)

The prevalence of long-term health conditions has risen for the working age population since 2013 (UK, 2013–2023) and people with ill health have made up the majority of the increase in labour market inactivity since 2020 (UK, 2020–2023).

National data highlights that work-limiting conditions are more common among women and older workers, as well as those without university-level education. There are also differences between ethnic groups, with people of Bangladeshi ethnicity most likely to have a work-limiting condition. People with work-limiting conditions are underrepresented in professional and managerial roles which highlights a lack of progression opportunities within these groups.

Looking at national trends by age, data shows that the proportion of people in work with work-limiting health conditions has risen across the board. The most noticeable rise has been among the younger age group of 16–34-year-olds, where the rate of work-limiting health conditions has approximately doubled over the past 10 years. This means that a 16–34-year-old employed in 2023 is as likely to report a work-limiting health condition as someone aged 45–54 years was a decade ago, and a similar likelihood to a 35–45-year-old today.

The rise in work-limiting conditions is being driven by sharp increases in reported mental ill health, particularly among younger workers. Across the whole workforce, musculoskeletal and cardiovascular conditions remain the most common form of work-limiting health condition.

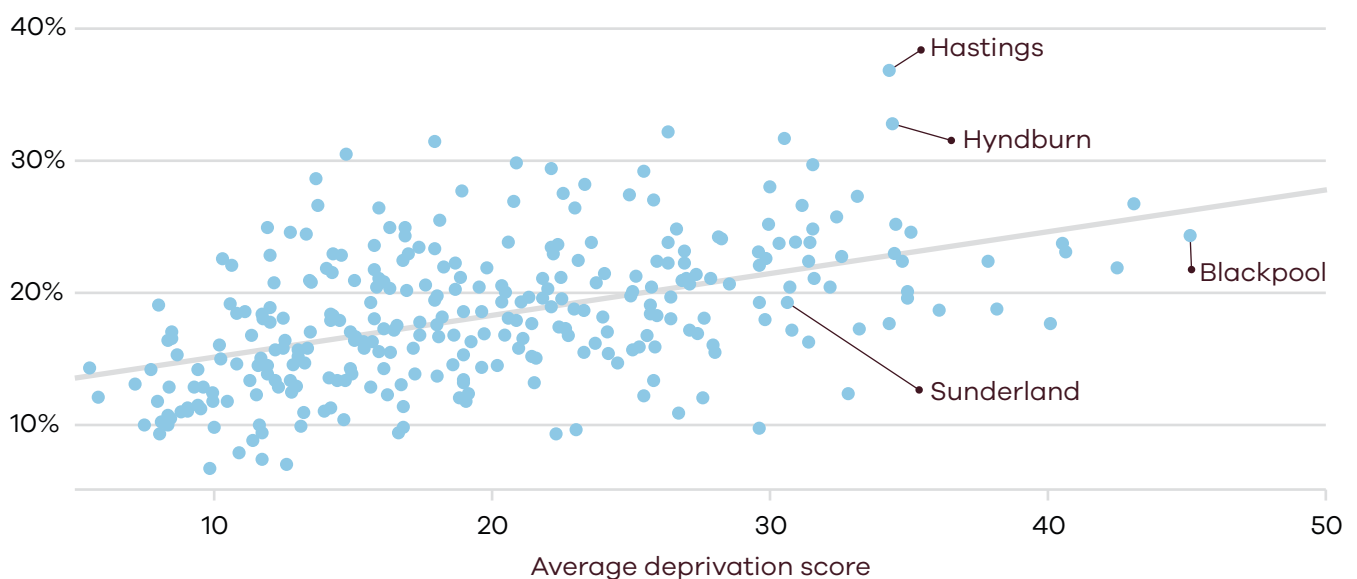
After two decades of steady decline, sickness absence rates have recently increased to the highest level since 2005. Of the 186 million days of sickness absence taken in 2022, 58% were taken by those with long-term health conditions, despite this group forming only 31% of the employed population.

Furthermore, sickness absence doesn't capture the full impact of ill health on business performance. Poor physical and mental health are predictive of 'dysfunctional presenteeism', in which an employee in poor health is significantly less productive while at work.

Rising working-age ill health has the potential to widen geographic inequalities. As figure 4 below demonstrates, higher rates of work-limiting disability are correlated with higher rates of deprivation.

**Figure 4: Proportion of working age population who are work-limiting disabled vs average deprivation score, by local authority district: England 2023**

**% aged 16–64 who are work-limited disabled**



Source: (The Health Foundation, 2023)

For the first time since Labour Force Survey records began, there are now approximately as many people with work-limiting conditions in work as there are out of the labour market (3.7 million and 3.9 million, respectively). These findings suggest that along with measures to address people leaving the workforce, government and employers need to develop new and better ways to support employees to remain well in work.

Without action to address the causes and impacts of rising ill health, there is a danger that these areas will get left even further behind. Improving understanding of how geographic variations in health relate to variations in inactivity and differences in local labour market conditions will be key to developing effective solutions.

**Presenteeism and leavism**

Presenteeism (working when ill) and leavism (employees using allocated time off to work, while they're unwell or to work outside of contracted hours) are not signs of a healthy workplace. Kinman and Grant (2020) recently surveyed 600 business leaders and found that nearly three quarters had witnessed presenteeism amongst their staff delaying their recovery and potentially threatening the health of their colleagues.

It is estimated that the average employee in the UK spends over 2 weeks a year working while unwell, with a productivity cost of more than £4,000 per person. The cost to employers is said to be £45 billion annually mainly due to presenteeism and leavism. The annual economic costs of sickness absence and worklessness is estimated to be over £100 billion.

## Evidence

### Sunderland data

Sunderland is one of the 20% most deprived districts/unitary authorities in England. According to the 2021 Health Profiles, life expectancy in Sunderland is 76.6 years for males and 80.9 years for females, which is approximately 2 years lower than the England average.

In Sunderland, the healthy life expectancy for males and females is 57.9 and 56.5 respectively. For males, the best UK figure is 71.9 and the average is 63.4. For females, the best UK figure is 72.2 and the average is 63.9. With this in mind, it further highlights the need to keep people healthy at work so they can reach retirement age without a long-term health condition. As highlighted, there is also a strong link between high levels of socioeconomic disadvantage, poor health and higher rates of work-limiting disability.

Sunderland's Joint Strategic Needs Assessment highlights the following:

- Employment rates in Sunderland are lower than the national average
- The claimant count in Sunderland was 4.2% (December 23) higher than the regional (3.9%) and national (3.8%) figures. The claimant count is highest in those aged 18 to 21 years (8.0%)
- In the 12 months up to September 2023, 29.9% of Sunderland's 16–64 population were economically inactive (42,700 people)
- Many adults are not in work because of their health and are economically inactive. Many of these could be in work but need support, they are the hidden unemployed
- Long term sickness remains the leading cause of economic inactivity in Sunderland, comprising 30.4% of those economically inactive residents (13,000), a non-statistically significant decrease of 3.0 percentage points from the previous period
- The percentage of people economically inactive due to long-term sickness increased regionally (from 32.4% in July 22–June 23 to 32.9% in Oct 22–Sept 23) and rose slightly England-wide (26.5% to 26.0%)
- In Sunderland, the majority of people who are economically inactive do not want a job (89.9%; 38,400 people). This leaves 4,300 economically inactive people in the city who do want a job
- There are stark differences in employment rates for particular groups gap in employment between those with long term conditions and the overall employment rate - 12.7% (2021–22)

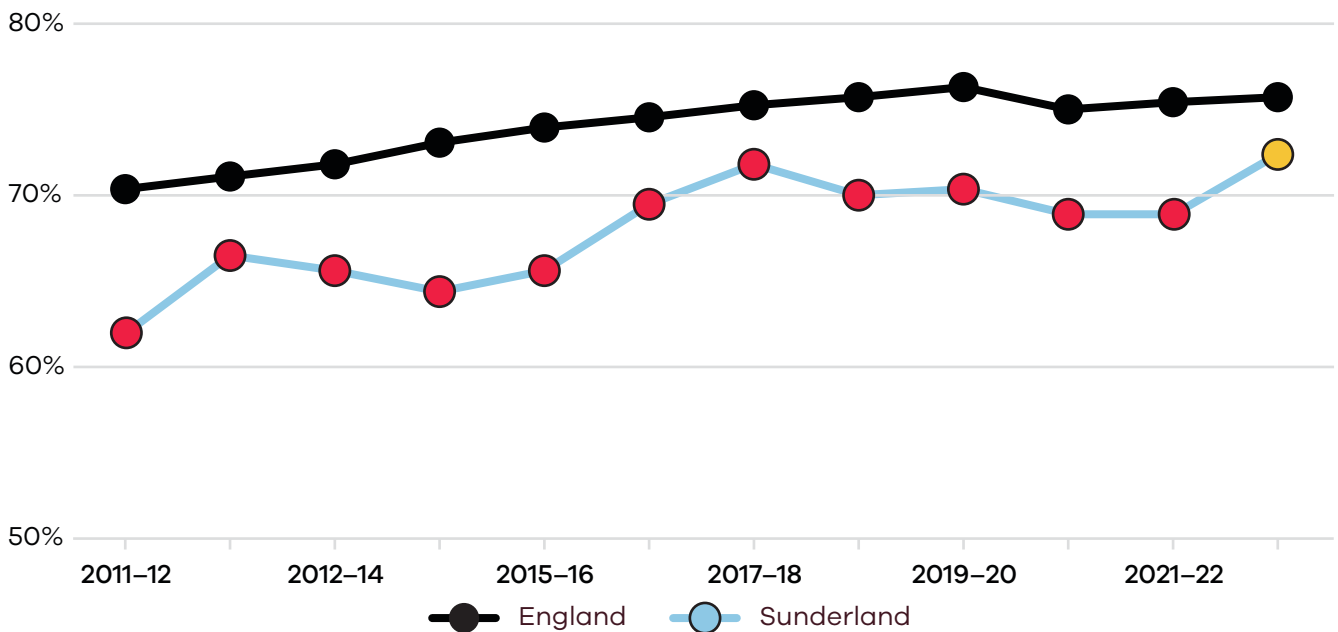


- The gap in employment between those in secondary mental health services and the overall employment rate is 61.8% (2020–21). The gap in employment between those with a learning disability and the overall employment rate is 65.6% (2021–22). (JSNA, 2023)

## Employment rates

The percentage of people in employment in Sunderland has increased since 2011 (61.9–72.3%) but remains less than the national average in 2023 (75.7%).

**Figure 5: Percentage of People in employment**

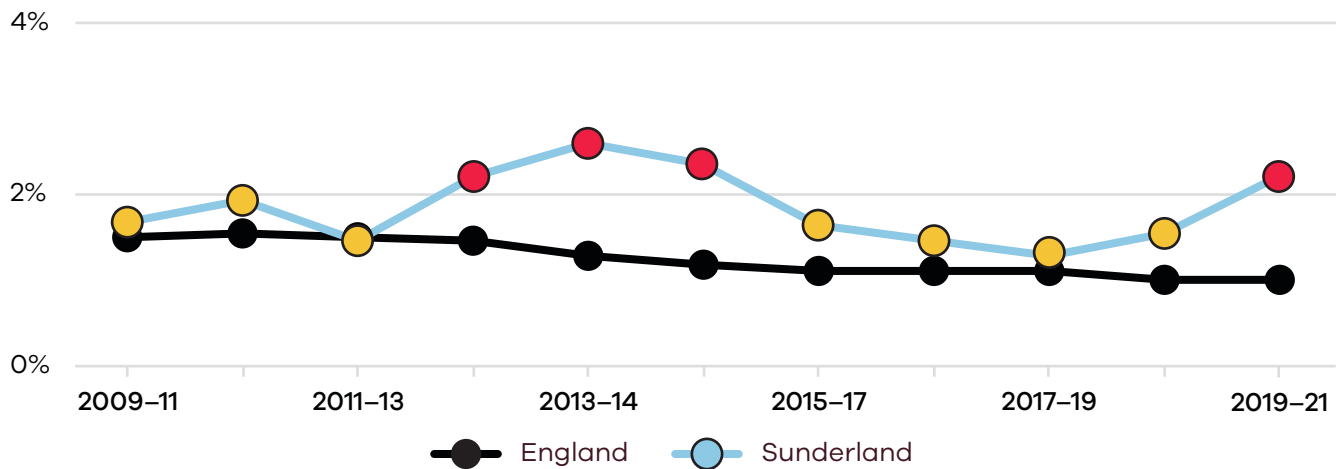


Source: (Office for Health Improvement and Disparities (OHID), 2023)

## Sickness absence

Sickness absence rates in Sunderland have fluctuated since 2009, as demonstrated in the graph. The most recent data set suggests that the Sunderland population lose, on average, 2.2% of working days compared to the national average of 1%. This highlights the need for further intervention to reduce health inequalities and improve sickness rates.

**Figure 6: Sickness absence: the percentage of working days lost due to sickness**



Source: (Office for Health Improvement and Disparities (OHID), 2021)

### Priority areas for creating healthy workplaces in Sunderland

The Government policy paper ‘Health matters: Health and Work’ (January 2019) supports the view that creating healthy workplaces entails supporting disabled people and people with long-term health conditions. It is also important to ensure the health and wellbeing of healthy employees who do not have existing health conditions is maintained, as work and the workplace also play a pivotal role in this.

From analysis of businesses engaging with the Better Health at Work Award in 2023, in Sunderland, 16 Health Needs Assessments (HNAs) were completed highlighting the following health related issues as a priority:

- Mental health
- Physical activity/physical health
- Diet/nutrition
- Financial wellbeing
- Ageing well

### Mental health

According to the Health and Safety Executive (HSE) (2023) one in four people in the UK will have a mental health problem at some point. Mental health is about how we think, feel and behave. Anxiety and depression are the most common mental health problems. They are often a reaction to a difficult life event, such as bereavement, but can also be caused by work-related issues.

Work can also aggravate pre-existing conditions, and problems at work can bring on symptoms or make their effects worse. Whether work is causing the health issue or aggravating it, employers have a legal responsibility to help their employees. Like any other safety or health hazard at work, work-related mental health issues must be assessed to measure the levels of risk to staff. Where a risk is identified, steps must be taken to remove it or reduce it as far as reasonably practicable.

Some employees will have a pre-existing physical or mental health condition when recruited or may develop one caused by factors that are not work-related factors.

## **Physical health**

Promoting physical activity in the workplace can create a healthier workforce, increase employees' productivity, and decrease employees' risk of developing chronic diseases. Employees who are physically active have lower healthcare costs, require less sick leave, and are more productive at work. Research has shown that employees who get at least 75 minutes of vigorous-intensity physical activity per week miss an average of 4.1 fewer days of work per year. Physically inactive employees are more likely to require sick leave, which increases healthcare expenditures for businesses (What's your role? Employers, 2023).

## **Diet/nutrition**

Workplace influences diet with around 60% of food eaten during working hours. Shift patterns can influence eating with the potential to impact on factors such as fatigue, concentration and mood as well as on longer-term physical and mental health (The Association of UK Dieticians, 2023).

## **Financial wellbeing**

Financial wellbeing is feeling secure, in control and making the most of money from day to day, dealing with the unexpected, and being on track for a healthy financial future. People who experience financial wellbeing are less stressed about money. This, in turn, has positive effects on their overall mental and physical health, and on their relationships.

People who enjoy good financial wellbeing are more productive at work. If they are not, employers suffer too. In 2018, 11% of UK workers reported they had experienced a fall in productivity at some point over the preceding three years as a result of their financial situation (Money and Pensions Service, 2023).

## **Ageing well**

A third of the workforce in England are aged 50 or over, 9 million workers. But not all employers are offering what is needed to retain older workers or recognising the importance of recruiting them (Centre for Ageing Better, 2020). Health is the leading reason for the 50+ cohort to be out of work, and the disability employment gap is especially large for older workers. However, caring responsibilities and a lack of skills or training are other contributors.

The result is that the 50+ who are unemployed are twice as likely as the youngest adults to be long-term unemployed. Workers aged 50+ are the least likely to receive 'off the job' training, and 40% of 55–64-year-olds have undertaken no formal training or education since leaving school. This impacts their ability to keep up to date with new skills and gain further employment. Finances are a key part of planning for retirement. Economic inactivity is higher for older workers, 33.7% of those aged 50–64 years are economically inactive in Sunderland, (for 16–64yrs overall, 24.9%).

Long term sickness accounted for 32.9% of those who were economically inactive (16–64 years) in the North East, compared to 26% for England. Long term sickness accounted for a higher proportion of economic activity in older workers 37.8% in the North East and 36.2% in England.

While long term sickness accounts for a higher proportion of economic inactivity in older workers, the unemployment rate of older workers is lower than for younger age groups. 2.9% of those aged 50 and over were unemployed.

However, the Department for Work and Pensions (DWP) has estimated that 38% of the working age population (12 million people) are not saving enough and are facing an inadequate retirement income. While this will also be linked to regular spending, median weekly earnings typically peak in people's 40s and begin to decline in their 50s and 60s, particularly for full-time workers. Additionally, the gender pay gap is largest for women in their 50s, who are more likely to be working part-time (Department for Work and Pensions, 2024).

## **Inclusive labour market**

Labour markets should be inclusive, diverse and a free of discrimination so that anyone, regardless of any protected characteristic or socioeconomic position, can access good work, with fair pay and opportunities for development and fulfilment.

Building economies that are inclusive requires action to support those population groups that are furthest away from the job market into employment (Public Health England 2021 Inclusive and Sustainable Economies: leaving no-one behind.)

Promoting inclusive labour markets contributes to economic prosperity and evidence suggests that employers with a more diverse workforce perform better financially (Public Health England 2019 Health Matters: Health and Work).

To explore inclusive labour markets locally, the following indicators have been selected looking at the gap in employment rate between people with certain conditions and overall employment rate.

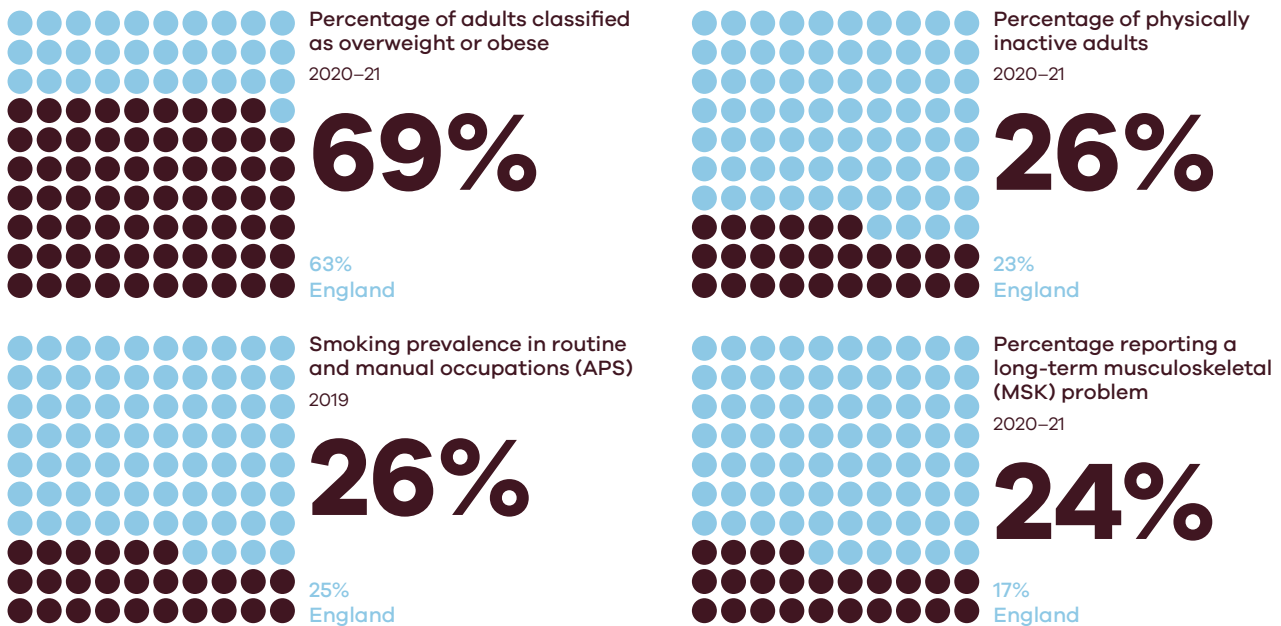
## **Gap in Employment rate for those with a long-term health condition (Sunderland data)**

In Sunderland, the gap in employment for those with a long-term health condition is 5.4 (2022–23), the England figure is 10.4, which demonstrates a significant improvement from 12.7 in 2021–22.

## **Claimants (Sunderland data)**

Sunderland have a higher rate of long-term job seekers (6.1 per 1,000) than the UK (2.1 per 1,000). There are also more people who are long term unemployed (8.7 per 1,000) compared to national data (3.2 per 1,000).

**Figure 7: Risk factors for worsening health impacting on employment (Sunderland data)**



Source: (Office for Health Improvement and Disparities (OHID), 2022)

As previously mentioned, good work can contribute to the reduction of health inequalities. The Sunderland population have a higher percentage of adults who:

- are classed as overweight or obese (69% compared to 63% UK average)
- are physically inactive (26% compared to 23% UK average)
- smoke in routine and manual occupations (26% compared to 25% UK average)
- report long-term musculoskeletal (MSK) problems (24% compared to 17% UK average)

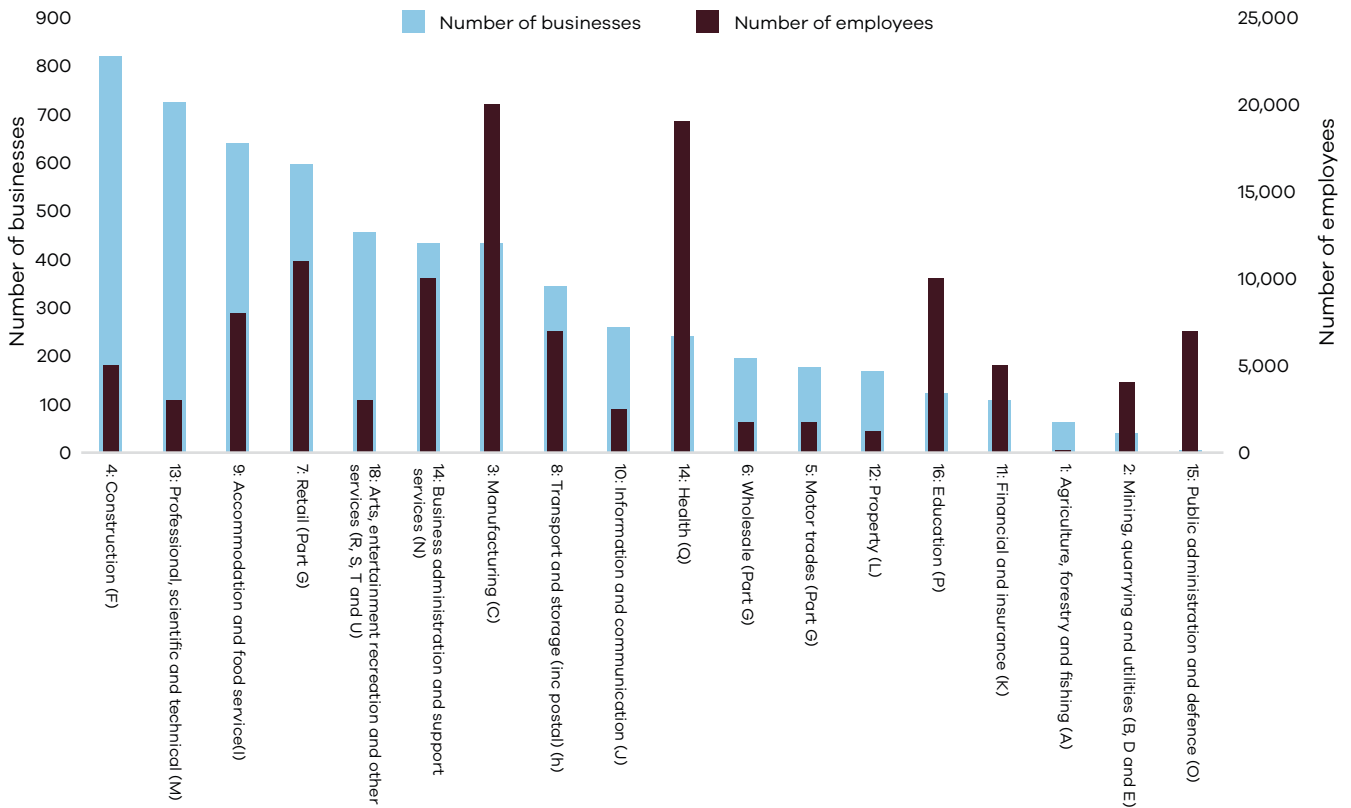
All of these risk factors can contribute to poor health and ultimately sickness absence and reduced productivity within workplaces. An effort, therefore, needs to be made to offer in work support to employees who are currently within any of these classifications.

### **Sunderland workplace landscape**

The majority of businesses in Sunderland are small/medium enterprises (SMEs). In 2021, micro businesses (less than 9 employees) totalled 5,325. Small businesses (10–49 employees) were 670, medium businesses (50–249 employees) was 110 and large businesses (over 250 employees) was 40.

Construction (880), professional, scientific and technical (695), accommodation and food services (675), retail (625) and transport and storage (525) were the most common type of business in Sunderland. The largest number of employees, however, are found in manufacturing (20,000), health (19,000), retail (11,000), business administration and support services (10,000) and education (10,000).

**Figure 8: Number of businesses compared to number of employees in each industry group in Sunderland**



Source: (Rocket Science, 2022)

Figure 8 shows the number of businesses in Sunderland from left to right by sector. Overlaying those, are the number of employees within each sector, highlighting that although manufacturing and health are lower in terms of number of businesses, they have the highest number of employees and will therefore require a greater focus to improve health and wellbeing and reduce inequalities.

## Local Approaches

### Sunderland Workplace Health offer

The Sunderland workplace health offer which includes both the Better Health at Work Award, and the Sunderland Workplace Health Alliance is strategically important and uniquely positioned in the delivery of the Healthy City Plan and is supported to do so through its specific inclusion in both the ten year plan and the Director of Public Health Annual Report 2021-22.

There has been a deliberate and successful focus upon the inclusion of large anchor organisations within the city with membership including large employers such as Nissan, Health Trusts, Sunderland University, and others. The sustained engagement of these organisations is an asset for the city council and care in maintaining these relationships is important.

## Better Health at Work Award (BHAWA)

The Better Health at Work Award recognises and encourages the efforts of local employers in addressing health issues within the workplace. It is endorsed by OHID as an exemplar of good practice.

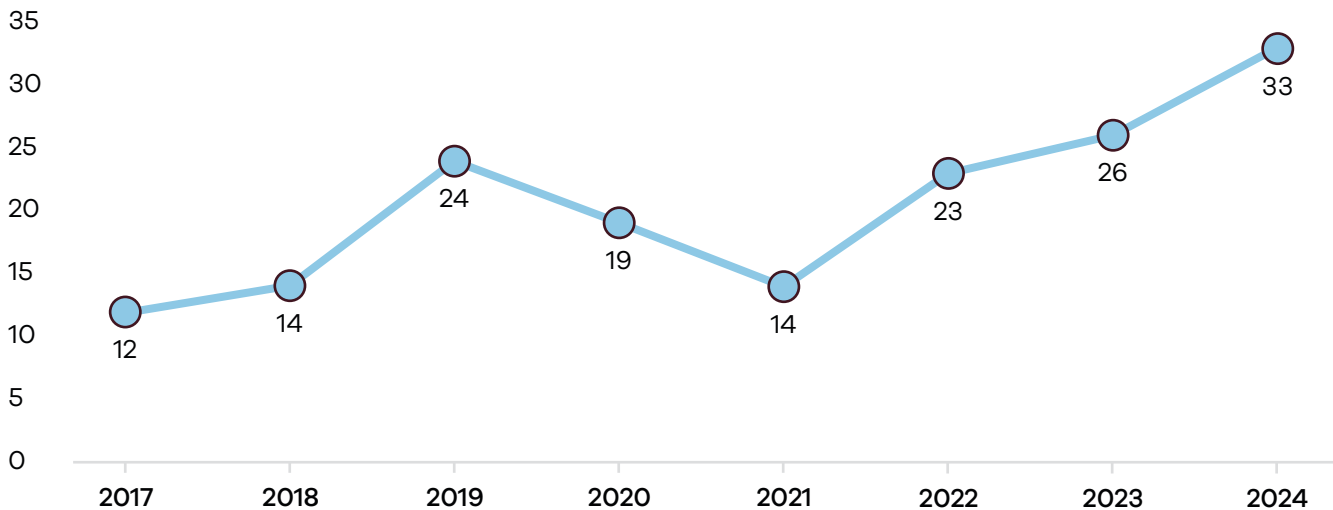
Since October 2013, the Northern TUC has provided the administration, quality assurance and governance for the Award scheme on behalf of the eleven North East local authorities. Sunderland City Council currently provide the local implementation of the Award scheme by developing a programme of support for employers in Sunderland.

Sunderland City Council has been supporting the Better Health at Work Programme for over 10 years and are committed to delivering the regional model locally to ensure workplaces are supported to deliver productive workplace health interventions.

Since the Better Health at Work Award’s launch in 2009, Sunderland has steadily made progress in terms of business engagement and submissions. That trend has continued in recent years, aside from the period 2019–2021 when a reduction in capacity delivering the Award and the outbreak of the COVID-19 pandemic meant fewer businesses were able to complete their portfolio for the Award. The recovery from COVID and additional capacity in the team from 2021–2024 has led to the highest number of successful submissions on record in Sunderland.

The graph demonstrates the number of successful businesses on the BHAWA from 2017–2024.

**Figure 9: BHAWA Sunderland successful businesses**



Source: (Sunderland City Council, 2024)

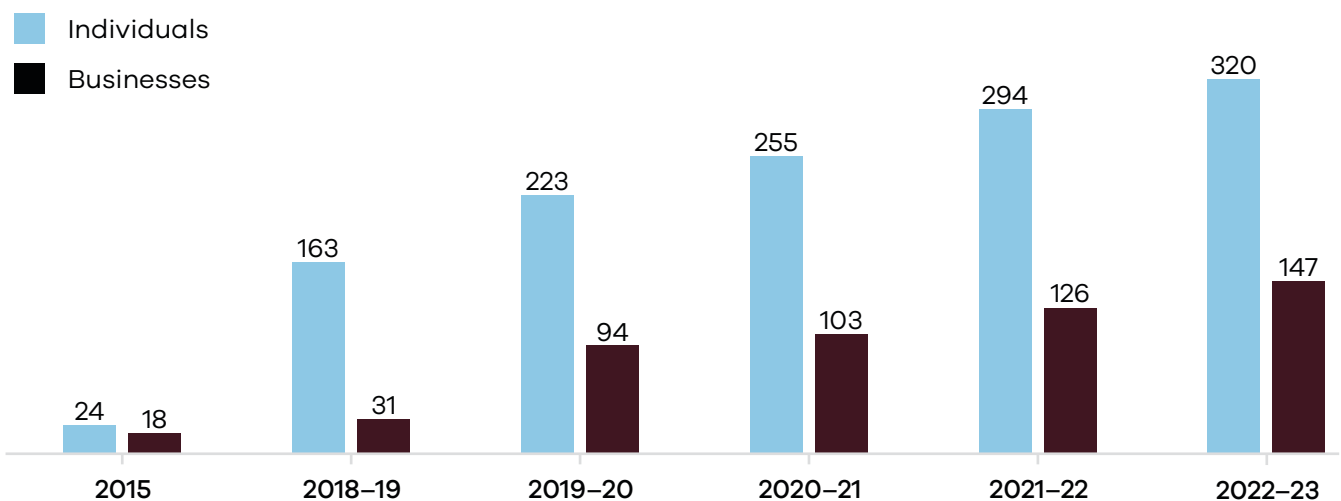
## Sunderland Workplace Health Alliance

Sunderland Workplace Health Alliance is a network of local businesses which aims to work collaboratively to improve health and wellbeing within Sunderland workplaces. The purpose is to engage with a wider range of workplaces than just those participating on the Better Health at Work Award. Whilst the Award is popular, many organisations that are committed to improving workplace health do not wish to undertake the process of building the portfolio of evidence that is required for the Award.

For those organisations that have not previously considered promoting health or struggle to promote health at work, the Alliance provides collective support to improve health within the workplace including increased access to health information and health interventions – which can provide early identification of health problems and early access to health services where required. The Alliance is steered via a three year action plan which encompasses leadership, communication and marketing, building capacity, addressing behaviour change and promoting prevention.

Since its formation in 2014, the Sunderland Workplace Health Alliance has steadily grown in size, demonstrated in figure 10 below:

**Figure 10: Sunderland Workplace Health Alliance membership growth**



Source: (Sunderland City Council, 2023)

## Preventing unemployment/tackling worklessness

The Department for Work and Pensions (DWP) can offer a wide range of support to people with health conditions to help them in their efforts to find and retain employment. This ranges from advice and guidance on local training available, careers advice, work experience and Find a Job where you can search and apply for vacancies available in the local area, including Disability Confident employers.

There is also tailored support through the Work and Health Programme, with Disability Employment Advisors, and the Access to Work service which can fund work placed adjustments to assist people in the workplace. The DWP support employers to sign up to Disability Confident Scheme to encourage employers to think differently about disability and take action to improve how they recruit, retain and develop disabled people.



## Education and training/adult skills

It is widely recognised that education and training is an essential component in unlocking the significant social and economic barriers currently experienced by many of the resident population in Sunderland, whether this is pre or post-employment.

There are a number of skills and support initiatives across the city with the objective of addressing and reducing health inequalities and therefore, enabling sustainable economic growth through a workforce which is productive, sustainable, resilient and inclusive.



### **A productive workforce**

A North East workforce that is equipped with the technical and soft skills needed to improve productivity, competitiveness and deliver future growth.



### **A future workforce**

A sustainable supply of skilled new employees to support growth and attract new investment, who are work-ready to perform higher value work.



### **A resilient workforce**

A workforce with core technical skills and behaviours, enabling the agility and flexibility to routinely embrace the adoption of new technologies and emerging changes in the working environment.



### **An inclusive workforce**

Increasing skills availability through the offer of compelling jobs, improving participation of under-represented groups and removing barriers preventing access to better jobs.

Through the Workplace Health Alliance and wider collaborations, local businesses have a real opportunity in developing curriculum and teaching methods that better meet their needs which could align with the principles of the Better Health at Work Award.

# The way forward

Based on the objectives outlined at the beginning of this document, below are the key recommendations that should be taken forward to improve conditions for employees within workplaces and encourage employers in relation to supporting health and wellbeing of their workforce to reduce sickness and improve productivity.

## Objective 1

### **Promote, engage and influence employers across all sectors creating fair, inclusive, employment and good work for all**

Recommendations:

- Build upon and develop the current workplace health offer in Sunderland including greater numbers of businesses achieving the Better Health at Work Award and being members of the Workplace Health Alliance through promotional activity and peer to peer encouragement
- Continue to influence employees occupying positions of leadership or management within businesses to understand their role in ensuring staff health and wellbeing is taken seriously and implemented in a coordinated way through targeting comms via of the Workplace Health Alliance and connecting into strategic business development opportunities
- Work with employers to ensure conditions at work are conducive to employee health and wellbeing, including onward referral, accessing services, effective sickness absence management, support back into work and reducing worklessness in the city through connecting with employer support services and promoting links to wider support services such as Links for Life Sunderland and Voluntary and Community Sector
- Support employers to ensure gender equitable practices are adhered to across workplaces in Sunderland. e.g. 'The Equal Pay Act 1970' and 'The Equality Act 2010' which state that by law, men and women must get equal pay for doing 'equal work'
- Encourage employers to stay up to date with legislation to improve health at work and prevent in-work poverty, including encouraging as many workplaces as possible to become 'Real Living Wage' employers
- Connect into wider Local Skills Improvement Plan work to support promotion and encouragement of an environment for career progression within businesses across the city to develop future leaders within workplaces
- Continue to offer support to large organisations whilst also providing bespoke support to SMEs in relation to their workplace health needs and demands through connecting directly with SME's and also with organisations who support them
- Improve and encourage inclusive workplace health best practice through engagement with accreditations e.g., breastfeeding friendly employers, smokefree sites, disability confident employers, age friendly employers etc

## Objective 2

### **Understand the wellbeing needs of the local population and how these can be supported.**

Recommendations:

- Increase knowledge and understanding of how work-limiting conditions are impacting the productivity of the local population through the gathering of insights and research
- Promote the support available to employees with mental ill health, focussing particularly on the younger workforce, engaging with local community mental health services to share resources and access to support
- Build the information and support available to businesses through Links for Life, including link workers, A Making Every Contact Count approach (MECC), Health Champions and other specialist services
- Ensure employers of routine and manual staff are offered appropriate advice and support to provide opportunities for this cohort of workers to engage with health and wellbeing activities
- Ensure employers of older workers (50+) are offered appropriate advice and support to provide opportunities for this cohort to engage with health and wellbeing activities
- Scope opportunities for engagement with broader system level work on skills and employment linking with city development directorate of the council to promote the importance of health and wellbeing and engage where appropriate
- Respond to HNAs produced via the Better Health at Work Award to provide wider ongoing support for highlighted health issues on a local level
- Consider and implement best practice on a regional and national scale to support the delivery of the Sunderland workplace health offer, where appropriate

## Objective 3

### **Support workplaces on the wider offer for workplace health to include key leads across the city to create opportunities for greater influence on policy and strategic development.**

Recommendations:

- Continue to develop the Workplace Health Alliance for the involvement of business leaders involving them in the city's public health priorities through active engagement with the Alliance Steering Group
- Co-produce an identity for the Workplace Health Alliance with existing members and attract additional employers through improved marketing to support the promotion and ownership of the Alliance by local businesses

- Develop a partnership approach to whole system workplace health in which anchor institutions commit resource and expertise across, and not just within, organisations, this can include leveraging corporate social responsibility and social value to include the wider communities from which their workforce is drawn
- Collaborate and engage with wider city partners to integrate the Sunderland workplace health offer into businesses across the city. This could include the Business Investment Team, Sunderland BID, North East Automotive Alliance (and other similar forums)

## Objective 4

### **Use data, intelligence and outcomes to ensure that workplace health is based on evidence, identified need and good practice.**

#### Recommendations:

- Create a mechanism and process for measuring impact and opportunities for improvement in relation to the workplace health needs assessments to ensure the local training offer is based on identified need
- Enhance the data collection and monitoring of Better Health at Work Award businesses and Workplace Health Alliance members to provide greater insight into business need
- Support organisations to develop methods of monitoring key metrics such as sickness absence levels to build capacity and capability within the system
- Build social value within Sunderland’s procurement process to include how, relevant, health/public health contracts can support not just their own employee’s health but also contribute to the wider workplace health offer
- Conduct research and gather insights to understand how geographic variations in health across the City relate to variations in inactivity and differences in local labour market and use this to inform future commissioning intentions
- Ensure local delivery is implemented considering best practice from those already engaged in Sunderland, as well as best practice regional and national examples via the Workplace Health Alliance

# Glossary

## **Unemployed**

The unemployed population is people who are without a job, want a job, have actively sought work in the last four weeks and are available to start work in the next two weeks or, are out of work, have found a job and are waiting to start it in the next two weeks.

## **Economically inactive**

People not in employment who have not been seeking work within the last four weeks and/or are unable to start work within the next two weeks. Examples of being economically inactive include being retired, being a student, looking after family/home, or being too ill to work.

## **Worklessness**

Either economically inactive or unemployed.

## **Health related worklessness**

People not in employment for a health reason. Technically it can be defined as people claiming out-of-work welfare for a health reason or, being otherwise unemployed or economically inactive due to ill health.

## **Workplace health**

The promotion and management of staff health and wellbeing, including managing sickness absence and 'presenteeism'.

## **Presenteeism**

A person who is physically at work, but unproductive.

## **Leavism**

Using allocated time off such as annual leave or flexi leave to take time off when they are in fact unwell.

## **Workplace health interventions**

Activities undertaken within the workplace by an employer or others, to address any health issues staff face and action to address health and safety risks.

## **Disability employment rate**

Difference in employment rate between disabled people and those who are not disabled.

# References

1. Department for Work and Pensions (2017) Improving lives: the future of work, health and disability. <https://www.gov.uk/government/publications/improving-lives-the-future-of-work-health-and-disability>
2. Work, health and growth: A guide for local councils (2023). <https://www.local.gov.uk/publications/work-health-and-growth-guide-local-councils>
3. Statistics - Work-related ill health and occupational disease (2022). <https://www.hse.gov.uk/statistics/causdis/index.htm>
4. The Health Foundation (2022) In-work poverty trends - The Health Foundation, The Health Foundation. <https://www.health.org.uk/evidence-hub/money-and-resources/poverty/in-work-poverty-trends#:~:text=Poverty%20has%20increased%20for%20families%20in%20work%2C%20both,12.8%25%2010%20years%20earlier%20and%208.5%25%20in%201996%2F97>
5. The Health Foundation (2019) How is work good for our health? <https://www.health.org.uk/infographic/how-is-work-good-for-our-health>
6. Health At Work - Business case infographics (2015). <https://www.bhf.org.uk/informationsupport/publications/health-at-work/health-at-work---business-case-infographics>
7. What we say about... Living and working well - ADPH (2023). <https://www.adph.org.uk/resources/what-we-say-about-living-and-working-well/>
8. Workplace health: applying All Our Health (2022). <https://www.gov.uk/government/publications/workplace-health-applying-all-our-health/workplace-health-applying-all-our-health>
9. The Health Foundation (2023) What we know about the UK's working-age health challenge - The Health Foundation, The Health Foundation. <https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge>
10. Kinman, G. and Grant, C. (2020) 'Presenteeism during the COVID-19 pandemic: risks and solutions,' Occupational Medicine, 71(6–7), pp. 243–244. <https://doi.org/10.1093/occmed/kqaa193>
11. Office for Health Improvement and Disparities (OHID) (2023) Local Authority Health Profiles - Data - OHID. <https://fingertips.phe.org.uk/profile/health-profiles/data#page/4/gid/3007000/pat/6/par/E12000001/ati/301/are/E08000024/iid/92313/age/204/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>
12. Office for Health Improvement and Disparities (OHID) (2021) Public health profiles - OHID. <https://fingertips.phe.org.uk/search/sickness%20absence#page/4/gid/1/pat/15/ati/501/are/E08000024/iid/90287/age/164/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1>
13. Health matters: health and work (2019). <https://www.gov.uk/government/>

[publications/health-matters-health-and-work/health-matters-health-and-work](#)

14. Stress at work - Mental health conditions, work and the workplace - HSE (2023). <https://www.hse.gov.uk/stress/mental-health.htm>
15. What's your role? employers (2023). <https://www.cdc.gov/physicalactivity/activepeoplehealthynation/everyone-can-be-involved/employers.html>
16. The Association of UK Dieticians (2023) Nutrition and shift work. <https://www.bda.uk.com/resource/nutrition-shift-work.html#:~:text=We%20know%20that%20the%20workplace%20influences%20diet%20with,well%20as%20on%20longer-term%20physical%20and%20mental%20health>
17. What is financial wellbeing? | Money and Pensions Service (2023). <https://maps.org.uk/en/our-work/uk-strategy-for-financial-wellbeing/what-is-financial-wellbeing#How-we-define-financial-wellbeing>
18. Centre for Ageing Better. (2020). Work | State of Ageing in 2020. <https://ageing-better.org.uk/work-state-ageing-2020>
19. Department for Work and Pensions. (2024). Disability Benefits system to be overhauled as consultation launched on Personal Independence Payment. GOV. UK. <https://www.gov.uk/government/news/disability-benefits-system-to-be-overhauled-as-consultation-launched-on-personal-independence-payment--2>
20. Public Health England (2021) Inclusive and sustainable economies: leaving no-one behind. <https://www.gov.uk/government/publications/inclusive-and-sustainable-economies-leaving-no-one-behind>
21. Office for Health Improvement and Disparities (OHID) (2022) Public health profiles - OHID. <https://fingertips.phe.org.uk/>
22. Rocket Science (2022) Independent review of the Sunderland Workplace Health offer
23. Sunderland City Council (2024) Sunderland BHAWA Annual Report 2023-24
24. Sunderland City Council (2023) Sunderland Workplace Health Alliance Annual Report 2022-23

