Committee(s):	Date(s):
Health and Wellbeing Board	31st January 2014
Subject: Worker Health Update	**Non-Public/Public** Public
Report of: The Commissioning and Performance Manager	**For Information**

Summary

This report gives an analysis of new Census 2011 data on the workday population, as well as an update on current workplace health activities that are taking place within the City of London Corporation.

New Census data indicate that the workday population of the City of London is 56 times higher than the resident population, and aged mainly between 20 and 50 years of age, with a higher proportion of males than females. Having large numbers of young male workers may predict particular health issues in the City, particularly relating to alcohol usage and sexual health.

The majority of City workers either rent privately or own their own dwelling with a mortgage or loan. Many City workers are highly qualified. Around a third of City workers are migrants, and the population is relatively transient. Most City workers perceive themselves to be "in very good health"; however, their current health behaviours may be storing up problems for later life.

Recommendation(s)

Members are asked to:

- Note this report, which is for information.

Background

1. In October 2013 a new release of Census 2011 data estimated the population and characteristics of the workday population across England and Wales. This is different to the previously produced Census data, which profiled the residential population only. This alternative intelligence is the first of its kind as produced by the Census, and is of particular importance to the City of London, since the workday population represents a 56 fold increase from the usual resident size. The data can offer new insights into the profile of City workers, which will allow the Health and Wellbeing Board to plan suitable services, particularly health services. Previously, two independent reports offered some insights into the health needs of City Workers – *The Public Health and*

Primary Healthcare Needs of City Workers, and *Insights into City Drinkers*.[1][2] This report analyses the new Census 2011 demographic data of daytime workers in the City of London, focusing on new understanding, followed by a discussion of the health needs of the City workers.

2. In this 2011 Census release, the workday population of an area is defined as "all usual residents aged 16 and above who are in employment and whose workplace is in the area and, all other usual residents of any age who are not in employment but are resident in the area". Those excluded from this workday population are: 1) Those with a place of work in England and Wales but who are not usually resident in England and Wales, and 2) Short-term residents.[3]

Current Position

- **Analysis of New Demographic Data**

3. Population density in the City is 3,024 per km^2 with the usual residents and amounts to 1,242.6 per km^2 with the workday population, which is a substantial increase. A total of 360,075 people surveyed by Census 2011 gave a workday location within the City, of whom 359,455 represented those aged 16 and above.

- **Age and Sex**

4. City workers are mainly aged between 20 and 50 years of age, with the greatest proportion of women aged between the mid-20s to mid-30s, while men are aged between the mid-20s to mid-40s. There are over a third more male (220,265) than female (139,813) daytime City workers which is the reverse trend of that seen across London (Figure 1). The younger age and male dominant profile of City workers is consistent with findings from the previous independent reports, and is likely influenced by the male-dominant finance and insurance industry representing a large portion of the work force[4][5].

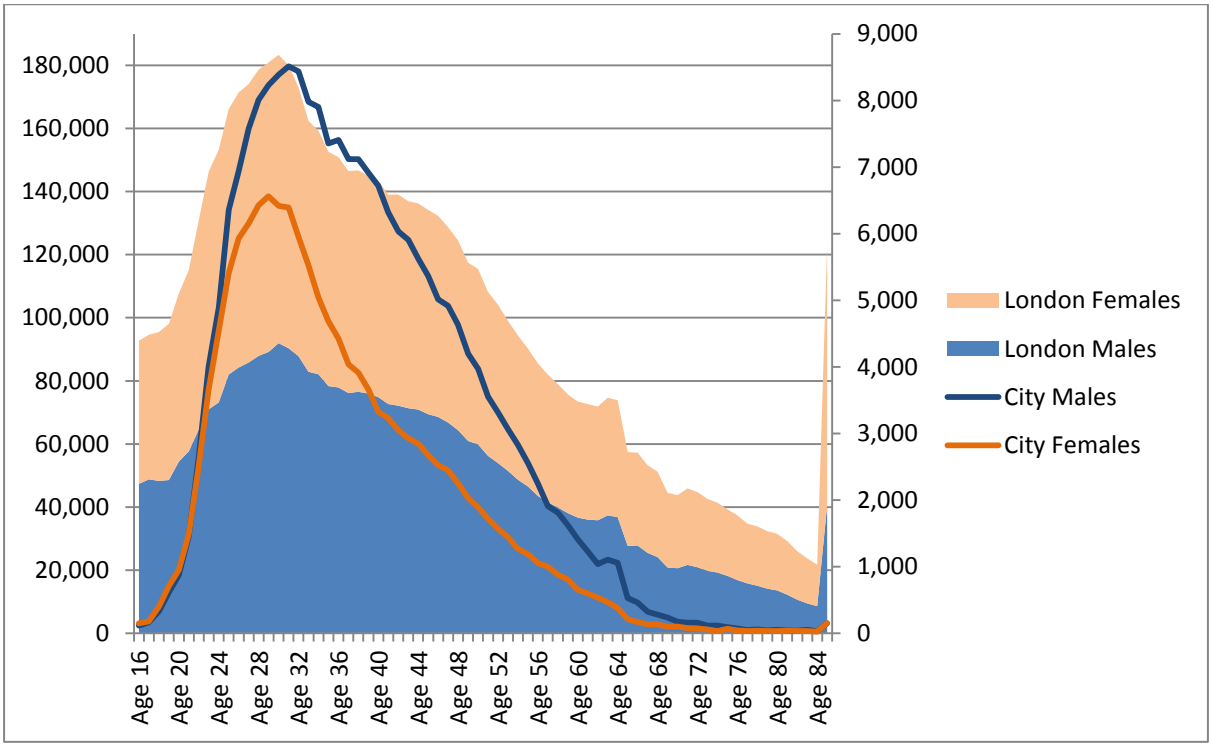
5. According to the WHO Life Course Approach, functional capacity peaks in early adulthood.[6] This means that City workers have an 'age-related average health advantage' relative to the general population. Rate of decline thereon after, is largely determined by factors related to adult lifestyle – such as smoking, alcohol consumption, levels of physical activity and diet.[7] Furthermore early adulthood is a critical period for intervention which can

[1] The Public Health and Primary Healthcare Needs of City Workers, May 2012
[2] Insights into City Drinkers, 2012
[3] Office for National Statistics 2013, The Workday Population of England and Wales: An Alternative 2011 Census Output Base
[4] ibid
[5] The Public Health and Primary Healthcare Needs of City Workers, May 2012
[6] A Life Course Approach to Health, WHO 2000
[7] ibid

have a springboard-effect to alter subsequent life-course trajectories, with implications for health in older life. [8] Therefore, healthcare needs in this group tend to relate to specific short-term issues, for example, flu symptoms, as well as services aimed at reducing the rate of decline by reducing unhealthy lifestyle behaviours. Maintaining functional capacity, for example through supportive working conditions and options for starting family-work life balance are equally important to this age group. [9]

6. Although female workers are proportionately less in numbers than male workers in the City, their health needs should not be overlooked and may be unique. For example, *Insights into City Drinkers* indicated that both female and male City workers drink higher amounts per instance than national averages, suggesting that women in the City may in part drink more because they have been influenced by a wider 'social norm' of heavy drinking in the City.[10] This may also apply to other health needs affecting female City workers surrounded by a male dominant working population.

Figure 1: Profile of City and London Workers by sex and age



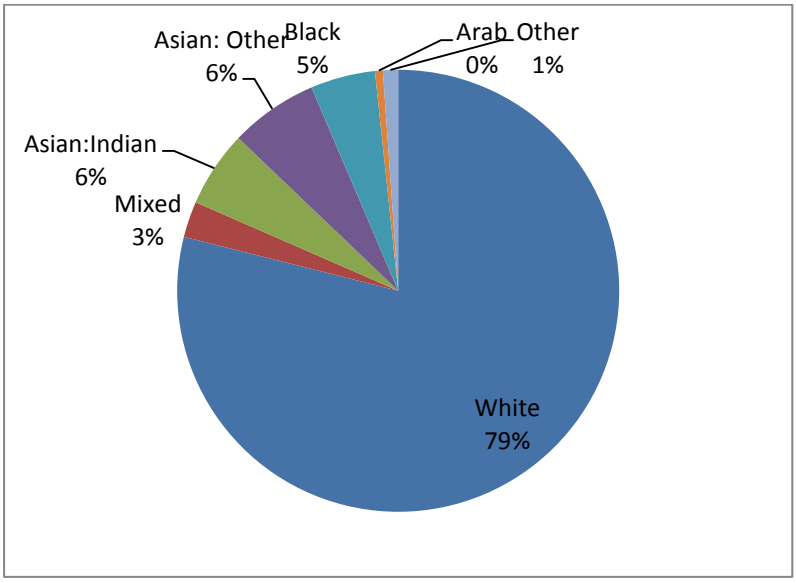
- **Ethnic Group**

7. The ethnic profile of City workers overall reflects the London profile – see figure 2. The majority are white (79%), a relatively large proportion of Asians are Indian (6%) while the remaining Asians represent another 6%. 5% are black, 3% mixed, and less than 1% are Arab. This is consistent with previous

[8] ibid
[9] The Public Health and Primary Healthcare Needs of City Workers, May 2012
[10] Insights into City Drinkers, 2012

independent reports on City workers.[11][12] According to the Insight into City Drinkers, young white males are the predominant alcohol misusers, which remain the major ethnic group.

Figure 2: Ethnic Profile

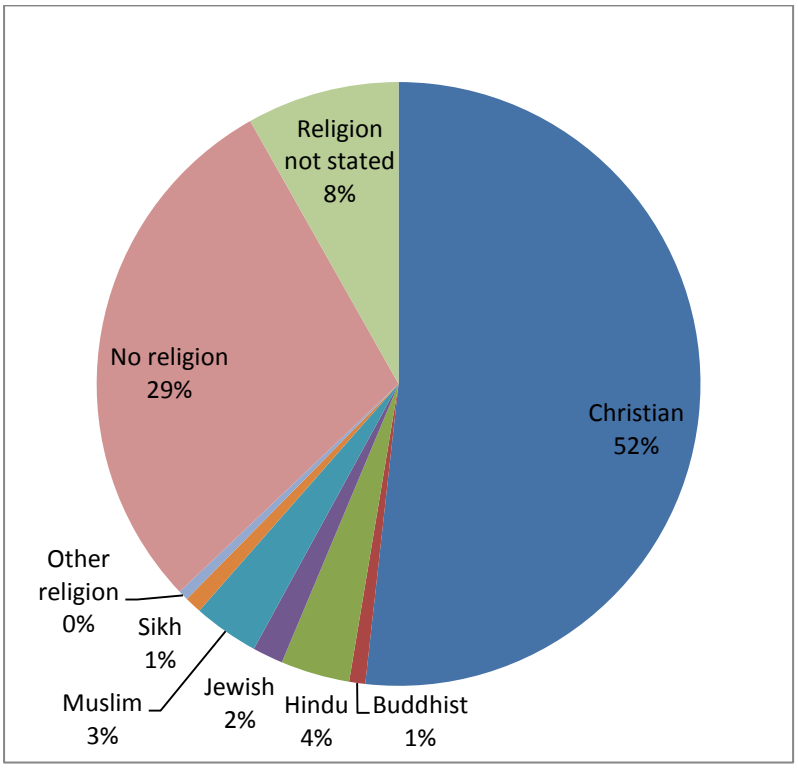


- **Religion**

8. The religious profile of City workers is broadly representative of that across London and England – see figure 3. Half of City workers are Christian while another third have no religion. 4% are Hindu, 3% are Muslim, and 2% are Jewish. Sikh and Buddhists represent 1% each. Nationally, there is a greater portion of Christians (59%), and across London there are more Muslims (12%) then seen amongst City workers.

[11] The Public Health and Primary Healthcare Needs of City Workers, May 2012
[12] Insights into City Drinkers, 2012

Figure 3: Religious Affiliation



- **Housing Tenure**

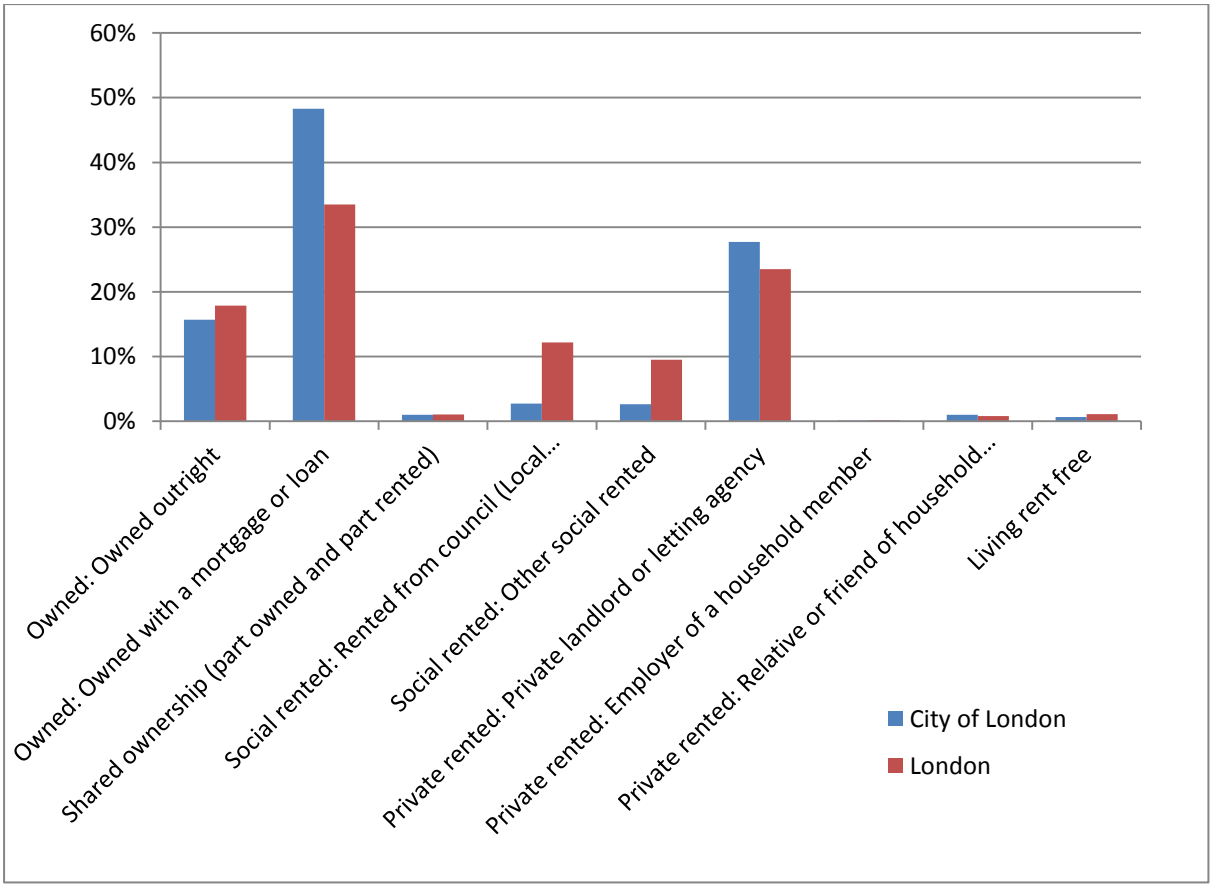
9. The new Census data has provided an opportunity to present the housing tenure amongst daytime City workers. It is important, as along with income can be associated to housing quality and ontological security, therefore predicting health and longevity.[13] 48% of City workers own property with a 'mortgage or loan' which is notably higher than the London average of 33%. Another 28% live in privately rented property, which is slightly higher than the London average. A very small proportion of City workers live in social rented homes (3% rented from council and another 3% from other social rented sources).

10. The pattern of housing tenure overall can be seen as consistent with the average income profile of City workers, that is, the City of London has the highest average weekly wage of all districts in the UK.[14] Thus, the low percentage of workers in social housing is to be expected. Although private renting can offer some of the poorest housing quality and overcrowding, in the City the proportion of renters affected by this may be diminished, since the majority would be able to afford better living standards amongst the rented options.[15] Despite this, there remain City workers not in the higher income profile, for example those working in retail which would also most likely feed into the 'private rented' category.

[13] Health Development Agency 2004, health inequalities: concepts, frameworks and policy
[14] BBC 2012, Average earnings rise by 1.4% by £26,500 by April says ONS
[15] Scottish Government 2010, Review of literature on the relationship between housing and health

11. The relatively large portion of 'private renters' may be reflective of the transient nature of the population. One's health may be affected by this, by increasing the chance of gaps occurring in health records from moving GPs. Finally the large proportion of home owners with a 'mortgage or loan' is also predictable in this population who on average are earning high incomes early in their career.

Figure 4: Housing Tenure



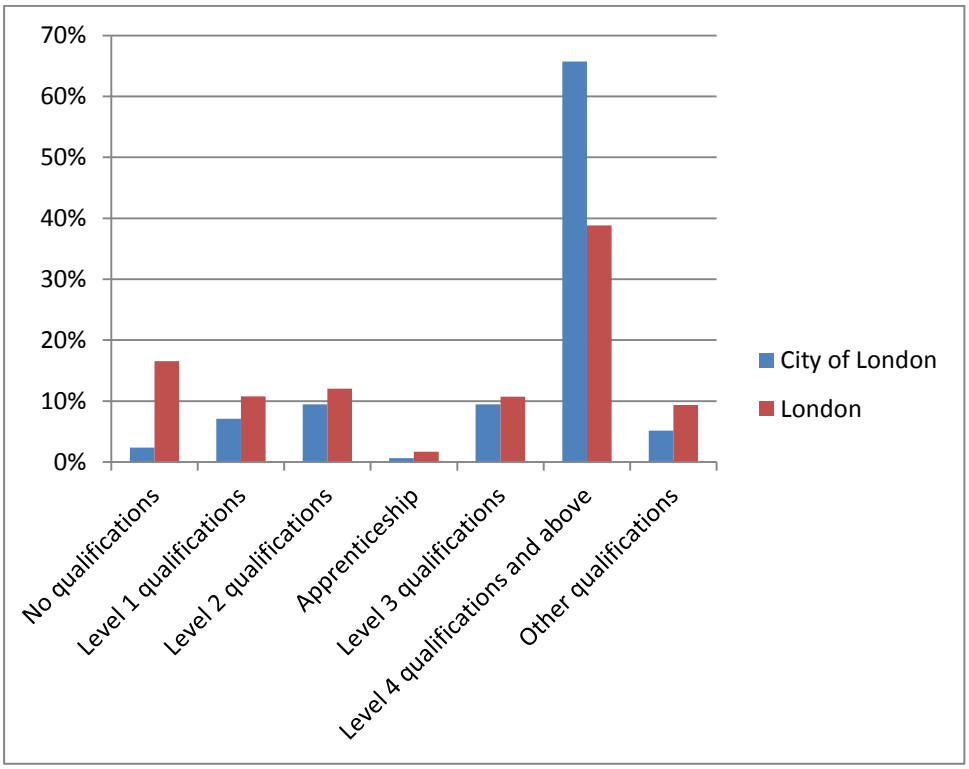
- **Qualifications**

12. Two thirds of City workers have at least a level 4 qualification which exceeds the London average by 27%. The qualifications levels are based on the Qualification and Credit Framework where level 4 and above is obtained at university level, and includes certificates of higher education through to doctorate degrees.[16] The greater proportion of level 4 qualifications is consistent with the representative work sectors traditionally seen in the City - that is, mainly of the financial and insurance sector (37%) and the associated professional services (18%), which require a level of higher education.[17] Education, along with income and housing tenure all have enduring associations with health, over time and across different diseases.[18] The

[16] Accredited Qualifications 2012
[17] The Public Health and Primary Healthcare Needs of City Workers, May 2012
[18] Health Development Agency 2004, health inequalities: concepts, frameworks and policy

increased proportion of a highly educated working population is consistent with greater incomes and increased home ownership.

Figure 5: Highest Level of Qualification



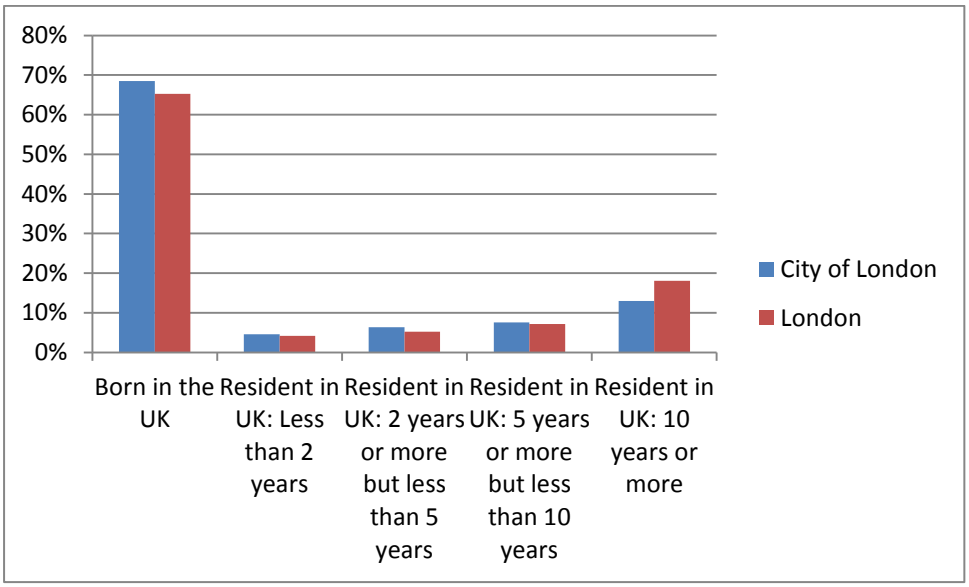
- **Residency**

13. The majority of City workers are born in the UK and otherwise are in short term residence, both of which are slightly higher than the London average. 68% of City Workers are UK born and a remaining 17% of City workers are short term residence of less than 10 years. This shows that there are a relative proportion of transient workers in the City, which is also consistent with the patterns in housing tenure. Taken together, a third of all City workers are migrants.

14. According to the WHO report on the health of migrants, most migrants are healthy, young people and some may even benefit from 'the healthy migrant effect' when they first arrive in their host country. Risk factors most relevant to City worker's migrant health include language and cultural differences, stigma, discrimination, social exclusion, separation from family and socio-cultural norms, as well as administrative hurdles and legal status. Importantly however, the majority of migrants in the City are most likely those who have relocated to the UK out of free will in search of better opportunities, and not of those out of force due to conflict or disaster in their origin country. Still, migrants tend to travel with their health profiles, values and beliefs, reflecting the socio-economic and cultural background and the disease prevalence of their community of origin. Such profiles and beliefs can be different from those of the host community, and may have an impact on the health and related

services of the host community as well as on the health of and usage of health services by migrants.[19]

Figure 6: Residency



- **Passport Designation**

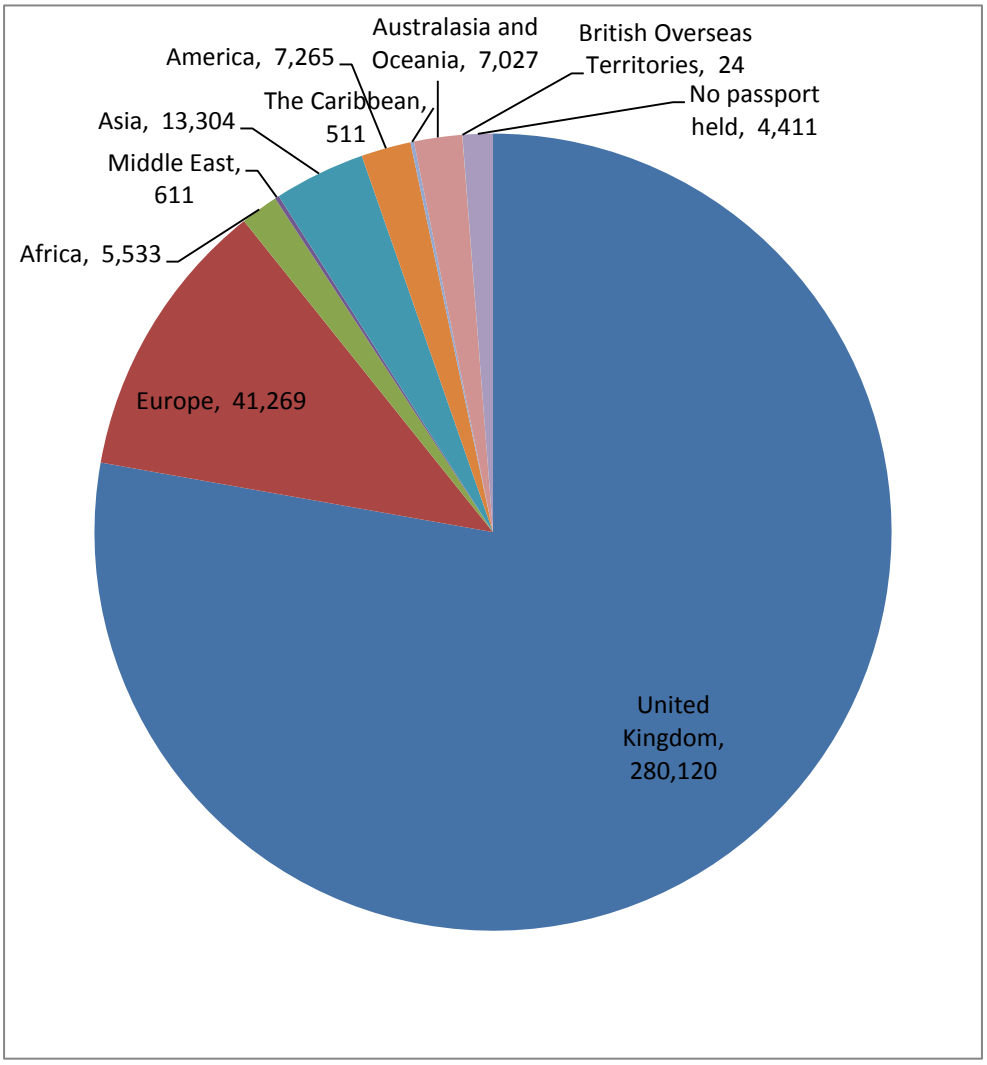
15. Of all passport types, 78% of City workers have UK passports. Of all non-UK passports, one third is from EU countries according to the March 2001 EU membership, (Germany, France, Italy, Portugal, Spain and others). 10% are from the EU accession countries that joined from April 2001 to March 2011 (Lithuania, Poland and Romania). Another 9% is represented from Southern Asia, Ireland and Australasia each. 7% is from North America. In terms of access and entitlement to free NHS treatment, it is dependent on the length and purpose of residence in the UK, and not one's nationality. However, in addition to the common health risks for migrant health detailed above, non-UK nationals encounter some reduced social security and protection, even as a resident in the UK.

16. For both UK citizens and non-UK citizens, NHS Hospital treatment is accessible and is free at the point of need for example at A&E, however charges apply to both groups where subsequent treatments are necessary and the patient has been admitted to the hospital. There is some discrepancy however in registering with a GP for non-UK citizens, as GP practices are not legally bound to accept non-UK citizens.[20] The decision is ultimately at the discretion of the practice, which may prove as a barrier to access. As well, even when registered with a GP non-UK citizens must pay out of pocket for dental treatments and prescription drugs.[21] Thus, non-UK citizens have some extra administrative barriers and fees than compared to UK nationals. Though it is worth noting, that a considerable portion of City employers offer private

[19] WHO 2010, Health of Migrants – the Way Forward
[20] Citizens Advice Bureau 2013, NHS charges for people from abroad
[21] Citizens Advice Bureau 2013, NHS charges for people from abroad

healthcare, which may fill some of these gaps in protection. Therefore those most at risk or being impacted are the low paid migrant workers who are not covered by private healthcare, and the low paid UK workers who are entitled to free NHS treatment but cannot access these services due to inconvenient work hours who may therefore tend to work until they 'drop out of the system'.[22]

Figure 7: Passport designation



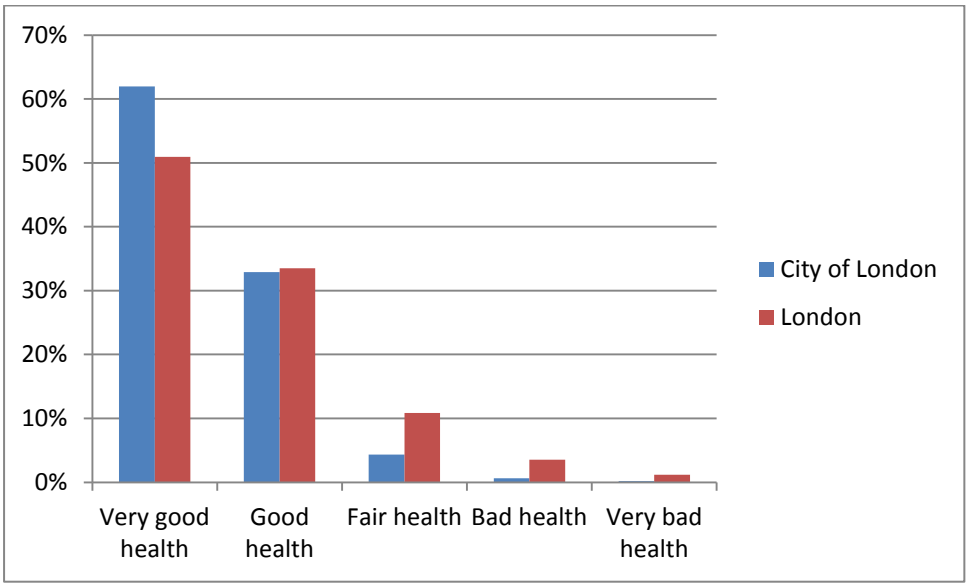
- **Overall Health**

17. Most City workers perceive themselves as having 'very good health' (62%) which is higher than the London average of 51%. However as the age profile of City workers is relatively young this is most likely associated to an age-related average health advantage as mentioned above. Additionally a combined tendency for being highly educated and earning a higher income is associated to better health outcomes. This perception is consistent with the findings from the 2012 independent survey on The Public Health and Primary

[22] The Public Health and Primary Healthcare Needs of City Workers, May 2012

Healthcare Needs of City Workers. [23] Despite this, there is strong evidence that amongst City workers, there is a culture of long working hours and feeling stressed for several months of the year, coupled with heavy alcohol consumption, which may lead to future health problems.[24]

Figure 8: Self perceived overall health



- **Discussion**

18. Overall, the findings from the Census 2011 working population in the City are consistent with previous independent reports. New insights from this release, not previously available, are the age and sex profile by year, religion, housing tenure, education, residency and passport designation.

19. Characteristic profile traits continue to be that of a young, predominantly white male, highly educated and high earning population, who perceive themselves to be in 'very good health'. This reinforces the view that City workers are generally healthier than the rest of the working population across London. However this is most likely related to their age and particular migrant profile, coupled with selection effects, such that the City offers demanding jobs that tend to attract healthy people.[25]

20. Despite this, the independent report has shown a combination of work related stress, drinking and smoking as the major risk factors for City worker's health, which affect those who reported 'bad to fair' health.[26] Specifically, work related stress and combined smoking being the strongest correlation to reporting poor health.[27] Meanwhile, the proportion of high-risk level drinking in the City is considerably higher than both the national and London average, of

[23] The Public Health and Primary Healthcare Needs of City Workers, May 2012
[24] ibid
[25] The Public Health and Primary Healthcare Needs of City Workers, May 2012
[26] ibid.
[27] ibid.

whom many are already experiencing alcohol-related harms and many have some level of alcohol dependency.[28]

21. The new data reveals that a third of workers are migrants of which more than half are transient, and relocate out of the UK under 10 years of residency. These migrants however are most likely those who have relocated to the UK out of free will in search of better opportunities, and not out of force due to conflict or disaster in their origin country, thus, more likely to fulfil the 'selection effects' and 'healthy migrant effect'.

22. 20% of workers are non-UK citizens, which add additional barriers to accessing NHS treatments, namely when registering with a GP and with dental and pharmaceutical drug fees that are paid out of pocket. The portion of employers in the City offering private healthcare however may be countering these challenges, thus leaving a smaller portion of non-UK nationals affected by this.[29] Most importantly, there are health implications for the lower paid migrant workers who do not have access to private health care and therefore have an increased financial burden both by the fees for treatment and the time taken away from work. Finally the lower paid UK workers are also at increased risk for poor health as although they are entitled to free NHS treatment, it remains inaccessible due to overworking, thus they may tend to work until they "drop-out" of the system without appropriate intervention.

Implications

23. These new findings will further help shape the workplace health programme that the City of London Corporation has already begun to implement.

24. Progress to date is as follows

- **City of London Corporation**

25. The City of London Corporation continues to improve its workplace health offer to Corporation employees, and has signed up to the London Healthy Workplace Charter process: a London-wide framework that provides a mechanism to support and recognise employers in London investing in health and well-being. The City Corporation has set the ambitious target of reaching the Excellence standard of the Charter.

- **Research**

26. The Research Team, with support from Community and Children's Services, commissioned in October a research piece to identify best practice

[28] Insights into City Drinkers, 2012
[29] The Public Health and Primary Healthcare Needs of City Workers, May 2012

characteristics and examples of long-term, embedded workplace health and well-being programmes, looking at both physical and mental health. The research will also assess these best practice examples in terms of their transferability to firms in the City and similar employers in UK cities, and across all levels of the workforce. Finally, through face-to-face interviews with City firms, the research will explore how these companies are implementing interventions to help support employee health and well-being, and in regards to the best practice standards identified previously.

27. Drawing on these analyses, recommendations for businesses on implementing effective workplace health interventions, and for local authorities to help support businesses, will be provided. The consultants appointed for the research are Cavill Associates Ltd, in collaboration with the University of Salford.

- **Conference**

28. The Mansion House has been booked as a venue; press releases and invites have been distributed; the website (www.businesshealthy.org.uk) is up and running; and social media is promoting the workplace health agenda in the City. The Chairman of the Health and Wellbeing Board will also host a special dinner prior to the conference, to further emphasise the City's commitment to workplace health and wellbeing.

29. Invitation cards have been sent from the Lord Mayor's office, to personally invite influential City business leaders. Because the event is being held at the Mansion House, numbers are restricted to a maximum of 150, so "open access" registration for those who have not received a personal invitation is limited. The event and website is being promoted through press and social media activity, which will encourage business leaders to apply for a place, as well as to sign up for the City circle of businesses, which will carry on the engagement with businesses.

30. The content of the conference is currently being formalised – the following speakers are confirmed: Duncan Selbie (PHE) Dame Carol Black (PHE) and the Lord Mayor, Fiona Woolf CBE. The conference will also feature a panel discussion session, for different kinds of businesses to speak about the benefits and issues around workplace health that they have encountered.

31. The team is working with the City Mental Health Alliance to identify how organisations can work in partnership for this event, as the CMHA has already launched, and has high-level support from several influential City firms. The team is liaising closely with Public Health England, and the Director of Public Health.

- **Continuing work**

32. Conference delegates will be asked to sign up to the City Circle, a business leader network, to continue their involvement in workplace health issues, and to help co-design workplace health support and initiatives for City businesses.

Conclusions

33. The new Census data provides a new source of intelligence about the characteristics of City workers, and will allow services to better respond to specific health needs.

34. As the local authority responsible for promoting the health and wellbeing of City workers, the City of London Corporation is proactively responding with a range of interventions to identify best practice, engage employers, and make the corporation itself an exemplar.

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