Working Well

Director of
Public Health
Report 18/19

Calderdale
Council

Contents

Foreword

This year's report focuses on work and health. It comes in two parts, this written report and a film giving voice to people's lived experience regarding mental health and the workplace.

It is well recognised that work is a key factor affecting people's health, with issues such as fair pay, job security, and working conditions all impacting on how well people are able to live a healthy life. Indeed, a recent publication from the Health Foundation's Young People's Future Health Inquiry has identified secure and rewarding work as one of the key building blocks needed for a healthy life.

The film explores people's personal journals of health at work. I am indebted to all those that appear in the film and thank them all for sharing their stories. The film brings to life the challenges and opportunities to promote mental health at work and I hope provokes discussion amongst all of us to consider how we promote well being. Calderdale's vision encapsulates and promotes our people's kindness and in this spirit I hope that the film is used by workplaces to enable more conversations and bring further action to improve our citizens' health.

This written report covers a number of additional issues, how can an inclusive economy support health? What could be the role of major 'anchor' organisations to promote economic well-being. There is a chapter on how future technological change will have potential impact on health as well as considering how our commute to work impacts on health. These topics are usually on the outside of traditional public health workplace considerations e.g. healthy behaviours and health and safety but are key to considering health and wealth now and into the future.

There are a number of case studies in the report which highlight some of the great work to improve workplace health across our borough. Spreading good practice and ensuring continued debates on how we can improve health and well-being for all, both provides a platform for our Vision 2024 for people 'to lead a larger life' and provides a key platform for a productive local economy.

Calderdale is rich in talent and ambition and the area will further flourish if we support our citizens in improved health throughout all workplaces.

Key messages

- Work is an important determinant affecting the health and well-being of the population.

- A healthy and happy workforce has synergistic benefits for workplaces, productivity and the economy.

- Supporting all people to have equal and meaningful opportunities and supporting them into fulfilling work or other activity should be a local and national priority.

- Promoting and protecting health at work is paramount, including healthy workplace initiatives and creating an environment free from stigma and discrimination.

Recommendations

- Analysis of evidence on local employment should form a part of our local needs assessment and be discussed at the Health and Wellbeing Board.

- All public sector organisations and local businesses should be encouraged to adopt a healthy workforce and wellbeing charter, including supporting good mental health.

- We should consider applying the ethos of Making Every Contact Count to work and health and implementing brief conversations about workplace health.

- All staff, including healthcare professionals, should be informed of the existing range of employment support offered in a local area so that they can share this information with individuals and promote work as a health outcome.

- Employers should provide training for all staff on the impact of all health conditions, including mental health conditions and musculoskeletal conditions. Please use the commissioned film to spark discussion.

Introduction

The Calderdale Wellbeing Strategy identifies living and working well as a key topic. Work is a critical determinant of good health and wellbeing.

This is not just about paid employment, but could also be described as any meaningful activity that provides us with a sense of purpose. Similarly a healthy population is a critical determinant of high productivity and a flourishing economy, in the same way that a good transport network underpins economic growth.

Almost two thirds of people in Calderdale are aged between 16 to 64 years and constitute the majority of what is known as the working age population. We are seeing more and more people of working age develop long term conditions, including mental ill health and musculoskeletal problems that are affecting their chances of finding and staying in meaningful employment or activity.

Calderdale shows lower life expectancy for men and women than the England average.

The evidence indicates there are more people of working age with multiple illnesses than in the older population. Around one in four people between the ages of 25 and 54 have a long-standing illness. 70% of people with a long-standing illness were in work, compared to 88% without a long-standing illness.

This ill health challenge cannot be solved by more or better health and social care services alone and serves to underscore the importance of prevention across the life course. A critical element of that prevention effort is through the workplace.

For work to be beneficial to health it needs to provide adequate pay, acceptable hours, good health and safety, job security, job progression and opportunities for employees to participate in decision making. But with the rise of the "gig" economy and self employment, the opportunities for what has previously been recognised as good work are diminishing. We are seeing too many people becoming trapped in low paid, unskilled and unstable work, often interspersed with periods of unemployment.

This is double-jeopardy. There are significant health inequalities in the working age population, most notably between those who are employed and those who are unemployed. There has also been an increase in the number of households who experience in-work poverty and disparities in health outcomes between skilled and unskilled workers, between black and minority ethnic communities and the white population and between men and women.

If average life expectancy and healthy life expectancy are to continue to increase and the gap in life expectancy and healthy life expectancy between the best and worst off is to narrow, we must prioritise the development of an inclusive economy and good work. Equally, if the local economy is to grow and flourish we must prioritise improvements in the health and wellbeing of our population.

Life expectancy and healthy life expectancy trends ▶

	Year	Calderdale	England
Life expectancy at birth – males	2015-17	78.6	79.6
Life expectancy at birth – females	2015-17	82.1	83.1
Healthy life expectancy at birth – males	2015-17	61.6	63.4
Healthy life expectancy at birth – females	2015-17	64.4	63.8

Work and Health

Work is important to our health and wellbeing, and not just for material reasons.

Employment is a primary determinant of health, impacting both directly and indirectly on the individual, their family and community.

Unemployment is associated with an increased risk of illness and early death. Whether we are in or out of work and for how long, as well as the type of work we do, can have a significant impact on our mental health, leading to increased feelings of lack of control, insecurity, anxiety and social isolation.

In Calderdale 130,000 are aged between 16-64 a slightly lower %age (61.8%) compared to 63% of the UK population aged 16-64 years.[1]

In Calderdale 76.6% of the 16-64 age group is in employment (over 102,000 people) compared to 75.2% in England and 73.5% in Yorkshire and Humber. This group constitutes the majority of the 'working age' population and their good health is key for ensuring a healthy, happy and economically productive society. It is in the 'working age' that life-long health-harming practises such as smoking, alcohol and poor diet consolidate.

In 2017 approximately 20% of 25-34 year olds smoked, the highest proportion in all age brackets.[2] This has an impact on workplace participation; it has been estimated that smokers take between one and 2.7 more days off work per year than non-smokers.[3]

One in three of the working age population report having at least one long-term health condition and over half of people with a long-term health condition say their health is a barrier to the type or amount of work they can do.[4]

Musculoskeletal (MSK) conditions are very common in multi-morbidity, for example, four out of five people with osteoarthritis have at least one other long term condition such as hypertension, cardiovascular disease or depression.[5] Musculoskeletal health can both negatively impact on an ability to work and be work related, both in manual labour and in sedentary work at desks.[6]

Nationally 28.2 million work days are lost due to MSK conditions each year, accounting for 22.4% of total sickness absence.[7] In Calderdale it is estimated that approximately 1,600 workers have a MSK condition and over 22,000 days absence at work are as a result of this range of conditions.

In England in 2014, an estimated one in six adults met the criteria for a common mental health disorder, with under 40% of those with depression and anxiety accessing mental health care.[8]

In 2017/8, 25.4 million working days were lost to work-related stress, anxiety or depression.[9]

The estimate for Calderdale some 52,000 working days are lost per year due to work-related stress, depression or anxiety.

For adults of working age, low educational attainment and unemployment are strong risk factors for poor mental health.[10] One in six adults have a mental health condition with work specifically identified as a potential causative and/or aggravating factor.[11] In 2017/18, 595,000 people in the UK were affected by work-related stress, anxiety and/or depression, which equates to around 2000 people in Calderdale.[12] The majority of employees state they do not feel able to talk about their mental health in the workplace and 11% report facing discrimination after disclosure.[13] While there has been a positive shift in the proportion of managers who acknowledge that employee wellbeing is their responsibility, 67% of line managers still say they have received no training in mental health.[14]

The employment rates of people with mental health conditions in Calderdale is just over 46% slightly higher than the national average of 45.7%

Oxana Kalemi

Oxana was tricked into prostitution by her best friend in Ukraine and trafficked into the UK, where she was imprisoned in Birmingham. She has written a book about her experiences 'Mummy, Come Home'. After escaping her imprisonment Oxana did various jobs until moving into care work, working for 2 years as a domiciliary carer. Overworked, she says her body couldn't cope - she resorted to injecting steroids into her feet.

Oxana says that her employers didn't have enough staff 'because everyone was leaving because they were being overworked'. This led to an extra workload for the remaining careworkers resulting in even greater stress and poor health. Her time as a carer was dominated by tiredness: mental and physical exhaustion.

She is currently working as a support worker helping young people develop life skills and is much more content.

Work and Inequalities

There are clear health inequalities within the working age population and between those who are unemployed and those who are employed, and those who are in skilled as opposed to unskilled work. Those experiencing long term worklessness have a lower life expectancy and worse health than those in work.[15]

Employees in 'unskilled' occupations (52%) experience long term conditions more than groups from 'professional' occupations (33%).[16]

One in four people working in routine/manual occupations smoke, which is double those in professional roles, and represents an avoidable inequality.[17]

People with Black or Minority Ethnic (BME) backgrounds face further health inequalities[18] and higher levels of unemployment - 62.8% of BME people of working age are in employment, compared to 75.6% of white people.[19] Women are more likely to have part-time, insecure work[20] and there remains a substantial pay gap between genders.[21]

There are 13.9 million disabled people in the UK and 19% of the working age population are disabled.[22] In 2018, 51.3% of people with disabilities were in employment, up from 49.8% the previous year.[23] Employment is much lower amongst those with learning disabilities. While statistics are difficult to ascertain and verify, in England in 2016/17, only around 6% of 18-64-year olds with learning disabilities were known by their local authority to be in paid work.[24] in Calderdale this is slightly higher at 7.1%, clearly stigma and discrimination remain barriers to disabled people enjoying full participation in work and society.[25]

The World of Work:
A Man's Game?

There is little local available data regarding gender differences in the workplace so I would like to highlight the Royal Society of Arts 'Precarity to Empowerment' research on a gender equal economy. Available here: **thersa.org/ discover/publications-and-articles/rsa-blogs/2019/08/ women-and-the-future-of-work**

For far too long, men have dominated the workplace and sustained a disproportionate level of influence over the course of society. In 1919, positions of power in government, medicine, law and accountancy were only available to half of the population, and still, 100 years later, women are not equally represented in these professions.

There have been great leaps forward in the campaign for women's rights over the last century: for example, the Sex Disqualification (Removal) Act which enabled women to become barristers, solicitors, jurors and magistrates, and the Equal Pay Act which gives the right to equal pay between men and women for equal work. These should be celebrated for the empowerment and independence they have brought to many women. But we must not be complacent. Only six FTSE100 CEOs are women; there is still a long way to go.

The gender divide in Science, Technology, Engineering and Maths (STEM) is also astonishingly stark. At present, only one in twenty new coding jobs goes to a woman. With demand for these industries expected to grow, businesses, government and civil society need to act now to ensure that women are included and thrive in the 'Fourth Industrial Revolution'.

The labour market is a precarious place for many women today. Epochal technological change is not only transforming our work, it is contributing to the growing sense of economic insecurity we face.

In a recent RSA survey, we found that 38% of women did not feel their job provided them with enough income to maintain a decent standard of living (compared to 24% of men).

And women reported being more likely to feel that they don't have scope to progress in their careers (42%, compared to 34% of men).

Women have borne the brunt of austerity measures. Women account for 81% of the job losses in social service managers and 74% in administration occupations in central government.

Secondly, they have missed out on the best-paid new jobs in the labour market. Women's share of job growth for programmers and software development professionals stands at just 6.4%, and 8.7% for IT and telecommunications directors.

Moving forward, these figures paint a worrying picture for women. They should serve as a call to action for businesses, government and civil society to put diversity at the heart of their considerations around the future of work.

Carers, Work and Health

In 2015, there were an estimated 6.5 million carers in the UK, with an annual economic value of £132 billion.[26] Over 80% of carers report that their caring role has a negative impact on their physical and mental health.[27] Millions of carers have additional work responsibilities.[28] Supporting the health of carers and supporting them in or into work is crucial both to maintain their health and the health of those they care for. Supporting working parents should be a priority for all workplaces. Adequate paid parental leave has benefits to mothers[29], fathers[30], children[31] and wider society and economy.

Worklessness

Approximately one in four people aged 16-64 in the UK are either unemployed or economically inactive.[32]

Worklessness is linked to financial exclusion and poverty, cardiovascular mortality[33], suicide risk[34], higher rates of smoking and alcohol excess[35] and a lack of control and autonomy that exacerbates poor mental and physical health.[36]

Those who are unemployed are more than twice as likely to report having a limiting long term condition. There are concerns about the negative health impacts of welfare reform and the introduction of Universal Credit on groups already at risk of poor health.[37]

Good work

For work to be beneficial to health it needs to be 'good' work with adequate pay, acceptable hours, good health and safety, job security, job progression and the ability for workers to participate in decision making.[38] Flexible and/or self-scheduled work hours have a positive effect overall on health.[39]

People can become trapped in 'low pay/no pay' cycles of temporary, usually poor employment alternating with periods of worklessness.[40]

Poor health, including mental health, exacerbates these issues.[41] Routes out of this cycle include in-work support, occupational health, education and training[42], opportunity for progression and skills development[43], support back into work via Job Centre support[44] and the devolution of employment and skills services.[45]

A whole system approach is vital for ensuring the health and wellbeing of the working age population. This approach should include a focus on good and affordable housing, safe and healthy environments, active and accessible transport, good education, supported families, healthy relationships, empowered individuals and supportive social networks. To tackle worklessness and improve working conditions, collaboration must take place across sectors including between education, businesses and the welfare system at both a local and national level.

A great job is where you…

- **are paid fairly**
- **work in a safe and healthy workplace**
- **are treated decently**
- **have guaranteed hours**
- **have the opportunity to be represented by unions and a strong independent voice on what matters at work**
- **have the opportunity to progress at work and get on in life**

Martin Roberts

Martin saw himself as "a 'normal' business professional with a successful career within the financial industry." In 2017 he experienced a break down. His life was at a critical point, "I experienced, first-hand, mental illness and the challenges this brings into one's career and personal life."

"A series of events, both in the past and in the present, came to a head. Without warning. Mix the survival of the Hillsborough disaster with the serious illnesses of family members (wife and father both of whom are now fully recovered), add the passing of a parent, close family friend and you have a heady cocktail that nearly took my life. I experienced the feeling of shame and guilt and felt I had no place to turn.

Thankfully I am proof that, even in life's lowest or darkest moments, there can, and will always be, positives that can come out of those times.

Mental illness should be talked about and treated in parity with physical illness and so through awareness, education and sharing of my own experiences & journey forms a key part of my role as Group Transformation Mental Health Lead, Lloyds Banking Group. What matters in life now has new meaning for me and which I why I am keen where I can to help / share with individuals and or organisations what we have been doing for our colleagues within Lloyds Banking Group, here in Calderdale and across the UK

Mental Health and Work

People spend much of their time at work. Little wonder work can impact on both physical and mental health of the person and this can have wider implications such as a positive or negative impact on their families and communities. Mental health sickness absence (including stress, depression, anxiety and serious conditions) has risen 5% since 2009 whereas overall sickness absence has fallen between 15%-20%. An independent review focused on a supportive workplace culture for employee mental health for employees to remain in and thrive in the workplace.

Six core standards were identified which all employers can and should implement:

- Produce, implement and communicate a mental health at work plan
- Develop mental health awareness among employees
- Encourage open conversations about mental health and the support available when employees are struggling

- Provide your employees with good working conditions
- Promote effective people management
- Routinely monitor employee mental health and wellbeing.

Moreover four enhanced standards were identified for all public sector employers and private sector employers who employ 500 staff or more. These enhanced standards are:

- Increase transparency and accountability through internal and external reporting
- Demonstrate accountability
- Improve the disclosure process
- Ensure provision of tailored in-house mental health support and signposting to clinical help

In addition a mental health toolkit for employers will be produced.

Supporting People into Work

Supporting people into work not only benefits their health but supports a healthy national economy, with approximately £100 billion annually lost in the UK through sickness absence and productivity losses.[46]

Over half of people with a long-term condition (80% of those with three or more) report their health is a barrier to work and the employment rate in this group is low at 60%.[47]

Supporting people with long-term health conditions, including mental health conditions, in and into work is a national priority.[48] It is important to avoid presenteeism, a potential negative outcome of such policy.[49]

Spending on incapacity benefits is running at over £15bn, roughly eight times what is being spent on unemployment benefits. So, the question is can the NHS and others raise our game, when it comes to helping people stay in work? Working people in the North Powerhouse are 39% more likely to lose their job compared to their counterparts in the rest of England. If they subsequently go back to work their wages are 66% lower than a similar individual in the rest of England.

Detailed work done by the Northern Health Science Alliance has shown the impact that additional NHS activity can have on economic activity and labour market participation in the North West and the North East of the country. About 30% of the productivity gap between the Northern Powerhouse and the rest of England is the consequence of higher rates of ill health. Reducing this health gap would generate an additional £13.2 billion in UK GVA.

The report shows that increasing the proportion of people in good health in our region by 3.5% would reduce the employment gap between us and the rest of England by 10%.

In order to support people with health conditions into work, employment services need to be both integrated and person-centred.

A number of areas have developed services which co-locate employment advice and services with Increasing Access to Psychological Therapies (IAPT) services, physio teams, GP practices and the voluntary sector. Integrating staff with clinical expertise, like Occupational Therapists and counsellors, into employment teams. They can train and advise employment specialists and work with employers to create healthier workplaces.

If we get health and work integration right, everyone benefits. People can access support in a way that makes sense to them and expect it to be joined up and holistic. Employment specialists are increasingly better trained to understand health conditions and disability. They draw upon therapeutic support and recognise that good work leads to good health but bad work can be worse than nothing at all. The NHS is getting much better at this and the expansion of Individual Placement and Support services will help. However, there's still some way to go. The latest Community Mental Health Survey found that 47% of people accessing NHS mental health services who wanted help to find or remain in work were not offered it, a decline on the previous year.

Workplace Health Case Studies

Active Calderdale – Take 10 Pilot

In May 2019 over 300 employees from Calderdale Council, Lloyds Banking Group, Calderdale College and Calderdale Smartmove took part in a three month pilot named Take 10. These local organisations were chosen as they vary in size and organisation type; namely local authority, a public limited company (PLC), education establishment and a homeless charity.

The aim of the pilot was to increase physical activity participation in the workplace through testing different approaches to encourage the workforce to move more by giving employees 10 minutes per day to be active in any way they chose. These approaches were:

- Manager support and no manager support
- Motivational e mails
- Buddy support
- Physical activity equipment: table tennis, desk pedals, hula hoops and power-spins
- Step Challenge
- Social media (Facebook page)

Employees were given ideas to be more active at work such as 10 minute walking routes, taking the stairs instead of the lift, using the toilets and photocopiers on a different floor, standing meetings, walking meetings, desk and office exercises, whilst also being encouraged to come up with their own ideas. A great example of this was a lecturer at Calderdale College who did the Conga at the start of a lesson, involving the students and making it fun.

Feedback from participants was overwhelmingly positive with most employees saying that the Take 10 pilot had improved both their physical and mental health; in addition further common benefits were identified such as improved relationships with colleagues and team members, being more productive, feeling happier and less stressed. Employees also reported feeling valued by their employers as they cared about their health and wellbeing.

Quotes from employers and employees:

"Being part of the Take 10 pilot has been invigorating. It has helped me 'clear my head' when under pressure at work, it has been fun, it has helped me build stronger relationships with others in the team. I feel better in my day to day life as have continued the Take 10 approach/philosophy outside of work."

"Participation across the College was excellent. Teams who were not involved in the pilot were so keen to be involved that we had to expand the scheme college-wide. People are still coming up to me now to tell me they are "taking 10". The mindset hasn't gone away, as a direct result of the Take 10 pilot staff are still engaging in an active lifestyle both at work and at home, with new activity clubs established. The uptake at staff activity sessions has significantly increased, with new sessions created based on demand. New staff are being made aware of the benefits of being active at work during their induction process (a definite policy change!) In summary, the Take 10 pilot at Calderdale College proved to be a huge success with a positive impact on staff wellbeing and staff morale that has sustained long after the pilot."
Elizabeth Smith, Calderdale College

"At Lloyds Banking Group, we were proud to be involved in the Take 10 initiative to get colleagues to be more active in the workplace. Most employees reported an increased sense of wellbeing, with some reporting enhanced levels of fitness. We found that it also encouraged people to be more active out of work".
Jo Core, Lloyds Banking Group

"Without the Take 10 Pilot I wouldn't have been able to get any exercise during my working day due to time restraints but now I use it every day to get much needed exercise which I feel is hugely beneficial to my fitness levels and wellbeing. I also walk with colleagues who didn't walk during the working day before and we all feel the benefit and hope to continue."

"It has highlighted some different ideas of positive exercises that can be incorporated into a working day at the office and at the desk other than the more widely known or accepted ones such as walking and running".

"The pilot started discussions about Take 10 but also generally about lifestyle and impact which included food choices and the different challenges and experiences we all had and how we could support each other with this".

"I became aware of Active Calderdale when the weekly walks started which I joined as I felt that I was increasing my time spent sedentary both at work and at home. I did my best to go for a walk and get some fresh air on as many days as was possible. Doing this meant I started to feel better both mentally and physically so when Take 10 was launched I was keen to get involved in this to further increase my own activity but also promote the benefits of activity during the working day to my colleagues".
(Leoni Craig, Calderdale Council)

These findings align with the wealth of evidence stating that a good working environment is good for health and that healthier, active and engaged employees are more productive and have lower levels of sickness absence and presenteeism, greater efficiency and are less likely to suffer from stress or depression.

A healthy and happy workforce brings synergistic benefits for workplaces, productivity and the economy. For every £1 spent on workplace health initiatives the return on investment (ROI) can range from £2 to £34.

With 74% of adults in employment, spending an average of a third of their waking hours in the workplace, this is a key setting to engage employees in activities to improve their health and wellbeing. In Calderdale workplace health is a priority area of work, in particular increasing physical activity which will be delivered as part of our Vision 2024 ambitions which include being the most Active Borough in the North, and through the Sport England Local Delivery Pilot.

Healthy Workplaces case study

Health and safety and occupational health play a vital role in protecting the workforce and workplaces have a core role to play in prevention and healthy living. There were 1.4 million work-related ill health cases in 2017/2018.[39] Small and medium enterprises consist 99.9% of all UK private sector businesses and account for 60% of private sector employment, but frequently have poor or no access to occupational health services.[40]

Smoking cessation has a role in the workplace[42], as does the promotion of a healthy alcohol culture.[43] Active and stress-free travel to work has a major positive benefit on health and wellbeing, with employers and travel infrastructure playing an enabling role.[44]

Interventions such as workplace travel plans[45], cycle parking and shower facilities are evidence-based to reduce car use and increase active commutes.[46] Access to healthy food and snacks during work formulates an important aspect of a healthy diet in this population.

Work and Health case study

Work can play an important part in promoting mental health and supportive employers can help boost their employees wellbeing, which brings the additional benefit of less time off due to ill health. Take for example the case of one of the participants of a current work support programme being delivered by the Council. The client had earned a Master's degree in Graphic Design and Art Direction, but due to lack of experience was finding it difficult to secure work and was struggling with low self-esteem and confidence issues.

To help build his confidence it was arranged that he could take part in work placement at the Council's supported factory, ISCAL. However it was apparent his artistic skills could be put to better use and a 6 month internship with the Council's Marketing & Design Team was arranged. During the internship the client suffered two horrible setbacks; his brother attempted suicide, and later the client was violently attacked on his way to work. Concerned that he would be letting his team and employer down the client wanted to rush back to work, but a supportive management and team encouraged him to take the time to recover and get the support he needed to address the significant mental health effects of both of these events, as well as his physical injuries.

With careful support, counselling, and patience the client was able to recover from these horrible events, improve his mental health and has since gone on to secure permanent employment for himself. Without support this client could easily have fallen out of work and slipped into more severe mental health issues, instead he is working in a field he is passionate about and is going from strength to strength.

Mental Health and Wellbeing Case Study

Calderdale Council have been taking a positive and proactive approach to mental health and wellbeing in the workplace. Our approach follows the eight step framework 'work well' model detailed in the mental health toolkit for employers. Senior commitment has been our first step by signing the Time to Change Employer Pledge to commit to change the way we all think and act about mental health and our Chief Executive has further established a senior Wellbeing Board to promote good mental health and, support staff that need help and tackle stigma.

The employee Health and Wellbeing Strategy sets out our five objectives:
- Improve the health of employees tackling the underlying root causes of poor health with a strong focus on prevention
- Reduce sickness absence
- Promote positive mental health
- Improve staff morale and develop resilience
- Support employees to increase their levels of physical activity and reduce the amount of time spent being sedentary within the working day

Our approach built on the ethos of visibility informs all our staff on the work the board is doing to support their mental health and wellbeing. This includes a Wellbeing Pledge signed by our Chief Executive and senior leadership accessible on our intranet wellbeing page and accompanied by a video blog.

We have further increased our visible approach to mental health and wellbeing in our induction programme for new employees. A handbook provided to new employees and the presentation led by workforce development now includes information on our commitment and proactively promotes both the activities available internally or those provided by our partners.

To assist in the offer for our employees both the Time to Change and Workforce Health groups lead on the development and implementation of accessible social activities. Activities aim to support a positive culture for staff to talk about mental health and increase staff awareness on how to look after your own mental health and wellbeing through Five Ways to Wellbeing (connect, be active, take note, learn and give). Based on the Five Ways to Wellbeing activities include led walks, staff choir, arts and crafts, book club, gardening club and breakfast group sessions.

We have been aiming to tackle culture and silence around mental health and we are doing this by rolling out Wellbeing Champions across the workforce. Champions receive informal training and through the support of our lead Mental Health Champion, are encouraged to promote opportunities to staff, get involved with campaigns and where needed signpost employees to formal mental health support including our ever expanding Mental Health First Aiders (MHFA).

Wellbeing Champions are important to start the conversation but when staff need someone dedicated to talk to when experiencing poor mental health, we have a bank of MHFAs available. This programme or work looks to establish a MHFA member across the workforce, who is visible, approachable and upholds our Council's theme of kindness.

Close working between H&S, HR and OH supports our strategy by providing training for managers on mental health and identifying and dealing with stress. Where applicable staff will be provided with an e-learning model for handling stress at work. Our managers have an active role in supporting our strategy through shared conversations which includes a section for wellbeing to be discussed.

We are pleased with our work to date but strive to tackle stigma and provide a workforce culture where mental health is talked about. The continued roll out of appointed MHFA staff and increased Wellbeing Champions will underpin all our work going forwards.

Volunteering

Volunteering can be extremely beneficial both for individuals and for wider society. In 2013 there were an estimated three million volunteers in acute NHS trusts in England alone, with an estimated return of investment of 11 times their cost.[50] Volunteering confers significant benefit to the community and to those volunteering, including lower mortality and a positive impact on social support, self-confidence and mental health.[51] Volunteering can be a route into social participation, including employment.[52]

Commuting and health

Over 24 million people commute to and from work each day in England and Wales, for an average of 56 minutes.

The growth and widespread availability of high speed public transport in some areas has transformed working culture. People now travel further and have fewer restrictions on where to live - a flexibility unknown in previous centuries. These changes have been accompanied by a growing number of commuters using largely non-active methods of transport, such as cars, trains and buses, and in recent years, a growth in the average time spent travelling to work, with a transport system struggling to keep up with this demand.

Over the past decade, we have seen greater discussion and recognition of the importance of workplace health; however, the impact of the rush hour commute to and from work is often ignored, despite the growing evidence of the detrimental impact for our health and wellbeing. A study using data from the British Household Panel Survey research found a correlation between length of commute and a greater number of GP appointments, potentially due to a feeling of lower health status amongst this group.[53]

These findings mirror those of the Office for National Statistics, which found that commuters have on average lower life satisfaction, a lower sense that their daily activities are worthwhile, lower levels of happiness and a higher level of anxiety, with effects being particularly marked for those commuting between 61 and 90 minutes per day. [54]

Several studies have sought to understand this link, with some indicating that crowding, perceived lack of control and unpredictability are all major factors.

There is a connection between commuting and a higher BMI. Sugiyama et al for example, found that for male commuters, spending more than 1 hour each day travelling by car was significantly associated with a higher BMI and higher waist circumference than those who spend less than 15 minutes travelling by car.[55] In Calderdale we have higher rates (by almost 10%) of car commuting than England as whole.

The wide ranging benefits of active travel such as cycling or walking are well established, and we must continue to do more to support as many people as possible to take up these methods.

For those however, that do not currently have this option, it is crucial for both the health, wellbeing and productivity of the workforce that we mitigate many of the pitfalls associated with commuting.

In order both to respond to climate change and improve air quality we need to become less dependent on private motor car usage. If active travel methods are not an option it is important that we make travel by train and bus more enjoyable.

Our commute is often a strain on both the finances and free time of workers, with a lasting impact on their stress levels and wider wellbeing long after reaching work or returning home.

Opinion polling indicates that the factors seen as most detrimental to health and wellbeing by commuters themselves are; 1) journey delays, 2) overcrowding, 3) anti-social behaviour, 4) uncomfortable temperature, 5) long commute.

To achieve a healthier workforce, and a less stressful commuting experience employers need to have greater adoption of flexible working and remote working, enabling workers to commute outside of the rush hour or reduce the time spent commuting altogether.

Alongside this, the call for 'health and wellbeing' should be included as a specification in transport franchises, encouraging operating companies from the outset to consider ways of creating a healthier, less stressful experience.

To achieve a healthier experience, operating companies should look to;

• Declassify all first class carriages on commuter trains
• Restrict unhealthy food and drink outlets in stations
• Routinely publish information on train and bus capacity
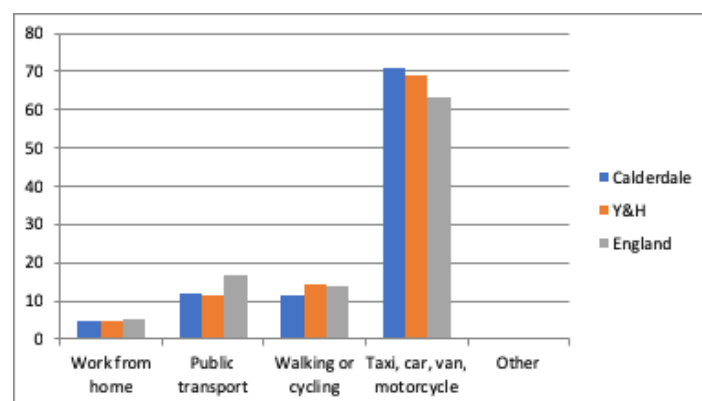
Data from 2011 census

Commuting impact

54.85% - increase time spent feeling stressed

32.8% - increase snacking

28.9% - increase consumption of fast food

44.4% - reduce time spent with family/friends

40.8% - reduce physical activity

37.8% - reduce time spent preparing healthy meals

35.6% - reduce time spent sleeping

Source: %age of commuters who feel their commute reduces the time they spend on these activities. Opinion polling commissioned by RSPH, August 2016. Sample = 1,500

Inclusive Economy and Health

Employment in the UK is at its highest in nearly 50 years with a surge of 222,000 more people in work compared to last year's hiring period. The current national rate of 76.1% employment, released by the Office for National Statistics (ONS), matches World War 2 figures. More than 130,000 women got into work in the period between November 2018 and January 2019, while older people also drove the labour market boom. However while real wage growth is improving, analysts like the Resolution Foundation have pointed out that levels of weekly pay are still £9 lower than they were a decade ago. And last year the Joseph Rowntree Foundation revealed that four million people are trapped by in-work poverty, meaning around an eighth of people can be classed as working poor.

The economy matters to the health and wellbeing of the population, but much depends on the size, shape and type of economy and the growth it experiences. There is growing recognition that traditional models of economic growth have simply failed to address inequalities, and may have exacerbated them, as is suggested by the World Economic Forum.

For previous generations, the risk of and exposure to mass unemployment was the main economic challenge faced. Employment is now comparatively high but real wages have stagnated and the quality of work transformed, resulting in a greater number of people detached from the benefits that economic growth is supposed to deliver.

While there is ample focus on what ill health costs us both as individuals and as a society, there is rarely acknowledgement of the converse: that good health is an asset, essential for a flourishing society and economy. Good health and an inclusive economy, that shares the benefits of growth and good work across all groups in the population, go hand in hand. On this basis, a strategy for an inclusive economy could be regarded as one of the most important and effective approaches to improving health and wellbeing in a population.

There is a growing area wide commitment to fostering a more inclusive and sustainable economy for Calderdale. The aim is to build on what makes Calderdale special, nurturing the area's tradition as a collection of friendly and diverse local communities. Calderdale has a unique blend of arts, culture, financial services and a proud manufacturing and technological base. Across our communities, we need to ensure every citizen has the best chance of participating equally in and benefitting from success. Put simply, Calderdale's economy should work for us all, to help us lead happier, healthier and more fulfilling lives.

Across Calderdale the combined impact of the voluntary, community and faith sector is included in our anchor institutions because they are increasingly connected to each other and have a significant amount to offer in terms of buying power and as a shaper of local communities.

At community level, community and voluntary sector organisations are often the anchor organisation, along with GP practices, pharmacies and libraries.

The Inclusive Economy strategy has started work across all the big public sector anchor institutions in Calderdale on social value. The role of anchor institutions is to move away from sector-specific thinking and focus on developing the "return on investment" case for a whole place.

Calderdale Council, for example, is leading on ways of using the power of procurement of goods and services to spread the influence of anchor institutions. It is revising protocols, processes and tools across the organisation and its supply chain to enable it to conduct business ethically, effectively and efficiently for the benefit of Calderdale.

Proposals to Drive an Anchor Approach in Calderdale

Leadership and readiness for an anchor approach

- Developing a jointly agreed Anchor Strategy underpinned by supportive strategies for each sector.

- Linking local and diverse purchasing programmes to broader organisational diversity, sustainability and health goals.

- Committing a %age of senior management time and a dedicated budget in each anchor institution to 'Anchor Mission' initiatives.

- Engaging with the local community to identify community priorities around local and diverse purchasing.

Hiring and staffing

- A commitment to an accredited living wage for the area, starting with an agreement among the anchor institutions.

- Equipping local residents for high-demand, frontline jobs that are connected to further employment prospects.

- Maximising apprenticeship opportunities for people from disadvantaged and diverse communities.

Local sourcing and procurement

- Making local sourcing an explicit goal in the strategic plan and other policies with staff posts dedicated to inclusive local sourcing.

- Making a commitment to building capacity in the local supply chain to access larger contracts.

- Assessing the full economic impact of every purchasing decision.

- Adjusting payment periods and invoicing processes to accommodate small businesses.

Place-based investing

- Develop partnerships with local majority and minority ethnic Chambers of Commerce, women's business organisations and other supplier diversity organisations.

- Foster working relationships between community outreach and investment staff.

- Move cash and other assets into local banks and credit unions, making a distinction between investment in hedge funds and local social capital.

- Community investment in land trust. Purchase land to secure sustainable and affordable housing, emphasising how anchor institutions manage their estates for the benefit of the community.

Mark Coup

Mark began work as a nurse and became accustomed to the complications and difficulties of delivering 'care' within local communities. To better 'care for the carers' Mark set up his own community-focussed care company and is passionate about looking after the needs of local residents. He now employs a team of more than 100 individuals and delivers 400 to 500 care calls every day to over 180 customers.

Due to the way adult care is funded (through national government) the company can only pay workers the minimum wage, unless clients pay privately. Mark knows that this often puts an intolerable strain on his staff, but finds it very difficult to offer the emotional and financial support his team truly need. This in itself causes Mark a great deal of stress and anxiety.

Future Work

Technology has changed the face of work and the move towards app-based service industries may have negative impacts on employee rights and health.[56]

There are concerns that advances in automation and artificial intelligence could make many jobs redundant, disproportionately affecting those in unskilled or manual work, exacerbating health and social inequalities already affecting this group.[57] However, there are huge potential benefits associated with new technologies and there is a move towards the use of new technologies to support health at work initiatives.[58]

The increased use of automation in the workplace in future has major implications for both the amount of work available and the nature of work people do. How these changes will affect people's health has yet to be fully explored.

Automation is likely to see many existing job roles become obsolete or change dramatically. Research at Oxford University has estimated that over 170 roles had a 90% chance of being automated in the future. A survey of business executives by the World Economic Forum showed that nearly 50% expected a reduction in the full-time workforce by 2022 due to automation.

McKinsey Global Institute also estimated that by 2030, up to 375 million workers across the world will need to switch jobs. However, this analysis also points out likely trends such as increasing demand for health care, and investment in energy and infrastructure, that could provide further opportunities for employment.

It's also highly likely that automation will change the nature of jobs that remain. This may make work safer by replacing high risk tasks, or more meaningful by automating less rewarding aspects of work. On the other hand it may also have negative impacts, for example through the use of automated algorithms to coordinate worker's activities thus reducing the sense of ownership people feel about work and potentially harming people's mental health and wellbeing.

The major disruption to the types of jobs which are available means there will be winners and losers: those who benefit from new opportunities and those who struggle to make the transition.

It's likely automation could disproportionately affect those already experiencing deprivation and inequality. Employers choosing to shut down or relocate could lead to mass unemployment within particular communities, similar to that associated with pit closures in the 1980s. This kind of experience can affect whole households, with negative effects on child health, education and youth unemployment.

Analysis by the OECD suggests that there is a higher risk of negative effects in rural economies and areas with a high share of agricultural and manufacturing jobs. ONS analysis shows that the vulnerability to automation in the UK varies significantly by local area. It also shows that lower skilled roles are more susceptible to automation, with women, young people, and part-time workers most likely to work in roles that are at high risk of automation.

Adopting a life-course approach to policy-making means paying attention to the different needs of all age groups – including children, young people, adults of working age and older people.

The Health Foundation's Young People's Future Health Inquiry shows that access to work is a major concern for young people. Whilst youth unemployment is currently low, the quality of that work, and whether it supports their long-term health, raises serious questions.

Understanding their aspirations, providing appropriate skills development and ensuring that the jobs market provides good opportunities will be a core part of ensuring a positive outlook for the future. The increasing focus on digital skills within primary schools is a good example of how the next generation is likely to be more prepared for a changing work landscape, but more will be needed.

Older people on the other hand may face different challenges in developing new skills, and with further increases planned to the state pension age, this group is likely to be working for longer.

The Health Foundation has already begun to think about how the health and care system can better prepare for the future and it seems likely that society as a whole will also need to respond to the challenge.

The implications of such large numbers of people needing to find different work will require a new policy focus. It will need deep-seated changes to education, with attention paid to both the hard and soft skills needed in the new era of automation, and new opportunities for lifelong learning. This will especially need to focus on people with low skills who may have fewer opportunities to retrain.

The changing nature of work is already encouraging policymakers and researchers to consider significant new areas of policy such as universal basic income (where unconditional payments are delivered to all on an individual basis, without means-test or work requirements), though this would need to be included within a comprehensive policy framework. The idea of a reduced working week is also attracting attention as a way to fairly distribute work in response to changes in technology.

There remains significant debate about the extent to which these types of interventions can address the coming changes. There is much more to consider, including issues such as wages, worker negotiation and regulation around the use of technology in the workplace.

While we can't predict exactly what the future will hold, there is a need for more research into the implications of increased automation, and governments and organisations will need to develop their ability to respond to these challenges. This includes identifying issues, managing complex transitions, and engagement across multiple sectors. Further work will need to clarify whose responsibility it is to take action and in what ways different actors can come together to co-create the solutions.

The development of Local Industrial Strategies in the UK provides a way for local authorities and Local Enterprise Partnerships to engage. Our Inclusive Economy strategy is a key plank on which to build an economy for all.

Our ability to make the most of the changes ahead will rely on society's ability to engage with the transition. The council will need to help people develop new skills and connect them with opportunities, and make sure the welfare system is equipped to deal with any challenges people may experience. That means engaging across sectors in a way that places the health of the population (and especially vulnerable groups such as young people and people with low skills) at the centre of our policy agenda.

'From AI to machine learning, algorithm to automation, dizzying advancements of technology are changing the nature of the workplace'

Nick Dutton

Nick worked as a senior manager with a major national provider in the telecommunications industry for over 20 years. Due to personal issues outside work Nick began to experience higher levels of stress and anxiety. As a way of coping with these 'external factors', he made himself busier at work. To take his mind off things he took on more work, more responsibilities. As a result of not addressing his personal issues Nick could see that his own productivity at work began to suffer - he took leave, which then became his exit strategy. He eventually left the company by mutual consent.

Nick has now set up his own company with the telecom sector, and become an advocate for meaningful corporate responsibility.

Penni Dickinson

Penni worked for a national retailer for over 30 years, holding a variety of responsible and pressurised roles within the organisation. Although she came into employment with a pre-existing mental health condition, which could have affected her working life, she received a degree of support from her employer which meant she found ways to cope.

Despite all her efforts to maintain her health she eventually developed Chronic Fatigue Syndrome. The last role held by Penni was under permitted work rules and her ability to stay in employment was greatly supported by a team of managers, her team mates and a role that accommodated her health needs

Due to cost cutting procedures Penni felt increasingly that she couldn't manage the new stress loads. The people who were sensitive to her personal needs left, roles changed and Penni no longer felt safe or supported by the new structure. In June '18 she was made redundant and hasn't been able to work since.

She now volunteers with a local mental health charity on a weekly basis. The environment is still a dynamic one but everyone has time for one another. The workers and volunteers really are at the fore front of this organisations culture.

References

1 Office of National Statistics, Overview of the UK population: November 2018 (2018).

2 Office of National Statistics, Statistical Bulletin: Adult smoking habits in the UK:2017 (2018).

3 Public Health England, Health and Work Infographics [https://www.gov.uk/government/publications/health-and-work-infographics] accessed 12 April 2019.

4 Public Health England, Health and Work Infographics [https://www.gov.uk/government/publications/health-and-work-infographics] accessed 12 April 2019.

5 Arthritis Research UK, State of Musculoskeletal Health 2018 (2018).

6 Health and Safety Executive, Musculoskeletal Disorders [http://www.hse.gov.uk/msd/index.htm] accessed 22 April 2019.

7 Arthritis Research UK, State of Musculoskeletal Health 2018 (2018).

8 NHS Digital, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 (2016).

9 Health and Safety Executive, Work related stress, depression or anxiety statistics in Great Britain, 2018 (2018).

10 Bartley M, Ferrie J, Montgomery SM. (2005) Chapter 5: Health and labour market disadvantage: unemployment, non-employment and job insecurity. Social Determinants of Health 2nd Edition. Oxford University Press: Oxford.

11 Public Health England, Health and Work Infographics [https://www.gov.uk/government/publications/health-and-work-infographics] accessed 12 April 2019.

12 Health and Safety Executive, Work related stress, depression or anxiety statistics in Great Britain, 2018 (2018).

13 Business in the Community, Mental Health at Work Report 2017 (2017).

14 The Prince's Responsible Business Network, Mental health at work 2018 report – Seizing the momentum (2018).

15 Health and Safety Executive, Work related stress, depression or anxiety statistics in Great Britain, 2018 (2018).

16 Bartley M, Ferrie J, Montgomery SM. (2005) Chapter 5: Health and labour market disadvantage: unemployment, non-employment and job insecurity. Social Determinants of Health 2nd Edition. Oxford University Press: Oxford.

17 Public Health England, Health and Work Infographics [https://www.gov.uk/government/publications/health-and-work-infographics] accessed 12 April 2019.

18 April 2019 12 Karlsen S, Nazroo JY (2010) Religious and ethnic differences in health: evidence from the Health Surveys for England 1999 and 2004, Ethn Health, 15:549–68.

19 Department for Business, Race in the Workplace: The McGregor-Smith Review (2017).

20 New Policy Institute Women, Work and Wages in the UK (2016)

21 Office for National Statistics, Understanding the pay gap in the UK (2018).

22 Department for Work and Pensions, Family Resources Survey 2017/2018 (2018).

23 House of Commons Library, People with disabilities in employment (2018).

24 Public Health England, Learning Disabilities Observatory. People with learning disabilities in England 2015 report (2016).

25 Scope, Current Attitudes towards Disabled People (2014).

26 Carers UK, Unpaid carers save the UK £132 billion a year – the cost of a second NHS, [https://www.carersuk.org/news-andcampaigns/news/unpaid-carers-save-the-uk-132-billion-a-year-the-cost-of-a-second-nhs] accessed 20 April 2019.

27 Carers UK, In sickness and in health (2012).

28 UK Government, Press Release: Supporting carers to stay in paid employment, [https://www.gov.uk/government/news/supporting-carers-tostay-in-paid-employment] accessed 20 April 2019.

29 Avendano M., Berkman L.F., Brugiavini A., Pasini, G. (2015) The long-run effect of maternity leave benefits on mental health: Evidence form European Countries, Social Science & Medicine, 132, 45-53.

30 O'Brien (2009) Fathers, Parental Leave Policies, and Infant Quality of Life: International Perspectives and Policy Impact, The annals of the American Academy of Political and Social Science, 624(1), 6-11.

31 Tanaka (2005) Parental Leave and OECD countries, The Economic Journal, 115(501), F7-F28.

32 Public Health England, Health and Work Infographics [https://www.gov.uk/government/publications/health-and-work-infographics] accessed 12 April 2019.

33 Dupre, ME, George LK, Liu G, Peterson ED, (2012) The Cumulative Effect of Unemployment on Risks for Acute Myocardial Infarction, Arch Intern Med, 172(22).

34 Blakely TA, Collings SCD, Atkinson J (2003) Unemployment and Suicide. Evidence for a causal association? Journal of Epidemiology and Community Health, 57(8).

35 Montgomery S, Cook DG, Bartley MJ, Wadsworth MEJ (1998) Unemployment, cigarette smoking, alcohol consumption and body weight in young British men, European Journal of Public Health, 8(1), 21-27.

36 Learning and Work Institute, The local impacts of welfare reform (2017).

37 The Welsh NHS Confederation, Briefing: The health impacts of welfare reform (2014).

- British Medical Association, Health in all policies: health, austerity and welfare reform [https://www.bma.org.uk/news/2016/september/austerity-who-pays-the-price] accessed 12 April 2019.

38 Public Health England and the UCL Institute for Health Equality, Local action on health inequalities. Promoting good quality jobs to reduce health inequalities (2015).

39 Joyce K, Pabayo R, Critchely JA, Bambra C (2010) Flexible Working conditions and their effects on employee health and wellbeing, Cochrane Database of Systematic Reviews, DOI: 10.1002/14651858.CD008009.pub2.

40 Joseph Rowntree Foundation, The low pay, no-pay cycle (2015).

- Shildrick T, MacDonald R, Webster C, Garthwaite (2012) Poverty and Insecurity. Life in low-pay no-pay Britain, Policy Press: Bristol.

41 Joseph Rowntree Foundation, Does poor health affect employment transitions? [https://www.jrf.org.uk/report/does-poor-health-affectemployment-transitions] accessed 12 April 2019.

42 DWP, Older workers and the workplace: Evidence from the workplace employment relations survey (2017).

43 UK Commission for Employment and Skills, The Role of Skills from Worklessness to Sustainable Employment with Progression (2011).

44 The Centre for Social Justice, Up to the job? How reforming Jobcentre Plus will tackle worklessness (2013).

45 Local Government Association and Learning and Work Institute, Work Local – Our vision for an integrated and devolved employment and skills service (2017).

46 Public Health England, Health and Work Infographics [https://www.gov.uk/government/publications/health-and-work-infographics] accessed 10 April 2019.

47 Public Health England, Health and Work Infographics [https://www.gov.uk/government/publications/health-and-work-infographics] accessed 10 April 2019.

48 Department for Work and Pensions/Department of Health, Improving Lives, The Future of Work, Health and Disability (2017).

49 Institute for Employment Studies, Presenteeism – a review of current thinking (2016).

50 The King's Fund, Volunteering in acute trusts in England – Understanding the Scale and Impact (2013).

51 Morrow-Howell N, Yung SL, McCrary S (2014) Volunteering as a pathway to productive and social engagement among older adults, Health Education and Behaviour, 41 (1S), 84S-90S.

- Jenkinson E, Dickins A, Jones K et al (2013) Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers, BMC Public Health, 13, 773.

- Institute for Volunteering Research, Volunteering and Health: evidence of impact and implications for policy and practice (2011).

52 Public Health England, A guide to community-centred approaches for health and wellbeing (2015).

53 Royal Society for Public Health, Health in a Hurry – the impact of rush hour commuting on our health and wellbeing (2016).

54 Petrunoff N, Wen LM, Rissel C (2016) Effects of a workplace travel plan intervention encouraging active travel to work: outcomes from a three-year time-series study, Public Health, 135, 38-47.

55 Cairns C, Newson C, Davis A (2010) Understanding successful workplace travel initiatives in the UK, Transportation Research, 44, 473-494.

56 Tran M., Sokas, R. (2017) The Gig Economy and Contingent Work: An Occupational Health Assessment, Journal of Occupational Health and Environmental Medicine, 59(4), 63-66.

57 Wright M.J. (2018) The Changing Nature of Work, AJPH, 108(3), 315-316.

58 Melzner J., Heinze J., Fritsch, T. (2014) Mobile health applications in workplace health promotion: an integrated conceptual adoption framework, Procedia Technology, 16, 1374-1382.

Salihaah Rasheed

Saalihah works in family support at a primary school. She is asole provider for her three children and her performance at workis vital to her and the family. As a Muslim woman she also has avery strong work ethic and strong sense of duty and responsibility.

Saalihah has experienced difficult family circumstances but didn'tfeel she could relate this back to her immediate line managers.She always felt she had to put on a brave face at work and pretend, through her pain, that "everything was fine." She was left tofeel depressed and alone.

As a result Saalihah suffered a breakdown and was forced totake time off work, experiencing a great deal of unhappiness and"struggle'. Thanks to a new management regime, which wasmore attentive and positive she now feels valued at work, whichhas had a great impact on her sense of well-being.

Thanks

I'd like to record my thanks to all those involved in the writing and checking of this report. Particular thanks to Paula Holden, Marie Conway, Richard Porter, Caron walker, Ben Leaman, Helen Kershaw, Martin Allingham, Karen Lythe and Sian Rogers and for his patience with me during the design and creative stage, Stuart Kerray.

My gratitude and thanks to all those involved in the film production the amazing people who told their stories and Jeff and Geoff from Verd De Gris for their professionalism and insight.

Calderdale Council