

## Written evidence submitted by Health Equals (ERB07)

### Briefing on the Employment Rights Bill

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1. This submission is on behalf of Health Equals ([healthequals.org.uk](https://www.health.org.uk)), a coalition bringing together the UK's leading voices on issues including health, housing, work, communities and the environment to address the UK's growing health inequalities. [We raise awareness](#) of the [16-year gap](#) in life expectancy between places in the UK due to factors like poor housing, poverty and air pollution. We want each of us to have access to the building blocks of health, no matter who we are or where we are born, work or live.
2. Health Equals was born out of the need to rebuild the foundations of good health in order to improve life expectancy and reverse health inequalities in the UK. We are a group of 27 organisations and voices across different sectors, who all want to make a positive difference to society's health and wellbeing by prioritising access to the building blocks of good health and wellbeing. We are funded and hosted by the Health Foundation.

For local work and health data, visit the dashboard:

<https://www.health.org.uk/evidence-hub/local-authority-dashboard>

#### Summary

3. **The Employment Rights Bill is a unique opportunity to improve working age health.** Health and work are inextricably linked, and a healthy workforce is essential for a strong economy. As **Health Equals member the CBI** [argues](#), 'a healthy economy needs a healthy workforce and business and government need to work together to improve the health and wellbeing of people in work.'
4. Having stable employment has been shown to boost health and wellbeing. An additional [10% of employment](#) in a local area is associated with a further 5.1 years of healthy life expectancy for men and 3.7 years for women. Conversely, low-quality work can be just as bad for health as unemployment: [health worsens](#) as the number of negative job aspects – such as job satisfaction and security – increases. Older people, disabled people, and single parents have less control over their employment and are more likely to be unemployed or in low paid, part-time work which can lead to increased stress and other mental health problems. This has a knock-on effect on our available resources, and our ability to afford a decent standard of living.
5. As a result of this relationship, many places are stuck in a spiral of low employment, poor wages and working conditions and high rates of long-term sickness. **Health Equals member the Health Foundation** [has shown that](#) once people with health conditions fall out of work, they are three times less likely to return than those without a health condition. There is a clear need to better support people with health conditions to remain and thrive in work. The UK is amid a substantial working-age health challenge as 3.9 million workers now have work-limiting health conditions, the highest number on record.
6. The Employment Bill proposes some positive changes to workplace flexibilities and expansion of sick pay entitlement, but more action will be needed to build a system that is relentlessly focused on reducing health harms at work and helping people with health conditions stay in work for longer. Our members, including the Commission for Healthier Working Lives led by the Health Foundation, are working to develop policy solutions to improve access to good work, so that everyone across the UK has the benefit of this essential building block for good health and wellbeing.
7. **People who live in our poorest neighbourhoods are dying 16 years earlier than people in the wealthiest, and we need policy to refocus on addressing the building blocks of health – including access to secure, adequately paid and healthy work.**

#### Statutory Sick Pay (SSP)

8. **Health Equals members including the Health Foundation, TUC and Institute of Employment Studies have called for reforms to SSP.** 28% of employees are reliant on Statutory Sick Pay and one in ten get nothing at all if they are sick. The Health Foundation and **Health Equals members including the TUC** [support](#) plans to remove the lower earnings limit, which currently excludes 1.15 million workers from SSP eligibility, and the removal of the three-day waiting period for financial support. Steps to tighten enforcement of SSP and other employment

rights, through the new Fair Work Agency are [also welcomed by Health Equals member the Learning and Work Institute](#).

9. There is a wider need to increase SSP entitlements to provide a stronger financial safety net for those without occupational sick pay. At £116.75 per week for up to 28 weeks, the UK's SSP entitlements are among the least generous in Europe. This means people on SSP will have lower access to the essentials for healthy living, such as food and heating, so compounding health problems and exacerbating inequalities. For instance, **Health Equals member Mind** [found](#) that employees with mental health issues reliant on SSP are forced into debt, increasing the strain on their mental health.
10. Our sick pay system, and our working culture, push too many people into going into work when ill, known as 'presenteeism'. A recent study by **Health Equals member the IPPR** [found that](#) workers in the UK are among the least likely to take sick days, and that this presenteeism costs the economy £25bn per year due to its impact on productivity. Working through poor health is more common among those from marginalised ethnic groups, people in lower quality jobs and workers lacking formal qualifications.
11. The current SSP structure also creates a perverse incentive to leave the labour market entirely when you get sick. DWP research showed that one fifth of people receiving incapacity benefits moved straight from work to claiming benefits without any period of sickness absence. Health Foundation [research highlights](#) that year on year, 300,000 people leave employment and become economically inactive with a work-limiting health condition.
12. Unlike in comparable countries, UK employers are neither required nor strongly incentivised to provide support to help people return to work after a period of sickness absence. This is compounded by system design issues. Although phased returns to work are possible, SSP cannot be combined with normal pay, leaving workers at risk of losing income if they reduce their working hours. The result is a system that pushes people with health challenges further from the labour market, with rising economic and social costs.
13. Long-term reform of sick pay and sickness absence should aim to better support the participation of people with health conditions in work, through stronger financial and practical support, and a proactive role for employers.

#### Flexibility and job security

14. In 2023, 3.5 million people were in insecure work, 10.6% of the workforce. This included 775,000 people on zero-hour contracts. Job insecurity has been linked to reduced wellbeing and physiological problems such as hypertension and coronary heart disease. **Health Equals member the Centre for Mental Health's** manifesto for a [Mentally Healthier Nation](#) cites strong evidence that government policies to boost workplace rights and job security bring about benefits to people's mental health.
15. Plans to improve flexible working by requiring employers to set out reasons for rejecting flexible working requests are therefore both timely and welcome. Key to the success of this measure will be ensuring that employers cannot turn down requests without significant justification. Flexibility is critical for the work participation of parents, carers, and those with long-term health conditions. Recent pilots of flexible working suggest there may also be direct health benefits from introducing greater flexibility. A Timewise evaluation showed that 82% of workers reported that flexible working arrangements had allowed them to maintain a good level of personal health and wellbeing – up from 51% before flexibility was introduced.
16. The [TUC also welcomes](#) a 'significant step forward in giving security to workers at the sharp end of the labour market' and the Health Foundation supports stronger protections against dismissal, and the right to guaranteed hours for those on low or zero-hour contracts who regularly exceed their contracted hours. Any changes to flexibility should be balanced against the needs of some people with health conditions to have flexible contracts that enable them to work in accordance with their capability. The right to decline an offer of guaranteed hours is an important safeguard for this group.