Public Health England

Health, Work, and Inclusive Growth

Working together to improve health and employment, and reduce inequalities, in the East Midlands

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Foreword

This year I published Public Health England (PHE) East Midlands Centre's 2018-2019 Prospectus, which sets out key priorities to:

- Develop a narrative around health and economic prosperity being 'two sides of the same coin'
- Develop an appropriate 'health and economic prosperity' engagement strategy
- Further develop links with key regional organisations and the Midlands Engine to put the East Midlands in a better place to access opportunities to support this agenda.

PHE know that:

- People in the right type of secure work live longer, healthier lives
- Keeping people in work and minimising sickness absence is good for individuals and businesses
- Healthy workplaces increase productivity, reduce absenteeism, and improve morale and staff retention
- The health and social care workforce is a key sector for consideration, since around 250,000 people are employed in the health sector in the East Midlands accounting for 13% of the region's employment.

Therefore, in order to address this priority, in this report PHE have:

- Scoped the main components of the health, work, and economic wellbeing system and describing their interrelationships;
- Set out important data and intelligence that describes the challenges for improvement of these; and
- Set out ways all parts of the system can work better together in order to strengthen our combined approach to improving health and employment for people in our communities.

To help guide these priorities, this report covers four overall areas for consideration in the health and economic prosperity relationship:

- Health and Wealth
- Health and Work
- Inclusive Growth
- Productivity, including Healthy Workplace and Workforce.

Local authorities and Local Enterprise Partnerships (LEPs) across the region have priorities to strengthen the economy through strong infrastructure, good jobs, and a healthy, skilled workforce. The idea of "Place" features heavily within the local Industrial Strategies, which LEPs are required to develop. In addition the Midlands Engine has a remit to improving quality of life and skills for the population. From the hyperlocal to the sub-regional to the national, together we can work towards safe, sustainable, accessible, and healthy places with more and better jobs.

Thank you for joining us.

Meng Khaw – Public Health England East Midlands Centre Director
November 2018

Introduction: Health and Wealth

The relationship between economic prosperity and health is complex, but clear:

- Poor health reduces productivity and hampers economic growth
- Good employee health contributes to high productivity and successful enterprises
- Good economic growth requires a fit, healthy, well-educated and trained population able to fulfil their potential
- Health is not just about the absence of disease; it is also a huge part of our economy in and of itself.

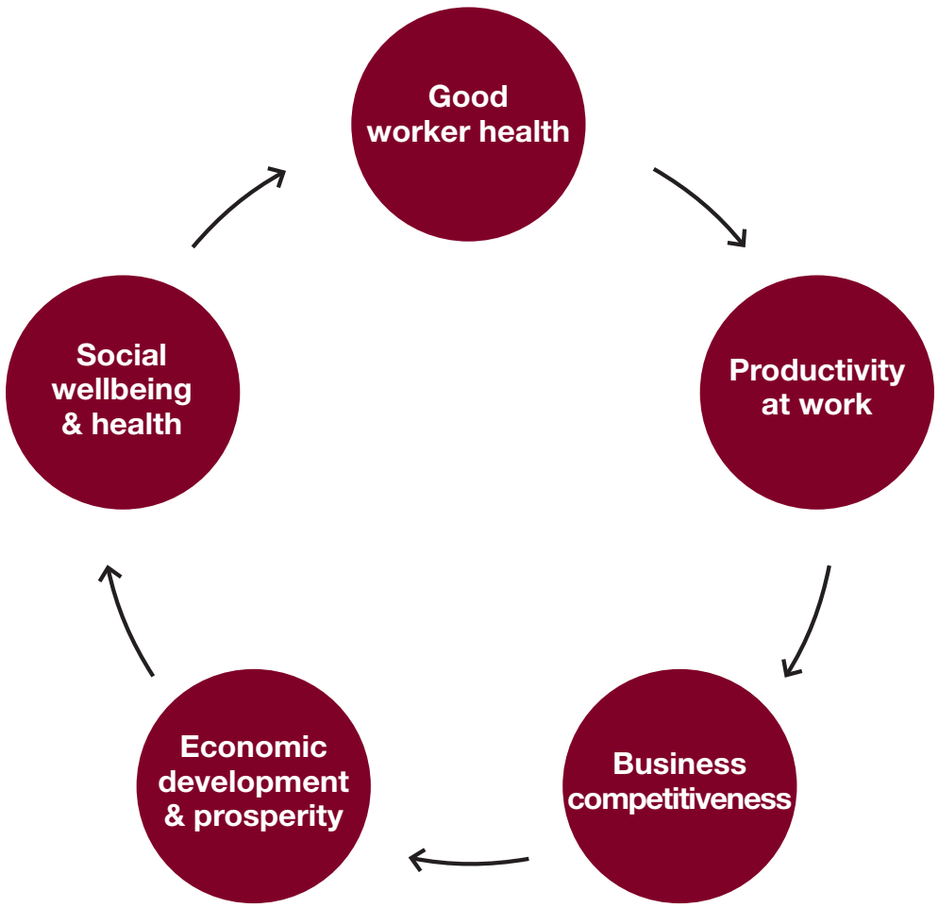


Figure 1: Health and work cycle

Looking across the life course the complexity of health and wealth deepens. For instance, employment – as a major source of income in adulthood – is influenced by education, which in turn is influenced by childhood health and circumstances which is influenced by the socioeconomic status of the household in which one grows up[1].

Of course, health and wealth, or health and economic prosperity, are not solely about work and employment. Health and wealth is also about economic wellbeing of an area, including good, well-paying jobs, adequate household incomes, affordable housing, healthy, affordable food, and affordable, accessible transport.

It also does not acknowledge the health impact of income inequality in a population. It is known that higher inequality reduces social cohesion, and it also negatively impacts on economic growth and diminishes opportunities[2]. In addition, evidence suggests that there is a correlation between income inequality and health outcomes and social problems[3].

Sir Michael Marmot's sentinel review *Fair Society, Healthy Lives*, describes the impact on health outcomes of an inequitable society. The degree of inequality in a society has a harmful effect not only on the health of the poor but on the population as a whole. Countries with the highest income inequalities have worse health, as well as higher rates of crime and other negative social outcomes[4]

"An adequate and fair healthy standard of living is critical to reducing health inequalities. Insufficient income is associated with worse outcomes across virtually all domains, including long-term health and life expectancy."[5]

– Fair Society, Healthy Lives (2010)

The review highlighted that reducing health inequalities is vital for the economy by reducing losses from illness associated with health inequalities in terms of productivity losses, reduced tax revenue, higher welfare payments, and increased treatment costs[6].

As poor health reduces productivity and hampers economic growth, income inequalities become entrenched, which contribute to poor health.

This illustrates the importance of exploring **Health and Work** as two sides of a coin, factors that PHE, with partners in health, local government, and economic and enterprise partnerships, can address with greater impact by working together.

Health and Work

Employment is a primary determinant of health, impacting both directly and indirectly on the individual, their families and communities. Unemployment is associated with an increased risk of mortality and morbidity, including limiting illness, cardiovascular disease, poor mental health, suicide and health-damaging behaviours. Health-related worklessness can be defined as individuals not in employment for a health reason[7].

Dame Carol Black's review of Britain's working age population, 'Working for a Healthier Tomorrow' (2008) concluded that employment:

- Leads to better health outcomes
- Minimises the harmful physical, mental, and social effects of long-term sickness absence
- Improves quality of life and wellbeing
- Reduces social exclusion and poverty[8].

Impact of **Work** on Health	Impact of **Health** on Work
Good work is good for physical and mental wellbeing	The health of the work force is closely linked to economic productivity
Poor working conditions can lead to ill health, including stress musculorskeletal disorders	Poor health can lead to loss of productivity, sickness absence and exit from the labour market
The work environment has the potential to influence healthy lifestyle behaviours, both positivly and negatively	Those with long term conditions will often benefit from appropriate flexibility and adaptations which help them to stay in productivity employment
	Those with long term conditions are less likely to be employed

Figure 2: Impact of health and work

Of course, employment as a contributor to economic prosperity, or income, goes beyond 'wealth' or material living conditions. Good work is good for your health and wellbeing.

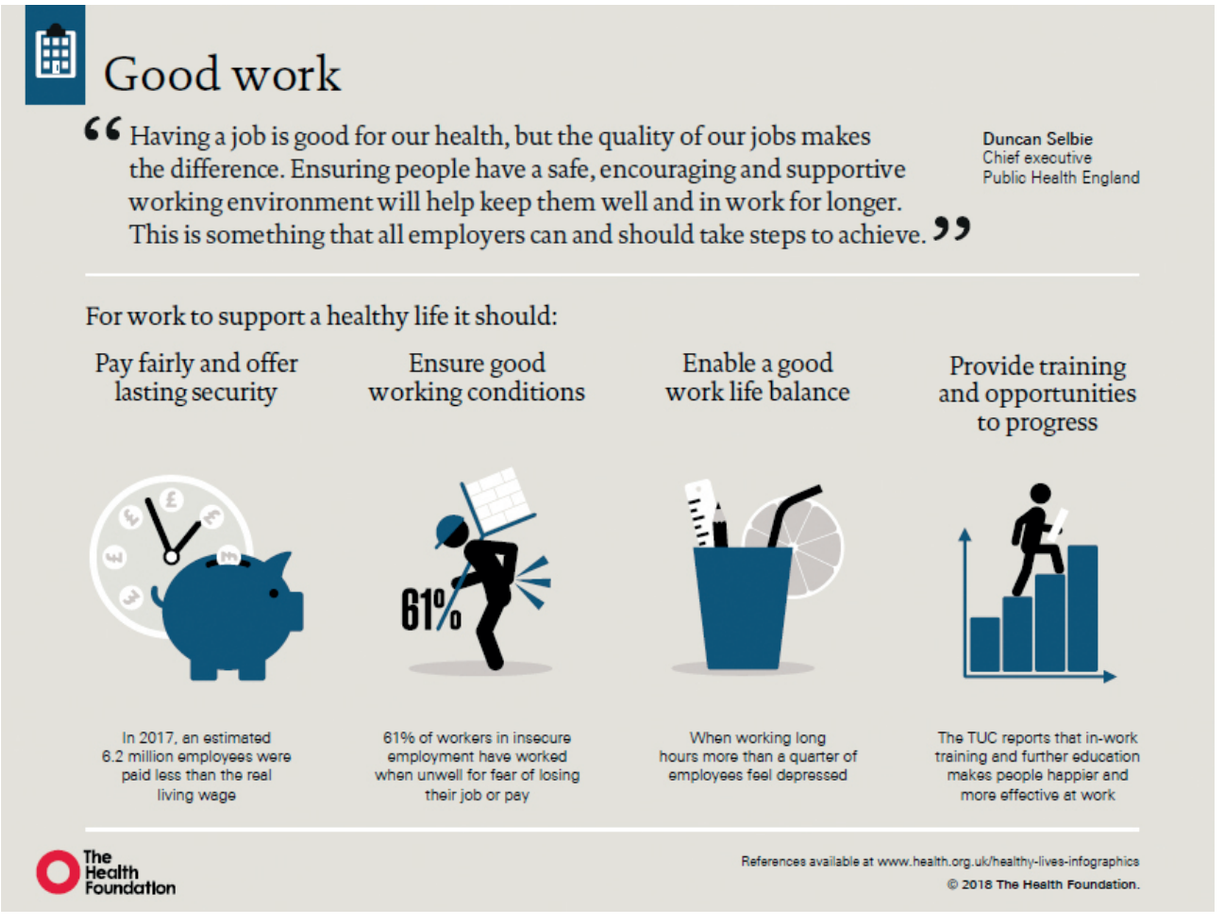


Figure 3: Good work and health

At an individual level, those who are in safe and supportive work environments have better health than those who are unemployed, and the longer an individual is unemployed the greater the negative impacts on their health[9].

A Department of Work and Pensions (DWP) commissioned review by Waddell and Burton in 2006 into the impact of work on health concluded that:

“ …being in the right type of work is good for your health. It improves self-esteem, quality of life, and wellbeing. Being out of work is bad for both mind and body. Unemployment progressively damages health and results in more sickness, disability, mental illness, obesity, use of medication, and medical services and decreased life expectancy. ”

– Waddell and Burton[10]

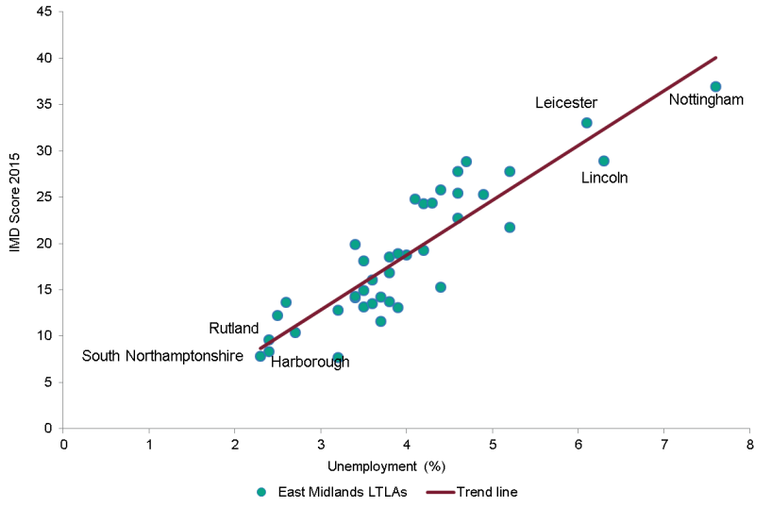
The Marmot Review provides evidence of the inextricable link between good work and good health, and therefore the link between bad, or low-income or insecure work, and ill health:

“ Being without work is rarely good for one’s health, but while ‘good work’ is linked to positive health outcomes, jobs that are insecure, low-paid and that fail to protect employees from stress and danger make people ill. ”[11]

–Fair Lives, Healthy Society (2010)

As the graphs below show, there is a correlation between areas of deprivation and rates of unemployment. But there is also a correlation between low wages and premature deaths. All work is not created equal. *Level of income and quality of work matters in reducing inequalities.*

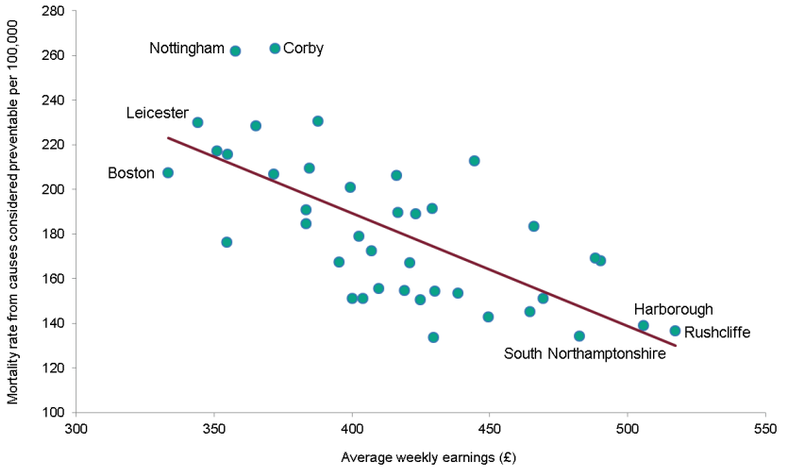
On average, people living in the most deprived local authorities are more likely to be unemployed.



Source: Unemployment (2016) from PHE wider determinants of health profile
Index of Multiple Deprivation (2015) Scores from the Department for Communities and Local Government

Figure 4: Unemployment in deprived areas

On average, people who earn a lower weekly wage are more likely to die before the age of 75 due to preventable causes.



Source: PHE wider determinants of health profile
Average weekly earnings (2017)
Mortality rate from causes considered preventable (2014-16)

Figure 5: Low wages and premature deaths

Poor quality jobs are an issue for health inequalities as they are concentrated at the lower end of the social gradient[45]. The social gradient means that the most deprived have shorter lives, and spend more years of that shorter life with disability while the most affluent have longer lives and spend fewer years in disability[46].

The social gradient:

"Poor social and economic circumstances affect health throughout life. People further down the social ladder usually run at least twice the risk of serious illness and premature death as those near the top of the social gradient in health runs right across society, so that even among middle-class office workers, lower ranking staff suffer much more disease and earlier death than higher ranking staff."[12]

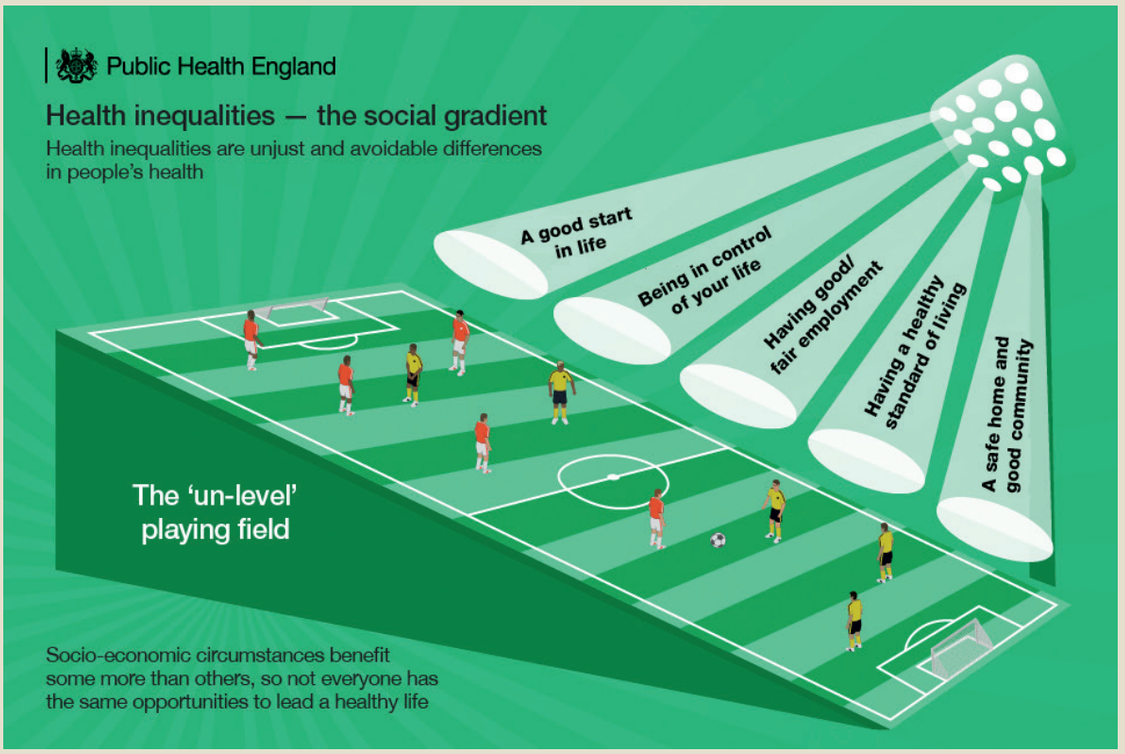


Figure 6: Health inequalities – the social gradient

PHE's own report, *'Promoting Good Quality Jobs'* (2015), looks at how job quality impacts on health, trends in job quality, and how work can be health-protective. It concludes that good quality jobs can be protective of health, whereas poor quality work can be adverse for health.

About our area: Health and Wealth in the East Midlands

The PHE East Midlands centre covers 9 counties and unitary authorities, covering 40 districts. There are just over **4.3 million people** living in the East Midlands in a range of environments such as urban, rural, coastal and former coalfields. **62%** of the population are of "working age" – between 16 and 64 years[13].

Among our local authorities, Derby, Leicester and Nottingham are in the 20% most deprived in the country. Rushcliffe, Rutland and South Northamptonshire are among the 20% least deprived in the country. Other areas that have high levels of deprivation include Corby, Bolsover, Mansfield and Boston[14].

Employment-related outcomes vary across the region:

- **75% of people aged 16-64 were in employment in the East Midlands in 2016/17.** Although this is similar to the England average, there was variation within the region ranging from **61%** in Nottingham to **83%** in Blaby[15]
- **4% of East Midlands over 16s were unemployed in 2016**
- Sub-regionally, this ranged from **8%** unemployment in Nottingham to **2%** in South Northamptonshire[16].

Those living in the most deprived areas are also on average:

- Less likely to achieve 5 GCSEs at grades A*–C
- More likely to enter the justice system and subsequently reoffend
- More likely to develop ill health earlier
- More likely to develop multiple health conditions
- More likely to die earlier.

In the East Midlands overall, there were 8 jobs for every 10 people of working age in 2016.

Some areas have fewer opportunities than others:

- The lowest job densities tend to be in more rural areas such as Gedling, South Derbyshire, North East Derbyshire and West Lindsey, where there is **1 job to every 2 people** on average
- The highest job densities were in Nottingham and Northampton, with **1 job per person**. Nottingham has the highest job density but also the highest rate of unemployment, which highlights the complex reasons why the local population may not be accessing the job market in the area where they live[17].

There was a large gap between the best and worst East Midlands local authorities for unemployment of over one year. In Nottingham, **1 in 10** of the working age population had experienced long term unemployment. This is more than double the national rate. In South Derbyshire, on the other hand, **only 0.5%** of the population had been unemployed for longer than a year[18].

The 2011 Census indicated that over a third of the respondents in the East Midlands worked in routine and manual occupations. Higher proportions of people working in these jobs were associated with more deprived local authorities:

In Corby, **52%** worked in these occupations, compared with Rushcliffe where **22%** worked in routine and manual jobs. Routine and manual occupations may be associated with lower earnings[19].

The average earnings of workers in the East Midlands in 2017 was significantly lower than the national average. 15 of our local authorities have average weekly earnings of less than £400 a week[20].

The number of 16–64 year olds claiming employment support allowance (ESA) in the East Midlands in 2017 is significantly worse than the national average. The highest proportions of claimants were in Mansfield, Chesterfield, East Lindsey, Bolsover and Ashfield. These local authorities are also among the ten with the highest proportions of routine and manual workers, suggesting that the populations that live in these areas may not always be able to access the job market locally[21].

The employment statistics demonstrate that in the East Midlands, people living in the most deprived areas are on average:

- More likely to work in lower paid jobs
- More likely to have health problems that prevent them from working
- More likely to be unemployed.

Inclusive growth

Health is dependent upon the wider structural and economic conditions in which people live and work[22], and is influenced by a range of social and economic factors. Good growth requires a fit, healthy, well-educated and trained population able to fulfil their potential. Helping people find good quality jobs and remain in employment is fundamental to this. Improving the health and wellbeing of the population can contribute towards achieving continued prosperity and high growth rates.

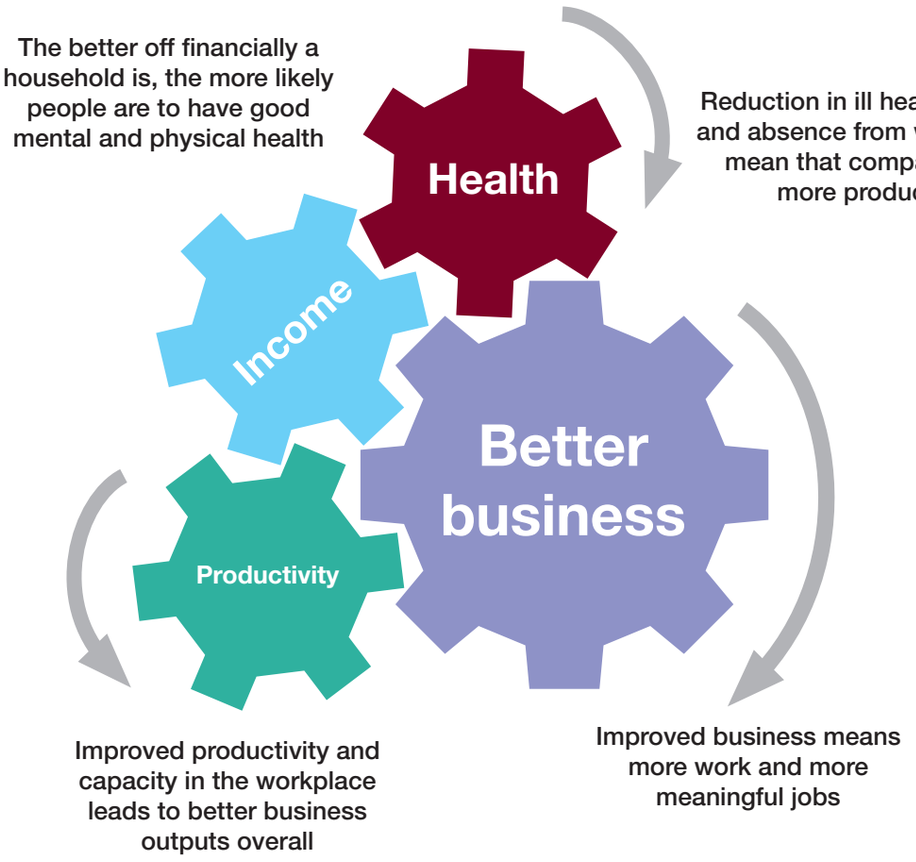


Figure 7: The health and wealth relationship

Action on reducing health inequalities and reducing demand on health and social care services will not be solved by the health sector alone.

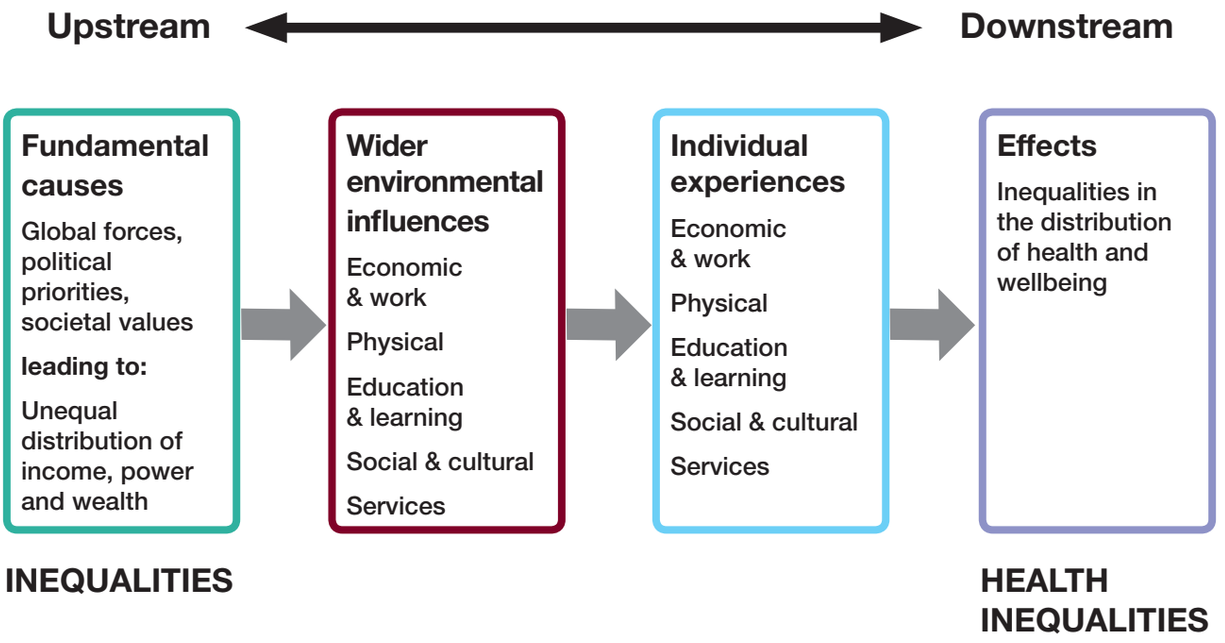


Figure 8: Theory of Causation of Health Inequalities, Source: NHS Health Scotland

There is a clear connection between the economic viability and productivity of an area and the health of the population. This relationship becomes even more important when the relationship between local economic viability, business rate income, and the future sustainability of public services is considered.

Inclusive growth is important because it:

- Ensures businesses can access the skilled and experienced workers they need to succeed
- Supports skills providers to better meet the current and future skills needs of the economy
- Ensures everyone has equal access to good well-paid employment regardless of geography or any protected characteristics, such as disability or age.

Achieving equitable or inclusive growth is complex and requires the root causes of inequity to be addressed. The Marmot Review outlined six policy objectives where action is needed to reduce inequalities.

The following table shows where collaborative cross-sectoral action can impact these objectives:

Marmot 6 Policy Objectives	Actions supporting inclusive growth
Give every child the best start in life	Reducing incidence of Adverse Childhood Experiences (ACEs)
Enable all children young people and adults to maximise their capabilities and have control over their lives	Reducing the number of NEETs
Create fair employment and good work for all	Prioritising action to support vulnerable people to get in and stay in work
Ensure healthy standard of living for all	
Create and develop healthy and sustainable places and communities	Working across sectors on Place-based strategies, including maximising the opportunity in the upcoming Industrial Strategies
Strengthen the role and impact of ill health prevention	Strategic alignment of services; prevention at scale

Measuring and monitoring inclusive growth for improvement

A set of metrics to measure equitable or inclusive growth using health and economic data is essential to chart our progress.

Recent infographic data sets on work, worklessness, and health present the current status of key indicators in each local authority area. Detail for every local authority area can be found at: https://fingertips.phe.org.uk/profile/wider-determinants.

The Public Health Outcomes Framework (PHOF)[23] includes a variety of relevant indicators. The PHOF is made up of overarching indicators relating to life expectancy, healthy life expectancy, and area inequalities within these.

These are the basket of indicators that can help us focus our action to address health and work in the East Midlands:

- Employment rate
- Economic inactivity
- Unemployment
- Long term job seeker's allowance claimants
- Learning disabilities employment gap
- Long term conditions employment gap
- Mental health conditions employment gap
- Musculoskeletal conditions as barrier to employment and cause of sickness absence
- Employment issues for over 50s
- NEETs (see PHE's report on health inequalities affecting NEETs)
- Sickness absence
- Healthy life expectancy
- Gender pay gap
- Employment demographic gap (race, disability, etc.)

Mapping economic indicators to these PHOF indicators could create the basis of a joint narrative as well as give evidence-based measurable indicators of progress and impact. This will also enable us to address heath inequalities and the gap in healthy life expectancy.

The data map for South East Midlands Local Enterprise Partnership geography below shows how using indicators of economic deprivation, economic activity, and health can highlight hotspots for multi-sectoral intervention.

Data maps of all LEP areas can be found in the Appendix.

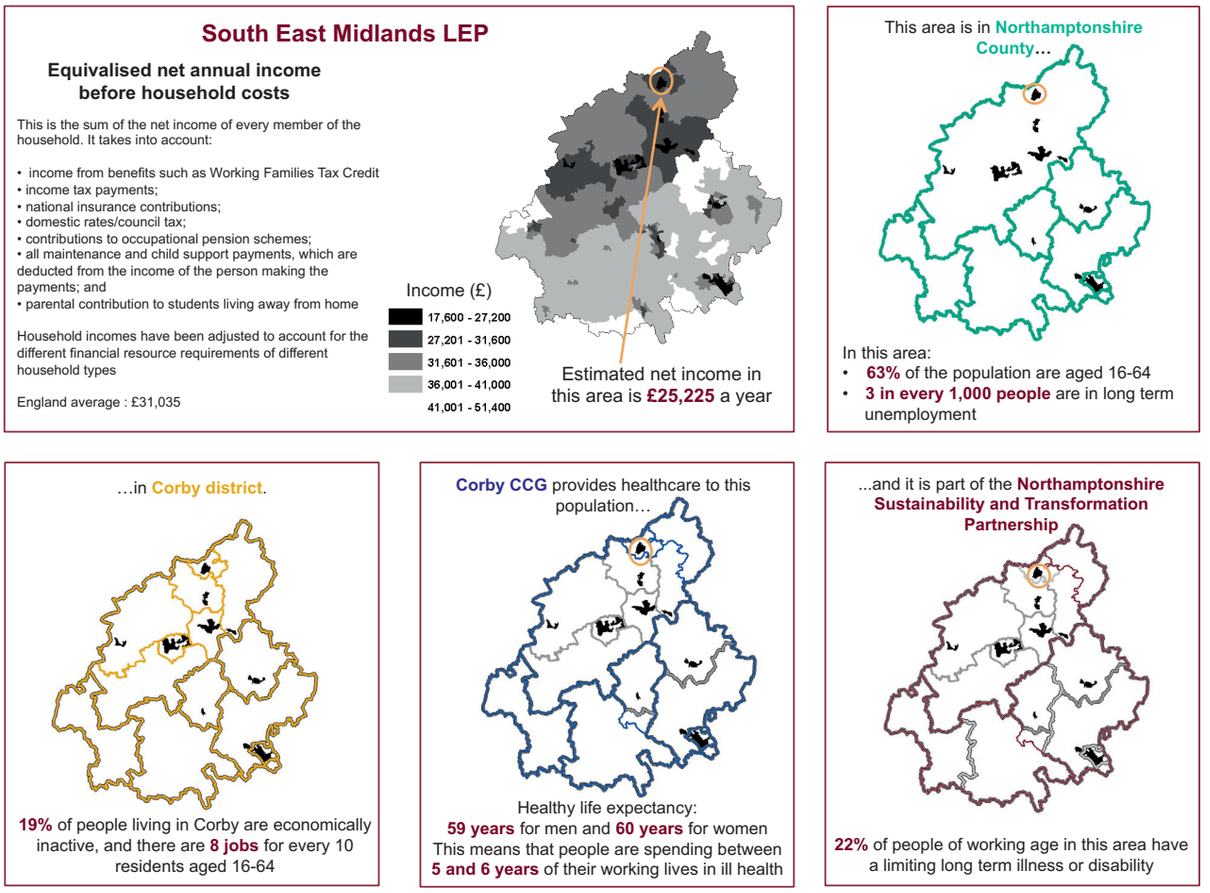


Figure 9: South East Midlands LEP area data map

Creating shared priorities with clear indicators can become part of the work between local authorities, LEPs, and health partners.

Case study

Lincolnshire County Council Public Health: combining public health and economic intelligence

Lincolnshire has a mixed economy: strong manufacturing and engineering sectors as well as a high proportion of agricultural and tourism businesses employing a lower skilled, lower waged workforce with seasonal employment. This goes hand in hand with pockets of deprivation and poor health amongst urban and coastal areas, but with significant and often more hidden pockets of deprivation in rural areas with low accessibility.

There is also a significant challenge in providing equitable services across a large, predominantly rural and coastal county, with a growing and aging population.

The economic regeneration and development divisions of the authority came together with NHS colleagues to jointly deliver county-wide intelligence partnerships and the Lincolnshire Research Observatory in 1999. This resulted in programmes delivered through shared financing, resourcing and co-location.

The benefit of this approach was that it enabled a focus on health, and the impacts of the economy on health, to become embedded into activity spanning the work of economic regeneration and development teams. Health became part of the contextual evidence base for decision making across the authority and the wider public, private and third sectors, alongside intelligence on demographics, deprivation and poverty, the economy, housing, crime and safety, education and skills, access to services, the environment and more.

This kind of collaboration around intelligence supports the effective delivery of statutory evidence bases for the NHS and the local authority such as the Local Economic Assessment and the Joint Strategic Needs Assessment (JSNA), helping design better, more effective interventions.

– Katy Thomas, Lincolnshire County Council

The role and importance of Place in inclusive growth and reducing inequalities

Inclusive growth relies heavily on geography and a supportive environment. A healthy, productive population requires a dynamic, sustainable and prospering community to live, grow up, and grow old in.

The success of place requires collaboration and co-design between service providers and providers of amenities, from healthcare facilities to green infrastructure to local transport networks and access to employment[24].

The role of spatial planning in local industrial strategies, which LEPs will be required to deliver, is a significant opportunity, with local authorities, economic regeneration and development, and NHS services, to work together on ‘Place’.

The role of LEPs in Place and Inclusive Growth

LEPs influence local spending on transport, buildings, and facilities with local authorities. They have a remit which requires understanding of their local labour markets and are well-placed to work collaboratively with employers, local authorities, the NHS, and other stakeholders to improve employment opportunities and health for local people. Their decisions will therefore have a significant impact on the health and wellbeing of the local population.

There are opportunities for local authority public health and health services to support LEPs' influence on healthy public policy areas such as:

- Creating safe and affordable housing with easy access to green spaces, play areas, and healthy food retailers
- Ensuring that the built environment encourages physical activity, rather than inhibits it, including active travel
- Encouraging effective spatial planning, including access to health services and educational facilities, linking with local plans
- Promoting secure, high quality jobs
- Supporting people into work, especially vulnerable people, such as people with mental health problems, long term conditions and disabilities.

The PHE commissioned report *"Health and wealth: the inclusive growth opportunity for Mayoral Combined Authorities"* identifies specific recommendations that, with appropriate alterations, could apply to LEP areas:

- Reflecting health and wellbeing in economic plans and measures, and developing an economic framework case for investment in wellbeing
- Making wellbeing a key priority of LEP, ESF, Shared Prosperity, and other investment funds
- Adopting a health in all polices approach, and using tools such as HIA on future policy and place developments
- Reviewing referral pathways to commission strategically aligned services with local government and other leadership bodies
- Taking the learning from the recent LEP review to prioritise prevention and early intervention[25].

Case study

D2N2 Stakeholder Managers: Providing a Macro Level strategic overview for better cross-sector working

The D2N2 LEP funds the Building Better Opportunities (BBO) programme with Big Lottery and European Social Fund (ESF) funding. It aims to combat the root causes of poverty, promote social inclusion, challenge long-term unemployment, and empower socially-excluded people.

In order to ensure the success of the BBO programme, Stakeholder Managers, based within each of the four upper tier local authorities, engage and collaborate with a range of public, private and third sector stakeholders. They ensure that the programme compliments existing provision, avoids duplication, and adds value. The stakeholder managers act as the main interface to advise and inform the Employment & Skills Strategy Boards for N2 & D2. This facilitates joined up action around employment and skills within the local authority and other public, private, and voluntary sector organisations operating in the D2N2 area. The D2N2 LEP area is comprised of Derby, Derbyshire, Nottingham City, and Nottinghamshire.

The government's review, *'Strengthened Local Enterprise Partnerships'* includes a look at LEPs' roles in accessing and investing funding. The expectation is set out that the plans will include how LEPs are working with local authorities and other public, private, and voluntary sector organisations to maximise levers that drive economic growth. Plans are expected by April 2019[26].

Bringing investment into local communities which could improve the living standards of the most disadvantaged communities and individuals through job creation and local growth can help narrow employment-related inequalities that contribute to inequalities in health. This could improve inclusive growth metrics and have a lasting, positive impact on the economic and health and wellbeing of our population.

Health in All Policies

A key lever toward inclusive growth is how all organisations, across sectors, use policy drivers for change. This can be a powerful tool for reducing inequalities and improving economic and health and wellbeing.

Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision making across sectors, policy and service areas, and addressing the wider determinants of health.

The LGA Health in all Policies manual[27], and the joint PHE/Local Government Authority-produced suite of resources[28], provide helpful guides to thinking about health in all policies.

Health impact assessment (HIA) is one of these powerful tools. HIA can be used before, during, and after policy development, planning, and implementation to take a systematic look at the potential and actual health impact of policies and interventions.

Case study

Melton Local Plan HIA

The Melton Local Plan sets out the planning policies for Melton Borough Council and guides decisions on planning applications for developments. The assessment of the health impacts of the Melton Local Plan aimed to support its creation of a healthy, sustainable, and prosperous community through the identification of potential impacts and recommendations to mitigate or enhance these as appropriate.

The HIA conducted by the Public Health Department in Leicestershire County Council showed that the Melton Local Plan demonstrated strong links to public health and its wider determinants, and showed a thorough and detailed approach with many health outcomes considered throughout. However, it stated that the strategic approach to health within it should be strengthened.

The assessment concluded with recommendations against each chapter's findings, including the vision and strategic priorities, the role of the Spatial Strategy, and building a strong and competitive economy.

HIA and a health in all policies approach has many different applications. Using these on the timely developments in our national policy agenda at local level could have massive positive influences on reducing health inequalities and improving the economic wellbeing of our area:

a. Strategic Economic Plan refreshes: e.g., thinking about how to build on support for vulnerable people to get and stay employed.

b. Industrial Strategies: taking a place-based approach and working collaboratively to strategically align health, education, and training services and improve access to them.

c. Spatial planning for health: ensuring there is the infrastructure and workforce agility to make healthy choices the easiest choices, or make accessing health services possible for all.

d. Social Value Act: Commissioning services in a way that supports the local economy and engages citizens in service design.

Social Value Act

The Social Value Act (SVA) is a legal requirement for public sector commissioners to consider economic, social, and environmental wellbeing when they conduct procurement for services. Considering social value can help to secure better service delivery, greater economic growth, and improved community relations.

The PHE/Institute of Health Equity report '*Using the Social Value Act to reduce health inequalities in England*'[29] makes the case that creating social value has clear connections with efforts to reduce health inequalities through action on the social determinants of health – for example, by improving employment and housing. It sets out guidance for local implementation with examples of local action from across the country.

Case study

At **Leicester City Council**, procurement practices are being explored that use the council's Corporate Social Responsibility considerations within the context of the SVA that:

- Clearly sets out expectations of suppliers to adhere to SVA principles
- Looks to provide a toolkit for this
- Requires clauses/requirements in suppliers' terms and conditions around healthy workplace and employee wellbeing, particularly supporting people with long term conditions or who are vulnerable to get or stay in work.

Using these drivers within procurement processes can impact employment practices of suppliers, helping to make every workplace a health supporting workplace.

Work, health, and vulnerable people

People with protected characteristics as outlined by the Equality Act 2010, such as disability, age, or minority status can face particular challenges when it comes to finding and keeping good quality work.

Supporting employers to recruit people from vulnerable groups is an investment in economic wellbeing and health. There are evidence-based programmes that address a range of people that require extra support to get and stay in work, such as:

- People with physical or mental disabilities, multi-morbidities, long term conditions, mental ill health
- People with alcohol or substance misuse problems
- Homeless people
- People from minority communities
- NEETS
- Ex-offenders
- Care leavers
- Carers
- Older people.

Work, disabilities, and ill-health

There are **11.5 million** working-age people in Britain with a long-term health condition, with **6.5 million** classified as disabled. Around one-quarter of the **28 million** workers in Britain have a long-term health condition or impairment. But people with a disability or long-term health condition have far lower employment rates than other people.

Those with mental health problems have exceptionally low rates of employment. It is also a leading cause of sickness absence in the UK. The employment rate for all people with mental health problems is **37%**, compared with **45%** of disabled people, **58%** of the population with a long-term health condition and **71%** of the working-age population as a whole. It is estimated that ill health among the working age population costs the economy around **£100 billion** a year[30].

In the East Midlands numbers are sobering. The circle graph below shows that **52%** of the **16-64** working age population have a long-term condition. **21%** are considered disabled. These numbers show the potential impact that programmes that support people to get into work or stay in work could have on productivity.

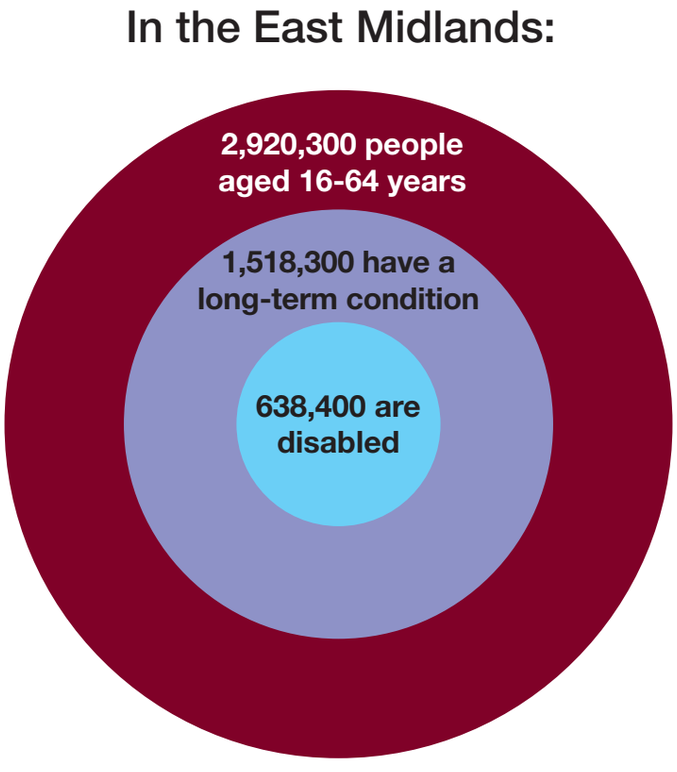
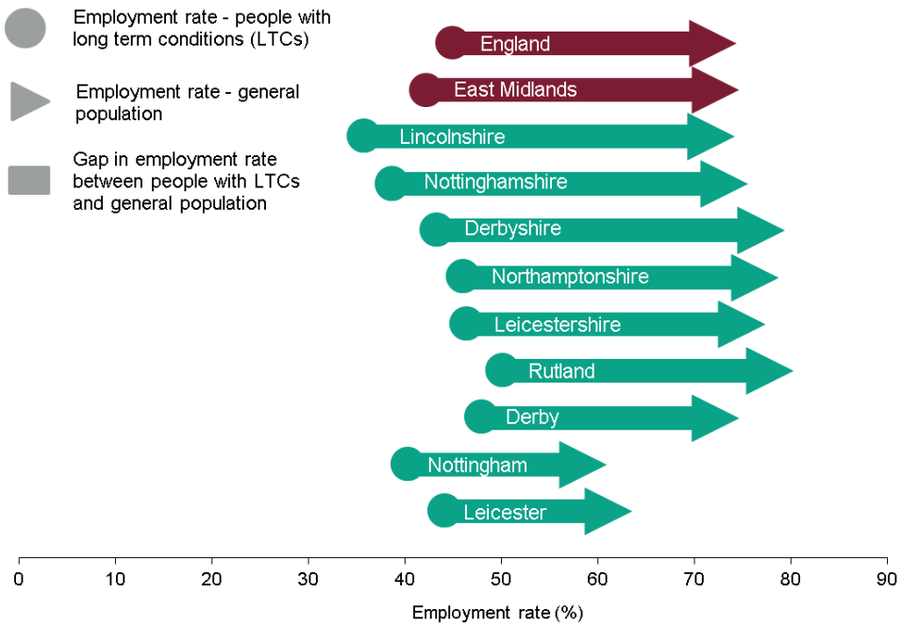


Figure 10: Disability and long terms conditions in the East Midlands

Source: Annual Population Survey, 2016/17

The graph below shows the gap in employment between people with long term conditions and the general population in all areas in the East Midlands:

The employment rate among people with long term health conditions is lower than the employment rate in the general population. In the East Midlands overall, there is a gap of 33 percentage points between the two rates. There is variation at local authority level; the largest gaps tend to be in more rural local authorities such as Lincolnshire, Nottinghamshire and Derbyshire, where overall employment rates are higher. The smallest gaps are in the more urban Leicester, Nottingham and Derby, although these local authorities also have the lowest overall employment rates in the region.



Source: Annual population survey 2016/17

Figure 11: Long term conditions and the employment gap

The *'Improving Lives: the Future of Work, Health and Disability'* White Paper outlines the potential gains in preventing avoidable ill-health and enabling more disabled people and people with long term conditions to get into and stay in work. The White Paper sets out the strategy for reform and to achieve the commitment to see one million disabled people in work over the next ten years.

The image below shows how individuals with a disability can be supported into work, when actions are taken to address the barriers they face[31]:

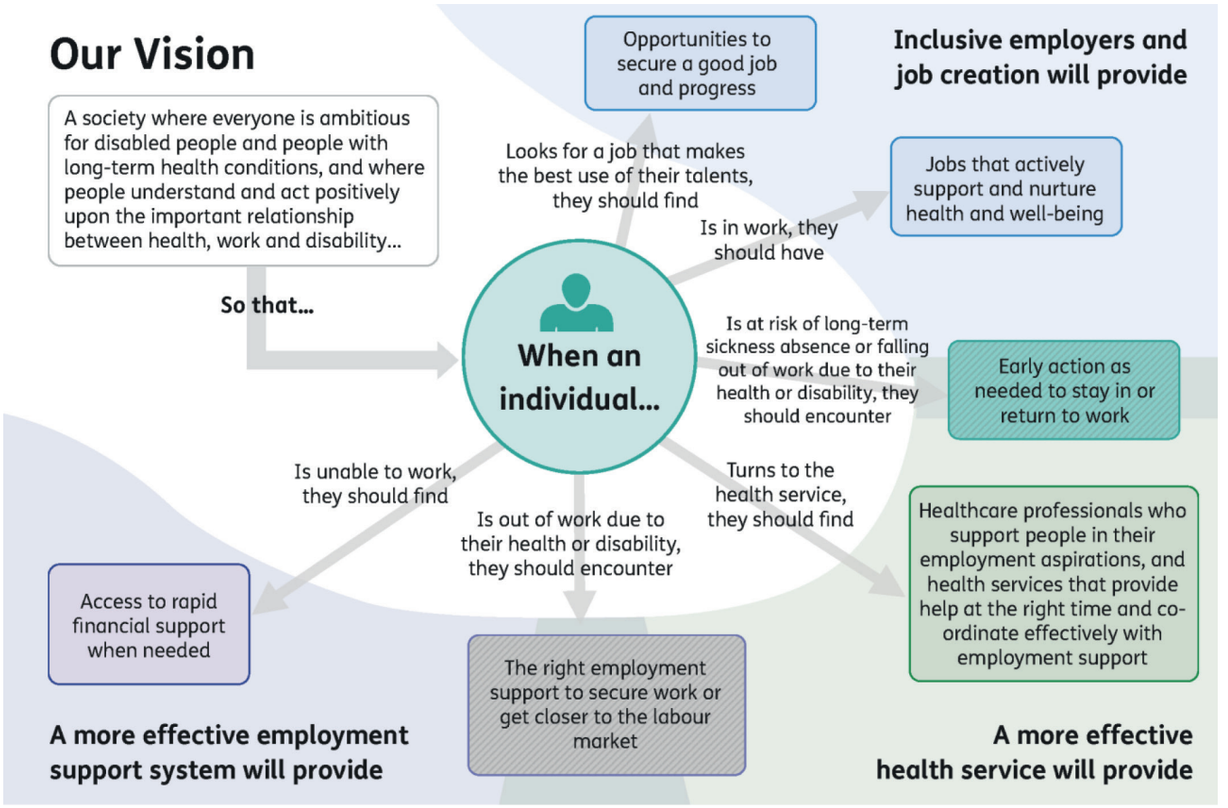


Figure 12: *Improving Lives: the Future of Work, Health and Disability* vision

Case study

A new Government-funded project to help people with common physical health problems or mental health issues to get into or stay in work is now being trialled in the Sheffield area.

The project – *Working Win* – has been implemented by the South Yorkshire and Bassetlaw Integrated Care System (ICS). The ICS has described it as 'fitting exactly' with its plan to focus on factors that affect health such as education, employment and housing to not only improve the health, wellbeing and life choices of every person in the region but also to deliver a more financially sustainable health and care system for the future.

More information about the scheme is available on the following websites:

https://www.workingwin.com/category/health-led-trial

https://sheffieldcityregion.org.uk/2018/05/15/working-win-aims-transform-lives-work/

Productivity, including Healthy Workplace and Workforce

The main economic imperative of prioritising health and accommodating disability, long term conditions, and other vulnerabilities is increasing productivity. **Productivity** is an important determinant of living standards – it quantifies how well an economy uses the resources it has available in terms of inputs and outputs.

Economic productivity is where a healthy workforce and a healthy economy intersect to maximum effect. Productivity is about people – a healthy workforce that is ready for work, healthy at work, and gets back to work quickly after an ill health absence.

Improving productivity

Collaborative efforts can result in economies of scale and increased impact of interventions in working to address improvements in productivity.

For example, reducing instances of ill health, long term sickness-related absence, and economic activity due to ill health cost effectively requires providing prevention services at scale. Work by the World Health Organisation (WHO) shows that providing prevention interventions at an individual level can cost five times more than providing them at a population level.[32]

To support this cross-sectoral approach to prevention at scale, it is vital to understand:

- the relationship between jobs and the health and wellbeing gap across the East Midlands;
- the evidence of effective prevention to improve the public's health and wellbeing; and
- how investment in prevention reduces demand on public services and realises financial savings. Improving Productivity.

Figure 13: Improving Productivity – Keeping Healthy, Getting Back to Work, Getting Work Ready

It is also important to look at prevention across the lifespan. Health impacts on future productivity starts early in life and therefore it is vital to:

- implement interventions at the earliest opportunity to give children the best start in life;
- support young people to be prepared for work; and
- ensure adults have the best chance to remain productive into old age.

Addressing key life stages also can help reduce inequalities gaps in life expectancy, health life expectancy, and income.

Prevention interventions might focus on:

- Reducing the incidence of Adverse Childhood Experiences (ACEs)
- Reducing levels of people not in employment, education, or training (NEETS)
- Workplace wellbeing, including active travel, stress management, and accommodations for musculoskeletal problems or disability adjustments for the working age population
- Supporting carers with the implications of caring responsibilities on the take-up of employment
- Considering the needs of an aging workforce by accommodating long term conditions and multi-morbidities.

Focus on NEETS

Education, training, and skills are essential for productivity and inclusive growth. The link between time spent NEET and poor health is partly due to an increased likelihood of unemployment, low wages, or low quality work later in life. These negative health effects do not occur equally across the population, as the chance of being NEET is affected by area deprivation, socio-economic position, parental factors (such as employment, education, or attitudes), growing up in care, prior academic achievement, and school experiences. Being NEET therefore occurs disproportionately among those already experiencing other sources of disadvantage.

Because the chances of becoming NEET follow the social gradient, reducing the proportion of people NEET could help to reduce health inequalities.

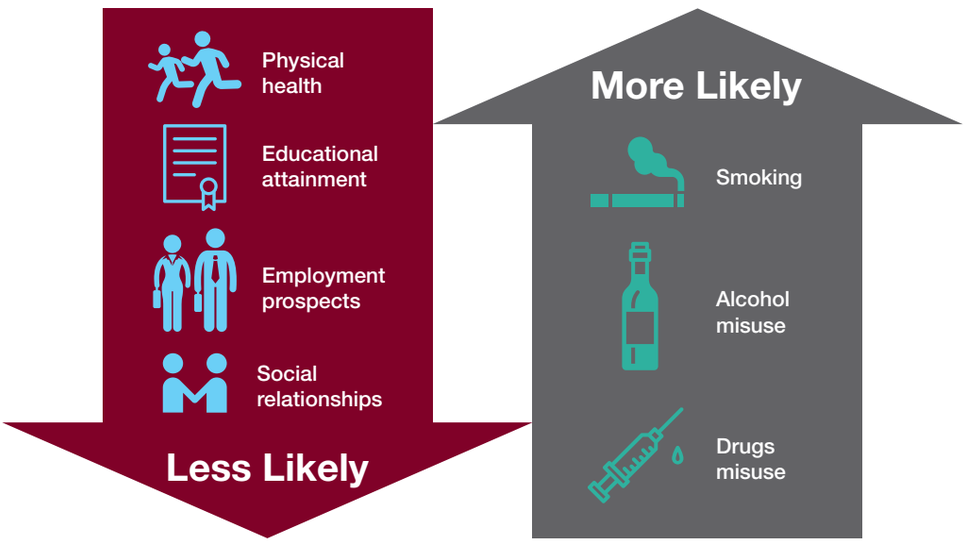


Figure 14: Impact of not being in education, employment, or training

Effective interventions include tackling barriers early that young people face when attempting to move into education or employment, working across organisational and geographical boundaries, and the involvement of local employers and enterprise partnerships.[33]

In 2016, 6% of 16-17 year olds in the region were not in education, employment or training (NEETS).

This equates to **6,280** young people. At local authority level, the proportion ranged from **10% (1,790 young people)** in Lincolnshire to **4% (650 young people)** in Nottinghamshire[34].

Case study

The **Raising Aspirations Programme**, delivered by Derbyshire Education Business Partnership (DEBP), was developed in conjunction with Bolsover Partnership using public health locality investment. The project reached 1500 students in the last academic year. It has been replicated across 6 other districts in Derbyshire due to the success of the programme.

It offers targeted specialist employability support to KS4 students to help them develop skills and confidence to achieve the post 16 progression of their choice. Outcomes include increased confidence, enhanced employability, positive pathways into ETT, and improved emotional health and wellbeing.

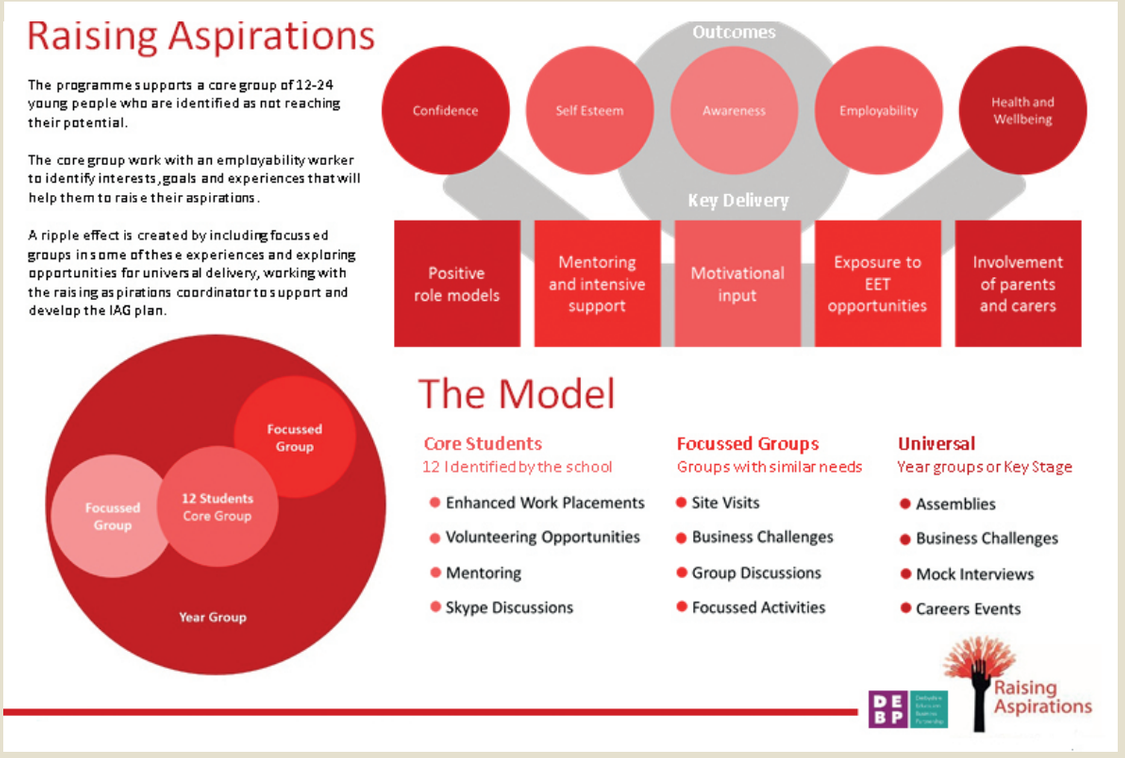


Figure 15: Model: Raising Aspirations

There is also evidence that involvement in adult learning has both direct and indirect links with health, for example because it increases employability[35]. It also shows that those who are lower down the social gradient benefit most, in health terms, from adult learning.

Case study

The Neighbourhood Working Gainsborough programme has four core characteristics:

- An integrated workforce that focuses on collaboration and partnership working, across primary, secondary, and community services
- A combined focus on prevention, self-care, and management with improvements in population health outcomes
- Aligned clinical and financial drivers with shared risks and rewards
- The provision of care to a defined, registered population.

A Gainsborough story of success:

"MW was referred to me by the Job Centre and was highlighted as having mental health issues regarding anxiety and some low mood. She had slipped off the school radar and had also gotten to a point where she needed support to leave her own home which was putting added pressure on her when it came to seeking employment support. We spoke about what was important to her and she wanted to be able to re-educate herself with her English and Maths and be able to leave the house at some point in the future without the need of someone accompanying her.

We had a long conversation about her interests and it turned out MW is passionate about history and heritage. I asked if she had ever been to the local Heritage Centre here in Gainsborough. She'd never been and I offered to take her along so that we could have a tour around the building. MW was in her absolute element. The look on her face said it all. While we were still there she took an application form to volunteer and has been volunteering ever since our visit! In the meantime this has also given her the confidence to access both Maths and English courses at the learning venue in town to which we signposted her.

She has since had feedback from colleagues who have commented on…how much of a hard worker MW is. This bodes so well for when she finally feels able to apply for jobs again, she is gaining transferable skills, building references, gaining experience and most importantly building up her confidence moving forward.

Health at Work: Workplace health programmes, getting people back to work, and keeping them in work

Having outlined the importance of productivity and the influences on it, it is evident that supporting a healthy workforce makes good business sense:

- 300,000 people a year fall out of work and on to benefits because of health-related issues
- 140,000 people a year who do not take sick leave fall out of work and claim state health-related benefit
- Employers pay £9 billion per year in sick pay
- The average annual cost of sickness absence is around £600 per employee.

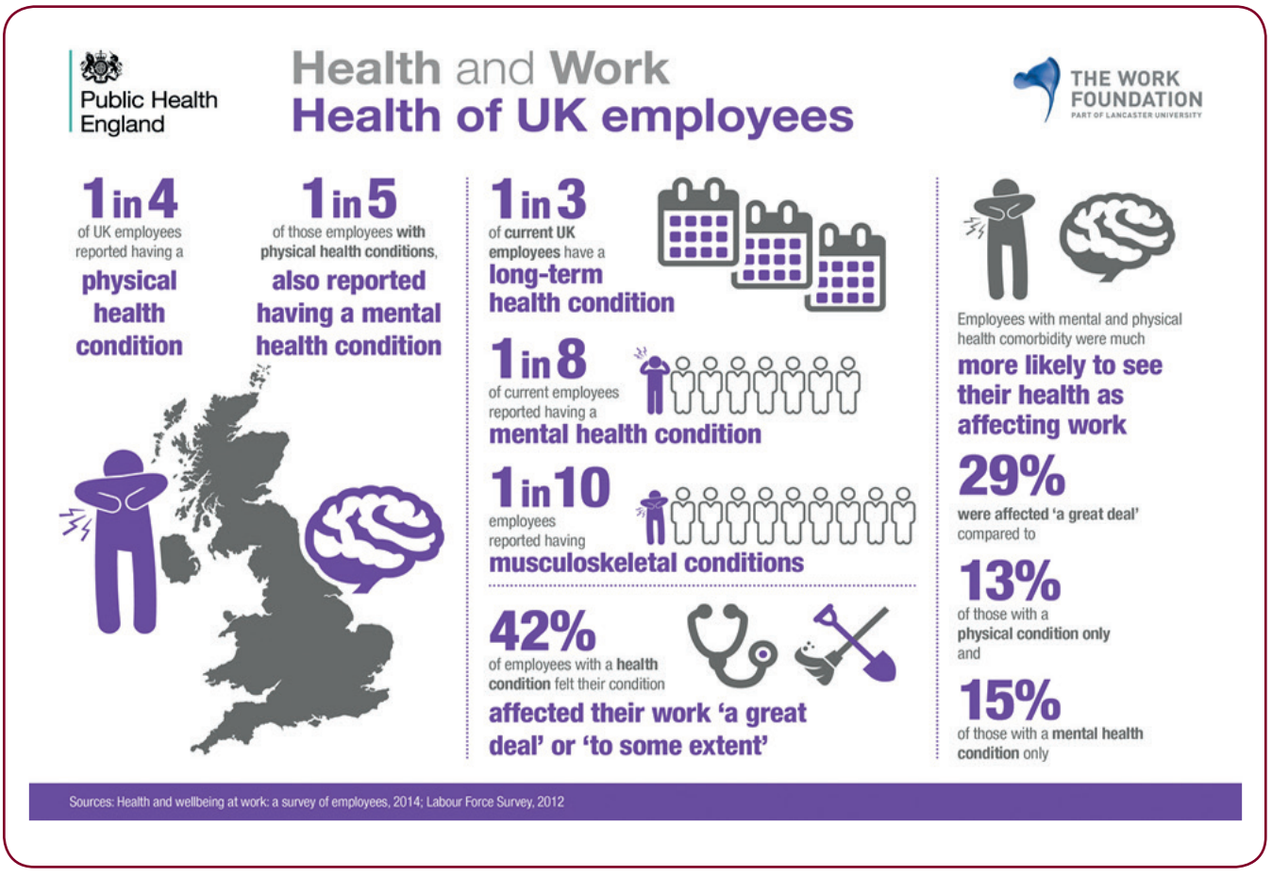


Figure 16: Health and work: Health of UK employees

The workplace can offer a key setting for improving health and wellbeing. Benefits include:

- reduced sickness absence[36];
- improved productivity – employees in good health can be up to three times more productive than those in poor health[37]; and
- reduced staff turnover, including employees more resilient to change[38].

Programme costs	Intermediate benefits (non-financial)	Related bottom line benefits (financial)
Start-up costs • Management time • External consultants • Capital equipment • Promotion, marketing • Training, etc. **Operating costs** • Management time • Staff salaries • Bought-in goods/services • Training, etc.	▼ Sickness absence	▼ Overtime payments ▼ Temporary recruitment ▼ Permanent staff payroll
	▲ Employee satisfaction ▼ Staff turnover	▼ Recruitment costs
	▼ Accidents & injuries	▼ Legal costs/claims ▼ Insurance premiums ▼ Healthcare costs
	▲ Productivity	▲ Revenues ▼ Overtime payments ▼ Permanent staff payroll
	▲ Company profile	▼ Recruitment costs
	▲ Employee health & welfare	▼ Healthcare costs
	▲ Resource utilisation	▼ Management time

Financial assessment: relate costs to financial benefits

Figure 17: Costs and benefits associated with wellness programmes

Simple actions to support businesses might include:

- Signposting to free interventions
- Encouraging take up of healthy workplace standards
- Using local authority public health teams to offer advice and support to employers to implement workplace health programmes
- Engaging with local Jobcentre Plus to enable local employers to find work for people with health issues or disabilities
- Working through business organisations like the local chamber of commerce or the Federation of Small Businesses[39].

Case study

Derbyshire Local Integration Board (LIB)

“ We are at full employment in Derbyshire, but we have a significant number of people economically inactive due to ill health. ”

– Dean Wallace, Director of Public Health, Derbyshire County Council

Despite record high levels of employment, parts of Derbyshire have high levels of people who are economically inactive. This inactivity usually relates to a range of health barriers or complex and multiple needs.

There are also complex systemic barriers that get in the way of employment for many people. Services may be difficult to access, or don’t join up with other provision that people are accessing in order to get the support they need to get into employment.

The establishment of the LIB aims to break down these barriers and join up support for people in which ill health, especially poor mental health, is a barrier for work. It will:

- Bring employment services together with the providers of related services.
- Provide multi-agency, whole person support to individuals affected by multiple barriers to employment via sequenced packages of support.
- Bring together service managers from mental health, housing, physiotherapy, childcare, substance misuse, skills, debt advice etc.

Healthy Workplace Standards

The multi-sector Health and Work Advisory Board, with PHE, commissioned an evidence review and a survey with businesses and the Association of Directors of Public Health in order to develop guidance for workplace standards. The guidance is for local authorities to use to produce their own local healthy workplace offer that is fit for purpose for the local needs of the employment sector.

This particularly acknowledges that the majority of employers in England are small to medium enterprises (SMEs) who have a range of needs and capabilities for workplace health programmes.

The guidance will be developed in collaboration with PHE Centres, Local Government Association, and accreditation scheme providers and should be available by late spring 2019. Reviewing local healthy workplace offers is an important role for local authorities and regional providers.

Case study

The Nottinghamshire Wellbeing at Work: Workplace Health Award Scheme

The Nottinghamshire Wellbeing at Work Award Scheme aims to support a healthy productive workforce by reducing sickness/absenteeism, reducing staff turnover, improving employee retention, increasing productivity, creating a culture of wellness and a healthy working environment.

It consists of four key themes:

- Substance Use: Drugs, Alcohol and Tobacco
- Mental Health and Emotional Wellbeing
- Healthy Eating and Physical Activity
- Protecting Health.

The benefits include:

For the employer:

- Exemplary employer
- Attract high calibre staff
- Improved staff retention
- Reduced sickness rates
- Increased productivity.

For the employee:

- Improved health and wellbeing
- Improved work-life balance
- Increased sense of self-value efficacy
- Increased awareness and ability to prevent ill health.

PHE have recently published return on investment (ROI) tools for mental health[40] and returning to work[41]. These tools model the health and financial benefits of workplace wellbeing schemes and of moving individuals from worklessness into sustainable employment. With a reach of 10% of employees, Better Wellbeing at Work has an overall ROI of £2.37 for every £1 invested in the programme. Potentially it can help to avoid costs of £974,995 annually to business by preventing sickness absence and presenteeism.

Employment rates among those with mental health conditions were lower than the employment rate in the overall population in 2016/17, with a gap of 68 percentage points in the East Midlands. This was similar to the national average. However, the gap tended to be significantly worse than England in the more rural local authorities of Rutland, Leicestershire and Northamptonshire, where there was a difference in employment rates ranging from **73 to 78 percentage points**. The smallest gaps were in Nottingham and Leicester. People living in the cities may have access to more healthcare services and a greater range of jobs[42].

Case study

Mental Health Champions training: Leicester City Council

To fulfil the city's Manifesto pledge in 2015, Leicester City Council, with the Office of the Police and Crime Commissioner, commissioned Mental Health First Aid training to train frontline staff members in mental health awareness.

In addition to the Mental Health First Aid courses, Public Health developed a scheme to train workplace Mental Health Champions who signpost their colleagues to ways to boost their mental wellbeing. Training individuals in workplaces across the city aims to promote a culture in which workplaces are safe spaces to have conversations around mental health issues.

Strategically aligning services for greater efficiency and greater impact

A strategic approach is imperative to help focus efforts and resources addressing health in the workplace, supporting employees with existing long term health conditions to remain in work where appropriate, and meeting complex and multiple needs.

In many cases the challenge with addressing the needs of people when it comes to health and work is the disconnection amongst service provision within the wider commissioning landscape. Asking key questions for better working together may include:

1. What specifically are the problems we want to solve in our area around health and work? What is the baseline position and what is the outcome we are trying to achieve?
2. What types and scale of support services are being delivered on this agenda for the benefit of people in our area and which particular cohorts do they target?
3. Who, if anyone, is being missed by this range of provision?
4. What could be/needs to be done locally to join-up or coordinate this provision better and who/what agencies need to be involved?
5. How do we engage with or influence the commissioning of these support services?

Case study

A health and work strategic model

Nottinghamshire County Council's Public Health team is developing a model that describes a strategic approach to health and work.

Better understanding of referral pathways and the strategic alignment of services is essential to maximising the ROI and impact of health and work interventions. Mapping referral and assessment service elements and prevention outcomes can be particularly effective for targeting vulnerable groups or people with complex needs.

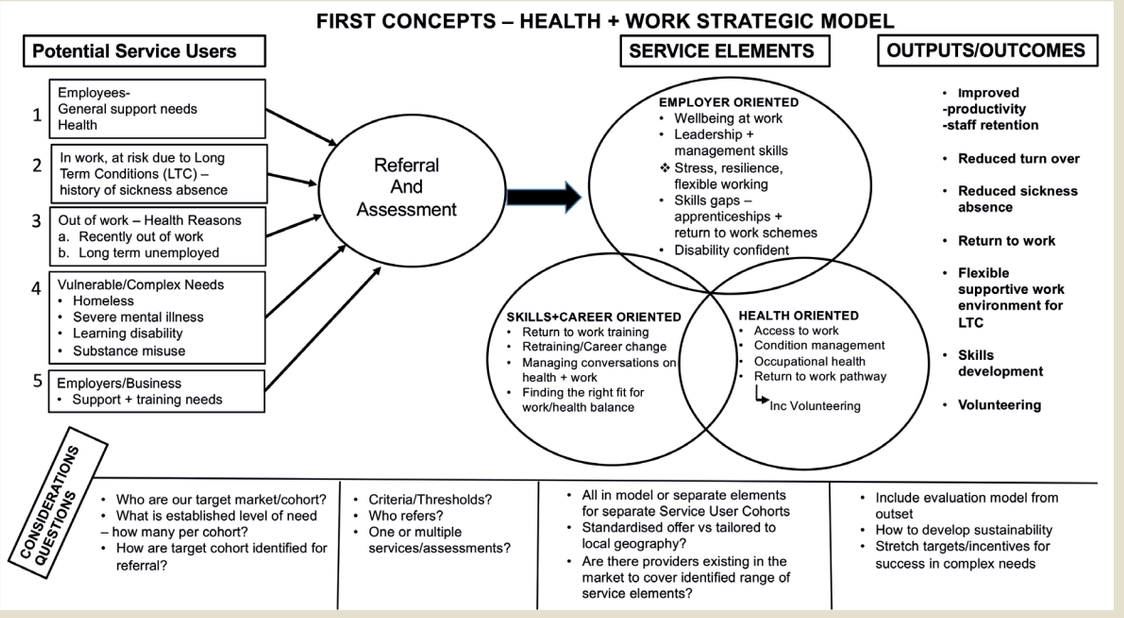


Figure 18: First concepts: health and work, Source: Nottinghamshire County Council Public Health

Health and Social Care Workforce

The economic significance of the health sector to the regional and local economy is considerable.

There are an estimated 251,000 people employed in the health sector in the East Midlands. The East Midlands accounts for 8.5% of England's health sector workforce, accounting for just over 13% of the region's employment.

Not only is this a huge workforce by numbers, but the nature of these roles means that these staff encounter people daily who are facing challenges that prevent them from getting and staying in work[43].

Working with this workforce has the potential to impact on the health and work prospects of the population. Better engagement between the health sector and LEPs can amplify the impact on the health and wealth of an area.

Impacts on health and work by healthcare professionals

There are a range of interventions that healthcare professionals can integrate into their routine practice with patients that can positively address health and work[44]. These include:

- Interventions at population level using commissioning, management, or policy and partnerships
- At community level through community health professionals and providers of specialist services
- At family and individual level through the influence and impact of healthcare professionals.

The joint DWP DH Health and Work Unit (WHU) has commissioned PHE to lead a programme focused on embedding work as a health outcome within routine clinical practice. PHE is working with an expert group to develop a portfolio of teaching resources and curriculum on Health and Work for all medical schools in England to use.

Conclusion: A call to action on health, wealth, and work

This report is an initial scope to aid the development of an approach to health, wealth, and work for the East Midlands. It aims to be the start of a wider discussion to build a collaborative effort and identify how to work together to address some of our key indicators that reflect local issues around the economic policy, work, and health agenda.

At a strategic, or macro level, some effective actions might include:

- Improving engagement between LEPs and local health and wellbeing boards (HWB)
- Establishing joint programmes between local authorities, HWBs and LEPs
- Prioritising health and work in discussions with local businesses
- Use Strategic Economic Plan refreshes and later Industrial Strategy developments as policy drivers.

Actions for LEP leadership may include:

- Reflecting health and wellbeing in economic plans and measures
- Making wellbeing a key priority of LEP, ESF, Shared Prosperity, and other investment funds
- Adopting a health in all polices approach, and using tools such as HIA on future policy and place developments
- Using LEP, local government, and other relevant leadership bodies to promote wellbeing and leverage local expertise, review how referral pathways are built and how services are commissioned
- Work across LEPs, local authorities, and districts to develop a new economic framework case for investment in wellbeing
- Taking the learning from the recent LEP review to identify how to better work with LEPs across sectors to prioritise prevention and early intervention.

Actions for PHE leadership may include:

- Accessing and using the latest data on work, worklessness, and health that describes the status of their areas' economies and health inequalities, and understanding of how each impacts on the other
- Accessing the evidence base for prevention and interventions to reduce inequalities, and target worker and workplace health
- Highlighting those areas of greatest inequalities and greatest need, using the indicators to engage with LEP boards to target evidence-based prevention and intervention efforts that improve health and employment, and the overall economy.
- Using the data and information to be in a stronger position to apply for funding to implement those work, worklessness, and health programmes
- Mapping economic indicators to PHOF indicators to create the basis of a narrative to 'speak each other's language' as well as give evidence-based measurable indicators of progress and impact. This will also enable us to address heath inequalities and the gap in healthy life expectancy.

Action for the health sector and the local economy working together

- A representative from a health and wellbeing organisation on the LEP Board/subgroup
- Cross-sector agreement of specific indicators and targets for health and/or health determinants integrated into the programme monitoring and evaluation arrangements of the local growth Fund
- A representative from the local business community/LEP being included in the health and wellbeing board

- Getting health and wellbeing on the agenda by reinforcing the economic case
- Identify and share examples of promising practice – where the economic development agenda has aligned with local health and wellbeing priorities
- Use Health Impact Assessments to support your business case for investment.

It is evident that the most deprived communities suffer the greatest health and economic inequality. Work, worklessness, and employment are major influences on these inequalities.

This report has:

- Described the factors in health, wealth, and work that impact most on our communities
- Described the interrelationships in health and work and their impact on inequalities
- Outlined the priority of getting people into work and keeping people in work
- Showcased a range of interventions and approaches that can do this
- Described how leaders across sectors can work together to improve health and work for the areas in most need as well as for the region as a whole.

This report provides the opportunity to focus on the interrelationship of health and economic growth and prosperity. By convening the system leadership comprised of local authority economic development and public health functions, NHS services, and LEPs and other economic policy drivers, action can be taken and progress made.

Working as a system, with strategically aligned policies and services, it is possible to have a major impact on productivity and economic prosperity that can reduce health and income inequalities.

The evidence in this report can provide a platform for that alignment and joint working. It describes many valuable interventions already in progress across the East Midlands as well as areas in health and work statistics that need further improvement.

Next Steps

The East Midlands Summit on Health, Work, and Inclusive Growth with key senior leaders from across the East Midlands will consider:

- the evidence supporting the health, wealth, and work agenda
- the opportunities available to support delivery of the ambition by focusing on work as a determinant of health, and health as the flip side of economic prosperity
- the chance, with partners, to discuss a strategic approach and agree actions for taking the ambition forward.

Appendix: LEP area data maps: Health, work, and inequalities

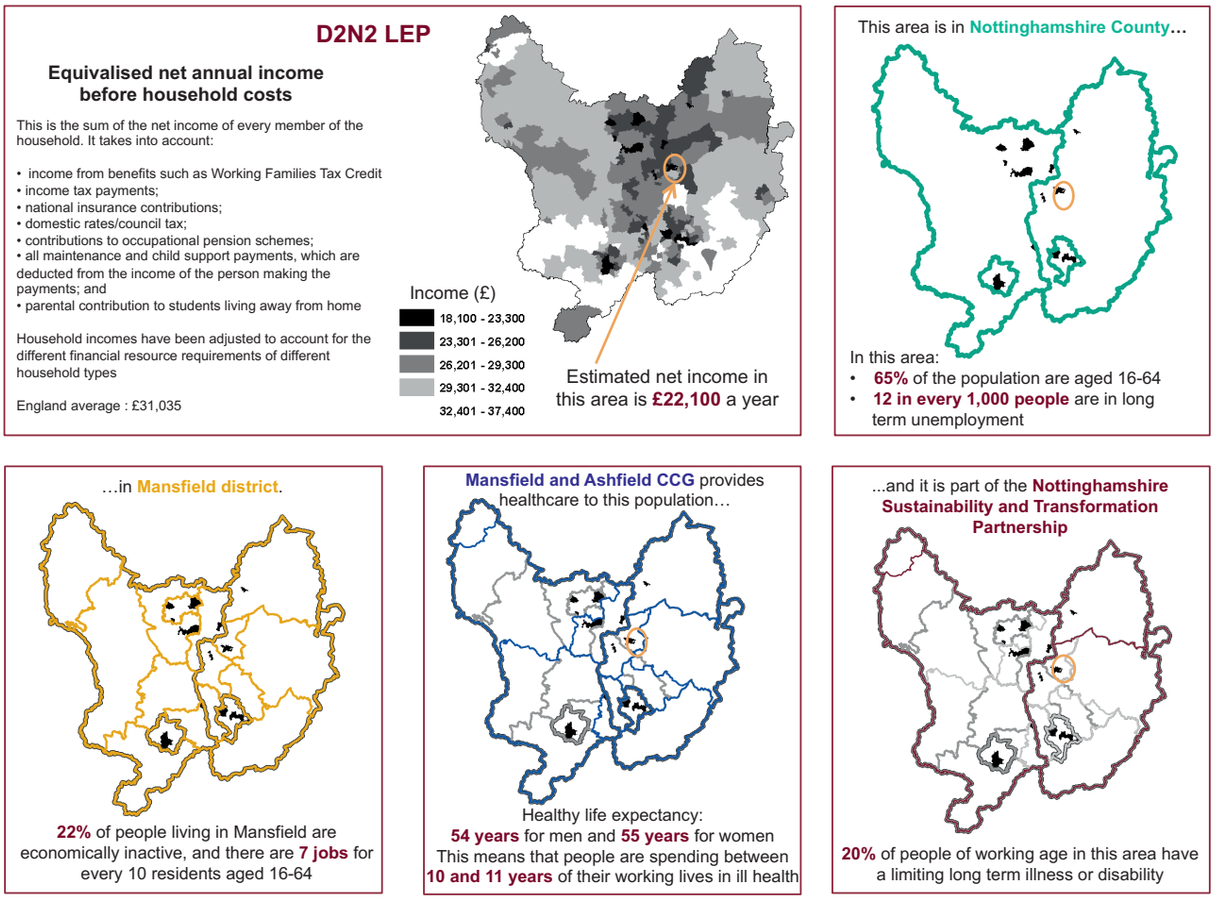


Figure 19: D2N2 LEP data map

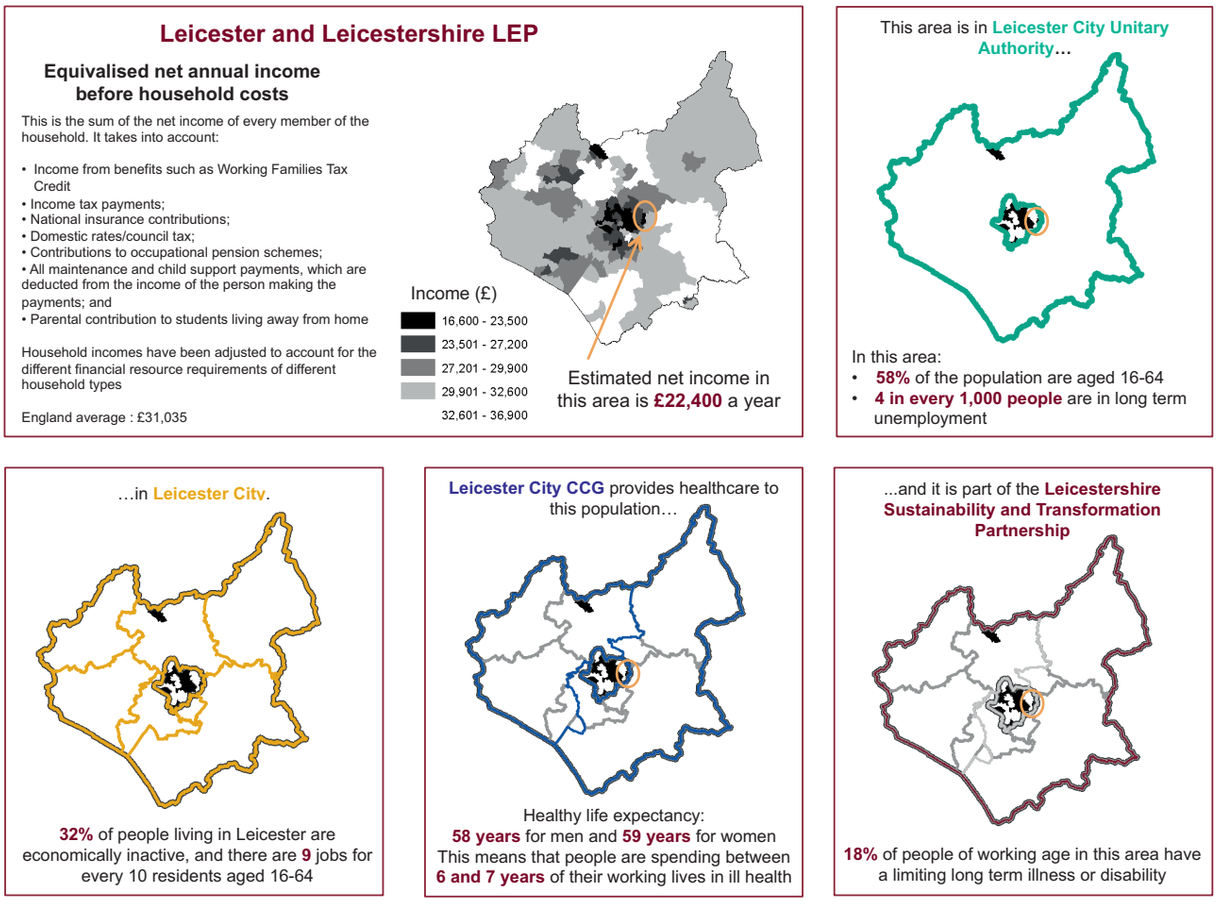


Figure 20: Leicester and Leicestershire LEP data map

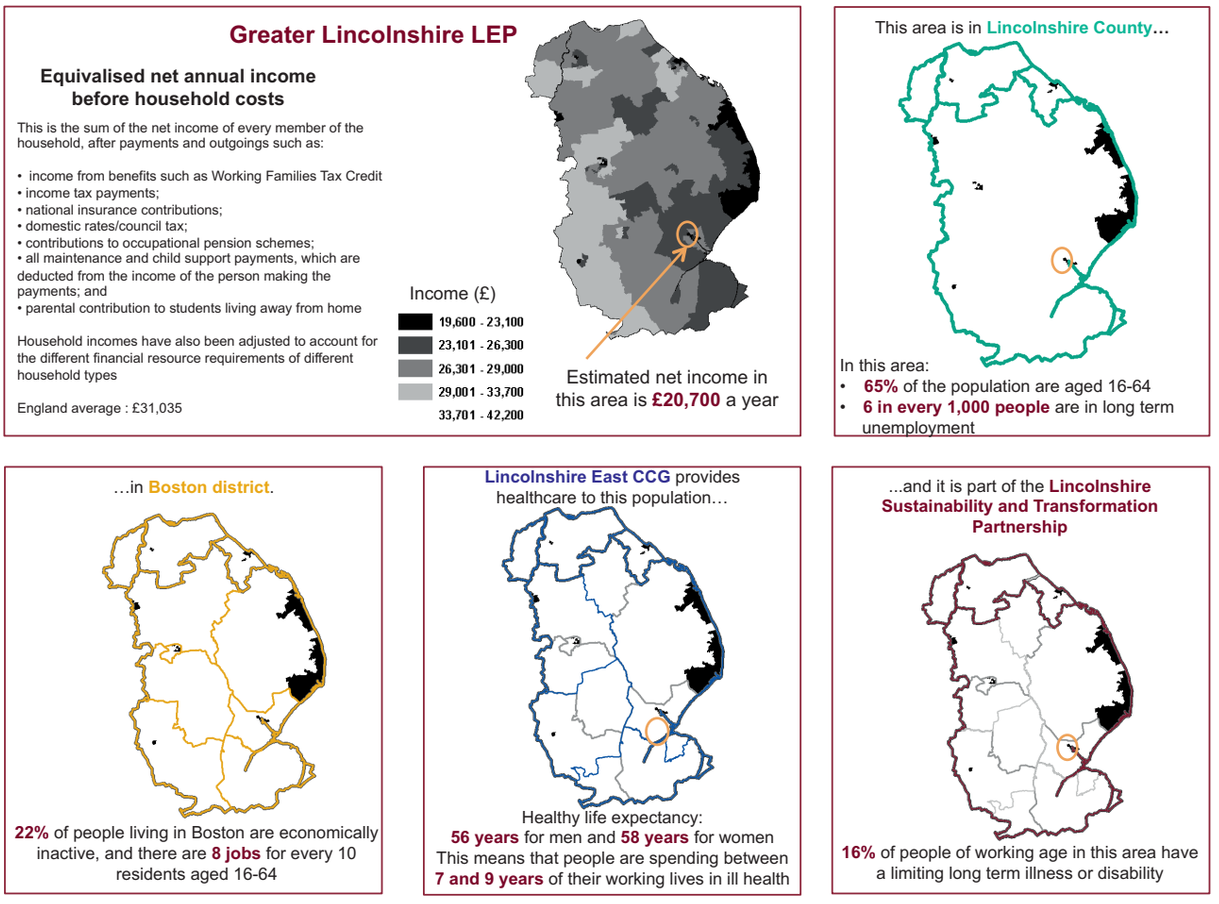


Figure 21: Greater Lincolnshre LEP data map

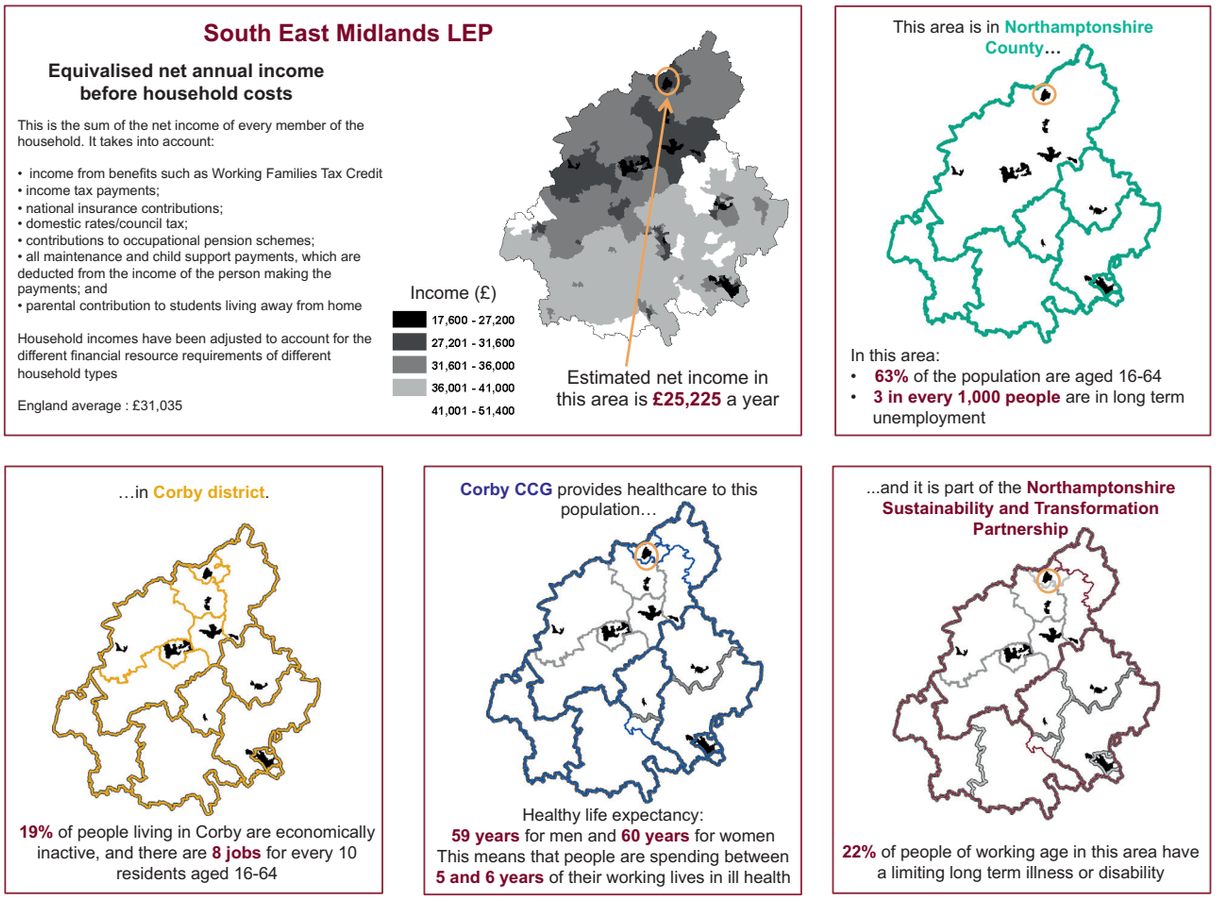


Figure 22: South East Midlands LEP data map

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