Nottinghamshire Health & Wellbeing Board

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

HEALTH AND WORK

PROFILE PACK

June 2024

Topic Information	
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Executive Summary

Introduction

Health and work are interconnected, influencing each other significantly. This profile pack examines how these dynamics manifest in Nottinghamshire, impacting the workforce and public health.

Impact of Work on Health:

- Higher employment rates correlate with better health outcomes.
- Unemployed individuals face higher health risks and poorer health status.
- Good quality, appropriate employment improves physical and mental health and reduces social exclusion.

Impact of Health on Work:

- Health conditions significantly affect employment status.
- Nationally, 24% of the working-age population report disabilities, with only 54.2% of disabled people employed.
- Locally, Nottinghamshire's disability employment rate is lower than the national average, with 46% of disabled people employed.

Evidence of What Works

Effective interventions in employment and health support are ongoing and have strong presence within Nottinghamshire. Key local initiatives and schemes include the Individual placement and support scheme and Brooke Farm. Highlighting successful local and national initiatives can guide ongoing and future strategies.

Key Findings about Health and Work in Nottinghamshire

The employment rate in Nottinghamshire is 75.8%, with disparities in health outcomes affecting employability. Long-term health conditions and disabilities are significant barriers, particularly post-COVID-19**.** The following spotlight areas have provided a snapshot insight into key themes:

- COVID-19: Impact on different workforce groups and the rise of long COVID.
- Musculoskeletal Conditions: Prevalence, impact on work, and associated health factors.
- Mental Health: Fastest rising cause of work-limiting conditions, relationship with employment, and the importance of 'good work'.
- Sex Disparities: Analysis of economic inactivity and long-term sickness by sex.
- Disability: Review of the current picture and what is in place to support.

Highlights from the report are:

- There are 27,990 businesses in Nottinghamshire ranging in size, the significant majority (24,960) are micro businesses (0-9 employees).
- COVID-19 is more likely to lead to long COVID amongst people of working age [1]. Between January -March 2020 and January to March 2022, long-term sickness was the most common reason for becoming economically inactive, closely followed by return to education [2]. It is unclear to what extent the development of long COVID was responsible for these changes.
- The Institute for Fiscal Studies (IFS) estimated that one in ten people who developed long COVID have had to stop working [3].
- The pandemic has highlighted the importance of digital skills in the modern workforce. “Future”, a group of industry leaders in digital skills now estimates that there are 11.8 million people of working age without essential digital skills for life and work, this represents 36% of the UK workforce [4]. Digital skills are now required for around two-thirds of jobs in the UK [5].
- In Nottinghamshire, the prevalence of an MSK condition was reported as 20.9% in 2023, higher than prevalence for England (18.4%) [6].
- Around 70% of adults with a long-term MSK condition have a Body Mass Index (BMI) which would categorise them as overweight or obese [7].
- Poor mental health is the fastest rising cause of work-limiting conditions across the workforce and mental health remains one of the leading causes of absence in the UK.
- There has been a significant rise in the number of young people reporting work-limiting mental health conditions nationally, from 1% in 2013 to 4% 2023 [8].
- The number of young people who are economically inactive rose by 245,000 from June 2023 to June 2024 to 2.99 million, making it close to the highest rate since records began in 1992 (this figure includes numbers in fulltime education) [9].

- A 2023 report by the All–Party Parliamentary Group for Youth Employment found that approximately 67% of young people who are economically inactive also have a common mental health disorder [10], a particular concern given that youth unemployment is known to be attributable to a significant wage penalty later in life.
- After the year to December 2022, there were noticeable trend changes in levels of male and female economic inactivity in Nottinghamshire. With male economic inactivity reducing and female economic inactivity increasing, a pattern not seen in the England data during the same period.
- There is a significant disparity between employment rates for disabled and non-disabled working age people in Nottinghamshire, in January – December 2023, the Nottinghamshire employment rate for disabled people was 55.5% versus 75.8% for non-disabled.
- Locally in Nottinghamshire although the average disability employment gap for both males and females are largely in alignment with national averages, there is notable variation in the size of the disability employment gap between the local districts and boroughs.
- Evidence shows that employment support services integrated within health teams and utilising the Individual Placement Support model can be more effective than traditional approaches. [11] [12].
- There is currently a wide range of both national and local support schemes in Nottinghamshire available. Most of the current offers focus on either improving individual's employment skills through personalised support, or, working with local businesses to improve their knowledge of recruiting those with disabilities and/or health conditions, making them more accessible.

	Recommendations (See end of report for further details on recommendations)	**Lead(s)**					
		Nottinghamshire County Council	Community and Voluntary Sector Organisations	NHS partners	ICB	ICS	Other Partners
1.	**Building Blocks of health communications approach:** Public Health have been leading a systems approach to embedding the building blocks of health learning and recommendations to increase understanding of and drive action on the wider determinants of health and health inequalities in Nottinghamshire. It is recommended that the team continue to lead this programme of work to drive action on this agenda.	**X**					
2.	**Joint working and collaboration to maximise support and impact of existing initiatives in place to those facing physical and mental health related barriers to employment:** It is recognised that this field has multiple partners and services involved making it a complex agenda. It is therefore vital that communications and collaboration between stakeholders is maintained as an ongoing priority. Specifically supporting local initiatives such as the Working Well East Midlands Programme and Future's Positive (IPS Mental Health) to maximise referrals and impact. It is recommended colleagues support by leveraging their existing networks to encourage engagement and referrals such as Primary Care, and Community Pharmacy Networks. Collaborative support should also be given to the development of Health and Care Notts' Health and Work Strategy, and further input provided to NCC's Employment and Skills Framework when required.				**X**		
3.	**Understanding to what extent digital access is a barrier to work (digital skills/connectivity):** Improving equity of digital access to reduce barriers to work (digital skills/connectivity): Use of digital technology could be a more significant and prevalent barrier following the pandemic, with a rise in jobs requiring digital skills, making it more difficult for those who do not have the digital skills and/or access required to secure employment. The draft digital connectivity framework highlights the importance of	**X**					

	digital access and inclusion and NCC will work with partners and key stakeholders to develop and implement strategies that ensure equitable access to digital resources across all communities.						
4.	**Exploring the root cause of rising levels of economic inactivity for women due to ill health in Nottinghamshire**: Data analysis undertaken as part of this report has highlighted a trend of rising economic inactivity for women due to ill health, that appears to not be in line with national trends. This trend varies across districts and is most notable in Mid Nottinghamshire. It is therefore recommended that work to understand why there is this local trend in certain areas of the county would be useful and form a foundation to begin to try to address this. This will be considered as part of the developing Nottinghamshire Women's Health JSNA.	**X**					
5.	**Understand how COVID-19 has impacted the Nottinghamshire labour market?** Whilst the national/local impact of COVID-19 on the workforce is difficult to understand, it is important to be mindful that there has been an impact to the Nottinghamshire labour market. It is recommended that this is considered when undertaking any work, or commissioning projects, interventions or services directly or indirectly relating to work and health, such as supporting people into employment. Additionally, Public Health should continue to identify and review evidence as it emerges to identify impact and ways to support whole population recovery in relation to employment.	**X**					
6.	**Anchor Institutions**: It is recommended that key partners within the ICS Anchor Champions Network work together to identify priorities for ICS health and care related anchor organisations for joint agreement through ICS governance. It is recommended that for each agreed priority an ICS lead is identified to work to across the ICS and with individual anchor organisations to agree ambitions, action plans and measurable outcomes and lead delivery. All anchor organisations within Nottinghamshire (including those outside of the health and care sector) should also note the recommendations of this profile pack and develop actions they can take to understand and address physical and mental health barriers to employment.			**X**	**X**		**X**
7.	**Explore opportunities to improve collection and sharing of data and intelligence across system partners to enable use of a broader system view of intelligence.**						**X**

	Given the complexities and number of partners actively working in this space, it can be hard to gain a full system view of data and evidence available. To improve partnership working across this agenda and maximise use of available resources, having a single collection point of data and embedded framework to make data sharing easier and more accessible between system partners would improve outcomes.						
8.	**Consider and address the link between obesity and musculoskeletal (MSK) conditions in future strategic planning across the local system:** This report shows that musculoskeletal conditions are a reason for a significant number of people to be out of work. Further exploration highlights that obesity is one of the leading contributors to musculoskeletal conditions and local strategic MSK partners have acknowledged the link between obesity, musculoskeletal conditions, and subsequent impacts on employment. It is recommended that relevant local strategic partners raise the profile of this link, recognising the impact of obesity and MSK conditions as a contributor to poor MSK outcomes and productivity loss locally. MSK strategic leads should use the findings of this report to ensure that obesity and productivity within MSK is consistently considered and addressed in future strategic planning relating to MSK across the system, including delivery of weight management services.			**X**		**X**	**X**
9.	**Aligning and utilising opportunities arising from the formation of East Midlands Combined County Authority (EMCCA):** Recently EMCCA has been formed and a mayor elected. One of the EMCCA's defined objectives is: "to deliver more jobs and better skills". This clearly sets out an ambition for EMCCA to prioritise work and health and serves as a good opportunity for Nottinghamshire County Council and wider system partners to work alongside them to achieve this. EMCCA's governance and strategy formation is in the early stages, so it is recommended that Nottinghamshire County Council colleagues monitor ongoing developments and take opportunities to collaborate where possible. It is important to ensure the issue of physical and mental health conditions and disabilities as a barrier to employment is highlighted and considered in all related work in this space. NCC should consider EMCCA's emerging developments within work undertaken relating to work and health priorities, ensuring these are strategically aligned where relevant and appropriate to do so.	**X**					**X**

1. Introduction

Evidence shows that work benefits both physical and mental health [13]. Employment and good working conditions significantly influence community health. This report reviews the recommendations from the 2019 Director of Public Health (DPH) report, updates existing knowledge, and incorporates new national and local initiatives. It concludes with guidance on the next steps for public health in this area. This profile pack provides an up-to-date review of the interrelation between health and work, its impact on Nottinghamshire residents, the support available, and progress on the 2019 recommendations. The profile pack will contain spotlight areas of focus: The impact of COVID-19, mental health, musculoskeletal conditions, and sex on work and disability.

As highlighted in the Nottinghamshire DPH Annual Report 2019 [14], health and work are interrelated throughout the life course with huge social and economic impact (see fig.1). It's well researched that those who are in good work will live more years in good health.



Figure 1: Image from Nottinghamshire DPH Annual Report 2019. [14]

'To create a society where everybody can thrive, we need all of the right building blocks in place; stable jobs, good pay, quality housing and good education' [15] When one or more of these blocks are missing, a person's overall health and wellbeing can be negatively impacted. The building blocks of good health are (see Figure 2):

- The food we eat.
- Work
- Family, friends, and communities,
- Transport
- Our surroundings
- Housing
- Money and resources
- Education and skills



Figure 2: Image from The Health Foundation, 2024. What builds good health? [15]

Access to good-quality jobs and employment is one of these building blocks of a healthy life and a healthy society. Going to work contributes much more than just a salary towards an individual's quality of life. ***Unemployed people are 5 times more likely to have poor health than people with jobs.*** [15]***.***

Going to work regularly improves health and wellbeing by:

- Providing a routine, sense of identity and purpose.
- Increasing your social network thus reducing isolation and loneliness.
- Reducing stress if income covers essential bills [14].

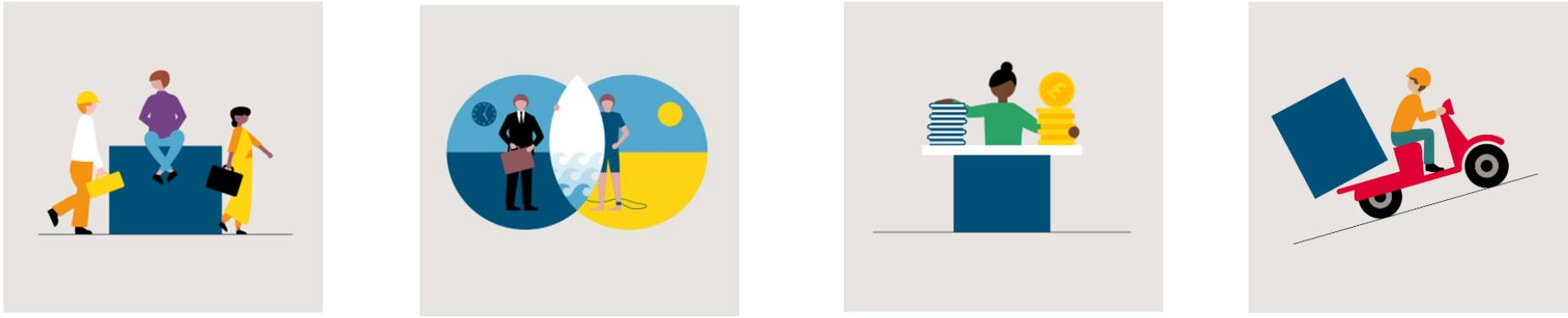


Figure 3: Images from The Health Foundation [88]

It is important to note however, decent employment is not just about having a job that pays just enough to cover essential bills, "being in work is not a guarantee of an adequate income or good quality of life" [15]**.** Good quality jobs that are appropriate for the individual in the role can have many health benefits. ***Employees with low job security or low job satisfaction are more than twice as likely to report poor health*** as the average employee and as such it can be just as bad as unemployment [15]**.**

Decent work with a regular adequate income contributes to health and wellbeing by:

- Enabling decent living accommodation.
- Enabling adequate heating.
- Providing the ability to buy sufficient and healthy food.
- Providing a good work-life balance giving time for relaxation, socialising, and exercise
- Enabling participation in social and leisure activities/hobbies that cost money.

Although life expectancy has risen, many people spend their later years in ill health, particularly those subject to high levels of deprivation. The prevalence of multiple long-term conditions increases with age [7]. This poses an increasing problem for the working population, with the state pension age set to be increased to 68 between 2044 and 2046 [16]. Average healthy life expectancy for a Nottinghamshire resident is approximately 62 years for women and 63 years for men [17]. However, those living in the most deprived areas generally die 7.5 years earlier and have spent an additional 14 years living in ill-health compared to those living in most affluent areas [17].

1.1 East Midlands

Recently, the East Midlands Combined County Authority (EMCCA) has been formed, where in May 2024 a mayor was elected. The plans in relation to the EMCCA are "to **deliver more jobs and better skills**, build the homes we need, get a grip of our transport systems, back our high streets, work for a greener East Midlands and championing our visitor economy to put our region on the map". With this new transition, Nottinghamshire County Council will work alongside EMCCA to support strategies being delivered.

In addition to this, the D2N2 Local Enterprise Partnership (LEP) for Derby, Derbyshire, Nottingham and Nottinghamshire has also been formed which supported the creation of EMCCA. This development towards devolution will provide funding for skills. D2N2 is one of 30 Local Enterprise Partnerships working across England to support business growth and level up productivity. D2N2 initiatives include their Growth Hub, Skills Bootcamp and their Careers Hub.

1.2 Nottinghamshire

In Nottinghamshire the census in 2021 captured that 59% of the population are of working age (18-64 years old). With 20% of the population being 0-17 years old, it is important to also focus on supporting the next generation as well as the 21% of the population who are of retirement age [18]. The Nottinghamshire employment rate (the number of people that are employed as a percentage of all those that are working age, i.e., 16-64 years old) is 75.8% (January 2023- December 2023), a slight increase from the 2020-2021 figures of 74.5% [19].

Figures 4 and 5 show the makeup of businesses in Nottinghamshire. There are 27990 businesses, with the majority (24,960) classed as Micro businesses, meaning they have 0-9 employees. There is significant variation in terms of sector type, with Construction and Professional, scientific and technical businesses being the most prevalent, making up 17% and 13% of Nottinghamshire businesses respectively.

Number of Nottinghamshire businesses by sector and size (employee numbers)

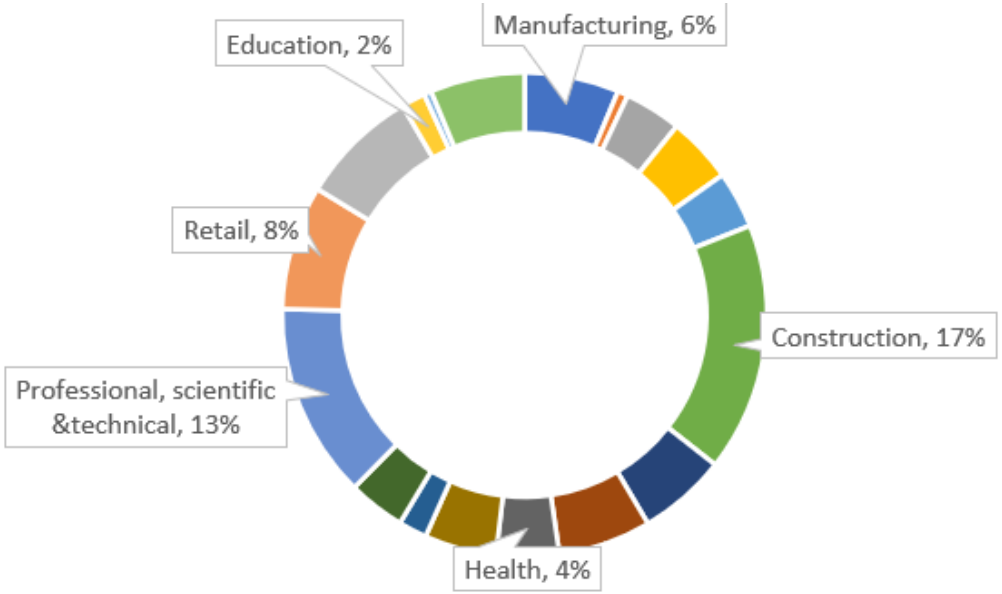


Figure 4: Image created with data from Nomis by Public Health NCC

Number of employees	Micro: 0-9	Small: 10-49	Medium: 50-249	Large: 250+
Number of businesses	24960	2520	400	110

Figure 5: Image created with data from Nomis by Public Health NCC

Nottinghamshire County Council are producing an employment and skills framework for educators, businesses, individuals, local authorities, and key partners. This framework will articulate the strategy for stimulating economic growth, enriching job prospects, and empowering individuals to acquire the skills and qualifications essential for success in a changing job landscape. It supports work with partners to influence and enhance mainstream education and to develop the employment and skills offering and communicating it to businesses and individuals. This is in line with the Nottinghamshire Economic Transition plan which aims to build on six themes: people, business, the visitor economy, infrastructure, digital connectivity, and place, which will collectively enable Nottinghamshire to thrive. The information within this report will contribute towards the employment and skills framework, supporting collaborative insight led working within the council.



Figure 6: Image from Nottinghamshire Economic Transition plan [89]

2. What are the impacts of work on health and health on work?

2.1 Barriers to Work

For many individuals, particularly those with long-term conditions and/or disabilities such as mental health problems and musculoskeletal (MSK) conditions, health issues can be a significant barrier to gaining and retaining employment. It is important to understand and reduce barriers to gaining meaningful employment to ensure this vital building block of health is in place. *'In the UK nearly 1 in 4 people who are unemployed due to ill health/long-term condition(s) want to work or are seeking work but are unable to gain employment due to barriers presented by their condition' [20]*. Combined costs from worklessness and sickness absence amount to around £100 billion annually in the UK, providing additional impetus for action. Addressing and removing health-related barriers requires collaborative work between partners from across the private, public and third sectors at a national and local level [20].

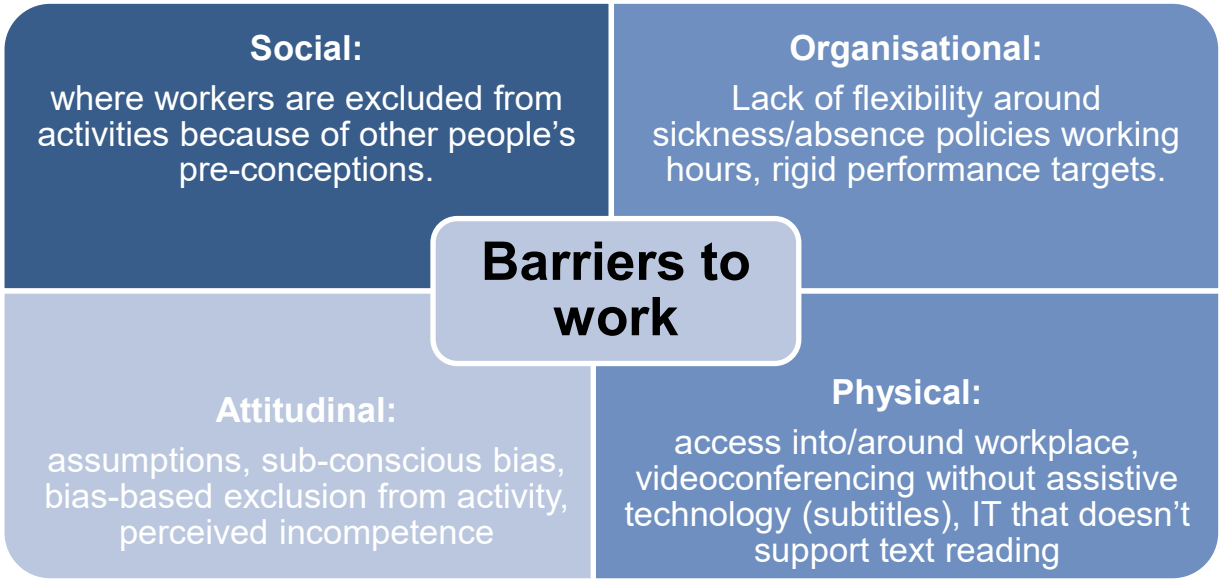


Figure 7: Image created with information from Health and Safety Executive (HSE) [90]

2.2 How Health and Work affect each other

Figure 8 (below) displays some key facts to highlight the interrelationship between health and work, just as work impacts on health, health impacts on work too.

Higher healthy life expectancy is strongly correlated with higher employment rates [21].		1 in 3 employees with a long-term health condition have not discussed it with their employer [20].
	Unemployed people are more than five times as likely to have poor health than employees [22]	
On average, those who are unemployed have higher rates of medical consultation, medication consumption and hospital admissions [23].		Only 33% of unemployed people report their health as either very good or excellent, compared to 48% of people in employment [22].
	Unemployment is associated with lower life expectancy and poorer physical and mental health, both for unemployed individuals and their households [24].	

Figure 8: Image created to show how health and work affect each other (References in text)

2.3 Impact of Health on Work

What is good work?

'Good work' is defined as having a safe and secure job with good working hours and conditions, supportive management and opportunities for training and development [20]. There is clear evidence that good work improves health and wellbeing across people's lives and protects against social exclusion. Conversely, unemployment is bad for health and wellbeing, it is associated with an increased risk of mortality and morbidity.

Studies have found that the health impacts of insecure work may be as bad as unemployment, with insecure work being heavily linked to depression, exhaustion, anxiety, and self-reported ill health [25]. Evidence shows that moving from unemployment to poor quality work can also worsen mental health and there should therefore be a focus on supporting unemployed people into appropriate 'good work'; a work environment that is not only safe, but where employees have a sense of security, autonomy, good line management and communication within an organisation [26].

The Good Work Plan 2018 recognised the importance of not just increasing the numbers in work, but the quality of work that people were doing as part of the broader national industrial strategy [27]. The Institute for Financial Wellbeing (IFW) have been collecting data on the variability of access to good work across the country via their good work monitor, using 'labour market access', 'status & autonomy' and 'pay & conditions' to generate a good work score (maximum 600). There is a strong correlation between high good work scores and increased healthy life expectancy. The good work score has increased in Nottinghamshire from 265 in 2012 to 344 in 2022.



Figure 9: Image of 10 principles of good work [74]

2.4 National Context

Nationally, it is suggested that for every £1 spent on workforce health promotion initiatives, it delivers a return on investment of between £1 and £4 [14]. The health and wellbeing of a workforce is an important consideration for all employers, regardless of size and sector. Good working environments are linked to improved productivity and staff retention. It is also important for employers to note that although the workforce is generally living longer, many of those later years are often being spent in poor health. Coupled with economic and welfare changes requiring people to work for longer, more working age adults are now living with one or more long-term health conditions.

There is increasing understanding that providing effective adaptations and flexible support in the workplace and through healthcare services can make all the difference in enabling people with a health condition or disability to secure and retain a good job.

Just as work impacts health, health impacts work. Those with long-term health conditions are at greater risk of unemployment. Nationally, 10.21 million people of working age (16 to 64) reported that they were disabled in October to December 2023, equating to 24% of the entire working-age population [28]. Disability relates to anyone with physical or mental health conditions or illnesses lasting or expected to last 12 month or more. In 2022-23, the national employment rate for disabled people was 54.2%, versus 82% for those who are not disabled [28]. Ill health of the working age population has been steadily increasing in recent years, and with a growing population, it is predicted that by 2030, 40% of the working age population in the UK will have a long-term condition [8].

2.5 Local Context

- As of June 2023, there were approximately **113,000 disabled** people of working age (16 to 64) in Nottinghamshire, **46%** of whom were **employed**. This is **lower** than both the **national** and **East Midlands** employment rate for disabled people (52.4% and 55% respectively) [29].
- **83% of non-disabled** working age adults in **Nottinghamshire** were **employed** [29].
- According to projections, it is estimated that by **2030**, **194,560 people in Nottinghamshire** will have a **long-term condition** [8].

2.6 Not in Education, Employment or Training (NEET) in Nottinghamshire

Young people who are not in education, employment, or training (NEET) face increased risks such as poor health, depression, and early parenthood. The Government aims to increase young people's participation in learning and work to improve lives, boost social mobility, and drive economic growth. Trend data (see figure 10) shows that Nottinghamshire's NEET rates for 16- to 17-year-olds were lower or equal to the England average until 2018-19. In 2019-20 the rate increased coinciding with the COVID-19 pandemic [30]. The underlying reasons for this worsening trend locally, are thought to be largely attributable to impacts from the COVID-19 pandemic, issues with local data tracking and consequent spikes in the proportion of the cohort whose Education, Employment, or Training (EET) status was not known. Futures are commissioned to deliver NEET services locally in Nottinghamshire and have prioritised reducing NEET numbers. Over the last 12 months there has been an average reduction of 1.8% in NEET numbers across Nottinghamshire (see figure 11) and these have remained stable since.

16- to 17-year-olds not in education, employment, or training (NEET) or whose activity is not known

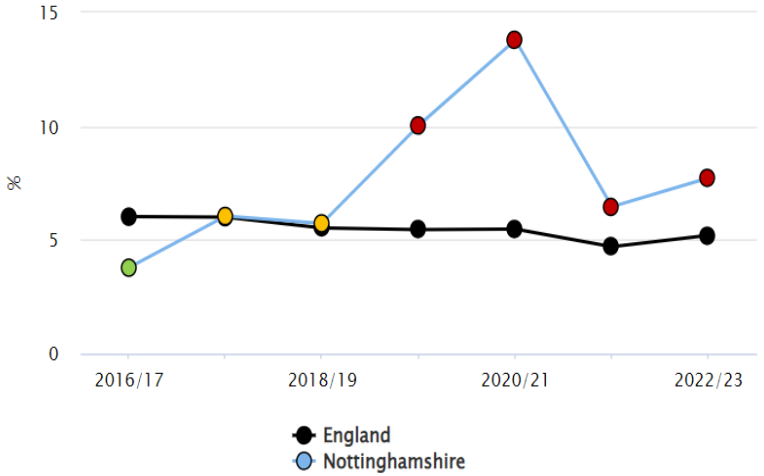


Figure 10: Graph of 16- to 17-year-olds not in education, employment, or training (NEET) or whose activity is not known. Image from Fingertips [30]

Percentage of 16–17-year-olds not in education, or training (NEET) or whose activity is not known. Comparison between Jan-March 23 and Jan-March 24

	Academic Age 16 -17 (year 12-13)							
	2023 - 2024				2022 - 2023			
	Jan-24	Feb-24	Mar-24	Ave	Jan-23	Feb-23	Mar-23	Ave
ENGLAND	**5.3%**	**4.9%**	**5.1%**	**5.1%**	**5.1%**	**4.6%**	**4.8%**	**4.8%**
EAST MIDLANDS	**4.8%**	**4.4%**	**4.4%**	**4.6%**	**4.6%**	**4.0%**	**3.8%**	**4.1%**
Nottinghamshire	3.6%	3.4%	3.4%	3.5%	6.4%	4.3%	3.7%	4.8%

Figure 11: Participation in education, training, and NEET age 16 to 17 by local authority. Data collected from the National Client Caseload Information System (NCCIS), which draws together local databases used to support young people to engage in education and training and plan services that meet young people's needs.

3. What do we know about Health and Work in Nottinghamshire?

For the three months ending February 2024, regionally the highest unemployment rate estimate in England was in the East Midlands (5.9%) and the lowest was in Northern Ireland (2.2%). The East Midlands also had the largest increase in unemployment rate compared with the same period the previous year, increasing by 2.2 percentage points, with the Northeast seeing the largest decrease of 0.9 percentage points [31]. Reviewing the data for Nottinghamshire, we can get a breakdown of those who are economically active and those who are economically inactive. The definition of economic inactivity is *"people not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks."* [32]. To further understand the differences between Economic Inactivity, Employment and Unemployment, see figure 12.

Economic inactivity	Employment	Unemployment
People not in the labour force (also known as economically inactive) are not in employment, but do not meet the internationally accepted definition of unemployment because they have not been seeking work within the last four weeks, or they are unable to start work in the next two weeks. The economic inactivity rate is the proportion of people aged between 16 and 64 years who are not in the labour force [31].	Employment measures the number of people in paid work or who had a job that they were temporarily away from (for example, because they were on holiday or off sick). This differs from the number of jobs because some people have more than one job. The employment rate is the proportion of people aged between 16 and 64 years who are in employment. A more detailed explanation is available in the Office for National Statistics' guide to labour market statistics [31].	Unemployment measures people without a job who have been actively seeking work within the last four weeks and are available to start work within the next two weeks. The unemployment rate is not the proportion of the total population who are unemployed. It is the proportion of the economically active population (those in work plus those seeking and available to work) who are unemployed [31].

Figure 12: Table explaining definitions for Economic Inactivity, Employment and Unemployment.

As seen in figure 13, (below), most residents within Nottinghamshire are employed and economically active. It's important to note that 33,400 people are long term sick, making up 6.6% of the total population of Nottinghamshire. The breakdown of district and boroughs offers a different perspective, quantifying the percentage of those classed as economically active, and what proportion of those within each of the different areas of Nottinghamshire are classed as long-term sick.

Economic activity in Nottinghamshire: Residents aged 16-64 (502,600 in total)

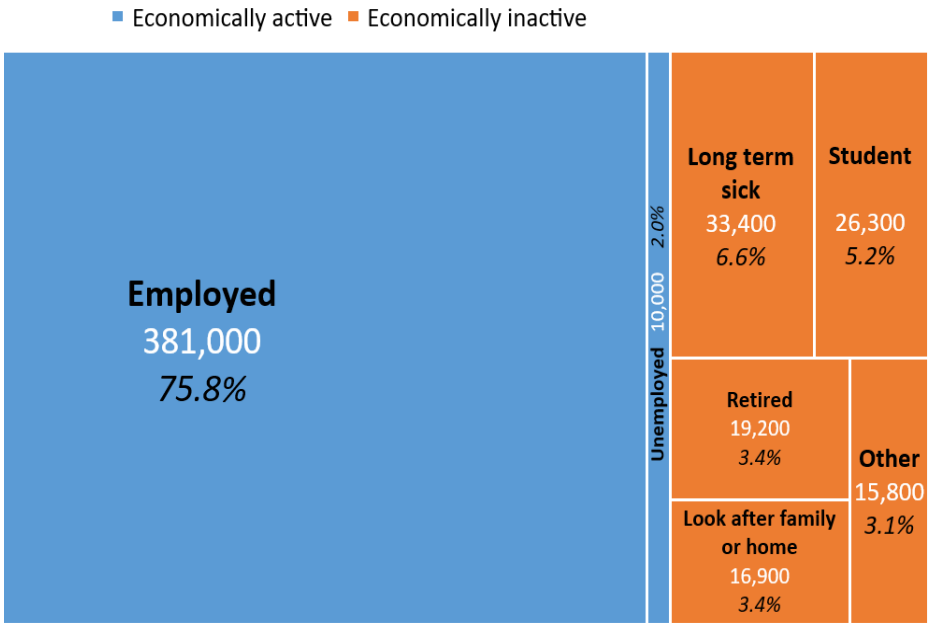


Figure 13: Source: NOMIS data for December 2023 Numbers are the estimated number of persons; percentages are proportion of the Nottinghamshire population aged 16 to 64. 'Other' category includes 5,500 people who were temporarily sick (less than 1 year duration).

District and Borough breakdown of Economic inactivity in Nottinghamshire

Local Authority/District/ Borough	Economic inactivity Persons aged 16 to 64 April 23-March 24 (%)	% of those who are economically inactive with long term sickness/conditions Persons aged 16-64 April 23-March 24
Ashfield	31.8	54.4
Mansfield	28.1	54.1
Gedling	22.1	48.7
Bassetlaw	21.1	61.2
Newark & Sherwood	21	43.5
Rushcliffe	17.1	59.2
Broxtowe	14.1	42.2
Nottinghamshire	22.2	52.5
England	21	48.3

Figure 14: Source NOMIS data for December 2023. Numbers are the estimated number of persons; percentages are proportion of the Nottinghamshire population aged 16 to 64.

4. Spotlights

This section of the report will focus on 5 key areas of interest in relation to health and work. They have been chosen following a review of the data, current information available and from engaging with stakeholders. This list of topic areas is not exhaustive but has highlighted areas of current or systemic importance suitable to a rapid review within the scope of the profile pack.

The five key topics are:



COVID-19

Key messages:

- **Increased Inequalities**: COVID-19 worsened existing labour market inequalities, hitting low-income and insecure workers hardest [2].
- **Sector Impacts:** Retail, hospitality, and arts sectors saw the highest job losses [33].
- **Gender Differences:** Women initially faced higher unemployment but later saw an increase in overall employment due to flexible working options [2].
- **Long COVID:** Long COVID significantly affected workforce participation, causing increased economic inactivity [35].
- **Digital Shift:** The pandemic highlighted a digital skills gap, with many workers lacking essential digital competencies for remote work [4].

Impact of COVID-19 on different groups in the UK workforce

The COVID-19 pandemic has had a profound impact on employment and the way we work. This has exacerbated many inequalities in the UK labour market. During the pandemic, many people faced the prospect of permanent layoffs, furlough and reduction in hours or pay. Redundancies reached a record high in September – November 2020, with 402,000 redundancies recorded in this quarter (see figure 15) [2]. Levels of economic inactivity increased by 5% in people aged 16-64 between January – March 2020 and the same period in 2022 [2]. The unemployment rate initially rose from 4.0% to 5.2% between early 2020 and the end of 2021, before falling to 3.7% in the first quarter of 2022. This is the lowest unemployment rate since 1974 and can be somewhat explained by the increase in economic activity. Between March 2020 and May 2020, the number of people claiming unemployment benefits in the UK doubled. In January - March 2022, there were still around 350,000 less people in employment than in January – March 2020.

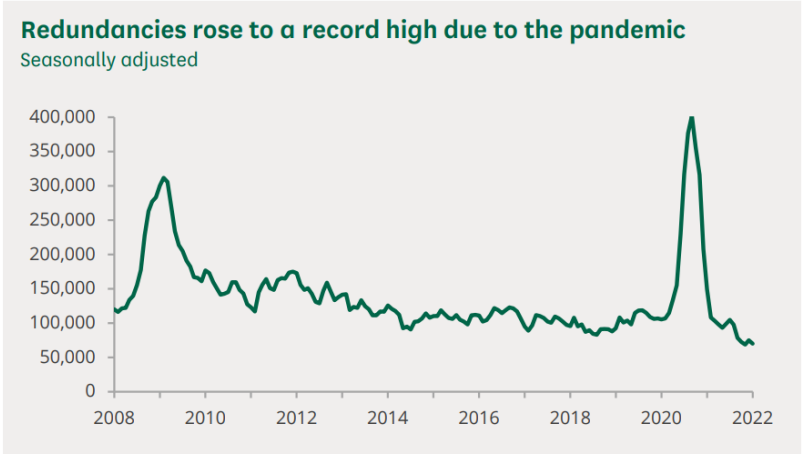


Figure 15: Image from Coronavirus: Impact on the labour market [2]

Employees on a low income were disproportionally affected by COVID-19, with approximately half of all jobs at risk paying less than £10 per hour [33]. Jobs which were most at risk also correlated with lower levels of education. Despite the increased demand for online shopping and groceries, the retail and wholesale sector were the industry with the largest number of jobs at risk [33]. This was primarily due to the significant number of store closures in non-food retail. Jobs in the accommodation and food services, and the arts and entertainment industry were also at higher risk.

Men and women experienced different impacts from the pandemic on employment levels. At the beginning of the pandemic, women saw a larger increase in unemployment than men. Unemployment levels rose by 23.8% in women, compared to 19.9% in men between January - March 2020 and the same period in 2021 [2]. This is partially because of the higher proportion of women employed by industries which were most affected by the pandemic, such as retail and food services. However, between January-March 2020 and January-March 2022, male employment levels fell by 1.3% overall, compared to a fall of 0.2% for women [2]. Over the pandemic, the total number of women in full-time employment increased, however despite this, the increase in economic activity levels was higher for men than women over the same time period (9.5% and 2% respectively) [2]. By early 2022, the proportion of women in the workforce was at an all-time high of 48% [2]. We cannot be certain of the reasons for this increase as Covid-19 changed the landscape and environment in different ways for different people, the granular detail needed to ascertain the definitive reason for this is not available.

Parents faced additional challenges due to closure of schools and childcare facilities. Women were impacted more heavily by this and spent 64% more time on unpaid household work and 99% more time on unpaid childcare than men [2]. All age groups experienced a fall in employment (including furlough); however, the largest impact was seen in workers aged 16-24 who accounted for over 40% of loss of employment [2]. This is likely to be driven by the large numbers of young people working in industries at risk of job loss during the pandemic. Those in insecure work (e.g., zero-hours, agency, or temporary contracts) were most affected [33]. Youth employment made a quick recovery following spring 2021 and had almost returned to pre-pandemic levels by early 2022 [2]. There was a large increase amongst younger people participating in full-time education, contributing to the number of people in this group who became economically inactive. It is uncertain what proportion of the workforce who left unemployment due to suffering long COVID will later return. The employment gap between disabled people and non-disabled people widened during the pandemic but has now returned to pre-pandemic levels [2]. At the start of the pandemic, disabled people were more likely to become economically inactive, move out of employment and experience a greater reduction in hours than non-disabled people [39]. Additionally, disabled people were more likely to be furloughed than their non-disabled counterparts, partially because some of these disabled workers were clinically vulnerable to the virus. Research also showed disabled people's health was disproportionately affected by the pandemic, with many reporting deteriorations to their physical and mental health, partly attributable to the fact they couldn't attend medical consultations [34]. Workers

with disabilities are more likely to work part-time or in self-employment [40], which could also partly explain the disproportional impact on this group.

Impact of long COVID on the workforce

Post COVID-19 syndrome, also known as long COVID, is defined by the WHO as “the continuation or development of new symptoms 3 months after the initial SARS-CoV-2 infection, with these symptoms lasting for at least 2 months with no other explanation” [35]. The number of people affected by this condition is unclear, but studies estimate that 10-20% of individuals who caught COVID-19 may continue to experience symptoms for weeks to months after the initial infection [35]. Over 200 symptoms have been reported that impact on everyday functioning [35]. These can range in severity and can either be chronic or follow a relapsing-remitting course. Common symptoms include extreme tiredness, shortness of breath and muscle aches [36]. Some people also experience difficulty sleeping and cognitive problems such as problems with memory loss and poor concentration [36]. The complexity of the condition makes it challenging to identify and manage.

COVID-19 is more likely to lead to long COVID amongst people of working age [1]. Between January -March 2020 and January to March 2022, long-term sickness was the most common reason for becoming economically inactive, closely followed by return to education [2]. It is unclear to what extent the development of long COVID was responsible for these changes. The Institute for Fiscal Studies (IFS) estimated that one in ten people who developed long COVID have had to stop working [3].

Changes to the work environment following COVID-19

For those who remained employed during the pandemic, many experienced changes to their work environment, role, and mental health challenges. Amongst the approximate 7 million key workers in the UK, around 30% were concerned about health and safety at work [33]. The chance of contracting the virus and becoming unwell was higher amongst those who had to go to work. Men working in a routine and manual role were more than twice as likely to have died from coronavirus than the average male worker, and over four times more likely than men working in “professional” occupations [33]. Employees in social care experienced statistically significantly higher rates from COVID-19 in both genders when compared to an age-matched population. Approximately 75% of deaths in social care occupations were in care workers and home carers [37]. In healthcare, men and nurses were groups highlighted as having higher death rates from COVID-19 [37].

For some employees, there was a transition towards remote working. Around 8 million people reported working from home during the pandemic in the UK [33]. This varied per sector and was more likely to favour those in higher paid jobs and more senior management roles. Individuals lacking knowledge of technology and the digital space faced barriers in accessing opportunities for education and employment. Working remotely is not feasible for roughly 60% of occupations due to the face-to-face nature of a job, e.g., healthcare, or the need for specialist equipment [33]. For occupations where remote working is a possibility; some employees may not be able to perform their work optimally due to inappropriate conditions in the home or their employer not being able to provide IT or other tools.

The pandemic has highlighted the importance of digital skills in the modern workforce. “Future”, a group of industry leaders who coordinate action to equip working age adults with essential digital skills, now estimates that there are 11.8 million people of working age without essential digital skills for life and work, this represents 36% of the UK workforce [4]. Digital skills are now required for around two-thirds of jobs in the UK [5]. Post-pandemic there is a growing number of job vacancies in areas which require digital skills, however, there is a concern that young people are not equipped with the skills to carry out these roles.

Remote and hybrid working can be beneficial for many occupations. Having flexibility for the workforce to choose when, where and how they work best can have positive impacts by improving wellbeing, improving the work life balance as well as a whole host of environmental impacts [38]. By workplaces continuing to support remote and hybrid options, they can enable many to access work where they otherwise might not have been able to.

Musculoskeletal (MSK) Conditions

Key messages:

- **High Prevalence**: Musculoskeletal (MSK) conditions are common, affecting 20.9% of Nottinghamshire's population and 1 in 10 UK employees [6] [20].
- **Economic Impact**: MSK conditions cost the NHS £5 billion annually and are a leading cause of sickness absence, with 23.3 million workdays lost in 2021 [39].
- **Work-Related Risks**: High rates of MSK conditions are found in physically demanding industries like construction and healthcare, often due to improper handling of heavy objects [39].
- **Health Disparities**: MSK conditions are more prevalent and severe in deprived areas, where life expectancy is lower, and time spent in ill health is higher [17].
- **Lifestyle Factors**: Overweight, obesity, and smoking significantly worsen MSK health, increasing risks of pain, arthritis, and fractures [40].

Musculoskeletal (MSK) conditions are characterised by impairments in the muscles, bones, joints, and their related connective tissues. This group of conditions can affect people at any age and are a major cause of chronic pain and physical disability. MSK conditions are estimated to account for £5 billion of the NHS budget each year. In Nottinghamshire, the prevalence of an MSK condition was reported as 20.9% in 2023, significantly higher than prevalence for England (18.4%) [6]. 15% of the Nottinghamshire population report having at least two long-term conditions, at least one of which is MSK related [6].

It has been estimated that 1 in 10 employees in the UK have a MSK condition [20]. According to Versus Arthritis, only 62.4% of working age people with a MSK condition are in work, compared to 82.1% without a long-term health condition [7]. MSK conditions remain among the leading causes of sickness absence. In 2021, 23.3 million days in work were lost due to MSK related problems in the UK, making it the third most common cause of sickness absence behind minor illnesses and “other” (including COVID-19). Work-related injuries are a common cause of MSK symptoms. Improper handling of heavy objects or using equipment which isn’t personally adjusted can lead to new injuries or exacerbate existing conditions. Industries such as construction, agriculture, transportation and health and social care all show elevated rates of MSK conditions [39].

Smoking is also associated with poorer MSK health. For example, smokers experience a 114% increase in disabling lower back pain, increased rates of rheumatoid arthritis and a 40% increased risk of hip fractures among men [40]. MSK conditions can also have a significant impact on wellbeing due to persistent pain, sleep disturbance, poor mood, reduced mobility, and loss of work and financial security. It is estimated that 1 in 5 people with arthritis also have depression [7]. Depression and other mental health conditions can also be a risk factor for developing some MSK conditions. For example, people with depression are at higher risk of developing lower back pain [40].

Around 70% of adults with a long-term MSK condition have a Body Mass Index (BMI) which would categorise them as overweight or obese [7]. A recent report by O'Halloran and Thomas [41] shows that nationally, people living with obesity are more likely to attend work while sick due to both physical and mental health conditions. Further analysis has also highlighted that obesity is one of the leading contributors to musculoskeletal conditions but there is little local data or research exploring this link. Further research to understand the impact of obesity on MSK conditions and subsequently on employment would be beneficial in helping to address this barrier to employment locally.

Mental Health



Key messages:

- **Poor mental health**: the fastest rising cause of work-limiting health conditions across the workforce in the UK [42] [43].
- **Good Work:** Supporting the unemployed into 'good work' is important to improve mental health outcomes [43] [45].
- **Work-limiting:** There has been a rise in the number of young people reporting a work-limiting condition over the past 10 years [8].
- **Support Available:** The Individual Placement and Support (IPS) model supports people with severe mental illness (SMI) into work and aids their recovery [11] [12].

Poor mental health is the fastest rising cause of work-limiting conditions across the workforce and mental health remains one of the leading causes of absence in the UK: 24 million working days were lost due to stress, anxiety and depression in 2022/23 [42] [43]. Yet, the relationship between good work and positive mental health outcomes has been well described, work can support good mental health by providing a livelihood, a sense of purpose, an opportunity to build relationships and feel included in a community as well as a structured routine [44].

Unemployment and mental health: a bidirectional relationship

Work can be a protective factor for good mental health through reducing the harms associated with unemployment. The mechanisms by which unemployment leads to poor mental health include:

- reduced self-esteem and stigma due to being out of work.
- the stress associated with loss of earnings and financial hardship.
- and the negative affects the social security system itself can have on mental health [43].

The relationship is often described as bidirectional: unemployment contributes to poorer mental health outcomes, reducing the ability of workers to find and stay in 'good work' further compounding poor mental health outcomes [43] [45].

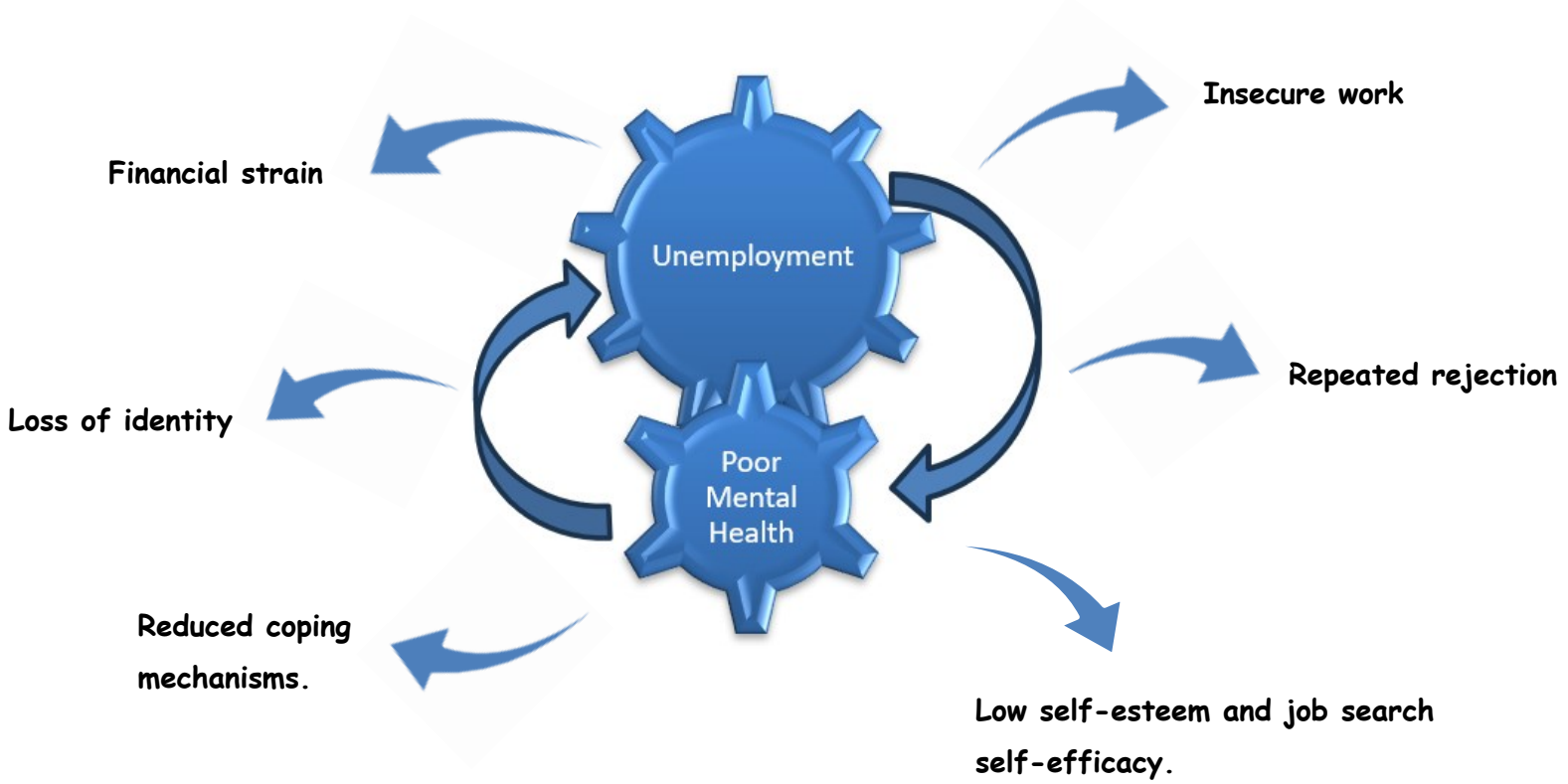


Figure 16: Bidirectional relationship between unemployment and poor mental health. Figure created by Public Health NCC, adapted from Arena et al. [45], Wanberg [86] and Creed [87].

Young people

There has been a rise in the number of young people reporting work-limiting mental health conditions nationally, 1% in 2013 to 4% 2023 [8]. While older people still make up the majority of those inactive because of long-term sickness, among those aged 16 to 34 years the largest overall increase in type of long-term sickness was for mental illness, phobias, and nervous disorders, which rose by around 20,000 between 2019-2022 (a 24% increase) [46].

"Two in three young people who are economically inactive have a common mental health disorder."

APPG Youth Unemployment

There has also been a rise in the economic inactivity rate for young people from 35.9% to 42.8 % this year, the highest rate since records began in 1992 (this figure includes numbers in fulltime education) [9]. The APPG on youth employment highlighted concerns regarding the impact of poor mental health on young people's ability to access good employment. Their report found that two out of three young people who are economically inactive also have a common mental health disorder, compared to 40% of those who are unemployed and 22% of those who are in employment [10].

This is particularly concerning given that youth unemployment is known to lead to a significant wage penalty in later life, even after controlling for education and background, and can consequently negatively impact mental health long-term [47]. Youth employment UK has published guidance to help employers support the mental health of young people transitioning into the workforce [48].

Mental health in work

Working conditions significantly impact the mental health of workers in the UK; job autonomy, work schedules, work intensity and work environment are all factors that have been shown to have a significant effect on mental health at work [49]. Recent survey data has shown that one in four (24%) employees have felt 'unable to manage stress and pressure in the workplace', only 29% surveyed were aware of employer plans to prevent burnout [50].

There is a need for open dialogue about what a "good workplace" looks like in the modern world, to create the infrastructure for mentally healthy working environments.

MENTAL HEALTH UK

Employment and serious mental illness: a route to recovery

Employment in those with a serious mental illness is low nationally and regionally. In Nottinghamshire 8% of people known to secondary mental health care services are in employment (national average England 6%). [53].

The Health Foundation and University of Glasgow published a set of recommendations to support those with mental health issues into employment [54]:

- Prioritise finding good quality work that fits with other needs and responsibilities (such as childcare) over any work.
- Personalised support from jobcentre plus staff tailored to the mental health needs of staff claimants.
- Invest sufficient funding in specialist disability employment advisors.
- Expand and roll out Individual Placement Support (IPS) beyond secondary mental health settings.

"All mental health professionals should… view being in appropriate work as a key treatment outcome."

Does the experience of health and work differ by sex?

Key messages:

- **Economic Inactivity Trends**: In Nottinghamshire, female economic inactivity rose to 30.1% by December 2023, while male rates fell to 14.3%, differing from national trends [56].
- **Long-Term Sickness**: In Nottinghamshire, female economic inactivity due to long-term sickness increased from 4.0% in 2019 to 10% in 2023 [56].
- **Regional Differences**: Significant rises in female economic inactivity due to long-term sickness were observed in Ashfield, Newark and Sherwood, and Mansfield [56].
- **Further Review Needed**: Additional work reviewing the rise in female economic inactivity in Nottinghamshire is recommended.
- **Menopause Impact**: Menopause can significantly affect women's work, with some taking extended leave or considering quitting due to lack of support. In 2023 the Government appointed England's first ever Menopause Employment champion and are encouraging employers to better support women experiencing the menopause. [57] [58].

Economic Inactivity

People who aren't in work can either be looking for and available for work (unemployed) or not looking for or available for work (economically inactive) [55].Using data from NOMIS (Office for National Statistics) [56], figure 16 shows the proportion of people aged 16 to 64 who were economically inactive from the year to March 2018 to the year to December 2023 in Nottinghamshire by sex. Figure 17 shows the same data for England. The proportion of economically inactive females was consistently higher than for males for all dates for Nottinghamshire and for England. After the year to December 2022, the trend for males and females changes in Nottinghamshire, with the proportion of economically inactive males reducing to 14.3% and the proportion of economically inactive females increasing to 30.1.% in the year to December 2023. This pattern for males and females in Nottinghamshire is different to the pattern in England.

Nottinghamshire is similar to England in 2019 but data begins to diverge at the end of 2022. England generally will have smoother data because of higher numbers. It is unclear whether this is temporary within Nottinghamshire, but data suggests that mid and north Nottinghamshire are being impacted the most.

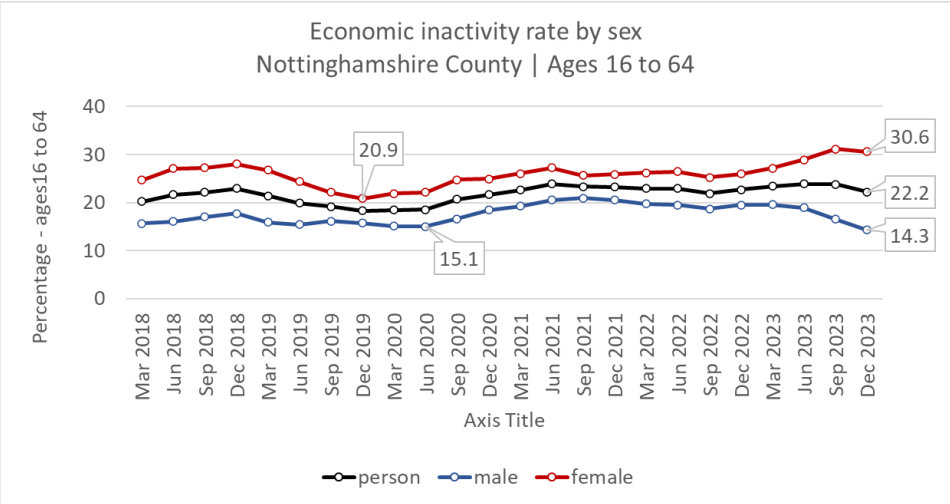


Figure 16: Graph showing Economic inactivity rate by sex, Nottinghamshire County, Ages 16 to 64. Source: NOMIS (Office for National Statistics)

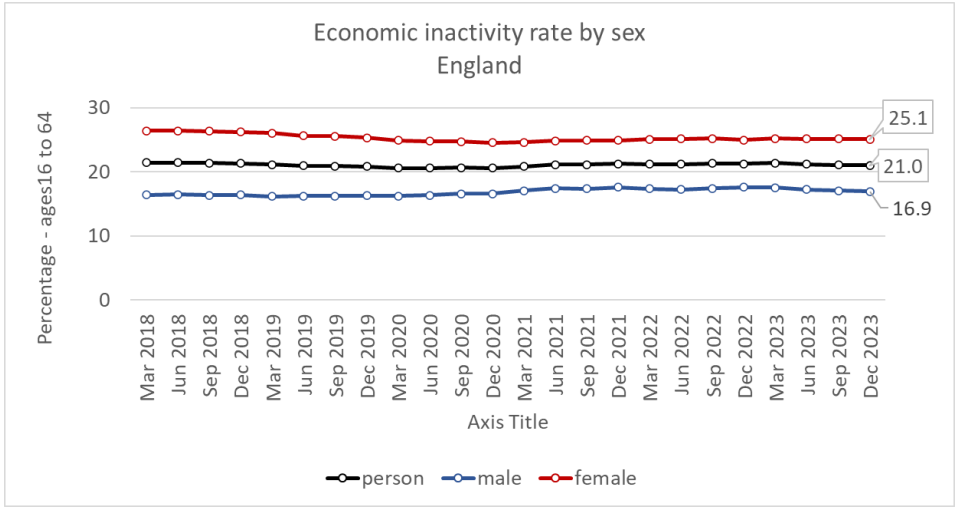


Figure 17: Graph showing Economic inactivity rate by sex, England, Ages 16 to 64: Source: NOMIS (Office for National Statistics)

Analysis of the same data by district suggests this pattern of increase in female economic inactivity rates and decrease in male economic inactivity rates after the year to December 2022 is seen specifically in Newark and Sherwood and Ashfield & Mansfield, (See appendix 3, figures 25-31 for district and borough breakdowns)

Economic inactivity and long-term sickness

Using data from NOMIS (Office for National Statistics), figure 18 and figure 19, below, show the stated reasons for economic inactivity for females and males in Nottinghamshire from year to March 2018 to year to December 2023. Economic inactivity due to long-term sickness has changed differently for males and females during this time. For males in Nottinghamshire, the proportion who are economically inactive due to long-term sickness has fluctuated over the last 5 years. For females, the lowest point was 4.0% in the year to December 2019, with a rise since then to 10% in the year to December 2023. This represents a change from approximately 1 in 25 of all females aged 16 to 64 economically inactive due to long-term sickness to 1 in 10 in Nottinghamshire.

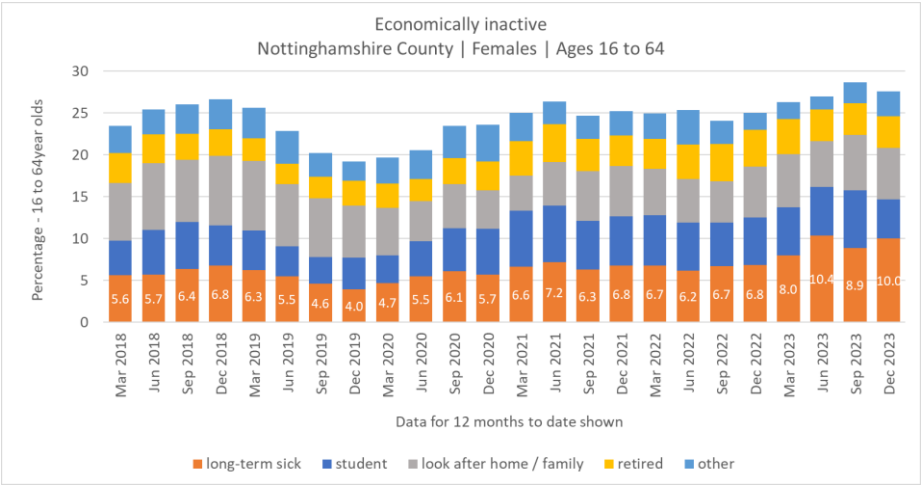


Figure 18: Graph showing reasons for economic inactivity, Nottinghamshire, females. Source: NOMIS (Office for National Statistics)

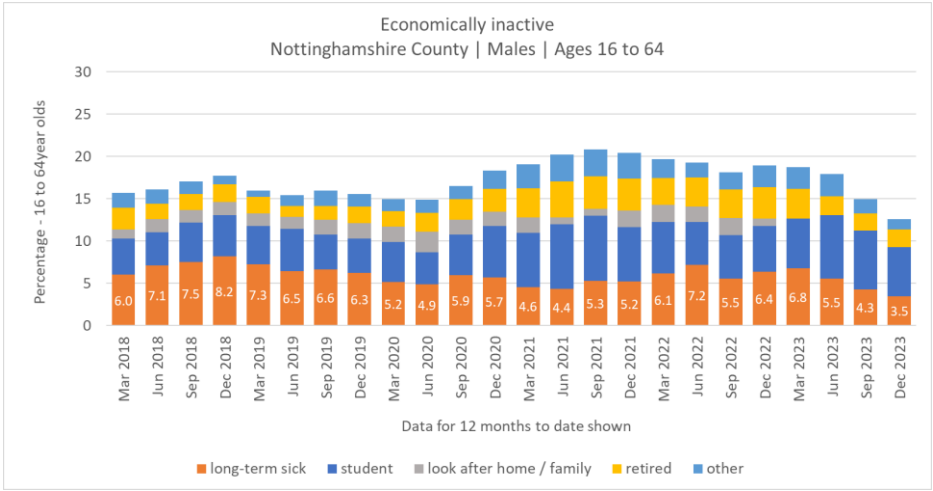


Figure 19: Graph showing reasons for economic inactivity, Nottinghamshire, males. Source: NOMIS (Office for National Statistics)

Data from NOMIS (Office for National Statistics) shows economic inactivity due to long-term sickness for females and males in Ashfield, Newark, and Sherwood and, Mansfield. For each of these areas, although some data is supressed, there has been an observable increase in economic inactivity due to long term sickness for females. This same change is not observed in other areas of the County. An example of this is displayed in figure 20, displaying Ashfield data, but data patterns are similar for Newark and Sherwood and, Mansfield (See appendix 3, figures 32-38 for further information).

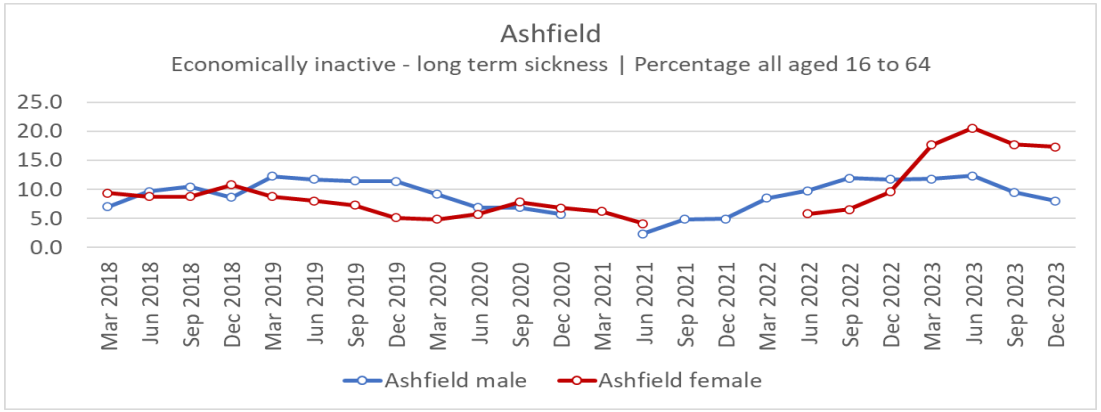


Figure 20: Graph showing those in Ashfield who are economically inactive- long term sickness, males and females. Source: NOMIS (Office for National Statistics)

Sex considerations: areas for further development

An area for consideration as part of the developing Nottinghamshire women's health Joint Strategic Needs Assessment (JSNA) is "menopause and work". While not all women will experience impacts which prevent them working [57], many women experiencing the menopause report a 'negative effect' on work [58]. Research from the Chartered Institute of Personnel and Development (CIPD) in 2019 suggests those with serious symptoms on average took 32 weeks off work, while one in six women reported they had considered leaving work due to a lack of support for their symptoms [58]. In 2023 the Department for Work and Pensions appointed a Menopause Employment Champion as an ambassador for this agenda [57].

Disability employment gap; with a particular focus on the impact of sex and disability on employment

Key messages:

- **National Disability Employment Gap:** In 2023, the UK disability employment rate was 56.4%, compared to 75.7% for non-disabled people, resulting in a 19.3 percentage point gap [56].
- **Sex Differences in Employment Rates:** Disabled men had a higher employment rate (57.4%) than disabled women (55.7%) in 2023, despite more disabled women being employed overall [29].
- **Local Context (Nottinghamshire):** The disability employment gap in Nottinghamshire is slightly wider than the national average.
- **District Variations**: Significant differences in employment gaps across Nottinghamshire districts, with the widest gap in Ashfield and the narrowest in Rushcliffe.
- **Impact Factors:** The disability employment gap is wider for disabled men, older disabled people, those with no qualifications, and those living in social housing or alone [29].

National Context of the disability employment gap

The disability employment gap is the term used to refer to the percentage difference between employment rates of disabled and non-disabled people (known as the disability employment gap). Nationally, the government has made an ongoing commitment to reduce the disability employment gap and recently reaffirmed this in the Health and Disability White Paper published alongside the Spring Budget 2023 [59].

In the UK, the total number of those stating that they have a disability whilst in employment has increased by 76% in the last 10 years [59]. The increasing numbers of disabled people in employment correlates with a significant rise in disability prevalence. This rise in prevalence is strongly associated with more people reporting mental health conditions and ‘other health problems and disabilities’ [60]

Despite the increase in the disability employment rate and government commitments, the disparity between disabled employment rates and non-disabled employment rates remains significant [28]. In January to December 2023, the UK employment rate for disabled people was **56.4%** versus **75.7%** for those who were not disabled; meaning the disability employment gap was **19.3** percentage points [56].

Nationally the disability employment gap has fluctuated, but overall has narrowed by 4.2 percentage points over the last decade from June 2013 to June 2023. However, at the start of the Covid-19 pandemic, the disability employment gap started to widen for the first time in four years but has since plateaued and has remained largely the same from 2019 to 2023 [56].

Local Context of the disability employment gap

From January – December 2023, the Nottinghamshire employment rate for disabled people was **55.5%** versus **75.8%**[4] for non-disabled people, equating to a **disability employment gap of 20.3** percentage points. Whilst this is a marginally wider gap than the UK it is not statistically significant and therefore still aligned with the national average.

Factors that impact the disability employment gap

There are additional factors such as demographics that mean the disability employment gap is wider for certain groups of disabled people compared with others. The data shows that currently the disability gap is wider for [29]:

- disabled men
- older (aged 50 to 64) disabled people
- disabled people with no qualifications
- disabled people living in social housing.
- disabled people living alone.
- disabled people living in Northern Ireland, the North of England, Scotland, and Wales

Disability employment gap by sex and disability: National Context

In the UK, from January to December 2023, more disabled women were in employment than disabled men, however, the employment rate was higher for men (57.4%) than women (55.7%). This is because there is a higher population of disabled working-age women than men, but a smaller proportion of those are employed.

Likewise, for non-disabled individuals, the employment rate for women was lower than for men, though the difference more significant (72.2% and 79.3% respectively).

Disability employment gap by sex and disability: Local Context

In Nottinghamshire, the employment rate for disabled women (51.4%) was lower than the national rate (55.7%) during the same period. Contrastingly, the local employment rate for disabled men was higher (61.6%) than the national average (57.4%).

The disability employment gap varies significantly across the Nottinghamshire districts for both males and females.

As displayed in Figure 21 the disability employment gap for females was smaller than the UK gap in 5 of the 7 districts. However, in Newark and Sherwood, and Rushcliffe, the female disability employment gap was significantly bigger than the national average.

Figure 22 shows the disability employment gap for males was lower than the national average in 4 of the 7 districts, however, in Ashfield, Bassetlaw and Mansfield the gap is bigger than the national average.

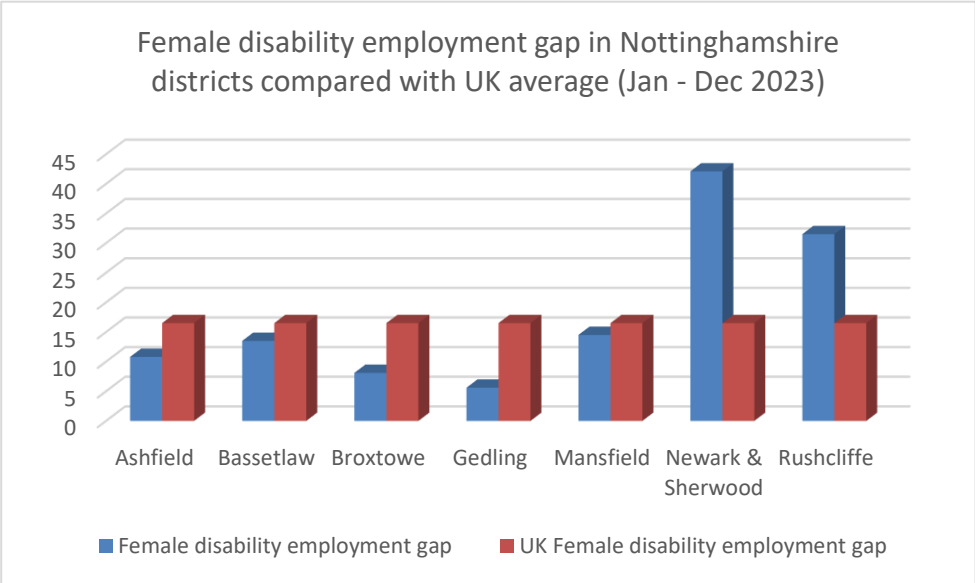


Figure 21: Graph displaying female disability employment gap in Nottinghamshire Districts and UK (Jan-Dec 2023). Created using data from NOMIS 2024.

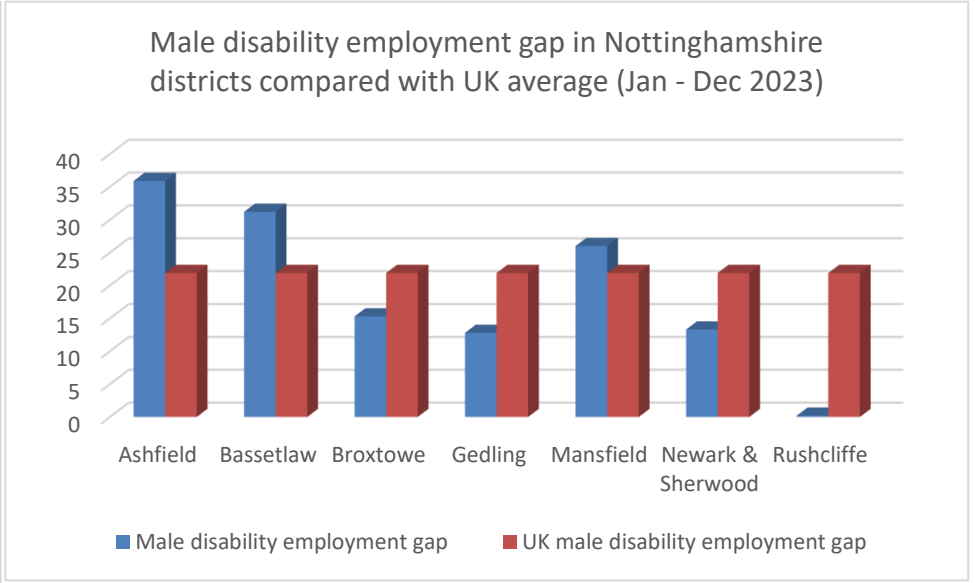


Figure 22: Graph displaying male disability employment gap in Nottinghamshire Districts and UK (Jan-Dec 2023). Created using data from NOMIS 2024.

The chart in figure 23 highlights significant variation between the male disability employment gap and female disability employment gap across all Nottinghamshire districts. Notably, in most of the districts (5 out of 7) the male disability employment gap is higher than the female gap, except for Newark and Sherwood and Rushcliffe, which are the same two districts in which the Nottinghamshire female disability employment gap is much higher than the national average too.

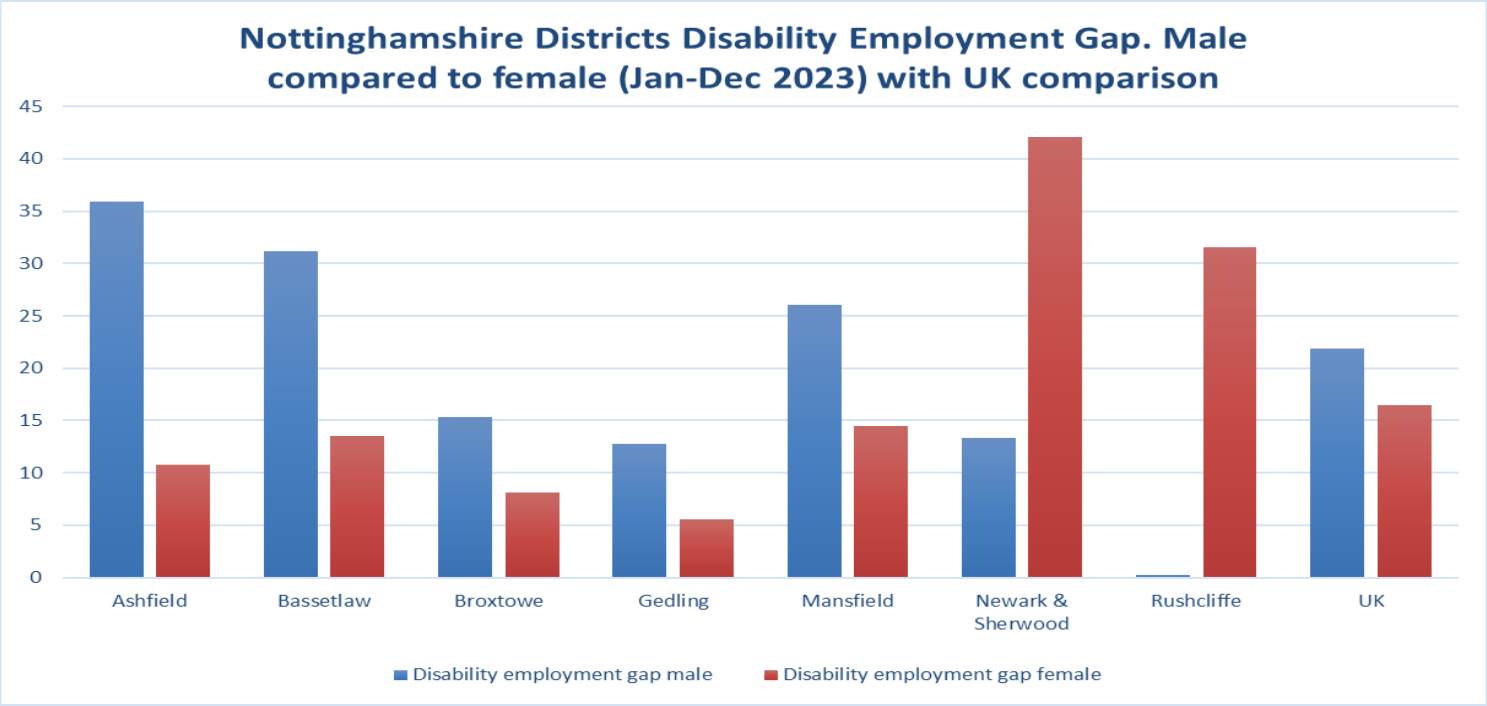


Figure 23- Graph showing Nottinghamshire districts disability employment gap. Males compared to females (Jan-dec 2025) with UK comparisons. Data from NOMIS.

Summary

Overall, nationally the gap between employment rates of non-disabled and disabled working people has been closing for several years. Likewise, the disability employment gap between men and women has also been closing, both trends are also true for Nottinghamshire too. However, this report has highlighted that nationally, there are specific groups of the disabled working age population that are impacted significantly more than others and are therefore more unlikely to find and/or retain employment. Locally in Nottinghamshire although the average disability employment gap for both males and females are in alignment with national averages, there is significant variation within Nottinghamshire at district and borough level. Gaining a better understanding of the drivers of significantly larger gaps in employment rates at local geographic level could support better targeting of appropriate services to help address these gaps.

5. What is the progress against the Nottinghamshire County Council Director of Public Health Report Recommendations?

The Director of Public Health (DPH) report in 2019 [14] focused on health and work, prioritising the councils focus with 10 recommendations. 5 years later, we revisit these recommendations to further understand if they have been achieved. These are the recommendations that were achieved (Full review of the DPH report can be found in appendix 1)

1	Working with Enterprise Coordinators, schools in Nottinghamshire can improve the work readiness, ambition, and aspiration of young people by engaging with businesses, further and higher education using the Gatsby Benchmarks.
2	Building on the strong support secured from local businesses, Nottinghamshire County Council should work with employers to develop traineeships for care leavers.
3	Employers should consider programmes such as Wellbeing at Work to improve the health and wellbeing of their workforce and the productivity of the local economy.
5	Primary Care Networks should ensure that social prescribing link workers and first contact practitioners take account of work as a health outcome and are equipped to refer people into employment support.
6	Through a partnership of local councils and other key stakeholders in Nottinghamshire, a task and finish group should be set up to develop a strategic delivery framework which will act as a guide to prioritise future investment. The framework should identify need amongst key groups, the evidence of what works and gaps in current delivery across the whole life course and for people who are furthest from the workforce.
7	Nottinghamshire County Council should develop a single narrative and pathway for the range of employment support the Council provides, to improve engagement with employers and other partners.
8	Public Health England should work with partners to develop an analytical approach bringing together health status with economic and employment data, to better understand which groups face specific health-related barriers to employment and would benefit from support.
9	The D2N2 Local Enterprise Partnership should build on its strong commitment to health and wellbeing within the developing Local Industrial Strategy, by supporting a streamlined and integrated approach to commissioning employment support for those furthest from the labour market.
10	Nottinghamshire County Council, as part of their work towards Disability Confident Leader status, should collate and share best practice on inclusive employment and health for Nottinghamshire employers.

The area that didn't achieve the recommendation is as follows:

4	Primary Care Networks and GP specialist registrar training schemes should incorporate professional development on 'promoting work as a health outcome' (such as that available from Public Health England's 'Work as a Health Outcome' clinical champion) in Protected Learning Time events (PLTs) and GP training.

As reported throughout this chapter, promoting work as a health outcome is a valuable tool for good health and a thriving economy. There was previously a GP link for this acting as a clinical champion, however this is not currently in place. Whilst the clinical champion offered front-line encouragement to staff and new trainees to understand the importance of this during and their learning, there are other current resources and pathways that can be utilised to support the health workforce to understand the importance of promoting work as a health outcome, such as the Making Every Contract Count MECC scheme.

Making every contact count (MECC) is a current priority within Public Health in Nottinghamshire which offers opportunities throughout to support the primary care workforce on this topic. The newly formed East Midlands Combined County Authority (EMCCA) has set out aims to prioritise work and health, which offers a clear opportunity for Nottinghamshire County Council colleagues and other partners to strategically align and work with EMCCA to offer specialist input around strategic planning for work and health, including sharing findings from this report.

6. Current assets in Nottinghamshire to support

This section intends to provide a summary of employment and training opportunities available to support disabled people and those with health conditions across Nottinghamshire. These initiatives have been categorised into national schemes and locally specific schemes, although all listed below should be available to either all of Nottinghamshire (assuming individual scheme criteria are met), or certain geographical areas within Nottinghamshire County. Due to the changing nature of funding, this list may not be exhaustive and is likely subject to change.

6.1 Individual Placement Support model: Nottinghamshire substance misuse service

Nottinghamshire has an IPS substance misuse service, referrals can be made by consultants, community psychiatric nurses or occupational therapists following a risk assessment. IPS is based on eight principles:

1. It aims to get people into competitive employment in the open labour market.
2. It is open to eligible people who want to work.
3. It aims to find jobs consistent with people's preferences.
4. It works quickly – a Place, Train and Maintain model of rapid activation and job search alongside delivery of work, health, and wider support needs.
5. It brings IPS Employment Specialists into clinical teams.
6. IPS Employment Specialists develop relationships with employers based upon a person's work preferences.
7. It provides time limited, individualised support for the person and their employer.
8. Access to specialist benefits advice is included.

Evidence shows that the IPS 'place and train' model using specialist employment services integrated within health teams is more effective than traditional approaches

"Change, Grow, Live" (CGL) Nottinghamshire IPS programme CASE STUDY:

The CGL Nottinghamshire employment team adopted the IPS model in 2021 to support people with alcohol or substance misuse issues into employment. They have been rated as 'good' on the IPS fidelity scale. The team have worked to become embedded in clinical teams and strengthen relationships with local employers to support people like 'James' into employment:

James [not his real name] was 36 years old when he initially started receiving support from the IPS team. He had an 18-year history of substance misuse and a previous criminal conviction. He also had limited literacy skills which had been a barrier to work. The team worked with James and a local factory to support James' employment placement. He has now been working at the factory for two years and has gained new skills including welding and forklift training.

[11] [12]: Research demonstrates that IPS based initiatives can be more cost effective than traditional approaches as well as clients being twice as likely to gain employment and see reduced hospitalisations.

6.2 Nottinghamshire Employment Strategy 2020-2030

The Nottinghamshire employment strategy 2020-30 [60] sets out actions to improve wellbeing and mental health in the workplace. The vision of the strategy is to develop the economy, create work and foster conditions for good employment and invest in specific support for care leavers, people with disabilities and long-term health condition to secure and sustain work. With goals for 2020, 2025 and 2030, to strengthen foundations, strategy and partnerships, the Nottinghamshire employment strategy describes a range of tangible outcomes to aim for to improve the employment landscape locally.

6.3 Government schemes to help find or stay in work

Access to Work	Access to Work is a government scheme that can help people with physical or mental health conditions or disabilities to get or stay in work. Through Access to Work, individuals can apply for a grant to help pay for practical support with work, support with managing mental health at work, and money to pay for communication support at job interviews. Examples of support at work include BSL interpreters, lip speakers or note takers, vehicle adaptations and many more.
Intensive Personalised Employment Support	This programme provides one-to-one support and training to help people with disabilities into work. To apply for the programme, individuals must have a disability that affects their work, be unemployed, and be between school leaving age and State Pension age. A support worker will then identify possible work, match skills to available work, offer training, and provide support throughout the first six months of work.
Work and Health Programme	The Work and Health Programme helps people to find and keep a job if they're out of work. Individuals are enrolled on this programme if they have been out of work and claiming unemployment benefits for 24 months, but the programme is also available to many others such as disabled people, carers, care leavers, homeless people, ex-offenders, and those dependent on drugs or alcohol.
Work and Health Pioneer Support Programme	In September 2023, the Work and Health Programme was expanded to include WHP Pioneer. WHP Pioneer aims to help economically inactive customers who have a disability and/or who are within a specified early access disadvantaged group to find sustained work through a support model that has elements of a place and train type approach.
Individual Placement and Support in	This national scheme provides employment support to people with mild to moderate mental or physical health conditions. Participants are referred to the service by healthcare professionals such as GPs and practice nurses, and employment support and advice are integrated with their normal health treatment. This is in the early phases, and so is not currently

Primary Care (IPSPC)	available across all parts of the country yet. However, a recent expansion to the service saw parts of Nottinghamshire receive the support. *More information about the IPSPC Programme delivery in Nottinghamshire can be found in the next section below.*
National Rehabilitation Centre	The National Rehabilitation Centre [61] is about creating a building and a programme of work that will make an immediate and positive difference. It aims to train and educate by looking to provide and develop pioneering training for clinical and healthcare professionals working in rehabilitation at all levels and with clear pathways for career progression.

6.4 Local employment/training support for those with disabilities and/or long-term health conditions in Nottinghamshire

Employment Training Hub / Brooke Farm	The Hub offers employment and training to those in Nottinghamshire with a learning disability, autism, or Asperger's. Training programmes last up to three years and aim to prepare individuals for the jobs market, provided they want to enter paid employment. On successful completion of the programme or at the end of the agreed time limit, the individual may be referred to the I-work team who will provide further support.
I-work	The I-work team offers support to get a job to adults **living in Nottinghamshire** with a learning disability, autism, or Asperger's. Funded by Nottinghamshire County Council, the I-work team learn about individuals' skills and interests to find jobs that they might like to do. The team also provide information regarding the impact on benefits should an individual enter employment, offer support with interviews and travel to work, and continue providing support after the individual has successfully entered employment.
Autism East Midlands	Provides both online and face-face support to autistic people **across the East Midlands**, including employability help with intensive support to break down barriers to employment as well as in-work support to help people stay in work. Autism East Midlands also work with employers to help them understand how to make reasonable adjustments to their recruitment process and workplace.
Portland Pathways	Portland Pathways is an initiative aimed to improve employment opportunities for people with disabilities. Their courses develop skills and prepare people for employment, including mental health support and a 1:1 counselling service. Portland Pathways work with local businesses to improve accessibility and help recruit the right staff to the right jobs.

Groundwork	Groundwork operates **across Greater Nottingham and Northamptonshire** offering a variety of support including life skills and employment. Groundwork offers specific support programmes tailored for groups facing challenges, including people with disabilities.
Working Well East Midlands – (IPSPC Nottinghamshire)	Working Well East Midlands aims to use the IPSPC Programme to help people with physical and mental health needs to find the right job, return to work after long-term sickness or keep their current job. Standguide deliver this work in Bassetlaw and Mid Nottinghamshire (and other areas in neighbouring authority areas, working with employers and Primary Care NHS teams to create a pathway into employment that supports both health and work.
Inspire	Inspire: Culture, Learning and Libraries is a charitable community benefit society delivering cultural and learning services across Nottinghamshire. The society is owned and controlled by its members. Members are drawn from the community, and all staff become members of the society when appointed. The society is governed by a board of 12 elected and nominated directors, including a staff elected board member. An important part of their offer to learners is providing high quality information, advice, and guidance to support in deciding on next steps. This could be further learning, information on the journey into employment or the development of a person's career.

6.5 Summary

Overall, there are a wide range of both national government schemes and local support specific to Nottinghamshire. Most the scheme's centre around either improving individual's employment skills through personalised support, or, working with local businesses to improve their knowledge of recruiting those with disabilities and/or health conditions and subsequently making them more accessible to all. After exploring the schemes across Nottinghamshire, most support is delivered to the individual through counselling or courses, however, the government access to work scheme offers more practical help via a grant that people could use to fund support with job interviews for example. It is useful to note that although significant support is available, this is offered from a variety of providers, all with different eligibility criteria and it can therefore be quite difficult to navigate and identify the right support for an individual. In addition to this, some support offered is only commissioned until March 2025, so this is an ever-changing landscape. Withing the council, commissioners and stakeholders have voiced concerns around lack of awareness of what support is available which could be a factor in the subsequently reported low referrals into some of these services. Partners need to consider how information is shared successfully with the public and professionals.

7. Anchor Institutions

Anchor institutions are large organisations that are based in and have a long-term commitment to an area, often demonstrating this commitment by using their place-based economic power to align themselves with and strengthen their local communities [62]. In Nottinghamshire, anchor institutions play a pivotal role in shaping the socio-economic landscape of the region. These institutions, ranging from universities and hospitals to local government bodies, are deeply rooted within the community and possess significant resources and influence. Anchor institutions need to have engagement with the local community, economic development initiatives, and collaborative efforts with other stakeholders to continue to be drivers of inclusive growth and community development. Anchor Institutions are vital to their communities because they:

- are often the largest local employers and spenders.
- own and/or manage important local infrastructure and assets, including land and buildings.
- procure and invest locally.
- contribute to local development, revitalisation, and economic growth.
- support local social, sporting, cultural, and environmental activities.

Figure 24 describes six domains that can be activated via an anchor approach, where core business is delivered alongside an improvement in place-based wellbeing.

With a mixture of co-designing, supporting the notion of buying local, pooling investments, sharing, and utilising local data, ensuring good infrastructure and planning, anchor institutions have a lot they can contribute to social value, health, and wellbeing at population level.

Nottinghamshire County Council's Employment and Health Strategy 2020-2030 set out actions to improve wellbeing at work and improve the skills of employers/managers at supporting better mental health in the workplace [63], working alongside anchor institutions.



Figure 24: Image from Local Government Information Unit [62]

There is no agreed process for defining or identifying anchor institutions locally. It is therefore recommended that system partners work together to agree a local definition and process for identifying which organisations are anchor organisations within Nottinghamshire. There are likely to be opportunities for improving health and work outcomes through strategic coordination and shared ambition between Nottinghamshire anchor institutions. Nottingham and Nottinghamshire NHS Joint Forward Plan 2024/25 discusses the benefits of anchor institutions in relation to them supporting economic prosperity through research. The NHS trusts, individual Integrated Care System (ICS) partners and Place Based Partnerships within Nottingham and Nottinghamshire have already established programmes in relation to health. The Nottinghamshire Integrated Care Board (ICB) established an Anchor Champions Network (ACN) in 2022 comprising of representatives from the ICB, Trusts, Provider Collaborative, local authorities (Public health and Growth, Infrastructure and Development team) and Place Based Partnerships. The plans in place are around maintaining an ICS Anchor Champions Network to define and facilitate collaborative delivery of ICS priorities.

What should we do next?

8. Recommendations for consideration

	Recommendations	Leads
1.	**Building Blocks of health communications approach:** Public Health have been leading a systems approach to embedding the building blocks of health learning and recommendations to increase understanding of and drive action on the wider determinants of health and health inequalities in Nottinghamshire. It is recommended that the team continue to lead this programme of work to drive action on this agenda.	The lead for this will be Public Health at Nottinghamshire County Council, working with communications teams and other system partners engaged in the Nottinghamshire Building Blocks of Health programme.
2.	**Joint working and collaboration to maximise support and impact of existing initiatives in place to those facing physical and mental health related barriers to employment:** It is recognised that this field has multiple partners and services involved making it a complex agenda. It is therefore vital that communications and collaboration between stakeholders is maintained as an ongoing priority. Specifically supporting local initiatives such as the Working Well East Midlands Programme and Future's Positive (IPS Mental Health) to maximise referrals and impact. It is recommended colleagues support by leveraging their existing networks to encourage engagement and referrals such as Primary Care, and Community Pharmacy Networks. Collaborative support should also be given to the development of Health and Care Notts' Health and Work Strategy, and further input provided to NCC's Employment and Skills Framework when required.	It is recommended that NHS input into the existing Nottingham and Nottinghamshire Health and Work initiative Individual Placement Support – Primary Care (IPS-PC) continues to be supported through the Place Based Partnerships drawing on wider expertise within the ICB and NHS Trusts. ICB resource to support additional initiatives would need to be identified. As a major employer the ICB and Trust Chief People Officers will implement the Health and Work agenda within their respective NHS organisations.
3.	**Understanding to what extent digital access is a barrier to work (digital skills/connectivity)**	It is recommended that Nottinghamshire County Council's Growth, Infrastructure and Development Team will lead on this recommendation.

	Improving equity of digital access to reduce barriers to work (digital skills/connectivity): Use of digital technology could be a more significant and prevalent barrier following the pandemic, with a rise in jobs requiring digital skills, making it more difficult for those who do not have the digital skills and/or access required to secure employment. The draft digital connectivity framework highlights the importance of digital access and inclusion and NCC will work with partners and key stakeholders to develop and implement strategies that ensure equitable access to digital resources across all communities.	
4.	**Exploring the root cause of rising levels of economic inactivity for women due to ill health in Nottinghamshire:** Data analysis undertaken as part of this report has highlighted a trend of rising economic inactivity for women due to ill health, that appears to not be in line with national trends. This trend varies across districts and is most notable in Mid Nottinghamshire. It is therefore recommended that work to understand why there is this local trend in certain areas of the county would be useful and form a foundation to begin to try to address this. This will be considered as part of the developing Nottinghamshire Women's Health JSNA.	It is recommended that this is led by the lead author for the NCC's Public Health Women's Health JSNA.
5.	**Understand how COVID-19 has impacted the Nottinghamshire labour market?** Whilst the national/local impact of COVID-19 on the workforce is difficult to understand, it is important to be mindful that there has been an impact to the Nottinghamshire labour market. It is recommended that this is considered when undertaking any work, or commissioning projects, interventions or services directly or indirectly relating to work and health, such as supporting people into employment. Additionally, Public Health should continue to identify and review evidence as it emerges to identify impact and ways to support whole population recovery in relation to employment.	It is recommended The Nottinghamshire County Council Public Health lead for health and work will take the lead on this, ensuring emerging evidence is reviewed and considered.
6.	**Anchor Institutions**	

	It is recommended that key partners within the ICS Anchor Champions Network work together to identify priorities for ICS health and care related anchor organisations for joint agreement through ICS governance. It is recommended that for each agreed priority an ICS lead is identified to work to across the ICS and with individual anchor organisations to agree ambitions, action plans and measurable outcomes and lead delivery. All anchor organisations within Nottinghamshire (including those outside of the health and care sector) should also note the recommendations of this profile pack and develop actions they can take to understand and address physical and mental health barriers to employment.	It is recommended that identification of priorities is led through the ICS Anchor Champions Network from a health and care perspective, supported by wider system partners to engage with other anchor organisations across the county, including those outside of the health and care sector. ICS leads for each priority will need to be identified to lead delivery.
7.	**Explore opportunities to improve collection and sharing of data and intelligence across system partners to enable use of a broader system view of intelligence.** Given the complexities and number of partners actively working in this space, it can be hard to gain a full system view of data and evidence available. To improve partnership working across this agenda and maximise use of available resources, having a single collection point of data and embedded framework to make data sharing easier and accessible would improve outcomes.	It is recommended that this is led by County Public Health.
8.	**Consider and address the link between obesity and musculoskeletal (MSK) conditions in future strategic planning across the local system:** This report shows that musculoskeletal conditions are a reason for a significant number of people to be out of work. Further exploration highlights that obesity is one of the leading contributors to musculoskeletal conditions and local strategic MSK partners have acknowledged the link between obesity, musculoskeletal conditions, and subsequent impacts on employment. It is recommended that relevant local strategic partners raise the profile of this link, recognising the impact of obesity and MSK conditions as a contributor to poor MSK outcomes and productivity loss locally. MSK strategic leads should use the findings of this report to ensure that obesity and productivity within MSK is consistently considered and	It is recommended that this is jointly led and supported by strategic ICS leads for Nottingham and Nottinghamshire.

	addressed in future strategic planning relating to MSK across the system, including delivery of weight management services.	
9.	**Aligning and utilising opportunities arising from the formation of East Midlands Combined County Authority (EMCCA):** Recently EMCCA has been formed and a mayor elected. One of the EMCCA's defined objectives is: "to deliver more jobs and better skills". This clearly sets out an ambition for EMCCA to prioritise work and health and serves as a good opportunity for Nottinghamshire County Council and wider system partners to work alongside them to achieve this. EMCCA's governance and strategy formation is in the early stages, so it is recommended that Nottinghamshire County Council colleagues monitor ongoing developments and take opportunities to collaborate where possible. It is important to ensure the issue of physical and mental health conditions and disabilities as a barrier to employment is highlighted and considered in all related work in this space. NCC should consider EMCCA's emerging developments within work undertaken relating to work and health priorities, ensuring these are strategically aligned where relevant and appropriate to do so.	It is recommended that NCC's Growth, Infrastructure and Development Team leads on this.

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Appendices

Appendix 1

Reviewing the recommendations from The Director of Public Health Annual Report

The Director of Public Health report in 2019 [14] focused on health and work, prioritising the Council's focus with 10 recommendations. 5 years later, these recommendations have been revisited to review and understand if they have been achieved.

1) Working with Enterprise Coordinators, schools in Nottinghamshire can improve the work readiness, ambition, and aspiration of young people by engaging with businesses, further and higher education using the Gatsby Benchmarks.

Careers hubs (funded by the Careers and Enterprise Company (CEC)) bring together schools, colleges, employers and apprenticeship providers in local areas. Careers hubs drive progress against the Gatsby Benchmarks. Enterprise coordinators work within the Careers Hub and every secondary and special school within Derbyshire and Nottinghamshire has an enterprise coordinator matched to them. They offer schools and colleges dedicated support and facilitate partnerships with key employers committed to improving careers. D2N2 are providing the following services and support in-line with the Gatsby Benchmarks [65]:

1. Enterprise coordinators work with schools to create a unique careers strategy which is displayed on their website.
2. The Careers Hub fund an online programme called START which shares local opportunities for work and supports them to apply. Enterprise coordinators encourage schools and parents/ carers to use this free platform. Enterprise coordinators will also highlight future careers options so that schools are able to support students to gain desirable skills in these areas.
3. Inclusive support is offered to young people with SEND and alternative provision schools. There are two enterprise coordinators who work exclusively with schools specifically for vulnerable young people.
4. The Careers Hub work with employers to create content for the curriculum which links in learning with careers. These resources are shared with schools and used by teachers. Enterprise coordinators help to increase awareness of the "Teacher Encounters" programme, which supports school staff to increase their knowledge of career routes, recruitment techniques and realities of the working work for early career candidates.
5. D2N2 worked with 140 employer volunteers and 45 'cornerstone employees' to ensure that students have opportunities to learn about work directly from people in different industries.
6. The 'Open Doors' programme run by the Careers Hub allows schools to organise visits to a range of 75 different workplaces.

7. Enterprise coordinators work closely with colleges and universities to ensure all pupils understand the full range of learning opportunities that are available to them. This includes both academic and vocational routes.

2) Building on the strong support secured from local businesses, Nottinghamshire County Council should work with employers to develop traineeships for care leavers.

Care leavers aged between 16-25 years have access to support, education and training for their careers. This is a statutory service under the children leaving care act. Those aged 16 and 17 years in education are supported by the virtual school. The local offer for care leavers can be found here [66]. Within this offer, there are programmes of employability briefings. Briefings include health and safety introductions where care leavers have the opportunity to have tours of the sites and ask questions. These are opportunities for care leavers to experience aspects of the world of employment. The team within the council are committed to supporting care leavers by:

- Building work ethic
- Providing an insight into the world of work
- Creating transferrable skills
- Network building.
- Helping overcome financial barriers by ensuring they are paid national living wage.
- Getting “work ready”.
- Helping with transition

3) Employers should consider programmes such as Wellbeing at Work to improve the health and wellbeing of their workforce and the productivity of the local economy.

The Wellbeing at Work (W@W) scheme ceased during the pandemic. Employers can access commercially available wellbeing at work schemes and many larger employers invest in their own programmes. In addition, County Public Health are developing the Making Every Contact Count scheme.

4) Primary Care Networks and GP specialist registrar training schemes should incorporate professional development on 'promoting work as a health outcome' (such as that available from Public Health England's 'Work as a Health Outcome' clinical champion) in Protected Learning Time events (PLTs) and GP training.

There was previously a GP link for this acting as a clinical champion, however this is not currently in place. Whilst the clinical champion offered front-line encouragement to staff and new trainees to understand the importance of this during and their learning, there are other current resources and pathways that can be utilised to support the health workforce**,** such as the Making Every Contract Count MECC scheme.

***5) Primary Care Networks should ensure that social prescribing link workers and first contact practitioners take account of work as a health outcome and are equipped to refer people into employment support*.**

Nationally the new Network Contract DES specification, found here [67], states that there is a requirement for social prescribers to *"take a holistic approach, based on the patient's priorities and the wider determinants of health, including supporting people to take up employment, training and welfare support;".* Social prescribing within Nottinghamshire is GP prescribed for a wide range of people. Social prescribing can support those with a long-term condition, mental health support needs, those who are isolated/lonely, those needed guidance to make lifestyle changes and other factors. These wider determinants of health all impact work. Further information can be found here [68]. Nottinghamshire social prescribing teams work with organisations and charities within the community, linking patients with employment opportunities. A high percentage of referrals for social prescribing are for employment support solely or will be at least part of the referral reason. Even when employment is not included within a patient's referral, this would form part of the conversation within the initial assessment to look for additional avenues of how they can be supported by social prescribers. Nottinghamshire social prescribers work with current providers including Working Well East Midlands and Job Centres.

***6) Through a partnership of local councils and other key stakeholders in Nottinghamshire, a task and finish group should be set up to develop a strategic delivery framework which will act as a guide to prioritise future investment. The framework should identify need amongst key groups, the evidence of what works and gaps in current delivery across the whole life course and for people who are furthest from the workforce*.**

The "Inward Investment Framework", [69] provides information and structure on attracting investors to the area and the strengths of the area, further information can be found here [70]. The inward investment framework was created to guide future investment within Nottinghamshire.

7) Nottinghamshire County Council should develop a single narrative and pathway for the range of employment support the Council provides, to improve engagement with employers and other partners.

This was completed and now can be found here [71]. Nottingham Opportunities allows users to explore career opportunities and find jobs, apprenticeships and learning within the region.

8) Public Health England should work with partners to develop an analytical approach bringing together health status with economic and employment data, to better understand which groups face specific health-related barriers to employment and would benefit from support.

Now sitting under the department of health and social care rather than PHE, health and work data and intelligence are a key feature of the Midlands Health and Work Collaborative. Partners now have access to a health and work data signposting guide and infographic. Regular updates are provided through a regional bulletin and at Heath and Work Collaborative sessions.

9) The D2N2 Local Enterprise Partnership should build on its strong commitment to health and wellbeing within the developing Local Industrial Strategy, by supporting a streamlined and integrated approach to commissioning employment support for those furthest from the labour market.

Local Industrial Strategies were withdrawn on 1st March 2023. The East Midlands County Combined Authority will have a role in supporting a streamlined and integrated approach to commissioning employment support for those furthest from the labour market through effective use of available funds, including the Adult Skills Fund.

10) Nottinghamshire County Council, as part of their work towards Disability Confident Leader status, should collate and share best practice on inclusive employment and health for Nottinghamshire employers.

Nottinghamshire County Council have achieved Level 3: Disability Confident Leader status [72] as part of the government's Disability Confident scheme.

Appendix 2

Glossary

- **Anchor Institutions**: Large, established organizations that play a significant role in the local economy and community, such as hospitals, universities, and major employers.
- **COVID-19:** A highly infectious disease caused by the coronavirus SARS-CoV-2, leading to a global pandemic starting in 2019.
- **Disability Confident Leader:** A status under the UK government's Disability Confident scheme, indicating an organization has demonstrated leadership in recruiting and supporting disabled people in the workplace.
- **Economic Inactivity**: Refers to individuals who are not in employment and are not seeking work, often due to reasons such as long-term sickness, retirement, or caring responsibilities.
- **Gatsby Benchmarks:** A framework of eight guidelines for good career guidance, ensuring young people receive high-quality career advice and support.
- **Individual Placement and Support (IPS):** A model of supported employment for people with serious mental illness, integrating employment services with health treatment.
- **Long COVID:** A condition characterized by ongoing symptoms lasting weeks or months after the initial COVID-19 infection has cleared.
- **Musculoskeletal (MSK) Conditions:** Health issues affecting the muscles, bones, and joints, which can lead to chronic pain and disability.
- **Social Prescribing**: A means of enabling healthcare professionals to refer patients to a range of local, non-clinical services to support their health and wellbeing.
- **Wellbeing at Work:** Programs and initiatives aimed at improving the health and wellbeing of employees to enhance productivity and reduce sickness absence.

Appendix 3

Wider Data Picture

Trends in economic inactivity - district and borough breakdown

With reference to figure 17, the district and borough breakdown is as follows:

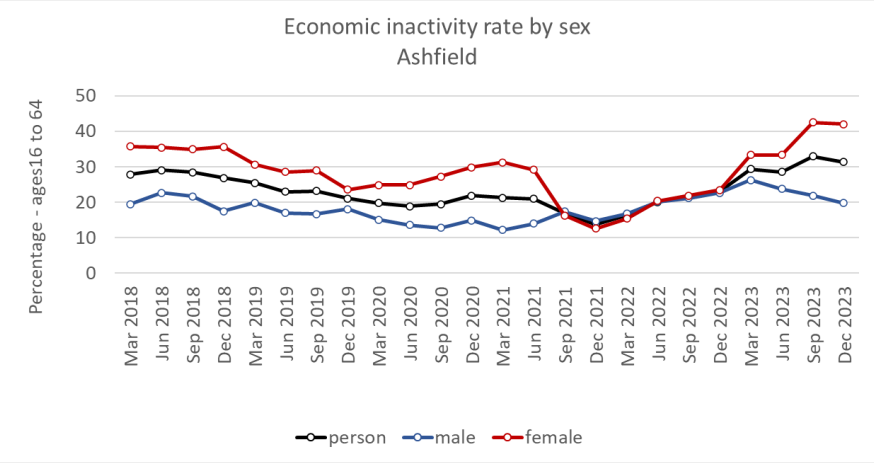


Figure 25: Economic inactivity rate by sex, Ashfield. Data taken from NOMIS.

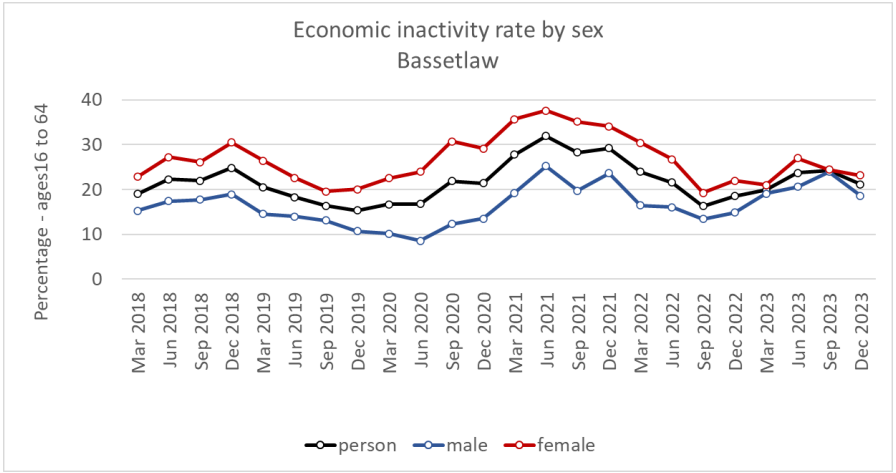


Figure 26: Economic inactivity rate by sex, Bassetlaw. Data taken from NOMIS.

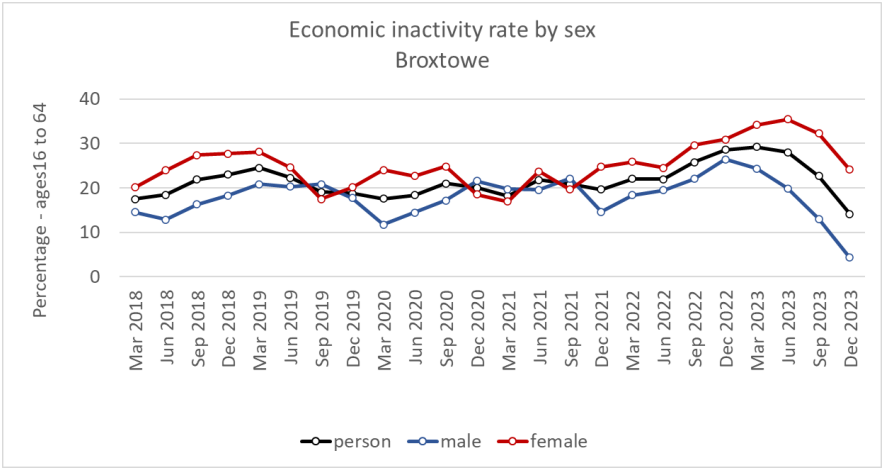


Figure 27: Economic inactivity rate by sex, Broxtowe. Data taken from NOMIS.

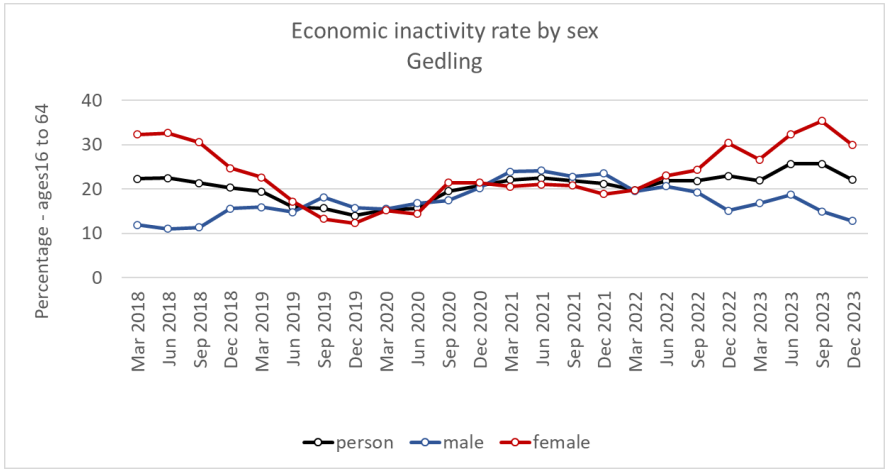


Figure 28: Economic inactivity rate by sex, Gedling. Data taken from NOMIS.

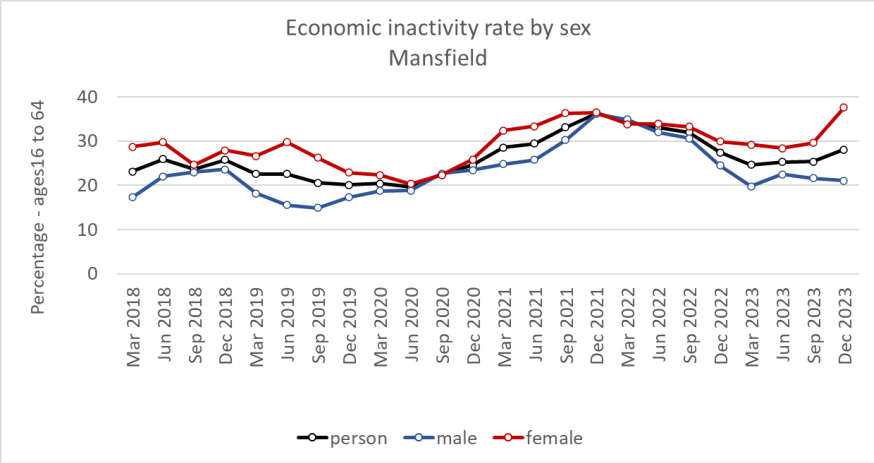


Figure 29: Economic inactivity rate by sex, Mansfield. Data taken from NOMIS.

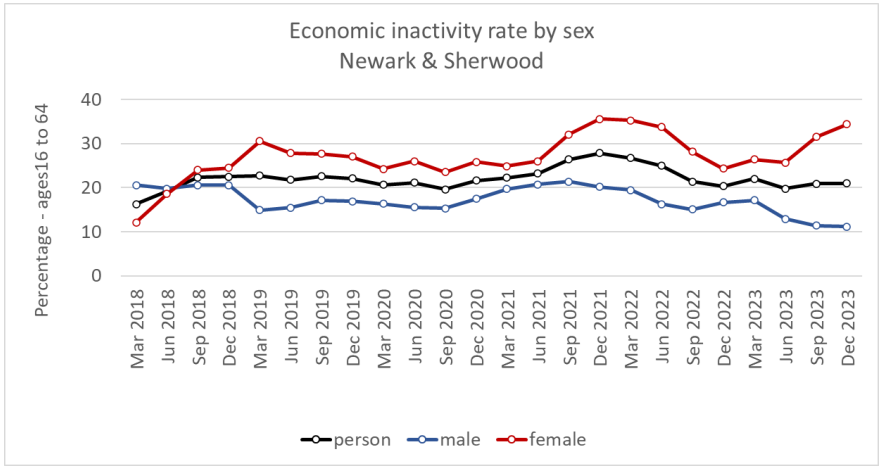


Figure 30: Economic inactivity rate by sex, Newark and Sherwood. Data taken from NOMIS.

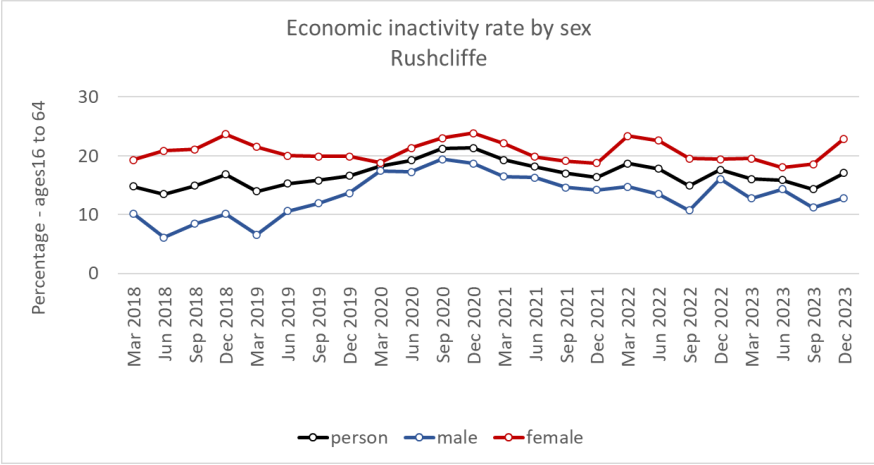


Figure 31: Economic inactivity rate by sex, Rushcliffe. Data taken from NOMIS.

Reasons for economic inactivity – males and females – districts / boroughs

Figure 32-38 shows only economic inactivity due to long-term sickness, for males and females by district and borough. Some data is supressed due to sample size.

There are clear increases for females in Ashfield, Newark & Sherwood & (to a lesser extent) Mansfield, where there has been a five-year high over the last three datapoints. This change is not observed in the south of the County.

The trends in Bassetlaw are slightly different. There was a peak in female economic inactivity caused by long-term sickness during the pandemic (numbers supressed after Mar 2022). The same for males increased from 2022.

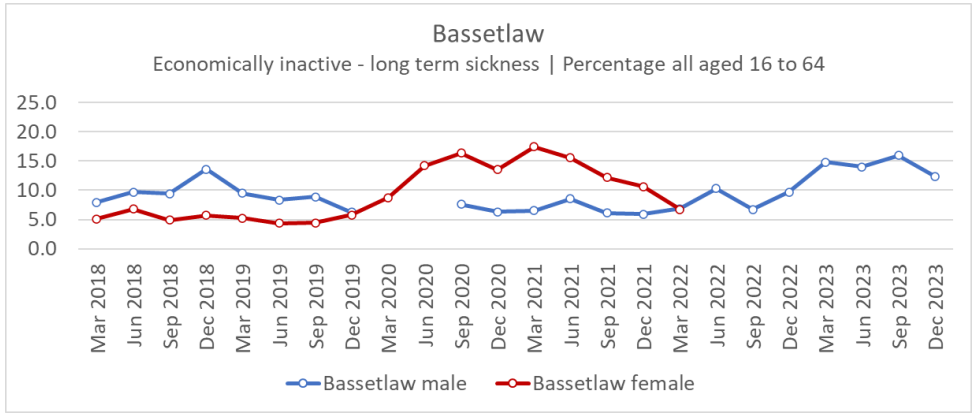


Figure 32: Economic inactivity – long term sickness (16-64), Bassetlaw. Data taken from NOMIS.

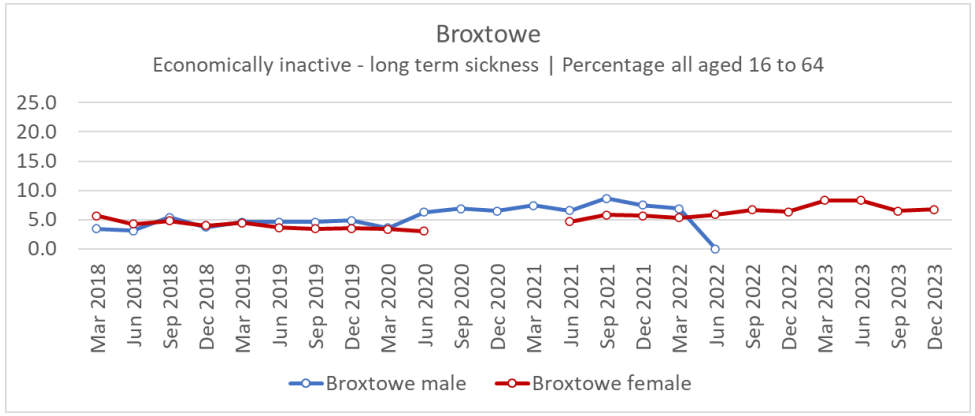


Figure 33: Economic inactivity – long term sickness (16-64), Broxtowe. Data taken from NOMIS.

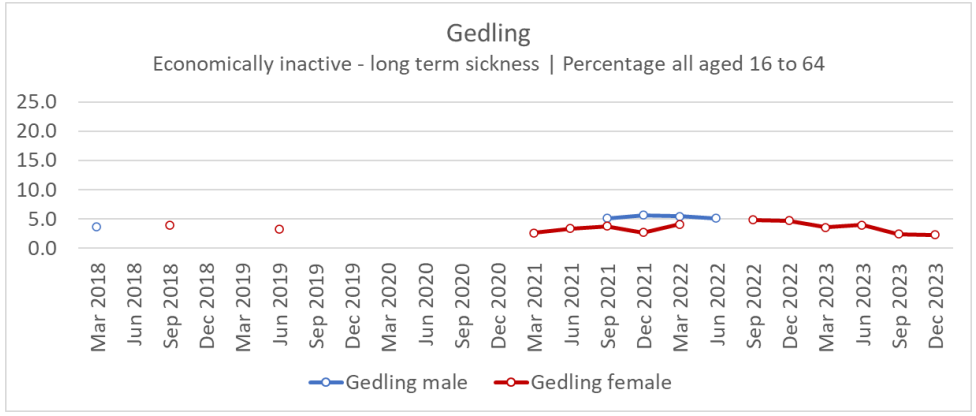


Figure 34: Economic inactivity – long term sickness (16-64), Gedling. Data taken from NOMIS.

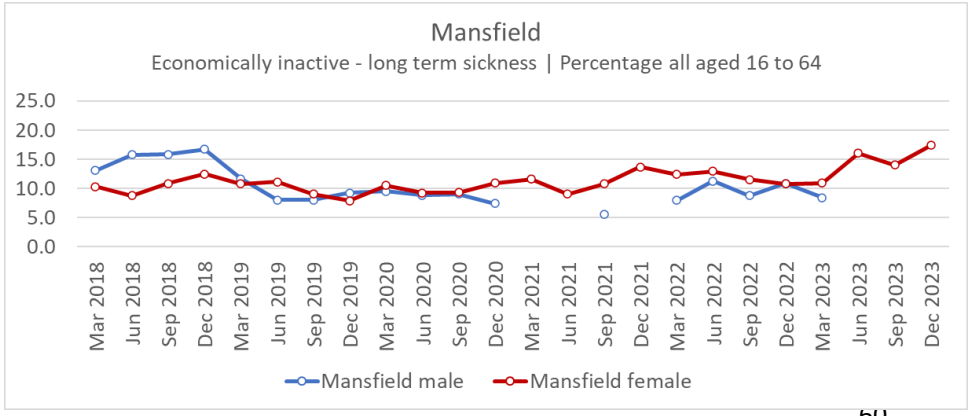


Figure 35: Economic inactivity – long term sickness (16-64), Mansfield. Data taken from NOMIS.

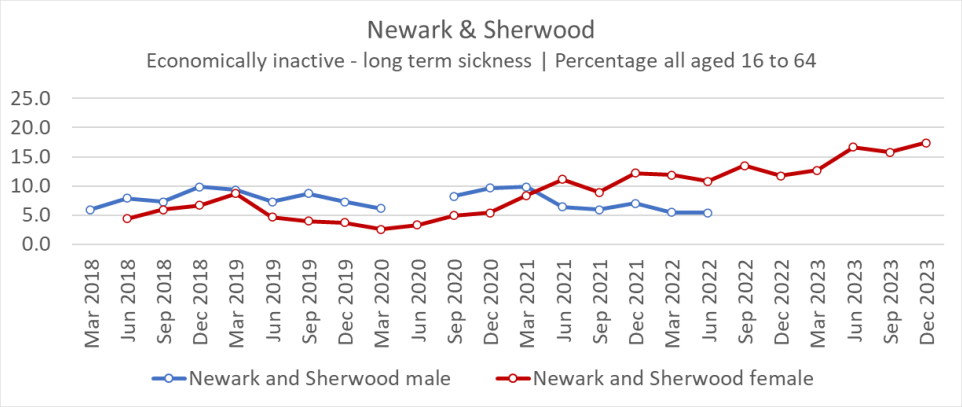


Figure 36: Economic inactivity – long term sickness (16-64), Newark and Sherwood. Data taken from NOMIS.

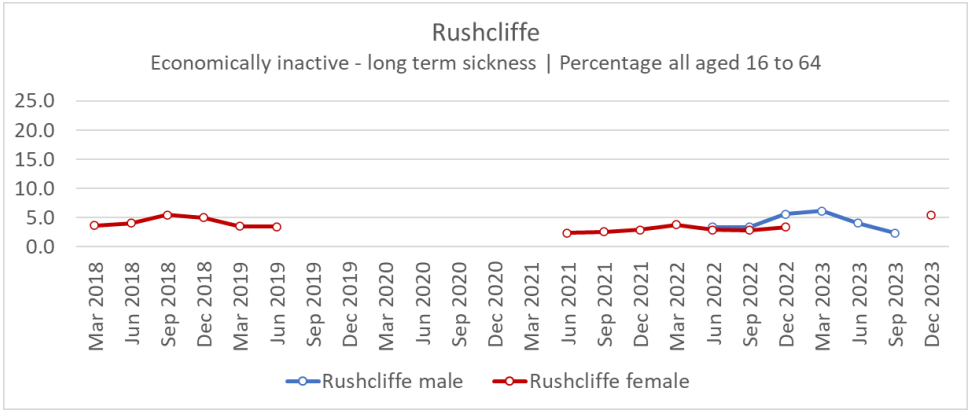


Figure 37: Economic inactivity – long term sickness (16-64), Rushcliffe. Data taken from NOMIS.

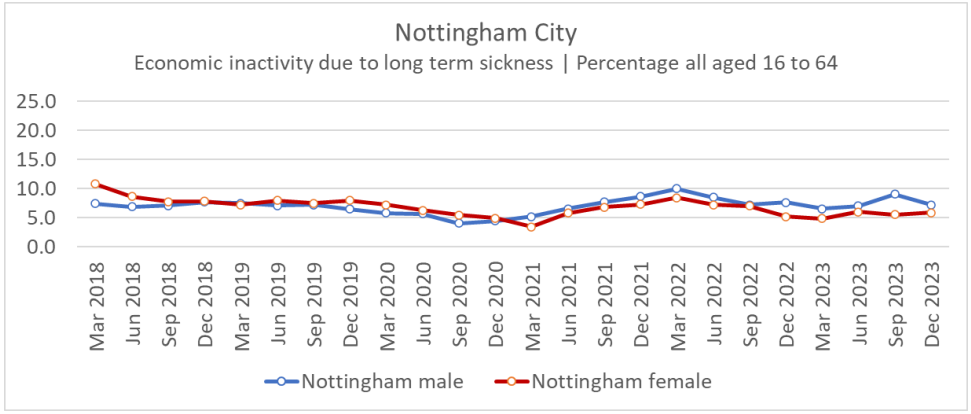


Figure 38: Economic inactivity – long term sickness (16-64), Nottingham City. Data taken from NOMIS.

Appendix 4

Website Links

For the ease of use, throughout the document a range of hyperlinks have been included. We recognise that whilst this is helpful to some people, others will print this document and therefore not be able to access websites quickly. Whilst they are also in the reference list, please see this handy list of websites that have been used throughout the document:

Name:	**Website Link:**
East Midlands Combined County Authority	https://www.eastmidlands-cca.gov.uk/
D2N2	https://d2n2lep.org/
D2N2 Growth Hub	https://www.d2n2growthhub.co.uk/
D2N2 Skills Bootcamp	https://d2n2lep.org/what-are-skills-bootcamps/
D2N2 Careers Bootcamp	https://d2n2lep.org/d2n2-careers-hub/
Nottinghamshire DPH Report 2019	https://www.nottinghamshire.gov.uk/media/1728063/directorpublichealthannualreport.pdf
Nottinghamshire Economic Transition Plan	https://www.nottinghamshire.gov.uk/DMS/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=g8TBdaI%2fltLcXBeTxO6mTrecYGy%2f9gA5HoZkysFkXw8oGZrsGwwcTg%3d%3d&rUzwRPf%2bZ3zd4E7Ikn8Lyw%3d%3d=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTIbCubSFfXsDGW9IXnlg%3d%3d=hFflUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFflUdN3100%3d&uJovDxwdjMPoYv%2bAJvYtyA%3d%3d=ctNJFf55vVA%3d&FgPIIEJYlotS%2bYGoBi5olA%3d%3d=NHdURQburHA%3d&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3d&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3d
Health and Safety Executive Barriers to Work	Understand the work barriers that impact on workers - Principles to support disabled workers and workers with long-term health conditions in work - HSE and https://www.hse.gov.uk/disability/best-practice/understand-barriers.htm

The Good Work Charter' The Institute for the future of work (IFW)	https://www.ifow.org/publications/the-ifow-good-work-charter
Fingertips "16- to 17-year-olds not in education, employment, or training (NEET) or whose activity is not known"	https://fingertips.phe.org.uk/profile/wider-determinants/data#page/4/gid/1938133119/pat/15/par/E92000001/ati/502/are/E10000024/iid/93203/age/174/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
NOMIS data	https://www.nomisweb.co.uk/
Coronavirus: Impact on the labour market	https://researchbriefings.files.parliament.uk/documents/CBP-8898/CBP-8898.pdf
Access to work	https://www.gov.uk/access-to-work
Intensive Personalised Employment Support	https://www.gov.uk/government/publications/intensive-personalised-employment-support-provider-guidance
Work and Health Programme	https://www.gov.uk/work-health-programme
Inspire: Culture, Learning and Libraries	https://www.inspireculture.org.uk/
Individual Placement and Support in Primary Care (IPSPC)	https://www.gov.uk/government/publications/individual-placement-and-support-in-primary-care-initiative
Employment Training Hub / Brooke Farm	https://www.nottinghamshire.gov.uk/jobs-and-working/support-to-find-employment/employment-support-disability/employment-training-hub
I-work	https://www.nottinghamshire.gov.uk/jobs-and-working/support-to-find-employment/employment-support-disability/employment-training-hub
Autism East Midlands	https://www.autismeastmidlands.org.uk/
Portland Pathways	https://www.portland.ac.uk/choose-your-future/portland-pathways/
Groundwork	https://www.groundwork.org.uk/hubs/eastmidlands/

Working Well East Midlands – (IPSPC Nottinghamshire)	https://workingwelleastmidlands.co.uk/
LGiU (Local Government Information Unit)	https://lgiu.org/newsletter/archive/global-local-anchor-institutions/
Nottingham and Nottinghamshire NHS Joint Forward Plan 2024/25	https://healthandcarenotts.co.uk/wp-content/uploads/2021/05/Nottingham-and-Nottinghamshire-NHS-Joint-Forward-Plan-2024-1.pdf
Gatsby Benchmarks	https://www.gatsby.org.uk/education/focus-areas/good-career-guidance
Local offer for care leavers	https://www.nottinghamshire.gov.uk/DMS/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=OV7mFYcco%2F%2B4qIKwd8eRXZRQbepxTd4VyW4WpPkcHsZUHiAPDojP0w%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfXsDGW9IXnlg%3D%3D=hFflUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFflUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJFf55vVA%3D&FgPIIEJYlotS%2BYGoBi5olA%3D%3D=NHdURQburHA%3D&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3D&_gl=1*4amss5*_ga*MTEyMjE2NDExNy4xNjkxNDE5MjU2*_ga_QHE3HKNBEC*MTcxNDY1NjIyMi4zNy4xLjE3MTQ2NTYyMzAuNTIuMC4w&_ga=2.177654764.894809795.1714656223-1122164117.1691419256
Network Contract DES specification	https://www.england.nhs.uk/wp-content/uploads/2024/03/PRN01035-ii-pcn-des-contract-specification-2024-25-pcn-requirements-and-entitlements-April-2024-version-2.pdf
Social prescribing within Nottinghamshire	https://notts.icb.nhs.uk/your-health/personalised-care-2/social-prescribing/
Inward Investment Framework	https://www.nottinghamshire.gov.uk/media/e1gbntgk/iif.pdf
Nottingham Opportunities	https://www.oppsinnotts.co.uk/
Nottinghamshire Level 3: Disability Confident Leader status	https://home.nottscc.gov.uk/media/5083131/disabilityconfidentleadercertificate.pdf?_gl=1*fz9gav*_ga*MTM1MjkzOTcxMi4xNjY5MjkwODk2*_ga_2W78ZJC2TJ*MTcxNDM3MjkwNy43MDcuMS4xNzE0MzczOTk0LjAuMC4w#search=disability%20confident
Nottinghamshire Employment Strategy 2020-2030	https://www.nottinghamshire.gov.uk/media/2887426/employment-and-health-strategy-2020-30.pdf

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