

# Living Well: Employability, Health and Wellbeing in North East Lincolnshire



**NORTH EAST LINCOLNSHIRE COUNCIL DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT  
2017**

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### North East Lincolnshire Clinical Commissioning Group

### North Lincolnshire Council Public Health Intelligence

### Young's Seafood Ltd

# 1 Foreword

**Welcome to my third Annual Report. My first focused on starting well, the second on ageing well and this year I am drawing attention to one of the most important determinants of living well, employment and health.**

This has been a key element of my career in public health and where my career began over 25 years ago, working on workplace health. How does employment affect health and how has this changed? One element that has little changed over the years is the sometimes devastating impact of unemployment on health and a sense of wellbeing and self-value. The growing numbers of people particularly in more disadvantaged communities living with long term conditions out of work and surviving through an ever evolving welfare system, is a cause for concern for those individuals and family health and in terms of future demands on both health and social care systems.

For those in work, the nature of work, its tenure and duration, has changed the presentation of work related health issues, leaving behind the legacy of the physical demands of the older industries with the emergence of more mental health and muscular problems.

The infrastructure for support of healthy employment has also been affected by the transformation of the business world with more and more people being employed in companies with no or little recourse to occupational health services. The recommendations from the work of Dame Carol Black<sup>1</sup> have morphed into a privately run telephone based service that early signs suggest have not bedded in as intended. An evaluation is eagerly awaited but unless it augments the role of primary care, it will not provide a solution to managing demand nor in preventing restoration to health, and retention of a healthy workforce essential for a healthy economy.

Most recently, the concept of "inclusive growth" has emerged in response to widening inequalities and the disconnect between the "grow now distribute later" trickle down model and its benefit to society and impact on the most vulnerable.

This report therefore draws attention to the role of employment within a healthy economy. The focus of the council on a stronger economy and stronger communities is the key to improved health and wellbeing in the borough. There can be no argument with this approach. Ensuring as many people as possible in the borough contribute to and benefit from a stronger economy should also be indisputable. Young and old, with or without long term conditions or disability, in work or out of work, paid or unpaid, everyone deserves to feel they are valued and have a contribution to make to a stronger and healthier North East Lincolnshire.

It would be easy to level the responsibility at individuals but it is the collective responsibility of all organisations; private, statutory, non-statutory, voluntary and community to promote the value of health not just wealth in achieving a stronger economy and stronger communities in North East Lincolnshire.

**Stephen Pintus**  
**Director of Health and Wellbeing**  
**North East Lincolnshire Council**

<sup>1</sup> Department for Work and Pensions (2014) *Health, work and wellbeing - evidence and research*

# 2 Summary

**This report presents a wide range of data on the current state of employment in North East Lincolnshire, and how employment is both a crucial determinant of, and determined by, an individual's health status.**

Overall, North East Lincolnshire sees slightly lower employment rates than regionally or nationally, coupled with lower wages and a greater proportion of the workforce in less-skilled employment.

This impacts on health, not only because unemployment and lower wages make it harder to afford a good standard of living, but also because it has been demonstrated that lower-skilled work is itself a determinant of health status. To illustrate this relationship, local Census data from 2011 shows that 10% of those who described their work or former work as 'routine', described their health as 'bad' or 'very bad', compared to just 4% of those who described their work or former work as 'higher managerial, administrative or professional'.

Over 7,000 people in North East Lincolnshire are in receipt of ESA (Employment and Support Allowance) and at any one time, there are hundreds of working-age people out of work through temporary sickness and in receipt of a statement of fitness to work from their GP, ruling them out of all, or some, employment, with some of these spending a number of years out of work.

Data suggests a roughly even split between mental and physical conditions as reason for claiming ESA locally. National data shows that in deprived areas of the country, mental health conditions are the reason for approximately two-fifths of statements of fitness to work. Availability of this data at local level is limited and gaining more information on sickness absence from work is one of a number of recommendations arising from this report.

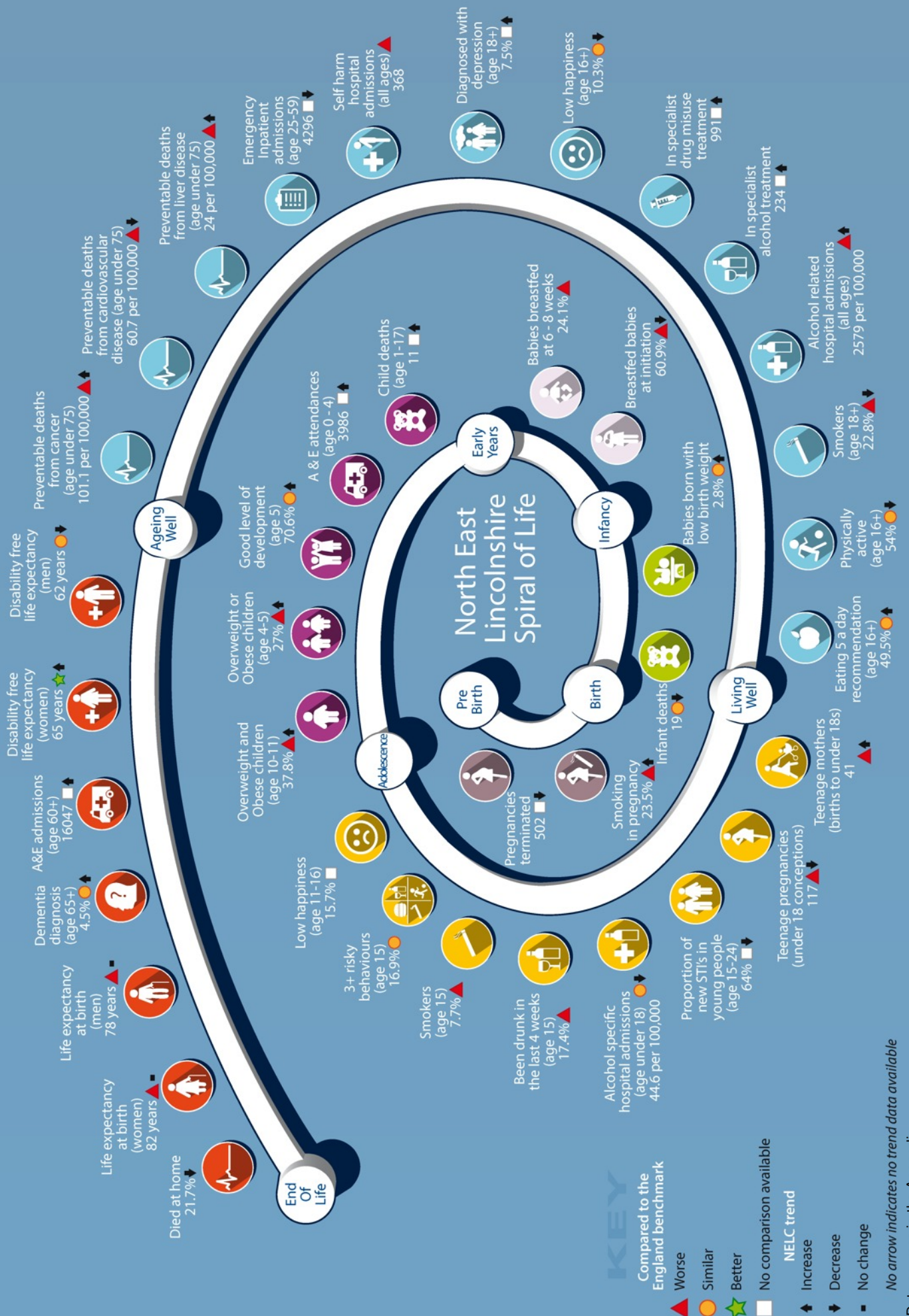
The council's approach to stronger economy, stronger communities indicates the need for a healthy, skilled workforce to build it. To facilitate that, it is crucial we support initiatives that lift health-related barriers to employment, keep people healthy in work and allow the local economy to grow.



# 3 Recommendations of this year's report

- Carry out a financial resilience needs assessment to better understand the financial status of some of the borough's most vulnerable residents and how to support them.
- Develop an audit tool for GPs and primary care staff to enable them to better assess fitness to work in their patients.
- Encourage GP practices to record more data on patient occupational status and reasons for issuing of statements of fitness to work.
- Focus the Council's Wellbeing Service on helping people with long-term conditions, such as mental health or musculoskeletal conditions, gain employment by tackling social and lifestyle-related barriers to employment.
- Improve the referral pathway into employability services, such as those offered by Care Plus and Navigo, for people for people with long-term conditions.
- Include employment as a focus in the care planning process for people with long term conditions.
- Providers of drug and alcohol services should support their clients to obtain employment or maintain employment to maximise opportunities for client recovery.
- To encourage the new trading arm of the Wellbeing Service, 'Healthy Places', to engage with more employers and employer organisations, with a focus on mental and emotional wellbeing.
- The council's review of premature mortality should include an analysis of the impact of long term unemployment on early mortality in North East Lincolnshire.





# 4 Employment in North East Lincolnshire

## 4.1 A brief history of employment in North East Lincolnshire

Grimsby has a rich history in the fishing industry, and as such the legacy of fishing runs deep throughout the region. In the years leading up to the first world war, Grimsby was the world's largest fishing port, with more steam-powered trawlers registered in Grimsby alone than in Belgium, the Netherlands, Germany, Denmark and Norway combined<sup>2</sup>.

This made the area highly dependent on the economic success of the fishing industry, with estimations at the turn of the 20th century that half the town was dependent on the fishing industry in some form<sup>2</sup>.

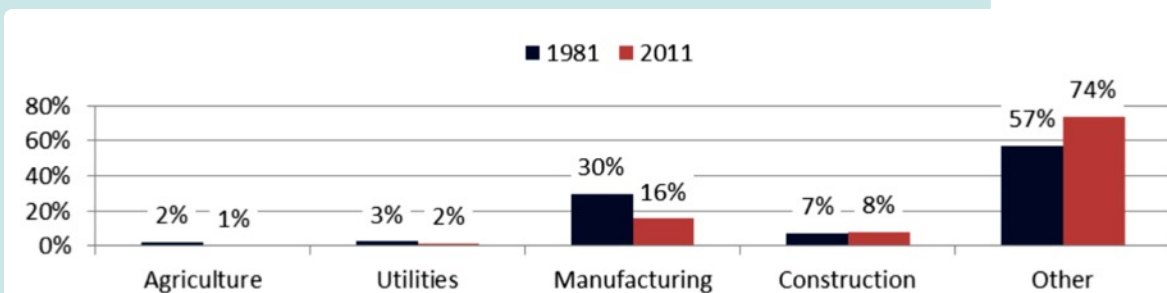
However, the economic and political climate following the second world war was unfavourable to the British fishing industry, with the successive so-called 'Cod

Wars' resulting in a large loss of fishing territory to Iceland<sup>3</sup> and the loss of the distant water fleets. In addition to this, the then European Community's 'Common Fisheries Policy'<sup>4</sup> placed quotas on fish catches.

Between 1950 and 1970, the number of full-time fishermen in England was more than halved, falling from approximately 23,000 to 10,000. By 2010, there were approximately 5,000 full-time fishermen in England<sup>5</sup>.

Over the last forty years, the employment structure of North East Lincolnshire has changed considerably. Figure 1 below shows how sectors have grown or shrunk since 1981.

Figure 1 - Percentage of all jobs by respective job sector in North East Lincolnshire, 1981 compared to 2011



Source: NOMIS - Official Labour Market Statistics, 2017

71.1%

The local employment rate for 2016

<sup>2</sup> Wood, W (1911) *North Sea Fishers and Fighters*  
<sup>3</sup> House of Commons Library (2012) *Icy Fishing: UK and Iceland fish stock disputes*  
<sup>4</sup> European Commission (2017) *The Common Fisheries Policy*  
<sup>5</sup> Marine Management Organisation (2016) *UK Sea Fisheries Statistics*

Following the 2008 recession, the local unemployment rate peaked at

12%

Since 1981, the proportion of the population employed in agriculture - which includes fishing - has declined only slightly, but this is because by 1981, the fishing industry in Grimsby had already shrunk dramatically.

It is immediately obvious that jobs have been lost from the manufacturing sector, which in 1981 contributed 29.6% of jobs in North East Lincolnshire and by 2011, just 15.6%. Where these jobs have been lost, they have been gained by jobs entitled 'other' which are 'service sector' jobs. These jobs are a broad and disparate collection including transport, administration, real estate, education and retail.

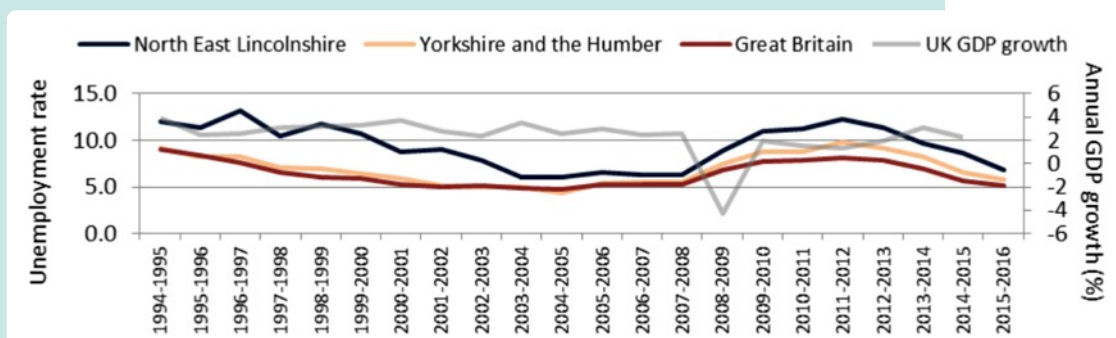
Despite the manufacturing sector's loss and the service sector's gain, North East Lincolnshire has not transitioned to a service economy to the extent seen regionally or nationally. Using population survey data from 2015, it can be seen that North East Lincolnshire still has a greater proportion of employees in manufacturing and a lesser proportion in the service sector than regionally or nationally.

Figure 2<sup>6</sup> below shows the employment rate over time for North East Lincolnshire, Yorkshire and the Humber and Great Britain<sup>7</sup> compared to GDP (gross domestic product<sup>8</sup>). Throughout the mid-90s there was a fall in

unemployment locally, regionally and nationally, with a particularly pronounced decrease locally. However, the recession following the 2008 financial crisis (shown by negative GDP growth in 2008-2009) arguably adversely affected North East Lincolnshire to a greater extent than regionally or nationally, with unemployment rates doubling between 2008 and 2012.

This suggests that the industries and subsequently jobs within North East Lincolnshire are more prone to macroeconomic<sup>9</sup> forces such as recession. The implications of this are that in an uncertain economy, with a British exit from the EU (European Union) on the horizon, the jobs of North East Lincolnshire's residents are not as secure as those regionally or nationally, which could result in an increase in unemployment if the country as a whole experiences a stagnant or declining economy.

Figure 2 - Mid-year unemployment rates for North East Lincolnshire, Yorkshire and the Humber and Great Britain, with annual GDP growth for the United Kingdom, 1995-2015



Source: NOMIS - Official Labour Market Statistics (2017); Office for National Statistics (2016)



6 This chart is the product of a number of different datasets  
 7 England, Scotland and Wales as Northern Ireland is not part of Great Britain, but is part of the United Kingdom.  
 8 Gross domestic product refers to the sum of all market values of all goods and services produced in an economy over a period of time. It is a standard measure of economic wellbeing.  
 9 Macroeconomic refers to large scale economic factors, e.g. inflation, GDP, issues that have an effect on the national rather than local economy.



## 4.2 Employment at present

According to data from NOMIS<sup>10</sup>, North East Lincolnshire is home to about 159,600 people, roughly 98,000 of whom are of the traditional working age of 16 to 64 years. However, for a number of reasons, not all of these people work, some are in full-time education, some are stay-at-home parents, some are unable to work due to health reasons and others cannot find work.

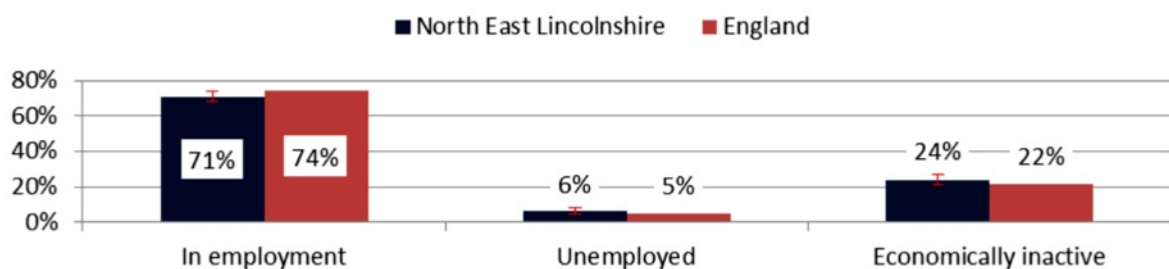
Those who are in work or who are actively seeking work are referred to as being economically active. Those who

aren't in work and aren't seeking work, for whatever reason, are referred to as being economically inactive.

77,100 people are estimated to be economically active within North East Lincolnshire, the vast majority of whom (96.6%) are aged 16 to 64.

Figure 3 below shows the percentage of the 16 to 64 population by their economic status, including those who are economically inactive.

**Figure 3 - Percentage of the 16-64 year-old population by economic status, North East Lincolnshire and England, 2016**



Source: NOMIS - Official Labour Market Statistics (2017) Please note values in this chart do not total 100% due to rounding and differing methodology for estimating unemployment.

### The employed population

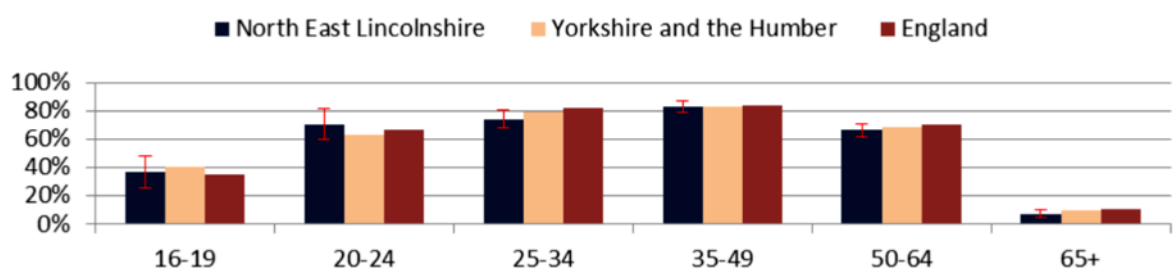
Current estimates suggest 72,100 people resident in North East Lincolnshire are in employment, with approximately 69,800 of them being aged 16-64.

#### Age

In general, across the UK, the employment rate rises steadily until middle age and then gradually declines - reflecting early retirees - and then drops dramatically after the age of 65, as people reach state pension age.

This is demonstrated below in Figure 4. As can be seen, North East Lincolnshire broadly follows this trend, with the notable exception of a high employment rate amongst the 20-24 year old population. This is likely the result of a lower level of higher education participation within North East Lincolnshire<sup>11</sup> meaning that instead of further study, people of this age group are searching for work.

**Figure 4 - Employment rate by age group for North East Lincolnshire, Yorkshire and the Humber and England, 2016**



Source: NOMIS - Official Labour Market Statistics (2017)

<sup>10</sup> NOMIS - Official Labour Market Statistics (2017)

<sup>11</sup> Department for Education (2016) *Widening participation in higher education*

The employment rate gap between men and women in NEL

12%

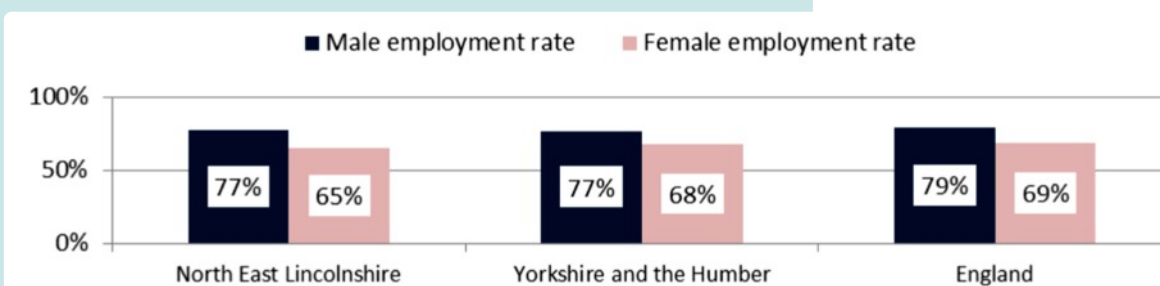
## Gender

Locally, regionally and nationally, the employment rate is lower for women than it is for men. There are many possible reasons for this, but the major contributory factor is the number of women who stay at home to look after children or the home. Data from NOMIS suggests that roughly a third of women in England who are economically inactive, are stay-at-home parents or homemakers. This finding is consistent for both North East Lincolnshire and Yorkshire and the Humber.

Figure 5 below shows the employment rate by gender for North East Lincolnshire, Yorkshire and the Humber and England, amongst individuals aged 16 to 64. The percentage point gap between the male and female employment rate is greater locally than regionally or nationally.



Figure 5 - Male and female employment rate for North East Lincolnshire, Yorkshire and the Humber and England, 2016



Source: NOMIS - Official Labour Market Statistics (2017)

## Women in the labour market in North East Lincolnshire

Data from NOMIS shows that the median, gross full-time annual salary for women in North East Lincolnshire is one of the lowest in the United Kingdom. Half of North East Lincolnshire's full-time female workers earn less than £19,122 before tax and approximately £16,170 after tax.

Comparing average hourly rates, women living in North East Lincolnshire and working full-time earn just 78p for every £1 a man living in North East Lincolnshire and working full-time earns, a gap of 22p, compared to a national gap of 15p.

Whilst comparable proportions of the male and female workforce are employed in managerial and professional occupations, a much greater proportion of women than

men work in the caring and customer service occupations, with the opposite true for the process, plant and machine operative occupations. Not only does this have an impact on wages and working conditions, it also affects the aetiology of work-based illness as will be explored in a later section.

Figures from the 2011 Census show that in North East Lincolnshire, women make up a disproportionate number of lone parents. Of 6,035 lone parents, 5,523 are women (91.5%) which is a higher percentage than both regionally and nationally. Two fifths of these women who are lone parents are out of work, with 47% out of work, 37.6% in part-time employment and 15.4% in full-time employment.

### Nationality

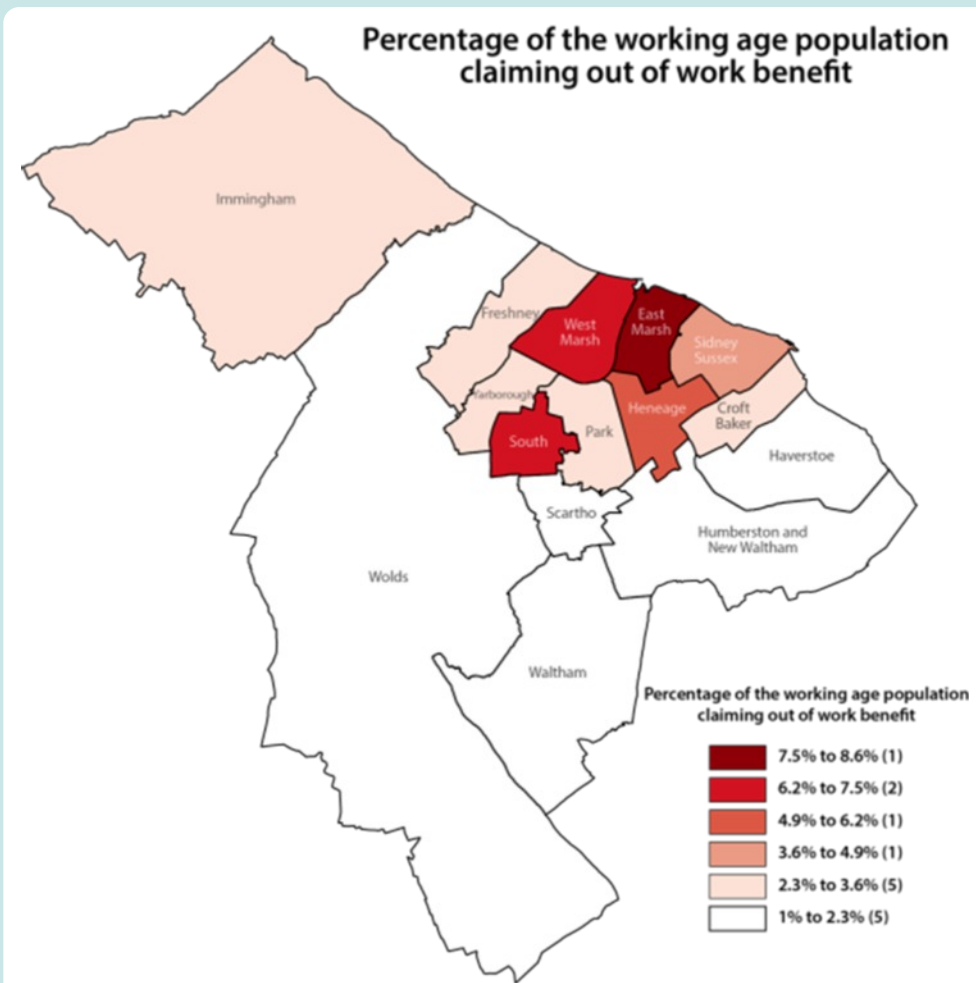
Data from the 2011 Census suggests that approximately 95% of North East Lincolnshire residents are UK nationals. Non-UK nationals have lower rates of unemployment overall.

Whilst there is data on the nationality of foreign nationals, there is insufficient data on the nature of work of foreign nationals. However, using Census data on social class and country of birth, it can be suggested that whilst 63.4% of the UK-born population of North East Lincolnshire fall into the C2DE (working-class) social class grouping, 80% of the population born in countries that joined the EU after 2001<sup>12</sup>, who make up the majority of North East Lincolnshire's EU-born migrants, are classed as C2DE. The implications of this are that many of North East Lincolnshire's migrants are working in low-skill, low-paid jobs, to a greater extent than the resident population.

### Local geography

As with age, gender and nationality, employment is patterned also by local geography, with the highest employment rates amongst the 16-64 population seen in wards such as Wolds, Haverstoe and Waltham and the lowest employment rates seen in wards such as East Marsh, South and West Marsh. Figure 6 below shows a map of employment rates by ward in North East Lincolnshire, using 2015/16 data from the Local Government Association.

Figure 6 - Percentage of those of working age claiming out of work benefit, North East Lincolnshire



<sup>12</sup> Bulgaria, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia

## Industry

Figure 7 below shows the percentage of North East Lincolnshire's employee population - that is excluding self-employed workers and agricultural workers - by industry.

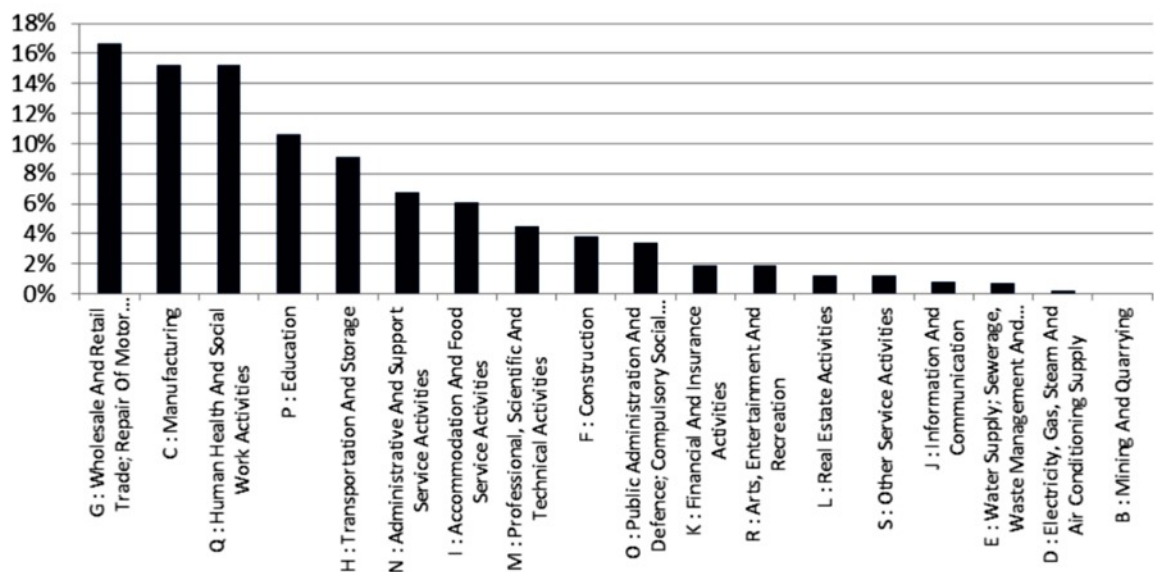
It is immediately obvious that three individual industries dominate North East Lincolnshire's economy, accounting for just under half (47.1%) of employee jobs - Wholesale and retail trade and motor vehicle repair; Human health and social work activities; and Manufacturing.

Manufacturing is itself split into several sub-categories. One type of manufacturing is particularly important to North East Lincolnshire. In recent years, Grimsby has styled itself as the 'food town of Europe'<sup>13</sup> based on the prevalence of food manufacturers in the town, particularly those processing seafood, which in the absence of Grimsby's fishing industry, is brought in from places such as Iceland. The European Commission reported in 2010 that 70% of value-added seafood<sup>14</sup> eaten in the UK passes through a factory in Grimsby<sup>13</sup>.

Data from the 2011 Census shows that 4,123 people reported working in 'food, beverages and tobacco' manufacturing, which is over a third of all manufacturing workers in North East Lincolnshire. Roughly 1 in every 20 people resident in North East Lincolnshire in employment work in this industry.

Food manufacturing has become a significant employer in North East Lincolnshire's most deprived areas. The five areas of North East Lincolnshire with the highest unemployment rates (East Marsh, South, West Marsh, Heneage and Sidney Sussex) have a majority (51.2%) of North East Lincolnshire's food manufacturing employees.

Figure 7 - Percentage of North East Lincolnshire's employed population by industry of employment, 2015



Source: NOMIS - Official Labour Market Statistics

<sup>13</sup> European Commission (2010) Assessment of the status, development and diversification of fisheries-dependent communities. Grimsby case study report, July 2010.

<sup>14</sup> Value-added seafood is that which has been processed

### Occupation

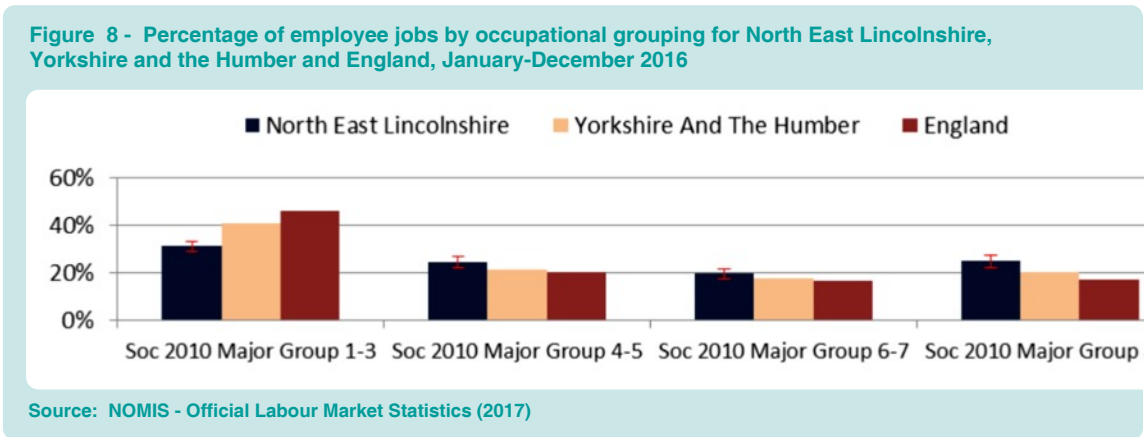
Occupations are typically split into one of nine groups, which can be condensed into four. Generally speaking, occupations high on the list have greater earnings and workplace autonomy than those lower on the list.



Table 1:  
Occupation groups

Groups 1-3	Professional, executive and highly technical occupations such as senior managers, doctors and police officers
Groups 4-5	Secretarial, higher level administrative and skilled trades
Groups 6-7	Caring, leisure, sales and customer service occupations
Groups 8-9	Elementary occupations and process, plant and machine operatives

Figure 8 below shows the percentage of the entire employee population by occupational group for North East Lincolnshire, Yorkshire and the Humber and England.



### Self-employment

Data from NOMIS shows that approximately 6,400 self-employed workers aged 16 to 64 are resident in North East Lincolnshire, roughly 9.2% of the in-employment working age population. This figure is skewed towards men, with three-quarters of self-employed workers in this age group being male. The percentage of the workforce in self-employment is smaller locally than regionally (13.2%) and nationally (14.6%).

**31%** The percentage of jobs held by NEL residents that are managerial or professional, compared to 46% nationally

## Earnings

The gross median salary represents the exact midpoint within the salary range, before any tax or deductions.

Figure 9 below shows the median salary for full-time workers in North East Lincolnshire, Yorkshire and the Humber and England. The median salary for North East Lincolnshire is £26,405, meaning exactly half of all those in employment living in North East Lincolnshire earn £26,405 or less each year.

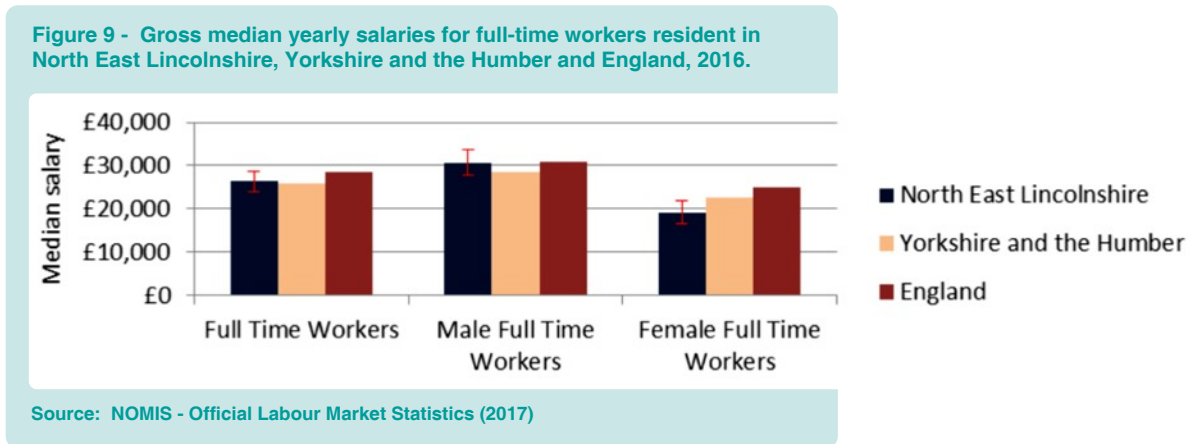
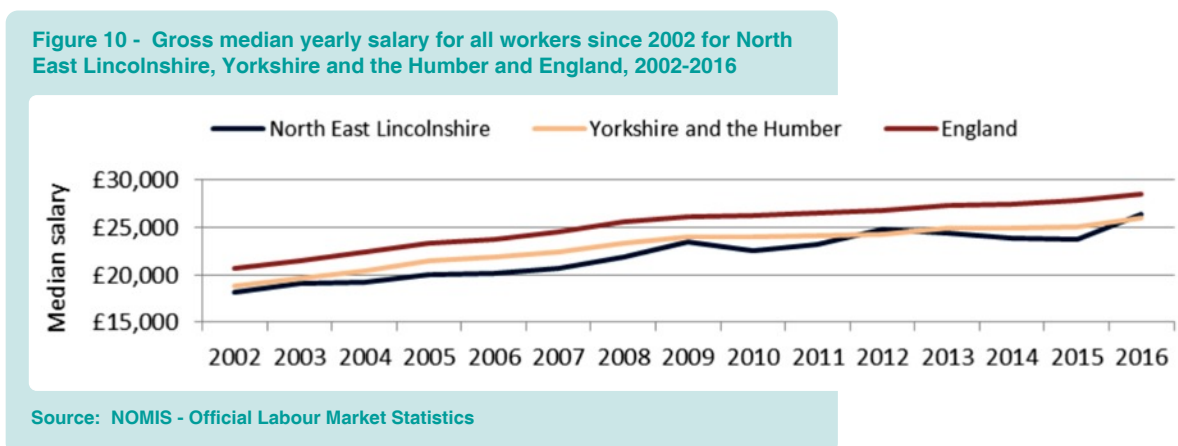


Figure 10 shows the full-time median salaries over time. Wages in North East Lincolnshire have risen at a faster rate than regionally or nationally since 2002, growing by 45.5% compared to 37.4% both regionally and nationally.



## Working patterns

### Full-time and part-time

NOMIS defines full-time workers as those working 31 or more hours per week. It is estimated that in North East Lincolnshire, 72.7% of those aged 16-64 who are in work, work full-time. This has changed little over time, and is comparable to regional and national values.

There is a clear gender divide within working patterns, one which is seen across the country. The vast majority of part-time workers are female, with women making up 84.7% of the working age, part-time workforce, but just 31.8% of the working age, full-time workforce.

It is estimated at present that within the employed, 16-64 year old population, that 92.2% of men in North East Lincolnshire, 87.2% of men in Yorkshire and the Humber and 88.5% of men in England work full-time. Regionally and nationally this proportion is slowly falling, but not locally.

### Shift workers

Figures from 2014<sup>15</sup> show that within the Yorkshire and Humber region, 18% of the in-work, over-16 population do shift work, which is marginally greater than the United Kingdom overall, and greater than most other UK regions - only the North East and North West have a greater proportion.

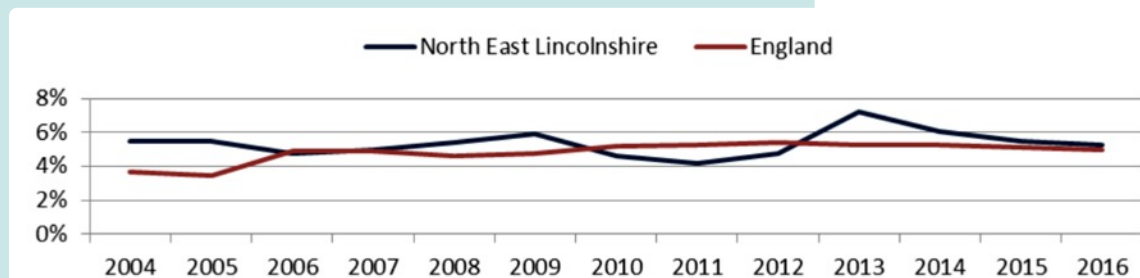
Of those employed in shift work in Yorkshire and the Humber, more than a third (35%) have some nightshift working, and 9% work permanent nights.

### Temporary contracts and zero-hours contracts

The number of people UK-wide on some form of temporary contract has been rising steadily since the 2008 financial crisis and is currently estimated to be 1,638,250<sup>16</sup>, equivalent to approximately 5.1% of the UK's workforce.

Figure 11 below shows the percentage of the local and national workforce on temporary contracts, which at 5.1% is approximately 3,800 workers.

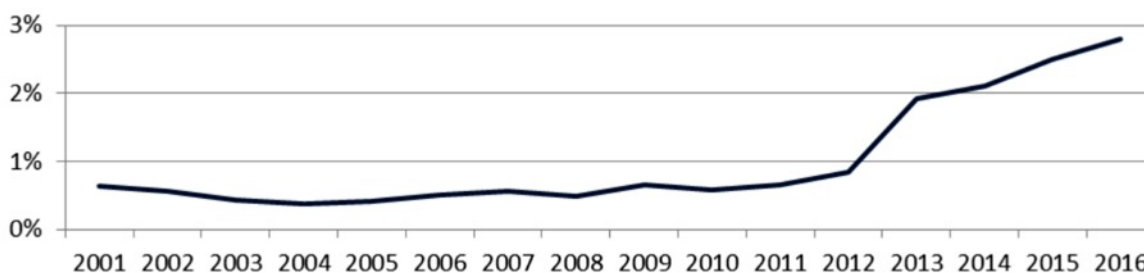
Figure 11 - The percentage of employees on temporary contracts, North East Lincolnshire and England, 2004-2016



Source: Office for National Statistics (2017)

The number of people, and the percentage of the workforce on zero hour contracts<sup>17</sup> has increased dramatically, also since the 2008 financial crisis, but particularly after 2012. Whilst this figure locally is not known, the percentage of the employed UK population on zero-hour contracts has risen from 0.6% in 2001 to 2.8% in 2016. Across Yorkshire and the Humber, roughly 3% of people in work are on zero-hours contracts. Applying this percentage to North East Lincolnshire would suggest more than 2,000 residents are on zero-hours contracts.

Figure 12 - The percentage of employees on zero hours contracts, UK, 2001-2016



Source: Office for National Statistics (2017)

### Working multiple jobs

Working multiple jobs is not necessarily bad for health or for the individual, as there are certainly individuals who manage several part-time jobs. However, working multiple jobs can impact on health, particularly for individuals who are working a full-time job and an additional part-time job.

There is little national evidence on the proportion of the workforce in multiple jobs, but estimates from the Resolution Foundation suggest<sup>18</sup> that approximately 3.6% of the national workforce (1.1m) have second jobs. Applying that figure to North East Lincolnshire would suggest that roughly 2,600 people in North East Lincolnshire have a second job of some sort.

Having a second job appears to be more common amongst women, with second jobs concentrated in education; health and social care; arts and sports; hairdressing and bar work.

The Resolution Foundation report states that approximately 42% of those with a second job work more than 40 hours per week. Later sections of this report will link longer working hours with effects on health, however this figure suggests that there is potentially a population of workers nationally, regionally and locally working second jobs and putting their health at risk.



The estimated number of workers in NEL on zero-hours contracts

**2,100**

<sup>17</sup> A zero-hours contract is a contract in which the employer is not contractually bound to provide a minimum number of hours of work per week, and the employee is not contractually bound to work a minimum number of hours per week.  
<sup>18</sup> Resolution Foundation (2016) *Double take: workers with multiple jobs and reforms to National Insurance*



### Unpaid carers with other paid employment

Local data from the 2011 Census suggests that approximately 12.1% of the 16+ population (15,717) and 10.7% of the employed population (7,624) provide some degree of unpaid care to an individual they look after, with just under three-fifths (56.6%) of all carers providing less than 20 hours of care, and slightly more than two-fifths (43.4) of all carers providing more than 20 hours of care. Nearly three-quarters (72.9%) of the employed population who provide care, provide less than 20 hours care.

Of the 7,624 unpaid carers in employment in North East Lincolnshire, 57.9% (4,417) are female. There are over 2,000 unpaid carers who are in employment providing more than 20 hours of care a week, with more than 1,200 of these being female.

The implications of this are not only limitations on the time spent working but also placing an extra burden of stress on the carer.

A report published by the Tinder Foundation in 2015 entitled *The Health and Wellbeing of Unpaid Carers* found a number of themes, including:

- Unpaid caring is a hidden issue
- Caring leaves little time to focus on own health
- Carers are missing out on a life of their own
- Carers feel unsupported

The North East Lincolnshire Carers' Strategy for 2013-2016<sup>19</sup> reports that nationally, 20% of carers give up work, with just over half of those who do give up work to care, spending five or more years out of work as a result.

As a result of the Carers' Strategy, a local employers guide has been developed, to support carers who combine work and caring. In addition to this, work has been carried out with the Chamber of Commerce and local businesses to "recognise and value carers' skills, knowledge and experience in the workplace"<sup>19</sup>.

Actions arising from the strategy in relation to the work prospects of carers include:

- Improving support to carers to get back into work training/work during or after caring
- Promote flexible working for carers to ensure they can access work and remain in or return to, the workforce
- Ensure carers have access to training/support to help them care safely and sustainably
- Support local employers to develop protocols for supporting carers in their workplace

11%

Percentage of those in work who also provide unpaid care



## The unemployed population

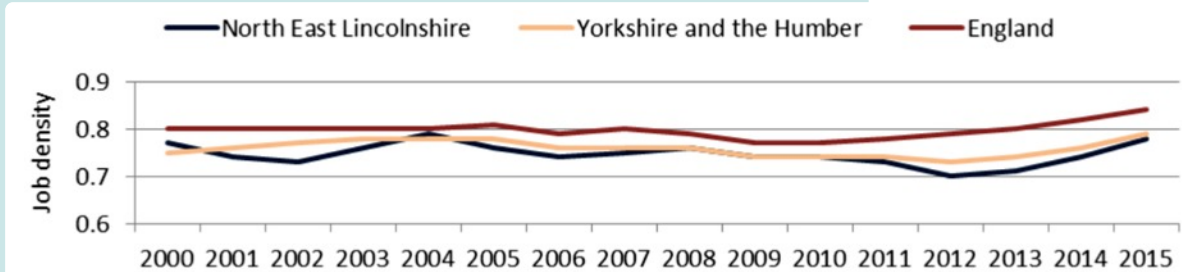
### Jobs available

Job density refers to the number of jobs available per resident aged 16-64.

Figure 13 below shows job density over time, from 2000 to 2015. The job density in North East Lincolnshire is - with the exception of 2004 - well below that of England and for several years below that of Yorkshire and the Humber.

It is particularly notable that North East Lincolnshire fared quite badly in the fallout of the 2008 financial crisis but has since rebounded and since 2013 increased the density of jobs at a greater rate than regionally or nationally. The fall in job density between 2011 and 2013 mirrors the rise in those employed on temporary contracts which may suggest that the conditions that create greater demand for jobs also lead to employers favouring temporary contracts over permanent contracts.

**Figure 13 - Job density per resident aged 16-64 in North East Lincolnshire, Yorkshire and the Humber and England, 2000-2015**



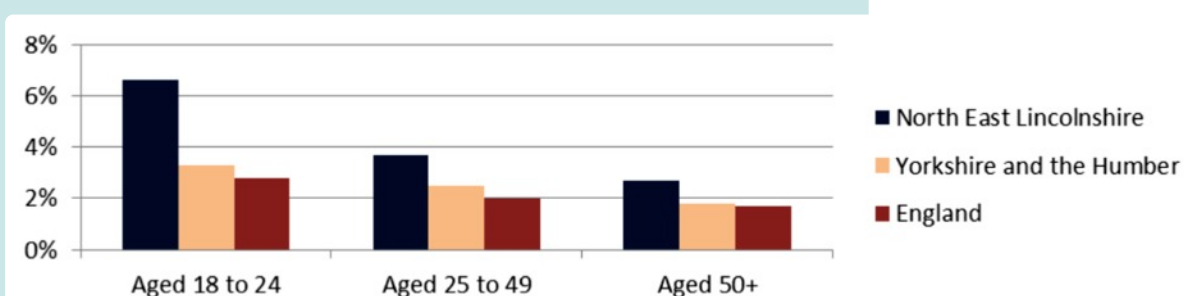
Source: NOMIS - Official Labour Market Statistics (2017)

### Benefits claimants

Data from NOMIS suggests that as of December 2016, 4,800 residents of North East Lincolnshire aged 16 or older are estimated to be unemployed, meaning they are not in work, but are seeking and able to work. As of April 2017, 3,565 people are claiming out of work benefits, representing 3.6% of the 16-64 population. This is higher than regionally (2.3%) and nationally (1.9%). The majority (65.6%) of local claimants are male.

Figure 14 below shows claimants by age, showing that the 18-24 age group in North East Lincolnshire claims at a higher rate than regionally or nationally, an effect seen across the life course but to a lesser degree in later life.

**Figure 14 - Percentage of each age group claiming out of work benefits in North East Lincolnshire, Yorkshire and the Humber and England, April 2017**



Source: NOMIS - Official Labour Market Statistics (2017)

### Long-term unemployment and workless households

Long-term unemployment can be described as a jobseeker's allowance claim lasting for a continuous twelve-month period or longer<sup>20</sup>. Data for North East Lincolnshire from the Local Government Association<sup>20</sup> for 2015/16 suggests that borough-wide, approximately 947 working-age individuals are long-term unemployed.

Data from NOMIS indicates that there are approximately 9,400 (19.1%) workless households in North East Lincolnshire, which are households that have at least one person living there of working age, and all those living there who are of working age, are out of work for whatever reason. Whilst this figure may appear high, and is relatively high compared to the regional (16.6%) and national (15.3%) figures, it is a lower proportion than at any point since January 2004 and below the pre-recession level of 22% for 2007.

### Summary

In summary:

- The employment rate in North East Lincolnshire is lower than that of England, with higher rates of unemployment and economic inactivity.
- Employment in North East Lincolnshire is overall lower-skilled and lower-paid than that of England
- The percentage of the in-employment, working-age population in self-employment is lower than the regional or national value.
- The relationship between macroeconomic factors such as negative or low positive GDP growth appears to adversely affect North East Lincolnshire more than England, suggesting a vulnerability to unemployment and less-favourable working conditions if there is another recession or prolonged economic stagnation.
- There is a small but growing number of foreign nationals in employment in North East Lincolnshire, with workers from countries that joined the EU after 2001 being more likely to have a lower-grade job than the general population of North East Lincolnshire.
- There are approximately 3,800 workers on temporary contracts and 2,200 on zero-hours contracts in North East Lincolnshire, with these figures not being mutually exclusive, meaning many of those zero-hours contracts may be temporary.
- There are high rates of long-term unemployment and workless households across the borough.
- The number of jobs available per working-age person has increased from 0.70 in 2012 to 0.78 in 2015, an eleven-year high.

3.6%

The percentage of the working-age population claiming out of work benefits



### Recommendation

*Based on the level of unemployment and low-paid work in some areas of the borough, it is recommended that a needs assessment is carried out to better understand the financial status of some of the borough's most vulnerable residents and how to support them.*

### 4.3 The individual impact of unemployment upon health status and wellbeing

It is well-known and well-understood that for most people, being in work is beneficial to health and wellbeing. In 2006, the Department for Work and Pensions published a report, *Is Work Good for your Health and Wellbeing?*, which found that:

- Work is typically the most important means of obtaining resources (i.e. income) which are essential for fully participating in society
- Work plays a central role in identity, social status and social roles
- Being in employment fulfils psychosocial needs in societies where the norm is being in work

Likewise, unemployment can be considered for most people, to be detrimental to health, with the report finding that:

- The health effects of unemployment are to some degree a result of relative socio-economic status
- Unemployed people have a greater prevalence of risk factors for ill-health
- Unemployment can "cause, contribute to or aggravate" adverse health outcomes

The chart below, adapted from the *Is Work Good for your Health and Wellbeing?* report, shows the interdependent nature of employment, health and wellbeing.



Evidence from the Department from Work and Pensions<sup>21</sup>, using Annual Population Survey Data suggests that amongst unemployed populations, anxiety is higher whilst life satisfaction and happiness are lower.

### 4.4 The wider societal impact of unemployment

Whilst unemployment is known to have a negative impact on health status, this will be addressed in the next chapter. This section focuses on the impact of unemployment on a range of economic and social measures, such as crime, housing and education. All of these would be considered wider determinants of health status, demonstrating the interdependent nature of health and economy.

#### Crime

Nationally, there is suggestion of a relationship between crime and unemployment, with research stating that "unemployment rates and crime rates are positively associated"<sup>22</sup> and that "social-economic factors, such as unemployment and income level have two effects on property crimes: opportunity and motivation"<sup>23</sup>.

Locally, there is mixed evidence in regards to the effect of unemployment on crime. There is little evidence to suggest that at a whole-authority level, the crime rate and unemployment rate are related. For example, when the unemployment rate hit a local peak in March 2012, crime was low, but has risen slightly as the unemployment rate has declined. At a more detailed level, data from 2011-2013 shows that across North East Lincolnshire, high rates of jobseeker's allowance claimants are associated with high rates of crime, however this could be more to do with high levels of deprivation in those areas, which may result in both high rates of crime and high rates of unemployment, rather than unemployment itself causing high rates of crime.

In regards to specific types of crime, there appears to be some relationship. Whilst crime itself may not have increased, the nature of crime may have changed. The percentage of all recorded crimes recorded as 'all other theft offences', 'bicycle theft' and 'domestic burglary' appear to have some association with the unemployment rate. Additionally, whilst the percentage of all crimes recorded as 'vehicle offences' has declined significantly over time, this decline slowed as the unemployment rate increased.

<sup>21</sup> Department for Work and Pensions (2016) *Work, Health and Disability Green Paper Data Pack*

<sup>22</sup> Winkleman and Papps (1999) *Unemployment and crime: New evidence for an old question*

<sup>23</sup> Han, L (2009) *Economic analyses of crime in England and Wales*

<sup>24</sup> Jackson and Stafford (2009) *Public health and fear of crime: a prospective cohort study*

The potential of a relationship between crime and unemployment is important, because crime can be considered a wider determinant of health in that crime - and the fear of the crime - contributes to negative health outcomes. Victims of violent crime can have lasting physical and psychological harm, whilst the fear of crime is shown to have a harmful effect on one's health<sup>24</sup>.

There is some evidence<sup>25</sup> to suggest that domestic violence is related to changes in the unemployment rate, however this is not as simple as linking high unemployment to domestic violence, but rather that high rates of employment amongst men and low rates of employment amongst women are associated with male-on-female domestic violence. It is thought that a man's position in the family is less secure if unemployment is high and so the costs (both financial and emotional) of relationship breakdown are higher, leading to fewer cases of male-on-female domestic violence. Likewise, low rates of female employment have the same effect.

The council's Safer and Stronger Communities team carries out consultation with residents and local stakeholders each year in relation to crime throughout the borough and in their local area, with over a thousand responses to the 2014/15 consultation. This consultation suggested that residents of more deprived wards were more likely to feel that their area was an unsafe place to live.



## Housing

Unemployment has a clear relationship with low income, which itself has an impact on the availability and quality of housing, which in turn can have significant impacts on health.

Data from the Department of Work and Pensions<sup>26</sup> shows that as of February 2017, there were 13,307 people in receipt of Housing Benefit in North East Lincolnshire, down from a peak of 15,885 in April 2013.

Housing Benefit in North East Lincolnshire is based on a sample of local rents, displayed in Table 2 below.

Table 2:  
Weekly Housing Benefit rates for  
North East Lincolnshire, 2016/2017

Shared Accommodation	£52.50
1 Bedroom	£75.00
2 Bedrooms	£92.05
3 Bedrooms	£99.04
4 Bedrooms	£129.47

Source: DirectGov (2017)

The amount of Housing Benefit is determined to be the 30th percentile of the distribution of the sample of rent for each house size meaning three in every ten rents fall below the sum of money given to people on Housing Benefit.

This places a clear restriction on the availability of housing for those who are on low-incomes or unemployed and thus in receipt of Housing Benefit. Given that house prices are cheaper in more deprived areas, this places geographical limitations on where unemployed people can afford to live, potentially concentrating unemployment in areas of the borough. Consequently, these areas also have the highest rates of fuel poverty and the highest rates of unsafe housing, as Figures 15 and 16 show below.

Issues such as high-risk hazards in the home (for example damp and mould, structural issues or overcrowding) and fuel poverty impact on health. For example, damp and mouldy homes can exacerbate existing conditions such as asthma<sup>27</sup>, and according to a review overseen by Professor Sir Michael Marmot<sup>28</sup>, living in a cold home (E.g. as a result of fuel poverty) is known to be associated with a wide variety of negative health outcomes, such as respiratory disease, circulatory disease, mental health issues as well as exacerbating pre-existing conditions and even increasing the risk of suffering a heart attack or stroke.

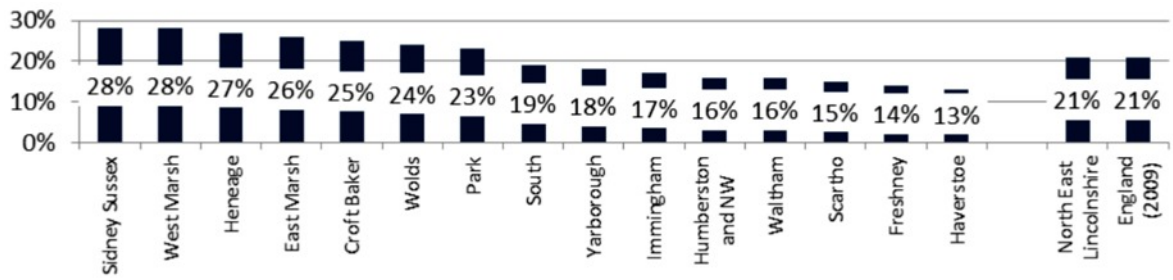
<sup>25</sup> London School of Economics (2014) *The link between unemployment and domestic violence is not what you might expect*

<sup>26</sup> Department of Work and Pensions (2017) *Housing Benefit caseload data*

<sup>27</sup> NHS (2015) *Can damp and mould affect my health?*

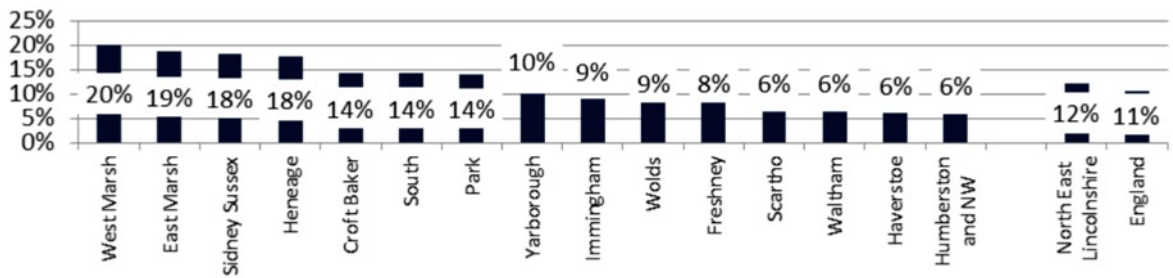
<sup>28</sup> Friends of the Earth/Marmot Review Team (2011) *The Health Impacts of Cold Homes and Fuel Poverty*

Figure 15 - Percentage of all households within each ward of North East Lincolnshire that have at least one 'category one' hazard on the Housing Health and Safety Rating System, 2013



Source: Building Research Establishment (2013)

Figure 16 - The percentage of all households within each ward of North East Lincolnshire that are considered to be in fuel poverty, 2014



Source: Department of Energy and Climate Change (2016); Public Health England (2017)

## Education

Education is an important factor in determining an individual's life chances, in relation to both employability, health and a variety of other outcomes. Locally, a high JSA (Job Seekers Allowance) claimant count is associated with low GCSE performance.

Using data for the 2010/11 academic year, the Higher Education Funding Council for England (HEFCE) have mapped the entire United Kingdom by higher education participation rates. More than half of North East Lincolnshire's wards are classed as being in the lowest quintile of electoral wards based on the participation of young people in higher education. The wards with the lowest levels of participation, such as East Marsh, West Marsh and South are all areas with high levels of income deprivation and high unemployment.



# 5 Health in the workplace

## 5.1 The impact of lesser paid, low-grade work on health

Since the late 1970s, evidence has emerged that low-paid, low-status work has an impact on health, not necessarily because of an inherent risk with the job role particularly, such as working with hazardous materials or in dangerous conditions, but perhaps due to factors such as job satisfaction, self-esteem, stress, autonomy in the workplace and position in the workforce relative to colleagues.

The Whitehall I study<sup>29</sup> examined mortality amongst a cohort of male British civil servants, categorising them into distinct and hierarchal employment grades and monitoring their health over a long period of time.

It found that social class was a stronger predictor of the risk of dying from cardiovascular disease than any known risk factors for cardiovascular disease, with those in lower social grades having greater mortality rates than those in higher social grades.

A major finding was that even after controlling for risk factors such as obesity, smoking and blood pressure, men in the lowest employment grade had a mortality rate twice that of those in the highest employment grade<sup>30</sup>.

Blood pressure at work was shown to be related to factors such as "lack of skill utilisation", "job stress" and "tension" with raised blood pressure affecting men in the lowest grade more than those in the highest. This effect was shown to be mostly isolated to work, with blood pressure at home being unrelated to job stress level<sup>30</sup>.

Since then, several studies have sought to explain the results of the Whitehall I study, including major ministerial reports such as the Black Report<sup>31</sup>, the Acheson Report<sup>32</sup> and the Whitehall II study<sup>33</sup> with consistent findings that stress, autonomy, self-esteem and job satisfaction all impact on health.

This is of particular relevance to areas with relatively high proportions of lower-skilled, lower-paid workers. Whilst not all lower-skilled, lower-paid workers are stressed or unhappy with their job, there is a clear association between salary and satisfaction<sup>34,35</sup>.

Figures from the 2011 census show that locally, approximately two-thirds of households (63.5%) would be classed as working-class households, using household reference person (HRP) data which characterises the household based on information about the 'head of the household'. In comparison, just under half (46.1%) of households in England would be classed as working-class households under the same methodology.

Social grade relates to health in the workplace and the impact of low-paid work as typically it is individuals in lower grade work who are susceptible to the effects outlined above. The high proportion of individuals in lower social grades locally suggests a significant number of individuals susceptible to poor health status mediated by their position in the workforce and in society.

The Joseph Rowntree Foundation have identified four mechanisms<sup>36</sup> for how low-paid work affects health:

1. Material mechanisms, such as low-paid work not providing the resource to afford adequate housing, heating or food.
2. Psychosocial pathways, such as the stress of having a low-paid job and much like Marmot's *Whitehall I and II* conclusions, feelings of lower status manifesting physiologically.
3. Behavioural pathways, such as an inability to maintain a healthy - but likely more costly - lifestyle and prioritising immediate gratification from smoking or drinking over long-term health.
4. Health selection, in that poor health acts as a barrier to higher-paid work.



63.5%

The percentage of local households classed as working-class

<sup>29</sup> Marmot, Rose, Shipley and Hamilton (1978) *Employment grade and coronary heart disease in British civil servants* [later referred to as the Whitehall I report]

<sup>30</sup> Marmot (2011) *The Whitehall Study* [summary document]

<sup>31</sup> Department of Health and Social Security (1980) *Inequalities in Health* [aka the Black Report]

<sup>32</sup> Department of Health (1998) *Independent Inquiry into Inequalities in Health Report* [aka the Acheson Report]

<sup>33</sup> Marmot et al (1991) *Health inequalities among British civil servants: the Whitehall II study*

<sup>34</sup> Bakan and Buyukbese (2013) *The Relationship between Employees' Income Level and Employee Job Satisfaction: An Empirical Study*

<sup>35</sup> Lydon and Chevalier (2002) *Estimates of the Effect of Wages on Job Satisfaction*

<sup>36</sup> Joseph Rowntree Foundation (2014) *How does money influence health?*

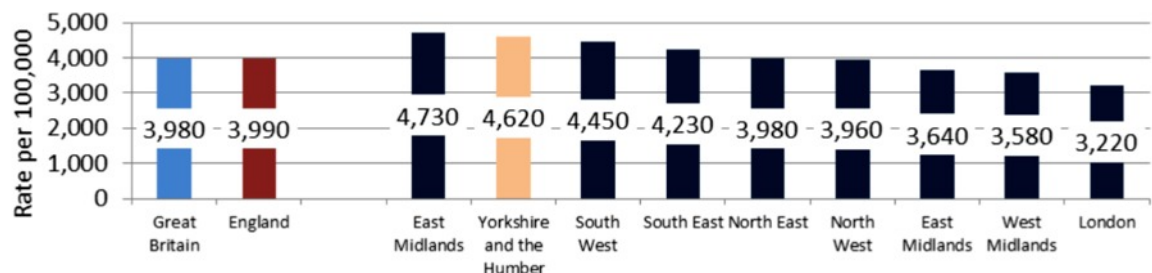
## 5.2 Illness by sector and occupation

Good quality work has positive effects on people's health and wellbeing, however, sometimes work can have negative impacts on an individual's health and wellbeing. In 2015/16, it was estimated that in Great Britain, 1.3 million people suffered from either a new or long-term illness that was related to their work<sup>37</sup>. The two most prevalent work-related illnesses in Great Britain are musculoskeletal conditions (MSK) and stress, anxiety or depression.

Figure 17 below shows the estimated rate of self-reported work-related illness, by area of residence. Only the East Midlands has a higher rate than Yorkshire and the Humber, with the national average considerably lower.

Since 2009, this rate has increased regionally - but declined nationally - by 9% between 2009-2012 and 2013-2016.

Figure 17 - Three year pooled rate of estimated, self-reported work-related illness by area of residence, 2013-2016



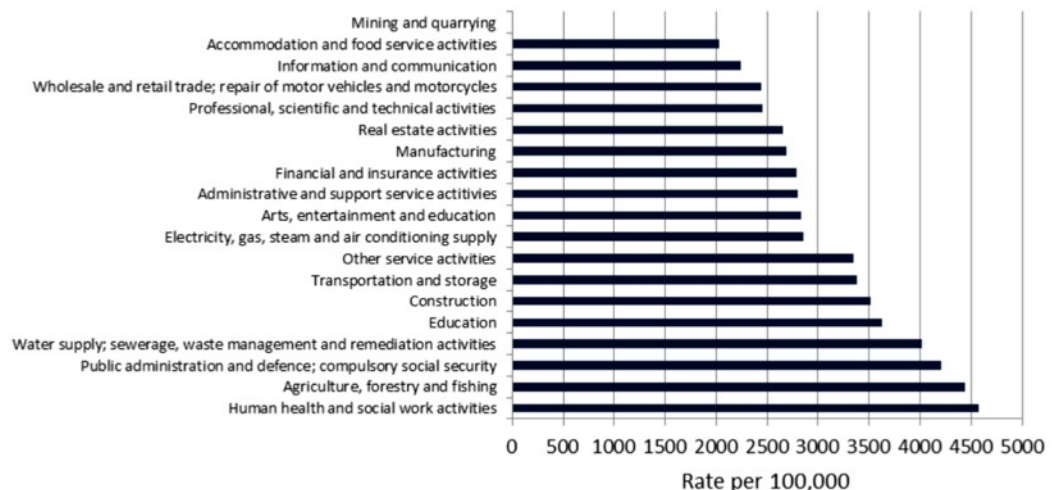
Source: Office for National Statistics (2016)

### Industry

The Labour Force Survey<sup>37</sup> estimates rates of work-related illness within each industry, revealing four standout industries with high rates:

- Agriculture, forestry and fishing
- Water supply; sewerage, waste management and remediation activities
- Public administration and defence; compulsory social security activities
- Human health and social work activities

Figure Figure 18 - Estimated rates of self-reported work-related illness by industry, Great Britain, 2015



Source: Office for National Statistics (2016)

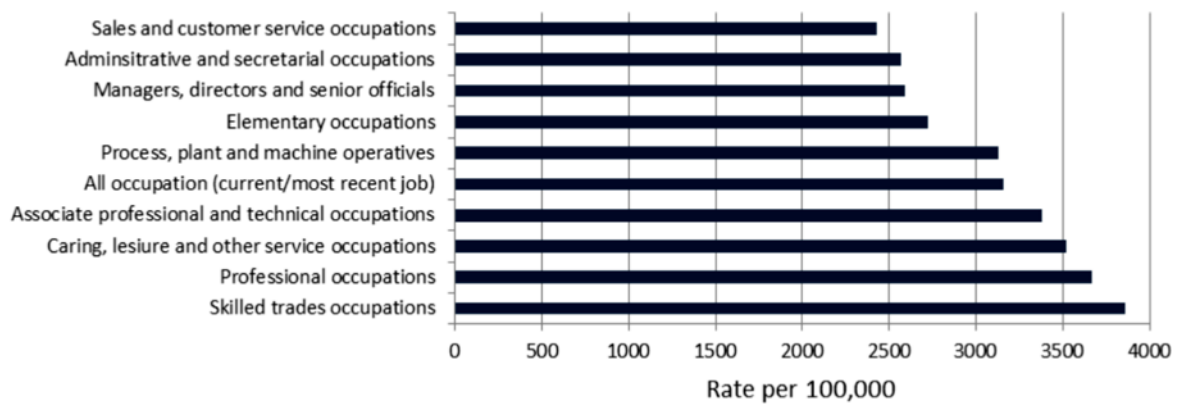


### Occupation

The Labour Force survey also estimates self-reported work-related illness by occupation, with the highest rates reported amongst those who work in:

- Skilled trades
- Professions
- Caring
- Associated professions

**Figure 19 - Estimated rates of self-reported work-related illness by occupation in the past twelve months, three-year pooled rates, 2013-2016**



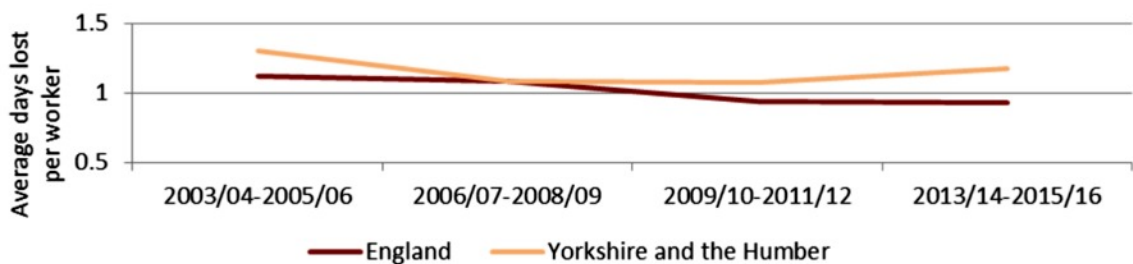
Source: Office for National Statistics (2016)

### Working days lost

#### Due to work-related illness

In England, there has been a downward trend for the average days lost per FTE<sup>38</sup> worker due to work-related illness since 2003/04. However within the Yorkshire and Humber region the rate of average days lost per FTE worker has slightly increased since 2009, rising from 1.07 days between 2009-2012 to 1.17 days between 2013-2016.

**Figure 20 - Estimated average days lost per worker (FTE) in the previous 12 months due to self-reported work-related illness, Great Britain, 2003-2016**



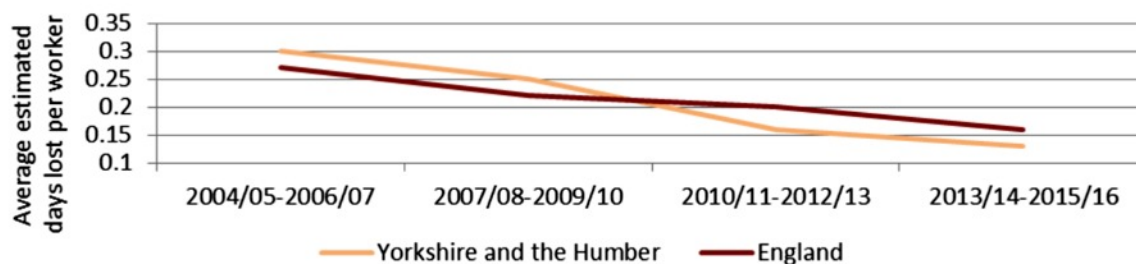
Source: Office for National Statistics (2016)

<sup>38</sup> Full time equivalent, e.g. two people employed for 19 hours each are equivalent to one full time (38 hours) worker.

### Due to injury specifically

In contrast to the number of days lost through illness, the regional rate of days lost due to non-fatal workplace injuries is lower than nationally, with Yorkshire and the Humber having a lower rate than nationally.

Figure 21 - Estimated average days lost per worker (FTE) in the previous 12 months due to non-fatal workplace injuries, Great Britain, 2003-2016



Source: Office for National Statistics (2016)

### Musculoskeletal conditions

#### What are musculoskeletal conditions?

Musculoskeletal conditions (MSKs) affect muscles, joints and tendons, and can occur in all areas of the body. Work-related MSKs often develop over time due to the physical tasks individuals carry out during their normal working activities. Common risk factors include heavy lifting and continual repetitive movements.

#### How prevalent are musculoskeletal conditions?

Although MSKs conditions are more likely to occur as we age, it was reported in 2014 that approximately one-in-six adults in the United Kingdom reported back pain lasting for twelve weeks or longer. The Northern Lincolnshire Burden of Disease report identified in 2015 that MSK conditions are highly prevalent amongst the working age population of North East Lincolnshire, with this being mostly back and neck injuries. A need to focus on prevention and early management of MSK conditions was identified by the report.

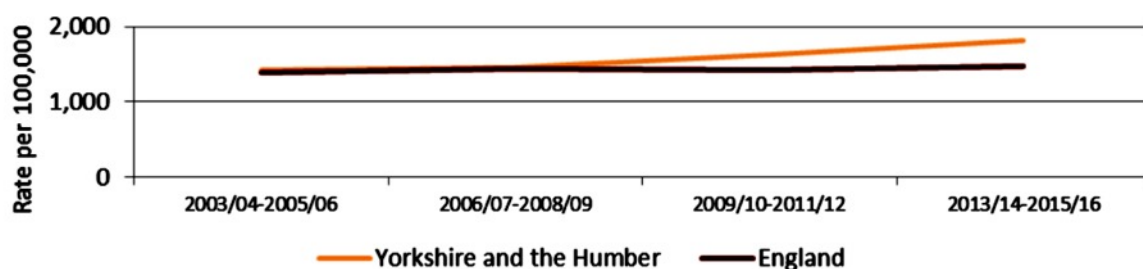
#### Musculoskeletal conditions and occupations

In Great Britain, work-related MSKs are most prevalent within the skilled trades occupations, with an estimated rate of 2,370 self-reported work-related injuries per 100,000 workers. Process, plant and machine occupations, have a lower but still significantly high rate at 1,880 injuries per 100,000 workers. The lowest rates of MSKs are within the administrative and secretarial occupations, customer service occupations and professional occupations, with rates of 780, 890 and 990 per 100,000 respectively.

#### Work-related stress, anxiety or depression

Psychological work-related illnesses are becoming more prevalent in the United Kingdom, and are one of the biggest reasons for work-related illness. Work-related stress, anxiety or depression is estimated from the Labour Force survey to account for 37% of all work-related illness in 2015/16, with estimated rates of work-related stress, anxiety or depression rising regionally by 26% and nationally by 6% since 2003.

Figure 22 - Estimated rates of self-reported work-related stress, depression or anxiety in the last 12 months, per 100,000 FTE workers



Source: Office for National Statistics (2016)

### Work-related stress, anxiety or depression by industry and occupation

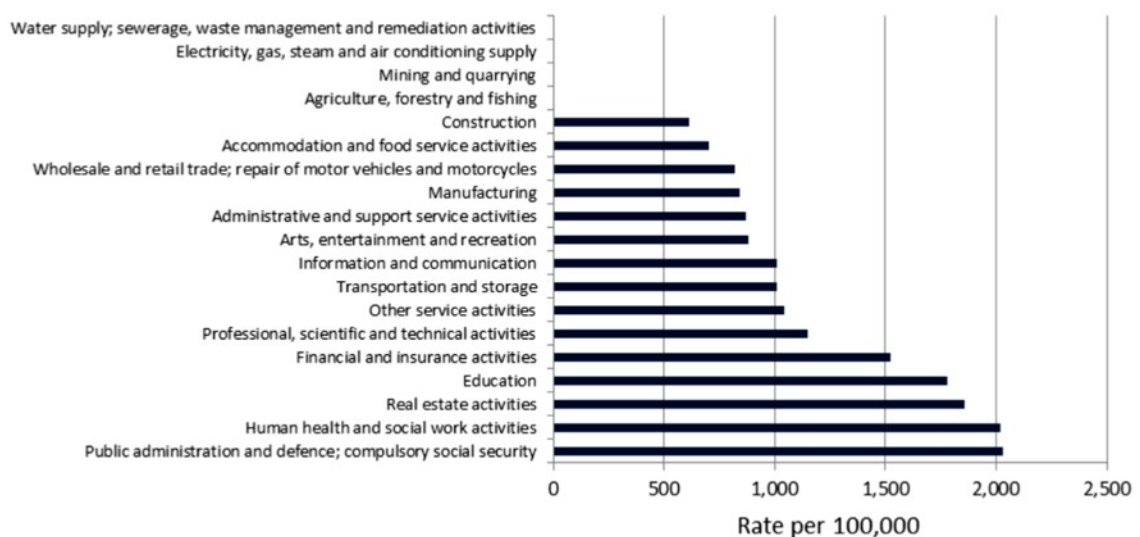
Work-related stress, anxiety or depression by industry and occupation

In Great Britain the estimated rate of work-related stress, anxiety or depression was highest amongst people in:

- Public administration, defence and compulsory social security
- Human health and social work
- Real estate
- Education
- Finance and insurance

Employees in the construction industry reported the lowest amount of work-related stress, anxiety or depression.

**Figure 23 - Estimated rate of self-reported work-related stress, depression or anxiety in the last 12 months, by industry, per 100,000 FTE workers**



Source: Office for National Statistics (2016)

Work-related stress, anxiety or depression is more prevalent within higher-skilled, professional occupations, with elementary occupations and process occupations having far lower rates of work-related stress, anxiety or depression than professional and administrative occupations. An exception to this is a very low rate amongst the skilled trades, whose jobs are skilled but do not appear to result in the same level of work-related mental health problems as other skilled roles.

## Other work-related mortality and morbidity

### Hearing loss

Data from the Health and Safety Executive (HSE)<sup>39</sup> estimates that whilst the national incidence of noise-induced hearing loss caused or made worse by work was on average 163 cases per year between 2005 and 2015, the prevalence is estimated to be over 20,000 given the lifelong nature of hearing loss. Less than 1% of new cases in the past ten years were female.

Workers in occupations with noise levels above 80dB(A) can be considered at risk<sup>40</sup>, with examples from the HSE including factory and manufacturing workers. North East Lincolnshire has a higher than the national average proportion of manufacturing workers, suggesting that locally, there may be an increased risk of noise-induced hearing loss.

### Skin conditions

Data from the Health and Safety Executive (HSE)<sup>41</sup> estimates that nationally 6,000 new cases of skin problems were caused or made worse by work between 2012 and 2015, including approximately 1,500 individuals with occupational skin disease in 2015. The HSE identify that cleaners, florists, hairdressers, cooks, beauticians and certain manufacturing workers are at risk.

As of 2011, as per the 2011 Census, North East Lincolnshire had 820 hairdressers, 1,697 in food preparation and hospitality and over 2,000 employed in cleaning positions. These occupations are predominately held by women, and so the burden of work-related skin disorders lies heavy on the female population.

### Respiratory disease

Data from NOMIS shows that from 2013 to 2015, there were approximately 7,200 asbestos-related deaths in England, the vast majority of which were from mesothelioma, which the HSE claim is "almost exclusively related to asbestos exposure"<sup>42</sup>. Approximately 85% of asbestos-related deaths are male.

In addition, there are approximately as many other asbestos-related lung cancer deaths per year as there are mesothelioma deaths<sup>42</sup>.

Whilst the use of asbestos within new buildings has been illegal since November 1999<sup>43</sup>, asbestos is still present in a number of buildings, including schools, offices, factories and residential properties. There is still an ongoing risk to those who work in the building trade, as well as anyone who lives, works or studies in buildings containing asbestos.

### Cancer

Data from the Health and Safety Executive (HSE) estimates that 5% of cancer deaths and 4% of cancer registrations in Great Britain are related to occupational exposure to carcinogens<sup>44</sup>, such as asbestos, silica, and diesel exhaust emissions, with 3,500 cancer deaths per year attributable to the construction industry. The HSE also suggest that "exposure to silica, diesel engine exhaust, solar radiation, shift work and working as painters and welders"<sup>45</sup> are possible risk factors developing cancer.

Data from the 2011 Census shows that construction workers, painters and welders make up approximately 6.7% of North East Lincolnshire's workforce.



The percentage of cancer deaths related to exposure to carcinogens at work

5%

39 Health and Safety Executive (2017) *Noise-induced hearing loss*  
40 University of York (2013) *Prediction factors for occupational noise induced hearing loss*  
41 Health and Safety Executive (2017) *Work-related skin disease*  
42 Health and Safety Executive (2017) *Asbestos*  
43 HM Government (1999) *The Asbestos (Prohibitions) (Amendment) Regulations 1999*  
44 Health and Safety Executive (2017) *Cancer*  
45 Health and Safety Executive (2017) *Occupational Cancer in Great Britain*

## Workplace fatalities

The incidence of worker fatalities is significantly greater in Yorkshire and the Humber than in Great Britain, even after standardisation for industry type. The five-year pooled, industry-standardised fatality rate for Yorkshire and the Humber is 0.67 fatalities per 100,000 workers compared to 0.51 per 100,000 workers across Great Britain.

### Suicide by occupation

Suicide is a leading cause of death in England for both males and females under the age of 50. North East Lincolnshire has a marginally higher suicide rate than England. Evidence suggests that suicides may be patterned by occupation, with typically stated factors including<sup>46</sup>:

- Job-related factors such as a lack of job security or low pay
- Selection bias of people at risk of suicide gravitating towards particular occupations
- Some occupations exposing people to access or knowledge of methods of suicide

Figure 24 overleaf shows the standardised mortality ratio (SMR) for suicide by occupation group, relative to the England average, so for example the suicide rate for managers, directors and senior officials is 48 meaning it is 0.48 times the average England suicide rate. Likewise, the suicide rate for unskilled occupations at 144 is 1.44 times the average England suicide rate.

As can be seen, in general a lower occupational group corresponds to a higher suicide rate.

This does not of course mean that a lower occupational group causes suicide, though some have certainly suggested a causal mechanism, for example leading suicidologist Steven Stack<sup>47</sup> suggests that an interplay of occupational stress, pre-existing psychiatric morbidity, opportunity factors and demographic factors affects the risk of suicide.

Figure 24 - Standardised mortality ratio for male and female suicides, registered in England, 2011-2015



Source: Office for National Statistics (2016)

## 5.3 Illness by patterns of work

### Night shift

There is a recognised association between shift work and ill-health, with shift-work recognised to impact on the likelihood of developing a number of health conditions, such as heart disease<sup>48</sup>, diabetes<sup>49</sup>, cancer<sup>50</sup> and neurological problems like memory loss<sup>51</sup>, as well as overall life quality and expectancy<sup>52</sup>.

### Temporary and zero-hour contracts

The number of people UK-wide on some form of temporary contract, whilst lower than the twenty-year peak of 1,846,000 in 1998, has been rising steadily since the 2008 financial crisis and is currently estimated to be 1,643,670<sup>53</sup>. Whilst the number locally is not known, there are currently hundreds of temporary vacancies advertised across North East Lincolnshire on job search websites.

A number of studies have found links between temporary employment and poor health, in particular with psychological issues. One such study<sup>54</sup> which conducted a literature review of 27 other studies suggested that there was a high degree of psychological morbidity, but also a higher risk of occupational injury. Sickness absence was recorded as lower, something which may be due to a reluctance to take time off work, due to a lack of provision for sickness pay for all individuals on zero-hours contracts<sup>55</sup>. Morbidity was suggested to be higher in temporary employment with more instability.

The number of people, and the percentage of the workforce on zero hour contracts has increased dramatically, also since the 2008 financial crisis. Whilst this figure locally is not known, the percentage of the employed UK population on zero-hour contracts has risen from 0.6% in 2001 to 2.8% in 2016.

Zero-hour contracts have a negative association with health, likely for the same reasons that temporary contracts do. A study of the impact of zero-hours contract on higher-education teaching staff found a link between stress and health consequences of the 'fragmented work patterns' brought about by zero-hour contracts.

Another study in both the UK and US associated zero-hour contracts with "widespread anxiety, stress and depressed mental states as a result of ... uncertainty"<sup>56</sup>.

## 5.4 Healthy workplaces

The Healthy Places Award is part of North East Lincolnshire Council's Healthy Places programme, which is a programme aimed at empowering people to live well where they work, learn and play. All educational establishments, workplaces and community settings across North East Lincolnshire are invited to participate and achieve and award.

The Healthy Places Award (HPA) is available at bronze, silver and gold levels; moving from raising awareness about health issues, on to more detailed health and wellbeing projects and policy. It aims to:

- Upskill and empower people to champion health and take care of each other
- Inspire sustainable health-related change
- Get organisations recognition for creating healthier settings

The HPA gives organisations:

- Support from a member of the council's Wellbeing Service
- Access to accredited and non-accredited health-related training courses
- Support to develop individual action plans and policy documents
- Access to online support via the HPA website
- Membership of the Healthy Places network

Since the HPA began, more than sixty local employers, schools and community settings have taken part, with 31 bronze awards, 14 silver awards and 7 gold awards<sup>57</sup> given out so far. At the moment, 2 organisations are working towards bronze, 1 towards silver and 5 towards gold.

Following are two case studies of local employers who have achieved the Healthy Places Award - North East Lincolnshire CCG, who have achieved silver status and Young's, who have achieved bronze, silver and gold - detailing the measures they've put in place, and the impact it has had on their workplaces.

The estimated percentage of people in work who work shifts in Yorkshire and the Humber

1.8%

48 Mosendane, T (2008) Shift work and its effects on the cardiovascular system

49 Axelsson and Puttonen (2012) *Night shift work increases the risk for type 2 diabetes*

50 World Health Organisation (2007) *Cancer Incidence in Five Continents, Vol. IX*

51 Marquie et al (2014) *Chronic effects of shift work on cognition: findings from the VISAT longitudinal study*

52 Gu et al (2015) *Total and cause-specific mortality of US nurses working rotating night shifts*

53 Office for National Statistics (2017) *Temporary employees*

54 Virtanen et al (2005) *Temporary employment and health: a review*

55 Trades Union Congress (2016) *Worksmart: I've got a zero-hours contract.*

56 University of Cambridge (2014) Zero-hours contracts are 'tip of the iceberg' of damaging shift work say researchers

57 Please note, these are cumulative totals, so an organisation reaching gold will be counted in the totals for bronze and silver also.

## North East Lincolnshire Clinical Commissioning Group (CCG)

North East Lincolnshire CCG employs 88 members of staff, with an FTE (full-time equivalent) of 78.3. Having achieved silver status in 2016, the CCG has put in place a variety of measures aimed at protecting and promoting the health and wellbeing of its staff, ranging from signposting to appropriate services, to applying for funding from central government to make provisions for staff to commute to work in healthier ways.

The CCG began the Healthy Places Award process in 2015, with support from North East Lincolnshire Council's Wellbeing Service, the CCG's own senior management who backed the CCG in obtaining the award, and a high level of interest amongst staff.

Actions taken by the CCG to protect and improve the health of their staff include healthy living guides published on the staff intranet, lunchtime walking groups and mental health first aiders.

The CCG said that they felt "fully supported" by the council in achieving the Healthy Places Award. Data from the CCG's annual reports for the 2014/2015 and 2015/2016 financial years show reduced sickness absence and staff turnover throughout 2015 than in 2014.

## Young's

Young's - one of the UK's biggest seafood companies - have been based in Grimsby since the 1970s and currently employ just under 2,000 staff at their Grimsby sites, making Young's the largest private employer in North East Lincolnshire.

Food manufacturing has become an increasingly important source of employment within North East Lincolnshire, with food manufacturing being the biggest employer in some areas of North East Lincolnshire and Grimsby's status as "Europe's Food Town" recognised by the European Commission<sup>13</sup>.

Young's and the council have been working together to improve health and wellbeing for nearly a decade, in which time Young's became one of the first employers to achieve bronze, silver and gold in the Healthy Places Award, and are currently working towards being the first employer to achieve platinum.

Young's have implemented a variety of workplace measures with the intention of protecting and improving the health of their workforce.

A recognition of, and significant focus on mental health ensures that Young's have a high number of mental health first aiders, acting as first points of contact for any staff member who would like to discuss mental health issues. In addition to this, a NAVIGO mental health employment specialist visits Young's frequently to take referrals from mental health first aiders.

There is an understanding of the physical health impact of manufacturing and factory work throughout the organisation. Young's promote a variety of healthy living and healthy eating measures within their workforce, such as occupational health nurses offering screening during visits, healthy choices in the staff canteen, a cycle to work scheme and participation in the North East Lincolnshire Cycle Challenge<sup>58</sup>.

Overall, by focusing on preventative health, Young's have seen declining sickness and absence rates with a lower staff turnover.

## Recommendation

*The council encourages the trading arm of the Wellbeing Service, 'Healthy Places', to engage with more employers and employer organisations, with a focus on mental and emotional wellbeing.*

## 5.5 Longer working lives

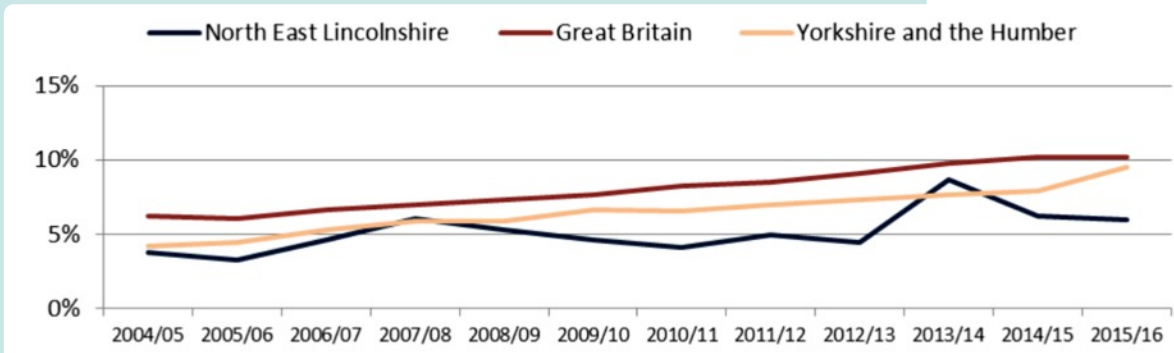
Last year's Director of Public Health's annual report<sup>59</sup> focused on older people and reported that the proportion of people aged 65 and over in North East Lincolnshire is greater than that of England, with 19.5% of North East Lincolnshire's residents being of pensionable age, compared to 17.7% of England's residents<sup>60</sup>. Population projections published by the ONS suggest that by 2039, this figure will rise to 26.8% locally and 24.0% nationally<sup>61</sup>.

In line with this increase, the workforce as a whole will have a greater proportion of older workers, with the national proportion of the workforce aged 50-64 predicted to increase from 26% in 2012 to 35% by 2050<sup>62</sup>.

Since 2004/05, the percentage of people aged 65 and over in work has increased locally, regionally and nationally, as Figure 25 below shows. This may be in part due to legislative changes that no longer permit employers to compulsorily retire workers at the age of 65<sup>63</sup>.

This brings about significant challenges, not just nationally, dealing with an ageing workforce but also taking into account region-specific factors that already impact on employability.

Figure 25 - Employment rate within the over-65 population for North East Lincolnshire, Yorkshire and the Humber and Great Britain, 2004-2015



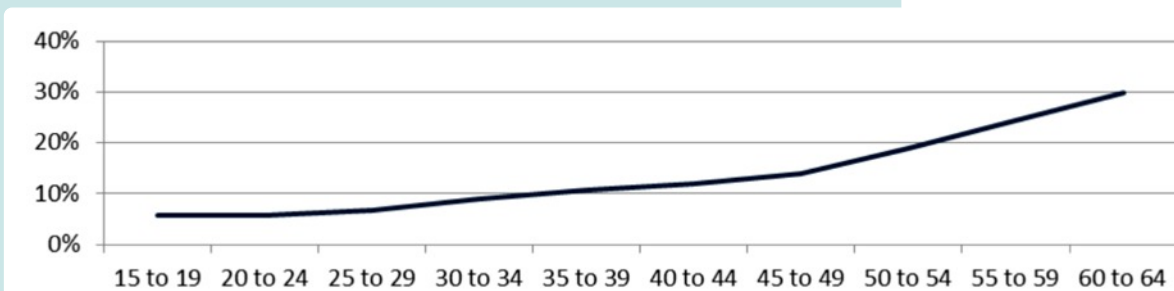
Source: NOMIS - Official Labour Market Statistics (2017)

### The impact of health in later life on the ability to work

As mentioned, generally speaking the employment rate decreases with age, reflecting early retirement, inability to work through ill-health and the inability to find work in later life.

Figure 26 below shows that whilst approximately 6% of people aged 15-29 report a long-term health problem or disability that limits day-to-day activity, this rises to approximately 21% for people in their 50s and 30% for those in their early-to-mid 60s.

Figure 26 - Percentage of population within each group reporting a long-term health problem or disability that limits day-to-day activity, North East Lincolnshire, 2011



Source: NOMIS - Official Labour Market Statistics (2017)

59 North East Lincolnshire Council (2016) Director of Public Health's Annual Report 2016  
 60 North East Lincolnshire Informed (2016) Population estimates  
 61 North East Lincolnshire Informed (2016) Population projections  
 62 HM Government (2016) Future of an ageing population  
 63 HM Government (2011) The Employment Equality (Repeal of Retirement Age Provisions) Regulations 2011



Data from an audit of fit notes from a single GP surgery in North East Lincolnshire shows that just over 40% of fit notes given to patients not fit to work are given to patients aged 40-55, despite patients in that age group making up approximately 20% of all patients in that surgery. Fit notes stating not fit to work are given at a rate of just 15 fit notes per 100 patients aged 17-39, rising to 23 per 100 for patients aged 40-55.

ONS data suggests that nationally:

- The 50-64 age group has the highest percentage of annual hours lost due to sickness absence, with 2.8% of hours lost due to sickness
- Workers aged 16-24 are 46% less likely to be off work due to sickness

Further, a study conducted in 2007<sup>64</sup> across Europe proposing a new health indicator, the *healthy working life expectancy* (HWLE) found that at age 50, men had 7.5 remaining years healthy enough to work and women just 4.8 years.

Finally, Eurostat<sup>65</sup> - part of the European Union - report that men and women in the United Kingdom have a healthy life expectancy of approximately 64 years, which given a rising pension age, suggests that the final years of working life will be marred by poorer health.

This national data is supported by further local data, from the Northern Lincolnshire Burden of Disease study, which reported that people are living longer, but chronic disease and disability impacts on the quality of life and ability to work of increasing numbers of people between the age of 40 and 65.

## Fuller Working Lives

The following is a summary of the main points of the Department for Work and Pensions' *Fuller Working Lives* strategy<sup>66</sup>, which acknowledges an ageing workforce and details what can be done to support older workers.

- Over the last two decades, the average age of leaving the labour market has increased, but is not keeping pace with life expectancy.
- 25% of men and 33% of women leave the workforce at least five years before reaching state pension age.
- There are almost one million individuals aged 50-64 that are out of employment but say they are willing or would like to work.

### Supporting health in the final years of working life

The government give details of five key actions they are taking to support older workers:

- Legislation in the form of removal of the default retirement age; reform and review of the state pension; and the right to request flexible working for all employees with six months or more of continuous service.
- Supporting those who may need more help, such as women; carers; the disabled and ethnic minorities; and the Improving Lives: Work Health and Disability Green Paper.
- Reforming the skills system, through the Building an Industrial Strategy Green Paper, with new approaches to lifelong learning.
- Improving the Jobcentre Plus offer for older workers, with older claimant champions in all regions, to increase awareness of the employment barriers for older workers.
- An evidence review, with a team of academics, researchers and employers to support the Fuller Working Lives strategy.

### Key Facts

- The health of employees in lower-paid, lower-skilled jobs is more at risk due to feelings of stress, self-esteem, job dissatisfaction and a lack of autonomy in the workplace. A greater proportion of jobs in North East Lincolnshire are lower-skilled jobs compared to the national average.
- Across the Yorkshire and Humber region, the skilled trades occupations and the health and social care industry have the highest rates of self-reported workplace-related illness.
- North East Lincolnshire has a greater than average proportion of workers in areas such as manufacturing, construction and maintenance, industries at greater risk of workplace-related illnesses such as asbestosis, cancer and hearing loss.
- In North East Lincolnshire, 30% of people in their early-to-mid 60s report a limiting health problem or disability compared to 6% of people aged 15 to 29.

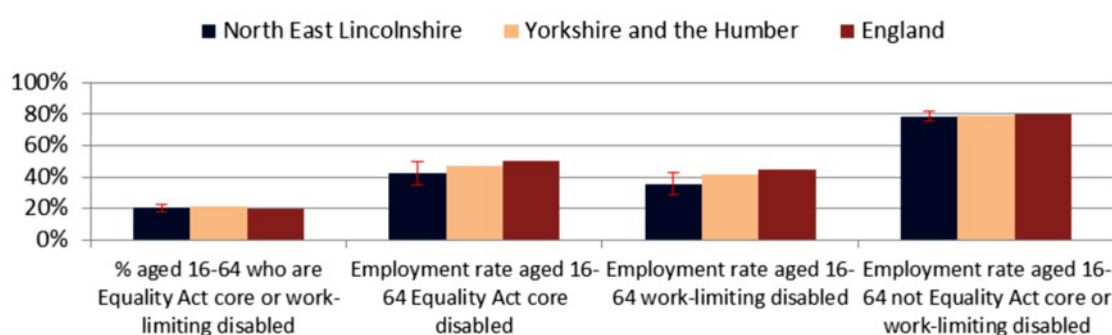
# 6 Health as a barrier to employment

There is clear evidence that poor health is a barrier to employment, with those with disabilities or long-term conditions, mental or physical, less likely to be in employment than the general working-age population.

Figure 27 below shows the employment rate amongst adults aged 16-64 in North East Lincolnshire, Yorkshire and the Humber and England, by their disability class, as defined by the Equality Act 2010<sup>67</sup>, either:

- Core disabled - those with a long-term disability substantially limiting their day-to-day activities or
- Work-limiting disabled - those with a long-term disability affecting the nature or volume of work they can do

**Figure 27 - Prevalence of disability and employment rate by disability status, North East Lincolnshire, Yorkshire and the Humber and England, January - December 2016**



Source: NOMIS - Official Labour Market Statistics (2017)

## 6.1 The health status of the out-of-work population and the implications of health status for finding work

It is well-known and well-understood that those who are out of work tend to be - on the whole at least - less healthy than the working population, despite not being exposed to the numerous risk factors for health that are prevalent in the workplace. This is known as the healthy worker effect<sup>68</sup>. Long term unemployment is strongly associated with a wide range of health problems including mental health disorders such as anxiety and depression<sup>69</sup> and long term conditions such as heart disease and diabetes. Unsurprisingly therefore, it has also been found that the unemployed have greater rates of health service utilisation<sup>70</sup>. The precise cause and effect of why unemployment can be associated with something like heart disease is not

known but writing in the Health Service Journal about a study that he commissioned in order to gain a better understanding as to why so many men in his area were dying prematurely, the former Director of Public Health for Sandwell in the West Midlands, Dr John Middleton, wrote:

“ Most of them [unemployed men] had left school at 16, secure in the expectation of a lifetime's job in manufacturing. When the jobs in manufacturing went, the chances of something else in IT, finance or new technology did not exist. Most of that generation did not work again except for casual, dirty, dangerous, wearisome and unrewarding work. They lived out much of their lives smoking and drinking in pubs, eating cheap, processed foods high in fat, being inactive, but being also stripped of opportunity, respect and hope, living for the dole cheque, afflicted by coronary heart disease or lung cancer at an early age. ”

### Recommendation

The public health team in North East Lincolnshire Council has proposed a research project looking at the factors behind high rates of premature mortality in the area. It is recommended that the impact of long term unemployment is included in this review.

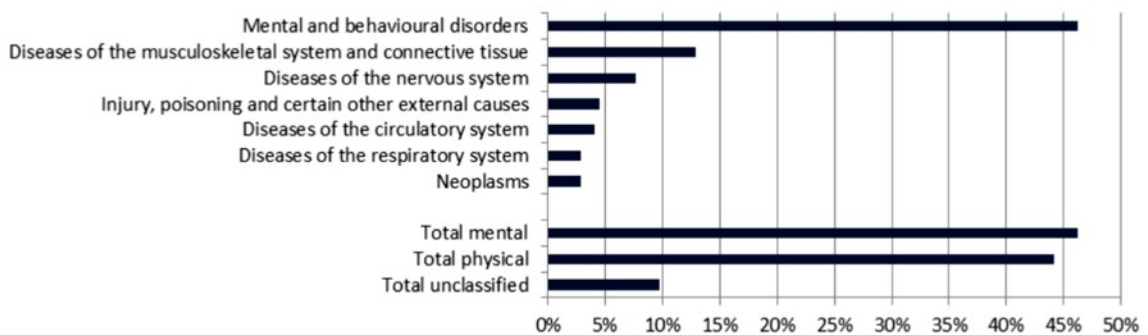
67 HM Government (2010) *Equality Act 2010*  
 68 McMichael, A.J. (1976) Standardised mortality ratios and the "healthy worker effect": Scratching beneath the surface  
 69 Linn, Sandifer and Stein (1985) Effects of unemployment on mental and physical health.  
 70 Royal College of Psychiatrists (2008) *Mental health and work*

## Distribution of ESA claimants by condition

Data from NOMIS, based on Department of Work and Pensions claimant counts indicates that between February and August 2016, there were on average just under 7,100 claimants of Employment and Support Allowance (ESA). ESA gives financial support to those who are unable to work due to a long-term condition or disability and is explored in more detail in section 4.5.

Figure 28 below shows the distribution of North East Lincolnshire's ESA claimants by selected ICD-10<sup>71</sup> codes. As can be seen, just under half (46.2%) of claimants were in receipt of ESA for mental health reasons. This is broadly the same as the national and regional figures and consistent with fit-notes issued by GPs. 44.1% of ESA claimants were in receipt of ESA for physical health reasons, notably musculoskeletal (12.9%) and nervous (7.7%), circulatory (4.0%) and respiratory system (2.9%) problems respectively.

Figure 28 - Distribution of ESA claimants by ICD-10 code, North East Lincolnshire, February-August 2016



Source: NOMIS - Official Labour Market Statistics (2017)

## Local ESA data

Analysis of North East Lincolnshire's ESA claimant data for August 2016 at middle-layer super output area<sup>72</sup> (MSOA) level shows socio-economic variation in the reason for the claim:

- There is a much greater rate of ESA claimants per 1,000 people aged 16-64 in deprived areas.
- There is a positive correlation between an area's deprivation score and the percentage of claims for mental health reasons. The more deprived an area of North East Lincolnshire is, the greater the percentage of claims are for mental health reasons.

- Although the greatest proportion of claims relate to mental health conditions, in some parts of NEL physical health conditions such as nervous system disorders or musculoskeletal conditions are the major causes.
- There is however little relationship between duration of claim and deprivation, with a slightly higher proportion of claims in the least deprived areas being of two years or longer. In all areas of North East Lincolnshire, a majority of claimants have been claiming for two years or more, with an average of 60.5% across the local authority, slightly lower than the national average of 64.4%.

<sup>71</sup> ICD-10 refers to the international classification of disease codes used to define medical conditions

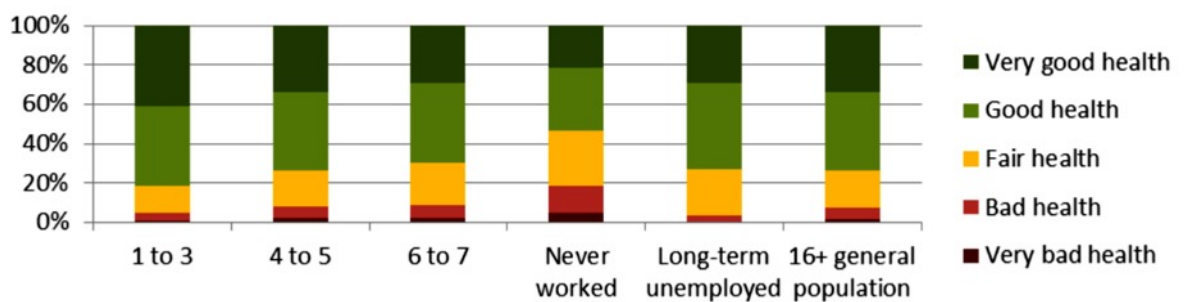
<sup>72</sup> MSOAs are Census-determined areas of the country containing approximately 6,500 individuals of broadly similar socioeconomic characteristics.

## Health by employment grade

Data from the 2011 Census allows for analysis of overall, self-reported health status by employment grade, including those who are long-term unemployed and those who have never worked, with health rated on a five-point scale from very good to very bad. Figure 29 below shows the distribution of health status for broad occupational groups, those who have never worked, the long-term unemployed and the 16+ general population excluding full-time students.

As can be seen, the proportion of those who have never worked reporting bad health is higher than the other groups. The general population reports good health overall, but with little difference to the long-term unemployed.

Figure 29 - Distribution of self-reported health status by occupational/economic status, 16+ never worked, long-term unemployed and general population, North East Lincolnshire, 2011



Source: NOMIS - Official Labour Market Statistics (2017)

## Implications for finding work

### Physical health

There is a wide variety of physical conditions that limit ability to find work, such as long-term conditions like chronic obstructive pulmonary disease (COPD), multiple sclerosis (MS) and disabilities that cause sensory impairment or result in impaired mobility. It is well-known that these conditions have a significant effect on the employment rate. For example the employment rate for disabled people with musculoskeletal problems is estimated to be 48%<sup>73</sup>, the employment rate for people with COPD is estimated to be 41%<sup>74</sup> and the employment rate for people with MS is estimated to be

43%<sup>75</sup>. Whilst employment rate estimates for other physical conditions such as heart disease or hypertension aren't available, it would be reasonable to assume on the evidence presented that they are lower than the employment rate of the working-age population as a whole.

Individuals with physical disabilities may need adjustments to their workload or physical environment. This can create a barrier to employment.

The employment rate in NEL for people with long-term health problems

45%

73 Department of Work and Pensions (2016) *Work, health and disability: improving lives*  
 74 Rai et al (2017) *Birmingham COPD Cohort: a cross-sectional analysis of the factors associated with the likelihood of being in paid employment among people with COPD*  
 75 MS Ireland (2016) *Multiple Sclerosis and Employment: Facts and Figures*

## Mental Health

As Figure 28 above shows, almost half of all ESA claimants were in receipt of ESA for mental health problems. Whilst specific data is not yet available for 2016, it is available for November 2013. Data for November 2013, published under a Freedom of Information (FOI) request<sup>76</sup> shows that of 2,420 claimants receiving ESA for mental health reasons, selected common reasons were depressive episode (46.3%), anxiety disorders (16.9%) learning disorders (8.7%) substance misuse (8.3%) and severe stress (4.5%).

It has been reported that the unemployment rate for people with a 'common' mental health condition such as depression, is 'double' that of the general population<sup>77</sup>. The employment rate for those in contact with secondary mental health services is significantly lower than that of the employment rate of the general working age population locally, regionally and nationally.

## Depression

The data above suggests that depression could be a factor in approximately a quarter of ESA payments, making it the single most prevalent condition. Data from Public Health England<sup>78</sup> estimates that for 2015/16, within North East Lincolnshire, 7.5% of adults have been diagnosed with depression by their GP, with an estimated 1,799 new cases of depression amongst adults in North East Lincolnshire within the 2015/16 financial year.

A literature review and expert consultation carried out in 2015<sup>79</sup> demonstrates the barriers that people with depression experience when attempting to find work, with a particular focus on the effects of decreased functioning due to depression, which have an impact both on cognitive functioning such as difficulties concentrating and remembering, as well as problems sleeping, showing interest and dealing with stress.

These symptoms can manifest themselves in difficulties in all aspects of employment and pre-employment, such as searching for jobs, completing applications and performing at interview. Specifically, the literature review identifies the symptoms of depression impacting on getting to work (e.g. difficulty getting up in the morning), doing the job (e.g. concentrating) and working with people (e.g. meeting customers, clients or colleagues).

## Substance misuse

Research indicates that users of drugs such as crack cocaine and heroin are "significantly less likely" to be in employment than other adults of working age<sup>80</sup>. Whilst not identified in the most recent ESA statistics presented, North East Lincolnshire has a high rate of substance misuse, particularly opiate misuse, amongst its working age population<sup>81</sup>.

Data from Care Plus Group on over 700 substance misuse patients locally shows that of those in treatment for alcohol misuse (n=331) 29% were in employment. 34.7% were long-term sick or disabled and 22.4% were unemployed but actively seeking work.

For those in treatment for drug misuse (n=792) 11.4% were in employment, 39.3% were long-term sick or disabled and 39.6% were unemployed but actively seeking work.

A literature review carried out in 2004 demonstrated the barriers that substance users experience when attempting to find work<sup>82</sup>, such as:

- A lack of educational qualifications
- Lack of belief in own ability
- Side-effects of opiate substitutes like methadone, such as poor concentration
- Chaotic lifestyles
- Criminal history
- Debt

## Recommendation

*It is recommended that providers of drug and alcohol services should support their clients to obtain employment or maintain employment, to maximise opportunities for client recovery.*

<sup>76</sup> Department of Work and Pensions (2014) Statistics on ESA claimants by LA and ICD10 code for mental and behavioural disorders: Nov 2013

<sup>77</sup> Depression Alliance (2016) Work In Progress: Improving employment outcomes for people with depression

<sup>78</sup> Public Health England (2017) Common mental health disorders profile

<sup>79</sup> The Work Foundation (Lancaster University) (2015) Symptoms of depression and their effects on employment

<sup>80</sup> Department of Work and Pensions (2010) Problem drug users' experiences of employment and the benefit system

<sup>81</sup> Hay, dos Santos and Worsley (2012) Estimates of the prevalence of Opiate Use and/or Crack Cocaine Use, 2011/12: Sweep 8 Report

<sup>82</sup> Sutton et al (2004) Drug and alcohol use as barriers to employment: a review of the literature

## Young people not in education, employment or training (NEETs)

During 2015, North East Lincolnshire's rate of young people not in education, employment or training (NEET) was estimated to be 8.3%. Whilst this figure is higher than many other local authorities, it is thought a mitigating factor for this may be the robust procedures in place for identifying NEETs.

Evidence from the University and College Union<sup>83</sup> suggests being a NEET is associated with isolation, depression, anxiety and a range of health-damaging behaviours such as smoking and obesity, as well as greater risks of long-term unemployment and involvement in criminal activity. In 2008, the then Department for Children, Schools and Families stated<sup>84</sup> that "...spending time NEET is a major predictor of later unemployment, low income, depression and poor mental health". There is some evidence to suggest that a high rate of NEETs is associated with the loss of industry<sup>84</sup>, even from as far back as the 1980s, which is particularly relevant to areas such as North East Lincolnshire.

### 6.2 Experiences of people with disabilities and long-term conditions in relation to employment

Following are two case studies relating to the experiences of local people with disabilities and long-term conditions in employment and in finding employment. The first presents the findings from a recent focus group carried out by Care Plus Group and the second presents the experience of one job-seeker with a long-term condition in finding employment via Jobcentre Plus.

#### Case Study: Care Plus Group

In April 2016, Care Plus Group carried out a focus group to gain an insight into the barriers people with long-term health conditions and/or mental health issues face when trying to gain and retain employment. This section presents and discusses the experiences of seven of the focus group's participants.

- 6 participants were out of work when the focus group took place with 1 participant working part-time
- 5 participants identified as female and 2 as male
- 4 participants had mental health issues, 3 had long-term health conditions and 2 had learning disabilities.

Findings from this focus group include:

- All participants expressed a desire to be in employment
- Participants cited numerous reasons for not being in employment, such as a lack of self-confidence, lack of skills and employers having poor understanding of their condition
- There was some evidence of the 'discouraged worker effect' present in which difficulty finding a job results in reduced job-searching activity and lengthier periods of unemployment
- The majority of participants claimed to not have had support in returning to work from a health professional and identified a lack of referrals from GPs to employability support.
- Participants felt that a return to employment would reduce isolation, bring routine to their lives and reduce reliance on benefits.

#### Recommendation

A recommendation of this report is an improvement of the referral pathway into employability services, such as those offered by Care Plus and Navigo, for people for people with long-term conditions.

<sup>83</sup> University and College Union (2014) *Engaging young people not in education, employment or training - The case for a Youth Resolution*

<sup>84</sup> Department for Children, Schools and Families (2008) *Reducing the number of young people not in education, employment or training (NEET) : The strategy*

### Case Study: Jobcentre Plus

The following is a 'good news story' given to the Council from the local Jobcentre Plus. To protect the privacy of the individual, names have been changed

Paul - a former Army chef - was referred to a disability employment advisor within Jobcentre Plus to help him overcome the barriers to employment created by poor health, such as his COPD.

Paul's disability employment advisor met and spoke with Paul and they identified together that Paul's lack of confidence was a major obstacle to employment. As Paul's disability employment advisor knew that a local charity were looking for kitchen volunteers, they explained to Paul that it was a good opportunity and Paul agreed to give it a go, with the Jobcentre making the arrangements on Paul's behalf.

When they next met, Paul was visibly much happier and after the eight-week placement with the charity had ended, Paul decided to stay on as a volunteer. The Jobcentre promoted Paul to a local employer looking for a part-time chef, and Paul was successful in gaining the job with full-time hours, after having a discussion with the employer about his health needs.

Paul now works 30 hours per week and is no longer reliant on benefits.



### Research evidence

Research carried out by law firm Leigh Day, published in 2014<sup>85</sup>, sought to examine the views of a sample of just over 2,000 disabled, working-age people in the UK. Their research suggests that:

- Approximately 1 in 5 felt they are, or have been, discriminated against in regards to employment.
- Of those expressing an interest in applying for a new job, almost half would not feel confident in disclosing their disability.
- A quarter do not, or did not feel supported by their employer or senior management.
- Less than half requesting adjustments to the workplace, as mandated by the Equality Act 2010, had all their requests filled and approximately a third received little to no help after requesting adjustments.

### Recommendation

*Another recommendation from this report is an inclusion of employment as a focus in the care planning process for people with long term conditions.*

### 6.3 Attitudes of employers towards employing people with disabilities and long-term conditions

There is general consensus that employer attitudes are a barrier to disabled people finding work, with research from a number of countries in a variety of job sectors reaching this conclusion<sup>86,87,88,89,90</sup>. There has also been political recognition of this barrier with the DWP stating that 42% of disabled people found employer attitudes a barrier to employment, with employer attitudes seen as a bigger barrier than transport<sup>91</sup>.

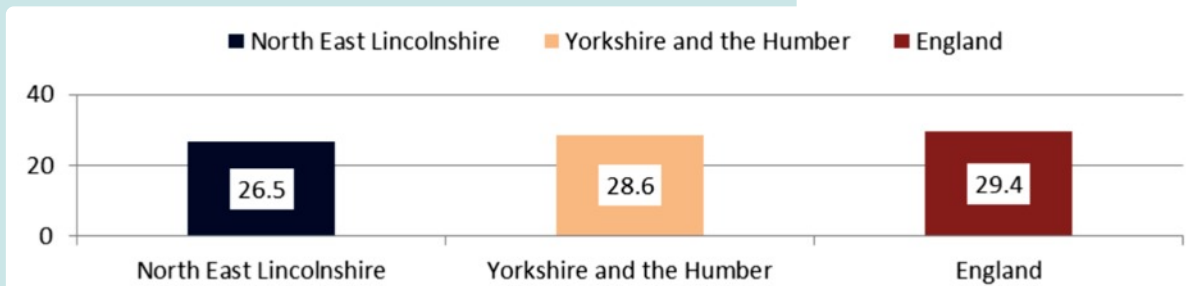
This is perhaps best illustrated by comparing the employment rate for the working-age population with long-term conditions to the employment rate for the general working-age population, as shown below in Figure 30. At 26.5 percentage points, the gap locally is lower than regionally and nationally.



Employment rate for people in NEL with a long-term health condition

45%

**Figure 30 - Gap in the employment rate between the general working age population and the working-age population with a long-term condition, North East Lincolnshire, Yorkshire and the Humber and England, 2015/16**



Source: NOMIS - Official Labour Market Statistics (2017)

The Disability Discrimination Act 1995<sup>92</sup> and the Equality Act 2010<sup>67</sup> place a duty upon employers to make 'reasonable adjustments' with the intention of removing barriers to employment for people with disabilities. These might include provision of a support worker, reallocation of duties, a change in hours or a change in the nature of the job.<sup>93</sup>

86 Jasper and Waldhart (2013) *Employer attitudes on hiring employees with disabilities in the leisure and hospitality industry: Practical and theoretical implications.*

87 Unger (2002) *Employers' attitudes toward persons with disabilities in the workforce: myths or realities?*

88 Nota et al (2013) *Employer attitudes towards the work inclusion of people with disability*

89 Andersson (2012) *Employer attitudes towards people with a psychological disability*

90 Burke et al (2013) *Employers' attitudes towards hiring and retaining people with disabilities: A review of the literature*

91 Department for Work and Pensions (2013) *New ad campaign launched at UK's first Disability Employment Conference*

92 HM Government (1995) *Disability Discrimination Act 1995*

93 University and College Union (2013) *Reasonable Adjustments: Removing barriers to disabled people at work*



An article published in 2007<sup>94</sup> documenting the workplace experiences of negotiating these adjustments found that:

- "Employees constantly highlighted the absence of formal organisational procedures for implementing workplace adjustments"
- HR departments were playing a "limited role" in supporting disabled employees
- There was some evidence of institutional discrimination, such as bullying or harassment.

In regards to mental health specifically, research by the Shaw Trust<sup>95</sup> compared attitudes amongst British businesses towards mental health between 2006 and 2009. Some of the findings suggest that individuals with mental health problems face considerable barriers to entering the workforce:

- 72% of workplaces had no formal mental health policy
- 42% of employers underestimate the prevalence of mental health conditions in their workplace
- 40% of employers viewed workers with mental health conditions as a significant risk when employed in a public or client facing role
- 23% of employers believed people with mental health problems are less reliable than other employees

However some findings were considerably more positive:

- 90% of managers said they would be happy discussing mental health with an employee
- 11% of managers believe none of their employees will have a mental health problem at some point during their working lives, compared to 41% in 2006.
- 81% of employers agreed that they would be flexible in offering adjustments or arrangements for an employee with a mental health problem

## 6.4 Disabled people in the workplace

A report published by the Equality and Human Rights Commission in 2013<sup>96</sup> shows the split of industry and occupation between disabled and non-disabled people in Great Britain.

It found that there is little difference in the industry of employment between disabled and non-disabled people, although disabled people are more likely to be employed in the public administration, education and health sector than non-disabled people. However in relation to occupational grade, disabled people were more likely to be employed in routine and semi-routine occupations and less likely to be employed in managerial and professional occupations. This occupational difference manifests itself in salary difference, with disabled people more likely to be earning below the living wage (which was at the time of the data collection £7.45 an hour) and less likely to be earning more than £10 per hour (approximately £19,000-£20,000 a year).

### Disability Confident

Disability Confident is a government-ran scheme that involves working with employers in order to challenge attitudes towards disability, increase understanding of disability, remove barriers that disabled people and those with long-term health conditions face when finding work<sup>97</sup>. Figures from March 2017<sup>98</sup> show that 21 employers in North East Lincolnshire have signed up to Disability Confident.



94 Foster (2007) Legal obligation or personal lottery?: Employee experiences of disability and the negotiation of adjustments in the public sector workplace

95 Shaw Trust (2010) Mental Health: Still the Last Workplace Taboo?

96 Equality and Human Rights Commission (2013) Barriers to employment and unfair treatment at work: a quantitative analysis of disabled people's experiences

97 Department for Work and Pensions (2015) Disability Confident aims and objectives

98 Department for Work and Pensions (2017) Disability Confident: employers that have signed up

## 6.5 Recent government policies on employment and health

### Fit for work

Fit for Work is a free service provided by the government split into two parts. It offers access to professional advice from 'occupational professionals'<sup>99</sup> either online or over the phone and takes occupational health referrals<sup>99</sup> from general practitioners. This has benefits for employers, employees and GPs:

- It provides an occupational health service that small-to-medium sized enterprises may not have the capacity to currently provide in-house, which can reduce the amount of sick leave and the loss of productivity associated with it
- It gives employees access to a quick and convenient occupational health service, which can prevent health problems escalating, ensuring that employees spend less time out of work
- It provides specialist information to support GPs and assistance in managing difficult return-to-work consultations.

### Access to Work

Access to Work (AW) is a government-funded employment programme aimed to help disabled people start, or stay in work. It can provide practical and financial support to those with a disability or long-term physical or mental health condition<sup>100</sup>. Unlike a weekly benefit, AW provides a grant that does not need paying back and does not impact other benefits.

Those eligible include:

- Those aged 16 or over, working in and normally resident in Great Britain
- Those with a disability, mental health condition or long-term health condition that means the individual needs support to do their job
- Those in paid work, about to start a job, have an interview for a job or are beginning work experience or a job trial through Jobcentre Plus.

## 6.6 General practice and fitness to work

Introducing the Statement of Fitness to Work (hereafter, fit note) was one of the final actions brought about by the Labour government of 2005-2010. It replaced the either-or nature of the 'medical statement' or 'sick note' that treated patients as either fit to work or not fit. In contrast, the fit note recognises that fitness to work is a spectrum rather than a binary judgement. A GP could find a patient fit to work, unfit to work or potentially fit for work if specific adjustments are made to their working environment, e.g. moving to a less physically demanding role or working from home.

Fit notes are issued by GPs if a patient has a condition that lasts longer than the seven-day self-certification period, that limits to some degree the work they can carry out.

In 2013, the Department for Work and Pensions published an evaluation<sup>101</sup> of the fit note, finding that of 58,695 fit notes issued from 49 different practices between October 2011 and January 2013:

- 57% of fit notes were given to female patients
- 51% of fit notes were given to patients aged 30 to 50
- 69% of fit notes were given with a duration of less than a month

The evaluation found a clear social class gradient to the issuing of fit notes:

- 27% of fit notes were given to those in the most deprived populations, whilst only 18% of fit notes were given to those in the least deprived populations
- 47% of fit notes given to those in the most deprived populations were for four weeks or longer, compared to just 25% of fit notes given to the least deprivation populations.
- Fit notes for mild-to-moderate mental health disorders made up a much greater proportion of all fit notes within the most deprived populations (41%) than the least deprived populations (31%).

A similar picture was observed when we reviewed fit notes that had been issued by a single GP practice in North East Lincolnshire:

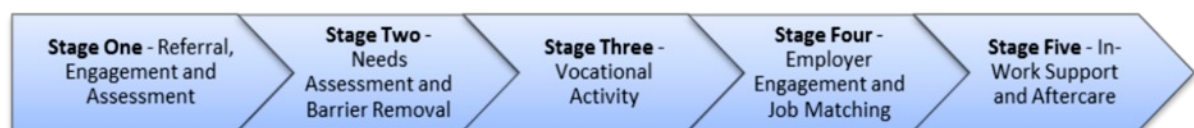
- The rate of fit notes issued as *not fit for work* fluctuates between the ages of 17 and 40 and then rises considerably, peaking at 34 fit notes per 100 patients aged 50.

- There is a steep decline in the number of fit notes issued after patients reach state pension age. However patients in their early-to-mid 60s have a high rate of fit notes issued suggesting that patients are entering pensionable age with a limiting condition.
- Analysis by condition, length of fit note or deprivation is not possible with currently available data.

## The Strategic Skills Pipeline

The Strategic Skills Pipeline is an illustration of the path that individuals take when entering the workforce. The pipeline model developed out of two policy documents published by the Scottish government, *Workforce Plus* in 2006<sup>102</sup> and *Working for Growth* in 2012<sup>103</sup>, with the latter refreshing the Scottish government's employability strategies in the aftermath of the 2008 financial crisis. The following description of the stages of the pipeline is from *Employability in Scotland*<sup>104</sup>, a service provided by the Scottish Government.

Figure 31 - Diagram of the Scottish Employability Pipeline



### Stage One

#### Referral, Engagement and Assessment

This stage is about reaching out to individuals, supporting people into regular activity and positive routines, and helping them to connect with others.

### Stage Two

#### Needs Assessment and Barrier Removal

This stage sees a range of partners assessing the initial needs of clients and agreeing key activities to be undertaken with them in order to address any barriers to employment or training.

### Stage Three

#### Vocational Activity

This stage involves clients undertaking accredited training in core skills, receiving job search advice and taking part in activities to raise awareness of enterprise and entrepreneurship.

### Stage Four

#### Employer Engagement and Job Matching

This stage includes activities such as arranging work or volunteer placements with employers, assisting individuals to secure job vacancies and matching job-ready clients to jobs.

### Stage Five

#### In-Work Support and Aftercare

This stage involves individuals being supported to remain and progress within the workplace.

## Recommendation

Given the lack of detailed local data, it is recommended that an audit tool is developed to enable GPs and primary care staff to better assess fitness to work in their patients. To support this, it is recommended that GP practices are encouraged to record more data on patient occupational status and reasons for the issuing of statements of fitness to work.

<sup>102</sup> Scottish Executive (2006) *Workforce Plus - An Employability Framework for Scotland*

<sup>103</sup> Scottish Government (2012) *Working for Growth - A Refresh of the Employability Framework for Scotland*

<sup>104</sup> *Employability in Scotland* (2017)

## Wellbeing Workers

North East Lincolnshire Council has recently recruited a number of wellbeing workers, working with people who are signposted, referred or self-referred to the council's wellbeing service. Utilising a coaching approach, wellbeing workers work with clients to empower them to take control of and improve their health and wellbeing.

### Recommendation

*In line with the recommendations from this report, the council is currently engaged in discussions with the CCG and local GPs to develop a referral pathway within surgeries, allowing wellbeing workers to target individuals in repeated receipt of fit notes in order to improve their health and wellbeing and become well enough to re-enter the workforce.*

### Key Facts

- Across North East Lincolnshire, 81% of those who consider themselves in a professional occupation reported 'good' or 'very good' health, compared to 70% of those who consider themselves in an elementary occupation.
- A greater proportion of ESA claims made by North East Lincolnshire residents are for mental, not physical illnesses.
- The overall employment rate is 26.5 percentage points higher than the employment rate for those with a long-term condition.

The Strategic Skills Pipeline outlined above provides the basis for this approach. For those who could be 'job ready' but aren't due to health reasons, stages one and two could be undertaken by wellbeing workers.



# 7 Future of employment in North East Lincolnshire

## 7.1 The Local Plan and Economic Strategy

North East Lincolnshire's Local Plan<sup>105</sup> sets out the local authority's vision for the future of the borough, across areas such as housing, transport, jobs and local amenities. Between now and 2032, the council plans to help deliver almost 9,000 new jobs, with significant focus on the following sectors:

- Ports and logistics
- Chemicals
- Food processing
- Renewable energy
- Tourism, services and retail

This will increase inward migration to the area, meaning new homes and schools and amenities for the local population.

The *North East Lincolnshire Economic Futures*<sup>106</sup> report indicates that there is the potential for just under 9,000 new jobs to be created between 2013 and 2032, across all sectors of employment, including construction, retail, financial services, manufacturing, transport and education.

## 7.2 Local educational outcomes and skills gaps

Qualifications such as GCSEs, A-Levels, university degrees and apprenticeships are an indicator of the education and skill level of the population and to some extent, an indicator of how well local schools and colleges equip local pupils with the skills necessary to enter the workforce or higher education.

### GCSE

For the 2015/2016 academic year, just over half (52.2%) of North East Lincolnshire's Key Stage 4<sup>107</sup> pupils achieved 5 A\*-C grades, including English and Maths. Whilst this is broadly in line with North East Lincolnshire's closest statistical neighbours such as Sunderland and Doncaster, it is below the England average of 57.8% and the Yorkshire and Humber average of 55.9%.

However, there is considerable variation within North East Lincolnshire. The most recent ward-level data (2013/2014 academic year) shows that North East Lincolnshire had one of England's best-performing wards (Waltham, 85%) and one of England's worst-performing wards (South, 24.7%)<sup>108</sup>.

Data for North East Lincolnshire shows that areas of high unemployment are also areas of low GCSE attainment. Given the interplay between education, unemployment and health there is a clear relationship between poor educational outcomes and poor health, as evidenced by Public Health England<sup>109</sup>.

### Degree-level

Approximately 14.7% of North East Lincolnshire's working-age residents have a university degree or equivalent qualification, compared with 23.4% of working-age residents of Yorkshire and the Humber and 28.9% of working-age residents of England as a whole. Whilst North East Lincolnshire has no major higher education provider of its own this is still considerably lower than the regional or national figure. Of the estimated 14,100 working-age residents with a degree or equivalent, less than a third are aged 16-29.

<sup>105</sup> North East Lincolnshire Council (2016) The Local Plan

<sup>106</sup> Atkins (2014) North East Lincolnshire Council Economic Futures Report

<sup>107</sup> Key Stage 4 refers to pupils in their last two years of secondary education, i.e. Years 10 and 11.

<sup>108</sup> Public Health England (2017) Mental Health JSNA Profile<sup>109</sup> Public Health England (2014) The link between pupil health and wellbeing and attainment

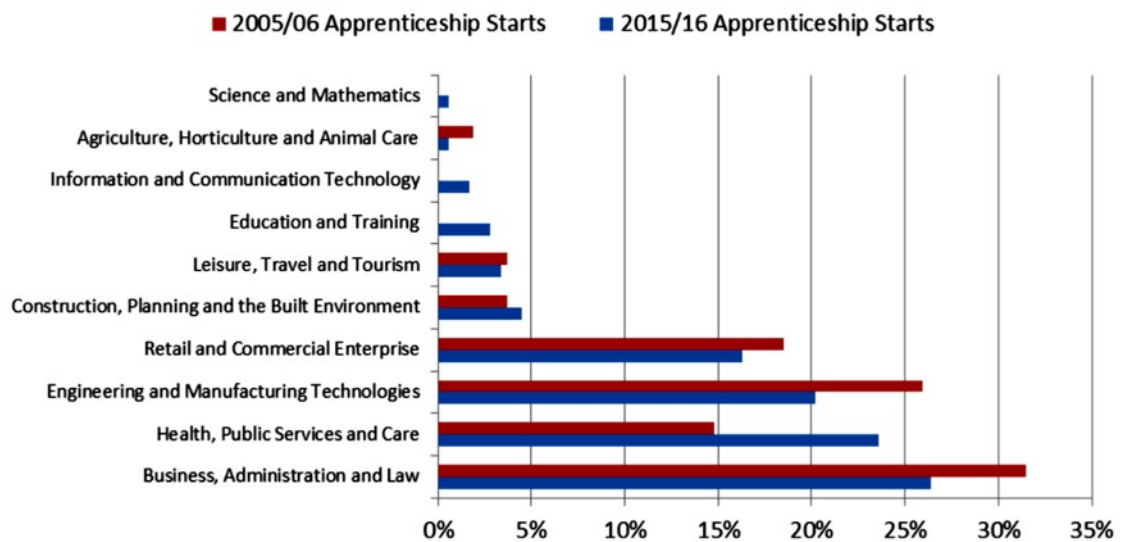
## Apprenticeships

During the 2015/16 academic year, 1,780<sup>110</sup> individuals of all ages started apprenticeships in North East Lincolnshire with the majority of apprentices (87%) following a programme in either Business, Administration and Law; Health, Public Services and Care; Engineering and Manufacturing Technologies; or Retail and Commercial Enterprise.

Since 2005, the number of apprenticeship starts in North East Lincolnshire has more than tripled from 540 to 1,780.

Figure 32 below shows the proportion of apprenticeship starts by subject area for 2005/06 and 2015/16. As can be seen, apprenticeships are concentrated in four key areas and this appears to have changed little in the last ten years.

Figure 32 - Apprenticeship starts by subject area, North East Lincolnshire, 2005/06-2015/16



Source: Department for Education (2017)



## Skills gaps

Skills gaps refer to the inability of an employer to find a suitable candidate for a vacancy within their organisation, either by training an existing member of staff or by hiring externally. Skills gaps have a huge impact on the economy, with unfilled vacancies costing as much as £10bn per annum across the entire UK<sup>111</sup>.

Specific to North East Lincolnshire, a survey of employers<sup>112</sup> between 2011 and 2013 found that approximately three-fifths of employers stated there were skills gaps in customer handling, effective team working, oral communication skills and technical, practical or vocational skills.

North East Lincolnshire's Economic Strategy<sup>113</sup> highlights the skills gap within lower and middle management roles, noting that recruitment for these roles often comes from out of area and recognising that local employers need support to develop the local workforce to reduce reliance on labour from outside of the area.

Whilst not a direct determinant of health and wellbeing, in general those with higher skills live longer, healthier and happier lives with skills gaps indicative of a lower-paid and lesser-skilled workforce likely living in deprived areas. Therefore, skills gaps contribute to the health effects and inequalities associated with deprivation, which is why it is critically important that skills gaps are addressed.

To ensure the local population have the skills necessary to gain higher skilled, higher-paid work the Council partnership with a variety of organisations such as the Humber Local Enterprise Partnership (HLEP) and the Greater Lincolnshire Enterprise Partnership (GLLEP), Department of Work and Pensions (DWP) and local training and education providers, have secured services for our local employers that; help them in assessing their training needs, offer funding towards training courses e.g. Leadership and Management and a service that matches business professionals with schools to develop local careers information. Specific pre-employment training programmes like the NELC LGV Driver Programme have also been delivered to address the shortage of LGV drivers and the NELC Graduate Advancement Programme has helped secure internships for local graduates.



<sup>110</sup> Department for Education (2017) FE data library: apprenticeships

<sup>111</sup> Chartered Insurance Institute (2015) CII Skills Survey, 2015

<sup>112</sup> North East Lincolnshire Council (2013) 19+ Skills Strategy for North East Lincolnshire

<sup>113</sup> North East Lincolnshire Council (2016) Economic Strategy

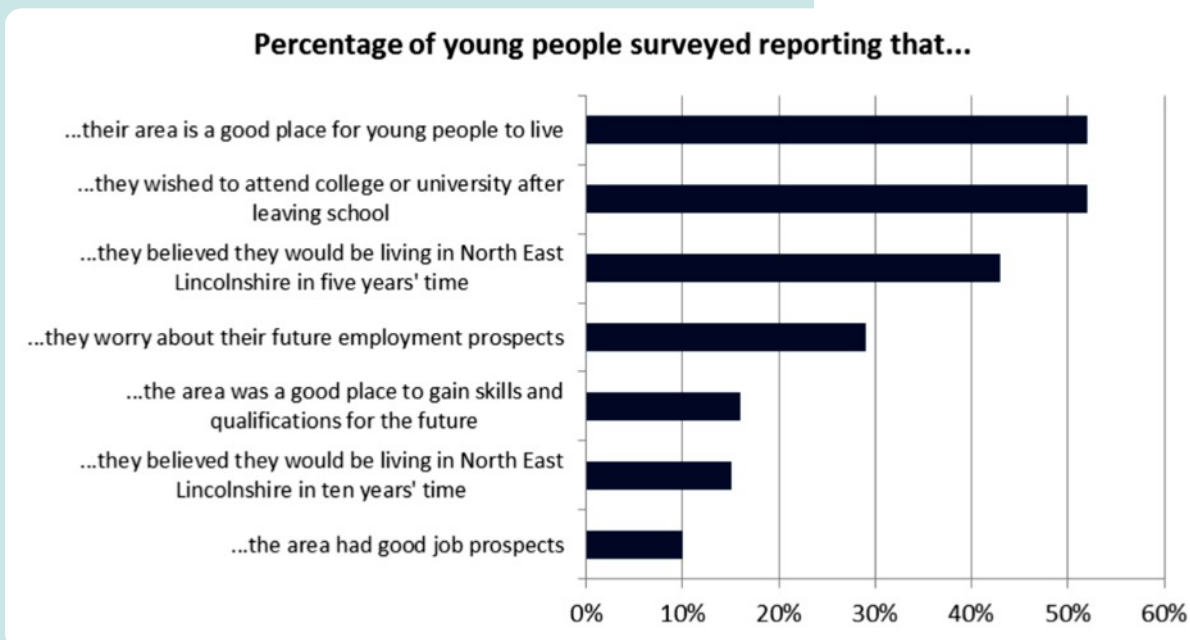
### 7.3 North East Lincolnshire's young people, and the Adolescent Lifestyle Survey

During 2015, North East Lincolnshire Council carried out the Adolescent Lifestyle Survey (ALS) building on previous surveys carried out in 2004, 2007 and 2011. The survey was offered to all young people of secondary school age (Years 7-11) and facilitated by the area's secondary academies, with eight of ten academies participating, with a response rate of 52% amongst the area's secondary school population. Questions that relate to employment, education and job prospects are displayed below.

The responses to these questions suggest that whilst there are high levels of ambition within young people in North East Lincolnshire, as evidenced by the high number of young people wanting to go into further and higher education, there is little desire to remain in the area long-term and little faith in the job prospects in the area.

The implications of this are that young people leave the area for education or training and do not return to the area, resulting in issues such as skills gaps mentioned above.

Figure 33 - Employment-related questions and results from the 2015 North East Lincolnshire Adolescent Lifestyle Survey



Source: North East Lincolnshire Council (2016)

- The Council's Local Plan sets out a vision for the future of the local economy, with 9,000 new jobs to be created by 2032.
- Despite having one of England's highest performing wards, GCSE results locally are below the national average.
- The number of apprentice places in North East Lincolnshire has tripled since 2005.

Key Facts



# 8 Update on last year's report and recommendations

2015/16 Recommendation	2016/17 update
<p>Consider targeting segments of the population susceptible to frailty and offer a "wellbeing check" in their own home.</p> <p>Identify key "community connectors" (e.g. hairdressers, postman, chiropodist) who could potentially identify older people at risk of social isolation, frailty etc.</p>	<p>A working group has been established to develop a wellbeing check for people aged 75 and over. A workshop took place in April with partnership organisations (including community groups, charities and services etc.), to ensure a system wide collaborative approach is taken in developing the wellbeing check for people over 75.</p> <p>This workshop will help us to identify further key Community connectors. Additionally community connectors have been identified through the good neighbours project and Releasing community capacity board.</p> <p>The Integrated Wellbeing Team are investigating delivering the 'healthy places' award to local care homes.</p>
<p>Encourage the development of an ageing charter by voluntary organisations reflecting the change in culture.</p> <p>Services to recognise the change in our culture and to challenge stereotypes of older people e.g. providing services older people want and not based on assumptions.</p>	<p>Friendship at Home have agreed to act as the lead organisation working with others to develop an ageing charter. Key partners have been identified and invited to meet to develop the charter.</p>
<p>Investigate availability of local data for older people to inform the needs of the older population with a view to identifying gaps and health inequalities.</p> <p>Explore ways to obtain local data relating to social isolation and loneliness e.g. older people who have recently been bereaved.</p>	<p>Nationally published older people datasets have been reviewed. Local older people datasets have also been investigated and a number of datasets have been identified, however there are gaps at a person specific level. A demand strategy analysts group has been established with local and regional partners to understand available datasets, and to improve the sharing of data about vulnerable people between organisations. Work has commenced with partners to inform targeting segments of the population susceptible to frailty and to offer an "older people wellbeing check".</p>
<p>Improve communication and sharing of information at provider level to ensure that services work together more to provide a seamless service.</p> <p>Continue to use and raise awareness of the "services4me" database and the use of the Single Point of Access.</p>	<p>The No Wrong Front Door workshop was held on 1st March 2017 and attended by a range of partners. Attendees were asked to contribute suggestions for creation of an information and advice charter for North East Lincolnshire, setting out the commitments by which the No Wrong Door philosophy might be delivered. Suggestions received are being collated, and will shortly be circulated for comment. The charter will underpin development of a model to clarify and improve our local approach to giving information and advice. A further workshop will be held to secure input into the developing model, and commitment to the charter.</p>
<p>Continue to improve our understanding of the local levels of poverty in later life (including funeral poverty).</p>	<p>A wellbeing check for people aged 75 and over will include questions relating to financial stability. Furthermore, discussions to also include as part of the online wellbeing tool development.</p>
<p>Using the WHO age-friendly checklist, conduct an audit to identify how age friendly North East Lincolnshire is as a place.</p>	<p>It is proposed to use the WHO key and relevant checklist points to the local population are to be identified through the ageing charter working group and used to measure progress.</p>
<p>Encourage schools to provide opportunities for young people to learn about ageing and older people.</p>	<p>There is no action to report on this recommendation yet, however discussions are ongoing.</p>
<p>Continue to support older people to have a dignified end of life in the location they choose.</p>	<p>Care Plus Group are carrying out work to identify vulnerable older people earlier in order to plan better for palliative care.</p> <p>Care Plus Group are also working with the CCG to better educate care homes and home care providers to increase skill and quality of care.</p>
<p>Raise awareness of the importance of making preparations for end of life e.g. will writing, Power of Attorney etc.</p>	<p>Care Plus Group undertake marketing and public engagement events as well as raising awareness through social media, newsletters and training for professionals.</p>

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- ### Starting and developing well
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  122. Good level of development by the end of reception year (age 5), 70.6, 2015/16, PHOF
  123. Obese or overweight reception aged children (age 5), 27%, 2015/16, PHOF
  124. Obese or overweight children in year 6 (age 11), 37.8%, 2015/16, PHOF
- ### Adolescence
125. Low happiness (age 11-16), 15.7%, 2015, North East Lincolnshire Adolescent Lifestyle Survey (ALS)
  126. Engaging in 3+ risky behaviours (age 15), 16.9%, 2015, What About YOUth Survey
  127. Regular smokers (age 15), 7.7%, 2015, What About YOUth Survey
  128. Been drunk in the last 4 weeks (age 15), 30.6%, 2014/15, What About YOUth Survey
  129. Alcohol-specific hospital admissions (under 18), 60.1 per 100, 000, 2011/12-2013/14, PHOF
  130. Proportion of new STI diagnoses which were in young people (age 15-24), 64%, 2015, LASER report Teenage pregnancies: under 18 conceptions, 117, 2015, PHOF
  131. Teenage mothers: births to mothers aged under 20 years, 41, 2015, PHOF
- ### Living Well
132. Adults meeting '5-a-day' recommendation (age 16+), 49.5%, 2015, PHOF
  133. Adults physically active (age 16+), 54%, 2015, PHOF
  134. Adult smoking prevalence (age 18+), 22.8%, 2015, PHOF
  135. Alcohol-related hospital admissions, 2579 per 100,000, 2014/15, PHOF
  136. In specialist alcohol treatment, 234, 2015/16, PHE Fingertips
  137. In specialist drug treatment, 991, 2015/16, PHE Fingertips
  138. Low happiness (age 16+), 10.3%, 2015/16, PHOF
  138. Diagnosed with depression (age 18+), 7.5%, 2015/16, PHE Fingertips
  140. Self-harm admissions to hospital, 368, 2015/16, PHOF
  141. Emergency inpatient admissions (age 25-59), 4296, 2015/16, CCG SUS
  142. Preventable deaths from liver disease, (under 75), 24 per 100, 000, 2013-15, PHOF
  143. Preventable deaths from cardiovascular disease (Under 75), 60.7 per 100, 000, 2013-15, PHOF
  144. Preventable deaths from cancer (under 75), 101.1 per 100, 000, 2013-15, PHOF
- ### Ageing well
145. Disability free life expectancy (men), 62 years, 2009-13, ONS
  146. Disability free life expectancy (women), 64.9 years, 2009-13, ONS
  147. Dementia (age 65+), 1479, September 2016, PHE Fingertips
  148. A and E admissions, (age 60+), 16047, 2015/16, CCG SUS
  149. Life expectancy at birth (men), 77.9 years, 2013-15, PHOF
  150. Life expectancy at birth (women), 82.2 years, 2013-15, PHOF
  151. Died at home, 21.7%, 2014, Primary Care Mortality Database

# Living Well: Employability, Health and Wellbeing in North East Lincolnshire



NORTH EAST LINCOLNSHIRE COUNCIL  
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