

Annual Public Health Report: Work and Health 2016-17

Salford City Council

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Foreword

Welcome to Salford's public health annual report. This year's report focuses on the importance of being in employment and the relationship between being in good employment and the affect it has on our health and wellbeing.

In Salford we have approximately 112,000 people in employed work and this is increasing as our city continues to see large scale investment and development alongside rapid growth in our population size. However, there is a recognised link between employment and health that we must address and Salford has some challenging health issues, many above the England average, and high levels of deprivation across the city. With about 30% of our working age population not in paid work and a significant proportion unemployed or inactive due to ill health, we must do more support people to return to work, as we know that overall work improves people's health.

In this report we aim to present the profile of the working age population, detail some of the challenges and the great work being done to tackle 'worklessness' and address the needs of Salford residents so they can return to employment. We will also look forward and describe how we can provide further support for people to ensure we are building a healthier future.

Finally, I wish to thank all those who contributed to the writing of this report. The content of which is from services across the Council and external partners showing we have champions of Public Health in many areas, not just within our own team. Further thanks to team members James McInerney, Ben Fryer, Andrew Metcalf and Angela Arthur for helping to pull it together and to the communications team.

David Herne

Why work and health?

Health is affected both positively and negatively by many factors such as education, employment, income and housing that influence us both directly and indirectly. This year's report is focusing on work because good employment is essential for health. It not only provides a secure income, i.e. enough money to live on, it also provides:

- An individual identity, a social network and social status
- Support for continuous training and skill development
- Meeting people's individual needs, for example, a flexible approach to childcare and school, retirement, mental and physical disabilities and caring responsibilities



To give some context, the diagram on the opposite page shows the interaction between these factors across the life course in that starting at school and receiving the right education helps to secure good work which enables better health all the way through until retirement age. Since good health is necessary to get and retain a good job, these requirements are mutually reinforcing and can be important measures of differences between the opportunities that people have.

Conversely, poor employment, unemployment and worklessness can result in poor health by being in a degree of poverty, initially caused by a limited income. Unemployment may also adversely affect mental health which in turn may reduce social engagement. Poor health can contribute to the loss of employment and also limit the chances of working. In communities where the unemployment level is high, and the expectation of finding work is low, it can result in anxiety and depression as well as heightened issues of drugs, alcohol and crime.

It is useful to understand the difference between what makes up good quality work for people and poor work. The Marmot report: Fair Society, Healthy Lives provides a brief summary of both:

“Good work is characterised by a living wage, having control over work, in-work development, flexibility, protection from adverse working conditions, ill health prevention and stress management strategies and support for sick and disabled people that facilitates a return to work.”

“While ‘good work’ is linked to positive health outcomes, jobs that are insecure, low-paid and that fail to protect employees from stress and danger make people ill.”¹

At a national and Greater Manchester level it is recognised that working is a key determinant of health and a significant challenge exists to do more around getting people into good employment and staying in employment. It is therefore understood and agreed that developing programmes that will concentrate on early interventions to improve employment outcomes is the best approach. Mainly for those residents at risk of falling out of work due to ill health or disability and those recently unemployed/inactive due to ill health or disability.

At a more local level, improving health, skills and access to local employment opportunities is a priority of Salford's elected City Mayor and underpins a number of other key local strategies and priorities. This includes Salford's:

- Health and Social Care Locality Plan for Salford – Aims to influence the wider determinants of health of which employment is a fundamental part.
- Anti-poverty strategy 'No one left behind: tackling poverty in Salford'
- Regeneration prospectus 'Salford 2025: A Modern Global City', and draft Local Plan – that recognise the need for Salford to develop a highly skilled labour force to support future economic growth and employment opportunities.
- Industrial Strategy for Salford – currently in development and sets out a collaborative approach to maximise the significant industrial growth opportunities available in the city.
- Salford Volunteering Strategy 2017-2022 – which recognises that 20% of Salford residents who volunteer do so to gain skills and experience that will help them find better (paid) work.
- Salford Social Value Alliance's '10% Better' Campaign – which seeks to maximise the benefit from all money invested in the city across a variety of economic, social and environmental priority areas.
- Children's services 0-25 integration and the priorities of Salford Children's Trust, particularly 'curriculum for life'.

Worklessness

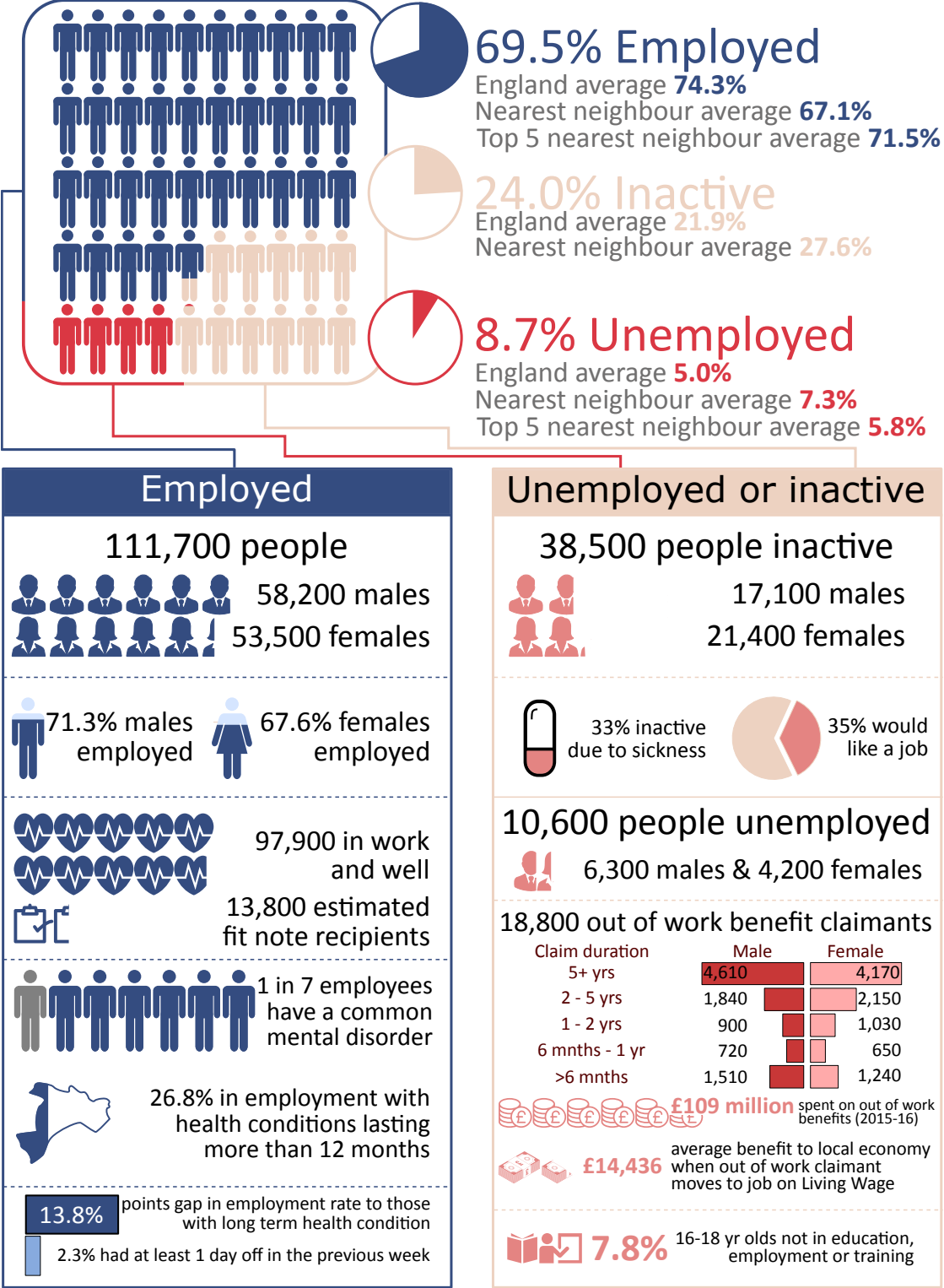
Worklessness is a term that refers to those of working age who are either in receipt of unemployment benefits, out of work and looking for a job, and those who are economically inactive (people of working age not in work, in full time education or training and those not actively seeking work).

Salford has an employment rate for those aged 16 to 64 of 69% which, is in line with similar authorities but significantly worse than the national average of 74%.² Salford's population also includes people who can't find as many hours as they'd like to work, have insecure work such as zero hour contracts or have only poorly paid work. This aspect of employment status is not recorded and requires further understanding and recognition as to its overall impact.

The infographic overleaf shows the breakdown of our population and extent of worklessness across the city.

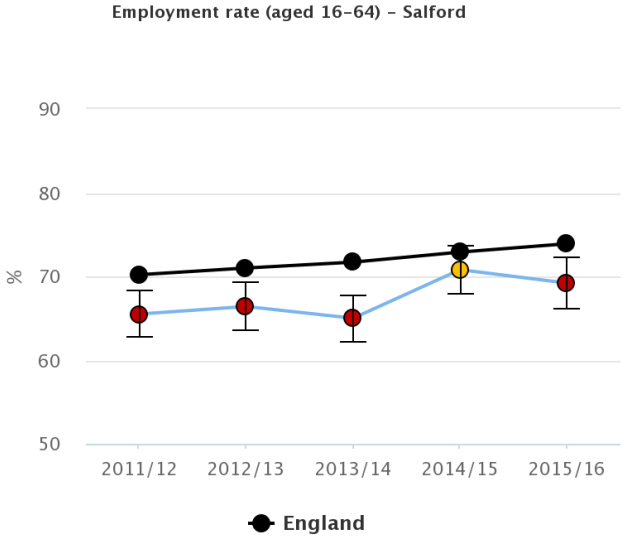


Salford working age population



Source: Office for National Statistics

In Salford, about 30% of the working age population are not employed. Roughly a third of these people, or 10% of the working age population are seeking work. Another third are inactive due to sickness. The remainder includes students which are defined as economically inactive. Carers are the remaining group and consists of people who may choose to care for others rather than get paid employment, but they may also be trapped in a caring role by lack of access to sufficient professional care, perhaps as a result of the cost of care relative to the income that they could earn themselves. Returning to work can be a daunting prospect and complicated in trying to balance responsibilities.



Source: Annual Population Survey

The chart, right, shows Salford's employment rate that is below the national average with a recent drop compared to the year before:

For the working population men are more likely than women to be employed full-time. Employees in Salford are less likely to be part-time than those working in neighbouring areas. Salford has a slightly higher (75.8%) full-time employment rate than that of Greater Manchester (75.4%) and is higher for females in full time employment.²

Despite Salford's current growth and investment in regeneration projects that create jobs at a high rate, one of the reasons it might fail to meet the national average of employment rate could be the population is expanding at the same time. If the growth in employment doesn't outpace the growth in population, those who are out of work are likely to remain out of work. Growth needs to be inclusive of all and create opportunities for all.



The local picture

There are approximately 225,000 people in Greater Manchester claiming out of work benefits, and of these, 140,000 claims as a result of a health condition. Since 2012 unemployment in Greater Manchester has been reducing overall, but disability-related worklessness has not. A further 200,000 families are in work and reliant on Working Tax Credits to move them out of poverty. The cost to Greater Manchester of worklessness and the impact of low pay has been calculated at over £2 billion a year (over £60bn nationally).³

This trend is reflected throughout Salford with 10,600 people unemployed and 18,800 out of work benefit claimants. Furthermore, Salford is the 22nd most deprived area nationally⁴ and, although improving, there remains a significant gap between the most and least deprived parts of the city, and also between Salford and the rest of the Greater Manchester and England.

Additionally, deprivation can be divided into types and for this report the most relevant types in Salford are as follows:

- Income deprivation – The two main areas that experience high income deprivation are around Pendleton and Little Hulton with smaller pockets in Eccles, Higher Broughton, and Irlam
- Employment deprivation – Is mainly concentrated in Pendleton, and to a slightly lesser extent in Little Hulton, Broughton, and parts of Eccles
- Health and disability deprivation – Almost all areas of the city experience high or relatively high health deprivation. The highest concentration is in Pendleton, followed by Broughton, Ordsall, Weaste & Seedley, parts of Eccles and Little Hulton



In Salford mental health and musculoskeletal issues are the main health problems cited by workless claimants of sickness-related benefits. At a regional level from the Greater Manchester Working Well programme 68% of clients state that poor mental health and 62% cite physical health as their biggest barriers to employment, whilst 41% state that both mental and physical health issues are equally considered the largest barrier to employment.⁵

The 2011 census asked respondents to describe the extent to which their day-to-day activities are limited by their health or disability. Within Salford 79.3% of the population said their day-to-day activities are not limited, slightly lower than both Greater Manchester (80.6%) and England (82.4%). Within Salford 11.0% said their day-to-day activities are limited a lot, higher than both Greater Manchester (9.8%) and England (8.3%).⁶



The impact on health

21% of Salford's population have a limiting long term condition compared to 18% in England (Census 2011). The impact of this on health and the healthcare system is considerable and there is strong evidence that unemployment is generally harmful to health, and can lead to:

- A higher mortality rate
- Poorer general health and long-term limiting illness
- Increased alcohol and tobacco consumption
- Decreased physical activity levels
- Higher number of GP visits and hospital admissions
- Unemployment increases the risk of cardiovascular disease



The evidence base also demonstrates the impact on mental health in terms of poorer mental health:

- 1 in 7 men develop clinical depression within six months of losing their job Depression and Men, Royal College of Psychiatrists⁷
- Prolonged unemployment increases the incidence of psychological problems from 16% to 34%, and impacts on other family members
- First ever blueprint for public health in Greater Manchester launched, Manchester city council⁸
- Young people are particular at risk. Attempted suicides are 25 times more likely for unemployed young men than employed young men⁹

It is also known that re-employment overall leads to improved self-esteem, general and mental health, and reduced psychological distress. Efforts to reduce unemployment and support people to return to work of those who are economically inactive due to ill health includes working with individuals to support their recovery from ill health or management of a long term condition. This consists of training, developing skills and general employability and development of the jobs market, ensuring sufficient good work is available.



Employment directly links to health outcomes and employment status is strongly associated with health behaviours that are certain to directly impact on health –for example smoking rates. Unemployed people (those not

working but seeking work) are twice as likely to smoke (39%) as those employed (21%). Smoking rates also vary by occupation, for instance, 33% of adults in routine and manual occupations (such as bar staff and delivery drivers) smoked, while 14% of those in managerial and professional occupations (such as accounting and teaching) smoked.¹⁰

It is estimated that less than 30% of presenting issues at GP surgeries actually require clinical intervention, and 70% of appointments are actually down to issues around wider social determinants and lifestyle choices, such as smoking. Furthermore, this figure rises in more deprived areas.¹¹

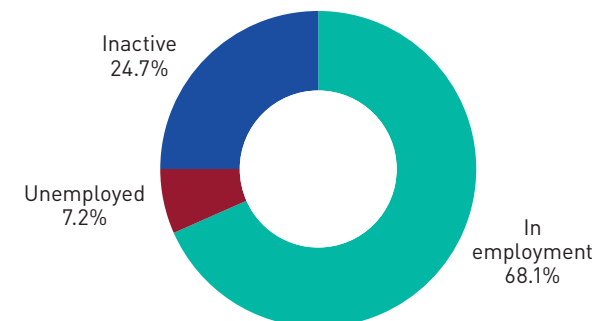
Ill health and disability

Disability affects all age groups and all parts of the population, although some communities have a higher incidence of chronic conditions. Some impairments and illnesses are particularly associated with ageing, while some people have a lifetime disability. Other disabilities are acquired, by either accident or disease. Some people have multiple long term conditions which may mean they have complex health and care needs.

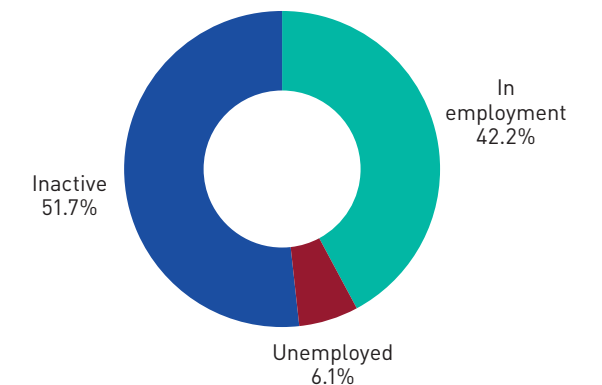
Nationally, it is acknowledged, that compared to non-disabled people, disabled people are more likely to be economically inactive – only one in two disabled people of working age are currently in employment, compared with four out of five non-disabled people.¹²

The following charts show participation in the labour market in Salford, July 2015 to June 2016:

Working age population



Working age population with health conditions or illnesses lasting more than 12 months



Source: Office for National Statistics

The health system

A range of health services can help keep people in work with well targeted support and can equally reduce the pressure on their service if the known major causes of sickness absence and being out of work can be tackled more effectively. Unfortunately current service provision prolongs access to treatment which, can result in an exacerbation of a health condition resulting in the development of worse health outcomes and increased lifestyle risk factors.

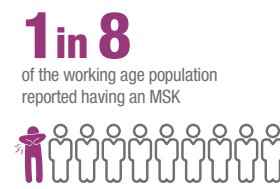
Furthermore, there is a direct impact to primary care services on attendance levels and repeat appointments plus ongoing repeat prescriptions and use of acute and specialist services such as Improving Access to Psychological Therapies (IAPT) and advanced musculoskeletal (MSK) treatment. This places unnecessary pressure on many aspects of our healthcare system.



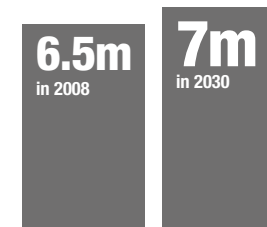
A key observation from the charts on the previous page is that if we accept the premise that disability should not be a bar to employment then ideally these two charts should be similar.

When a health condition permits, sick and disabled people should be encouraged and supported to remain in or to re-enter work as soon as possible because it:

- Is therapeutic
- Helps to promote recovery and rehabilitation
- Leads to better health outcomes
- Minimises the harmful physical, mental and social effects of long term sickness absence
- Reduces the risk of long term incapacity
- Promotes full participation in society, independence and human rights;
- Reduces poverty
- Improves quality of life and wellbeing



The **prevalence of MSK** in the workforce is likely to increase



Employment rate for people who report MSK as their main health condition is
59.7%

In 2013, **more days** of sickness absence were attributed to back, neck and muscle pain than any other cause.

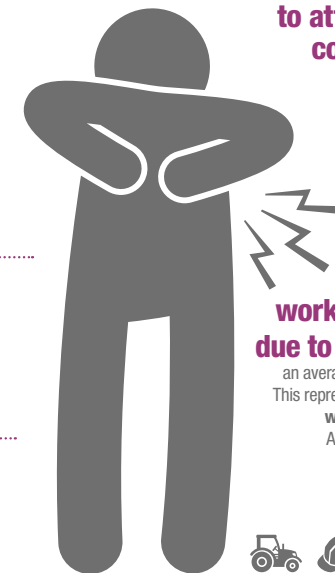
In 2013,
30.6m days of sickness absence could be attributed to MSK
23% of all working days lost

33% of English **long-term** sickness absence is attributed to MSK

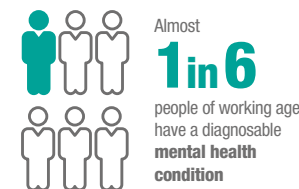
In 2015,
13% of Employment and Support Allowance (ESA) recipients reported MSK as their main condition

In 2010, ESA claimants with MSK were **more likely than those with other conditions, to attribute their health conditions to work – 36%** related it to work

An estimated **9.5m** working days were lost due to work related MSK, an average of 17 days lost for each case. This represents **40%** of all days lost due to work related ill-health in 2014/15. Agriculture; construction; health and social care; and transportation and storage industries all show elevated rates of MSK.



Sources: Health Survey for England, 2013; Health and wellbeing at work: a survey of employees, 2014; Labour Force Survey analyses, various years; Vaughan-Jones & Barham, 2009; Routes onto Employment and Support Allowance, 2011



In 2015, some **48%** of **Employment and Support Allowance recipients** had a 'Mental or Behavioural disorder' as their primary condition

Each year mental ill-health costs the economy an estimated **£70bn** through lost productivity, social benefits and health care.

Mental health conditions are a leading cause of sickness absence in the UK



were lost to **stress, depression and anxiety' in 2014 –** an increase of 24% since 2009



long-term sickness absence in England attributed to mental ill health



Of people with physical long term conditions, **1 in 3** also have mental illness, most often depression or anxiety

Work can be a cause of stress and common mental health problems: in 2014/15 **9.9m** days were lost to **work-related stress, depression or anxiety**



In 2016, **42.7%** employment rate for those who report mental illness as their main health problem (Mental illness, phobia, panics, nervous disorders (including depression, bad nerves or anxiety. **Compared to 74% of all population**

Sources: Adult Psychiatric Morbidity in England, 2007; Health and wellbeing at work: a survey of employees, 2014; Cimpean & Drake 2011; Naylor et al 2012; OECD, 2014; Labour Force Survey, various years

It is therefore important for the local health system to recognise the challenges that high levels of poor mental health and MSK conditions can present. If services focus on effective and rapid access and treatment of these conditions it might allow for improvement in readiness to access work and sickness absence.

However, GPs and primary care cannot be expected to be experts in non-health issues such as employment, but there is scope to effectively signpost to relevant sources of support outside the health system but related to a person's condition and experience:

“We need to be sophisticated enough to deal with the individual who has several sorts of problems rather than making the patient fit into our bureaucratic silos – employment over there and debt over there – we need to do more about joining up our services.”

GP & Policy Advisor¹³

Of course, it is of equal importance to recognise that this does not address the root cause of a health condition and highlights the need for employers helping to manage the health of their employees. Some key points we need to consider:

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?
- How to help individuals to easily find information about the mental health and musculoskeletal services they can access
- That in addition to pharmaceutical and psychological interventions, social interventions should play a greater part in high quality care. Including exercise prescriptions, 'befriending', peer support and assistance with employment issues
- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

Poverty

Part of the effect of work on health outcomes acts through its relationship to poverty. Work is the main means for most people to gain and access an income, and to avoid poverty. But poorly paid work, or insufficient work means that many of those who are in work are also in poverty. Salford City Council defines residents in poverty as:

“Anyone who is denied, through low income or a lack of resources, the opportunity to participate fully in the life of the community and have quality access to education, healthcare and leisure activities, as well as the necessities of life including good housing, and adequate food and clothing.”¹⁴

Levels of family poverty are higher in Salford than the national or Greater Manchester average. 70% of Salford's population live in areas classified as highly deprived, with over 25% of young people under 16 living in poverty.¹⁴

'No One Left Behind: Tackling Poverty in Salford' is a joint strategy from Salford City Mayor and Youth Mayor that aims to create decent jobs with decent pay. Connecting residents in low income neighbourhoods to the opportunities generated through our economic growth and use our influence to target employers to offer local jobs, look after their employees and pay them well.

A life course approach

The life course approach aims at increasing the effectiveness of interventions throughout a person's life. It focuses on a healthy start to life and targets the needs of people at critical periods throughout their lifetime. It promotes investments with a high rate of return for public health and the economy by addressing the causes, not the consequences, of ill health.



Salford's Locality Plan commits to ensure our residents can take advantage of the new opportunities and to secure a good education and decent jobs while the city undergoes real growth. We will continue to attract ongoing investment, development and regeneration and make sure the growth is inclusive for our residents which, means it will benefit everybody and create a fairer and more equal city. We know that these are key determinants affecting the health and wellbeing of our residents. In addition, development of integrated care, working more closely with healthcare services, will allow for improved and more joined up care to be provided that will enhance the priority of reducing worklessness.



Starting well: Entry to employment

The difference in employment rates in future decades between Salford and the wider population will largely be determined by literacy levels, children's success in school, and their transition to the labour market. Individuals with poor literacy are negatively related to lower employment prospects and, in terms of health, they will be less able to obtain and understand information about healthy living and regulate existing medical conditions.¹⁵

In Salford, we face a significant challenge to improve literacy and numeracy. Approximately 50% of children achieve 5 GCSEs including English and Maths. This compares badly to both the England average (57.8%) and Salford's statistical neighbours, and leads to 7.8% of 16-18 year olds not being in education, employment or training. There is a lasting effect on young people's health of being outside employment, education and training.¹⁶

Salford has the highest rate of young people who are not in education, training and employment (NEET) in Greater Manchester and the third highest in the country. These Young people for a substantial period are less likely to find work later in life, and more likely to experience poor long-term health. Young people who are NEET can expect a lifetime of lower pay, greater unemployment and reduced life chances and face a range of mental health disadvantages:¹⁶

- Four times as likely to develop a mental disorder
- Three times as likely to attempt suicide
- Six times as likely to be admitted to hospital following an episode of self-harm
- Twice as likely to develop an anxiety disorder

Salford is making strenuous efforts to improve school achievement and reduce the proportion of children who become NEET, and is well positioned to support the upskilling of residents with two key learning institutions, Salford University and Salford City College. Together they form a strong base of community learning providers and work-based training providers. The voluntary community sector plays a significant role in helping bring some Salford residents closer and in to the labour market, via delivering community learning.

Living well: In employment



Being in 'good' work is important and job quality and security improves our health and wellbeing. Staying in work is important to improving health outcomes. The National Institute for Health and Care Excellence (NICE) evidence indicates that those out of work with a health condition for 6-12 months have a 2% chance of returning to employment, and after two years are more likely to die than return to employment.¹⁷

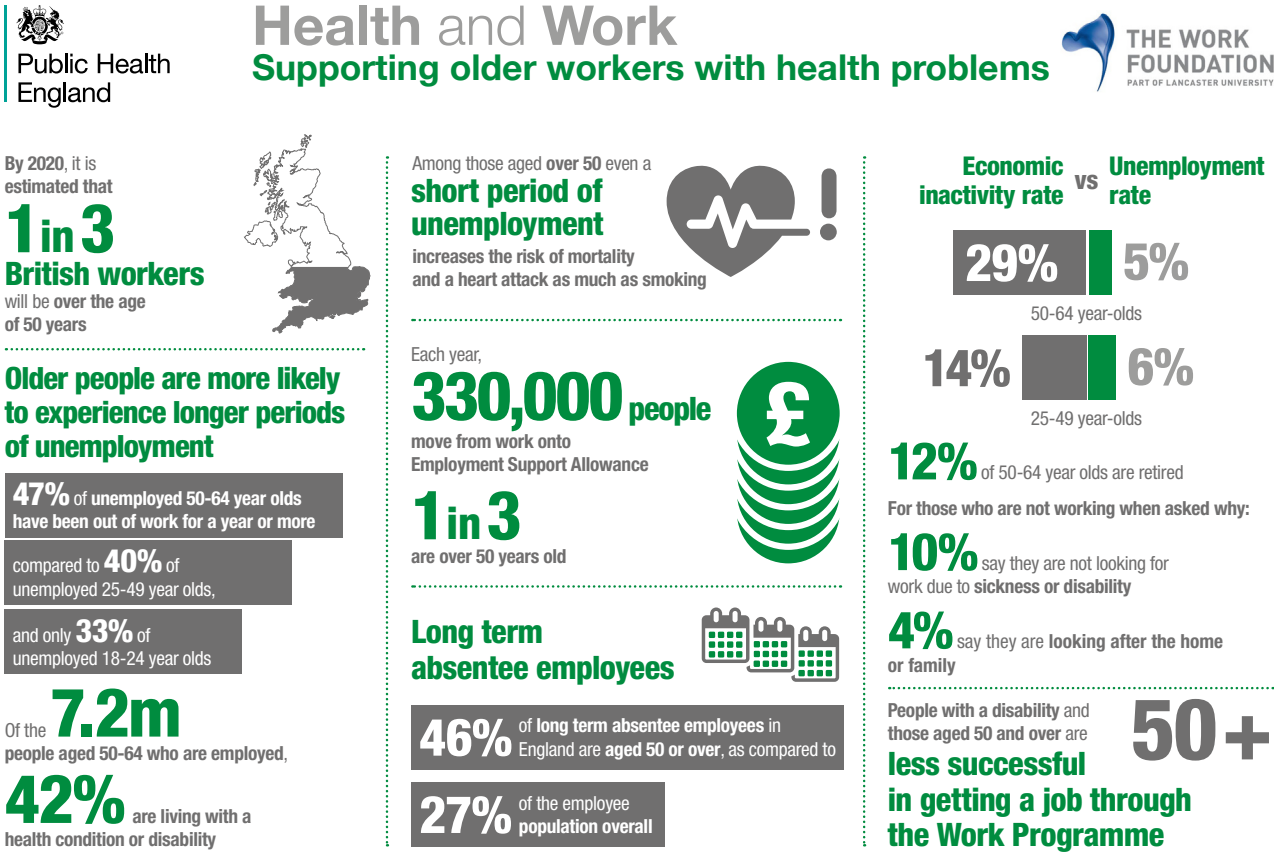
A person in employment requires good income, security and support to lead a successful work-life balance that will boost personal health and wellbeing. In Salford 10% of adults in the city have no qualifications which, is higher than the national rate of 8% and the mean household income of £29,200 is 22% lower than the UK average (£37,600)¹⁶. Local people must be supported into good quality jobs and encouraged to make positive lifestyle choices that reduce the risks to their health such as alcohol and drugs use, smoking, healthy eating and physical activity.

We must also support people as early as possible to get back into the workplace. The current national offer is not meeting local need. The national Fit for Work service, which is available to employers, employees or GPs to refer to once the person has been off sick for four weeks, has struggled to engage General Practice or receive referrals from employers. The NHS Five Year Forward View gives a clear statement on the need for the NHS to do more to help people to get into, and remain in, employment. This needs to work alongside developing skills to make sure people can return to work.¹⁸

Ageing well: Exiting employment

The impact of leaving employment through retirement is uncertain. People who have poorer health and have lower socio-economic status are most likely to retire early. It is possible to consider the changes in lifestyles that occur when people retire. From this, we know that:

- Retirement is associated with both good and bad changes in behaviour
- Although people increase their leisure-related physical activity on retirement, this increase in activity is not enough to replace physical activity undertaken in the course of work and commuting. This is particularly important for manual and semi-skilled workers
- Those who are forced to retire before they would choose to are likely to increase their alcohol consumption. This effect is not seen among those who retire voluntarily
- Retirement may result in either an increase or a decrease in social connectivity Where people become more isolated through retirement this is likely to be to the detriment of their mental health
- There is insufficient evidence about the effect of retirement on smoking and diet



Sources: ONS, Labour market projections 2006-2020; Dupre et al 2012; Maneton et al., 2014; Phillips 2013; Labour Force Survey, various years; Crawford et al 2010; Older Workers Statistical Information Booklet 2013; Routes onto Employment and Support Allowance, 2011; Work Programme Statistics, 2015

What we are doing in Salford

Retirement may be a key point in the life course at which public health can influence the extent to which people replace work-related activities and change the course of people's health in the last few decades of life.

As with employment, retirement is changing. More people are choosing a partial retirement, enabled by better health than previous generations to remain in or return to part time work for longer. Whether paid or voluntary, continued employment maintains the social status, social connections and work-related physical activity that are likely to underlie the benefits of continued employment. Unequal access to these opportunities may, however, perpetuate inequalities between people with differing levels of education and differing occupational backgrounds.

The aging population and increases in the state pension age mean that a greater proportion of the population will be working with long term conditions. In Salford, healthy life expectancy at birth is 58.3 years for men and 59.4 years for women.¹⁹ With the state pension age of 65 for men, and currently 64 for women (but increasing), there is a significant and increasing period in which people will be expected to be in work while managing their deteriorating health. It is therefore becoming more important for local authorities and the NHS to support people to remain healthy and in work for longer.

Salford has Age Friendly City (AFC) status and is currently developing the baseline line and 3 year action plan for this over autumn. "An Age Friendly City is a city that encourages active ageing by optimising opportunities for health, participation and security in order to enhance quality of life as people age".²⁰ One of the 8 themes for the World Health Organisations Age Friendly Cities program is civic participation and employment, the other elements are transportation; housing, social participation; respect and social isolation; communication and information; community support and health services; outdoor spaces and buildings. An Older People's Alliance will be developed to ensure delivery of the three year action plan, including key partners and local older people.



Salford is and has been developing partnerships, strategies and programmes that will help to ensure there is a Salford offer to residents and addressing some of the issues and challenges people have in managing their health and wellbeing, alongside their employment prospects.

Salford Council Health Improvement Service deliver a wide range of community activities to engage Salford's communities in health and wellbeing. The service actively links residents to other services including access to skills training, welfare rights, work related support.

Salford City Mayor's Charter encourages a healthy workplace, good work-life balance and fostering positive management – staff relations through regular dialogue, for example, with recognised Trade Unions

The Being Well Service has been supporting adults with multiple risk factors of poor health to make sustained improvement to their health and wellbeing from 2013 to 2017. Clients were coached through a programme of support for alcohol, stopping smoking, losing weight, improving nutrition, increasing physical fitness and mental wellbeing. A coaching approach is applied which uses motivational techniques to help clients better understand ways of overcoming challenges, to set and achieve small but important goals and build confidence for change that overtime lead to major life changes. 13% of referrals to this service are for clients who are unemployed for a health reason.

For 2017 onwards, this service has been integrated with Work and Skills support, so that people with a range of health, wellbeing and employability needs can be supported to improve and manage their health as well as improve their employment prospects. This service is called Salford Health Works.

This offer is complimentary to initiatives being developed by Greater Manchester Combined Authorities with a focus on people who are in receipt of benefits, out of work or with specific health problems.



Information Advice and Guidance Service supports clients to get back into work, and to improve their opportunities to access work. This is one service within the Salford Offer, which provides a range of getting back to work support.

Occupational Health Services Larger workplaces have dedicated Occupation Health for staff who are on longer term sick. In Salford Council, staff can access physiotherapy and counselling on a self referral basis, to help them to manage a health concern.

Helping Families is the way that the City Council and its partners are working together to provide targeted and joined up early help for families with multiple problems. This will deliver Salford's commitment to the national Troubled Families Programme. In this model, supporting parents into employment, through the Salford Offer is a priority.

Community Engagement Recovery Team provides support and advice to both employers and their staff, who maybe experiencing work stress or mental ill health which has necessitated them taking sick leave from their employment. The service compliments any in house job retention or employee sickness plans that may already run within a company.

The Retention Service works within the community Mental Health Team and Early intervention with Secondary Care clients, employers, health professionals and Unions to plan and implement return to work plans and can advise on reasonable adjustments within the work place. Aftercare support is also given when the client returns to work or if their employment contract is terminated.



Working alongside Greater Manchester

Salford is reflective of the challenges faced at a Greater Manchester level. Mental health and musculoskeletal issues are the main health problems cited by workless claimants of sickness-related benefits. The Greater Manchester Working Well programme demonstrates that 68% of clients state that poor mental health and 62% cite physical health as their biggest barriers to employment, whilst 41% state that both mental and physical health issues are equally considered the largest barrier to employment.²¹

Twenty six per cent of the Greater Manchester economically inactive population are inactive due to long-term sickness, compared to 22% in England as a whole. Levels are highest in Rochdale (32%) and lowest in Stockport and Trafford (20%). Temporary sickness accounts for 3.4% of Greater Manchester economically inactive population, well above the England average of 2.3%.²¹

Greater Manchester Combined Authority has an important role in promoting health through work. With its recently devolved powers covering economic growth, housing, regeneration and development, health and transport, Greater Manchester's ten councils have agreed a city-region strategy for sustainable economic growth. The strategy emphasises that this growth must be inclusive, and benefit all residents.

The new Greater Manchester Work and Health Programme, co-commissioned by Department of Work and Pensions, aims to deliver to a maximum of 30,000 claimants over five years. This will reach only a fifth of those with health conditions that would benefit from support to move closer to the labour market and to return to work. There is a need to focus on what can be achieved at scale through a greater focus on work as a health outcome by taking a different approach to integrating the support offer from the health and social care system with Jobcentre Plus and other key partners. This is complimentary to Salford's local offer and partners are working alongside Greater Manchester to incorporate this approach.



Looking forward

In order to realise the benefits to our economy, health services and, more importantly, our residents, our focus will be to support people to develop their skills, learning and routes to access good work and improve employers working conditions to this end. Primarily we will concentrate on those who want to work (both paid and unpaid) and include people classed as unemployed and those who are out of work due to sickness. We will strive to help people more in a better and efficient way and show them how to better manage their health conditions.

Set against this is that further reductions in public funding will significantly reduce the support available for future programmes and it is difficult to predict how the UK and global economy will develop in the next 20 years, and the overall effect on employment and income. Pay and working conditions could deteriorate markedly during the economic downturn. However, some large employers recognise the benefits of investing in their staff's welfare and could act positively to improve their employees' health.²²



Salford City Council has already seen a reduction of 47% in its budget since 2010 and must look at a strong partnership approach to identify ways to work smarter, lead and influence this agenda to achieve what is needed across the city. We will do this by considering the following:

- Assess our current programmes making sure they meet the needs of all those who are eligible for our services
- Explore alternative models of support that is joined up and improves access to mainstream NHS services and develop employment support as an integral part of a range of services. For example, rapid access to low level MSK and IAPT
- There is a need for a strategic and holistic approach to work and health, and we must look at the range of disconnected and overlapping initiatives that are difficult to navigate and leave 'eligibility gaps' – people who have clear needs but are not eligible for any services. A key example of a substantial gap is support for carers
- Concentrate on services that are more likely to be effective if they approach people who have recently left the workforce. The likelihood of successful intervention reduces over time since exiting employment. At present, a disproportionate amount of money is spent on the people who have been out of work for the longest
- Working alongside Greater Manchester because we recognise that changes to support people to return to work may be best led on a regional level and that people live, work and seek care across the city region
- Increase the number of organisations signing up to the Salford City Mayor's Charter for Employment Standards and in the future build an expectation that all employers act as good employers, regardless of sector or size and work with employers to reduce the hazards of modern work and support employees to cope with them – stress and musculoskeletal damage
- Lead by example across all sectors:
 - › Paying the 'real' living wage
 - › Reducing both short and long term sickness absence by meeting employees health and wellbeing needs
 - › Building supportive and welcoming environments through the Salford Social Value Alliance
 - › Support continuing development and lifelong learning for all employees, and not just those in professional careers



Case Study 1: Employment Support

Staff in the Eccles team of the Health Improvement Service work very closely with staff at the local Job Centre, receiving many referrals for help and advice on a whole range of issues including getting back to employment, housing issues, food parcel requests, training opportunities and volunteering. Alongside supporting a Job Centre led food bank the Health Improvement team also run a Job Club on a Thursday morning, based at Eccles Library, where the Job Centre are based also. The team have also set up a multi agency group for staff working in the area, and this also helps foster good partnership working and referrals between organisations.

The Job Centre referred Steven who had problems that were preventing him from accessing employment. He has been out of work for many years with various issues including bereavement and mental illness. At the initial meeting a discussion took place to tackle some of the problems Steven faced including housing, debt and finding appropriate footwear. The team got some shoes from a local charity shop and Steven was surprised to have these given to him. He commented he had been let down in the past and didn't expect anything to happen. He agreed to a meeting with someone from the Citizens Advice Bureau who they regularly work with, who could help with some of the difficulty with housing and debt issues.

At first Steven was reluctant to do this, worrying about the impact on his current tenancy but agreed to go along. From this, a

plan was worked out to help with the issues. Since then Steven has been given support to stop smoking and has been in meeting weekly for stop smoking support. They meet each week to check on progress and Steven has mentioned that just by cutting down he has been able to save some money. The team continue to encourage Steven and he has started to see a councillor. He sent a text to the health improvement team recently to say "A big thank you for your help and kind words".

The feedback received from the Job Centre was:

"I have seen Steven today and I cannot begin to tell you the difference in him. He is over the moon with the help and assistance from Health Improvement and Citizens Advice. He was close to tears when thanking me for introducing him to you all. It's times like this that I am truly happy with my job".

Case Study 2: Working Well Expansion Programme

Working Well Expansion is a Greater Manchester commissioned Key Worker Service delivered in Salford by The Work Company. The programme offers an individually-tailored package of support, ensuring, through careful co-ordination, that the issues which are holding a person back from work are tackled at the right time and in the right order. Depending on need, people have access to:

- Health and wellbeing support, with particular emphasis on mental health. A Talking Therapies programme runs alongside to offer additional support
- Confidence and motivation building
- Debt, housing, welfare, and money advice/ support including better off calculations – delivered by a dedicated Financial Inclusion Worker
- Volunteering and work experience
- Skills development – works in conjunction with the new ESF funded Skills for Employment commission which prioritises referrals from the Working Well programme allowing participants one to one mentoring support and the opportunity to achieve an accredited qualification
- Job vacancies with local employers working closely with and adding value to Salford City Council's commissioned job brokerage (SEARCH) programme
- Self employment advice

The programme supports those furthest away from the job market often with multiple and complex needs, with over half the clients currently receiving support in receipt of ESA (24%) or Income support (28%). The programme is voluntary and scheduled to take referrals up to the end of 2017. Of the 1,467 Salford residents referred onto the programme (as at April 2017):

- 835 had chosen to take up the support offer, and;
- 63 had moved into work

It is anticipated that this number will grow as more residents are able to overcome the barriers that have previously prevented them from working. Once someone has moved into work they will continue to support them for up to a year to maximise the chances of people sustaining their employment, this will also include continued access to skills support which should not only support people to sustain but also to progress in their employment.

Case Study 3: MY Traineeship

MY Traineeship is partnership between Salford City Council and Myerscough College and has been developed to provide young people aged between 16-24 years of age with access to personalised, end-to-end provision which aims to build confidence and help individuals overcome recognised or perceived barriers, whilst participating in genuine and tangible work experience opportunities.

Through this partnership young people in the city have access to quality accredited training and individualised work placements, to ensure they have the necessary skills and experience required by employers for jobs and apprenticeships. A range of 16 week traineeship opportunities have been made available with employers and partners in Salford with joint recruitment and assessment events held for young people. This coordinated approach helps young people, referral agencies and parents to better understand the MY Traineeship offer and navigate the range of vocational opportunities available.

78% of young people completing MY Traineeship have progressed. During 2014 –16:

- 36 young people completed a traineeship
- 17 people (47%) progressed on to an apprenticeship
- 11 people (31%) moved into employment

MY Traineeship has an excellent track record and has recently been identified nationally as a model of good practice by the Department for Education for supporting NEET young people in Salford.



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