



# Bolton Public Health Annual Report 2017

**Bolton  
Council**



# Contributors



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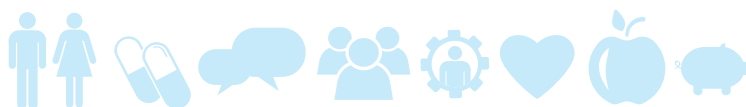
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# Executive Summary

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.

Good work improves health outcomes and is crucial in reducing health inequalities. While most forms of employment show health benefits over being out of employment, access to good work directly improves health outcomes and reduces the risk of harmful individual lifestyle risk factors. Good work is free from harms to health, has a stable tenure and is paid at a decent rate, however work can also be of poor quality where people experience low pay and exposure to stress and danger, which can be harmful to health.

In Bolton the employment rate is around 70% which compares relatively well to similar areas but this still means that around 8,000 people are unemployed and almost 19,000 are claiming out of work benefits<sup>1</sup>. Strong evidence is cited throughout this report to demonstrate that unemployment is harmful to health with higher rates of mortality, cardiovascular disease, mental illness, musculoskeletal (MSK) conditions, hospital admission and poorer general health all resulting from being out of work. Bolton's population experiences generally higher rates of poverty and deprivation than Greater Manchester (GM) and national rates, and also faces some key employment challenges. This report emphasises the links between work and health and examines how the health system in Bolton and GM is working to ensure support and a preventative approach to getting people into good employment and keeping them there.

Bolton's Locality Plan<sup>34</sup> prioritises key outcomes throughout the life-course to ensure people benefit from better opportunities at all stages of their life. In terms of "Starting Well", educational attainment and reducing the numbers not in education, employment or training (NEET) are priorities in improving employment outcomes later in life. "Living Well" considers those in employment to ensure support is available to prevent them falling out of work for long periods and that those out of work are supported to return as early as possible. "Ageing Well" ensures that people of all ages have accessible support available to help them stay in work if they choose to and that they can enjoy a healthy and lengthy retirement.



The GM Population Health Plan and other supporting strategies such as the national General Practice Forward View outline the stronger role the NHS has to play in prevention, helping people to seek early help. This includes easier access to health services for people in employment and greater awareness among general practice staff of the need for early referral/treatment when someone is at risk of falling out of employment, particularly with the most common, limiting issues such as MSK conditions and mental illness. Existing interventions in Bolton, such as the Extended Working Well programme, aim to tackle some of the key barriers to employment and support people back into work. The new GM Work and Health strategy will take this further by expanding the offer of universal and bespoke services to ensure an integrated health and work offer is in place for those who are at risk of falling out of employment. Bolton is one of the early adopters of this programme in GM which will work closely with primary care.

The focus on health and work in this report demonstrates the interconnected nature of the determinants of health. It is essential that we recognise and consider the key health challenges for the working age population in Bolton and how to address these. To ensure work is good for health and good health enables people to access and maintain good work. This will reduce the impact on the local health system, improve health outcomes and allow the economic benefits to be seen in supporting people in Bolton to build a healthy future.

<sup>1</sup>The definition of unemployment here refers to the number of people without a job who have been actively seeking work in the past four weeks and are available to start work in the next two weeks (ONS 2017). Numbers of those claiming out of work benefits also includes those who are out of work and not seeking work, possibly due to a health condition.



# Forward from the Director of Public Health

Welcome to Bolton'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 Bolton there are approximately 120,000 people in employed work and this is increasing as our borough continues to see large scale investment and development alongside growth in our population size. The link between employment and health is one that we must be aware of and ensure it doesn't hold people or our local economy back. Bolton has many health outcomes which are significantly poorer than the rest of the UK, so economic regeneration will be every bit as dependent upon overcoming these as it will be on attracting new businesses into the district.

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 support people to stay in work and return to work quickly where they leave the work environment.

**In this report we aim to present the profile of the working age population, detail some of challenges and the excellent local work being done to address the health needs of Bolton residents so they can return to work. We will also look forward and describe how we can provide further support for people to build a healthy future.**



# 1. Introduction – Why health and work?

There are many determinants which contribute to our health, but one of the most important is employment, this is universally acknowledged as a key determinant of good health<sup>1</sup>.

The World Health Organisation defines health as **“the extent to which an individual or group is able to realise aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasising social and personal resources, as well as physical capacities”**<sup>2</sup>.

This definition demonstrates how good health can be a resource that enables work, as well as being a consequence of good work.

The Greater Manchester Population Health Plan outlines how good work is protective of health and improves health outcomes<sup>3</sup>.

It also:

- Provides a secure income — enough money to live on
- Provides an individual identity, a social network and social status
- Is safe, and engaged with employee health
- Supports continuous skill development
- Meets people’s individual needs around retirement, disabilities and caring responsibilities



Good work can provide a route out of poverty. Conversely people living in workless families are much more likely to be in poverty<sup>4</sup> and increasingly we see that those in jobs with insufficient hours or zero hours contracts with poor pay levels are falling into poverty as well. The GM Population Health Plan has set out

objectives to address this by supporting as many adults with health conditions as possible to remain in good work<sup>3</sup>.

## 1.1 The impact of work on health

There is strong evidence that being out of work is harmful to health, and can lead to:

- Higher mortality
- Poorer general health and long-term limiting illness
- Increased alcohol and tobacco consumption, decreased physical activity
- Higher rates of medical consultation, medication consumption and hospital admission
- Unemployment increases the risk of cardiovascular disease and all-cause mortality, by up to 2.5 times

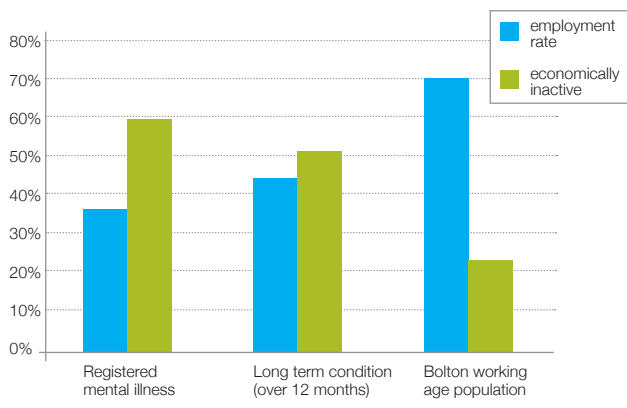
The evidence base also demonstrates the impact on mental health in terms of poorer mental health among unemployed populations:

- One in seven men develop clinical depression within six months of losing their job<sup>8</sup>
- Prolonged unemployment increases the incidence of psychological problems from 16% to 34%, with major impacts on family members<sup>9 10</sup>
- Young people are particularly at risk. Attempted suicides are 25 times more likely for unemployed young men than employed young men<sup>11</sup>

As well as work impacting on health, health also impacts work. Unemployment contributes to ill health and poor health increases the likelihood of unemployment, which has been seen in a range of large national and international research studies<sup>12 13 14</sup>. Figure 1.1 overleaf shows how employment and economic inactivity rates in Bolton compare among those with registered mental illness and long term conditions. In the working age population, the rate of economic inactivity is much lower than the employment rate but for those with registered mental illness and long term conditions, the rate of economic inactivity is much higher. This indicates an inequality in access to the labour market for people with these health conditions and needs to be tackled in terms of barriers to employment and early help for key limiting health conditions like these. I will return to this later in section 2.3.



### 1.1 Rate of employment and economic inactivity for mental illness, long-term conditions and general working age population (12 months to Feb 2017)



There is also strong evidence that returning to work leads to improved health with better self-esteem as well as other aspects of general and mental health, and reduced psychological distress<sup>15</sup>. Efforts to reduce unemployment and support the return to work of those who are economically inactive due to ill health look to engage people in employment, rather than solely providing passive income support. These are known as Active Labour Market Programmes (ALMP), which include working with individuals to support their recovery from ill health or management of a long term condition, or to improve training, skills and employability. The Bolton approach here is the Working Well Programme and is discussed in more detail later.

### 1.2 Good Work

The Marmot Review “Fair Society, Healthy Lives” outlined creating more “good” work as a key policy objective to reduce health inequalities and provided the following definition of good work:

**“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.”<sup>16</sup>**

Access to good work can improve health outcomes and reduce the risk of harmful individual lifestyle risk factors<sup>16</sup>, but equally ‘poor work’ can make people ill if it is insecure; low paid; and exposes employees to stress and danger<sup>16</sup>. A more recent study in the UK found that, while being better for health than unemployment, poor quality work does have an impact on people’s health and wellbeing, particularly around blood pressure, diabetes risk and cholesterol.<sup>17</sup>

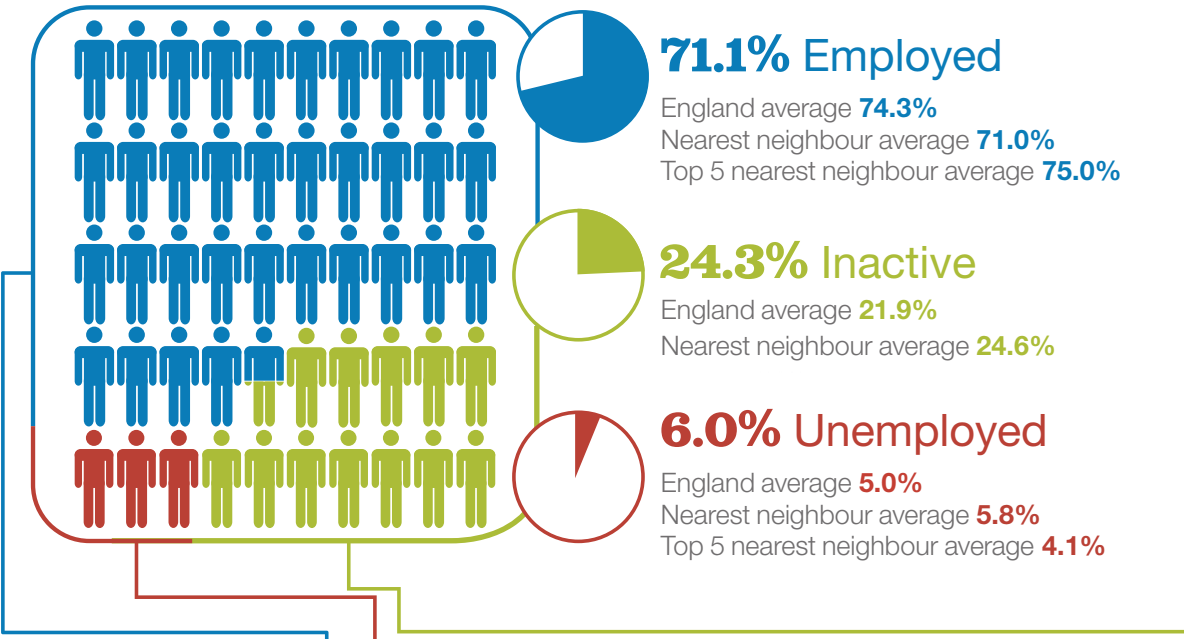
### 1.3 Worklessness

Worklessness refers to people who are of working age (16-64) who are either unemployed (job seekers) or economically inactive (neither in or seeking immediate employment - children, students, carers, retired people, and those unable to work due to poor health).

Bolton’s employment rate for those aged 16 to 64 is 70%, which is not significantly different than similar local authorities but significantly worse than the national average of 74%.

The following illustration shows the breakdown of our population and extent of worklessness across the borough:

# Bolton working age population



## Employed

**124,000** people

**66,600** males  
**57,400** females

**76.3%** males employed  
**66.0%** females employed

**111,400** in work and well

**12,600** estimated fit note recipients

**1 in 7** employees have a common mental disorder

**28.5%** in employment with health conditions lasting more than 12 months

**11.3%** points gap in employment rate to those with long term health condition

**2.3%** had at least 1 day off in the previous week

## Unemployed or inactive

**42,300** people inactive

**16,600** males  
**25,800** females

**28%** inactive due to sickness  
**35%** would like a job

**8,000** people unemployed

**4,100** males & **3,800** females

**18,990** out of work benefit claimants

Claim duration	Male	Female
5+ yrs	<b>4,420</b>	<b>4,170</b>
2 - 5 yrs	1,840	2,190
1 - 2 yrs	930	1,070
6 months - 1 yr	700	660
>6 months	1,560	1,460

**£108 m** spent on out of work benefits (2015-16)

**£14,436** average benefit to local economy when out of work claimant moves to job on Living Wage

**4.8%** 16-18 yr olds not in education, employment or training

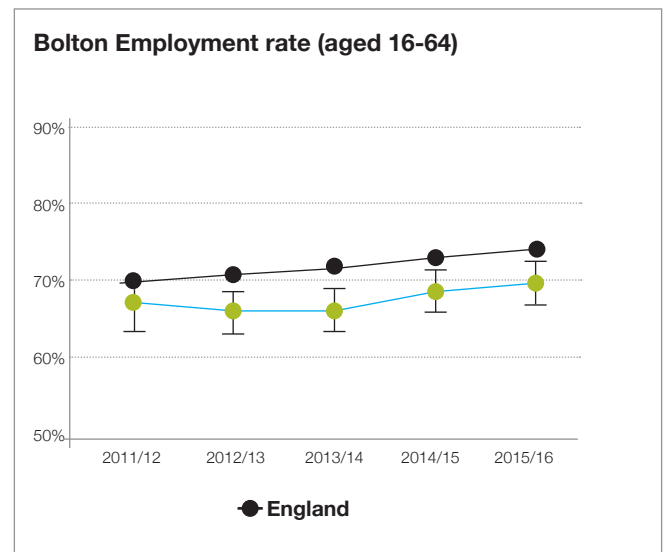




In Bolton, 30% of the working age population are not employed. Around a quarter of these people are seeking work and another quarter are inactive due to sickness. The remainder includes a range of groups within the population such as students and carers who are not seeking employment for a sound reason. The national General Practice Forward View recognises that being out of work has significant negative impacts on health and outlines the stronger role the NHS has to play in prevention, helping people at risk of falling out of work to seek help early. This could include easier access to health services for people in employment and greater awareness among general practice staff of the need for early referral/treatment when someone is at risk of falling out of employment<sup>18</sup>.

Figure 1.3 opposite shows Bolton's employment rate over the last five years, compared to the national average. While this has increased slightly, this has not been a significant increase, though the gap between Bolton and the national average is reducing.

### 1.3 Bolton and England employment rate (2011/12 – 2015/16)



### 1.4 Employment, Unemployment and economic inactivity rates in Bolton and CIPFA neighbours, 2016

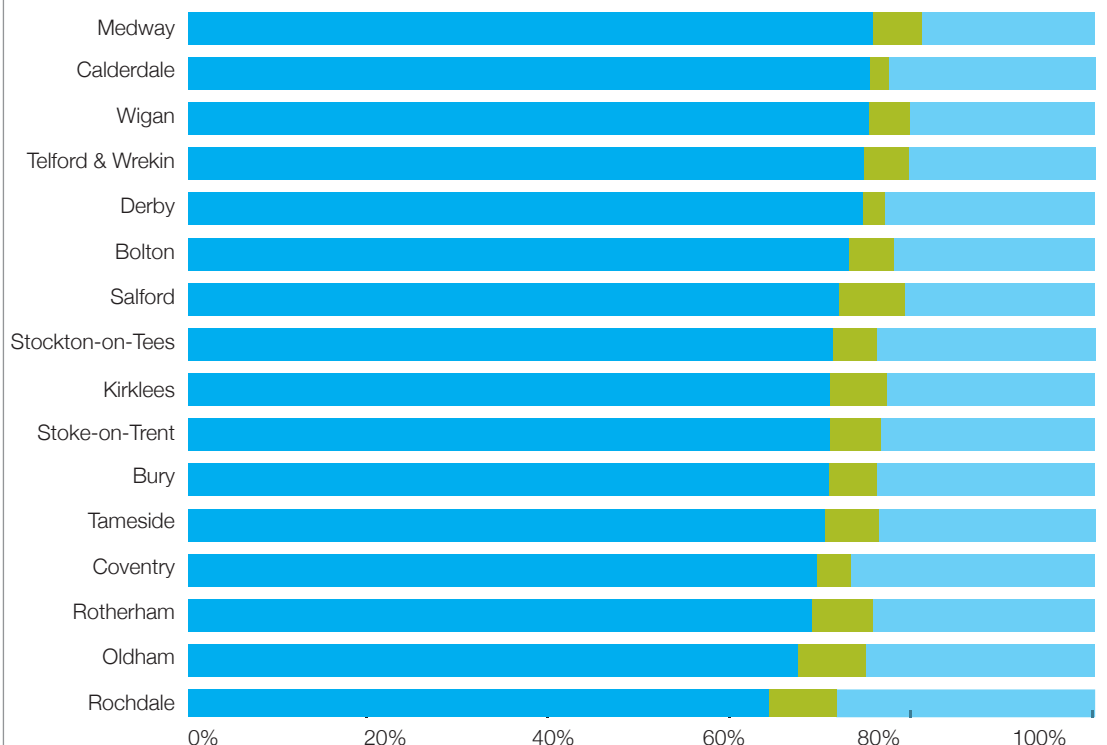


Figure 1.4 opposite shows the employment, unemployment and economic inactivity rates for Bolton compared to its (CIPFA) statistical neighbours (similar local authority areas). Bolton has the sixth highest employment rate.

## 2. The Local Picture

According to the Greater Manchester (GM) Population Health Plan, there are approximately 225,000 people in GM claiming out of work benefits, 140,000 of which are the result of a health condition.

The main contributing health conditions are:

- arthritis
- learning difficulties
- psychosis
- diseases of the muscles, bones or joints
- psychoneurosis
- back pain
- heart disease<sup>27</sup>

Since 2012 unemployment in GM has been reducing, 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 of worklessness and low-pay across GM is estimated at over £2 billion a year<sup>3</sup>.

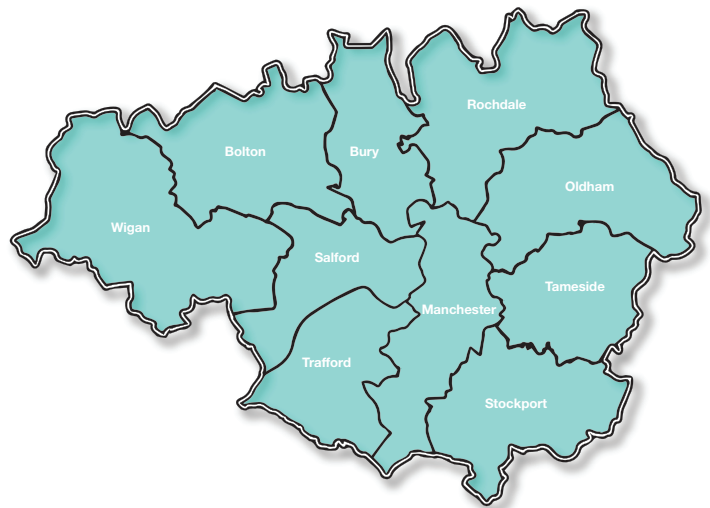
In Bolton this trend is reflected with 8,000 people unemployed and 18,990 out of work benefit claimants.

### 2.1 The Greater Manchester approach

Bolton is reflective of the challenges at a wider GM level. Mental health and musculoskeletal issues are the main health problems cited by workless claimants of sickness-related benefits<sup>28</sup>.

26% of the GM economically inactive population are inactive due to long-term sickness, compared to 22% in England as a whole. Temporary sickness accounts for 3.4% of the GM economically inactive population, well above the England average of 2.3%<sup>3</sup>. Identifying and addressing these short and long-term health issues among the economically inactive population in GM would increase the likelihood of substantial numbers of people returning to employment and experiencing better health outcomes<sup>18</sup>.

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 ('social prescribing'). This figure rises in more deprived areas. More work is needed to develop 'social prescribing' across GM and at a locality level to ensure that health professionals are linking in with statutory, community and voluntary services. It will be important to ensure there is provision of support and services to assist with the wider social



determinants of health and that primary care has a good understanding of, and access to this<sup>3 19</sup>.

Greater Manchester has an important role in promoting health through work via recently devolved powers covering economic growth, housing, regeneration and development, health and transport. In terms of employment, there is a recognition that more should be done around early interventions to improve employment outcomes for those residents at risk of falling out of work due to ill health or disability<sup>3</sup>.

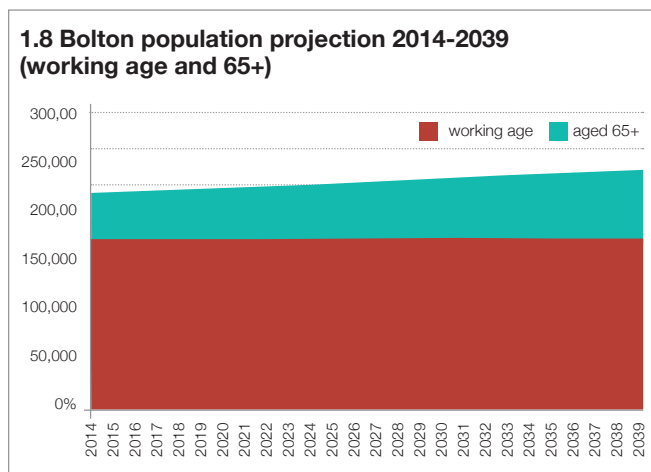
The aim of the overall GM Work and Health Strategy is to have an integrated health and work offer across GM which can deliver at the neighbourhood level to support key risk groups including those in work but at risk; recently unemployed; those with a possible return to work within 15 months; and long-term economically inactive. This offer will contain several preventative elements to reduce the number reaching long-term economically inactive. This will be achieved by offering universal as well as bespoke services. The new GM Work and Health Programme, co-commissioned with DWP, is part of the overall strategy and aims to deliver to up to 30,000 claimants over five years. This will reach around a fifth of those with health conditions that would benefit from support to move closer to the labour market and to return to work<sup>3</sup>. These approaches have already been tested in Manchester and have evaluated well<sup>3</sup>.



## 2.2 The Population in Bolton

An estimated 281,600 people live within the Bolton borough, with around 175,400 being of working age<sup>20</sup>. As a whole GM has a slightly higher proportion of people aged 16-64, with 64.2% being of working age compared to 62.2% in Bolton<sup>21</sup>. In general, more men than women are in work, which is expected as Bolton has a higher rate of working age males (62.5%) than females (61.9%).

Current population projections<sup>22</sup> suggest that the population of Bolton will grow by 9% from 2014, reaching over 306,000 residents in 2039. During this period, the working age population is predicted to remain the same, despite 5.3% growth across GM. This is largely due to the ageing population in Bolton and faster growth in the 65+ age group.



## 2.3 Deprivation

Bolton is the 64th most deprived local authority in the country (out of 326)<sup>23</sup> and, although improving, there remains a significant gap between the most and least deprived parts of the borough. The Index of Multiple Deprivation (IMD) is measured across seven different domains<sup>24</sup> and of these, Bolton is ranked higher (more deprived) for disability, employment and income. Deprivation is measured in small areas called Lower Super Output Areas (LSOA) and in Bolton, 20% of all LSOAs rank within the 10% most deprived areas in the country. Deprivation is greatest in the Wards of Halliwell, Crompton, Brightmet, Great Lever, Rumworth

and Farnworth with other small pockets including the Johnson Fold and Washacre areas<sup>23</sup>.

## 2.4 Ill health and disability in Bolton

While many illnesses are short-term and do not have a prolonged effect on day-to-day activities, some health problems and disabilities are long lasting and have a significant effect on daily life<sup>25</sup>.

People with health problems and disabilities should be encouraged and supported to remain in or to re-enter work as soon as possible, depending on their condition because it<sup>26</sup>:

- Helps to promote recovery and rehabilitation
- Leads to better health outcomes
- Reduces the risk of long-term incapacity
- Promotes full participation in society, independence and human rights
- Reduces poverty
- Improves quality of life and well-being

Claimants who move off benefits and re-enter work generally experience improvements in health and well-being compared to those who move off benefits but do not enter work<sup>26</sup>.

The levels of illness-related benefits claimed across Bolton can act as a proxy for the highest-priority, limiting health issues in the population. In 2016, over one third of Disability Living Allowance claims were for learning difficulties, psychosis and arthritis<sup>27</sup>. Over the same period, 50% of Incapacity Benefit/Employment and Support Allowance claims in Bolton were for mental illness and 13% for musculoskeletal (MSK) conditions<sup>28</sup>. This indicates that mental illness and MSK conditions are substantial barriers to employment for the working-age population in Bolton. This presents opportunities for the local health system, particularly primary care, to improve early help and treatment for these conditions<sup>3 18</sup>.

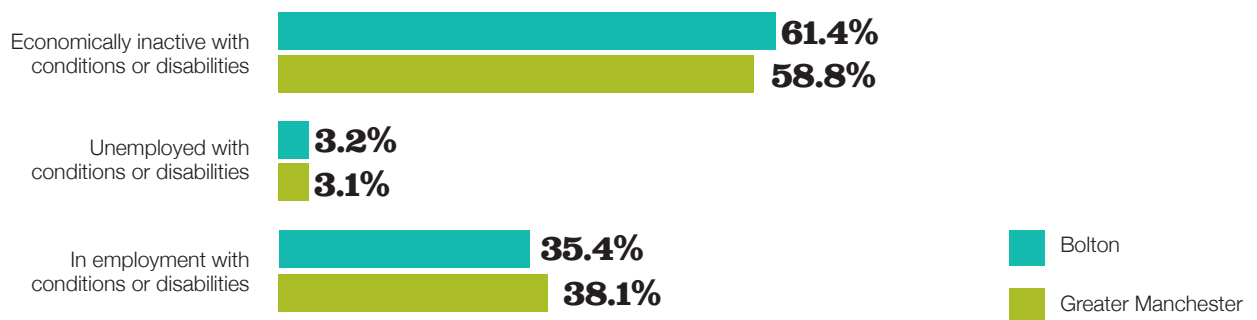
Again, this presents challenges both in terms of; employment, to remove some of the barriers to employment for those people with mental and physical long-term conditions and disabilities; and health, to better address these leading health issues in primary care and the community.



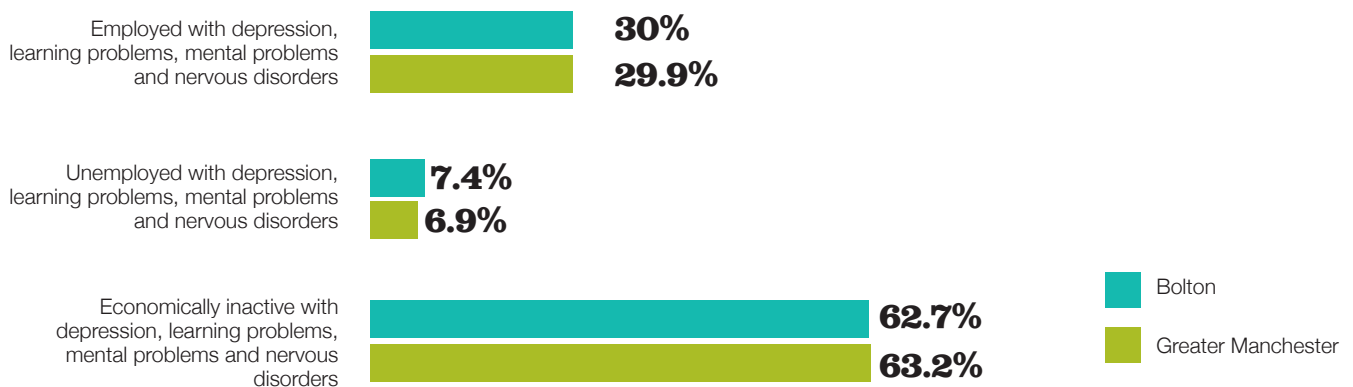
There is a clear inequality nationally and locally with disabled people more likely to be economically inactive than non-disabled people<sup>29</sup>. Figure 1.5 below demonstrates this in the local area with an employment rate of 38.1% among people with long term conditions and disabilities in Bolton. While this compares well to the GM average, it still represents a large gap between the employment rate of the overall working age population (70%). Figure 1.6 shows a similar inequality with the lower employment rate among those with mental health issues. These charts indicate the health barriers to staying in employment that people with these conditions face. Returning to the objectives of the national GP

Forward View, there is an opportunity within primary care to help people at risk of falling out of work, which includes those with long term conditions, disabilities and mental illness<sup>18</sup>. In order for people to stay in good work and improve their health and wellbeing, the health system should support people to maintain good levels of independent living, rather than just managing conditions to prevent further deterioration. If this is achieved, as well as the personal benefits, demand on the local health economy is likely to reduce as a result of early help as these people benefit from the various improved health outcomes associated with good work<sup>6 7</sup>.

### 1.5 Economic activity with long term conditions or disabilities (over 12 months) (2015)



### 1.6 Economic activity with depression, learning difficulties, mental health problems and nervous disorder, 12 months to Dec 2015







It is important for the local health system in Bolton to recognise the challenges that high-levels of short and long-term mental illness and MSK conditions can present. There are the employment-related impacts including increased sickness; lost productivity; and welfare spending, but then there are impacts on the local health economy in terms of repeat prescriptions; repeat admissions; GP attendances; use of acute and specialist services; and increased risk of physical health comorbidities and lifestyle risk factors<sup>30</sup>.

Ensuring an early-help and preventative approach is taken is essential. This returns to the positive impact that good work has on health and the benefits that will be seen by helping people get fit for work. Maintaining good employment will then make people feel better and this becomes a virtuous circle. This also aligns with many of the objectives of the GM Work and Health strategy.

Increasing access to low-level MSK and mental health support including; rapid direct referrals to physiotherapy for those out of work for short periods with MSK conditions<sup>31</sup>; and early help for low-level mental health conditions via IAPT services, could support more people recently out of work or at risk of falling out of work, to stay in employment<sup>32</sup> and can also reduce burden on GP consultation time<sup>33</sup>. For example, the Bolton Working Well Programme access to IAPT mental health services and local musculoskeletal (MSK) practitioners, as discussed in section 4.2 and 4.3.

## 2.5 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 access an income and avoid poverty. But poorly paid or insufficient work means many people in work are also in poverty<sup>4</sup>.

Poverty and economic deprivation have adverse impacts on health and emotional wellbeing, for example those living in poverty have greater prevalence of unhealthy lifestyle choices and poorer access to health and care services<sup>4</sup>. In contrast to the virtuous circle created by improving health to maintain good employment, which in turn improves health further, the impacts of living in poverty and deprivation can create a downward spiral in which ill-health increases the risk that people will fall out of work which further reduces income and results in that person becoming increasingly unwell. In response to this, the GM Population Health Plan is seeking to review models of primary care for deprived communities, which will include Bolton<sup>3</sup>.

In response to the higher levels of poverty in Bolton than the Greater Manchester and national average, there is a comprehensive anti-poverty strategy with a town centre presence. This provides money and debt advice, food bank access, credit union access and access to various services and support available via Bolton CVS. Tackling some of the issues faced here can remove some of the considerable barriers to employment that many people face.

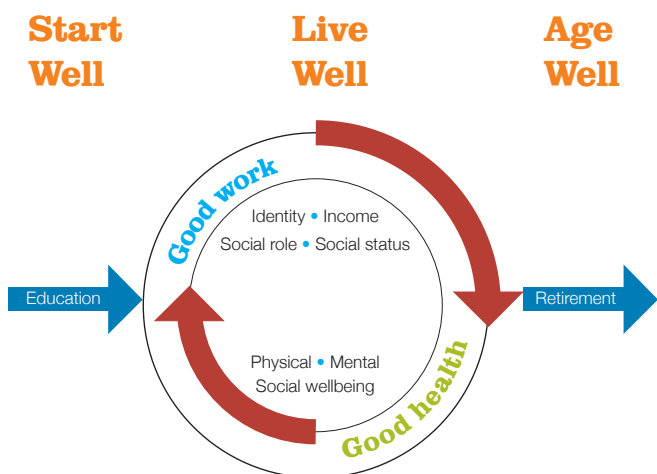
**Poorly paid or  
insufficient work  
means many  
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are also in  
poverty**

### 3. A Life-course approach

The life-course approach aims to increase 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 thereafter.

It promotes investments with a high rate of return for public health and the economy by addressing the causes, rather than the consequences, of ill health<sup>3</sup>.

Bolton’s Locality Plan<sup>34</sup> prioritises key outcomes throughout the life-course to allow people to benefit from better opportunities. This will incorporate an approach to economic regeneration which ensures as many jobs as possible go to local people but also that the rest of the system has prepared local people for those jobs. This inclusive growth will allow the virtuous circle of good work and better health to improve people’s lives. The key life-course outcomes in Bolton’s Locality Plan, which contribute to this are: school readiness; GCSE attainment; employment rate (including among those with long term conditions); and average wage<sup>34</sup>. These outcomes will be improved via specific work programmes around: good maternal mental health; enhancing physical activity; parenting support; raising pupil and parent aspirations in school; developing social and emotional competencies in school; and the new GM Work and Health Programme<sup>34</sup>.



#### 3.1 Start well - entry to employment

The difference in employment rates in future decades between Bolton and other areas will largely be determined by children’s success in school today, and their transition to the labour market afterwards.

In Bolton, 64.6% of children are considered ‘school ready’ (achieving a good level of development) at the end of reception<sup>35</sup>. This has been increasing in recent years but still represents a significantly lower rate than the national average (69.3%). Also, 54% of children in Bolton achieve 5 GCSEs including England and Maths, which is also lower than the England average (57.8%), but is in line with Bolton’s statistical neighbours.

Young people who are not in education, employment or training (NEET) for a substantial period are less likely to find work later in life, and more likely to experience poor long-term health. In Bolton, 4.8% of 16-18 year olds are NEET. Young people who are NEET face a range of mental health disadvantages.

They are<sup>36</sup>:

- 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 for self-harm
- Twice as likely to develop an anxiety disorder

Bolton needs to continue to make strenuous efforts to improve school achievement and reduce the proportion of children who become NEET. It will be important that health partners understand the importance of this agenda for their own areas of work and actively support work to improve educational attainment wherever they can, meeting the objectives set out in Bolton’s Locality Plan around starting well<sup>34</sup>.



**In Bolton, healthy life expectancy at birth for men and women is 62.4 and 59.8 years respectively**

### 3.2 Live well – in employment

Staying in work is important to improve 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 work<sup>37</sup>. 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. The role of primary care in this is also echoed in the General Practice Forward View<sup>18</sup>.

Local people must be supported into good quality jobs and encouraged to make positive lifestyle choices. It is also important to provide support to people either at risk of, or out of employment as early as possible to remove barriers to employment. To this end there is a national offer via the Fit for Work service supported by local initiatives at both GM and Bolton levels:

- The GM Work and Health Strategy and the new Work and Health Programme to provide early help and take a preventative approach to supporting people in work<sup>3</sup>
- The Bolton Working Well Programme, which is a form of Active Labour Market Programme to link local statutory, voluntary and health services together in supporting people into work via a key worker

It is also important to continue to collaborate with local organisations which contribute to the base of good employment in Bolton such as Bolton CVS, which supports organisations in the voluntary, community and social enterprise sector to employ 3,000 full time staff across Bolton. The priorities of Bolton CVS include asset-based approaches; partnership working; and development through volunteering. The work around these priorities contributes to the local economy; improves the provision of life skills; and increases the number of good quality jobs in the borough, all of which contribute to improving health outcomes for Bolton residents.

### 3.3 Age well – exiting employment

The impact of leaving employment through retirement is uncertain. People who have poorer health and lower socio-economic status are most likely to retire early and experience health inequalities<sup>38</sup>.

The national and local population is ageing, along with increases in the state pension age, which means that a greater proportion of the population will be working, with long term conditions into their retirement in the future. In Bolton, healthy life expectancy at birth for men and women is 62.4 and 59.8 years respectively<sup>29</sup>. With the state pension age of 65 for men and 64 for women both set to increase, there is an increasing period in which people will be expected to work while managing their deteriorating health.

To reflect these issues, it is important to ensure that all services available to support those adults who want to be in good work, are accessible to an increasingly elderly working population. The GM and Bolton-wide work around ageing and Age/Dementia Friendly environments aims to create age friendly communities. An example of this is the Ambition for Ageing in Bolton project which is working in the Halliwell, Crompton and Tonge with the Haulgh areas.

## 4. What's happening in Bolton?



### 4.1 The Bolton offer

#### In work:

- The Workplace Wellbeing Charter is offered across Greater Manchester and was driven by New Economy. This is a small project currently supported by Groundwork to promote and support healthy workplaces
- Work @ Health offers free, basic workplace support to facilitate health at work. This can be more in-depth if businesses are willing to fund this themselves. Access at [www.healthatworkpackages.org.uk/workplace/wellbeing.html](http://www.healthatworkpackages.org.uk/workplace/wellbeing.html)
- Bolton Council Human Resources currently coordinate the council's workplace health and wellbeing. The approach is bespoke project/campaign orientated (including council staff flu vaccination campaign; NHS and council triathlon; cycle to work scheme; ongoing promotion of national health improvement campaigns)
- Bolton Council Occupational Health has been contracted out to Health Management Ltd (HML) [www.healthmanltd.com/healthmatters/boltoncouncil](http://www.healthmanltd.com/healthmatters/boltoncouncil)
- Bolton Council offers an Employee Assistance Programme provided by RehabWorks. This is a free, confidential advice and information service which focuses on proactive wellbeing advice to staff
- Bolton CVS offers a range of support which could benefit both those in employment and seeking employment. This includes educational courses around self-employment and community enterprise; supporting voluntary and community organisations to employ more volunteers as paid workers; and a range of training courses both provided by CVS and funded by CVS out in the voluntary and community sector to provide life skills, including many which can increase people's employability

#### In work at risk:

- Work and health programme [www.work4health.org.uk/](http://www.work4health.org.uk/) Established by former GM Public Health Network and was devised as a social marketing campaign aimed at Occupational health, GP's and other primary care professionals. Aimed to target those who were at risk of being long term sick. Not currently active. Website still available for information. Further GM activity upcoming around this utilising existing investment
- National Fit For Work scheme [www.fitforwork.org](http://www.fitforwork.org) available locally and regionally. Fit For Work is primarily aimed at smaller organisations without access to occupational health facilities. It can though also be used by larger organisations with access to occupational health departments
- Several local partner organisations working with Bolton Council to support work and health including: Bolton at Home [www.boltonathome.org.uk/](http://www.boltonathome.org.uk/); Bolton Community Homes (BCH, registered social landlords); Life line; Urban Outreach; Families first

#### Out of work-return possible within 15 months:

- Working Well (expanded) – Ingeus provides support for people who are out of work and require additional help getting back into work. This is provided in the form of a key worker who works closely with each person to build a relationship and find out what support they need to get into work, which often involves tackling underlying health and personal issues which may be acting as barriers to entering/re-entering employment. This can involve additional access to healthcare providers. There has also been integration of Working Well and the IAPT, Think Positive service to allow a holistic approach for people with mental illness as a barrier to work
- Work is ongoing to develop a new Work and Health programme nationally as well as a Greater Manchester-wide Early Working Well programme which will focus on health issues in primary care (GPs) and will aim to prevent people falling out of employment long term





## 4.2 Case Studies

### Case Study 1

#### Working Well Programme Domestic Violence Service User

**Shirley (not her real name) is 24 and has lived in an abusive relationship, experiencing physical, mental and emotional abuse from her violent partner, resulting in both her children being taken into care.**

She suffered from anxiety, depression and borderline personality disorder. When she entered the Working Well programme, she was extremely reluctant to take any support offered around her relationship but she began to develop a relationship of trust over time with her Key Worker. The Key Worker engaged with Bolton's Domestic Violence Co-ordinator and local charity Endeavour, which provides support for residents experiencing domestic abuse, to understand Shirley's situation and what support could help her. With ongoing support from her Key Worker, Shirley received help from Endeavour's Young Persons Domestic Violence Advisor, who she felt able to open up to and discuss her thoughts, feelings, hopes and fears with.

They conducted safety planning for the domestic abuse she was experiencing and an individualised support plan was put in place to help her with her self-esteem and confidence. As a result of this support, Shirley started to do things independently of her partner including searching for a job with her Key Worker. The safety planning gave her strategies to cope if the abuse escalated and how to access help in an emergency.

Her job search resulted in Shirley getting a two week work placement with a local employer, which boosted her confidence and she then secured an interview for a six month placement at Bolton College. Due to intensive interview coaching and support from Ingeus she was successful in securing this placement. Shirley continued to use the support from her Key Worker and local services to help her sustain the placement.

### Case Study 2

#### Working Well Programme Improved Confidence

**Steven (not his real name) is 23 years old and had been unemployed since leaving his job as an industrial cleaner, following the tragic death of his son.**

This traumatic event left him with severe depression, and a lack of self-esteem and confidence. Whilst describing his state of mind prior to the programme he said, "I had reached rock bottom and needed somebody to convince me that I still had something to offer".

Once he had engaged with the programme, his Key Worker supported him to apply for a Construction Skills Certification Scheme Card, which enabled him to work on construction sites. He also successfully took his driving theory test.

Following these achievements, his Key Worker helped him to re-write his CV and worked with him on interview techniques. Steven's new skills and his increasing confidence helped him to apply for a six month, paid placement with Bolton Council's Neighbourhood Services department, which works to maintain public spaces. Following an interview, he was successful in securing the position. He commented that "it took every ounce of strength I had to go for an interview... this was just the boost I needed". Steven is continuing his search for permanent employment with ongoing support from his Key Worker.

## 4.2 Case Studies

### Case Study 3

#### Integration of Working Well Programme and mental health IAPT, Think Positive Services

The Working Well Programme, along with other partners, identified that 76% of people using their service had mental illness which acted as a barrier to employment, specifically low-level and enduring anxiety and depression.

To address this the Think Positive Clinical Services Manager, Local Lead and Ingeus have worked closely to maximise integration between the Working Well Programme and IAPT mental health services. This included agreement to a 'warm handover' between the Ingeus Key Workers and Think Positive services for people wanting access to talking therapy services. Once people exited Think Positive, their permission was asked to work with the Ingeus Key Worker, to agree an after care process and support package. This would ensure that people in this programme continued to progress.



**Poor mental health is a significant cause of sickness absence from work and also a commonly experienced effect of long-term worklessness**

At the end of last year, Duncan Selbie Chief Executive of Public Health England, visited Bolton Council and Ingeus and recognised the impact of this local integration, between the two services, on the health outcomes of some of Bolton's most deprived residents:

**“Bolton is wholly focused on the interdependencies between good health and having work, a good education, decent housing and companionship and the criticality of economic prosperity in achieving this. They have developed a series of practical interventions such as the Working Well Service which supports the hardest to “reach and hold” back into work. This is an example of a Greater Manchester-wide initiative and is already showing significant results with an expectation of a 20% success rate. This is public health in action.”**

## 5. Next steps/recommendations

### 1. Work and Health is a cross-cutting theme with dependencies and linkages across many strategic and operational areas. It should be a system-wide priority across the life course

- **Starting Well:** Successful education opens the gateway to better, higher paying jobs and healthier lifestyle prospects. Boosting educational attainment, particularly in our most disadvantaged communities should be a priority for all partners
- **Living well:** Supporting people to remain in and return to work is a key population health outcome. Work and health should be integrated into our Population Health and Prevention Strategy and Programme; aligning closely to Bolton's social prescribing offer and asset based community developments
- **Ageing Well:** For older people, fulfilling work that suits the individual can give a sense of purpose, and keep people physically and mentally active. Partners in Bolton should focus on creating more age-friendly workplaces

### 2. Bolton should be an early implementer, through local General Practice champions, of the GM Working Well Early Help service: co-designed with all stakeholders and building on existing good practice to develop an effective, evidence-based, locally relevant offer to Bolton residents

- The Working Well early Help service will support people who are in work but at risk of falling out of the labour market, or newly unemployed, due to health conditions or other factors. It also identifies the impact on health, wellbeing, financial security and cost to the public service system when people become long-term out of work. The GM service will bring additional resources into the town to efficiently and effectively support workers to retain employment

when suffering from poor health or disability. This will reduce the flow of people leaving work and moving onto out-of-work benefits and deliver a positive impact on population health

- There should be local support for those people with complex needs, but having a reasonable likelihood of returning to work with personalised support within two years and also for those whom a return to work is not a realistic outcome. We must create a system that can support those who are able to return to work, whilst also improving the employability, health and well-being for those who do not secure employment and developing pathways that improve their quality of life

### 3. Public service employers in Bolton should lead by example, taking action on health and work, supporting economic regeneration and delivering social value by:

- Offering fair employment and good work
- Employing local people, including tackling inequality via targeted recruitment in areas of high unemployment and to those people with long term health conditions
- Offering good terms and conditions of employment, including job security
- Considering the needs of priority population groups, where there is clear evidence that good quality work delivers significant health benefits; particularly older people, those with mental health problems and people with learning difficulties and disabilities

### 4. As services to improve work and health are designed and implemented, they should integrate with new models of care and into Bolton's Local Care Organisation, as part of the wider process within public service reform of integrating place-based services

# 6. Update on recommendations

## Recommendations from 2014/15 Public Health Annual Report

### Recommendations

### Progress as of 31 December 2016

#### Chapter 1

#### The Case for Change

To continue to develop and improve Children and Young People's Services by ensuring appropriate, relevant and integrated commissioning and delivery.

Redesign and recommissioning of an integrated 0-19 service started, implementation expected from April 2019.

To develop opportunities for co-commissioning of services for Bolton's children and young people with key partners in order to optimise resources and ensure a whole pathway approach to children and young people's health and wellbeing.

Partners to be involved in above — as part of vision and development group. Discussions re co-commissioning/enhanced service provision. Involvement with parent/family groups to influence services.

To roll out the Early Years New Delivery model across Bolton to ensure improved outcomes for our more vulnerable citizens.

Early adopter area work continues and following the establishment of the new Start Well Service work can continue on rolling out the model. Many elements of the model have been rolled out across the borough including: All Ages and Stages Questionnaire (ASQ) assessments at each stage, new born behaviour observations, emotional and social ASQ assessments and additional communication and language support.

#### Chapter 2

#### Demographics

Ensure the Joint Strategic Needs Assessment (JSNA) continues to develop as a vital resource supporting health, social care and wider public service reform.

Refresh of JSNA underway. Strategic group formed/more closely aligned to Health and Wellbeing Board and Bolton Vision Terms of Reference being developed.

Develop a strong knowledge base within the children and young people's element of the JSNA through the establishment of a local health survey schedule with a focus on children and young people and the early years agenda.

Due to commence children and young people's needs assessment underway as of August 2017.

Communicate key learning from the Children and Young People's survey to partners and stakeholders ensuring that user voice is established within commissioning and delivery of Children and Young People's services.

Key learning disseminated to 5-19 providers and commissioners.

Further locality analysis also completed and shared.

Ensure that performance management of commissioned services reflects the findings of the survey to ensure that services are responsive to pupil voice.

Regular performance management of 0-5 and 5-19 services.

0-5 service has increased engagement with parents and families to influence service development. 5-19 service provider offer linked to survey results.



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### Chapter 3

To support the expansion of the Early years Model (from Pregnancy to Five years) across Bolton in order to maximise the benefits for more children and families

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To safely commission the new Health Visitor service

### Starting Well

Established Maternity and Children's Strategic Partnership to enable joint planning and delivery with sub group for early years. New Start Well service began 1st April 2017.

Health visitor and Family Nurse Partnership (FNP) services commissioned by the Local Authority. FNP one of the highest performing in England Health Visitor service performing well

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### Chapter 4

To ensure the safe transfer of the new Children and Young People's Health and Wellbeing Service to the new provider in order to safeguard Bolton's children and young people.

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To performance manage the new service to ensure it meets the outcomes set out in the 5-19 service specification

### Developing Well

Service – transition phase longer than first anticipated as the service is wide ranging and complex. However redesign now complete and service performing well. Additional safeguarding team has been established including a named nurse, a specialist safeguarding practitioner and a Looked After Children's nurse.

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Regular performance monitoring.  
Performing well

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