

# Working Well

*The Public Health Case for  
Quality Employment*

Director of Public Health  
Annual Report 2025

**Lincolnshire**  
COUNTY COUNCIL  
*Working for a better future*

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# 1. Foreword



*Welcome to my seventh annual report as Director of Public Health for Lincolnshire.*

For my Annual Report in 2025 I am pleased to be able to present a joint report with Lincolnshire County Council's Executive Director for Place, Andy Gutherson. Both

improving health and delivering economic growth are priorities for Lincolnshire. Andy and I set out in this report how these two goals are closely linked and we describe some of the corresponding challenges, and opportunities, in Lincolnshire.

Lincolnshire's people are its greatest asset; and yet many people in Lincolnshire find that their health stops them doing all that they can, and limits their opportunities for employment. Good quality work increases physical and mental wellbeing, improves financial security, strengthens families and communities, and gives people purpose and connection. Conversely, unemployment and poor-quality or insecure work can damage health, widen inequalities, and place significant pressure on public services.

This report describes how Lincolnshire's labour market, rural and coastal geography, demographics, and higher-than-average levels of long-term conditions shape the relationship between health and employment. It brings together evidence, local data and case studies to detail how enabling people to be healthier can deliver improved health and economic growth for individuals and across the Lincolnshire population, turning a vicious cycle into a virtuous one.

By investing in skills & inclusive employment we can reduce inequalities, improve wellbeing and unlock economic potential. I hope that this report will provide both a compelling case for action and a practical framework for how we can work together to ensure that good work supports good health for everyone in Lincolnshire.

## **Derek Ward**

Director of Public Health



*I am very pleased to present this report with Derek.*

The relationship between worklessness and health has long been recognised, but the genuine cost to the local community and the localised impacts have not been identified in the detail that this report provides. It gives us

a valuable tool which informs how the public sector should tackle worklessness to the substantial benefit of the community's health.

The report shows that worklessness and poor health are affected by a range of matters: location, access to services, skills, and society. The representation of data in map form in the report helps us to understand and highlight where poor health and worklessness are particularly prevalent. Two of our districts, East Lindsey and Lincoln, suffer particular problems but the data also highlights very clearly that the relationship between poor health and worklessness is a countywide issue which should therefore help focus our attention on where interventions are required.

This report uses very helpful case studies which show that the collected place-based services, working in tandem with other council services, can make a real difference to tackling worklessness.

I look forward to working with colleagues from across the council to develop a strategic response to the findings of this valuable report.

## **Andy Gutherson**

Executive Director Place

## 2. Executive Summary

Employment is a powerful determinant of health, and this report outlines why enabling fair access to good work is both a moral imperative and a strategic opportunity for public health.

Public health professionals have long recognised the importance of good quality work in supporting population wellbeing. Historically, the role of the Medical Officer of Health included ensuring everyone had access to clean air, clean water, and safe living conditions to prevent disease but also to maintain a healthy, productive workforce. Although we now live in a very different world, employment and health remain intrinsically linked, and we recognise that good work is a key social determinant of health that influences mental wellbeing, physical health, and life opportunities.

Work and health are closely connected—each affects the other. Around one in three working-age adults live with at least one health condition and as health problems increase, employment rates tend to fall<sup>1</sup>. Unemployment can lead to financial hardship, limit access to essentials like healthy food and housing and increase stress. People who are unemployed are more likely to smoke or be inactive<sup>2</sup>, which further impacts their health and reduces their chance of working. These effects become greater the longer someone is out of work.

Precarious employment - such as zero-hours contracts or temporary jobs - offers little security and protection, low pay, and few benefits. It can be just as harmful to health as unemployment<sup>2,3,4,5,6</sup>. Job insecurity increases stress and mental health issues; unsafe or physically demanding work can cause musculoskeletal problems; and unpredictable hours and low income affect overall wellbeing.

This is an issue nationally, but Lincolnshire has specific challenges, and thus specific opportunities. Lincolnshire's population includes urban, rural, and coastal communities, with high levels of deprivation linked to poor health outcomes such as chronic illness and lower life expectancy. These factors limit access to employment across different groups. Sectors like agriculture and tourism are more likely to offer low-quality or insecure jobs, and people with long-term health conditions often struggle to find and keep suitable work<sup>7</sup>. This creates a cycle: poor health limits employment, and unemployment worsens health.

Despite these challenges, Lincolnshire has growing sectors—food, manufacturing, and defence technology—that offer opportunities for economic growth. This growth can help break the cycle by creating more secure, well-paid jobs.

Beyond the clear health benefits, quality employment also delivers significant fiscal value. People out of work rely on a range of benefits including unemployment support, housing benefit, and other forms of welfare, which represent a substantial cost to the public purse. In contrast, individuals in secure, well-paid jobs contribute through income tax, National Insurance, and consumer spending, helping to sustain local businesses and drive economic growth. Supporting people into work not only improves individual wellbeing but also strengthens Lincolnshire's economy, therefore good employment becomes a public health intervention with measurable financial returns. In Lincolnshire, the total value lost to worklessness is estimated to be £3.8bn<sup>8</sup>, and getting someone into work is estimated to be a way to improve someone's health that is 5 times cheaper than the gold standard for NHS treatments.



If we can support people currently unable to work into employment, and increase the job security and health of those on the edge of stable employment, we will see a benefit in terms of economic growth and public health. Throughout this report we will use some case studies to ground this in the reality of daily life for many of Lincolnshire's residents. This is a topic which can affect all of us, and importantly is a rare case of a 'win-win' for us all; we can improve both health and the economy and turn a 'vicious' circle into a 'virtuous' circle. This report sets out the challenge in Lincolnshire and how we can meet it.

## Recommendations:

### *Create conditions which support employment*

- 1. Invest in removing wider barriers** such as poor transport, limited digital access, and sparse care provision, so people can find jobs that suit their needs.
- 2. Provide effective health services** that tackle multiple risk factors for developing ill health, reducing the chance of health conditions developing which affect a person's ability to work.

### *Support people into employment*

- 3. Further invest in and promote supported employment models**, enabling more people to access work and ensuring successful practices are adopted more widely by employers

### *Support people to retain employment*

- 4. Encourage employers to plan for workforce health**, including identifying risks and supporting staff with existing health conditions.
- 5. Develop clear, accessible information for employers** on how to access and navigate local health and care services, to help them better support employees with health conditions and reduce avoidable sickness absence.
- 6. Make employment a core policy lens.** Promote awareness among policymakers of the health and wellbeing benefits of good work and ensure that policy decisions routinely consider their impact on people's ability to start, sustain, and return to employment.

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# 3. Introduction

*“Being in good employment is protective of health...jobs need to be sustainable and offer a minimum level of quality, to include not only a decent wage , but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health” ~ Michael Marmot [Source: Fair Society, Healthy Lives, 2010]*

This report explores the critical relationship between employment and health, focusing on how public health can support fair access to work across Lincolnshire.

Employment is one of the most important factors influencing our health. Most people spend a third of their lives at work, and it shapes our wellbeing through income, housing, social mobility, and daily structure. But the relationship between work and health is complex and two-way: poor health can limit access to work, and poor-quality work or unemployment can worsen health.

While earlier research questioned whether poor health leads to unemployment or vice versa, current evidence shows that job loss, especially when it’s involuntary, can directly harm health<sup>1</sup>. This can create a downward spiral where people struggle to recover and re-enter the workforce. People with health conditions who

fall out of work are three times less likely to return than those without. The longer they’re out of work, the harder it becomes; after two years, they’re up to eight times less likely to return compared to those unemployed for less than a year<sup>2</sup>. This gives us a moral obligation; intervening early and supporting people back into work is one of the best ways to benefit both health and the wider economy.

Unemployment has a significant and well-evidenced impact on both physical and mental health. These impacts include:

- **Life Expectancy:** Unemployment is associated with lower life expectancy and poorer health outcomes. A 2013 study linked higher unemployment rates to increased mortality and long-term illness from cardiovascular disease, lung cancer, and suicide<sup>3,4,5</sup>.
- **General health:** Only 29% of unemployed people rate their health as very good or excellent, compared to 46% of those in work<sup>6</sup> (Figure 1). Unemployed people are more susceptible to cardiovascular disease and respiratory infections<sup>7</sup>. They also use healthcare services more often, take more medication and are more likely to be hospitalised<sup>5</sup>. The longer someone is unemployed, the more their health tends to decline.

## Self-rated health by employment status, 2024

Aside from long-term sick or disabled people, unemployed people report the worst health

Source: Understanding Society: Waves 1-14, 2009-2024

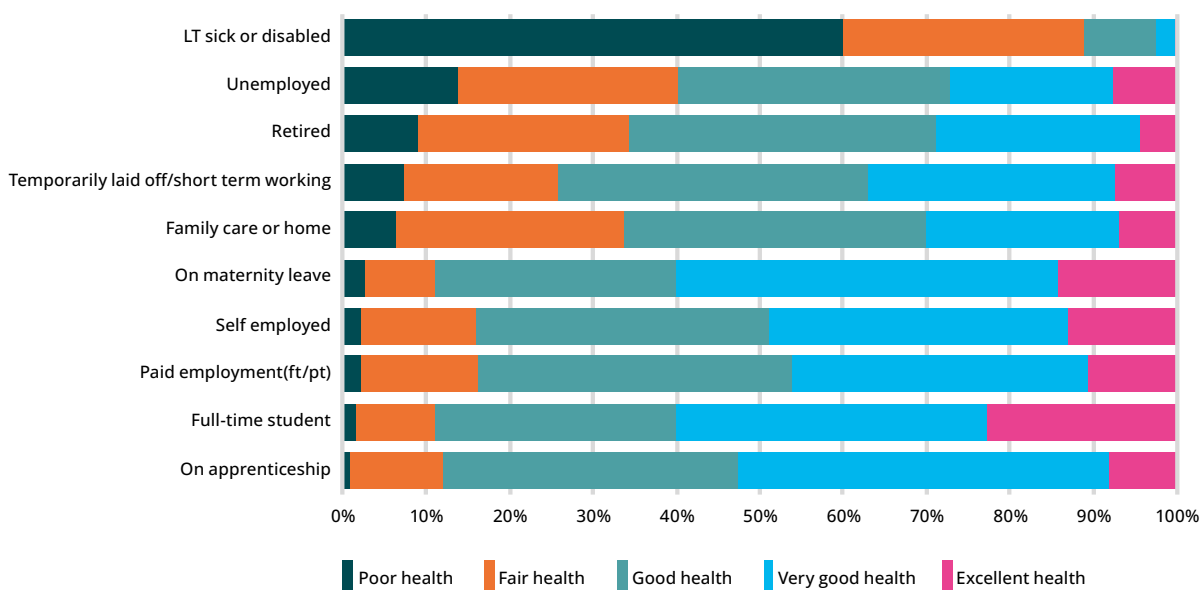


Figure 1: Self perceived health by employment status

- **Economic hardship:** Loss of income limits access to essentials like nutritious food, safe housing, and healthcare. Financial strain can also affect families and communities, contributing to wider social issues.
- **Mental health:** Unemployment is linked to higher rates of depression, anxiety, and low self-esteem<sup>5,8</sup>. It often leads to chronic stress, which increases the risk of physical illness and long-term conditions<sup>1</sup>. These effects aren't just due to pre-existing conditions; many people experience a decline in mental health after losing their job. While re-employment can help reverse some of the damage, those who are unemployed often respond less effectively to treatment<sup>9</sup>.
- **Unhealthy behaviours:** People out of work are more likely to smoke or drink excessively, which can worsen health and reduce chances of obtaining work<sup>10</sup>. For some, this can be a coping mechanism for stress and low mood.

Employment doesn't always guarantee good health either. The quality and stability of our jobs also play a crucial role. Precarious employment, which includes low pay, insecure contracts, poor working conditions, and limited rights, can undermine the health benefits of work and, in some cases, be just as damaging as unemployment<sup>10,11,12,13,14</sup>.

People in precarious jobs are more likely to experience:

- **Mental health issues** such as stress, anxiety, and depression, especially when moving from unemployment into poor-quality work<sup>11,12,13,15</sup>.
- **Musculoskeletal problems**, particularly in physically demanding roles with little control over working conditions<sup>5</sup>.
- **General health decline**, driven by financial instability, unpredictable hours, and limited access to healthcare or support<sup>16,17,18</sup>.
- **Infectious diseases.** Essential workers in these roles often face higher exposure to infectious diseases and lack paid sick leave, leading to 'presenteeism' (working while unwell) which reduces recovery, productivity, and can spread illness. This was seen during the COVID-19 pandemic<sup>19</sup>.

## Lincolnshire's employment challenges

Lincolnshire is a great place to live and work, with a diverse economy spanning food production, manufacturing, tourism, health and care, digital micro-businesses, and more. It's also a large, mostly rural, county with 789,502 residents living across urban centres, coastal towns, industrial areas, and market towns<sup>20</sup>. This geographic diversity brings unique challenges for health and wellbeing and contributes to the inequalities highlighted in the Lincolnshire Joint Strategic Needs Assessment (JSNA).

A complex mix of social, economic, geographic, and systemic factors contribute to challenges surrounding employment in Lincolnshire:

- More than half of all employment in Greater Lincolnshire is concentrated in foundational sectors including retail, health and social care, education, and public services<sup>21</sup>. Despite their critical role in sustaining the local economy, these sectors often attract less policy attention and investment than designated growth or priority sectors.
- Coastal areas often rely on seasonal, insecure, low-paid work in the tourism and service sectors.
- Rural communities face a combination of factors which limit economic opportunities and business growth. Limited transport links restrict access to jobs; care services (including childcare) are often scarce which constrain workforce participation; low population densities reduce the customer base for local businesses; planning and development regulations can discourage investment in larger employment sites.
- Some of Lincolnshire's most common industries, such as transport, construction, hospitality, retail, education, and social care are more likely to involve poor job quality. These roles often include long hours, physical demands, irregular schedules, and limited flexibility, which can negatively affect health and wellbeing<sup>22, 23</sup>.
- An older population and a higher rate of long-term health conditions (compared to the national averages) can make it harder for people to access and stay in secure employment. These health conditions are not distributed equally across the county:
  - East Lindsey, Boston, and South Holland have the highest burden of disease, particularly from diabetes and musculoskeletal disorders.
  - Lincoln shows elevated rates of mental health conditions, reflecting urban stressors and a younger population.
  - South Kesteven and North Kesteven have moderate levels across all conditions, with mental health slightly more prominent.<sup>24</sup>
- Social isolation is common, particularly in rural and ageing communities.
- Deprivation in Lincolnshire varies widely across the county. This deprivation often leads to clusters of unhealthy behaviours and poor health, particularly in rural areas where access to healthcare and support is limited. People in deprived areas are also more likely to experience digital exclusion, poor housing, and environmental risks.

Reducing these risk factors can help towards breaking the cycle of poor health and unemployment.

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# 4. The Epidemiology of Work and Health

The national picture shows that employment and economic activity rates have remained relatively stable over time, with those aged 25–49 consistently having the highest rates. However, younger people (16–17) have seen a sharp decline in both employment and activity since the early 1990s, while rates for older adults (65+) have gradually increased.

Local DWP data reinforces this pattern, with Universal Credit caseload figures for 16–24-year-olds and Fuller Working Lives statistics for those aged 50–64 in Lincolnshire showing similar trends. Overall, the working-age population (16–64) maintains steady participation, but age-related disparities have widened<sup>1</sup> (See figures 2 and 3)

## Weighted Labour Force Survey (LFS) estimates by age

Source: ONS Data Table A05 published 17 October 2025

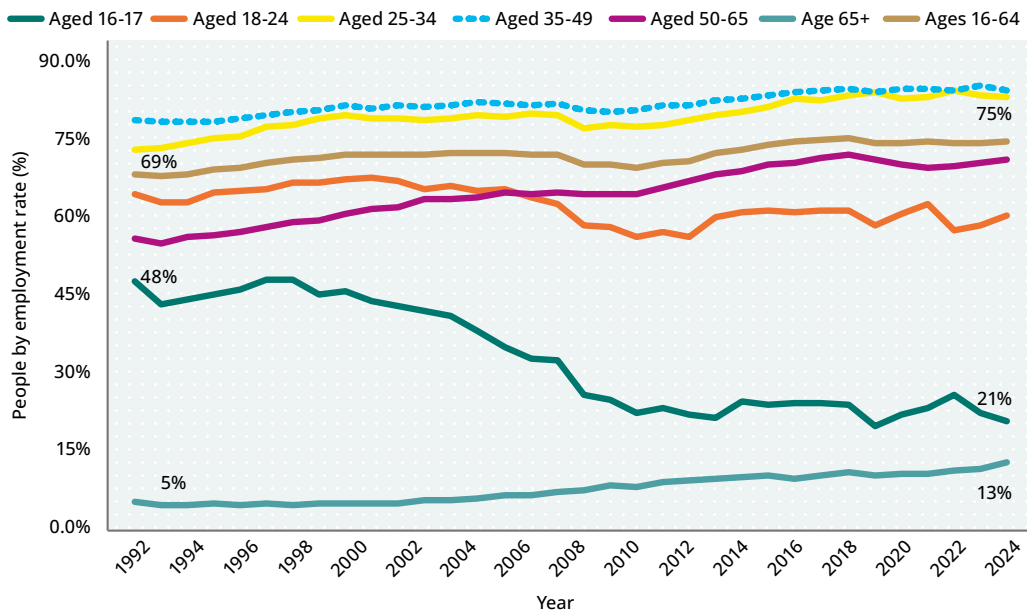


Figure 2: Employment rates by age group in the UK between 1992 and 2024

## Weighted Labour Force Survey (LFS) estimates by age

Source: ONS Data Table A05 published 17 October 2025

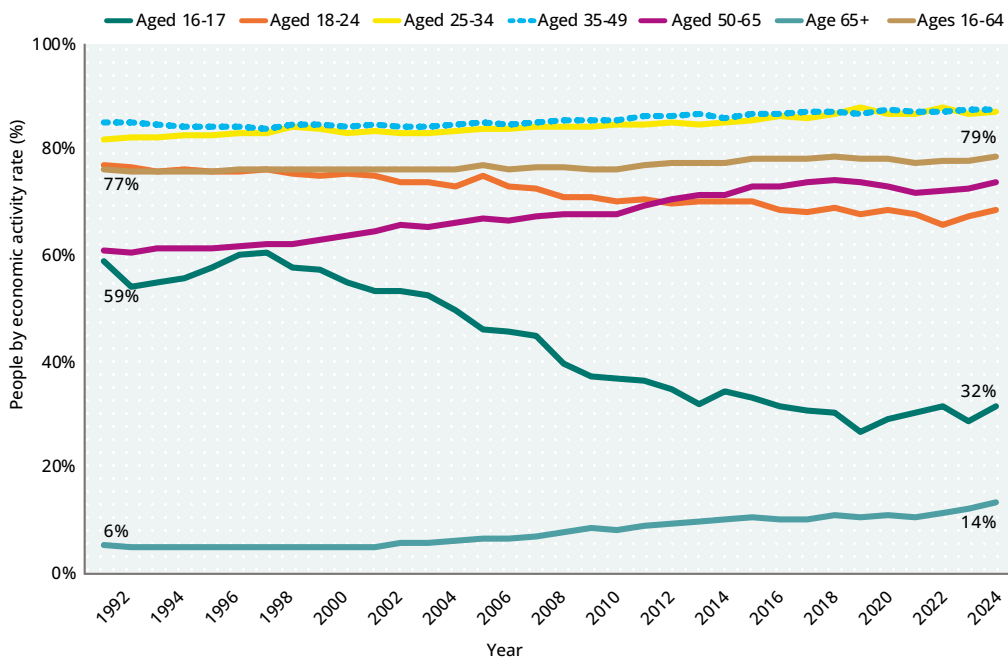


Figure 3: Economic activity rates by age group in the UK between 1992 and 2024

Exploring patterns in health and employment across Lincolnshire can help us understand where health problems are more common and how they affect people's ability to work.

### Long-Term conditions & employment gaps

In the UK, nearly one in three working-age adults lives with a long-term health condition. One in four has a physical health issue, and one in five has a mental health issue. These figures are expected to rise<sup>2</sup>.

"Lack of appropriate, timely adjustments and wider barriers mean disabled people are more than twice as likely to be unemployed and nearly 3 times more likely to be economically inactive than non-disabled people"<sup>3</sup>. In 2022/23, 62% of Lincolnshire residents (aged 16 to 64) with a long-term physical or mental health condition were in employment; similar to the national average of 65.3%<sup>4</sup>.

### Health conditions & employment in the UK

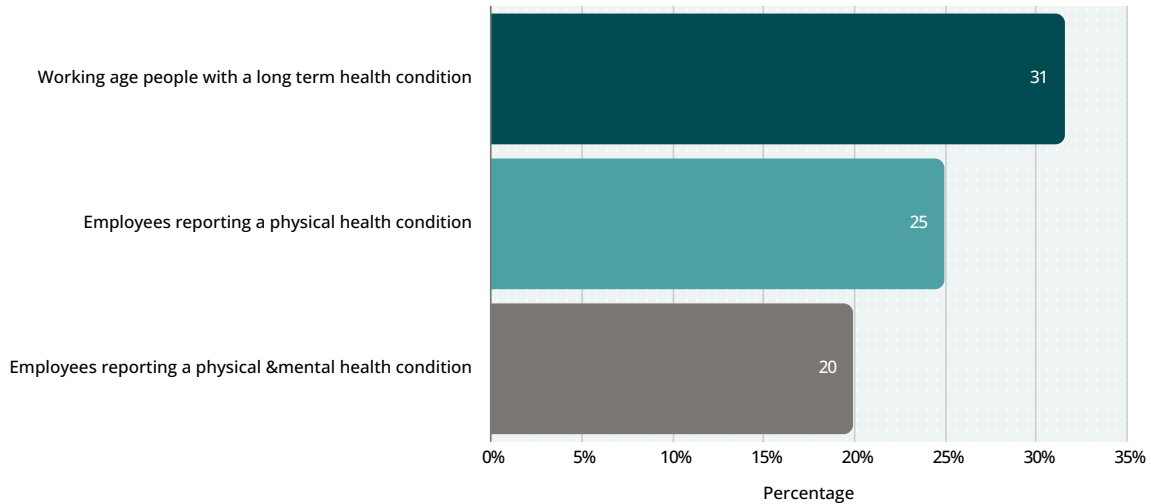


Figure 4: Prevalence of health conditions among working-age people and employees in the UK

### The Employment of Disabled People 2024

Source: DWP data table of LMS005 published 20 June 2025  
UK population ages 16-64

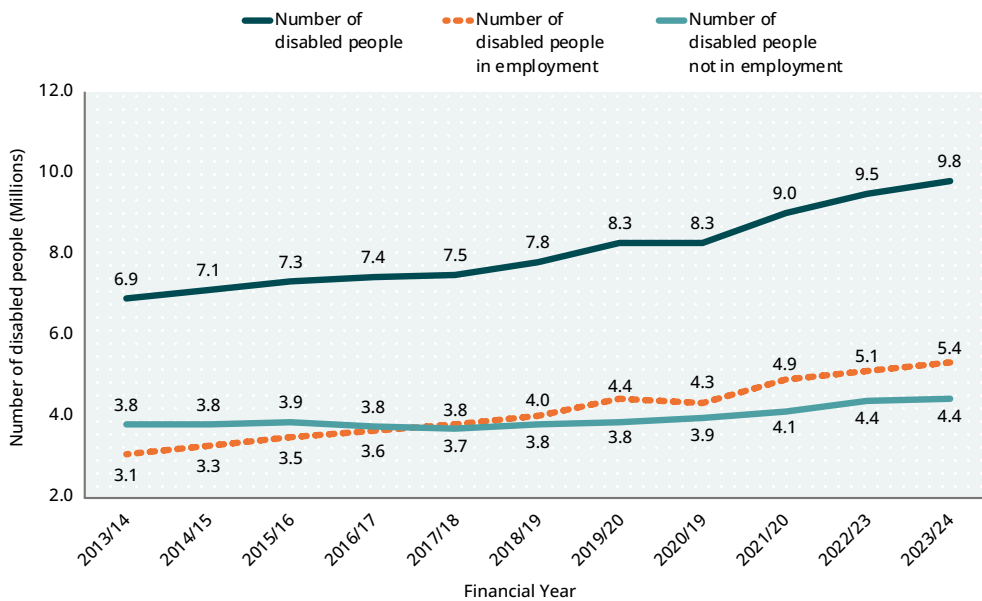


Figure 5: Trends in employment among disabled people in the UK (aged 16 to 64)

However, employment rates drop sharply as the number of health conditions increases (61% of people with one condition are employed, compared with only 23% of those with five or more)<sup>2</sup>. See figure 6.

## The Employment of Disabled People 2024

Source: DWP data table of LMS005 published 20 June 2025

UK population ages 16-64

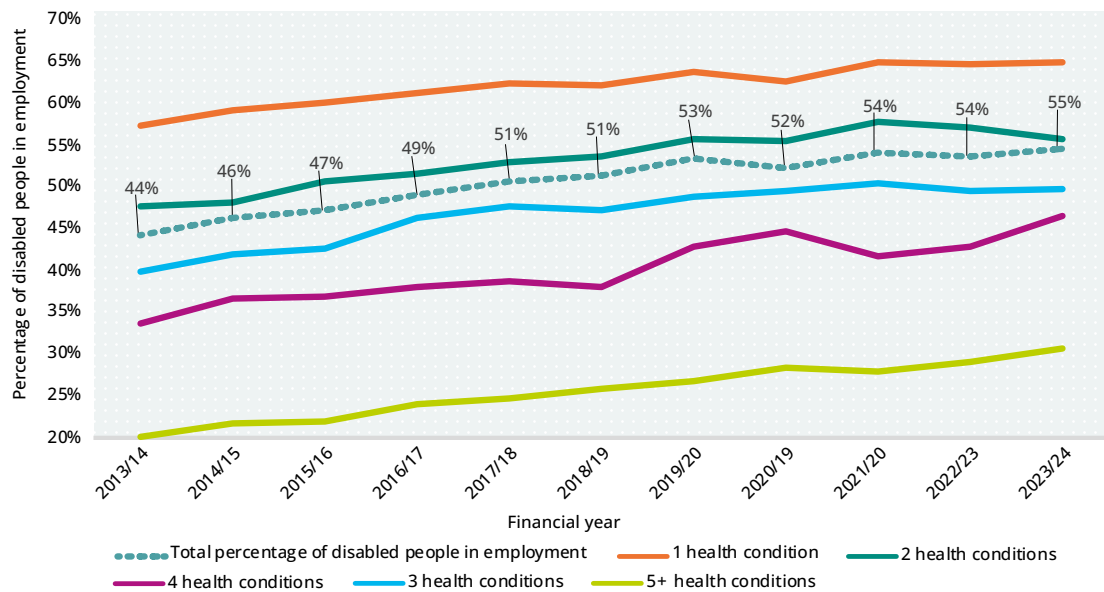


Figure 6: Employment rates of disabled people by number of health conditions (Ages 16 to 64)

Those with mental health or musculoskeletal conditions particularly find it difficult to sustain employment.

Nationally, the main disabling conditions vary by age group and have shown trends over time. Mental health conditions have risen sharply, particularly among younger adults (Figure 7). The data highlights a shift towards mental health as a leading cause of disability among younger people, while physical conditions still dominate in older age groups<sup>4</sup>.

## Mental Health as the Main Condition of Disabled People 2024

Source: DWP Annual Population Survey data table POP002

UK population ages 16-64

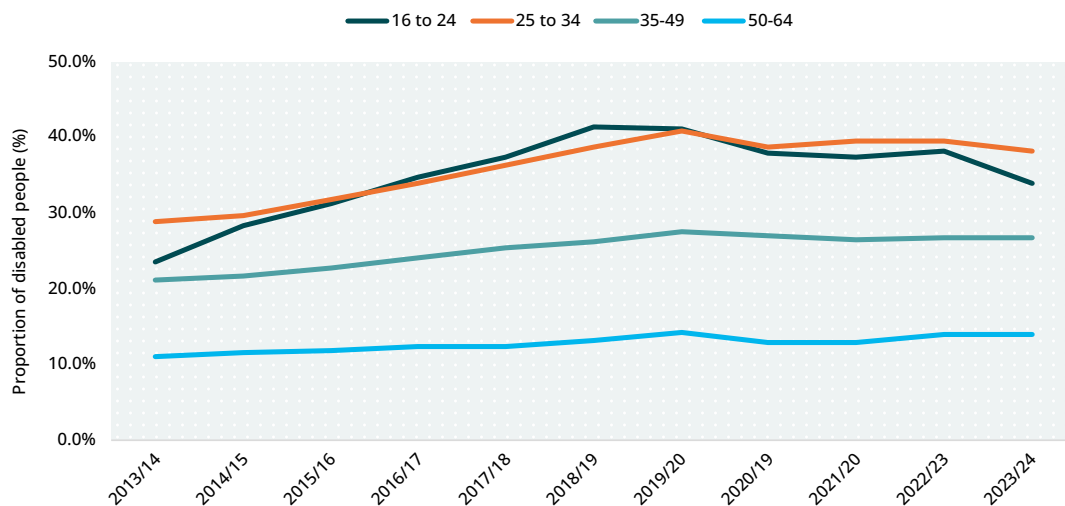


Figure 7: Proportion of disabled people with mental health as main condition by age group

## Lincolnshire's labour market

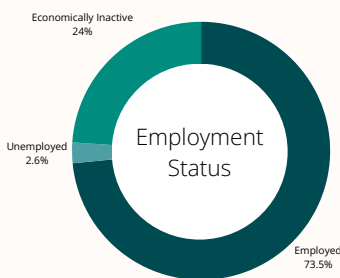
Lincolnshire has a diverse labour market, with each sector presenting its own health and employment challenges. Figure 8 displays key figures from the local labour market<sup>4,6,7,8</sup>:

# LINCOLNSHIRE AT A GLANCE

## WORK, WEALTH & WELLBEING

### THE LABOUR MARKET

Employment status amongst Lincolnshire adults aged 16-64:



- 0.9%** Long term claimants of Jobseekers allowance (East Mids: 0.8%, England: 0.9%)
- 2.2%** of employees had at least one day off sick in the previous week (East Mids: 2.1%, England: 2.2%)
- 8.8%** of 16-17 year olds are not in education, employment or training (NEET) (East Mids: 4.9%, England: 5.4%)



**AVERAGE WEEKLY PAY**  
£665\*

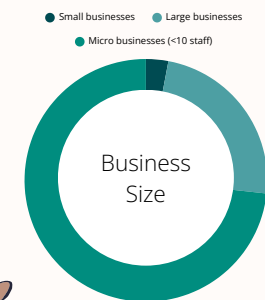
\*£732 nationally

### THE ECONOMY

4 sectors stand out as areas of strength & growth:

- AGRI-FOOD**  
Accounts for 43% of new jobs in the county
- MANUFACTURING**  
growing locally by 1.7%, despite a national decline
- VISITOR ECONOMY**  
Worth £1.5 billion annually
- DEFENCE & SECURITY**  
Expanding in areas like intelligence, data and cyber security

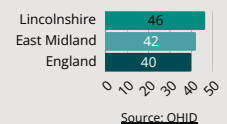
Of the 40,000 registered businesses in Lincolnshire:



### HEALTH & EMPLOYMENT



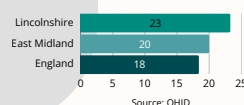
**46.4%** of disabled people are economically inactive



**62.2%** of people with a physical or mental long term health condition are in employment (East Mids: 66%, England: 65.3%)

**4%** of people in receipt of long term support for learning disability are in paid employment (East Mids: 3%, England: 4.8%)

**23.3%** report a long term musculoskeletal problem



**1.3%** Depression: QOF incidence of new diagnosis (East Mids: 1.2%, England: 1.5%)

**7%** of those in contact with secondary mental health services are in paid employment (East Mids: 5%, England: 6%)



[WWW.LHIH.ORG.UK/KEY-DOCUMENTS](http://WWW.LHIH.ORG.UK/KEY-DOCUMENTS)

Sources:  
OHID  
ONS

Figure 8: Key insights on work, wealth, and wellbeing in Lincolnshire

## Geographic Variation in Health and Work

Mapping data across Lincolnshire reveals stark geographic inequalities. Deprivation in Lincolnshire varies widely across the county (Figure 9). Around 15% of Lincolnshire residents live in the 20% most deprived areas in England. Areas like Stamford and

some parts of West Lincolnshire experience low levels of deprivation, while coastal towns, especially Skegness and Mablethorpe, face some of the highest levels in England. Deprivation affects both rural and urban areas, with Gainsborough, Lincoln, East Lindsey, Boston, and South Holland showing consistently high levels<sup>9</sup>.

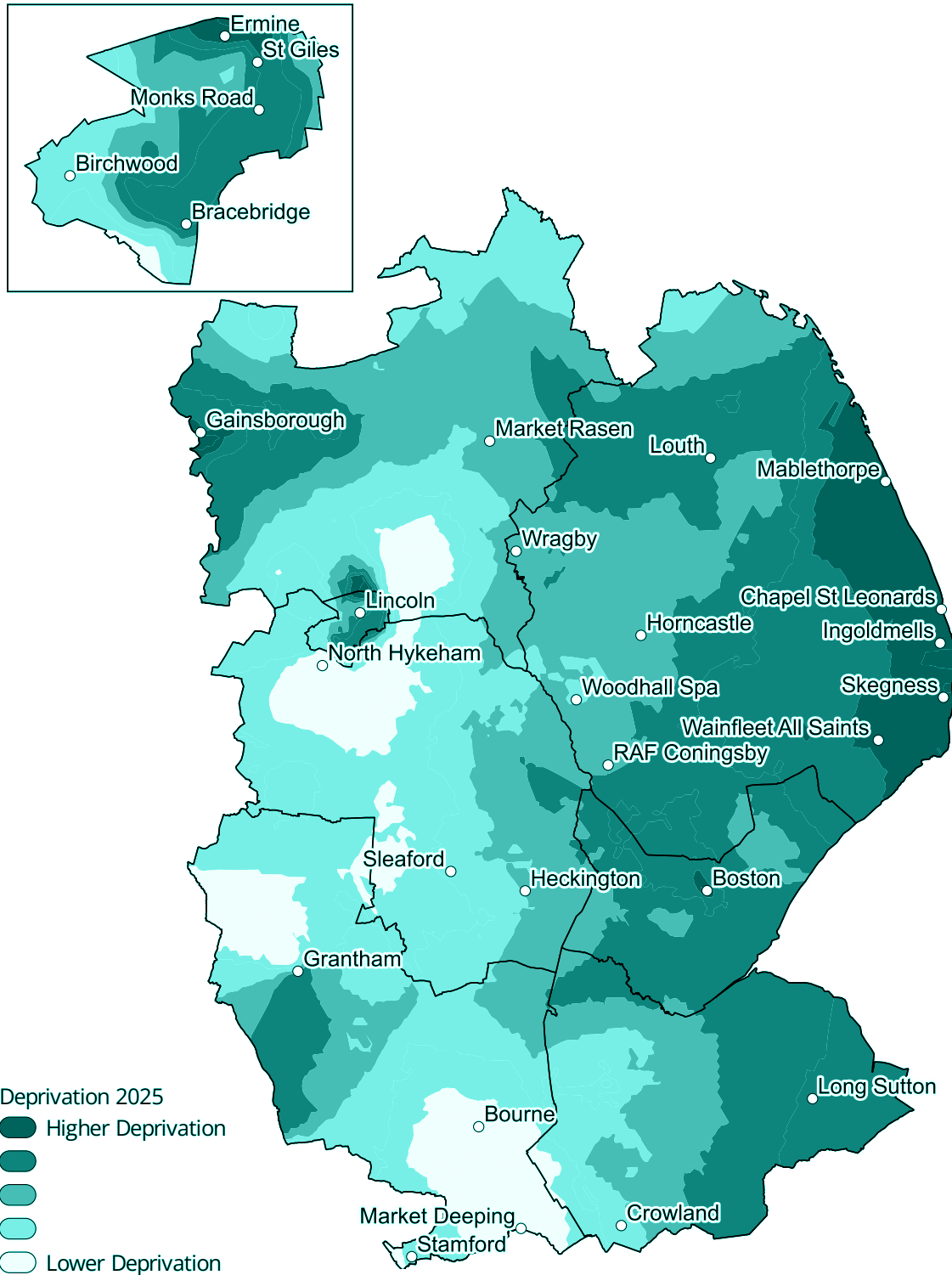


Figure 9: Geographic variation in deprivation across Lincolnshire

The maps reveal a trend; although there is variation when we look at the different health conditions, we can see that areas with higher levels of deprivation and economic inactivity tend to show elevated rates of long-term health conditions (Figure 10), particularly musculoskeletal (MSK) and mental health issues (Figures 11 & 12). This spatial overlap reinforces the report's central argument that poor health and unemployment are mutually reinforcing, creating a cycle.

For example, South Holland and East Lindsey show high MSK prevalence alongside significant economic inactivity, likely reflecting the physical demands of local industries such as agriculture and food processing.

Similarly, urban areas like Lincoln exhibit elevated mental health challenges, which reflect socioeconomic stressors and younger populations facing insecure employment. These patterns suggest that employment type and quality, not just availability, play a critical role in shaping health outcomes.

Importantly, the maps also highlight that health conditions are not evenly distributed across the county. This geographic inequality underscores the need for targeted, place-based interventions. Aligning employment support with local health data, ensures resources reach Lincolnshire's communities most affected by worklessness and poor health. Health and employment policy areas must work collaboratively.

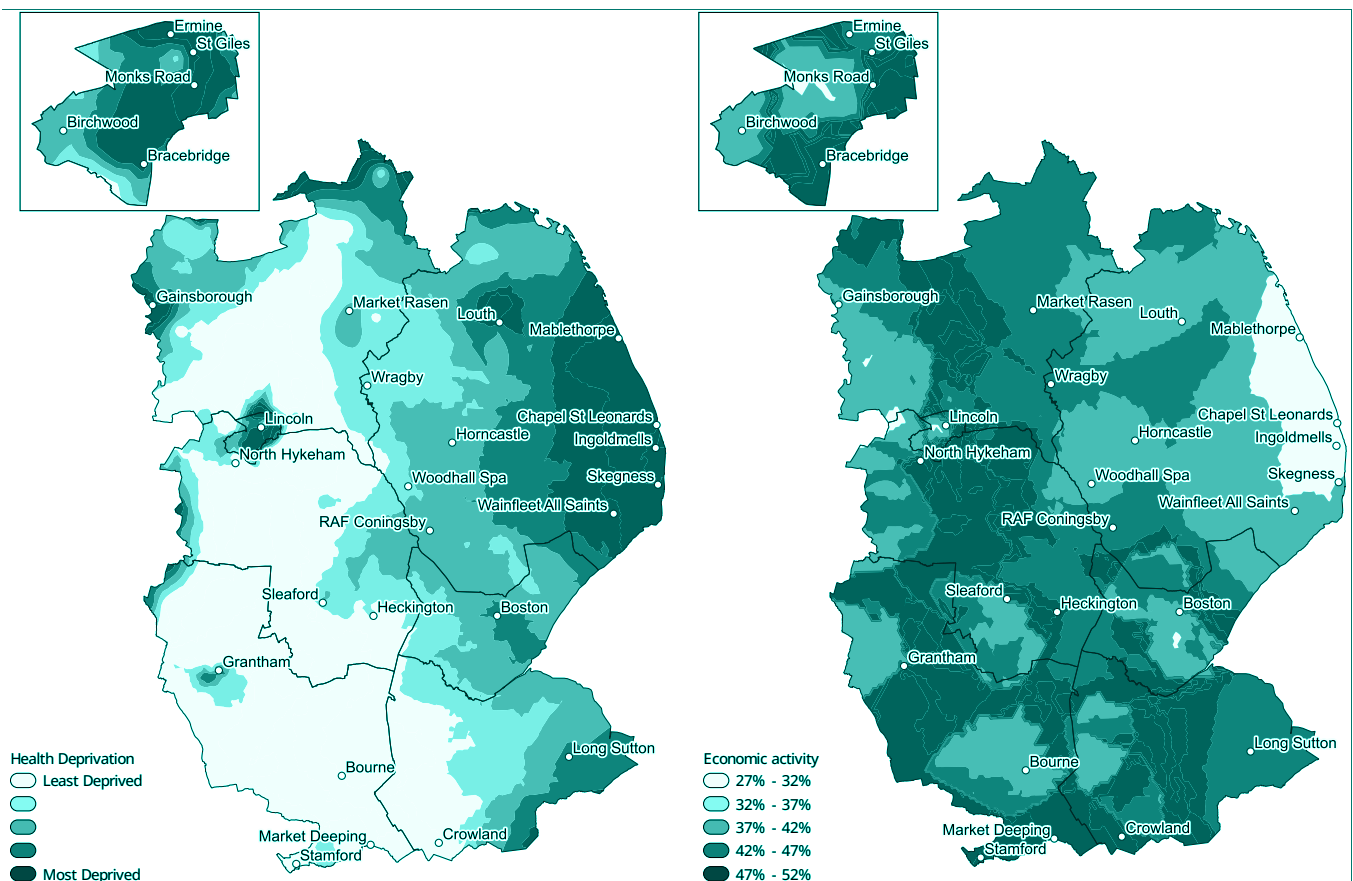


Figure 10: Geographic variation in health deprivation and economic activity across Lincolnshire

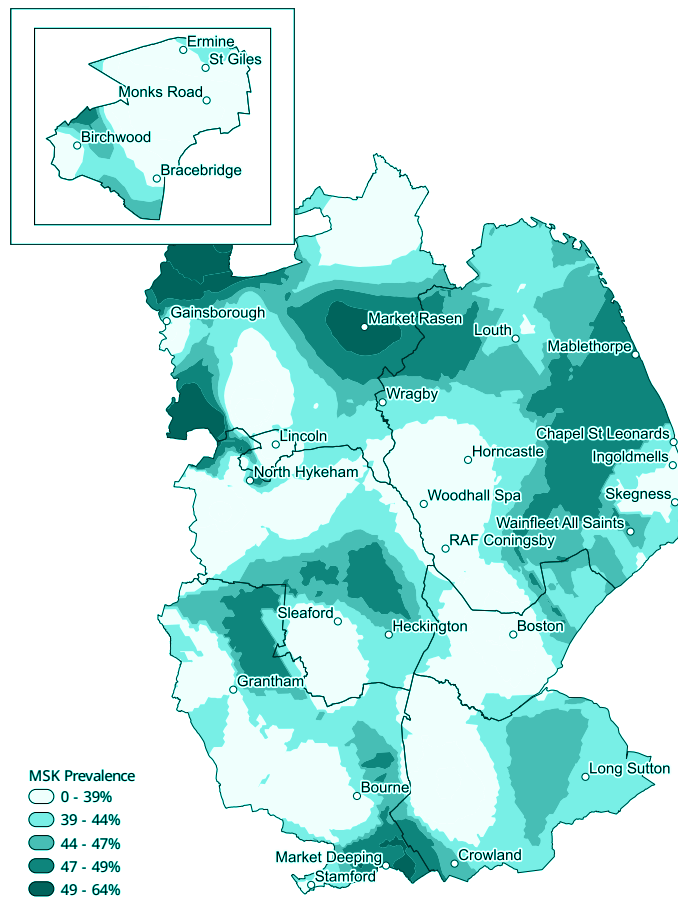


Figure 11: Geographic variation in the prevalence of musculoskeletal conditions across Lincolnshire

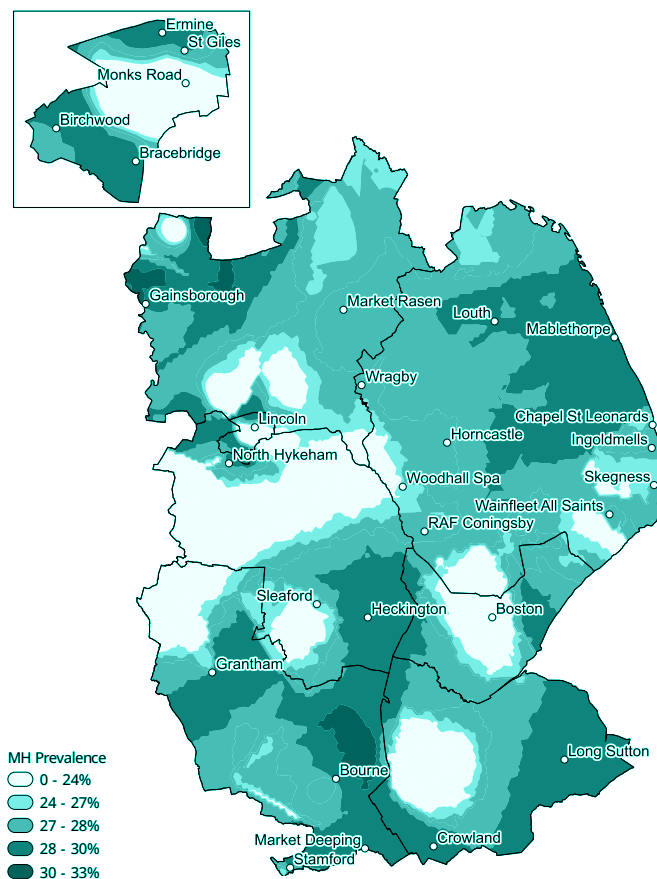


Figure 12: Geographic variation in the prevalence of mental health conditions across Lincolnshire

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## 5. From exclusion to opportunity: The moral, ethical & legal drivers

### Why fair access to work is a public duty

The first duty of government is to protect its citizens from harm and from preventable disadvantage. Work is not just an economic activity, it contributes to community cohesion, personal identity, and social stability. When people are excluded from employment due to preventable factors, it is a failure of the system, not the individual. Governments therefore have a legal and moral obligation to protect citizens from systemic barriers that prevent access to employment. This includes:

- **Health-related barriers** (e.g. long-term conditions, mental health, disability).
- **Social determinants** (e.g. transport, education, housing, care, childcare).
- **Discrimination and inequality** (e.g. age, gender, ethnicity, socioeconomic status).

By addressing these barriers, public bodies fulfil their duty to protect citizens' interests and uphold their rights to participate fully in society. Local authorities and public health teams are uniquely placed to lead this protective function. Through integrated services, data-driven targeting, and inclusive policy design, we can ensure that employment support reaches those most at risk of exclusion. This helps promote resilience and creates conditions for people to thrive; key public health aims.

Lincolnshire County Council is actively addressing access to good work. We have worked with local businesses to identify barriers to offering good quality jobs. Key issues and responses include:

- **58% need access to affordable premises**  
→ LCC maintains a portfolio of properties, improvement schemes, and serviced land for sale.
- **56% lack funding**  
→ Support through the Business Growth Hub, Rapid Growth programmes, advice for rural farming businesses and grants for manufacturing businesses.
- **54% struggle to attract skilled workers**  
→ Skills bootcamps and training initiatives are being rolled out.
- **Other challenges** include flood risk, transport, broadband, and energy costs  
→ LCC is tackling these through transport plans, broadband targets, housing investment, and flood resilience planning.<sup>1</sup>

Lincolnshire County Council has also implemented schemes which support flexible employment and help residents gain the skills they need for stable, rewarding jobs. This includes:

### Skills and Education

Supporting local training programmes to bridge the gap between job seekers and the skills employers need. The *Adult Skills Fund* trains around 6,000 people each year in both job-specific and general workplace skills, such as interview techniques.

*Skills Bootcamps* offer longer courses for around 2,000 learners, helping people gain new skills or improve existing ones. Employers can also use Bootcamps to train current staff, contributing a small share of the cost.

### Case Study: Adding Up to Success: One Woman's Journey Towards Becoming a Teaching Assistant

Vikki expressed interest in a local vocational skills programme, designed to improve numeracy and job readiness, offered by the College in partnership with Lincolnshire County Council. Due to her family situation and dyslexia, she preferred a phone conversation over email to discuss her concerns.

During the call, Vikki shared her lack of confidence in maths and her goal to improve her grade to pursue a career as a teaching assistant. She also mentioned caring for her 2-year-old daughter and feeling unsure about coping with the course.

Vikki described her past experiences with maths as traumatic:

"My teachers at a young age used to call me stupid... no one ever took the time out to explain where I went wrong... it's made it a sort of fear that I have avoided for as long as I can."

Despite initial anxiety, Vikki enrolled in the online course with tutor support. The tutor provided both academic help and emotional encouragement, which helped Vikki build confidence.

As the course progressed, Vikki's confidence grew:

"The programme has been a huge help! I definitely feel more confident... It's starting to click. I didn't panic!! For the first time ever, I didn't panic! Four months ago I would have just cried! I'm proud of myself..."

Vikki successfully completed the course and was accepted onto the GCSE Maths course.

The *Greater Lincolnshire Careers Hub* works with secondary schools, most SEND facilities, and Further Education colleges across the county. It helps students understand local job opportunities and connects them with businesses to support career planning.

## Supported Employment

Supported employment provides tailored, ongoing support to individuals facing multiple and complex barriers to employment, such as care leavers, veterans, and people with learning disabilities; helping them secure and sustain competitive paid employment. It

is a proven, person-centred approach that improves mental and physical health, reduces inequalities, and promotes long-term resilience. By focusing on groups often excluded from the workforce, these programmes will unlock potential, support recovery, and strengthen communities. An illustration of this approach can be seen in the Council's Quad Café Initiative, a supported employment programme which demonstrates how tailored opportunities help individuals overcome barriers, build skills, and contribute meaningfully to their community.

### Case Study: The QUAD Café Initiative

The QUAD Café is a shining example of inclusive, community-driven social care at Lincolnshire County Council. A collaborative initiative between Adults' and Children's Services, it provides transformative day opportunities and employment pathways for individuals with autism and learning disabilities.

Since its launch in July 2022, the café has supported over 80 volunteers, offering meaningful work experience in a real-world hospitality setting. Working in partnership with local special schools, colleges, and care services, the café has become a vital stepping stone for volunteers transitioning to employment. It has also created five paid roles, demonstrating its tangible impact on employment outcomes.

The café's supported employment model ensures that every participant receives structured guidance, helping them build confidence, develop workplace skills, and foster aspirations for long-term employment. Testimonials from volunteers highlight the café's role in transforming self-perception and social confidence.

Beyond this engagement, the café also supports adults through the Local Supported Employment programme. Participants gain routine, self-esteem, and independence—many even learning to travel independently and engage in community life more fully. The initiative's ripple effect is evident in the friendships formed, personal growth observed, and the joy expressed by volunteers, one of whom simply says, "I love coming. It makes me happy."

The addition of a community café at Boundary Street further expands opportunities, offering an accessible entry point into hospitality for Day Opportunities clients. This model builds on the success of similar school-based programmes, reinforcing a seamless pathway from learning to employment. The QUAD Café embodies the values of inclusion, empowerment, and community. It is a beacon of best practice in social care—one that not only changes lives but also enriches the wider community. It deserves recognition for its innovation, compassion, and measurable outcomes. It changes lives, one person at a time.

Please see video link to The QUAD initiative.



(<https://youtu.be/QH0Uk7X5P8g?si=vbY3Xuo587FOYsNg>)

### Case Study: SEND Employment Success

A young person with autism and Pathological Demand Avoidance (PDA) joined the SEND employment project in 2019 after leaving a specialist school. Initially predicted to need residential care, they showed remarkable motivation to work.

During the 2020 lockdown, they gained work experience as a classroom support assistant in a special school, demonstrating commitment, courage and resilience despite some challenges. This sparked an interest in supporting others with autism and disabilities.

Although their first apprenticeship attempt was unsuccessful, they explored other roles and later transitioned to adult social care as a daycare assistant with job coach support.

Choosing an employment pathway over academia, they completed a supported internship and became the first participant in Lincolnshire's accessible apprenticeship initiative. Progression from Entry Level 1 to Level 3 enabled them to access and complete a Level 2 apprenticeship, assessed through practical observation rather than written work.

Over 18 months, they moved from work experience to a fully integrated staff role. Strong collaboration between providers and family ensured continuity and support. Following the apprenticeship, they secured part-time work assisting young people with SEND and later progressed to a full-time role supporting adults with additional needs in supported accommodation—a testament to their resilience, skills, and growing independence.

They continue to build independence through driving lessons and personal milestones. This case study shows how tailored support, persistence, and opportunity can lead to sustainable employment and personal growth.

Alongside job provision, supported employment improves health through routine, social contact, and income, easing financial and emotional pressures on families and carers too. These interventions deliver strong economic returns, with evidence showing up to £5.50 for every £1 invested<sup>2</sup>. For people with severe mental illness, specialist supported employment models, recognised by NHS England and National Institute for Health and Care Excellence (NICE) as key interventions, have demonstrated reductions in psychiatric symptoms, hospitalisations, and crisis episodes, while enabling recovery-oriented care. They deliver even greater value, with an estimated £9.22 return for every £1 spent over three years<sup>3</sup>.

Embedding supported employment within integrated neighbourhood health models and community mental health pathways ensures a joined-up approach, connecting individuals and families to wider support systems including housing, financial advice, and health services.

## Addressing economic Conditions

Lincolnshire County Council is actively addressing economic conditions that influence employment by tackling infrastructure and development barriers. Key constraints such as flood risk, transport connectivity, broadband access, and energy costs often deter investment and stall housing and business growth. With government housing targets rising to 4,631 homes per year and an ageing population projected, strategic infrastructure is critical to economic viability. LCC responds by lobbying for investment and shaping national and local strategies: advising on broadband deployment, influencing major infrastructure projects, building the economic case for flood and water resilience, and guiding energy investment. The Council also produces the Local Transport Plan and provides statutory advice on flood and transport for planning applications, ensuring new developments are well designed. Through policies like the Street Design Code and delivery of road improvement schemes, these actions aim to create the conditions for sustainable growth, attract employers, and improve access to good jobs for Lincolnshire residents.

## Access to healthcare

The 10 Year Health Plan for England sets out a vision to transform health and care, built on three fundamental shifts: moving from treatment to prevention, integrating services around individuals rather than institutions, and harnessing digital innovation to improve access and efficiency. These changes aim to create a health system that supports people to live well, not just recover from illness. This ambition aligns closely with efforts to reduce resident's barriers to care and improve their employment readiness.

One key vehicle for delivering these improvements is the Neighbourhood Health model, which brings health, care, and community services together at a local level.

By tackling health inequalities and improving access to timely support, this model can help prevent work-limiting conditions and support inclusive growth. The specific design of Lincolnshire's Neighbourhood Health model is still being shaped and will continue to evolve in line with emerging national guidance.

## Ethical duty to support treatable conditions for workforce participation

In an inclusive society, everyone deserves a fair chance to work. This means giving people with treatable or manageable health conditions the right support to help them stay in or return to employment where possible. As Lincolnshire works to grow its economy and improve population wellbeing, supporting people whose health prevents them from working is recommended to be a priority. Helping individuals recover and return to employment offers a powerful opportunity to improve lives and reduce health inequalities.

Musculoskeletal, mental health and cardiovascular conditions are leading causes of work limitation across the UK, and Lincolnshire reflects these national trends<sup>4</sup>. However, local factors such as an ageing population and higher levels of health inequality shape their impact. With the right support and targeted interventions, many of the following conditions can be better treated or managed to help people stay in or return to work:

## Musculoskeletal (MSK) Conditions

MSK conditions affecting bones, joints, muscles, and the spine are a major cause of long-term pain, disability, and worklessness in the UK. They are a leading cause of sickness absence and reduced productivity.

- 22.4% of Lincolnshire adults report a long-term musculoskeletal problem, compared to 19.6% regionally and 17.9% nationally<sup>5</sup>
- MSK issues account for 30% of all GP consultations in England<sup>6</sup>
- Lower back pain and arthritis or long-term joint problems are especially common in Lincolnshire, significantly affecting work capacity and quality of life. 10.4% report a long-term back pain (compared to 9.4% regionally and nationally) and 14.7% report arthritis or long-term joint problems (compared to 12.9% regionally and 12.2% nationally)<sup>6</sup>

Several risk factors contribute to the high burden of MSK conditions locally, including obesity, sedentary lifestyles, smoking, an ageing population and a large proportion of residents in manual labour jobs.

Managing musculoskeletal conditions may require adjustments such as altered duties, ergonomic equipment, or flexible working hours to accommodate pain, mobility issues, or flare-ups.

## Mental ill health

Over 10% of the UK's working-age population report signs of poor mental health. This is worsening and the sharpest rise is seen in people aged 16–34. Those with lower qualifications and those outside the labour market are more likely to experience mental health conditions<sup>7</sup>.

Around 60% of mental health conditions limit a person's ability to work and there has been a 76% rise in economic inactivity due to mental ill health among 16-34 year olds since 2019<sup>8</sup>. In the UK, 300,000 people with long-term mental health conditions lose their jobs each year, which far exceeds the job loss rate for physical health conditions<sup>9</sup>. Mental health is often both a cause and consequence of physical health problems, contributing to a downward spiral where poor health and unemployment reinforce each other.

Even when conditions are not work-limiting, people often face lower pay and fewer opportunities<sup>7</sup>. Work itself can influence mental health; stressful or unsupportive working environments can lead to anxiety, depression, and burnout.

These challenges are not inevitable. The Stevenson/Farmer Review (2017) and the MIND Thriving at Work standards offer a clear framework for employers to create mentally healthy workplaces. These emphasise that with the right support, work can be a protective factor for mental health rather than a risk<sup>9,10</sup>.

Supporting employees with mental health conditions may involve flexible schedules, opportunities for regular breaks, and time to attend therapy or wellbeing appointments.

## Balancing Health and Work [Source: Healthwatch Lincolnshire]

Balancing work with everyday responsibilities such as managing finances, caring duties, and travel is challenging even in good health; when illness enters the picture, those challenges multiply.

Engagement with Lincolnshire residents has highlighted the close connection between health and employment experiences. For individuals managing long-term conditions or caring responsibilities, the ability to remain in work often depends on receiving understanding and flexibility from employers, alongside timely support from health and care services.

People living with musculoskeletal (MSK), mental health, and neurological conditions describe the challenges of maintaining employment while managing fluctuating symptoms, hospital appointments, and ongoing treatment. When health conditions are recognised and reasonable adjustments are made, individuals report being able to remain in work and sustain their wellbeing.

"At times, the flexibility and support of my employer has been the only thing that has made my situation sustainable."

"My employer has been very understanding about my caring role and has allowed flexibility in my role."

Where this understanding is missing, however, people often experience significant stress and risk losing employment.

"Hospital appointments clashed with my probation period at work, causing stress and difficulty."

"My work refused me flexible working. This has resulted in me having to give up work and become a full-time carer."



## Cardiovascular Disease (CVD)

Cardiovascular disease (CVD) includes conditions affecting the heart and circulatory system, such as heart attacks, angina, heart failure, and arrhythmias like atrial fibrillation. These conditions often lead to time off work and reduced capacity due to fatigue, mobility issues, mental stress, and pain.

In Lincolnshire, CVD is a leading cause of long-term sickness absence and economic inactivity. Premature deaths (ages 20–64) from heart and circulatory diseases rose from 333 in 2019 to 430 in 2023, averaging eight deaths per week. Diagnoses of heart failure increased by 23%, and atrial fibrillation by 10%<sup>11</sup>.

The demand for cardiovascular care is rising sharply. Waiting lists have nearly doubled, from 4,174 in 2020 to 8,284 in 2025. This growing burden highlights the urgent need for prevention, early intervention, and workplace support for people living with CVD<sup>11</sup>.

## Diabetes

In Lincolnshire, 8.6% of adults are living with diabetes; higher than the national average of 7.7%<sup>12</sup>. Diabetes affects most of the body and often requires lifestyle adjustments such as healthy eating and regular physical activity. Common symptoms like fatigue, nerve pain (neuropathy), and vision problems (retinopathy) can impact work capacity and quality of life. Managing diabetes may also require flexible working arrangements for breaks, medical appointments, and timed medication; something not all employers may fully understand.

There is still stigma around diabetes, often assuming it is solely caused by poor lifestyle choices. This can lead to a lack of support in the workplace and misunderstandings about the condition. Improving awareness, early intervention and workplace flexibility is key to supporting people with diabetes to stay in work and maintain their health.

## Respiratory Disease

Respiratory conditions such as COPD, asthma, and bronchitis affect one in five people in Lincolnshire<sup>13</sup>. These chronic illnesses can cause breathlessness, fatigue, and frequent hospital admissions, making it harder to stay in work or perform physical and even sedentary tasks. Chronic symptoms and isolation can also contribute to anxiety and depression, further reducing employability. Many people with advanced respiratory disease leave the workforce early.

In Lincolnshire:

- 31% of respiratory patients are waiting for further tests or treatment<sup>14</sup>
- Only 24% of Lincolnshire patients report being offered support such as pulmonary rehabilitation, workplace adaptations, or mental health services<sup>14</sup>

- Risk factors such as smoking, poor housing, and air pollution further increase the burden of respiratory disease, especially in deprived or rural communities.

Improving access to diagnosis, treatment and workplace support is essential to help people with respiratory conditions stay healthy and economically active.

## Recognising people as our biggest asset

Our communities thrive when people are healthy, included, and economically active. People are our greatest asset, and investing in their health, skills and opportunity to work is the foundation of a strong society.

## Health inequalities waste human potential and deepen social divides.

When people are excluded from work due to poor health, disability, or systemic disadvantage, we lose productivity, creativity, care, and community contribution. This underutilisation of human potential is a challenge and an opportunity; being arguably both a social injustice and an economic inefficiency.

Worklessness due to ill health is a growing challenge to the UK's economic sustainability. It affects productivity, increases welfare dependency, reduces tax revenue, and drives up healthcare costs. Workforce-related risks are now as significant as direct healthcare costs in shaping the long-term sustainability of public finances.

The impact goes beyond individuals. Financial stress, unstable schedules, and poor job quality can strain family relationships, weaken communities, and increase demand on public services. It contributes to a social gradient in health, where those in disadvantaged groups experience worse health and shorter life expectancy.

Workplace health support varies widely. Small businesses may lack the resources or expertise to invest in employee wellbeing, while high-turnover sectors often prioritise recruitment over retention. Self-employed individuals often manage their own health without external help. Workers in insecure or low-paid roles often receive minimal support and are more likely to face poor working conditions<sup>15</sup>.

The disparities in general health between occupation groups are shown in figure 13<sup>16</sup>, and highlight the need for more inclusive, accessible approaches to workplace health across all sectors.

## Self-reported general health by National Statistics Socio Economic Status Census 2021 – all usual residents aged 16 and over (NHS Lincolnshire)

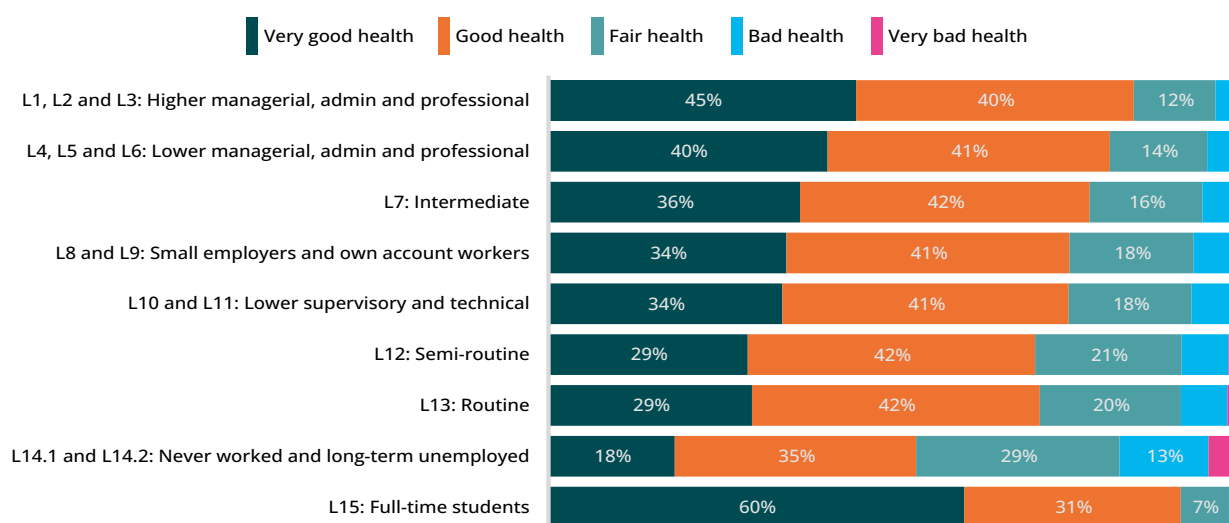


Figure 13: Self-reported general health by socio-economic status in Lincolnshire

### Investing in human capital

Lincolnshire's growing sectors like manufacturing, food, and defence technology could offer real opportunities for inclusive workforce development. A healthy workforce is key to driving innovation and long-term success in Lincolnshire's priority industries.

Generally, people want to work, and preventative and inclusive workplaces are essential to harnessing their value. Good quality work can protect health, support recovery, and strengthen communities. Healthy employees are more productive, take fewer sick days, are less reliant on public services and stay in their jobs longer. Investing in workforce health supports wider economic goals by helping more people stay active in the labour market, reducing inequality, and promoting inclusive growth.

Employers have a key role in supporting the health, safety, and wellbeing of their workforce. Although approaches differ due to current UK laws and cost concerns, it's clear that proactive strategies can be built into workplaces to boost staff retention and productivity. Many businesses are seeing clear benefits from investing in workforce wellbeing.

To build healthier, more resilient workplaces, employers are encouraged to:

- **Make health a business priority**  
Treat employee wellbeing as central to business success. While some initiatives require investment, many deliver strong returns.
- **Support good management**  
Train line managers to build trust, communicate openly, and support staff effectively. Regular check-ins and clear support pathways improve morale and performance. Resources from organisations like the Chartered Management Institute<sup>17</sup> (<https://www.managers.org.uk/>), Chartered Institute of Personnel and Development<sup>18</sup> (<https://www.cipd.org.uk/topics/wellbeing/>), and NICE<sup>19</sup> (<https://www.nice.org.uk/guidance/ng13>) offer practical guidance.

[www.managers.org.uk/](https://www.managers.org.uk/)), Chartered Institute of Personnel and Development<sup>18</sup> (<https://www.cipd.org.uk/topics/wellbeing/>), and NICE<sup>19</sup> (<https://www.nice.org.uk/guidance/ng13>) offer practical guidance.

- **Design inclusive jobs**  
Build health into job roles and workplace culture. Use flexible working proactively, not just as a response to illness. Listen to employee feedback to improve workloads, development opportunities, and job satisfaction.
- **Improve access to support**  
If internal resources are limited, signpost staff to local services. Encourage employees to find and engage with community health initiatives using Connect to Support Lincolnshire<sup>20</sup> (<https://lincolnshire.connecttosupport.org/>). Promote uptake of NHS Health Checks amongst eligible employees.
- **Use evidence-based tools**  
Carry out a Workplace Health Needs Assessment<sup>21</sup> (<https://www.gov.uk/government/publications/workplace-health-needs-assessment>) to identify key issues. Use proven frameworks such as NICE guidance<sup>22</sup> (<https://www.nice.org.uk/guidance/settings/workplaces>), the Work Health Index<sup>23</sup> (<https://www.workhealthindex.co.uk/>), the Whole System Approach to Health Toolkit<sup>24</sup> (<https://www.bitc.org.uk/toolkit/take-a-whole-system-approach-to-health/>), CIPD materials<sup>18</sup> (<https://www.cipd.org.uk/topics/wellbeing/>), and the adaptable NHS Health and Wellbeing Framework<sup>25</sup> (<https://www.nhsemployers.org/publications/nhs-health-and-wellbeing-framework>) to shape the approach. The national Campaign Resource Centre<sup>26</sup> (<https://campaignresources.dhsc.gov.uk/>) can help promote consistent health messages.

Employers don't need to tackle these challenges alone, but their leadership is vital. With the right tools and support, businesses of all sizes can help build a healthier, more inclusive workforce.

## Case Study: Gousto's Recipe for Wellbeing: Boosting Health and Skills Through Workplace Play

This case study demonstrates how even small, relatively low-cost interventions can have a meaningful impact on employees' mental and social wellbeing.

"Since receiving the functional skills grant, we've enhanced our workplace by investing in items that promote numeracy in a fun and engaging way. We purchased dart boards, a pool table, table tennis, and other games to encourage both individual participation and group activities. These activities have fostered a strong sense of community, with senior management supporting the initiative by allowing time for involvement.

The grant provided a rare opportunity for staff to influence how the funds were spent, ensuring everyone felt included in the decision-making process. This sense of ownership has led to pride in achievements and surprise at newly discovered skills.

With active participation from all levels, including senior leadership, the games and activities have brought the team closer together in ways we hadn't anticipated. They've significantly improved communication, strengthened teamwork, and boosted numeracy skills in an enjoyable format.

The initiative has also positively impacted mental health. Regular team-building through play has strengthened relationships, built confidence, especially among quieter individuals, and created moments of personal achievement that have been deeply rewarding.

Additionally, the tournaments have fostered unity across cultures and backgrounds, reducing potential conflicts and encouraging collaboration. Overall, the activities have promoted personal growth, strengthened team bonds, and brought diverse groups together."

## The foundations of wellbeing

The phrase "*a home, a job, a friend*" captures the essence of what people need to thrive. These are basic foundations of health, dignity, and social inclusion.

- **A Home** provides safety, stability, and a base from which to engage with work and community.
- **A Job** offers purpose, income, and identity, and is one of the most powerful determinants of health.
- **A Friend** represents connection, support, and belonging, key protective factors against isolation and mental ill-health.

Good quality work is defined by:

- Job security and fair pay
- Safe, supportive working conditions
- Opportunities for personal growth and autonomy
- Flexibility to manage health needs
- Inclusive, respectful workplace cultures

Areas with higher employment rates tend to have longer healthy life expectancy which shows that good quality work is one of the strongest foundations for better health. It supports health in multiple ways:

- **Mental health and wellbeing:** Secure employment reduces the risk of depression, anxiety, and psychological distress<sup>28</sup>. It provides structure, purpose, social interaction, and opportunities for personal growth. Re-entering work after unemployment can restore self-esteem and reverse some of the mental health impacts of being out of work<sup>29</sup>.
- **Economic capital:** Employment increases income, which improves access to health-promoting resources like nutritious food, safe housing, transport, and healthcare<sup>30,31,32</sup>. It also boosts productivity and reduces pressure on health and social care systems.
- **Social capital:** Good work helps people stay physically and mentally active, build skills and confidence, and feel connected to their communities. It protects against social exclusion and supports a sense of identity and belonging<sup>33</sup>.

Housing, employment, and social care systems must work in partnership to ensure no one falls through the gaps. Public health leadership in Lincolnshire is helping align these efforts, ensuring that people are supported holistically, not just as patients or jobseekers, but as individuals with potential.

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## 6. Prevention at every level: enabling fair access to employment

Public health prevention is not just about avoiding illness. It's about creating the conditions for people to live well, participate fully, and contribute meaningfully. Employment is central to this, and prevention must be aligned to ensure everyone has a fair opportunity to work.

### Primordial prevention: Shaping the social environment

Primordial prevention addresses the root causes of poor health and inequality before they arise. In the context of employment, this means:

- Investing in **education, transport, care, childcare** and **housing** to support access to jobs. For example, improving public transport links in rural areas of Lincolnshire to reduce isolation and increase access to training and employment. Low wages mean people are more likely to live in lower-cost housing, in areas of higher socioeconomic deprivation. Risk factors for poor health and unhealthy behaviours often cluster in these communities, increasing the likelihood of multiple long-term conditions (multi-morbidity) and making it harder to stay in or return to work<sup>1</sup>.
- Tackling **childhood poverty, adverse experiences**, and **early disadvantage** that limit future employment prospects. Family issues such as mental health problems or substance use can contribute to Adverse Childhood Experiences (ACEs), increasing the risk of poor health later in life. Young carers or those facing financial pressures may leave education early, limiting their future job prospects<sup>2</sup>. 8.8% of 16 to 17 year olds in Lincolnshire are not in education, employment or training (NEET), compared to 5.4% nationally<sup>3</sup>, suggesting access to post 16 employment or training is suboptimal.
- Designing inclusive systems that promote **health equity** from the outset.
- Increasing access to **healthy food** and **recreational spaces**

### Primary prevention: Preventing illness that leads to worklessness

Primary prevention focuses on reducing the risk of illness and injury that could prevent people from working. This includes:

- Promoting **healthy workplaces**. Workplace wellbeing programmes can reduce sickness absence and support retention, especially in sectors with high physical or emotional demands.

- Supporting **mental health** and **lifestyle interventions** to reduce long-term conditions. Risky behaviours can be driven by social norms and often overlap; someone who smokes may also drink heavily or have a poor diet. People in lower-income groups are up to four times more likely to have multiple unhealthy habits and this rises to five times more likely for those without any qualifications<sup>4</sup>. These behaviours are often linked to deeper issues like poverty, trauma, low education, and limited access to healthcare or green space.

Traditionally, health services have tackled individual risk behaviours separately. However a shift towards services which are trauma informed, holistic, community based and targeted has proven more effective.

### Case Study: Primary prevention in action: Claire's journey from recovery to rewarding work

Claire had faced significant challenges; addiction, a criminal record, and the emotional toll of rebuilding her life. But with the right support, she turned a corner. After completing treatment with the Lincolnshire Recovery Partnership, Claire engaged with the Individual Placement Support (IPS) Team, a service designed to help people in recovery find meaningful employment.

Through IPS, Claire received intensive, tailored help from an Employment Specialist to rebuild her confidence, refresh her CV, and identify roles that matched her skills and aspirations. The IPS provides ongoing support to the employee and employer, to ensure people not only get into work but thrive in it.

Claire's honesty and determination were central to her success. She was open about her past and committed to building a better future. With encouragement and practical guidance, she applied for a role she once thought out of reach and got it.

"Before getting this help, my confidence was on the floor," Claire said. "I wasn't applying for the right kind of jobs, and I didn't believe I had much to offer. The support I got made a massive difference. It helped me see what I was capable of and reminded me that my past doesn't define my future."

Claire is now working as an Executive Assistant to a company director, earning over £35,000 a year. She's thriving professionally and personally, with her health and wellbeing significantly improved.

Claire's story illustrates how primary prevention can transform lives. By integrating recovery services with employment support, Lincolnshire has helped Claire move from exclusion to opportunity. Her success is not just personal; it reflects the broader public health goal of enabling people to live well, participate fully, and contribute meaningfully to society.

- Encouraging **early screening** and **health literacy** to support people to stay healthy and able to work.
- Reduce **environmental risks** such as air pollution, chemical exposure, extreme temperatures and prolonged sun exposure.
- Reduce sector specific **occupational risks**. For example, agricultural workers are exposed to many risks which lead to MSK disorders, poor mental health and respiratory conditions, these include:
  - Machinery, vehicles, livestock, chemicals, noise, vibration, and repetitive tasks
  - Isolation, which contributes to poor mental health
  - Zoonotic diseases (passed from animals to humans)

Despite legal reporting requirements, only 16% of serious injuries are reported<sup>5</sup>. As one of Lincolnshire's largest sectors (and one of the UK's most dangerous industries), agriculture presents serious challenges in Lincolnshire.

## Secondary prevention: Early intervention to keep people in work

Secondary prevention targets early signs of illness or disadvantage to prevent escalation. In employment terms, this means:

- Providing **timely support**, such as **rehabilitation**, **flexible working**, or **access to occupational therapy**.
- **Coordinating between health services and employers** to prevent job loss. For example, offering rapid access to physiotherapy for manual workers to reduce MSK related absences and improved return-to-work rates.
- **Identifying people at risk** of leaving work due to health or caring responsibilities. This may include:
  - People in deprived areas are more likely to be in precarious jobs and to have existing health conditions<sup>6</sup>.
  - Migrant and casual workers often lack basic protections like sick pay and pensions, increasing the risk of working while unwell and delaying healthcare due to income concerns<sup>7,8</sup>.
  - People in lower-paid jobs are more likely to leave work due to poor health, while those in higher-paid roles may retire early<sup>7,9</sup>. This

highlights how pressure to work longer can deepen inequalities—only those with financial security can afford to stop working when their health declines.

- Individuals working in some of Lincolnshire's most common industries, such as transport, construction, hospitality, retail, education, and social care, are more likely to lack flexible working options or experience emotional and physical burnout<sup>9,10</sup>
- Many agricultural workers avoid seeking medical help unless severely ill, making it difficult to understand the full extent of health issues in the sector<sup>5</sup>
- On average, people with chronic health conditions, those with lower educational attainment, women, young people and ethnic minorities face greater discrimination, higher risk of burnout, less managerial support, and limited access to flexible working<sup>6,7,8,11</sup>

## Case Study: Health Services and Employment Retention [Source: Healthwatch Lincolnshire]

Several residents told us that timely and coordinated healthcare has enabled them to stay in work.

One person with a longstanding back condition found that after years of delays, receiving the correct diagnosis and gaining MSK services support allowed them to manage their pain more effectively and manage their day-to-day life, including employment.

Another individual experiencing burnout described how a proactive GP review and referral to the One You Lincolnshire service helped them to regain control of their health and remain in employment.

An individual who suffered a personal injury was unable to work but received supportive communication from their employer, including reassurance about temporary cover. This helped reduce stress and allowed them to focus on recovery without pressure to return prematurely. A phased return, flexible working, and reasonable adjustments enabled them to resume most of their role. The employer noted that supporting the individual helped retain valuable skills and experience.

Another patient required a foot operation due to pain and stress caused by a physically demanding job. Their employer was unable or unwilling to offer adaptations, resulting in job loss, feelings of hopelessness and a decline in mental wellbeing. After securing a new role, the patient remained anxious about workplace support during recovery. 'Will they let me work knowing I need time off for an operation and recovery, will they see me as unfit to work, and will they have adaptations in place and be understanding?' Following surgery, the new employer maintained close contact with both the patient and hospital team, agreeing to a phased return and necessary adaptations. This approach positively impacted the patient's mental health while supporting physical recovery.

## Tertiary prevention: Supporting recovery from ill health and access to work

Tertiary prevention focuses on managing long-term conditions and helping people retain function and independence. In turn, this can help people to enter or return to employment. Tertiary prevention could include:

- Vocational rehabilitation and supported employment schemes
- Tailored pathways for people with disabilities, mental health conditions, or chronic illness, such as the *Individual Placement and Support Employment Scheme*
- Ensuring that recovery includes the opportunity to engage with meaningful work.

Some groups face particular barriers to employment and may need tailored support, for example:

**Veterans-** 37, 677 Lincolnshire residents report having previously served in the UK armed forces, according to the most recent Census<sup>12</sup>. Veterans may live with physical injuries, PTSD, or struggle to adjust to civilian life. Mental health is a particular concern and medically discharged veterans often face short notice periods and need to find employment quickly<sup>13</sup>.

Over half face underemployment due to unrecognised skills and limited job options, especially disabled, LGBT+, female, and lower-ranked veterans. Supported employment helps match roles to their skills and health needs, promoting recovery and reintegration<sup>13</sup>.

**Care leavers** often face trauma, poor physical or mental health, disrupted education, and early parenthood. They are significantly more likely to be NEET (Not in Education, Employment, or Training)<sup>14</sup>. In Lincolnshire, 76% of care leavers aged 17-21 are NEET due to illness, disability, parenting or other reasons. Trauma-informed employment support can improve outcomes by offering structure, purpose, and financial independence.

Ensuring that children and young people remain engaged in education, employment, or training is central to Lincolnshire's approach to improving life chances and driving economic growth. Through targeted support for vulnerable learners, strong partnerships with schools, colleges, and employers, and early identification and intervention for those at risk of becoming NEET, accessible pathways are created that enable sustained participation. These efforts not only improve individual outcomes but also help build a skilled workforce and strengthen the local economy.

**Adults with learning disabilities** face major barriers. In Lincolnshire, only 4% are in paid work (4.8% nationally), despite 86% wanting to be<sup>15</sup>. Supported employment builds confidence, communication, independence, and reduces isolation through profiling, tailored coaching and in-work support.

### Case Study: Inclusive Employment Pathways for Young People with SEND

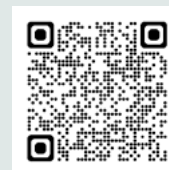
**Lincolnshire County Council (LCC)** has partnered with **Whitbread**, the UK's largest hospitality company, to launch an innovative Premier Inn training centre at the InspireU campus in Lincoln. This facility replicates a real hotel environment, including en-suite bedrooms, a reception desk, and a linen room, offering young people with special educational needs and disabilities (SEND) hands-on experience in hospitality.

Delivered as part of Whitbread's *Thrive* initiative, the programme aims to equip SEND learners with the skills, confidence, and pathways to secure meaningful employment. Many participants will progress into supported internships or permanent roles within Premier Inn hotels.

This initiative directly addresses the disability employment gap, where fewer than 5% of people with learning disabilities are in paid work. The training centre sets a new benchmark for inclusive recruitment and demonstrates the health and wellbeing benefits of purposeful employment.

Councillor Natalie Oliver, Lead Member for Children's Services and Culture, highlighted the importance of real-world training environments in fostering independence and opportunity for young people in Lincolnshire

Watch the video to hear directly from the staff and students about the tangible differences this programme is making.



- **Unpaid carers** face major employment barriers, including lack of flexibility, financial strain, and declining health. Every day, around 600 people in the UK leave work to provide unpaid care, often due to insufficient workplace support. Over 44% reduce their hours, and 25% take lower-paid roles to manage caring duties. Access to paid Carer's Leave and flexible working arrangements is crucial to help carers remain in or return to employment<sup>16,17</sup>.

Quotes taken from Staff Carers Survey 2024:

- *"My caring role is completely invisible and yet impacts greatly on my emotional state."*
- *"I have felt extremely stressed at work due to my health suffering and needing time off for this and my caring commitments. My manager is very supportive but it still affects my confidence and health..."*
- *"I refuse to allow my responsibilities to impact on work - however when they inevitably do, I feel incredibly guilty and disheartened because I want to be considered for promotion and I feel that that won't happen if people know the real impact of being a carer..."*
- *"I have had to take time out of work to attend appointments which I then feel guilty about despite having support from my supervisor."*
- *"There is a lack of part-time roles advertised. I am only able to work the hours I do because of a temporary contract. I would like a permanent role but to have one can only apply for full-time posts, which I can't manage."*
- *"Flexible working has enabled me to start work late, finish work early, or take an extended lunch break to enable support to be provided and alleviated any stress not being able to do so would have caused."*

Public health leadership can help align services, shape policy, and advocate for systems that treat employment as part of recovery, not a reward for it.





# 7. The economic returns of employment support

Investing in employment support is not only ethically sound, it delivers measurable economic returns for individuals, communities, and the public purse. Positive employment increases productivity, tax revenue and consumer spending whilst reducing welfare and healthcare dependency. This chapter draws on national evidence to model the potential impact on Lincolnshire and inform local policy.

## National Evidence on the Cost of Worklessness

Amongst other factors, economic growth is slowing due to declining population health, reducing the UK's potential GDP by up to 1%<sup>1</sup>. Since 2016, the economy has grown by just 1%, while costs linked to working-age ill health have risen by 60%<sup>2</sup>. The total cost from economic inactivity due to ill health is £212 billion, equivalent to 7% GDP<sup>3</sup>. These costs stem from:

- **Lost productivity:**
  - 150 million workdays lost annually to sickness absence<sup>3</sup>
  - Presenteeism (working while unwell) costs twice as much as absenteeism and is particularly common among smaller employers such as those in Lincolnshire<sup>4</sup>
  - Total output loss: £169 billion/year (Lost output due to ill health that prevents work and unpaid carers looking after the sick)<sup>3</sup>
  - This would be a loss of £2.14bn in Lincolnshire, based on our working-age-adult population
- **Benefit payments:**
  - Lifetime welfare benefit cost per inactive individual: over £340,000<sup>5</sup>
  - £45 billion spent on health related benefits in 2024; expected to rise to £65 billion by 2030<sup>3</sup>
  - This equates to £516 million spent on health related benefits in Lincolnshire in 2024
- **Healthcare costs:**
  - £10 billion/year spent on treating work-limiting health conditions<sup>2</sup>. These costs span across hospital services, primary care, and mental health support, and are directly linked to conditions that disproportionately affect the working-age population and their capacity to remain in employment.
  - In Lincolnshire, this would be a minimum of £125m based on our population of working-age adults
- **Lost tax revenue:**
  - £40–£51 billion/year lost in income tax and National Insurance contributions<sup>2</sup>
  - In Lincolnshire this would be £640m of lost tax revenue
- **Overall Financial Benefit to Society**
  - Public Health England's 'unemployment into employment' tool<sup>6</sup> estimates the total lost value to Lincolnshire's economy – including lost productivity and costs estimated above – as £3.8bn

These workforce-related risks are now as significant as direct healthcare costs in shaping the long-term sustainability of public finances.

Enabling just one disabled person to enter full-time work saves £15,000/year<sup>7</sup>. Reintegrating 50–75% of those who left the workforce due to ill health since 2020 could:

- Boost GDP by £109–£177 billion by 2029 (2-3% increase)
- Unlock £35–£57 billion in fiscal revenue over five years
- Generate £62 billion per year in GDP from 2029 onwards
- Deliver £19 billion per year in recurring fiscal benefits<sup>8</sup>

## Local Costs of Worklessness in Lincolnshire

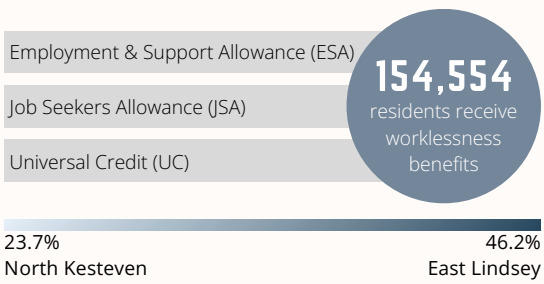
Using national modelling, the estimated cost of economic inactivity in Lincolnshire is presented in Figure 14<sup>6,9,10,11,12,13,14</sup>:

This economic impact of inactivity in Lincolnshire is significant. As shown, current estimates put the cost of inactivity at £1.8 billion, which represents roughly 10% of the county's total economic value, measured at £19 billion in Gross Domestic Product (2021). Framing this figure as a proportion of the local economy highlights the scale of the challenge and underscores the importance of targeted interventions to improve participation and productivity.

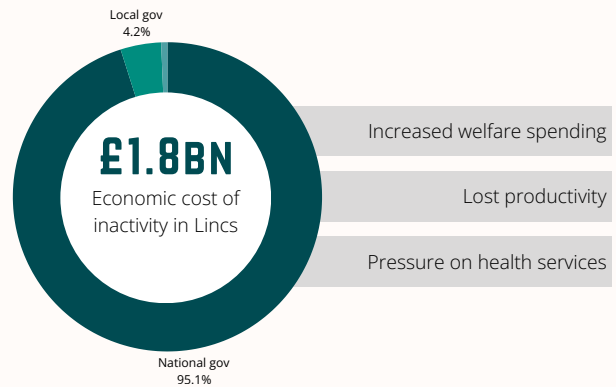
The Public Health England tool shows that every year of good health gained (known as a Quality adjusted Life Year) through employment support costs around £4,100. This is considered excellent value for money, as national guidelines state anything under £20,000–£30,000 is a worthwhile investment<sup>15</sup>. This reinforces the economic case for investing in employment support as a public health intervention, particularly targeted at those closest to the labour market.

# THE COST OF WORKLESSNESS IN LINCOLNSHIRE

## WELFARE CLAIMS



## COST OF INACTIVITY



## FINANCIAL BENEFITS OF MOVING PEOPLE INTO EMPLOYMENT

PHE's ROI tool shows that if everyone currently receiving worklessness benefits were supported into employment:



Residents would gain **£757.3M** annually, mainly through wages



Society would benefit by **£3.76BN** through increased tax revenue, reduced benefit payments, and lower healthcare costs

**40%** of this cost comes from just two areas: East Lindsey & Lincoln

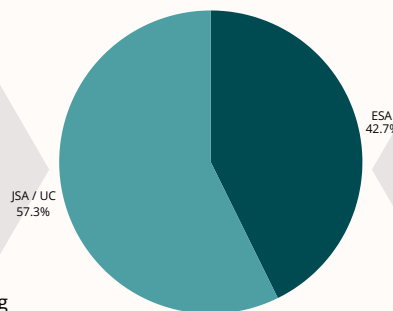
East Lindsey	£415,088,600
Lincoln	£306,269,000
South Kesteven	£277,087,600
West Lindsey	£214,996,000
South Holland	£211,220,000
Boston	£203,290,400
North Kesteven	£195,738,400

## COST EFFECTIVENESS OF INTERVENTIONS

Every year of good health gained (QALY) through employment support costs around **£4,100**

## CLOSER TO THE LABOUR MARKET

- 88,542** residents on JSA or UC. Often move between work and unemployment or are on a pathway back to work
- £1.04 bn** Annual cost to the taxpayer
- £44.3m** Cost to Lincolnshire local authorities, including council tax support, free school meals, and local health and care services
- £433.9m** financial gains for residents (after accounting for taxes and reduced benefit payments)



## FURTHER FROM THE LABOUR MARKET

- 66,012** residents on ESA. Typically older or long-term unemployed
- £779m** Annual cost to the taxpayer

Figure 14: The economic and social impact of worklessness in Lincolnshire

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## 8. Conclusion

This report highlights how important it is to get employment right. Good work should improve people's lives and strengthen families and communities. But when workplaces can't meet the needs of their staff, we risk losing skilled workers and worsening health everywhere, especially in our most deprived areas.

Many people want to work but face barriers such as poor health or limited local opportunities. Others are at risk of losing the benefits of work because their health is changing and their workplace can't adapt. Deprived communities are especially vulnerable to insecure jobs or unemployment, which widens the gap between the richest and poorest.

These issues don't just affect individuals. They create

cycles where family members become carers, limiting their own work and wellbeing. They reduce people's ability to contribute to their communities and increase feelings of isolation. There are also wider costs such as more pressure on health services, higher benefit spending, and increased crime.

We know that inclusive workplaces are possible, and many people are already working hard to make them happen. We need to promote the value of good work and help more people access it. Alongside the national reforms proposed in the Keep Britain Working report, Lincolnshire has a real opportunity to improve lives by ensuring future growth is underpinned by a healthy, supported workforce and a flexible job market that works for everyone.

### Key messages

- **Employment is a major determinant of health** - Good quality work improves mental and physical wellbeing, while unemployment or poor job conditions can worsen health outcomes and increase inequality.
- **Health inequalities waste human potential** - Poor health and exclusion from work reduce productivity, deepen social divides, and increase demand on public services. Inclusive employment is both a moral and economic imperative.
- **Long-term health conditions significantly impact work** - Conditions like MSK, CVD, mental ill health, diabetes, and respiratory illness are major barriers to employment in Lincolnshire.
- **Disadvantaged groups face systemic barriers** - Disabled people, care leavers, veterans, and those with mental health conditions are disproportionately excluded from work and need tailored support.
- **Lincolnshire faces specific employment challenges** - Rurality, coastal deprivation, seasonal work, and an ageing population contribute to poor job quality and limited access to secure employment.
- **Economic inactivity has high public costs** - Lincolnshire's estimated annual cost of worklessness is £1.8 billion, with 40% of this concentrated in East Lindsey and Lincoln. Supporting people into work could yield £3.76 billion in societal benefits.
- **Quality employment delivers strong economic returns** - Supported Employment Schemes and Individual Placement and Support show returns of £5.50 to £9.22 for every £1 invested. Each year of good health gained through employment support costs around £4,100, which is considered excellent value for money under NICE guidelines.
- **Prevention must happen at every level** - Public health should support employment through primordial prevention (e.g. transport, housing, education), primary prevention (e.g. healthy workplaces, lifestyle support), secondary prevention (e.g. early intervention, flexible working) & tertiary prevention (e.g. vocational rehab, supported employment)
- **Employers play a vital role in workforce health** - Inclusive job design, flexible working, and proactive health support can improve retention, productivity, and wellbeing, especially in small businesses and high-turnover sectors.
- **Lincolnshire has growth potential** - Sectors like agri-food, manufacturing and defence technology offer opportunities to build a healthier, more inclusive workforce, if barriers are addressed strategically.

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