Work and Health

Joint Strategic Needs Assessment (JSNA) Profile

September 2025

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Nottingham City Council

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Why is this topic important?

Impact, inequality and inequity

Work is a key determinant of health. Nottingham has a higher rate of economic inactivity due to ill health than national and regional averages. In Nottingham, people living in deprived areas, ethnic minority groups, and those with lower qualifications are disproportionately affected by economic inactivity.

Poor quality work can be a cause of ill health or exacerbate existing health conditions, but access to good work is a building block of a healthy life and a healthy society, with employment having a positive impact on social and economic outcomes. Long-term health conditions, particularly mental health and musculoskeletal issues are major barriers to employment.

Policy, guidance, and evidence

National policy has shifted towards prevention, early intervention, and the importance of promoting inclusive employment. Get Britain Working, led by the Joint Work and Health Directorate, is driving cross-government efforts to reduce economic inactivity and better integrate health, employment, and welfare systems. Locally, Nottingham's Joint Health and Wellbeing Strategy and Economic Growth Plan prioritise work and health. Upcoming changes to welfare and employment policy, including reforms to benefit entitlements and eligibility criteria, are expected to impact local demand for support.

Key services and assets/ identified pressure points or gaps

Supporting people with health conditions to secure and sustain employment is crucial. Several services exist in Nottingham, including Individual Placement Support (IPS). However, visibility and accessibility of the range of services available is limited. Services are not always well integrated with professionals working outside of the formal employment support system (e.g. social prescribers, primary care) and clearer referral pathways are needed. A lack of knowledge and understanding, stigma, and discrimination can prevent people from disclosing their needs in the workplace or delay timely support.

Preparing for the future

With an ageing population, increasing youth unemployment, and upcoming changes to national policy, economic inactivity due to long term health conditions or disability is expected to continue widening health inequalities in Nottingham. Nottingham must strengthen partnerships between health and employment services and promote 'good work'. Future priorities include better use of monitoring and evaluation, communications, and proactive employer engagement. Addressing stigma, improving service delivery, and investing in early intervention will be key to developing a healthier, more resilient workforce.

Health and wellbeing – overview (1)

Work as a building block of health

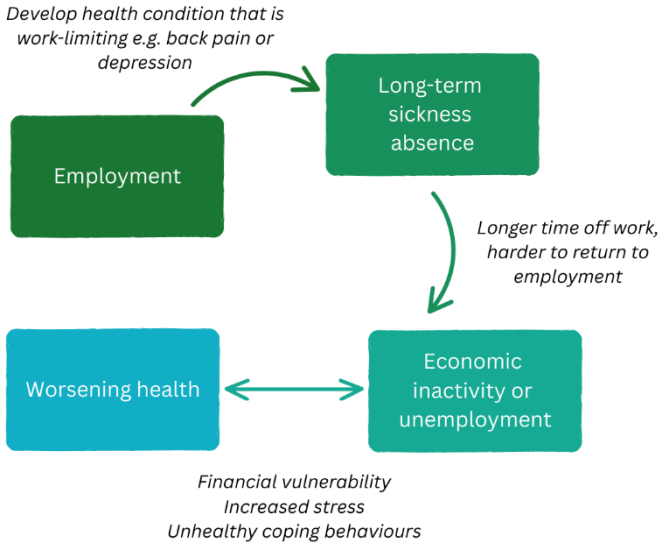
Work typically has positive effects on health and wellbeing by providing income and helping to meet core social, personal and psychological needs (The Health Foundation, 2020; Black, 2008; Public Health England, 2019; Public Health Scotland, 2025), such as:

- Financial stability
- Access to healthcare and benefits e.g. occupational health services and workplace pension
- Identity and purpose
- Social connection
- Mental health and wellbeing

However, unemployment and economic inactivity harm health outcomes. Unemployed people are more than five times more likely to have poor health than people with jobs (The Health Foundation, 2024a). Health-related economic inactivity puts people at risk of poverty and social exclusion, increases stress, encourages unhealthy coping behaviours (e.g. smoking, substance use), and worsens future employment prospects (Bartley, 1994).

Unemployment is associated with an increased risk of mortality and morbidity, including cardiovascular disease, limiting long-term illness, and poor mental health (Public Health England, 2019). Once people have been off sick for more than 4 weeks, the likelihood of returning to work falls (The Society of Occupational Medicine, 2023; see Figure 1).

Figure 1. Relationship between ill health and economic inactivity (figure adapted from Harasgama et al. 2025)



Poor health as a barrier to employment

Poor health can be a barrier to gaining and retaining employment. **Depression**, **anxiety**, and **musculoskeletal (MSK) conditions**, are increasingly keeping people out of work (The Health Foundation, 2024b). Since 2020, over 670,000 people in the UK have left the labour market due to poor health (Astay et al. 2024). There are more working age people in the UK reporting long-term health conditions than ever before (36% in 2023, up from 31% in 2019), many of which can limit the type or amount of work people can do. 4.1 million people are currently in work with a health condition that is work-limiting (Department for Work and Pensions, 2024) and at risk of falling out of work.

Health and wellbeing – overview (2)

Inequalities in health and work outcomes

Health-related employment outcomes are shaped by social determinants such as **education**, **age**, **ethnicity**, and **geography** (Elmore et al. 2025). People in deprived areas, with lower qualifications, or from ethnic minority backgrounds are more likely to be economically inactive due to ill health (Elmore et al, 2025) and this contributes to persistent health inequalities. Certain factors have led to increased economic inactivity, including:

Types of work Jobs with low flexibility or high physical demands are harder to sustain with long-term health conditions. (The Society of Occupational Medicine, 2023). People from disadvantaged backgrounds are more likely to work in physically demanding or hazardous jobs that are low pay, low skill, and part-time, which are notable characteristics of poor quality work (The Health Foundation, 2020). The types of jobs available in a local area are therefore important for the employment chances of people with long-term health conditions. Many economically inactive people could work if the right types of jobs and support were available (Black, 2008).

Ageing population The UK's ageing population means more people are living longer but with more years spent in poor health. Individuals with less workplace support, lower income, or challenging personal circumstances such as caring responsibilities can find it more difficult to retire from work early due to ill health (The Society of Occupational Medicine, 2023).

Pressure on healthcare systems Pressures on health and care services lead to delays in diagnosis and treatment, contributing to economic inactivity due to ill health (The Society of Occupational Medicine, 2023)**.** These delays also compound the barriers faced by people with chronic conditions in returning to work (Black, 2008). 15% of patients on waiting lists for NHS care report their employment as being negatively impact by long waits (Office for National Statistics, 2024). Additional costs per year to the NHS when an individual with health problems move from economically active to inactive is estimated to be £910 (DWP, 2025).

Economic and social implications

People being well enough to work is key to building a thriving economy. Health-related economic inactivity has wide-reaching implications for society (Office for Budget Responsibility, 2023; Black, 2008; DWP, 2025), including:

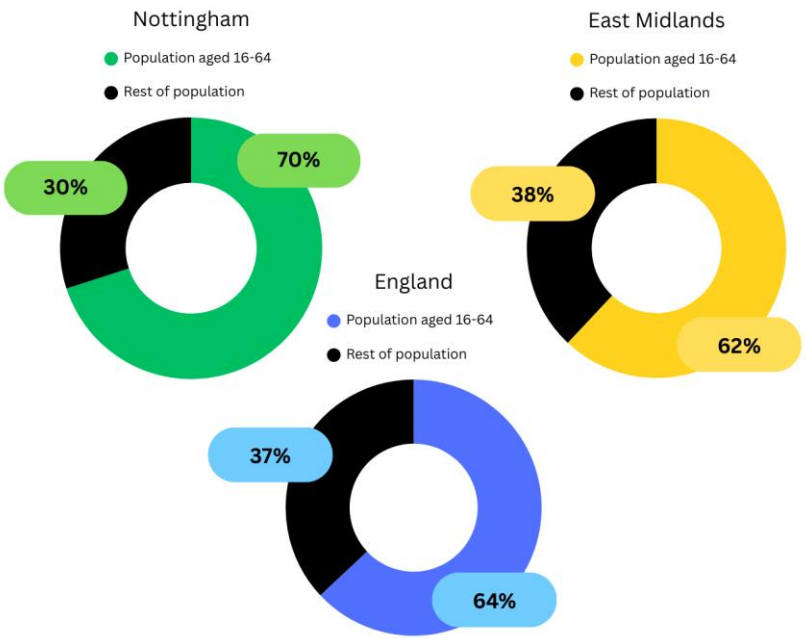


Nottingham picture and how we compare – working age population

This JSNA profile focuses on people aged between 16-64, typically referred to as the working age population.

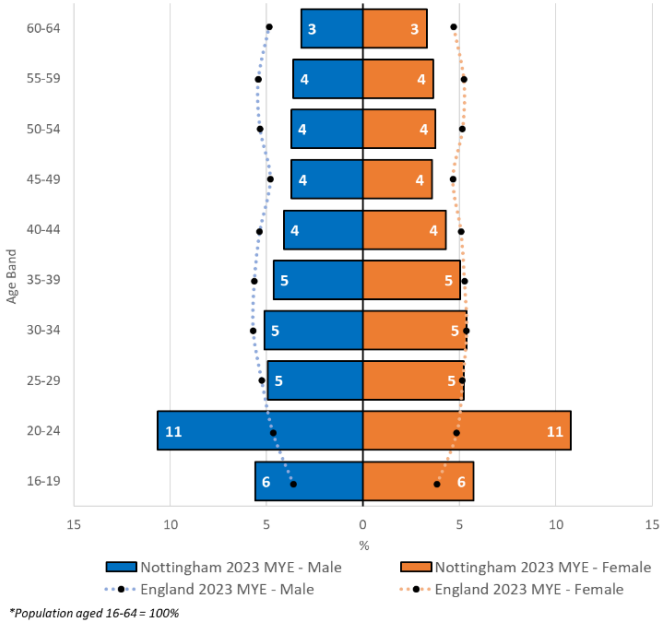
Nottingham has 230,381 people (2023 mid-year estimates) aged between 16-64, accounting for 70% of the City's population (figure 2); higher than the proportion for England (63%) and the East Midlands (62%). Nottingham has a higher proportion of people aged between 16 and 24 years compared to England, attributed to the city's large student population (figure 3). ***Click here for further information on the working age population in Nottingham*.**

Figure 2: Nottingham, East-Midlands and England 2023 mid-year estimates, proportion of people aged 16-64



Source: *ONS – mid-year 2023 population estimates*

Figure 3: Nottingham and England 2023 mid-year population estimates, for those aged between 16-64



Source: *ONS – mid-year 2023 population estimates – Nottingham*
Note: *The proportional breakdowns are out of the total people aged 16-64 (100%), and not the entire population. The Nottingham data presented in the bars equals 100%, with the England data represented in the lines also totalling 100%. Percentages have been rounded.*

Nottingham picture and how we compare – employment rates (1)

Understanding the data – key definitions

Employment measures the number of people in paid work or who had a job that they were temporarily away from (for example, because they were on holiday or off sick). The employment rate is the proportion of people aged between 16 and 64 years who are in employment.

Unemployment measures the number of people without a job who have been actively seeking work within the last four weeks and are available to start work within the next two weeks.

Economic inactivity refers to people who have not been actively seeking work within the last four weeks or are unable to start work in the next two weeks. The **economic inactivity rate** is the proportion of people aged between 16 and 64 years who are not in the labour force.

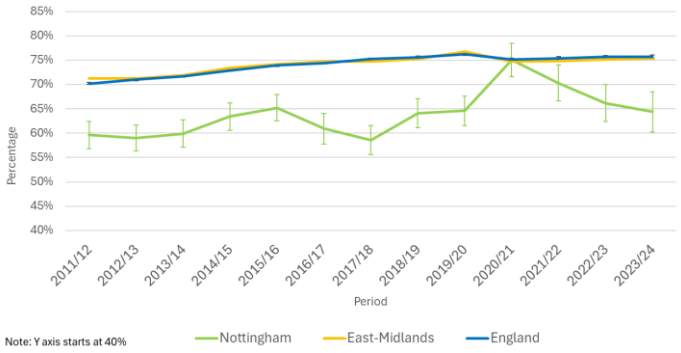
Employment rate in Nottingham

Figure 4 displays the employment rate over time for Nottingham and England. The East Midlands data follows the same trend as the England rate. England's rate has gradually increased in this time period and has remained around 76% for the last four years.

Nottingham's rate has fluctuated throughout the same period, with a low of 59% in 2012/13, and a high of 75% during 2020/21 (this high was likely affected by reasons associated with COVID-19, ***click here for an explanation***).

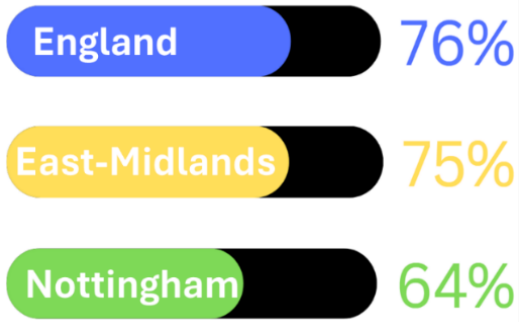
For the latest period of 2023/24, Nottingham had an employment rate of 64% compared to England's rate of 76% and the East-Midlands region of 75%, as displayed in the infographic below (figure 5).

Figure 4: Percentage of people aged 16-64 in employment for Nottingham, East Midlands and England (employment rate)



Source: *NOMIS – Official Census and Labour Market Statistics*
Note: *(95.0) confidence intervals, pre-calculated by the Office for National Statistics*

Figure 5: Infographic: Percentage of people aged 16-64 in employment for Nottingham, East Midlands and England in 2023/24 (employment rate)



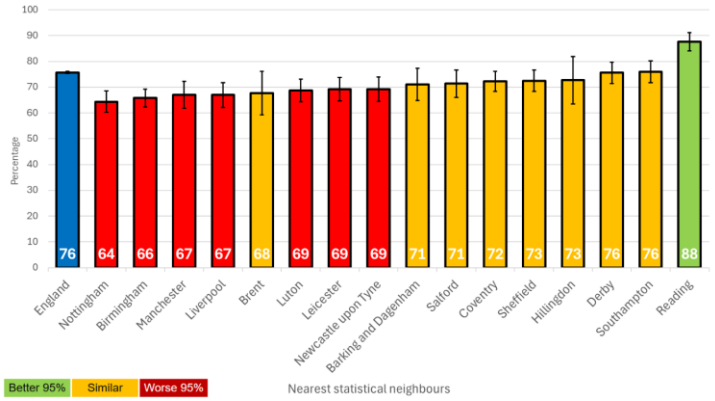
Source: *NOMIS – Official Census and Labour Market Statistics*

Nottingham picture and how we compare – employment rates (2)

Comparison to statistical neighbours

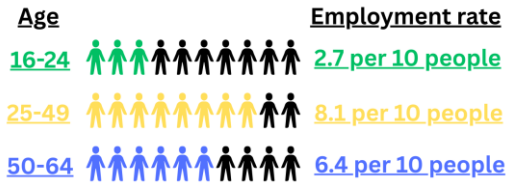
Figure 6 displays the employment rate for England, Nottingham and its NHS nearest statistical neighbours (see Glossary for a definition). Areas with a red bar, including Nottingham, have a statistically significantly lower rate compared to England.

Figure 6: Percentage of people in employment for Nottingham and its NHS nearest statistical neighbours, and England – 2023/24



Source: *Department of Health & Social Care – Fingertips*
Note: *(95.0) confidence intervals, pre-calculated by the ONS*

Figure 7: Infographic of the crude employment rate per 10 people by age band



Source: *Department of Health & Social Care – Fingertips*

Employment rates by age and sex

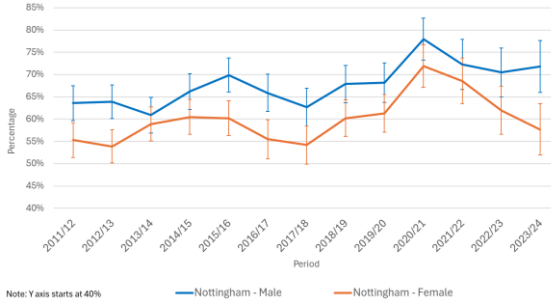
In 2023/24, males (72%) in Nottingham had a statistically significantly higher employment rate than females (58%). Highest employment rates are seen in the 25-49 age band (81.3%), which is statistically significantly higher compared to the 16-24 (27.5%) and 50-64 (64.2%) age bands (figure 7).

Trends over time by age and sex

The male and female employment rate rose in Nottingham in 2020/21. Since then, employment rate for both sexes has fallen each year, with the exception of an uplift in the male employment rate in 2023/24 (figure 8).

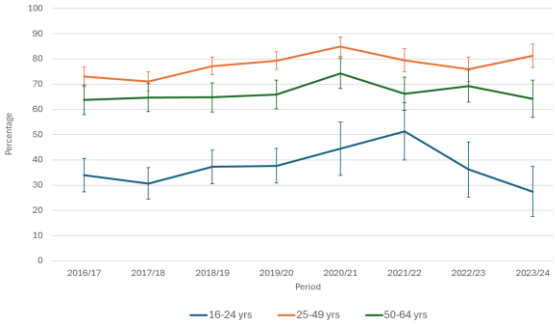
The employment rate for 25-49 and 50-64 year olds has stayed statistically similar since 2016/17, with the exception of 2023/24 where it increased for the 25-49 age band. The employment rate for 16-24 year olds has fallen since 2021/22, with the rate in 2023/24 significantly lower than in 2021/22 (figure 9).

Figure 8: Percentage of people aged 16-64 in employment for Nottingham by sex



Source: *NOMIS – Official Census and Labour Market Statistics*

Figure 9: Percentage of people in employment for Nottingham by age band



Source: *Department of Health & Social Care – Fingertips*
Note: *(95.0) confidence intervals, pre-calculated by the Office*

Nottingham picture and how we compare – economic inactivity (1)

Economic inactivity rate in Nottingham

Recent 2024/25 data (figure 10), reveals 23.6% of Nottingham's 16-64 population (roughly 53,200 people) is economically inactive (compared to 21.2% in England and 21.8% in East Midlands; figure 10). This is lower compared to Nottingham's average of 30% for the 14-year data period, and the first decrease since a drop in the rate seen in 2020/21 (attributed to the COVID-19 pandemic). For 2024/25, Nottingham's rate is statistically similar when compared to England and the East Midlands, with these two geographical areas having steady and consistent trends. Nottingham has had a statistically significantly higher rate of people economically inactive compared to England for every data point with the exception of 2020/21 and 2024/25.

Economic inactivity rate by age and sex

Figure 11 displays the total percentage of people by sex and age who are economically inactive in Nottingham. The highest proportions are seen in people aged 16-24 (65%) and 65 years and over (90%), largely due to the high student population and retirement, respectively. The proportion of males economically inactive is statistically significantly lower when compared to the rate for females.

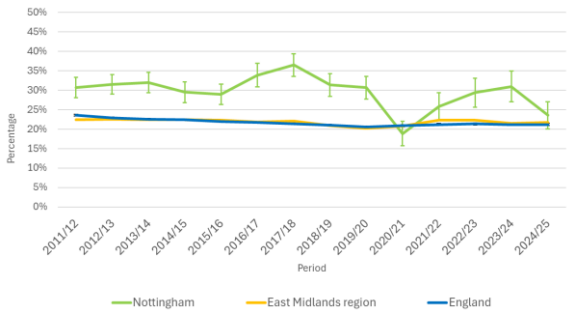
Economic inactivity by ward

The Lenton & Wollaton East ward (67%) has the highest proportion of people aged 16 and over who are economically inactive. Mapperley (37%) and Berridge (37%) have the lowest proportion (figure 12).

Note: Differences in data collection between the Census and the Labour Force Survey (LFS) help explain variations in the economic inactivity rate. The Census includes all individuals aged 16 and over, including retirees, which can make the proportion of people economically inactive due to long-term sickness appear smaller. In contrast, the LFS typically focuses on the working-age population (16–64), offering a more targeted view of labour market dynamics.

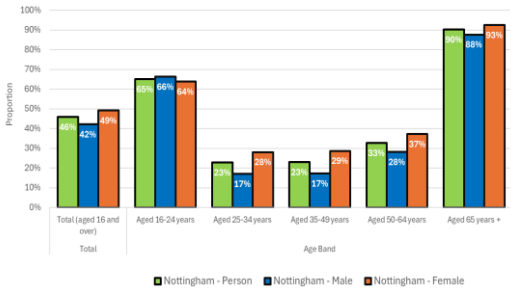
Census data is used alongside LFS data in this profile because it enables detailed analysis of labour market variables such as geography, gender, and age, especially at small-area levels where LFS sample sizes are limited. Click here for a more detailed explanation.

*Figure 10: Proportion of people who are economically inactive between the ages of **16-64** for Nottingham, East Midlands and England*



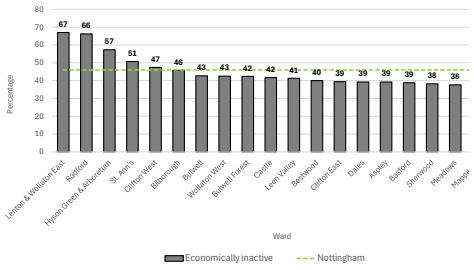
***Source**: NOMIS – Official Census and Labour Market Statistics*
***Note**: (95.0) confidence intervals, pre-calculated by the ONS*

*Figure 11: Proportion of people aged **16 and over** who are economically inactive broken down by age/sex for Nottingham – 2021*



***Source:** Office for National Statistics – NOMIS – Economic activity status by sex and age*

*Figure 12: Proportion of people aged **16 and over** in Nottingham's wards who are economically inactive – 2021*



***Source:** Office for National Statistics – NOMIS – Economic activity status by ward*

Nottingham picture and how we compare – economic inactivity (2)

Reasons for economic inactivity (figure 13)

The most common reason for economic inactivity locally in Nottingham during 2021 was being a student, accounting for 39% of the total economically inactive population. 29% of economically inactive people were retired, 12% long-term sick or disabled, 12% looking after a home or family, and 8% economically inactive for other* reasons.

Figure 13: ***Number and proportion of economically inactive people*** *aged* ***16 and over*** *in Nottingham, broken down by economic inactivity reason - 2021*

2021						
Total	Economically inactive	Economically inactive: Retired	Economically inactive: Student	Economically inactive: Looking after home or family	Economically inactive: Long-term sick or disabled	Economically inactive: Other
Count	121386	35362	47342	14182	14440	10060
Proportion	100%	29%	39%	12%	12%	8%

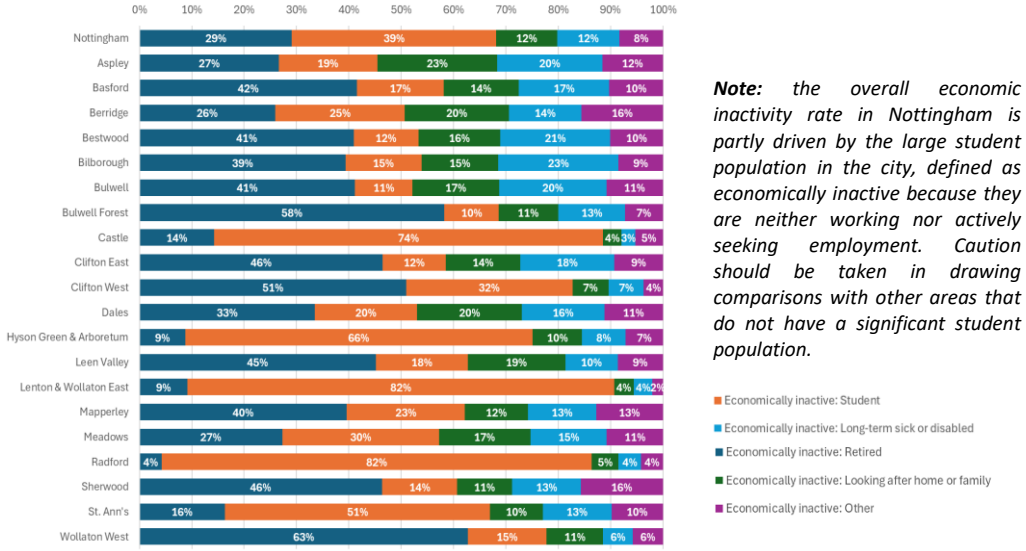
Source: *Office for National Statistics – Employment in local authorities, England and Wales;* ***Note****: Other reasons include people who (i) are waiting the results of a job application, (ii) have not yet started looking for work, (iii) do not need or want employment, (iv) have given an uncategorised reason for being economically inactive, or (v) have not given a reason for being economically inactive.*

Click here for comparisons of data between Nottingham wards and between NHS statistical neighbours for economic inactivity.

Reasons for economic inactivity by ward

Between wards, there is large variation in the reasons for economic inactivity (figure 14; reasons broken down as a percentage of the total economic inactivity). 82% of the economic inactivity in Radford area attributed to residents being students, compared to Wollaton for which 63% of economic inactivity is attributed to residents having retired. The rate of economic inactivity because of long-term sickness or disability varies greatly between wards, with a 20-percentage point difference between the Bilbrough ward (23% of its economically inactive population (aged 16 and over) inactive due to sickness or disability) and Castle (3%).

Figure 14: ***Proportion of economically inactive people*** *aged* ***16 and over*** *in Nottingham, broken down by economic inactivity reason, by ward - 2021*



Note: *the overall economic inactivity rate in Nottingham is partly driven by the large student population in the city, defined as economically inactive because they are neither working nor actively seeking employment. Caution should be taken in drawing comparisons with other areas that do not have a significant student population.*

Source: *Office for National Statistics – NOMIS – Economic activity status – ward;* ***Note:*** *Each area displays the total economic inactivity by reason*

Nottingham picture and how we compare – long-term conditions and disability

Proportion of people economically inactive due to long-term sickness

In 2024/25, Nottingham had 53,200 people aged 16-64 who were economically inactive, with roughly 19,300 due to long term sickness (36.2%; figure 15), statistically similar to the previous period but statistically significantly higher compared to 2022/23. Nottingham has been statistically significantly higher than the England trend (27%) for the last two periods; but statistically similar to the East Midlands (30%) for the latest data point. *This data is for people aged 16-64 and therefore discounts the majority of retirees (please refer to the note on page 9 for an explanation for why the data varies).*

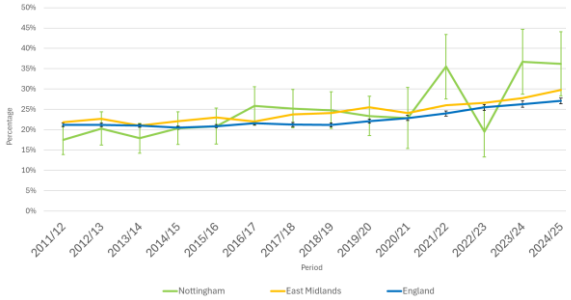
Proportion of people with health conditions in employment

The proportion of people with a physical or mental long term health condition in employment (aged 16 to 64) is displayed in figure 15. Long term trend data is not available. For 2022/23, 60% of people with health conditions are in employment, statistically similar to both the East Midlands (66%) and England (65%). Data for Nottingham is statistically similar across the three time periods.

Gap in the employment rate

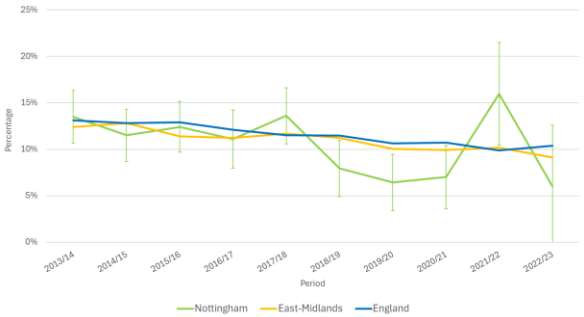
The latest available data for 2022/23 shows that Nottingham has a 6-percentage point gap in the employment rate of those aged 16 to 64 with a physical or mental health condition compared to the overall employment rate for this age group. This is lower than both the East Midlands rate of 9% and England's rate of 10% (figure 16). ***Click here for data on sickness absence in Nottingham.***

*Figure 15: The proportion of people **aged 16-64** who are economically inactive due to long term sickness in Nottingham, East-Midlands and England – 2024/25*



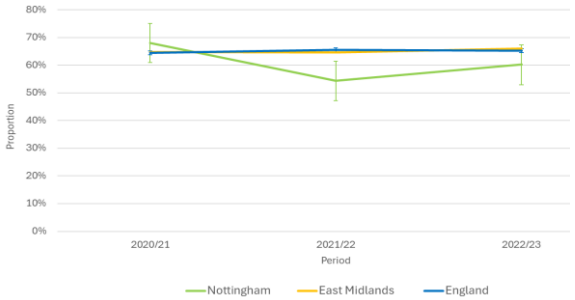
Source: *Department of Health & Social Care – Fingertips*
Note: *(95.0) confidence intervals, pre-calculated by the ONS*

Figure 16: Gap in employment rate between those with a physical or mental long term health condition (aged 16-64) and the overall rate for Nottingham, East Midlands and England



Source: *Department of Health & Social Care – Fingertips*
Note: *(95.0) confidence intervals, pre-calculated by the ONS*

Figure 17: The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64), for Nottingham, East Midlands and England



Source: *Department of Health & Social Care – Fingertips*
Note: *(95.0) confidence intervals, pre-calculated by the ONS*

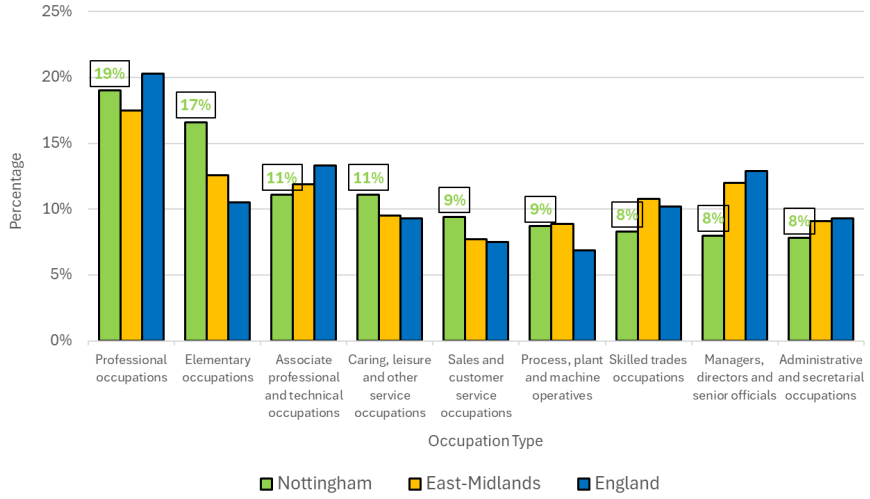
Nottingham picture and how we compare – types of work

The 2021 Census provides insight into the occupation of people aged 16 years and over (figure 18). In Nottingham, 19% of workers were in professional occupations (jobs that require a level of specialised knowledge or skills such as teaching and nursing), similar to the East Midlands (18%) and England (20%). The second highest proportion of workers in Nottingham are people doing elementary occupations (17%), jobs involving fewer specialist skills but more physical exertion such as cleaning, manufacturing processing and refuse work.

The percentage of people aged 16 years and over in employment in 2021 by main industry type is displayed below for the comparative areas of England and East Midlands (figure 19). The highest proportion of people aged 16 years and over in Nottingham are in employment for 'human health…

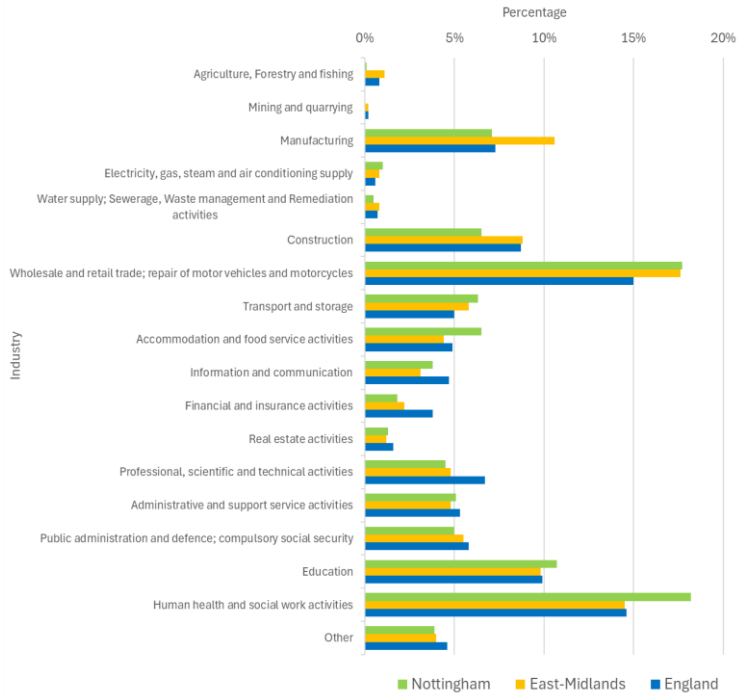
…and social work activities' (18.2%), followed by those working in the 'wholesale and retail trade repair of motor vehicles and motorcycles' (17.7%). ***Click here for further data on qualifications and income.***

Figure 18: Percentage of people aged 16 years and over in employment in 2021 by occupation, for Nottingham, East Midlands and England



Source: *Office for National Statistics – NOMIS – Occupation*

Figure 19: Percentage of people aged 16 years and over in employment in 2021, for Nottingham, East Midlands and England



Source: Office for National Statistics – NOMIS - Industry

Policy and guidance (1)

Since the 2000s, UK policy and legislation around work and health has shifted from a reactive focus on sickness and incapacity, to a more proactive approach emphasising prevention, early intervention, and the promotion of 'good work' (work that is healthy, safe, secure, and offers individuals control over how their work is done). Key developments include the introduction of fit notes (issued by healthcare professionals and provide evidence of advice they have given about a person's fitness to work) and strategic frameworks like the Thriving at Work standards and the recent Get Britain Working White Paper, which aim to better integrate health, employment and welfare systems. The key milestones in policy development and legislation change are summarised in Figure 20.

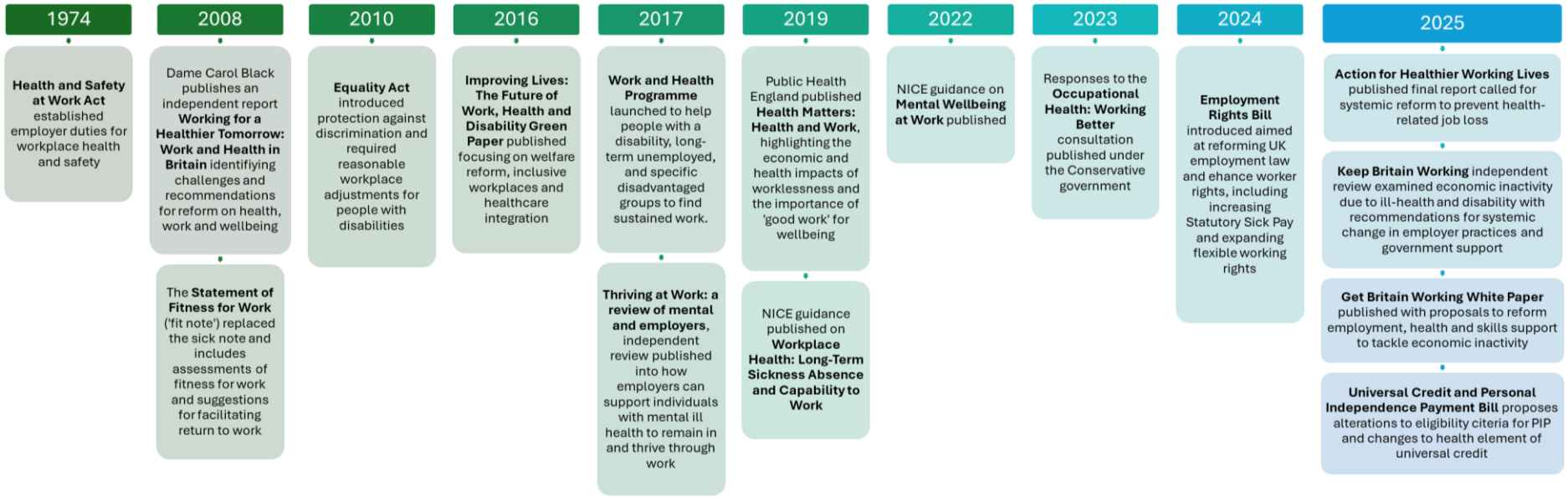


Figure 20: Relevant work and health policy development and legislation change

Policy and guidance (2)

A collaborative approach



In the UK, work and health support is delivered through a collaborative system involving Government, local authorities, integrated care systems and NHS services. Emphasis is being placed on preventing people from falling out of work due to health issues and tackling the root causes of economic inactivity using a whole system approach.

The Joint Work and Health Directorate (Department for Work and Pensions and Department for Health and Social Care) provides cross-government leadership and guidance to transform government policy into programme delivery to address barriers to work, aimed at getting those with a health condition or disability to start, stay and succeed in work. All local areas are being required to develop a Get Britain Working plan which focuses on reducing economic inactivity. This is being developed regionally across the East Midlands Combined County Authority (EMCCA) footprint, to align with local growth plans. The East Midlands Inclusive Growth Commission will also make recommendations over the next 12 months on an inclusive growth strategy for the region, which includes an objective of having a healthier, more work-ready population.

Anchor institutions such as Nottingham City Council, Nottingham University Hospitals NHS Trust, Nottingham Trent University and University of Nottingham are major employers in the city. Many have adopted inclusive recruitment policies or offer supported employment opportunities, helping people with health conditions and disabilities to access and sustain meaningful employment. They can also influence local economies through procurement, redirecting investment into the local area and creating new, good quality employment locally (Maguire, 2021).

Local plans



The Nottingham City Joint Health and Wellbeing Strategy 2025-2028 will include a renewed priority focused on work and health, championed by a strategic coordination group made up of stakeholders with responsibilities for health, work and financial wellbeing. This group will work collaboratively to coordinate and address challenges related to work and health for our local population.

The Nottingham Economic Plan for Growth sets out strategic priorities organised around the fundamental drivers of growth and development for the city of Nottingham: People and Skills, Enterprise and Investment, Infrastructure and Connectivity, and Liveability, Experience and Regeneration. People and Skills outlines three priorities which could be seen to influence health and work outcomes, focusing on cultivating meaningful employment (especially for those at greater disadvantage), raising skill levels, and enhancing employment productivity. Read the full plan here.

Evidence summary (1)

The importance of 'good work'

Employers have a critical role in shaping the quality of work and its impact on health. 'Good work' can be described as work that provides job satisfaction, reliable employment, supportive management, fair pay, opportunities for development, and work-life balance (Black, 2008; The Health Foundation, 2024a; Public Health England, 2019). Good work helps to promote wellbeing but also prevent and manage ill-health.

Characteristics of 'good work' (Marmot, 2010; 2020)
Be stable, secure and safe
Offer control and autonomy, on things such as place and timing of work, and task prioritisation
Place appropriate demands on individuals without exceeding their resources and capabilities
Offer opportunities for continued professional development and promotion prospects
Enable workers to participate in decision making and guarantees procedural justice in the case of conflict
Prevent social isolation and any form of discrimination
Provide fair pay
Support work-life balance
Support people with long-term health conditions and disability into full employment where possible
Promote wellbeing by meeting basic psychological needs of self-efficacy, self-esteem, and belonging

Barriers to work

Health-related barriers to work are complex. People with long-term conditions might struggle to access employment due to systemic barriers or individual factors such as skills gaps or low confidence (The Society of Occupational Medicine, 2023). Early intervention is key to retaining workers after periods of long-term sickness (Astay et al. 2024). Flow in and out of work varies by health condition and demographic factors, with recovery more likely among certain groups (Salis et al. 2021; Black, 2008). Extended periods of unemployment can worsen health, highlighting the need for timely, tailored support.

Stigma around long-term health conditions and disabilities is a major barrier to employment. Negative attitudes, discrimination, or lack of understanding (van Beukering et al. 2021) can lead to social exclusion, reduce job opportunities, and worsen health outcomes. Tackling stigma requires cultural change and inclusive practices that recognises the strengths of individuals with health conditions that can be realised with the right support and adjustments.

Low quality work

Low quality work can be more detrimental to health than unemployment (Chandola and Zhang, 2018). Certain job sectors and roles are disproportionately affected by health-related economic inactivity due to the nature of work and characteristics of the workforce increasing the likelihood of poor health. These include:

- Physically demanding and manual jobs
- Low-paid, insecure and part-time work
- Social care and frontline roles that deliver essential services or interact directly with the public
- Jobs with low flexibility or opportunity for remote work

Evidence summary (2)

What works for supporting people with health conditions into employment?

A 2025 evidence review by the Sherwood Forest Hospitals Library and Knowledge Service highlighted that interventions to help people furthest away from work due to ill health or disability to secure or sustain employment should:

- **Offer voluntary, individually tailored and holistic support** - The best evidence is for supported employment (a personalised and strength-based approach to supporting people into employment) particularly Individual Placement Support which is effective for people with physical disabilities, learning disabilities, mental health conditions and substance use problems. Supported internships are effective for people with learning disability and neurodivergence, whilst mentoring can be helpful for young people. In general, jobs should be matched to the individual's goals and capabilities.
- **Be visible, flexible, and sustained** – Interventions should be highly visible, facilitate early intervention at onset of health transition, offer sustained support of at least 12 months, and be flexible to allow online or hybrid access. A dedicated key worker with specialist training in assisting people with different health conditions and disabilities overcome barriers to work is crucial and promotes trust, consistency and open communication. Key worker case load should be limited for maximal efficacy.
- **Integrate with health and employment services -** services should work alongside and where possible be co-located with other organisations to tackle a range of barriers to work including support for mental health problems, addictions and financial concerns.
- **Engage with employers** – Interventions should engage closely with employers, but evidence is mixed on the best way for services to achieve this. Engagement should result in a role tailored to individual needs and an offer of in-work support for the individual and their employer. Temporary subsidised employment can be used to improve engagement and job-related outcomes.

Effective interventions for sustaining employment for people with ill health or disability involve:

- A proactive approach with early intervention within first 6 weeks of absence
- Access to high quality occupational health services
- Phased return to work
- Open and trusting relationships between employees and managers
- Multidisciplinary involvement of NHS, occupational health, employment support services and employer
- Workplace adjustments including flexible working and compassionate absence policies
- In-work support and skills training
- Workplace interventions to promote diversity and inclusion, reduce stigma and improve support

Click here to continue reading about what works for supporting people with health conditions to secure and sustain employment.

Evidence summary (3)

Experiences across the life course

Experiences of work and health are shaped by factors such as age, stage of career, health status, and societal expectations. Evidence suggests that some population groups might experience additional challenges to achieving good health and work outcomes.

The themes we will spotlight in this JSNA Profile are:



Young working age adults (under 35)

- Young adults with **mental health** conditions are five times more likely to be economically inactive then their peers. Early mental health challenges can affect future health, income and career progression.
- **Neurodivergent** young adults face lower employment rates, poorer job quality, and limited career progression. Many are excluded from work due to lack of support.



Working age adults aged 35-49

- Adults with **multiple long-term health conditions** are more likely to leave the workforce early. Mental health, musculoskeletal conditions, and cardiovascular disease are the leading causes of long-term economic inactivity. Many work-limiting conditions are preventable.
- Women of **menopause** age are an increasing part of the labour market, partly as a result of women's labour market participation increasing in recent years, but often have greater healthcare needs. Menopause symptoms can affect productivity at work but negative outcomes are often linked to how women are treated during the menopause, not just their symptoms.



Working age adults aged 50-66

- Workers in their 50s and 60s are often balancing employment with **caregiving responsibilities** for both ageing parents and children, impacting health and work participation. Without workplace flexibility, caregivers are at risk of reduced income, job security, and wellbeing.

Continue reading about good work, employment transitions for people with health conditions, and experiences of work and health across the life course, by clicking here.

Community and service user views (1)

In August 2025, three focus groups took place with nine people in Nottingham with experience of managing work alongside a long-term health condition (LTHC) or disability. The majority of participants had more than one long-term health conditions or disability, and many of these conditions were considered 'invisible'. This section summarises the themes from the focus groups:

- Participants living with long-term health conditions (LTHC) and disability **wanted to work**, not just for financial stability but also for a sense of purpose and social connection. Many believed that they bring valuable life skills and employment experience that makes them **strong assets** to employers. Their life experience fosters strong problem-solving and inter-personal skills. They can thrive at work if the right support and workplace conditions are in place.
- From experience, in addition to their health condition or disability, factors such as **ethnicity, age and immigration status** also affected participants ability to secure or sustain employment.
- For participants concerned about work and health, **primary care** is an important point of first contact, so health workers, including social prescribers, need knowledge of what employment support services are available. Participants reported wanting **holistic care** including support to manage their health condition(s), timely access to mental health support, money help and guidance, and employment support. Some would value help with taking the first steps to access support.
- Employment services should be **easy to find** and **offer flexibility**. Participants wanted key workers with knowledge and experience of supporting people with LTHC and disability. These workers should provide individualised support, matching individuals with suitable jobs based on their needs, capabilities and experience. They should also help identify barriers to employment and signpost to other services where needed. Additionally, they should support the employer to understand and meet the needs of their employee.
- During the job application process itself, some participants reported feeling **discriminated** against due to being asked inappropriately about health information or feeling that their applications were rejected whenever a health condition was declared.
- Whilst seeking employment, participants valued the opportunity to undertake **training courses or volunteer experiences** which helped them build skills, confidence, and professional networks, and for some, ultimately led to long-term, formal employment.
- **Occupational health** input can be valuable although participants told us that recommendations are not always followed by employers. Conversely, inaccuracies in assessments can hinder the ability to obtain adjustments needed.

(continued overleaf)

Community and service user views (2)

(Focus group themes continued):

- Barriers to sustaining employment for participants included **poor continuity** when managers changed, **repeated requests for adjustments**, **poor understanding** of LTHC and disabilities (particularly if invisible), and **inflexible absence policies. Career progression** was felt to be restricted, and **stigma**, **bullying**, and the tendency for employers to take a **'one-size-fits-all' approach** added to the challenge. Participants with lived experience of health conditions or disability felt excluded from workplace policies which meant that they often didn't meet their needs. Some sectors were viewed to be more inclusive than others.
- Above all, people want **flexibility** in terms of work pattern and location, for health-related absences to be managed supportively, and policies which enable proactive self-management of LTHCs e.g. enabling attendance at healthcare appointments. This was reportedly harder to achieve than accessing physical workplace adjustments e.g. equipment.

Due to the small number of participants, results may not be generalisable to the entire Nottingham population. Further engagement is recommended to ensure true representation of a wide range of LTHC and disabilities, inclusion health groups, young people and ethnic minorities.

A **Public Health review** conducted in spring 2025 to better understand the **financial advice landscape** of Nottingham and to align service delivery with citizens' evolving needs raised relevant issues around work and health. Unemployment and benefit dependency were key drivers of financial vulnerability, with advice services crucial for helping people to navigate employment-related concerns, including Universal Credit, job-seeking, and work-related benefits. Marginalised groups such as care leavers and individuals facing severe and multiple disadvantage often have poorer employment outcomes due to lack of support networks and financial instability. Financial insecurity was closely linked to poor health outcomes, highlighting the importance of integrated support.

The Nottingham **Women's Health Needs Assessment** set out to explore the health and wellbeing needs of women in the city, with the aim of improving outcomes and informing future commissioning. One key theme that emerged was the challenge women face in the workplace in respect of the menopause. Many reported anticipating or experiencing stigma. Inclusive workplace policies were found to be beneficial, not only for menopausal women, but also for neurodivergent women and those navigating pregnancy. Practical measures such as flexible working hours, support for managing cognitive symptoms, and hybrid working arrangements were highlighted as particularly helpful. Mothers also expressed the need for flexible working patterns that accommodated their caregiving responsibilities, though this was not always available. The full report is due to be published at the end of September on Nottingham Insight.

What we are doing including assets and services we have in place (1)

The landscape is complex, but several programmes exist locally to help individuals with health conditions or disabilities to engage in good work.

Integrated employment and health services such as Individual Placement and Support (IPS) help people with long-term conditions to find and sustain paid work.

Occupational health services assist with return-to-work planning, and employers are expected to make reasonable adjustments to support employees with health conditions to stay and thrive in work.

Frameworks such as the Disability Confident Scheme (which helps employers recruit and retain people with disabilities), the Mental Health at Work Commitment (helps employers fulfil the Thriving at Work standards), and the Nottingham Workplace Healthy Minds programme (supports employers to share information, advice and signpost to a wide range of services and support) are promoted locally to guide employers in creating inclusive and supportive workplaces.

In August 2025, a survey was sent to stakeholders who provide employment support for people with health conditions, either directly or indirectly.

Views of service providers who deliver employment support (4 responses):

Employment services are delivering highly tailored, person-centred interventions to help individuals with complex physical and mental needs to access meaningful employment. Respondents told us that support is comprehensive and holistic and includes:

- Upskilling and confidence building, including goal setting
- Identifying barriers to employment
- CV development, support with applications and interviews
- Disclosure planning and wellbeing strategies
- In-work support, including reasonable adjustments

Employment specialists described actively working to uncover opportunities in the labour market, but that challenges persist:

- Employers inflexible in adapting roles or hours
- Lack of awareness about mental health or reasonable adjustments
- Stigma, rigid recruitment processes and poor understanding of fluctuating [health?] conditions

Professionals also highlighted the need for:

- Improved responsiveness from Access to Work
- Greater employer education around mental health and disability
- Formalised pathways for collaboration with local employers
- Increased visibility of Disability Confident employers

What we are doing including assets and services we have in place (2)

Alongside government, local authority and NHS funded programmes, the **voluntary and community sector (VCS)** in Nottingham plays a crucial role in helping individuals facing barriers to employment due to health or disability. VCS organisations act as trusted intermediaries between individuals and statutory services, helping people to navigate complex systems such as benefits, housing and healthcare. This advocacy role is especially important for those struggling to engage with mainstream services. Health and care services also play a vital role in initiating conversations about work as part of routine care, helping individuals to explore employment goals and appropriate support.

Views of service providers without a direct supported employment support role (6 responses):

Across services where employment is not the primary focus, professionals are still playing a role in supporting individuals with physical and mental health conditions to access work. These conversations often form part of wider support around wellbeing, benefits, or recovery from ill health with services such as social prescribers, advice centres, voluntary sector, education, and health professionals, highlighting the potential within wider services to contribute to employment outcomes. Respondents described offering informal or indirect employment support such as:

- Signposting to trusted local services such as Working Well East Midlands or Futures Positive
- Providing benefits advice, including checks for in-work entitlements
- Delivering occupational health assessments, counselling or guidance on reasonable adjustments
- Using motivational interviewing to build confidence and readiness for employment
- Developing evidence-based toolkits and resources to support self-management

Most respondents felt confident referring individuals to appropriate services. Respondents also highlighted gaps in provision and accessibility issues such as:

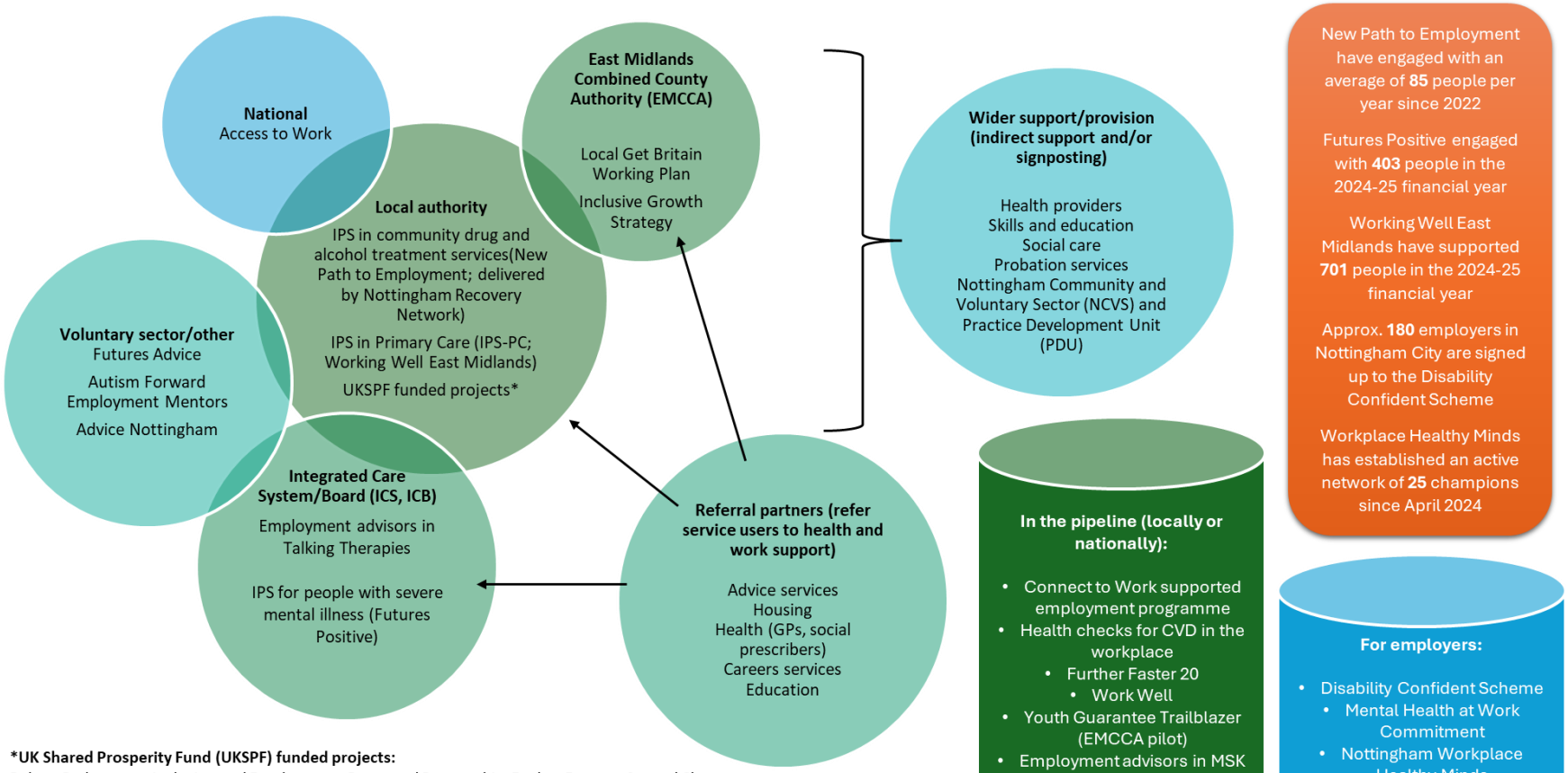
- Delays in Access to Work assessments which can stall job starts or returns to work
- A lack of culturally appropriate services
- Limited face-to-face support and overreliance on phone or web-based contact

Respondents described a strong commitment to tailoring support to individual's needs and a desire for:

- More integration between health, social care and employment services
- Trauma-informed and co-designed approaches reflecting lived experience
- Improved employer engagement, including training to better equip line managers to support people with chronic conditions
- More flexible pathways for individuals not yet ready to enter or re-enter the workforce

What we are doing including assets and services we have in place (3)

A full summary of the support landscape in Nottingham City is provided below. [More information about these programmes can be found here.](#) This is a fast moving policy area with changing funding sources and is accurate at the time of this JSNA's publication:



***UK Shared Prosperity Fund (UKSPF) funded projects:**
Belong Pathways to Inclusion and Employment; Bestwood Partnership; Evolve; Futures; Second Chance Learning Academy; Nottingham City Council Housing Services; Transform Training

Sources: NHS Confederation; OHID Midlands Inclusive Sustainable Economies Community of Improvement; Local Government Association

Opportunities for improvement and future development

The following themes and findings have been summarised from this JSNA Profile and recommendations for improvement and future development are provided for consideration by the local system:

Theme	Findings	Recommendations or areas for future development
1. Strengthening partnership and integration between health and employment services 	Health-related economic inactivity is rising, with Nottingham in recent years showing higher rates than national and regional averages. Long-term health conditions such as depression, anxiety, and musculoskeletal issues are increasingly keeping people out of work. While some health and care professionals (e.g. social prescribers) engage in employment-related conversations, there is currently no structured way of linking health and employment support locally. Early intervention is critical, yet many individuals do not receive timely support after sickness absence, increasing the risk of long-term unemployment or economic inactivity.	1.1. Work to formalise referral pathways between health, social care, and employment services to streamline access to timely and effective support. 1.2. Support partners to embed employment conversations with patients into routine appointments, particularly within services such as social prescribing, primary care, mental health, and the Integrated Wellbeing Service.
2. Promoting 'good work' and inclusive employment practices	The quality of work affects health. Low paid, insecure and physically demanding jobs are linked to poor health outcomes. These jobs are more common in Nottingham than in other areas. Employers are often inflexible in adapting working practices for people with health conditions.	2.1. Encourage anchor institutions (e.g. NHS, universities, local authorities) to lead by example in inclusive recruitment practices, workplace adjustments, and promotion of health and wellbeing by providing opportunities for peer learning via communities of practice. 2.2. Engage further with employers in Nottingham to understand and address the organisational barriers and facilitators to providing good work.

	There is a lack of awareness amongst employers of long-term health conditions and reasonable adjustments. Support for people with health conditions or disability is not consistent across or within organisations. Stigma and discrimination around health conditions and disabilities remain significant barriers to employment.	2.3. Work with Nottingham employers to define and promote healthy, secure and inclusive employment standards across sectors. This could include promotion of a Good Employment Charter to promote accountability (as suggested in EMCCA's Get Britain Working plan), or training for line managers in the city on supporting staff with long-term health conditions. 2.4. Increase uptake of national frameworks like Disability Confident and Mental Health at Work Commitment through local campaigns, incentives, procurement preference, or free or subsidised training opportunities. 2.5. Develop consistent messaging to educate health and care services, employers, and the general public in Nottingham about the relationship between health and work, with the aim of raising awareness and reducing stigma and discrimination associated with long-term health conditions and disability.
3. Leverage local plans and strategic coordination 	Nottingham's Joint Local Health and Wellbeing Strategy and Economic Growth Plan both prioritise work and health. A strategic coordination group is in place and can drive more joined-up action. The transient nature of work is recognised. People come into Nottingham to work but may live in nearby Nottinghamshire boroughs or further afield which highlights a need for wider collaboration	3.1. Align work and health initiatives with Nottingham's Joint Local Health and Wellbeing Strategy and Economic Growth Plan to ensure coordinated action. 3.2. Empower the strategic coordination group to lead cross-sector collaboration, take responsibility for monitoring progress, and champion innovation. 3.3. Work collaboratively with EMCCA, ICB, and Nottinghamshire public health and economic development colleagues to ensure strategic alignment

	The Get Britain Working plan is being developed across the East Midlands Combined County Authority footprint, presenting an opportunity to align local efforts with regional and national priorities.		and coordinate approaches to improving health and work outcomes across the geographical footprint.
4. Visibility and accessibility of services 	There is a complex system of employment support for people with long-term health conditions and disability, with varied eligibility criteria and approaches to delivery. Many services are not well known or easily accessible, especially for marginalised groups. Timely access to support is crucial to prevent long term unemployment or economic inactivity. Effective interventions offer individually tailored and holistic support, are flexible and sustained, and are integrated with health and employment services while actively engaging employers to create personalised, supportive work opportunities.	4.1. 4.2. 4.3.	Produce a shared communications plan for improving visibility of work and health support in Nottingham, centred around a single hub of information relevant to professionals and citizens looking for help, advice, or guidance, and align with communications from Nottinghamshire and EMCCA partners. Undertake further assessment to understand demand for and supply of employment support services in Nottingham. Mapping of service provision by demography to identify any gaps and better target outreach. Encourage engagement across health, social care, and voluntary sector with employment support services to maximise timely referrals. Facilitate effective conversations between professionals and service users about work and health through provision of education and guidance for health, social care and voluntary sector services.
5. Using data and evidence to prepare for the future	Nottingham faces rising health-related economic inactivity, an ageing population, and falling youth employment. Despite a growing working-age population, employment rates are lower than national averages. Data on employment gaps and health conditions is available but not fully utilised.	5.1. 5.2.	Explore opportunities to improve access to timely data on work and health, to monitor trends in employment, economic inactivity, and health-related outcomes. Use the expertise and oversight of the strategic coordination group to identify emerging needs and target resources effectively. Stay informed of changes to

	Evaluation of local interventions is limited and there is a need for more robust data to inform commissioning and policy. Changes to national policy and legislation (e.g. increasing retirement age, new style Employment Support Allowance) will impact on health and work outcomes and monitoring need and demand will be essential.	5.3.	national and local policy that could have an impact on health and work outcomes for Nottingham. Explore further research opportunities to better understand the lived experience of people in Nottingham, including the barriers to employment for those with identified needs such as mental health, neurodiversity, multiple long term health conditions, menopause, or caring responsibilities. Involve people with lived experience in strategic decision making, service design and delivery, and evaluation.

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Glossary

Term	Definition
Access to Work[i]	Can help an individual get or stay in work if they have a physical or mental health condition or disability.
Carer	A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.
Disability[iii]	A physical or mental health condition or illness that has lasted or is expected to last 12 months or more, that reduces a person's ability to carry out day-to-day activities
Disability Confident[i]	A scheme that support employers to make the most of the talents disabled people can being to the workplace. It provides employers with the knowledge, skills, and confidence they need to attract, recruit, retain and develop disabled people in the workplace.
Disability employment rate[i]	Difference in employment rate between disabled people and those who are not disabled.
Disability pay gap	The difference in average earnings between disabled and non-disabled workers.
Economic inactivity[iii]	People not in employment who have not been seeking work within the last 4 weeks or are unable to start work within the next 2 weeks
Employment[iii]	People aged 16 and over who did paid work (as an employee or self-employed).
Employment rate[iii]	Employment rate is calculated by dividing the employment level for those aged from 16 to 64 by the population for that age group.
Fit Note[iv]	Healthcare professionals issue fit notes to people to provide evidence of the advice they have given about their fitness for work. They record details of the functional effects of their patient's condition so the patient and their employer can consider ways to help them return to work.
Health inequalities[v]	Avoidable, unfair and systematic differences in health status between different groups of people. Health inequalities also refer to unfair and systematic differences in access to healthcare between population groups.
Health transition	A change from one health state to another between two time points
Individual Placement Support (IPS)[vi]	An employment support approach that offers intensive, individually tailored support to help people choose and find the right job, with ongoing support for the employer and the employee. It uses a personalised and strength-based approach to support people to find a job of their choosing.
In-work poverty	When a household is in relative poverty even though someone in the household is in paid work
Long-term health condition[iii]	Any physical or mental health conditions or illnesses lasting or expected to last 12 months or more.
Mental health[iii]	A state of mental and psychological wellbeing in which every individual realises their own potential. And can come with the normal stresses of life, can work productively, and is able to make a contribution to his or her society.

Musculoskeletal (MSK) conditions[iii]	A broad range of health conditions affecting bones, joints and muscles, pain syndromes and rarer conditions of the immune system.
Neurodiversity[vii]	Neurodiversity is a term that explains the natural variation in everyone's brain, including thinking processes, information processing, and learning approaches. A neurodivergent person's brain processes information differently from what is considered typical. Autism, attention deficit disorders (ADHD), dyslexia and dyspraxia are some examples of the most widely recognised neurodivergent conditions. Most neurodivergent conditions are experienced within a spectrum – meaning that the experience will differ from person to person. A person can also identify with more than one type of neurodivergence.
NHS Statistical Neighbours[viii]	The Data Science team for the Adult Social Care Statistics team provide a way of comparing statistics between 'similar' Local Authorities. These are called NHS nearest statistical neighbours and are calculated by a metric of similarity, based on standardised, normalised input features from Census 2021 data such as population demographics including age, ethnicity and educational attainment; this allows for comparison between local authorities that have similar characteristics.
Occupational health[ix]	Occupational health (OH) maintains the wellbeing of employees, preventing and removing ill-health and developing solutions to keep staff with health issues at work. OH professionals provide independent advice on staff unable to work due to long-term or short-term intermittent health problems, and organisational wide steps to reduce sickness absence.
Reasonable or workplace adjustments[x]	Steps taken by employers to ensure disabled workers or workers with health conditions are not substantially disadvantaged when doing their jobs.
Return to work	A person re-entering the workforce after a period of work or sickness absence.
Sickness absence	The period when an employee is away from work due to illness, injury, or other health-related conditions preventing them from fulfilling their work responsibilities.
Social prescribing[xi]	Social prescribing is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.
State Pension age	State Pension age is currently 66 years old for both men and women.
Statutory Sick Pay (SSP)[x]	The minimum amount an employer must pay employees who are too ill to work.
Stigma (health-related)	When individuals or groups are negatively labelled, stereotyped, or discriminated against due to a health condition or illness.
Underemployment[xii]	Where someone is in a job, but it may be unstable, low paid, present few opportunities or the employee feels undervalued. In order to be classed as underemployed, people must have been looking for an additional job, a job with longer hours to replace their main job or be wanting to work longer hours in their current job.

Unemployed[iii]	Those who are not working but were looking for work in the past 4 weeks or are waiting to start a job in the next 2 weeks.
Working age population	Proportion of the population aged 16-64 years (both men and women) There will be people who continue to work beyond retirement age, and although 16-18 year olds must be in education or training, many are also working.
Worklessness[iii]	Refers to a state where an individual or no one in a household aged 16 and over are in employment, either through unemployment or economic inactivity.
Work-limiting health conditions[xiii]	Health conditions that limit the type or amount of work a person can do.
Work transition	A change from one labour market status to another between two consecutive time points

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