



REDUCING INEQUALITIES IN HEALTH IN NORTHUMBERLAND THROUGH WORK

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EXECUTIVE SUMMARY



Given increasing inequalities in health, a new Northumberland County Partnership (NCP) was set up in 2024 with a mission to reduce inequalities in healthy life expectancy by 2044 through equitable improvements in the social determinants of health. This report focuses on how improvements to work can contribute to this ambition.

Northumberland has many employers who are providing good quality work. Many have signed up to SHINE, the North East Combined Authorities (NECA) good employer accreditation scheme, and 80 percent of workers in the County are receiving the Real Living Wage, which is sufficient for a single person to live a healthy life if they work full time.

However, despite this, a third of households are living below the Joseph Rowntree Minimum Income Standard and this is a risk to health. If all households were above the Minimum Income Standard, we estimate a 15 percent reduction in inequalities in healthy life expectancy across Northumberland, reducing the gap from 18.5 years to 15.5 years. To achieve this would require people moving from low paid part-time work to full-time good quality work at, or above, the Real Living Wage. Part-time work is more likely not to meet the Real Living Wage hourly rate, and this is disproportionately impacting females.

Reducing inequalities in health will also have a longer term impact on productivity and employment rates. The Gross Value Added (GVA) per-head per hour in Northumberland is £34.90, and in England it is £42.39 [1]. 30% of this gap can be attributed to poor health, so therefore improving health in Northumberland to that of the rest of the country could increase productivity to around £37 per hour (or a 6% improvement). The overall employment rate in Northumberland is 70.8%, and in England it is 75.7% [1]. Improving health in Northumberland to that of the rest of the country could increase employment to around 72.45% (or a 2% improvement).

Another avenue to reduce inequalities across the County is to increase the employment rate in more deprived areas, rather than increasing the employment rate in the less deprived areas. The employment rates in areas of Northumberland that are in IMD deciles five and above (the least deprived areas) are already 75 percent or more. Increasing the employment rate in more deprived areas would result in an estimated reduction in inequalities in healthy life expectancy of between 2 to 4 percent depending on the employment rate achieved.

The evidence illustrates that a mixed approach encompassing encouraging secure full-time work, higher pay and an increased employment rate in more deprived areas leads to reduced inequalities in healthy life expectancy. In light of this evidence the Northumberland County Partnership will work to increase the percentage of employers offering good work in Northumberland, alongside supporting people to take up full time work. In addition it will aim to reduce the gap between the employment rate in more deprived areas and the employment rate in the least deprived areas, by increasing the employment rate in those more deprived areas.

To achieve this, four overarching recommendations were agreed, and this report is organised by those recommendations:

- 1 → Improve accessibility and incentives so more people want to work.
- 2 → Support micro/small employers to hire apprentices/ those with health conditions.
- 3 → Improve the pipeline of trained staff for the future.
- 4 → Increase quality of work and employment opportunities through a strengthened social value system.

IMPROVE ACCESSIBILITY AND INCENTIVES SO PEOPLE WANT TO WORK

A lower percentage of people in Northumberland are working compared to statistically similar areas.

We spoke to people who are out of work and living in deprived areas. They expressed reluctance in moving from the security of regular benefit payments for low-paid and insecure work. A lack of flexible jobs and reliable transportation was also noted. Some residents said that a lack of reliable childcare made it difficult to maintain working, this will be explored in our next report on The Best Start in Life.

Achieving these improvements presents some challenges, Northumberland's employment rate (aged 16-64) has historically been lower than England's national average, with recent data showing a rate of 70.1% compared to England's 78.8%. Northumberland is a rural county which generates a significant income from agriculture, tourism, and hospitality, sectors where employment is generally seasonal and low paid. The population of Northumberland is also ageing, and so there is a significant demand for health and social care, the latter also known for low pay. Work to continue to improve the employment conditions of people employed in these sectors is necessary.

To reduce health inequalities there is also a need to increase the availability of good quality jobs from different sectors in deprived areas with poor public transport links. A higher proportion of households in more deprived areas (up to 50 percent) do not have a car. The cost of getting to a workplace in areas with expensive, infrequent and unreliable public transport routes can act as a further disincentive to accessing employment. Initiatives such as the newly opened Northumberland line have engendered a hope of greater prosperity and economic activity in some areas, and further work to strengthen the transport network would help to make good quality work more accessible across the County and in deprived areas, in particular.

SUPPORT MICRO/SMALL EMPLOYERS TO HIRE APPRENTICES/THOSE WITH HEALTH CONDITIONS

Over 60% of those aged 18-44 and in receipt of health-related benefits have a mental health or behavioural condition. A dedicated scheme to improve the quality of work for younger people with mental health conditions and offer more positions to this group should be a priority because there is a real opportunity with younger age groups to significantly improve their healthy life expectancy.

However, Northumberland also has an ageing population that is older than the English average, and given this, there is also a need to ensure that there is a growth in good quality non-manual jobs and jobs with flexible hours to allow these residents to change employment in later life if needed for health reasons and to manage caring responsibilities.

Micros and small businesses make up 89 percent of businesses in Northumberland. While many might be happy to employ those with health conditions, they struggle to find the additional resources needed to engage with good work schemes, hire apprentices and support those with health conditions into work. Unsurprisingly therefore, some residents with health conditions felt that employers did not know how to support them and could do more.

Micro and small businesses in Northumberland have indicated that they would be prepared to do more to hire apprentices and employ those with health conditions who want to work, with support from larger employers (anchor organisations) in the area.

IMPROVE THE PIPELINE OF TRAINED STAFF FOR THE FUTURE

There are many positive examples of good quality training linked to the needs of employers in Northumberland, for example through the Energy Central Learning Hub, Northumbria Healthcare NHS Foundations Trusts Health and Social Care Academy, Northumberland County Councils Children's Social Work Academy and Adult Care Academy, Northumberland Skills Construction, Welding and Fabrication and the forthcoming Northumberland College, Ashington Campus which will include a Centre of Technical Excellence in Engineering, Manufacturing, Automotive and Construction.

Some of the training offered by these colleges aligns with findings from IHE's previous work with Northumberland on reducing inequalities in health. As part of that work it was noted that there is a shortage of construction workers, electricians and new heating specialists to undertake the scale of improvements needed in housing in Northumberland, and elsewhere across the country [2]. These positions are currently well paid and could be suitable for the third of the population who do not leave school with five or more GCSE's. Enabling more households to benefit from employment in these sectors of the foundational economy, including encouraging women into this sector, could increase the numbers of households reaching a minimum income standard.

In addition, we heard from training providers that employers across the county valued having apprentices and new recruits who had an appropriate set of 'soft skills' meaning that they were work ready and able to fit into the work culture of their organisations.

Organisations who support the confidence and self-esteem of those that had not performed well in education had been successful in moving more people into work.

Residents and those working in training felt that more could be done to support young people with careers advice, to raise aspirations and enable residents to take advantage of new opportunities.

Specifically, there was also concern regarding the quality of 'patchy' careers advice that had largely been devolved to schools. Data on provision of careers advice in Northumberland points to the fact that in approximately half of schools' careers advice is not good enough to meet benchmark standards, and that Northumberland schools are not doing as well at delivering careers advice as schools in other parts of the North East Combined Authority.

INCREASE THE QUALITY OF WORK AND EMPLOYMENT OPPORTUNITIES THROUGH A STRENGTHENED SOCIAL VALUE SYSTEM

Public sector contracts require that organisation they contract to provide goods and services additionally provide social value. Some places have developed strong social value systems, that have helped to drive significant investment and spending into their area. Contractual obligations can require that businesses provide good quality employment and that local apprenticeship opportunities and skills building are available.

Given the County Partnership aim to reduce inequalities in health outcomes in the area, we recommend that the focus of a strengthened Northumberland Social Value System is oriented towards reducing health inequalities through action on the social determinants of health including good quality employment and skills building in the county. There are also further opportunities to build in social value into the local planning system and through regeneration schemes.

RECOMMENDATIONS



IMPROVE ACCESSIBILITY AND INCENTIVES SO PEOPLE WANT TO WORK

Short term

Anchor institutions to lead an employer movement to increase knowledge and understanding of the importance of good work to health and inequalities. Reward and celebrate employers providing good work through i) media campaigns ii) increasing reach of SHINE and the newly developed Northumberland Local Employer Commitment.

Increase the numbers of residents, including women, retraining into the trades which are in short supply (construction, electricians, new heating technicians).

Create a platform (linked to Northumberland Experiences) for residents to share inspiring stories and champion the benefits of work and examples of those with similar backgrounds achieving success despite barriers.

Anchor Institutions to offer work experiences for young people, support young people to be leaders, and consider developing a volunteering mentor programme so their staff can work with a mentee and expand networks and horizons of those who are NEET (Not in Education, Employment or Training).

Employers to create innovative approaches to ensuring there are incentives to work, through, for example, travel, childcare or accommodation support; alongside making reasonable adjustments and providing flexible working.

Employment advisers e.g. DWP, Connect to Work, Individual Placement Support match flexible jobs to those with caring responsibilities/health and disability needs and do not match people to poorly paid or insecure work.

Maximise uptake of the free childcare offer by parents with lower educational attainment (this will be picked up in Best Start in Life theme)

Northumberland County Council to continue to make the case to skills funders that equitable delivery of training and skills in a rural, coastal area has higher cost per head than urban areas.

Embed benefits advisors in GP surgeries & health clinics where possible and, where not possible, ensure that there is effective training for NHS staff, and clear pathways from NHS organisations to benefits advice organisations such as Citizens Advice Northumberland enhanced by effective relationships.

Medium term

Northumberland County Council (NCC) and the Northeast Combined Authority (NECA) to ensure good quality work for all, by supporting new businesses and attracting new employment opportunities which are accessible in 'left behind neighbourhoods' [3] and for those with high levels of unemployment/economic inactivity aged under 40 with poor transport links and low car ownership rates.

Northumberland County Council (NCC) and the Northeast Combined Authority (NECA) to encourage new businesses that could provide work to those needing to move out of manual work in later life.

In line with the Equality Act 2010, employers reduce the gender pay gap in average hourly earnings and increase wages to the Real Living Wage (which is higher than the minimum living wage) for both full and part time female workers.

Northumberland County Council (NCC) and the Northeast Combined Authority (NECA) use their powers to expand the availability (including regularity and reliability) and affordability of bus and rail services in Northumberland to improve access to good quality work for deprived and rural neighbourhoods.

Where transport remains insufficient, communities should be encouraged to co-design transport scheme(s)/skills programmes to ensure local people can access the opportunities they need.

All training providers to ensure training is accessible to all population in Northumberland, e.g. through online/outreach training.

More timely, holistic mental health support provided to economically inactive people and to those in work at risk of falling out of the workplace.

Long term

Northumberland aims to be a Real Living Wage county by 2044, with monitoring to achieve that aim. Anchor Institutions take the lead and cascade through contractual obligations in procurement chains as soon as financially viable.

SUPPORT MICRO/SMALL EMPLOYERS TO HIRE APPRENTICES/THOSE WITH HEALTH CONDITIONS

Short term

Anchor Institutions to lead by example to demonstrate to micro/small employers how to support staff and the benefits of this to the employer organisation. As part of this, the NHS, social care organisations and schools to monitor and manage workloads, resources and capacity to prevent chronic stress and burn out amongst their staff.

Anchor Institutions to provide mentoring and employer support programmes to increase access to information, advice and guidance to smaller employers so they feel more confident to employ and retain those employees with health conditions (E.g. occupational health, Human Resources, reasonable adjustments).

NCC and NECA to provide advice and support to small employers to make the most of the apprenticeship levy by, for example, promoting/creating an apprenticeship levy sharing platform and promoting use of schemes such as the Royal Mail £1 million fund to train apprentices in small businesses.

Medium term

Maximise investment from employment support programmes (e.g. Connect2Work, Economic Inactivity Trailblazer & Health and Growth Accelerator) to create an integrated system capable of supporting people experiencing a change in their circumstances to remain in work in SMEs with services such as: timely health interventions; reasonable adjustments; line management training; arbitration services and improvements to work quality and flexibility.

Maximise investment for Connect2Work, Economic Inactivity Trailblazer and Health and Growth Accelerator to create an integrated system so that:

- There is a specific pathway for those out of work, who are under 40 years old, with mental health conditions and they are provided soft skills/confidence training that is informed by sector specific needs and when work ready, that they are helped into work with suitable employers.
- Co-production with communities is embedded in service design.
- There is an extensive communications/stakeholder management plan, so employers are informed of these developments.

IMPROVE THE PIPELINE OF TRAINED STAFF FOR THE FUTURE

Short term

Work with schools/colleges, employers and the Combined Authority to understand provision, quality and gaps of careers advice with a view to creating a co-ordinated careers advice offer (from primary school onwards) that links to building the transferable skills needed for the future.

Ensure that there is an enhanced focus on careers (and needed qualifications) before subject choices are made in Secondary School, where this is not already in place.

Medium term

Provide enhanced careers advice, targeted outreach to widen participation in further and higher education and supported employment opportunities for groups of children and young people more likely to suffer from poor work outcomes (children from workless households, children eligible for free school meals particularly from rural & coastal areas to get into higher/further education, children at risk of being NEET, children with SEND (Special Educational Needs and Disabilities), young carers, looked after children/care experienced children and care leavers).

Strengthen links between training providers and employers in order to improve course attendance and employment outcomes by building on the Energy Central model which is employer led and links trainees to apprenticeships in combination with soft skills development to provide work ready candidates. Consider where this model can be replicated in other sectors by improving links between training colleges and employers.

INCREASE QUALITY OF WORK AND EMPLOYMENT OPPORTUNITIES THROUGH A STRENGTHENED SOCIAL VALUE SYSTEM

The potential additional value that a strong social value system can bring, warrants increasing Anchor Institutions organisational capacity and leadership on social value. This includes developing Social Value frameworks, KPIs, training and effective contract management to ensure that commitments are delivered.

The social value system should have an explicit aim to improve the social determinants of health and reduce inequalities in health and social outcomes.

The Northumberland social value system should:

- a) be built into the commissioning cycle so that it is considered at an early stage.
- b) should inform Section 106 (developer contributions) related to building and economic regeneration projects.

There is also the opportunity to lever in additional social value through regular engagement between developers/suppliers and local community representatives.

Anchor Institutions should, whenever possible, increase social value weightings in contracts to above the minimum 10 percent.

The NCP should identify a suite of projects, informed by local need, that enables those working with the NCP on smaller contracts to contribute to existing projects to meet their social value commitments.

Anchor Institutions develop approaches to engage with residents to identify local needs and assets which could be supported through the social value system.

Where possible and economically viable, resources should be sourced from local suppliers and large employers should report KPIs to demonstrate this.

Encourage other local organisations to align with the same social value system, e.g. for their own procurement practices.

- Suppliers should be held to account on delivery of their social value commitments. Effective contract management will ensure suppliers are reminded of and deliver on their commitments.
- Procurement teams across anchor organisations share good case studies and report annually on the benefit to Northumberland residents achieved. This could be delivered as part of the Local Employer Commitment or Joint Health and Well-being Strategy annual update.

STRENGTHEN ACCOUNTABILITY IN THE SYSTEM

NCP to continue to take whole systems approach to reducing inequalities through employment, by responding to these recommendations and developing an accountability system with progress updates and indicators as set out in the final section of this report.

Review and develop an approach to data collection and presentation to support benchmarking, forecasting and monitoring employment and skills outcomes, to inform the Partnerships strategic approach. Also link with NECA's data intelligence activity to co-ordinate effort.

In presenting progress and reporting, Northumberland to compare itself to statistically similar neighbours as well as the North-East region. This will provide a greater incentive to improve and learn from areas doing better with similar characteristics.

As far as possible build on assets and programmes that are working so that residents become familiar with the offers available.

INTRODUCTION



Inequalities in life expectancy widened in Northumberland between 2010-2012 and 2018-2020 and the life expectancy of those living in the most affluent areas increased between these times while life expectancy fell among those living in the most deprived areas.[4]¹

ONS data for 2021-23 illustrates that those who are the least affluent in Northumberland can expect to live 11.9 years (males) and 8.2 years (females) less than those who are the most affluent.

Given widening inequalities in life expectancy in Northumberland up to 2020, the University College London Institute of Health Equity (IHE) were commissioned in April 2024 to work with a newly formed Northumberland County Partnership to advise on how to reduce socio-economic inequalities in *healthy* life expectancy. Healthy life expectancy refers to how long you can expect to live in good health, rather than life expectancy which refers to how long you can expect to live. The County Partnership brings together Anchor Institutions in Northumberland with the common aim to reduce the gap between socio-economic groups in the age at which people can expect to live in good health through improvements in the social determinants of health, which are the social, economic and environmental factors which shape health, for example, experiences in the early years, education, employment, income housing and transport. See Annex 1 for membership of the County Partnership.

Improving healthy life expectancy requires systemwide focus on reducing inequalities in the social determinants of health which helps people to remain healthier for longer, reduces premature mortality, and reduces expenditure on treating preventable diseases in the NHS. A healthier population will also increase the size of the workforce and reduce absenteeism and sickness absence and increase economic productivity.

IHE were asked to specifically concentrate on three important social determinants of health areas: housing, employment and starting and growing up well. Evidence from across Europe suggests that housing deprivation, fuel poverty, material deprivation, and education explain over 70 percent of the socio-economic variation in self-rated health, as illustrated in Table 1. [5]. Therefore, action in the focus areas chosen by Northumberland has the potential to significantly reduce inequalities in healthy life expectancy.

Table 1. Top ten contributors to inequalities in self-rated health

	Percentage relative contribution
Material deprivation - not being able to make ends meet	35
Housing deprivation	15.7
Poor educational outcomes	13.3
Poor quality health services	7.9
Fuel poverty	5.5
Lack of trust	5.3
Unemployment	5.0
No green space	2.6
Working excessive hours	2.0

Source: WHO Europe (2019) (5)

This report sets out recommendations that relate to work. Northumberland is a rural county with a high percentage of micro and small businesses and has experienced slow job growth compared to other areas in England over the last forty years. To some extent this is a feature of rural areas, with limited infrastructure and smaller business sizes [6]. In addition, other former coalfield communities such as County Durham, South Wales and North Derbyshire have also struggled with slow job growth. Across the country the rate of job growth in coal-mining areas has been far slower than in regional cities. There are estimated to be 70 jobs per 100 working age residents in Northumberland, compared to 90 in England [7].

With stakeholders across the system, we shared data and insights and then collectively identified three areas of focus: getting people into work; the quality of work; and the social value system.

The recommendations are grounded in evidence and draw on contributions from a wide range of collaborators across Northumberland who are listed in Annex 2. The Northumberland Health and Well-being Board fulfilled the role of local Advisory Group on inequalities, the Northumberland Employment and Skills Partnership and latterly an IHE Employment Advisory Group advised on priorities and guided the process. Engagement with Northumberland stakeholders was via focus groups and workshops which informed the recommendations by providing information regarding challenges, on-going work, and opportunities for improvement. Also, interviews and focus groups with economically inactive residents and an employer's survey provided further qualitative insight.

This report is structured around four broad recommendation headings, which emanated from this work:

- 1 → Improve accessibility and incentives so more people want to work.
- 2 → Support micro/small employers to hire apprentices/ those with health conditions.
- 3 → Improve the pipeline of trained staff for the future.
- 4 → Increase quality of work and employment opportunities through a strengthened social value system.

¹To note that since the inception of this project, new data from ONS for 21-23 shows a slight reduction in inequalities in life expectancy between the most affluent and least affluent in that time period, however inequalities in life expectancy still remain wide, those who are the least affluent can expect to 11.9 years (males) and 8.2 years (females) less than those who are the most affluent. Given that the two time points include Covid 19, this should not be considered to be representative of future trends.



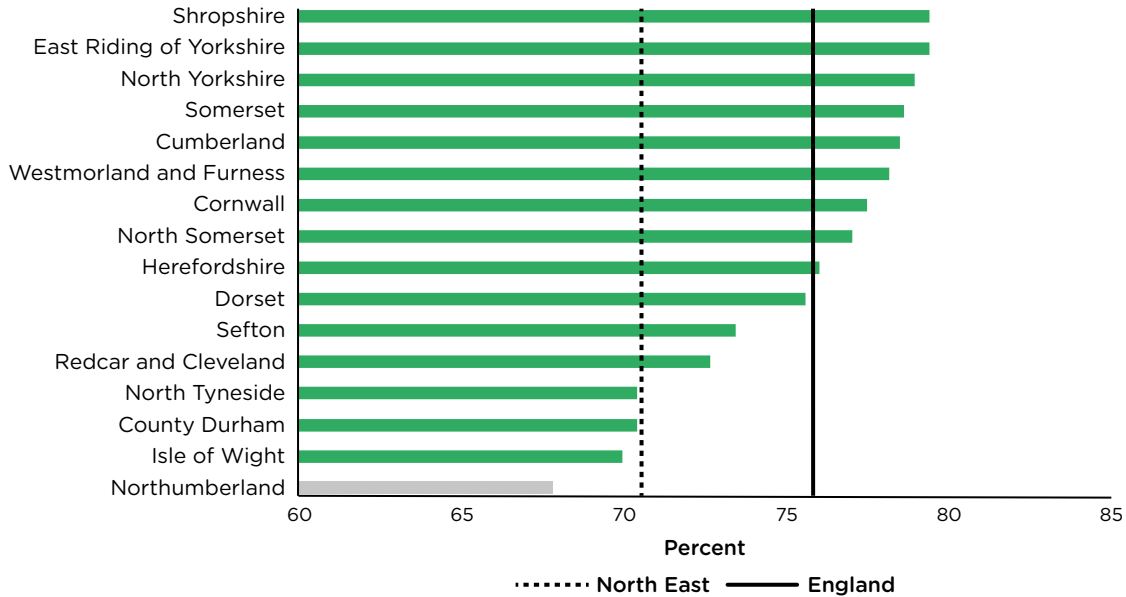
Ashington Station reopened in December 2024 as part of the restoration of the Northumberland Line and was crowned Winner in World Cup Stations as Britain's most life-changing station.

IMPROVE ACCESSIBILITY AND INCENTIVES SO PEOPLE WANT TO WORK

WHY DOES NORTHUMBERLAND NEED TO INCREASE THE INCENTIVE TO WORK?

A lower percentage of people in Northumberland are working compared to statistically similar areas, as illustrated by Figure 1. The figures are from the Annual Population Survey (APS), and as such there are approximate 4-year confidence intervals around these. This means that despite having the lowest employment rate in the North East, Northumberland is not statistically different from the regional average.

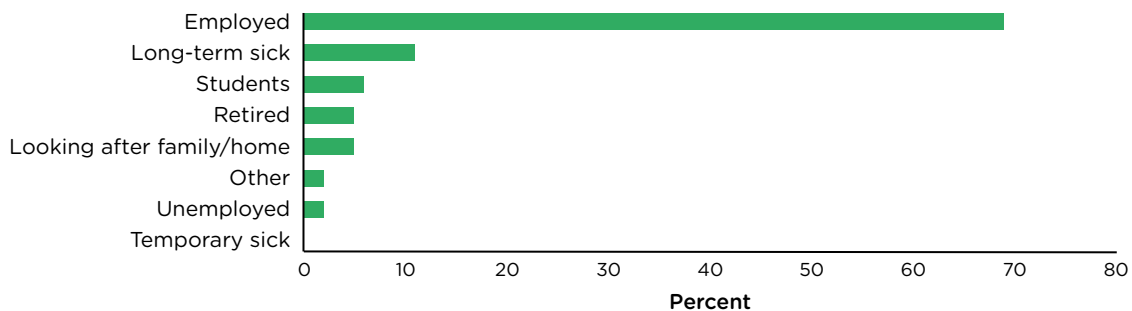
Figure 1. Percentage employment rate 16-64, Northumberland CIPFA Statistical Neighbours, North East, England, Apr 2024-Mar 2025



Source: ONS - Annual population survey

Figure 2 illustrates the employment status of the working age population, the majority of those who are out of work are classified as economically inactive (29.2%) and not looking for work, with 3 percent unemployed and looking for work.

Figure 2. Employment status, aged 16-64, Northumberland, Jul 2024-Jun 2025

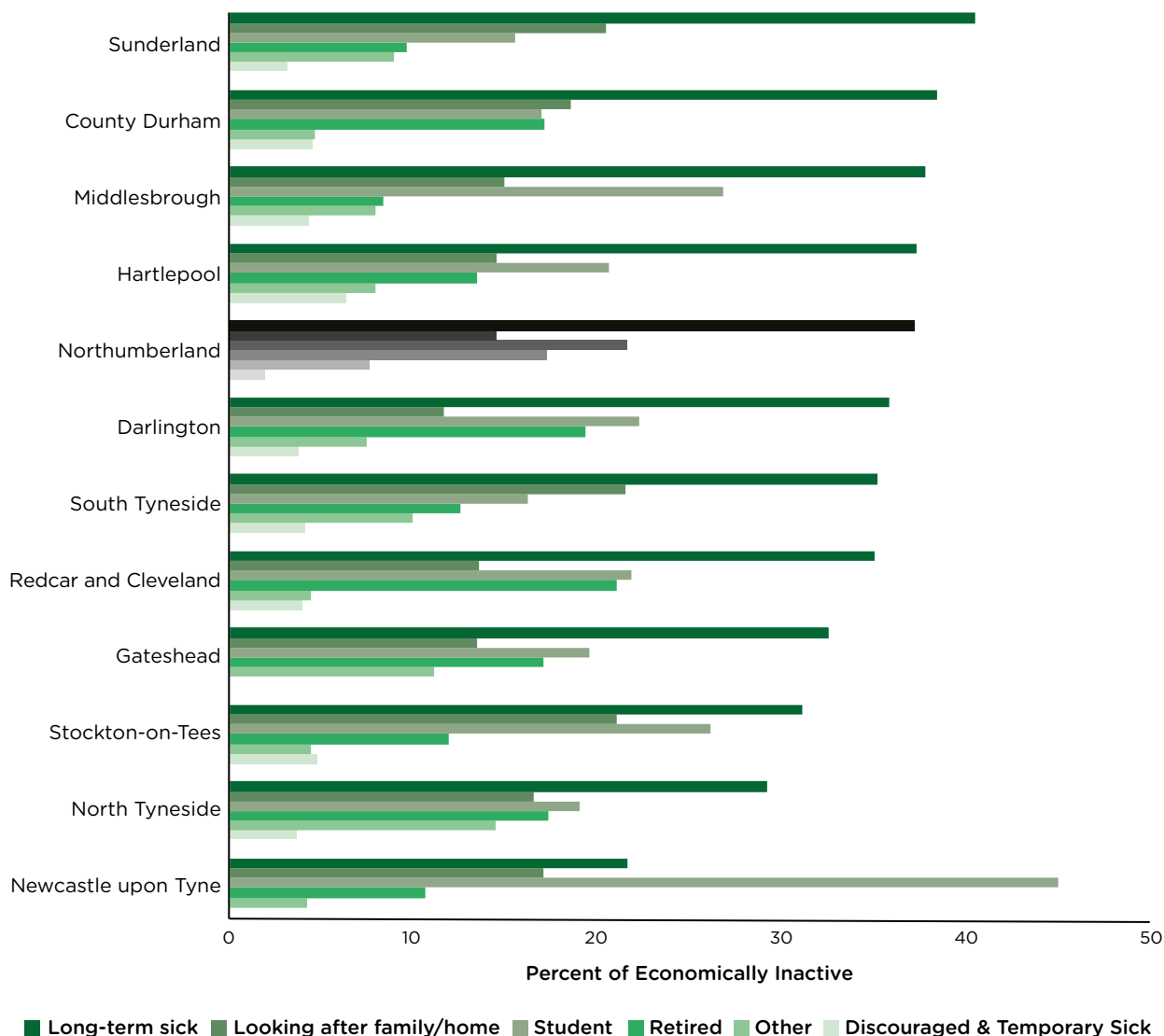


Source: ONS - Annual population survey

Data from the APS suggests that 11 percent of those who are economically inactive would like to work, equating to 5,500 people, significantly lower than all other areas in the North East region, except for North Tyneside, Table 2. This low rate is not explained by Northumberland having a significantly higher number of early retirees. For instance, as Figure 3 demonstrates Darlington and Redcar and Cleveland have higher percentages of those that are economically inactive who are retirees, yet in Table 2 it demonstrates that a higher percentage of their economically inactive cohort want to work. It is also not explained by there being a particularly high number of those who are economically inactive due to ill health. Darlington, Stockton-on-Tees, Newcastle upon Tyne and Hartlepool all have higher percentages long term sick, however two to three times as many, depending on the area, want to work. This suggests that more could be done to do to encourage people to want to work in Northumberland⁵.

⁵To note that this figure is based on a sample of 967 respondents in Northumberland.

Figure 3. Reasons for economic inactivity, aged 16-64, Percent, North East Local Authorities, 2024



Source: Office for National Statistics (2025) [8]

Table 2. Percentage of economically inactive who want to work, aged 16-64, North East Region, 2024

Area	Numbers	%
Stockton-on-Tees	9,600	33.3
Hartlepool	4,800	28.3
Middlesbrough	7,300	27.7
Redcar and Cleveland	4,900	26.2
South Tyneside	6,500	23.1
Gateshead	5,800	21.6
Darlington	2,300	20.1
Newcastle upon Tyne	11,700	19.3
Sunderland	5,900	15.5
County Durham	11,200	13.5
Northumberland	5,400	10.5
North Tyneside	3,500	10.4

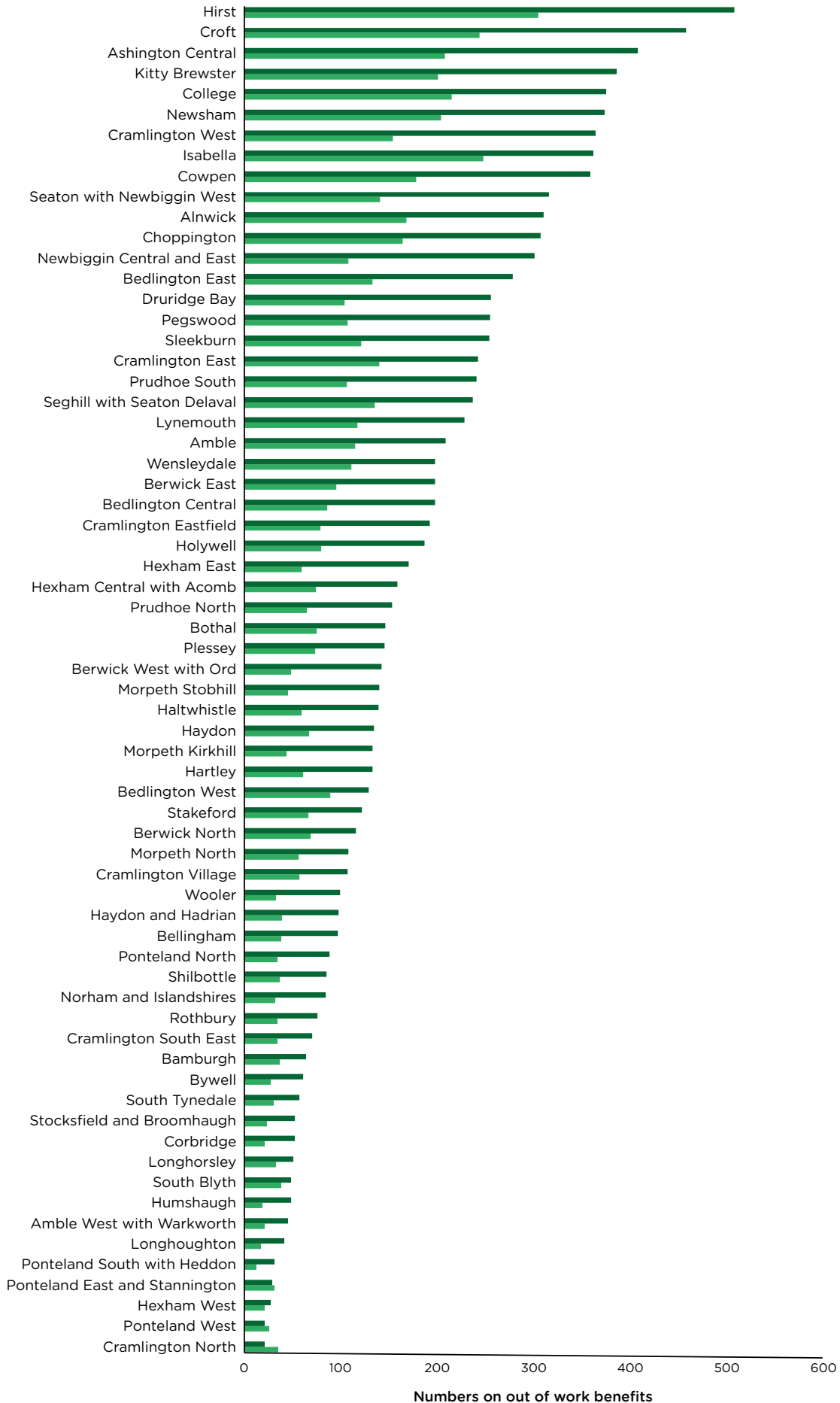
Source: ONS Annual Population Survey

REGIONAL INEQUALITIES

To help meet the NCP aim of reducing inequalities in healthy life expectancy it is important that the focus of the partnership is on getting younger people into good quality work and supporting them to stay in employment. Half of the inequalities in health outcomes are baked in before someone is 40 years old. This does not mean that there should not be opportunities for older people to be in good-quality work, there should be, these people will also need support to enable Northumberland to increase their employment rate to the Government’s target of 80%. Specifically, Northumberland should ensure that there are a range of non-manual jobs available for older people to be able to maintain their incomes if they become unable to continue to work in more manual professions due to muscular-skeletal conditions for example.

Figure 4 illustrates the distribution of those accessing out of work benefits who are aged under 30 and between 30 and 49. It is important that employers and the Northumberland County Partnership do more to keep young people in work and help young people into work across the county, but there are higher numbers of young people who are out of work in some wards and these will require more support. For example, there are at least 200 people who are under 30 and out of work in Hirst, Isabella, Croft, College, Ashington Central, Newsham and Kitty Brewster.

Figure 4. Number on out of work benefits, by 'younger age groups' under 30 and 30-49, Northumberland Wards, August 2024



Source: Office for National Statistics (2025) [7]

■ 30-49 ■ Under 30

Oxford Consultancy has identified left behind neighbourhoods in England that are associated with high levels of deprivation and socio-economic challenges which are also lacking in the community and civic assets, infrastructure and investment required to mitigate these challenges. In Northumberland these wards include: Choppington, College, Cowpen, Isabella, Kitty Brewster and Newbiggin Central and East [3].

These wards should be the focus of increased investment to 2044 to increase economic activity and increase employment rates particularly for those aged under 40. Such work could align with the government's drive towards holistic support at a neighbourhood level for people with poor employment and health outcomes.

THE VIEWS OF NORTHUMBERLAND RESIDENTS

In addition to assessing quantitative data to inform priorities and recommendations, we have listened to communities and organisations who work with them. Conversations with residents have also taken place in areas in Northumberland which have relatively high numbers of people who are not working; Croft, Hirst, Bedlington, Lynemouth and Cramlington. These conversations involved using the Place Standard tool as a framework for assessing satisfaction with their local area [9]. In addition, the public health team have held four focus groups with local groups to augment the data. The section below focuses on themes, which were identified following the assessment of data and the information provided during the conversations and focus.

INSECURE, LOW PAID WORK IS RISKY COMPARED TO BENEFITS

Many residents in the more deprived wards referred to the jobs which are available locally often being low paid, part-time and insecure. For these residents, moving into insecure, low-paid employment was associated with a high level of anxiety about not having a reliable and sufficient income to pay their bills. Employment advisors had not been able to reassure residents that they would be better off in work than receiving benefits. One resident noted that they would be 55p better off if they were in work because wages had not kept up with inflation. It was mentioned that attempts made to encourage people into these types of jobs by DWP were not supportive. Transitioning from benefits into employment seemed like a cliff edge because of the additional bills such as council tax and prescriptions, childcare and transport that had to be paid. Needing to work for a month before being paid was also stressful and lead to people getting into debt.

Some residents were supportive of the Right to Try work under Government proposals because people often felt they couldn't accept a job because of a concern that they would be ineligible for benefits if it didn't work out for them.

THE COST AND RELIABILITY OF TRANSPORT IS A BARRIER TO GETTING INTO WORK AND TRAINING

Residents in Croft, Hirst, Bedlington, Lynemouth all mentioned that the cost and reliability of public transport was an issue in accessing work, apprenticeships or training. Although a group of carers felt that the £2.50 cap on one way bus fares had helped reduce the affordability barrier. The main issue

cited was the frequency and reliability of public transport. In addition, it was noted that young people cannot afford driving lessons and cars.

'Young people need easier access into apprenticeships or [other] careers. Jobs aren't static anymore, if young people can't drive, they can easily be left behind.'

In another conversation which focused on getting young people into work it was noted that some of the offers for training, such as Bootcamps were run between 9am-5pm and were located in Sunderland which meant that they were impossible to access with caring responsibilities or if you lived in Northumberland because the transport costs could be prohibitive. It was also noted that sometimes jobs required a driving license, when it wasn't needed for the job, and so employers should consider specifications more carefully.

FLEXIBILITY IS IMPORTANT FOR THOSE WITH CARING RESPONSIBILITIES

Alongside the need for work to pay enough a group of carers mentioned the need for decent part time/flexible jobs. For instance, people were aware that there were jobs available in social care but that these often entailed long hours that they felt they could not maintain alongside their own family caring responsibilities. This group mentioned that self-employment might be a useful route and asked regarding whether there was support for that avenue. Care providers could communicate that flexible working is available to suit caring responsibilities.

EMPLOYERS NOT ADEQUATELY RECOGNISING EXPERIENCE

Some older residents felt that they would lose out on work because the living wage is lower for younger people. There were many comments referring to difficulties finding employment which paid above the minimum wage. For example, for those with experience, the differential in wages between junior roles and roles requiring much more responsibility and skill could be in the tens of pence in hospitality even if they travelled into Newcastle. While residents did understand that employers could be themselves struggling to keep going, there was a sense of disillusionment directed towards employers who they knew could afford to pay more.

MORE ATTENTION NEEDS TO BE GIVEN TO BUILDING PEOPLES' CONFIDENCE AND SUPPORTING MENTAL HEALTH

A group of women who were out of work mentioned fluctuating mental health caused by stress and burnout, and feelings of low confidence and low self-esteem which prevented them from being able to work. Some had had repeated 'failures' at work because they had been placed in the wrong sort of job or had not got the right skills, and this meant that they were anxious about employment and feared failing again. They didn't necessarily want to mention that they needed support from employers due to the stigma they perceived would be associated with that. They felt that employers should be better trained on different health conditions to make reasonable adjustments and be flexible. In another conversation it was mentioned that employers' lack of knowledge about mental health issues led to lack of willingness to engage with people with mental health issues even if they had an Individual Placement and Support (IPS) Worker [10].

THE VIEWS OF EMPLOYERS

As part of this programme of work the Business Northumberland team interviewed 9 employers and collected data from another 13 via surveys. In this section we look at their responses regarding pay and travel.

PROVIDING SECURE, WELL-PAID WORK

Employers were asked what providing good quality work meant to them. Answers focused on: the need to treat people fairly and respectfully; the need for employees to feel part of the company through pride, ownership, and alignment with company values; and the need for meaningful work and to feel that they were making a contribution. Some, but not all, mentioned the importance of secure well-paid work.

In terms of barriers to providing good work, employers tended to mention recruitment as a challenge. This was compounded by a need to balance the books. Some employers noted that the benefits system was financially better for some people than the amount they would, or could, pay.

TRAVEL AND LOCATION

Some employers felt that transport was not a great barrier, while others felt that issues relating to transport were quite frequent.

The specific issues mentioned were the frequency and cost

of public transport, the lack of direct routes to workplaces, or the rural location of a workplace and the distance of travel to stations. Some employers had tried different schemes to overcome issues, including cycle to work schemes, car sharing and flexible work patterns aligned with transport schedules.

THE IMPORTANCE OF GOOD WORK TO REDUCING INEQUALITIES IN HEALTH

The Taylor Review of Modern Working Practices (2017) [11] articulates a UK based set of measures of job quality, developed and supported by key businesses, trade unions and civil society as well as the Office for National Statistics (ONS). The seven dimensions are:

- Terms of employment
- Pay
- Health, safety and psychological well-being
- Job design and the nature of work
- Social support and cohesion
- Voice and representation
- Work life balance

The University of Warwick's Institute for Employment Research (IER published *The case for creating healthy jobs: A review of the evidence*, in 2025) [12]. The report summarises the data available to date on relationships between each of these dimensions and health (Table 3), collated through a systematic review.

Table 3: IER summary of available data on the impact of decent work on health, with IHE input on mechanisms

Dimension of decent work, and mechanism by which it can impact health (IHE)	Impact on physical health	Impact on mental health
Terms of employment Job insecurity, with uncertain hours, can reduce the ability to get into healthy routines, buy healthy diets and heat homes.	Linked with an increase in diabetes, possibly also heart diseases.	Job insecurity is linked with depression, anxiety, stress.
Pay Low income leads to an inability to buy healthy food, heat homes sufficiently or to pay for services (such as dentistry).	Linked with heart disease, strokes, oral cancer and dental diseases.	The stress of having to manage on low wages linked to depression.
Health, safety and psychological well-being Job strain and stress can lead to increased physical strain and elevated cortisol levels, which if elevated for a long time is associated with higher levels of inflammation.	High job strain and an imbalance in the job demands and effort compared with-rewards is linked to heart diseases and strokes, also musculoskeletal pains.	Job strain linked to depression and anxiety; workplace bullying and aggression linked to negative mental health.
Job design and the nature of work	Low levels of task control linked with musculoskeletal pain.	Low task control, role ambiguity and low skill and task variety linked with stress, burnout and depression.
Social support and cohesion Social support has been shown in a number of environments to help mitigate against stress.	Poor management lowers ability to work.	Social support linked to lower rates of stress, burnout and depression; teamworking linked to higher morale and lower absence and burnout.
Voice and representation	Unionised workplaces linked to higher rates of non-fatal injuries and lower rates of fatal injuries.	Not available in the literature.
Work life balance Disruptions to the circadian rhythm caused by shift work sleep disorder negatively affect the body's ability to regulate and manage the hormones that regulate blood pressure, temperature, and wakefulness.	(Night) shift work linked to breast cancer, heart disease, strokes, diabetes and obesity; rotating shifts linked to higher rates of accidents and injuries; long working hours linked to heart disease, obesity and musculoskeletal pain; long working hours and shift work linked to maternal ill-health.	Long working hours and shift work linked to depression; higher shift work risk for women; being able to self-schedule shifts has positive health and work-life balance effects.

Given the evidence about the negative health impacts of poor quality work and conversely the positive health impacts of good quality work, it is important that Northumberland employers understand what good quality, healthy employment is so that we can ensure that the work available is of a good quality. The NCP can help employers understand what they can do to ensure this. Employers in Northumberland can be guided in how to do this through the North East Combined Authority (NECA) and the SHINE good employer accreditation scheme, see Box 1 [13].

Box 1. The North East Good Work Pledge: SHINE

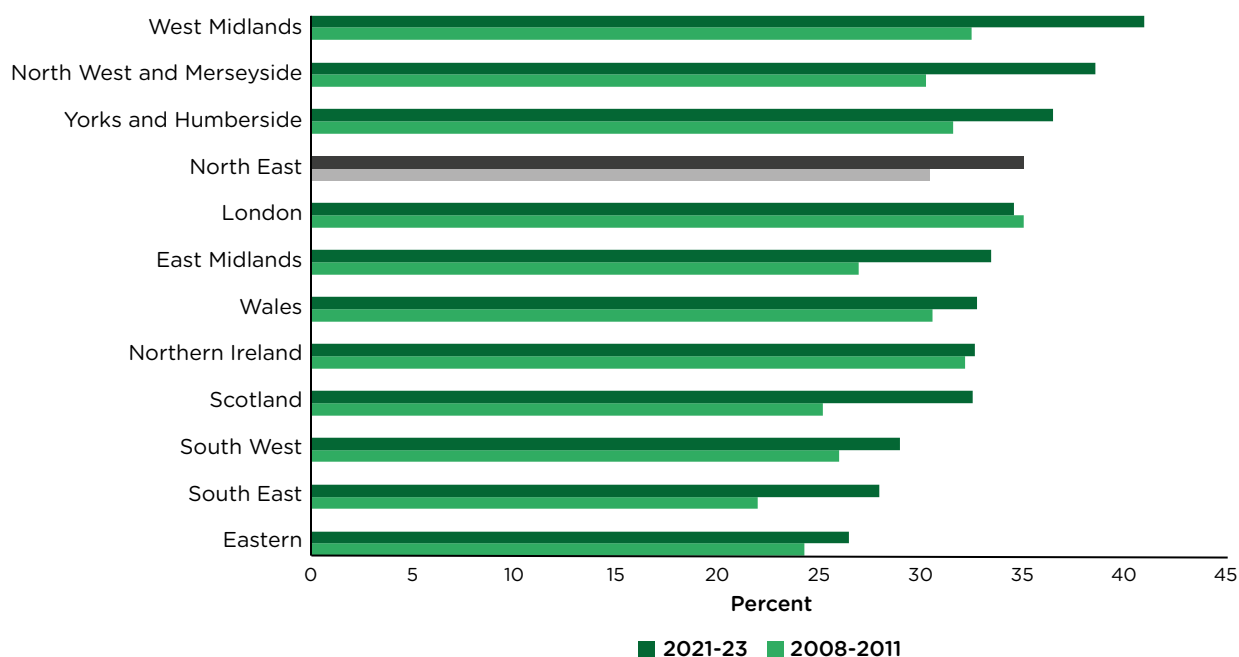
SHINE is a key component of the Mayor’s New Deal for North East workers, an initiative focused on helping people who are out of work to get into work, stay in work and succeed in work. The aim is to ensure job creation embeds the good jobs ethos, supports sustainability goals, and fosters global trade and social responsibility.

The SHINE initiative offers four levels of membership that employers can work through. These levels include Subscriber, Foundation, Intermediate, and Advanced, each promoting various aspects of good business practices such as health and safety, well-being, green credentials, community engagement, and child poverty.

A NEED TO FOCUS ON INCREASING WAGES AND HOURS WORKED

According to the Joseph Rowntree Foundation (JRF), in 2021-23, 35 percent of households in the North East lived below the JRF Minimum Income Standard (MIS), which sets out the minimum income needed to be able to live healthily. This is a 5 percent increase from the period 2008-2011, as wages did not increase at the same rate as inflation, this is illustrated in Figure 5. The increase in the numbers unable to afford a healthy standard of living is the main reason for the deteriorations in healthy life expectancy in more deprived areas in Northumberland. It should also be noted that achieving the MIS is related to the hours worked, and employers should also seek to expand the numbers of workers on secure, full-time contracts.

Figure 5. Percentage of households below the Minimum Income Standard, UK Regions, 2008-11 - 2021-23



Source: Joseph Rowntree Foundation 2025 [14]

The MIS is used as the basis for calculating the rate for the Real Living Wage (RLW) which is £13.45 in 2025 [15]. In 2024 in Northumberland 20 percent of jobs were paid below the Real Living Wage, 12 percent of jobs for males, and 29 percent of jobs for females, driven mainly by low hourly rates for part-time work. This gender imbalance needs to be narrowed; the gap in Northumberland is wider than it is for England and the North East [16].

There were concerns from partners in the local authority, businesses and the VCSE sector about formally adopting the RLW accreditation due to the current financial climate. However, they did agree to make this a long-term aim.

Employers paying low wages increases costs to tax-payers and central government through increased use of universal credit and healthcare services and will push more people into in-work poverty and act as a disincentive to work and so work to ensure that this commitment is made will be important, however this needs to be alongside the provision of stable full time work.

THE BENEFIT SYSTEM AND BENEFIT MAXIMISATION

At present, with current wage levels, some people would be better off on ill health related benefits, and there is a need to ensure that people are in receipt of all the benefits they are eligible for.

Several residents mentioned that it was difficult to understand the benefit system and that they would need a 'finance specialist' to help them understand if they would not be worse off if they went to work. It was certainly their understanding that people would be worse off in work rather than the opposite.

Without advice, residents were unwilling to move off benefits and move into employment. The government's potential 'right to try work scheme' was appealing to some, because they are concerned they will be worse off in work, and if that was the case, they could go back. Others mentioned that transitioning from benefits to employment seemed like a cliff edge, where suddenly they had to pay council tax, child care and other bills that they did not have to pay while in receipt of benefits. Other financial barriers to work included the need to work a month before being paid and the fear of being in debt as a result of this. The rate at which benefits were reduced was a further concern, as respondents stated that earning more than £400 per month led to benefits being reduced at a rate of 55p in every £1.00, and so there is a clear disincentive in earning more than £400 a month.

Benefit maximisation can help to mitigate against poverty and for those on ill health related benefits can be a better prescription for health than low paid insecure work with no progression opportunities. There are examples of where advisors have been placed in health clinics and GP surgeries for instance to help maximise benefits that have successfully increased people's incomes and reduce the extent of poverty. An example is set out in Box 2.

Box 2. Northumberland Citizens Advice Community Partnership Programme with Primary Care Networks

In April 2023 Northumberland Citizens Advice embarked on a community partnership programme with three of the most deprived Primary Care Networks in Northumberland (Blyth, Wansbeck and Valens). A small team comprising of 3 community advisors and 1 community advice manager was established and introduced to the practice teams. The newly formed team was tasked with liaising directly with Primary Care Social Prescribers who had identified patients they felt could benefit from a review of their benefits and support. In the first year the number of patients referred to service almost trebled, moving from 118 to 350. Benefits received by patients from these practices moved from £440k to £1.3M (£676k in benefits, £668k in support with debt repayment, £2.5k in fuel vouchers/grants). Colleagues from DWP supported referees to complete forms in their local GP surgery.

A comparison of mean GP appointment usage pre and post intervention showed a reduction from 3.3 to 0.6, although other factors such as seasonal variation may play a part. An evaluation of the intervention demonstrated that both PCN and Citizens Advice staff found the training and process beneficial to improving the quality and advice given to patients.

Source: An evaluation of the Community Assessors Citizens Advice Northumberland Training Project [17]

PROVIDE HELP TO ENABLE PEOPLE TO GET TO WORK IF THEY DO NOT HAVE A CAR

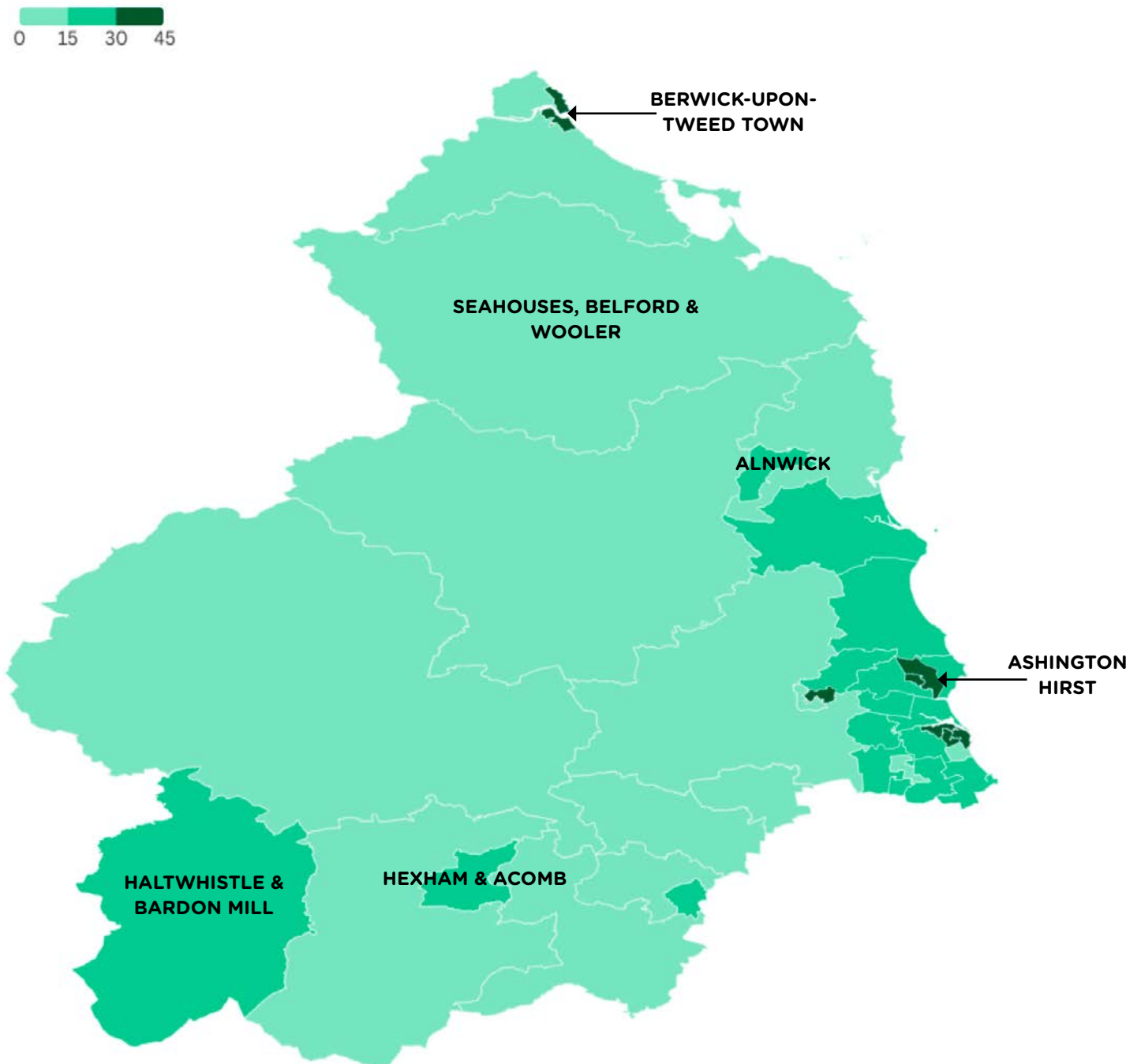
Northumberland is a rural county and so it is important that there are reliable and cost-effective ways to enable residents to access training and work. Figure 6 illustrates that approximately one in five households do not have a car or van, with up to 50 percent not owning a vehicle in some of the more deprived areas.

As set out earlier there are concerns that young people cannot afford a car or driving lessons, for example and that the public transport network was unreliable and infrequent in many areas. This means that in many places the labour pool is immobile,

unable to travel far for work or training. This lack of mobility is an issue, not just for household incomes, and health, in that area but also for Northumberland's productivity rates.

A set of recommendations have been developed to improve the transport in the area, and the transport strategy aims to improve the situation for residents in Northumberland. Where public transport cannot fix the situation, innovative ideas at a neighbourhood level should be encouraged, including community transport and car pools. However, transport is just one side of the equation and ensuring that there is a geographic spread of training and work across the county is also important. In addition, the ability to work from home could help to increase employment rates and delivery of training programmes in more remote areas, providing that the internet speed is sufficient.

Figure 6 The percentage of households without a car in certain areas, ONS census 2021.



OVERCOMING OTHER BARRIERS TO WORK

LACK OF CHILDCARE AND HIGH RELIANCE ON INFORMAL CHILDCARE

Some residents mentioned that a lack of reliable childcare made it difficult to sustain a job and some residents had a high reliance on informal childcare, which makes permanent, regular work difficult.

The Corum report on sufficiency of childcare indicates particular postcodes where the availability of childcare appears low [19]. We recommend that the NCP ensure that there is sufficient affordable and acceptable childcare available to enable parents to work, however further work on this theme will be picked up in the subsequent Best Start in life theme.

PHYSICAL ABILITY TO WORK

With an ageing workforce, more consideration needs to be given to the mix of jobs available. For example, some people over 50 who have been in manual roles (construction, care, farming for instance) may find manual work is no longer suitable for them. In one of the focus groups a person aged over 50 mentioned that they found caring roles too physically challenging and that many people had worked in care but had left due to poor health. Those with health conditions and physical disabilities say they need more support to stay in the workforce. In addition, it was noted that while working from home had been possible through Covid 19, working from home was being fully or partly-withdrawn making it more difficult to sustain.

NEED FOR FLEXIBILITY

Those with caring responsibilities for children or for other adults required flexibility from employers regarding the hours that they worked to enable them to balance their need to work with their wider responsibility as a carer. Some employers provide hours that suit people with children, including for example shifts from 10am - 3pm.

MORE OPTIONS FOR SECOND CHANCES

Criminal records, which come up on enhanced DBS checks, are seen as a barrier to gaining employment. However, those who have committed crimes previously need second chances to get their lives back on track. People with lived experience of substance abuse and criminality can provide peer support and mentoring and people indicated that they could be empathetic carers and support workers and dedicated employees.

DIGITAL EXCLUSION

Many residents indicated that while they often had smart phones, they had limited minutes and no Wi-Fi at home and relied on community buildings to access computers and printers for job searching. Ensuring that people have the digital access they need to apply for jobs online is crucial. Learning Hives delivered by Northumberland Housing Association, Benicia were sighted as good examples of supporting digital access, Box 3 [20].

Box 3. Benicia Learning Hives tackling digital exclusion

Benicia is a housing association, managing over 14,000 homes and properties and is a key anchor institution rooted in Northumberland. In addition to focussing on their core activity of letting and maintaining homes, Benicia invest in community activities which support economic and social inclusion by supporting a local charity, Northern Learning Trust, to operate Learning Hive community hubs in two of Benicia's most populated estates - Newbiggin and Bedlington. Available as drop-in centres, the Hives seeks to gradually engage those furthest from the job market, helping them to gain skills and then apply for work.

"When I first started coming to the Hive, I didn't have a clue about computers. I couldn't even log onto my Universal Credit account, never mind apply for jobs. It felt like everything had moved on without me, and I was stuck, not knowing where to begin. Catherine has been so patient with me, sitting with me every week and helping me step by step. Thanks to her support, I can now log into my Universal Credit account by myself, and for the first time in years, I've started applying for jobs again. It's given me a little bit of hope, and I even feel excited about the possibilities ahead. I've also enrolled in an Introduction to Health and Social Care course - something I would never have had the confidence to do before. Coming to the Hive has made such a difference, and I finally feel like I'm moving forward. I feel much more emotionally resilient now. For a long time, I thought I had nothing to offer because of the gap in my employment. I spent years looking after my elderly parents and my granddaughter, who is autistic, and I didn't think any of that counted as real experience. Catherine has helped me see that I do have skills -important ones. She's made me realise that what I've been doing all these years is valuable, and that has given me a new sense of confidence. For the first time in a long while, I feel excited about what's ahead. Just knowing that someone believes in me has made such a difference. I feel happier, more hopeful, and less alone" A's Story.

In addition, libraries are a vital resource with library staff and Digital Champions available to support residents to get online and access free IT, Wi-Fi and printers/copiers to develop basic skills, access online training resources and to search for jobs. Libraries also host employment support sessions and provide 121 spaces across Northumberland, in which to access employment advisers or advice to launch and grow businesses.

CONCLUSION

This section focuses on the need for employers to improve the quality of work offered in Northumberland to enable them to recruit. It also sets out the need for the County Partnership to work with NECA to remove barriers to working and make work accessible, feel like a worthwhile option and something that will enhance and enrich people's lives. Focusing solely on economic growth and skills training without thinking about incentives to work and quality of work offered will be insufficient to significantly raise the employment rate with meaningful work or to reduce inequalities in health.

IMPROVE ACCESSIBILITY AND INCENTIVES SO PEOPLE WANT TO WORK

Short term

Anchor institutions to lead an employer movement to increase knowledge and understanding of the importance of good work to health and inequalities. Reward and celebrate employers providing good work through i) media campaigns ii) increasing reach of SHINE and the newly developed Northumberland Local Employer Commitment.

Increase the numbers of residents, including women, retraining into the trades which are in short supply (construction, electricians, new heating technicians).

Create a platform (linked to Northumberland Experiences) for residents to share inspiring stories and champion the benefits of work and examples of those with similar backgrounds achieving success despite barriers.

Anchor Institutions to offer work experiences for young people, support young people to be leaders, and consider developing a volunteering mentor programme so their staff can work with a mentee and expand networks and horizons of those who are NEET (Not in Education, Employment or Training).

Employers to create innovative approaches to ensuring there are incentives to work, through, for example, travel, childcare or accommodation support; alongside making reasonable adjustments and providing flexible working.

Employment advisers e.g. DWP, Connect to Work, Individual Placement Support match flexible jobs to those with caring responsibilities/health and disability needs and do not match people to poorly paid or insecure work.

Maximise uptake of the free childcare offer by parents with lower educational attainment (this will be picked up in Best Start in Life theme)

Northumberland County Council to continue to make the case to skills funders that equitable delivery of training and skills in a rural, coastal area has higher cost per head than urban areas.

Embed benefits advisors in GP surgeries & health clinics where possible and, where not possible, ensure that there is effective training for NHS staff, and clear pathways from NHS organisations to benefits advice organisations such as Citizens Advice Northumberland enhanced by effective relationships.

Medium term

Northumberland County Council (NCC) and the Northeast Combined Authority (NECA) to ensure good quality work for all, by supporting new businesses and attracting new employment opportunities which are accessible in 'left behind neighbourhoods' [3] and for those with high levels of unemployment/economic inactivity aged under 40 with poor transport links and low car ownership rates.

Northumberland County Council (NCC) and the Northeast Combined Authority (NECA) to encourage new businesses that could provide work to those needing to move out of manual work in later life.

In line with the Equality Act 2010, employers reduce the gender pay gap in average hourly earnings and increase wages to the Real Living Wage (which is higher than the minimum living wage) for both full and part time female workers.

Northumberland County Council (NCC) and the Northeast Combined Authority (NECA) use their powers to expand the availability (including regularity and reliability) and affordability of bus and rail services in Northumberland to improve access to good quality work for deprived and rural neighbourhoods.

Where transport remains insufficient, communities should be encouraged to co-design transport scheme(s)/skills programmes to ensure local people can access the opportunities they need.

All training providers to ensure training is accessible to all population in Northumberland, e.g. through online/outreach training.

More timely, holistic mental health support provided to economically inactive people and to those in work at risk of falling out of the workplace.

Long term

Northumberland aims to be a Real Living Wage county by 2044, with monitoring to achieve that aim. Anchor Institutions take the lead and cascade through contractual obligations in procurement chains as soon as financially viable.



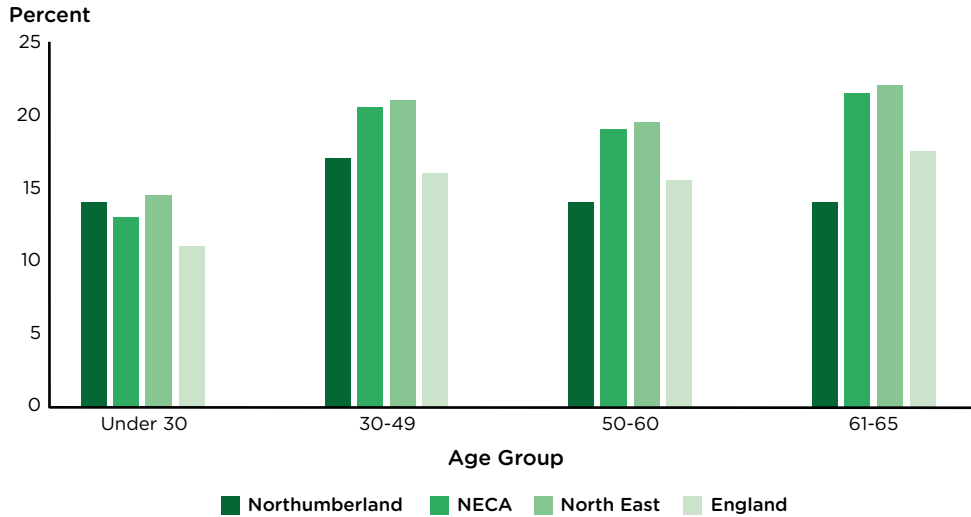
Nurch Coffee House, Ashington

SUPPORT MICRO/SMALL EMPLOYERS TO HIRE APPRENTICES/ THOSE WITH HEALTH CONDITIONS

SUPPORTING THOSE WITH HEALTH CONDITIONS INTO EMPLOYMENT

Northumberland has a high percentage of people who are economically inactive because they have long term health conditions or disabilities, or because they are retired. While the average age in Northumberland is higher than the average for the country, as Figure 7 illustrates, an analysis of those on out of work benefits illustrates that Northumberland does not have a higher percentage of older people on out of work benefits compared to the region, or England, but has a slightly higher percentage of those aged under 30 on out of work benefits. As previously mentioned, supporting those who are younger into good quality employment is likely to have significant impacts on reducing inequalities in healthy life expectancy and should be a focus.

Figure 7. Out of work benefits by percent of age group, Northumberland, North East Combined Authority (NECA), North East, England, Feb 2025



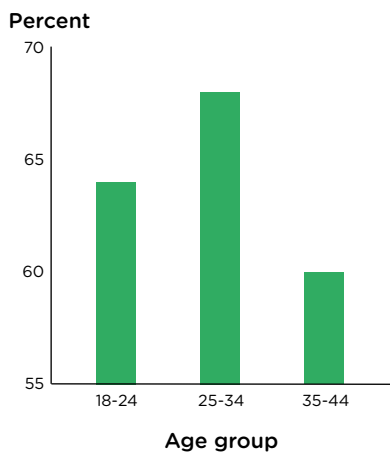
Source: Office for National Statistics (2025) [21]

Note: NECA stands for North East Combined Authority

PEOPLE WITH MENTAL HEALTH CONDITIONS WHO ARE NOT WORKING

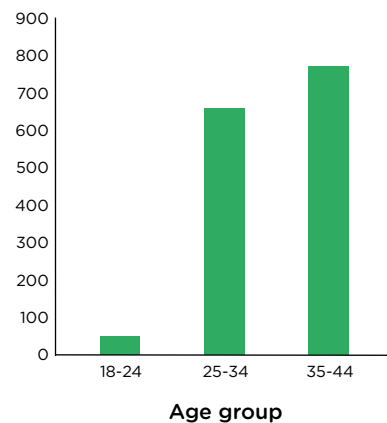
Figure 8a illustrates that over 60% of 18-44 year olds on Employment Support Allowance (a health-related benefit) are on it because of mental and behavioral disorders. However, Figure 8b shows a small number on ESA in 18-24 group and significantly higher numbers in the 25-34 and 35-44 year old age groups.

Figure 8A. Percentage on ESA for mental and behavioural disorders, By 'younger' age group, Northumberland, August 2024



Source: Department for Work and Pensions (2025) [22]

Figure 8B. Numbers on ESA with mental and behavioural disorders, main cause of economic inactivity, By 'younger' age groups, Northumberland, Aug 2024



Source: Department for Work and Pensions (2025) [22]

There has been an increase in the prevalence of poor mental health since the pandemic and associated increases in deaths from suicide and alcohol and drug misuse [23], however not all the increase is necessarily related just to poor mental health. As the government set out in its Pathways to Work consultation paper relating to benefit reform, there has been an increase of 17% in the incidence of poor health across the country, but a 34% rise in people accessing benefits for poor health [24]. It has been estimated that the rest of the increase in the numbers on health-related benefits has occurred because the value the basic level of unemployment benefit available through universal credit is at a forty-year low and is insufficient to buy essentials, forcing those who are unemployed to move onto health-related benefits [25].

We might therefore estimate that a significant proportion of 25-44 year olds with mental and behavioural disorders could be tempted into work, with the right support, if it was financially more attractive than health related benefits.

UNDERSTANDING LOCAL PERSPECTIVES

RESIDENTS NEED TO BUILD CONFIDENCE AND SELF ESTEEM

A group of women out of work mentioned fluctuating mental health caused by stress and burnout, and feelings of low confidence, low self-esteem, and feeling socially isolated. Repeated 'failures' at work e.g. placed in the wrong sort of job, without the right skills, led to feelings of failure and fear of failing again. They wanted employers to be trained on different health conditions, provide reasonable adjustments and to be more flexible.

RESIDENTS RELUCTANT TO TALK ABOUT NEEDING SUPPORT FOR MENTAL HEALTH BECAUSE OF PERCEIVED STIGMA

The same group of women felt that there was a stigma attached to poor mental health and being in recovery, and they did not want to mention that they may need additional support because of that.

Holistic support for people with low confidence and work-related anxiety is needed. More needs to be done to ensure that people are placed into appropriate employment for them, together with supportive line management, human resources teams (HR) and occupational health. Good quality employment improves mental health and people benefit from the wider social aspects of working and the sense of purpose and achievement. Sharing good stories of success with these people alongside positive financial impacts due to work are needed to alter some negative perspectives around work.

THE NORTHUMBERLAND ECONOMY

Eighty-nine percent of enterprises in Northumberland are micro enterprises employing less than 9 people and another 10 percent are small employers [26]. A recurring theme emerging in the engagement for this work was that many micro/small employers were supportive of doing more to provide apprenticeships or to employ those with health conditions or disabilities. However, SME's have limited capacity, given the size of their business to undertake the work involved, including onerous paperwork, accessing apprenticeship levy, reasonable adjustments all of which are barriers. Some small businesses perceived that people with health conditions may not fit into the culture of the organisation or be as productive.

Given the proliferation of micro and small businesses in Northumberland, support for this size of business is needed to help them increase employment rates among those who have previously been out of the job market and on health-related benefits for example. Small employers talked about support and services that would reduce their perceived risks in hiring people with no previous experience or with health conditions. Examples of support included:

- Help to use their contributions to the apprenticeship levy/help with levy sharing.
- Pre-vetted apprentices, who are 'work ready.'
- External HR and occupational health support to inform people about reasonable adjustments and help people stay in work.

ACCESSING THE APPRENTICESHIP LEVY AND WORK READY APPRENTICESHIPS

Training providers that help young people to enter into an apprenticeship often struggle to do so because of a lack of opportunities. This is not just because micro and small businesses are not employing many apprenticeships, but because larger organisations are not employing apprentices. For example, the SILX project that has worked hard to make getting a construction card accessible to local young people, has been unable to get any young people to access work placements on construction sites in their town.

For micro-and small businesses there are specific challenges in offering apprenticeships, the business may be not eligible to pay the apprenticeship levy and will need to put aside money in a different way to pay for apprentices, they may also struggle with the paperwork and training required to offer an apprenticeship. Or, for small businesses paying the levy, this funding may still be insufficient to fully train and hire an apprentice. Support to small businesses is needed to help them understand how to access the levy, together with additional funding available from organisations. For example, some organisations transfer excess levy to other organisations, a list of these can be found on the 'Pledge Page' [27]. Further work to identify need and design co-produced solutions should be forwarded by the Employment and Skills Partnership working in partnership with NECA.

PRE-VETTED WORK READY APPRENTICES

Small/micro employers do not want to recruit someone with an attitude or work ethic which they feel will not match the ethos of their company. Given the size of their company, they cannot afford to make mistakes, but they also don't have the resources to search through lots of candidates. They would like there to be a pool of pre-vetted apprentices who are work ready and have attitudes/values aligned to the work ethic within their company. This is something that has been successfully done at Energy Central Learning Hub which trains up apprentices to work in the Port of Blyth industries, as illustrated in Box 4.

Box 4. Energy Central and 'Work Ready' apprentices

Energy Central Learning Hub is a unique partnership between the Port of Blyth, Northumberland County Council and Offshore Renewable Energy Catapult focussed on creating a pipeline of talent for the expanding clean energy sector. As it is business led, it focuses not only on the technical skills required for the future but also the softer skills so that the local community are 'work ready' and able to benefit from good quality employment opportunity in high growth sectors.

An expansion of soft skills training and vetting by colleges to state when young people are work ready would help to build a pool of vetted apprentices that would then take some of the risk out of hiring. NECA, NCP and the ICB working with colleges and training centres should learn from the Energy Central Learning Hub model and seek to replicate this with closer alignment to local business needs.

EXTERNAL HR AND OCCUPATIONAL HEALTH TO SUPPORT PROVISION OF REASONABLE ADJUSTMENTS AND HELP PEOPLE STAY IN WORK

Some training colleges and employers offer occupational health support and are well versed in how to make reasonable adjustments to help people with health conditions enter and stay into work. The example in Box 5, from the Children's Social Work Academy is an illustration of how well these processes are embedded to ensure that the Academy takes a representative range of candidates, including with health conditions, and supports them.

Box 5. Helping people with health conditions or disabilities into work. Northumberland County Council's Children's Social Work Academy

At the point of recruitment/shortlisting, the Academy guarantees an interview to those who have indicated that they have a disability in their application. The values of the social work profession underpin this recruitment process, 'we never discriminate; we adhere to the Equality Act 2010'. The Academy offer health screening via occupational health during the onboarding process to ensure any employees are appropriately supported from day one of joining the Assessed and Supported Year in Employment (ASYE) Academy for Children. New staff are encouraged to apply to Access to Work as soon as possible to ensure any needs are appropriately assessed and to ensure that the individual has the right software and equipment they need and to ensure reasonable adjustments can be made. Once in employment, they offer the implementation of well-being action plans to ensure the employee is able to share with their manager what works well, and how best to support them; they recognise that their staff know themselves best and can help us as managers to adapt to what they require or to respond helpfully. All staff have access to well-being sessions and the Occupational Health service; they recognise health needs may arise during employment and require sensitive management and appropriate support and are committed to ensuring staff are confident that this is helpful and feel able to accept the support.

They ensure the profession is represented by a diverse range of staff whose lived experiences, backgrounds, culture, gender, race, religion are something they consider enriches our workforce and as such apply the same principles for all of our staff, to invest in them and to help each of them achieve their full potential, in a nurturing environment.

However, micro and small companies are unlikely to have enough human resources functions to enable them to keep up to date with the latest in occupational health practice and reasonable adjustments for those with health conditions. These functions can however be accessed via larger employers who do have this capacity.

Given the need to support higher rates of employment among those with long term health conditions and disabilities, the Northumberland County Partnership should share resources from large, anchor organisations with local micro and small employers and provide advice on how to make reasonable adjustments to help people enter and remain in work. The details of how this could work and what would be helpful have yet to be set up but as a first step the County Partnership should run some trials to develop the offer. For example, a charity indicated that they would like some help in using the apprenticeship levy to get an apprentice; anchor organisations could provide advice to small employers in their supply chain; and other anchor organisations could provide this advice and support to small employers within a radius of their head office.

SUPPORT MICRO/SMALL EMPLOYERS TO HIRE APPRENTICES/THOSE WITH HEALTH CONDITIONS

Short term

Anchor Institutions to lead by example to demonstrate to micro/small employers how to support staff and the benefits of this to the employer organisation. As part of this, the NHS, social care organisations and schools to monitor and manage workloads, resources and capacity to prevent chronic stress and burn out amongst their staff.

Anchor Institutions to provide mentoring and employer support programmes to increase access to information, advice and guidance to smaller employers so they feel more confident to employ and retain those employees with health conditions (E.g. occupational health, Human Resources, reasonable adjustments).

NCC and NECA to provide advice and support to small employers to make the most of the apprenticeship levy by, for example, promoting/creating an apprenticeship levy sharing platform and promoting use of schemes such as the Royal Mail £1 million fund to train apprentices in small businesses.

Medium term

Maximise investment from employment support programmes (e.g. Connect2Work, Economic Inactivity Trailblazer & Health and Growth Accelerator) to create an integrated system capable of supporting people experiencing a change in their circumstances to remain in work in SMEs with services such as: timely health interventions; reasonable adjustments; line management training; arbitration services and improvements to work quality and flexibility.

Maximise investment for Connect2Work, Economic Inactivity Trailblazer and Health and Growth Accelerator to create an integrated system so that:

- There is a specific pathway for those out of work, who are under 40 years old, with mental health conditions and they are provided soft skills/confidence training that is informed by sector specific needs and when work ready, that they are helped into work with suitable employers.
- Co-production with communities is embedded in service design.
- There is an extensive communications/stakeholder management plan, so employers are informed of these developments.



Northumberland Skills Engineering Apprenticeships at Energy Central Learning Hub, Port of Blyth

IMPROVE THE PIPELINE OF TRAINED STAFF FOR THE FUTURE

JOINED UP CAREERS AND TRAINING SYSTEM NEEDED

The steering and focus groups involved in the programme agreed that the careers advice system was ‘patchy’ because careers advice was outsourced to schools and there was a sense that there was no joined-up oversight of this.

Knowledge of the types of jobs on offer and the skills needed for them was felt to be low, in some career services in schools, although it has been difficult to verify this. In addition, there was concern that some of the vocational courses offered by training colleges for those with SEND were not providing links to employment. Overall, it was felt that there could and should be stronger links between employers and schools and colleges. There was also general agreement that the careers offer needed to start early, in primary school and that children in secondary schools should be exposed to many different, and relevant jobs, and the qualifications they require, before they choose their GCSE subjects.

Given that there may be some good provision, it was suggested that the Employment and Skills Partnership map out the provision of careers advice from schools and colleges to identify areas of strength and gaps, before then working with NECA to design a new careers service.

IMPROVE THE QUALITY OF CAREERS ADVICE

Given concerns raised about the inconsistency in quality and fragmentation of careers advice, data from the school’s information management ‘Compass’ system was analysed for us. This analysis sets out that 36 percent of schools in Northumberland were meeting benchmarks set out for careers advice. Out of eight benchmarks to achieve for careers advice, Northumberland Schools were falling behind the results for the rest of the NECA region in seven of them, with on average 52 percent of schools reaching benchmarks in Northumberland compared to 69 percent in the rest of the region, Table 4.

Table 4. Percentage of Northumberland, and NECA schools reaching the benchmark standard required of careers advice 24/25.

	% of Northumberland schools meeting benchmark	% rest of NECA region meeting benchmark
A stable careers programme	43%	60%
Learning from career and labour market information	60%	77%
Addressing the needs of each pupil	40%	54%
Linking curriculum learning to careers	71%	80%
Encounters with employers and employees	86%	85%
Experiences of workplaces	54%	64%
Encounters with further and higher education	46%	60%
Personal guidance	49%	75%

Sources: Northumberland Schools that reviewed their Careers Programme using ‘Compass’ 24/25.

In addition, for eight schools we had information on the provision of careers advice for children with SEND. While the data is not robust enough to provide percentages, it was clear that in most cases the careers provision against benchmarks for those with SEND, or in Alternative Provision, was lower than for children without SEND. However, on a positive note, provision was more likely to address their needs, be personal and involve encounters with further and higher education than provision to Northumberland students not with SEND.

LOCAL VIEWS ON SKILLS AND TRAINING

LACK OF CONFIDENCE IN CAREERS ADVICE AND SKILLS PROVISIONS

The lack of certainty around the quality of careers advice was also felt by Northumbrian residents. Given the changing nature of work, residents were not confident that children were being equipped with the right skills Eg. Advanced Manufacturing and Digital probably more accurate for the future job market.

INACCESSIBLE TRAINING

Two key issues were raised regarding the accessibility of training. The first was being able to physically get to training because of distance, transport costs and reliability. The second was around the timing of training and difficulties in attending training full-time because of other responsibilities. For instance, full day bootcamps in Sunderland were seen as impossible to access.

The SILX project, see Box 6, is an example where an organisation has provided a more tailored approach, with help with transport to engage young people with lower educational outcomes.

Box 6. SILX Young people employability project

The SILX Young people employability project was funded by NECA to support young people with issues around employability and experiencing social and emotional challenges into work with holistic support, including mental health support. Many of the young people had little parental support, with parents encouraging them to go to college to enable them to continue to claim benefits despite failing at college leading to low confidence.

Recognising that training over a week or two would be difficult for this non-academic group, for instance for the CSCS construction card, SILX provided a trainer to do a day, then on another day, they would revise with young people to get them ready for tests, doing mock tests with them. They would also pay for travel to get them to test centres.

Over three years this tailored employability project has supported 736 young people with issues of employability and personal issues and has managed to secure 136 full time and part time jobs. However, they have been unable to get enough placements for young people, with no missed opportunities to maximise the value from local regeneration projects through work opportunities.

SCEPTICISM ABOUT APPRENTICESHIPS, JOB PROGRAMMES AND VOLUNTEERING AS A WAY INTO PAID WORK

Residents voiced scepticism over local and national government job programmes, with examples given of no job available at the end of apprenticeships, or of people who are highly skilled as engineers going on Kick Start programmes to work 6 weeks in a shop.

There were some positive experiences of volunteering and trying one day work placements, for example at Alnwick Garden and Places Leisure and participants felt these were supportive employers, they felt part of a team, and it was good to socialise with others.

However, while some residents have moved from volunteering to work, such as in the case study in Box 7, others had not managed to get a job after volunteering, with some having done repeated volunteering roles without this leading to paid work. Residents felt that there needed to be a better bridge between volunteering and paid employment.

Box 7. Personalised support to build skills and confidence

Gillian had been out of work for several years due to caring responsibilities and anxiety. When she visited the Cramlington Work Smart Live Well drop-in for employment support, she was referred to the Solid Foundations programme and assigned a Key Worker.

After establishing contact, the Key Worker completed a one-to-one needs assessment and worked with Gillian to agree on a clear plan. Gillian began counselling with Cygnus to build confidence and motivation, and she also completed an IT refresher course with BRIC. She was already volunteering at a British Red Cross shop, which her Key Worker recognised as a strong base to build from. Together they explored her previous experience, identified transferable skills, and focused on strengthening her confidence in the abilities she already had.

With steady encouragement, Gillian applied for a paid role at the shop. Her Key Worker supported her by refining her CV, discussing interview techniques, and helping her practise how to present her strengths in a professional setting. Gillian valued having a single point of contact who coordinated all the support, guided her through challenges, and offered consistent practical help.

Through this personalised and holistic approach, Gillian successfully secured a full-time position at the British Red Cross shop. She is thrilled to be back in employment and grateful for the guidance that helped her move forward.

EMPLOYER COMMITMENTS TO MEETING THE NEEDS OF THE LOCAL POPULATION

As part of this work employers were asked to make a commitment to be a good employer and meet the needs of the working age population. Much of the support offered by companies involves providing training and placements to local people which is why Box 8 is situated in this chapter, although there are commitments in here relevant to other aims of the programme. The NCP should monitor employer commitments to ensure that they are broad enough to make a significant improvement and should seek to increase the numbers of employers making positive contributions.

Box 8. Employ Local – employer commitments

EMPLOY LOCAL Members of the Northumberland County Partnership have made a Local Commitment to be a good employer and meet the needs of the local working age population, which include:

- Delivery of school's programmes which include raising confidence and awareness of local career opportunities, providing work experience, internships, mock interviews and CV guidance.
- Working together to support underrepresented groups into work such as young people not in mainstream education, care leavers, children with Special Educational Needs or Disabilities, carers and veterans through pre-employment schemes, internships, structured work placements and flexible working.
- Skills Providers, Colleges and Universities working alongside employers to co-design education and skills programmes in health, care, construction and green skills.
- Recruit locally within catchment areas and target local people for jobs with a special focus on vulnerable groups and areas of multiple deprivation.
- Offer higher fees for social care employers who adopt the Northumberland Guarantee (Real Living Wage, enhanced mileage, better terms).
- Work with businesses across the County through Business Northumberland's Strategic Account Management (SAM), Northumberland Small Business Service (NSBS) by supporting businesses in adopting and implementing good work policies and practices into their organisations.
- Health and Well-being at work.
- Operate an apprentice first approach to entry level roles, allowing for local recruitment.

With thanks to Advance Northumberland, Bernicia, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Home Group, Karbon Homes, Northumbria Police, Northumbria NHS Foundation Trust, North East Chamber of Commerce, NHS North East and North Cumbria ICB, Newcastle University, Northumberland National Park Authority, Northumberland College/ Education Partnership North East, Northumberland County Council.

IMPROVE THE PIPELINE OF TRAINED STAFF FOR THE FUTURE

Short term

Work with schools/colleges, employers and the Combined Authority to understand provision, quality and gaps of careers advice with a view to creating a co-ordinated careers advice offer (from primary school onwards) that links to building the transferable skills needed for the future.

Ensure that there is an enhanced focus on careers (and needed qualifications) before subject choices are made in Secondary School, where this is not already in place.

Medium term

Provide enhanced careers advice, targeted outreach to widen participation in further and higher education and supported employment opportunities for groups of children and young people more likely to suffer from poor work outcomes (children from workless households, children eligible for free school meals particularly from rural & coastal areas to get into higher/further education, children at risk of being NEET, children with SEND, young carers, looked after children/care experienced children and care leavers).

Strengthen links between training providers and employers in order to improve course attendance and employment outcomes by building on the Energy Central model which is employer led and links trainees to apprenticeships in combination with soft skills development to provide work ready candidates. Consider where this model can be replicated in other sectors by improving links between training colleges and employers.



Jess Robson, 17 from Seaton Delaval, Northumberland Skills

MAXIMISING OPPORTUNITIES THROUGH SOCIAL VALUE

STRENGTHENING THE SOCIAL VALUE SYSTEM

The Employment Advisory group were keen to explore how they could maximise investment into the County through social value and assess with IHE the potential impacts on inequalities in health.

With the Northumberland County Council team, IHE have taken part in several meetings where social value approaches in other areas has been shared. The ability to hear from other areas about what they have been doing has enabled us to recommend an approach that builds on the learning of others. Those that we consulted with are listed in Annex 2.

Social value contributions have been required in some public sector contracts since 2013. Northumberland can learn from other areas that have developed a strategic approach as a place to Social Value. The assessment of the impact of the Durham Pound has been important in stimulating a strengthened approach in Northumberland. For example, by adding a financial value to the social value provided by companies contracting within Durham, they showed that in 2023-24, they generated £314,734,688 worth of social value investment.

Relying solely on formal contracting procedures for social value impact can limit the opportunity to engage businesses with making positive changes for residents. Meeting local businesses helps identify new opportunities, and this direct approach was used with the new Northumberland Line train line, and during the process of this review, with the Quality Technology Services (QTS) development of a new data centre as set out in Box 9.

Box 9. The QTS Social Value Pledge

QTS have launched a Social Value Strategy to leave a legacy of economic growth and opportunities for communities living and businesses operating in Northumberland. In addition to creating over 1,400 construction jobs, a new Training Academy will be developed to support careers pathways in tech, construction and operations. There are targets for apprenticeships, internships and graduate roles for young people and career changes. There are dedicated spending targets for small businesses, social enterprises and the voluntary and community sectors. There will be volunteering programmes, education outreach and careers events for students parents and families. Throughout all phases there will be workplace policies and initiatives to improve workplace health and ensure inclusive recruitment practises. A multi-agency Steering Group has been established involving partners across Northumberland in the delivery of the Pledge.

Public sector bodies are legally required to weight 10 percent of the evaluation of tenders on how well the supplier addresses social value. However, Birmingham and Solihull ICB, for example, have decided to increase the weighting to 20% and there is evidence that higher social value weighting (e.g. 20%) encourages stronger alignment with local community needs and more impactful and sustainable outcomes which are beneficial for health [28]. Other public sector organisations have also increased the weighting given to social value during the procurement process.

Given the County Partnerships vision to reduce inequalities in healthy life expectancy, maximising the contribution of social value to improve the social determinants of health in Northumberland will help to direct resources towards achieving this aim. As part of this work, a number of employers have already made that commitment as illustrated in Box 10.

Box 10. Employer commitments to maximising social value

SPEND LOCAL Members of the Northumberland County Partnership have made a Local Commitment to spend locally to support the local economy, community and jobs.

- Made a year-on-year commitment to monitor and increase local spend where possible and develop local supply chains.
- Explore ways to help more SMEs and VCSEs to bid for and win more procurement contracts.
- Encouraging staff who live in Northumberland to spend, shop and eat in the county and promote opportunities to visit Northumberland.
- Embedding social value in the full commissioning cycle.
- Ensure local products are at least 70% of retail offer.
- Building in social value commitments as part of the planning permission process for employment sites.

With thanks to Advance Northumberland, Bernicia, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Home Group, Karbon Homes, Northumbria Police, Northumbria NHS Foundation Trust, North East Chamber of Commerce, NHS North East and North Cumbria ICB, Newcastle University, Northumberland National Park Authority, Northumberland College/ Education Partnership North East, Northumberland County Council.

INCREASE QUALITY OF WORK AND EMPLOYMENT OPPORTUNITIES THROUGH A STRENGTHENED SOCIAL VALUE SYSTEM

The potential additional value that a strong social value system can bring, warrants increasing Anchor Institutions organisational capacity and leadership on social value. This includes developing Social Value frameworks, KPIs, training and effective contract management to ensure that commitments are delivered.

The social value system should have an explicit aim to improve the social determinants of health and reduce inequalities in health and social outcomes.

The Northumberland social value system should:

- a) be built into the commissioning cycle so that it is considered at an early stage.
- b) should inform Section 106 (developer contributions) related to building and economic regeneration projects.

There is also the opportunity to lever in additional social value through regular engagement between developers/suppliers and local community representatives.

Anchor Institutions should, whenever possible, increase social value weightings in contracts to above the minimum 10 percent.

The NCP should identify a suite of projects, informed by local need, that enables those working with the NCP on smaller contracts to contribute to existing projects to meet their social value commitments.

Anchor Institutions develop approaches to engage with residents to identify local needs and assets which could be supported through the social value system.

Where possible and economically viable, resources should be sourced from local suppliers and large employers should report KPIs to demonstrate this.

Encourage other local organisations to align with the same social value system, e.g. for their own procurement practices.

- Suppliers should be held to account on delivery of their social value commitments. Effective contract management will ensure suppliers are reminded of and deliver on their commitments.
- Procurement teams across anchor organisations share good case studies and report annually on the benefit to Northumberland residents achieved. This could be delivered as part of the Local Employer Commitment or Joint Health and Well-being Strategy annual update.



Magpye, Vallum Farm, Northumberland

STRENGTHENING ACCOUNTABILITY IN THE SYSTEM

EXPLORING THE IMPACT OF IMPROVED PAY AND WORKING HOURS ON HEALTH INEQUALITIES

In this section five hypothetical scenarios are considered to explore potential reductions in inequalities in healthy life expectancy that may come from improving access to employment and quality of work in Northumberland. The scenarios present a combination of changes to the wage level, part-time compared with full-time work, and employment rates. All scenarios are compared to the status quo in 2025 to quantify any changes in the extent of health inequalities. A detailed description of the methodology is available on request.

SCENARIOS: INCREASING PAY AND FULL TIME WORK

In scenario 1 all low paid employees are given a pay rise to the Real Living Wage. Based on national or regional data, we assume that all low paid employees currently receive the National Living Wage. There are just under 26,000 low paid employees in Northumberland spread evenly throughout the lowest income 30 percent of households in the County. At the time of writing, the National Living Wage was £12.21, and the Real Living Wage was £13.40, meaning that increasing from one to the other would be a 10% pay rise.

In scenario 2 all low-paid employees (defined as in scenario 1) receive a pay increase to the Real Living Wage and switch to full-time work. Together, this is assumed to raise all affected households to the Joseph Rowntree Foundation's Minimum Income Standard. Based on national data, we estimate that, in the lowest income 30 percent of households, just under half of all employed chief economic supporters (the main wage earner) work part time [29].

In scenario 3 the employment rate is increased to a minimum of 70 percent across all deprivation deciles. New employees are assumed to be paid the National Living Wage. Half of all new employees are assumed to work full-time (37.5 hours a week), and half work 50 percent time. Based on data from the 2021 census, the employment rate varies significantly across IMD decile. Scenarios three to five are about raising the employment rate in the parts of Northumberland where it is lowest, not just raising the overall rate. We estimate that

the employment rate is currently only below 70% in the most deprived three deciles. Estimates for each decile and our approach to estimating these are outlined below.

In scenario 4, the employment rate is increased to a minimum of 75% across all deprivation deciles. As with scenario three, new employees are assumed to be paid the National Living Wage. Half of all new employees are assumed to work full-time (37.5 hours a week), and half work 50%. We estimate that the employment rate is currently below 75% in the most deprived five deciles of Northumberland, but 75% or more above this.

In scenario 5 the employment rate is increased to a minimum of 80% across all deprivation deciles. As with scenarios 3 and 4, new employees are assumed to be paid the National Living Wage. Half of all new employees are assumed to work full-time (37.5 hours a week), and half work 50% of the time. We estimate that the employment rate is currently below 80% in all IMD deciles of Northumberland.

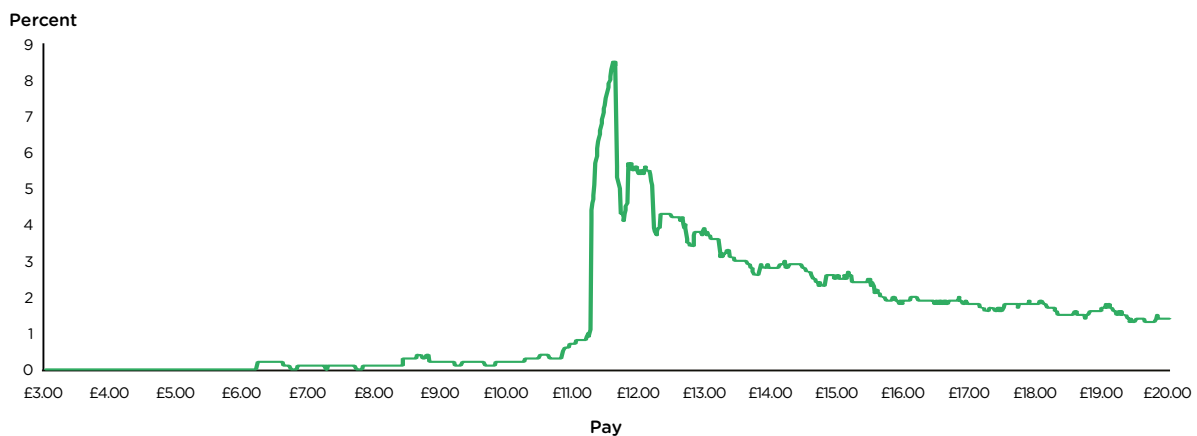
NUMBERS NEEDING HIGHER PAY, EMPLOYMENT OR INCREASED HOURS

WAGE RATE

The Living Wage Foundation estimate that in 2024 19.2% of the employee jobs in the North East paid below their 'Real Living Wage' [15]. This benchmark wage rate is calculated to align with the Joseph Rowntree Foundation's Minimum Income Standard. Applying this to Northumberland suggests that in 2024 just under 26,000 people were employed with wages below the Real Living Wage in Northumberland.

At the time of writing, the National Living Wage (the minimum wage legally permissible for employees aged 21 and over) was £12.21. The Real Living Wage was £13.45 an hour outside London, or £14.80 inside London, and equated to around £26,000 gross earnings a year (£29,000 in London). This means that the Real Living Wage (outside London) was around 10% more than the National Living Wage. Based on Office for National Statistics (ONS) analysis of their Annual Survey of Hours and Earnings in 2024, at the national level almost all jobs paying below the Real Living Wage were around the National Living Wage [30].

Figure 9. Distribution of hourly earnings (excluding overtime) for all employees, In April 2024, UK.



Source: Office for National Statistics (2024) [31]

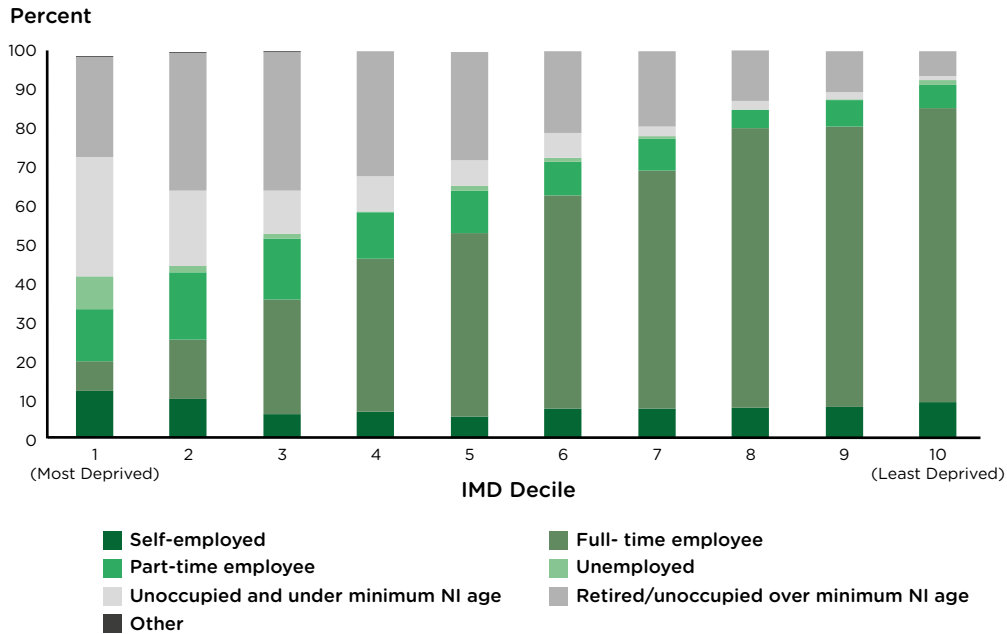
PART TIME VERSUS FULL-TIME WORK

The ONS use their Household Finances Survey to describe the distribution of employment status of the chief economic supporter by household income decile. A household chief economic supporter is the person in a household who contributes the most to its income. In the lowest income 10 percent of households only 33% of chief economic supporters are employed – be that part time, full time or self-employed. 8.5% are unemployed, and the remaining 56% are ‘unoccupied’ or retired [29].

As households get richer, the proportion of chief economic supporters who are full time employees increases, squeezing out the unoccupied/retired categories. The ratio of part time to full time employees also reduces. A household in the lowest-income decile is more likely to be financed by a part-time employee than a full-time employee. This has reversed by the time you reach the third lowest-income decile.

Overall, across the lowest income three deciles of household, among households whose chief economic supporter is employed, just 53% are employed full-time, with the remaining 47% being employed part-time.

Figure 10. Employment Status of Chief Economic Supporter, UK, 2023/24



Source: Office for National Statistics (2025) [29]

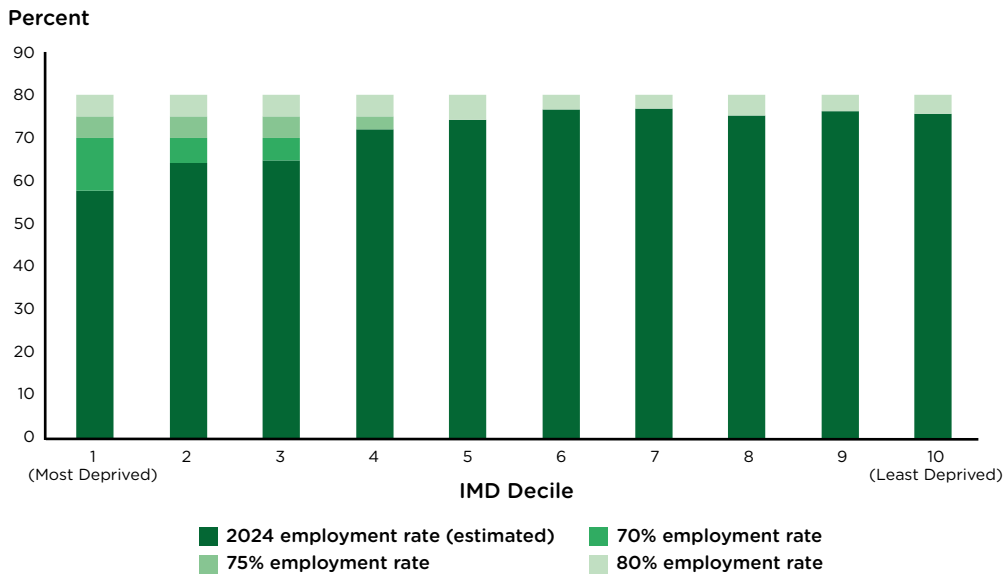
EMPLOYMENT RATE

There are approximately 183,400 adults aged 16 to 64 in Northumberland, of which 125,200 are employed. This is a drop from ONS published estimates that covered the calendar years to December 2023 (133,000 adults employed) and December 2022 (138,000 adults employed) [32].

Based on a comparison of Census data and 2022 mid-year population estimates, there is an association between area deprivation and the employment rate in Northumberland.

Applying the relative employment rates in each deprivation decile in 2021/22 to the most recently published employment rate and population projections for Northumberland, we estimate that the employment rate ranges from around 58% in the most deprived decile in Northumberland, up to the highest of around 77% in the seventh decile (relatively affluent). It is under 70% in the most deprived three deciles, and under 75% in the most deprived five deciles. In the figure below, we have also indicated what would be required to achieve an ambition of 70%, 75% and 80% in each deprivation decile.

Figure 11. Estimated employment rate by IMD decile with additions required to meet increased employment rates , Northumberland, 2024



Source: Office for National Statistics (2024) [32]

HEALTH IMPROVEMENTS ASSOCIATED WITH INCREASED PAY, HOURS, OR MOVES INTO EMPLOYMENT

MOVING FROM THE NATIONAL LIVING WAGE TO THE REAL LIVING WAGE

At the time of analysis, moving from the National Living Wage to the Real Living Wage in Northumberland meant a pay increase from £12.21 to £13.40 an hour (10% increase). We use empirical and modelling work looking at associations between changes in income and changes in life expectancy in Scotland to inform our assumptions about what this level of pay-rise could do for healthy life expectancy in Northumberland [33]. While it would have been preferable to base our estimates on empirical/modelling work looking at associations between income and healthy life expectancy, to the best of our knowledge this does not exist.

The referenced paper looks at 2%, 4% and 6% increases in income. We extend a linear line of best fit through these points to estimate the health impact of a 10% increase in income. We also assume that healthy life expectancy by household income decile is comparable to healthy life expectancy by IMD decile. So, for example, someone living in the lowest income 10% of households is assumed to have a healthy life expectancy comparable to someone living in the most deprived 10% of communities, and so on throughout the deciles.

Based on this analysis, we infer that a 10% increase in pay for households in the lowest income quintile is associated with a 1.78% increase in healthy life expectancy. In the second lowest income quintile it is associated with a 1.15% increase in healthy life expectancy.

This means that beneficiaries in the lowest income decile of households are assumed to experience an improvement in healthy life expectancy from 52.1 years to 53 years. Beneficiaries in the second lowest income decile of households experience an improvement from 56.6 years to 57.6 years. And beneficiaries in the third lowest income decile experience an improvement from 59 years to 59.7 years.

MOVING FROM THE NATIONAL LIVING WAGE AND CURRENT HOURS TO THE REAL LIVING WAGE FULL-TIME

The Real Living Wage is calculated to afford households at least the Joseph Rowntree Foundation’s Minimum Income Standard, for people who work full time. The Joseph Rowntree Foundation estimated that 35.9% of the UK were living below the Minimum Income Standard in 2022/23, suggesting that the standard roughly corresponds with the fourth decile of household income.

As before, we assume that healthy life expectancy by household income decile corresponds with healthy life expectancy by deprivation decile. As such, the healthy life expectancy of people living in households earning the Real Living Wage is assumed to correspond with the healthy life expectancy of people living in the fourth most deprived IMD decile.

This means that beneficiaries in the lowest, second lowest and third lowest income deciles (whose incomes are increased to that of households in fourth income decile) are assumed to experience improvements in healthy life expectancy from 52.1, 56.6 and 59 years respectively to 61.6 years as a result of increasing all household income to the MIS.

In reality, it is unlikely that raising a household’s income to the MIS would itself transform the healthy life expectancy of those living in that household from that of a high deprivation area to a middling deprivation area. We know that health is determined by much more than just income. However, income is a significant contributor, and that this analysis provides a north star to aim for, in the absence of a better means of prediction.

MOVING FROM UNEMPLOYMENT OR ECONOMIC INACTIVITY INTO EMPLOYMENT AT THE NATIONAL LIVING WAGE

Moving from unemployment or economic inactivity into full-time employment at the National Living Wage is assumed to bring your household up from either the lowest or second lowest income decile into the third lowest income decile. This is a similarly crude assumption to that made about the impact of raising household income to the Minimum Income Standard, and the same caveats apply. Nonetheless, it is anchored between two observations. The first is that the National Living Wage is lower than the Real Living Wage, but not significantly lower. The second is that the average household income from wages and salaries in the third lowest income decile is £20,278. In the fourth lowest income decile it is £26,647. An employee working 37.5 hours a week at the National Living Wage, will earn £23,810 a year – roughly half-way in between the two.

Again, healthy life expectancy by household income decile is assumed to correspond with healthy life expectancy by IMD decile. This means beneficiaries in the lowest household income decile are assumed to experience an improvement in healthy life expectancy from 52.1 years to 59 years. Beneficiaries in the second lowest household income decile experience an improvement from 56.6 years to 59 years. Individuals who already live in households in the third lowest income decile or above are assumed not to get a health benefit from entering employment at the National Living Wage.

For all scenarios, effect sizes are applied to groups of individuals based on demographic data from Northumberland, then aggregated up to estimate the population level impacts. The slope index of inequality (SII) is calculated. The change in inequality between the status quo and a given scenario is calculated as the percentage change from one to the other. For example, a reduction in the slope index of inequality from eight to four would be quantified as a 50 percent reduction in inequality.

The SII is a measure of the difference in predicted healthy life expectancy between the most and least deprived deciles [34]. The 'predicted' part of this means that the values come from a line of best fit drawn through the values presented in table 5, rather

than the actual values themselves. A benefit of this is that it can capture changes in healthy life expectancy in any decile, rather than just the first and tenth deciles (as a straight comparison of the most and least deprived communities would do).

An important assumption we make across all scenarios is that every time an individual receives a pay rise, switches from part-time to full-time, or enters employment it impacts on the health of 1.5 people. This is because the average household size in Northumberland is two, but in many cases there are more than one earner per household. To allow for situations in which two or more adults benefit via one of these mechanisms, the health beneficiaries per financial beneficiary is reduced. This will marginally underestimate the aggregated impact where there is only one employee per household and marginally overestimate the impact where there are two or more employees per household, likely cancelling each other out.

RESULTS

OVERALL SUMMARY

The largest reduction in health inequality comes from scenario two (in which existing employees working part time with a low hourly pay increase their hours worked to full time and receive a pay rise to the Real Living Wage). This leads to a 15 percent reduction in inequality of healthy life expectancy.

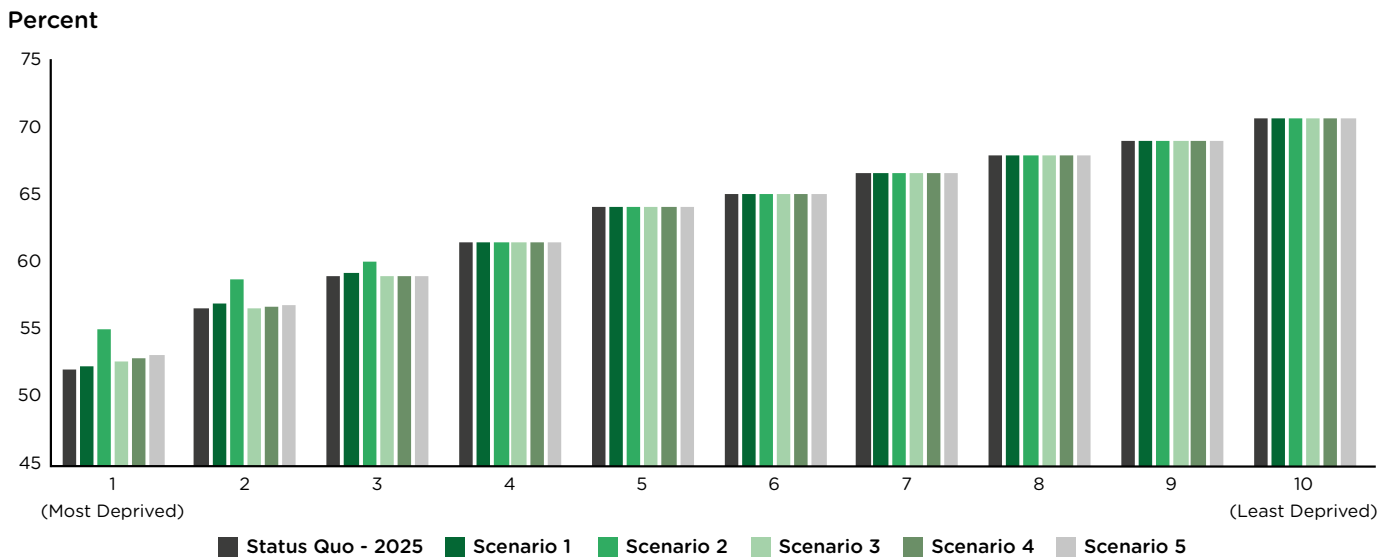
While this scenario leads to significant reductions in inequality of healthy life expectancy, it also requires a major shift in employment and pay. It would likely require improved recruitment, retention, productivity and economic conditions in Northumberland. In this situation, 26,000 people receive a pay rise, and around 13,000 of them also move from part-time to full time work [29]. It is important to note that improvements in health on this scale would also lead to reduced demand for a range of public services, including health care and social welfare.

The other scenarios may achieve more modest results (2-4% reductions in inequalities in healthy life expectancy) but are arguably more realistic in the short to medium term.

Table 5. Healthy life expectancy (years) under different scenarios

IMD Decile	Status Quo	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5
1	52.10	52.39	55.10	52.73	52.93	53.16
2	56.60	57.05	58.81	56.70	56.79	56.85
3	59.00	59.30	60.11	59.00	59.00	59.00
4	61.55	61.55	61.55	61.55	61.55	61.55
5	64.15	64.15	64.15	64.15	64.15	64.15
6	65.10	65.10	65.10	65.10	65.10	65.10
7	66.60	66.60	66.60	66.60	66.60	66.60
8	67.90	67.90	67.90	67.90	67.90	67.90
9	69.00	69.00	69.00	69.00	69.00	69.00
10	70.60	70.60	70.60	70.60	70.60	70.60
Slope Index of Inequality (SII)	17.10	16.74	14.49	16.74	16.65	16.47
% reduction inequality from status quo	NA	2.1%	15.3%	2.1%	2.6%	3.7%
# extra people paid the Real Living Wage	NA	25,860	25,860	-	-	-
# new employees	NA	-	-	5,053	8,942	17,502
Extra life years	NA	33,790	219,162	28,514	39,048	50,733

Figure 12. Decent work and healthy life expectancy, By IMD Decile, Northumberland



Source: Created by the author

SCENARIO ONE

The majority of employees paid less than the Real Living Wage are paid the National Living Wage. The increase from the latter to the former is 10%. We estimate that, in Northumberland, raising all low-income wages to the Real Living Wage may generate a 2.1% reduction in the slope index of inequality (of healthy life expectancy), through an additional 33,790 healthy life years spread among those living in low-income households in the three most deprived deciles.

SCENARIO TWO

Significant income related reductions in health inequality may come from increased working hours among people currently working part-time. National evidence suggests that part-time work is much more common among household chief economic supporters in the lowest income three deciles of households than in the other seven deciles. In the lowest income decile of households, the chief economic supporter is twice as likely to work part-time as full-time. Across the lowest income three deciles they are almost equally likely to work full- or part-time.

If the same 26,000 people from scenario one had their salaries increased, but this time they also increased their hours worked, the combined effect on household incomes would be dramatic. Working full-time at the Real Living Wage is assumed to afford a household the Minimum Income Standard, placing it in income decile four. Healthy life expectancy in income decile four is assumed to correspond with that of IMD decile four. An improvement in healthy life expectancy to the level currently experienced in IMD decile four would mean an extra 220,000 healthy life years gained for the current population and a 15.3% reduction in inequalities in healthy life expectancy.

Perhaps the main lesson from this scenario is not that everyone should work full time. There are many real and legitimate reasons to work part time – not least for people who have caring responsibilities. The main lesson may be the importance of lost income through not working full-time on overall household income inequalities (rather than just the economic inactivity and wage rates). Policy support for people working

part-time is just as important as policy support for people out of work and for people on low wages. The scenario highlights the value of, for example, increased income security payments for people who work part-time because they are caring for disabled family members.

SCENARIO THREE

Scenario three focuses on increasing the employment rate in the most deprived communities to at least 70%. It does not assume an increase in pay to the Real Living Wage. Achieving this would require 5,000 new jobs to be filled – 3,000 in the most deprived decile, and around 1,000 in the second and third (details of new employees required in scenarios three, four and five are outlined in the table 5 below). In each case, half are assumed to work full-time, half part-time. Under this scenario, new employees are paid the National Living Wage, and the healthy life expectancy of their household members is assumed to increase to that of IMD decile three if they work full-time. The health impacts are assumed to be halved if they work half-time.

This would aggregate to a 2.1% reduction in inequality of healthy life expectancy, through an additional 28,500 healthy life years spread among those living in the two most deprived two deciles.

SCENARIO FOUR

Scenario four focuses on increasing the employment rate in the most deprived communities to at least 75%. It does not assume an increase in pay to the Real Living Wage. Achieving this would require nearly 9,000 new jobs to be filled – 4,300 in the most deprived decile, 1,800 in the second and third, and the remainder in the fourth and fifth deciles. However, new employees in deprivation deciles three and above are assumed not to accrue health benefits from an increase in income. Other than this, the same assumptions are made as in scenario three.

This would aggregate to a 2.6% reduction in inequality of healthy life expectancy, through an additional 39,000 healthy life years spread among those living in the two most deprived deciles.

SCENARIO FIVE

Scenario five focuses on increasing the employment rate to at least 80% across all levels of deprivation. It does not assume an increase in pay to the Real Living Wage. Achieving this would require 17,500 new jobs to be filled, spread across all ten deprivation deciles. This would need to include 5,500 in the most deprived decile, and 2,700 in the second and third. However, new employees in deprivation deciles three and above are assumed not to accrue health benefits from an increase in income. Other than this, the same assumptions are made as in scenarios three and four.

Overall, this would aggregate to a 3.7% reduction in health inequality, through an additional 50,000 healthy life years spread among those living in the two most deprived deciles.

The number of new employees required to meet each ambition is presented in Table 6. Under this analysis, only new employees living in the most deprived two deciles are assigned health benefits from new employment. This is a crude assumption. On the one hand it reflects the situation in which unemployed individuals in middle- or higher- income households get a job. Their income related health benefits are assumed to be negligible. On the other hand, it misses the situation in which individuals from low-income households in affluent areas get a job. These people will, we hope, experience health benefits, but are not picked up in our estimates.

Table 6. New employees required by deprivation decile for scenarios three, four and five (2024/25)

IMD dec	Population	Population aged 16-64	Estimated employment rate	Estimated number of people aged 16-64 either unemployed or economically inactive	New employees required to meet ambition		
					70%	75%	80%
1	40,780	25,023	58%	10,590	3,084	4,335	5,586
2	28,934	17,217	64%	6,174	1,009	1,870	2,731
3	29,653	17,858	65%	6,318	961	1,853	2,746
4	40,620	23,465	72%	6,587	-	721	1,894
5	30,487	17,234	74%	4,472	-	163	1,025
6	37,024	20,912	76%	4,921	-	-	738
7	33,076	18,199	77%	4,246	-	-	607
8	22,163	12,215	75%	3,034	-	-	591
9	35,107	19,812	76%	4,742	-	-	780
10	33,575	18,301	76%	4,464	-	-	804

DISCUSSION

While an increase in pay to match the Real Living Wage is undoubtedly a good thing for employees, its impact on average household incomes, and, in turn, population health inequalities may be less significant than increasing the number of hours worked by chief economic supporters in the lowest income households. This is because, while the Real Living Wage is 10% more than the National Living Wage, around half of the chief economic supporters in the lowest income three deciles of household who are employed only work on a part-time basis.

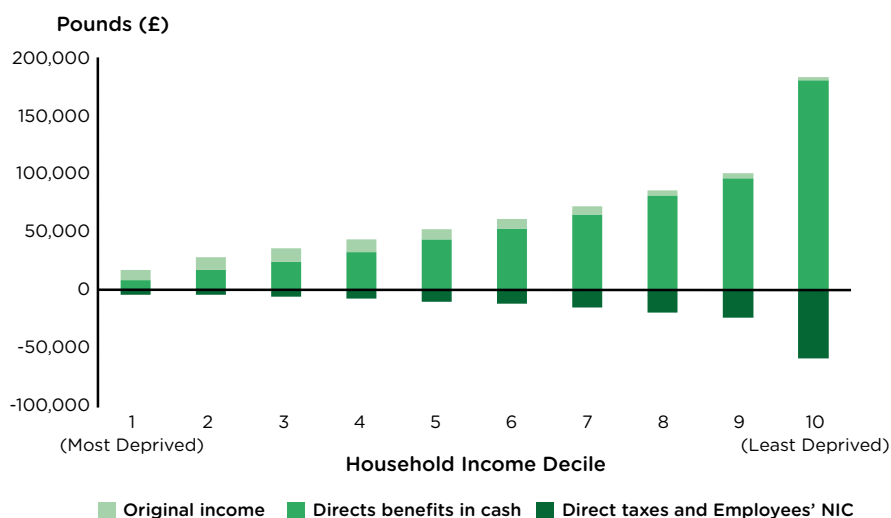
At a national level, there is clear evidence that many low-income households are primarily supported by people with part-time employment. There are multiple reasons for this. A key component of addressing health inequalities through increasing employment and household incomes will be finding ways to enable part time workers to shift towards full time work. This will be just as impactful (or more) than an increase from the National Living Wage to the Real Living Wage, although they are by no means mutually exclusive.

If the objective is to reduce inequalities in healthy life expectancy (or inequalities in general), attempts to increase

the overall employment rate should focus on the employment rate in more deprived areas, rather than achieving this ambition through expanding the employment rate in the less deprived areas. The employment rate in areas of Northumberland that are in IMD deciles five and above (the least deprived areas) are already 75% or more.

As well as hourly wage and the number of hours worked, household incomes are affected by direct taxes, employee's national insurance contributions, and direct benefits in cash (such as universal credit, child benefit and the state pension). This analysis has focused on the hourly wage and the hours worked. But, in the lowest income 30% of households, direct benefits in cash represent 38% of total incomes, and 15% of total incomes are taken in direct taxes. The proportion of total household income coming directly from benefits in cash rises from 31% in the third lowest income decile to 51% in the lowest income decile. The proportion of total income that is taken in direct taxes falls from nearly 20% in among the lowest income households, to 13% in the second lowest, back up to nearly 15% in the third lowest (see Figure 13). Modifying the level of taxes and benefits is an alternative way to influence household incomes.

Figure 13. Average household incomes, taxes and benefits of ALL individuals by decile group, UK, 2023/24



Source: Office for National Statistics (2025) [29]

Some jobs are good for health, and some damage health. When attempting to improve aspects of population health through the labour market, it is important to acknowledge that just getting people into work is not necessarily good for their health, if that work is low quality. An individual moving from economic inactivity and into a job that takes them away from their children, has long night shifts, low pay and poor terms of employment does not necessarily help them improve their health, or that of their family. A review of social interventions in the United States may be the best evidence corroborating this. The Welfare to Work schemes analysed consistently show negative (albeit statistically insignificant) impacts on health [35]. This compares to education, health insurance and income-based interventions, which consistently show positive (albeit sometimes statistically insignificant) impacts on health. The fundamental point here is that, for employment to positively impact on health, it must be decent employment.

The last important point to highlight is a caveat cautioning against interpreting these results with too much precision. Bringing low-income households up to the level of the Joseph Rowntree Foundation’s Minimum Income Standard would represent a very significant change in income, beyond what has previously been studied. As such, it is impossible to make confident predictions about potential impacts on health and inequality. We simply do not know what such a change would do to one’s health. In a sense, they may be better conceived as illustrating the extent of health inequalities we currently live with. It is almost certain that merely addressing employment and income inequalities would not fully address health inequalities. Nonetheless, employment and income are important drivers of health. Even if they do not go all the way, they make a decent start.

THE BUSINESS CASE FOR DECENT WORK

The Institute for Employment Research have published a summary of evidence on the links between good work and innovation, productivity and employee health and well-being [36]. It presents the case for offering decent work to employees, from an economic and employer’s perspective.

In relation to pay and benefits, they report a positive relationship between pay and productivity, and that better pay and higher incomes are associated with better mental and physical health. On innovation, they suggest that the structure of pay may be more important than the level of pay, for example, giving space and security to experiment with ideas that ultimately don’t work, but still rewarding success when they do. This also highlights that the quality of work overall matters, on top of the level and structure of pay.

They suggest that work offering contract stability, feedback matched with task autonomy and pay packages that reward exploration is most likely to encourage innovation. They highlight that the right use of incentives (such as profit related payments) and employee satisfaction with pay may generate an 8-9% increase in productivity. Third, they point to the 1993 introduction of a national minimum wage in the UK, which led to a reduction in depressive symptoms in low-wage earners (with similar findings observed elsewhere in the world.)

Overall, in relation to providing the Real Living Wage, businesses may see an increase in productivity brought about through improved worker satisfaction with their pay, and a reduction sick leave taken, particularly due to common mental health issues.

HEALTH FOR WEALTH IN THE NORTHERN POWERHOUSE

Flipped the other way around, it is widely believed that, as well as decent work influencing employee health, a healthy workforce influences the productivity of an economy. This has been explored in a recently published report on Building a Healthier Northern Powerhouse for UK Productivity [37]. Rather than asking how things like income and employment can improve health, it asks how ill health may be affecting income and employment.

The authors find that 30% of the productivity (gross value added) gap between the Northern Powerhouse and the rest of England can be attributed to poorer health in the North. This can be broken down into 17.1% being explained by morbidity and 12.8% being explained by premature mortality.

They also find that 33.6% of the employment gap between the Northern Powerhouse and the rest of England can be attributed to poorer levels of health in the North. This can be broken down by 24.4% from higher rates of physical ill-health and 9.1% from higher rates of mental ill-health.

We can apply these numbers to Northumberland to gauge the potential economic improvements that could come with extra NHS investment in tackling health challenges.

The GVA per-head per hour in Northumberland is £34.90, and in England it is £42.39 [1]. If 30% of this gap can be attributed to poor health, improving health in Northumberland to that of the rest of the country could increase productivity to around £37 per hour (or a 6% improvement).

The overall employment rate in Northumberland is 70.8%, and in England it is 75.7% [1]. If 33.6% of this gap can be attributed to poor health, improving health in Northumberland to that of the rest of the country could increase employment to around 72.45% (or a 2% improvement).

PROPOSED INDICATORS TO MONITOR RECOMMENDATIONS

The scenarios presented above have been designed to inform the County Partnership's ambition to reducing inequalities in health through employment. We provide hypothetical examples of the impact of increasing pay, hours worked and the employment rate.

However, to achieve any ambition in this area, the recommendations that have been made in this report will need to be implemented. To monitor progress on those, it is useful to have a set of indicators that can track progress. The next section suggests a range of suggested indicators to monitor progress against each recommendation area.

INDICATORS MEASURING IMPROVEMENTS IN INCENTIVES TO WORK

Measurable with existing data on a routine basis

Number of businesses signed up to offer the Real Living Wage (may need to request Northumberland breakdown)

Number of businesses signed up to the SHINE good work pledge (may need to request Northumberland breakdown)

Number of employee jobs

- Of which full time (%)
- Of which part time (%)

Gender pay gap

Economic inactivity rate

Employment rate

- Of which full time (%)
- Of which part time (%)

Percentage of households that are workless

People on universal credit (in employment)

People on universal credit (not in employment)

Job density

Measurable with a new employer survey

List of initiatives taken by businesses to improve incentives to work

Measurable at each census

Economic inactivity rate by IMD decile

Employment rate by IMD decile

INDICATORS MEASURING INCREASES IN SUPPORT FOR BUSINESSES TO TAKE ON THOSE WITH HEALTH CONDITIONS

Measurable with existing data on a routine basis

Economic inactivity (long term sick)

Employment rate among EA core or work limiting disabled

Unemployment rate among EA core or work limiting disabled

Gap in employment rate categorised by type of long-term condition

Measurable with a new employer survey

Proportion of businesses that say they are given enough support for their apprenticeship schemes

Proportion of businesses that say they are given enough support to make reasonable adjustments for employees with health conditions

Value of investment from employment support programmes

Proportion of businesses offering flexible working location and hours

Measurable at each census

Employment rate among EA core or work limiting disabled by IMD decile

Economic inactivity (long term sick) by IMD decile

INDICATORS ABOUT INCREASING THE PIPELINE OF TRAINED STAFF/IMPROVING TRAINING AND ACCESS TO IT

Measurable with existing data on a routine basis

Further education and skills participation per 100,000 population

Apprenticeship achievements

Apprenticeship starts

Proportion of total population with different levels of qualification

Percentage of the population aged 16 to 64 with no qualifications

Measurable with a new employer survey

Proportion of businesses that consider themselves geographically accessible

Proportion of businesses offering training for skills development

Measurable at each census

Further education and skills participation by IMD decile

Further education and skills participation by urban and rural locations

INDICATORS ABOUT STRENGTHENING THE SOCIAL VALUE SYSTEM

Taken from the current draft sv monitoring - live - contract (northumberland local authority plan to collect this information)

Value of SV investment to promote Local Skills and Employment

Value of SV investment supporting Growth of Responsible Regional Business

Value of SV investment supporting Healthier, Safer and more Resilient Communities

Value of SV investment Protecting and Improving Our Environment

Value of SV investment Promoting Social Innovation

RECOMMENDATIONS

STRENGTHEN ACCOUNTABILITY IN THE SYSTEM

NCP to continue to take whole systems approach to reducing inequalities through employment, by responding to these recommendations and developing an accountability system with progress updates and indicators as set out in the final section of this report.

Review and develop an approach to data collection and presentation to support benchmarking, forecasting and monitoring employment and skills outcomes, to inform the Partnerships strategic approach. Also link with NECA's data intelligence activity to co-ordinate effort.

In presenting progress and reporting, Northumberland to compare itself to statistically similar neighbours as well as the North-East region. This will provide a greater incentive to improve and learn from areas doing better with similar characteristics.

As far as possible build on assets and programmes that are working so that residents become familiar with the offers available.

ANNEXES



ANNEX 1. NORTHUMBERLAND COUNTY PARTNERSHIP

Advance Northumberland
Age UK Northumberland
Bernicia
Citizens Advice Bureau
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Federation of Small Business
Home Group
Karbon Homes
North East and North Cumbria Integrated Care Board
North East Chamber of Commerce
Northumberland College
Northumberland County Council
Northumberland National Park Authority
Northumbria Healthcare NHS Foundation Trust
Northumbria University
Port of Blyth
Tharsus
The North East Combined Authority

ANNEX 2. CONSULTATION PARTNERS

NORTHUMBERLAND HEALTH AND WELL-BEING BOARD

First Name	Surname	Organisation	Position
Alistair	Blair	Northumbria Healthcare NHS Foundation Trust	Executive Medical Director
Neil	Bradley	Northumberland County Council	Executive Director Adults, Aging & Well-being
Eve	Chicken	Northumberland County Council	Cabinet Member for Adults' Services and Health
Abi	Conway	Voluntary Community and Social Enterprise Organisations	Chief Executive of Citizens Advice Northumberland
Paul	Ezhilchelvan	Northumberland County Council	Councillor and Chair of Health and Well-being Board
Karl	Green	Northumberland County Council	Councillor
Audrey	Kingham	Northumberland County Council	Executive Director, Children, Young People and Education
Chloe	Mann	Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust	Place Director
Vicky	McFarlane-Reid	Newcastle Upon Tyne NHS Foundation Trust	Executive Director of Business, Development and Enterprise
Hugh	McKendrick	Healthwatch	Chair
Vicky	McLeod	Northumberland County Council	Director Children, Young People and Families
Lynsey	McVay	Northumberland Fire & Rescue Service	Interim Chief Fire Officer
Rachel	Mitcheson	North East & North Cumbria Integrated Care Board	Director of Delivery Northumberland and North Tyneside
Rob	Murfin	Northumberland County Council	Director of Housing and Planning
Russell	Nightingale	Harrogate & District NHS Foundation Trust	Chief Operating Officer
Gill	O'Neill	Northumberland County Council	Executive Director of Public Health, Inequalities and Stronger Communities
Hilary	Porteous	Local Medical Committee	Executive Officer
Guy	Renner-Thompson	Northumberland County Council	Cabinet Member for Children and Young People
Glen	Sanderson	Northumberland County Council	Council Leader
Kevin	Waring	Northumbria Police	Superintendent
Sharon	Williams	Local Pharmaceutical Committee	Clinical Pharmacist

IHE ADVISORY GROUP

First Name	Surname	Organisation	Position
Maria	Antoniou	Northumberland County Council	Head of Economic Development, NCC
Mick	Burton	Northumberland County Council	Head of Skills and Employability
Neil	Dorward	Northumberland County Council	Senior Manager - Education Development & Collaborative Projects
Nicola	Duffy	Thriving Together	Programme Director
Liz	Mayes	Connect Northumberland	Chief Officer
Liz	Robinson	Northumberland County Council	Senior Public Health Manager
Graham	Syers	GP Partner at Alnwick Medical Group & NE NC ICB	GP Partner, Vice Chair of Health and Well-being Board and Clinical Adviser for ICB

FOCUS GROUPS AND WORKSHOPS

First Name	Surname	Organisation	Position
Kate	Arif	Education Development Trust	Area Manager
Cameron	Armstrong	Northumberland County Council	Health Improvement Specialist Practitioner
Paul	Batey	Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust	Contracting and Procurement
Hayley	Bradford	Northumbria Police	Procurement Manager
Lois	Brentall	Advance Northumberland	Strategic Programme Manager
Tim	Bryce	Northumberland County Council	Public Health Project Manager
Gill	Burridge	Northumberland County Council	Careers Guidance Service Adviser
Stuart	Cannon	Northumberland County Council	Preparing for Adulthood Lead
Vicky	Clarke	Northumberland County Council	Senior Economic Advisor
Ginelle	Clough	Harrogate & District NHS Foundation Trust	Community Anchor
Zoe	Crozier	Northumberland County Council	Careers Guidance Service Adviser
Andrew	Dawson	Northumberland County Council	Policy Officer
Andy	Dean	Community Action Northumberland	Chief Executive
Helyn	Douglas	Construction Industry Training Board	Engagement Adviser
Julie	Dowson	Northumberland County Council	Senior Economic Analyst, NCC
Rachel	Druce	Northumberland County Council	Strategic Employability Manager
Claire	Duggan	DWP	Customer Services Lead Northumberland
Pamela	Forster	Northumberland County Council	Senior Public Health Intelligence Manager
Nick	Ggjerjorven	Northumbria Police	
Rochelle	Gonsalves	Northumbria Healthcare NHS Foundation Trust	Widening Participation Senior Practitioner
Kirsty	Grieves	DWP	
Kevin	Haddrick	Bernicia	Head of Corporate Social Responsibility
Kay	Harrington-Kemper	Thriving Together	Project Manager
Michael	Harriott	Business Northumberland	Senior Business Growth & Investment Manager
Andy	Hayes	Home Group	Regional Director
Karen	Hibbert	DWP	Senior Partnerships Manager
John	Hildreth	Business Northumberland	Senior Economic Development Manager
Pam	Hindhaugh	Northumberland County Council	Head of Corporate Commissioning and Procurement

Michael	Holliday	Northumberland County Council	Careers Guidance Service Adviser
Jackie	Johnson	Bernicia	Employability Manager
David	Kelly	Talking Matters Northumberland	IPS Senior Employment Adviser
Vanessa	Laing	Northumberland County Council	Senior Manager Employability Programmes and Contracts
Margaret	Lewis	Northumberland County Council	Social Value and Responsible Procurement Manager
Joanna	Ludbrook	Talking Matters Northumberland	IPS Employment Adviser
Sarah	McMillan	Northumberland County Council	Director of Economic Development a& Growth, NCC
Vickie	Morton	Northumberland College	Vice Principal for Student Life and Stronger Communities
Simon	Murray	Northumberland County Council	Head of Service, Adult Social Care
Michelle	Portersfield	DWP	Northumberland Disability Employment Adviser Lead
Fiona	Richardson	Newcastle Carers	North of Tyne Employer Engagement Officer
Emma	Richardson	Northumberland County Council	Poverty Lead
Tina	Richmond	Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust	IPS Employment Adviser
Luke	Robertshaw	Northumberland County Council	Deputy Director of Public Health
Steve	Robson	Northumberland County Council	Policy Team Leader, Planning Services
Naomi	Robson	Education Partnership North East	Vice Principal Corporate Services
Gill	Smith	Northern Learning Trust	Chief Executive
Julia	Smith	DWP	Local Partnership Manager
Jane	Telfer	Northumberland County Council	Public Health Manager
Caroline	Theobald	Connect Northumberland	
Melanie	Thompson-Glen	National Innovation Centre for Rural Enterprise	Head of Business and Innovation
Louise	Tindill	Cumbria Northumberland Tyne and Wear NHS Trust	IPS Employment Adviser
Anna	Warner	Reed in Partnership	Senior Partnership Manager
Andy	Watmogh	Cygnus Support	Chief Executive
Allona	Welby	Northumbria University	Head of Partnerships
Jamie	White	Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust	IPS Employment Adviser
Ross	Wigham	Northumbria Healthcare NHS Foundation Trust	Director of Communications
Iryna	Zhomer	Northumberland County Council	Employment Partnership Coordinator

PARTNER INTERVIEWS

First Name	Surname	Organisation	Position
Chris	Antony	Silx Teen Bar	Development Manager
Richard	Carroll	Durham County Council	Chief Procurement Officer
Orla	Collins	Wansbeck Primary Care Network	Clinical Director
Sara	Gray	Silx Teen Bar	Employability Coordinator
Jane	Hibberd	Sunderland City Council	Corporate Policy
Dan	Jackson	North East & North Cumbria Integrated Care Board	Director of Policy, Involvement and Stakeholder Affairs
Alex	Kempster	Business Northumberland	Employer Engagement Coordinator
Glenda	Malone	Sunderland City Council	Procurement Manager
Claire	Mills	North East & North Cumbria Integrated Care Board	Strategic Programme Manager
Jack	Moffat	Thomas Pocklington Trust	Engagement Manager North East
Catherine	Murray	Northumbria Primary Care Network	Clinical Director
Helen	Townsend	Sunderland City Council	Economy & Place Directorate
Amber	Whittlesey-Hall	Northumberland Sensory Services	Team Manager

RESIDENTS EXPERIENCE AND FURTHER WORKSHOPS

Group	Focus	Participants
Women's Workshop	Amble	8 working aged women seeking employment
Escape Carers Coffee Morning, Isabella Community Centre	Blyth	6 people of working age either caring for or in recovery, seeking employment
Escape Carers Coffee Morning, Susan Kennedy Centre	Ashington	20+ in attendance, working age either caring for or in recovery seeking employment
Northumberland Employability Network	Thematic workshop held as part of network meeting at Newbiggin	50+ organisations working across voluntary and public sector in employment support and skills organisations.

EMPLOYER INTERVIEWS

Name	Sector	Geography
Akzo Nobel	Manufacturing	Urban
Allan Brothers	Manufacturing	Rural
Home Instead	Adult Social Care	Urban
MMCS	Service - Cleaning	Urban
Osbit	Manufacturing	Urban
Printed.com	Printing Manufacturer	Urban
Quotient	Pharma Manufacturing	Rural
Stellex	Manufacturing	Rural
Tharsus Universal Wolf	Manufacturing	Urban
Westray	Service - Recruitment	Urban

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