

Health and Wellbeing Board

26 June 2025

Kent and Medway Integrated Work and Health Strategy

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Summary

This report provides an overview of the development of the Kent and Medway Integrated Work and Health Strategy developed between May 2024 and June 2025. It sets out the process, engagement, feedback and at this stage, the provisional strategy. This report is for endorsement and comment by the Medway Health and Wellbeing Board.

1. Recommendation

1.1. The Health and Wellbeing Board is asked to note the provisional Kent and Medway Integrated Work and Health Strategy and to comment as appropriate.

2. Budget and policy framework

2.1. The Kent and Medway Integrated Work and Health Strategy is outside of the Medway Council Budget and Policy Framework. Leadership capacity for the development and implementation Kent and Medway Integrated Work and Health Strategy is funded via ICB funding from the Department of Work and Pensions/Department of Health and Social Care until 30 June 2026.

3. Background

3.1. *“There has been a ‘recent sharp rise in the number of people out of the workforce due to long term sickness. This has significant impacts on the individuals’ wellbeing as well as large fiscal and economic costs¹”.* The number of people out of work in the UK due to long-term health conditions is

¹ ‘Improving our Nation’s Health: A Whole-of-Government Approach to Tackling the Causes of Long-Term Sickness and Economic Inactivity’ - BCG Centre for Growth and NHS Confederation (September 2024)

at the highest level since 2008². The '[Towards a Healthier Workforce](#)' report (October 2024) highlights that:

- More than 8 million people (20% of 16 to 64 year olds) now have health conditions that restrict the type or amount of work they can do, up from 6 million in 2013.
- Of the 4 million people currently not participating in the labour market due to a work-limiting condition, 2.6 million cite long-term sickness or disability as their main reason for being out of the workforce.
- There has also been a significant increase in the number of people with ill health who are in work. In 2023, there were 3.9 million workers aged 16 -64 years with a working limiting condition up by 1.5 million, or 64%, from a decade ago.
- Workers with a work-limiting health condition face a much higher risk of exiting the labour market (1 in 9 compared to 1 in 30 of those without a long-term health condition).

3.2. As demonstrated above, unemployment and economic inactivity due to long term health conditions are significant across England. The phenomenon is higher in Kent than elsewhere in the South East although slightly lower in Medway. In Kent 27% of economic inactivity among 16 - 64 year olds is due to long term sickness compared to 20% in Medway, 22.7% in the wider South East and 27.3% nationally³. In response to this growing challenge, various national initiatives are underway, and this is a clear agenda for the current Government. The Kent and Medway Integrated Work and Health Strategy will identify local opportunities to deliver improvements in the support available for employers and employees.

3.3. Apart from the impacts upon the health and wellbeing of individuals, these high levels of economic inactivity present significant economic challenges and most notably for local employers. In the 2023 'Kent and Medway Employer Skills Survey', 35% of the 900 business respondents confirmed that they had gaps within their existing workforce capabilities and half of them highlighted that recruitment was a problem. [The Kent and Medway Local Skills Improvement Plan](#) confirms that many of Kent and Medway's most significant industry sectors are all impacted by critical skills gaps which results in lower productivity and slower business growth. Identifying ways to support economically inactive people into work could play a significant role in meeting labour market demand. People in work also benefit from higher levels of personal income and are therefore able to contribute more to the local economy as consumers through, for example retail, leisure and hospitality businesses.

3.4. In response to the growing number of people out of work, the previous Government introduced the Back to Work plan⁴ in 2023 to support those facing long-term conditions, disabilities, or long term unemployment. In the Spring Budget of 2023, resource was made available nationally to support

² Rising ill-health and economic inactivity because of long-term sickness, UK - Office for National Statistics (ons.gov.uk)

³ <https://www.nomisweb.co.uk/>

⁴ <https://www.gov.uk/government/news/employment-support-launched-for-over-a-million-people>

people with disabilities and long term health conditions to start, stay and succeed in work. The Autumn Statement in 2023 built on this by setting out plans to expand employment support and treatment available.

- 3.5. There was strong local support by system leaders for the development of an Integrated Work and Health Strategy for Kent and Medway, to be co-owned by the Kent and Medway Integrated Care Partnership (ICP), via the Strategic Partnership for Health and the Economy⁵ (SPHE), and the Kent and Medway Economic Partnership (KMEP). The focus of the strategy will be to integrate work and health to support the people of Kent and Medway with long term conditions and disabilities, to start, stay and succeed in work.
- 3.6. The Kent and Medway Integrated Work and Health Strategy has been developed by a partnership of colleagues from across the Kent and Medway Integrated Care System (ICS). This report presents a provisional version of the final Kent and Medway Integrated Work and Health Strategy and associated documents prior to finalisation and Kent and Medway ICS governance and approvals.
- 3.7. In November 2024, building on the previous Government's back to work plan, the government produced the [Get Britain Working White Paper](#). The Kent and Medway Integrated Work and Health Plan and other relevant programmes and initiatives are closely linked with the development of the Local Get Kent and Medway Working Plan which is required to be submitted by July 2025. Figure 1 shows the connection between a range of relevant pieces of work. A core working group of colleagues including Kent County Council, Medway Council and NHS Kent and Medway ICB come together regularly to ensure strong interconnection between these programmes.
- 3.8. The Connect to Work programme is one of the key pillars of the Get Britain Working white paper. It will operate across Kent & Medway, supporting over 9000 participants until 2030, with about 1270 starts in Medway. It will deliver using two different models, Individual Placement Support (75%) and Supported Employment Quality Framework (25%). 85% of the programme will be for participants who are out of work, 15% of participants will be in work.
- 3.9. Connect to Work is for people of working age (19+) who are disabled or with a long term health condition, or in one of the following groups; offenders/ex-offenders, carers/ex-carers, homeless people, armed forces veterans/current armed forces personnel, people with drug or alcohol dependencies/history of dependency presenting a barrier to employment, Care experienced young people/care leavers, refugees (resettled Afghans/people on the Ukrainian scheme), victims/survivors of domestic abuse, young people (19+) involved in or at risk of serious violence, victims of modern slavery. Individuals must be

⁵ The SPHE includes representation from local government including economic development, public health and social care, the NHS, businesses and business representative organisations, skills providers, voluntary groups and the Department for Work and Pensions.

either economically inactive or unemployed or employed but at risk of dropping out of work.

Embedding the LGBWP into the Kent & Medway Context

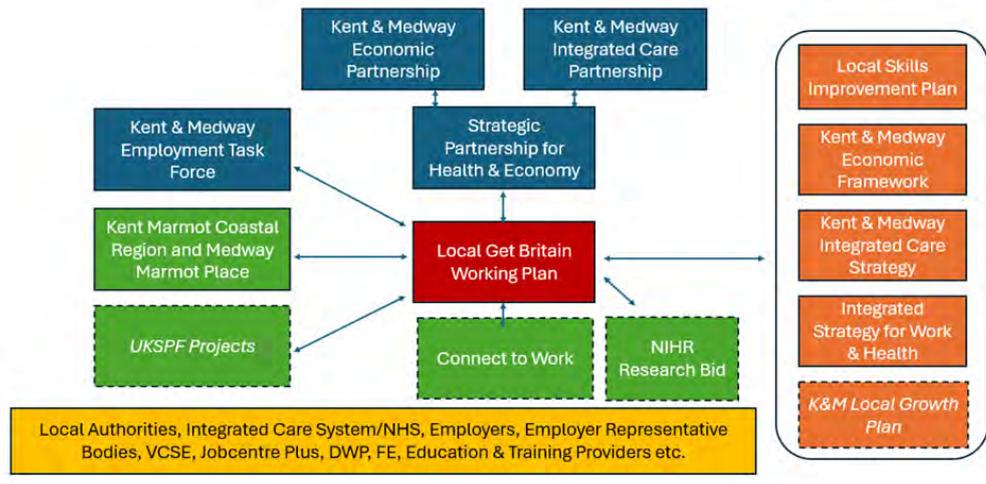


Figure 1 Embedding Local Get Britain Working Plan in Kent and Medway

4. Advice and analysis

4.1. The Kent and Medway Integrated Work and Health Strategy has the aim of integrating and improving support for people and employers with the goal of helping people with long-term health conditions and disabilities to start, stay and succeed in work.

4.2. The steps to development of the Kent and Medway Integrated Work and Health Strategy are set out below:

- Integrated Care Partnership Workshop (April 2024) focused on work and health bringing together partners and stakeholders from across the Kent and Medway Integrated Care System. Feedback from the group contributed to the development of the Kent and Medway Integrated Work and Health Strategy.
- Intelligence gathering in Summer 2024 via interviews and focus groups with approximately 115 stakeholders from across the Kent and Medway ICS. The intelligence gathered supported development of the draft Kent and Medway Integrated Work and Health Strategy
- In Summer 2024 national, regional and local policy and strategy were reviewed. This continues to be updated as new policies and initiatives emerge.
- Development of the draft strategy took place between September 2024 and December 2024. In development the draft strategy was socialised with a wide number of partners, stakeholders and groups from across the Kent and Medway ICS. Feedback from these sources further contributed towards the development of the strategy.

- Public consultation via a survey took place between January 2025 and March 2025. The survey was accessed through the NHS Kent and Medway ICB '[Have your say in Kent and Medway](#)' site. The opportunity to contribute to this consultation was proactively shared with partners across Kent and Medway. Further engagement via presentations and briefing notes took place at this point. The interim engagement report is included at Appendix 1.
- A voluntary sector partner has been commissioned to undertake **Engagement with People with Lived Experience** to inform the final strategy. The final report for this engagement is due on 2 June 2025. Weekly interim reporting is being provided during this time.
- **Development of the Final Strategy** was started in April 2025, based on a 'You said, we did' approach using the analysis of survey data and feedback from the lived experience engagement to inform the amendments to the strategy. At the time this report is being presented, complete analysis of the free text responses from the public consultation is awaited along with final outcomes from the engagement with people with lived experience.
- The provisional Kent and Medway Integrated Work and Health Strategy can be found in Appendix 2. The strategy is provisional pending the inclusion of final feedback from focus groups engagement with people with lived experience and final analysis of the survey free text from the public consultation survey. The strategy is built on the structure in Figure 2.



Figure 2: Kent and Medway Integrated Work and Health Strategy Structure.

- 4.3. The provisional strategy is set out across 4 Aspirations as shown in Figure 3 which are the overarching themes which will guide the work of the strategy. Each Aspiration is comprised of 2 or 3 Commitments, these are the commitments to action towards each Aspiration. Bolded elements in the

strategy text identify key areas for focused action. The strategy will be underpinned by activities set out in an action plan.



Figure 3: Kent and Medway Integrated Work and Health Strategy Aspirations and Commitments

- 4.4. Employer concerns in their confidence to support people with long-term health conditions and disabilities in the workplace was heard through engagement. Employers welcomed support in fully understanding and applying legislation and in sharing practice through case studies and examples. **Aspiration A** addresses this aspect and also drives a culture of a collaborative approach to business and employer needs.
- 4.5. **Aspiration B** responds to the strong case that was made during engagement for quality training and development across a number of aspects. Providing opportunity for those who are out of the workplace to gain sufficient training to enter the workplace and to have appropriate training to progress to higher paid roles which provide meaningful work. Training and development in appropriate areas also provides opportunity for employers to fill known skills gaps. This Aspiration also seeks opportunity for people with long-term health conditions and disabilities to access guidance for career change where exacerbations prevent continuation with current career or employment.
- 4.6. It was heard that there are multiple factors which can make management of long-term health conditions and disabilities difficult to manage whilst at the same time engaging in meaningful work. It was also heard that there are a range of wider factors which can influence the ability of a person with a long-term health condition or disability to start, stay or succeed in work, these may include transport, housing and other building blocks of health. **Aspiration C** takes a holistic view of the individual and the support that they may need to

engage in work whether that is clinically based or via the social determinants of health.

- 4.7. People engaged told us that it was important to ensure that all workplaces were conducive to good physical and mental health and wellbeing for employees. This maybe in the leadership and management practices with respect to workload and expectations, remaining active during the working day or the flexibility to achieve a good work life balance. This is captured in the preventative approach of **Aspiration D** which also recognises the need for additional support at particular times of life transition such as menopause, pregnancy or nearing retirement where working environment and timeframes adaptation can be advantageous.
- 4.8. There was strong support for the draft Kent and Medway Integrated Work and Health Strategy which was circulated widely as part of the Public Consultation Survey in January 2025. Details of proactive circulation routes can be found in Appendix 4. The survey received 336 responses which comprised (full figures can be seen in Appendix 4):
- A higher proportion of female than male: 65.2% female compared to 25% male
 - 82.7% White British, slightly lower than the 2021 Census for Kent at 89.4%
 - 39.6% of respondents considered themselves to have a disability
 - 58.9% considered themselves to have a long-term health condition
 - Of those respondents who considered themselves to have a long-term health condition or disability, 36.9% responded that they were working and 21.1% responded that they were not, for the remaining respondees the status was unknown.
- 4.9. Respondents to the survey were asked to what level they agreed or disagreed with the Aspirations in the draft Kent and Medway Integrated Work and Health Strategy.
- **Aspiration A** was strongly supported with a total of 69.9% respondents strongly agreeing or agreeing, 1.8% of respondents strongly disagreed.
 - For **Aspiration B**, 71.1% of respondents selected strongly agree with a further 22% selecting agree.
 - **Aspiration C** received a strongly agree from 72% of respondents with an additional 18.8% of respondents selecting agree. 1.5% of respondents selected strongly disagree.

- **For Aspiration D**, 70.2% of respondents selected strongly agree with a further 21.4% of respondents answering agree. 1.8% strongly disagreed.
- 4.10. There was strong approval for the Aspirations set out in the draft strategy. Free text comments for those respondents who strongly disagreed have been reviewed and analysis of the entirety of the free text comments will be imminently available to incorporate.
- 4.11. An action plan has been drafted to take forward the aims of the strategy in a tangible way. The action plan is in two sections, Section 1 comprises actions which can be taken forward in the short and medium term and Section 2 comprises actions which are of a developmental nature prior to action. The draft action plan prior to assigning task owners can be seen in Appendix 3. The starting point from which the baseline and measures will be developed is the Kent and Medway Integrated Care Strategy outcomes and indicators.
- 4.12. The diversity impact assessment has been updated throughout the process. For some protected characteristics there is limited data which explicitly links the employment status related data to long-term health conditions and disabilities. Where this is so, as a starting point relevant data relating to employment status for the protected characteristic is incorporated to guide thinking to minimise any risk of a negative differential impact.
- 4.13. The Kent and Medway Integrated Work and Health Strategy has been written to be inclusive and support people with long-term health conditions and disabilities to start, stay and succeed in work. It takes a focus on supporting employers to build their confidence in supporting employees, minimising stigma and in building trusted relationships that enables employer and employee to reach their potential. It takes into account the development needs of individuals to enter meaningful work and also to progress to higher paid roles. Through a person centred approach it aims to take the broadest view of an individual taking account of health needs and also wider determinants that affect their engagement in work. Finally it takes a view that a preventative approach should be in place to facilitate good mental and physical health and wellbeing in the workplace. This provides opportunity, for the strategy to support the workforce and have a positive differential impact across all protected characteristics. The diversity impact assessment can be found at Appendix 4.
- 4.14. However, a monitoring focus is suggested in three areas for the first year of the strategy.
- **Gender reassignment:** In carrying out the diversity impact assessment it was noted that this protected characteristic experiences a range of interconnecting work and health challenges and the effectiveness of the strategies for this group should be monitored over the first year of the strategy.
 - **Marriage/Civil Partnership:** It was noted that there was limited data and intelligence relating to this protected characteristic and therefore

over the first year of the strategy this should be reviewed for further information that could help ensure that interventions were meeting the needs of this group.

- Seldom heard groups: It was noted that for religious, cultural or other reasons, there may be groups that are reticent to come forward for support and that over the first year of the strategy care should be taken that there is opportunity to reach out proactively to these groups.

4.15. Consultation and engagement to date has shown very strong agreement with the draft Kent and Medway Integrated Work and Health Strategy, from a 'You said, we did' perspective feedback has been reviewed and incorporated as appropriate. The provisional Kent and Medway Work and Health Strategy is presented for endorsement pending final feedback incorporation from the public consultation survey and engagement with people with lived experience.

5. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Engagement	There is a risk of limited engagement from organisations across Kent and Medway resulting in minimal change arising from implementation of the strategy.	The strategy has been developed collaboratively and close attention paid to the concerns of stakeholders, partners and the public. Along with strong communication, this will inform the implementation of the strategy.	CIII
System change	The current change ongoing across the system may limit the ability to gain traction with action.	Actions are designed to be practical to implement. The status of the system will be kept in mind as the actions are reviewed and updated.	BIII
Resource	There is limited additional funding for this programme which may limit the ability to take action forward.	The strategy has been developed through a collaborative, partnership approach joining	BIII

Risk	Description	Action to avoid or mitigate risk	Risk rating
		up to make best use of resource and funding across the system. This will continue to avoid duplication and make the most of joint working.	

For risk rating, please refer to the following table :

Likelihood	Impact:
A Very likely B Likely C Unlikely D Rare	I Catastrophic II Major III Moderate IV Minor

6. Consultation

- 6.1. Extensive consultation has taken place as set out in section 6 Consultation feedback has demonstrated strong support for the Aspirations and Commitments that we set out in the draft strategy.

7. Climate change implications

- 7.1. There are no climate change implications arising from this report.

8. Financial implications

- 8.1. There are no financial implications arising directly from this report.

10. Legal implications

- 10.1 There are no legal implications arising directly from this report.

Lead officer contact

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Appendices

Appendix 1: KM Work and Health Strategy – Consultation Results Report

Appendix 2: Provisional K&M Integrated Work and Health Strategy v3.1

Appendix 3: KM Integrated Work and Health Action plan v0.7

Appendix 4: Work and Health EqIA v0.4

Background papers

Towards a healthier workforce: Interim report of the Commission for Healthier Working Lives -

<https://www.health.org.uk/sites/default/files/upload/publications/2024/Towards%20a%20healthier%20workforce.pdf>

Appendix 1

Kent and Medway Integrated Work and Health Strategy 2025 – 2030: Consultation Results Report

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Executive Summary

The Kent and Medway Integrated Work and Health Strategy 2025 – 2030 has been developed through a collaborative effort between the Kent and Medway Integrated Care Partnership (ICP) and the Kent and Medway Economic Partnership (KMEP). This joint initiative reflects a shared commitment to improving the health and productivity of our workforce, benefiting businesses and organisations and the local community.

To inform the development of the strategy, a public engagement exercise was carried out, with included both an online consultation and focus groups, building on a strong intelligence-gathering phase that attracted high levels of participation from a diverse range of stakeholders.

A total of 336 responses were received during the online consultation, with contributions from across both Kent and Medway. The feedback was coded and analysed, revealing strong overall support for the strategy's aspirations. Each aspiration received a "Strongly Agree" response rate of over 69% when respondents were asked whether it should be included in the strategy.

[Comments from free text to be added]

Importantly, none of the aspirations received more disagreement than agreement. Aspiration D had the highest proportion of disagreement at just 4.5%, but the results still indicated a broadly positive reception to the draft proposals across all thematic areas.

[Paragraph outlining focus group feedback to be added]

Introduction

This report summarises the responses gathered through the public engagement exercise undertaken to support the development of the Kent and Medway Integrated Work and Health Strategy 2025–2030. The engagement aimed to ensure broad and meaningful participation from across our communities, enabling residents to shape a strategy that reflects local needs and priorities.

The consultation provided respondents with the opportunity to have a say on each aspiration in the strategy, with respondents stating how much do they agree these aspirations should be included in the strategy, ranging from “Strongly Agree” to “Strongly Disagree”. This was then followed by an open text box to explain why they thought this.

Respondents were able to choose which questions to answer within the consultation survey. As such, answers for “Unknown” to any of the questions, are where the respondents have chosen not to answer. It is also important to note that while not every individual comment is quoted or coded in this report, all responses have been read and taken into account when determining whether changes were needed.

The feedback received during this process has been carefully considered and will inform the forthcoming You.Said?We.Did document, which will outline how consultation responses have influenced the final version of the strategy.

The final version of the Kent and Medway Integrated Work and Health Strategy will be presented for approval through the governance processes of Kent County Council, Medway Council, and the Kent and Medway Integrated Care Board (ICB) in July 2025.

Consultation Process

We conducted a 12-week consultation between 10 January to 20 March 2025. A copy of the consultation questions we asked is included in Appendix A. The consultation used the [NHS Have Your Say in Kent and Medway](#) to host the consultation and provide access to the draft strategy.

To raise awareness of the consultation and encourage participation the following activity was undertaken.

The Survey was shared with the membership of the Strategic Partnership for Health & Economy (SPHE). The SPHE includes representatives from local government including economic development, public health and social care, the NHS, businesses and business representative organisations, skills providers, voluntary groups and the Department for Work & Pensions for dissemination through their own channels.

Social media and Communications Engagements were coordinated by a group comprising communications leads from Medway Council, Kent County Council and the Integrated Care Board. Combined they oversaw the promotion of the survey on their respective Social Media channels including “X” (formally Twitter), Instagram and Facebook which also comprised paid for advertising targeting individuals and generated the following reach:

- 178 (134 individuals) downloads of the Strategy
- 4624 (2922 individual) visits to the consultation webpage

Further to social media presence the survey was also shared with broad group of stakeholders and groups of relevant bodies, these included presentations and information sharing with:

- Disabled worker forums from Anchor institutions
- Internal staff communications for anchor institutions
- Adult Social Care Team Staff Meetings
- GP and Primary Care Staff Bulletin
- NHS Kent and Medway Public Newsletter
- Public Health Newsletters including Medway Public Health Workplace Health Programme newsletter
- NHS Kent and Medway Stakeholder Update Newsletter
- Integrated Care Partnership Members
- Kent and Medway Economic Partnership Members
- Primary Care – via Primary Care Bulletin
- Learning Disabilities and Autism Board
- Better Mental Health Network
- Prevention Partnership and Operations Group
- ICB Executive
- Allied Health Professionals
- East Kent Marmot Steering Group
- Health and Care Partnerships via the ICP Sub Committees
- Strategic Partnership for Health and the Economy

- Kent and Medway VCSE Steering Group
- Kent and Medway VCSE Health Alliance
- KCC Districts
- Acute Trusts
- Kent County Council Internal Comms via KNet and The Information Point
- Business Advisory Board
- Kent Economic Development Officers Group

Focus Groups

Further to the open consultation, a series of focus groups are at the time of writing this report have been commissioned to provide further insight on the strengths and developmental points of the draft work and health strategy.

The VCSE organisation Involve, were commissioned for this piece of work, after a successful tender to engage specific populations with lived experience to support development of the Kent and Medway Integrated Work and Health Strategy. and produce a report on its specific themes.

Timeline

The Quick Quote for this activity was issued 17 April and awarded to Involve 30 April. A report on the focus groups is due 2 June, with the contact end date 6 June 2025.

The consultation and focus groups received the following levels of engagement:

- 336 responses from across Kent and Medway
- 184 responded they would be happy to be contacted for focus groups
- [Number attending focus groups to be added]

Information about Consultation Respondents

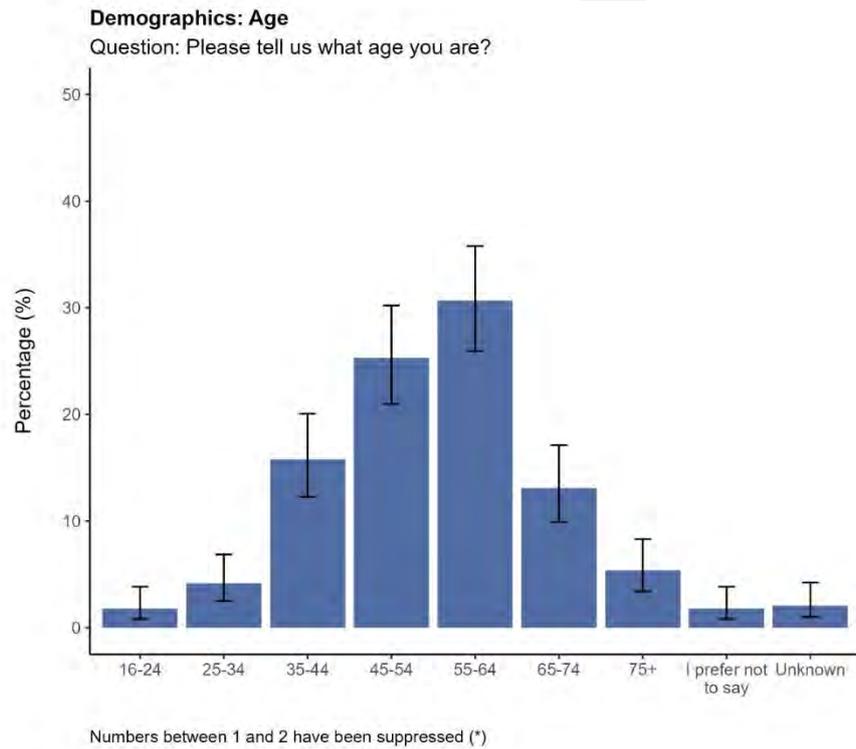
The consultation received 336 responses, all of which were all made using the questionnaire online.

Demographics of Respondents

Age

The consultation received responses from a range of ages, with 55–64-year-olds making up 30.7% of total responses, followed by 45–54-year-olds with 25.3%, as demonstrated in Figure 1.

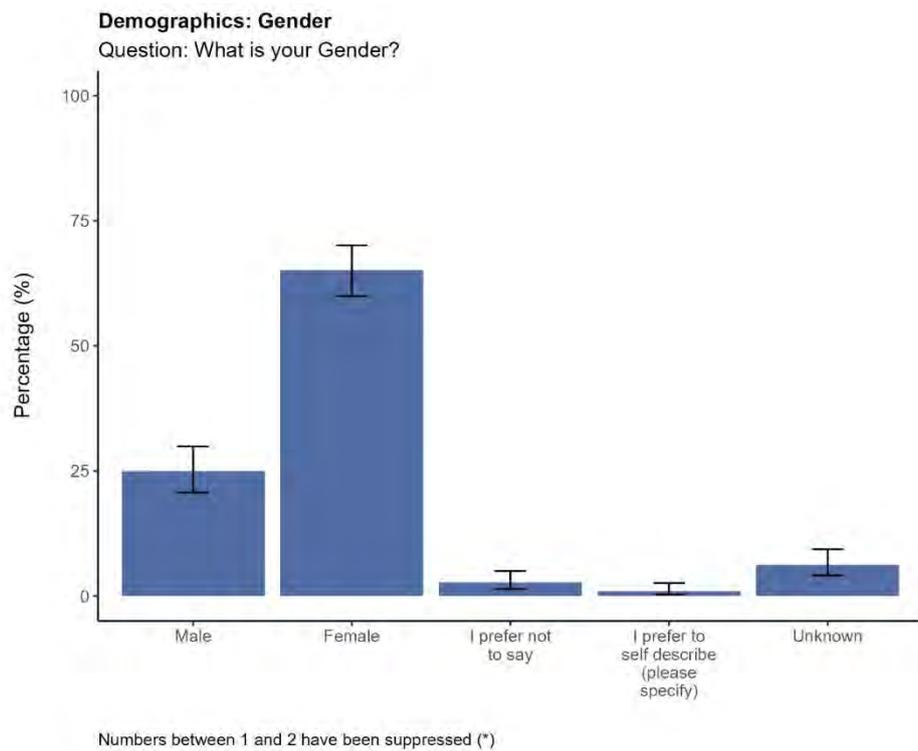
Figure 1 – Demographics: Age



Gender

From the 336 respondents, there was greater response from females, with 65.2% responses female, compared to 25% from males as shown in Figure 2. Nine responses (2.7%) stated “I prefer not to say”, and three responses (0.9%), stated “I prefer to self-describe”. 21 responses, (6.2%) were “Unknown”.

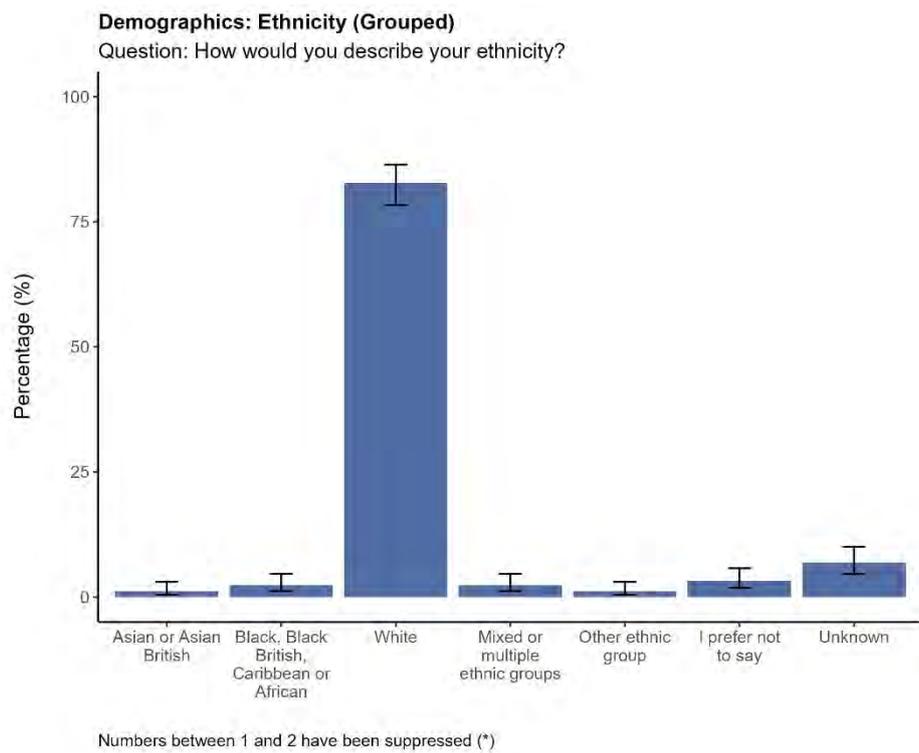
Figure 2 – Demographics: Gender



Ethnicity

Regarding ethnicity, shown in Figure 3, 82.7% of respondents stated they were White British, which is slightly below the proportion for Kent shown in the Census 2021 (89.4%). The next highest respondents were for “Unknown” (6.8%) and “I prefer not to say” (3.3%).

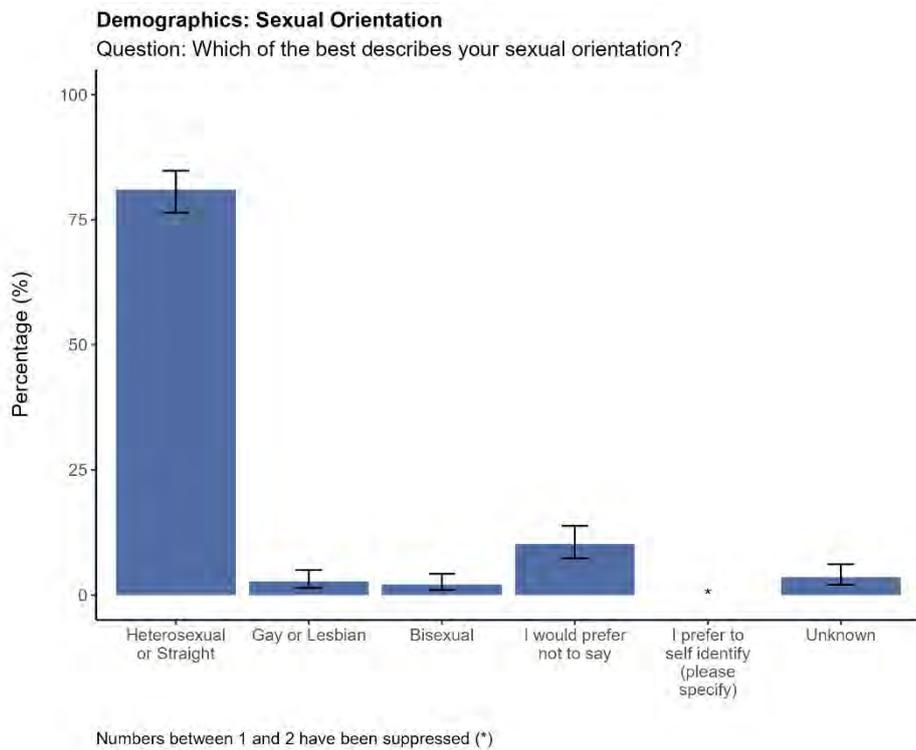
Figure 3 – Demographics: Ethnicity (Grouped)



Sexual Orientation

Concerning sexuality, shown in Figure 4, 81% of respondents stated they were heterosexual, with 10.1% answering they would prefer not to say. Gay or Lesbian was stated by 2.7% of respondents, with the remaining 3.6% “Unknown”.

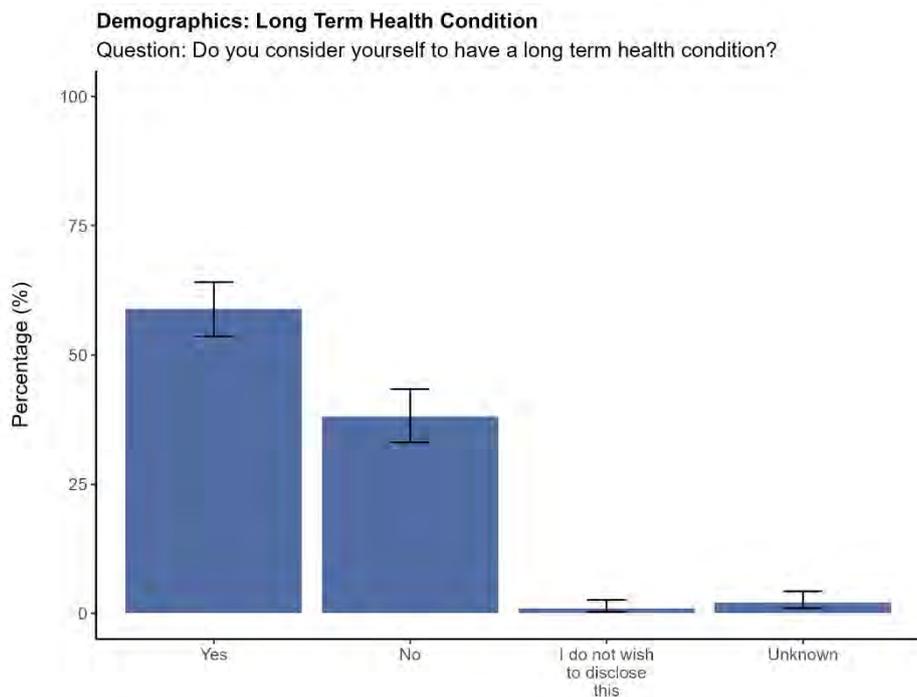
Figure 4 – Demographics: Sexual Orientation



Long-term Health Conditions and/or Disability

A total of 198 (58.9%) received from respondents considered themselves to have a long-term health condition, and three responses (equal to 0.9%) answered “I do not wish to disclose this”.

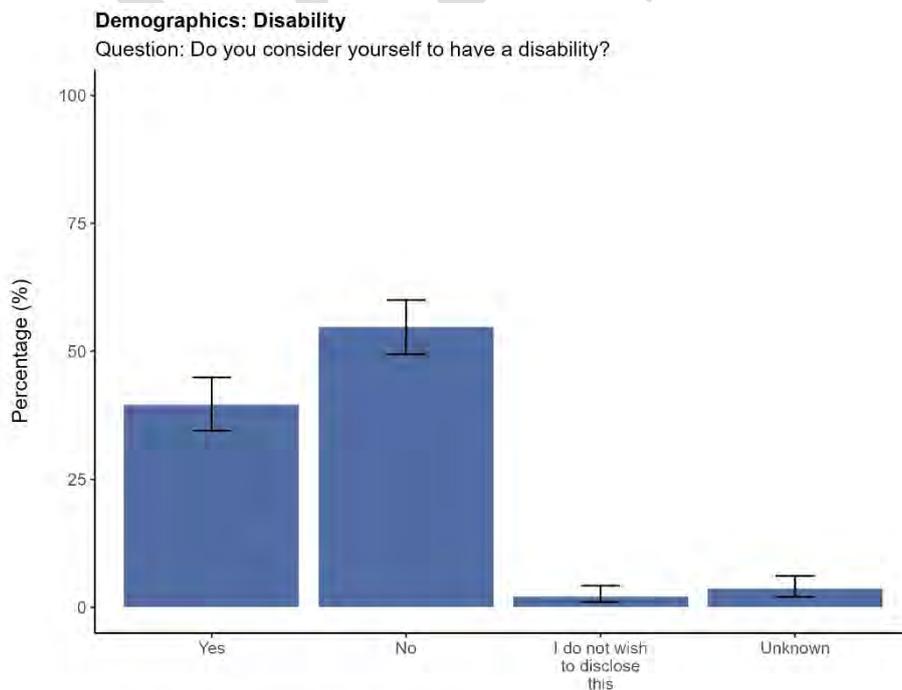
Figure 5 – Demographics: Long-term Health Condition



Numbers between 1 and 2 have been suppressed (*)

A total of 133 (39.6%) received from respondents considered themselves to have a disability, and seven responses (2.1%) answered “I do not wish to disclose this”.

Figure 6 – Demographics: Disability

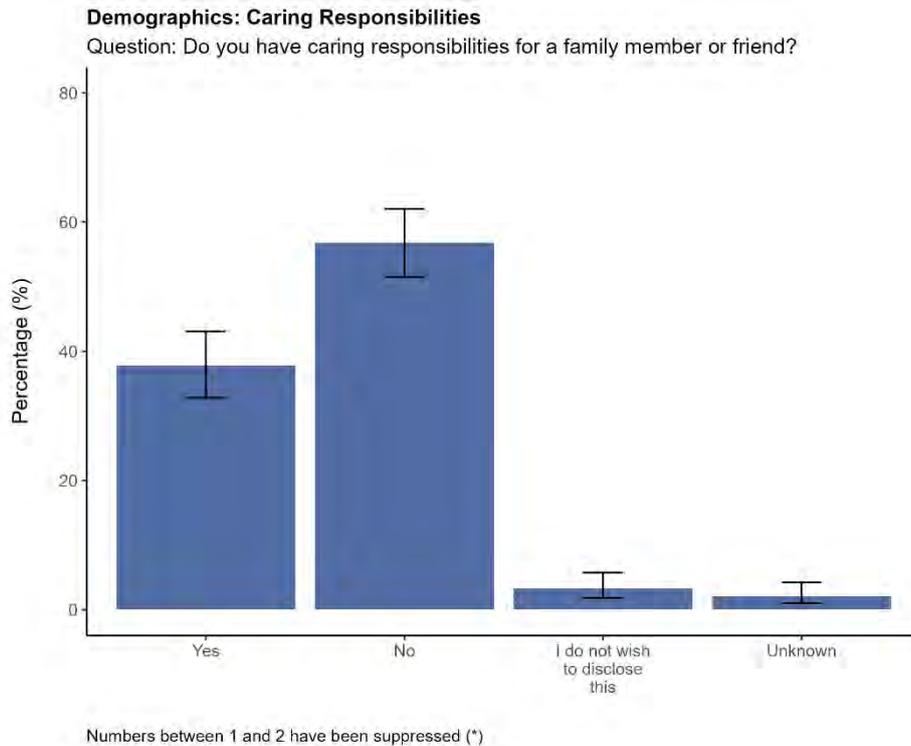


Numbers between 1 and 2 have been suppressed (*)

Caring Responsibilities

We asked whether respondents consider themselves Carers¹. 127 (37.8%) of respondents classed themselves as a Carer, with a further 11 (3.3%) of respondents wishing not to disclose this. The remaining 191 (56.8%) of respondents answered “No” and 7 (2.1%) answered “Unknown”.

Figure 7 – Demographics: Caring Responsibilities

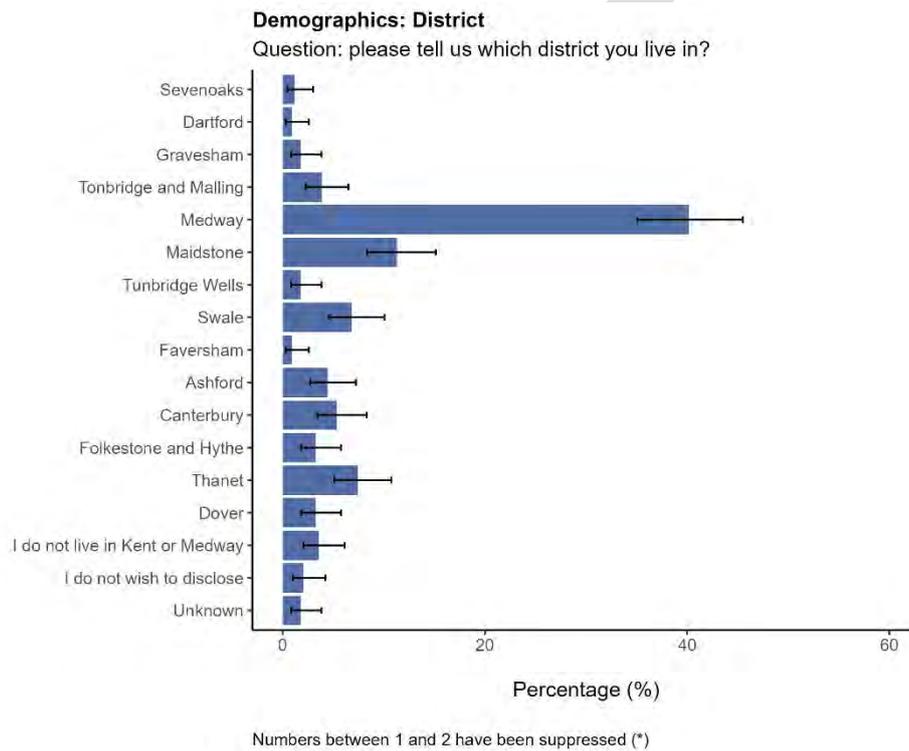


District

We asked respondents which district they live so we could determine the spread of response from across Kent and Medway. The results are shown in Figure 7 and indicate that there was a spread of responses from all parts of the county, and also a few who do not live in Kent and Medway (3.6%). In total, 176 (52.4%) responded they lived in Kent and, and 135 (40.2%) in Medway, with the remaining responding “I do not wish to disclose” or “Unknown”.

¹ “C”ectgt”ku”cp{qpg.”lpenwf lpi ”ej kf tgp”cpf ”cf wnu”y j q”lqqu”chgt”c”hco kf”o go dgt.”r ctvpgt”qt”Hlqpf ”y j q”pggf u”j gr ”dgecwug” qh”vj gk”lmpguu.”lrc kw.”f kucd kw.”c”o gpwnj genj ”r tqdigo ”qt”cp”c f f k v qp”cpf ”ecppqv”eqr g”y kj qw”vj gk”lwr r qt”OVj g”ectg”vj g{” i k g”ku”wpr c kf OY j gp”y g”l g hgt”vq”ectgtu”lp”vj ku”f qewo gpv.”yj ku”ku”lpenwukg”q h d qj ”cf wn”c pf ”{qwpi ”ectgtu0” j wr u d l y y y Qpi r pf Qj u0wnleqo o kuukqpi leqo o /ectgtulectgtu1”]Ceeguugf ”4202707_

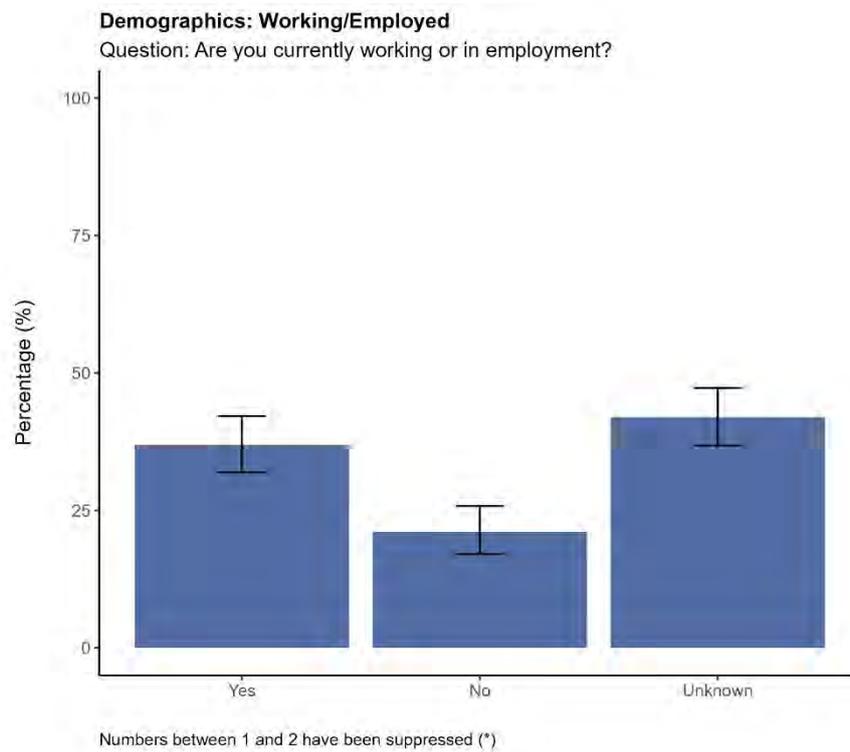
Figure 8 – Demographics: District



Working or Employment

This was question could only be answered by those respondents that answer yes to having a long-term health condition or disability. Of the respondents who did answer, 124 (36.9%) answered “Yes” and 71 (21.1%) answered “No”.

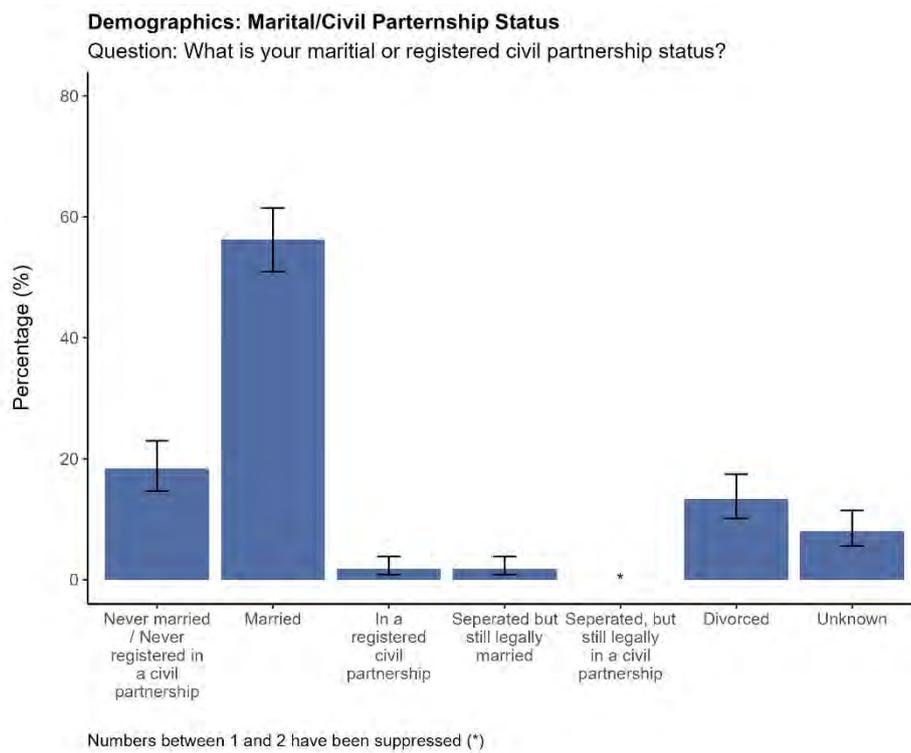
Figure 9 – Demographics: Working or Employment



Marital/Civil Partnership Status

When asked their marital status, 56.2% answered “Married”, which was followed by “never married/never registered in a civil partnership” by 18.5% of respondents.

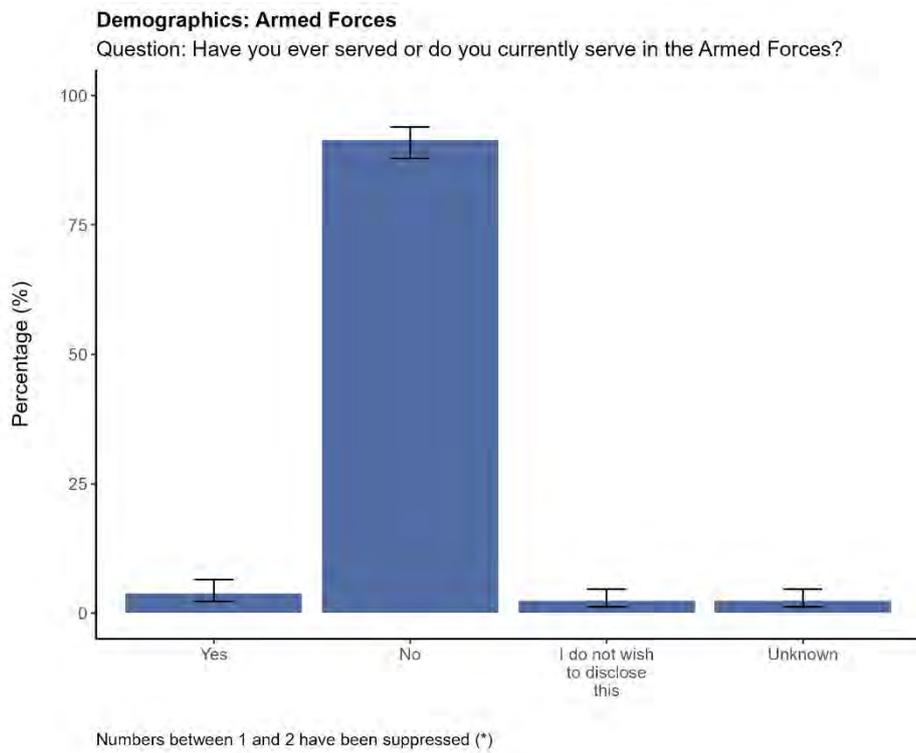
Figure 10 – Demographics: Marital/Civil Partnership Status



Armed Forces

13 (3.9%) of respondents have served or currently serve in the armed forces, with remaining respondents answering “No” (91.4%) or that they do now wish to disclose this (2.4%).

Figure 11 – Demographics: Armed Forces



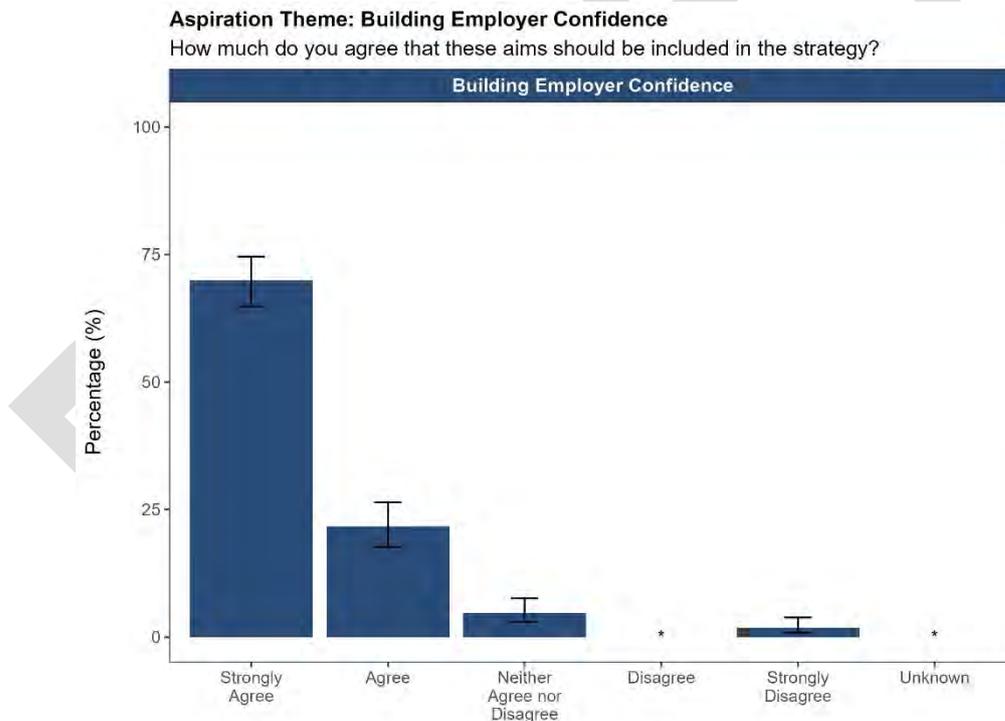
Aspiration A: Building Employer Confidence

Aspiration A was strongly supported with a total of 69.9% of respondents answered Strongly Agree and 21.7% of respondents answered Agree. This indicates a clear endorsement of the aspiration’s relevance and important, with respondents highlighting that:

- Both employers and employees share responsibility for employability and wellbeing.
- Employers need more support and confidence to engage with people with health conditions.
- Greater awareness is needed of the value that people with long-term health conditions or disabilities bring.
- Employers should balance business needs with supporting employee health and wellbeing.

A total of 4.8% of respondents answered Neither Agree nor Disagree. A small percentage of respondents answered Disagree. A total of 1.8% of respondents answered Strongly Disagree. A small percentage of respondents answered Unknown.

Figure 12 – Aspiration Theme: Building Employer Confidence



Aspiration by Long-Term Health Condition and/or Disability

The breakdown of results has been broken down by long-term health conditions and disabilities. As shown in Table 1, the percentage of agreement was higher for respondents with long-term health conditions and disabilities.

Four respondents (3.2%) with long-term health conditions answered Strongly Disagree. In the open text box, respondents’ reasons included:

- Employers already have responsibilities to all employees; adjustments should not single out individuals.
- Overloading employers with extra responsibilities could harm small businesses.
- Employers should foster a healthy environment but not bear sole responsibility for employee wellbeing.

Table 1 – Aspiration A: Building Employer Confidence

LTC/Disability Group	Total	Strongly Agree*	Agree*	Neither Agree nor Disagree*	Disagree*	Strongly Disagree*	Unknown*
Long Term Condition (No Disability)	74	55 (74.3%)	13 (17.6%)	4 (5.4%)	0	*	*
Disability (No Long-Term Condition)	9	8 (88.9%)	0	0	0	0	*
Long-Term Condition and Disability	124	87 (70.2%)	26 (21%)	7 (5.6%)	0	4 (3.2%)	0
No Long-Term Condition or Disability	118	79 (66.9%)	31 (26.3%)	5 (4.2%)	*	*	0
Unknown/Did Not Answer	11	6 (54.5%)	3 (27.3%)	0	0	0	*

Number of Total Respondents: 336; LTC: Long Term Condition

*Counts between 1 and 2 have been suppressed

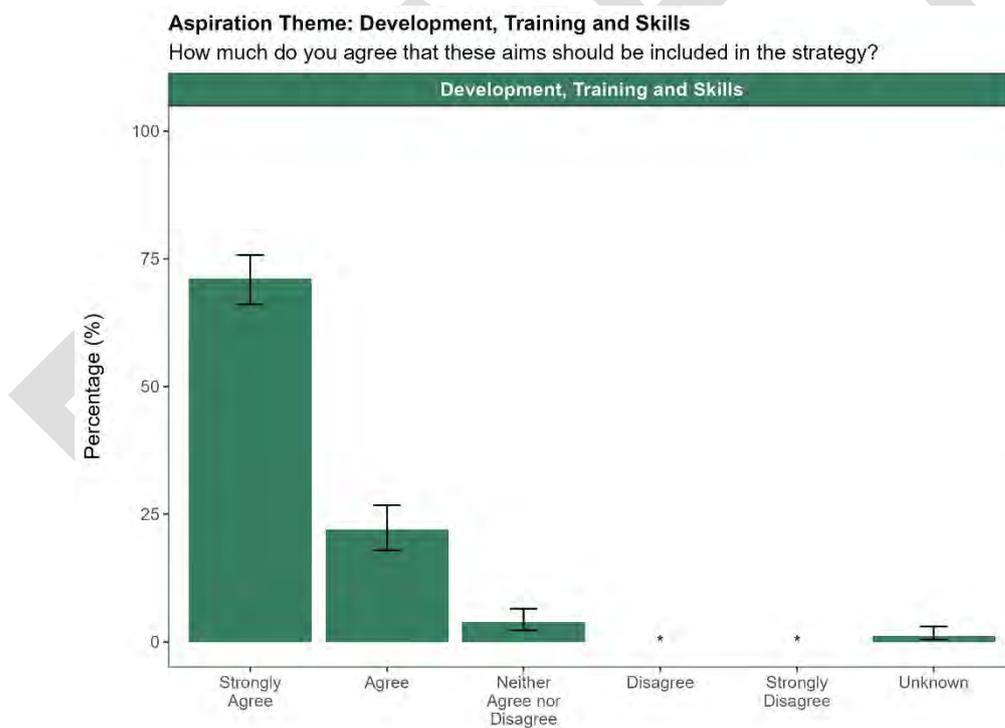
Aspiration B: Development, Training and Skills

Aspiration B received even stronger support, with A 71.1% of respondents selecting Strongly Agree and a further 22% of respondents selecting Agree. This brings total positive support to over 93%, highlighting the high level of consensus around the importance of this aspiration. Some comments included:

- Ongoing skills development is important, particularly for those changing careers or returning to work with a health condition.
- People with lived experience can offer valuable mentoring and guidance to others.
- Training should be tailored to individual needs and delivered with understanding and flexibility.
- Career changes made for wellbeing or balance should be respected and supported.

A total of 3.9% of respondents answered Neither Agree nor Disagree, with a small percentage of respondents answered Disagree and Strongly Disagree. Additionally, 1.2% of respondents answered Unknown.

Figure 13 – Aspiration Theme: Development, Training and Skills



Aspiration by Long-Term Health Condition and/or Disability

The breakdown of results has been broken down by long-term health conditions and disabilities. As shown in Table 2, there was lower percentage of those respondents with long-term health conditions who answered Strongly Agree, with those selecting Neither Agree nor Disagree commenting:

- The NHS should prioritise timely, accurate diagnoses and treat people holistically, not focus on skills development.

Table 2 – Aspiration B: Development, Training and Skills

LTC/Disability Group	Total	Strongly Agree*	Agree*	Neither Agree nor Disagree*	Disagree*	Strongly Disagree*	Unknown*
Long-Term Condition (No Disability)	74	51 (68.9%)	17 (23%)	4 (5.4%)	0	*	*
Disability (No Long-Term Condition)	9	8 (88.9%)	0	0	0	0	*
Long-Term Condition and Disability	124	91 (73.4%)	22 (17.7%)	8 (6.5%)	*	*	0
No Long-Term Condition or Disability	118	83 (70.3%)	32 (27.1%)	*	*	*	0
Unknown/Did Not Answer	11	6 (54.5%)	3 (27.3%)	0	0	0	*

Number of Total Respondents: 336; LTC: Long Term Condition

*Counts between 1 and 2 have been suppressed

Aspiration C: Person Centred Approach

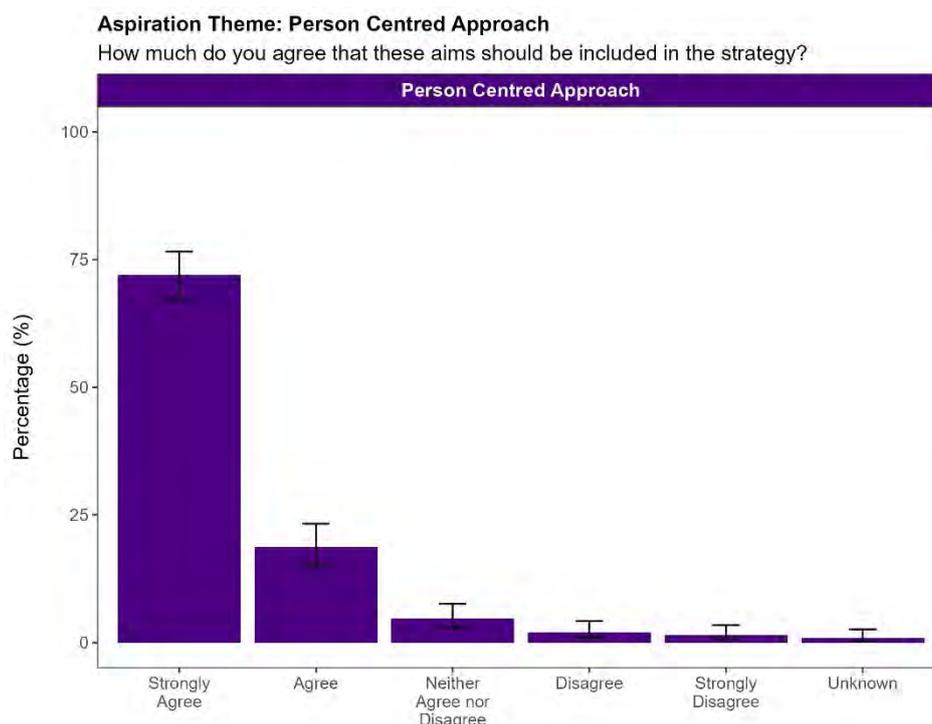
Aspiration C received strong and widespread support from respondents. A total of 72% of respondents answered Strongly Agree and an additional 18.8% of respondents answered Agree, resulting in a combined 90.8% expressing positive support. Some comments included:

- Flexible working can help people stay in employment while meeting their social and emotional needs.
- Support for individuals with long-term conditions is vital for a successful return to meaningful work.
- No one should be pressured to work if they are too unwell; stigma and fear of losing benefits can cause further harm.
- A person-centred, multi-agency approach can improve health, skills, and support outcomes.

A total of 4.8% of respondents answered Neither Agree nor Disagree. There was a minority of respondents who disagreed with 2.1% of respondents selecting Disagree, and a further of 1.5% of respondents answering Strongly Disagree. 0.9% of respondents answered Unknown. Some reasons included:

- Flexible working is difficult to offer in sectors like health and social care and some industries cannot easily accommodate flexible working due to staffing or financial constraints.
- Adjustments for individuals can increase workload for others without added compensation.
- Individuals should apply for roles they can fully perform without requiring excessive adjustments.

Figure 14 – Aspiration Theme: Person Centred Approach



Aspiration by Long-Term Health Condition and/or Disability

The breakdown of results has been broken down by long-term health conditions and disabilities. As shown in Table 3, although there was strong support for the aspiration, those who selected Disagree were those with both a long-term disagreement and disability, and those with none.

Table 3 – Aspiration B: Person Centred Approach

LTC/Disability Group	Total	Strongly Agree*	Agree*	Neither Agree nor Disagree*	Disagree*	Strongly Disagree*	Unknown*
Long-Term Condition (No Disability)	74	53 (71.6%)	17 (23%)	3 (4.1%)	0	*	0
Disability (No Long-Term Condition)	9	6 (66.7%)	*	*	0	0	*
Long-Term Condition and Disability	124	98 (79%)	16 (12.9%)	5 (4%)	*	3 (2.4%)	0

LTC/Disability Group	Total	Strongly Agree*	Agree*	Neither Agree nor Disagree*	Disagree*	Strongly Disagree*	Unknown*
No Long-Term Condition or Disability	118	79 (66.9%)	26 (22%)	7 (5.9%)	5 (4.2%)	*	0
Unknown/Did Not Answer	11	6 (54.5%)	3 (27.3%)	0	0	0	*

Number of Total Respondents: 336; LTC: Long Term Condition

*Counts between 1 and 2 have been suppressed

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Aspiration D: Healthy, Thriving Workforce

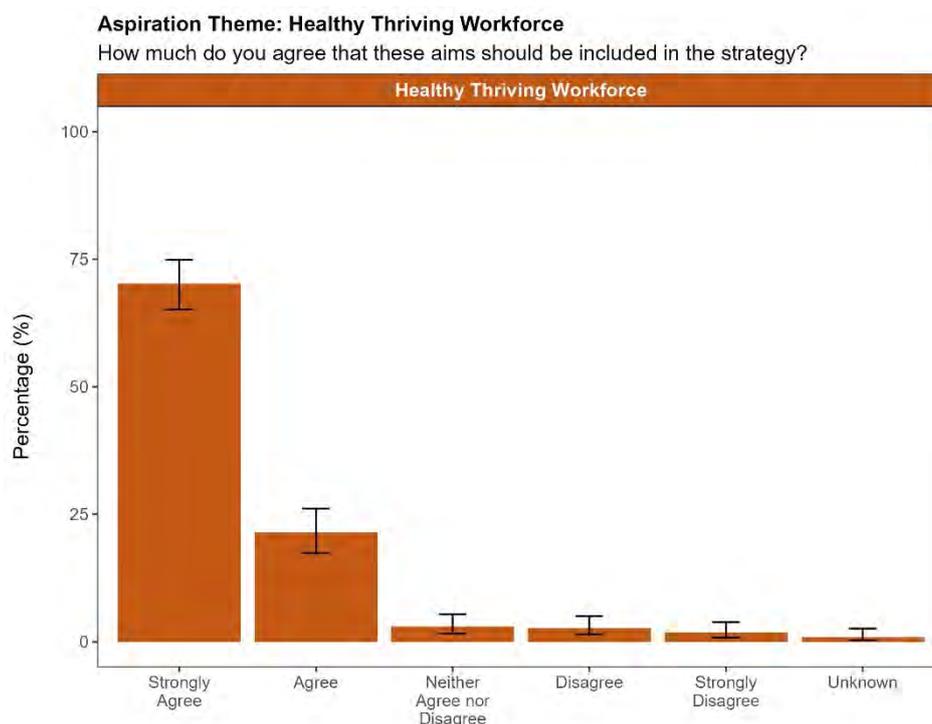
Aspiration D was also met with strong approval with a total of 70.2% of respondents answering Strongly Agree and a further 21.4% of respondents answered Agree. This gave the aspiration a combined 91.6% of respondents expressing positive support. Some comments included:

- Maintaining a healthy work environment will help to support employee confidence in applying for work.
- A healthy workforce is beneficial, but this is undermined if employees face financial insecurities, such as housing or utility costs.
- Menopause in the workplace requires more recognition and support from employers.
- A healthy work-life balance is linked to increased productivity, job satisfaction, and reduced sick leave.

A total of 3% of respondents answered Neither Agree nor Disagree. There was a very small increase in the Disagreement for this aspiration with a total of 2.7% of respondents selecting Disagree and 1.8% of respondents selecting Strongly Disagree, creating a combined total of 4.5%. A total of 0.9% of respondents answered Unknown. Reasons given by respondents included:

- Support for life stages must be balanced; blanket policies may not suit everyone.
- Large workloads and deadlines make attending long training sessions challenging.

Figure 15 – Aspiration Theme: Healthy, Thriving Workforce



Aspiration by Long-Term Health Condition and/or Disability

The breakdown of results has been broken down by long-term health conditions and disabilities. As shown in Table 4, the Disagreement tended to come from respondents with both a long-term health condition and disability, with the reasons mentioned as above.

Table 4 – Aspiration B: Healthy, Thriving Workforce

LTC/Disability Group	Total	Strongly Agree*	Agree*	Neither Agree nor Disagree*	Disagree*	Strongly Disagree*	Unknown*
Long-Term Condition (No Disability)	74	54 (73%)	17 (23%)	*	*	*	0
Disability (No Long-Term Condition)	9	6 (66.7%)	*	*	0	0	0
Long-Term Condition and Disability	124	87 (70.2%)	22 (17.7%)	7 (5.6%)	3 (2.4%)	4 (3.2%)	*
No Long-Term Condition or Disability	118	84 (71.2%)	27 (22.9%)	*	5 (4.2%)	*	0

LTC/Disability Group	Total	Strongly Agree*	Agree*	Neither Agree nor Disagree*	Disagree*	Strongly Disagree*	Unknown*
Unknown/Did Not Answer	11	5 (45.5%)	4 (36.4%)	0	0	0	*

Number of Total Respondents: 336; LTC: Long Term Condition

*Counts between 1 and 2 have been suppressed

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Summary of Open Text Box Questions

[Summary of Open Text Box Questions to be added]

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Focus Groups

[Summary of Focus Group feedback to be added]

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Conclusion

[Conclusion to be added when all analysis complete]

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Appendix A – Copy of Consultation Questionnaire

Q1. Are you a person living with a long-term health condition or disability?

- Yes (goes to Q2)
- No (goes to alternative Q2)

Q2. Are you currently working or in employment?

- Yes
- No

Q2 (alternative). How would you describe yourself?

- I am an employer
- I support someone with a long-term health condition or disability
- Other (please specify)

Q3. How much do you agree or disagree that the following aims should be included within the strategy? (please select one option per row)

- Build Employer Confidence - We want to help employers to feel more confident in helping employees with long-term health conditions and disabilities, and build strong working relationships with one another (strongly agree/agree/neither agree nor disagree/disagree/strongly disagree)
- Build Employer Confidence - We want to help employers to feel more confident in helping employees with long-term health conditions and disabilities, and build strong working relationships with one another (strongly agree/agree/neither agree nor disagree/disagree/strongly disagree)
- Person-Centred Approach - We want to support employers to focus on the individual and their needs, including flexible working and a healthy work-life balance. (strongly agree/agree/neither agree nor disagree/disagree/strongly disagree)
- Healthy Thriving Workforce - We want to promote a healthy workforce and encourage physical and mental wellbeing. Employers will be supported to consider the impact of life stages on employees. For example, pregnancy, menopause and ageing within the workforce. (strongly agree/agree/neither agree nor disagree/disagree/strongly disagree)

Q4. If you said that you agree or strongly agreed, please share why you felt this

Q5. If you said that you disagreed or strongly disagreed, please share why you felt this.

Q6. Are there any other aims that you feel should be included in the work and health strategy that would help people with long-term health conditions and disabilities to start, stay and succeed in their jobs?

Q7. How can we help employers to feel more confident when supporting someone with a long-term health condition or disability at work and build better working relationships?

Q8. What can we do to better support people with long-term health conditions and disabilities take part in training activities that will develop their skills? These activities could be before someone gets a job or whilst they are working.

Q9. What can we do to help employers focus on the needs of individual employees with long-term health conditions or disabilities, so that they do well in the workplace and contribute to the overall success of the business?

Q10. To develop healthy thriving workforces, what actions should employers take to support employees in work? This might include better menopause awareness and mental health as examples. Based on your experiences please share suggestions which would make a difference.

Q11. Is there anything else that has not been covered in this survey that you would like to share with us about working, or trying to access work, with a long-term health condition or disability?

Q12. Would you be happy for us to contact you in the future if we run focus groups to explore these topics in more detail?

- Yes (skips to Q13)
- No

Q13. If you would be interested in taking part then please leave us an email address where we may contact you.

Q14. Please tell us what age you are?

- 16-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75+ years
- I prefer not to say

Q15. What is your gender?

- Male
- Female
- I prefer to self describe _____
- I prefer not to say

Q16. Is the gender you identify with, the same as your sex registered at birth?

- Yes
- No
- I prefer not to say

Q17. Please tell us which district you live in

- Ashford
- Canterbury
- Dartford
- Dover
- Faversham
- Folkestone and Hythe
- Gravesham
- Maidstone
- Medway
- Sevenoaks
- Swale
- Thanet
- Tonbridge and Malling
- Tunbridge Wells
- I do not wish to disclose where I live
- I do not live in Kent or Medway

Q18. Do you consider yourself to have a long-term health condition?

- Yes
- No
- I do not wish to disclose this

Q19. Do you have a disability?

- Yes
- No
- I do not wish to disclose this

Q20. Are you pregnant?

- Yes
- No
- I do not wish to disclose this

Q21. Do you have caring responsibilities for a family member or a friend?

- Yes
- No
- I do not wish to disclose this

Q22. Which of the following best describes your sexual orientation?

- Heterosexual or straight
- Gay or lesbian

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Provisional Kent and Medway Integrated Work and Health Strategy (version 3.1) 2025 – 2030



Foreword



Introduction to the Strategy

The **Kent and Medway Integrated Work and Health Strategy** has been developed through a collaborative effort between the Kent and Medway Integrated Care Partnership (ICP) and the Kent and Medway Economic Partnership (KMEP). This joint initiative reflects a shared commitment to improving the health and productivity of our workforce, benefiting businesses and organisations and the local community.

This strategy is designed to support employers in creating healthier workplaces and to support people with all long-term health conditions and disabilities to start, stay and succeed in work. The audience for this strategy document is primarily professionals working in services that aim to support people, businesses and organisations. Communication about the strategy will be tailored to other audiences.

Recognising that Kent's and Medway's communities are diverse, with unique needs, opportunities, and strengths, this strategy will be implemented to ensure that local needs are met. This strategy is our overarching high-level ambition, which will be supported by targeted action plans in our local communities.

As major employers and anchor institutions, we understand our own critical role in this initiative. We are committed to lead by example by creating a healthy work environment for all our employees.

Strategy Aim

The **Kent & Medway Integrated Work & Health Strategy** has the aim of integrating and improving support for people and employers with the goal of helping people with long-term health conditions and disabilities to start, stay and succeed in work.

Aspiration A: Build Employer Confidence

Commitments

1. Build employer confidence in the ways they support employees and access to relevant support.
2. Build strong working relationships between employers and employees and a culture of a collaborative approach to achieving business and employee needs.

Aspiration B: Development, Skills and Training

Commitments

1. Create the environment that supports people to undertake meaningful work.
2. Provide career guidance and opportunities, values and ambitions.
3. Provide employers access to system-wide knowledge to enhance their offerings and help employees reach their potential.

Aspiration C: Person-Centred Approach

Commitments

1. Promote a multidisciplinary and holistic approach to address work and health needs.
2. Promote flexible working and reasonable adjustments.
3. Build current and prospective employee confidence and motivation to engage in meaningful work.

Aspiration D: Healthy, Thriving Workforce

Commitments

1. Engender a culture where employers proactively promote physical and mental wellbeing at work.
2. Collaborate within and beyond organisations to mitigate the wider determinants of health and inequalities.
3. A life stage approach to consider the impact of different phases at work.

Implementation Plan

There will be targeted action plans with the activities which will be undertaken to meet our commitments.

Intelligence and Evidence Base:

How We Gathered Intelligence



We reviewed existing national, regional and local policy, strategies and planning and will continue to incorporate new information as it is published.



We brought together data on health, employment and the economy and analysed this from the perspective of supporting people with long-term conditions or disabilities to start, stay and succeed in work.



We talked to over 115 stakeholders in interviews and focus groups and gained their views from an employer and employee perspective on the challenges of engaging with meaningful work for people with long-term health conditions and disabilities. We also asked about what is already in place and what change they would like to see.



We explored and mapped the provision which is available in different geographical areas of Kent and Medway to see how well the provision meets the needs in each area.



We reviewed a range of academic literature relating to research on the subject of work and health.

Policy Context:

National Picture

In response to the growing number of people out of work, the UK government introduced the Back to Work Plan¹ in 2023 to support those facing long-term health conditions, disabilities, or long-term unemployment. Following a change in government in July 2024, the mission to grow the economy has maintained a strong focus on advancing the work and health agenda.

In November 2024, building on the previous governments Back to Work Plan, the government produced the Get Britain Working White Paper² as part of a new three-pillar approach. This paper sets out initiatives to reduce economic inactivity and achieve an 80% employment rate. Emerging policies from this paper will be tailored to ensure that national initiatives deliver real benefits for people, businesses and organisations in Kent and Medway.

As part of this third pillar, to further align national work and health policies with broader economic objectives, the government has also introduced the Skills England Bill³ and the Employment Rights Bill⁴, aiming to boost the nations skills and reform workers' rights.

The other two pillars will include a new modern Industrial Strategy and Local Growth Plans and to improve the quality of work through the Plan to Make Work Pay.

Get Britain Working White Paper – Summary of Initiatives

£115 million for local areas to deliver Connect to Work, a new supported employment programme



Bring Jobcentre Plus and National Careers Service together to provide a national jobs and careers service



Support all areas in England to develop local Get Britain Working Plans



Expand access to NHS Talking Therapies, Employment Advisors and Individual Placement Support (IPS)



Establish a new youth guarantee to offer training, an apprenticeship, or help to find work for all young people aged 18 to 21



Policy Context:

Local Picture

The Kent and Medway Integrated Care Strategy, which also serves as Kent’s Health and Wellbeing Strategy, and the Kent and Medway Economic Framework both recognise the strong connection between economic prosperity and the health and wellbeing of the population. Both strategies look to address the economic determinants that enable healthy lives, including access to stable employment. Similarly, Medway’s Joint Health and Wellbeing Strategy highlights the importance of improving access to steady, secure employment as a critical factor in improving wellbeing.

Many other organisations across Kent and Medway have also developed local strategies that align with this shared vision of health and work. Each highlight the impact this has on the economy, service providers, and population health and wellbeing.

These shared priorities offer a strong foundation, and by building on these existing local strategies, this strategy will be a cohesive and impactful plan that supports the prosperity of both people and businesses in Kent and Medway.



Why We Need a Strategy:

Relationship Between Work and Health

Within the past year there have been several national reports on the relationship between work and health, citing the impact of the rising number of people out of work is having on the economy. The Health Foundations report, Towards a Healthier Workforce⁵ revealed:

- More than 8 million people now report health conditions that restrict the type or amount of work they can do, up from 6 million in 2013.
- A record 4 million people are not participating in the labour market due to a work-limiting condition, with 2.6 million citing long-term sickness or disability as their main reason for being out of the workforce.
- In 2023, there were 3.9 million workers aged 16 to 64 years with a work-limiting health condition, up by 1.5 million, or 64%, from a decade ago

It further empathises how ‘employment can bring with it better incomes, financial stability, security and greater sense of purpose, which in turn can lead to healthier diets and exercise, higher living standards, and better mental health.’⁶

This is also supported by Lord Darzi’s report into the NHS which explains there is a ‘virtuous circle if the NHS can help more people back into work’ and that ‘improving access to care is a crucial contribution the NHS can make to national prosperity.’⁷



Why We Need a Strategy:

People Perspective

There is a mutually beneficial relationship between work and health.

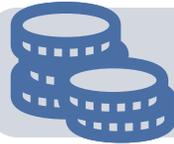
People who are unemployed:



Are five times more likely to report poor health than employees.⁸



Are more likely to experience a detrimental impact on mental health.⁹



Experience a detrimental economic impact.¹⁰

People who have never worked or are long-term unemployed:



Are more likely to be obese than the England average.¹¹



Are less likely to be physically active.¹²



Are more likely to smoke than the England average.¹²

Why We Need a Strategy:

Economic Perspective

There is an economic impact on the country and employers. Long-term sickness can lead to increased costs for businesses including funding sick leave and hiring temporary employees. Indirect costs may include lowered productivity and the potential loss of business, especially in time critical industries.

Employers need skilled staff



- 48% of Kent & Medway employers surveyed in 2023 experienced problems recruiting the staff they needed.
- Of this total, 19.7% said that staff recruitment is a major problem for them.¹⁴

Cost to businesses



UNEMPLOYMENT

- Annual hidden cost of employee sickness has risen by £30 billion since 2018.
- Most of this increased cost (£25 billion) to businesses is from lower productivity among people working through sickness, with just £5 billion down to rising sick days.¹⁵

Long-term absence limits productivity



SICK LEAVE

- People with work limiting health conditions are 3 times less likely to return to work within a year than those without health conditions.¹⁶

Tax receipts and benefits bill



- Fewer employees reduces the UK tax receipts & increases the benefit bill, reducing investment in the economy and necessary infrastructure.
- The Office for Budget Responsibility estimates that the cost of sickness and disability benefits will increase by £30 Billion over the next 5 years across the UK.¹⁷

Why We Need a Strategy:

Economic inactivity perspective

In late 2020, 209,000 people were economically inactive in Kent and Medway, of which 18.4% was due to long-term ill health. By June 2024, this had increased to 26.8%, higher than the Southeast average.¹⁸ While this reflects the national trend the rate of change is more pronounced in Kent and Medway as Figure 1 shows.

Nationally, a particularly concerning trend is the number of young workers aged 16-34 experiencing work limiting conditions. This has doubled in the last 10 years. Mental health, including anxiety and depression, are believed to be key factors.¹⁹

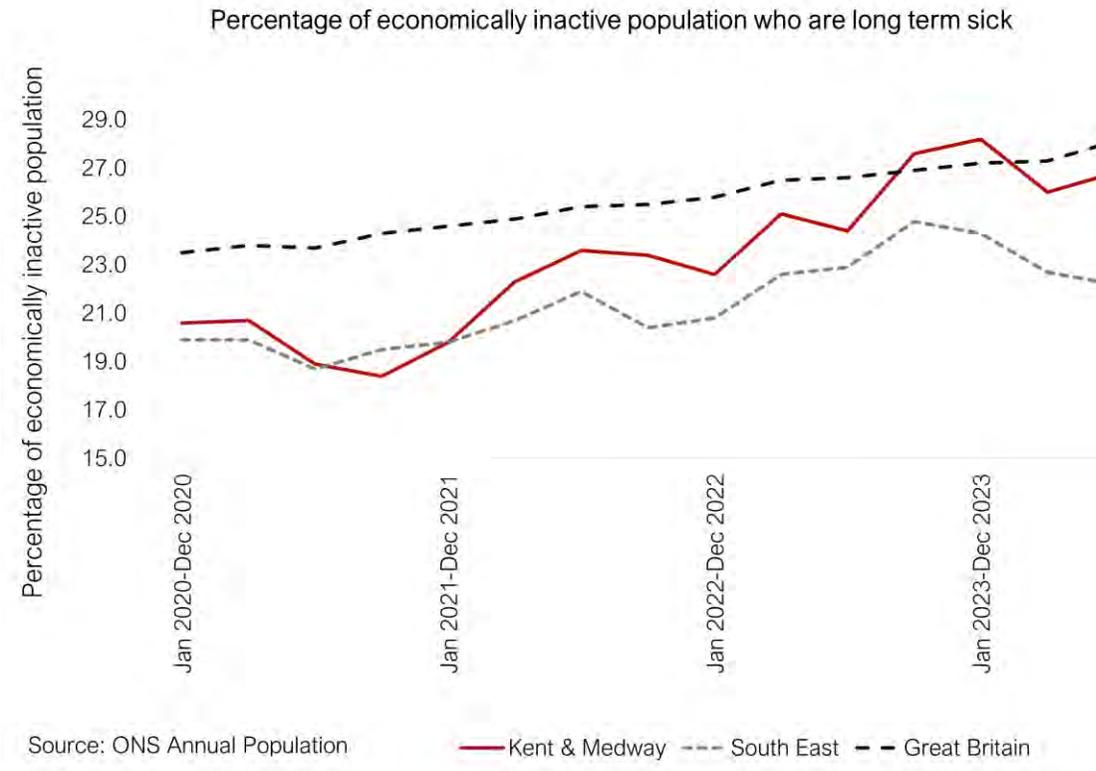


Figure 1: Percentage of economically inactive population who are long-term sick January 2020 – June 2024

Why We Need a Strategy:

Fit Note Perspective

Figure 2 shows the top 5 diagnoses for which fit notes have been issued in Kent and Medway between 2019 and 2024. Mental health and behavioural disorders (MH) and musculoskeletal conditions (MSK) are the leading diagnoses for fit note episodes.

Table 1 shows that the number of fit notes being issued for mental health and MSK across Kent and Medway increased between June 2022/23 and June 2023/24. This was by 9.5% and 13.6% respectively.

As well as designating a patient as ‘not fit for work’ a fit note can designate a patient as ‘may be fit for work with reasonable adjustments.’ Nationally, in 2022/23 this option was used in 5.9% of cases.

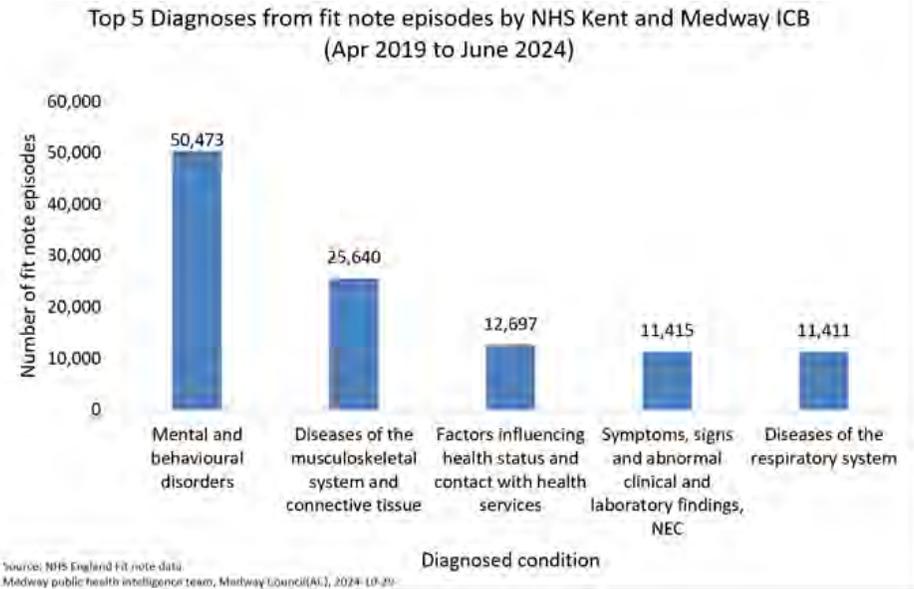


Figure 2 : Kent and Medway top 5 diagnoses from fit note episodes 2019 -2024

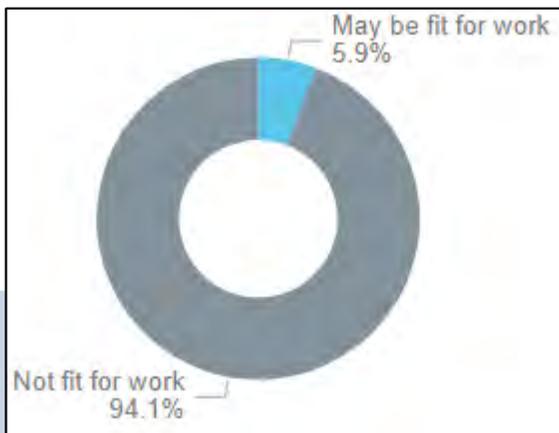


Figure 3 : Proportion of fit notes noting fitness for work with reasonable adjustments 2022/23 ²⁰

Table 1 : Change in fit note numbers for Kent and Medway relating to MSK and mental health ²¹

Fit Notes Kent and Medway	June 22/23	June 23/24	% Increase
Mental Health	2357	2581	9.5
Musculo-skeletal	1166	1325	13.6

Why We Need a Strategy:

Stakeholder Feedback

We talked to over 115 stakeholders in interviews and focus groups and gained their views from an employer and employee perspective on the challenges of engaging with meaningful work for people with long-term health conditions and disabilities. We also asked about what is already in place and what change they would like to see.

Employer Feedback

Concerns about doing things wrong when trying to support people with long-term health conditions and disabilities.



Access to the right support for employers, for example, employer and manager training, a toolkit, signposting to resources, becoming Disability Confident and access to funding.



Wellbeing training was articulated to know how to help employees stay physically and mentally well e.g. physical active.



Importance of working together including listening to people, collaboration between organisations and engagement of organisations and employers in developing and implementing the strategy.

Employee Feedback

Importance of a person-centred approach and establishing best practice for supporting people to start, stay, and succeed in work.



In terms of job roles education and training was raised as a barrier to gaining meaningful employment, particularly reading and writing skills.



Inclusive recruitment practices, taking a creative approach to recruitment to facilitate success for those with long-term health conditions and disabilities who have the skills and capabilities to succeed in the role.



A range of support was put forward that would help employees to start, stay and succeed in work. This included occupational health, flexible working, access to the necessary equipment and a coherent support offer.

The Development and Structure of the Draft Strategy

This document now sets out each of the four aspirations, each of which has a number of underpinning commitments. The activities to deliver these will be captured in a live delivery plan and are not included in this strategy.

Aspirations

These are the overarching themes of the strategy that will guide our work



Commitments

These are the commitments to action that we will make towards each aspiration



Activities

These are the activities which will be undertaken to meet our commitments.



Aspiration A: Building Employer Confidence



The aspiration aims to build confidence amongst employers by engaging with people with long-term health conditions and disabilities and supporting them to gain and retain meaningful work.

Navigating legislation related to long-term health conditions and disability in the workplace is challenging so there needs to be easy access to information and guidance, which is particularly important for small and medium enterprises (SMEs) and self-employed people.

For small and micro-SMEs, which are in the majority in Kent and Medway, recruiting the right person for the right role is particularly important in reducing costly and disruptive staff turnover and growing the success of the business.

We want to raise awareness among employers about the benefits of a diverse workforce, to minimise hesitancy to employing people with long-term health conditions and disabilities and to build an inclusive workforce culture. This could help tackle known skills shortages, with employers serving as ambassadors who can lead by example.

Courage and confidence to take on a new role can be quickly dissipated. It is hard to regain if the role is not successful. It is important employers can support people in the right way, at the right time and in the right role.

To underpin this aspiration, a strong, trusted, working relationship is important between employer and employee, facilitating a collaborative, open and honest dialogue which is responsive to the needs of both parties.





Aspiration A:

Building Employer Confidence

Commitment 1

Build employer confidence in supporting employees with long-term health conditions and disabilities and improve access to relevant support.

We heard employers' concerns about doing the right thing for their employees with long-term health conditions or disabilities. This included legislative requirements and practical implementation within their organisation or business, and managing potential sickness absence and impact on their productivity.

In response we will **signpost and make information easily accessible to employers, including training where appropriate, and improve access to occupational health advice. This can also include workforce training such as sign language and autism awareness courses.** We will also draw attention to the impact of trauma and raise awareness of trauma informed approaches.

The Disability Confident Scheme²² will be promoted as a way of building employer and organisation confidence, which helps provides a staged approach for an organisation to ensure that disabled people have the right opportunities to fulfil their potential.

In the recruitment process it is important that people can fully demonstrate their skills and capabilities for the role ensuring a good match between applicant, role, and organisation e.g. job carving. This commitment proposes that **more creative and alternative approaches to recruitment and onboarding practices are explored and implemented.** This also includes **reasonable adjustments** and use of the **Access to Work scheme²³ where appropriate.**

Placeholder: Case Study to be added

Aspiration A: Building Employer Confidence



Commitment 2

Build strong working relationships between employers and employees and a culture of a collaborative approach to achieving business and employee needs.



Stakeholders told us about the need for good communication and open and honest dialogue. A focus on a collaborative approach and nurturing good understanding between employer and employee is required.

The aim is to work towards mutually beneficial arrangements resulting in good outcomes for employees and organisations/business. **Collaboration between organisations and businesses will facilitate the sharing of best practice, knowledge, resources, and information.** In turn this will build employer confidence in effecting change.

Where possible, opportunities to aggregate and share services will be taken, such as occupational health. **Anchor institutions can pilot and share innovative approaches,** to inspire people with long-term health conditions and disabilities into meaningful work. The aim is to **develop and embed innovative approaches,** with anchor institutions **considering how this could be included as part of social value in our procurement practices.**

Organisations **will be encouraged to engage in the strategy and its implementation,** especially through the Strategic Partnership for Health and the Economy (SPHE).

Aspiration B:

Development, Training and Skills



The aspiration aims to ensure appropriate development, training and skills for people with long-term health conditions and disabilities to start, stay and succeed in work. This will also respond to demand from key industry sectors to tackle skills shortages.

People may not have the required skills to start their career, change their occupation or succeed in an existing role, this could be reading, writing and mathematical skills or very specific, specialist training. It is also important to educate, inform and inspire people of all ages and stages of their career about the benefits and opportunities of work.

For some, the impact of their long-term health condition or disability may require transition to a new occupation or role type. Quality independent advice and guidance is key to a successful transition.

For those engaged in work who have low level skills, development training and upskilling provides a vital opportunity to move onto higher paid roles. This helps in reducing the tension between work and benefits.

An ethos of appropriate development, training and upskilling should be fundamental to people, organisations and businesses and will be encouraged along with ease of access, in a timely way, to relevant opportunities from across the system.



Aspiration B: Development, Training and Skills



Commitment 1

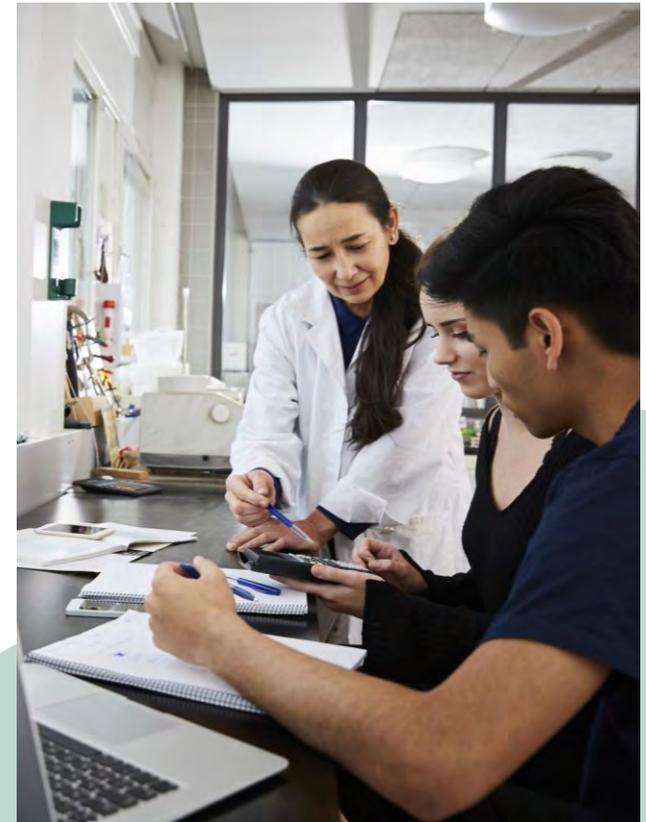
Create the environment in which people are supported and inspired to undertake development, training and skills to facilitate their engagement with meaningful work.

This commitment seeks to **engender a culture in workplaces and in education and training provision that facilitates and inspires people with long-term conditions and disabilities to undertake professional development** to help them to start, stay and succeed in work.

This could be, for example, development offered as part of recruitment into a new role, opportunity for promotion or to upskill and transition into a new role that might allow a person to more easily manage their long-term health condition or disability.

This commitment aims to **promote availability of relevant training provision and provision of the time, space and opportunity for people to undertake training and development** that will be mutually beneficial for people businesses and organisations.

This has the potential to support employers to fill skills gaps and develop staff to have greater skills and capabilities to be able to contribute to organisational and business objectives.



Aspiration B:

Development, Training and Skills



Commitment 2

Provide opportunities for people to receive appropriate careers guidance and take part in development, training, and skills support to begin their career or seek new roles which align with their circumstances, values and career ambitions.

Long-term health conditions and disabilities may mean that over time a person is no longer able to continue in their current role. This may be because of the type of work or the environment in which that work takes place.



Independent advice and guidance alongside training and development can help people enter the workforce or transition to a new role. This includes raising aspirations for those in education, their parents and educators by **providing career advice, work experience and exposure to work along with building closer links between education and employers to prepare young people for the workplace.**

We will aim to ensure, where appropriate, **opportunities are provided for employees with a long-term health condition or disability to explore new opportunities to engage in meaningful work that aligns with the management of their long-term health condition or disability.**

Retraining or upskilling may be particularly important at different life stages or as technological developments impact upon traditional roles. Consideration should be given to career pathways or changes within a certain industry, across different sectors, remote working or self-employed roles.

Aspiration B:

Development, Training and Skills



Commitment 3

Provide employers with access to knowledge about development, training and skills opportunities across the system which can enhance their own offer to facilitate people reaching their potential.

Appropriate development, training and skills helps people take on roles that align with management of their condition. It helps people seek higher paid posts to avoid risk of the work/benefit tension and poverty gap. Along with a sense of achievement for that person, employers benefit through succession planning, workforce retention and reducing skills gaps.

This commitment **aims to ensure that the range of opportunities for training and development are widely disseminated so that people of all ages who wish to engage can do so easily.**

The **provision of these services across Kent and Medway is being reviewed and gaps in type or geographical availability of provision identified**, the aim is to move towards equity of provision.

Conversely, there is **existing provision which is currently underutilised. Signposting and communication of opportunities** will be improved so that those who would benefit can access the best support.

Placeholder: Case Study to be added



Aspiration C:

Person Centred Approach

This aspiration seeks to ensure the needs of people are at the heart of the integration of work and health. This will be considered from a range of perspectives including the person's health and other needs and the type of work they do.

Open and honest dialogue is key to ensuring that the business needs of the organisation are balanced alongside people's needs to create an inclusive work culture.

A multidisciplinary approach will be promoted to help people to start, stay and succeed in work, bringing together support across a wide range of health and work partners to tailor support to each person, aiming to meet all of their needs in an integrated way.

Programmes including the Connect to Work supported employment programme, work trials, and Individual Placement Support (IPS) set out in the Harm to Hope Strategy²⁴ will be aligned to the person-centred approach which is holistic and incorporates the wider determinants of health.

Placeholder: Connect to Work information to be added.

Aspiration C:

Person Centred Approach



Commitment 1

Promote a multidisciplinary and holistic approach to addressing the work and health needs of each person with a long-term health condition or disability, supporting them to start, stay and succeed in work.

We heard from stakeholders that there is support available to help people to start, stay and succeed in work. This includes health related support, for example physiotherapy and mental health support, Department of Work and Pensions (DWP) programmes, training and development including careers guidance, and support provided by voluntary and community sector organisations.

Not everyone knows about all this support or how to access it. This commitment **aims to raise awareness of the full range of multidisciplinary support available for work/health professionals and employers, including signposting support available to employees and those seeking employment.**

We will also look to **improve the co-location of services, building on the current DWP initiative in Maidstone by locating job coaches in GP practices.**

In this way professionals can work with people in a multidisciplinary and holistic way to build the programme which meets their needs and supports them in the most appropriate way, coordinating a bespoke solution from the full range of support available.





Aspiration C:

Person Centred Approach

Commitment 2

Promote flexible working options and reasonable adjustments which take account of the needs of people alongside business requirements.

This commitment focuses on **maximising the potential of flexible working opportunities within the bounds of organisational and the operational needs of businesses** to provide opportunity for those with long-term health conditions and disabilities. For example, this could be to attend appointments, undertake treatment or to take breaks as necessary while bearing in mind the operational needs of the employer.



Making reasonable adjustments to a person's work is a requirement for those in employment with a disability. **Reasonable adjustments should be used effectively to enable people with long-term conditions and disabilities to start, stay and succeed in work.** Including maximising potential from the Access to Work scheme.

The fit note has an option to record that a patient 'may be fit for work taking into account the following advice' and then offers the option of a 'phased return to work', 'altered hours', 'amended duties' or 'workplace adaptations'. **Broadening the use of this option has the potential to enable more people with long-term conditions and disabilities to stay in work.** We know that once people have left the workplace it becomes increasingly harder for them to return.



Aspiration C:

Person Centred Approach

Commitment 3

Build current and prospective employee confidence in their capability and competence to engage in meaningful work that is appropriate to their circumstances and to be able to seek support when needed.

Taking the step to engage in work can be a significant one and a poor experience can have devastating consequences. This commitment seeks to ensure **that job descriptions reflect the expectations of the role accurately, giving applicants clear expectations of the role.**

We will facilitate success through programmes including **Connect to Work, work experience and work trials and IPS, set out in the Harm to Hope Strategy²³.**

Well-paced, tailored transition into work will be promoted and a focus on developing resilience to navigate challenges associated with the long-term health condition or disability.

We will work with the voluntary sector to help encourage volunteering opportunities, which can be a good precursor to paid work and provide valuable experience for CVs and applications.

Anchor institutions must lead the way in providing supported, safe environments for people with long-term health conditions and disabilities to gain experience in employment and build their confidence. **An inclusive culture will also be promoted** which mitigates against stigma and builds confidence of all employees.



Aspiration D:

Healthy, Thriving Workforce



The aspiration takes a preventive approach to health and wellbeing, aiming to minimise deterioration of long-term health conditions and disabilities, and supporting the wider workforce to remain in good physical and mental health.

Presenteeism, where people attend work while not being productive due to illness or other factors has a greater impact on productivity than absenteeism²⁵. This is a significant factor in reduced productivity for organisations and businesses.

To help employees stay fit and well, employers will be encouraged to promote healthy eating and physical activity and the management of stress to mitigate risks to mental health. We will promote access to support to stop smoking and maintain a healthy weight.

A collaborative approach across the system is proposed, this includes partnership working and connecting with expertise on healthy food, fuel poverty, housing and the cost-of-living crisis.

A life stage approach is proposed, acknowledging and making provision for key periods of a person's life which present new challenges, for example pregnancy, menopause and ageing within the workforce.



Aspiration D:

Healthy, Thriving Workforce



Commitment 1

Engender a culture in which employer and employee take a proactive approach to promoting good physical and mental wellbeing at work.

Physical activity is key to good physical and mental health and wellbeing. Lives are becoming more sedentary, compounded by the increase in virtual working and a disproportionate amount of time sitting. This commitment promotes that **where appropriate; employees should be allowed the flexibility to take breaks to move around, make use of adjustable desks and encouraged to use active means of travel.**

Overweight and obesity is a significant risk factor for conditions such as diabetes, musculoskeletal problems and cardiovascular disease. **Employees should be provided with opportunity to access healthy food, including in work-based food offers. Signposting and support to access healthy weight programmes and information should be available.**

There is still work to do to reduce smoking rates across Kent and Medway, particularly for those in routine and manual jobs. Smoking is a significant risk factor for cancers and cardiovascular disease. There are a range of high-quality **stop smoking services across Kent and Medway and these should be signposted and accessible to staff.**

Organisational and job design, leadership and workload if not managed well can all have a stressful impact on employees. **A focus on managing these well will be taken to achieve a positive impact on employee mental wellbeing and work life balance.**

Placeholder: Case Study
to be added

Aspiration D: Healthy, Thriving Workforce



Commitment 2

Collaborate within and beyond organisations to mitigate the impact of the wider determinants of health and inequalities, e.g. healthy food, fuel poverty, housing.

We know the combined impact of the wider determinants of health comprise 80% of the factors that impact on a person's overall health compared to 20% from clinical factors. This was further highlighted by stakeholders who mentioned housing, transport, and being able to work whilst waiting for treatment influences how a person can engage in meaningful work.



Image credit: Ebbsfleet Development Corporation

Recognising this strategy's scope, this commitment **seeks to ensure employees are signposted in a timely way to a range of appropriate support linked to the challenges of the cost of living and benefits.**

Poor living conditions can exacerbate existing long-term health conditions and disabilities or cause conditions to develop. It is important that **people know how to access support for fuel poverty aligned to the cost of living or more general housing queries** for example linked to properties with damp and mould.

We will also contribute to **transport consultations and looking creatively at how people can be supported with transport and travel and making the most of the Access to Work Scheme.**

Aspiration D:

Healthy, Thriving Workforce



Commitment 3

A life stage approach which considers the impact of different life phases on people at work, e.g. menopause and an ageing workforce.

There are stages in a person's life which bring specific challenges. This commitment recognises those periods and seeks to support employers and employees to manage them whilst remaining engaged in the workforce.

We know that 1 in 10 women leave the workforce due to menopause²⁶. There is opportunity **to make training and resources available so that employers and employees have greater understanding of the impact of menopause and adjustments to ease the impact.**

During and since the COVID-19 pandemic there has been a trend of people taking early retirement and leaving the workforce prior to their normal retirement date. This has impacted on the size, and experience of the overall workforce. **Accommodating the needs of the ageing workforce looking for a different work life balance can ensure that these skills and experience are retained.**



Linked Plans and Strategies

KCC Local Transport Plan 5

Kent and Medway Learning Disability and Autism

Kent and Medway Housing Strategy

[From Harm to Hope](#)

Childcare?

KCC and Medway Education Strategies

NEET

People Strategies

Early Help Strategies

SEND strategies

Environment plans – KCC and Medway

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Glossary

Term	Definition
Access to Work Scheme	Access to Work is a publicly funded employment support programme that aims to help more disabled people start or stay in work. It can provide practical and financial support if you have a disability or physical or mental health condition.
Anchor Institutions	Refers to large, typically non-profit, public-sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve.
Connect to Work	Announced in the Autumn 2024 budget, the new supported employment programme will be delivered by local authorities (KCC for Kent) working closely with the health service, offering up to 12 months intensive employment support to disabled people, those with health conditions and those with other non-health complex barriers to employment.
Department for Work and Pensions (DWP)	Is responsible for welfare, pensions and child maintenance policy. It administers the State Pension and a range of working age, disability and ill health benefits.
Disability	<p>The law says someone is disabled if both of these apply:</p> <ul style="list-style-type: none"> • they have a "physical or mental impairment" • the impairment "has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities".
Disability Confident Scheme	Disability Confident is creating a movement of change, encouraging employers to think differently about disability and take action to improve how they recruit, retain and develop disabled people.
Economic Inactivity	People not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks.

Glossary

Term	Definition
Employee	A person who has agreed to be employed to work for some form of payment under a contract of employment. In this strategy the term employee is also used to represent those who work in a voluntary capacity.
Fit Notes	Healthcare professionals' issue fit notes to people to provide evidence of the advice they have given about their fitness for work. They record details of the functional effects of their patient's condition so the patient and their employer can consider ways to help them return to work.
Individual Placement Support (IPS)	Employment support service integrated within community mental health teams for people who experience severe mental health conditions.
Long-term Health Condition	People that cannot, at present, be cured, but people living with these conditions can be supported to maintain a good quality of life.
Kent and Medway Integrated Care Partnership (ICP)	A partnership of organisations that come together to plan and deliver joined up health and care services to improve the lives of people across Kent and Medway.
Occupational Health	Occupational health is an area of work in public health to promote and maintain highest degree of physical, mental and social well-being of workers in all occupations.
Strategic Partnership for Health and Economy (SPHE)	A multiagency group that brings together relevant partners across Kent and Medway to drive improvement in shared economic and health outcomes. Reports to the ICP and KMEP.
Small and Mediums Size Businesses (SMEs)	SME: Fewer than 250 employees and turnover lower then €50. Small SME: Fewer than 50 employees and a turnover lower than €10 million. Micro SME: Fewer than 10 employees and a turnover lower than €2 million.

Appendix 3

Work and Health Strategy	Action number	Confidence Building and sharing practice for employers	Owner	Completion date
		Section 1: Short and Medium Term		
A1.1, A2.1, C2.1	Action 1	Develop an easily accessible, online information space where employers can access resources for: -Supporting and managing employees with long term health conditions and disabilities -Collaboration between organisations and businesses to share best practice, knowledge and resources -Collation and sharing of examples and case studies where flexible working and reasonable adjustments have been used to facilitate people with long term conditions and disabilities to start, stay and succeed in work.	TBC	TBC
		Recruitment		
C3.1, A1.4, C3.4,D1.4	Action 2	Task and finish group to be set up to work with anchor institutions across Kent and Medway on the following areas. Outcomes and learning to be disseminated across Kent and Medway organisations and businesses. -Ensure job descriptions are an accurate representation of roles so that applicants are clear in expectations. - Develop and share creative and inclusive practices for recruitment and onboarding processes. -Improving job design, leadership and workload management to achieve a positive impact on wellbeing and worklife balance.	TBC	TBC
		Engagement and retention		
A2.2, A2.3, A2.4, C3.1, C3.2, C3.3, C3.5, C3.6	Action 3	Use the social value element of procurement as a lever to encourage innovative approaches to supporting people with long term health conditions and disabilities to be supported in meaningful work.	TBC	TBC
	Action 4	Support and promote a range of programmes that facilitate access to work placements and employment for individuals with long term health conditions.		
	Action 5	Anchor institutions to come together in leading the way in providing safe environments for people with long term health conditions and disabilities to gain experience in employment to build their confidence. The learning will be shared with other organisations and businesses to promote an inclusive culture across Kent and Medway.		
		Training and development for employees		
B1.1, B1.2, B1.3, B3.1, B3.3	Action 7	Promote the value of training and development by signposting and undertaking campaigns to raise profile of the value of training and development for both employers and employees, adapting messages accordingly. To include, for example, showcasing success stories, inspirational videos to share online and development of a talent website.	TBC	TBC
		Career advice		
B2.2, B2.2, B2.3	Action 8	To ensure independent career advice and guidance is available to people with long term health conditions and disabilities to make meaningful career choices	TBC	TBC
	Action 9	To create greater links between employers and education alongside careers advice and guidance.		
		Mapping provision across work health and skills		
B3.2, C1.1,	Action 10	Review provision of training and development services across Kent and Medway with regard to geographical locations and types of training, identifying gaps in provision and duplication	TBC	TBC
	Action 11	To identify the range and location of multidisciplinary support available to support people with long term health conditions and disabilities that can be self referred or via a health professional or employer. In the first instance to focus on mental health and musculo-skeletal disorders.		

		Healthy workplaces			
D1.1, D1.2, D1.3, D1.5, D1.6	Action 12	To increase the uptake of Healthy Workplace programmes by organisations and businesses.	TBC	TBC	
	Action 13	To connect with Wellbeing Leads in organisations and businesses where these are in post, and to promote a healthy workplace campaign setting out the offers for healthy weight programmes, stop smoking services, workplace health checks and Connect 5 training and good practice regarding physical activity during the working day.			
		Wider determinants of health			
D2.1, D2.2, D2.3	Action 14	To use the Joy platform for signposting and referral (including self referral) to partner services including cost of living, benefits and fuel poverty.	TBC	TBC	
	Action 15	To actively seek out consultations across Kent and Medway for influence by the Strategic Partnership for Health and the Economy, for example transport and travel plans.			
		Life course			
D3.1, D3.2	Action 16	Promote a menopause champion in each organisation or business, making available a set of support resources.	TBC	TBC	
	Action 17	? Ageing/work life balance			
		Section 2: Developmental actions			
		Employer support			
A1.2, A1.3	Action 18	To undertake an insight gathering process specifically with small and medium enterprises to understand how these organisations can be supported more effectively with occupational health advice.	TBC	TBC	
	Action 19	To promote and encourage organisations and businesses to undertake training and become Disability Confident.			
		Primary care			
C2.2, C1.2	Action 20	To engage with primary care leads to explore how they can engage best in the aims of the Kent and Medway Integrated Work and Health Strategy, considering for example how they can be supported as employers, but also how the fit note process can be used most appropriately, how a multidisciplinary approach can be embedded and co location of services such as DWP	TBC	TBC	
		Population and community specific actions			
C1.4, C1.3	Action 21	Undertake a rapid literature review to understand more about the relationship with work for those with long term health conditions and disabilities	TBC	TBC	
	Action 22	Undertake analysis to determine target populations and working with partners and stakeholders take an evidenced based approach to how these groups can be best supported.			
		Data collection			
	Action 23	To explore fit note data and how this can be used to best effect identify type of need, geography of need and how individuals may be supported.	TBC	TBC	
	Action 24	To explore how NI and NHS data can be linked to achieve more granular information about target populations and their need and geography.			
	Action 25	To enhance overall data collection by exploring ways to collect an increased level of intelligence. For example, for the private sector which could be via a baseline and annual survey.			

Appendix 4

Equality, Diversity and Inclusion Impact Assessment

Stage 1

Section 1: Policy, Function or Service Development Details

This section requires the basic details of the policy, function or service to be reviewed, amended or introduced.

Section 2: Assessing Impact

This section asks the author to consider potential differential impacts the policy, function or service could have on each of protected groups. There is a separate section for each characteristic, and each should be considered individually.

Authors should refer to relevant evidence to inform the assessment, and to understand the likely demographics of the patient population who will be impacted by the policy, function or service. For example, findings from the Joint Strategic Needs Assessment (JSNA). It may be that no evidence is available locally. In this case, relevant national, regional or county-wide data should be referred to.

Authors must consider what action they will take to mitigate any negative outcomes identified and what actions they will take to ensure positive impacts are realized.

A link is provided to the legal definition for each of the protected characteristic groups.

Section 3: Equality Act 2010

This section asks the ICB's equality, diversity and inclusion lead to consider compliance to the Equality Act (2010). Within the Equality Act, NHS Kent and Medway as a public authority has a legal requirement to promote equality and set out how we plan to meet the "general" and "specific" duties specified in Section 149 (1) of the Public Sector Equality Duty.

As a public authority NHS Kent and Medway is required to pay "due regard" to the three aims of the general equality duty to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having “due regard” for advancing equality involves:

- Removing or minimising disadvantages people encounter due to their protected characteristics
- Taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people
- Encouraging people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

NHS Kent and Medway are legally bound to demonstrate that we are taking action to promote equality in relation to policy making, development of policies and procedural documents, alongside the delivery of services, service developments and employment.

Within the Act, we also have a legal duty to show that we have given due regard to the nine protected characteristics below:

- Sex
- Ethnicity
- Gender
- Disability
- Religion / belief
- Sexual orientation
- Gender reassignment
- Marriage or civil partnership • Pregnancy / maternity
- Age.

The Human Rights Act

The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. The Act sets human rights in a series of ‘Articles’ and each Article deals with a different right. There are 16 Articles; details of which are at:

www.equalityhumanrights.com/en/human-rights/human-rights-act.

Article 14: Right to freedom from discrimination (which in effect means protection from discrimination for any other reason that is not one of the protected characteristics e.g. socio-economic status).

Section 4: Conclusions & Recommendations

Now the impact has been assessed, the reviewing panel is asked to consider whether, based on the findings, they agree with the findings and any mitigating actions.

Section 5: Planning Ahead

It is the responsibility of the Senior Responsible Officer accountable for the Strategy, Policy, Function of Service to sign-off your EIA, which should be through the governance arrangements/committees/Boards for the programme/area of work it supports.

Section 1: Policy, Function or Service Development Details (to be completed by the author)

Directorate: Public Health

Senior Officer responsible for assessment: David Whiting, Director of Public Health, Medway Council, SRO Kent and Medway Integrated Work and Health Strategy.

Date of assessment: 30.09.24 [updated 17.12.24][Updated 12.05.25]

Is this a (please confirm): New assessment

Defining what is being assessed:

What is the title of the policy, function or service this impact assessment applies to?

- Kent and Medway Integrated Work and Health Strategy 2025 -2030

Please briefly describe the purpose and objectives of this policy, function or service

Develop a **Kent & Medway Integrated Work & Health Strategy** with the aim of integrating and improving support for people and employers so that more people with health conditions and disabilities can start, stay and succeed in work. It will be overseen by the Kent and Medway Integrated Care Partnership and Kent and Medway Economic Partnership.

Who is intended to benefit and in what way?

It is intended that people with long term health conditions and disabilities will benefit through greater support to start, stay and succeed in meaningful work. This is based on the evidence that there is a synergistic relationship between meaningful work and good health. There is potential for employers to benefit through increased retention of a diverse and inclusive workforce.

What is the intended outcome of this policy, function or service?

The following outcomes are hoped to be achieved and, these will be refreshed as the strategy develops. Through integrating work and health:

- To increase the number of people with long term conditions and disabilities who are able to engage in meaningful work.
- To take a person centred, multidisciplinary approach to referral and provision to support people with long term health conditions and disabilities to start, stay and succeed in work.
- To build employee and employer confidence to support employees to start, stay and succeed in work and to build employee confidence in their capability and confidence to engage in work.
- To create an environment in which people are able to engage in relevant development. training and skills to support them to start, stay and succeed in work.
- To engender a culture of a healthy, thriving workforce across Kent and Medway.

What factors may contribute to the outcomes of this policy, function or service? Identifying these will help you to design any public-facing communications to support your initiatives

- Government policy and programmes including those related to Get Britain Working¹ and Connect to Work²
- Engagement and commitment of public and private sector organisations across Kent and Medway.
- Collaboration across Kent and Medway sectors, including health and economy.

¹ <https://www.gov.uk/government/publications/get-britain-working-white-paper/get-britain-working-white-paper>

² <https://www.gov.uk/government/publications/connect-to-work>

Who are the main stakeholders in this piece of work?

- NHS Trust leaders
- Employers
- Education, training and skills leads
- Department of Work and Pensions
- Leaders of mental health organisations
- VCSE
- Housing representatives
- Transport
- Local authority economy representatives
- Public Health
- SEND and neurodiversity leaders
- Health and Care Partnerships
- Adult Education
- Kent and Medway ICB
- Primary Care
- Service users – from health perspective, organization employee perspective, DWP perspective
- Community leaders

Who is responsible for implementing this change to policy, function or service? (Please provide contact details).

- This is a system wide piece of work so a range of colleagues from across the Kent and Medway Integrated Care System are responsible for implementing change relating to this policy. This includes the Kent and Medway ICB, Kent County Council and Medway Council. The Senior Responsible Officer for the work is the Director of Public Health, Medway Council. The strategy will be overseen by the Kent and Medway Integrated Care Partnership and the Kent and Medway Economic Partnership.

What factors may detract from the outcomes of this policy, function or service? Identifying these will help you to design any public-facing communications to support your initiatives

- Wider determinants of health and whether people have access to appropriate housing, transport and childcare support to facilitate their engagement in work.
- Development of a culture which provides flexibility as necessary to support people with long term health conditions and disabilities.
- Awareness of employers and employees about the existing resource which is available to support people with long term conditions and disabilities to start, stay and succeed in work.
- Desire and confidence of people with long term conditions or disabilities to engage in meaningful work

Section 2: Assessing Impact (to be completed by the author)

When completing this section please give consideration to the fact that a differential impact may be positive or negative.

1. Could there be a differential impact due to racial/ethnic groups ?	Yes	No
<p>What evidence exists for this? There could be positive differential impact for this protected characteristic.</p> <p>There is a range of information that relates to ethnicity and economic inactivity. People from different ethnic backgrounds have a different likelihood of being unemployed or economically inactive. According to the Census 2021, nearly three in four (74.4%) adults who identified as "White: Other White" were in employment, the largest across all ethnic groups. The lowest was in the "White: Gypsy or Irish Traveller" group (37.4%)³. When considering economic inactivity, the ONS reports that:</p> <ul style="list-style-type: none"> • Overall, 21% of white people were economically inactive, compared with 26% of people from all other ethnic backgrounds combined⁴. • The combined Pakistani and Bangladeshi ethnic group had the highest rate of economic inactivity (33%), and the white 'other' group had the lowest (15%)⁵ • Women were more likely to be economically inactive compared to men in every ethnic group except those from a mixed ethnic background⁶. <p>In some cases, the second generation of some ethnic minority groups perform better than White British people in unemployment and economic inactivity:</p> <ul style="list-style-type: none"> • second generation Bangladeshi men and second generation black African women are less likely to be unemployed compared with white British men and women respectively • second generation Indian men are less likely to be economically inactive compared with white British men⁷. <p>There are still disparities depending on ethnicity:</p> <ul style="list-style-type: none"> • second generation black Caribbean men and women are more likely to be unemployed compared with white British men and women • first generation Bangladeshi and both first- and second-generation Pakistani women are more likely to be economically inactive compared with white British women⁸. <p>Generation is a vital factor that affects labour market outcomes for ethnic minorities:</p> <ul style="list-style-type: none"> • for black African women, Bangladeshi men, and Pakistani and Bangladeshi women, the second generation performs better than the first generation in the labour market • however, the second generation of black Caribbean and Indian men is more likely to be unemployed compared with the first generation¹⁹. <p>Young adults who identified as "Asian, Asian Welsh, Asian British: Chinese" had the smallest in employment percentages in younger age groups. Among 16- to 19-year-olds, 7.1% in this ethnic group were employed compared with 24.1% in the whole population, and for 20- to 24-year-olds this was 19.4% compared with 61.0%, respectively. A likely explanation for this is that there were more economically inactive students than in other ethnic groups; nearly 9 in 10 (88.9%) 16- to 19-year-olds who identified as "Asian, Asian Welsh, Asian British: Chinese" were economically inactive students, compared with 6 in 10 (61.6%) in the age group overall.</p>		

³ Office for National Statistics (ONS). (2023) Diversity in the Labour Market, England and Wales: Census 2021.

⁴ Office for National Statistics (ONS). (2023) Economic Inactivity.

⁵ Office for National Statistics (ONS). (2023) Economic Inactivity.

⁶ Office for National Statistics (ONS). (2023) Economic Inactivity.

⁷ Race Disparity Unit and Equality Hub. (2023) Outcomes in Labour Market for Ethnic Minorities by Immigrant Generation Status.

⁸ Race Disparity Unit and Equality Hub. (2023) Outcomes in Labour Market for Ethnic Minorities by Immigrant Generation Status.

For 20- to 24-year-olds, this was over 7 in 10 (73.0%) compared with 2 in 10 (20.0%) for all adults⁹.

There is less information available relating to how ethnicity impacts on employment status as related to long term health conditions and disability. It is known that working age people of Bangladeshi ethnicity are most likely to have a work limiting condition, followed by those of white and Pakistani ethnicity¹⁰. There are additional risk factors for people from minority ethnic groups for some health conditions such as diabetes.

Risk factors for this group could include wider determinants such as the type of occupation and other factors related to culture. People in these groups may be reticent to come forward for support other than to trusted contacts and therefore care will need to be taken to reach out to these communities in a way that engages them most appropriately.

It is anticipated that the inclusive nature of the four Aspirations set out in the Kent and Medway Integrated Work and Health Strategy will have a positive impact on the opportunities for this protected characteristic. For example through Aspiration A raising awareness of employers of the ways in which they can support people with long term health conditions and disabilities and in Aspiration C taking a holistic approach that considers all the individual's circumstances including wider determinants.

2. Could there be a differential impact due to <u>disability</u> ?	Yes	No
<p>What evidence exists for this? There could be a positive differential impact for this protected characteristic.</p> <p>A person has a disability if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities¹¹. Since 2013 and up to the start of the Covid-19 pandemic (March 2020), the general trend in disability employment was positive. There had been both an increase in the proportion of disabled people employed and a narrowing of the gap between the rate of disabled and non-disabled people in employment¹². The pandemic initially reversed these trends. In quarter two of 2024 the economic inactivity rate for disabled people was 43.1% compared to 15.4% for non-disabled people¹³.</p> <p>According to the Census in 2021, non-disabled adults were more than twice as likely to be in employment (64.7%) than disabled adults (27.3%)¹⁴.</p> <p>This varied by the severity of their limitation on carrying out day-to-day activities. Disabled adults who reported that they were "limited a lot", had a much lower percentage in employment (11.0%), compared with disabled adults who reported they were "limited a little" (39.4%). Non-disabled adults with a non-limiting health condition had a slightly smaller percentage in employment (62.2%) than non-disabled adults without a health condition (65.0%)¹².</p> <p>The disability employment gap is wider for:</p> <ul style="list-style-type: none"> • Men • People aged 50-64 years • People with no qualifications • People living in social housing • People not living in a couple • People who are in the 'White' ethnic group¹⁰. 		

⁹ Office for National Statistics (ONS). (2023) Diversity in the Labour Market, England and Wales: Census 2021.

¹⁰ <https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge>

¹¹ UK Government. (2010) Equality Act 2010.

¹² Department for Work & Pensions. (2024) The Employment of Disabled People 2024

¹³ Department for Work & Pensions. (2024) The employment of disabled people 2024. Published online November 20, 2024.

¹⁴ Office for National Statistics (ONS). (2023) Diversity in the Labour Market, England and Wales: Census 2021.

The disability employment rate is lower for disabled people:

- With a mental health condition
- With five or more health conditions¹⁵.

For disabled people who were economically inactive:

- The majority gave long-term sickness as their main reason for being inactive
- They were more likely to want a job than non-disabled economically inactive people
- They were less likely to have had a job in the last two years than non-disabled economically inactive people¹⁰.

The intended purpose of the Kent and Medway Integrated Work and Health Strategy is to support people with long term health conditions or disabilities to start, stay and succeed in work. The four Aspirations are therefore designed specifically around improving outcomes for this protected characteristic.

3. Could there be a differential impact due to <u>gender reassignment</u> ?	Yes	No
<p>What evidence exists for this? There could be a positive differential impact for this protected characteristic.</p> <p>The Census 2021 shows that adults in England and Wales whose gender identity does not match their sex registered at birth had lower rates of employment (49.2%) and higher rates of economic inactivity¹⁶. It should be noted that the proportion of this group in full time education was higher, suggesting this group might be younger¹⁷. People aged 16 to 24 were the most likely age group to have said that their gender identity was different from their sex registered at birth¹⁸.</p> <p>As the proportion of people reporting their gender as different to their sex registered at birth is higher in younger age groups, this group may be more at risk from factors affecting young people. This includes poorer mental health. Trans people are disproportionately affected by poorer mental health. The LGBT in Britain Health report in 2018 found that 71% of trans people had experienced anxiety, 46% had considered taking their own life and 35% had self-harmed¹⁹. Furthermore, 14% of respondents avoided seeking healthcare for fear of discrimination from staff²⁰.</p> <p>Transgender people may also find it more difficult to find work. Over half of the respondents to the Trans People and Work Survey²¹ reported that they found getting into work challenging and difficult. Around 40% said their trans identity had a quite or a very negative impact on their job prospects. Barriers to gaining employment included:</p> <ul style="list-style-type: none">• Feeling unable to apply at all because of fears of prejudice• Application forms which exclude their identity• Difficulty obtaining references and proof of qualifications to match gender and new name• Lack of awareness, and sometimes transphobia, from interview panels• Feeling unable to be out about their trans identity when applying for jobs²². <p>Poor experiences at work include:</p> <ul style="list-style-type: none">• Only 41% thought their workplace was trans inclusive• Needed to be careful about who to tell		

¹⁵ Department for Work & Pensions. (2024) The Employment of Disabled People 2024.

¹⁶ Equality and Human Rights Commission. Work: Britain.

¹⁷ Office for National Statistics (ONS). (2023) Gender identity by economic activity status. Published online April 4, 2023.

¹⁸ Office for National Statistics (ONS). (2023) Gender Identity: Age and Sex, England and Wales: Census 2021.

¹⁹ Stonewall. (2018) LGBT in Britain - Health (2018).

²⁰ Stonewall. (2018) LGBT in Britain - Health (2018).

²¹ LGBT Health and Wellbeing. (2021) Trans People and Work.

²² LGBT Health and Wellbeing. (2021) Trans People and Work.

- Lack of understanding and awareness from colleagues
- Lack of adequate policies or strategies to make the workplace more inclusive
- Policies that exist have been implemented without input from trans people and were inadequate or even damaging
- Onus was on trans people to create change²³.

Harassment:

- About 60% of respondents had experienced harassment at work, including misgendering, explicitly transphobic statements and verbal abuse.
- Managers were not equipped to deal with the harassment or bullying
- Lack of confidence in consistency of support from different managers²⁴.

Although the data expressed above relates to work generally rather than work and health specifically, it does touch on health related matters experienced by this protected characteristic. The Aspirations set out in the Integrated Work and Health Strategy offer supportive strategies in respect of the challenges experienced by people in this group of protected characteristics. This is particularly so from Aspiration D which focuses on a healthy, thriving workplace including good mental wellbeing and Aspiration A which promotes creative and inclusive recruitment processes.

4. Could there be a differential impact due to sexual orientation ?	Yes	No
<p>What evidence exists for this? There could be a positive differential impact for this protected characteristic.</p> <p>Sexuality and sexual orientation refer to who someone feels physically and emotionally attracted to. This can be romantic or emotion attraction, or both²⁵. Research shows that that lesbian, gay, bisexual and trans (LGBT+) people experience greater health inequalities compared to heterosexual and cisgender people, such as being at higher risk of poor mental health or missing out on routine health screening²⁶. It's important to note that LGB+ make up a higher proportion of younger age groups compared to older ones²⁷ and so could be more influenced by being in full-time education or poor mental health.</p> <p>People who identified as lesbian, gay, bisexual, or another minority (LGB+) were more likely to be disabled. The largest differences were among 16-24 year olds²⁸. Across most age groups, people who identified as LGB+ were less likely to have good or very good health²⁹.</p> <p>People who identified as gay or lesbian were more likely than the overall population of England and Wales to be in employment and, of those in employment, had a higher percentage working as 'managers, directors and senior officials'³⁰.</p> <p>The 2021 Census reported that a higher percentage of lesbian, gay, bisexual, or another minority sexual orientation (LGB+) adults were employed (63.8%) than straight or heterosexual adults (57.8%); the higher percentage in LGB+ adults was largely driven by gay or lesbian people, where 7 in 10 (70.3%) were employed³¹. Among those who identified as LGB+, being a student was a more common reason for being economically inactive compared to the overall population of England and Wales³².</p>		

²³ LGBT Health and Wellbeing. (2021) Trans People and Work.

²⁴ LGBT Health and Wellbeing. (2021) Trans People and Work.

²⁵ NSPCC. Sexuality and Sexual Orientation .

²⁶ NHS Digital. (2024) Sexual Orientation.

²⁷ Office for National Statistics (ONS). (2023) Sexual Orientation, Further Personal Characteristics, England and Wales: Census 2021.

²⁸ Office for National Statistics (ONS). (2023) Sexual Orientation, Further Personal Characteristics, England and Wales: Census 2021.

²⁹ Office for National Statistics (ONS). (2023) Sexual Orientation, Further Personal Characteristics, England and Wales: Census 2021.

³⁰ Office for National Statistics (ONS). (2023) Sexual Orientation, Further Personal Characteristics, England and Wales: Census 2021.

³¹ Office for National Statistics (ONS). (2023) Diversity in the Labour Market, England and Wales: Census 2021.

³² Office for National Statistics (ONS). (2023) Sexual Orientation, Further Personal Characteristics, England and Wales: Census 2021.

Data shows that lesbian, gay, bisexual and trans (LGBT+) people experience greater health inequalities compared to heterosexual and cisgender people, such as being at higher risk of poor mental health or missing out on routine health screening. The Kent & Medway Integrated Work & Health strategy will have a potential positive differential impact for LGBT+ people, as the strategy aims to support the promotion of good mental and physical wellbeing in the workplace through Aspiration D and a holistic approach to individual's circumstances through Aspiration C.

5. Could there be a differential impact due to religion or belief ?	Yes	No
<p>What evidence exists for this? There could be a positive differential impact for this characteristic.</p> <p>Each religious or belief group within the UK has a different age structure and this is likely to impact upon number of people within those groups who are economically inactive. In the 2021 Census, the average age of Christian responses was 51, whereas for Muslim respondents this was 27³³.</p> <p>Muslims had consistently lower percentages in employment across all age groups than the general population. Due to this consistency, it is likely age is not the sole factor behind this. Another factor is having the lowest percentage in employment among females (37.0%), whereas the percentage for males (59.9%) was more like that seen in the general population³⁴. Levels of economic inactivity because of looking after family or home were higher among Muslim females (27.3%) than across all females (7.8%). Males (12.4%) and females (13.2%) who identified as "Muslim" were twice as likely to be economically inactive because of being a student than all adults (5.7% male, 5.6% female)³⁵.</p> <p>The Aspirations within the Kent and Medway Integrated Work and Health Strategy incorporate inclusiveness and a holistic approach to individuals. The intention is that there should be a positive differential impact on this characteristic for those reasons. In particular Aspiration A focuses on employer confidence to support people with long term conditions and disabilities and to provide reasonable adjustments and flexibility for employees.</p>		

6. Could there be a differential impact due to people's age ?	Yes	No
<p>What evidence exists for this? There could be a positive differential impact for this characteristic.</p> <p>People in certain age groups are more likely to drop out of work or be economically inactive. The reason for this can be different depending on age. This section identifies ages most at risk, and why that is the case. It has also been observed that the percentage of people with poor mental health has doubled since 2010, and that this rise has been seen in all age groups³⁶.</p> <p>In some cases, the change in economic inactivity over time can simply be explained by the change in age profile over that time³⁷. This does not, however, explain all the change. Economic activity is highest in the younger and older age groups.</p> <p>Younger population (16-34 years) For people within this age group:</p>		

³³ Office for National Statistics (ONS). (2023) Religion by Age and Sex, England and Wales: Census 2021.

³⁴ Office for National Statistics (ONS). (2023) Diversity in the Labour Market, England and Wales: Census 2021.

³⁵ Office for National Statistics (ONS). (2023) Diversity in the Labour Market, England and Wales: Census 2021.

³⁶ The Health Foundation. (2025) Mental Health Trends among Working-Age People.

³⁷ Office for National Statistics (ONS). (2023) Population Changes and Economic Inactivity Trends, UK: 2019 to 2026.

- Those aged 18-24 are more likely to be in full time education and from 2019 to 2022 there has been an increase in the number of male students³⁸.
- There has been an increase in economic inactivity due to long-term sickness³⁹.
- There has been an increase in the number of people aged 16 to 34 reporting five or more health conditions⁴⁰.
- Long term sickness is driven in particular by poor mental health in this age group.
 - For those aged 16-34 years, there has been a significant rise in reported mental health challenges⁴¹.
 - Mental health disorders now account for 45% of the overall disease burden for individuals aged 10-24 years old⁴².
 - Those aged 16-34 years are as likely to report a work-limiting health condition as those aged 45-54 years 10 years ago. This rise is being driven by poorer reported mental health⁴³.
- Poor mental health in this age group could be driven by:
 - Biological and developmental factors – this group are experiencing major changes in brain structure and function. This can impact on their ability to regulate emotions and adapt to stress⁴⁴.
 - Prolonged transition to adulthood – the transition between childhood and adulthood has grown longer and less certain. This includes extended education and delayed economic stability. This has led to delayed life milestones such as marriage and parenthood⁴⁵.
 - Societal and systemic shifts – this part of the population would have experienced educational policies that emphasize academic achievement and encourage perfectionism and self-comparison with unrealistic expectations. Trying to attain this is stressful⁴⁶.

Older people (50 year and older)

Higher economic inactivity can also be seen in those aged 50 years and older. This is thought to be for the following reasons:

- This is driven primarily due to long-term sickness⁴⁷.
- For those aged over 50, early retirement also increased the likelihood of this⁴⁸.
- Need good management of health problems as almost half of those aged 50-64 have at least one long-term health condition⁴⁹.
- The Covid-19 pandemic also impacted this age group:
 - Employment rates have yet to recover from the effects of Covid-19 in people aged 50 and over.
 - In 2023, the UK was the only developed economy where economic inactivity kept rising after the initial pandemic shock. Rising inactivity among 50–64-year-olds accounted for 68.5% of the total rise in economic inactivity over from the start of the pandemic to 2023⁵⁰.
 - The Health Foundation and the Institute for Employment Studies argue the main reason is worsening health exacerbated by difficulties accessing care and delays in treatment. The

³⁸ Office for National Statistics (ONS). (2023) Population Changes and Economic Inactivity Trends, UK: 2019 to 2026.

³⁹ Office for National Statistics (ONS). (2023) Population Changes and Economic Inactivity Trends, UK: 2019 to 2026.

⁴⁰ Office for National Statistics (ONS). (2023) Rising Ill-Health and Economic Inactivity Because of Long-Term Sickness, UK: 2019 to 2023.

⁴¹ The Health Foundation. (2025) Understanding the Crisis in Young People's Mental Health.

⁴² The Health Foundation. (2025) Understanding the Crisis in Young People's Mental Health.

⁴³ The Health Foundation. (2023) What We Know about the UK's Working-Age Health Challenge.

⁴⁴ The Health Foundation. (2025) Understanding the Crisis in Young People's Mental Health.

⁴⁵ The Health Foundation. (2025) Understanding the Crisis in Young People's Mental Health.

⁴⁶ The Health Foundation. (2025) Understanding the Crisis in Young People's Mental Health.

⁴⁷ Office for National Statistics (ONS). (2023) Population Changes and Economic Inactivity Trends, UK: 2019 to 2026.

⁴⁸ Office for National Statistics (ONS). (2023) Population Changes and Economic Inactivity Trends, UK: 2019 to 2026.

⁴⁹ Phillipson C. (2024) Extending Working Lives – Healthy Ageing in the Workplace.

⁵⁰ UK Parliament. (2023) Why Have Older Workers Left the Labour Market?

Institute for Fiscal Studies argues instead that it is driven by non-health related reasons, such as retirement⁵¹.

- Reasons for not returning to work include disability, illness, mental health issues, stress, and illness following Covid-19⁵².
- There has been an increase in the number of people aged 50-64 reporting five or more health conditions³ and this increase can be observed from before the Covid-19 pandemic⁵³.
- There is a health-related employment gap that widens with age. Fewer than three in five (57%) of people aged 50-65 years old who have a long standing health conditions are in employment compared to almost 3 in 4 (73%) of those aged 35-49 years old⁵⁴.

Other age groups

For age groups that are less affected, it is important to be aware of any negative impacts of not focusing on them. It should be noted that, although the proportion of people aged 35-49 who have five or more health conditions has stayed constant, the proportion who have three or four conditions has increased⁵⁵. This may develop into a more serious issue in the future.

The Aspirations set out in the Kent and Medway Integrated Work and Health Strategy are well placed to have a positive differential impact on this protected characteristic. As individuals age the likelihood of developing a long-term condition which may result in a disability increases. Therefore, this strategy will have a potential positive differential impact for individuals aged 50 years and above.

There is also potential to impact positively on younger age groups given work limiting conditions have risen fastest in the younger age groups: ⁵⁶

- The rate of work limiting conditions among younger workers has doubled in the last decade.
- The number of workers aged 16 – 34 who report that their mental health limits the type or amount of work they can do has quadrupled in the last decade.

The rate of reported mental health challenges among young people aged 16-34 years old has increased. This strategy will have a potential positive differential impact on young people, as it aims to support the wider workforce to remain in good wellbeing and mental health, and commits to supporting young people transition between education and the workforce.

Although people aged between 35 to 49 years old are less likely to be economically inactive. It is important to be inclusive of this group. The proportion of 35–49 years olds who have three of four conditions has increased, and this may develop into a more serious issue in the future. This aspect is covered in Aspiration D, Healthy, Thriving Workforce.

7. Could there be a differential impact due to marital/civil partnership status ?	Yes	No
<p>What evidence exists for this?</p> <p>No strong evidence was found to relate to this protected characteristic in relation to work and health. This will be observed on an ongoing basis for any relevant data and intelligence. However, the Aspirations set out in the Kent and Medway Integrated Work and Health Strategy are designed to be inclusive, flexible and holistic so lend themselves to supporting all groups.</p>		

⁵¹ UK Parliament. (2023) Why Have Older Workers Left the Labour Market?

⁵² Phillipson C. (2024) Extending Working Lives – Healthy Ageing in the Workplace.

⁵³ The Health Foundation. (2022) More Older Workers Are Leaving Employment Due to Ill-Health – but COVID-19 Isn't to Blame, Study Finds.

⁵⁴ The Health Foundation. (2022) More Older Workers Are Leaving Employment Due to Ill-Health – but COVID-19 Isn't to Blame, Study Finds.

⁵⁵ Office for National Statistics (ONS). (2023) Rising Ill-Health and Economic Inactivity Because of Long-Term Sickness, UK: 2019 to 2023.

⁵⁶ <https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge>

8. Could there be a differential impact due to sex	Yes	No
<p>What evidence exists for this? There could be a positive differential impact for this protected characteristic</p> <p>The 2021 Census reported that males (61.4%) were more likely to be employed than females (53.2%)⁵⁷. A higher proportion of men are employed compared to women, and a higher proportion of those employed overall are men⁵⁸. For all ages, except for the group aged 16 to 19 years, there was a higher percentage of males in employment than females⁵⁹. The gap between the sexes in employment was smallest among younger adults, with a difference of less than 1 percentage point between the sexes aged between 16 and 24 years. This gap then sharply increased to almost 10 percentage points for those aged 30 to 34 years and stayed around this level until the groups aged 70 years and over⁶⁰.</p> <p>The increase could partially be explained by females leaving the labour market after having children⁶¹. There were higher levels of unpaid care provided by females than males in these age groups⁶².</p> <p>Aspiration D takes a life course approach and therefore addresses factors such as menopause and caring responsibilities.</p>		

9. Could there be a differential impact due to a person being pregnant or having just had a baby?	Yes	No
<p>What evidence exists for this? There could be a positive differential impact for this protected characteristic.</p> <p>The employment gap between men and females aged 30 to 34 years increases sharply by almost 10 percentage points. This increase can partially be explained by women leaving employment after children. The strategy aims to have a positive differential impact for women by adopting a life stage approach, supporting employers and employees through transitional and transformational stages, such as pregnancy.</p>		

10. Are there any <i>other</i> groups that may be impacted by this proposed policy, function or service (e.g. speakers of other languages; people with carers, those with an offending past, or people living in rural areas, homeless or war veterans) but are not recognised as protected characteristics under the Equality Act 2010?	Yes	No
<p>What evidence exists for this?</p> <p>The Kent and Medway Integrated Work and Health Strategy is specifically targeted at people with long term health conditions or disabilities, however the attributes and practices of the strategy lend themselves to creating a supportive environment that can effectively support other groups. The Kent and Medway Integrated Work and Health Strategy is allied to other programmes for example Connect to Work which provide for a range of specific groups.</p>		

NB: Remember to reference the evidence (i.e. documents and data sources) used

⁵⁷ Office for National Statistics (ONS). (2023) Diversity in the Labour Market, England and Wales: Census 2021.

⁵⁸ Office for National Statistics (ONS). (2023) Diversity in the Labour Market, England and Wales: Census 2021.

⁵⁹ Office for National Statistics (ONS). (2023) Diversity in the Labour Market, England and Wales: Census 2021.

⁶⁰ Office for National Statistics (ONS). (2023) Diversity in the Labour Market, England and Wales: Census 2021.

⁶¹ Office for National Statistics (ONS). (2023) Diversity in the Labour Market, England and Wales: Census 2021.

⁶² Office for National Statistics. (2023) Unpaid Care by Age, Sex and Deprivation, England and Wales: Census 2021.

Section 3: The Equality Act 2010 (to be completed by the Senior Responsible Officer for the Policy, Function or Service Development Details)

Under The Equality Act 2010, the ICB is required to meet its Public Sector Equality Duty. Does this impact assessment demonstrate that this policy, function or service meets this duty as per the questions below?

A 'no' response or lack of evidence will result in the assessment not being signed off.

11. The need to eliminate discrimination, harassment and victimisation	Yes	No
<p>Please evidence how</p> <p>The purpose of the Kent and Medway Integrated work and health strategy is to support those with long term health conditions and disabilities to start, stay and succeed in work. Currently a key element of work of the Kent and Medway Integrated Work and Health Strategy will be culture change and removal of stigma in developing an inclusive approach to recruitment and retention and ensuring that people with long term health conditions and disabilities are supported to start, stay and succeed in work.</p>		
12. Advance equality of opportunity between people who share a protected characteristic and those who do not	Yes	No
<p>Please evidence how</p> <p>Aspiration C of the Kent and Medway Integrated Work and Health Strategy is focused on taking a holistic approach to each individual in terms of the way they are supported to start, stay and succeed in work. Aspiration B focuses on opportunity for training and development to either start in work, support for individuals to progress to higher paid roles or consider alternative careers that suit their circumstances more closely.</p>		
13. Foster good relations between people who share a protected characteristic and those who do not	Yes	No
<p>Please evidence how</p> <p>A key area of Kent and Medway Integrated Work and Health Strategy will be culture change in developing and inclusive approach to employment and reducing stigma for those with long term health conditions and disability. In Aspiration A, the role of employer and employee communications, trust and relationships is highlighted as important to support people with long term health conditions and disabilities to start, stay and succeed in work.</p>		

NB: Remember to reference the evidence (i.e. documents and data sources) used

Section 4: Action Plan

The below action plan should be started at the point of completing the Impact Assessment (as impacts are identified), however, it is an ongoing action plan that should support the project throughout its lifespan and therefore, needs to be updated and directly linked to other action plans associated with the programme on a regular basis.

Potential Impact identified	Which Protected Characteristic group will be impacted upon?	Action required to mitigate against/support implementation of impact	Deadline	Who is responsible for this action (Provider/ICB- please include job title where possible)?	Update on actions (to be provided throughout project)	RAG rating
<p>Potential positive and negative impact.</p> <p>People with the protected characteristic of gender reassignment can experience complex and multiple barriers to employment with additional complexity from long term health conditions and disability. Insufficient focus on these unique challenges could have a potential negative impact in the future.</p>	Gender reassignment	<p>The Kent and Medway Integrated Work and Health Strategy can have a positive impact in the ways below. The action is to recognize the complexity for this group as development and implementation of the strategy progresses.</p> <p>According to the England and Wales 2021 Census, people aged 16 to 24 were the most likely age group to identify as Trans-gendered and transsexuals.</p> <p>Aspiration B, commitment 2: Development, Training and Skills. This aspiration aims to bridge the gap between educational institutions and the workforce for the younger population.</p> <p>Trans-gendered and transsexual individuals are disproportionately affected by poorer mental health.</p> <p>Aspiration D, commitment 1:</p>	June 2026	Work and Health Learning and Change Manager		

		<p>Healthy, Thriving Workforce. This aspiration aims to promote good mental wellbeing at work.</p> <p>Further efforts are required to remove the unique barriers transgendered and transsexual individuals face, including transphobia and harassment in the workplace, inadequate or damaging work policies, and exclusive recruitment processes.</p>				
There is limited information relating the protected characteristic of Marriage/Civil Partnership in the context of work and health.	Marriage/ Civil Partnership	The Kent and Medway Integrated Work and Health Strategy can have a positive differential impact on this group. However, as there is limited data and intelligence in respect of this the action is to keep this under review for the first year of the Strategy implementation.	June 2026	Work and Health Learning and Change Manager		
For seldom heard and vulnerable and other groups there may be reasons why individuals are reticent to come forward for support. This would have a negative differential impact	All groups	The action here is to be cognizant throughout the implementation of the strategy that some groups by the nature of their protected characteristic may be reticent to come forward for support through the usual designated channels and therefore care must be taken to reach out through trusted routes.	June 2026	Work and Health Learning and Change Manager		

Key-

Red- Not started

Amber- Started but delayed

Green- On track

Blue- Completed

Please note this can be amended to reflect status as per any other action plan you may have linked to this work

Section 5: Sign Off (to be completed by author and the Senior Responsible Officer for the Policy, Function or Service)

Date of next review			
Areas to consider at next review (e.g. any data gaps to be established)			
Signed (Author)	Date		
Signed (Senior Responsible Officer for the Policy, Function or Service)	Date		