

**Chapter 2: tackling health
inequalities through
inclusive recruitment**

The pandemic has highlighted and exacerbated existing inequalities in health and across many other facets of our society. People in more deprived areas spend more of their lives in ill health than those in the least deprived areas. People who live in areas of high deprivation are around twice as likely to die after contracting COVID-19. Similarly, there have been significant disparities, in relation to COVID-19 mortality, between people from ethnic minorities when compared to white British people.

Approximately 60-80 per cent of health and wellbeing is attributable to the social determinants of health. Employment is one of the key determinants. There is an inherent and reciprocal link between health and work.

Being in good work with fair pay and conditions improves people's overall physical and mental health and supports quality of life. Good health enables people to work, creating a virtuous cycle.

As the largest employer in England, the NHS can play a key role in providing good employment opportunities for all and supporting improvements in health in the communities we serve.

Through inclusive employment and by targeting activities, the NHS can have a significant impact on enhancing the lives of people experiencing deprivation and inequalities, support economic and social recovery and levelling up. We can actively offer pathways into NHS careers and ensure apprenticeships and pre-employment opportunities are open to people:

- experiencing poverty or deprivation
- with a physical or learning disability and/or autism
- with a long-term condition or mental health condition

- that are care leavers
- that are experiencing homelessness

- that are in, or have left the criminal justice system
- are from an ethnic minority group
- have recently been made unemployed.

Activities can also be directed at other population groups such as young people or older people whose employment has been disproportionately affected by the pandemic. Inclusive employment that helps to tackle health inequalities can be achieved by:

- 2.1) helping to address local economic challenges as a partner in place
- 2.2) optimising the role of the NHS as an anchor
- 2.3) addressing our workforce challenges while tackling inequalities
- 2.4) engaging with local partners
- 2.5) learning from COVID-19 workforce practices.

This can be delivered as an integral component of addressing our workforce supply needs. These activities will also play a key role in delivering the priorities in the NHS operational planning guidance 22021/22 and Core20PLUS5, an initiative to tackle health inequalities which will be launched in Autumn 2021. Further information on policy alignment is contained in chapter 3. This section further outlines these issues and opportunities and provides ideas for practical action.

2.1 Helping to address economic challenges as a partner in place

The most recent unemployment rate for May to July 2021, was 4.6 per cent which is a slight improvement on the previous quarter, but still higher than it was at the start of the pandemic. This represents approximately 226,000 more people out of work today than at the start of the pandemic. Rates are highest in the North East, Yorkshire and the Humber, West Midlands and London.

Employment levels have been increasing in recent months, while unemployment levels have been falling. However, economists expect the unemployment rate to increase when the Coronavirus Job Retention Scheme ends later this year, with low-paid workers most at risk, according to a recent report by the Resolution Foundation.

Who is affected?

Job losses were highest in sectors shut down by the pandemic such as arts, leisure, food service and retail. The effect of this is that younger and older people, people with a disability or from ethnic minorities, who are over represented in these sectors, are more likely to have lost their job in the past year.

<p>Young workers</p> <p>Employment levels have fallen for young people aged 16-24 by 6 per cent since March 2020 and the number claiming unemployment related benefits has increased by 66 per cent.</p>	<p>Older workers</p> <p>Employment levels have fallen for older workers aged 65+ by 8 per cent.</p>
<p>Low paid workers and disabled workers</p> <p>Minimum wage workers are more likely to work in affected sectors, particularly hospitality and non-essential retail.</p> <p>During the pandemic, disabled people were more likely to become economically inactive or to move out of employment.</p>	<p>Workers from ethnic minority groups</p> <p>For people from ethnic minority groups, the unemployment rate was 8 per cent, up from 6.2 per cent in January-March 2020.</p>



What you can do

- While it's helpful to look at national workforce trends, it is also important to understand your own local workforce profile.
- Have you mapped your current recruitment activity and who you work in partnership with to deliver work experience, pre-employment programmes, placements, training and employment?
- What is working well to meet your workforce supply needs, tackle inequalities and support the local economy?
- Could anything be scaled up further working across your system?
- What can you learn from other systems, or the case studies in this resource?
- Depending on the structure of your system and the relationships already in place, align recruitment strategies across integrated care partnerships (ICPs), local authorities, local enterprise partnerships (LEPs), other local anchor institutions, and the voluntary, community and social enterprise (VCSE) sector to develop a collective approach to local upskilling, retraining and recruitment targeted at your workforce gaps.
- The Office for National Statistics (ONS) has a handy guide which details where to find local statistics. It also publishes regional labour market data monthly.
- The Department for Work and Pensions (DWP) collects statistics for Universal Credit by region. Use its interactive tool to understand what's happening in your region. The DWP can also provide information on the skills available in your local workforce.

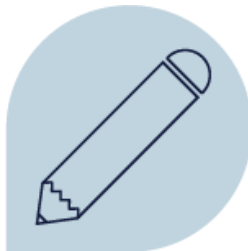
2.2 Optimising the role of the NHS as an anchor

‘anchored’ in place, meaning they are unlikely to relocate and are rooted in and connected to their local communities.

Anchors can intentionally use their assets, resources and influence to enhance local social, economic and environmental conditions to tackle health inequalities, reduce poverty, support inclusive sustainable economies and regeneration, as well as deliver many other community benefits.

The NHS can achieve this by strategically adapting the way it employs people, purchases goods and services, uses buildings and spaces, reduces environmental impacts, and by working in partnership with other anchors and local organisations. Across the country, we are seeing the emergence of place-based anchor systems or networks, involving a range of NHS and non-NHS partners. Within individual anchor organisations, networks or systems, employment is frequently recognised as a priority area for action.

NHS London Anchor Network



London is taking a city-wide approach to recovery that leverages the power of the range of anchor institutions

The London Recovery Board, co-chaired by the Mayor of London and London councils, brings together political, civic and business leaders from across the city. It aims to stimulate and co-ordinate action to:

- reverse the pattern of rising unemployment and lost economic growth caused by the economic scarring of COVID-19

- narrow social, economic and health inequalities
- accelerate delivery of a cleaner, greener London.

As one of the largest employers in London, the NHS has taken a leading role through the establishment of the NHS London anchor network. NHS leaders have been inspired to act, as the objectives of the London recovery board strongly align with their values and help shape what they can do in partnership to address inequalities and leverage their role as an anchor institution.

The programme that supports the actions the NHS will take is deliberately nimble, balancing a social movement with the need to influence business as usual. There are currently four high-level workforce priorities:

1. vaccination to vocation (providing pathways into good work for vaccinators)
2. youth unemployment (considering guaranteed apprenticeships, amongst other things)
3. reskilling communities (embedding pathways to work in communities, such as through primary care training hubs)
4. embedding London as a living wage city (gaining living wage accreditation for NHS organisations in the city).



- Develop a strategic approach to anchor activity and employment with clear ambitions of what you are trying to achieve and for which population groups.
- Seek opportunities to collaborate with other local partners that are championing this agenda or that have complimentary skills or expertise, for example, local authorities and VCSE organisations.
- Engage with communities and other key stakeholders to codesign your approach.
- Join the Health Anchors Learning Network to share and develop innovative ideas and practices. It is a free network for people responsible for or interested in anchor approaches to health. It provides an opportunity for participants to learn with peers and experts about how anchor organisations can consciously use their resources, influence and work in partnership to improve the social determinants of health and help reduce inequality.
- Measure the difference you are making.

2.3 Addressing our workforce challenges while tackling inequalities

Health and care workforce

Despite a fall in the number of job vacancies available since the start of the pandemic, vacancies in the NHS remain. There are over 90,000 workforce vacancies in England and around 112,000 vacancies at any one time in adult social care. While there are vacancies across a range of roles in health and social care, with the biggest issues in nursing and especially in acute and mental health posts, the NHS can promote these opportunities to the communities it serves.