

JSNA: WORKING WELL

POPULATION

The total number of jobs in Bolton is 113,000; this has been decreasing over recent years and is currently the second lowest number since 2000. The number peaked in 2005 when 125,000 jobs were available in Bolton. This pattern reflects the changes in the total number of jobs across the Greater Manchester conurbation. At present the number of jobs in Bolton represents 8.8% of the total jobs in Greater Manchester.

In Bolton 134,933 people are economically active, which represents 67.2% of the population aged 16-74 years. Of these economically active people, 118,777 are in employment (full-time, part-time, or self-employed). However, 9,913 of the economically active group are currently unemployed; in addition, there are 3,929 individuals who are long-term unemployed and 1,773 who have never had a job.

In Bolton the main employment sectors are 'Wholesale and retail trade/repair of motor vehicles' with 23,310 employees, 'Human health and social work activities' with 16,144 employees, 'Manufacturing' with 13,184 employees, 'Education' with 11,581 employees, and 'Construction' with 10,397 employees. These sectors account for 60% of the total numbers of employees aged 16-74 years. More men (63,291) than women (55,486) are in employment; significantly more women than men work in 'Human health and social work activities' and 'Education', and the converse is true for 'Construction' and 'Manufacturing'. The town centre provides the hub of employment by providing around a third of the jobs in the borough.

The most common types of employment in Bolton are professional occupations (14.9%), administrative and secretarial occupations (11.8%), elementary occupations (11.6%), associate professionals and technical occupations (11.5%), and skilled trade occupations (11.5%). Bolton men are more likely to have skilled trade occupations (19.4%), and process plant and machine operative occupations (14.6%), while Bolton women are more likely to be employed in administrative and secretarial occupations (19.4%), caring, leisure, and other service occupations (16.8%), and professional occupations (16.7%). Finally, 291 Bolton residents are employed in the armed forces.

Over recent years Bolton's unemployment rate peaked in 2009/10 following the recession of 2008 at 10.4% and has gradually reduced since then. Of the current economically active population, 8.6% are currently unemployed; this rate is higher than the national figure but is average for Greater Manchester. The proportion of the economically inactive population in Bolton who do not want a job has steadily reduced since a peak in 2005/06 to the lowest it has been over recent years at 32,500 individuals.

The worklessness rate for Bolton is 17.1% and 9.8% of the working age population are claiming sickness benefits. In Bolton there are a total of 31,940 benefit claimants in the working-age client group. Of these, 8,210 are job seekers, 14,480 claim ESA and Incapacity Benefits, 2,340 are disabled, and 3,020 are carers. Furthermore, there are 11,100 people who are economically inactive due to being long-term sick. ESA/incapacity benefit claimants and disability living allowance claimants have been increasing over recent years, the latter seeing the highest number in Bolton since 2002. Significant changes are being made to the benefits and tax credit system due to the introduction of the Welfare Reform Act 2012. The biggest impact upon vulnerable households will be the introduction of Universal Credit and the benefit cap. Universal Credit will combine key benefits such as jobseekers allowance, housing benefit, and tax credits. The benefit cap will limit the amount of any benefit paid to households of working age to £350 per week for a single adult with no children and £500 per week for a couple or lone parent, regardless of the number of children they have. The changes will impact on those households reliant upon benefit payments, which are likely to be the most vulnerable and low income households in the borough.

The average household income in Bolton is £32,918 which is the 7th highest in Greater Manchester, but lower than the national and regional averages. The gross weekly pay in Bolton for full-time workers is £418.5 which is lower than the regional (£469.9) and national (£507.6) averages. In Bolton, most people travel to work by car/van (89,246); the next most popular method of travel is on foot (12,024), followed by bus (8,337) and train (4,497). Also, 4,678 Bolton residents work from home.

LIFESTYLES

Being out of work is a major risk to health and is associated with increased incidence of depression, anxiety, premature mortality, and suicide. Unemployment negatively impacts upon health because of material deprivation and the psychological impact arising from feeling less valued by society and the loss of social contact and support.

HEALTH

It is important to remember that work itself can be a cause of ill health.

The most common reason given for sickness is minor illnesses such as coughs, colds, and flu. This type of illness tends to have short durations; the greatest number of days lost were actually due to musculoskeletal problems. Women have consistently higher sickness absence rates than men and the rate increases with age for both genders.

Nationally, 55% of people going onto incapacity benefits come straight from employment or following a period of sickness absence, but 28% do so from job seekers allowance or income support suggesting either they had undiagnosed or unsupported health conditions previously, or that they developed health problems whilst on these benefits.

SOCIOECONOMIC AND GEOGRAPHICAL INEQUALITIES

Employment is obviously vital for socioeconomic inequalities as poor financial circumstances leads to material deprivation. Furthermore, the key vulnerable groups in Bolton tend to have a low income and as such are disproportionately represented in the most deprived population of Bolton. Evidence suggests that the recession has meant worse diets, colder homes, less physical mobility, and reduced wellbeing with potentially longer-term impacts on the health of this cohort. The economic downturn and cuts in public spending could further widen local health inequalities between the rich and the poor in Bolton.

The Wards with the highest unemployment rates in Bolton are Halliwell (13.3%), Great Lever (12.6%), Farnworth (11.5%), and Rumworth (11.4%). Halliwell also has the greatest proportion of residents who economically inactive as a result of being long-term sick or disabled (10.1%), followed by Farnworth (9.4%), Rumworth (8.3%), and Crompton (8.0%).

The unemployment rate in Bolton is higher for our South Asian population at 10.2%. The South Asian population are more likely than average to be self-employed than the general population (18.9% compared to 12.2% of Bolton as a whole).

VULNERABLE GROUPS

Certain groups are already at a disadvantage compared to the general population, but in an economic downturn as we are experiencing at present their health and wellbeing can be compromised even further as their resources are least resilient to withstand the increased difficulties they are faced with. These groups include those with disabilities, carers, people with mental health problems, single mothers, and young unemployed people. The economic downturn will most likely increase the social exclusion of vulnerable groups as demands on their limited resources will mean they have to sacrifice social activities.

As highlighted in the Living Well chapter of the JSNA, a significant number of people in Bolton live with long-term conditions, many of whom will work. There are very low rates of employment among people with disabilities in Bolton; only one in two disabled people are in employment compared to around four out of five non-disabled people. It is likely, though data is incomplete, that less than 10% of people with learning disabilities in Bolton are in employment and only 15% of people with autism have a full-time job.

Welfare reform will impact on disabled people and carers through the reassessment for Disability Living Allowance and the move to Personal Independence Payments, and through the shift to Universal Credit and the tie in of Carers Allowance. The impact of the Work Capability Assessment is likely to be highest on people with mental health problems who may not comply with the reassessment process or whose conditions are difficult to assess by generalists.

Among carers of working age in contact with social care, almost a quarter are unable to work due to their caring responsibilities and 10% of carers that are working do not feel supported by their employer to combine caring with work.

The employment rate of people with mental illness in Bolton has suffered considerably since the recession of 2008. Both the general employment rate and that for those with mental illness fell sharply following the recession, but the latter has significantly struggled to recover. Job seekers with a mental illness often face stigma and discrimination when looking for work. Locally, there has also been a consistent increase on the suicide rate since the recession.

After taking into consideration all tax and benefit reforms to be introduced before 2015, single women will lose more as a proportion of their income than other households as a result of the cuts. Single mothers can expect to lose 8.5% of their net annual income by 2015, more than a month's income each year.

Young people have been disproportionately affected by the recession and there is a risk that high unemployment at present could 'scar' this cohort long-term after such an early negative experience with the labour market. Research on previous recession's suggests this will have a lasting adverse effect on the employment prospects of low-skilled young people currently aged 16-18 years.

In addition, some people in our town are vulnerable because of the unregulated nature of their work, for example sex workers and migrant workers.

USE AND EFFECTIVENESS OF SERVICES

There is currently very little information in the JSNA about the use of health services and the health service needs of people in work. However, as more men than women are in full-time work this does affect the ability of Bolton men to access local primary care services.

It is important to note that the workplace itself also offers a vehicle for the provision of services and advice to help local employees maintain and improve their health and this is the aim of the Clock-on-2-Health service in Bolton.

The conditions accounting for most sickness absence and worklessness are musculoskeletal conditions and mental health problems, both of which place high demands on Bolton's health system at both primary and secondary care level.

Around half of all people with disabilities are in employment. When providing treatment to patients there tends to be little consideration within the healthcare system of the impact of the treatment regime on a patient's employment or on considering returning to work as a valid outcome.

Welfare reform will seriously impact the use of local services and the local working population. Approximately 75% of people claiming sickness benefits have been doing so for over five years. Early figures from the Department of Work and Pensions shows that so far 37% of those currently on Incapacity Benefit who have been medically assessed under the new benefit system have been classed as immediately fit for work, a further 34% are eligible for ESA and support to return to work, while 29% are unlikely to ever be fit for work (this does not take into account the outcome of appeals).