

## **Appendix 1: Opportunities for consideration by wider system partners**

### **National opportunities for action (NHS England & NHS Improvement, Public Health England, and the Joint Work & Health Unit)**

#### **The commissioning landscape**

1. A simplified and streamlined approach to commissioning local support is needed which encourages joint commissioning, creates a drive for the Department of Work & Pensions to work more closely with partners at local level, resolves disconnect between national and local offers, and commissions on a need and evidence basis.
2. It is clear from local feedback that despite the range of support on offer, individuals and employers have poor awareness of available support and find it extremely difficult to access and navigate.
3. The commissioning infrastructure limits opportunities for effective delivery approaches through siloed project commissioning, with targets set against short-term training and employment outcomes, rather than long-term impact. Most funding opportunities require match funding which is increasingly unattainable at local level.

#### **Employers - inclusive employment practice**

4. Offer a clear steer for employers on their obligations and opportunities under law.
5. There has been an over-reliance on supply-side approaches which focus on developing employability for individuals, rather than understanding and shaping the employment landscape to ensure that appropriate opportunities, flexibility and support are achievable in all workplaces.

#### **Employment as a health outcome**

6. Employment as a health outcome is likely to require considerable investment in front-line culture and practice, and must consider how to resource, train and make use of the wider front-line workforce beyond GPs.
7. Delivery must be embedded within regulatory expectations, including workforce planning, health education, and primary care contract / Primary Care Network delivery.
8. The fit note culture is seen to be risk averse and focussed on 'signing people off' from work, rather than taking positive steps for a healthy return to work.

#### **Evidence of effective interventions**

9. Disseminate learning from ongoing trials early and consistently.
10. Working models of how use social prescribing can be used to best effect in securing employment outcomes.
11. Evidence based strategic leadership; showing what models of support are effective for specific cohorts and taking a life-course approach.

#### **Understanding health need and measuring outcomes**

12. Effective indicators to measure need which reflect the intersection between health and employment agendas.
13. Effective monitoring indicators which can be used across providers to allow a common dataset to assess impact.

## **Local opportunities for action**

### **Share and distribute knowledge**

1. Specialist providers (e.g. mental health, learning disability, homelessness, substance misuse) to share their knowledge and skills with wider workforce through informal conversations and networks.
2. All organisations to maximise use of prevention of ill-health and promotion of wellbeing through initiatives such as wellbeing@work, or the Midlands Engine Mental Health Productivity Pilot.
3. Providers of NHS self-referral programmes, such as Improving Access to Psychological Therapies (IAPT) provision and physiotherapy services, to develop links and relationships with employment specialists and Job Centre Plus.

### **Create a shared knowledge base**

4. Develop metrics and 'shared language' for partners to utilise to discuss, monitor and collaborate on this topic. This could include Public Health England working with the Department for Work & Pensions to assess the value of Stat-Xplore data for enabling local decision making.
5. Look at opportunities and forums to share information about what your organisation provides or delivers.
6. NHS England & NHS Improvement, and Public Health England, to ensure local areas understand how they can track and utilise Improving Lives interventions including a local breakdown of the national target to get 1 million more disabled people into work.
7. Joint Work & Health Unit to ensure local areas are appraised of future commissioning intentions (e.g. 'Working Win', employment advisors in Improving Access to Psychological Therapies and Individual Placement & Support services).

### **Opportunities for joint working practices**

8. Explore opportunities for co-location and training with health and social care provision (e.g. training to social prescribers on employment offer, co-location of Work Coaches in Primary Care Networks).
9. Joint Work & Health Unit to consider how they can enable local PH and NHS to participate meaningfully in Local Industrial Strategy, Local Enterprise Partnership and Share Prosperity Fund conversations.