

REPORT OF THE CHAIR OF THE HEALTH & WELLBEING BOARD

DEVELOPING A HEALTH AND WORK APPROACH IN NOTTINGHAMSHIRE

Purpose of the Report

1. To approve actions developed by the Health & Wellbeing Board and partners at the *Employment and Health and Wellbeing: Improving Lives in Nottinghamshire – Workshop for Action*, held on Friday 18 October 2019.
2. The outputs from the workshop have been combined with additional conversations gathered through prior stakeholder engagement. The report outlines specific actions for board members and partners to improve employment opportunities for people with health and complex social issues.

Information

3. Health and work are strongly interdependent. It is known that good work is generally good for both mental and physical health. At an individual and a collective level, work is one of the most fundamental and defining activities of humankind. But the evidence is clear that the benefits of work extend beyond bare necessities; good work is an enabler and impacts positively on quality of life, social interaction and identity.
4. There is a strong association between worklessness and poor health, as being out of work can be both the cause and the consequence of a range poor physical and mental health outcomes. Conversely, being in work can have a strong positive influence on health, protecting against social exclusion through providing an income, social interaction, a core role, identity and purpose. For people who have been out of work, securing employment is linked to improved physical and mental health, and improved self-esteem. With appropriate support, securing work is particularly important for individuals with a health condition or disability, not only because it promotes full participation in society and independence, but also because it can promote recovery and rehabilitation, and lead to improved health outcomes and a better quality of life.¹

¹ Waddell, Is Work Good for Your Health and Wellbeing.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

5. At a workshop on Friday 18 October 2019, the Health & Wellbeing Board and partners considered the relationship between good work and health in Nottinghamshire and how employment could be better realised for all residents. The workshop focussed on how Board members can demonstrate leadership on the issue of addressing employment and health, and play an important role in creating a new strategic approach to health and work across Nottinghamshire's employment and authorising landscape. This was with the intention of realising greater employment opportunities and outcomes for local residents for their benefit, and the benefit of Nottinghamshire's wider economy.
6. The aims of the workshop were to:
 - a. Explore the relationship between good work and health in Nottinghamshire
 - b. Understand the gaps in employment for those with health and complex social issues, and the barriers they face to employment
 - c. Identify and commit to actions to improve opportunities for employment for these groups.
7. Over 50 stakeholders from across the landscape attended including: members of the Health & Wellbeing Board; Nottingham & Nottinghamshire Integrated Care System; Bassetlaw Integrated Care Partnership; Clinical Commissioning Groups; health providers; economic development and social care services within Nottinghamshire County Council; district and borough councils; the Department for Work & Pensions; Public Health England; local employment support providers; further education providers; and the D2N2 Local Enterprise Partnership. Also in attendance were NHS England & NHS Improvement, and Public Health England's clinical champion for health and work, who attended as participants and to gain an insight into local practice.
8. The key note address was given by a young woman with health conditions who is now a Nottinghamshire County Council employee. She related her journey to employment and clearly articulated how much getting a job really mattered to her. She described an approach in which she searched for every opportunity to gain employment summarising clearly the obstacles and support she has encountered along the way. She also talked passionately about the huge impact for her health and wellbeing as a result of being in employment. She received a standing ovation for her strong and clear challenge to the system, asking how more can be done to enable people like her into employment.
9. Background presentations from the Public Health and Economic Development teams within Nottinghamshire County Council outlined the scale of the challenge locally, the evidence on the relationship between good work and health, and the barriers to employment for people with health and complex social needs. Presentations from the Department for Work & Pensions, the NHS and Nottinghamshire County Council summarised some of the support that is available locally. Bassetlaw Integrated Care Partnership provided an example of a place-based, employer-led initiative to improve inclusive employment.
10. NHS England & NHS Improvement presented alongside Public Health England's 'Work as a Health Outcome' clinical champion on the national offer of support. Feedback was requested to support the development of the national work programme at the Joint Work and Health Unit.

11. Facilitated table discussions after each series of presentations allowed partners to explore the barriers, challenges and opportunities involved in achieving the goals of increased employment for those with health conditions or disability.
12. Research evidence shows that efforts to support people with health or disability barriers into employment are most effective when multi-component support is used. This includes three key elements:
 - Health-focussed interventions (health professionals supporting improvement of mental and physical health)
 - Co-ordinated case management or employment support (facilitating effective links between healthcare and the workplace)
 - Employer-focussed modifications in the work environment (flexible working hours, duties or change to physical working environment).
13. Therefore, participants were asked to consider the potential roles for system partners via three themes:
 - Inclusive employment (the role of employers)
 - Work as a health outcome (the role of the health and social care system)
 - Employment support (the role of commissioned employment support services).
14. This report combines feedback from workshop discussions and insight from ongoing partnership engagement by Public Health with local stakeholders (commissioners, providers and the Local Enterprise Partnership) over the past six months to inform an evidence based rapid review of employment support in Nottinghamshire.
15. A summary of the key themes is provided below. Opportunities for national and local action captured during the workshop is outlined in appendix 1.

Employers' perspective

16. Inclusive employment is about ensuring all people, regardless of their needs, have the opportunities to secure a good job. This means creating job opportunities that are flexible to respond to people's additional needs and removing unnecessary barriers in recruitment and employment. Through their 'standard' recruitment practices and employment offer, employers can unknowingly exclude talented individuals with additional needs from their workplaces. There is a wide breadth of support available to employers, some of which is captured within appendix 2.
17. A perception of many workshop participants is that businesses are largely unaware of the support available to them or their staff in managing health at work, and in recruiting individuals with long-term conditions or disability. It was felt one reason for this is that the current support offer is perceived as fragmented, complex and very difficult to navigate. A key action to enable a 'Nottinghamshire employment offer' was put forward with

suggestions to use '[Notts Help yourself](#)' in the first instance with a more systematic consideration of eliminating fragmentation to follow.

18. Participants in the workshop identified anecdotal evidence from their experiences that employers of all sizes in Nottinghamshire recognise the opportunity to increase diversity and productivity in their workforce through caring for the health of their staff and adapting their recruitment approaches to be inclusive. However, there is a 'fear of the unknown' where businesses are unclear as to how far they can legally adapt their practices to support inclusive employment and what their obligations under law are.
19. Participants identified that small employers have more ability to be agile and responsive but that a perceived lack of information, advice and support was the largest barrier for them in moving towards inclusive recruitment and employment. The most frequently cited example of unmet need with small, medium and microbusinesses was a lack of access to quality occupational health advice.
20. Representatives from supported employment offers identified that very simple changes from employers could have a huge and beneficial impact (e.g. changing shift patterns or giving the opportunity for a work trial interview). However, potential adaptations are as wide-ranging as the disabilities and needs that people have, and this can be perceived as overwhelming for employers if they have to navigate this by themselves.
21. It should be noted there were relatively few employers in attendance at the workshop, and the importance of engaging with employers more widely within Nottinghamshire was highlighted.
22. Wider system challenges could also prevent opportunities being created or taken up (e.g. a real or perceived lack of appropriate accessible transport for commuting to the workplace).

Health and Social Care Perspective

23. The NHS has been developing its 'work as a health outcome' programme for a number of years. This supports clinicians to give greater weight, in their clinical practice and commissioning, to consider the impact of work on their patients' health, and the impact of their patients' health on their work. The *2019 Healthcare Professionals' Consensus Statement for Health and Work* outlines an ambition for approaching employment as a health outcome: *"Working can be considered as a health outcome in itself, reflecting how well we are supporting individuals to adapt to or recover from their health challenges. The majority of health-related worklessness is not inevitable and with the right advice and support, many individuals can achieve their working potential."*
24. Participants felt there were clear and strong opportunities to embed a greater focus on this in the health and social care workforce. Table discussions identified that although there was a wide range of local examples of excellence in clinical practice, this was not consistent or systematic. In order to deliver this opportunity there needs to be a

programme of work to bring the level of skills and capacity of the workforce in line with the ambition. The starting point was to ensure that a culture is created in which organisations understand and embed employment as an outcome aligned to both health and independence.

25. The vital role of the NHS long term plan as a driver of this culture change was highlighted. There are many opportunities included in the plan but these are not systematically presented or enabled. The opportunities for the NHS as an employer are not linked to those of the NHS as a provider, and neither are well articulated in terms of understanding how wider system partners should be engaged.
26. There is an opportunity to expand the impact of work as a health outcome through the use of newly established posts (e.g. social prescribing Link workers, and First Contact Practitioners). Feedback from tables was that enabling employment as a health outcome within these is not currently a priority for local delivery within Primary Care Networks. There is primarily a focus on those above working age and within this population on frailty and social isolation. However, there was suggestion on the tables that thought was being given to the development of a social prescribing focus for working age populations and this would pose a good opportunity to discuss health and employment.
27. The NHS Long Term Plan already includes ambitions to increase the specialist employment support for people with mental health conditions, and the number of supported internships created in NHS organisations (of which a percentage will be converted into paid employment). The ambitions around mental health specialist support are progressing well, with registered populations in all areas in Nottinghamshire now having access to employment advisors in Improving Access to Psychological Therapies services and Individual Placement & Support services. However, at present, only two NHS organisations within the Nottinghamshire Integrated Care System and Bassetlaw Integrated Care Partnership are signed-up to the [Learning Disability Programme Employment \(LDPE\) pledge](#).
28. NHS organisations are also obliged to report on the recruitment and retention of staff with disabilities through publication of [Workforce Disability Equality Standard \(WDES\)](#) plans and data.

Commissioned employment support

29. The workshop used the term 'employment support' to refer to any service commissioned with the explicit goal of supporting an individual to secure and / or maintain paid employment. As a local system, there is a range of support available to individuals and businesses which is enabling individuals to move closer to the workforce, and secure and maintain employment. There are good success stories to share and learn from locally where individuals with mental or physical health conditions, learning disabilities or complex needs (e.g. a history of homelessness and substance misuse) have been supported.

30. Feedback from the workshop highlighted that although people were aware of some of the support on offer, the vast majority were unaware of everything that was presented at the workshop, despite this being a tiny proportion of the support that is available. There is a clear need for individual offers to be better articulated and shared in a systematic way in order for a collective level of support to be made available.
31. A strong theme that emerged from the workshop was that the current offer, whilst diverse, does not provide a suitably strategic and coherent delivery framework to meet the needs of the population, local economy or employers. Participants felt strongly that the structure and authorising environment of the current system cannot demonstrably assess or address local population need. The fragmented and short-term employment outcomes of the current system were seen to be key challenges that required meaningful action.
32. As a result of the local and national fragmentation of responsibilities, commissioning and provision, and the lack of a shared coherent delivery framework, there is a lack of informative metrics for measuring need and demonstrating outcomes. Even if such metrics existed, there is no requirement for many of the commissioners or providers to share these performance metrics with local partners to enable local action or scrutiny.

Next steps for the Health & Wellbeing Board

33. This is the first time the Nottinghamshire Health & Wellbeing Board is giving detailed consideration to the topic of employment and health. Whilst the link between good work and positive health and wellbeing outcomes is well established, much of the evidence base on what is most effective and cost effective in supporting people into work is still emerging.
34. The recommendations below will have material impact for local employment support. However, it should be recognised that further work will be required to achieve a firm foundation which supports economic aspiration, prosperity, and health and wellbeing.
35. Nottinghamshire's local position is echoed nationally and in other areas of the country where significant investment has been made in the health and employment agenda. In March 2019, the National Audit Office reviewed the Department for Work & Pensions' support to help disabled people overcome barriers to work. The report expressed frustration that at a national level "*knowing what works*" is still unclear, and it reflected that the Department for Work & Pensions itself "*has recognised that it does not understand enough to frame a full implementation strategy for helping more disabled people to work.*"
36. The Greater Manchester Combined Authority has described the ongoing challenges of working on an employment and health agenda with devolved budget responsibility. These include ongoing challenges on the following:
 - a. '*Ability to make local decisions around pooling budgets and matching funding streams*'. Within the initial review of existing provision in Nottinghamshire, similar issues were identified. Locally, as nationally, both commissioning and delivery is

fragmented. There are multiple employment programmes, support offers, providers and commissioners. It is not clear that people are always aware of the support that is available to them or that people are always enabled into the right support for them. It is also challenging to understand the extent to which populations needs are being effectively met.

- b. *'The fragmented approach to commissioning and defining responsibility for ownership'*. This resonated with the local experience in Nottinghamshire. Provision across Nottinghamshire to increase access and participation in the labour market for people with health and complex social needs comes from a range of national, regional, local and micro programmes. The largest of these are financed via the European Social Fund (ESF) for which the Department of Work & Pensions is the managing authority (and in the majority of cases the co-financer), with oversight provided for Nottinghamshire by the D2N2 Local Enterprise Partnership. The NHS, Nottinghamshire County Council and charitable funds also pay for programmes. It should be noted this does not include the full breadth of provision and support available.
- c. *'Developing provider expertise to work across both health and employment sectors effectively'*. Employment support is more often focussed on securing a job, with less support offered to sustain employment over the longer-term. Fewer programmes exist which provide tailored condition-specific support to help those with long-term conditions to manage a return to work (although the evidence base suggests such a tailored approach is more effective).

37. Therefore, a crucial first step for Nottinghamshire will be the development of a strategic delivery framework for employment support which will aim to fully articulate the most effective and cost effective opportunities for investment. It is well understood by local partners that without such a step, there will continue to be fragmented provision which does not achieve its potential, is not sufficiently targeted at population need, and for which meaningful health outcomes cannot be demonstrated.

38. Work is underway to secure the support of local partners, including economic development, providers, and the Local Enterprise Partnership, in developing this framework. This would take a lifecourse approach and outline the following:

- a. What are the population groups in Nottinghamshire experiencing barriers to work due to health, disability or complex social needs?
- b. What approach is most effective in supporting these population groups?
- c. What opportunities exist to secure investment to address gaps in current provision or expertise?

39. This should not detract from the range of dedicated and professional support that is currently delivered in Nottinghamshire by a wide range of organisations. Their work can be best supported and empowered through the strategic leadership which members of the Health & Wellbeing Board can bring to this agenda.

RECOMMENDATIONS

40. To approve actions developed by the Health & Wellbeing Board and partners at the *Employment and Health and Wellbeing: Improving Lives in Nottinghamshire – Workshop for Action*, held on Friday 18 October 2019.

Action		Sponsor / lead
A.	A strategic delivery framework for securing inclusive employment is developed through a task and finish approach, led by Nottinghamshire County Council.	Jonathan Gribbin / Dawn Jenkin
B.	A single employment support offer is developed with partners through the work of Nottinghamshire County Council's corporate working group.	Melanie Brooks / Ainsley MacDonnell
C.	An employment support page is developed on Notts Help Yourself , so members of the public can be signposted to the full range of employment support in Nottinghamshire.	Melanie Brooks / Ainsley MacDonnell
D.	Nottinghamshire County Council to work with Public Health England and the Health, Work & Inclusive Growth: East Midlands High Level Strategic Multi-partner Group, to develop and test metrics to more effectively measure health need and outcomes using economic and employment data.	Jonathan Gribbin / Amanda Fletcher
E.	Health in all policies approach – all member organisations to commit to securing social value outcomes for local employment through their employment and procurement practices. A template to be developed through the Healthy & Sustainable Places Coordination Group.	Councillor Steve Vickers / Dawn Jenkin and District / Borough Health and Wellbeing Officers
F.	All Health & Wellbeing Board membership organisations to commit to progressing best practice employment and recruitment (e.g. the Disability Confident Scheme).	Councillor Steve Vickers / Dawn Jenkin
G.	The Integrated Care System's Workforce Strategy should explicitly address health and work through roles as employer and in clinical decision-making.	Melanie Brooks
H.	The three Nottinghamshire Integrated Care Providers / Partnerships to increase the strategic priority of health and work, including strengthening employment support via new NHS social prescribing Link workers and First Contact Practitioners.	Idris Griffiths / Nicole Chavaudra; Thilan Bartholomeuz / David Ainsworth; Jeremy Griffiths / Fiona Callaghan

Action		Sponsor / lead
I.	Primary Care Networks to take up the offer of training by Public Health England's 'Work as a Health Outcome' clinical champion for Protected Learning Time (PLT), and GP registrar training.	Idris Griffiths / Nicole Chavaudra; Thilan Bartholomeuz / David Ainsworth; Jeremy Griffiths / Fiona Callaghan
J.	The Health & Wellbeing Board to receive a progress update, including the strategic delivery framework, by September 2020.	Jonathan Gribbin / Dawn Jenkin

Reason/s for Recommendation/s

41. The Health & Wellbeing Board recognise that health-related worklessness is a key priority in Nottinghamshire and have identified actions which have the potential to make a positive impact on residents and employees in Nottinghamshire. The overall aim is to assist more individuals with health and complex social issues to gain and maintain employment, resulting in better outcomes for the population and greater productivity for employers.

Statutory and Policy Implications

42. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

43. There are no financial implications arising from this report.

Councillor Steve Vickers
Chairman of Health & Wellbeing Board

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Constitutional Comments (SS 19/11/2019)

1. The Board is the appropriate body to consider the content of this report.

Financial Comments (DG 19/11/19)

2. There are no direct financial implications arising from this report.

Background Papers and Published Documents

- Opportunities for action for members and wider partners to consider are included within appendix 1
- A background paper for the workshop held on Friday 18 October is included within appendix 2.

Electoral Division(s) and Member(s) Affected

- All