

Report of: Deputy Director of Public Health

Health and Wellbeing Board	Date: 26 April 2017	Ward(s): All
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SUBJECT: Islington Wellbeing and Work Partnership – Update

1 Synopsis

- 1.1 This paper provides an update on the progress and developments of Islington's Wellbeing and Work Partnership¹, which is run jointly between Islington Council and Islington CCG (in partnership with JobcentrePlus). The purpose of the partnership is to promote and coordinate borough-wide efforts to improve employment and health outcomes for residents with a long term condition or disability.
- 1.2 The paper builds on two previous reports to the Board related to this work. The first of these, in July 2015, made the case for establishing a partnership to focus local efforts on the links between health and employment, and how that might be accomplished. The second, in January 2016, provided an update on progress and gave highlights from the work.
- 1.3 This report considers progress and achievements of the partnership over the last year, gives a sense of its future areas of focus, and highlights some of the important changes in the wider health and employment landscape.

2 Recommendations

- 2.1 To note progress over the last year in improving the links between the local health and employment systems through the Wellbeing and Work Partnership, including signs of a culture shift beginning to take place.

¹ Previously known as the 'Health and Work Programme'. Following the announcement of a new DWP Work and Health Programme, it was decided to a name change was necessary to clearly distinguish our local efforts from national policy.

- 2.2 To note the areas where activity will be focused over the next 6 to 12 months, in pursuit of the partnership's longer term objectives: the IPS / supported employment trial; a prototyped employment retention service; a new peer mentoring project; a review of locally commissioned employment support services; and an outcomes and learning framework.
- 2.3 To note the added value of the partnership beyond these specific areas of work, in supporting collaboration and connections across the local health and employment systems; including sharing information about important changes in the local and national landscape.
- 2.4 To advise on any further steps needed to achieve the aspiration for significant 'system change' in relation to health and employment, in order to improve health and employment outcomes for local residents.

3 Background

- 3.1 Previous reports to the Health and Wellbeing Board have set out the context and rationale for establishing the Wellbeing and Work Partnership (July 2015) and given an update on early progress and achievements (January 2016).
- 3.2 In summary, the goal of the partnership is to improve employment and health outcomes for local residents with a long term health condition or disability (and reduce costs to the public purse) by developing, testing and learning from potential solutions to a set of identified 'system failures'. The full partnership objectives are set out in Appendix 1.
- 3.3 This paper provides the Health and Wellbeing Board with a further update on the partnership's progress and its future focus and opportunities. This distinguishes between areas of concrete, resourced activity either planned or underway, and areas where the partnership generates wider added value.

4 Progress and plans in key areas of partnership activity

IPS supported employment trial

- 4.1 Following initial discussions in 2015, it was agreed that NHS England would support (and largely finance) a trial of supported employment in Islington, to test the effectiveness of the key principles of IPS (Individual Placement and Support) in primary and community care. There then followed an in-depth period of local engagement to design a service trial, involving both local service users and clinical staff.
- 4.2 During this design phase, the council procured a small pilot service – called Working Better – to build our understanding of how to offer an employment service within a health setting. This was funded by DWP and provided by Remploy, running in six Islington GP surgeries between September 2015 and September 2016. Overall, 95 people were referred to Working Better via their GP, with 59 taking up the employment support offer. Around half cited mental health as their primary condition. By the end of the pilot, six clients were in employment, six were referred to adult learning, seven took up benefits advice and four started volunteering.
- 4.3 Beyond the hard outcomes, Working Better generated real value from engaging health care professionals in employment issues and the support available locally. It also enabled a range of technical and cultural issues arising from closer integration of health services and employment support to be identified and worked through. For instance: language and communication issues; information governance; and referral and feedback processes.
- 4.4 Building on Working Better, the CCG, council and NHS England agreed the design and specification of the IPS supported employment trial. Camden & Islington Mental Health Foundation Trust were appointed as the lead provider in summer 2016 and the service went live in January 2017. A large communications and mobilisation effort has taken place, leading to 30 out of 33 GP surgeries in Islington signing up to the trial. There have already

been over 100 referrals, which is ahead of target. The trial will take referrals for 18 months, with the aim of engaging 1000 patients: 500 receiving the service and 500 in a control group.

- 4.5 A key element of the trial is to develop a greater understanding of how IPS principles can be adapted to primary and community care settings (building from its established evidence base in secondary mental health services). This includes, crucially, how to integrate employment specialists with the relevant clinical teams and clinical pathways. A formal assessment to review the fidelity of the service to IPS principles is planned for September 2017.
- 4.6 The service is being tested through a randomised controlled trial (RCT), with a full evaluation being conducted by the Behavioural Insights Team. Interim results from the RCT should be available from around February 2018 (to help inform future commissioning and service design plans). To reiterate, eligibility for the trial is not related to benefit status, participation is completely voluntary, and no personal data will be shared with DWP.

Employment retention prototype

- 4.7 During the course of developing the IPS supported employment trial, it became very clear that there was a gap in early help for people at risk of losing their job. This was identified by both patients and clinicians as a major missed opportunity to support people to return to work *before becoming unemployed* and – hopefully – before the negative affects of unemployment on health and well-being take hold. At present, in general, the health care system is focused on providing medical certification for periods of sickness absence, while the employment support system is heavily weighted towards people who are already long-term unemployed.
- 4.8 Local analysis found that over 2,000 Islington residents have been issued with seven or more Fit Notes over the last two years. Research has shown that the longer a person is off work sick the more likely they are to lose touch with the labour market (and suffer the associated negative impacts on health and wellbeing). In response, over the last year we have forged a relationship with Shaw Trust, the national disability charity, who were keen to work with a local area to develop a model of employment retention support, closely linked to health care services.
- 4.9 The result of this relationship is that Islington Council and Shaw Trust have agreed to jointly design, test and assess the impact of a new preventative model of intervention to support people in employment but currently on sick leave to return to work and improve their health and wellbeing. Shaw Trust are providing over £300,000 to enable this prototype to be developed and tested, including to fund two employment retention specialists who will provide the support (based in local GP surgeries). The support will aim to blend employment coaching, wellbeing support and (where agreed by the client) engagement with the employer. The service is due to start in April 2017 and will be known as 'Get Back on Track'.
- 4.10 To date, four Islington GP surgeries have signed up to host the service and refer patients: Amwell Group Practice, Junction Medical Practice, Mitchison Road Surgery, Ritchie Street Group Practice. The referral process will be linked to the issuing of FitNotes, so that when someone is signed off work (for more than four weeks) they will be offered the option of being referred to an employment retention specialist. The aim is that support will be offered to 500 people over a two year period.
- 4.11 To assess its impact, information is being collected on the employment and wellbeing outcomes of users on entry and exit from the service (with consent). We hope to be able to compare performance with the national Fit for Work service (and have designed 'Get Back on Track' to enable this). However, unlike the IPS supported employment trial, there is not an existing well-evidenced model of employment retention support to work from. It is for this reason that we are seeking to iteratively prototype the service, with an explicit 'test and learn' phase at the start. This will involve collecting detailed feedback from everyone involved and adapting both processes and the intervention itself in response.

Review of locally commissioned health-focused employment support.

- 4.12 There are a handful of local employment support services which are commissioned via joint arrangements between the council and the CCG (along with some in-house service delivery). This includes Mental Health Working, Islington Aftercare (for people in contact for substance misuse issues), the Community Access Project (for residents with a Learning Disability), and the council's iWork service. These services operate alongside those funded or delivered by DWP, plus new initiatives like the IPS supported employment trial and the employment retention prototype.
- 4.13 The Council would like to better understand how all these services are working together as a system. As such, the joint commissioning team has begun a review of our supported employment services across the borough. This review will improve our understanding of the kind of support that works best for residents and the resources that it takes to help someone to find, and keep a job. It will aim to be concluded by the end of September 2017.
- 4.14 The purpose of the review will be to inform future commissioning intentions for how local resources are used to promote employment and health outcomes for residents with a long term condition or disability. It will take into consideration early findings and learning from the IPS supported employment trial and employment retention prototype.

Service-user led peer mentoring project for employment

- 4.15 The involvement of residents with lived experience of health-related unemployment has been an integral part of the partnership over the last year. In particular, one of the experts-by-experience involved in the partnership has developed an idea for one-to-one peer mentoring that connects a resident who is out of work with a long term condition or disability with someone with a similar experience who is in employment. The target group would be individuals not currently committed to seeking employment, but who are interested in talking it through and finding out more from someone with relevant personal experience.
- 4.16 This idea has been developed and refined through desk-based research, plus discussions with voluntary and community organisations in Islington, other experts by experience, and the Wellbeing and Work Partnership delivery group. Specifically, the objective has been to find a VCS partner organisation who would be prepared to test out the concept. Following a number of conversations, the most promising partner is Single Homeless Project (SHP), who already deliver a range of support to residents with complex needs.
- 4.17 SHP have agreed in principle to develop the project and are in the process of seeking funding options to build on their existing local service offer. The expert-by-experience is now supporting SHP as they develop their funding application and he will remain in contact with them if and when they move into a planning and delivery phase. The aim is that the project is externally evaluated, with learning fed back to the partnership in a manner to be agreed.

Health and employment outcomes and learning framework

- 4.18 From its inception, the partnership has sought to identify ways to assess the impact of its activity and to track progress in improving health and employment outcomes (both in relation to specific services and for the local population as a whole). These efforts have been hampered by gaps or inconsistencies in data collection, as well as the absence of links between relevant health and employment data at an individual level.
- 4.19 The IPS supported employment trial has developed a core set of data items to be collected for participating individuals, covering both work and wellbeing related outcomes. The aim is that this is now used in future for locally commissioned or delivered employment support services, to enable better and more comparable assessment of performance.
- 4.20 To date, less progress has been possible in connecting employment and health data sets, to look at the intersections between these two issues at an individual or population level. This has hindered attempts to develop an outcomes framework for the partnership as a whole.

Therefore, a framework has been designed around a set of proxy measures, which monitor progress against three of the partnership core areas of focus:

- Workforce development and awareness raising amongst health care professionals and employment coaches of the links between work and wellbeing;
- Improved referral processes and quality of employment support services;
- Engaged employers who are committed to supporting and recruiting staff with physical and mental disabilities.

4.21 Appendix 2 provides more detail on these metrics, including their rationale and the frequency and resource required to monitor them. The proposed metrics do not capture all of the relevant local activity, nor do they explain all of the interactions between activities and outcomes. However, while partial and indirect, the framework will provide insight into the contribution of key partnership activities to the main goal of improving employment and health outcomes for residents with a long term health condition or disability.

5 Wider added value of the partnership

5.1 Summarised in section 4 of this paper are the areas of resourced activity being undertaken through the Wellbeing and Work Partnership, though these do not comprehensively address all the stated objectives of the partnership². While these objectives remain an accurate articulation of the partnership's long-term goals, the conclusion of a recent review of its role and impact was that it made sense to distinguish between concrete, additional activity (i.e. part 4 of this report) and its wider value in: connecting key individuals across local organisations; joining up related activity; capturing and sharing learning; and embedding co-production with local residents and service users.

5.2 As such, this section of the report highlights some key aspects of this wider added value, including to underpin efforts to mainstream progress from earlier stages of the partnership. It is also worth noting here feedback that highlights the beginnings of a culture shift locally around health and employment (related to the partnership's activities). For example, it has been reported that staff in the council's iWork service now have a greater understanding and awareness of the health issues faced by their clients. Similarly, there is now greater engagement of local health care providers and professionals with employment issues.

Mainstreaming the links between local health and employment services

5.3 A key contribution to that last shift has been the work to provide information to health care professionals about the health and wellbeing benefits of employment, the detrimental impact that long term unemployment can have, and the local support available for people wanting to gain or maintain employment.

5.4 This has taken place through a programme of meetings and presentations to clinical teams in a range of settings (in total, 18 sessions reaching over 200 staff). In addition, the development of the IPS supported employment trial (and soon the employment retention prototype) has provided health care professionals with a trusted and accessible service to refer patients to.

5.5 From participating in the partnership, local health colleagues have been sharing (and gaining) insight into the challenges of embedding and integrating employment support services into the local health system. This increased knowledge and awareness has led to commissioners considering how employment fits with wider strategies and including

² See Appendix 1 – Wellbeing and Work Partnership Objectives

employment support within the scope for service transformation programme such as the Haringey and Islington Musculoskeletal and Diabetes programmes.

- 5.6 In parallel, steps have been taken to improve the quality of local employment support for people with health conditions and disabilities. For instance, the Employability Practitioners' Network (comprising employment coaches from across the borough) has held practical sessions to equip people with greater knowledge and awareness of presenting condition, as well as techniques and extra support options to draw upon.
- 5.7 In addition, the council is in the process of reviewing its employment and skills strategy, following these functions being moved from the Chief Executive's department to Children's Services. This review will draw on the lessons and learning from the partnership to ensure that these services take proper account of the needs of residents with a health condition or disability – and the range of support available locally.
- 5.8 Taken together, this has been important early work to develop the infrastructure and foundations for long term change in how health and employment services work together locally to improve outcomes for local residents and patients.

Focusing employer engagement activity to health and disability issues

- 5.9 Over the last year, efforts have intensified to generate a new focus on health and disability in the council's employer engagement activity. In addition to the brokerage of jobs with specific employers, work has gone in to getting key strategic partners – like the BIG Alliance, the Timewise Foundation and the Islington Business Board – to focus on health, disability and employment.
- 5.10 Internally, there is agreement that the council will work towards becoming a Disability Confident employer and will review its recruitment processes to encourage a higher level of successful applications from candidates who declare that they have a long term condition or disability. Measures will include addressing induction and in-work support through mentoring as well as the staff forum. Islington Council already has Healthy Workplace status at 'achievement' level and is now working towards the status of 'excellence'.
- 5.11 Council officers are also exploring how social value legislation can be used more proactively to influence our contractors to support our health and employment objectives, through their own recruitment practises but also in supporting employment outcomes for service users.

Co-production (via a group of experts-by-experience)

- 5.12 The active involvement of service users and residents with lived experience has become an established part of the partnership. Experts-by-experience participate as equals in the core partnership meetings, as well as contributing to specific projects. For example, residents with lived experience have played a key role in developing both the IPS supported employment trial and the employment retention prototype, while also contributing to the information and awareness raising sessions with health care professionals. As mentioned above, one of the experts by experience involved in the partnership has developed the peer mentoring idea and provided strong leadership to make it happen.

6 Developments in the external landscape

- 6.1 While the focus of the Wellbeing and Work Partnership has been making an impact in Islington, it has always been critical to stay connected to the wider health and employment landscape (and, where possible, to influence its developments). Over the last 18 months, since the partnership began, there have been a number of important developments, both locally and nationally, which have shifted its operating context.
- 6.2 Following intense lobbying from London local government, with Islington at the forefront, the DWP has agreed to devolve £79m to four sub-regional groupings of boroughs along with the

responsibility for commissioning the Work and Health Programme (WHP). The procurement of the WHP is under way, with the programme due to 'go live' by March 2018 (with Islington part of the central sub-region). London has agreed to co-finance the programme with an additional £72m of European Social Fund resource.

- 6.3 The WHP will differ from the current Work Programme in a number of important ways: it will be voluntary for those with a health condition or disability; it will have higher unit funding; and it will have a less aggressive payment by results model. Sub-regional commissioning and smaller contract sizes will also make it more possible to integrate the provider with other local services, including health services.
- 6.4 The development of the Sustainability and Transformation Plans (STPs) has increased the focus on employment within discussions about the future of the NHS. The North Central London STP has a focus on employment as part of its prevention ambitions, which seeks to address both the role of the NHS as an employer itself and on improving employment outcomes for patients.
- 6.5 In addition, employment has been identified as an area of focus for the Haringey and Islington Wellbeing Partnership. An information sharing session has taken place between borough officers covering local employment-related activity. At the regional level, colleagues involved in our local partnership have been inputting into the employment element of the Mayor of London's *Thrive* initiative, aimed at improving mental health in the capital.
- 6.6 There are some crucial aspects of the health and employment systems experience by Islington residents which are determined by national policy. In particular, the rules and processes attached to the benefits system. In October 2016, the DWP and the Department of Health published a green paper on health and work³. This stated the government's commitment to ensuring that disabled people and people with long-term health conditions have equal access to labour market opportunities and are given the support they need to prevent them from falling out of work and to progress in the the workplace.
- 6.7 The green paper did not set out detailed proposals, but sought views on a wide range of issues including how to integrate health and employment support, the expectations of employers to recruit and retain people with a disability or health condition, and the need for a broader culture change across society. The paper did reiterate the commitment to invest £115 million to test new models of health-focused employment support. There were not detailed proposals on changes to the work capability assessment, but it did invite views on how the process could be improved. The Islington partnership did submit a co-ordinated response and the government is now in the process of reviewing those responses.
- 6.8 Finally, in the last month NHS England has published an update to the Five Year Forward View. This reiterated the importance of employment as a key factor contributing to good health and well-being and also highlighted the Islington IPS supported employment trial:

"We are working in partnership with the Work and Health Joint Unit (a partnership between DWP and DH) to test new ways to improve the integration of and access to health and employment support to help people get and stay in work. As part of this we are supporting three trials involving around 12,000 people in Islington, the West Midlands and Sheffield City Region. These trials apply well-evidenced approaches derived from Individual Placement and Support – a model that helps people with severe mental illness return to work – to help people with more common physical and mental health conditions get and

³ *Work, health and disability: improving lives:* <https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives>

stay in work. These randomised control trials will report interim findings in 2018 and final results in 2020, providing a strong evidence base on which to consider wider roll-out⁴.

7 Implications

7.1 Financial implications

- 7.1.1 None identified. This paper provides an update across a range of activities being undertaken by local organisations in support of the Health and Wellbeing Board's priorities. Any plans or strategies derived or agreed in relation to this report draw on existing resources and therefore do not create a budget pressure for the Council or the CCG.
- 7.1.2 The IPS supported employment trial and the employment retention prototype draw on external resources. However, these are time limited and so further consideration will be needed if these services are to be sustained. It is hoped that, over the medium term, the work outlined in this paper would lead to reduced demand for public services in Islington.

7.2 Legal Implications

- 7.2.1 Section 195 of the Health and Social Care Act 2012 requires the Health and Wellbeing Board to encourage integrated working. Specifically section 195 (1) provides that the Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.
- 7.2.2 Section 195(4) further provides that the Health and Wellbeing Board may encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together. "Health-related services" means services that may have an effect on the health of individuals but are not health services or social care services.

7.3 Resident Impact Assessment

- 7.3.1 Public bodies must, in the exercise of their functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). Consistent with this obligation, the Wellbeing and Work Partnership seeks to support activities aimed at addressing the disadvantage faced by residents with a disability in the labour market.
- 7.3.2 An Equality Impact Assessment was carried out for the IPS supported employment trial. As part of this trial – and the employment retention prototype – information will be collected on those participating in these services (including their outcomes). This will enable an assessment of which groups of residents with a health condition or disability are accessing support and achieving positive outcomes. This will point towards the need for any targeted action if it is identified that any specific population sub-groups are being missed out or significantly under-represented.

7.4 Environmental Implications

- 7.4.1 There are no significant environmental implications from the Wellbeing and Work Partnership beyond those associated with standard office usage, namely energy, water and material use and waste generation.

⁴ Next Steps on the Five Year Forward View <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf> (p.44)

8 Conclusion and Reasons for Recommendations

- 8.1 To note progress over the last year in improving the links between the local health and employment systems through the Wellbeing and Work Partnership, including signs of a culture shift beginning to take place.
- 8.2 To note the areas where activity will be focused over the next 6 to 12 months, in pursuit of the partnership's longer term objectives: the IPS / supported employment trial; a prototyped employment retention service; a new peer mentoring project; a review of locally commissioned employment support services; and an outcomes and learning framework.
- 8.3 To note the added value of the partnership beyond these specific areas of work, in supporting collaboration and connections across the local health and employment systems; including sharing information about important changes in the local and national landscape.
- 8.4 To advise on any further steps needed to achieve the aspiration for significant 'system change' in relation to health and employment, in order to improve health and employment outcomes for local residents.

Background papers: None

Appendices:

- Appendix 1 – Partnership Objectives Framework
- Appendix 2 – Outcomes and Learning Framework

Final Report Clearance:



5 April 2017

Signed by

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Date

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