ISLINGTON

Chief Executive Department
Town Hall, Upper Street, London N1 2UD

Report of: Assistant Chief Executive (Strategy and Community Partnerships)

Meeting of	**Date**	**Agenda Item**	**Ward(s)**
Health and Wellbeing Board	15 July 2015	B1	All

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: 'System change' on health and work in Islington

1. Synopsis

1.1 This paper makes the case for establishing a dedicated Health and Work programme in Islington, jointly run between the Council and the CCG (in partnership with JobcentrePlus) aimed at improving employment outcomes for residents with a health condition or disability. Its primary responsibility would be to oversee the delivery, management and governance of a forthcoming NHS England supported trial, once its implementation phase begins later this year. However, it would also aim to drive 'system change' on health and employment in the borough, including through better coordinating existing or planned activity and maximising its collective. Such a programme could make a major contribution to advancing each of the three priority outcomes in Islington's Joint Health and Wellbeing Strategy.

1.2 To develop the case for such a Health and Work programme, the paper charts the scale and nature of worklessness among residents with a health condition or disability. It also outlines 'system failures' which underpin these poor employment outcomes along with a sense of the benefits that could accrue to the council, to local health services and – most importantly – to local residents from addressing them. The paper then provides an overview of key relevant activities in the borough; in particular progress in designing a trial to kick start system change on health and employment, supported by NHS England (as part of advancing its ambitions on employment in the *Five Year Forward View*). Finally, the paper sets out the rationale and purpose of a Health and Work programme and proposes some key next steps to get it established.

2. Recommendations

2.1 To note Islington Council's new corporate equality objective to: increase the proportion of disabled people in employment, by supporting people with long term health conditions, mental health problems, and other disabled people into work, which can only be achieved in partnership with health services, JobCentrePlus and other partners.

2.2 To discuss the scale and the nature of worklessness among residents with a health condition or disability in Islington and the 'system failures' which underpin these poor outcomes and inhibit effective action to improve the employment prospects of such local people.

2.3 To note the key actions either planned or underway to improve employment outcomes for local residents with a health condition or disability, in particular those aimed at promoting and embedding a focus on employment within the local health and social care system.

2.4 To discuss progress in the design of a trial to kick start 'system change' on health and employment in Islington, supported by NHS England; including contributing views to the on-going design process and considering the contributions that partners represented on the Board could make to the trial.

2.5 To agree to establish a Health and Work programme for Islington, run jointly between the council and the CCG (and in partnership with JobcentrePlus). This would provide a programme structure to oversee the delivery, management and governance of the NHS England supported trial, as well as coordination of wider 'system change' activities on health and employment across the borough.

2.6 To agree to establish a 'task and finish' group of senior representatives from the council and the CCG, plus relevant external partners (including JobcentrePlus) to take responsibility for establishing the programme in good time before the NHS England supported trial is ready to 'go live'.

2.7 To discuss priorities in supporting better employment outcomes among residents with a health condition or disability, especially within the health and social care system, and to identify potential opportunities for further actions by partners represented on the Board.

2.8 To note that a Joint Strategic Needs Assessment (JSNA) on Health and Work in Islington is underway and due for completion by September. This would provide the analytical foundation for a Health and Work Programme and underpin a greater focus on employment in the health and social care system.

3. The case for action on health and employment

3.1 There is strong evidence and a broad consensus that employment is generally good for people's health and wellbeing. A large, systematic literature review for the government found that:

"There is a strong evidence base showing that work is generally good for physical and mental health and well-being. Worklessness is associated with poorer physical health and mental health and well-being. Work can be therapeutic and can reverse the adverse health effects of unemployment… The provisos are that account must be taken of the nature and quality of work and its social context; jobs should be safe and accommodating. Overall, the beneficial effects of work outweigh the risks of work, and are greater than the harmful effects

*of long-term unemployment or prolonged sickness absence. Work **is** generally good for health and well-being"[1].*

3.2 In addition to the health benefits to individuals of being in work, there are significant potential financial gains to the local health system from improved employment outcomes[2]. In particular, there is good evidence that those in employment place fewer demands on health services, such as in relation to GP appointments, medication and acute hospital admissions[3]. Employment can also be a crucial element in the successful self- management of a long term or chronic health condition[4]. In a similar vein, boosting employment can reduce demands and generate savings for wider council services, especially where worklessness is among the roots causes of complex or multiple disadvantages.

3.3 In recognition of these arguments, Islington's Joint Health and Wellbeing Strategy 2013-2016 set out the direct and significant role that employment can play in achieving two of its three priority outcomes: *preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities* and *improving mental health and well-being*[5]. Reducing the number of children growing up in workless households would also contribute to the third outcome: *ensuring every child has the best start in life*. The Health and Wellbeing Board has previously considered the links between health and work locally, in the context of significant changes to the welfare system and its implications for health professionals and services[6].

3.4 In addition, the final report of the Islington Employment Commission identified the systematic involvement of the health service as an essential element in efforts to address high rates of worklessness among those with a health condition or disability[7]. It called for action to encourage and support health professionals to talk to their patients about work and, where appropriate, integrate progress towards employment within their clinical pathway. It also made the case for expanding effective health-led employment support and involving local health commissioners and providers in strategic discussions about employment in the borough.

3.5 To provide a sharper focus for our ambitions in this area, the Council has recently adopted a stretching goal for improving employment outcomes for disabled people as one of its key statutory equality objectives (as part of compliance with the Public Sector Equality Duty). This equality objective has been agreed by councillors and directors and will be formally adopted on 16th July. It commits the Council to: "*Increasing the proportion of disabled people in employment, by supporting people with long term health conditions, mental health problems, and other disabled people into work".* Working with key local partners, employers and residents, success will be measured by progress towards the following two goals:

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[1] Waddell G and Kim Burton A (2006) *Is work good for your health and well-being?* DWP https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf (p. ix)

[2] This briefing paper provides a good overview of the key arguments, evidence and opportunities: http://uclpstorneuprod.blob.core.windows.net/cmsassets/Work,%20Mental%20Health%20and%20Welfare.pdf

[3] Bush P, Drake R, Xie H et al (2009) The long term impact of employment on mental health service use and costs, Psychiatric Services 60:1024-1031; Gill D and Sharpe M (1999) Frequent attenders in general practice: a systematic review of studies of prevalence, Journal of Psychosomatic Research 47:115-130; Kuhn K, Lalive R, Zweimuller J (2009) The public health costs of job loss, Journal of Health Economics 28:1099-1115.

[4] Waddell and Burton (2004) *Concepts of rehabilitation for the management of common health problems,* Department for Work and Pensions http://www.kendallburton.com/Resources/Concepts_of_rehabilitation.pdf

[5] Islington's Joint Health and Wellbeing Strategy 2013-2016: https://www.islington.gov.uk/publicrecords/library/Public-health/Business-planning/Strategies/2012-2013/(2013-03-01)-Joint-Health-and-Wellbeing-Strategy-2013-2016.pdf

[6] Welfare reform: health and well-being implications, 16th July 2014 http://democracy.islington.gov.uk/documents/s1541/3.%20Welfare%20Reform.pdf

[7] Working Better: the final report of the Islington Employment Commission: http://www.islington.gov.uk/publicrecords/library/Community-and-living/Quality-and-performance/Reporting/2014-2015/(2014-11-24)-Final-report-of-the-Employment-Commission.pdf

- A reduction in the percentage gap between the rate of employment for people in Islington with a long term health condition in employment and the rate of employment for the local population as a whole from 15.7% in 2013/14 to 13.2% in 2017/18[8].
- An increase in the number of people in Islington claiming Employment and Support Allowance and Incapacity Benefit that are supported into work, so that the local claimant level for those benefits falls by 2,700 to 10,130 by March 2019[9].

3.6 Other local public bodies have their own corporate equality duties, but we hope that this ambition is one which other partners – including health commissioners and providers – can work with the council to achieve. There is a strong case for greater alignment of equality objectives across local public bodies, to drive effective borough-wide strategies in key priority areas.

4. The scale and nature of the health and employment challenge in Islington

4.1 The headline unemployment rate in Islington is back down to pre-recession levels (7.8% of the working age population, or 9,700 people)[10] while the number of people claiming Jobseeker's Allowance (JSA) is at its lowest level since at least 1992 (3,996 people, or 2.5% of the working age population)[11]. This reflects the strong, headline labour market recovery experienced in London over the last two years, which has boosted the prospects of work among those facing short term or cyclical unemployment.

4.2 However this masks a serious and entrenched problem concerning levels of worklessness among residents with a health condition or disability in the borough. This is the overwhelming reason that Islington's employment rate (68.6% of the working age population) lags well behind that of London (71.2%) and Britain (72.4%) as a whole[12]. Overall rates of economic inactivity in the borough (26.1% of the working age population) are well above the London (23.3%) and national averages (22.7%), while a substantially larger share of this group in Islington are inactive due to long term sickness than across the rest of the capital[13].

4.3 Moreover, Islington has the highest rate of claims for Employment and Support Allowance (ESA) or Incapacity Benefit (IB) of any London borough (7.9% of the working age population, compared to 5.5% across London). Though the *rate* of claims as a proportion of the working age population has fallen slightly since the turn of the century, the *total number* of ESA/IB claimants in Islington has remained virtually flat for at least 15 years (despite large labour market fluctuations over this time)[14]. According to the latest figures, 12,820 Islington residents are in receipt of ESA or IB, equivalent to almost one in twelve of the working age population[15]. Background Paper 1 provides a detailed profiling and segmentation of the ESA/IB cohort in the borough.

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[8] The reduction currently required to bring Islington in line with the gap for Inner London as a whole.
[9] The reduction currently needed to bring Islington in line with the ESA/IB claimant rate for Inner London as a whole.
[10] Figures refer to the quarter to December 2014, drawn from: https://www.nomisweb.co.uk/reports/lmp/la/1946157251/subreports/ea_time_series/report.aspx?
[11] Figures refer to April 2015, drawn from: https://www.nomisweb.co.uk/reports/lmp/la/1946157251/subreports/jsa_time_series/report.aspx?
[12] Figures refer to the quarter to December 2014, drawn from: https://www.nomisweb.co.uk/reports/lmp/la/1946157251/subreports/ea_time_series/report.aspx?
[13] Figures refer to the quarter to December 2014, drawn from: https://www.nomisweb.co.uk/reports/lmp/la/1946157251/subreports/einact_time_series/report.aspx?
[14] Clearly this net figure reflects a degree of on-flow and off-flow, though average durations on ESA or IB are substantially longer than for JSA, with three-quarters (75%) of current claimants having been on the benefit for over a year.
[15] Figures refer to November 2014, drawn from: https://www.nomisweb.co.uk/reports/lmp/la/1946157251/subreports/dwp_time_series/report.aspx?

4.4 These poor employment outcomes constrain life chances, hold back the local economy and impose significant burdens on local public services, including local health services. They also underpin a range of social and economic disadvantages, underpinning the experience of poverty and inequality. In particular, they reflect, and in turn exacerbate, poor health outcomes for a significant minority of Islington residents. More than half (53%) of the local ESA/IB cohort are claiming out of work benefits primarily due to a 'mental or behavioural disorder', while slightly under half (47%) are claiming primarily due to a physical health condition or disability.

4.5 Interrogating this health dimension further, Islington has the highest diagnosed prevalence of serious mental illness (1.5% of the population) and depression (6.9% of those aged 18 or over) of any London CCG area[16]. There are around 10,000 patients of working age registered in Islington who are diagnosed with either a serious mental illness (2,600 people) or chronic depression (7,600 people). This represents 6% of the working age registered population. Approximately a further 15,000 people have been diagnosed with anxiety. The number of Islington residents in receipt of ESA/IB due to a mental health condition (6,800) is equivalent in size to over two-thirds (69%) of the number diagnosed with a serious mental illness of chronic depression[17].

4.6 Turning to physical health conditions, around a fifth (20%) of the local population see a GP each year about a musculoskeletal problem (mostly due to back pain and osteoarthritis). Those with musculoskeletal pain are four times more likely to experience depression than those without it; highlighting the significance of comorbidities[18]. In Islington, one-in-six adults aged between 18 and 74 years has a diagnosed long term condition[19]. People with long term conditions tend to be heavy users of health and social care resources, accounting for around 50% of GP appointments[20]. The employment rate gap for Islington residents with a long term health condition is 16 percentage points below the rate for the working age population as a whole. This gap is far greater than for London (11 percentage points) and England (9 percentage points) as a whole[21].

4.7 Finally, there are 800 Islington residents with a learning disability. This is a group that the council has prioritised for employment support, with considerable success. Operating since late 2012, the employment element of the Islington Learning Disability Partnership has supported 29 residents with a learning disability into work (20 whom remain in employment). Prior to this work, only 40 Islington residents of working age with a learning disability know to local services were in employment, so a very large increase has been achieved. However, the latest official figures still show the employment rate for this group being extremely low, at just 11% for adults aged 18-64 years (though more recent local progress may not be captured in this data)[22].

5. 'System failures' across health and employment

5.1 This overview gives a sense of the scale and nature of the challenge in Islington. However, our ability to fully understand the dynamics between the health and employment systems in the borough are heavily constrained by the lack of connecting data and intelligence, at the level of residents or services. For instance, recording of employment and benefit status is

[16] QOF, 2013/14.
[17] DWP, August 2014, Islington PH GP dataset, September 2014.
[18] Arthritis Research UL policy team (2014) *Musculoskeletal Health: a public health approach*.
[19] Islington Public Health GP Dataset (2012)
[20] Kings Fund (2013) *Delivering better services for people with long term conditions: Building the house of care*
[21] PHOF, 2015. This data is drawn from the Labour Force Survey and captures people who say they have a health problem or disability that they expect to last for more than a year.
[22] ASCOF, 2014.

very limited within health services (with some exceptions)[23]. Therefore we know little about the nature or severity of the health conditions faced by out of work residents and we are not able to track those individuals' engagement with health services (nor assess any employment impacts).

5.2 This is just one example of a range of 'system failures' which at best undermine, and at worst actively inhibit, the health and employment systems working effectively together to advance mutually beneficial outcomes. To develop a strategy capable of addressing these failures it is first essential to properly understand and analyse them. Most parts of the following critique do not refer only to Islington, but it provides the backdrop to efforts to shape a more effective health and employment system in the borough:

5.3 The employment support system

5.3.1 It is very likely that the vast majority of ESA/IB claimants in Islington are not participating in any kind of support to access employment. Most are not required to engage with JobcentrePlus[24], while only 1,760 claimants locally have ever participated in the Work Programme (out of a current caseload of 12,820).

5.3.2 Mainstream, nationally commissioned employment support has proved to be consistently ineffective for those on health-related benefits. Only around 1 in 20 ESA claimants participating on the Work Programme have found sustainable employment[25]. Part of the explanation is that large prime providers, covering regional geographies, have tended to operate in parallel to local health services.

5.3.3 Locally commissioned services show more encouraging results (e.g. the *Mental Health Working* service), though they are small scale relative to the level of need. Qualitative research conducted for the Islington Employment Commission found that some local voluntary and community sector organisations can (even if often for understandable reasons) focus on 'protecting' residents from work rather than promoting and supporting employment[26].

5.4 The benefits and assessment system

5.4.1 The structure of the benefits system and the design of the assessment process create incentives for residents to accentuate their *in*capacity to work, and focus time and effort on proving that incapacity. These processes do not identify the possibilities for employment or the support required to enable it.

5.4.2 The implementation of the Work Capability Assessment (WCA) has undermined confidence and increased fear among some of those engaged with the system. In response, the council has supported residents to appeal WCA decisions with the aim of accessing the (least work focused) 'support group' category of ESA (with a high degree of success)[27].

5.4.3 The system of providing FitNotes and other medical evidence in support of benefit applications places a heavy burden on GPs. They also lack options to promote a return to

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[23] These include secondary mental health services and substance misuse treatment services. iCOPE also collects some employment-related information on service users.

[24] Those in the Assessment Phase and the Support Group, who comprise 75% of the current ESA caseload. Those in the Work Related Activity Group (WRAG) are required to undertake work related activity and most participate in the Work Programme.

[25] Work Programme statistics – Inclusion analysis (March 2014)
http://cesi.org.uk/sites/default/files/response_downloads/WP_stats_briefing_Mar_14_MASTER.pdf

[26] https://www.islington.gov.uk/publicrecords/library/Economic-development/Information/Guidance/2014-2015/(2014-11-21)-Centre-for-Economic-and-Social-Inclusion-Research.pdf

[27] There are three categories of ESA claimants: those in the assessment phase, waiting to have their entitlement confirmed and, in most cases, waiting for a WCA; those in the work related activity group (WRAG) who are expected to engage in work related activity but not deemed immediately 'fit for work'; and those in the support group, who are not required to engage in any employment-related activity (and who receive a higher rate of benefit).

work, alongside treatment and therapy, as an alternative for their patients[28]. Moreover, 'prescribing' work, or employment support, can feel at odds with GPs' traditional role as patient advocate.

5.5 The health care system

5.5.1 While not engaging in work related activity, the vast majority of ESA claimants will be in contact with primary and possibly also secondary health services. In many cases such contact will be regular and sustained, but rarely with employment as an objective. The same applies to residents out of work due to a health condition or disability who do not claim benefits.

5.5.2 Despite the health gains from being in work, employment does not feature in the NHS constitution[29] or the NHS Mandate[30]. It is also almost entirely absent from the huge range of monitored health service outcomes and indicators[31]. The only exceptions are employment outcomes for those with a learning disability and those in contact with secondary mental health services. Locally, employment among adults in contact with secondary mental health services and those on a Care Programme Approach (CPA) are KPIs for Camden and Islington NHS Foundation Trust.

5.5.3 Therefore, in almost all cases, supporting employment outcomes within health services relies on the approach of individual clinicians. Many understand the potential health gains from patients being in work, but are often unclear how to support this or what role they can (or should) play. In some instances, health services and clinicians can be indifferent to patients' work status; occasionally reinforcing attitudes and patterns of behaviour which reduce patients' employment prospects.

5.5.4 Overall, the considerable opportunities to promote employment through the contacts and relationships which out of work residents (including ESA claimants) have with trusted health professionals and providers are rarely maximised. The dominance of providing medical evidence for benefit claims in primary care – rather than supporting a return to work – is a good example this.

5.5.5 Also, the absence of a strategic focus on work within the health system contributes to weak connections and poor coordination with the employment systems at an operational level. Alongside sometimes competing objectives and cultures, this can result in little understanding of how the respective systems operate, what services are available and how to help residents navigate them.

5.6 The labour market system

5.6.1 While the labour market in London generates large numbers of jobs in all shapes and sizes, there can be specific labour demand failures for people with a health condition of disability. For some people there are restrictions on the type or nature of work they are able to undertake, which reduces the scope of opportunities available to them.

5.6.2 Residents with a health condition or disability seeking work are dependent on employers willing to take them on. In some instances they face illegal discrimination. More common are uncertainties, fears and perceived risks among employers about hiring someone with a health condition or disability[32].

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[28] This is a gap that the new on-line and telephone based Fit for Work service is unlikely to plug.
[29] http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/the-nhs-constitution-for-england-2013.pdf
[30] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/386223/The_Mandate_explained.pdf
[31] Health and Social Care Information Centre – Indicator Portal: https://indicators.ic.nhs.uk/webview/
[32] Davidson J (2011) A qualitative study exploring employers' recruitment behaviour and decisions: small and medium sized enterprises, DWP Research Report No. 754 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214529/rrep754.pdf

5.6.3 Many employers recognise the benefits of diverse recruitment and are committed to supporting their staff to remain in work if a health condition arises. However, many also report not knowing where to turn to for help. Conversely some firms report being confused and overloaded with approaches from a range of different services or organisations seeking their involvement in employability activity[33].

5.7 These 'system failures', taken together, act to undermine rather than promote employment among residents with a health condition or disability. At their worst they lead to employment being seen as irrelevant to clinical treatment and therapy, or something that can only be considered 'once someone is better'. In fact, there are good reasons for thinking that progress towards employment can be a *crucial component of* improved health and wellbeing. Similarly, addressing or managing health conditions is often neglected by, rather than integrated within, employment support. It would be far better if the employment and benefits system shifted focus towards enhancing an individual's capacity to work, relative to the effort spent *assessing* it.

5.8 As in other struggles for equality, our starting point should be that those with a health condition or disability have just the same entitlement to employment, and the advantages it confers, as anyone else. In practice, there may be instances where this proves difficult, or even impossible, to achieve. But health and employment systems should be organised around the idea that anyone who wants to work should be able to do so, with the right support and under the right circumstances. As an analogy, the phrase 'too disabled to work' would, quite rightly, not be tolerated if it were suggested as a framework for analysing other dimensions of economic or social inclusion (e.g. 'too disabled' to access or participate in other areas of everyday life).

6. Progress to date – existing foundations and recent activity on health and employment

6.1 In seeking to address health-related worklessness in Islington, and wider systems failures, we have strong foundations on which to build. There are a range of services and organisations supporting residents with a health condition or disability to gain work, while a broader interest in employment within parts of the health system is well established. In addition, over the last six months, a number of new activities in this area have either begun or are planned to start in the near future. As such, the next section reviews progress to date.

Strong foundations – existing employment support and work-related health services

6.2 First, there is a spine of mainstream, nationally controlled or commissioned employment support: **JobcentrePlus**, based in Finsbury Park, Highgate and Barnsbury; the **Work Programme**, with Reed, Ingeus and Maximus as prime providers operating in Islington; **Work Choice**, where Seetec is the prime provider covering the borough; and **Access to Work**, a national funding stream available to pay for workplace adaptations and in work support which enable an employer to hire and retain a disabled person (where that adaptation is not deemed 'reasonable' under the Equality Act 2010).

6.3 However, in addition to the deficiencies of reach and effectiveness noted earlier, the capacity of this mainstream provision to support those with health conditions and disabilities, in particular ESA/IB claimants, is extremely limited. Informal discussions with DWP officials indicate that JobcentrePlus spends only £21 million a year on the ESA cohort nationally (equivalent to just 88 minutes of Work Coach time with each ESA claimant, per year).

[33] See evidence collected as part of the Islington Employment Commission.

Similarly, only around £50 million is spent a year on ESA claimants participating on the Work Programme[34]. Enrolment rates on Work Choice are low overall and dominated by JSA claimants, albeit those with a health condition or disability. In the four and a half years to the end of March 2015, only 18,900 ESA claimants were referred to Work Choice nationally (just 17% of total referrals)[35].

6.4 Second, there are two locally commissioned services which are dedicated to supporting employment among those with a health condition or disability. **Mental Health Working** is an employment service for residents with a self-declared mental health condition; jointly commissioned by Islington Council, via Adult Social Care, and Islington CCG. It is provided by Remploy, Hillside Clubhouse and Twinning Enterprise, with a budget of £280,000 a year for Islington and capacity to work with around 460 residents a year. **Islington Aftercare** is an employment service for residents with a drug or alcohol addiction; commissioned by Islington Council, via Adult Social Care, with public health funding. It is provided by SHP (Single Homeless Project), with an average annual budget of around £155,000 and capacity to work with around 220 residents a year.

6.5 Third, Islington Council provides non-specialist employment support, adult learning and benefits advice, which is available to those with a health condition or disability. The **iWork service** offers intensive coaching and mentoring to help residents to access employment, with capacity to work with over 500 clients at any one time. The **Adult and Community Learning service** offers basic skills and employability courses to local residents, alongside the training opportunities available at City & Islington College. This forms a crucial element of the 'pathway to employment' through community engagement with residents. And the **Income Maximisation Team** (IMAX) offers benefit advice, better off calculations and support to appeal DWP benefit decision.

6.6 Over the last year, coordination among these services has been strengthened, in particular through co-location at 222 Upper Street and via the Universal Support Delivered Locally (USDL) pilot. Islington also has a vibrant voluntary and community sector, including organisations involved in employability. For example, **Jobs in Mind** provides employment support for 16-25 year old Islington residents with a mental health condition, funded by JobcentrePlus and City Bridge Trust (the charitable arm of the City of London Corporation). There are also a number of service user groups and local organisations 'of' or 'for' disabled residents: Disability Action Islington, the *Making it Real* initiative[36], Islington MIND, Islington Carers' Hub and the Islington Borough User Group.

6.7 Finally, there are a wide range of **health care services** which have existing relationships and engagements with residents out of work due to a health condition or disability. This includes primary and secondary care, adult social care and public health; with Islington Council, Whittington Health and Camden and Islington NHS Foundation Trust as key providers (along with the 36 GP practices in the borough). Among the key services which could be mobilised to support employment outcomes among their patients are: iCOPE, rehabilitation and recovery (in secondary mental health); the recovery college; occupational health; physiotherapy; other out patient and community services for those with long term or chronic conditions (such as musculoskeletal services); substance misuse services; and the existing health navigators (provided by Age UK).

6.8 Employment is already on the agenda for some of these services and providers. For example, Camden and Islington NHS Foundation Trust is holding an employment support

[34] This is in large part a reflection of the low outcomes achieved by providers in a 'payment by results' financing model.
[35] Work Choice – official statistics, May 2015
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425615/work-choice-statistics-may-2015.pdf
[36] http://www.islington.gov.uk/services/social-care-health/Pages/Making-it-Real.aspx

day on 9th July, with information and advice, plus opportunities to access local services and meet other service users[37]. More broadly, health and social care providers – like Camden and Islington NHS Foundation Trust and Whittington Health, as well as Islington Council itself – are major local employers in their own right.

Recent progress – new and forthcoming activity on health and work

6.9 Building on these foundations – and spurred by the Employment Commission – a number of new activities have been developed on health and work in recent months. These are aimed at improving, expanding and better co-ordinating local efforts to boost employment outcomes for residents with a health condition or disability; including by deepening the engagement of health commissioners, providers and clinicians:

6.10 The **Working Capital** pilot is in the process of being tendered, with a 'managing agent' due to start delivery across the eight Central London Forward boroughs (including Islington) from the autumn. Working Capital will provide employment support to ESA claimants in the Work Related Activity Group (WRAG) who have not gained a job following two years on the Work Programme. It is an £11 million programme paid for from the European Social Fund and will work with a little under 500 Islington residents over five years (with the aim of achieving sustained job outcomes for 15%).

6.11 A trial providing **employment support from GP surgeries** is due to start in the next couple of months, with a contracted provider operating from three or four practices in Islington (and a linked community venue). The trial is being tendered by Islington Council and funded to the value of £88,000 from the DWP's Community Budget resource. In addition to testing co-location of employment support in primary care, it aims to establish a prescribing model and referral route for GPs which, if effective, could be extended. Separately, Islington's iCOPE service is preparing a proposal to participate in a DWP pilot to trial the potential impacts of **co-locating IAPT provision in JobcentrePlus** premises.

6.12 An **Employability Practitioner's Network** has been established to connect frontline employment coaches and related professionals working across organisations and sectors in Islington (including health)[38]. This aims to support collaboration and workforce development against a shared understanding about the characteristics of high quality employment support. Explicit links have been established with the local **'Making Every Contact Count'** (MECC) programme, as a route to encouraging frontline staff across all relevant services to promote employment. Islington is also participating in the **LEAPS project**, which involves iCOPE staff providing basic training in identifying and responding to mental health issues for JobcentrePlus work coaches.

6.13 An employer engagement strategy for Islington Council has been agreed, setting out how we will work with local employers to promote the benefits of recruiting a diverse and flexible workforce. A **dedicated website for Islington employers** will provide a single point of contact for information and advice about recruiting local people (due for launch in August). In addition, we have established the **Business Leadership and Engagement Group (BELG)**, to drive strategic, sector-based employer engagement, involving JobcentrePlus, City & Islington College, Kings Cross Recruit and the Businesses for Islington Giving (BIG) Alliance. The Council leading by example by seeking 'Timewise' accreditation; a quality standard for flexible working practices for employer's own workforce and their supply chain.

6.14 The Islington Community Education Providers Network (CEPN) is overseeing a GLA supported programme to develop **employer-led apprenticeships within the health and**

[37] For more information, see: http://www.candi.nhs.uk/news/employment-support-day
[38] A parallel strategic partnership group of employment support providers is also being established.

social care sector in Central, East and North West London. The programme aims to support pharmacists, GP surgeries, and care home providers to take on apprentices, and is being delivered in partnership with a specialist provider, Communities into Education and Training (CITE). The steering group for the project is taking on a wider remit to promote training and employment pathways within the health and social care sector.

6.15 Islington CCG has hired a dedicated **Employment Lead**, who will take up post in early August. Their objectives will be to: drive employment outcomes through health commissioning; improve the connections between frontline health and employment services; support job retention through health-led interventions during sickness absence; and promote the direct employment of people with health conditions or disabilities within the local health service. In addition, the Learning, Skills and Employment service in the council has hired an **Employment Intelligence Manager** to co-ordinate and improve the approach to data and information across the local system of employment support.

6.16 Islington Council is part of the **London Healthy Workplace Charter** (LHWC) initiative, which supports employers across London to drive improvements in workplace health and wellbeing. This charter promotes the positive links between health and work, while aiming to help more people with health conditions to stay in or return to employment. Support to organisations in Islington is provided by Environmental Health (funded by Public Health).

6.17 Islington Council has submitted a bid to the **European Social Fund** (via London Councils) for £1.2 million over two years to support the development of a series of employment support 'hubs' in key locations around the borough. This resource, match by New Homes Bonus funding, would be used to spread a coaching and mentoring model of employment support across the borough, connected to a range of adult learning and community engagement activity to develop pathways to employment. Delivered by the voluntary and community sector, this provision would be focused on those facing labour market disadvantages, though not only for those with health conditions or disabilities.

6.18 As part of a pan-London process aiming to secure further **devolution to the capital**, Islington is leading on the strand relating to 'employment and complex dependency'. This includes a focus on how London boroughs, working with their local health partners, could shape a more effective employment offer for long term unemployed and workless residents. Our proposals have been discussed widely with key Whitehall departments and are now subject to more detailed development through a joint process involving boroughs and key officials (with the aim of influencing the autumn spending review).

6.19 Finally, Islington Council and Islington CCG are working with NHS England to design a **trial to kick start 'system change' on health and work in Islington**. Progress in developing this partnership is explained in more detail below. Finally, in reviewing local capacity and activity on health and employment it is important to note that there are very significant areas of policy and legislation which are beyond local control. In particular, the structure, rules, administration and generosity of benefits and the design and operation of 'gateways' to benefits, such as the Work Capability Assessment.

7. Trialling 'system change' on health and work, in partnership with NHS England

7.1 The NHS England *Five Year Forward View* signals a serious commitment from the health service to focus on the employment outcomes of people with a health condition or disability. It states that:

"…there is emerging evidence that well targeted health support can help keep people in work thus improving their wellbeing and preserving their livelihoods. Mental health problems now account for more than twice the number of ESA claims than do musculoskeletal complaints (for example, bad backs). Furthermore, the employment rate of people with severe and enduring mental health problems is the lowest of all disability groups at just 7%... ***during the next Parliament we will seek to test a win-win opportunity of improving access to NHS services for at-risk individuals while saving 'downstream' costs at the Department for Work and Pensions, if money can be reinvested across programmes"*** [39]

7.2 To advance this ambition, NHS England (via Simon Stevens) has agreed to work in partnership with Islington Council, Islington CCG and DWP/JobcentrePlus to design and fund a trial of health-led strategies to improve employment outcomes among people with a health condition or disability[40]. For Islington, this partnership provides a major opportunity to kick start, drive and then embed 'system change' on health and employment in the borough. We have jointly agreed the following objectives for the partnership:

- To test the extent to which employment outcomes for people with health conditions and disabilities could be improved through systematic reform of the role of health in supporting people to work.
- To test a package of interventions empirically, through a controlled trial in Islington.
- To develop an operating model for joint CCG-local authority action on health and work, covering shared goals, pooled budgets and joint commissioning.
- To develop a potential risk and 'gain sharing' mechanism between the NHS and DWP that could support the spread of these interventions more widely.
- To identify any national policy implications and contribute to preparations for the Spending Review during the summer and into the autumn of 2015.

7.3 Over the last couple of months we have established a joint NHS England-Islington project team which has made progress in profiling the local population; mapping the local health and employment system; reviewing the literature on evidence-based interventions[41]; and building relationships with key local and national stakeholders. We have agreed that the trial will focus on residents making a new claim for ESA (who enter the 'assessment phase', ahead of their Work Capability Assessment) and those on ESA who are out of scope for mainstream employment programme (who are in the 'support group')[42]. Such focus is necessary as part of a defined trial which can be evaluated. However, our aim is that the process of developing the trial generates learning and insight applicable to the local health and employment system as a whole.

7.4 We are currently undertaking a design phase for the trial, modelled on the Value-based Commissioning (VBC) approach, which has been used locally for previous health-led system change processes. This is an outcome-focused, co-production methodology, which provides a framework for collectively agreeing priorities and identifying challenges and solutions among commissioners, providers and users. As part of the design phase, a range of engagement activity is planned over the summer involving local health commissioners and providers; employment support providers; local employers; plus local residents and service users.

[39] NHS England *Five Year Forward View*, p.11: http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
[40] It may also develop similar partnerships with other areas, such as Greater Manchester.
[41] These products are attached to this report as Background Papers.
[42] ESA claimants in the Work Related Activity Group (WRAG) are required to engage with JobcentrePlus and the Work Programme, and will also be better catered for as a result of the forthcoming Working Capital pilot.

7.5 The design phase includes exploring the outcomes that are most important to these stakeholders, which are likely to relate to: changes in the health and wellbeing; self-perceptions of employability and the desire to work; levels of engagement in work related activity; off-flows from benefit and entries into sustained employment; and shifts in the volume and frequency of local health service usage. To feed into the design and delivery of the trial, we have also established an Expert Reference Group of influential national stakeholders to provide ideas and challenge to the trial in Islington, as well as to draw out wider lessons.

7.6 We expect the design phase to run until the end of the summer, by which point we aim to have in place the specification and delivery model for a trial. Based on engagement to date, the content of the trial is likely to focus on how high quality employment support can be integrated as part of clinical treatment and therapy, embedded within primary and secondary care. This could include, for example, helping GPs and primary care providers to offer their patients support to return to work, as part of their clinical treatment, while easing the burden of providing FitNotes and medical evidence for benefit applications and appeals. Something along these lines would require strong links between primary and secondary care, as well as a supporting infrastructure. This could include changes to data, information and recording systems; targeted training and communications among services and professionals; and active job brokering with local employers.

7.7 As part of the design phase, NHS England colleagues are leading on the development of a financial model and evaluation framework for the trial. This will include the resources required to run the trial, as well as an operating model for its delivery. As part of the evaluation, they are particularly interested in capturing the costs and benefits associated with spending on health-led activity. This includes the financial return to the Treasury (via lower benefit payments and higher tax receipts) and the health service (via improved health and reduced demand for services) flowing from increased employment among specific groups of residents.

7.8 The expectation is that the trial will formally begin later this year, with the precise start date depending on the degree of mobilisation required. The duration of the trial is yet to be determined.

8. A Health and Work programme for Islington – rationale and objectives

8.1 Once it is operational, the NHS England supported trial will require a robust delivery, management and governance structure in Islington, not least given the high profile and level of interest it is likely to generate. We do not have an obvious existing local structure to take on this role, especially as it will likely span a number of local agencies and providers. It will also be essential to co-ordinate the delivery of the NHS England supported trial with the range of other activities related to health and employment which are already underway or planned (as well as embedding it within mainstream services). Without such a structure and such explicit efforts, there is a risk that the trial becomes 'another initiative', with a limited shelf life, which fails to drive system change.

8.2 Indeed, even without this forthcoming trial, there is not effective coordination of *existing* activity on health and work. There is no locus for driving actions through the system, no framework for nurturing collective impact[43]; few mechanisms to problem solve and learn across traditional organisational boundaries; and little structure to provide programme management and governance. This is especially problematic given that the central challenge

[43] Hanleybrow F, Kania J and Kramer M (2012) *Channelling change: making collective impact work*, Stanford Social Innovation Review http://www.ssireview.org/blog/entry/channeling_change_making_collective_impact_work

– boosting employment among those with a health condition or disability – is inherently complex, in that it cannot be solved by one organisation, or any standardised process or uniform set of inputs.

8.3 Therefore, a formal programme structure on Health and Work needs to be established, across Islington Council and Islington CCG (in partnership with JobcentrePlus). Such a programme would take particular responsibility for the delivery, management and governance of the NHS England supported trial, once in its delivery stage. However, it should also have a wider remit, to drive system change on health and work across the borough, against some high level goals to improve employment outcomes among residents with a health condition or disability (such as is embodied in the council's new corporate equality objective).

8.4 In addition to ensuring successful delivery of agreed actions, a Health and Work programme would also provide a focus for coordination, problem solving and the development of collective capacity across the local health and employment system. It would aim to make existing and future activity on health and work mainstream, sustainable and greater than the sum of its parts: to shape an integrated local system which offers the hope and possibility of paid work as a crucial element of treatment and therapy.

8.5 The precise scope of a Health and Work programme requires further consideration, but its primary focus should be cross-cutting projects and activities, while also providing greater coordination and coherence across the system as a whole. It should aim to engage and draw more active links between the main actors in the system: leading health providers (especially Camden and Islington NHS Foundation Trust and Whittington Health; primary care (especially GPs); public health; adult social care; iWork and adult and community learning; IMAX; JobcentrePlus; other DWP commissioned providers; the voluntary and community sector; and residents themselves (whether in the guise of service users, clients, customers, claimants, patients, learners).

8.6 Subject to agreement from the Board, the next steps in establishing a Health and Work programme for Islington should be:

- To **establish a 'task and finish group'** of senior representatives from the council and the CCG, plus relevant external partners (including JobcentrePlus) to take responsibility for establishing the scope, structure and resourcing options for a programme. The programme structure needs to be in place before the NHS England supported trial is ready to 'go live'.[44].

- To **establish a Health and Work programme board** which would provide governance, oversight and strategic input to health and employment activity in the borough; to which the Health and Work programme would report (including engagement of Health and Wellbeing Board members).

- To **complete a Joint Strategic Needs Assessment on health and employment** in Islington, by September, which will provide the analytical and evidence base for the Health and Work programme, including to shape future commissioning prioritises and inform strategies for wider system change[45].

8.7 Finally, it is important to note that, despite the scale of the challenge, which is not unique to Islington, the evidence base on effective interventions or system design in this area is poorly developed (including in relation to the costs and benefits). Background Paper 3 provides an

[44] An informal group of this kind has recently been pulled together, but would need to be formalised and have senior input.
[45] Drawing on similar exercises, such as this example from the Tri-boroughs: http://www.jsna.info/document/employment-support

overview of the literature, which highlights some well-evidenced programmes (like Individual Placement and Support, or IPS) and the principles which are associated with positive employment outcomes for those with health conditions and disabilities. However, an Islington programme would need to adopt a 'test and learn' approach, including a rigorous approach to assessing clinical, employment and experiential impacts.

9. Implications

9.1 Financial implications

9.1.1 None identified. This paper provides an update across a wide range of programmes and services being delivered by various organisations including the Council and the CCG in support of the Health and Wellbeing Board's priorities. Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council and/or CCG.

9.1.2 An Islington Health and Work Programme would draw on existing capacity and resources (including the newly hired Employment Lead at Islington CCG). The trial of health-led support to improve employment outcomes for residents with a health condition or disability will be funded by NHS England. However, this will not be an on-going funding stream and so further consideration will need to be given to how any effective activity is sustained beyond the life of the trial. It is anticipated that in the long term the work outlined in this paper would lead to reduced public expenditure in Islington.

9.2 Legal Implications

9.2.1 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.

9.2.2 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.

9.2.3 One of the recommendations notes that a Joint Strategic Needs Assessment on health and employment in Islington is being undertaken. Section 116 of the Local Government and Public Involvement in Health Act 2007 ("the 2007 Act"), as amended by section 192 of the 2012 Act requires a responsible local authority and each of its partner clinical commissioning groups (CCGs) to prepare a Joint Strategic Needs Assessment ("JSNA"). Section 196(1) of the 2012 Act requires that this function is to be exercised by the Health and Wellbeing Board of the local authority. The JSNA informs the Joint Health and Wellbeing Strategy ("JHWS") which sets out joint priorities for local commissioning. The purpose of JSNAs and JHWS is to improve the health and wellbeing of the local community and reduce inequalities for all ages.

9.2.4 In preparing JSNAs the Health and Wellbeing Board must have regard to guidance issued by the Secretary of State. The Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (March 2013) states that in producing the JSNA, health and wellbeing boards are required to consider wider factors that impact on their communities health and wellbeing, such as employment. The statutory guidance also states that JSNAs are a continuous process and an integral part of local authority and CCG

commissioning cycles, and that health and wellbeing boards are required decide for themselves when to undertake a fresh process to ensure they are able to inform local commissioning plans over time.

9.3 **Resident Impact Assessment**

9.3.1 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). The council, health services and JCP have a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. Public bodies must have due regard to the need to tackle prejudice and promote understanding.

9.3.2 Council officers are in the process of completing a Resident Impact Assessment (RIA) in respect of the proposals in this report, which will be published by 15 July 2015. The data shows that disability has the worst employment outcomes of all the protected characteristics. The proposed programme is therefore a positive initiative to address significant and persistent inequality faced by disabled people. There are some groups such as Black males and gay males that are over-represented in some areas of disability such as mental health and HIV and so it is important to ensure that the proposed programme meets the needs of specific groups as appropriate.

9.4 **Environmental Implications**

9.4.1 There are no significant environmental implications arising from the recommendations.

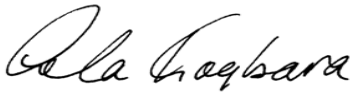
10. Conclusion and Reasons for Recommendations

10.1 In conclusion, the purpose of this paper has been to make the case for establishing a dedicated Health and Work programme for Islington in advance of the implementation phase of an NHS England supported trial (currently in its design phase). This programme would also provide a focus for leading and driving broader system change in the borough with the aim of improving employment outcomes for residents with a health condition or disability. The recommendations ask the Board to note and discuss the drivers and activity which provide the context for the focus on employment within the health system, while also seeking agreement to some next steps in scoping and establishing a Health and Work programme over the coming months.

Background papers:

1. Profiling and segmentation of the local population, in relation to health and unemployment.
2. Literature review of evidence on health and employment interventions.

Final Report Clearance:

Signed by		
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