

Report of: Assistant Chief Executive (Strategy and Partnerships)

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	20 January 2016	Item C1	All

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SUBJECT: Health and Work Programme – Update

1 Synopsis

- 1.1 This paper provides the Health and Wellbeing Board with an update on progress in the development of a Health and Work Programme for Islington, as agreed at its July 2015 meeting. This programme aims to improve employment outcomes for local residents with a health condition or disability (and reduce costs to the public purse), by developing, testing and learning from potential solutions to eight identified ‘system failures’. Over the last six months a multi-agency programme structure has been established across the CCG, council and local JobcentrePlus, with six strands of activity aiming towards a set of agreed deliverables. A senior steering group has been established to provide leadership and oversight for the programme.
- 1.2 The starting point for this programme is the large body of evidence highlighting the health benefits of being in employment (and the negative health outcomes associated with unemployment). While survey evidence suggests the large majority of people with a long term condition or disability want to work, Islington has a very high level of health-related worklessness. In response, a range of activities are either underway or planned to address the identified ‘system failures’ and to improve the connections between the local health and employment systems. This paper provides the Board with some highlights from that work, as well as raising both some important challenges that need further work and some opportunities on the horizon.

2 Recommendations

- 2.1 To note progress over the last six months in developing a local Health and Work Programme for Islington; operating jointly across the council, CCG and local JobcentrePlus.

- 2.2 To note future programme plans, including the forthcoming procurement of a service trial to test a model of supported employment in primary and community care in partnership with NHS England.
- 2.3 To note some particular issues, challenges and opportunities for the programme, and some important changes in the wider policy environment following the recent government spending review.
- 2.4 To advise on any further steps needed to achieve the aspiration for significant 'system change', and thereby an improvement in health and wellbeing for a sizeable cohort of current patients.

3 Background

- 3.1 At its July 2015 meeting, the Health and Wellbeing Board discussed the challenge of health-related worklessness in Islington and, in response, approved the establishment of a Health and Work Programme for the borough, to coordinate and drive relevant activity across the CCG, council and local JobcentrePlus. Six months on, the purpose of this paper is: to update the Board on the development of the programme; to highlight early progress and significant future plans; and to raise some particular issues and challenges.

Establishing a multi-agency Health and Work Programme for Islington

- 3.2 Building on considerable analysis and engagement undertaken during the first half of 2015, colleagues across the CCG, council and local JobcentrePlus have worked together to define and develop a Health and Work Programme for Islington. The agreed objective of the programme is: *to improve employment outcomes for local residents with a health condition or disability (and reduce costs to the public purse); by developing, testing and learning from potential solutions to eight identified 'system failures'*.
- 3.3 Progress towards the achievement of this objective will be assessed by a high level outcome: **Increase the number of people with long term health conditions who get into work and improve their health** measured by¹:
 - Increasing the proportion of claimants with long term conditions or disabilities engaging with employment support;
 - Reducing the number of people flowing onto workless benefits as a result of ill-health;
 - Increasing the proportion of ESA claimants entering work;
 - Increasing the proportion of ESA claimants sustaining work (up to 52 weeks);
 - Number of job outcomes paying the London Living Wage;
 - Improved well-being of people entering work;
 - Reduced costs: i.e. reducing the use of health services and/or benefits.

In addition, monitoring may also cover outcomes for specific groups such as those with mental health conditions, disabilities, BME groups and parents. Mental ill-health is the major reason for people claiming ESA, so it is suggested that the focus is on this group.

- 3.4 It is important to note that identifying outcome metrics which measure the right thing, and which programme partners can collectively sign up to, is hampered by the limitations of current data collection and by the difficulty of bringing worklessness and health data together. Indeed, one of the symptoms of the system failures that the programme is aiming to address is the absence of information connecting health and employment outcomes at either an individual or population level.

¹ These objectives and outcomes are due to be signed off by a meeting of the programme Steering Group on 11th January 2016.

3.5 The paper that came to the Board in July 2015 on health and employment described a set of ‘system failures’ which, it was argued, underpin poor employment outcomes for local residents with a health condition or disability. Following further discussion and thought across the partnership the following eight key ‘system failures’, organised by four strands, have been identified as hypotheses to guide the programme, along with descriptions of a desired future state we are collectively aiming towards:

	Now	Future
Healthcare	<p>1. There is no strategic focus on work in the health care system, so engagement of providers with employment outcomes for patients is too low.</p> <p>2. There is no consistent approach to ensuring that HCP’s have the knowledge, skills and pathways in place to facilitate meaningful conversations about returning to or staying in work.</p>	<p>Health care providers engagement with patients about work and with employment services is high, with employment is viewed as a clinical outcome – underpinned by commissioning processes and clinical leadership.</p> <p>Where appropriate, HCPs raise employment with their patients and have the knowledge and options to support them to pursue it.</p>
Employment Support	<p>3. There is not enough of the kinds of high quality employment support which is likely to be effective in enabling residents with a health condition or disability to get and retain paid jobs.</p> <p>4. Too few residents with a health condition or disability are engaged in employment support, as part of an active journey towards work and improved well-being that they have confidence and belief in.</p>	<p>There is an integrated and coherent local system of high quality, health-focused employment support, with the capacity to meet local needs.</p> <p>Far more local residents with a health condition or disability are engaged with employment support and empowered to achieve their aspirations for work.</p>
Benefits and Assessments	<p>5. The FitNote is not connected to an employment support pathway, risking missed opportunities to keep people in work (during sick leave) and support them to make a rapid return (in the ESA assessment phase).</p> <p>6. The WCA doesn’t identify what work people could do or link to the support needed to help them gain and keep employment, while dominating energy and focus among both residents and HCPs.</p>	<p>The FitNote system is integrated with local employment support, promoting early intervention during the sick leave period and in the initial stages of an ESA claim.</p> <p>Residents experience better follow up support with health and work and, where possible, burdens on GPs are reduced (and in the medium term, an improved assessment system is in place).</p>
Employers	<p>7. Too few local employers understand and believe in the business benefits of designing jobs and recruitment processes that work for people with health conditions and disabilities.</p> <p>8. It is too hard for employers to access practical, hands-on support that would help them overcome barriers to recruitment and to retaining staff when issues arise.</p>	<p>More local employers are committed to recruiting a diverse workforce, with more job opportunities for those with a health condition or disability.</p> <p>Local employers are aware of and routinely access the support they need to design jobs to support diverse recruitment and retain staff when issues arise.</p>

- 3.6 To keep the aspiration for ‘system change’ in focus each ‘system failure’ has a set of agreed deliverables, actions and timescales to assess progress. There are also two cross-cutting strands of activity, focusing on ‘**insight & learning**’ and ‘**culture & behaviour change**’ across the programme as a whole. All strands have a lead accountable person, working within a ‘virtual’ multi-agency delivery team.
- 3.7 In addition, a steering group has been established to provide leadership for the programme and oversight of its core activities. This group has senior representation from the CCG, the council (including public health), local JobcentrePlus, a nominated lead GP, Camden & Islington NHS Foundation Trust, Whittington Health and NHS England. We are also in the process of recruiting a number of ‘experts by experience’ to be part of the programme (including as members of the steering group, with appropriate training and support). This is one element of a broader strategy for strengthening the role of citizen agency and the use of co-production methodologies as essential elements of achieving real ‘system change’².

4 Early progress and future plans

- 4.1 The Health and Work Programme for Islington is now ‘live’, with a wide range of activity underway. Some of the highlights are set out below, picking out early progress and significant future plans:
- 4.2 **Engaging primary care with employment, starting with the *Working Better* service:** this service is now up and running, provided by Remploy, offering employment support in seven primary care settings in Islington, via referral from GPs. Though relatively small scale, this service is providing an invaluable opportunity to engage with primary care about employment issues and to work through the practical, operational barriers to such engagement. Early feedback suggests there is real enthusiasm and appetite amongst both GPs and practice managers, based on their patients’ needs, when the terms of engagement are right for healthcare professionals and services.
- 4.3 Considerable attention has been paid to using this service as an opportunity to embed employment into the ‘wiring’ of the healthcare system, such as by creating recording in GPs’ MIS (EMIS) an EMIS code for referrals to *Working Better* (and, in future, other employment services); incorporating employment support and benefits advice services into the ‘map of medicine’; enabling the employment coach to add updates directly onto the patient’s medical record (with work planned to assess whether this is happening in practice); and encouraging the coach to present the service to a practice meeting as the first step towards the integration of clinical treatment and employment support. Employment status is also to be included in the Patient Held Record being developed by the Integrated Care Pioneer project.
- 4.4 **Supporting healthcare professionals to engage with their patients about employment:** a range of activities are either underway or planned to encourage healthcare professionals to (where appropriate) raise employment with their patients, recommend its potential benefits for their well-being, and refer them to a service that could help³. This work is being led by the CCG’s Employment Lead, with key activities including:
- engaging with key local health services and their clinical leads about employment, including offering training and information (and potentially identifying ‘employment champions’);
 - developing an ‘employment pathway’ within the local healthcare system, based on simple information and processes for healthcare professionals to refer patients to local employment support services (via the ‘map of medicine’ and standard EMIS codes);

² This work is being supported by two senior consultants via a pro bono contribution from the Leadership Centre.

³ This draws on the concept of the ‘5Rs’ which we are using to encapsulate HCP’s role in relation to employment. In addition to raising, recommending and referring, the ‘5Rs’ include responding to questions from patients about work and recording employment status and outcomes in patient records.

- building a focus on employment into local integrated healthcare workforce training programmes via the Community Education Provider Network (CEPN);
- regular employment updates in the GP Bulletin and via other health provider intranet sites;
- collecting and disseminating success stories which highlight individuals with a long term condition or disability who have thrived in employment; and
- Ensuring that employment is a priority as part of the Making Every Contact Count training.

- 4.5 **Forging a more coherent ‘system’ of health-focused employment support in Islington:** in addition to *Working Better*, two further new employment services have recently begun operating in Islington. *Working Capital* provides support to individuals on Employment and Support Allowance (ESA) who finish the Work Programme without employment. The programme is funded through the European Social Fund (ESF), is commissioned by Central London Forward, and is provided by a company called APM. *Future Ambition* is a programme to support young disabled adults into employment provided by SCOPE. Employment coaches from both *Working Capital* and *Future Ambition* are embedded within the council’s iWork service (operating from 222 Upper Street).
- 4.6 Along with *Working Better*, these services increase the capacity and diversity of health-focused employment support in the borough. However, their addition further highlights the need to achieve greater coordination and collaboration among this ‘family’ of services and providers (not least so that the local system makes sense to local residents, healthcare professionals and commissioners). As such, we are planning to: create an operational group of the key health-focused employment services⁴; develop a basic service guide, with eligibility criteria and referral options for healthcare professionals (as mentioned above); and are working towards a common set of outcome measures and data collection across the borough (including both employment and health/wellbeing metrics).
- 4.7 **Identifying opportunities to boost the well-being and work focus of the FitNote and Work Capability Assessment (WCA):** these are key junctures where the employment and health systems intersect, but which our initial work indicates are dominated by assessments and bureaucracy, with missed opportunities to support people to gain or retain work and improve their wellbeing. They can also cause real anxiety and concern for local people, distracting them from a focus on employment and damaging their wellbeing. To better understand these ‘touch points’ in the system and how they could be improved (within legal constraints), we plan to engage with those who have direct experience of them. This includes: local residents; GPs and other healthcare practitioners; those providing benefits advice and advocacy services; JobcentrePlus Work Coaches; and those administering the WCA. Through these engagements we will seek to better understand the issues with the current system and identify opportunities to test out improvements to the way they operate in Islington.
- 4.8 **Promoting the benefits of diverse recruitment among local employers:** the Islington Aspires website (<http://islingtonaspire.co.uk/>) is now ‘live’ and being used as a hook for the employer engagement activity. Within this, the focus on employment opportunities for local residents with a health condition or disability is being deepened through a series of activities to provide relevant information and guidance to local employer. This includes a roundtable on unconscious bias in recruitment practices delivered in partnership with the Timewise Foundation (which specialises in flexible job design), and a workshop with employer

⁴ This will initially comprise the providers of: Mental Health Working, Islington Aftercare, iWork, Working Capital, Working Better, Future Ambition, Community Access Project, JobcentrePlus, Work Programme, Work Choice and (once it is up and running), the supported employment (or IPS) trial. This group is chosen because either they are focused (heavily or exclusively) on residents with a health condition or disability or they are commissioned (wholly or partly) by the programme partners.

engagement practitioners to equip them with the confidence and capabilities to support disabled people and those with health conditions into work.

5 Upcoming issues, challenges and opportunities

- 5.1 Achieving meaningful 'system change' in the context of complexity will require a commitment to testing, learning and adapting across the Health and Work Programme, including adopting a critical mind set and a willingness to respond to opportunities as they arise. In that spirit, this paper concludes with some important issues on the horizon and some particular challenges that require further work:

Procuring supported employment in primary and community care

- 5.2 A big priority and challenge for the first half of 2016 will be to procure and mobilise a service trial to test a model of supported employment in primary and community care. This will be done in partnership with NHS England, who will procure an evaluator that will oversee a Randomised Control Trial (RCT) framework to assess the impact of adopting the principles of Individual Placement and Support (IPS) outside of secondary services and beyond those with a serious mental health conditions.
- 5.3 Following an in-depth design and development phase, it has been agreed that the service trial will aim to work with 500 local residents who are out of work with a long term condition or disability over a two year period. People will access the service trial via referral from a GP or other healthcare professional (or self-referral) with a provider who is integrated into primary and community care services. NHS England has led the design of the trial, is leading the ethical approval process (via Health Services Research Authority) and is developing and commissioning the evaluation. The evaluator will be the main point of contact for the trial as it progresses on a day-to-day basis in terms of research queries and Islington CCG will lead on developing and procuring the service and will be responsible for managing and overseeing the service, which could be through a newly appointed role if appropriate. It is the intention to run the procurement process and the ethical approval process in parallel so that the trial can commence as soon as possible. The current timetable aims to achieve contract award in May 2016.

Information and Intelligence

- 5.4 Good information and intelligence is central to understanding needs and tracking system outcomes. Current data capture, fragmented systems and barriers to data sharing amongst employment and health care providers limits our ability to: (a) analyse the local population in ways that illuminate the intersection between health and employment status (e.g. the history, nature and intensity of health conditions among those who are out of work) and (b) monitor and assess the impact of current services or interventions on employment *and* health outcomes for individuals and at a population level.
- 5.5 We are seeking to improve this situation by: exploring the potential to link anonymised employment data (e.g. DWP data) and health data to better understand the health status of those not in employment and the impact of the support they receive; accessing more fine grained local DWP data to understand the destinations of people coming off ESA; and using the supported employment trial to develop a set of outcome measures and data collection, covering both health and employment, which can then be used more widely to assess the impact of local services.

Empowering the key actors

- 5.6 To date, the development of the programme has focused on the collaboration between the three core partners (CCG, council and local JobcentrePlus). While crucial, this has underplayed the agency of other actors in the system, in particular residents with health conditions or disabilities (but also employers and health care professionals themselves)

which is essential for the programme to succeed. We have therefore established a programme strand dedicated to promoting ‘culture and behaviour change’, though this requires further development. Those involved in the programme have begun to think about what it would mean to take co-production seriously, supported by our pro bono consultants from the Leadership Centre. However there is much more to do, including an openness to ‘our’ hypotheses and solutions about the identified ‘system failures’ being proved wrong. One initial step we have taken is to recruit for some ‘experts by experience’ to be involved in the design and delivery of the programme, including to help us think through how to embed co-production at its core.

Commissioning strategy

- 5.7 Drawing on the analysis and learning developed through the programme (including the supported employment trial), we will develop a commissioning strategy for local health-focused employment support. This will incorporate the re-commissioning of existing services (Mental Health Working and Islington Aftercare) whose contracts run until 2017, but could potentially be broader. Our aim is for this to provide a vehicle for embedding and mainstreaming the insights and lessons from the programme, as well as being an opportunity to work collaboratively with all local stakeholders, including residents and service users.
- 5.8 There is potential to consider the incorporation of Mental Health Working and Islington Aftercare into the Adult Social Care Prevention Alliance proposals alongside in-house employment offers in a similar manner to the links planned between specialist adult social care advice services and the corporate advice offer. Links should be established with the Realising the Value project within this workstream. This project led by Age UK Islington and Adults Commissioning is creating an outcomes framework for preventative services collaboratively between the Council, providers (particularly smaller voluntary sector providers) and service users and carers.

Government spending review

- 5.9 The recent government spending review opened up a series of potential opportunities to advance the objectives of the Health and Work Programme:
- First, there was a commitment to jointly commission the Work and Health Programme with London, for delivery from 2017, to replace the Work Programme and Work Choice (which will primarily be for individuals out of work with a health condition or disability);
 - Second, £115m was allocated to the joint DWP/DoH Work and Health Unit, including a £40m innovation fund, alongside extra funding for Access to Work and the Fit for Work Service;
 - Third, there will be a White Paper published by summer 2016 that will set out further reforms to reduce the disability employment gap and promote integration across health and employment.
- 5.10 We will be using our strong existing relationships with DWP and NHS England to seek to influence policy and funding decisions, including through London’s on-going devolution negotiations with government.

6 Implications

Financial implications

- 6.1 There are no financial implications arising from the recommendations in this report. It is anticipated that the trial with NHS England will cost up to £1m. NHS England will pay the majority (particularly for the evaluation) and about a third of the cost will come from local sources, local partners and/or external funds. It is worth noting that there is no recurrent funding stream for a discrete health and work programme in Islington. It is anticipated that in the long term the work outlined in this paper would lead to reduced public expenditure in

Islington and so further consideration is needed of how partners can operate cost-benefit arrangements that incentivise whole-system efficiency and represent value for money for the public purse as a whole.

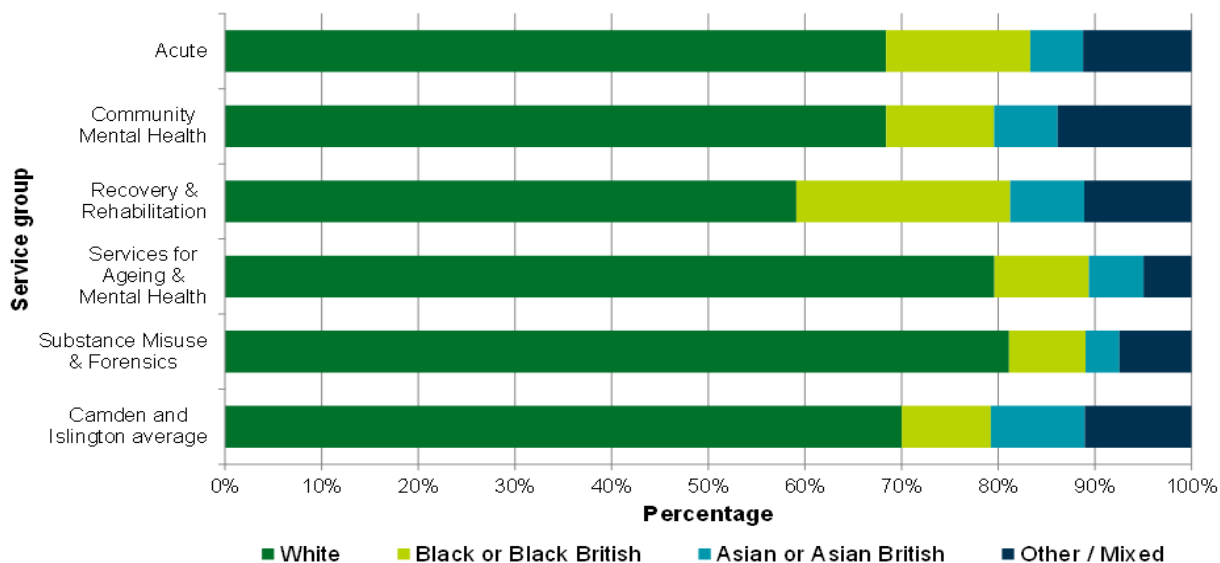
Legal Implications

- 6.2 There are no new legal implications arising from the recommendations in this report. 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.
- 6.3 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.

Equalities Impact Assessment

- 6.4 There are no new equality implications arising from the recommendations in this report. 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.
- 6.5 No formal equality impact assessment has yet been published in relation to this programme. Equality data from various sources is continuously being collected and analysed. The data shows that disability has the worst employment outcomes of all the protected characteristics. In addition, the analysis below shows that there is variation in access to services according to ethnicity and this is likely to be the case for other protected characteristics.

Breakdown of mental health service users, by service and ethnicity, C&IFT patients registered with a Camden or Islington GP, compared against Camden and Islington's registered population aged 16+, 2013/14



Note: Patients may appear more than once, if they use more than one service group. 2,372 service users without a recorded ethnicity are not included in the analysis.

Source: Camden and Islington Foundation Trust, 2015; Camden and Islington GP Public Health dataset, 2012

- 6.6 There are also 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. The expectation is that the programme will reduce the significant and persistent inequality faced by disabled people with different protected characteristics.
- 6.7 Islington CCG and NHS England will each be producing EIAs as part of the procurement process and trial commencement.

Environmental Implications

- 6.8 There are no anticipated environmental implications arising from the recommendations.

7 Conclusion and reasons for recommendations

- 7.1 In conclusion, this paper has provided the Board with an update on progress in developing a Health and Work Programme for Islington, which aims to pursue ‘system change’ in relation to health and employment. The aspiration is that such system changes will enable a significant improvement in employment outcomes for local residents with a health condition or disability; with the potential to being major social and economic gains for individuals, public services and the wider community.

Background papers: None

Appendices: None

Final Report Clearance



24 December 2015

Signed by
 Lela Kogbara, Assistant Chief Executive,
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 Date

Received by
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