

## SERVICE SPECIFICATION

<b>Service</b>	<b>Health and Employment Support</b>
<b>Authority Lead</b>	Helene Denness / Sharan Jones
<b>Period</b>	1 <sup>st</sup> August 2016 – 31 <sup>st</sup> July 2019
<b>Summary of Service</b>	<p>The Nottingham Health and Employment Support Service will be an early intervention service that provides an individual case managed approach between health-related services, welfare and employment support for people registered with a Nottingham City GP. The service will respond to an individual's needs at the earliest opportunity in order to prevent mental and physical health problems occurring and exacerbating. People with health problems and long term conditions will be supported to return or remain in work or to gain employment or training.</p> <p>The new service will operate for three years from August 2016, working with both employed and unemployed people with mental and physical health problems that are a barrier to them maintaining or gaining employment.</p> <p>The Nottingham Health and Employment Support Service will be commissioned jointly by Nottingham City Council, NHS Nottingham Clinical Commissioning Group (CCG) and the Department of Work and Pensions (DWP).</p>

### 1. Population Needs

#### 1.1 National/local context and evidence base

##### National Context

Being out of work can put people at increased risk of ill health and premature death, therefore supporting residents with health problems to remain in or return to work, which not only boosts local economies but also improves the life chances and health outcomes for individuals and their families. Research has shown that 90% of people with common health conditions can be helped back to work<sup>1</sup> following a few basic principles of good healthcare and workplace management. Carlier et al<sup>2</sup> reported that getting back into employment increases the likelihood of reporting improved health (from poor to good) almost threefold, and boosts quality of life almost twofold. In 2015 NICE produced guidelines on managing long term sickness and incapacity for work<sup>3</sup>.

<sup>1</sup> [Vocational Rehabilitation: What works, for whom and when?](#) DWP (2013)

<sup>2</sup> The influence of re-employment on quality of life and self-rated health. Carlier B et al (2013)

<sup>3</sup> [Managing long term sickness and incapacity for work](#) NICE Pathway (June 2015).

There is a broad consensus that whenever possible people living with long term conditions or disability should remain in work or return to work. This is because 'good' employment:

- Is therapeutic
- Helps to promote recovery and rehabilitation
- Leads to better health outcomes
- Minimises the harmful physical, mental and social effects of long-term sickness absence and worklessness
- Reduces the chances of long-term incapacity for work and social exclusion
- Promotes full participation in society and independence.

Poor health and wellbeing in the working age population costs the UK over £100 billion each year through lost productivity, long-term sickness absence, unemployment and the increased costs of health and social care<sup>4</sup>. The costs of sickness absence and the damaging effects of such absences on business and individuals' employment prospects, together with the volume of health related, out of work benefit claimants are issues of growing concern. It has been reported that 300,000 people every year fall out of work onto health related state benefits<sup>5</sup>. There is strong evidence that re-employment leads to improved self-esteem and improved general and mental health<sup>6</sup>

In addition, primary care services have to deal with rising demand from patients who are struggling to manage long term conditions and other health problems which are impacting their employment. In particular mental health problems may be exacerbated by subsequent worklessness and poverty which in turn impact further on the individual's health and confidence to manage their condition.

Apart from absenteeism, a separate but related issue is that of presenteeism. This is defined as 'reduced productivity when employees come to work and are not fully engaged or perform at lower levels as a result of ill health'<sup>7</sup>. This is a particular problem as many employers do not have access to occupational health support which could assist individuals with the management of long term conditions etc. (only 3% of firms have a comprehensive occupational health service although 15% have more basic support<sup>8</sup>).

A national Fit for Work service aimed at supporting employees to manage their sickness absence was introduced by the DWP in 2015. Although employers and GPs can refer into this telephone biopsychosocial support service it does not cover presenteeism as it is not possible to access it before employees have been off sick for a minimum of 4 weeks, nor does it cover the unemployed.

Almost 3 in every 5 people with mental health problems are currently unable to work, despite evidence showing employment can be a crucial part of treatment<sup>9</sup>. The Mental Health Taskforce<sup>10</sup> recognised clear links between work and good mental health and the need for more people to be able to access treatment early on so they can avoid long-term unemployment. The report called for employment for people with mental health problems to be recognised as a health outcome.

<sup>4</sup> [The Business Case for Employee Health and Wellbeing](#). The Work Foundation (2010)

<sup>5</sup> [Health at work – an independent review of sickness absence](#). Black and Frost (2011)

<sup>6</sup> [Is work good for your health and wellbeing?](#) Waddell and Burton (2008)

<sup>7</sup> Managing Presenteeism [www.centreformentalhealth.org.uk/pdfs/managing\\_presenteeism.pdf](http://www.centreformentalhealth.org.uk/pdfs/managing_presenteeism.pdf)

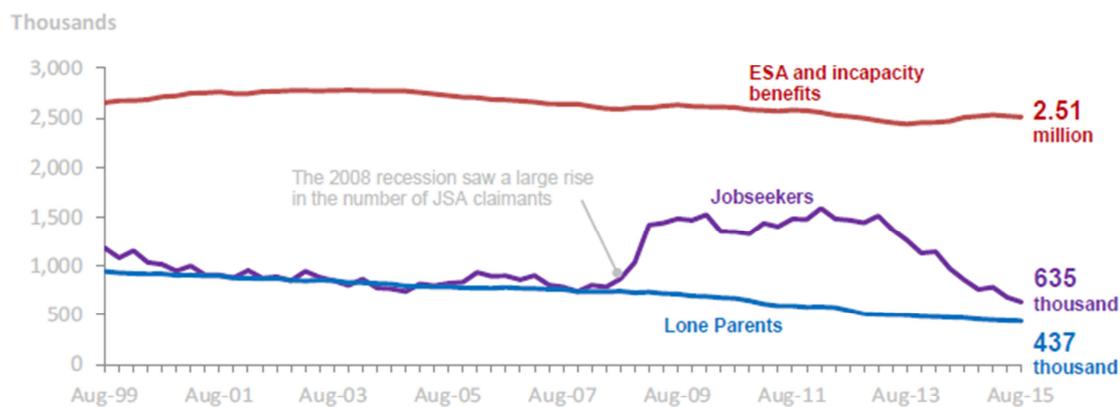
<sup>8</sup> Mental Health and Work. Royal Society of Psychiatrists (2008)

<sup>9</sup> [No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages](#) HM Government (2011)

<sup>10</sup> [The Five Year Forward View for Mental Health](#). NHS Mental Health Task Force (2016)

The age at which men and women reach State Pension age is gradually increasing. As disability and long term conditions increase with age<sup>11</sup>, there will be more people who need to work whilst managing mental and physical health problems.

In recent years the number of people claiming Job Seeker's Allowance (JSA) has reduced significantly. However this is not the case with Employment Support Allowance (ESA) claimants as the number of people claiming incapacity benefits has remained broadly unchanged since the mid-1990s. The chart below<sup>12</sup> demonstrates working age claimants between August 1999 and August 2015.



In August 2015, nationally there were 2.51 million ESA and incapacity benefit claimants (53% men and 47% women) - an increase of 4000 since 2014.

The DWP and the Department of Health (DH) have recently set up the Work and Health Unit which aims to work across government, bringing together DWP and DH activity. It has been established to lead the drive for improving work and health outcomes for people with long term conditions and disabilities as well as improving support for people absent from work through ill health and those at risk of leaving the workforce. The Unit aims to improve integration across healthcare and employment services as well as supporting employers to recruit and retain more disabled people and people with long term health conditions.

## **Nottingham**

As the numbers of people claiming Job Seeker's Allowance (JSA) in the city continue to lower, the number of employment support allowance (ESA) claimants remains higher than the national average (Nottingham 7.8% of the working age population compared to 6% nationally). In November 2015 over 16,000 people were in receipt of ESA (an increase of 1,000 since 2014). In Nottingham the largest proportion of ESA claimants (52%) are recorded as having 'mental and behavioural disorders'. This broad category includes those with mental health problems, learning disabilities and autism. The proportion of claimants with mental health problems far outweighs the number of the next largest group, ie those with musculoskeletal problems (13%).

## **2. Key Service Outcomes**

<sup>11</sup> [Fair Society, Healthy Lives](#). Marmot et al (2010)

<sup>12</sup> Taken from DWP statistical summary February 2016 (Great Britain statistics to August 2015)

The primary outcome of the service will be:

More individuals remaining in work or gaining employment as a result of improved self-management of physical / mental health problems including long term conditions.

Other outcomes will include:

- Self-reported improvement in the health and wellbeing of service users
- Fewer unnecessary referrals to and dependency upon statutory services
- Improved access to support services, where intervention is necessary to prevent further deterioration in the individual's mental or physical health
- Improved access to skills and accredited training.

### 3. Scope

#### **3.1 Aims and objectives of service**

##### **3.1.1 Aim**

The service will integrate health, social, welfare and employment services to provide a holistic package of case managed support that meets individual needs. It will aid recovery, encourage self-care and management of long term mental and physical health problems assisted by robust pathways into other services for the employed (in work or off sick), unemployed (pre ESA assessment and 'work ready' but whose primary barrier to employment is the management of mental or physical health problems) and the self-employed.

##### **3.1.2 Objectives**

For individuals and their families, the service will:

- Keep individuals in work rather than out of work thereby helping the social and economic wellbeing of both them and their wider social group eg family and friends.
- Support people who are out of work (pre ESA assessment or 'work ready') where health is their primary barrier to employment.
- Ensure that individuals are assisted to integrate better with society linking with social networks, volunteering opportunities, peer support etc.
- Ensure individuals receive support to manage their own conditions and build resilience.
- Ensure individuals are able to access tailored employability support and accredited skills and training provision which increases their skills and meets their career development needs.
- Develop a strong working relationship with the Recovery College and signpost people to this support when appropriate.
- Bring coherence and simplification to the plethora of existing health, welfare and employment related provision which is confusing to people struggling to gain/stay in work due to a health problem.
- Advocate for individuals with employers and employer-facing agencies, primarily the Nottingham Jobs Hub (the joint Nottingham City Council/DWP local labour brokerage service). This may include advocating for people registered with a Nottingham GP where their employer is based outside of the city boundaries.
- Help with the management of long term conditions, promoting disclosure and the rights and responsibilities for both parties i.e. the employee and the employer.
- Reduce the need for professional medical appointments.
- Reduce the use of medication.

For commissioning partners, the service will:

- Publicly demonstrate the collaboration/alignment between NHS Nottingham City Clinical Commissioning Group, the DWP and Nottingham City Council in addressing health and work issues.
- Provide an 'early intervention' approach, promoting getting back to and sustaining work, reducing further visits to primary care, the need for medication and unnecessary referrals to other services including secondary care.
- Provide an improved response to the increasing incidence of mental and physical illness amongst the unemployed.
- Provide improved take up of employment and skills services and programmes amongst

- jobseekers and employees with a health barrier.
- Provide Fit Note advice to GPs.
- Refer into and improve take up of other locally commissioned services.
- Contribute to achievement of the national outcomes framework indicators for the NHS, Adult Social Care and Public Health and other health and employment related targets as appropriate.
- Support achievement of the proposed Nottingham Joint Health and Wellbeing Strategy priority '*those with or at risk of poor mental health and wellbeing will be able to access and remain in employment*'.
- Create web based health and employment support pages (to be hosted by Nottingham City Council) that relate specifically to services in Nottingham.

### **3.2 Service description/pathway**

Through its case managed approach the service will reduce duplication, overlap and fragmentation to provide timely personalised support between health-related, social, welfare and employment services for people registered with a Nottingham City GP. The service will respond to an individual's needs at the earliest opportunity in order to prevent further mental and physical health problems occurring or exacerbating.

There will be a focus on self-management of health conditions, including long term conditions, in order for individuals to remain in or gain employment and reduce demand for other primary and secondary care health services.

The health and employment support service will work closely with health and employment professionals and establish robust pathways and signposting into appropriate cross-sector health, care, social, welfare and employment services operating in the city. This will include linking into self-care services and into appropriate peer support that is available through voluntary organisations.

Liaison with employers will also be essential.

The service will:

- Work in partnership with a broad range of professionals such as:
  - GPs
  - Primary care psychological therapies
  - Other mental health support services eg STEPS, the Primary Health and Wellbeing Service, Wellness in Mind etc.
  - Nottinghamshire Healthcare NHS Foundation Trust's Social Inclusion and Wellbeing Service (and wider secondary mental health links)
  - Community services such as the Community Stroke Team, Working Age Dementia Team, the Macmillan Nottingham Cancer Support Service and the Back Pain Team
  - Housing, particularly social housing providers eg Nottingham City Homes, as well as Housing Solutions / Homelessness Action Teams
  - Nottingham Jobs Hub local labour brokerage services
  - Colleges and accredited training providers
  - Community and voluntary organisations and social enterprises delivering neighbourhood based employability support
  - The Recovery College and other recovery based services available for people with mental health problems in Nottingham City
  - Drug and alcohol services
  - Financial/welfare advice services

- Work closely with the national Fit for Work (FFW) service. This will include:
  - Signposting clients who have been off work through sickness absence for more than 4 weeks to Fit for Work for biopsychosocial assessment
  - Taking referrals from Fit for Work for clients for whom telephone support would not adequately meet their needs
- Provide an initial biopsychosocial assessment. Initial meetings will usually be face to face to establish a relationship with the client but ongoing support can either be face to face or by telephone depending on the client's needs. Group interventions can be offered if appropriate.
- Agree an action plan to return to or remain in work with the individual that will incorporate:
  - Health support and treatment including the management of long term conditions and self-care advice
  - Direct referrals to relevant services such as physiotherapy, primary care psychological therapies etc.
  - Negotiation with employers to make workplace adjustments in order to enable a return to work
  - Signposting to additional health and employment support such as Access to Work, the Individual Placement Support (IPS) service, Step into Work, local work/job clubs or the Nottingham Jobs service
  - Assistance with housing, debt, welfare rights and skills advice
  - Promotion of the use of digital technologies to aid self-care.

It is acknowledged that the amount of time devoted to each case will vary but as a guide we would expect individuals to need between 4 and 8 sessions in total. These sessions may be a mix of face to face and telephone support.

Staffing should include a good skill mix to ensure the development of a holistic service. Although not essential, individuals may have specialist knowledge of both physical and mental health problems as well as having a special interest in vocational rehabilitation. This could be reinforced by good knowledge of employment law and awareness of other appropriate cross-sector services which could be accessed by the client. All staff should possess excellent communication skills including the ability to build and maintain trusting relationships with clients.

Staff should be able to offer some forms of direct clinical support or the service should be able to evidence how they will effectively link with support services.

### **3.3 Evaluation**

The provider shall ensure that the service is evaluated on an ongoing basis, to ensure it is operating effectively. This ongoing evaluation must cover all aspects of the service. The provider will be expected to plan a full programme of evaluation, including feedback from service users and partner agencies.

All clients using the service must be asked to evaluate their experience. Both qualitative and quantitative feedback will be recorded and analysed and used to revise operational procedures and promotional material. Quarterly monitoring reports including equality data will be submitted to the Contracts Team at Nottingham City Council.

The provider shall also work with the commissioner to agree an evaluation framework and timetable. The provider must make all evaluation data available to the commissioner if requested within an agreed timeframe. The provider is responsible for ensuring that

appropriate information governance procedures are followed in respect to any service user data.

### **3.4 Population covered, eligibility and exclusion criteria, target groups**

The service will dovetail with the national service bridging any gaps in eligibility of access to the national service (see Appendix A).

The service is open to adults aged 18+ who are registered with a Nottingham City GP who are:

- In employment but having difficulty managing a mental or physical problem or long term condition
- In employment and off work for less than 4 weeks (those over 4 weeks should be referred to the national Fit for Work service)
- In employment and signposted from the national Fit for Work service (for citizens who may need more complex face to face support)
- Self employed
- Unemployed (where the main barrier is a health problem or long term condition) awaiting ESA assessment
- Unemployed and 'work ready' but being prevented to do so by the management of a health problem or long term condition identified by their GP or other health professional.

This service is an early intervention service and so is not suitable for those who are long-term unemployed or who are already being supported through other services, such as Individual Placement Support.

### **3.5 Access and referral sources**

Referrals will be accepted from:

- GPs and other health professionals
- Work coaches and other employment advisers
- Employers
- National Fit for Work service
- Self-referral.

### **3.6 Social Value**

The service will work closely with employment related activity in local areas ie the local area partnerships in Nottingham and encourage clients to take up voluntary activity if appropriate.

### **3.7 Citizen Focus**

Improving health and reducing unemployment are both priorities for the city and it is proposed that they are brought together under the mental health priority of the developing Joint Health and Wellbeing Strategy 2016-2019. There has been wide publonsultation regarding this strategy.

The service is available for eligible individuals registered with a Nottingham City GP and feedback on how the service met their needs will be sought from those accessing the service.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards**

The Care Act (2014) has raised the importance of wellbeing and the role that employment has to play both for individuals and their carers.

In addition the new service will contribute to achievement of indicators in the National Outcomes Frameworks for the NHS, Adult Social Care and Public Health:

#### ***NHS National Outcomes Framework***

- 2.2 Employment of people with long term conditions
- 2.5 Employment of people with mental health problems

#### ***Adult Social Care National Outcomes Framework***

- 1E People with a learning disability in paid employment
- 1F People in contact with secondary mental health services in paid employment

#### ***Public Health National Outcomes Framework***

- 1.09 Sickness absence
  - % of employees who had at least one day off in the previous week
  - % of working days lost due to sickness absence
- 1.08 Gap in the employment rate between those with
  - A long term health condition and the overall employment rate
  - A learning disability and the overall employment rate
  - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate

### **4.2 Applicable local standards**

Health and employment are cross-cutting themes across numerous strategies and policies in the city including

- [The Nottingham Plan to 2020](#)
- [Nottingham City Joint Health and Wellbeing Strategy](#)
- [Working together for a healthier future - the Nottingham Clinical Commissioning Group Strategy](#)
- [N2 Skills and Employment Framework 2015-2020](#)
- [Wellness in Mind](#). The Nottingham Mental Health and Wellbeing Strategy 'Wellness in Mind' emphasises employment's potential for improving mental health and wellbeing and improving the quality of life for those with mental health problems.

#### **Other local strategic links**

- In 2015 Nottingham participated in a NHS England funded project, Building Health Partnerships (BHP). The aim of this project was to improve awareness of existing health and employment support in the city and improve cross-sector partnership

understanding of respective commissioning processes in order to better inform future decision-making. One of the outcomes of this improved partnership working was to take forward the joint commissioning of a health and employment support service that dovetailed around other services in the city and covered any gaps eg an offer for the self-employed.

The service will:

- Provide a proactive local response to the proposed changes that will result from the forthcoming DWP Work and Health programme.

Support future developments related to our Local Enterprise Partnership (LEP) D2N2, through its prioritisation of work around employment and skills. The 'early intervention' aspect of the Health and Employment Support Service will demonstrate the city's commitment to a partnership approach preventing people becoming unemployed and reducing the number of unemployed (particularly supporting people at risk of becoming ESA claimants).

## **5. Location of Provider Premises**

### **5.1 Location(s) of Service Delivery**

The service shall be delivered from an appropriate venue, within the boundaries of Nottingham City. The venue must be in a location which is accessible to service users. It must also be accessible to service users with a disability.

## **6. Required Insurances**

### **6.1 Insurances and levels of cover required**

The provider will have an appropriate level of both Employers' Liability Insurance and Public Liability Insurance.

## 7. Implementation and development - milestones

Milestone	Expected Benefit	Timescales	Frequency of Monitoring
Appropriate staffing will be in place to provide the service	The service can be marketed and clients accepted into the service	1 August 2016	Quarterly
Initial marketing of the service	More referrals into the service	1 August 2016	Ongoing
Health and employment support web pages created	A virtual portal for health and employment support is created	1 January 2017	Quarterly

## 8. Activity plan

### 8.1 Quality

#### Quality

Performance Indicator	Target	Method of Measurement	Consequence of Breach	Frequency of Monitoring
% total 'in work' clients returning to or remaining in work after 12 weeks of entering the service	70%	Quarterly monitoring return / service user records	Failure to report will be escalated via procedures detailed in this contract.	Quarterly
% total unemployed clients returning to work after 12 weeks from entering the service	15%	Quarterly monitoring return / service user records		
% total out of work clients showing an improvement in their EQ – 5D score	100%	Quarterly monitoring return / service user records		
% of all clients reporting improved mental health, wellbeing and work readiness between entering and leaving the service	70%	Citizen questionnaire		
% total clients completing satisfaction questionnaire on discharge/leaving the service	60%	Citizen questionnaire		
% completing exit questionnaires who rated	85%	Citizen questionnaire		

their satisfaction with service as 'Good' or better when they finish using the service				
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<b>8.2 Performance &amp; Productivity</b>				
<b>Performance Indicator</b>	<b>Annual Target</b>	<b>Method of Measurement</b>	<b>Consequence of Breach</b>	<b>Frequency of Monitoring</b>
Total number of 'in work' clients assessed and receiving 1 or more additional sessions	85	Quarterly monitoring return/service user records	Raised as a performance issue in quarterly review and escalated via procedures detailed in these terms and conditions	Quarterly
Total number of 'out of work' clients assessed and receiving 1 or more additional sessions	95			Quarterly
% clients with diagnosed long term conditions	60%			Quarterly

<b>8.3 Activity (Information Requirements)</b>		
<b>Activity Performance Indicators</b>	<b>Consequence of breach</b>	<b>Frequency of Monitoring</b>
Total number of sessions provided	Failure to report will be escalated via procedures detailed in these terms and conditions	Quarterly
Total number of "in work" clients assessed		
Total number of "out of work" clients assessed		
Number accessing employability support, training or work experience		
Number reporting a reduction in use of NHS services on discharge		
Number reporting a reduction in use of medication on discharge		
Number referred to national FFW service		
Number referred to other sources for clinical services (breakdown to be provided)		
Number referred by other sources, including GP practices, national FFW service, DWP, self referrals (breakdown to be provided)		

Number with common mental health problems eg anxiety or depression at time of assessment		
Number with an autistic spectrum disorder		
Number with a Learning Disability		

## 9. Currency

<b>9. Currency</b>	
<u>Currency 1</u>	Total number of 'in work' clients assessed and receiving 1 or more additional sessions
<u>Planned Activity - Annual</u>	Minimum of 85 per year
<u>Currency 2</u>	Total number of 'out of work' clients assessed and receiving 1 or more additional sessions
<u>Planned Activity - Annual</u>	Minimum of 95 per year

## 10. Price and Costs

### 10.1 Price

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value (for this service)
Block Contract	Number of in work clients assessed and Number of out of work clients assessed	£106,333	Delivery of activity as specified in the contract	£106,333 per year
<b>Total over the contract period</b>				<b>£319,000</b>

## Nottingham Health and Employment Support Pathway

