

Inclusive Employment and Health Report for the Health and Wellbeing Board on 29 January 2020

Summary

In Nottingham, many citizens are struggling to maintain employment whilst living with disability or managing long-term conditions, especially mental health, or claiming health related benefits as they are unable to gain employment or return to work. Improved cross-sector partnership action has the potential to improve the lives of individuals with health and/or complex social issues to gain and maintain employment. This in turn will result in better outcomes for Nottingham citizens/communities and greater productivity for employers.

Background to health, disability and employment

Health and meaningful employment are interdependent. 'Good work' is beneficial for both mental and physical health as there is a strong association between unemployment and poor health. Conversely, being in work is positively influential on health, protecting against social exclusion through providing an income, social interaction, a core role, identity and sense of purpose. With appropriate support, securing work is important for individuals with a health condition or disability, not only because it promotes full participation in society and independence, but also because it can promote recovery and rehabilitation¹.

Whilst work is generally beneficial for health, good health or effective management of long-term conditions are assets for sustained employment. From an employer perspective, the benefits of a healthy workforce are clear – higher productivity, less absenteeism, increased employee engagement and morale.

The term 'employment support' refers to any service commissioned with the explicit goal of supporting an individual to secure and/or maintain paid employment. Nationally, and locally, commissioning and delivery of employment support tends to be fragmented. It is often focussed on securing a job, with less support offered to sustain employment over the longer term. Evidence suggests that for those with health problems who are seeking employment, a combination of 'work first' or tailored condition-specific support is preferable. A multi-component support pathway is most effective particularly when it combines:

- Health focussed interventions (health professional supporting improvement of mental and physical health)
- Coordinated case management (facilitating effective links between healthcare, employment support, the wider determinants and the workplace)
- Modifications in the work environment (flexible working hours, duties or changes to the physical working environment).

Two main health conditions contribute to sickness absence - these are mental health (including stress and anxiety) and musculoskeletal health (back pain, neck pain, arthritis etc.). Musculoskeletal conditions are not exclusively conditions of older age, but

¹ Waddell and Burton 2006, [Is Work Good for Your Health and Wellbeing](#)

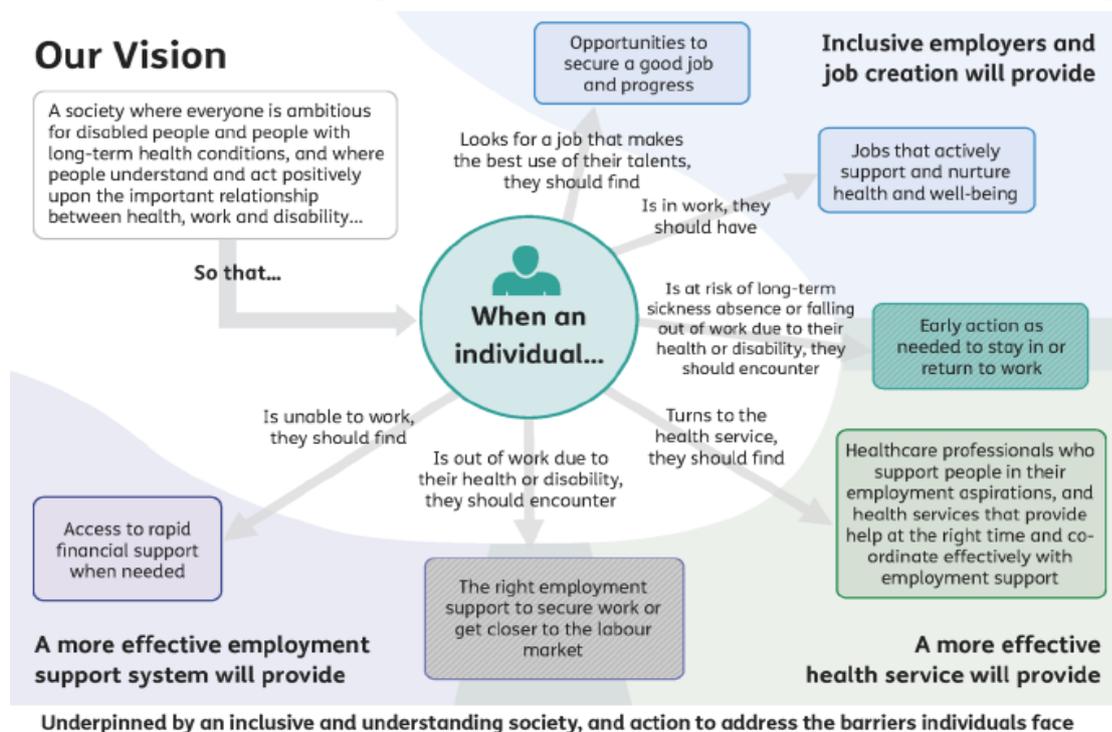
prevalence increases with age. With an ageing workforce and fewer people entering the labour market from education and training, employers will need a more flexible labour market that can accommodate and support older workers.

The NHS has been developing its ‘work as a health outcome’ programme for a number of years. This supports clinicians to give greater weight, in their clinical practice and commissioning, to consider the impact of work on their patients’ health, and conversely the impact of their patients’ health on their work. The 2019 Healthcare Professionals’ Consensus Statement for Health and Work outlines an ambition for approaching employment as a health outcome: “Working can be considered as a health outcome in itself, reflecting how well we are supporting individuals to adapt to or recover from their health challenges. The majority of health-related worklessness is not inevitable and with the right advice and support, many individuals can achieve their working potential.”

The ‘work first’ approach, recommended by the National Institute for Health and Care Excellence (NICE), is increasingly being adopted as it prioritises job goals and work activity to help people with long-term health conditions into employment.

The Improving Lives White Paper (2017) aims to enable opportunities for all who can work or undertake meaningful activity. The paper identified that mental health and MSK represent the largest cause of long-term sickness absence. 23% of all working days lost are attributable to MSK conditions and 33% of all long-term sickness absence. Recommendations focus on preventing people falling out of work as once out of work due to ill health, returning to work is significantly harder. To achieve this, the right care and support needs to be in place to enable all to thrive in work throughout their working lives as demonstrated in the diagram below²:

The Vision of “Improving Lives The Future of Work, Health and Disability”



² [Improving Lives: The future of work, health and disability](#) (2017)

Nottingham Health, Disability and Employment Statistics

The latest employment rate for the City is 62.4%, compared with 75.3% for England. However, the reality for people with disabilities and long-term conditions is significantly different. Employment for those with a disability in Nottingham is estimated at 47%.

There have been changes around the types of benefits claimed as a result of the introduction of Universal Credit. However statistics show that 17,710 people were claiming Employment and Support Allowance (including a small number still claiming Incapacity Benefit (IB) or Severe Disablement Allowance), equating to 7.8% of the population aged 16-64, compared with 5.3% for England. More than 75% of City claimants who have completed work capability assessments when transferring from IB have been placed in the 'support group' for people whose condition means they are not expected to return to work. This implies that more than 14,000 claimants in Nottingham will not be expected to return to work.

Disabled people remain significantly less likely to be in employment than non-disabled people. In 2015 nationally, 47.9% of working-age disabled people were in employment compared to 80.1% of working-age non-disabled people. Most disabled people are not born with a disability but acquire it during their lives. The prevalence of disability is strongly related to age: around 1 in 20 children are disabled compared with 1 in 5 working adults and 1 in 2 older people. The majority of impairments are not visible.

For patients living with a learning disability (LD), employment is particularly poor in the city (1.2% getting into employment compared to 6% nationally).

The following table shows the current Disabled Employment Rates compared to the previous reporting period.

Disabled Employment Rates - Lincs, Notts, Rutland							
Local Authority	Apr 2018-Mar 2019			Jul 2018-Jun 2019			Change Quarter
	Working Age Disabled in Work	All Working Age Disabled	Employment Rate	Working Age Disabled in Work	All Working Age Disabled	Employment Rate	
Ashfield	9,100	21,100	43.13%	12,000	23,300	51.50%	8.37%
Bassetlaw	10,700	18,500	57.84%	11,500	17,800	64.61%	6.77%
Boston	7,100	10,100	70.30%	9,900	13,200	75.00%	4.70%
Broxtowe	6,500	14,500	44.83%	7,100	14,100	50.35%	5.53%
East Lindsey	9,800	20,700	47.34%	10,600	23,600	44.92%	-2.43%
Gedling	12,100	17,500	69.14%	13,600	20,400	66.67%	-2.48%
Lincoln	8,100	19,000	42.63%	8,800	18,700	47.06%	4.43%
Mansfield	9,000	20,400	44.12%	8,600	19,900	43.22%	-0.90%
Newark and Sherwood	9,300	18,000	51.67%	8,000	15,200	52.63%	0.96%
North Kesteven	11,300	15,600	72.44%	9,400	12,900	72.87%	0.43%
Nottingham	26,200	55,400	47.29%	25,700	54,700	46.98%	-0.31%
Rushcliffe	8,000	11,900	67.23%	6,200	10,700	57.94%	-9.28%
Rutland	2,800	4,500	62.22%	2,800	4,600	60.87%	-1.35%
South Holland	5,800	10,300	56.31%	7,500	12,300	60.98%	4.66%
South Kesteven	12,500	21,100	59.24%	12,200	22,500	54.22%	-5.02%
West Lindsey	6,500	10,900	59.63%	7,700	12,000	64.17%	4.53%
LNR	154,900	289,500	53.51%	161,800	295,800	54.70%	1.19%

Improving our partnership approach

A cross-sector Strategic Health and Employment Steering Group, a sub-group of the Health and Wellbeing Board, was set up four years ago. The core partners involved in this group are Public Health, Economic Development, the DWP and the Integrated Care Partnership. Good progress has been made and the city has attracted external investment for several projects to improve health and employment outcomes. However, there are still challenges:

- The commissioning infrastructure limits opportunities for effective delivery approaches through siloed project commissioning, with targets set against short-term training and employment outcomes, rather than long-term impact. Many funding opportunities require match funding which is increasingly unattainable at local level.
- National and local commissioning and delivery around health and work is fragmented and short term. There are multiple employment programmes, support offers, providers and commissioners. Despite the range of support on offer, individuals and employers have poor awareness of available support and navigating the system can be a challenge.
- The NHS long term plan highlights the importance of employment, but the argument is not systematically presented or enabled eg the opportunities for the NHS as an employer are not linked to those of the NHS as a provider, and neither are well articulated in terms of understanding how wider system partners should be engaged.
- For many young people at the transition stage, families and practitioners around them often focus aspirations around a 'day centre' – this can be a major blockage. Families, health and care staff need to develop a better understanding of the benefits system and Universal Credit in order to overcome any fear of losing financial support. However there are examples of good practice such as [Nethergate](#) (which uses Access to Work particularly well) and [Oakfield](#) schools in Nottingham which are excellent models of getting young people with learning disabilities/physical disabilities into employment.
- Employment opportunities and progression are often limited by the misconceptions, expectations and practices of employers. Many employers are willing to do more, but they need support from employment and health partners to do so.
- Services change regularly and we are working to find the most effective ways of keeping all partners up to date eg Appendix A lists some of the services that the DWP offer to support people with disability or health problems into employment.

Points for consideration by the Health and Wellbeing Board

1. How Nottingham might change the culture, perceptions and practices of employers in order to increase the number of positions / work trials available to people living with disabilities or long term conditions.

2. We have an opportunity to benefit from external funding around health and employment in the city, would the Health and Wellbeing Board be able to suggest any physical locations where employment support advisers might be able to integrate into teams of health and/or social care staff.
3. How might Health and Wellbeing Board members increase their workforces' awareness of the importance of employment as a health outcome and support partner organisations to improve health/employment outcomes.
4. How might Nottingham increase the employment aspirations of young people with disabilities, their families and carers.

Appendix A - DWP Services to support customers with health conditions and disabilities

Disability Employment Advisers (DEAs)

DEAs are based in all Jobcentres and in Nottingham we also have one supporting Case Managers in the Service Centre. Their role is to act as an enabler, focusing on supporting work coaches, Work Coach Team Leaders and all One Service colleagues to develop their skills to work effectively with customers to understand the interaction between individuals, their health and disability and employment, to help them to provide more personalised support, tailored to each claimant's individual needs.

They support colleagues in situations where claimants present with complex employment circumstances involving health and disability issues, to enable the individual to move towards or into sustainable employment opportunity or progress in work.

Health and Work Conversation (HWC) for Universal Credit (UC) Customers

Where a customer is claiming UC, Work Coaches start to support most customers with a health condition straight away. They do this through a Health and Work Conversation customer journey with customers who declare a health issue at the new claim stage, or declare a health issue part way through their claim.

The Health and Work Conversation process has 3 steps- About Me, My 4 Steps and My Values. The approach to this can be flexible, they can be covered in one meeting, in a series of meetings, or just some of the steps used.

The 3 steps are specifically designed for customers with health conditions and those who have become disengaged from the labour market. The conversations help customers to think about what is important to them and provides the work coach with information about their customer's attitude to work, their health and life in general so they can help the customer carry out strategies to achieve goals

Access to Work (AtW)

The help from Access to Work is in the form of a grant. It is for someone who is starting work, to help someone return to their job, or stay in work if they are in danger of falling out of work due to health (including Mental ill health) or disability. Access to Work is also to help someone to move into self-employment or start up a business (It is not a grant for business start-up costs). Access to Work funding is also available for people who are attending a job interview and may need help in the form of a support worker or sign language interpreter.

Government funding for Access to Work has increased as part of the Government's plan to halve the gap in employment between disabled and non-disabled people. How much a person can get depends on their needs, however the maximum grant a person can get in a year is £59,200.

The tax year ending April 2019 saw 36,240 people supported under Access to Work with a £129.1 million being spent.

Website <https://www.gov.uk/access-to-work>

Job retention support

DWP Employer Advisers offer advice to Employers and customers to help with the retention of staff with health problems (as long as the discussion has not included a reference to disciplinary).

DWP Work Psychologist Services

DWP employ a small team of Work Psychologists who offer support to customers who are looking for work or to customers who are in danger of falling out of work due to health issues such as:

- Specific learning difficulties – Dyslexia, Dyspraxia, Asperger syndrome, Attention Deficit Disorder
- General learning difficulties
- Neurological problems e.g. Brain Injuries as a result of stroke or RTA

Work Psychologist help with:

- Helping customer identify strengths
- Looking at capabilities
- Confidence issues
- Goal Setting
- Explore Motivations
- Employment retention- working closely with employer and employee.

Prison Work Coaches (PWC)

The aim of the prison Work Coach is to help reduce reoffending by:

- Carrying out proactive diagnostic interviews with new prisoners signposted for DWP support following induction.
- Offering job retention/preservation support as appropriate including contacting current employer if required and agreed by the prisoner.
- Working collaboratively to deliver employer engagement activities within prison e.g. Jobs Fairs, employer visits. Liaising as appropriate with prison services/agencies
- Providing advice and working with partners to offer mock interviews, arrange work experience etc.
- Working with employment support providers and Jobcentre colleagues to facilitate transfer of information about prisoners prior to release.

Work and Health Programme

The Work and Health Programme is an employment support programme which provides support to help people find and keep a job. It is available, on a voluntary basis, to those with health conditions or disabilities, and to other groups who need extra tailored support to find employment, including ex- offenders, young people leaving the care system and those with alcohol and/or drug dependency (Early Access Groups)

The programme harnesses the expertise of private, public and voluntary sector organisations to provide targeted support for eligible customers. It provides support that is distinct and additional to that available through Jobcentre Plus by maximising local integration opportunities to address both work and health barriers.

Intensive Personalised Employment Support (IPES)

This provision is for disabled people who have complex issues and are considered by their work coach to be at least 12 months away from the labour market.

IPES provides:

- intensive, flexible provider support for up to 21 months, including 6 months in work support for those who gain employment, or self-employment
- a dedicated IPES provider key worker who will work with them to deliver tailored flexible support, focused on overcoming barriers, identifying and achieving employment goals and providing consistent contact and intensive support
- support to build a sustainable support network

Disability Confident

Disability Confident aims to help organisations “improve how they attract, recruit and retain disabled workers”.

There are three levels of the Disability Confident Scheme, Disability Confident Committed, Disability Confident Employer and Disability Confident Leader

DWP actively works with employers to encourage participation and sign up to the scheme. The Disability Confident commitments are:

- Inclusive and accessible recruitment
- Communicating vacancies
- Offering an interview to disabled people
- Providing reasonable adjustments
- Supporting existing employees who develop a disability to stay in work

Health Model Office (HMO)

DWP recognises that people with short and long term health conditions want to get into and stay in employment so are trialling 11 sites nationally to pilot different ways of supporting customers with health conditions. One of the HMO sites is at Grantham and is part of Lincolnshire, Nottinghamshire and Rutland DWP district.

Areas being looked at include:

- Maximising partnership working with the NHS and other health partners
- GP engagement
- Individual tailored contact outside the usual customer journey and including an in depth health and work conversation and diagnostic assessment
- Mental Health Employment Adviser working in the Jobcentre one day per week
- Carer’s First and Social Prescribing working in the Jobcentre

- Licenced users of the Wellbeing Star to measure wellness

Communication Access UK

Nottingham Central Jobcentre staff have received training on becoming more communication accessible and have become part of a programme which involves DWP in being an early adopter. The aim of Communication Access UK is to encourage public-facing businesses and organisations to become 'communication accessible' in order to improve inclusivity and reduce the social isolation experienced by millions of people living with communication difficulties in the UK.

Communication Access UK can support both our claimants and our staff with communication difficulties. It supports Disability Confident and our approach to supporting people we see every day, who may be struggling to communicate with others.

Autism Friendly

We have been working with Autistic Nottingham to help to make our Jobcentres in Nottingham more inclusive for people with autism. This has included looking at lighting, signage, quiet areas and times of the day, our language and preparing the customer for the visit.

Mental Health support

All DWP staff in Nottingham are in the process of completing a 2 day mental health training session. We have mental Health First Aiders in place to support our staff.