GM Health and Employment Programme
Working Well

May 2017
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Proposed Governance

Combined Authority

Health & Social Care Strategic Partnership Board

Reform Board

Wider Leadership Team

Joint Commissioning Board

Skills & Work Executive

Population Health Executive

Locality governance

Health & Employment Programme Board
Health and Work
Managing health at work for employers

131m working days are lost to sickness absence every year

4.4 days are lost on average for each worker due to sickness absence

1 in 3 of employees with a long term health condition have not discussed it with their employer

Main causes for lost working days in 2013

- Musculoskeletal conditions: 31m days
- Minor illnesses (coughs and colds): 27m days
- Stress, anxiety or depression: 15m days

42% of employees experience at least one period of sickness absence in a year

52% of employees report having access to occupational health through their work

Costs of presenteeism (attending work while ill) are estimated to be £30bn annually

Employers spend £9bn each year on sick pay and associated costs

Percentage of hours lost to sickness in 2013

Private sector: 1.8%
Public sector: 2.9%

7% of employees take periods of sickness absence lasting 2 weeks or more

In March 2016, there were 31 million people aged 16+ in work.

74% of the population aged 16-64 were in work.

5% are unemployed.

22% are economically inactive.

Having a long-term condition is associated with unemployment and worklessness with an employment rate of only 60%.

Unemployed people were more than twice as likely as employed people to report having a limiting long term condition.

17% of the unemployed and 9% of the employed.

Among working age people, those who are economically inactive have the highest prevalence of long term conditions (42%) and limiting long term conditions (31%) even when accounting for age and income.

Unemployed people are defined as those who are not working, but are looking for work.

Economic inactivity: people not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks.

In 2016, 6% of working age adults are on Employment Support Allowance/ incapacity benefits.

GM Picture

Percentage of persons with a long term condition in employment in June 2016

GM = 59.2%
England = 65.3%

Healthy Life Expectancy at birth
GM = 60.1 years (female); and 59.6 years (male).
England = 64.1 (female); 63.4 (male)
I can’t work because....

- Not had a job for over 6 years
- Appealing my Work Capability Assessment
- Severe mental and/or physical health problems
- Can’t get to work
- Struggling with debt
- Don’t have any self-confidence
- Don’t have right skills or qualifications
- I’m too old
- I’m a carer

Keyworkers and integration boards providing challenge, support and co-ordination
The econometric analysis shows the factors that have the greatest impact on whether clients start a job or not, as described below.

<table>
<thead>
<tr>
<th>Variable name</th>
<th>Significant at 10%</th>
<th>Sign of coefficient</th>
<th>Interpretation</th>
</tr>
</thead>
</table>
| Level of qualifications      | Yes               | Positive            | • Individuals with either 5 or more GCSEs at grades A*-C (or equivalent) or with A Levels / NVQ level 3 (or equivalent) were **62-65% more likely to start a job** than those with no qualifications  
• The likelihood of an individual with only under 5 A*-C GCSE qualifications (or equivalent) starting a job was **no different** to that of a participant with no qualifications |
| Age                          | Yes               | Negative            | • Individuals **aged between 15-24 are twice as likely** to start a job than those aged over 50  
• However, the 24-49 age group were just as likely to start a job as participants aged between 15-24 |                                                                                                                                                                                                                                                                                 |
| Length of time unemployed    | Yes               | Negative            | • There was a strong negative relationship between those who had been **unemployed for over six years** and likelihood of starting a job – the odds/likelihood of achieving a job start for an individual who had been unemployed for 6-10 years was **76% lower** than an individual who had been unemployed for 0-6 months |
| Physical health              | Yes               | Negative            | • Individuals who stated their physical health was a barrier to work were negatively associated with starting a job. For a one unit increase in the 0-6 ranking of physical health as a barrier to work, we can expect to see a **21% decrease in the odds/likelihood** of starting a job |
| Mental health                | Yes               | Negative            | • Individuals who believed their mental health was a barrier to work were negatively associated with starting a job. For a one unit increase in the 0-6 ranking of mental health as a barrier to work, we can expect to see a **13% decrease in the odds/likelihood** of starting a job. |
| Conviction                   | Yes               | Negative            | • Individuals who felt their past convictions were barrier to work were negatively associated with starting a job i.e. for a one unit increase in the 0-6 ranking of convictions as work barrier, we can expect to see a **15% decrease in the odds/likelihood** of starting a job |
Impact greater than employment.....

..improvements in health, skills, work experience and more
Important messaging through the health system

Around 60%* of people referred by Jobcentre Plus decide to take up Working Well Support.

This increases to 77%* for those who have been signposted by their GP.

* As reported to SQW: February 2017
Commissioned talking therapies to support those with a mental health barrier to work. Early signs are positive.

- Many patients not in contact with mainstream
- More complex cases – flexed eligibility
- Little or no waiting times
- Joint working with Keyworker
- 68% of referrals entering treatment
- 53% recovery rate & 73% reliable improvement*

* As reported to HSCIC Feb 2017
# Framework for GM Health and Employment System Priorities

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<tr>
<th>IN WORK</th>
<th>IN WORK BUT AT RISK</th>
<th>RECENTLY UNEMPLOYED</th>
<th>RETURN POSSIBLE WITHIN 15 MONTHS</th>
<th>LONG TERM ECONOMICALLY INACTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development Required</td>
<td>Programme Gap</td>
<td>Programme Gap</td>
<td>Programme In Place</td>
<td>Programme Gap</td>
</tr>
</tbody>
</table>

## Developing the role of employers

- Employer Engagement
- Public sector leadership on workplace health & wellbeing
- Improving occupational Health
- Incentivising business leadership for employee health
- GM Employer Support (SMEs)
- Social value in procurement
- Develop GM approach to multiple standards (e.g., Disability Confident, Workplace Wellbeing Charter)

## Integrated health & work offer capable of delivering at a neighbourhood level

**Key features:**
- Reassessment and progress measurement on range of health & well-being, work and skills outcomes
- Provides condition management, self-care, lifestyle change, confidence-building, patient activation, self-efficacy. Social determinants support: debt, housing, social connection; volunteering, learning, skills and work

## Additional components in work at risk

- Rapid access to MSK+ Mental health treatment
- HR and employment advice
- Advice and support to GPs
- Facilitation of return work for employer / employee
- Careers advice/brokerage if RTW not viable

## Additional for out of work side

- Integrated at neighbourhood Hub level
- Co-ordination with JCP work coaches / DEA
- Onward referral to intensive support programmes eg. Skills for Employment, Coordinates in work support offer
- Facilitates access to Work and Health programme for longer term support

## Impact of poor health on economy / productivity / cost to health

- 114,598 GM fit notes annually
- 140,000+ GM residents out of work with health conditions
  of which GM work and health programme will reach 26,000 and a relatively small proportion are expected to move into sustained work
A transformational five-point plan to create a new employment and health system – delivering improved health and prosperity

| In work | Development of the contribution that GM employers make to good quality work & healthy workplaces, including the public sector leading by example |
| In work but at risk | Creating an effective early intervention model for people in work who become ill and at risk of falling out of employment. Priority is a GM Working Well (Early Help) Service. |
| Recently unemployed | Early support for the newly unemployed who need an enhanced health support offer. Opportunity for new models of working with Jobcentre Plus. |
| Longer term workless – but return to work possible with support | Mainstreaming Working Well through the devolved GM Work and Health Programme. |
| Economically inactive – complex health barrier | A health pathway into employment, skills and social determinants support for those who are long term economically inactive and receive limited support from Jobcentre Plus. |
Reflections & Discussion

What are our quick wins / opportunities for alignment?

- Work & Health Programme
- Mental health & employment trailblazer
- Employer engagement
- Local Care Organisations
- Jobcentre Plus – new delivery model
- GM Ageing Hub
- Learning disabilities / supported employment
- Connected health cities – research & intelligence
- Fit for Work Service – Joint Unit
Mainstreaming Working Well (GM Work & Health Programme)
Procurement update

- £52m 5-year GM programme
- GM single contract package area
- Commissioned by GM
- Joint Governance Board established with DWP
- Specification now ‘live’ – 5 bidders
- Commercial dialogue process
- Contract award October
- New ‘ask & offer’ documents to support eco-system
- ‘Go live’ in January 2018.
Developing a Working Well (Early Help) Offer
Moving Forward: Why a WW (Early Help) Service?

• No effective or systematic early intervention service to prevent people with health conditions falling out of work
• Limited & variable access Occupational Health & Employee HWB support, particularly for SME’s and self-employed
• Increasing focus on employment within some NHS services (eg. Stroke, cancer, mental health) but with no clear system offer
• NHS services often disconnected from employment needs
• Employers lack knowledge of how to manage employees who are sick or have LT conditions
• National Fit For Work Service not meeting local need
**WW (EH) ‘Straw man’**

**Referral**
- GP/Health Practitioner
- Employer
- Self-referral

**Co-ordinated access /triage into GM Health & Employment support**

**Biopsychosocial Assessment and case management**

**Feedback to referrer + employer offer**

**Case closure**

**Design principles (to be jointly developed)**
- Co-design with localities
- Flexibility to meet local need and use existing strengths
- Consistent with GM and GMPHP Outcomes
- Commitment to test and learn

**Potential Features:**
- In work struggling, off sick, employer-facing offer
- Biopsychosocial assessment, action planning and case management
- Integration and co-ordination with local services, including social determinants support
- Condition management advice and self-care
- Rapid access to MSK and mental health treatments
- HR and Employment advice
- Feedback, advice and support to GPs – eg. fit note, partial duties
- Facilitation of return to work between employer/employee
- Careers advice/brokerage if return to work not viable
- Employer-facing offer – locally delivered or commissioned
<table>
<thead>
<tr>
<th>Potential Service Offer?</th>
<th>WW Early Help (Straw Man Proposed)</th>
<th>National Fit for Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free impartial, confidential, service with occupational health focus</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Supports Employed</td>
<td>In work struggling or off sick (immediate or 2 wk?)</td>
<td>are/ likely to be off work sick at least 4 weeks</td>
</tr>
<tr>
<td>Supports Self employed</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Open referral and client needs assessment</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Accept patients where HP are unsure of the prospect of returning to work</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Can be referred to the service more than once in 12 months</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Carries out a full biopsychosocial assessment (GAD7, PHQ9, EQ5D, MSK, lifestyle, wellbeing)</td>
<td>✓</td>
<td>✗</td>
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<tr>
<td>Generates an action plan</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Monitors client progression in-line with clients action plan</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Provides access to treatment programmes for management of health conditions within 3 days</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Provides client case management and follow up intervention/s based on action plan</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Integration of other local services / provisions to fully support clients condition(s) / circumstances including job brokerage/skills escalator/HR</td>
<td>✓</td>
<td>✗</td>
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<tr>
<td>Provides a local employer–facing offer to support and improve workplace</td>
<td>✓</td>
<td>✗</td>
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<tr>
<td>Locality role</td>
<td>GM Programme Team role</td>
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<tr>
<td>1. Strategic ownership across CCG, Local Authority, HWBB/WAS</td>
<td>1. Programme and workstream management and GM governance</td>
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<td>3. Joint operational approach with LA Work &amp; Skills leads</td>
<td>Influencing national policy</td>
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<td>4. GP Federation/Cluster and practice engagement</td>
<td>3. GM-wide stakeholder engagement and co-ordination</td>
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<td>5. Local capacity to co-ordinate, develop and communicate</td>
<td>4. Communications &amp; engagement products</td>
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<td>6. Co-design with Programme Team</td>
<td>5. Procurement and funding options appraisal</td>
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<td></td>
<td>6. Evaluation and CBA</td>
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<td>7. Support with Locality meetings/processes</td>
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1. AGREEING THE MANDATE
- Population Health Plan published including a clear priority around work and health
- Lead for Health and Employment appointed

2. ESTABLISHING INFRASTRUCTURE & AGREEING SCOPE
- Programme Team in place
- Governance established
- Localities engaged
- Project Brief produced
- ‘As is’ mapping undertaken

3. DEVELOPING THE DETAILED BUSINESS CASE
- PID development
- Stakeholder Engagement
- Detailed model design
- Procurement options appraisal
- Evaluation and CBA
- Information Governance and Data

4. FUNDING AND PROCUREMENT
- Transformation Fund application & CBA produced and submitted
- Procurement/funding plans in place
- Market testing
- EIA
- Tender process commences

5. GO LIVE
- Contract Award
- Local delivery enabled
- Mobilisation

6. JUNE 2018 - MAR 2020
- Monitoring and Evaluation

HEALTH & EMPLOYMENT: GM FIT FOR WORK – ROAD MAP OVER THE NEXT 12 MONTHS
Discussion and next steps