WoE Work and Health Think Tank

Table 1: Data

- Use consistent data set/indicators, across the four WoE local authorities, linking the JSNAs with employment, skills, health and business data to enable partnership working. To do this, we will need to map and share data sources across the region
- Understand output of local education systems; align education/training outcomes with local employer skills requirements (meeting the skills gap)
- Profile populations and barriers to employment, so that support services can be appropriately targeted, particularly for those groups who are most-affected by unemployment (ESA claimants) or economic inactivity

Table 2: DWP ambitions and intentions

- Integration of key partners (the challenge will be to identify partners and drive [and implement] positive behaviour at senior levels) with an ability to collaborate (e.g. data sharing)
- Build a shared definition / understanding of what success looks like (shared outcomes)
- Develop shared language, built around a social model – in order to ensure that processes are inclusive rather than divisive (not 'them and us')

Table 3: addressing the needs of people with mental health conditions

- Employment should not be seen as the end of a process of recovery and sustaining good mental health but a fundamental part of the ongoing process. In practice this means every effort should be made to both sustain people in employment but also get those out of employment back as quickly as possible. However this needs to be backed up by appropriate support
- Address institutional stigma in the work place at an organisational wide level. (eg Time to Change's workplace action plan; MH Champions at all levels)
- Wellbeing colleges or wellbeing hubs and social prescribing useful but extend remit to offer accredited courses; and raise organisational expectations and ambition in terms of work outcomes for participants

Table 4: improving work outcomes for people with musculoskeletal conditions

- Establish very early prevention/ intervention initiatives through schools' curriculum and Healthy Schools Programme
- Set up Work and Health HIT
- Set up single point of access to support for employers

Table 5: Disability Rights UK

- Improve recruitment/selection processes such that they are more inclusive of disabled people: address the fears of both the employer and the employee
- Work with grassroots 'bottom-up' approach
- Make Access to Work scheme easier for employers to access.
- 'Universal' design/enablement approach to new-build work environments

Table 6: Into Work Programme

- There is willingness and a need to establish a Work and Health HIT – this will need strategic level membership
- Develop support and delivery tools for employers, to increase their confidence
- Develop support package for health providers that focusses on:
    - the benefits of social prescribing
    - simple referral routes into employment support services
    - support packages for individuals with health issues to gain employment

**FIRST NEED TO CONVINCE HEALTH SECTOR THAT WORK IS A HEALTH ISSUE – LINK WITH STP AMBITIONS

Table 7: partnerships

- WoE co-ordination/integration: 'Hiding the wiring' ie integration of services so that people can 'join' and be referred at any point; don't need to know who provides the underlying service
- Involvement of service users in system design, implementation and evaluation; wide engagement, eg link with housing services
- Work towards shared outcomes across all sectors: in the first instance, embed work and health outcome requirements in all public sector commissioning. Develop evaluation frameworks to measure work and health outcomes in delivered services

Table 8: Social prescribing/self-care

- Have a consistent understanding of routes into and evaluation of social prescribing across WoE
- Recognise the value that social prescribing could have in supporting people into work or keeping people in work
- We need to value 'where the person is at' work may not be realistic but volunteering may be an option

**USE SOCIAL PRESCRIBING TO SIGNPOST PEOPLE TO EMPLOYMENT SUPPORT. SOCIAL PRESCRIBERS NEED TO SEE WORK AS A VALD OUTCOME

Table 9: Addressing financial exclusion/welfare reform

- Utilise Job Centres as One-stop Shops that give advice: benefits, employment, financial advice; and offer support in other areas e.g. careers advice, health (including mental health) [but see notes from general discussion by this group: Job Centres will need a culture-change to provide support that is helpful and encouraging. The focus must be on improving individuals' outcomes, not 'getting them off the books']
- Systematic promotion of referral pathways by statutory services (for example MH providers) into appropriate services for people who need support to help either stay in work or get ready to return to work. This will require specialist services to identify work as a key health outcome
- Ensure volunteering is an option for people's pathway to work by establishing connectivity between workplace and volunteering e.g. job descriptions
- Establish equality of access to services e.g. IAPT, physio, and bereavement support to improve employability and health outcomes

Table 10: Fit Notes

- Need to map employment support (within our region and outside) for employers and employees. Could learn from others and build on existing good models
- Need to focus on retention as well as getting people back into work – crucial to provide advice at the point of diagnosis
- Use social prescribing to signpost people to support services for retention as well as returning to work. Social prescribing provision is variable across the region - flexibility should be retained whilst a framework is also established
- Need culture change across all sectors – including cost benefit analysis - so that employers and staff understand the potential impact of losing trained employees