

Report for: Health and Wellbeing Board: 19 May 2016

Title: Progress on Establishing a Devolution Prevention Pilot Sustainable Employment Strand

Report

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Ward(s) affected: ALL

Report for Key/

Non Key Decision: Not applicable

## 1. Describe the issue under consideration

- 1.1 The Haringey Devolution Pilot has two strands - Healthy Environments (which is exploring the licensing and planning powers needed to create environments that support health) and Sustainable Employment (SE). Appendix 1 shows the Haringey devolution programme timeline and governance. This report provides an update on the Sustainable Employment (SE) strand and proposes a local model of support for people with mental ill health to find and maintain sustainable employment.
- 1.2 Scoping and evidence gathering work has been underway, supported by the guidance of a multi-partner Working Group, including representatives from the CCG, a GP, Job Centre Plus (JCP), BEH Mental Health Trust and local voluntary sector.
- 1.3 The Working Group has proposed interventions for improving local systems, and while this is an iterative process, early conversations with the Joint Work and Health Unit (DH and DWP) suggest that our logic model described in Appendix I and the wider rationale behind the model are in line with the national priorities of the Unit.
- 1.4 The Work and Health Unit was set up in the Autumn Spending Review to pilot ways to join up the health and employment systems and is made up largely of members from the Department for Work and Pensions (DWP) and Department of Health (DH) with secondees from local government and NHS England and the Department for Business Innovation and Skills. The Unit was set up in a recognition of the need to bring work and health agendas together to break down the silos of the welfare agenda and employment on one side and health, social care and carers on the other.
- 1.5 Our proposed local model is a mixture of whole system improvements that can be achieved by strengthening local partnerships as well as new interventions potentially involving additional resource investment and devolution of service redesign at the local level.

## 2. Cabinet Member Introduction

- 2.1 Haringey is a borough that faces major challenges and inequalities around health and wellbeing. Employment is seen as one of the main factors impacting on wellbeing yet locally, there are over 21 000 people out of work and in receipt of benefits. Of those, approximately 6 000 are unemployed due to their mental ill health.
- 2.2 The Council and its partners are determined to meet these challenges and improve the health of local residents at pace and scale. We recognise that nothing less than a whole system approach is required in which we embed health outcomes and shift every partner's core business towards prevention. Our vision for prevention is fundamentally to 'normalise good health'. This involves shifting resources towards population level approaches that change norms of behaviour. It is about breaking the cycle of inequality, poor health and unemployment by working with employers and joining up services to prevent people with health problems becoming 'locked out' of employment.
- 2.3 Our Prevention Pilot will enable us to accelerate our progress towards a whole system approach to prevention. We will work with London and national partners to leverage the expertise and support we need to embed best practice, test the limits of existing powers, and build the case for devolution as a means of delivering prevention goals in London.

### 3. Recommendations

- 3.1 The Health and Wellbeing Board are asked to:
- a) Take note of the current proposed early intervention model and rationale, its potential scale and inherent risks.
  - b) Take note of the potential to collaborate with the Joint Work and Health Unit and Maximus.
  - c) Provide strategic support across the partnership to implement the pilot as part of the Health and Wellbeing Strategy.
  - d) Champion the pilot as part of the Health and Wellbeing Strategy and ensure that all partners are actively engaged in planning and delivery.

### 4. Reasons for decision

- 4.1 The Council recognise that a whole system approach to the prevention of ill-health is required in order to improve the health and wellbeing of local residents. The proposed pilot will test the limit of existing powers and emerging models of intervention. It will help make the case for powers and resources to be devolved to the local level to re-design a health and employment offer around residents' needs.

The pilot will support delivery of the Health and Wellbeing Strategy's Priority 3: Improvement of mental health and wellbeing.

### 4. Alternative options considered

N/A

## 5. Background information

- 6.1 The proposal is to focus the sustainable employment pilot on the cohort of people with mental ill health as there is a clear need among our local population, and a good evidence base that their health and employment outcomes can be improved.
- 6.2 The main objective of the pilot is to support people who are living with/recovering from a mental health problem to have sustainable employment – an outcome evidenced by reduced numbers of people with a mental health condition claiming Employment Support Allowance (ESA) and reduced demand for health services, specifically primary care. There is a clear financial case for change - successful interventions should produce savings for the DWP and the local NHS. The devolution aspect of the pilot is about developing a mechanism for distributing some of these savings locally to enable investment in effective interventions (invest-to-save).
- 6.3 Early intervention is at the heart of our proposed model - preventing people from becoming unemployed in the first place. This is supported by evidence from other countries and from DWP pilots carried out in 2010-13. This distinguishes Haringey's work from other LAs/CCGs who are seeking to innovate in this area but are focusing on improving support (typically via Individual Placement Support) for the unemployed (often long term).
- 6.4 Proposed interventions will be supporting people at the critical moment when they contact their GP seeking a Fit Note to enter into a period of sickness absence. The intervention will be targeted at 4 weeks after a person who is employed has been on a Fit Note. The aim is to quickly and effectively provide people with the holistic support they need to return to work on a sustainable basis (addressing medical *and* non-medical needs and the role of the employer), rather than to potentially lose their employment at the end of their sickness absence and go on to claim ESA.
- 6.4 The key features of our early intervention model are:
- Supporting GPs to make the most of the Fit Note asset-based conversation with training and clear referral pathways and ongoing assurance for the new interventions.
  - Segmenting and triaging the cohort. Employment retention support will not be suitable for all and some people will be sufficiently supported by their employer's Occupational Health service or by the national Occupational Health service (Fit for Work).
  - Additional support for the targeted cohort for whom the evidence suggests would respond positively, but lack access to appropriate interventions in the current system. Additional support would be face-to-face and holistic. It would involve liaison with employers to plan workplace adjustments. It would involve case management and referral to different medical and non-medical support services as well as VCS resources/social prescribing.

- Re-design of the Work Capability Assessment (WCA). We are keen to work with DWP and the local NHS to design and commission an alternative assessment for determining health and employment support pathways for ESA claimants (separate but complementary to their benefit entitlement). This strand of the pilot requires further scoping and evidence building in close collaboration with current providers of this service e.g. Maximus.

## 6.5 Piloting the model:

- Evidence suggests that length of absence from work, and employer status (Public/Private sector, large company vs. small and medium businesses) are the way to segment the cohort and this is reflected in our proposed model.
- The current intention is to conduct a small pilot of this model to test whether this is the best way to segment the cohort, and whether we can identify any additional criteria that may be more relevant (e.g. factors based on social functioning, behaviour and attitudes).
- Initial conversations with Maximus – the provider of the national Fit for Work service (remote occupational health advice) – suggest that they may be interested in working with Haringey to test the impact of a more locally tailored service, which introduces face-to-face support. Maximus would potentially be the source of the additional capacity required to run a small pilot.
- We anticipate that the evidence gathered through a small pilot would enable us to create a business case for a scaled-up invest-to-save model that we would put forward to the Government as devolution ‘ask’. The Sustainability and Transformation Plan (STP) process or the Innovation Fund of the (joint DWP/DH) Work and Health Unit, are two possible vehicles for the business case.
- This would be a large ‘at scale’ transformation, starting with the introduction of genuinely new ways of working on the ground through a pilot. There are risks involved with innovation, including the inability to deliver change quickly, failure to secure adequate resources, and the risk of adverse publicity that comes from engaging in the potentially controversial area of benefits and employment support.

## 7. Contribution to strategic outcomes

- 7.1 The Prevention Pilot would be one way of achieving the Corporate Plan’s vision for enabling all residents to live healthy, long and fulfilling lives and improving mental health and wellbeing. The Health and Wellbeing Strategy identifies our key priorities - obesity, healthy life expectancy and mental health - and the Prevention Pilot reflects these priorities with its focus on tackling alcohol, smoking, gambling and employment support for people with mental health issues.
- 7.2 The Corporate Plan identifies working in partnership as one of the key means through which we will pursue our objectives. The Prevention Pilot represents a deeper form of partnership working, one that will involve ‘whole system’ rewiring with

local partners, and a new relationship with national partners involving data sharing, new forms of support and ultimately the devolution of powers and budgets. The Prevention Pilot represents the next step in our strategic commitment to partnership working, and to take advantage of the opportunities presented by devolution.

## **8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

### **8.1 Finance and Procurement**

8.1.1 In general the spirit behind the proposals set out in this document is about making best use of public resources through changes to powers and responsibilities, processes and systems rather than through seeking significant amounts of new investment. As such the financial implications from the local health and care economy are limited. Instead, we are working closely with the Joint Work and Health Unit, which is currently scoping out priorities for their £40 million Innovation Fund. It is envisaged that the Innovation Fund will invite bids from devolution areas across the country, with a specific focus on prevention and early help.

In addition, there will be external resources identified for this project (e.g. health economist) and most likely secondees and temporary posts.

The Head of Procurement notes the content of the report.

### **8.2 Legal**

8.2.1. The Board's operating principles include ensuring the delivery of its Health and Wellbeing Strategy. The Devolution Pilot would facilitate the delivery of the strategy to improve mental health and wellbeing in Haringey.

### **8.3 Equality**

8.3.1 Health-related unemployment and prevalence of mental ill health is concentrated disproportionately in the east of the borough, where there is the greatest ethnic diversity and a higher proportion of disabled residents.

8.3.2 The Prevention Pilot has the potential to have a positive impact on equalities. The sustainable employment strand will focus on residents with mental health issues who need employment support, and again it is anticipated that it will be residents in the east of the borough that will benefit most from this. The Prevention pilot therefore has the potential to help address the health inequalities in the borough.

8.3.3 Whenever the Prevention Pilot leads to changes in policy or the delivery of services, an Equalities Impact Analysis will be carried out for each individual proposal – as part of the Council's normal decision making process. Service user data will be analysed and steps taken to consult the people who are likely to be affected by the proposal.

8.3.4 More broadly it is an aspiration of the Pilot to carry out the exploratory and policy development work in collaboration with residents and service users – through co-

design, service user interviews and representation in the Pilot's working groups. This will help ensure that equalities considerations always inform the work of the Pilot.

## 9. Use of Appendices

Appendix one – Haringey devolution programme timeline and governance

Appendix two – Haringey Devolution Pilot Proposal on Sustainable Employment

## 10. Local Government (Access to Information) Act 1985

The London Health and Care Collaboration Agreement, December 2015