

Haringey Devolution Pilot Proposal on Sustainable Employment

Prevention and Early Help focus

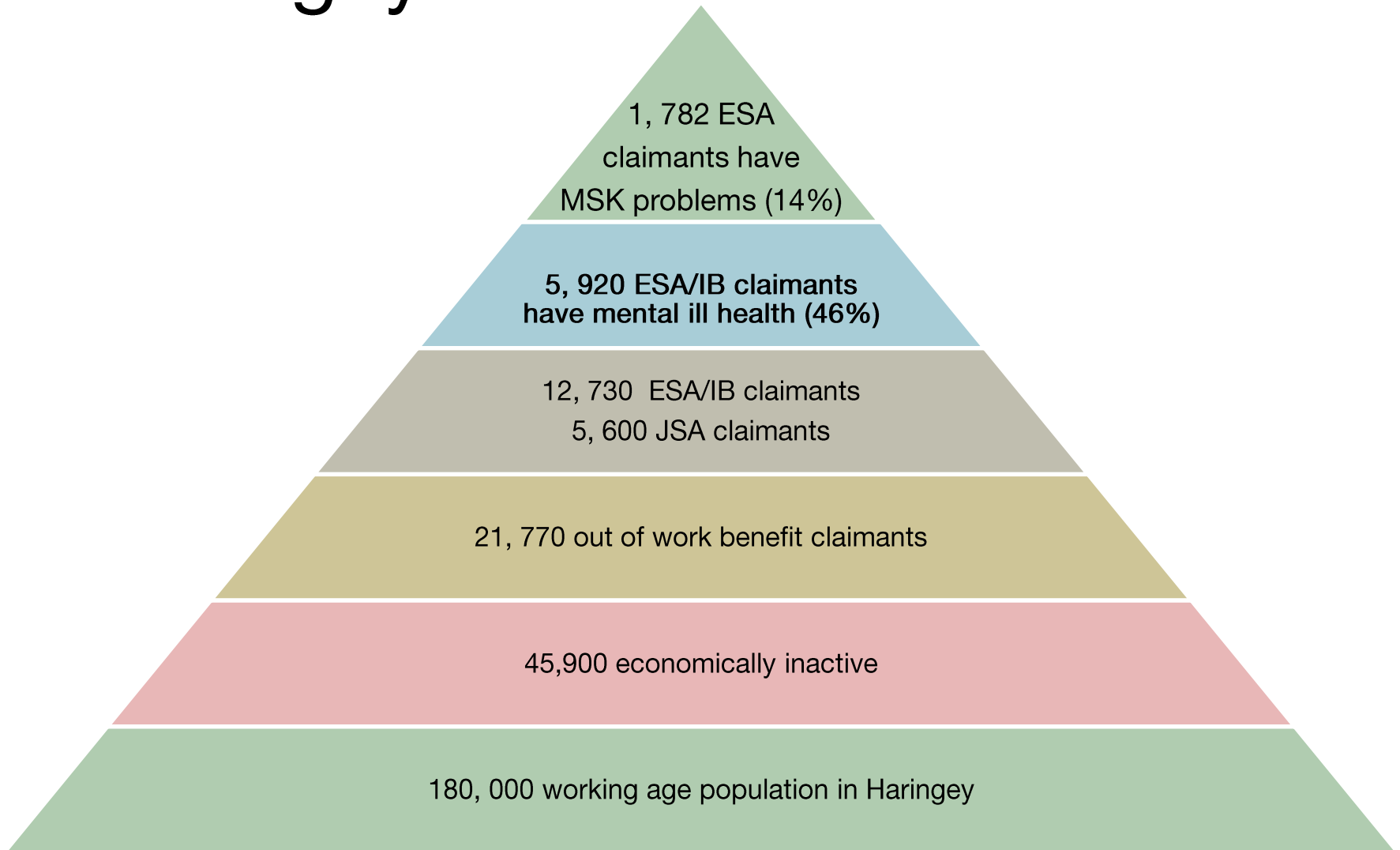
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The case for change



- There is robust evidence showing the **positive impact** of employment on physical health and mental wellbeing, including reports by Waddell and Burton (2006) and Dame Carol Black (2008).
- Employment **helps with self-management** of long term conditions and other chronic conditions, and **reduces poverty** (root causes of complex disadvantage).
- The Five Year Forward View for Mental Health identifies stable **employment as a major factor in successful recovery**, but highlights the fact that just 43% of people with mental health problems are in employment.
- There is a **clear financial case for change**. Those who have mental ill health and are in employment place less demand on GP appointments, medication and hospitalisation, so that successful employment initiatives should result in financial gains to the health system, while the savings to the Treasury in reduced benefit payments can be forecast quite reliably.
- Mental health is strategic priority for Haringey Council and the CCG and is major factor behind unemployment in Haringey. **Almost half of ESA claimants** have mental ill health (c.6,000 people) and current Work Programme does not achieve good outcomes for this cohort of people.
- Anecdotal evidence from Haringey GPs, secondary mental health services, voluntary sector providers of employment support, and local JCP officials indicates a lack of join-up of local health and employment systems and a **lack of early intervention**.

Health related unemployment in Haringey



Devolution as part of a whole system approach



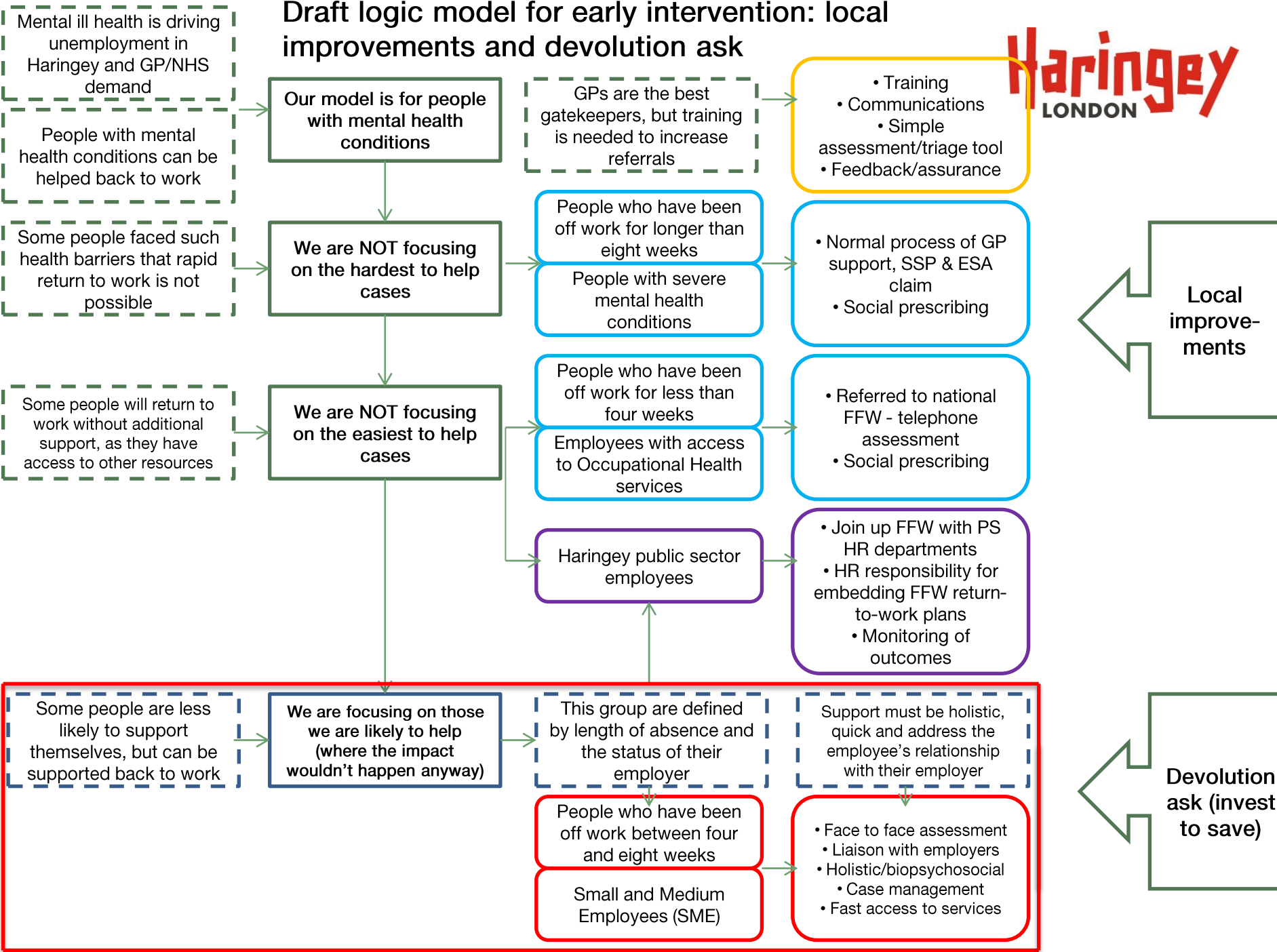
- There are **a range of employment support services** in Haringey commissioned by the LA, CCG & JCP. We will enhance the whole system by:
 - Ensuring all professionals have a common understanding of the how the system works (through guidance and training);
 - Joining up the system through clearer referral pathways and linking this with Haringey's new model for **Social Prescribing**;
 - Promoting a common assessment/monitoring tool and information;
 - Bring additional capacity into the system by expanding our Individual Placement Support model already part funded by Social Investment Fund (using European Social Fund).
- In addition, we are seeking devolved powers and funding to introduce:
 - A new **preventative/early help** intervention aimed at people who develop mental health problems while still in employment, to help them stay in, or return quickly, to work. This is likely to involve:
 - Preventative work with employers to promote mental health friendly policies and procedures
 - Developing criteria to segment the in-work cohort and identify those most likely to benefit from retention support
 - Equipping GPs to identify this cohort, have asset based Fit Note conversations, and refer them to a 'wellbeing hub' for retention support
 - Establishing virtual wellbeing hubs that can provide individual retention support (featuring local case worker, occupational therapy, employer liaison and social prescribing capacity)
- An innovative, locally commissioned **Work Capability Assessment**
 - That effectively identifies people with potential to work, and quickly refers them to employment support that best suites their medical needs, skills and preferences.

Rationale behind our devolution proposals



- There is a greater emphasis on **prevention and early help** in countries with the lowest unemployment rates for people with mental ill health (i.e. Scandinavia).
- Prevention/early help interventions **would complement** (not complicate) the redesign of support for people already on benefits, (such as the introduction of the Work and Health Programme, and any changes to the Work Capability Assessment). Preliminary conversations with Maximus suggested that they'll be keen to work with Haringey.
- Other parts of the UK that are looking to integrate their local health and employment systems, have focused on people already on benefits and IPS (individual Placement and Support) with less focus on prevention and early help.
- There is value in building an **evidence base** for prevention and early help that would cover:
 - The economic case and Return on Investment to both NHS and DWP
 - Proven criteria for identifying people who most benefit from retention support (distinguishing those from those who would return to work anyway) – enabling the approach to be rolled out elsewhere
 - The original Fit for Work pilots (2010-13) provide evidence of the cohort that would benefit from retention support. These criteria are based on length of absence and employer status/size. We would want to build on this evidence base – by testing additional criteria based on social functioning, attitudes and behavioural factors
- Feedback from local partners has focused on the impact of the **Work Capability Assessment** in generating excessive demands on GP time, creating negative incentives and (most importantly) failing to result in effective employment support for people with mental ill health and there is a national momentum on improving WCA current system anyway.
- Assessment is a fundamental part of the employment system and greater local control will better enable a whole systems approach to integrating health and employment support.

Draft logic model for early intervention: local improvements and devolution ask



Local improvements

Devolution ask (invest to save)