

## Improving Lives, the Work, Health and Disability Green Paper – FaithAction’s summary

On 31<sup>st</sup> October, the Department for Work and Pensions (DWP) with the Department of Health (DH) published a Green Paper entitled *Work, health and disability: improving lives*. The paper kicks off a consultation asking employers and individuals questions regarding the issues it highlights. The consultation runs until **Friday 17<sup>th</sup> February 2017** and you can respond by visiting: <https://consultations.dh.gov.uk/workandhealth/consult/> or e-mail the team at [workandhealth@dwp.gsi.gov.uk](mailto:workandhealth@dwp.gsi.gov.uk).

You can find the full paper here: <https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives>.

The Green Paper lays out quite a clear argument on why there needs to be a focus on those with long term health difficulties or disabilities, and how they can be supported to get into and remain in work: *‘For those in work, but who are just managing, it can lead to them losing their job and then struggling to get back into work. Unable to support themselves and their family, and without the positive psychological and social support that comes from being in work, their wellbeing can decline and their health can worsen. The impact of this downward spiral is felt not just by each person affected and their families, but also by employers who lose valuable skills and health services that bear additional costs. There is a lack of practical support to help people stay connected to work and get back to work. This has to change.’*

Some of the statistics are:

- Less than half (48%) of disabled people are in employment compared with 80% of the non-disabled population.
- 4.6 million disabled people and people with long-term health conditions are out of work, leaving individuals and large parts of some communities disconnected from the benefits that work brings
- Almost 1 in 3 working-age people in the UK have a long-term health condition which puts their participation in work at risk
- Around 1 in 5 of the working-age population has a mental health condition
- As many as 150,000 disabled people who are in work in one quarter of the year are out of work by the next quarter
- Over half (54%) of all disabled people who are out of work experience mental health and/or musculoskeletal conditions as their main health condition

The DWP and the DH want to:

- Ensure that disabled people and people with long-term health conditions have equal access to labour market opportunities and are given the support they need to prevent them from falling out of work, and to progress in workplaces that embed effective health and wellbeing practices
- Help employers take action to create a workforce that reflects society as a whole and where employers are equipped to take a long-term view of the skills and capabilities of their workforce, managing an ageing workforce and increased chronic conditions in order to keep people in work – rather than reacting only when they lose employees
- Ensure people are able to access the right employment and health services, at the right time and in a way which is personalised to their circumstances and integrated around their needs

- More effectively integrate the health and social care and welfare systems to help disabled people and people with long-term health conditions to move into and remain in sustainable employment
- Put mental and physical health on an equal footing, to ensure people get the right care and prevent mental illness in the first place
- Invest in innovation to gain a better understanding of what works, for whom, why and at what cost so that promising approaches can be scaled up quickly
- Change cultures and mind-sets across all of society: employers, health services, the welfare system and among individuals themselves, so that we focus on the strengths of disabled people and what they can do

#### **To make early progress the DH and DWP are:**

- 'Working jointly across the whole of government: this green paper is jointly prepared by the Department of Health and the Department for Work and Pensions, working closely with the Department for Communities and Local Government, the Department for Business, Energy and Industrial Strategy, NHS England, Public Health England, local government, and other partners
- Significantly improving our employment support: for example, expanding the number of employment advisers in talking therapies and introducing a new Personal Support Package offering tailored employment support which Jobcentre Plus work coaches will help disabled people or people with health conditions to access
- Working with health partners such as NHS England, Public Health England, the National Institute for Health and Care Excellence, Health Education England, the Royal Colleges and regulators to embed evidence into clinical practice and support training and education across the NHS workforce
- Investing £115 million of funding to develop new models of support to help people into work when they are managing a long-term health condition or disability. We will identify and rapidly scale those which can make a difference, while weeding out less promising approaches'

#### **The Green Paper therefore asks:**

- How big a role can the DH and DWP expect employers to play in ensuring access to opportunities for disabled people, and how can the 'business case' for inclusive practices be strengthened? What is the best way to influence employers to support health and wellbeing in the workplace, both to ensure the effectiveness of their workforce and avoid employment practices which can negatively impact health? How can we prevent sickness absence resulting in detachment from the labour market?
- How can work coaches play a more active role for disabled people and people with health conditions? How can we build their skills and capabilities to support a diverse group with complex needs, build their mental health awareness, and develop a role in personalising support and helping individuals navigate a complex system?
- How can we improve a welfare system that leaves 1.5 million people – over 60% of people claiming Employment and Support Allowance – with the impression they cannot work and without any regular access to employment support, even when many others with the same conditions are flourishing in the labour market? How can we build a system where the financial support received does not negatively impact access to support to find a job? How can we offer a better user experience, improve system efficiency in sharing data, and achieve closer alignment of assessments?

- How can we promote mental and physical health and ensure that people have timely access to the health and employment support that they need rather than struggling to access services (particularly musculoskeletal and mental health services)? How do we make sure that health and employment service providers provide a tailored and integrated service, and that the important role of employment is recognised?
- How can we develop better occupational health support right across the health and work journey?
- What will it take to reinforce work as a health outcome in commissioning decisions and clinical practice? How can we ensure good quality conversations about health and work, and improve how fit notes work?
- How can we best encourage, harness and spread innovation to ensure that commissioners know what works best in enabling disabled people and people with health conditions to work?
- Perhaps most crucially, how can we build a culture of high hopes and expectations for what disabled people and people with long-term health conditions can achieve, and mobilise support across society?

The Green Paper consists of six chapters, each one leading to a number of consultation questions.

The first chapter, entitled **Tackling a significant inequality – the case for action** lays out how being in work can help an individual's health and their overall wellbeing: *'The longer a person is out of work, the more their health and wellbeing is likely to deteriorate. So every day matters. For every week, every month, every year someone remains outside the works of work, it is increasingly more difficult for them to return and their health and wellbeing may worsen as a result.'*

#### Consultation questions:

- What innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?
- What evidence gaps have you identified in your local area in relation to supporting disabled people or people with long-term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?
- How should we develop, structure and communicate the evidence base to influence commissioning decisions?

Chapter 2, **Supporting people into work**, looks at how best to provide employment support to disabled people and people with health conditions. *'Where people want to work, and have the potential to do so immediately or in the future, we should do everything we can to support them towards their goal. We want people to be able to access appropriate, personalised and integrated support at the earliest opportunity, which focuses on what they can do, builds on their talents and addresses their individual needs.'*

*Where someone is out of work as a result of a health condition or a disability, the employment and health support they receive should be tailored to their personal needs and circumstances. This support might be delivered by a range of partners in their local area, such as by Jobcentre Plus, contracted provision, local authorities or third sector providers. Increasingly, our work coaches across Jobcentre Plus will assess an individual's needs and ensure that they access the*

*right help. Work coaches will be supported by new Community Partners and Disability Employment Advisers, who will be able to use their networks and expertise to work with local organisations, to support disabled people and people with health conditions to achieve their potential.'*

### **Consultation questions:**

#### **Building work coach capability**

- How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?
- What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

#### **Supporting people into work**

- What support should we offer to help those 'in work' stay in work and progress?
- What does the evidence tell us about the right type of employment support for people with mental health conditions?
- If you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were. If you are interested in offering a supported internship, please provide your contact details so we can help to match you to a local school or college.

#### **Improving access to employment support**

- Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?
- What type of support might be most effective and who should provide this?
- How might the voluntary sector and local partners be able to help this group?
- How can we best maintain contact with people in the Support Group to ensure no-one is written off?

Chapter 3, **Assessments for benefits for people with health conditions**, looks at how the DWP and DH can provide disabled people and people with health conditions with the best financial support in a straightforward and timely way if they fall out of employment.

### **Summary of consultation questions:**

- Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?
- How can we ensure that each claimant is matched to a personalised and tailored employment-related support offer?
- What other alternatives could we explore to improve the system for assessing financial support?
- How might we share evidence between assessments, including between Employment and Support Allowance/Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?
- What benefits and challenges would this bring?
- Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?
- Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed

service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face-to-face assessment?

Chapter 4, **Supporting employers to recruit with confidence and create healthy workplaces**, gives an opportunity for faith-based and community organisations (small employers) to highlight what things can be learnt from smaller employers and what things are more difficult for such employers. Employers are called to invest in workplace inclusivity, health and wellbeing, which are crucial to the goals of the Green Paper.

**Why not look at the wellbeing of your current staff?** Take part in the Health Needs Assessment – for further information visit: [www.faithaction.net/work/faith-and-work/info/](http://www.faithaction.net/work/faith-and-work/info/)

### Consultation questions:

#### Embedding good practices and supportive cultures

- What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?
- What expectation should there be on employers to recruit or retain disabled people and people with health conditions?
- Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:
  - The information it would be reasonable for employers to be aware of to address the health needs of their employees?
  - The barriers to employers using the support currently available
  - The role a 'one stop shop' could play to overcome the barriers
  - How government can support the development of effective networks between employers, employees and charities
  - The role of information campaigns to highlight good practices and what they should cover
  - The role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles
  - The impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people
  - Any other measures you think would increase the recruitment and retention of disabled people and people with health conditions
- Should there be a different approach for different sized organisations and different sectors?
- How can we best strengthen the business case for employer action?

#### Moving into work

- How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?

#### Staying in or returning to work

- What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?
- Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?
- What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?

- What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

Chapter 5, **Supporting employment through health and high quality care for all**, looks at how work can make a significant contribution to someone's health. It explores how promotion of health and prevention of ill health can look, how to ensure an individual can access health services that consider their employment needs, particularly for common conditions which affect an individual's ability to work, and how to reinforce the recognition across the health and care system that work can promote good health – i.e. that work is in itself a 'health outcome'.

### **Consultation questions:**

#### **Improving discussions about fitness to work and sickness certification**

- How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual can do, particularly during the early stages of an illness/developing condition?
- How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?
- Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?
- Turning to the fit note certificate itself, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?
- Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

#### **Mental health and musculoskeletal services**

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?
- How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

#### **Transforming the landscape of work and health support**

- How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?
- What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?
- What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

#### **Creating the right environment to join up work and health**

- How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?

- How can we encourage the recording of occupational status in all clinical settings and good use of these data?
- What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?
- How can government and local partners best encourage improved sharing of health and employment data?
- What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?
- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

In Chapter 6, **Building a movement for change: taking action together**, the Green Paper sets out plans to change perceptions and culture around health, work and disability, launch a proactive and wide-ranging conversation around the issues and proposals in the Green Paper and set out plans to take forward a programme of work in the short-term and over the next 10 years.

The chapter picks up on cultural changes that are needed, e.g. the fact that employers can be reluctant to employ disabled people or may create workplace environments where people do not feel comfortable discussing long-term health conditions or disabilities. For example, in 2013, 30% of disabled working age benefit claimants saw 'attitudes of employers' as a barrier to seeking work, finding work, or working more hours.

#### **Consultation questions:**

- How can we bring about a shift in society's wider attitudes to make progress and achieve long-lasting change?
- What is the role of government in bringing about positive change in our attitudes to disabled people and people with health conditions?
- Could any of the proposals within the Green Paper potentially have an adverse effect on people with a protected characteristic (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation)? If so, which proposal, and which protected group/s are affected? And how might the group/s be affected?

#### **Get involved in the consultation!**

As faith-based and community organisations, we need you to get involved in this consultation. Either send your thoughts to [felicity.smith@faithaction.net](mailto:felicity.smith@faithaction.net) or respond directly by visiting the consultation website: <https://consultations.dh.gov.uk/workandhealth/consult/> before the deadline of 17<sup>th</sup> February 2017. You don't need to answer all the questions on the consultation – just the ones that matter to you!