

LGA submission to the 'Improving Lives: the Work, Health and Disability Green Paper

17 February 2017



The Local Government Association (LGA) is the national voice of local government. We work with councils to support, promote and improve local government. We are a politically-led, cross party organisation which works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems. The Green Paper is wide ranging, and many of the issues discussed within it affect directly or indirectly the role of local government.

Chapter 1: Tackling a significant inequality

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?

Across England, people are out of work for any number of reasons and every area has unique labour market conditions, which will affect job prospects. The current system is characterised by Whitehall's national approach to commissioning and funding of agencies and disparate schemes like Jobcentre Plus (JCP) and the Work Programme (WP). Without effective partnership with local partners, they struggle to respond to economic and demographic variations. This makes national interventions hard to coordinate amongst one another, let alone local services, resulting in a sub-optimal service to individuals who most need support, including people with health conditions and disabilities, who interact with a number of services. It also contributes to a costly, complex, and fragmented services and programmes.

All the evidence points to locally designed schemes, which target and tailor support, being the best way of supporting people into sustained jobs. Below are examples which demonstrate how local government, some through devolution deals, are supporting those failed by national interventions. The solution can no longer afford be national, but local.

- **Central London Forward's five year Working Capital programme** operates across eight boroughs. It aims to support 4,000 jobseekers into work from the Employment Support Allowance (ESA) work-related activity group who left the national Work Programme without securing sustained work. The £11m initiative, match funded with European Social Fund builds on learning from locally-led programmes, including borough-led Family Recovery programmes and health interventions such as Individual Placement and Support schemes. *Extract from [LGA report, November 2015](#)*

- **Leeds City Council expanded its Workplace Leeds scheme** to help 500 people a year with mental health problems stay in work or find new employment. Last year, nine in 10 people helped through the scheme were helped into jobs, including nurses, teachers and IT professionals.
- **Hertfordshire County Council's in-house Work Solutions programme** helps the long-term unemployed with health conditions or learning disabilities and has an annual budget of £850,000. Participants are helped with confidence building, interview techniques, CV preparation and applying for jobs. More than 100 people found employment last year at a range of employers including cleaning agencies to coffee shops and the local library. *Extract from [LGA report, November 2015](#)*
- **Southampton and Portsmouth's Solent Jobs Programme** aims to support 1,200 people with physical and mental health problems who left the national Work Programme without finding work. Approximately 50% are expected to benefit from a Transitional Employment Programme, which includes paid work experience of between 16 and 25 hours per week (flexible to meet clients needs) paid at National Living Wage for up to six months, alongside caseworker support, skills and job search advice.
- **North East local authorities are trialling a Mental Health Trailblazer** following the Individual Placement and Support (IPS) model, approach with jobseekers who are long-term unemployed and have anxiety and depression. Employment support is integrated with IAPT. The model requires intensive support tailored to individual need and job preference with small caseload sizes. The pilot will operate a Random Control Trial methodology run by the Behavioural Insights Team, to report late 2018.
- **MyGo: Suffolk/JCP's one stop shop for young people.** The Greater Ipswich City Deal identified persistent youth unemployment as a barrier to growth, and in consultation with local partners and young people developed a new approach to deliver a Youth Guarantee for 16-24 years through MyGo. Under the Guarantee, every young person is offered a job, a job with training, further education or work-related training within three months. By mobilising an effective local public / private / third sector partnership, since starting in 2015, 4600 young people registered with MyGo, 2000 received support from a dedicated coach and 1050 secured work. Of those going into work 50% have sustained this outcome for more than six months.
- **Greater Manchester's employment support programmes. Working Well** is supporting over 10,000 long-term benefit claimants towards work and improved health and well-being, integrating a wide range of public services around the person and creating bespoke packages of support. With local leadership and accountability we're making the system work more efficiently and effectively. The ambition is to continue the programme until the launch of its next development, GM's devolved Work & Health Programme. Working Well is expected to support over 15,000 people in total, supporting 20% into quality employment. With more than 1,000 people already supported into work, with 3 more years of programme delivery, the ambitious target is well within sight. All the more encouraging for GM's approach is that the average length of time out of work for those on the programme is 6 years! Furthermore, real progress has been made on improving the broader health and wellbeing of participants with tangible improvements in mental health, physical health, skills and general employability.

- Further, Greater Manchester is mainstreaming innovation and best practice from the Working Well (chapter 1) right across into the **co-commissioned Work & Health Programme**, which should support a further 22,500 GM residents over the next 5 years, harnessing the levers of health and skills devolution to create an ‘eco-system’ of joined up support. Local JCP staff work closely with the GM’s Working Well team and with commissioned providers.

In 2015, the LGA set out its vision for an optimal employment support service for people with multiple needs, including those with health conditions and disabilities. Designed, commissioned and managed by groups of councils and combined authorities where they exist, we believe it must include [integrated and devolved employment, skills and health interventions](#) through a case worker model pioneered through the troubled families programme. The core components of the offer also include ongoing support for one year after people have secured employment.

Localise replacement ESF monies. Many of the local programmes which identify, target and support the jobless would not have got off the ground without European Social Fund match funding. With reduced funding, including DWP’s recent decision to exert greater central control on all remaining ESF monies until 2020, which local areas were able to use to train people for jobs, local schemes may no longer be able to provide the safety net for unsuccessful national interventions which they currently do. The Government needs to work with the LGA to design successor arrangements for ESF so they are in place once we exit the EU. It should also at least replace the value of ESF so vital support is not lost.

How should we develop, structure and communicate the evidence base to influence commissioning decisions? Effective commissioning of services to improve work and health needs to be based on evidence of interventions that achieve positive outcomes. The Joint Strategic Needs Assessment (JSNA), which is a statutory responsibility of councils and signed off by Health and Wellbeing Boards, is a good source of evidence of effective health interventions and helps to inform local commissioning decisions. Further complementing this with evidence on the skills needs for an area – gaps and shortages – could enable them to take a holistic, place-based approach to work and health. The LGA supports the development of appropriate work and health indicators proposed in this Green Paper, on the basis that they add value to the commissioning of services, and do not duplicate the plethora of indicators currently available. For that to happen we recommend this is done with local commissioners.

Chapter 2: Supporting people into work

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?

Current performance

Falling unemployment masks the challenges jobseekers face in getting effective support through JCP. Analysis by the Learning and Work Institute reveals that in October 2016, half of all unemployed people - 797,214 out of a total 1,603,905 (49.7 per cent) – receive no benefits or government support through JCP. Even starker, 52.2% of unemployed young people (not counting students) do not receive any official help from JCP. This has risen by more than 20% since October 2012. This shows JCP is not doing enough to identify and attract the unemployed with their support offer. Further, jobseekers that do receive support are staying on benefits longer. In December 2016, there were 61,614 more claimants than in February 2016, a period when unemployment remained more or less constant, suggesting the support offer, including the breadth of jobs available through JCP, is insufficient.

LGA submission: ‘Improving Lives: Work, Health and Disability Green Paper, Feb 2017

New responsibilities

Despite these figures and evidence of the added value of locally run programmes (see response to chapter 1), the Government continues to give JCP new responsibilities, which combined, are significant. This will include:

- focus to **help people find and progress in work** given roll out Universal Credit
- design and deliver a new **Youth Obligation** for 18-21 year olds (despite pilots like MyGo demonstrating collaboration improve the offer for young people)
- delivering a **service in schools to 14 year olds** for the first time.
- Potential support for **those with drug and alcohol addictions** (Black report, 2016)

All of this is in addition to proposals for JCP to **support higher volumes of jobseekers for up to two years of their claim**, including those with **health conditions, disabilities and complex needs**.

The longer a person is out of work, the more scarring the effects of unemployment will be, and the harder it is to support them into sustained work. It is essential all jobseekers receive effective employment support from JCP, so as not to place undue demand on contracted out Work and Health Programme, funded to a fifth of its predecessor Work Programme. **We are concerned by JCP's capacity and capability to deliver on all these new responsibilities which will come at more or less the same time. To be successful, it will need to collaborate, co-locate and integrate.**

Recognise expertise beyond JCP. For this client group, their interactions with the state and VCS providers are likely to be across a range of issues including managing their condition, their entitlement to financial support and other support needs including housing, advice and support networks. By providing services in a single location (see below) and using trusted organisations as the face of support will achieve greater engagement, identify and overcome potential barriers to employment – for example housing instability, childcare or debt – in concert with specific support on work and skills and better outcomes.

Make JCP co-terminus with groups of councils. JCP districts do not align with Combined Authorities (CAs), Local Enterprise Partnership areas (LEP), Health and Wellbeing Boards (HWB), Sustainability and Transformation Plans (STPs), nor DWP's own Contract Package Areas (CPAs) for the WHP. This makes for a complex system, which is exacerbated in rural areas, where it is critical for JCP services to align with transport, broadband and mobile access to help customers sign on and job search.

- **Liverpool City Region** is co-terminus with the Combined Authority, Local Enterprise Partnership, Skills Funding Agency which enables the City Region to ensure local initiatives remain focused on, and provide a consistent offer to, a critical mass of residents and businesses that live and work together. The alignment of these boundaries has underpinned a long track record of partnership working across employment and skills stakeholders within the Liverpool City Region, with strong business and civic leadership working closely with relevant Government agencies to ensure residents can realise their economic potential. The benefits from this approach are most recently evident in the City Region's co-commissioning of a range of European funding opportunities with DWP and SFA, which continues to benefit from strong links across a recognised geography and shared local priorities.

Co-locate / integrate JCP with other services. It is disappointing that the Green Paper is silent on JCP estate contracts expiring in 2018. This should be a critical step for public sector reform, collaboration and integration to improve services for jobseekers, realise efficiencies through the shared use of buildings, and locate services where they are most needed. At the very least, it should have posed the question as to whether JCP is an appropriate setting for jobseekers with health conditions and disabilities or whether co-location with other services would enhance the offer. DWP proposals (January 2017) fall well short of LGA expectations. Far more fundamental change is needed.

The benefit of partnership are clear.

- **Greater Manchester** is building on its successful employment support programmes to bring JCP into the 'eco-system' so that integration doesn't apply solely to commissioned services but also to the mainstream welfare to work system. This includes JCP staff working hand in hand with Children's Services and other professionals on Troubled Families, which has helped to address a multitude of issues in some of our most complex families, plus co-location and joint working in Universal Support Delivered Locally pilots. There are also examples of in-reach activities with services using JCP premises to create one-stop shops. GM's ambition is to radically transform the mainstream delivery system, maximising all of the assets at its disposal. It shares the LGA's ambition that the reconfiguration of the JCP estate should be a significant opportunity for radical service redesign.
- **Cornwall Works.** Established by Jobcentre Plus and Cornwall Council, Cornwall Works brings together over 60 partners and their 120 local projects, programmes and services to redefine the back to work offer for disengaged young people in Cornwall – it has helped 10,000 people into work since 2006. It mitigates incentives in the national funding system that encourage organisations to work in isolation on the ground by taking a programming approach, brokering providers to share funding and incentives for the benefit of the individual - making clear the role of different organisations in the progression of people towards work. The model has been successful in areas with high levels of long-term worklessness, where provision is plentiful but uncoordinated. Cornwall Works links social enterprises working with young people unlikely to otherwise engage, slowly brokering progression into back-to-work services.

The benefits of co-location are even clearer:

- Through the One Public Estate programme, Nottingham and DWP set up a new city centre base at the City Council. Co-location saw running cost savings to DWP of £500,000 p.a. and income generation for the council (c.£70,000 in Y1 and c.£100,000 expected by Y3). It enabled more collaborative working, improved service delivery and a better user experience for the public, staff and other partners.
- Melton Borough Council's Me and My Learning Programme (M&ML) helps people to develop skills, reduce debt and become healthier. With over 20 different partners involved, it's an exemplar of collaborative working and cross-agency information sharing. It is evidence that, by co-locating relevant services, it is possible to foster an environment that puts an individual's needs at the very heart of any thinking.

Learn from the Work Programme? It struggled to help people with weaker labour market prospects. After two years on the scheme, 70% of all jobseekers and 87% of all ESA claimants returned to the job centre looking for work¹. It is disappointed that DWP chose the same model to succeed it through the Work and Health Programme. While we welcome DWP's co-LGA submission: 'Improving Lives: Work, Health and Disability Green Paper, Feb 2017

commissioning and co-design of the WHP with nine devolution areas, we feel it was a missed opportunity that it could not go further with the 'WHP national offer' – reduced funding, large geographic contracting areas, limited local involvement (design, commissioning, performance management), and lack of integration with health and skills interventions, will result in too few claimants being supported, or insufficient support.

More radically, look beyond JCP and devolve the employment and skills system.

- Councils are ambitious for their communities. Improving the employability, health and wellbeing of their residents can help achieve inclusive local growth, reduce welfare dependency and boost national productivity. Fundamental to achieving this is a steady supply of skills and jobs, and effective support to help people get on in life, so those than can work, are equipped with the skills to enter, and progress the jobs market. A healthy population and a productive workforce is key to attracting and retaining businesses. Creating pathways to good jobs requires public, private and third sector collaboration. Local government leadership brings partners together.
- They are joining up efforts across boundaries, with businesses and local partners to achieve economies of scale to build on their unique and proven capacity to integrate services around the vulnerable and anticipate and respond to local employer needs.
- Integrated and intensive local initiatives (see response to chapter 1) demonstrate local areas' ambition and capability when powers and funding are devolved. But they want to go further and faster by bringing other services like skills and health alongside employment support. Integration between employment, skills and health will remain a pipedream without national Government join up policy / funding between departments and agencies first, then devolving it to local areas to take a whole systems approach to supporting people into work.
- **One place, One budget.** The £10.5 billion (2016/2017) national employment and skills funding, scattered across twenty different national schemes¹ should be devolved to groups of councils and combined authorities. This would give democratically-elected local leaders working in partnership with businesses and local partners, the ability to integrate funds, develop a single, place-based strategy based on the needs of people and place, rather than separate institutions, enabling them to commission effectively for a steady supply of skills and jobs, reduce unemployment, match opportunities to growth sectors including through the Industrial Strategy.
- **Groups of councils, including combined authorities where established, should locally commission all services through a one stop shop / hub to bring agencies together around place.** There is no longer a case for agencies to operate in silo. By bringing together employment, skills, apprenticeships and careers guidance services and providers into one employment and skills hub / one stop shop, we believe this could provide a more coherent offer, improve outcomes for the unemployed / low skilled, and support local economic growth by better addressing the skills needs and supporting career progression working with employers both large and small across a local area including LEPs and local chambers of commerce. This would include services currently provided by JCP. It should be accountable to both DWP and to the local areas in which they serve. Performance should be measured by off-flows to sustained employment, in the same way as contracted out support.

¹ [Fragmented Funding, LGA, 2016](#)

- **Local Labour Market Agreements** could underpin the local offer, setting out the ambition and strategy for employment and skills for all ages in every place, and be the basis for a deal between local areas and central government on what is needed based on agreed roles, responsibilities and funding.

What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

JCP staff must link into local services, have adequate training and understand local provision already in train. The new Community Partner (CP) role to engage with local services and employers is positive. But given it mirrors the role of councils – as commissioners or providers of local services for disabled people and people with health conditions, their economic development, social care and public health functions and the case worker model used elsewhere in councils, we do not understand why DWP did not use the opportunity to develop a multi-agency team within a locality to achieve the right personal support for individuals whilst supporting JCP staff to feel confident in their interactions.

Data-sharing and compatibility is a significant issue, particularly between health, DWP and local authority systems. We must use good practice examples from e.g. the Troubled Families programme to enable multiple agencies to design integrated support packages.

What support should we offer to help those ‘in work’ stay in work and progress?

The Government should review whether the full package of welfare benefits including support with transport and housing enables people to participate fully and fairly in the employment market. Disability employment outcomes are significantly worse for people from deprived backgrounds so personal circumstances play a significant role in people’s capacity to find and remain in work. More emphasis needs to be placed on housing, social networks, public transport, childcare and a responsive safety net in enabling people with a disability or a fluctuating health condition to hold down a job and invest in their career.

Housing. Security of housing and the provision of supported housing is important for enabling a person with a disability or with a health condition to both recover and stay in employment. To gain employment, you often have to have a permanent address. The occurrence of common mental health problems is over twice as high among people who are homeless compared with the general population, and psychosis up to 15 times as high. Stable housing can enable a person to maintain good mental health.

Older workers. The proportion of over-50s in the workforce will be a third of all workers by 2020. Ill health or having caring responsibilities are a major factor in older people not being able to continue working or not have a positive experience at work. So making workplace adjustments, such as promoting flexible working can help older workers stay in their roles for longer. ‘Fulfilling work’ (Centre for Ageing Better), February 2017, made recommendations for how employers can support older people to remain in work. Some local authorities have adopted similar approaches ([Ageing Silver Lining – LGA/DWP 2015](#)).

What does the evidence tell us about the right type of employment support for people with mental health conditions?

Support services aimed at getting people into work *must* be properly linked into other local services, through co-location (JCP work coaches in GP surgeries), joint commissioning (DWP, councils and health jointly commissioning programmes aimed at reducing demand on health and social care services) or local models linked into emerging structures in health/social care. They also need to make better use of existing VCS provision, perhaps by linking to emerging social prescribing schemes. This approach is particularly promising in relation to people with mental health problems, where local, community-based support to tackle *all* the support needs of an individual are most likely to produce positive outcomes.

Employment support for those with a mental health condition should depend on their condition, which can vary over time. Many people with a physical disability or health condition will also have a mental health condition, and vice versa. We need to be careful not to put people in 'boxes' based on a single condition, as this risks missing their 'whole-needs'. More on issues around multiple conditions and mental health can be found in the [NHS Mental Health 5-year forward-view report](#).

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? The emphasis must be on an 'offer', and not compulsion, implied or otherwise. Anything perceived as conditional will be counter-productive and place unnecessary stress upon people genuinely unable to work. Instead claimants should be able to draw on, or be signposted to visible, accessible and locally appropriate support that claimants may be in contact with. As highlighted above, we should not presume that JCP is best placed to offer this support.

How might the voluntary sector and local partners be able to help this group? Fund organisations that already work with them properly. Councils' ability to fund the voluntary and community-sector groups has diminished alongside cuts to council budgets and the squeeze on adult social care.

How can we best maintain contact with people in the Support Group to ensure no-one is written off? There will be those in the Support Group who are genuinely unable to work – this is neither a failure of the system, nor a failure of will on their part. To imply that they are 'written off' if they are not receiving employment support is to imply that their only worth as individuals resides in their ability to work. Again, as we have said elsewhere in our submission, we go back to the capacity issue within the existing system to make sensitive assessments about what level of employment support may be genuinely beneficial for the Support Group.

Chapter 3: Assessments for benefits for people with health conditions

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?

In principle this is a good idea, and fits with proposals within the wider welfare reform agenda which – rightly – see the role of JCPs in benefit administration diminished. For Universal Credit claimants this means that the assessment of financial support, which is made via an online claim, is separate from any employment support they receive, and indeed from the Universal Support offer that is delivered by local authorities. However, the LGA has concerns about how - and indeed why - this might be implemented for ESA claimants within the wider framework proposed within this consultation. Below are a number of key factors we feel need to be considered.

- Job Centres are still primarily perceived as arbiters of conditionality, rather than providing an effective service to jobseekers and those looking to progress in work. Universal Support has focused narrowly on digital and financial capability, despite repeated calls from the local government sector and the LGA to widen out the scope to include employment related support for disadvantaged jobseekers. Further, other sources of funding that may help to provide a safety net, including the former Social Fund and discretionary housing payment (DHP), are piecemeal and under-resourced.
- The current WCA is widely perceived by users and advice providers to be flawed. This proposal suggests that the WCA, or a similar assessment, will still be used to determine financial entitlement. One council we spoke to about the consultation said that they had local evidence of people opting out altogether and choosing to sleep rough, rather than go through the perceived stress and indignity of the WCA. In our view the DWP first and foremost needs to ensure that any future assessment is fair and proportionate, is delivered by people with the appropriate expertise, and treats potential claimants with dignity and respect
- The harmonisation of ESA WRAG with JSA is another area of concern. This group were demonstrably poorly served by the Work Programme. The LGA has already expressed a view that the Work and Health programme risks doing little to improve outcomes for this group due in part to considerable reductions in funding and an adherence to national commissioning rather than more personalised support. We do not feel that the additional proposals in this consultation – which rely heavily on JCPs and Work Coaches – will do much to enhance the tailored support offer to people in this group. With this in mind we are concerned that the proposed separation of assessment, combined with the existing reduction in benefit, runs a considerable risk of treating these people more and more like mainstream JSA claimants.
- We can see the merit in ensuring that people in the Support Group who do not have a long term condition are able to access employment support in a timely and appropriate way, and recognise that there may be some benefits for this group in particular of separating financial support and employment support, however we are concerned that the current limitations of the WCA present considerable risks in determining to whom it is 'appropriate' to offer additional support. We also think the emphasis should be on improving access and awareness, and we would have considerable concerns about introducing anything that could be perceived as 'conditional'.

- The missing strand within this proposal is conditionality, which has an interaction with both employment support and financial support. It is unclear how conditionality might be treated in this model.

In summary, in an adequately funded system, with properly devolved and integrated support for jobseekers with additional needs, we can see the benefits of a system that separates financial and employment support. This would bring us closer to the 'spine of benefits provision' complemented by locally tailored support that the then Welfare Reform Minister Lord Freud referred to on many occasions. However, at present, we have a system that is neither adequately funded, nor sufficiently devolved to enable proper integration or the necessary levels of sustained support for jobseekers with additional needs.

How can we ensure that each claimant is matched to a personalised and tailored employment-related support offer? By investing adequate funding and working far more effectively with other delivery partners. We must recognise 'employment related' support will not be appropriate for some claimants.

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?

The proposals above – to separate out financial assessment and employment support – call into question the current shape and purpose of both the WCA and / or assessment for PIP, and the potential for an integrated assessment of disability that applies whether in work or not. Some councils said this is not dissimilar to a system in place prior to ESA's introduction.

It is easier and more appropriate for partners to share data successfully if they are working to common objectives and, where possible, sharing systems. Integration between health, social care, employment and other support - in particular housing - would be improved through stronger devolution to local places, with employment support commissioned and delivered through the same partnerships and geography, and led by local government. This would enable the vital two-way relationship between public health and employment to be more effectively recognised in the industrial strategy and local approaches to inclusive growth.

Chapter 4: Supporting employers to recruit with confidence and create healthy workplaces

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?

Often for disabled people or people with health conditions the barriers to employment are not as simple as ensuring physical access to the workplace, for example, but related to wider economic and social needs. Many employers do not know how or where to access such support via the many fragmented Government programmes available.

For councils, budget cuts and the remodelling of the delivery of public services have resulted in fewer management posts with the capacity to offer appropriate additional support to individuals with more complex needs. Work readiness has become an issue for councils who no longer have the resources and capacity to invest in employing someone who is not already able to function to a particular standard.

What expectation should there be on employers to recruit or retain disabled people and people with health conditions?

Reducing barriers to employment is a key priority for councils in supporting local economic regeneration and promoting the wellbeing of their residents. There should be an expectation on employers to recruit and retain disabled people and people with health conditions however we do not support targets.

Building on this, the LGA supported DWP and the Disability Action Alliance (DAA) to increase the profile of those with a disability in high-profile public leadership roles to help raise awareness, normalise having those with disabilities in these roles, and demonstrate to others with a disability that there are opportunities to take on such roles. A DAA project aimed to improve the work prospects of disabled people (including people with neurological conditions, and other hidden impairments such as mental health conditions) to find, retain and progress in work.

What measures would best support employers to recruit and retain the talent of disabled people and people with health conditions?

Councils are in a unique position as leaders of their areas to support and promote a 'one stop shop / hub' approach using existing council resources and networks working in partnership with Government services such as JCP (see response to chapter 2). Key issues to address employers' barriers to recruiting and retaining these individuals include:

- Additional support for the training and qualification of occupational health nurses and other practitioners to fill the current shortage.
- Funding and help to train and guide managers to provide support for employees with mental health illnesses or complex conditions.
- JCP advisers to better understand the level and range of barriers faced by people with physical or mental health conditions (see chapter 2), to advise employers.

The LGA advocates a focus on preventative measures to improve health outcomes to reduce demand for acute services. This includes a prevention spending model looking at financial savings if authorities were able to invest in activities that improve health outcomes. Included in this are two employment focussed services: **1) Linkage Plus in Lancaster** had an employment service and volunteer bureau: to engage with, and provide tailored support to, people who were interested in volunteering and returning to work/ finding new employment opportunities. It was envisaged that the project would work with JCP and also engage with local employers. **2) Kent Supported Employment** supported 118 people in paid jobs, 57 of whom were employees with learning disabilities. The remainder were mainly people with mental health issues, severe physical disabilities and autism. All had been identified as requiring specialist employment provision. Both schemes showed significant cost benefits that have potential to be replicated nationally. ([LGA 2015](#)).

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?**

- **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?**

Councils are advocates of a phased return to work for staff who have had a long absence or who are managing ill health. Returning to work can be daunting, compounded by a slow recovery or loss of confidence. There are clear financial and emotional benefits for the individual from being back at work. There are also benefits to the employer of having experienced and committed staff returning to work on a phased basis however it may not always be possible or practical depending on the nature of the job and working practices. So, while we support the reform of statutory sick pay to support phased returns this should not be a requirement on employers. Such decisions should remain a management decision based on individual needs, occupational health advice and health and safety assessments.

In addition, any encouragement of phased returns would require reforming the current Fit Note system. Many GPs are not equipped or informed to deal with patients' work issues and are unable to offer meaningful advice or instruction to the employer or employee regarding their ability to work with a disability or illness. Indeed many employers and employees remain unclear about the role and impact of the fit note.

The local government workforce is shrinking and staff are facing more and more risks of redundancy. With ever-shrinking budgets, councils will find it challenging to recruit more roles, with additional costs. The cost of the Living wage will add to council wage bills and further reduce budgets and therefore the 'topping up' of SSP would be unfeasible. The burden should not be placed on the employer. The cost of taking out insurance as suggested by the Green Paper would only exacerbate the financial crisis for local government.

However, we believe that a flexible hiring approach, as highlighted by the Hire Me My Way Campaign and the LGA Timewise council model, would help to recruit those with disabilities and their careers into roles which are able to create a work life balance. The latter model, would also assist with phased returns and retention of staff, by facilitating a more flexible approach to job design, place of work, time and task.

We also believe that easy and online resources, such as the resilience tool, which we are piloting with East Sussex Council, would be welcome by councils to proactively help employees in work. The Big IDEA website, created by Diversity Jobs has career experts, mentors, job postings and articles, which could be used across employers and be promoted to those who develop or have an existing disability.

And finally, if the Government invest upfront in getting qualified and skilled workers to assess needs and provide support to individuals, as the social work and family support worker roles currently do, then employers will have an easier job of recruiting and retaining people with disabilities. The MOD have just recruited social workers to support and assist veterans with Mental Health problems to get back into civilian life and work, and the same could be done to support people with disabilities.

Chapter 5: Supporting employment through health and high quality care for all

Improving discussions about fitness to work and sickness certification? Employment support and health and care systems must be better joined up. Other healthcare professionals that should play a role in accessing someone's fitness for work should be adult social care teams, community mental health teams, community pharmacists, health trainers/health navigators. One example of good practice is Manchester's Fit for Work Service through which, after a personal assessment, people are prescribed with any of (or a combination of) fast tracked physiotherapy sessions, debt and relationship support, and assistance with brokering changes in the workplace with employers once the person is ready to return to work. See <https://www.pathwayscic.co.uk/manchester-fit-for-work-service.html>

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?

The Mental Health Taskforce recently reviewed NHS-based mental health services with a view to improving services, assessment and treatment. This formed the NHS 5-year-forward-view on Mental Health and £1billion of funding by 2020. Whilst the report is welcomed, it does not include the statutory and non-statutory work that councils undertake and does not include employment support. Councils previously undertook employment support as part of their provision of step-down services under the Mental Health Act 1983 statutory responsibilities. However, as a result of pressure and cuts on adult social care, which the LGA currently estimates as having a minimum of a £2.6bn shortfall, this service has been cut. The LGA has been calling for a whole-system review of mental health, to build on the NHS 5-year-forward-view, to take into account a broader spectrum of public sector services that are involved in mental health, including local government, the police, etc.

Both the Green Paper and "Fuller Working Lives" programme should have a greater emphasis on the role of the carer, in enabling them themselves to retain and gain employment, and also the enabling 'disabled people and people with a health condition' to retain and gain employment. A carer would have a significant practical role in helping the person they care for to be in employment.

How can we help individuals to easily find information about the mental health and musculoskeletal services they can access? In terms of helping individuals find information about mental health and musculoskeletal services, councils have statutory responsibilities under the Care Act 2014 to provide information on care services. If councils are adequately funded to provide holistic care services, this could include assisting with employment needs.

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? Sickness absence and worklessness costs £100 billion annually, and 40% of people not in employment have a health condition or disability. That's why councils through their economic development and public health functions show leadership within their local areas to address worklessness and promote workplace health. This is done by integrating health with employment across the council, co-commissioning between council and CCG, bringing together LEPs, HWBs, employers, CCGs, employees and the voluntary sector, using contractual levers and the Social Value Act to promote employment, maximising local health risk reduction programmes (NHS health checks etc) among employers, needs analysis to profile health issues among workless populations, prioritising employment through the JSNA.

LGA submission: 'Improving Lives: Work, Health and Disability Green Paper, Feb 2017

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?

The current system is not best-placed to facilitate health and work conversations (GPs are not always best to make judgements regarding work and health, they often do not have time for full conversations given other pressures – role for patient/individual is crucial). More proactive health promotion is key – particularly in relation to MSK and mental health to prevent ill-health. NHS, public health and local employers need to work together to put such programmes in place. Provision is already in place provided by public health to support employers to make their workplaces healthier places and help keep their workforce healthy.

This type of proactive health promotion makes a positive difference however, it is under threat due to reductions in public health funding. It could also be targeted better to specifically encourage employers to support (and take on more) employees with health conditions. Since the transfer of public health to local government, council teams across England have seized new opportunities to make health everybody's business. They have done this despite funding pressures, including the £200 million in-year cut to public health in 2015/16 and a further £330 million reduction in funding by 2020/21. New funding for transformation, focussed throughout the life-course, would enable some double running of new investment in preventative services alongside 'business as usual' in the current system until savings are realised and reinvested back into the system.

While the consultation refers to Sustainability and Transformation Plans (STPs) as a vehicle for integration, Health and Wellbeing Boards (HWBs) are not mentioned, and it is these that bring local political, professional and clinical system leaders together from across the health and care sector, and in some cases organisations such as housing or employment. It would be HWBs that set a new direction for the vision of 'employment as a health benefit'.

Whilst the Green paper focuses on those claiming welfare benefits, relevant links should be made with those individuals who meet the national eligibility threshold for adult social care and support under the 2014 Care Act. Those eligible will include those of working age with mental and physical disabilities, learning disabilities, mental health conditions and those 'with a health condition'. It is therefore critical that the health and employment agendas link with adult social care as working age disabled adults will already have important relationships with councils' care and support teams to achieve the objectives set out in the Green paper.

As highlighted in Chapters 1 and 2, councils design employment support and opportunities for voluntary work. They offer it as part of their social care function for those than want to, and can work. But adult social care is under enormous financial strain. The LGA projects an adult social care funding gap caused by inflation, demography and the National Living Wage amounting to £1.3 billion of the overall £5.8 billion gap facing local government as a whole by 2019/20. An additional minimum pressure of a £1.3 billion – the difference between what care providers say they need and what councils are currently able to afford – needs to be closed now to stabilise the provider market. The consequence of underfunding is manifold. The provider market is becoming increasingly more fragile with providers leaving the publicly-funded market or ceasing completely; unmet need is growing; carers are under additional strain; the workforce is increasingly stretched; and the ability of social care to help alleviate demand pressures on the NHS is reduced. So, whilst adult social care has an important role to play in supporting disabled people into work, the opportunity to provide additional support outside the 'care envelope' has reduced in recent years.

Chapter 6: Building a movement for change: taking action together

How can we bring about a shift in society's wider attitudes to make progress and achieve long-lasting change? More focus on the Government enabling and supporting 'disabled people and people with a term health condition' to gain self-employment and set up community-based enterprises to build their business around their care and health needs. See: <http://www.communitycatalysts.co.uk/latest-news-from-community-catalysts/> .

What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?

- To make this ambition real, the Government needs to have the determination to work across Whitehall departments and its agencies to join services together around the individual, rather than be focused on specific institutions, then devolve responsibility and funding to enable local areas to plan and commission services.
- Developing the closer relationships with medical and support services to integrate the knowledge and understanding of the conditions, needs and abilities of individuals in order to deliver the outcomes required is essential – not only to deliver increased employment, but to provide the basis for the cultural change
- **Make Every Contact Count (MECC).** To be effective, a 'whole system' approach is needed in which all staff working with the public signpost and provide information on a wide range of services that can improve people's health and employment. These include leisure and recreation, welfare benefits advice, housing, social care, routes to employment, education and training. Making Every Contact Count (MECC) is used extensively across the public sector and operates at various levels dependent on the complexity of the case involved.

Submitted online on Friday 17 February. Response ID is ANON-D7MX-VKER-R.
