



SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of: Chris Shaw, Head of Health Improvement, Sheffield City Council

Date: 26 March 2015

Subject: Health, Disability and Employment in Sheffield

Author of Report: Chris Shaw, 0114 273 5015

Summary:

The Joint Health and Wellbeing Strategy is the Health and Wellbeing Board's strategy for Sheffield and as such is Sheffield's overarching city strategy in all matters relating to health and wellbeing. It has five work programmes, one of which focusses on Health, Disability and Employment. This paper aims to briefly summarise the key issues for the Health and Wellbeing Board in seeking to improve the employment opportunities for people with health and disability barriers to employment and reduce the impact of poor health on employment across the City. It will be supported by a presentation at the meeting.

Recommendations: Health and Wellbeing Board members are invited to support the work in this area (see section 5 of this report for specific recommendations).

Background Papers:

- Baseline report looking at Health, Disability and Employment issues in Sheffield – <https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/priorities/work-programmes/health-dis-employ.html>.
- Sheffield Joint Health and Wellbeing Strategy 2013-18 – <https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/what-the-board-does/joint-health-and-wellbeing-strategy.html>.
- *A presentation will be given at the meeting alongside this paper. This will be published online after the meeting.*

Health Disability and Employment in Sheffield: Discussion Paper for the Health and Wellbeing Board Thursday 26 March 2015

1. Background to the report

One of the Health and Wellbeing Board's Work Programmes is the issue of Health, Disability and Employment. Good work is good for health, the evidence for this, and the strategic context and existing performance was presented in the [baseline report on health, disability and employment](#) which was previously presented to the Board.

This report will briefly summarise the key issues for the Health and Wellbeing Board in seeking to improve the employment opportunities for people with health and disability barriers to employment and reduce the impact of poor health on employment across the City. The majority of the paper will focus on the "off work (long and short term)" cohort.

2. A summary of progress so far

In work and at work cohort

- Commissioned SOHAS to deliver Public Health England's Workplace Wellbeing Award, encouraging businesses to consider workforce wellbeing and offering connections to various avenues of support from Move More to Mindful Employer. The target is 200 employers within 2 years.
- Worked with Macmillan to develop Vocational Rehab for people recovering from and living with cancer.

In work but off work

- Working with National Fit for Work Service delivered by Maximus (who also won the Work Capability Assessment contract vacated by ATOS), currently being piloted in Sheffield by Health Management Ltd.

Off Work (long and short term)

- Commissioned jointly with Jobcentre Plus the "Works Well" project which seeks to provide employment opportunities for 200 people with health and disability barriers to employment. This is being delivered by SOAR, ZEST and Manor and Castle Development Trust.
- Conducted 'audit' of existing service provision across the Council and NHS against best evidence criteria.
- Working with Public Sector Transformation Network to develop a single referral pathway into employment for the cohort.

3. What we have learned

- Sheffield Performance against a range of health and care outcome measures is variable, but in the main slightly below average.
- The things we do collectively to support the cohort into employment are not joined up and there are duplication and gaps. Outcomes are not adequately measured. It has evolved rather than been constructed.
- Culturally (nationally) our health and care systems do not view employment as a productive health outcome.
- Our welfare system has inadequate contact with health provision.
- The national employment system has not delivered for the cohort.
- The level of increase in demand for opportunity has to be balanced with an increase in supply – and brokerage/ support for employers is probably our weakest area both within existing provision and as a gap between.
- Too much of the provision focusses on preparation for employment, when all the evidence says acquisition and retention are more important (Place *then* Train).
- We do not have enough provision for below 16 hrs per week, job carved opportunities or enough supported internships.
- School and FE leavers from the cohort are not prepared for nor helped to operate in the world of work.
- We also need to prepare for the ageing workforce and the implications of this (no work done here yet).
- Not addressing the issue has significant health and social care implications now and in the future.

4. What we must balance

In terms of action, it is important to maintain a balance between:

1. Quick wins (increase/ improve commissioning activity and coordination) *and* longer term 'system' change to reduce system and culture barriers to improving outcomes. (The Devolution and Public Services Transformation Network agendas are key here.)
2. Supply of opportunity *and* demand for opportunity.

We also need to be mindful that both Outcomes Framework measures (employment gap for those with a learning disability and those in contact with secondary mental health services) are comparatively small cohorts (100s) whereas those on Employment Support Allowance due to a health condition or disability are much greater (20,000+). We need to be mindful of hitting the target but missing the point.

5. How the Health and Wellbeing Board can support the work

- GPs to refer into the Well To Do Pilot (ESA referral).
- Put 'weight' behind 'Workplace Wellbeing/Good Employer' award; for example, a joint endorsement with Chamber of Commerce or Local Enterprise Partnership?
- Actively participate in Local Enterprise Partnership Social Inclusion and Equalities Advisory Board and seek to influence investment regarding support funding (ESIF) for employment of those with health conditions or disabilities.

- Set target for the partners in terms of increasing employment outcomes (upper quartile by 2016?).
- Actively participate in PSTN group to develop the devolution ask back to Government in terms of health and disability related employment provision.
- Arrange further discussion by Health and Wellbeing Board representatives to develop the city's approach – possibly develop a SCC/CCG shared/integrated Commissioning Strategy for Supported Employment to steer related commissioning intentions over next 3-4 years.
- Encourage (big?) employers to lead by example.