

# Health, work and health related worklessness

A guide for local authorities

**Purpose:** This briefing provides local councillors with a strong business case to address health related worklessness and promote workplace health in their local authority (LA). It also provides an overview of the current debate on work, worklessness and health, with a particular emphasis on the evidence base and case studies to enable a better understanding of the subject matter and how to promote this agenda in their LA.

The focus is on employed individuals with health conditions falling out of work and onto out-of-work welfare, and those on welfare with health conditions who are not in employment.

# Foreword

Local government ambition to enable everyone to achieve their potential for a healthy and productive life is shared by Public Health England (PHE) and the Local Government Association (LGA). This is why the connection between employment and health is pivotal to so many of us. The evidence that unemployment is bad for your health is clear and likewise that good work is an important contributor to health and wellbeing across people's lives.

Fundamentally, a healthy population is one that has the potential to be a healthy and productive workforce for industry. This is key to attracting and retaining businesses and developing dynamic and diverse communities that are sustainable for the future. Many people live within a relatively short commute to their place of work, so the connection between workplace health in local businesses and population health in a local authority is very close.

Part of supporting people to achieve their potential in life is looking at how to enable them to enter the job market and maintain economic independence for themselves and their families, especially as they age.

This is especially important for individuals with long term conditions and disabilities where the difference in employment rate between disabled people and the general population is unacceptably large and misrepresents the large number of people in this group who want to work and live independent lives.

Creating pathways to good jobs requires partners from across the private, public and third sector to work together, especially for those who are living with long term conditions or disabilities. Local government leadership is key to bringing these partners together and of course through leading by example within their workforce.



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Chair, LGA Community Wellbeing Board



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# 1. Introduction

There is strong evidence that work is good for health and unemployment is bad for it<sup>1</sup>. Ill health can also affect people's participation in the labour market, with over 300,000 people annually falling out of work and onto health-related welfare<sup>2</sup>. This has a huge cost to the individual, families, communities, employers and public services.

Work and health is central to the story of people and place. Helping people with health issues to obtain or retain work, and be happy and productive within the workplace is a crucial part of the economic success and wellbeing of every community. Evidence shows that good quality work is beneficial to an individual's health and wellbeing<sup>3</sup> and protects against social exclusion through the provision of income, social interaction, a core role, identity and purpose. However, jobs need to be sustainable and offer a minimum level of quality, to include not only a decent living wage, but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health<sup>4</sup>.

As strategic leaders of people and place, local authorities (LAs) have existing and emerging powers to facilitate system change that enables more people to get into work and for the workplace to be a setting which supports health and wellbeing. These include:

- **economic and political leadership** – conveners, commissioners and deliverers of a significant volume of services, with increasing numbers of councils having devolved responsibility through city, growth and devolution deals

- **knowledge of the local economy** – vacancies, supply side challenges, and local labour market information, membership of and joint work with Local Enterprise Partnerships (LEPs) to drive economic development and regeneration, links with employers of all sizes, and reach to work with and link services for, disadvantaged groups through the voluntary and community sector
- **existing responsibilities** – public health responsibilities and links with health provision, leading the Troubled Families programme, planning and delivery of Universal Support for Universal Credit Delivered Locally (USDL) and integration of existing local advice services and welfare support
- **ability to integrate** – added value of integrating local commissioned employment provision and engagement with skills providers (adult and community education), and knowledge of provision for workless tenants in social housing
- **employer** – LAs are direct and indirect employers of members of their own community.

There is a strong economic argument to address health-related worklessness, across public expenditure, the wider economy and personal and household income. It is estimated that when a claimant moves into a job paying the National Living Wage, there are savings of £6,900 for government, a £13,100 boost to the local economy, and £6,500 gain to the individual.

For every £1 of public spending saved, 7p goes back to the local authority, 80p goes to central Government, and 13p to police, NHS, social housing providers and others. Although these direct (ie cashable) services are primarily accrued by central Government, many of the indirect costs (and benefits) fall to local government and the extent to which the potential benefits are realisable depends on how initiatives are designed and implemented.<sup>5</sup> The potential for saving is significant, especially if these individuals can be prevented from becoming dependent on welfare<sup>6</sup>. Therefore coordination between health and employment systems through a focus on supporting people with health issues to obtain or retain employment will achieve better health outcomes and economic gains<sup>7</sup>.

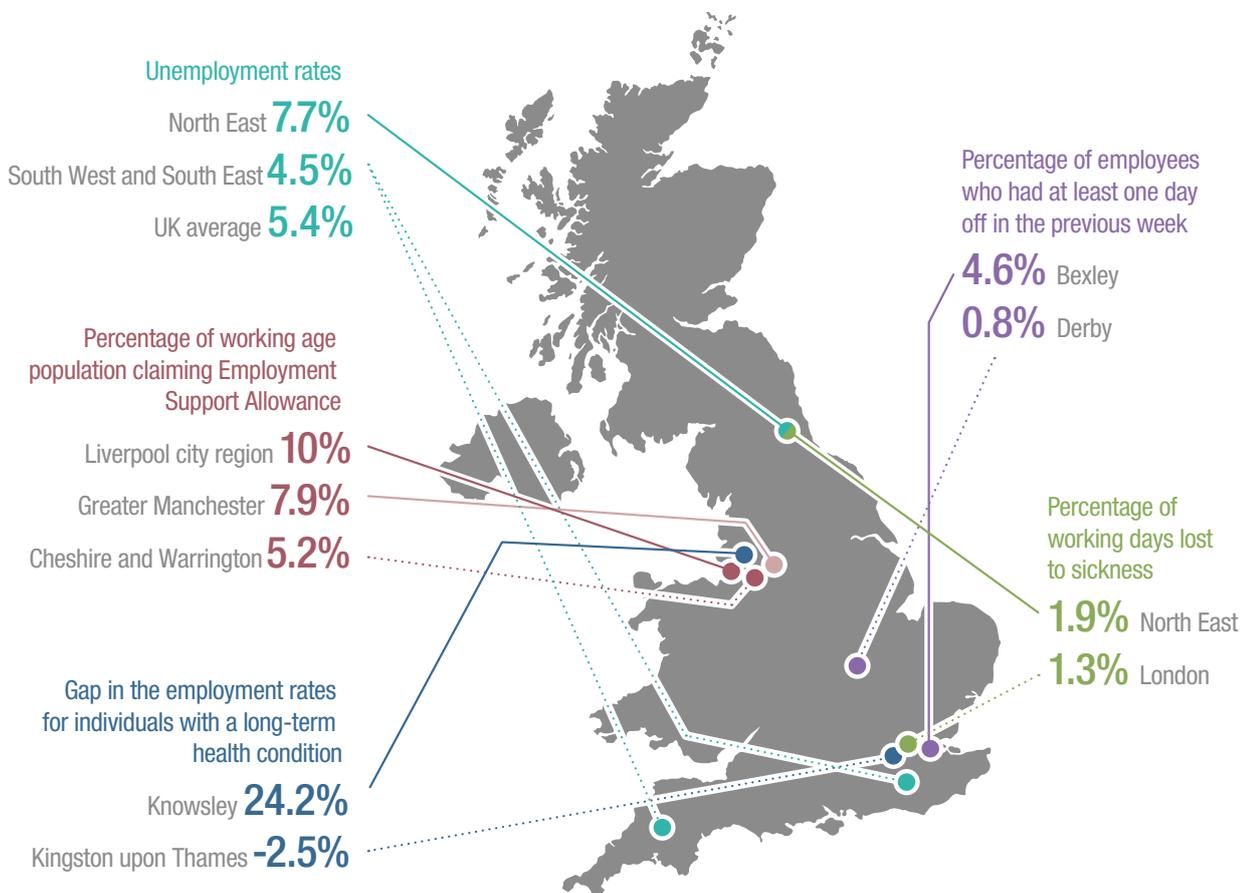
**“Being in good employment is protective of health. Conversely, unemployment contributes to poor health<sup>4</sup>.”**

**Marmot Review 2010**

## Health and Work

# The local picture

There is considerable variation in health and health-related employment outcomes across the UK



Sources: Marmot, 2015; NOMIS 2014; Labour Force Survey, various years; CESI, 2015; Public Health Outcomes Framework, 2015; NewEconomy, 2014

# 2. Key facts on health-related worklessness and workplace health

## What is the working age population?

The working age population is individuals aged 16 to state pension age (SPA). Under current legislation, SPA for women will equalise with SPA for men at 65 in 2018. Both men's and women's SPA will increase from 65 to 66 between December 2018 and October 2020. The Pensions Bill 2013/14 contains provision for a SPA of 67 to be reached by 2028<sup>8</sup>.

## What is health-related worklessness?

People not in employment for a health reason<sup>9</sup>.

Technically it can be defined as people claiming out-of-work welfare for a health reason or being otherwise economically inactive (not working or seeking work) due to ill health.

## Who is classified as unemployed?

The unemployed population are "people who are without a job, want a job, have actively sought work in the last four weeks and are available to start work in the next two weeks or are out of work, have found a job and are waiting to start it in the next two weeks." The unemployed population is technically distinct from the economically inactive population which is "those without a job who have not actively sought work in the last four weeks, and/or are not available to start work in the next two weeks."<sup>10</sup>

## What is workplace health and what are workplace health interventions?

Workplace health is promoting and managing the health and wellbeing of staff, and includes managing sickness absence and 'presenteeism' (a person physically at work, but unproductive). Workplace health interventions are activities undertaken within the workplace by an employer or others to address these issues; it also includes action to address health and safety risks.

## What is the evidence that health and work are linked?

- employment is a primary determinant of health, impacting both directly and indirectly on the individual, their families and communities<sup>11</sup>
- unemployment is associated with an increased risk of mortality and morbidity, including limiting illness, cardiovascular disease, poor mental health, suicide and health-damaging behaviours<sup>12</sup>
- individuals unemployed for more than six months have lower wellbeing than those unemployed for less time<sup>13</sup>
- there are substantial variations in employment rates across groups and health conditions. In particular, people with histories of substance misuse<sup>14</sup> and those affected by mental ill health<sup>15</sup> often face barriers in securing employment.

## What is the health and work cycle?

There is a clear relationship between health and work, which is illustrated in Figure 1: good worker health contributes to high productivity and successful enterprises which supports economic prosperity, and the social wellbeing and wealth of communities.<sup>16</sup>

**Figure 1: Health and Work Cycle**



## What is the economic cost of health-related worklessness and poor workplace health?

- £13 billion annually on health-related welfare<sup>17</sup>
- £100 billion annual cost of sickness absence and worklessness<sup>18</sup>
- £14.3 billion annual cost to society in 2013/14 of workplace injuries and ill health (excluding cancer)<sup>19</sup>
- 131 million days per year lost to sickness absence in 2013.<sup>20</sup>

## What are the benefits of being in work for people with long term conditions?<sup>21</sup>

Good quality employment:

- promotes recovery and rehabilitation
- leads to better health outcomes
- minimises the harmful physical, mental and social effects of long-term sickness absence and worklessness
- reduces the chances of chronic disability, long-term incapacity for work and social exclusion
- promotes full participation in society, independence and human rights
- reduces poverty.

## What is the scale of health-related worklessness?

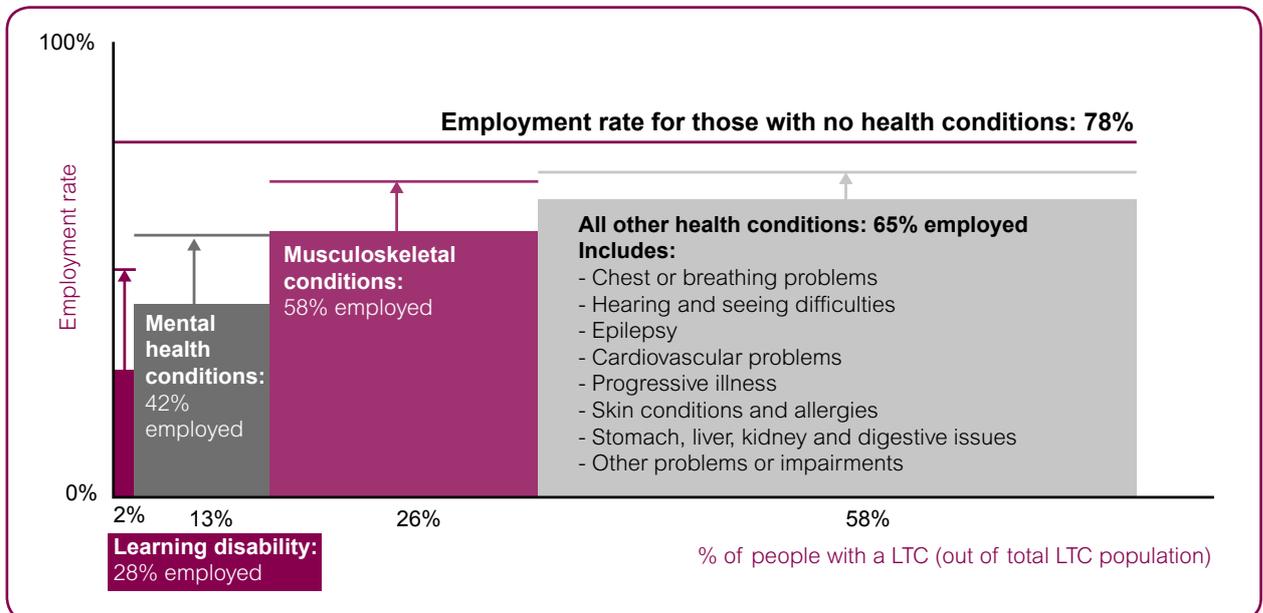
- 23.2 per cent of England's working-age population is affected by health-related worklessness<sup>22</sup>
- 2.5 million claimants in the United Kingdom on incapacity benefits<sup>23</sup>
- 40 per cent of people not in employment have a health condition or disability (4.5 million people), compared to 28 per cent of the whole working age population<sup>24</sup>
- 23 per cent of people in treatment after six months for drug misuse are in paid employment<sup>25</sup>, compared to around 78 per cent of people with no health conditions.<sup>26</sup>

## What is the extent of ill health among working age people?

- two out of 10 of working age adults in the UK have a disability<sup>27</sup>
- 62 per cent of employees who have long term sickness have one or more long-term health condition compared to 26 per cent of the employed population<sup>28</sup>
- 14 per cent of the working age population report having multiple long-term health conditions<sup>29</sup>
- 24 per cent of sickness absences are caused by musculoskeletal conditions and 11 per cent by mental health, including work-related stress.<sup>30</sup>

## What is the employment rate and gap for people with specific health conditions?

The following graph shows the employment rate and gap for people with key conditions and the potential for halving that gap. For example, 42 per cent of the working age people with mental health conditions are in employment compared to 78 per cent of the working age population.



Source: DWP Health and Work Core Statistics July 2014, Labour Force Survey Q2 2014

## What are the benefits of businesses investing in workplace health?

- reduction in absence and increased productivity<sup>31</sup>
- return on investment – employee wellness programmes return between £2 and £10 for every £1 spent<sup>32</sup>
- reduced staff turnover and associated reduction in recruitment costs<sup>33</sup>
- healthy employees are three times more productive as those in poor health<sup>34</sup>
- workplaces with “very satisfied” employees had higher labour productivity, higher quality of output, and higher overall performance.<sup>35</sup>

## What services are available to help people with health conditions or disabilities back into work?

The Government operates various schemes that practically and financially help support employment among people with health problems:

- Fit for Work – <http://fitforwork.org/>  
This service is for people in work, but currently off sick, and is designed to prevent people losing their job as a result of sickness. It helps people off sick for more than four weeks return to work.
- Access to Work – <https://www.gov.uk/access-to-work/overview>  
Access to Work is a specialist disability service delivered by Jobcentre Plus, which gives practical advice and support to disabled people, whether they are working, self-employed or looking for employment.
- New Enterprise Allowance – <https://www.gov.uk/new-enterprise-allowance>  
New Enterprise Allowance can provide money and support to individuals to start their own business if they are claiming certain benefits.
- New Work and Health Programme – a new Work and Health Programme will replace the Work Programme and Work Choice and will provide specialist support for the long-term unemployed and claimants with health conditions and disabilities.



Public Health  
England:  
One You

One You is an integrated social marketing campaign to help adults to live more healthily.

It is the unifying brand that will communicate public health themes relating to adults. Central to the brand is the insight that to value your health you have to value yourself.

Adults will be invited to engage with the 'How Are You' quiz, a new online quiz which will assess their health. It will then direct people to a series of online tools and programmes designed to help them make changes in the areas where they need to take action. The seven key behaviours are: moving more, being smoke free, drinking less, eating well, checking ourselves, stressing less and sleeping better.

Employers can support One You in the workplace by ordering an employer toolkit, which includes conversation starters and dispensers, posters, wall charts, guerrilla stickers and bunting.

These toolkits are available free of charge for distribution across sites in England and can be ordered by clicking on <https://partnerships.wufoo.com/forms/one-you-2016-employer-toolkit-order-form/> and using password oneyou (case sensitive).

The quiz can be accessed:  
<https://www.nhs.uk/oneyou/hay>

# 3. Practical ways local authorities can address worklessness and promote health in the workplace

Who should local authorities engage with to improve health and work outcomes in their communities?

- LEPs
- devolution partners
- Health and Wellbeing Boards (HWBs)
- employers
- NHS clinical commissioning groups (CCGs)
- employees
- the voluntary sector.

What can local government do to support people suffering health-related worklessness into sustainable employment?

**Leadership:**

- promote this agenda to partnerships within which they operate, and in management of their own staff
- use their unique position to bridge the gap between the health and economic agendas, linking HWBs and LEPs to help them develop joint approaches and programmes

- help shape the social norms and expectations of the public and professionals regarding health and work so that everyone expects, and wants, to work in a 'good job'
- use devolution powers and the change in business rates to drive action to improve health outcomes.

**Engagement:**

- promote and encourage take up of services and initiatives led by national Government (Fit for Work, Access to Work, New Enterprise Allowance, the Work and Health programme)
- promote close working with Job Centre Plus and local health services
- promote activity amongst services provided by or commissioned by the authority such as housing, to ensure there is active promotion in local initiatives
- include employment in Health Champions training
- promote efforts by supplier companies within the local government supply chain to employ and retain people with disabilities or health conditions
- foster a vibrant charity and social enterprise sector to develop creative and innovative projects to help people with disabilities or health conditions back into work.

**Management:**

- undertake a needs analysis to profile health issues within the local workless population and develop services and support to address these needs.

## How can local government improve workplace health in their local area?

- identify champions for this work amongst elected members and key local businesses
  - ensure a workplace wellbeing scheme for employers is in place, preferably aligned with the Workplace Wellbeing Charter standards (which provide a nationally recognised standards system)<sup>36</sup>
  - lead by example by ensuring your LA is accredited to the Workplace Wellbeing Charter
  - ensure your local health risk reduction and promotion programmes (eg NHS Health Checks, NHS Stop Smoking Services) are maximising opportunities to partner with employers for delivery within or linked to workplaces
  - use levers including provision of advice, enforcement of employer legal obligations, partnership working, incentivisation and accreditation, and contractual levers of procurement using the Social Value Act 2012, focusing especially on those within the supply chain to the local authority
  - share and access good practice among local authorities through the LGA and PHE
  - promote and increase awareness of national programmes, guidance and legislation on employment of those with long-term or fluctuating health conditions.
- integrate work on health and employment across different LA structures (eg adding a health and wellbeing element to existing work on employment and skills)
  - gain senior council and clinical leadership buy-in
  - co-commission of health and employment services between the LA and NHS CCGs
  - lead by example through improving employee health and wellbeing in LA workforce
  - focus on the specific needs of particular groups within their community most affected by these issues
  - look at the local government supply chain and see if influence can be made on these companies
  - promote training of line managers in business, starting with LA staff
  - gain accreditation through the Workplace Wellbeing Charter.

## What are examples of good practice?

- prioritise employment through the HWB, including consideration in the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS), with relevant Key Performance Indicators (KPIs) to drive joint commissioning and accurately record progress

### Workplace Wellbeing Charter

The Workplace Wellbeing Charter, championed by PHE as a national standard for workplace health, is a benchmarking process which businesses can work through in order to gain accreditation for their investment in workforce health.

Charter resources are free to use by LAs to establish their own schemes, which are now in place in over half of upper-tier LAs.

The charter provides employers – of all sizes and sectors – with an easy and systematic way of driving these improvements in workplace health. The charter website contains a set of toolkits, information on local accreditation providers, as well as the charter standards themselves. For more information, see [www.wellbeingcharter.org.uk](http://www.wellbeingcharter.org.uk)

# Case studies

## **Leeds City Council:** retaining jobs as well as finding them

### **Workplace Leeds**

Run by Leeds Mind in partnership with local mental health, social care and housing services.

Workplace Leeds offers a range of services and support to help people experiencing mental health problems stay in work or find new employment.

It has been offering employment support for the past 20 years, but since 2011 has dramatically expanded its services. Four years ago it had just six staff. Now there are 34 and nearly 500 people get help each year.

The range of help available includes: peer support, workshops, CV and interview skills.

Service Manager Vanessa Lenzionowski says: “We encourage people to find work which is meaningful, sustainable and fulfilling. Often they have been struggling to get work and their confidence and self-esteem may be low. The first task is to help them with these issues before moving on to give them support finding employment. We can work with people for up to a year, but for some it happens much quicker.”

The second main service by Workplace Leeds is a job retention service for people who are experiencing difficulties at work.

“They may be off sick or at risk of losing their job,” Ms Lenzionowski explains. “Often we only get involved at quite a late stage – it would perhaps be better to work with them at an earlier stage. But we still find there is lots we can do.”

Last year over nine in 10 people who were helped through the job retention service managed to stay in their jobs, including nurses, teachers and IT professionals.

Sinead Cregan, Leeds City Council’s Adult Social Care Commissioning Manager, says she is “really pleased” with the service. “The joint work in our day centres is going really well with many good outcomes for our clients and the IT training is getting excellent results.”

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or fiona.devenney@workplaceleeds.org.uk

### **Website:**

<http://www.leedsmind.org.uk/employment/>

## **Coventry City Council:** creating a healthy workplace

### **Workplace Charter Scheme**

Coventry City Council takes part in the PHE endorsed national Workplace Wellbeing Charter.

The council works with experts to run sessions organised by Coventry’s Business Investment Team to keep employers engaged with its workplace charter scheme.

There are over 40 organisations involved with the charter with those taking part reporting falls in sickness rates and improvements in staff morale.

Businesses are also referred to the NHS Health Check service or to the public-health funded 12 week healthy lifestyle courses which are offered free to those taking part in the charter and involve instructors going into workplaces to run a whole range of activities.

Feedback from those taking part in the workplace charter shows the support is having an impact. There are over 40 local businesses signed up – with many making significant changes to their workplaces to improve the health of employees. Several have also reported improvements in staff morale and sickness absence rates.

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[http://www.coventry.gov.uk/info/134/workplace\\_wellbeing\\_charter\\_awards/1348/workplace\\_wellbeing\\_charter](http://www.coventry.gov.uk/info/134/workplace_wellbeing_charter_awards/1348/workplace_wellbeing_charter)

## **London:** cross authority charter scheme

### **Healthy Workplace Charter**

The London Healthy Workplace Charter is a self-assessment framework that recognises and rewards employers for investing in workplace health and wellbeing. It provides a series of standards aligned with the Workplace Wellbeing Charter for workplaces to meet in order to guide them to creating a health-enhancing workplace.

Eighty organisations have been accredited from a wide range since the programme's inception with over 189,000 employees benefitting.

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[londonhealthyworkplace@london.gov.uk](mailto:londonhealthyworkplace@london.gov.uk)

**Website:**

<https://www.london.gov.uk/what-we-do/health/priority-areas/healthy-workplace-charter>

## **Hertfordshire County Council:** providing support in-house

### **Work Solutions**

The employment scheme in Hertfordshire is run in-house by the council, sitting in the Health and Community Services department.

Managers say the set-up allows staff to “concentrate on the core job – trying to get people work.”

Work Solutions operates from two sites in the county and employs 30 staff. It was set up over 20 years ago and now has an annual budget of £879,000.

Its key project for those with health problems is the Work Skills Programme, which sees between 170 and 220 people a year.

### **How does it work?**

The scheme involves an eight-week group course, which offers three hours of sessions a week. Over the duration of the course participants are offered help with confidence building, interview techniques, CV preparing and finally job applications. But the support is very much tailored around the individual.

Luigi had been suffering from paranoid schizophrenia with hyper manic tendencies for several years by the time he was referred. He had lost all confidence and self-esteem and was not even confident enough to answer the telephone. Initially all communication had to be done through his partner.

When he started the Work Skills Programme, Luigi was so nervous that he did not even manage to get to the first day. Recognising he would need extra support, his employment adviser met him before the session and brought him in with his partner. Several weeks in he was still nervous and anxious and so an employment adviser even went to his home to help him and after that kept in almost daily contact with him.

By week five and six of the programme things started to change. Luigi was standing up presenting his group's exercises and discussions to the whole training group. By the end of the programme he was having job interviews and went on to find employment.

Ms Selley, Head of Service for Work Solutions, says: “You need to provide that personal support. With any client the most important thing is to understand what they need and help give them the confidence and motivation to want to work. These are people who have often been isolated and are lacking social

skills. They have not been able to be helped by mainstream services and they need extra support to overcome the challenges they face. That is where we come in.

“And if the Work Skills Programme isn’t suitable we can arrange one-to-one help too. You have to find the right solution and support for the individual. Saying that, you have to expect people will drop out. This sort of help will not be successful for everyone. Some people don’t want to work or are unable to do so through personal circumstances or health issues.”

Alongside the Work Skills Programme for people with health conditions, the council also runs a dedicated course for people with learning disabilities. Referrals are accepted from a variety of sources, including social services, GPs and mental health services; many will have been through the government’s Work Programme. Self-referrals are also accepted.

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## Central London: using economies of scale

### Working Capital Scheme, Central London Forward

A new project aiming to work with nearly 4,000 long-term unemployed clients across Camden, City of London, Islington, Kensington and Chelsea, Lambeth, Southwark, Wandsworth and Westminster over the next five years.

There is a focus on residents who are in the employment and support allowance work-related activity group and have left the Government’s Work Programme without securing sustained work. In most cases this will mean that participants have been unemployed for at least two-and-a-half years.

Many are likely to have significant mental and physical health-related barriers to employment as well as experiencing other problems associated with long periods of worklessness, including a lack of confidence, skills or experience.

Developed in partnership with London Councils, the Mayor of London, the London Enterprise Panel and Government, the £11 million initiative, funded by the European Social Fund, launches in the autumn.

### How does it work?

After being referred from Jobcentre Plus, each client will receive dedicated support from a multi-skilled caseworker who will work with them to find out more about the problems they are facing and what assistance they need to get back into work. The caseworker will help them develop and implement an individual plan of action to support them in moving towards and gaining sustained employment. This is likely to include integrating personalised support with existing council, health and voluntary sector services.

Once employment is found, follow-up support will be provided for six months to help them settle into work. Central London Forward has appointed a provider which will employ and manage the case workers across the boroughs.

The project is being run as a randomised control trial. On leaving the Work Programme, those eligible to participate will be randomly referred by Jobcentre Plus either to Working Capital or to a control group who will receive standard Jobcentre Plus support.

Kris Krasnowski, Director of Central London Forward, says: “To maximise these links, the Working Capital caseworkers will be embedded within the most relevant team at each of the councils to help them access and navigate the support available from local services and organisations such as housing, health and children’s services in order to provide clients with all-round assistance.”

“The expertise of local partners in shaping the approach, setting standards and working together to resolve issues will be critical to the success of the programme.”

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## East Sussex, West Sussex and Brighton and Hove: intervening early

### Southdown

The non-for-profit provider Southdown provides an employment service (on behalf of the local councils and NHS across three areas – East Sussex, West Sussex and Brighton & Hove) aimed at individuals experiencing their first mental health problems.

The service supports about 150 young people a year with an active caseload of about 80 at any one time. This represents about a fifth of the entire employment service workload. Over the last two years just under one in four clients have found paid employment, while further education and voluntary work accounts for another quarter.

#### How does it work?

In each area an employment specialist is co-located with the local teams that deal with young people with severe mental health problems. Clients are offered personalised employment support with everything from interview coaching, CV updating and confidence building. When the individual is ready the specialist is then able to approach local employers to see if they can find them employment.

Southdown Employment Services Contract Manager Saxon Chadwick says: “Since we started offering this help it has really worked. Clients such as these do not quite have the entrenched problems and mindset of those who have more long-term problems so in that respect you find it can be easier to work with them.”

“But there are still challenges. Some will have low self-esteem and confidence and be unsure about working with their condition, while others will come to us expecting us to find them a job. We tailor the support we provide for each individual and then work hard to find the right employer.”

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<http://www.southdownhousing.org/mental-health-recovery/our-employment-support>

## Portsmouth City Council and Southampton City Council: twinning support with regeneration

### Solent Jobs Pilot

The Solent Jobs Pilot supports the long-term unemployed back into work forms a key part of the £1 billion Southampton and Portsmouth regeneration programme which aims to help 1,000 of the very long-term unemployed back into work.

The programme is targeted at people with health problems – both physical and mental – who have left the Government’s Work Programme without finding work.

The cost of the two-year scheme is anticipated to be between £4 million and £5.8 million. Local partners are providing funds from their own budgets with EU and government funds making up the rest.

Those who have been accepted on to the pilot have had a range of conditions from mental health problems, such as depression and anxiety, learning difficulties and physical ailments, including back pain, arthritis, diabetes and heart conditions.

#### How does it work?

Referrals have come from the local Job Centre service – although in the future the plan is to accept clients from a wider variety of sources.

There are three distinct phases to the pilot.

A holistic assessment with an employment support adviser, following which an action plan is agreed. If appropriate the individual is referred to cognitive behavioural therapy.

A 10-day course is offered, which covers issues such as improving confidence, self-esteem and motivation. Individuals can also be referred to other services such as substance misuse, debt advice, money management and health trainers before some skills and employability training is done. The latter can involve intensive training in entry-level skills if needed.

Once the participants are ready they move on to the second stage and are offered an appropriate employment placement. These are paid at the minimum wage and involve up to 25 hours of work a week for up to 26 weeks.

A period of intensive, personalised post-placement support follows. Support workers are available to provide weekly one-on-one or telephone help and advice. For those who have got jobs, this can involve visits to ensure early issues are ironed out.

The ultimate target is to get at least a fifth of those taking part into employment that lasts a minimum of one year. While it is still early stages, there are encouraging signs. By the end of July, nearly half of the 100 people taken on had gone on to start placements.

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## **Greater Manchester:** how flexible services can make a difference

### **Working Well**

Greater Manchester launched its five-year Working Well project in March 2014. Delivered by two providers and part-funded by central Government, the £14.9 million scheme is aimed at people who have spent two years on the Work Programme and, therefore, need more personalised and intensive help to find employment.

A key part of the drive has been the willingness of wider services that support the clients to be flexible.

### **How does it work?**

Each person referred to the service is given a key worker who can provide support for up to two years. Their caseloads are kept small – about 40 per worker – to ensure they can provide comprehensive support that continues once work has been found.

They provide an assessment and can help with everything from interview coaching to CV writing. Once a job is found, that support continues through regular contact to help them settle into employment. But the involvement of other agencies is often essential before that stage is reached.

Some 70 per cent of clients have a mental health condition, while a similar number also have physical health problems. However, helping them overcome barriers to employment they face is not always as straightforward as referring them on to local services.

About 4,000 referrals have been made to the Working Well service from its launch in March 2014 to September 2015 and 135 people have started jobs, which is above target for this stage of the programme. These have ranged from sales and admin positions to working in the building trade and care sector.

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## **North East:** getting down to business quickly

### **The Mental Health Trailblazer**

Launched by seven councils in the north east to help those with mental health problems find work, the aim is to support 1,500 people over the next two years. These will come from those who have completed the Work Programme and are Employment and Support Allowance and Jobseekers Allowance claimants with an identified mental health condition.

Employment coaches are being co-located with clinicians to share responsibility for clients with an emphasis on starting the job hunt quickly. The coaches will also work with local businesses, building on the successful schemes that have been run in the past.

Key to the programme is integrating employment support with the local Increasing Access to Psychological Therapies (IAPT) programmes commissioned by CCGs. The 26 employment coaches will be co-located with the IAPT services with the idea that they will share responsibility for the cases so the programmes complement each other.

The model is based on the NICE approved Individual Placement Service model where each individual receives tailored support to help them into employment while continuing with their clinical recovery.

Kevin Higgins says another important aspect will be the work that is done with employers. "We will tailor our approaches depending on what each individual is looking for. It will be a matter of identifying what they want and then helping them to target those sort of jobs, making sure they are prepared and ready. But we will also be actively looking to engage employers too."

And to make sure it is cost effective, the Cabinet Office-backed Behavioural Insights Team has been commissioned to carry out a full evaluation of the project along with the other 'trailblazer' areas. "We are confident it will work, but this way we will know for sure whether it does," adds Mr Higgins.

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## **Gloucestershire City Council:**

using apps to engage with people

### **Forwards**

Gloucestershire County Council's Forwards Employment Service launched an app to reach out to people with disabilities and health problems. It complements the host of other services it offers, including drop-in groups to

help with everything from confidence building to writing CVs. Forwards also supports 'social businesses' to help improve the employment chances of its clients.

The app has a range of functions including the locations of local projects, tips to help with applying for jobs and preparing for interviews and advice on where to look for jobs.

Gloucestershire Disability Employment Commissioner Vikki Walters says the idea behind the app is to make the services more accessible and to appeal to younger people. "We have worked hard to really provide a good range of support to people and we want to make the most of it. The app is about finding new ways of encouraging and supporting people."

The app is just the latest example of how Gloucestershire's Forwards Service has tried to innovate in its desire to help vulnerable people into work.

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<http://www.forwardsgloucestershire.co.uk/>

# Resources for local government

General workplace health and wellbeing (prevention of health-related absence or job loss, and improvement of health for workers)

## **NICE guidelines:**

Promoting Mental wellbeing at Work (PH22)  
<https://www.nice.org.uk/guidance/ph22>

Managing Long-Term Sickness and Incapacity for Work (PH19)  
<https://www.nice.org.uk/guidance/ph19>

Workplace Interventions to Promote Smoking Cessation (PH5)  
<https://www.nice.org.uk/guidance/ph5>

Promoting Physical Activity in the Workplace (PH13)  
<https://www.nice.org.uk/guidance/ph13>

Workplace policy and management practices to improve the health and wellbeing of employees (NG13)  
<https://www.nice.org.uk/guidance/ng13>

PHE evidence reviews and briefings  
<https://www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers>

Evidence Review 5: Increasing employment opportunities and improving workplace health

Briefing 5a: Workplace interventions to improve health and wellbeing

Supporting job entry for people with health conditions

## **LGA Guidance:**

LA schemes supporting people towards work, An independent report for the Local Government Association  
<http://www.local.gov.uk/documents/10180/11309/NIESR+independent+analysis+council+led+schemes+to+support+people+towards+work+JAN+2015.pdf>

Realising Talent: supporting people with multiple needs into work (page 13 onwards)  
[http://www.local.gov.uk/publications/-/journal\\_content/56/10180/7645017/PUBLICATION](http://www.local.gov.uk/publications/-/journal_content/56/10180/7645017/PUBLICATION)

PHE Evidence reviews and briefings  
<https://www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers>

Evidence review 6: health inequalities and the living wage

Briefing 3: Reducing the number of young people not in employment, education or training (NEET)

Briefing 5b: Working with local employers to promote good quality work

Briefing 5c: Increasing employment opportunities and retention for people with a long-term health condition or disability

Briefing 5d: Increasing employment opportunities and retention for older people

Briefing 6: Health inequalities and the living wage

Briefing 9: Understanding the economics of investments in the social determinants of health

Briefing 10: Lessons from experience

Using the Social Value Act to reduce health inequalities in England through action on the social determinants of health

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/460713/1a\\_Social\\_Value\\_Act-Full.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/460713/1a_Social_Value_Act-Full.pdf)

Improving working conditions/job quality

PHE evidence reviews and briefings:

<https://www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers>

Briefing 5b: Working with local employers to promote good quality work

### **HSE guides:**

Health and safety for disabled people and their employers

<http://www.hse.gov.uk/disability/largeprint.pdf>

Off sick and worried about your job? Steps you can take to help your return to work

<http://www.hse.gov.uk/pubns/indg397.pdf>

Working together to prevent sickness absence becoming job loss. Practical advice for safety and other trade union representatives

<http://www.hse.gov.uk/pubns/web02.pdf>

How to tackle work related stress

<http://www.hse.gov.uk/pubns/indg430.pdf>

Working together to reduce stress at work

<http://www.hse.gov.uk/pubns/indg424.pdf>

Managing sickness absence and return to work in small businesses

<http://www.hse.gov.uk/pubns/indg399.pdf>

Making the best use of lifting and handling aids

<http://www.hse.gov.uk/pubns/indg398.pdf>

Managing upper limb disorders in the workplace

<http://www.hse.gov.uk/pubns/indg171.pdf>

Don't mix it: a guide for employers on alcohol at work

<http://www.hse.gov.uk/pubns/indg240.pdf>

Drug misuse at work

<http://www.hse.gov.uk/pubns/indg91.pdf>

Consulting employees on health and safety

<http://www.hse.gov.uk/pubns/indg232.pdf>

Health and safety made simple: the basic for your business

<http://www.hse.gov.uk/pubns/indg449.pdf>

# Endnotes

- 1 M.Marmot, J.Allen J, P.Goldblatt , T.Boyce, D.McNeish, M.Grady, et al. Fair society, healthy lives: strategic review of health inequalities in England post 2010. London: The Marmot Review; 2010.
- 2 C.Black, D.Frost, Health at work – an independent review of sickness absence. 2008, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/181060/health-at-work.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf)
- 3 L.Parker , S.Bevan, Good work and our times: Report of the Good Work Commission. London: The Work Foundation; 2011.
- 4 M.Marmot, J.Allen J, P.Goldblatt , T.Boyce, D.McNeish, M.Grady, et al. Fair society, healthy lives: strategic review of health inequalities in England post 2010. London: The Marmot Review; 2010.
- 5 P.Bivand, D.Simmonds, European Confederation of Independent Trade Unions for Joseph Rowntree Foundation 'The Economic and Financial Benefits of Tackling Poverty', 2014
- 6 D.Fujiwara, The Department for Work and Pensions social cost-benefit analysis framework. No. 86. Department for Work and Pensions Working Paper, 2010.
- 7 P.Bivand and D.Simmonds, Joseph Rowntree Trust, The benefits of tackling worklessness and low pay, 2014
- 8 Quarterly Benefits Summary - Great Britain statistics to August 2015, Department for Work and Pensions, 2015, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/501041/quarterly-stats-summary-feb-2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/501041/quarterly-stats-summary-feb-2016.pdf)
- 9 Office of National Statistics, A profile of worklessness, 2009 p3
- 10 Office of National Statistics, A profile of worklessness, 2009 p3
- 11 JM.McGinnis , P.Williams-Russo, JR. Knickman, The case for more active policy attention to health promotion. Health Affairs. 2002;21(2):78-93
- 12 M.Marmot, J.Allen J, P.Goldblatt , T.Boyce, D.McNeish, M.Grady, et al. Fair society, healthy lives: strategic review of health inequalities in England post 2010. London: The Marmot Review; 2010.
- 13 J. Chanfreau, C.Lloyd, C. Byron, C.Roberts, R.Craig, D.De Feo, S. McManus , available at: <http://www.natcen.ac.uk/media/205352/predictors-of-wellbeing.pdf>
- 14 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214409/rrep640.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214409/rrep640.pdf)
- 15 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/212266/hwwwb-mental-health-and-work.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwwb-mental-health-and-work.pdf)
- 16 J.Burton, WHO Healthy Workplace Framework and Model: Background and Supporting Literature and Practices, World Health Organisation, 2009
- 17 C.Black, D.Frost, Health at work – an independent review of sickness absence. 2008, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/181060/health-at-work.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf)
- 18 C.Black, Working for a healthier tomorrow. In: Pensions DfWa, editor. Working for a healthier tomorrow: The Stationery Office; 2008.
- 19 H.Edwards, M.Zand, GB experience of estimating 'The Costs to Britain of workplace injuries and work related ill health', 2009
- 20 ONS, Painting Pictures of Place Series – Topic Profiles, Worklessness Topic Profile, available at: <http://www.ons.gov.uk/ons/rel/regional-trends/painting-pictures-of-place-series--topic-profiles/worklessness-topic-profile/index.html>
- 21 G.Waddell, A.K.Burton, Is work good for your health and wellbeing?,
- 22 ONS, UK Labour Market, January 2016 , available at: [http://www.ons.gov.uk/ons/dcp171778\\_429765.pdf](http://www.ons.gov.uk/ons/dcp171778_429765.pdf)
- 23 DWP Statistical Summary – Great Britain statistics to November 2015, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/492842/dwp-stats-summary-jan-2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/492842/dwp-stats-summary-jan-2016.pdf)

- 24 Labour Force Survey analysis of disabled people by region and main health problem, Department for Work and Pensions, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/406369/labour-force-survey-disabled-people.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/406369/labour-force-survey-disabled-people.pdf)
- 25 Public Health England, Adult Drug Statistics from the National Drug Treatment Monitoring System (NDTMS) 01 April 2013 – 31 March 2014, available at: <http://www.nta.nhs.uk/uploads/adult-drug-statistics-from-the-national-drug-treatment-monitoring-system-2013-14.pdf>
- 26 Public Health England, Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) 01 April 2014 – 31 March 2015, available at: <http://www.nta.nhs.uk/uploads/adult-statistics-from-the-national-drug-treatment-monitoring-system-2014-2015.pdf>
- 27 Family Resources Survey 2013/14, Department for Work and Pensions, available at: <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-201314>
- 28 Department for Work and Pensions, 2014 Long term sickness absence in GB / the UK: Analysis of the Labour Force Survey, October 2010 - September 2013 available at: <https://www.gov.uk/government/statistics/long-term-sickness-absence>
- 29 Steadman, Sheldon and Donnalaja (to be published) Managing multiple long-term conditions at work. London: The Work Foundation
- 30 ONS, UK Labour Market, February 2014, available at: [http://www.ons.gov.uk/ons/dcp171776\\_353899.pdf](http://www.ons.gov.uk/ons/dcp171776_353899.pdf)
- 31 Black C. Support for health and wellbeing in SMEs. Paper presented at: This Won't Hurt a Bit: Supporting small business to be healthy, wealthy and wise - a report launch by the Health at Work Policy Unit; 2015 Nov 24; The Work Foundation: London. Pdf presentation available at: <http://www.theworkfoundation.com/Assets/Docs/Events/HWPU/5th%20report%20SMEs/Dame%20Carol%20Black.pdf>
- 32 Pricewater Coopers, Building the Case for Wellness, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/209547/hwwb-dwp-wellness-report-public.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209547/hwwb-dwp-wellness-report-public.pdf)
- 33 C. Black, Support for health and wellbeing in SMEs. Paper presented at: This Won't Hurt a Bit: Supporting small business to be healthy, wealthy and wise - a report launch by the Health at Work Policy Unit; 2015 Nov 24; The Work Foundation: London. Pdf presentation available at: <http://www.theworkfoundation.com/Assets/Docs/Events/HWPU/5th%20report%20SMEs/Dame%20Carol%20Black.pdf>
- 34 BITC, Healthy Workforce, [http://www.bitc.org.uk/sites/default/files/workplace\\_health\\_guide.pdf](http://www.bitc.org.uk/sites/default/files/workplace_health_guide.pdf)
- 35 Department for Business and Innovation Skills, Does worker wellbeing affect workplace performance? 2014, available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366637/bis-14-1120-does-worker-wellbeing-affect-workplace-performance-final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366637/bis-14-1120-does-worker-wellbeing-affect-workplace-performance-final.pdf)
- 36 [www.wellbeingcharter.org.uk/](http://www.wellbeingcharter.org.uk/)





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