

# BRIEFING TO OLDHAM HEALTH AND WELLBEING BOARD

## Report Title: Working Well

Report Author: Alan Higgins – Director of Public Health

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### Requirement from the Health and Wellbeing Board

To note the paper and the recommendations.

### Background:

This paper details the Greater Manchester Health and Social Care Partnership (GM HSCP) health and employment plan that will form a GM transformation bid, of which Oldham seeks to be a key contributor and recipient. This work stream is 1 of 20 areas identified within the GM population health plan.

The employment and health plan is built on principles that good work is good for health and wellbeing and acknowledges that work can offer fundamental components other than financial security that support an individual to manage their health condition including social contact, routine and sense of purpose or control. However, sometimes, especially those newly diagnosed with a health condition require additional advice and support to be able to remain in work such as reasonable adjustments that an occupational health service, if available, could advise on. This could support individuals to remain in employment and secure better health and wellbeing outcomes.

Occupational health support across GM is currently unmapped, but generally only thought to be provided by the larger employers. As GM homes approximately 85,000 small to medium business (employing approximately 50% of the total employees) it can be reasonably assumed that high numbers of the GM working population are without occupation health support. This GM picture is reflective of the Oldham scene with its 77,000 jobs provided by 5490 businesses predominantly (73%) being from Micro businesses (classified as less than 5 people employed). From this we can conclude that a high proportion of people working in Oldham and Greater Manchester are likely to be without a fit for purpose occupational health support service. Given that Oldham is a net exporter of labour, with more people commuting out of the borough each day than commuting in, it is essential to work on a collective GM model to support both Oldham residents and businesses.

Supporting an individual to remain in work has long term benefits to the economy, the employer, the health service and the individual. At present only 59.2% of GM residents with a long term health condition or illness are in employment compared with the England average of 65.3%. In order to support better health and wellbeing outcomes, alongside greater economic growth and employment, a renewed emphasis is needed to supporting people with a health condition to remain in or return to employment. The GM health and employment plan is being developed to address this.

There are a number of initiatives that encourage workplaces to support the health and wellbeing of their staff (Fit for Oldham being an internal example), and there are also a number of work programme providers supporting those that are unemployed e.g. JCP, Working Well provided by Ingeus and Get Oldham Growing to name just a few from a raft of providers. However, an identified gap is those that are in employment newly diagnosed or struggling with a health condition 'at risk' of falling out of work if additional support is not provided. This upstream approach involves an occupational health intervention to support the health needs of people in their work environment alongside a triaging and biosocial model of health service provision in order to maintain employment.

**What the issue is (If any):**

Following the high number of injured and wounded soldiers during the 2<sup>nd</sup> world war, employers made a significant number of adjustments for those with disabilities. Post war society concentrated on ability of what people could do, rather than focusing on illness related limitations. Over time a societal shift occurred ensuring that those with a disability or health condition were 'protected' from work. The reality is that work can offer protective factors, and even be a part of recovery when included within a patient's treatment plan.

Evidence from the National Institute for Health and Care Excellence (NICE) indicates that those out of work with a health condition for 6-12 months have 2% chance of returning to work, with those out of work for 24 months more likely to die than ever returning to work. This bleak statement sets the scene for why an upstream approach is required. An ambitious plan is now needed at scale to ensure more of our population with long term health conditions and disabilities are supported appropriately to remain in employment.

**A New Offer**

The GM health and employment spectrum of interventions is known as Working Well with 4 clear domains;

- 1) In Work; focusing on healthy workplaces.
- 2) Early Help; reducing the flow of people leaving work and moving onto out of work benefits.
- 3) Work and Health programme; supporting the complex needs associated with unemployment.
- 4) Care and Support; Improving the quality of life for those for whom a return to work is not realistic.

The identified gap is focusing action towards domain 2 - Early Help, supporting people newly diagnosed with a health condition 'at risk' of falling out of work.

At present, a national fit for work occupational help phone line is available for small and medium enterprises (SME) that lacks the flexibility to meet the needs of the GM population. As such it is poorly utilised by small employers, GP's or individuals. Scaling up a model similar to Manchester pathways fit for work service with referral pathways from GPs to dedicated occupational health support including a biosocial assessment framework is within the scope of the programme. The main proposal that will be discussed with stakeholders includes service redesign of a devolved occupational help service for GM residents that has a flexible timeline, and is inclusive to the self-employed that currently have no access to occupational or employee health support.

Other considerations as part of a GM coordinated approach includes an alternative system design to the current Fit Note arrangements within Primary care.

This GM programme of work has a clearly defined governance arrangement through GM Wider Leadership, Public Service Reform Board, GMCA and GMHSCP Strategic Partnership Board.

### **Local context and further work**

Oldham has created a task and finish implementation group to steer this work locally, consisting of Public Health, Get Oldham Working, CCG, Royal Oldham Hospital and representation from the GM HSCP.

Oldham CCG have and will continue to engage with the north cluster (Royton, Shaw and Crompton) as they have expressed interest in becoming early adopters to 'test' a more developed model. This cluster would be representative of the borough in as much as it satisfies on a basis that the model could be replicated across the borough.

In addition to the Greater Manchester proposal, Oldham has a great deal to contribute to this agenda. Oldham Council have engaged with a number of health providers (Pennine Lung Service, Pennine Stroke Recovery Service and Pennine MSK) and a recurrent theme has emerged, this being that in some instances a patient's health condition is incompatible with their current vocation but not incompatible with all vocations. With the right advice and support, individuals should be able to plan, retrain and diversify their skill set to change to a vocation that is better suited to their health condition. Oldham is well placed to step up to this challenge with its unique offer of Get Oldham Working. Through this programme of work, Public Health has been able to offer a connector service between NHS services and the Get Oldham Growing career advice and advancement service.

One of Oldham's health service providers identified financial barriers to working with a health condition specifically around prescription charges. Individuals on low incomes (but above £16,000 pa) may struggle with the cost of numerous prescription charges. Oldham Council is well positioned to work with the 59 local pharmacies to better promote prescription prepayment certificate (PPC) that can save patients money. It is effectively a prescription 'season ticket' with the PPC covering all NHS prescriptions no matter how many items are needed at a capped amount.

On mapping out health service provision a clear message has come back to de-medicalise some of the interventions patients receive, and in the case of supporting people to remain in work, this could be through social prescribing. Pennine MSK for example, have conducted a number of focus groups with patients and clinicians and found a consensus that a single point of access social navigator is needed for effective social prescribing. With this in mind, the health and employment programme will endeavour to be allied to the thriving communities work.

The appendix holds a self-assessment document, which details Oldham's position and readiness to contribute to the GM plan and service design, and engagement of a potential early adopter area to test out a new model. Verbal feedback from the GM HSCP strategic lead for employment and health has noted that Oldham and Salford are assessed as further ahead with their preparation than the other GM areas. It is essential to maintain this pace in order to contribute to the design phase ensuring that the GM model aligns with Oldham's

needs and to ensure that on the premise of resources being allocated proportional to need that Oldham is a significant recipient of this support/ investment.

### **Engagement**

A stakeholder event is being planned for Oldham clinicians to discuss potential service design needs of an occupational health system that supports people to stay in work. Feedback from the event in July can be provided to Health and Wellbeing Board.

### **Funding**

The GM proposal is based on a mixed model of funding from the GM transformation fund, Joint Work and Health Unit Innovation fund and European Social Fund. The proposed concepts have been costed up based on similar models known to be effective in Scotland, Sheffield city region, Nottingham, Derbyshire and Leicestershire. A GM model based on a cohort of 11,000 'at risk' GM individuals and 3,500 newly unemployed would cost in the region of £8.5m over a 3 year period.

### **Key Risks**

The key risk to this programme is long term Sustainability. The proposed model would be financially supported for up to 3 years, following this time any service delivered for Oldham residents would need to be mainstreamed within existing commissioning arrangements. Based on the relatively small scale Manchester Fit for Work service pilot, a cost benefit analysis shows that a service of this type would be cost neutral within a four year period. This means that the benefits will outweigh the investment over time, HOWEVER, this is based on public service reform partnering as it is anticipated that the greatest proportion of the public service spend reduction as a result of this work would be observed within DWP.

### **Relationship with the Oldham Locality Plan:**

Work, employment and engagement with civic society is a thread that runs throughout the locality plan, although not explicitly chaptered. Oldham locality plan point 1.2.2 unequivocally states "Ensure the availability of early intervention services for people at risk of losing employment through ill health". Joining with the GM bid for an early help support service for those at risk of falling out of employment due to a health condition would meet this identified need.

### **Recommendations:**

Health and Wellbeing Board are asked to:

- Support the Greater Manchester Health and Employment programme of work and the wider offer that will be unique to Oldham.
- Note that this work will lead to a collaborative submission, led by GM Health and Social Care Partnership for funding from the Greater Manchester Transformation Fund in October 2017.
- Provide input into the development of this work stream, either through the Stakeholder engagement event or through nominated lead officers.
- Be receptive to future updates and further discussions as the programme of work progresses.

## Appendix

### GM Working Well Early Help Development; Locality 'current state' summary

GM Locality	Named Lead, Senior Sponsor & contact details
Oldham	<p><b>Named lead:</b> Anna Tebay, Public Health Specialist,  <a href="mailto:anna.tebay@oldham.gov.uk">anna.tebay@oldham.gov.uk</a></p> <p><b>Senior Sponsor:</b> Alan Higgins, Director of Public Health,  <a href="mailto:alan.higgins@oldham.gov.uk">alan.higgins@oldham.gov.uk</a></p>

	Area	Summary	RAG
<b>1.0</b>	<b>Leadership and strategy</b>		
1.1	Strategic approach to work and health owned and agreed by local HSC and LA leadership bodies	Planned activity for June 2017 includes a report to Oldham Councils Directorate Management Team (DMT), with view to taking further briefings to the Executive Management Team (EMT) and to the cabinet member holding the portfolio for Health and Wellbeing and cabinet member holding the portfolio for employment and skills and to Health and Wellbeing Board timetabled for the 27 <sup>th</sup> June.	
1.2	Clinical Commissioning Groups have been engaged and agreed to support progression the project	Oldham's CCG Head of Public Affairs attends the local Work and Health Implementation meeting as the key link to the GP cluster groups within this programme. The Council DMT briefing paper will be given to Mark Drury to adjust and take through the CCG management team.	
1.3	Locality plan prevention and primary care strands reference and incorporate employment outcomes within new delivery models	Employment is not explicitly chaptered within the Oldham Locality plan, but is a thread referenced throughout. The Integrated Care Organisation (ICO) is still in formation stage and at present contains 6 core strands including core and extended primary care; at this early stage employment outcomes are not incorporated. However within the Thriving communities strand is a social prescribing model which will be allied with this programme to build progression to employment pathways.	
1.4	Key leads within primary care identified and engaged (Clinical Leads, GP Feds/Cluster)	Through the CCG head of public affairs, the North GP cluster has been engaged in initial discussions. Further engagement meetings are planned.	
1.5	Mechanism for local ownership and governance identified and agreed	To be agreed under section 1.1 where potential governance arrangements will be detailed within the briefing sessions.	
<b>2.0</b>	<b>Operational readiness</b>		
2.1	Locality lead in place with sufficient capacity to co-ordinate locally	Public Health specialist leading on this has work and health as one of their portfolio areas. Although Oldham is showing clear commitment to this programme, capacity to support will be actively monitored when extent of officer time required is fully understood.	
2.2	Implementation group established,	An implementation group has been established and chaired by the DPH, with representation from CCG, GM HSCP, LA Economy and	

	building from GM WW Local Leads network	Skills and until recently Royal Oldham Hospital.	
2.3	'As is' mapping of current work and health support system offer, services and gaps against the outline delivery model in the Project Brief (s.3)*	A mapping document has begun and will continue to be populated until the implementation group are satisfied that all support offers have been captured and gaps identified as far as possible.	
2.4	Data summary available to understand local need and target population (economic and health data)	Both health data and employment data is available, but currently resides within 2 domains. Work will be needed to bring these spheres together to create a complete employment and health picture within the borough.	
2.5	Local stakeholder engagement plan developed: GPs ,primary care, relevant secondary care providers, local businesses, JCP, VCS, local people.	Much of this engagement has commenced informally as part of the mapping exercise and as such is too fluid to be described as an engagement plan. Following the stakeholder event planned for 13 <sup>th</sup> July 2017, a more systematic engagement plan will be developed.	
2.6	Primary care referral pathways – what currently exists or is in development in relation to prevention/social determinants support within LCO and Early help/public service hub models?	Further work is required to link employment to Oldham's emerging social prescribing model that will be within 1 of the 6 ICO strands – Thriving communities. Further work is again required to link to the placed based care within the Holts and Lees area. Oldham has an Early Help offer with pathways from primary care in place to the provider.	
2.7	Identification of practices/clusters willing to be early adopters	Through the CCG head of public affairs, the North GP cluster has been engaged in initial discussions. Further engagement meetings are planned.	
<b>3.0</b>	<b>Risks &amp; Challenges</b>		
3.1	Identify potential key issues and challenges within your locality	<ul style="list-style-type: none"> <li>• Following bid approval, this programme must be seen to deliver quickly to avoid the risk of disengagement.</li> <li>• Level of investment required within this programme needs to be proportional to need.</li> <li>• Oldham Council is facing further budget reductions, where these savings are to be found have not yet been identified for 2018/19 onwards and it cannot be ruled out that Get Oldham Working may be impacted. This would have a negative impact on Oldham's health and employment picture and in turn this programme of work.</li> <li>• Oldham LA and CCG are within a major period of change with the establishment of the ICO. A considerable amount of management capacity may be diverted to support fruition, and as such be diverted away from this programme.</li> </ul>	

		<ul style="list-style-type: none"> <li>• Risk to sustainability if financial investment is required as part of local implementation, initial or ongoing.</li> </ul>	
3.2	Identify initial support needs or questions for the Programme Team	<ul style="list-style-type: none"> <li>• Continued support from GM HSCP strategic lead for employment and health.</li> <li>• GM HSC to take note of the gaps identified within the Oldham mapping exercise and accommodate within the bid as far as possible.</li> <li>• Reassurance of a sustainable long term plan.</li> <li>• Programme team to facilitate sharing of best practice/ networking opportunities between localities with similar drive.</li> </ul>	

**Q1 Is there a local offer in place in relation to in work/at risk?**

There is no centrally co-ordinated support offer for Oldhamer's in work at risk of falling out of work due to a health condition. This said, a number of health services may have the conversation with patients about the benefits of work as part of recovery or condition management, or discuss reasonable adjustments, restricted duties etc. In addition to this the Local Authority service Get Oldham Working has a career advice service that could, if better connected to the health service, offer career advice to those wishing to change career and find a job that is better aligned to their health condition. This may mean retraining or developing new occupational skills.

**Q2 Is there a local employer-facing offer to support better workplace health?**

The Local Authority has an internal employee support programme called fit for Oldham and promotes health improvement and behaviour change through co-ordinated activities and MECC increasing the level of health literacy for key public health messages. Externally facing is less co-ordinated, but on request the commissioned lifestyle service Positive Steps can offer employees health checks/ health MOT's, stop smoking support and lifestyle advice.