



## Bristol Health and Wellbeing Board

WORK, HEALTH AND DISABILITY GREEN PAPER	
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Report for Discussion	

### Purpose of this Paper

1. The Work, Health and Disability Green Paper was published on 31 October 2017. The Green Paper is out to consultation until 17 February 2017. The Green Paper can be found here: <https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives>).
2. It contains a series of proposals covering reform of the welfare system, the role of work coaches and service provision available at Jobcentres, the contributions of employers in providing work opportunities and supporting staff once in work, a review of fit notes, occupational health support and the necessity for commissioners to recognise the importance of work as a health outcome.
3. This report provides a briefing on the issues contained in the Green Paper, their relevance for Bristol and proposes some comments for inclusion in a response to government from the Health and Wellbeing Board.

### Executive Summary

4. Bristol Health and Wellbeing Board welcomes the principles contained in the Green Paper but would like a number of considerations to be taken into account.

### Context

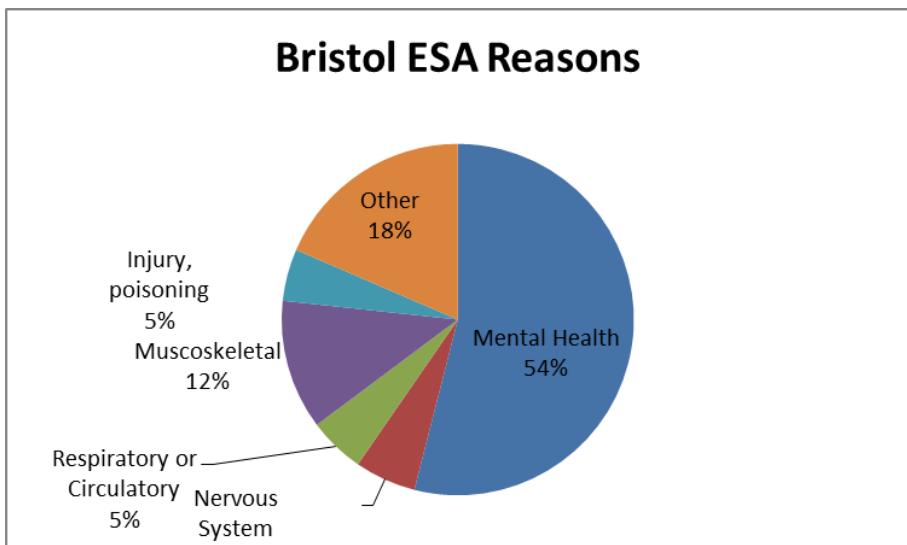
5. Evidence shows that work and income are major determinants of health, wellbeing, quality of life and life expectancy:

- Musculoskeletal and mental health conditions are major causes of unemployment and sickness absence.

- ‘Good’ work which allows people to learn, develop and achieve, has a positive effect on physical and mental wellbeing. Insecure, low paid and unsafe work has the opposite effect.
- There is a significant and unacceptable gap in employment rates between disabled people and non-disabled people.
- One in three of the working age population has a long term health condition. Many people with long term health conditions are in work but many are not, even though they could be.
- The percentage of the population living with long term health conditions will rise as the population ages. This means that managing health conditions in the workplace is going to be essential.
- Being out of work and not being able to find a suitable job can have a profoundly negative impact on health and wellbeing.
- Sickness absence and unemployment have economic costs as well as personal costs for individuals and communities. In 2012, sickness absence was estimated to be costing the Bristol economy more than £240 million a year.
- Although the West of England has been successful in attracting inward investment and creating jobs, there are people living and working in our city who have not benefitted from this success.
- Some of our economic and health inequalities are persistent and have shown little change.
- No single organisation can resolve these issues alone so a collective and collaborative approach is essential.

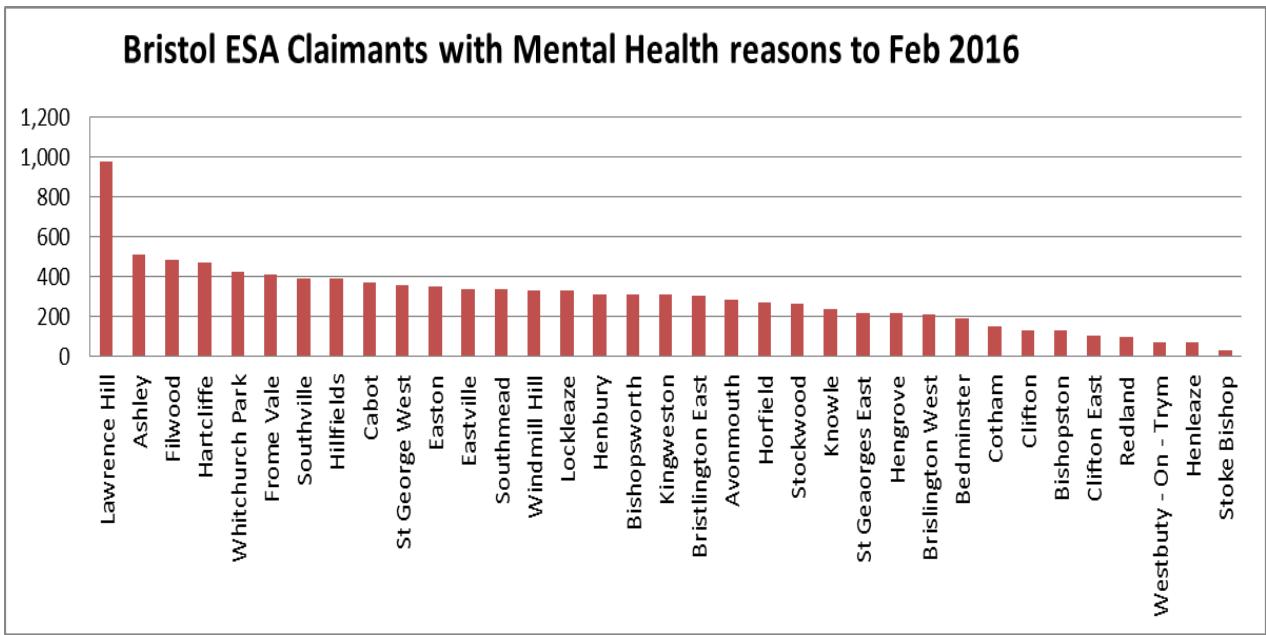
## **Local background**

6. One of the main ambitions of the Green Paper is to narrow the gap in employment rates between disabled and non-disabled people. In Bristol, the employment rate for non-disabled people is 80.8% compared to 54% for disabled people.
7. In Bristol, poor mental health is the single largest cause of Employment and Support Allowance claims (54%), followed by musculoskeletal conditions (12%) (see diagram below).



*ONS statistics, NOMIS, October 2016*

- 8.** The diagram below shows the distribution of mental health claimants across Bristol by ward. Lawrence Hill has more than double the number of any other ward.



*ONS statistics, NOMIS, October 2016*

## Proposed issues for inclusion in consultation response

- 9.** Below are some of the issues raised during local consultation on the Green Paper for inclusion in the Board's response:
- 10.** The principles contained in the Green Paper and the ambition to narrow the employment gap between disabled and non-disabled people are welcome.

- 11.** Additional resource nationally is welcomed but integration with existing health provision and employment support landscape will be the key to success. There is danger that national initiatives are not fully integrated with existing successful local schemes.
- 12.** Local agencies should be proactively encouraged to influence and support the development and implementation of new employment initiatives. Engagement will need to include a variety of partners who may not have typically been involved. For example, the health community has not traditionally been included in discussions about employment and employment support, despite the potential for work programmes to improve or impair health outcomes.
- 13.** Jobcentres often are not the right route for support for people with health conditions and disabilities. A wider range of alternative service providers needs to be considered, including the expertise and knowledge of professionals and practitioners living and working with health conditions and disability, in order that appropriate support can be identified and provided. Experience shows that one route does not fit all.
- 14.** Benefit claimants who find their benefits stopped as a result of being found fit for work are mainly those with mental health and musculoskeletal conditions and disabilities. The high rate of successful tribunal appeals for those wrongly declared fit for work shows that mandation and sanction are inappropriate for this group of claimants.
- 15.** We welcome the review of fit notes. Fit notes are required to serve a number of purposes and GPs face significant challenges in making assessments that can fulfil all of these. It would be helpful if a wider range of professionals could be involved in making recommendations. This should include those with wider experience of what's required for different job roles and those with an understanding of the characteristics of long term health conditions, particularly for conditions where symptoms fluctuate.
- 16.** The voice of service users needs to be included in the development of new initiatives and programmes, both locally and nationally. Services and programmes which focus on the individual are more likely to provide sustainable employment outcomes.
- 17.** Clarity of what is required from employers will be important. This needs to be ambitious but realistic.
- 18.** Most employers in Bristol are small and medium sized enterprises who will struggle with additional responsibilities for health-related recruitment and retention unless external support is free and readily available.
- 19.** Local awareness of the Fit for Work service is very low. Many employers and GPs are unaware of the Service and have not used it (<http://fitforwork.org/>).

- 20.** Linking employment support and welfare benefit support to social prescribing frameworks has the potential to provide opportunities for local integration.
- 21.** The prevalence of long term health conditions will rise as the working population ages. As a result, proposals need to be future proofed in order to ensure they meet emerging, as well as current, needs.
- 22.** The evidence base for what works must be taken into account in the design of reforms, services and commissioning, for example, building on the success of Individual Placement and Support programmes (<https://www.centreformentalhealth.org.uk/individual-placement-and-support>).
- 23.** The role and suitability of volunteering as a pathway to employment requires clarification in order to ensure it is offered appropriately and does not become an end in itself.

## **Consultation**

- 24.** The Green Paper was discussed at a Work and Health Think Tank on 30 January 2017, hosted by Bristol Health Partners and Bristol City Council, and attended by a wide range of public, private, voluntary and community sector partners. Participants included Shelley Fuller, a speaker from the Joint Work and Health Strategy Unit, which is responsible for the Green Paper and the consultation process, and members of this Board.
- 25.** Evidence from Bristol's Joint Strategic Needs Assessment demonstrates that high rates of unemployment, disadvantage and mental health conditions coincide in Bristol. Representation from equalities groups and people with lived experience were included in the consultation. Employment rates are significantly lower for disabled people and those living with long term conditions. Improving access to work and supporting people with health conditions in the workplace will help to address health inequalities.

## **Implications (Financial and Legal if appropriate)**

None

## **Recommendations**

That the Health and Wellbeing Board comment on the issues raised in this briefing and agree for final submission to be delegated to the Board's Joint Chairs in order to comply with the deadline of 17 February.

## **Appendices**

None