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D2N2
Derby
Derbyshire
Nottingham
Nottinghamshire

Health and Wellbeing Pilot Scoping Report

D2N2 Local Enterprise Partnership

October 2017

European Union
European
Social Fund

The D2N2 Technical Assistance project is part-funded by the European Social Fund as part of the 2014-2020 European Structural and Investment Funds Growth Programme in England

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1. Contents

2. Scope and methodology

2.1 The brief

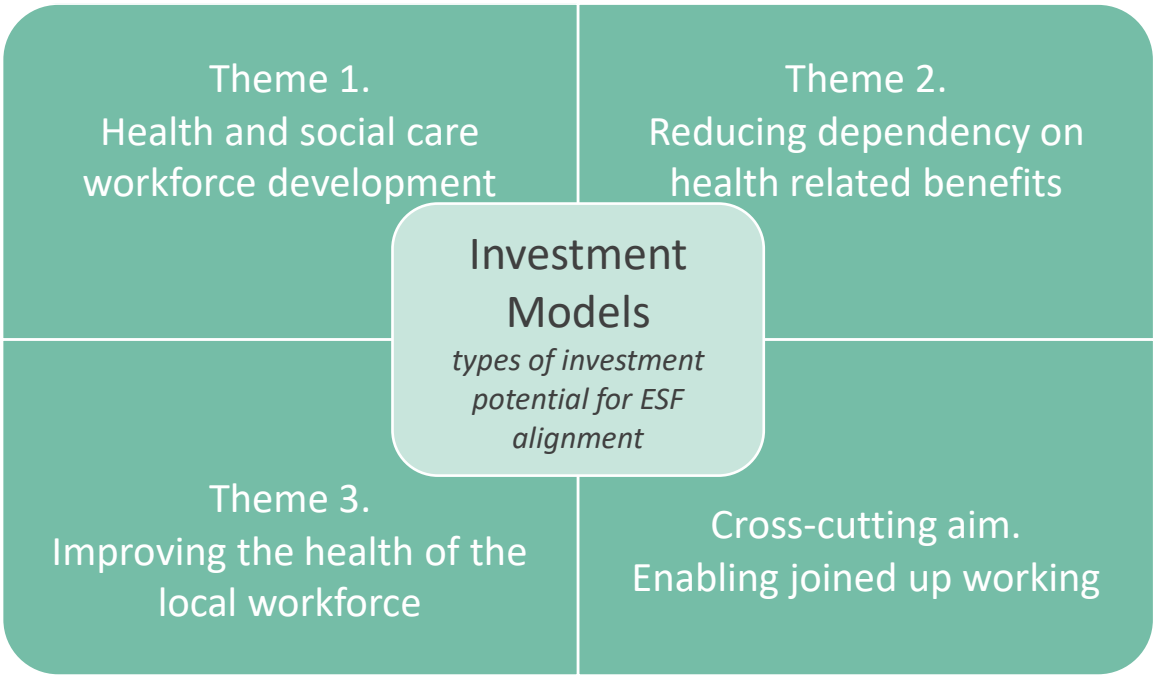
D2N2 is the Local Enterprise Partnership (LEP) for Derby, Derbyshire, Nottingham and Nottinghamshire. Its vision is a more prosperous, better connected, and increasingly resilient and competitive economy.

In July 2017, D2N2 commissioned consultation and research to inform the forthcoming D2N2 Health and Wellbeing Programme European Social Fund (ESF) call, as part of the ESF Technical Assistance Programme.

The D2N2 Technical Assistance project is part-funded by the European Social Fund as part of the 2014-2020 European Structural and Investment Funds Growth Programme in England.

The brief was to provide an evidence base of current activity, investments and opportunities that could realise the following 3 thematic outcomes and cross-cutting aim:

Figure 1: Evidence base priority outcomes



The programme was earmarked by D2N2 in recognition of the considerable potential of the Health and Wellbeing (HWB) sector to realise growth, provide employment and drive

technological innovation. It has developed a Health and Social Care Skills Action Plan in response. It also recognises the importance of HWB in enabling people to access and retain work, progress in their career and raise productivity. A full list of potential activities identified by D2N2 is included in Appendix A.

When the brief was commissioned the indicative programme budget totalled £2m with the potential for this to be extended. This comprised:

Figure 2: D2N2 Health and Wellbeing Programme funding

Investment programme	ESF Value
1.1 Access to employment for job-seekers and inactive people	£800,000
1.4 Active inclusion	£800,000
2.1 Enhancing equal access to lifelong learning	£400,000

The Managing Authority for this programme is the Department for Work and Pensions (DWP). A full list of eligible participants and results for these investment programmes is included as Appendix B.

Since the work commenced it became evident that the opportunity to run a pilot before commissioning a fuller programme will not be possible. This is due to the restricted contracting timetable brought about by the triggering of Article 50. This means that D2N2 is currently reviewing the totality of its remaining investment programmes, and the outcome of this research may fund a discrete health and wellbeing programme, or may now inform a more generic programme with a work and health element. Either will need to consider the technical feasibility of delivery within the timescales and programme criteria, in addition to effectiveness and impact.

Richmond Baxter Ltd was appointed to conduct the consultation and research. The team comprised Claire Baxter (Director) and Helen Hill (Associate).

2.2 Methodology

The methodology comprised the following stages:

1. Scoping and planning, including a review of relevant strategies, action plans and issues and opportunities already known to D2N2
2. Stakeholder engagement, running from 7th August to the 15th September. This formed the main aspect of the consultation and research, and comprised:

- Telephone and face-to-face interviews with the three Building Better Opportunities (BBO) programmes and INSPIRE Local grant / contract holders
- Targeted interviews with a range of organisations working in relevant fields
- Information submitted in response to an invitation for any organisations to provide evidence on the following open questions, with a follow up discussion in some instances.

Figure 3: Consultation questions

What activities are you doing in this field?

What are the key issues?

What makes it work and why (or why not)?

How is it funded?

What should a D2N2 pilot do?

What need or gap would this fill?

How would this add economic value? Or promote closer working?

Are you aware of funding that could co-fund a D2N2 pilot?

Are there opportunities to align mainstream funds / income to achieve added value for both health and economic outcomes?

Is there anything D2N2 should avoid doing?

A list of organisations that responded is provided in Appendix C. In total 107 people contributed from 73 organisations and partnerships.

Every effort was taken to ensure a thematic and geographic spread. The research has helped D2N2 extend its reach to new organisations. Early contacts were typically from organisations familiar with the D2N2 European and Structural Investment Funds (ESIF) agenda (e.g. councils, education organisations, some within the VCS), but as time went on contact with health organisations in particular grew. All have been provided with an overview of the fund and its requirements, advised to subscribe to D2N2's alerts and if appropriate connected to others exploring similar issues in their area.

3. Desk based research, including approaches taken in other LEP areas, Combined Authorities and related policy and strategy to ensure 'future proofed' recommendations.
4. Analysis and recommendations, with a particular focus on categorising the huge array of individual activities into broad investment / intervention model, and identifying gaps in provision, potential to promote joined up approaches and to trial activities to address growing demand or future opportunities.
5. Recommendations will contribute to the priorities of D2N2's Strategic Economic Plan, ESIF and other supporting strategies, add value to existing activity and lever match funding to ensure the most effective outcomes for businesses and individuals.

A note on definitions. The consultation and research on health-related benefits and overall health of the workforce identified issues of ill-health, both physical and mental, disability and a wide spectrum of other conditions. These vary in severity, duration and can co-exist.

The Equality Act 2010 defines a disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to do normal daily activities. This report did not limit itself to this scope as consultees work extensively with those in work, with self-reported conditions and who were unable or choosing not to claim benefits.

The report identified an appetite to understand the needs of particular groups and how to accommodate these, but also their strengths and potential. It therefore avoids the use of 'limiting' to describe a disability, condition or illness unless quoting a third party.

3. Health and social care workforce development

3.1 Strategic context

The health and social care (HSC) sector is one of D2N2's priority sectors because of its scale and potential to grow.

> *The Health & Social Care sector [has] over 3,170 employing 'enterprises' and an estimated workforce of around 125,580. The sector is of great significance to the local economic and social wellbeing.*
>
> *D2N2 Skills Action Plan. Sector: Health and Social Care. April 2016*

It also has a twin role to play in D2N2's ambitions for inclusive growth by providing entry level jobs with career potential to highly skilled roles, and by ensuring consistent, high quality support for many of those furthest from the labour market. The ambition of the Government, spearheaded by the Work and Health Unit, is that more of these services and their workforce take a proactive role in championing and enabling work for the unemployed and excluded.

> *Employment can help our physical and mental health and promote recovery. But the importance of employment for health is not fully reflected in commissioning decisions and clinical practice within health services, and opportunities to support people in their employment aspirations are regularly lost.*
>
> *Improving Lives: The Work, Health and Disability Green Paper. October 2016*

The sector is incredibly diverse, meaning there are many job opportunities, but also challenges to co-ordinating recruitment, progression and retention. The HSC workforce includes hospital and medical nursing home activities, GP services, health visitors, specialist medical (mental and physical health) and dental practices. The social care sector includes social workers, residential nursing care and home care, and specialist care and support facilities, home care and child day care (although only 3 consultation contributors mentioned early years). Provision can take place in dedicated facilities, schools, the community or home. Providers include the state, private sector (independent or commissioned) and increasingly personal assistants working independently, employed by an individual with a personal budget.

3.1.1 Local health strategies

Health and Wellbeing Boards bring together councils, the NHS and wider partners to improve health outcomes and reduce health inequalities for an area, and to encourage joined-up commissioning. Each Board produces a Health and Wellbeing Strategy setting out shared priorities

All Health and Wellbeing Strategies in the D2N2-area spoke of the need to change 'the system' to improve health outcomes in the context of demographic and budgetary pressures. Some directly cited that this had implications for workforce development and some implied it. Unemployment featured in the contextual sections as a wider determinant of health[1], but enabling employment was less evident within priorities. One of the reasons behind Nottingham's mental health priority is its impact on the general workforce health and Derbyshire touches on the matter in its aim to create healthy communities. Employment status is recognised as having a causal effect, as a potential outcome, but is not embedded as a solution lending weight to the Green Paper conclusions (above). Note, three of the four strategies pre-date the growth in policy emphasis on employment as a health outcome, and some consultees noted that time pressures meant health and care professionals were unlikely to ask people about work, even if they felt equipped to do so.

Sustainability and Transformation Plans (STPs) were developed in 2016, on a countywide basis in most areas, by a partnership of NHS organisations and councils. They were tasked with improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. These represent a move from driving competition to collaboration, integration and 'place-based planning' across health and care services in an area. Each has a workforce development element, embedded or in a separate plan.

3.1.2 Rising demand and skills shortages

Demographic change, replacement demand and an aging workforce means demand for HSC workers is growing, offsetting any reductions achieved through technological change and efficiencies.[2] There is wide ranging evidence on staffing shortages and the cost to the economy including:

- A recent national review[3] of NHS clinical staff found a 5.9% reported staffing shortfall in 2014, equating to 50,000 clinical staff, and £3.3 billion spent by trusts on agency staff in 2014-15 compared with £2.2 billion in 2009-10. 61% of temporary staffing requests were to cover vacancies in 2014-15.
- The social care sector has an overall turnover rate of 25.4%, equating to around 300,000 workers leaving their role each year.[4]

[1] Note wider determinants to consider are set out in national guidance.
[2] NHS and social care workforce: meeting our needs now and in the future? The King's Fund. July 2013
[3] Managing the supply of NHS clinical staff in England (February 2016); National Audit Office
[4] The state of the adult social care sector and workforce in England. Skills for Care, March 2015.

- The D2N2 Sector Plan reports a need for more Advanced Clinical Practitioners, Registered Nurses (Band 5), Acute Medical Practitioners, Emergency Care and General Practice Specialists. Within Derbyshire alone there is a need for 100% more Advanced Clinical Medical Practitioners.[5]

The impact of Brexit is expected to worsen shortages. The King's Fund[6] reported freedom of movement and mutual recognition of professional qualifications had enabled EU professionals to work in the UK, including 55,000 for the NHS and 80,000 in adult social care. Initial views that those most likely to leave the UK would be higher skilled has shifted[7], with the weakened exchange rate now, anecdotally, impacting work intentions of lower paid staff.

There is also a need for new skills. In the D2N2 area, STP workforce development objectives include futureproofing the workforce, strengthening system leadership and cultural change, enabling excellence in delivery, and the skills and flexibility to enable integration or multi-disciplinary working.

Consultees identified numerous challenges to addressing these issues:

- Lack of awareness of careers resources available, inconsistent quality and availability of resources, advice, sector champions and work experience, and resources not being accessed by schools.
- Unclear pathways. Consultees reported that routes from entry level roles to more senior, higher paid roles, or to roles in different parts of health and care were either not well-established (because or organisational structures, qualification limitations, different cultures) or not well-promoted. This means some do not consider these sectors. Conversely, care can become a 'default' choice encouraged by schools for some girls with lower qualifications who then drop out.
- Qualifications and cultures that act as a barrier to movement between health and social care. Professions (and in some cases numbers) are regulated by different national bodies.
- Work can be challenging. A number of consultees reported a high turnover of staff which they considered due to the demands of the job, and clients and beneficiaries with people with increasingly complex needs. One consultee in the VCS reported 37% of staff leaving in one year.
- Consultees perceived home care as having an 'image problem', perpetuated by the relatively low pay in some roles.

[5] D2N2 Skills Action Plan. Sector: Health and Social Care. April 2016
[6] Five big issues for health and social care after the Brexit vote (June 2016); The King's Fund - http://www.kingsfund.org.uk/publications/articles/brexit-and-nhs
[7] Economic and Social Impacts of Emerging Communities in Derbyshire and Nottinghamshire, S4W and Richmond Baxter Ltd for D2N2 Local Enterprise Partnership. December 2017

- Difficulties for training providers engaging with such a diverse sector, with some SMEs and lone Personal Assistant workers (employed by individuals using personal budgets) lacking the capacity to access available training or release workers for training.
- Challenges, even for large organisations, engaging with the new apprenticeships agenda, with some home care and nursing care providers lobbying Government because of the added cost of providing these in settings with minimum staffing ratios and safety considerations.

There are also specific drivers of shortages within the sector e.g.

- The image of the care sector. There was a view that larger care employers could do more to promote the sector's image (e.g. the rewards of being like a part of somebody's family).
- Demand for children's social workers, with some respondents saying early intervention has been lost with the scaling back of Children's Centres and reduced VCS funding and activity.
- Comparatively high salaries for agency social workers, creating difficulties establishing a permanent workforce and consistent care. One council consultee reported a multi-million pound annual agency budget.

As yet, the impact of the end of bursaries (e.g. in nursing, physiotherapy and occupational therapy) is unknown, and will depend on the popularity of higher apprenticeships.

3.2 HSC workforce – proposed models

Workforce development is organised and funded in a multitude of ways, with much purchased on a commercial basis by organisations or individuals.

What follows covers models where two or more major partners work together to have a strategic impact, aiming to tackling wider issues of labour market shortages, productivity and / or an inclusion agenda. Groupings are based on the research team's analysis of activities and objectives as terminology and scope varied immensely.

3.2.1 Sector Based Teaching Models - Teaching Partnerships and Facilities

These tend to be partnerships around a specific profession and or location. This is not intended as a criticism, as this is typically driven by funding opportunities and requirements and can arguably have a more immediate impact because they avoid some of the challenges to cross sector working.

The 'teaching hospital' is a well-established model, but there are new examples emerging in the care sector. The D2N2[8] Teaching Partnership of universities, councils and some VCS organisations is part-funded by DfE to improve the quality of social work training and social work practice. Much of the current support is for qualified (degree level) or nearly qualified social workers, but there is an appetite to explore and develop alternative pathways, including upskilling the existing workforce, social work apprenticeships and opportunities for Care Leavers. There is also potential to strengthen the geographic coverage.

There are some small examples of 'teaching care homes' though these are limited in the D2N2 area. MHA, a national provider of care homes and supported living for older people with its headquarters in Derby, is one of five care home providers running a 12-month trial funded by DH. (The home is based in Harrogate.) It will be a practice development programme to explore how to boost the role of nursing within the care sector and will develop training tailored to existing carers who are qualified nurses from overseas, but need support to be recognised as nurses in the UK. It is intended to overcome recruitment issues, underutilisation of current staff skills and help those with ambitions to be nurses, but not via a degree route. It also responds to feedback from managers and nurses in homes that nurse training doesn't equip you for (or promote) a career in care.

3.2.2 Sector Based Employment Models - Sector Academies, Development Hubs and Inclusion Projects

A number of projects were characterised by sector-specific preparatory activity and training (e.g. lifting, personal hygiene), typically supported or sponsored by employers guaranteeing interviews. These were typically targeted at particular vulnerable or excluded groups, with lower skills and other barriers to employment.

Examples include:

- Skills for Care DWP Sector Based Academies
- The 'Get Into Hospital Services' pre-apprenticeship courses run by the Prince's Trust for Chesterfield Royal Hospital and Nottingham City Hospital
- Staffordshire Carematch, a public / private initiative.

A number of respondents proposed more of these activities, or trialling these in different sectors (e.g. taking programmes established in health into a care setting), with targeting at specific groups, promoting values based recruitment and a strong emphasis on matching candidates to jobs. Of these, partnerships with the HSC sector (as employers) seemed most likely to secure match from health bodies or councils.

Some consultees were keen to develop workforce development hubs targeting existing lower skilled employees with experience and aptitudes to develop them as future leaders

[8] A self-selected title. The Teaching Partnership is not part of D2N2's formal governance.

Recruitment from within also has the potential to bring the experience that 'Teaching First' may not. Some were keen to develop pathways for Care Leavers and Carers to access jobs in the care sector, building on their lived experience. Councils have new duties to support care leavers into training and employment and have or may invest in employment coordinators. Others considered this an opportunity for lone parents.

3.2.3 Talent Academy Model

A number of council, health, education and training consultees are working on or wish to develop a Talent Academy, typically over countywide / STP geography. These take the above models a step further, aiming to address both the practical and strategic barriers to recruitment, retention and integration, driving the delivery of STP workforce plans.

Activities would typically comprise:

- improved careers advice and resources, including demonstrating careers pathways (some noted the improved resources provided by D2N2, but felt more could be done and that it was still 'pot luck' if a school chose to use them)
- work experience, placements and other 'immersive' experiences that overcome health and safety barriers
- vocational options that develop skills for and awareness of multiple sectors, with qualifications transferrable within (e.g. Care Certificates) and across health and social care
- development of associate and apprenticeship options to enable progression, including care apprenticeships and healthcare assistants
- building on the profile and appeal of healthcare to drive interest in social care
- working with employers closely to provide a Hub-style 'one stop shop' to access candidates, new and existing resources – this could include 'demystifying' apprenticeships and building management capacity if required.

The ability to engage with a range of employers would be a key aspect to success, helping to tackle many of the challenges consultees identified.

In Derby and Derbyshire there are ambitions to extend their relatively new model, and in N2 to establish and accelerate development of one. In both, investment would come from core funded NHS and council activities and / or Better Care (NHS England)[9].

[9] This is a good example of the complexity – the start-up D2 Talent Academy was funded by Public Health England, and is currently funded by Better Care (which 'sits' with STPs – health and council partnerships). As part of this Health Education England has commissioned a project on values based recruitment from Social Care Solutions, which is the Skills for Care social enterprise arm.

Whilst more strategic than Sector Based Models, there was also less evidence of VCS involvement which can overcome barriers to engagement and trial innovative approaches.

Some mentioned the possibility of scaling up aspects of both of the above models to the public sector as a whole, although how this would be funded was unclear.

3.2.4 Interventions to tackle additional barriers to recruitment and retention

A number identified the need for funding or solutions to tackle barriers to certain groups participating, regardless of the model. These included:

- Poor public transport or transport costs in rural and less well-served areas
- Hardship funds towards childcare

3.2.5 Personal resilience

A strong aspect of the above is to attract informed people into professions and equip them for a varied and productive career. A number of schemes, potentially complementary, were designed to improve retention by tackling burn-out. These could equally apply to the wider workforce, but high turnover and rising stress related absences in the context of reduced budgets have forced the issue in HSC. Examples included:

- An NUH health and wellbeing programme which initially focused on physical activity, but has grown to encompass other aspects including mental wellbeing. Interventions have been informed by in house psychology team expertise including a stress management course. This is core funded and there is potential to extend it to other organisations.
- A Practice Development Unit for frontline workers in Nottingham from care, housing, DWP, justice etc. This is Big Lottery funded, aims to develop personal resilience and also train staff in best practice such as Psychologically Informed Environments.

3.2.6 Other comments

A number of other sector workforce issues were identified by consultees that the pilot as originally envisaged would not assist. However, there may be scope if D2N2 proceed with a full call:

- Medical graduate retention scheme
- More, improved graduate internships
- Stress management for higher skilled professionals, particularly those from non-priority groups

This feedback will also be relevant to negotiations on the future Shared Prosperity Fund.

The Work and Health Unit is interested in the idea put forward by the D2N2 Provider Network to bring the HSC workforce and employment and health agendas together, so excluded groups drive the change that is needed. This should not be at the cost of choice or aspiration, i.e. it should not become the default choice for people because of their lived experience.

4. Reducing dependency on health related benefits

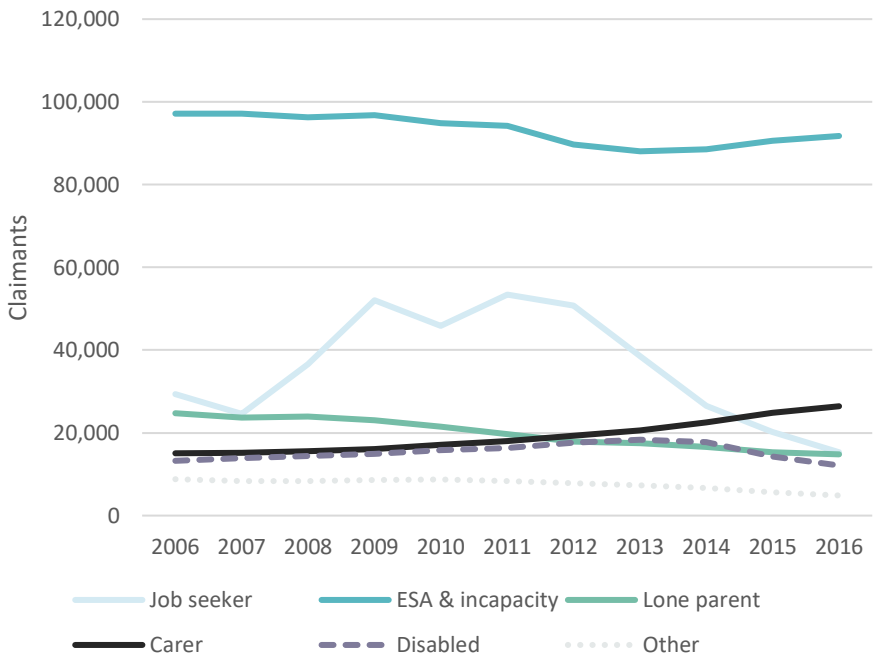
4.1 Strategic context

A number of drivers are creating an imperative to tackle health, disability issues and employment in a co-ordinated approach.

These include:

- A greater proportion of the population on health-related benefits than unemployment benefits, and with a growing gap.
- The number of working age claimants of incapacity-related benefits remaining static for at least a decade. Despite some churn, 55.1% of D2N2 claimants have been in receipt of benefits for 5 years or more, and 75.0% for 2 years or more.[10]

Figure 4: Benefit claimants by statistical group, D2N2, 2006-16

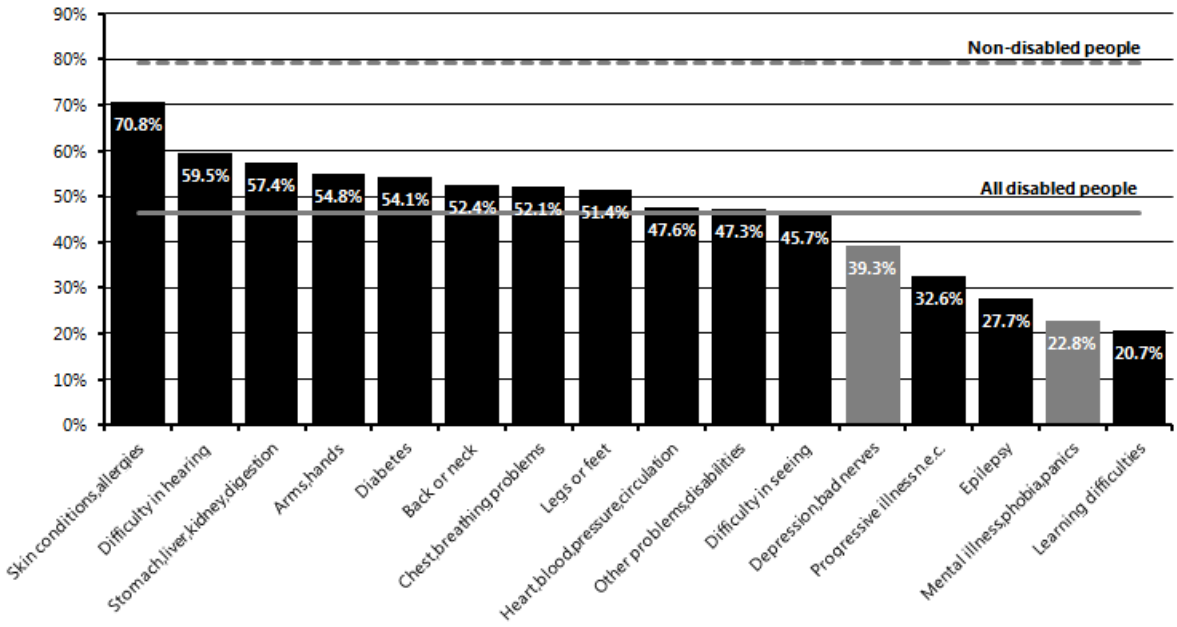


Source: Working age benefit claimants by stat group, ONS Crown Copyright Reserved, from Nomis, September 2017.
Note: stat groups are as determined by DWP

[10] Working age benefit claimants by 'ESA and Incapacity Benefits' stat group, November 2016. ONS Crown Copyright Reserved, from Nomis, September 2017.

- A significant differential in employment rates between those with health conditions or disabilities and those without.

Figure 5: Employment rates by health condition or disability, Greater Britain



Source: TUC analysis of Labour Force Survey Q3 2014 from Disability and Employment, 2015
Note: figures are for Great Britain, segmented in accordance with the Equality Act

- Unemployment can damage people's wellbeing regardless of their age, gender, level of education or ethnicity. The longer the time unemployed the worse the effect and people do not adapt to unemployment; unlike the impact of many other life events, their wellbeing is permanently reduced.[11]
- The potential of this group in the face of labour shortages and skills gaps being reported by many employers.

4.1.1 Policy direction

There is a strong policy drive to tackle employment and health in an integrated way. The recent Green Paper, Work, Health and Disability: Improving Lives[12] set out the Government's ambition and measures to ensure '…disabled people and people with long-term health conditions have equal access to labour market opportunities and are given the

[11] Unemployment, (re)employment and wellbeing. What works Wellbeing. March 2017. https://www.whatworkswellbeing.org/product/unemployment-reemployment-and-wellbeing/
[12] Improving Lives: The Work, Health and Disability Green Paper, DWP and DH. October 2016.

support they need to prevent them from falling out of work and to progress in workplaces which embed effective health and wellbeing practices'. Measures include working jointly with the NHS, and seeking views on the role employers should play.

Government recently established a joint Work and Health Unit to tackle this agenda.

The Work and Health Unit aims to improve the health and employment outcomes for working age people who have, or may acquire, a disability or health condition. It is jointly sponsored by DWP and DH. It has a remit to:

- lead the government's strategy to halve the disability employment gap
- contribute to improving productivity and growth of the economy
- reduce health inequalities
- ensure effective, sustainable use of public resources.

Its vision for a reformed health and work system is one where:

- Work is seen as good for your health across society
- Employers will have the support they need to be disability confident
- The service user will be at the heart of the system[13]

There is a significant amount of provision aiming to address these issues, both nationwide and through bespoke locally funded activities. A list of just national and D2N2 activities identified by consultees is included as Appendix D.

The Work and Health Programme contracts will be awarded shortly. Note provision may also vary dependent on which prime is awarded the contract, as they have taken different approaches to sub-contracting and employer engagement.

4.1.2 Challenges

This volume of provisions raises the question, why have levels of incapacity and labour market inequalities persisted? Consultation responses suggest the drivers include:

- Payment and target mechanisms incentivising support for those with greatest need
- Growing complexity of those 'left' to help
- The success of destigmatising mental health issues

[13] The Work and Health Unit. An introduction to the UK Government's new work and health unit. Huw Meredith, Head of Delivery. 2016

- Failure to promote work aspirations amongst those with disabilities
- Issues with the system, not joining up or not matching the right people to the right help
- One-size-fits all support, in the context of the above – DWP are effectively 'in-sourcing' support, with advisers requiring an ability to work with any individual
- Insufficient employer-support interventions (e.g. flexibility of work, employer support). Data from Work Choice illustrates the importance of support in work; participants were much more likely to obtain a supported short job outcome than an unsupported one (68% were supported for starts from November 2015 to June 2016).
- Negative approaches to the issue, with insufficient championing of the benefits people with disability or health conditions can bring

The prevalence of support means that for the HWB Programme to have meaningful impact it should fund activities that

- Fill a genuine gap in provision or one where need is not being met (see below)

  And / or

- Tackle structural or system issues

  And where possible

- Anticipate the direction of travel, so the D2N2 area is strongly placed to benefit from or influence future provision.

4.2 Gaps in provision – need and opportunity

Gaps in support for the following groups were identified by respondents.

4.2.1 Common and Lower Level Mental Health Issues

Mental health was identified as an issue by most consultees, including anxiety, stress and some forms of depression. A number explained the connections across issues, including when physical health leads to social isolation and financial difficulties. Concerns spanned both a lack of appropriate health or health and employment support and the growing prevalence of people with these issues.

> *'I can't believe how much mental health has become an issue over 10 years. Young people on the face of it fit for work… are judged as able to sort themselves out so left to drift.'*
> *District Economic Development Officer*

Some areas had coverage of secondary support via an IPS service (see below), but there was a view that lower level needs were growing significantly and services had yet to catch up. Some health-commissioned support also ceases once the health support ceases, so continuation and in-work support was thought to be lacking.

4.2.2 Disability

A theme emerged regarding gaps in provision for those with disabilities. Respondents felt this was the product of:

- Seeing 'the disabled' as one group, and not segmenting services or approaches.

  "Services to support people into work lack knowledge. [We] need to know what to advise employers for different groups."
  Partnership Officer

- Barriers to interventions stimulating demand for jobs, notably contract targets (commercial, European or other) making work with some groups unviable.
- Too weak or too few interventions to grow the supply of accessible jobs including a lack of high level leadership championing disability and strengths-based approaches. Some consultees considered that with the right support, people with additional challenges make a strong contribution and remain with an employer for longer.
- Respondents felt Disability Choice had either not been promoted enough, or had been pushed negatively ('you must do this') and Access to Work which can support with funding for the individual or employer had been underutilised. (See also below.)

Nimbus Disability, a Derby-based social enterprise, has created The Access Card. It works like an NUS card, providing both identification (particularly useful for those with hidden disabilities) and access to discounts. It now has 9000 UK members who can access discounts, source best practice organisations and relay accessibility needs automatically to services and leisure facilities across the country. It aims to show the spending power of people with disability, influencing change and connecting people to new avenues of support through a positive message.

- Responses revealed that some get trapped in a cycle of volunteering. E.g. Derbyshire County Council's core funded Disability Employment Service reported successes with volunteering and placement, but a need for capacity to better engage employers.

One J2E Job Club leader said people could volunteer a number of times, but be frustrated by a lack of job opportunities.

- Some reported a high prevalence of disability amongst older people of working age in areas where jobs had been lost, the coverage of both the VCS, Job Centres and statutory services had diminished and transport links were poor (e.g northern parts of both counties). A similar point was made about musculoskeletal conditions.

4.2.3 Young people with disabilities, including learning disabilities

Additional specific barriers and opportunities to support young people included:

- Programme targets making meaningful interventions unviable for those with learning disabilities.
- Those with lower levels falling below service thresholds.
- A need for activities that work with the whole family, to overcome parental or carer concerns of the impact of losing benefits.
- A concern from some that apprenticeships excluded young people with disabilities due to the level, lack of flexibility in pace and style, or recruitment practices (i.e. large employers commissioning a provider using their Levy who in turn prioritised those without additional support). Note there were examples of large employers with good track records.
- By overlooking their strengths there was a missed opportunity for individuals and the economy. This was particularly true in the case of IT where they could bring valuable skills and this could help them work flexibly around their disability.
- Autism[14] was specifically identified as a priority for a number of consultees, in part because of the potential to address skills shortages in technical professions. No match was identified, but some best practice was identified.

CodeX is a new social enterprise located in Nottingham that aims to improve the employability of young people with autism through a structured coding education program. Only 16% of individuals with autism are in full-time paid work and our goal is to increase those statistics by teaching young people the skills necessary to move into a computer-focused workplace.[15]

[14] Autism is not a learning disability, although people with an autism spectrum disorder often have symptoms or aspects of other conditions which can include a learning disability.
[15] Enactus website, https://www.enactusnottingham.org/codexm

4.2.4 Multiple Needs and Complexity

A trend emerged of those 'left' requiring support having more complex needs, both health-related and socio-economic. This is in the context of both JCP and VCS frontline becoming more generalist, the latter a result of squeezed budgets. Three specific proposals were:

- to extend current BBO provision
- an enhanced Integrated Working Project, based on a co-ordinator model, including employment support and backed by a partnership of statutory services
- an employability offer within housing services (matched by Housing Aid or Housing Benefit).

4.2.5 Labour Market Status, including Edge of Work

In addition to identifying potential cohorts by health condition or disability, groups were identified by their labour market status. The two most frequently mentioned were those on 'the edge of work', recently taking sickness absence or becoming unemployed, and with a risk that this would become entrenched. The second were those who had undergone an ESA reassessment and been found fit for work, but felt unable to claim JSA because of the job search requirements and so who 'fell off the radar'. The transition to Universal Credit presented a further risk.

4.3 Reducing dependency on health related benefits - models

4.3.1 Social and Therapeutic Employment Support Models

A range of activities begin from a point of developing an individual's confidence and mindset, re-engaging them alongside or in tandem to pre-employment support. These are typically characterised by easy entry, non-mandatory, low pressure or Psychologically Informed Environments and an element of mentoring or peer support. Some incorporate a therapeutic element to promote self-care and personal resilience, some incorporate a discretionary fund to help participants with expenses and there is often an element of volunteering or work trials. There is no one funding model, and it can be the cohort that attracts the funding (e.g. from a Trust) rather than the activity per se.

- Derbyshire YMCA, Deventio and Zink Employability consultees all cited the ESF-funded small grants programme run by Futures as achieving good outcomes at a low cost.
- Double Impact Services and Inspirative Arts reported good results from programmes targeted at groups recovering or overcoming specific barriers, funded by Big Lottery

Fund and Skills for Care respectively (and the latter focused on employment in the care sector)

- The charities running the new DWP-funded J2E Clubs supporting people with disabilities (Nottingham CVS and The Learning Consortium, both partnering with Disability Direct) were positive about the model and had heard of positive outcomes achieved by earlier waves elsewhere.

Recovery Colleges arguably fall within this category, albeit based on a well-defined American model. These specifically work with individuals with mental health challenges as pupils, not patients. Activity is peer led or co-produced, with modules that move people towards education or towards employment. Some are in employment and close to falling out, so have employer support to attend. There are two in the area, in Worksop and Mapperley, receiving some limited NHS funding. There is potential to develop two further ones in Nottinghamshire, incorporating a wider set of employment support and community services, supporting individuals with disability and matched by funds raised independently by the lead organisation.

4.3.2 Social Prescribing

Social prescribing models typically enable a GP or other health professional to refer a person to a range of non-clinical options ranging from financial advice to community and creative activities. Often these are provided by VCS organisations, and sometimes this is expressly because these are considered a lower cost alternative with potential to alleviate pressure on health and council services as well as for the outcomes they can achieve. These were identified as an area of interest and with potential to be expanded, particularly to get employment support 'on the pad' to make the fit note practically workable (i.e. something a GP can prescribe).

A number of pilots and programmes exist, funded by CCGs or NHS England / Vanguards, using slightly different approaches. Examples include Bassetlaw CVS (funded by the CCG), a Bulwell and Bulwell Forest Self-Care pilot with Self Help UK, a wider Nottingham expansion, the Self Care Hub North Derbyshire and the Rushcliffe Principia MCP Vanguard project. Derby's Local Area Co-ordination Scheme is part CCG / part council funded and is a broader social capital model connecting people to other people as well as services.

Separate to the above, the Work and Health Unit is also intending to pilot 6 extensions to its 180 Primary Care Homes. These are multi-disciplinary providers giving a single point access including to health and social care. The intent is navigators will also be able to 'prescribe' support for an individual from a wider group of professionals, skilled at helping people and employers when somebody returns to work. Social Prescribing is an approach NHS England are interested in and keen to develop.

4.3.3 Embedding Employment Support Within Health (1) - Individual Placement and Support

IPS is a 'place then train' model, an evidence-based supported employment approach to helping people recover from mental illness. It aims to match people to a career of their choice, with intensive support from an employment specialist fully integrated within a clinical team. The model follows eight principles, including that job search begins quickly (within 1 month) on the premise that developing work skills on the job is more effective than pre-employment activity.

EQOLISE[16] research has found that IPS participants were twice as likely to gain employment compared with traditional vocational rehabilitation alternatives (55% v. 28%), that participants sustained jobs longer and earned more than those who were supported by the best local vocational rehabilitation alternatives. It has a high success rate, but in low numbers, and is an expensive model so not widespread despite evidence of net savings to inpatient costs. Nottingham is one of 16 centres of excellence, and there is a small service in Derby which is looking to expand, but no coverage in the north of the area.

NHS England has a forthcoming initiative, 'Doubling the Reach to Individual Placement and Support (IPS)', as part of its Five Year Forward View (FYFV) 2020/21 targets. Funding is available in two waves for STPs, commencing in November, and applications must demonstrate partnership working with JCP. Practicalities may prevent matching, but NHS England '…would be interested to see that [applicants] have other sources of funding coming in from elsewhere, as that supports the sustainability argument outside of NHS England funding.' (Note at the same time the Academic Health Science Network lost funding to develop a CPD network to support IPS providers.)

Given the unknown impact of the above funding, perhaps the more strategic opportunity is to test whether IPS can be successful for other conditions. The current potential expansions focus on people with serious mental illness. In part, this reflects the cost, but also some practical issues (e.g. keeping caseloads small, and for this group services tend to have a physical base and so are arguably easier to integrate than, for example, telephone help lines). DWP is interested in whether the model can be applied to people with lower level mental health needs or physical conditions, including musculoskeletal and stroke rehabilitation. The Sheffield City Region has secured one of two national trials sponsored by the Work and Health Unit.

Consultee views were split – some passionately believed that the model should not be altered, and the research showed better results were obtained by implementing all IPS principles in full. Others felt it should be possible to take 'the best bits' as the basis of what should be expected of a good work coach.

[16] Quoted in Doubling the Reach to Individual Placement and Support (IPS) Webinar series. NHS England, August and September 2017

4.3.4 Embedding Employment Support Within Health (2) – Employment Advisers within IAPT Services

Improving Access to Psychological Therapies (IAPT) services treat adults with anxiety disorders and depression. IAPT services are characterised by psychological (or 'talking') therapies delivered by accredited and supervised practitioners. The service has FYFV targets to expand its reach, of individuals and geographic coverage. They also aim to support people find and retain work.

Trialling employment advisers within IAPT services is one of the Joint Unit's flagship initiatives (building on earlier trials of the IPS model). NHS England found a lot of people attending IAPT services needed employment support. CCGs are able to access funding to cover a ratio of 1 employment adviser per 8 therapists and will take GP or self-referrals. Initial clinical support will be provided in a health setting, with the employment adviser providing back to work support and liaising with employers. The scheme will target the unemployed, those in danger of losing their job or currently off work on ill-health grounds, and is able to work with those with lower level mental health challenges than the IPS model.

There are a number of pilots which have started or are in the pipeline. A 3-year pilot has commenced in Nottinghamshire with Let's Talk Wellbeing and two others. Derbyshire expect to be part of the next wave and see it as an opportunity to support the in-work groups that receive less support than the unemployed. Some consultees felt it was not a good use of ESF funding at this stage as the NHS and DWP have estimated the ratio, and may still be amenable to reviewing this once the evidence comes in.

Reflecting on both IPS and IAPT-aligned employer support, some consultees questioned the trend of health services employing employment specialists. A more strategic approach could be to improve integration, aligning experts from different services and upskilling them to support individuals with specific challenges. This would have the added benefit of continuing employment support after discharge from health services. If this is to be built on, the two areas to test seem to be improving the system (e.g. transition support, blended referrals, incorporating careers) or finding a way to support young people who do not want mental health issues on their record.

4.3.5 Accessible Training and Employment

A strong theme emerged of the importance of accessible opportunities to equip people for work and make this sustainable, with support for them and the future employer. Examples included:

- potential for supported internships for young people with learning disabilities, aligned to the SEND priority Preparing for Adulthood[17], which guides joint commissioning and attracts funding

[17] DfE Guidance. SEND: 19- to 25-year-old's entitlement to EHC plans. DfE, February 2017

- disability friendly apprenticeships, with part time or more flexible timetables, such as those being developed by A Place to Call Our Own
- a stage between traineeship and apprenticeship for some groups, e.g. with autism, to help find the right match for them and routes that may not require qualifications
- micro jobs, such as the model adopted by Zink Employability which breaks jobs down to a single task and a few hours at a level compatible with Universal Credit regulations
- better promotion of Disability Confidence, Access to Work and practical advice on how to use it.

4.3.6 System Change

Current provision has, in the view of some consultees, been hampered by systems issues. The HWB Programme was seen as an opportunity to understand these and explore ways to overcome them. The options could include discrete activities, drawn from the models proposed above, or to 'go big' with a larger change programme.

This is of particular importance in the context of the D2N2 area not receiving the freedoms, flexibilities or investment afforded to combined authorities or mayoral areas with a Devolution Deal. Securing opportunities outside of these areas will require an evidenced business case around joint commissioning, as opposed to a formal Deal. A scaled down version of the Greater Manchester Health and Social Care model, adopting its principles of joint governance may open up the debate on how outcomes can be improved through a place based approach, rather than focusing on devolution, and ensure D2N2 area is well-placed to benefit from or influence future opportunities.

Current and emerging thinking to test should include:

- The DWP disability team's interest in locally delivered, individual approaches (although payment by results (PBR) and large geographic contracts have made this difficult in practice)
- Integration of health and employment support, and embedding employment as a health outcome
- How to complement, not duplicate the Work and Health Programme (note most of this is not mandatory, and different potential providers have different models, but the cohort will overlap with INSPIRE Local).

Respondents identified a number of systemic barriers to effective support which the HWB Programme should seek to address, including:

- At referral stage. There are challenges to matching an individual to the most appropriate support, with statutory organisations lacking the systems of capacity to

understand the breadth of VCS and other provision, and smaller providers not knowing who to promote their programme to, or how.

- Supply side. There is a need to generate commitment from employers, practical support, knowledge and making reasonable adjustments.
- Transitions. Individuals commencing or returning to work with additional health challenges need additional and appropriate mentoring. Examples were given of this support being absent, too short or employment support ceasing automatically because somebody's health support ended.
- Consultees reported trying to join up multiple initiatives from multiple Government departments and / or agencies 'from the bottom-up'. There were examples of good initiatives in this area (e.g. the Nottingham Strategic Group, plans for Local Integration Boards in the Sheffield City Region), but these alone would not address systemic issues.

5. Improving the health of the local workforce

5.1 Strategic context

The strategic context is largely covered in the above section on reducing dependency on health related benefits. According to the 2011 Census 83,400 people reported being 'long-term sick' in the D2N2 area, 27.5% of 16-64 year olds compared to 22.1% across Great Britain as a whole. This was despite having a younger population profile and was a greater number than those 'looking after family/home'.

The Improving Lives Green Paper[18] reports that ill-health among working age people costs the economy £100bn, and that sickness absence costs employers £9bn a year. 1.8m employees have a sickness absence of 4 weeks or more per year.

Research commissioned by the British Heart Foundation[19] found average absence has increased most in the public sector where it is now 50% higher than in the private sector, and that the level of absence across the UK tends to be higher in larger organisations, regardless of sector. It also found that on average manual workers have 1.5 more days absence per year than non-manual workers.

5.2 Improving the health of the local workforce - models

5.2.1 Healthy Workplaces – Assessments and Interventions

A number of programmes exist that aim to identify health and wellbeing needs of a workplace (team or organisation), and provide support or signpost to support to address these. Local examples of workplace schemes offering free business support were core funded by councils (e.g. public health). Previous attempts to secure financial contributions from SMEs had not been successful, despite consultees feeling the productivity argument was well-evidenced. There was an appetite to scale up or better target these.

Schemes had typically started with physical health, building on a council's leisure offer and in line with public health priorities around obesity, smoking and alcohol.[20] However, there

[18] Improving Lives: The Work, Health and Disability Green Paper. October 2016
[19] Health at Work: Economic Evidence Report 2016. ERS Research and Consultancy. March 2016
[20] Note these 'lifestyle' factors did not feature as strongly in responses as might be expected, given their priority in local health plans.

was an appetite to strengthen the mental health elements as this had emerged as a concern and 'taboo' subject for employers. Examples included:

- Healthy Workplaces Derbyshire
- Wellbeing at Work at Notts
- The Livewell Service in Derby (a scheme for members of the public, but with plans to develop a 'Workwell' equivalent for businesses)

Learning from previous schemes indicates activities will have more impact if:

- Activities are participatory and fun, not stigmatising
- Better targeted e.g. at SMEs or organisations with lower skilled workers, where there is believed to be potential for greater health benefits
- The interventions drive culture change and build management capacity

The latter two points could be strengthened through a more systematic assessment (and potentially accreditation) system to inform the initial dialogue. Healthy Working Futures has been developing a health needs assessment for SMEs with Public Health England, but there are various alternative charters and currently some debate as to whether these can be adopted freely or not.

5.2.2 Healthy Workers – Self-Care and Individual Support

Various online resources for self-care and self-management were mentioned, and an area where technology featured in some responses. Examples of activities included:

- An 'Active Medicine' pilot for people with common injuries, developed by the Centre for Sports Medicine possibly beginning in Mansfield
- Apps which enable tracking of use of sports equipment, such as outdoor gyms
- The YMCA adopting Advantaged Thinking – an asset based approach to promote positive thinking for staff in VCS care roles, helping them relate to beneficiaries from a more strengths-based point of view
- Mental Health First Aid, with the Government committed to introducing a 'first aider' in all secondary schools and attracting further interest (e.g. from DWP and BITC) – it's impact has yet to be evaluated.

Increased support to equip social workers with resilience was identified as critical, with a need for a 'prevention, self-care and resilience' online resource for social care (see previous section on the HSC workforce).

5.2.3 Terms and Conditions

A few respondents had initiated programmes to change terms and conditions. Nearly all were for the consultee's own organisation (iand had not yet been extended to the general business community. Examples included increasing holiday allowances and introducing remote working for social workers and VCS personal support staff (see previous section on the HSC workforce).

The most comprehensive example with ambitions to reach the general workforce was the Nottinghamshire Timewise flexible recruitment initiative, spearheaded by Ashfield District Council in collaboration with The Timewise Foundation. Research concluded that over half of UK employees work flexibly, but less than 1 in 10 jobs are advertised as flexible, despite evidence that this can help improve recruitment, retention, motivation and productivity. For those involved this is core to their inclusive growth agenda, including creating opportunities for parents and carers. There's clearly potential for those with health and other conditions to benefit. Research and HR director training has been completed, with aspirations for a further phase promoting the benefits and giving practical advice to employers. The initiative has health and private sector backing.[21]

Despite the limited examples of activity with the wider workforce, the research coincided with the publication of The Taylor Review.[22]

> The Taylor Review of Modern Working Practices (July 2017)
>
> The Prime Minister welcomed the Review's ambition that "… all work should be fair and decent, with scope for development and fulfilment… The quantity of jobs remains vital, but quality matters too." The Reviews rationale for good work included the number of people in work who were struggling to make ends meet, the potential to improve productivity, but also the impact of bad work on health and wellbeing. The Review has called for a new role for the Low Pay Commission looking at how to improve quality and progression in low-pay sectors, the need for employers to play a role in promoting health and wellbeing and measures that enable more people to work in the way they want when they want across their life course. It seems likely that initiatives in this area will grow in prominence and may attract national interest.

[21] Timewise Nottinghamshire: Maximising Talent & Driving Inclusive Growth, Emma Stewart, Joint CEO, The Timewise Foundation June 2017.
[22] The Taylor Review of Modern Working Practices. Matthew Taylor et al, July 2017.

5.2.4 Early and Crisis Help

There was a view that there was a need for better Early Help, i.e. intervention at the point that somebody becomes ill and there is a risk of sickness absence becoming prolonged. Consultees proposed a model similar to the Fit for Work service that predated the new national service. This supported people in employment and struggling to remain in employment, or who had just been made unemployed. DWP's national Fit For Work scheme provides phone line support, but was considered a scaled down version of previous schemes which offered face-to-face appointments, the opportunity to explore a wider set of issues (e.g. are mental issues the product of debt, work place bullying or other issues?) and impartial liaison between employee and employer.

Greater Manchester Combined Authority's rationale for developing its forthcoming Working Well Early Help Service lends weight to these views, and included:

- No effective or systematic early intervention pathway to prevent people with health conditions falling out of work
- The National Fit for Work Service not meeting local need
- 98% of local SMEs or the self-employed lacked access to Occupational Health or similar support
- Employers lacked knowledge of how to manage sickness and relevant legislation
- The NHS struggles to respond rapidly to the needs of those in work
- The Fit Note system can be ineffective from both the employer and GP perspective

This area has potential to have impact and fill a much-needed gap, but is also an area where finding match has proved problematic.

6. Examples from elsewhere

6.1 Health and wellbeing calls by other LEPs

A number of LEPs have calls relevant to reducing dependency on health-related benefits. Greater Cambridge, Greater Peterborough LEP has a £1.6m call for Specialist Employment Services for People with Learning Disabilities. The specification lists possible activities including personalised employment and progression support, work with individuals, families and carers to raise employment aspirations and employer support (including take up of Access to Work).

New Anglia has a higher value call (£4.7m) to support people with multiple and complex barriers to re-engage with education, training, or in employment, targeted at those people not able to access the Work and Health Programme. Participants must include people with mental health conditions and/or learning disabilities.

The North East LEP £6m call for Specialist Support for Unemployed / Inactive includes a specific element of intensive support to those aged 50+ with a health condition and/or other barriers to work.

New Anglia has a £2.6m call for Work and Health Integrated Services projects. Activities should develop a locally integrated health, employment and skills system that tackles deep-seated barriers to work, unlock economic growth opportunities in the area for local people whilst at the same time improving their health. Projects should make best use of available resources and reduce duplication by integrating national and local health, employment and other support services.

New Anglia LEP has a £4m call for Skills for Growth: Health and Social Care sector to deliver the economic needs of the sector and help deliver their sector skills plan. The objectives focus on basic skills and progression of the existing workforce, including in SMEs and micros.

D2N2's funding appears modest if it wants to cover all three themes, and note the Managing Authority has set a floor of £500,000 ESF per individual project.

6.2 Devolution Deal programmes

The Greater Manchester Combined Authority Working Well Pilot commenced in 2014, co-funded and co-designed by the GM councils and DWP to tackle a range of barriers to

employment. Learning to date is that intensive and personalised support around a key worker model and integrated support connected to a range of services are key, enabling a client's wider issues to be addressed. The Work Programme was also devolved to GMCA, helping to mainstream changes

Working Well is now being expanded with the aim of building an integrated health and employment service across 5 areas: return to work possible in the short to medium term, in work but at risk, recently unemployed, a pathway for the long term economically inactive and in work (including employer roles providing 'good' work). The programme allows GP referrals and comprises:

- *Working Well (in work):* to create healthy workplaces to reduce sickness and increase productivity
- *Working Well (early help):* to support workers to retain employment when suffering from poor health or disability
- *Working Well (work & health programme):* to support those with more complex needs but have a reasonable prognosis of returning to work within two years
- *Working Well (care & support):* to create pathways to employment for those with more complex or enduring health conditions and improve the quality of life for those for whom a return to work is not a realistic outcome

Beyond Greater Manchester, all City Regions were invited to test out the Individual Placement and Support (IPS) model as part of the Work and Health Unit's work on the 'Improving lives: the work, health and disability green paper'. Therefore devolution has provided a dialogue with central departments and much needed investment, but what this has funded has, in reality, been strongly steered by Government.

Sheffield City Region's Health-led Employment Trial will invest £5.3m in total across 5 areas: Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield, funded by NHS England, DWP and DH as part of the Work and Health Unit Innovation Fund. It will be testing whether a modified IPS model can deliver a transformational improvement in employment, health and wellbeing outcomes for people who have mild or moderate mental health and / or physical health condition, whether in or out of work. It allows a range of referral routes and colocation of health and employment specialists. The West Midlands Combined Authority is also trialling an expanded and modified IPS service, following the recent findings of the West Midlands Mental Health Commission.

7. Findings

7.1. General observations

The research and consultation identified a need for health and wellbeing activities, and the potential for these to deliver growth, productivity and inclusive employment benefits. The consultation also identified potential sources of match, particularly (but not exclusively) from health and care activities rather than 'traditional' employment and skills routes.

The consultation has raised the visibility of D2N2 and its work. In total 107 people contributed from 73 organisations and partnerships, reflecting both the breadth of the brief, the interest in these areas and the complexity of the landscape.

The consultation proved a means to extend D2N2's visibility to new teams and services, some with no experience of European funding, and to connect these to an economic agenda. As a result, a number of consultees are now thinking about proposals and partnerships, maximising the likelihood of investment in impactful activities.

The consultation also created an opportunity to discuss potential strategic approaches with other funding agencies.

7.2 The health and social care workforce

The health and social care workforce is of economic importance. Its potential is limited by labour and skills shortages, including new competencies to deliver the integration agenda, efficiencies and higher quality care.

The workforce has potential to help achieve inclusive growth by providing entry level roles with progression opportunities, and by proving support for those furthest from the labour market.

The Government's position is that the importance of employment for health is not fully reflected in commissioning decisions and practice; there is scope to significantly strengthen this in local strategies.

There are multiple challenges to addressing workforce and skills shortages. Some factors could be addressed by the sector with support (e.g. advice and guidance, training, work experience), but culture change is also required, and some issues are the result of market forces.

Current and potential models funded by public or charitable investments, in part or wholly, can be broadly categorised as follows:

- *Sector-based teaching models.* Collaborations or facilities improving the workplace competencies of the future or current workforce, such as Teaching Care Homes and Teaching Partnerships.
- *Sector-based employment models.* Sector-specific pre-employment support, often targeted at people with lower skills levels or additional barriers to work, such as Sector Academies, Development Hubs and Inclusion Projects. There was an appetite to expand on these, taking existing programmes to new professions or targeting new cohorts (e.g. care leavers).
- *Talent academy models.* A more strategic approach, taking elements of the above and addressing a range of structural barriers, including careers provision, developing new roles (including multi-disciplinary roles), employer recruitment capacity building and candidate matching. There was an appetite to develop fledgling or new academies. For D2N2 these offer the opportunity to address strategic sector issues. Proposals offered greater geographic coverage and scale (see lessons from other LEPs), but had a weaker VCS presence.
- *Personal resilience.* Support to equip the existing workforce to manage their health and wellbeing (increasingly with a mental health focus) emerged as both a cross-cutting theme and model in its own right.

The Work and Health Unit is interested in bringing together the HSC workforce agenda and reducing dependency on health related benefits, encouraging people with lived experience to work in the sector and help drive improvements.

7.3 Reducing dependency on health related benefits

Levels of incapacity and labour market inequalities between those with and without health challenges and disabilities have persisted. In this context, there is a Government policy drive to address health and employment in an integrated way.

Inequalities have persisted despite a broad range of national and local provision. Consultees identified reasons that indicate weaknesses in 'the system', insufficient provision for some groups (a reflection in part of financial mechanisms) and a negative approach to the issue, with insufficient championing of the benefits this group can bring to the workforce.

Consultees identified groups where support was weak and / or there was a view that much more could be done, including:

- People experiencing *common and lower level mental health challenges*, including young people who do not want mental health on their record.
- Those with *disabilities*, including because of a lack of informed employer support and suitable adaptations.

- *Young people with disabilities, including learning disabilities and autism*, with the potential of some being overlooked by grouping them with older cohorts.
- People with multiple and *complex needs*, driven by fewer preventative support services.
- Those needing help, but where there were support 'cold spots' in the system, primarily *newly unemployed or on sickness absence and some ESA claimants assessed as fit for work*.

Current and potential models can be broadly categorised as follows:

- *Social and therapeutic employment support models.* Primarily pre-employment support, often with confidence building, therapeutic and/ or mentoring elements, to change mindsets as well as skills. Arguably Recovery Colleges fall within this category, alongside cohort-specific projects.
- *Social prescribing.* A range of models all enabling a GP or other health professional to refer people to non-clinical, often VCS support, and with potential to extend this to employment support.
- *Embedded employment support within health services.* Investment is currently being sought for or going into 2 aspects: trialling the Individual Placement and Support 'place then train' model devised for people with mental health challenges to lower level mental health and also physical conditions; and recruiting employment advisers within IAPT 'talking therapy' teams.
- *Accessible training and employment.* A wide range of potential measures, but these were small scale or yet to be developed, including micro jobs, disability friendly apprenticeships, supported internships and better promotion of resources for employers.
- *System change.* A need to use this call to address systemic barriers. Whilst few spoke of the whole system, the components that emerged comprised referral routes, generating employer commitment, employer support, a focus on key transitions and joined up governance.

A system change approach could incorporate support targeted at the 'in need' groups. It has potential for strategic and sustainable impact, but could be hard to mobilise as most consultees wished to develop (or had developed) discrete activities.

7.4 Improving the health and wellbeing of the local workforce

Sickness absence from work is a significant cost to the economy, and research has found this is more prevalent amongst manual workers, in the public sector and larger organisations.

Consultees identified a need to address sickness within their own HSC workforces, and so arguably these activities could form part of a wider, more strategic talent academy approach.

Quality *Early Help* appears to be a genuine gap, albeit arguably a consequence of weak national provision. This too could have greater impact if part of a 'whole system' approach to reducing dependency on health related benefits, both to address systemic issues and to improve the likelihood of match.

Of all the areas that could make an impact as a discrete activity, a *flexible working* campaign seems most likely, as the employer and employee audience is broader than those working in or being supported by the HSC sector. However, delivery at a scale above a high contract threshold may prove challenging.

7.5 Practice from elsewhere

The Managing Authority has set a floor of £500,000 ESF per individual project elsewhere. If this was the case in D2N2 it would preclude many of the individual proposals (including all from the VCS), unless these could be incorporated as larger partnership proposals.

Compared to other LEP calls and Devolution Deal projects, the D2N2 budget is small if it is to cover all 3 themes.

Together, this learning suggests a smaller number of larger bids formed around strategic partnerships.

8. Recommendations

1. On the basis of these findings, it is recommended that D2N2 invests in health and wellbeing activities as a means to deliver inclusive growth. Proposals with match funding can be developed within D2N2's timescales.
2. D2N2 can use the HWB Programme to show much needed leadership on disability and health-related conditions, showing the benefits to the labour market, economy and inclusive growth agenda.
3. A wide number of factors will determine the structure of D2N2's remaining ESIF investment programme. If this can accommodate a bespoke HWB call or calls, it is recommended that these activities focus on the two areas of the health and social care workforce and reducing dependency on health related benefits, to ensure maximum impact within the likely funding limits.
4. If there is an open call spanning a wider remit, a modular design that enables a HWB proposal is recommended to maximise the likelihood of proposals coming forward. Health, care and employment collaborations are not as well established as, for example, employment and skills partnerships.
5. It is recommended that proposals are encouraged that address some or all of the following, to maximise impact and to address systemic issues that will increase the likelihood of sustained improvement:
    - Meet genuine gaps in need - support for the groups identified in this report persist in part because of previous targets and funding models, and so would have best fit with the Social Inclusion theme
    - Consider how employment in the health and care sectors could present opportunities for these groups
    - Enable individual support
    - Enable blended referrals from a range of health, care, employment and other agencies
    - Provide or connect both individual and employer support
    - Recognise the importance of accessing work, but also sustaining it: there is a role for support into work, in work and for early help support in the event of sickness absence
    - Encourage work *across* the health and the care sectors, particularly where a lack of joint working is hindering recruitment, retention and progression

- Complement DWP, Department of Health and other existing activity, and not duplicate Sheffield City Region activity where this overlaps with D2N2 geography

6. It is likely contracts will be at a scale that introduce a risk of failure to target more isolated areas and to capture innovation from within the VCS. Applicants should be encouraged to address these issues.
7. D2N2 wide projects may be unrealistic, given the complexity of health geographies and because key partnerships are still relatively new. Call criteria should not preclude projects covering sub-D2N2 areas if this enables strategic partnership approaches.
8. Most of the activities identified under the health and wellbeing of the existing workforce theme could be incorporated within the other two themes for a bespoke HWB Programme.
9. The exception to the above is the promotion of 'good work', including fair terms, conditions and working practices. There is an opportunity for D2N2 to demonstrate civic leadership in this field. It is recommended this is explored as a discrete activity, or incorporated into an element of ESIF with reach beyond those with disabilities or health-related barriers to employment and the health and care sector.
10. Good practice from elsewhere coupled with the systemic nature of issues consultees identified indicate a need for governance that includes local and national health and care stakeholders, to capture and respond to learning and make improvements.
11. Dialogue with the Work and Health Unit should start immediately to explore alignment of objectives and funds. This will be complex, but gives the potential to test at scale and enable D2N2 to better prepare for or shape the policy environment, improving outcomes without devolution.
12. Dialogue should also commence with Skills for Care, Public Health England and Health Education England. Match at source is unlikely, but there are opportunities to align strategic objectives and partnership benefits to working with these agencies and their extensive networks.

Appendix A. Activities

Figure 6: activities identified by D2N2 as within the scope of this consultation

Theme	Example local delivery
1. Reducing dependency on health-related benefits	• Use of personalisation as a means to access / sustain work; • Holistic support programmes that address multiple barriers / issues; • 'Mini job' matching opportunities for people with limited work capability; • Improving access to supported work / work trials.
2. Health and social care workforce development	• Local supply of developmental skills pathways for the H&SC workforce; • Coordinated learning and support pathways for people with no or limited existing qualifications; • Skills support to access new and technology-enabled roles within the health and social care workforce; • Best practice in non-clinical employment practice (particularly in social care); • Work with schools to improve perceptions of health and care as an employment sector; • New models of social care workforce and delivery.
3. Improving the health of the local workforce	• Reducing incidences of sickness absence; • Reducing long-term sickness rates; • Better HR practice that improves working environments, reduces stress and allows long term condition management; • Focus on lower value, lower paid employment sectors; • Management of stress, anxiety and mental health at work; • Flexible recruitment practice.

Appendix B. Parameters

Figure 7: eligible participants and results of the D2N2 Health and Wellbeing Programme

Investment Priority	Participants	Results
1.1 Access to employment for job-seekers and inactive people (£800,000)	• Unemployed including long term unemployed • Inactive • Participants over 50 • Participants from ethnic minorities • Participants with disabilities • Participants without basic skills • Participants who live in a single adult household with dependent children	• Unemployed participants into employment (including self-employment) on leaving • Inactive participants into employment or job search on leaving • Participants gaining basic skills • Participants with childcare needs receiving childcare support • Participants in employment including self-employment 6 months after leaving
1.4 Active inclusion (£800,000)	• Unemployed including long term unemployed • Inactive • Participants over 50 • Participants from ethnic minorities • Participants with disabilities • Participants who are offenders or ex-offenders	• Participants in education or training on leaving • Unemployed participants into employment (including self-employment) on leaving • Inactive participants into employment or job search on leaving • Participants with childcare needs receiving childcare support • Participants in employment including self-employment 6 months after leaving
2.1 Enhancing equal access to lifelong learning (£400,000)	• Participants over 50 • Participants from ethnic minorities • Participants with disabilities • Participants without basic skills • Participants who live in a single adult household with dependent children	• Participants gaining basic skills • Participants gaining level 2 or below or a unit of a level 2 or below qualification (excluding basic skills) • Participants gaining level 3 or above or a unit of a level 3 or above qualification • Employed females gaining improved labour market status

Appendix C. Consultees

The organisations below responded to the consultation or provided clarifications in response to questions asked by the research team. More than one response was received from a number of organisations. We are grateful for their contribution and insight.

1. A Place to Call Our Own
2. Amber Valley Borough Council
3. Autism East Midlands
4. Bolsover District Partnership Team
5. Careers Enterprise Co-ordinators (Broxtowe, Gedling, Newark & Sherwood, Rushcliffe; Derby City; Erewash, South Derbyshire and Amber Valley)
6. Central Nottingham College
7. Chesterfield Borough Council
8. Chesterfield Royal Hospital NHS Foundation Trust
9. The Civic Exchange (NTU and the RSA)
10. Community Action Derby
11. Connect More Solutions Ltd
12. Core Cities UK
13. CT Skills
14. D2N2 Provider Network
15. D2N2 Teaching Partnership
16. DBC Training
17. Department for Education (Opportunity Areas Team)
18. Derby City Council
19. Derbyshire Alcohol Advice Service
20. Derbyshire County Council
21. Derbyshire Dales District Council
22. Derbyshire Economic Partnership
23. Derbyshire Law Centre

24. Derbyshire YMCA
25. Derventio Housing Trust
26. Double Impact Services
27. DWP (local and regional teams and the Work Opportunities Division in the Disability Employment and Support Directorate)
28. Framework Housing Association (Consortium Lead for the D2N2 BBO Opportunity and Change Programme)
29. Futures Advice, Skills & Employment
30. Geoff Birch Associates Ltd
31. Greater Cambridge, Greater Peterborough LEP
32. Greater Manchester Combined Authority
33. Groundwork Greater Nottingham (Consortium Lead for the D2N2 BBO Towards Work Programme)
34. Healthwatch Nottingham
35. Healthy Working Futures
36. High Peak Borough Council
37. Inspirative Arts Derby CIC
38. Learn Direct
39. MHA
40. Middle Street Resource Centre
41. N2 Health and Social Care Sector Skills Group
42. NDVA
43. New Anglia LEP
44. NG-I UK Ltd
45. NHS Nottingham City Clinical Commissioning Group
46. Nimbus Disability: CredAbility & The Access Card
47. Northern Lights Learning and Solutions
48. Nottingham City Council
49. Nottingham CVS (lead for Derby J2E)
50. Nottingham Trent University

51. Nottingham University Hospitals NHS Trust
52. Nottinghamshire County Council
53. Portland College
54. Proludic
55. Public Health England
56. Rushcliffe Borough Council
57. Services for Empowerment and Advocacy (SEA) CIC
58. Sheffield City Region Combined Authority
59. Sherwood Forest Hospital Trust
60. Skills for Care
61. South Derbyshire District Council
62. St Ann's Advice Group (Consortium Lead for the D2N2 BBO Money Sorted Programme)
63. The Children's Society
64. The Learning Consortium (lead for Derby J2E)
65. The Prince's Trust
66. The Timewise Foundation
67. The University of Derby
68. The University of Nottingham Centre for Health Innovation, Leadership and Learning
69. The University of Nottingham Institute of Mental Health Research Support and Evaluation Unit
70. The Work & Health Unit (DWP and Department for Health 'Joint Unit')
71. Working Links (lead for D2N2 INSPIRE Local)
72. Zest Consultancy
73. Zink Employability at High Peak Foodbank

Health Education England were unavailable during the consultation period, but relayed a commitment to take part in further discussions.

A Community Psychiatric Nurse, a Children's Social Worker and Health Visitor provided information in a personal capacity. Thanks are also due to the participants and session leader of the Derby J2E Job Club, who let the research team observe and shared their views.

Appendix D. Glossary

This glossary includes terms, programmes, funds and organisations more frequently included in consultation responses. Programmes and funds are those with national or D2N2 coverage. Many additional local activities were identified.

Access to Mental Health. New national DWP programme, not yet established. Details expected Sept 2017.

Access to Work. Nationally available DWP grant which can pay for practical support if an individual has a disability, health or mental health condition. It helps individuals at the point of starting work, staying in work and moving into self-employment. May cover adaptations, travel and employer awareness training. Also includes a mental health support service.

Agenda for Change. The national pay system for all NHS staff, with the exception of doctors, dentists and most senior managers. It allocates posts to set pay bands by considering aspects of the job, such as the skills involved, under an NHS Job Evaluation Scheme.

Building Better Opportunities - Opportunity and Change. ESF / Big Lottery Fund programme in D2N2 to support those with multiple and complex needs. Clients have access to counselling and training on wellness. Eligibility: individuals with at least two of the following criteria: mental health, ex-offenders, substance misuse, domestic abuse, homelessness. Framework Housing Association is the consortium lead.

Building Better Opportunities - Money Sorted. ESF / Big Lottery Fund programme in D2N2 providing support and personally tailored interventions for people experiencing financial difficulty, and who are unemployed or economically inactive. The St Ann's Advice Group is the consortium lead.

Building Better Opportunities - Towards Work. ESF / Big Lottery Fund programme in D2N2 to support people to overcome personal barriers to employment and training. Includes an In-Work Support service to ensure employment once obtained is sustained and a person-centred, tailored service particularly for target groups. Eligibility: unemployed / economically inactive, young people, 50+, women returners. Groundwork Greater Nottingham is the consortium lead.

Careers Enterprise Advisors. Connect schools and colleges with employers and careers programme providers to work together to give young people opportunities to get to know the world of work, explore their options and build confidence about their future. Locally funded in D2N2.

Careers Enterprise Company. Government backed, business and education-led company tasked with connecting schools and colleges, employers and career programme providers to create high-impact careers opportunities for young people.

Careers Local Enterprise Grant. Provides grants to schools, special schools, academies, colleges, Alternative Learning Centres etc. to support young people who are at risk of becoming NEET to develop enterprise and employability skills to improve their career opportunities. Eligibility: young people aged 15-19 at risk of becoming NEET in education settings.

Clinical Commissioning Groups. CCGs plan and commission around two thirds of the NHS budget. They commission local healthcare including mental health services, urgent and emergency care, elective hospital services and community care. They typically cover areas equivalent to one or more district councils, but are not always coterminous with these boundaries. See http://www.hardwickccg.nhs.uk/the-ccg-and-our-patients/

Community Work Placements. Part of a former DWP mandatory programme designed to help long term unemployed people to develop the skills and experience needed for work, through community based work-related placements and support.

Disability Confidence Advisors. JobCentre Plus based advisors who work with employers to engage and encourage them to become more confident so they employ and retain disabled people and those with long term health conditions. Part of the employment Confidence Scheme.

Disability Employment Advisors. JobCentre Plus based staff who work with people who have a health condition or a disability that affects their ability to work. Provide assistance and advice on returning to the workplace, helping them to find work or to gain new skills for a job. They can help with work preparation, recruitment, interview coaching and confidence building. They can carry out an employment assessment to find out what type of work or training would suit someone best. They can also refer to a work programme or work psychologist if needed.

Employability Framework Standard. D2N2 framework established to improve the employability and life skills of young people regardless of academic ability or which career pathway they chose to take. It aims to provide the opportunity for all young people to engage with employers, learn about the world of work and develop their employability skills. It establishes collective responsibility across schools, colleges, training providers, wealth creating companies, social enterprises and the public sector to provide the best chance for young people to gain employment and at the same time addresses the skills needs of employers within the area.

(National) Fit for Work Service. A DWP funded service to support people in work with health conditions and help with sickness absence. It provides free, impartial work-related health advice via a website and telephone line. It also involves referral to an occupational health

professional for employees who have been, or who are likely to be, absent due to sickness for 4 weeks or more.

Fuller Working Lives. A DWP publication setting out policy and calling for businesses action to retain, retrain and recruit older workers, aged 50 years and over. It presents the benefits of a fuller working life for employers and individuals.

Health Education England. A Non-Departmental Public Body established to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

INSPIRE Local - Links to Work. D2N2 ESF and DWP funded programme providing a 2 week INSPIRE course, then individual or group sessions and mentoring. Participants can be on the program for 12-18 months. Multiple organisations can refer. Eligibility: people aged 25+ on health related benefits, unemployed and/or inactive people aged 50+ claiming benefits for 6+ months, 18-24 year olds on health related benefits. (working links). The contract is held by Working Links.

Improving Access to Psychological Therapies (IAPT). IAPT is a programme to expend access to services offering evidence based treatments for people with anxiety and depression, implementing NICE guidelines. It has now commonly used to describe these 'talking therapy' services. Local IAPT services are via open referral i.e. self-referral as well as via GPs and other health professionals. IAPT services are now expanding to incorporate employment advisers, appointed by the individual local IAPT providers. They liaise with employers, trade unions, JCP, debt support and internally with clinical therapists to ensure that treatment and support are integrated. Employment advice eligibility: both in work and out of work.

Independent Supporter Contract. Nationwide programme that provides time limited impartial information and support to families and young people with special educational needs who are going through the process of developing an Education, Health and Care (EHC) Plan.

Individual Placement and Support (IPS). Nationally recognised best practice model to support those with severe mental health difficulties to get into and sustain in employment. It is based on 8 core principles and features intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer by the clinicians.

Life Chances Fund. Social Impact Bond funding to establish activities to help those people in society who face the most significant barriers to leading happy and productive lives, supported by the Big Lottery Fund, Cabinet Office and DCMS. Contracts involve socially minded investors, must be locally commissioned and aim to tackle complex social problems. Calls have been issued across six themes, including young people.

Occupational Health Services. Provide advice and support to employees and employers to manage physical and mental illness in the workplace. These tend to be limited to larger employers, although some areas fund services for local SMEs.

Primary Care Home. A model approach developed by the National Association of Primary Care to bring together a range of health and social care professionals in their local community, e.g. GPs, mental health and social care.

Public Health England. A range of responsibilities to improve health and reducing health inequalities by promoting healthier lifestyles, advising Government and supporting councils, the NHS and the public. It supports local authorities and the NHS develop the public health system and its specialist workforce.

SEND. Special education needs and disabilities.

Skills for Care. An employer-led leadership and workforce development body for adult social care employers in England. It works with employers across England to achieve a confident, caring, skilled and well-led workforce with the right values to provide high quality, person-centred care and support valued by those who receive it. Skills for Care offers workforce learning and development support and practical resources from entry level through to those in leadership and management roles. It provides additional services through its social enterprise, Social Care Solutions.

Social Prescribing. Enables GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. Various models existing.

Supported Internships. Structured study programmes which enable young people aged 16-24 with a statement of special educational needs (SEN), or an Education, Health and Care plan to achieve sustainable paid employment by equipping them with the skills they need for work, through learning in the workplace. The young people also complete a personalised study programme.

Talent Match. National, Big Lottery funded LEP-wide programmes that target young people who are furthest from the jobs market, including those who are completely outside of the benefits, work and training system and facing severe barriers to gaining the skills they need to get into work. Eligibility: 18 to 24-year-olds who have been out of work or training for over 12 months. Groundwork Greater Nottingham is the D2N2 consortium lead.

Teaching Partnerships Fund. DfE and DH fund to enhance partnership arrangements between Higher Education Institutions and employers to attract more able social work students, embed the knowledge and skills into academic curricula and Continuing Professional Development for existing workers, and overall raise the quality of social work practice.

Work Choice. Voluntary DWP programme, now ceasing, to help disabled people with more complex issues to find work and stay in a job. Provided tailored 1-1 pre-employment (up to

6 months) support, on the job support (for up to 12 months) and an employer support package. Eligibility: in employment or seeking employment and with a diagnosed disability that means it is difficult to get or keep a job. Work must be for 16 hours+ per week.

Work Programme. DWP programme, now ceasing, to support long-term unemployed people to find and keep jobs by identifying support, work experience and training. Support is for up to two years. Eligibility: JSA 18-24 9 months+, JSA 25 & over 12 months+, JSA with "significant disadvantage" 3 months+ , ESA WRAG & close to work, Other ESA, Income Support & Incapacity Benefit.

Work and Health Programme. New national DWP programme due to commence in 2018 to provides specialised support for those unemployed for over 2 years and those with health conditions or disabilities (replacing the Work Programme and Work Choice). Eligibility: long term unemployed in the intensive work search regime in Universal Credit or JSA claimants who have not moved into work within 24 months of their claim, specified early entrant groups that are Government policy priorities including ex-offender, ex-carers, homeless, ex HM Armed Forces, drug/alcohol dependent individuals and care leavers. People with disabilities who can join at any time. Contracts are expected to be awarded in autumn 2017.

The Work and Health Unit. The Work and Health Unit aims to improve the health and employment outcomes for working age people who have, or may acquire, a disability or health condition. It is jointly sponsored by DWP and DH, and administers an Innovation Fund to trial new approaches, including through Social Impact Bonds.

Workplace Wellbeing Charter. National standard for workplace health. It is a benchmarking process and evidence-based award scheme which businesses can work through in order to gain accreditation for their investment in workplace health. The Charter was established in 2009. It was originally endorsed by Public Health England. Liverpool City Council, the original promoters, have recently determined that Health@work should be the sole provider. The impact on take up is as yet unknown.

Youth Employment Initiative (YEI). Area-specific ESF programme to support the provision of apprenticeships, traineeships, job placements and further education leading to a qualification. Eligibility: NEETs, including long-term unemployed youngsters and those not registered as job-seekers. Within D2N2, Nottingham City receives YEI which funds Nottingham Works and Nottingham Works Plus schemes, the latter of which helps individuals with health problems.

Appendix E. Sources

D2N2 Skills Action Plan. Sector: Health and Social Care. D2N2, April 2016

Disability and employment: a social model study of the employment experiences of disabled people in Great Britain, with a focus on mental illness. Economic Report Series. TUC, 2015.

Doubling the Reach to Individual Placement and Support (IPS) Webinar series. NHS England, August and September 2017

Economic and Social Impacts of Emerging Communities in Derbyshire and Nottinghamshire, S4W and Richmond Baxter Ltd for D2N2 Local Enterprise Partnership, December 2017

Five big issues for health and social care after the Brexit vote. The King's Fund, June 2016

Five Year Forward View on Mental Health. NHS, February 2016

Fuller Working Lives: A Partnership Approach. DWP, February 2017

Health at Work: Economic Evidence Report 2016. ERS Research and Consultancy, March 2016

Implementing the Five Year Forward View on Mental Health. NHS, July 2016

Improving Lives: The Work, Health and Disability Green Paper. DWP and DH, October 2016

IPS Supported Employment – Information for Clinical Teams. East Midlands Health Science Network, Derby City Council & Derbyshire Healthcare NHS Foundation Trust (n.d.)

Managing the supply of NHS clinical staff in England. National Audit Office, February 2016

Perspectives: NHS and social care workforce: meeting our needs now and in the future? A. Imison and R. Bohmer. The King's Fund, July 2013

The Impact of the 2015 Comprehensive Spending Review on Higher Education Fees and Funding Arrangements in Subjects Allied to Medicine. London School of Economics, May 2016

SEND: 19- to 25-year-old's entitlement to EHC plans. DfE Guidance. DfE, February 2017

The state of the adult social care sector and workforce in England. Skills for Care, March 2015

The Taylor Review of Modern Working Practices. M. Taylor et al, July 2017

Thrive West Midlands: An Action Plan to drive better mental health and wellbeing in the West Midlands. West Midlands Combined Authority, January 2017

Timewise Nottinghamshire: Maximising Talent & Driving Inclusive Growth [presentation]. E. Stewart, Joint CEO, The Timewise Foundation, June 2017

Towards a GM Working Well 'Early Help' Programme, General Briefing. Greater Manchester Combined Authority, NHS in Greater Manchester, July 2017

Unemployment, (re)employment and wellbeing. What Works Wellbeing, March 2017

The Work and Health Unit. An introduction to the UK Government's new work and health Unit [presentation]. Huw Meredith, Head of Delivery, Work and Health Unit, 2016

Work Choice Official Statistics. DWP, 30th August 2017

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