richmond baxter
Specialist Business Consultancy

D2N2
Derby
Derbyshire
Nottingham
Nottinghamshire

Health and Wellbeing Pilot Scoping Report - Summary

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

richmondbaxter Telephone 0773 272 1524 Email claire@richmondbaxter.com

1. Background

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. This was in recognition of the considerable potential of the Health and Wellbeing (HWB) sector to realise growth and provide employment.

The brief was to understand the potential for activities that enable joined up working and that could realise the following:

1. Health and social care workforce development
2. Reducing dependency on health related benefits
3. Improving the health of the local workforce

Stakeholder engagement ran from 7th August to the 15th September. 107 people contributed from 73 organisations and partnerships reflecting the interest in these areas and the complexity of the landscape. Consultation was supplemented by desk-based research.

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

2. Findings

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 has raised the visibility of D2N2 and its work, and connected organisations new to the economic agenda to existing partnerships. As a result, a number of consultees are now thinking about proposals and collaborations, maximising the likelihood of investment in impactful activities. The consultation also created an opportunity to discuss potential strategic approaches with other funding agencies.

2.1 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, 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.

2.2 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.

2.3 Improving the health & 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.

2.4 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.

3. 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 networks.