

Sheffield Health and Work and Well-being Strategy

Briefing paper for the Sheffield First for Health and Well Being Partnership

Meeting 25 November 2005

1. Introduction

The government has recently published a White Paper 'Health, Work and Well-being which outlines a national strategy to support people who are not working due to ill health back into work.

This area of work has also been agreed as a priority area by SFHW within the 2010 Health and Well-being Strategy – Objective Six Priority 6.1.

Sheffield has a great deal of experience of working in this area including the Job Retention and Rehabilitation WorkCare pilot.

The purpose of this report is to inform SFHW about the national strategy and related national policy areas and set out some early proposals for mechanisms to take this work forward.

Key decision points and points to note:

1. It is proposed that SFHW undertake to work with other key partnerships, in particular the implementation group of the Employment and Skills Strategy and the Sheffield First Inclusion and Cosmopolitan Partnership to implement the national strategy.
2. That SFHW agrees to offer to jointly organise a national seminar in Sheffield for the DWP/DH as proposed in the national strategy
3. That SFHW charge the Sheffield Health, Work and Well-being Strategy group to work with the relevant partnerships to draw up a set of full proposals of how we could deliver the national strategy in Sheffield.

2. Context And Why This Work Is Important To Sheffield.

Fulfilling our economic potential:

- People claiming Incapacity Benefit need routes out of Worklessness into employment to enable the city to fulfil its economic potential.
- For Sheffield to become more prosperous we need to get people who want to work into the jobs that are being created.
- There is a local economic argument as the numbers of people on Job Seekers Allowance will not fulfil available jobs
- There are too many people who are in work who are at risk losing their job through workplace ill health.

Closing the gap:

- The social inclusion and closing the gap agenda is at the heart of the development of Sheffield as a cosmopolitan city of European significance.
- The majority of people who are in work and at risk of losing their jobs or claiming Incapacity Benefit live in the most deprived areas of the city and are well represented in the four Local Area Agreement trailblazer areas.

National Policy:

This work is underpinned by a number of key national policies:

- White Paper Health, Work and Well-being – Caring for our future
- White Paper, Choosing Health: Making healthier choices earlier
- DWP building capacity for work: a UK framework for Vocational Rehabilitation
- NSF in Long Term and Neurological conditions: Mental health and Social Exclusion
- Making It Possible: Improving Mental Health and Well-being in England (NIMHE)
- Sheffield 2010 Health and Well-being Strategy
- Sheffield Employment and Skills Strategy 2005-2010 – More jobs, more skills

3. Sheffield Health, Work and Well-being Strategy Group

The Sheffield Health and Work Strategy Group is made up of representatives from:

- Voluntary Sector
- NHS
- Wider Public Sector

The group was formed to continue the partnership work that was developed during the Department and Work and Pensions Job Retention and Rehabilitation WorkCare branded pilot that was completed in March 2005. While the WorkCare pilot was interested in helping people who were at risk of losing their job through illness, the groups interest has broadened to include supporting people's aspirations to engage/re-engage in the world of work'. The information we have provided in this briefing paper provides an outline of the groups current thinking and represents local and national policy. How we meet out our objective will continue to develop over the coming months and the group welcomes board members feedback on this issue

There are two key challenges which underpin this work:

- Reducing health inequalities in the city – many of the people who are at risk of losing their jobs or want to get back into work live in the most deprived areas of the city.
- Delivering quality partnership based services – one of the aims of the group is to integrate existing services to provide an integrated pathway for people who need the most help.

The groups objective is:

To develop local networks, using an holistic approach to service delivery which will involve NHS, Local Authority, Voluntary sector, employers, service users and other key agencies for:

- People who are in work and at risk of losing their job or off sick from their job
- People who are out of work and have aspirations to get back into work.

3. Potential Work Areas

What needs to be done?

- Underpinning values – the toxicity of worklessness
- Incentive and encouragement rather than coercion
- A model needs to be developed that is the pan health conditions/ disability
- Recognition of the potential and the employability of individuals through enabling people to raise aspirations around work for people

How could this be done?

- Identify standards for example assessment, pathways, outcomes

- Coordination and integration of health and work based interventions and services.
- This involves releasing services from compartmentalising practices and addressing inequalities of service provision
- Developing effective communication systems across the network
- Working from the evidence base to drive change towards consistent good practice across the city.
- Staff skill mix and training- developing the appropriate skill mix, service redesign and identification of training needs

How can we measure the work that that needs to be done?

Design an evaluation system to:

- a. Collect and review statistical data: e.g. gaps in services; patterns of supply and demand, cost benefit analysis.
- b. Qualitative evaluation of the network impact for individuals and organisations, which involves:
 - Outcome standards
 - Pathway standards
 - Integration of systems contributing to employability

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