



Department  
for Work &  
Pensions



Department  
of Health

# Improving Lives

The Future of Work, Health and Disability

Presented to Parliament  
by the Secretary of State for Work and Pensions and the Secretary of State for Health  
by Command of Her Majesty  
November 2017

Cm 9526





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## Contents

<b>Ministerial foreword</b>	<b>3</b>
<b>Executive Summary</b>	<b>5</b>
Introduction	5
Consultation overview	7
One million more disabled people in work	8
Our strategy	8
Delivering a programme of change	12
Summary of action taken and planned activity in each of the three settings	13
UK and Devolved Administrations	15
Conclusion	15
<b>Chapter 1 – Welfare setting: Employment and financial support</b>	<b>16</b>
Introduction	16
Continually building work coach capability	16
Personalised employment support	18
Improving assessments	21
Supporting those furthest from the labour market (Support Group)	22
<b>Chapter 2 – Workplace setting: Supporting employers to create healthy, inclusive workplaces</b>	<b>24</b>
Introduction	24
Improving advice and support	25
The Civil Service as a leading employer	28
Increasing transparency	31
Statutory Sick Pay (SSP)	31
Incentivising employer action and support for employees	32
<b>Chapter 3 – Healthcare setting: Supporting employment through health and high quality care for all</b>	<b>35</b>
Introduction	35
The vital role of prevention	35
Creating the right environment to join up work and health	36
Improving provision and testing new models for mental health and musculoskeletal services	39
Reform of the fit note	42
Developing the occupational health offer	43

## 2 Improving Lives: the Future of Work, Health and Disability

<b>Chapter 4 – Working together</b>	<b>46</b>
Working together	46
Working with local partners	46
Working together with disability organisations	46
Working across government	47
Working with Arm’s Length Bodies	48
Working with the Devolved Administrations	49
<b>Annex A: Visual Representation of the forward look</b>	<b>50</b>
<b>Annex B: Green Paper commitments – summary and update</b>	<b>52</b>
<b>Annex C: Government response to <i>Thriving at work: The Stevenson / Farmer review of mental health and employers</i>, published on 26 October 2017</b>	<b>73</b>
<b>Annex D: Flows into and out of employment by disability</b>	<b>82</b>
<b>Annex E: Glossary of key terms</b>	<b>86</b>

# Ministerial foreword

For our nation to reach its full potential, every one of its citizens must reach theirs.

Being able to harness the skills, talents and contribution of every person should be at the heart of a successful economic plan. But good employment delivers much more than just a strong economy.

Good work supports our good health. It keeps us healthy, mentally and physically. It enables us to be economically independent, and gives us more choices and opportunities to fulfil our other ambitions in life.

A country that works for everyone needs to help ensure that all who can work or undertake meaningful activity have the chance to do so. And that the right care and support is in place to enable all to thrive in work throughout their working lives.

Yet at the moment, even though the employment rate in the United Kingdom is at a near historic high of 75 per cent, only around half of disabled people are in work. But many disabled people and people with health conditions want to work, and could do so with the right support. This disability employment inequality is a result of a wide range of barriers and historic injustices. It means too many people are missing the opportunity to develop their talents and connect with the world of work, and the range of positive impacts that come with doing so – including good health and social outcomes. The world of work should be open to all who want and have the capacity to work.

**In our manifesto we pledged to see one million more disabled people in work over the next ten years.** It will require a comprehensive and wide-ranging programme of action to enable and support that outcome - and it is important that we act now.

With around one in six working-age adults reporting a disability, it is clear that health and disability issues affect the working lives of millions of people. The majority of long-term health conditions are acquired in adulthood<sup>1</sup>, and in an ageing population inclusive workplaces are imperative.

Changes in the nature of work and more flexible working models are also enabling better tailored roles which fit a wider range of people. New advances in technology offer more opportunities than ever before to improve outcomes for disabled people and people with long-term health conditions. For example - from accessible hardware and software, making it easier for employers to offer flexibility and adaptations to their staff - through to developments in apps and wearable technology. Small innovative start-ups and large technology companies are already implementing these solutions for their employees. It is for government to help set the direction and stimulate good ideas.

We know that the barriers to moving into work and staying in work, including for example returning to work after a period of sickness, are different for different people. And we need to work with people who experience these barriers to identify solutions that will work. We want to build an approach which is responsive to an individual's circumstances and ambitions. Support must cater for every scenario and it must place the individual at its heart. For example, a young person with autism graduating from university; someone with a brain injury returning to their role; an office worker managing the pain of arthritis; a person with terminal illness who wants to carry on working; or someone with a fluctuating mental health condition trying to find work.

The change needed is not one that government can deliver on its own. Across the country, there are striking examples of what people can do to make a difference. For example, when local organisations,

<sup>1</sup> About 3 per cent of children aged 0-4 are disabled, rising to 44 per cent among State Pension age adults - Source: Family Resources Survey 2015/16

## 4 Improving Lives: the Future of Work, Health and Disability

charities and employers work together in their areas, or just individual employers within their own organisation. But government can help create the conditions for success.

This document sets out actions focused on:

- a **sustainable welfare** and employment support system that operates in tandem with the health system and as part of strong wider local partnerships to move people into work when they are ready;
- every **employer**, and the crucial role played by managers and supervisors within the workplace
  - from recruitment and retention through to managing employee ill-health;
  - in creating healthy and inclusive workplaces where all can thrive and progress; and
  - in creating opportunities for people who need a more flexible approach;
- **health services**
  - with healthcare professionals ready to talk about health barriers to work;
  - timely access to appropriate treatments;
  - effective occupational health services, within but also beyond the NHS, giving access for everyone including small businesses and the self-employed; and
  - with a focus on prevention and early intervention.

The Government is laying the foundations for a ten-year programme of change.

Everyone has their own part to play to achieve this ambitious vision for a society in which all disabled people and people with long-term health conditions are able to go as far as their talents will take them.

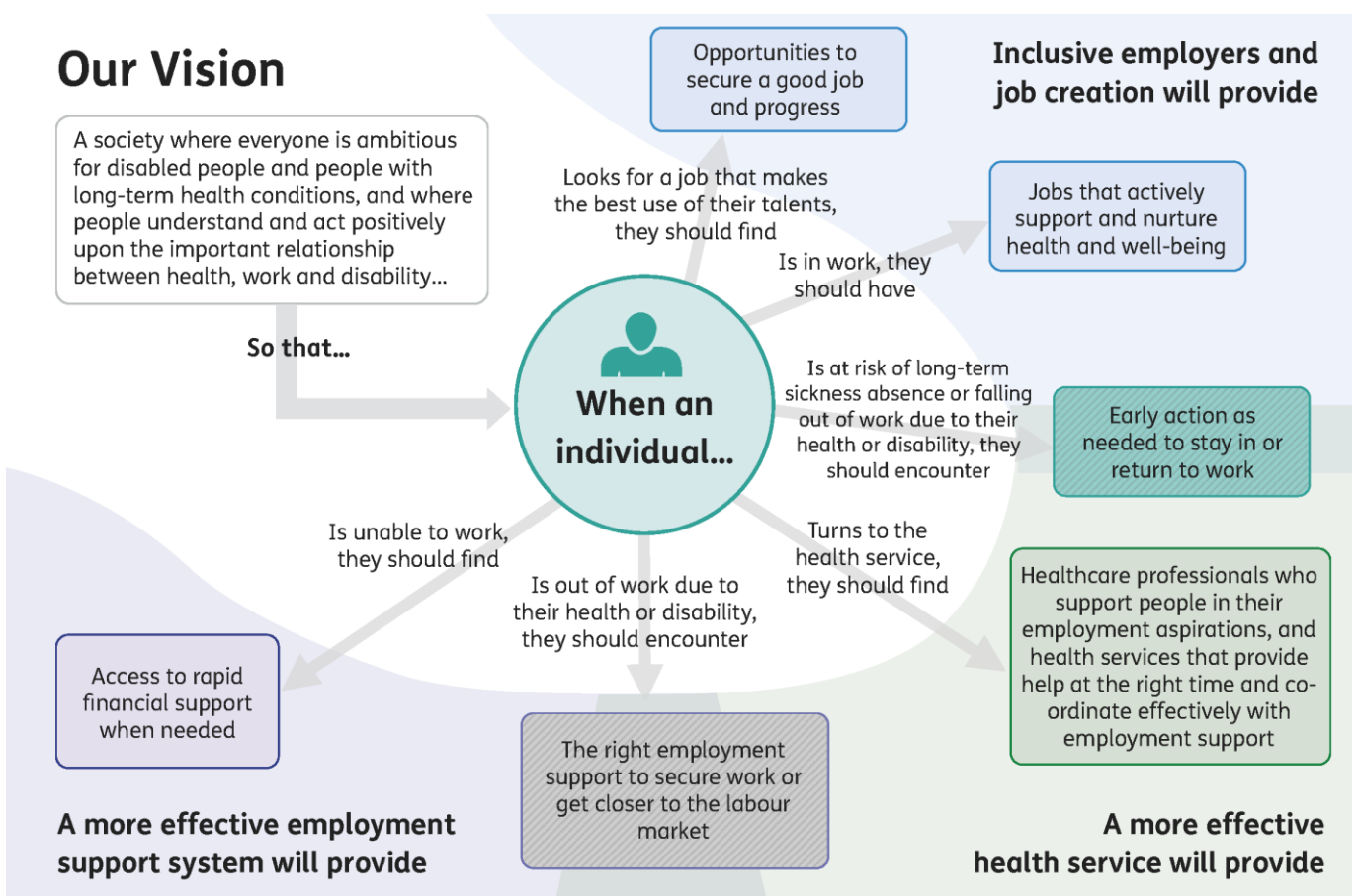
Partnerships and services which are essential to achieving the vision will be built within local communities – this Government is committed to developing policy which supports, enables and facilitates that activity. This will require a concerted focus and effort from local authorities and wider partnerships like local enterprise partnerships, health services, patient and peer support groups, education and training bodies, voluntary, community and social enterprise organisations, and businesses. All have a role to play. All can contribute to success and benefit from it. This document sets out how.



# Executive Summary

## Introduction

1. In ‘*Improving Lives: the Work, Health and Disability Green Paper*’, published in October 2016, we set out the case for change and our vision - ‘A society where everyone is ambitious for disabled people and people with long-term health conditions, and where people understand and act positively upon the important relationship between health, work and disability’.



Underpinned by an inclusive and understanding society, and action to address the barriers individuals face

2. The case for change remains, and the Government is committed to realising the vision and to see one million more disabled people in work over the next ten years.
3. It is important for action to be taken now. The prevalence of disability among people of working-age has risen in recent years<sup>2</sup> and is likely to rise further with an ageing workforce.

<sup>2</sup>Office for National Statistics. Labour market status of disabled people. Available from: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/labourmarketstatusofdisabledpeoplea08>

## 6 Improving Lives: the Future of Work, Health and Disability

4. There are potential big gains in preventing avoidable ill-health and enabling more disabled people and people with long-term health conditions to get into and stay in work. Success will mean more people can reach their potential and achieve economic independence. In addition, employers will be able to enjoy the competitive advantages of a diverse workplace including the talents of disabled people<sup>3</sup> and potential for greater productivity. We want to work with employers to realise that opportunity and to help reduce the costs of ill-health that prevents people from working – an estimated cost to the economy of £100 billion a year.



Ill health among working age  
people costs the economy around  
**£100 billion**  
a year<sup>a</sup>

<sup>a</sup> Department for Work and Pensions and Department of Health. Work, Health and Disability Green Paper Data Pack; 2016

5. If we could support just 1% more eligible Employment and Support Allowance customers to find work in 2018/2019, this would bring an estimated saving to the Exchequer of £240 million plus a wider boost to the economy of £260 million<sup>4</sup>.
6. This document sets out our strategy for reform over the ten-year period.
7. It sets out how the responses to the Green Paper consultation have informed our plans for taking forward the commitments and proposals we set out. It also provides the Government's response to *Thriving at work: the Stevenson/Farmer review of mental health and employers*<sup>5</sup>, and includes consideration of *Good Work: The Taylor Review of Modern Working Practices*<sup>6</sup>, as well as referring to some recommendations made by Dame Carol Black in her *Independent Review of the Impact on employment Outcomes of Drug or Alcohol Addiction and Obesity*<sup>7</sup>.
8. It focuses on activities in the next two to three years – including early reform, working with a wide range of partners, and building the evidence base. Our learning from these immediate activities will inform our plans for the later stages. This will include delivery of integrated services at scale, and legislation where needed.

<sup>3</sup> Jones, A, *Rising to the challenge of diversity: A discussion of the business case*. The Work Foundation; 2006.

<sup>4</sup> Internal analysis based the DWP Destination Survey 2011, DWP Policy Simulation Model Autumn Statement 2016 version showed that for each additional year a typical Employment and Support Allowance (ESA) customerspends off benefit and in employment there is an Exchequer saving of approximately £12,000 and an increase in output and other societal benefits worth approximately £13,000. Assumptions:

(1) Nominal prices (2) 2018/19 employment (3) Spring Budget 2017 caseload forecasts (4) Legacy benefit system (5) 0% discount rate (6) Supply side intervention with 20% adjustment for substitution effects assumed, though the details of the employment intervention are as yet undetermined and could be on the demand side (7) Excludes distributional effects (8) Does not account for programme costs

<sup>5</sup> Stevenson D, Farmer S. *Thriving at work: the Stevenson/Farmer review of mental health and employers*; 2017. Available from: <https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers>

<sup>6</sup> Taylor M, Marsh G, Nicol D, Broadbent P. *Good work: the Taylor review of modern working practices*; 2017. Available from: <https://www.gov.uk/government/publications/good-work-the-taylor-review-of-modern-working-practices>

<sup>7</sup> Black C. *An Independent Review into the impact on employment outcomes of drug or alcohol addiction, and obesity*. Cm 9336; 2017. Available from: <https://www.gov.uk/government/publications/drug-and-alcohol-addiction-and-obesity-effects-on-employment-outcomes>

## Consultation overview

9. The *Improving Lives* Green Paper in October 2016 and the following fifteen week consultation were important milestones. We needed to hear the views of the people we seek to support, the organisations who represent them, employers, and the wide variety of professionals who deliver services - including local authorities and healthcare professionals.
10. We received around 6,000 responses, including 1,300 submissions via our online platform CitizenSpace, and over 3,000 emails. Many organisations ran consultation events, online surveys or focus groups to gather the views of a wide range of people to produce their responses to the consultation. Some organisations submitted their views by video. The consultation process included:
  - over 166 consultation events;
  - an online portal called CitizenSpace and an email and postal address so that people could respond in the best format for them;
  - webinars to seek the views of service users; and
  - social media contact that used the hashtag #workandhealth over 5,200 times.

Following publication of the Green Paper, the Work and Health Unit ran a **fifteen-week consultation**



Around  
**6000**  
responses  
received



Supported by  
**166**  
accessible  
events



Including  
**575**  
responses from  
organisations

11. The responses provided us with a wealth of views on every issue raised in the Green Paper, which are reflected in the following chapters in more detail. In summary, most responses supported the case for change, the general principles in the Green Paper, and also the key positions, for example:
  - that good work is good for health – while also recognising that this is not possible for all people, and also that the wrong kind of work can be damaging. Dame Carol Black's review also noted that 'employment can play a key part in supporting recovery'<sup>8</sup>;
  - that we should make changes to benefit assessments;
  - the important role of employers in supporting people into work and helping them stay in work;
  - more access to occupational health services;
  - sharing research and evidence on what the issues are and what works.

<sup>8</sup> Black C. *An Independent Review into the impact on employment outcomes of drug or alcohol addiction, and obesity*. Cm 9336; 2017. Available from: <https://www.gov.uk/government/publications/drug-and-alcohol-addiction-and-obesity-effects-on-employment-outcomes>

## 8 Improving Lives: the Future of Work, Health and Disability

12. Many responses recognised the significance of the challenge and suggested a staged approach to reform.
13. Some respondents called for some of the measures to go further. For example, we heard that we should consider addressing wider barriers to work, such as transport, debt, and housing, and align with the strategies of other government departments. Others suggested that the consultation was overly focused on disabled people and people with long-term health conditions as benefit customers, rather than as employers, employees and self-employed.
14. We are clear that to succeed in delivering the vision, action needs to be taken across government. The Work and Health Joint Unit is ideally placed to join up Department for Work and Pensions and Department of Health, and to consult on key welfare, employment and health issues. But we are also working with other departments in order to address the wider barriers some respondents mentioned. We set out more about this in Chapter 4.

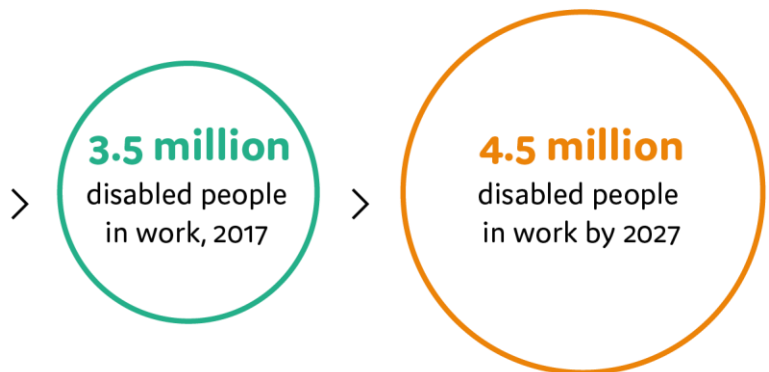
### One million more disabled people in work

15. To reflect our vision, we want to see one million more disabled people in work over the next ten years<sup>9</sup>. This replaces the pledge to halve the disability employment gap outlined in the Green Paper. Both commitments are ambitious and far-reaching, but the new one is specific and time-bound.
16. There are 3.5 million disabled people in work in 2017<sup>10</sup>. We aim for this number to increase to 4.5 million by 2027. We will track the number of disabled people in employment and publish a statistical update annually. Increasing the proportion of out of work disabled people entering work and reducing the proportion falling out of work will be key. However, economic growth and job creation, the prevalence of disability and demographic change will all affect these rates. Alongside monitoring the number of disabled people in work, we will also consider other useful statistical indicators which give more information about how disability and employment change over this time period, and inform our actions.

The Government is committed to seeing

# 1 million

more disabled people in work over the next ten years.



### Our strategy

17. We have carefully considered the many responses to the Green Paper consultation and, informed by these and analysis of the evidence and data, have developed our strategy for making progress towards our vision.
  - **Getting into and staying in work:** As well as supporting disabled people and people with long-term health conditions to enter work, it is also important to invest in supporting people to stay in work. As we set out in the Green Paper, we know that the longer someone spends out

<sup>9</sup> *Forward Together: Our Plan for a Stronger Britain and a Prosperous Future. The Conservative and Unionist Party Manifesto 2017.*

<sup>10</sup> Figures for January to March 2017. Labour Force Survey.

of work in ill-health, the lower their chance of entering employment. One in ten disabled people in work fall out of work each year, compared to one in twenty non-disabled people. Further information on flows into and out of employment by disability status can be found at Annex D.

- **Improving and joining up across the three key settings:** This is an ambitious programme and requires far-reaching and joined up change. As described in the Green Paper we will focus on improving and joining up across three key settings - **the welfare system, the workplace and the healthcare system**. Key actions under each of these settings are summarised below and set out in more detail in the following chapters. We acknowledge the key role other settings also play – in particular the education and care systems – and the work in these areas towards this agenda. We are working with other government departments to ensure a joined up approach to these issues - for further details please see Chapter 4.
- **Support for those who need it - whatever their health conditions:** People should be able to get the support they need whatever their health condition or disability. That includes people with more than one condition, with fluctuating conditions, and with less common or more complex conditions. It also includes groups with the lowest employment rates – for example, people with neurodiverse conditions, such as those with learning disabilities or autism. However, given that mental health conditions and musculoskeletal conditions are the most common conditions that affect participation in work, making sure services work for people with these conditions is a key part of our programme.

Of the 2.4 million ESA claimants

49%

have a mental health condition as their primary condition<sup>a</sup>

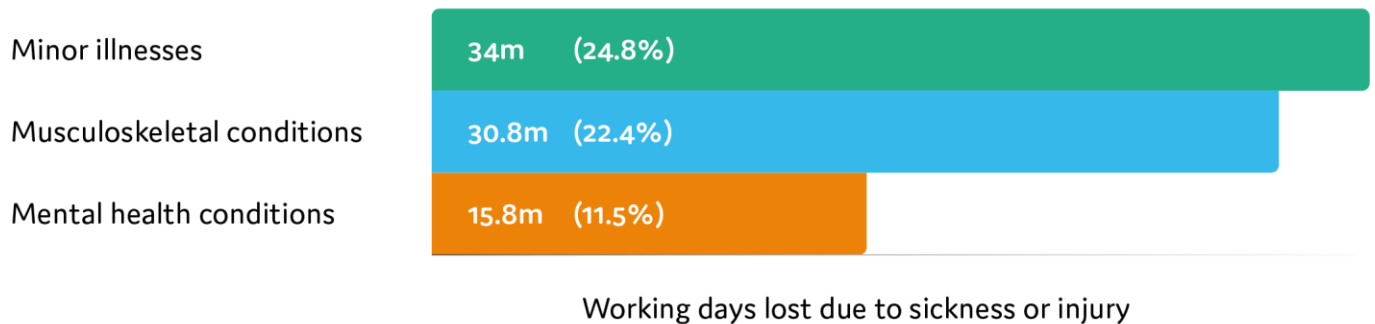
13%

have a musculoskeletal condition as their primary condition<sup>b</sup>

<sup>a,b</sup> Department for Work and Pensions. Employment and Support Allowance Caseload, February 2017. Stat-Xplore.

## 10 Improving Lives: the Future of Work, Health and Disability

An estimated 137.3 million working days were lost due to sickness or injury in the UK in 2016; musculoskeletal and mental health conditions were major reasons for absence, after minor illnesses like colds<sup>c</sup>

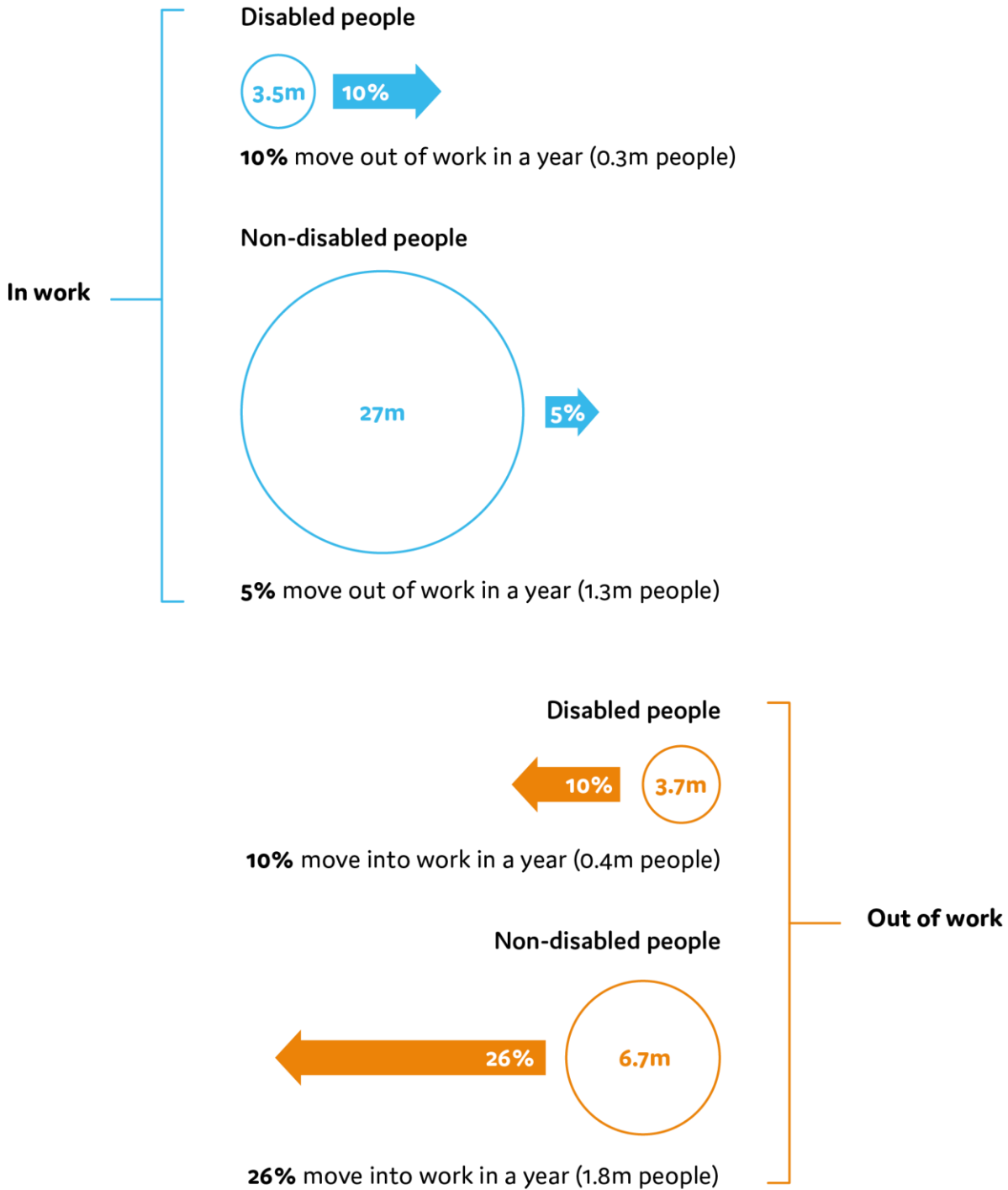


<sup>c</sup>ONS, Sickness absence in the labour market, 2016,

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2016>

- **Changing culture and attitudes:** The changes required to achieve the vision need to be underpinned by changes to culture and attitudes within the key settings but also across society more widely. We will collaborate with disabled people, people with long-term health conditions and other stakeholders, to explore ways to promote awareness of the capabilities, contributions and potential of disabled people and people with long term health conditions, and build positive perceptions. This can contribute longer term to shifting attitudes and outcomes, promoting equality and inclusion to create real and lasting change for disabled people.
- **Technology:** we are keen to make best use of technology which can provide crucial support to remove barriers to work, as well as improve interaction between people and health and welfare services. Innovation in assistive technology is making it cheaper and easier than ever before for employers to support disabled people and people with long-term health conditions to get into and remain in work.

Over the course of a year, disabled people are **twice as likely** to move out of work, and nearly **three times less likely** to move into work, compared with non-disabled people<sup>a</sup>



<sup>a</sup> Annex D: Flows into and out of employment by disability

### Delivering a programme of change

18. We have already taken action and made progress on a wide range of issues discussed in the Green Paper, where we are clear about precise action required. Activities against each of the Green Paper commitments is summarised in Annex B. But, as acknowledged in the Green Paper responses, this is a challenging agenda, and there is some way to go to develop solutions. We are committed to:

**A full programme of activity:** We have a range of activity over the next few years with clear actions and milestones which are set out in the following chapters and Annex A.

**Building the evidence base:** We want to work with research partners and academics, end-users and delivery partners to develop a **more comprehensive evidence base** about what works for whom, and why and at what cost. This will support decisions about the design, targeting and implementation of future service design. In 2018 we will set out our comprehensive approach to building and disseminating evidence over the ten year period, working closely with our academic and research partners to build a collective approach.

- The Work and Health Innovation Fund will play a key role in helping us to build the evidence we need. Alongside supporting our new research and trial activity, this source of funding will also be used to enable us to launch a Challenge Fund that will invite external partners to bid for funding to help develop approaches to build evidence in key areas. We will publish further details in the spring.
- In addition, the National Institute for Health Research is planning a substantial investment, of several million pounds over five years, in a new **Working-Age Policy Research Unit** and is conducting a commissioning exercise to find a suitably high quality provider. The purpose of the Working-Age Policy Research Unit is to develop the evidence base for policy aimed at improving health and wellbeing and reducing health inequalities for people of working-age. As employment is one of the key determinants of health, the initial focus of this unit will be on the relationship between health and work.
- We will also engage partners and explore how to bring together and disseminate knowledge and information to policy-makers, commissioners and practitioners at national and local level so that services and policies achieve positive impacts at scale and offer value for money.

**Transformational change:** Given the scale of ambition, a key part of our programme is to achieve transformational change by addressing three key questions. We will progress with further work and engagement on these with partners and members of the public over the next two to three years and aim to set out proposals later in the Parliament. These are:

- How to personalise and tailor employment support in the welfare system, with improved assessments for financial support;
- How to achieve the appropriate balance of incentives and expectations of employers of all sizes to recruit and retain disabled people and people with long-term health conditions, and create healthy workplaces where people can thrive;
- How to shape, fund and deliver effective occupational health services<sup>11</sup> that can support all in work; and options for fit note reform.

**Working in partnership:** Many charities, local partners, local authorities, and leading employers are already taking positive action. We want more organisations and partners to play a greater part in

<sup>11</sup> **Occupational health (OH)** is concerned with the interaction of health and work. In this document where we refer to occupational health we include vocational rehabilitation and other related services that are delivered by a range of multi-disciplinary professionals all working to a shared goal, helping to ensure that workplaces are safe and healthy, protecting and promoting the health and wellbeing of working-age people.



delivering this agenda. Our commitment is to work in partnership to deliver the information and evidence in an accessible way to support decision making. We also want to work in partnership with disabled people and people with long-term health conditions to inform the design of support that will be the most useful. We will continue to work with stakeholders, disabled people, and people with long-term health conditions to transform attitudes across society. Chapter 4 provides further information about current and planned work with others.

**Measuring and reporting on progress:** We will publish statistical updates on the numbers of disabled people in work each year. Alongside national statistical information on disability employment we will develop measurement indicators which support local areas to track their progress and focus their resource to support better health and work outcomes. This will include as far as possible the needs of all disabled people, not only those who have more common conditions or who are closer to the labour market.

**Implementation:** The final phase will be to implement changes and scale up interventions demonstrated to work, backed by legislation where needed. This will require dissemination of knowledge and work with a range of actors including local commissioners and employers. In the early 2020's we will start to roll out nationally any interventions across the three settings that we are currently trialling and which prove to be successful and scaleable.

## Summary of action taken and planned activity in each of the three settings

**In the welfare setting we want a system which offers disabled people and people with health conditions personalised and tailored support adapted to their needs, and which links them to healthcare and other services for support.**

19. In response to what we heard in the consultation we have focussed on four key areas of activity:
  - Continuing to build the capability of Jobcentre Plus work coaches to deliver tailored support, and continue to build positive relationships with customers.
  - Ensuring individuals can access personalised and tailored employment support. We will test and learn to inform design of employment support.
  - Continuously improving the assessment process so that people experience a streamlined assessment process and are able to easily access the employment support they need – paving the way for future reform and improvement of the system.
  - Empowering those furthest away from the labour market (Employment and Support Allowance (ESA) Support Group and its equivalent in Universal Credit (UC)) who wish to seek employment or develop their skills to do so.
20. We have launched a number of programmes to **further improve work coach capability** to support customers and in particular those with mental health conditions. We have also launched a **Group Work trial** – to test whether combining job search skills training with interventions to enhance motivation can improve employment and health outcomes for benefit customers who are struggling with their job search. We are providing more support for people claiming ESA and UC, including rolling out a Personal Support Package which includes new **Health and Work Conversations**. Starting now and over the next two to three years we will test **voluntary interventions** for people in the ESA Support Group and its equivalent in UC.
21. We have also stopped re-assessments for people with the most severe conditions in ESA and UC. We are undertaking test and learn activity which will inform future reform options to achieve transformational change **to personalise and tailor employment and health support, with improved assessments for financial support.**

## 14 Improving Lives: the Future of Work, Health and Disability

**In the workplace setting we want employers who have the support and confidence to recruit and retain disabled people and people with long-term health conditions, and to create healthy workplaces where people can thrive and progress.**

22. We want to work in partnership with employers to help them draw fully on the talents of disabled people and people with long-term health conditions to build workplaces that promote the health and wellbeing of their workforce. In turn, this can help businesses prosper and grow by attracting and retaining valuable skilled employees and increasing the productivity of the workforce.
23. Two significant independent reviews have been published since the Green Paper. These have both informed and supported our thinking. Matthew Taylor published his review of *Modern Working Practices* in July. Lord Stevenson and Paul Farmer published their review of mental health and employers on 26 October. Both of these reviews have highlighted employer practices which particularly affect employees, and have recommended improvements.
24. Lord Stevenson and Paul Farmer's review, *Thriving at work*, is particularly significant considering the scope of this publication. The review acknowledges that all employees' mental health should be taken care of in the workplace and we fully support that position in this publication. In Chapter 4 we set out how we will take forward recommendations both aimed at the Civil Service as an employer in its own right, and further actions and advice Government can provide to employers to ensure they know how to support their employees' health, including mental health and wellbeing.
25. In addition to the recommendations aimed at government the review recommends action by the wider public sector and also all employers. We support these recommendations in full, and while it is for these employers to act to take these forward we will support and encourage them in this wherever possible. For the public sector, this includes working through sponsor departments and initiatives such as our planned Public Sector Summit, to be held in spring 2018. We will similarly encourage implementation of these recommendations by private sector businesses by using existing networks and through our work providing information, advice and support to employers.
26. The full list of Stevenson/Farmer recommendations and Government responses is included at Annex C.
27. A wide range of Green Paper consultation responses supported the important role that employers play and many of the areas we set out for action. Therefore our focus in this setting is:
  - Improving advice and support for employers of all sizes;
  - Ensuring the Civil Service is a leading employer;
  - Increasing transparency;
  - Reforming Statutory Sick Pay; and
  - Ensuring the right incentives and expectations are in place for employers.
28. Our actions since the Green Paper include: launching the Disability Confident Business Leaders Group and starting the rollout of the Small Employer Offer and Community Partners. We have completed phase 1 and launched phase 2 of the Managing Sickness Absence Small Business Challenge Fund. Looking ahead we will develop advice for employers that is easy to find and use, and improve Access to Work. We will also develop good practice within the civil service, and we plan to hold a Public Sector Summit in 2018.
29. To go further and deliver transformational change we want to consider **how to achieve the appropriate balance of incentives and expectations of employers** of all sizes to recruit and retain disabled people and people with long-term health conditions, and create healthy workplaces where people can thrive.

**In the health setting – we want occupational health services which offer individuals timely access, and healthcare professionals who include employment issues in their conversations with patients.**

30. Our aim is to enable healthcare professionals and services to improve the support they offer to individuals with health issues and their employers. Consultation responses largely support the key issues we identified in the Green Paper and so we have focused our next steps on:
  - The vital role of prevention;
  - Creating the right environment to join up work and health;
  - Improving provision and testing new models for mental health and musculoskeletal services;
  - Reforming the fit note; and
  - Developing the occupational health (OH) offer.
31. To join up health and work, we have established **health-led trials**, testing intensive support in new healthcare settings for people with physical conditions and mild to moderate mental health conditions. We have put more **Employment Advisers into Improving Access to Psychological Therapies (IAPT) services**, testing this approach in terms of outcomes and the scale of the offer.
32. We have conducted an internal review of the fit note, and over the next two to three years we want to move forward to **reform the fit note**.
33. We are also committed to exploring a key question with potential to deliver transformational change: **how to shape, fund and deliver effective occupational health services that can support all in work**. We have already commissioned **further research** – to better understand the current market supply and delivery structures of OH provision and its operation. We will shortly appoint an expert working group to champion, shape and drive the work, and to inform proposals by 2019/2020.

## UK and Devolved Administrations

34. Our vision and our goal to see one million more disabled people in work covers the whole of the United Kingdom. Many areas set out in this document are devolved to Scotland, Wales and Northern Ireland. It is for each administration to consider how to take forward this agenda. The UK Government is committed to working with the Devolved Administrations on developments which are relevant to people right across the UK, and to learning from each other – for the benefit of all UK citizens. For more information about our approach please see Chapter 4.

## Conclusion

35. This publication is the start of a ten-year programme of reform which will evolve in response to trials, research and engagement with disabled people and people with long-term health conditions, stakeholders, and partners.
36. As well as ongoing public and cross-government engagement to develop proposals, we are also committed to publishing further consultations, reports and updates over the coming years.
37. The next chapters set out the key measures we are taking and further work we are planning to do in each of the three key settings – Annex B contains more detail about these measures in relation to the Green Paper commitments. In addition a timeline at Annex A sets out specific milestones and key areas of activity over time.

# Chapter 1 – Welfare setting: Employment and financial support

## Introduction

38. The welfare system plays a vital role in supporting disabled people and those with health conditions into work. But the system does not work as well as it should, and employment outcomes for those on Employment and Support Allowance (ESA) are very low<sup>12</sup>. We want to improve the contact we have with disabled people and those with health conditions, join up with health services, and achieve better outcomes and the right support for those who cannot work.
39. We will do this by developing a more personalised and tailored approach to employment support. This approach was generally supported by the consultation responses, and aligns with Universal Credit (UC) principles.
40. We are committed to four key areas of activity which includes making improvements now, as well as paving the way for future legislative reform as set out in the Government's manifesto commitment. These are:
  - Continually building work coach capability;
  - Personalised employment support;
  - Improving assessments; and
  - Supporting those furthest from the labour market.
41. Our work goes beyond providing a safety net: it is about offering the choices and support to help individuals realise their potential and ambitions, in a tailored and accessible way.

## Continually building work coach capability

### Our vision

42. We want customers to experience a positive relationship with well-trained work coaches, who have access to additional and specialised knowledge.

### What we heard from the consultation

43. Respondents made suggestions to increase and complement the expertise and experience of work coaches. These included developing specialist knowledge, increasing understanding of the impact of conditions and medication, as well as spending more time and developing greater rapport with the customer. Respondents were keen that work coaches support customers to understand and engage with the system and the array of support available to them.

<sup>12</sup> Only 4% of those who made a new claim and were eligible to receive Employment and Support Allowance (ESA) in 2013/14 have been able to find employment more than 2 years later. Source: Department for Work and Pensions and Department of Health. Work, Health and Disability Green Paper Data Pack; 2016. <https://www.gov.uk/government/statistics/work-health-and-disability-green-paper-data-pack> Employment refers to paid employment within 1 month of leaving the benefit. It does not include self-employment.

## What we are doing

44. Work coaches currently undergo a **three-week learning process and accreditation**. This includes training on health conditions and disabilities, and how to tailor service delivery according to needs. Since the Green Paper we have rolled out **new training for work coaches** as part of the **Health and Work Conversation (HWC)**. This new training builds skills of empathy, active listening, and helping people respond resiliently to challenges and overcome fixed beliefs about their abilities.

### Case Study: Health and Work Conversation

Katie began claiming ESA after realising teaching was no longer the career for her. She had lost her confidence and was experiencing anxiety and depression. After having a Health and Work Conversation with her work coach Patrick, he suggested that work experience could be helpful to building back Katie's confidence.

Katie started volunteering locally. She was given hours which suited her and as she interacted with the public, her confidence soon grew. Katie was given support to apply for jobs. She received guidance through the processes and learnt interview skills. Though Katie benefitted from the guidance and skills sessions offered, her work coach Patrick felt that the biggest obstacle she faced was her low self-confidence.

Both Katie and Patrick felt the work experience Patrick had arranged for her was just what she needed to be reminded of the value she would add to any organisation. Patrick said: "Over the following weeks Katie went from strength to strength and built up her confidence..... I think helping others helped Katie come to terms with her own issues and reminded her that she was not alone."

Katie said the, "Health and Work Conversation... was the starting point I needed to help me move on. It made me feel a lot more confident and I don't think I would be where I am today had I not had that conversation."

Katie's experience of Jobcentre Plus inspired her to consider new roles helping people, and she has now gained full-time employment with the National Careers Service.

45. In the Green Paper we outlined the **Community Partners and Disability Employment Adviser roles** as well as the HWC, which received support in the consultation responses. They continue to be an important part of building the work coach and customer relationship, and help to ensure that we are making best use of information we have about someone. We are embedding the Health and Work Conversation in UC.

### Case Study: Community Partners

Stephen, Lead Community Partner, East Anglia.

East Anglia Community Partners Team works with Jobcentre Plus, employers and external organisations to ensure coordination of services. Community Partners use their external expertise to provide a new perspective for Jobcentre Plus work coaches on disability, offering insight into the effects disability can have on employment, identifying tailored local provision and working with employers to change attitudes towards disability. Stephen is one of the new Community Partners, and has had 17 years of experience in improving services for people with additional needs.

His previous work in charities and welfare makes him well placed to deliver the change he wants to see in the community. Stephen said: “This role brings together everything that I have done.”

Stephen wants to use the Community Partner role to help Jobcentre Plus work together more with external providers. Employer engagement is fundamental to Stephen’s strategy. He wants the East Anglia Community Partners team to work closely with employers in the region to promote the benefits of employing disabled people and people with health conditions. The team is also actively encouraging and working with employers to sign up to Disability Confident. Disability Confident is a movement for change which encourages employers to think differently about disability, and to take action to improve how they attract, recruit and retain disabled workers. Stephen also believes that he can add value by helping work coaches to better prepare for conversations they have with customers.

46. We know there is an ongoing need to support work coaches in fostering a positive relationship between customers and Jobcentre Plus, and the support they offer.
47. We will also look to further improve the quality of working relationships between work coaches and customers by **exploring the use of a ‘Working Alliance’ measure**, adapted from mental health services, to examine what factors improve or inhibit positive relationships, and how work coaches can be supported to foster them.
48. Throughout the programme of reform we will look to work with disability and health organisations, and the people they represent, to ensure new approaches reflect people’s needs. Consistent throughout is the ambition to maximise the value of every interaction, working to provide guidance and understanding throughout a person’s journey.

## Personalised employment support

### Our vision

49. We want individuals to receive personalised employment support which is flexible to their needs and based on discussion and consideration of the reasons behind why they may be unable to work. We also want to ensure that people are supported as they move from one part of the system to another.

### What we heard from the consultation

50. The consultation responses provided clear views that employment support is most effective when it is flexible to the needs and circumstances of individual customers, and that it should be voluntary. However, there were differing views on what the core elements of employment support should be, including support for provision such as Individual Placement and Support (IPS), Improving Access to Psychological Therapies (IAPT) and Peer Support. Other responses focussed on self-employment as a positive option. There was also some support for the use of specialist advisers, and the co-location of employment services in health settings.

### What we are doing

51. We have progressed with roll-out of the **Personal Support Package**, a range of new measures and interventions designed to offer support which can be tailored to people’s individual needs.
52. Implementation of the **Work and Health Programme** started at the end of November 2017. This will provide innovative support through local organisations for around 200,000 disabled people over the course of the programme. The providers delivering the programme are from different sectors, the

majority are social enterprises. We have allocated funding to London and Manchester to deliver localised versions of the Programme to fit the needs of individuals in their areas.

53. The type of support will be personalised to the needs of each participant. Examples of the type of support available includes participants having a personal key worker with regular 1:1 face to face contact, mentoring and peer support, integrated access to specialist support networks at a local level including health and wellbeing professionals and support from dedicated employer experts with knowledge of the local labour market and job opportunities.
54. We are testing **peer support** models involving people who have themselves experienced unemployment or health problems – to see whether this helps build people’s belief in their ability to work, and achieve better health and work outcomes.

### Group Work – JOBS II

Group Work, a voluntary week-long employment support package, is a variation of an intervention called JOBS II that has had positive results outside of the UK<sup>13</sup>. Support is designed to generate social engagement within a group of job seekers to develop and share skills and experiences. It involves facilitated discussions and exercises designed to improve resilience to the stresses of searching for a job.

We are trialling this voluntary support in several Jobcentre Plus Districts to understand the impacts on both employment and health. The trial started in January 2017 and a final evaluation report will be available in 2019.

55. We also recognise that **self-employment** may be attractive to people with a health condition or disability and that it is important to provide them with support to start, sustain and grow their self-employment. We will therefore continue to build our evidence base, working in partnership with stakeholders to ensure we provide people with the best opportunities to succeed in self-employment when this is the right thing for them to do.

### Developing personalised support for issues requiring greater focus

56. Improving support for people with **mental health and musculoskeletal conditions** is a key focus across many of the initiatives in the welfare system. With the right support, good work can be extremely beneficial to someone’s health and act as an enabler to recovery. Chapter 3 outlines our current trials of health-led services to test support for disabled people and those with long-term health conditions to move back into work.
57. We are currently exploring the best policy options for continuing to **support those with greatest needs and most complex situations**, once the Specialist Employability Support (SES) contracts come to an end in October 2018.
58. We are working across government to enhance **support for people with learning disabilities or with autism**. The Labour Force Survey (LFS) estimates that working-age disabled people with a reported main health condition of a learning difficulty (including people with a learning disability) have an employment rate of 24% (LFS April – June 2016)<sup>14</sup>. Making a step change in the life chances of learning disabled people is a cross-Government priority, with the Departments for

<sup>13</sup> Price R H (2002). Cultural collaboration for prevention and promotion: Implementing the JOBS Program in China California, and Finland. In *Developing Partnerships: Science, Policy and Programs Across Cultures. Proceedings of 2<sup>nd</sup> World Conference on the Promotion of Mental Health and Prevention of Mental Health and Behavioural Disorders* (pp.11-13)

<sup>14</sup> Department for Work and Pensions and Department of Health. *Work, Health and Disability Green Paper Data Pack*; 2016. Available from: <https://www.gov.uk/government/statistics/work-health-and-disability-green-paper-data-pack>

## 20 Improving Lives: the Future of Work, Health and Disability

Health, Education, and Work and Pensions leading the way with an approach that addresses barriers across an individual's life course.

59. As well as looking at employment support for those in adulthood a key focus will be on the **transition from education to employment**. A positive transition can make the difference to an individual's life chances. Moving from the structured and supported environment of education to the unknown world of work can be particularly challenging for disabled people and people with health conditions. Evidence is clear that careers advice provision is weakest for disadvantaged groups<sup>15</sup>.

### Case Study – Supported internship case study

Emma\* completed a nine-month supported internship run by National Star College, working at EDF Energy. Emma was diagnosed with autism at 22. Before she started the supported internship she said she 'just sat at home', but she feels the placement gave her a purpose, and a reason to get up in the mornings. Emma spent 30% of the time in a base room at EDF undertaking academic learning. The remaining 70% of the programme was spent in the workplace, supported by a job coach.

Emma's placement was so successful she is now employed by EDF Energy as an admin assistant in their Gloucestershire office. Emma said that her job 'means everything to me'. National Star's supported internship programme, Steps into Work, has seen 83% of its interns going onto paid employment.

\*Not her real name.

60. The consultation and other feedback showed that poor employment outcomes for young people with learning disabilities can be the result of lower aspirations and inadequate support from early years onwards, including by health and education professionals. Therefore we are committed to a range of measures to support this group, based on the belief that the overwhelming majority of people with learning disabilities want to work and can work, with the right preparation, opportunities and support.

### Case Study - Apprenticeships

Scott is a talented young man who has a learning disability. While Scott attended the Westminster School in Sandwell, he was given an opportunity to undertake a supported internship with Interserve, a support services and construction company. Supported internships are for young people with an Education, Health and Care (EHC) plan, and seek to demonstrate to young people and employers that they are capable of achieving in the workplace. After completing his placement, Scott had a portfolio of work-based competencies which proved there were jobs he could excel at.

Scott found his supported internship to be a positive experience and said, "I like working with Interserve and I would like this to carry on when I finish at Westminster. I like doing practical jobs where I can fix things but I don't mind what this is. I also like construction based things like bricklaying".

<sup>15</sup> Archer K L, Moote J K. *ASPIRES 2 Project Spotlight: Year 11 Students' Views of Careers Education and Work Experience*. King's College London; 2016. Available from: <https://www.kcl.ac.uk/sspp/departments/education/research/ASPIRES/publications2.aspx>



Scott is now 19 years old and has left the Westminster School. He has started an apprenticeship offered by Interserve with altered English and maths requirements. Scott is now working in Interserve's Facilities Services, delivering services across schools in the Sandwell area.

- **Access to apprenticeships** is being significantly improved for people with learning disabilities, building on opportunities from the Apprenticeships Levy. The recommendations of the Maynard Taskforce<sup>16</sup> are being implemented, including changes made to English and Maths requirements.
  - The Government's forthcoming **careers strategy** will include proposals to improve the quality and coverage of careers advice in schools and colleges and will have a focus on social mobility.
  - We want to ensure that **all young people with Education, Health and Care plans have the opportunity to undertake a supported internship** where this is the right route for them and that all young people with Special Educational Needs and Disabilities are prepared for adulthood, including employment. We will work with people with learning disabilities and their families on these issues.
  - As well as patient and peer support networks we will use our **community partners to engage with parent networks** which do so much to support preparation for, and securing of work.
61. With our armed forces champions we will better integrate our support to **help those who have served in the armed forces**.

## Improving assessments

### Our vision

62. We want the individual to experience a streamlined assessment process – enabled by secure, timely sharing of relevant data between benefits systems, an appropriate reassessment regime for those with severe conditions, and a personalised approach which helps people access the right support. We will make improvements within the current system, and build evidence for future reform and legislative change.

### What we heard from the consultation

63. There was broad support for Work Capability Assessment (WCA) reform and for a more personalised approach. Around half the respondents supported the model outlined in the Green Paper – to separate decisions on the financial support an individual receives from the discussions they have about the employment and health support available to them.
64. A large proportion of responses gave no clear indication of their preference for reform, and some raised concerns over the impact of the proposed model on requirements for customers to engage with Jobcentre Plus.
65. There was also broad support for improving data-sharing between benefits, with potential opportunities including reduction of the burden on customers. However, some expressed concerns over data protection and whether data from one benefit could usefully inform the assessment of a different benefit.

<sup>16</sup> Department for Business Innovation & Skills, Department for Education, Department for Work and Pensions. *Paul Maynard taskforce recommendations*. Available from: <https://www.gov.uk/government/publications/apprenticeships-improving-access-for-people-with-learning-disabilities/paul-maynard-taskforce-recommendations>

### What we are doing

66. We have **stopped re-assessments for those with the most severe conditions in ESA and UC**. From September 2017 we introduced new criteria and guidance for healthcare professionals who undertake WCAs. This allows them to recommend that customers with the most severe and life limiting conditions should no longer be reassessed.
67. This will apply to both new customers, and those who have reached the point of reassessment to decide future entitlement to benefit. It will reduce the burden we place on customers to continue to produce evidence confirming the impact of their health condition or disability. We already have a well-established process, for anyone who is terminally ill with less than 6 months to live. They are automatically fast-tracked to the support group or UC equivalent without the need for a face to face assessment. This new measure will ensure that individuals undergoing an assessment from now on, with a longer prognosis, but still life-limiting conditions, will also now not have to worry about having further assessments.
68. The consultation gave multiple and differing views on what the WCA should look like in the future. We want to **focus on building our evidence base so that we get it right**. This includes engaging with external stakeholders to inform changes, and to explore concerns about the specific reform model consulted on in the Green Paper. We plan to build from small-scale tests to stable, wider, longer-term reform – informed by what the testing shows us. We will be exploring ways to:
  - **Improve the customer experience of the assessment process**, seeking to make every contact count to build trust and understanding with customers; join up with other services where possible; and better anticipate a person's needs, such as support at the outset of a claim to set up a bank account.
  - **Provide more personalised support and services**, making better use of data-sharing to understand individuals, and using that understanding for the benefit of customers.
69. Many disabled people will currently undergo other assessments as well as the WCA, for example the Personal Independence Payment (PIP) assessment. We are considering recommendations made in Paul Gray's second Independent review of the PIP assessment, and will publish our response shortly.

### Supporting those furthest from the labour market (Support Group)

#### Our vision

70. We want everyone in the Support Group to have the opportunity to access personalised, tailored and practical employment support on a voluntary basis - when they want or need it.

#### What we heard through the consultation

Support Group – customers can be placed in the Support Group following their WCA where they have been found to have limited capability for work and limited capability for work-related activity. Customers in the Support Group are not required to engage with any work-related activities or employment support but they can volunteer if they wish.

71. The majority of respondents believed we should offer targeted health and employment support to individuals in the ESA Support Group and UC equivalent. However, respondents were clear that accessing any support should be voluntary.

72. A large number of responses suggested that individuals currently in the Support Group who would like to access employment support are either unaware of what is available, or do not find the current support appropriate for their individual needs.
73. Some respondents suggested what type of support may be most effective for individuals in the Support Group. These included: the offer of a peer support network, a one-stop shop for existing services and provision, increased individual choice over accessing provision, and support which can focus on improved wellbeing and not solely on employment outcomes.

## What we are doing

74. In the Green Paper we said we would **research the needs of customers in the Support Group** – this started in October 2017.
75. To complement this, we have designed a **proof of concept to test different voluntary engagement methods**. It will also offer peer-led support for this group, as suggested in the consultation. The findings from this proof of concept, and further work with external stakeholders, will inform a **larger trial planned for late 2018**. We look to stakeholders to work with us in encouraging individuals to engage with this offer and support them to fulfil their potential.
76. We will also be exploring with stakeholders the potential viability of **'personal budgets'** for employment support. This idea was raised in the consultation, and would give customers who are disabled or have health conditions more choice and control over the support they access. Similarly, NHS England will be exploring how **'personal health budgets'** can do the same.
77. We are also exploring ways in which we can **support people to gain an accreditation or purchase tools or materials for work and additional social support**. We also need to consider people who need to **requalify for a trade they worked in prior to injury, or adapt to their new situation** as well as the more traditional methods of employment support or education.

# Chapter 2 – Workplace setting: Supporting employers to create healthy, inclusive workplaces

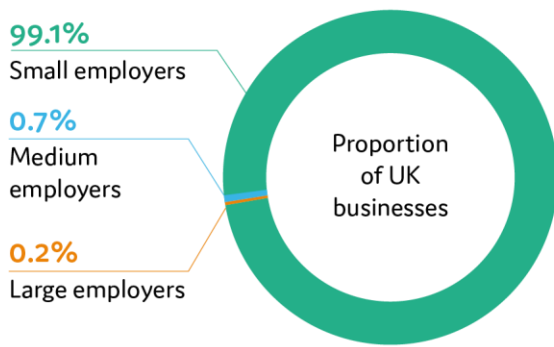
## Introduction

78. Many leading employers already demonstrate the rich opportunities for those who create inclusive, healthy workplaces where people can thrive. Actively attracting, retaining and supporting the progression of valuable skilled employees who are disabled or have long-term health conditions has the potential to help businesses to grow and prosper at a time of high employment and a changing workforce. The business case for employing people with a wide range of disabilities has been made by several organisations, from Mencap, looking at learning disabilities, through to Disability Confident Leaders.
79. We know trends are improving<sup>17</sup>, consultation responses from employers of all sizes recognised the importance and benefits of inclusive workplaces, and there are many examples of good practice. But some employers feel that they do not have the knowledge, capacity or confidence to offer employment and some are concerned about how to support a disabled person in work.
80. Government's aim is to work in partnership with employers of all sizes to maximise opportunities for all businesses and for disabled people and people with long-term health conditions. To do so we need to give employers the right support so they can be confident they are able to do the right thing for their employees.
81. Advances in technology, and a range of government initiatives such as Access to Work, have made it easier for employers to actively take up this opportunity. But we want to go further - to respond to what we heard in the consultation, and also to the findings from Lord Stevenson and Paul Farmer's review of mental health and employers. In summary our activities include the following:
- Improving advice and support for employers of all sizes;
  - Ensuring the Civil Service is a leading employer;
  - Increasing transparency;
  - Reforming Statutory Sick Pay to better support phased returns to work; and
  - Ensure there are the right incentives and expectations in place for employers.

<sup>17</sup> The proportion of recruiting employers taking on someone with a long-term health condition or a self-defined disability has almost doubled since 2013 – increasing from 8% in 2013 to 15% in 2017.

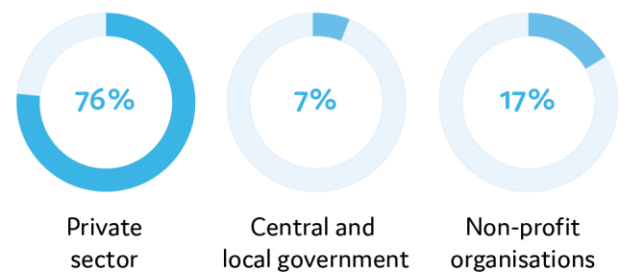
Sources: Department for Work and Pensions. *Employer Engagement and Experience Survey 2013*; 2013. Available from: <https://www.gov.uk/government/publications/dwp-employer-engagement-and-experience-survey-2013>.

Department for Work and Pensions. *Employer Experience Survey 2015 to 2016*; 2017, Available from <https://www.gov.uk/government/publications/dwp-employer-experience-survey-2015-to-2016>.

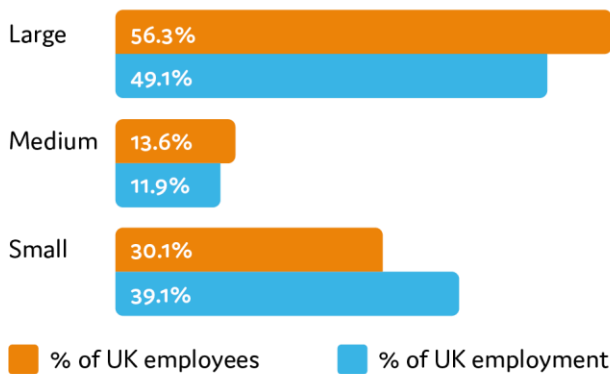


99.8% of all UK business are SMEs<sup>a</sup>

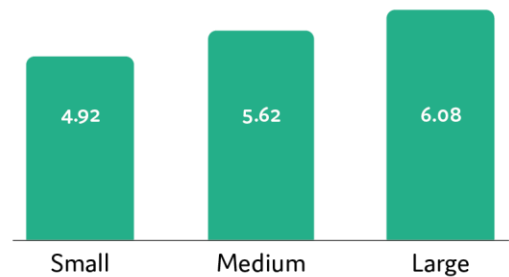
Proportion of UK employees by sector



76% of all UK employees work for the private sector<sup>b</sup>



56.3% of all UK employees work for large employers<sup>c</sup>



Improving employee health and wellbeing as an investment priority (average score on a scale of 0 to 10)

Investment in employee health and wellbeing is a higher priority for large employers than for SMEs<sup>d</sup>

<sup>a, b, c</sup> ONS, Business population estimates, 2016, <https://www.gov.uk/government/statistics/business-population-estimates-2016>

<sup>d</sup> DWP, Health and well-being at work: a survey of employers, 2011,

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214525/rrep750.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214525/rrep750.pdf)

## Improving advice and support

### Our vision

82. We want employers of all sizes and sectors to be able to easily access improved advice and support – enabling them to create opportunities, to recruit, retain and support disabled people in their workforce, and to manage sickness absence appropriately.

### What we heard in the consultation

83. Although a wide range of information exists, employers told us it is fragmented and difficult to access. Consultation responses said we should better structure information, potentially using a hub approach, to make it more accessible. Responses said advice must recognise the diversity of disability and long-term health conditions, as well as business size, sector and locality.

## 26 Improving Lives: the Future of Work, Health and Disability

84. Feedback highlighted that Small and Medium Enterprises (SMEs) operate in a different way to larger businesses and that when developing a strategy we need to recognise the limitations they have in terms of Human Resource expertise, training, time and resources.
85. Consultation responses also underlined the importance of using local networks to support employers and suggested that the Government should bring together key local stakeholders to facilitate local leadership and solutions.

### What we are doing

#### Improving access to information and guidance

86. We will improve advice and support both at a national and local level, making sure it works for employers of all sizes, in particular for SMEs, and for their employees.
87. We will start by **researching and identifying potential solutions with employers this year**. This will explore how we can most effectively bring together information for employers to meet their needs, and what information they most need access to. This advice will cover a range of disabilities and long-term health conditions, including learning disabilities, as well as mental health and wellbeing, as recommended by the Stevenson/Farmer review.
88. We will work in partnership with disabled people, voluntary organisations, employers and other government and professional bodies, to coordinate advice and to develop, promote and deliver this initiative.

#### Improving Access to Work and Disability Confident

89. As the Equality Act sets out, supporting employees who are disabled is part of employers' everyday role. But where extra help is required, government provides the **Access to Work scheme**, which will be significantly enhanced over the next year:
  - a trial of managed **personal budgets** will offer even greater personalisation;
  - we will create a new expectation that **equipment will be portable** and move with the individual when they change jobs and allow people to apply earlier so that support is in place for job starts;
  - we will work with schools and colleges to **ensure that young disabled people are aware** of the help they can get from Access to Work and can use supported internships and other first steps into work, including work experience where this may lead to a job;
  - we will significantly **increase the capacity of the Mental Health Support Service** to meet the rising demand<sup>18</sup>;
  - for those with the greatest needs, such as some British Sign Language (BSL) users, we will offer a personalised service. They will be able to access support of up to £43,100 per year from April 2018, and will be offered new managed personal budgets as well as workplace assessments involving their employers, to help them meet their needs within their award levels. Deaf customers will be supported by a dedicated team of specialist advisers;
  - we will also work with disabled people, their families and relevant organisations (including social enterprise employers) to develop **new targeted support for learning disabled social service users and secondary mental health support service users**.
90. We will also **increase the reach and effectiveness of Disability Confident (DC)**, a voluntary scheme developed by employers and disabled peoples' representatives which aims to help

<sup>18</sup> Last year Access to Work provision was approved for record numbers of people who reported their primary disabling conditions as a mental health conditions - up 37 per cent on the previous year. Source: DWP, Access to Work Statistics April 2007 – March 2017, 2017, Available at: <https://www.gov.uk/government/statistics/access-to-work-statistics>

employers make the most of the opportunities provided by employing disabled people by understanding how to reduce barriers to their employment.

91. We will ensure existing Government support for employers, such as Access to Work and Disability Confident, is promoted as part of our initiative to bring together advice and information.

### Building local networks

92. We have started **prototype work with Cornwall and Isles of Scilly Local Enterprise Partnership (LEP)**, who are leading work to increase disability employment by building sustainable local networks to meet the needs of their businesses and their local community. These will engage and support local employers – particularly SMEs – by bringing together key health and employment partners and championing action. We will work with Cornwall and Isles of Scilly LEP to share findings with other LEPs and local areas from early 2018, to encourage them to take on this local leadership role.

### Best Practice - Line Managers and Progression

93. We know that every line manager, supervisor and leader has a critical role to play in supporting employees to stay well and in work. Evidence shows that how employees are managed, and the behaviours and competency of line managers, are crucial to creating a healthy and inclusive workplace where everyone can flourish.
94. We also support the Stevenson/Farmer review's recognition of the need to tackle presenteeism. Presenteeism is defined as showing up for work when one is ill. It is an important issue for employers to consider as it can result in a loss of productivity, and can impact negatively on an individual's mental and physical health. However, this must be balanced by our desire to ensure individuals remain in contact with the labour market.
95. There is already an impressive, if sometimes confusing, wealth of information available to support managers. Therefore **we are working with partners to identify the key support and skills that line managers and owner/managers need across all sizes of organisations to create inclusive and supportive workplace environments** building on previous research in this area. We will explore how Government can help to promote these skills and spread best practice to the widest set of employers.

Many employers already provide good career and development support for disabled employees, such as mentoring, training programmes and disability networks. Others lack knowledge and confidence in how best to support their employees and many disabled people report barriers to progression. **During 2018 the Work and Health Unit will develop best practice, products and awareness on career development and support.**

### **Case Study – workplace adjustment**

In 2012, Hannah lost most of her eyesight and was registered Severely Visually Impaired. Although she had left university with a first class degree in law, losing her sight hugely knocked her confidence. Applying for several jobs, Hannah found that many employers overlooked her for their vacancies. After a short period working at a recruitment agency, she joined technology firm Fujitsu in 2014 on its HR Graduate Scheme.

Fujitsu's Graduate Recruitment Team arranged reasonable adjustments at each stage of the recruitment process and Hannah said this made it feel like she "was competing on a level playing field".

Stored centrally on the HR system, the firm's Disability and Adjustment Passport ensures that when employees move roles new managers are automatically aware of agreed adjustments, so they are in place from day one. Since Fujitsu introduced the passport, the proportion of its workforce who have declared a disability has risen from 2.8% in 2015 to over 6% in 2017.

After successfully completing the graduate recruitment process, Hannah went into the office before her start date to set up her specialist equipment. Zoomtext magnification and screen-reading software was installed on her laptop, a larger monitor was positioned on her desk and she was given a desktop magnifier for hard copy documents.

Finishing in the top three graduates in her cohort and shortlisted for Graduate of the Year, Hannah now works in a challenging and varied role as a HR consultant at Fujitsu. Hannah finds the culture at Fujitsu is open and supportive, saying she feels "comfortable saying when she needs to do something in a slightly different way". Key to this is the idea that her colleagues and managers assume she can, rather than can't, carry out work duties. Hannah says she finds this confidence in her ability positively challenges her own beliefs as to what she's capable of.

Before joining Fujitsu, Hannah had never been on a train alone, but has now visited eight Fujitsu offices on her own, including Northern Ireland, and several customer sites. She said: "I am starting to feel that my career is back on track and where it might have potentially been had I not lost my sight."

## **The Civil Service as a leading employer**

### **Our vision**

96. We want the public sector, as major employers, to be at the forefront of good practice, and to show leadership on health and work to others. This includes learning from and working with other employers in the private sector.
97. The public sector has examples of good leadership and practice, but areas where it can do better.

### **What we heard in the consultation**

98. Employers rightly expect the public sector to show leadership and supported the Green Paper's commitment to this. Many suggested it could provide inspiration and best practice examples to other employers. Some said that public procurement should be used to drive culture change and increased recruitment of disabled people in supply chains.



## What we are doing

99. In recent years there has been real progress in widening opportunity, and enabling people to thrive in the Civil Service, driven by Disability, and Health and Wellbeing Champions at the most senior levels. **All main government departments are now signed up as Disability Confident Leaders** - the highest level of the Disability Confident scheme.

### Case Study – Working in the Civil Service with a mental health condition

In 2014 after a period of time off work, Ruth was diagnosed with generalised anxiety disorder and depression. Realising this had been an issue for some time, Ruth turned to her GP and local NHS mental health services for help.

When Ruth returned to her role in the Department for Environment, Food and Rural Affairs she was welcomed back and given the adjustments she needed. Her line manager was empathetic and understanding, and allowed Ruth to work flexibly, which helped her adapt to life at work, living with these conditions. Ruth used the Workplace Adjustment Passport, a Civil Service- wide tool to equip those around her with understanding and guidance. The passport outlined Ruth's needs and how others could assist her in her work, as well as the adjustments already in place and expectations on both sides. Ruth felt confident enough to openly talk about her diagnosis to her colleagues, building a culture of awareness and acceptance.

Ruth also discovered the 'Break the Stigma' staff support network and received one-to-one support from one of the network's buddies. This inspired Ruth to become a buddy herself, and now, after receiving training, she supports her colleagues through any difficulties they may face.

Ruth is pleased that mental health is now more visible, that there are resources available and overall a constructive dialogue has been created. She is delighted her own experiences have led to a positive outcome. "I am proud to be a mental health role model within the Civil Service and hope I have helped to break the stigma attached to talking about mental health," Ruth said.

100. However, consistent with the Civil Service's Diversity and Inclusion strategy, we want to go further. We will begin to implement a range of initiatives this month, including:

- **Mental Health and Wellbeing Confident Leaders training** on how leaders can be mindful of their impact on the overall, and particularly mental, wellbeing of their teams. This will be designed and piloted later this year, and then rolled out across senior civil servants and key front line managers from January 2018. Learning from this initial roll-out, we will then make the training available for leaders at all levels.
- **Innovative work with external partners** – a cross-sector programme on disability inclusion to push the boundaries of best practice in topics such as building line manager disability confidence and job-carving<sup>19</sup>, in partnership with organisations such as Business Disability Forum, the Employers Network for Equality and Inclusion, and KPMG.
- **Expanding recruitment-related activities where pilots have shown strong results**, such as a work experience programme for people on the autistic spectrum, in partnership with a specialist autism charity.

<sup>19</sup> Job carving is a form of workplace adjustment which could involve redesigning an existing job around the needs of an individual employee with a specific disability, or creating a new role; for example, when an employee returns to work following a serious illness such as cancer or a stroke.

## 30 Improving Lives: the Future of Work, Health and Disability

- Pilots on the impact of **day one supportive action for absence** relating to mental health and musculoskeletal conditions.

101. Additionally, the Civil Service will focus on how we increase the flow of disabled staff into the Senior Civil Service. **We will set and monitor progress towards a Civil Service-wide target**, as set out in the new Diversity and Inclusion strategy. Underpinning this commitment will be the timely, high quality and effective delivery of workplace adjustments and analysis of consistent management information to facilitate both the exchange of best practice and drive continuous improvement.

### The Stevenson/Farmer review of mental health and employers recommendations

102. We welcome Lord Stevenson and Paul Farmer's support for our plans for wellbeing training. The Civil Service is committed to being a leading employer on mental health support and will be benchmarking against the core and enhanced standards recommended in the Stevenson/Farmer review in order to identify steps individual organisations need to take to be fully at that level.

103. We accept their recommendation that the Civil Service builds on our existing work on training for senior leaders by reviewing and enhancing mental health training for all grades and making sure all departments have a planned approach to ensuring employees have received training appropriate for their role.

104. Beyond this, the Civil Service will also commit to taking forward the recommendations, as they apply to the Civil Service, on:

- implementing a performance objective for Permanent Secretaries and Chief Executives relating to the mental wellbeing of staff; and
- developing a framework which co-ordinates support, and establishes clear accountability, for the mental health of Civil Service employees at higher risk of stress or trauma.

### Wider public sector

105. Beyond the Civil Service, we want to ensure that the wider public sector organisations are leading employers. We want to ensure that best practice is shared and that public sector bodies are all considering what further action they can take to ensure they are leading employers.

106. We will therefore bring together public sector leaders for a **Work, Health and Disability Summit by spring 2018**, chaired by Ministers, to drive work in the wider public sector. This will include consideration of how the wider public sector will respond to the recommendations in the Stevenson/Farmer review.

### Public procurement

107. **On public procurement**, DWP will work with its suppliers to encourage them to become Disability Confident to recruit, retain and develop disabled people. In doing so, it will also encourage other government departments to do the same.

108. Lord Stevenson and Paul Farmer also recommended that public bodies encourage their suppliers, where relevant to the performance and subject matter of the contract, to follow the core standards for employers improving the mental health and wellbeing of their staff employed on public sector contracts. We accept this recommendation and recognise the importance of the role the government's suppliers can play in improving the mental health and wellbeing of staff employed on public sector contracts. The Crown Commercial Service will signpost the published core standards from the review to make departments aware, as part of a wider procurement policy note on work and health related measures.

## Increasing transparency

### Our vision

109. We want to see increased transparency and reporting about mental health, wellbeing and disability employment to help employers to better understand the experiences of disabled people and people with mental health conditions, and to support behavioural and cultural change.

### What we heard in the consultation

110. The responses we received highlighted that through transparency, employers can understand their workforce better, monitor progress and celebrate success in an open and accountable manner as part of building a more inclusive environment for employees.

### What we are doing

111. Transparency and reporting have been effective levers in supporting behavioural and cultural change for diversity. We therefore support the recommendation in the Stevenson/Farmer review that employers with more than 500 employees should report more information about their actions on workplace mental health on a voluntary basis. We will expand this to reporting about disability as well.

112. Government will work with partners, including employers, to establish a framework approach for voluntary reporting on mental health and disability for large employers. This will focus on what type of reporting will support improved employment outcomes among disabled people, and businesses' engagement in health and wellbeing. This will be mindful of the impacts on disabled employees as well as the need to create an approach for employers that is relevant and not burdensome. We will also engage with partners to understand the most appropriate place to make this information available.

113. The Civil Service as an employer already produces information on disability inclusion, and is developing a Health and Wellbeing dashboard that tracks mental as well as physical wellbeing.

## Statutory Sick Pay (SSP)

### Our vision

114. We want to see a reformed SSP system which supports more flexible working – for example, to help support phased returns to work including spacing out working days during a return to work, managing a long-term health condition, or recovering from illness.

115. The right support from an employer or line manager is key to helping people remain or return to work if they are unwell. Offering periods of flexible working in particular may help people to manage or recover from a health condition. However, as set out in the Green Paper, SSP is currently inflexible and creates a financial disincentive for employees to consider some forms of phased returns to work.

### What we heard in the consultation

116. Consultation responses gave broad support for the principle of SSP reform to support fully flexible, phased returns to work. This was also supported by both Matthew Taylor and the Stevenson/Farmer review.

117. Respondents wanted to understand more about the practical details and how this will impact employers.

### What we are doing

118. We are taking forward further policy development and will bring forward a consultation on these changes, as well as any other SSP changes we identify in our wider work, before introducing this reform.
119. We will also improve and better publicise existing guidance on SSP eligibility to ensure that employers and employees each understand their rights and responsibilities.
120. We are also considering Matthew Taylor's further recommendations about SSP eligibility and the way entitlement is accrued, and about sickness absence management. We will fully consider Taylor's recommendations as part of our wider work on SSP, including assessing how the recommendations will impact on employers and employees. We will give careful consideration to Taylor's view that entitlement to SSP is a basic employment right that is a foundation to establishing fair, decent and quality work. This will recognise the importance of ensuring that individuals also have the right incentives and support to work.

## Incentivising employer action and support for employees

### Our vision

121. We want to see employers of all sizes recognise the business reasons for recruiting and retaining disabled people and people with long-term health conditions, managing ill-health effectively and creating healthy workplaces where people can thrive.

### What we heard in the consultation

122. There were mixed views on whether and what additional incentives should be used to influence employers to retain or recruit disabled people.
123. A number of responses were in favour of measures that provide financial support to help and encourage employers to do more. Other responses raised questions about whether financial incentives to recruit undermine a positive business case about the talents of disabled people.
124. Charities and third sector respondents tended to support increasing expectations and monitoring compliance. Employers, on the other hand, wanted to do the right thing but favoured driving their own practices and expectations. SMEs particularly wanted the right information and support in place to help them effectively deliver on their existing duties, such as making reasonable adjustments.

### What we are doing

125. Employers, of course, already operate in a complex framework of tax and employment law which creates incentives and obligations affecting their decisions on recruitment and retention of employees.
126. Government needs all employers to proactively manage ill-health and chronic conditions in the workplace, which is proven to prevent long-term job loss, including accessing and acting on occupational health advice.

127. Employers generally recognise their role in encouraging health and wellbeing<sup>20</sup>, and many actively support staff at risk of leaving work. However, some businesses<sup>21</sup> are less likely to believe that the benefits of proactively managing staff wellbeing and health will outweigh the upfront time or financial investment required<sup>22</sup>. This is particularly the case for SMEs, who are also less likely to provide occupational health services to employees<sup>23</sup>.
128. To ensure any policy measures that we introduce are effective they need to be considered as part of a wider coherent package for reform, not in isolation.
129. We are therefore considering research and consultation findings, against a range of options, including some that have been proposed since the consultation:
- Matthew Taylor’s proposals on Statutory Sick Pay eligibility and accrual, and a ‘right to return’ to a job following sickness absence; and
  - the Stevenson/Farmer review’s recommendation on considering financial incentives for SMEs.
130. We will also consider how to take forward a National Insurance Contribution holiday alongside wider work on employer obligations and incentives.
131. In considering further work in this area, the Government remains committed to the social model of disability. We also want to ensure that any options taken forward:
- avoid creating excessive burdens on employers that could discourage recruitment;
  - are appropriately targeted, considering the variety of employers in the UK, and the different challenges that they face; and
  - consider the services that employers can already access to support employees, such as occupational health and Group Income Protection insurance products.
132. Addressing these challenges relies on having robust knowledge of current employer behaviours and how decision-making differs across different types of businesses. For this we will run a comprehensive programme of analysis and research examining the wider framework of incentives and expectations within which employers make their decisions. **We will report back on our preliminary work in 2018.**

<sup>20</sup> In 2011, the vast majority of employers (88 per cent) agreed that “employers had a responsibility to encourage employees to be physically and mentally healthy”, and that there was a link between work and employees’ health and wellbeing (88 per cent). Source: Young V, Bhaumik C. *Health and well-being at work: a survey of employers*. DWP Research Report 750; 2011. Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214525/rrep750.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214525/rrep750.pdf)

<sup>21</sup> Only 57% of businesses agree that “the financial benefits of proactively managing staff well-being and health will outweigh the cost. Source: Young V, Bhaumik C. *Health and well-being at work: a survey of employers*. DWP Research Report 750; 2011. Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214525/rrep750.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214525/rrep750.pdf)

<sup>22</sup> Young V, Bhaumik C. *Health and well-being at work: a survey of employers*. DWP Research Report 750; 2011. Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214525/rrep750.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214525/rrep750.pdf)

<sup>23</sup> Only 16% of micro employers and 33% of small employers provide access to Occupational Health Services compared to 85% of large employers.

Department for Work and Pensions. *Employer Experience Survey 2015 to 2016*; 2017, Available from <https://www.gov.uk/government/publications/dwp-employer-experience-survey-2015-to-2016>.

**Case Study - Assistive technology case study**

Tom sustained a serious neck injury in 2007 while snowboarding as a student. The accident left him paralysed from the neck down. After a long period of rehabilitation at Stoke Mandeville Spinal Injuries Centre in Buckinghamshire, Tom returned to university to complete his studies in Electronics and Microelectronic Engineering. It was during this time that Tom was introduced to assistive technology. As a result he now mainly uses voice control software on his PC and switches operated by movements of his head for wheelchair driving and systems at home such as door openers, a bed riser and multimedia devices.

After graduating, Tom started working as a software developer, learning to code through voice typing in Microsoft Visual Studio Code, with help from an online community of voice coders. This is a skill which he has now put to use in making his own adjustments, writing a number of keyboard shortcuts for his most common activities on the computer. This makes Tom, who now works for Intel Corporation's UK operations, as effective and as productive as any of his colleagues.

Tom said: "Without assistive technology, such as voice recognition, and the help of Access to Work in providing me with a support worker, I would not be able to compete in the job market and therefore would not be in employment."

The support worker helps Tom by taking him in and out of work and carrying out tasks such as setting up IT, feeding him and giving him drinks.

Ten years after his accident, Tom continues to adapt his computer to incorporate new technologies. Using Microsoft's Windows 10 and Office 365, Tom is able to use the system's virtual assistant Cortana for instant voice memos or quick actions on the PC. He also uses new eye tracking software in Windows 10, which is now built-in, and allows him to type in silence, rather than always using voice-activated controls. Eye control also lets him use his mouse more effectively in unfamiliar software or web pages.

# Chapter 3 – Healthcare setting: Supporting employment through health and high quality care for all

## Introduction

133. This chapter considers the role of healthcare services in supporting disabled people and people with long-term health conditions to achieve their potential in respect of work. At the heart of these services are healthcare professionals. As trusted advocates, they help set the expectations that disabled people and people with long-term health conditions have about themselves, and support them to manage their conditions; minimising the risk of this being a barrier to work.

134. The consultation responses broadly supported the key issues we had identified in the Green Paper, and provided some differing views on what changes would be effective. We have therefore focused our next steps on the following areas of activity:

- the vital role of prevention;
- creating the right environment to join up work and health;
- improving provision and testing new models for mental health and musculoskeletal services;
- reforming the fit note; and
- developing the occupational health offer.

## The vital role of prevention

### Our vision

135. We want to see individuals, where appropriate, benefit from a preventative approach to health and an environment which supports health promotion. We want to see people supported by employers creating healthier workplaces and offering the right support for staff; and supported by the health system which promotes good health and helps individuals better manage their conditions.

### What we heard in the consultation

136. Health promotion to prevent avoidable ill-health was seen as an important area of focus by some stakeholders. Most told us that early intervention and access to treatment and support were critical to preventing the progression of ill-health and preventing people falling out of work. Ensuring more workplaces enable staff to feel more comfortable in talking to managers about health and work issues was seen as central to workplace-based prevention. They suggested that Government could do more to stimulate this through regulation, financial support, training and guidance and other incentives.

### What we are doing

137. Action to encourage people to stay healthy, whether they are in or out of work is at the core of our public health system and is highlighted in the NHS Five Year Forward View. Working with Public Health England (PHE) and others, we have introduced a programme of work to support action in this space, including deepening our understanding of the evidence, producing a suite of employer toolkits, and making appropriate local data more easily available.

## Creating the right environment to join up work and health

### Our vision

138. When working-age individuals consult with healthcare professionals, we want to see them receive work-related advice and supportive engagement as part of making work a health outcome. This is based on the understanding that good work is good for health. A consultation should include discussion about when it is possible for them to return to work; what adjustments might be necessary; and how to manage their health condition or disability in work.

139. This is part of a broader effort to think differently about disability and health - including focussing more on what the person can do rather than what they can't, as well as trying to find solutions to the challenges the health condition presents to the patient's life, including work.

#### **Case Study – Occupational health and vocational rehabilitation support work**

Annie was diagnosed with a brain tumour. After a year of treatment, Annie returned to work in an executive role within a large multi-national company. Soon afterwards, it became clear that she was struggling with activities she had not had difficulties with before, such as communicating and high level planning. She also felt very fatigued and highly anxious.

Annie's employer requested support from its internal Occupational Health service, which sought specialist advice on acquired brain injury. The internal Occupational Health lead believed that a collaborative approach was vital to securing Annie a successful journey back to work, stating it was "vital to have brain injury expertise as well as someone to lead on how to approach, monitor and evaluate the situation...we all had roles in the process".

Following an interdisciplinary assessment (involving speech therapy, physiotherapy, clinical psychology and occupational therapy) - Annie, her occupational therapist and her manager all met to discuss and agree a plan to help Annie achieve her goals. Annie underwent a three-month phased return to work with a focus on embracing the skills and strengths not affected by her injury, while rebuilding the ones which had. Her employer was provided with brain injury education, alongside strategies to support Annie to thrive in the workplace. She was successfully reintegrated into the workforce, working in a new role with reduced hours. Annie's Human Resources Manager and Occupational Therapist worked with her to negotiate a new salary, and the award of Personal Independence Payment (PIP) provided additional financial support for Annie.

To Annie, the individualised treatment she received was essential to her successful return to work. She said: "I needed unique recovery goals that linked to my job, not a one-size-fits-all approach". Both Annie and her employer are able to use outpatient brain injury services for continued vocational support if necessary in the future.



## What we heard in the consultation

140. Responses highlighted a lack of conversations and collaboration between GPs, employers, other healthcare professionals, and Jobcentre Plus. They made clear that sharing information regarding work and health between interested parties could improve the care and support provided to someone at risk of falling out of work, or on sickness absence. A more effective joining up of services was also seen as a good way to address wider social needs, like debt or housing problems, which both affect people's health and wellbeing and their readiness for work.
141. There was agreement to the Green Paper position about the importance of raising the profile of work as a health outcome amongst healthcare professionals. Suggestions included guidance, performance and outcome frameworks, education and training, and broader culture change. Responses emphasised the importance of supporting people who want to work and of the right type of work for individuals.
142. Dame Carol Black's review<sup>24</sup> *Drug and alcohol addiction, and obesity: effects on employment outcomes* also called for Government to promote more integrated working across the benefit and health systems to improve employment outcomes for this group and for others with long-term health conditions.

## What we are doing

143. Many healthcare professionals recognise that good work generally improves health and act positively on this knowledge. They help their patients address health needs and barriers to work, and suggest ways to adapt work to make sure it is good for health. However, there is more we need to do to ensure this practice is better embedded across all healthcare professions.

### Raising the profile of work as a health outcome with healthcare professionals

144. To help further inform our approach to embedding work as a health outcome, we have partnered with PHE to run **a detailed health professionals' survey**. This will help us to understand their attitudes, knowledge and views on embedding work as a health outcome, so that we can develop useful tools to support healthcare professionals based on their views as to what is needed.
145. We are also planning to work with the Royal Colleges and other health professional organisation representatives to co-design a **new consensus statement** for work and health, underpinned by actions that will be taken to make work as a health outcome a reality.
146. Alongside this, we are working with PHE to appoint a pilot **GP champion** to promote work as a health outcome across Sustainability and Transformation Partnership (STP) areas.

### Practical tools and learning to support healthcare professionals

147. We are working with PHE and Health Education England (HEE) to deliver **e-learning on the most common drivers and causes of work-related illness and how they can best help**, which will be available to all healthcare professionals. We intend to work with the Royal Colleges and other health professional bodies to support health and work approaches in training and clinical settings.
148. We, through PHE, are also **doubling the number of Work and Health Champions** – occupational therapists in varied health settings trained to deliver work and health tools and techniques to healthcare professionals – ensuring that work is considered at an early stage of treatment or rehabilitation.
149. To help support and prompt conversations about work we want **to encourage the more routine collection of employment status on current health data systems** – in as light touch a way as possible.

<sup>24</sup> Black C. *An Independent Review into the impact on employment outcomes of drug or alcohol addiction, and obesity*. Cm 9336; 2017. Available from: <https://www.gov.uk/government/publications/drug-and-alcohol-addiction-and-obesity-effects-on-employment-outcomes>

150. We will work with NHS England and the **Social Prescribing Network** to explore opportunities to increase, where appropriate, the focus on work as a route to improved health and wellbeing, and to embed employment outcomes into evaluation measures.

151. We will explore the opportunities to further join up support and services through NHS England's established **Integrated Personal Commissioning/Personal Health Budgets (IPC/PHB)** programmes, including in areas such as mental health, support for disabled people and those with long-term health conditions, and wheelchair services.

**Support provided through the NHS and other services can help to improve the health of working age people as well as their ability to work**

**NHS services**

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Vocational rehabilitation services  
Secondary care services

Musculoskeletal health services  
Talking therapies  
Physiotherapy

GP care and fit note conversations

**Other health support**

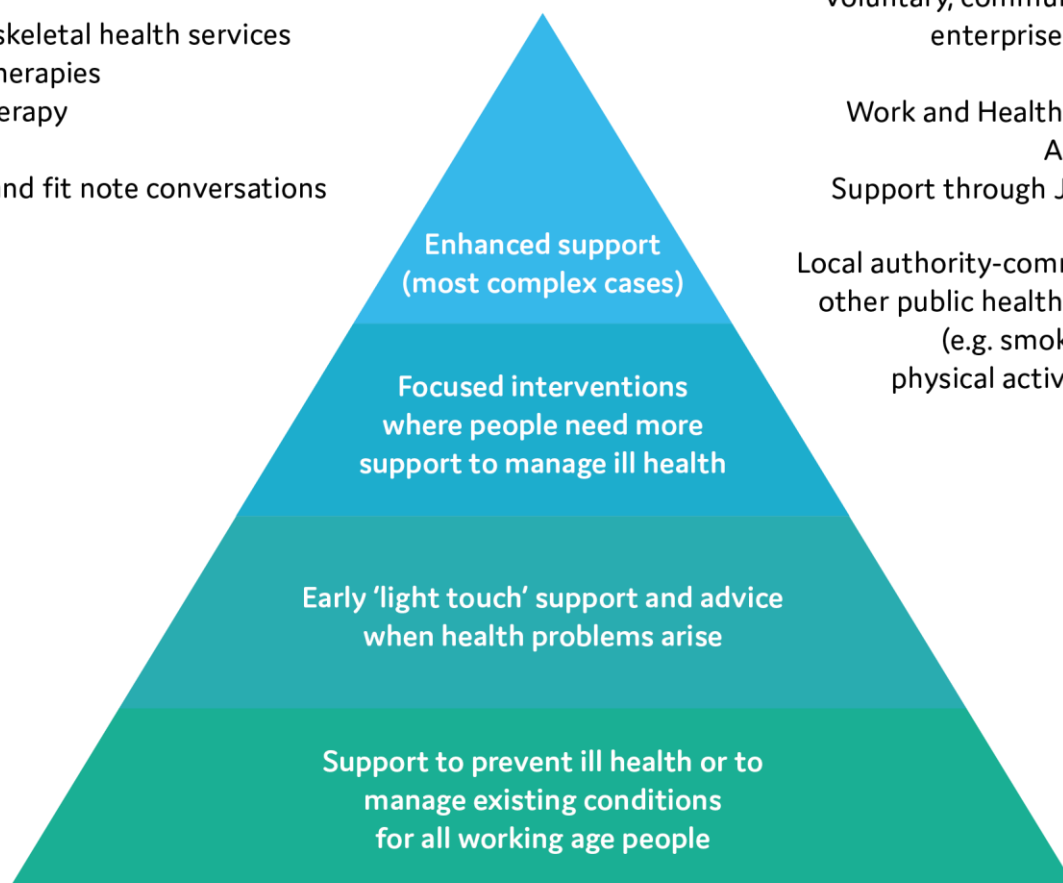
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Occupational health services

Voluntary, community and social enterprise organisations

Work and Health Conversation  
Access to Work  
Support through Jobcentre Plus

Local authority-commissioned and other public health interventions (e.g. smoking cessation, physical activity initiatives)



**Most people's health needs are addressed by their GP and early 'light touch' support and advice – a smaller number of people have more complex needs, best addressed by more specialised health services.**

## Improving provision and testing new models for mental health and musculoskeletal services

### Our vision

152. When an individual experiences poor mental health or a musculoskeletal (MSK) condition we want them to receive prompt and effective services, wherever they live. We also want to see more services offering integrated employment support focussing on keeping people in work and supporting them to find a job.

### What we heard in the consultation

153. Stakeholders recognised the variation in quality of care for mental health and MSK conditions. They called for improvements to existing mental health services in line with National Institute for Health and Care Excellence (NICE) standards, and for a more consistent service for MSK across the country.

154. Stakeholders were also keen for co-production and design of services, so that they are more effective and better meet local demands. They also called for more focus to be given to prevention and self-management strategies especially with respect to MSK conditions. Generally, joining up of services was welcomed.

### What we are doing

155. As outlined in our strategy – we have a particular focus on mental health and MSK conditions which are the most common conditions affecting peoples' ability to work.

### The Government's commitment to improve support for people with mental health conditions

156. The Government's commitment is clear and includes action on:

- Delivering an expansion in the mental health workforce - as outlined in *Stepping forward to 2020/21: the mental health workforce plan for England*, NHS England will establish 21,000 posts and employ 19,000 additional members of staff by 2020;
- Improving data collection - NHS England, NHS Improvement, PHE, HEE, and NHS Digital, together with the Department of Health, will develop a five year data plan to address the need for substantially improved data on prevalence and incidence, access, quality, outcomes, prevention, and spend across mental health services;
- Speeding up access to mental health services - through implementation of the NHS Five Year Forward View, an extra one million people will be able to access mental health services by 2020/21.

157. NHS England's blueprint for delivery of this ambition over the years to 2020/21, includes details of new funding, workforce, data and payment plans to realise a broad set of ambitions, including the following employment-related commitments to:

- double access to Individual Placement and Support (IPS) services within adult mental health community services, enabling people with severe mental health conditions to find and retain employment;
- work with HEE and with IPS specialists to develop a competency framework and workforce development strategy to support this planned expansion;
- undertake an audit of employment services in secondary mental health services. The audit will investigate fidelity to the IPS model and highlight workforce, outcomes and activity of secondary mental health employment services.

### Testing different models for joining up health and employment support

158. We are running a **number of trials to test different models for delivering joined up health and work support** in a range of healthcare settings, for example in GP surgeries and Improving Access to Psychological Therapies (IAPT) services. The trials will enable us to learn what kinds of health-led employment support work with which groups; what are the most suitable settings for this support; and to what extent these models are cost-effective. This evidence, together with insights of service users, will help us shape services of the future. A critical aspect of this will be learning about which aspects of delivery and local leadership make a difference.
159. But the Government is also already taking action where the evidence is already sound. Government has committed to ensure that 29,000 more people per year, who are living with mental health conditions, are able to access employment support through Employment Advisers (EAs) in IAPT, and IPS employment support which is integrated into secondary mental health care services. In support of this we are more than doubling the number of EAs embedded in IAPT services and have a programme of IPS-related activity.

#### **Increasing Employment Advisers (EAs) in IAPT**

We are more than doubling the number of EAs embedded in Improving Access to Psychological Therapies (IAPT) services to enable more people to receive integrated mental health and employment support so that they remain in, return to and find work. The aim is to have a 1:8 EA to therapist ratio in IAPT services commissioned by around 40% of Clinical Commissioning Groups (CCGs).

Starting in 2017, we are investing around £39 million on recruiting these EAs, offering them a national training course and conducting a thorough evaluation of their impact. This large scale evaluation is underway, and the final report is due in 2019.

160. The IPS model integrates employment support into health services and takes a different approach to traditional employment support models. Traditional models focus on training and supporting people to develop new skills to help them find work. IPS finds people a paid job, and then provides the individual and their employer continued support - a *'place and train'* approach.
161. There is good evidence to suggest it works well in helping people with severe and enduring mental health conditions to get and keep a paid job<sup>25</sup>. Evidence for the model is more limited for people with mild to moderate mental health conditions and physical health conditions. And we need to understand more about whether it is cost effective in various UK settings.

#### **Health-Led Trials**

The health-led employment trials are testing whether Individual Placement and Support (IPS) can improve health and employment outcomes for people with physical and/or mild to moderate mental health conditions in new settings, and in a cost effective way. The trials will test new interventions through local service delivery to explore how effective they are at supporting people to gain or stay in work.

Following a selection process in summer 2016, we have been working with West Midlands (WM) and Sheffield City Region (SCR) combined authorities, local CCGs, other partners, and a national

<sup>25</sup> Burns T, Yeeles K, Langford O, Montes MV, Burgess, J, Anderson C. A randomised controlled trial of time-limited individual placement and support: IPS-LITE trial. *The British Journal of Psychiatry*. 2015; 207(4): 351-356. Sainsbury Centre for Mental Health. *Briefing 37: Doing what works. Individual Placement and Support into Employment*. London: Sainsbury Centre for Mental Health; 2009.

evaluation consortium to design and implement two randomised control trials. We expect to launch the trials in both areas by March 2018, with a final evaluation report due by 2021.

The IPS model is based on a holistic ‘place then train’ model of employment support, embedded in healthcare settings. The SCR trial will involve testing IPS for individuals both in and out of work, in primary and community care settings with physical health conditions and/or mild to moderate mental health conditions. The WM trial will test IPS for out-of-work individuals with mental health conditions and/or physical health conditions across a range of settings, including primary, secondary and community care.

162. Another trial underway is the Department for Communities and Local Government-led **Mental Health Trailblazers** work. This is testing whether IPS offered with psychological support, provided through the NHS talking therapy services (IAPT), delivers improved employment outcomes over talking therapy on its own.
163. IPS provision in secondary mental healthcare has grown in recent years. It is projected to grow further due to NHS England’s investment commitment to double access by 2020/21, helping those with a serious mental health condition to find and retain employment. We already know that current IPS practice and outcomes vary substantially, and that tackling variation in the quality of care can improve health and job outcomes. We are therefore, in conjunction with this investment, **funding the ‘IPS Grow’ project which will offer implementation support to both commissioners and providers to ensure best value for money and the long-term sustainability of these services.**

### Developing improvements for musculoskeletal (MSK) services

164. In relation to MSK services, we are continuing to invest in research to build our understanding of existing provision across the health and employment support systems. We intend to **collate and build the evidence base** to rapidly inform our understanding of ‘what works’ in helping individuals with MSK conditions to find or stay in work.
- We are **collaborating with MSK research centres of excellence** across the country to support our thinking on potential research and intervention studies on MSK.
  - Building on the commitment in the Green Paper to identify opportunities for routine data collection about MSK incidence, prevalence, clinical activity, and outcomes, a **Data Advisory Group led by Arthritis Research UK** has been examining the issue.
  - We will also commission **research to investigate MSK healthcare provision for working-age people across the NHS.**
165. These initiatives complement NHS England’s work with stakeholders across the voluntary sector to continue to build our evidence base and bring their expertise and knowledge of what works into the system. Their intention is that a **new national knowledge hub** will act as a repository for this evidence and the results of an assessment of the current levels of MSK needs and provision. NHS England are currently facilitating a transfer of the knowledge hub to the Arthritis and Musculoskeletal Alliance (ARMA) in 2018/19.

166. NHS England together with HEE are also developing a skills competency framework for healthcare professionals working with people with MSK conditions. NHS Rightcare have published MSK data focus packs for CCGs and STPs to improve the quality of care and reduce variation between services.

### Example of MSK service redesign - NHS Scotland

Scotland's national MSK redesign programme was designed to bring about significant and sustainable service improvements for patients across Scotland in terms of better access, better advice and information, more targeted management and better patient outcomes, whilst at the same time ensuring efficient use of resources. This redesign incorporated various innovative services including an MSK self-management app.

#### NHS 24 MSK Help app

The NHS 24 MSK Help app was developed with the help of Scottish patients, doctors, MSK therapists, pharmacists and employment services. The information contained in the app are linked to muscle, bone and joint self-management information on NHS inform. Designed to support patients self-manage their condition, as getting quick access to good information can help patients get back to normal quicker after a muscle, back and joint problem.

The App, available on several platforms, features:

- advice on common muscle, back and joint problems
- exercises and video clips to help you get moving safely
- information for employees, managers and employers to help with work
- reminders to do your exercises and/or attend any appointments
- a log to keep a note of your progress

An update for the app is scheduled for early 2018. New features will include push notifications, regular update features and more tailored self-care information.

## Reform of the fit note

### Our vision

167. We also want to see the fit note become an enabler for conversations about health and work, focussing on what people can do, not what they cannot do. It should facilitate returns to work and help people stay in work where appropriate, by providing information to the employer about what support might enable that to happen.

### What we heard in the consultation

168. Employers and GPs said they support the idea of helping people to return to work when they can. However, recently published fit note statistics shows that only 6.6% of fit notes used the 'may be fit for work' option<sup>26</sup>.

<sup>26</sup> Fit notes issued by GP Practices, April to June 2017. Figures cover fit notes issued by 61.2 per cent of GP practices in England. Source: NHS Digital. *Fit Notes Issued by GP Practices, England, June 2017*. Available from: <https://digital.nhs.uk/catalogue/PUB30123>

169. Respondents told us that the fit note process itself could be improved by more detailed information - from employers on their workplace and the patient's job role, and from specialists involved in the patient's care (for example, physiotherapists, occupational therapists or psychiatrists) on specific aspects of the patient's health. This was tempered by some concerns that these changes could increase the fit note's length and/or complexity.
170. There were mixed views on which healthcare professionals should be responsible for fit notes. Many suggested that GPs are best placed to make fitness for work assessments. Others saw extending fit note certification powers to other healthcare professionals as a common sense way to alleviate some of the pressure on GPs.
171. All agreed that additional OH training was required for GPs and that other healthcare professionals should only take on this role with both comprehensive training and ongoing support.

## What we are doing

172. We have completed an internal review of the operation of the fit note – informed by the consultation responses and extensive stakeholder engagement. The review concluded that the fit note remains an important tool, but it is not always used effectively across the system to support people staying in or returning to work. It is still the case that too many fit notes say 'not fit for work' when people 'may be fit for work' as long as appropriate workplace adjustments are made. We are therefore planning the following remedial action:
- starting development work to legislate for the **extension of fit note certification** powers to other healthcare professionals, along with the design and development of a set of competencies for those completing fit notes;
  - conducting a feasibility test to investigate whether, for the purposes of Statutory Sick Pay, employers could use **the Advisory Fitness for Work report** (which can be completed by some Allied Health Professionals) as an alternative to the fit note;
  - integrating fit note training into GP undergraduate and postgraduate education;
  - commissioning the feasibility of clinical guidelines for workplace adjustments for the top five clinical reasons people are off work sick or are on health-related benefits; and
  - exploring whether changes to the way GPs complete fit notes could support better return to work conversations.

## Developing the occupational health offer

### Our vision

173. Good OH advice can improve the health of the UK's working population by preventing work-related illness, and unnecessary sickness absence. We want every individual to have access to appropriate and timely OH advice and support, to prevent short-term sickness becoming long-term, and to reduce the risk of people falling out of work.
174. OH and other related professions and services have a critical role to play in delivering this vision.

### What we heard in the consultation

175. We received widespread support for the position we set out in the Green Paper – that evidence shows effective OH provision can help protect and promote employee health and wellbeing, and prevent unnecessary sickness absence. long-term
176. The responses also confirmed that the current model of OH provision does not meet the needs of employers or individuals:

## 44 Improving Lives: the Future of Work, Health and Disability

- those at greatest risk of job loss generally lack access to OH;
- the funding model for OH provision is unclear with a lack of consensus about responsibility for providing and funding OH services – NHS, government, or employers;
- larger employers and firms with skilled employees are more likely to pay for OH provision while SMEs tend to offer little or no access;
- Fit for Work, the DWP-commissioned service for offering free OH assessments, has had very low take-up;
- unavailability and capability of OH services, characterised by too few qualified OH professionals;
- a lack of conversations and collaboration between GPs, employers, Fit for Work service, other healthcare professionals, and Jobcentre Plus work coaches; and
- limitations of the evidence on the effectiveness of services, and inconsistent use of evidence-based interventions where they are available.

### What we are doing

177. We need to work closely with partners and stakeholders to find robust and lasting solutions to these fundamental issues. **By 2019/2020 we want to be in a position to set out a clear direction and strategy for future reform.**

178. To develop this position and proposals we will **appoint an Expert Working Group on occupational health to champion, shape and drive this work**, looking at:

- building the evidence base;
- potential funding models and where responsibility for OH support should fall;
- methods for improving quality of existing provision, for example accreditation of services, staff and training;
- emerging new models of provision (in primary, secondary health and across sectors) and local place-based models to integrate work and health support across the health pathway;
- exploiting the potential of technology as a way to help people access the advice they need easily and quickly; and
- workforce development so we have the expert capacity we need in the future.

179. To inform this policy development **we have commissioned research** to better understand the current market supply and delivery structures of OH provision and its operation, providing the first contemporary information on the OH market. This will include exploring local partnership models aiming to integrate health with wider support, and will report in 2019. This will be complemented by lessons from the Fit for Work service and the findings from its independent evaluation, due to be published in early 2018.

180. In addition, we are working with a range of partners to test new elements of the OH offer, including:

- Greater Manchester Combined Authority and the Scottish Government to test how best to integrate health and work support at a local level. These are both at advanced design stage and will go live during 2018;
- Primary care partners to explore the feasibility of testing integration of OH into primary care pathways using a more multi-disciplinary approach to the delivery of advice and support; and



- NHS England and PHE to assess the feasibility of broadening the integration of OH advice and support into secondary care pathways.

### **Greater Manchester**

We are working with Greater Manchester to develop a detailed model design and robust evaluation plan for their *Working Well Early Help Programme*.

The programme will be an early intervention service to prevent people with poor health and disabled people from falling out of employment and to help them to return to work.

It seeks to:

- reduce the number of days lost to sickness absence for those in employment;
- prevent Greater Manchester residents with health conditions from leaving the labour market or to enable a rapid return;
- support SMEs to retain employees and better manage health in the workplace; and
- reduce time spent by clinicians on non-clinical work in primary care.

The evaluation of this programme will help to fill a gap in our evidence base on early intervention and test how health and employment services in local areas could be integrated and delivered by a local provider.

# Chapter 4 – Working together

## Working together

181. This paper sets out a broad agenda with ambitious aims. We are actively working across government to join up and influence strategies related to work, health and disability. But government cannot achieve the vision on its own. Many of the policies and delivery models we are developing will need support from key partners, as well as local action. We will build on the knowledge and evidence developed by academics and other research organisations and actively collaborate to further the evidence base. To achieve enduring reform we also need to change attitudes and behaviours, as well as services, so that the prevailing culture across society supports disabled people and people with long-term health conditions in realising their aspirations.

## Working with local partners

182. We recognise that local partners are best placed to identify the issues faced by their communities and to develop sustainable ways of achieving our vision of improved employment and health outcomes for local people with long-term health conditions and disabled people. Many partners, including local enterprise partnerships, voluntary, community and social enterprise organisations, as well as leading employers, are already taking positive action. We want more organisations and partners to play a greater part in delivering this agenda, placing disabled people and people with long-term health conditions at the heart of this action.

183. We want to empower local partners to develop and test new innovative ways to achieve better health and work outcomes in their local areas. We will work with partners to design and test local solutions.

184. We know that local data is important in this work. Therefore, with PHE, we are working to develop a **Wider Determinants of Health fingertips tool**, including statistical indicators on health and work. This tool is now available [online](#) and we will continue to update and develop its content, working with local partners. As the agenda progresses, we will develop further measurement indicators to help local communities track their progress. We will help foster a collective focus from all local stakeholders by making local data available, for example on employment rates by health condition, and the size of local populations with particular health conditions or disabilities. We will also explore opportunities to support further development of action by local partnerships on this agenda, for example by sharing good practice and evidence of what works<sup>27</sup>.

## Working together with disability organisations

185. We recognise that disability organisations have a vital role in supporting disabled people and those with long-term health conditions in many areas of life that affect their day to day activities, from employment outcomes to influencing public attitudes and behaviours. We have worked closely with these charities, representative organisations and stakeholders, as well as with people with

<sup>27</sup> Public Health England. Wider determinants of health tool. Available from: <https://fingertips.phe.org.uk/profile/wider-determinants>

disabilities and long-term health conditions themselves, to progress this agenda. For example, we drew on the expertise of major health and disability charities through a stakeholder representative group when we developed the criteria and guidance for ending reassessments for customers with the most severe conditions.

186. We have also worked closely with the Work and Health Unit's Expert Advisory Group, a forum that brings together a range of people selected for their expertise and experience, from key charities, businesses and people with lived experience of disability. The group contribute to the future strategic approach and high-level policy design for disabled people and those with long-term health conditions.
187. We will continue to engage with charities and other experts to design our policies together and are already working with them to engage with disabled people and those with long-term health conditions to better understand their experience of the services we provide. We also plan to work with external stakeholders, including disability charities, to design a large-scale trial for people in the Support Group, which will build on our research and proof of concept findings.

## Working across government

188. Disabled people face barriers in many areas of life that can also affect their employment outcomes, such as transport, transitioning between education and employment, being in social care, debt, and housing. We are engaging across government to ensure that these wider factors are considered and that where alignment of strategies is needed we are able to influence and shape future direction.
189. We have already started to take action. We are working collaboratively with the Department for Education and NHS England on opportunities for increasing support for young people with health conditions or disabilities. The Green Paper on Children and Young People's Mental Health will consider how children and young people can be better supported by promoting good mental health and by providing appropriate and timely help to those who are experiencing difficulties.
190. We are working with the Department for Business, Energy and Industrial Strategy on the response to Matthew Taylor's review of Modern Working Practices and have worked to ensure that their wider Industrial Strategy<sup>28</sup> (*Building a Britain fit for the future* published 27 November 2017) increases opportunities for disabled people and people with long-term health conditions to get into employment and thrive through good work. We are also working with the Department for Transport on their Accessibility Action Plan to improve the accessibility and travel experience for disabled people and people with long-term health conditions. We are working with the Department for Communities and Local Government (DCLG) on the Mental Health Trailblazers that they are leading to test whether supported employment offered alongside the NHS's talking therapy services delivers improved employment outcomes.
191. The Government has set out plans to publish a Green Paper on care and support for older people by summer 2018. The Green Paper will include a focus on unpaid care and examine how society supports carers as a vital part of a sustainable health and social care system. Many of the discussions on the Green Paper reforms will impact on care and support for adults of all ages.
192. To ensure that issues for working-age adults with care needs are considered in their own right, the Government will take forward a parallel programme of work led jointly by Department of Health and the Department for Communities and Local Government. In addition ahead of the Green Paper publication the Department of Health will also be publishing an action plan for carers in the new year, setting out priorities for a cross-government programme of work to support carers over the next two years.

<sup>28</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/662508/industrial-strategy-white-paper.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/662508/industrial-strategy-white-paper.pdf)

193. There is a range of activity across government to create a more inclusive society – including the Office of Civil Society review of the Social Value Act, which can help ensure departments take into account disabled people when developing policy or delivering services. The Government's sport and physical activity strategy '*Sporting Future: A new Strategy for an Active Nation*' published in December 2015 also highlights the importance of focusing on those groups that are particularly unlikely to take part in sport and physical activity, including disabled people.
194. We know there is more we can do to build on this collaboration and we will continue to work closely across government to identify opportunities that will create effective solutions.

### Working with Arm's Length Bodies

195. We are working closely with a range of health system and wider partners to deliver changes across our portfolio.
196. We are already partnering closely with NHS England, Public Health England, NHS Digital, and Health Education England (HEE) to develop knowledge and data, embed it into clinical practice and support training and education across the NHS workforce. As one example, set out in Chapter 3, NHS England and HEE are developing products to improve capability of healthcare professionals and commissioners to address musculoskeletal health problems.
197. We fully recognise that only by working jointly on this agenda can we achieve the success that is required to benefit individuals – so they have access to treatment and support at the right time as needed.

### NHS England and wider NHS

198. We are exploring with NHS England the most appropriate way to increase life chances for young people with mental health conditions transitioning to work.
199. In conjunction with NHS England, we are more than doubling the number of Employment Advisers embedded in Improving Access to Psychological Therapies (IAPT) services.
200. Together with NHS England, we are jointly delivering the health-led employment trials, testing whether the Individual Placement and Support (IPS) model can improve health and employment outcomes for people with physical and/or mild to moderate mental health conditions in new settings.
201. We will work with NHS England and the Social Prescribing Network to explore opportunities to increase, where appropriate, the focus on work as a route to improved health and wellbeing. We will also work to embed employment outcomes into evaluation measures.

### Public Health England

202. Public health interventions remain a vital part of the health and work agenda to help improve the health and wealth of the nation, and reduce ill-health associated with people leaving the labour market. PHE's activity to improve the health of the nation is therefore an important element of the health, disability and work agenda, for example, the public health campaigns such as the 'One You' campaign.
203. Employers are key partners with PHE in this work, especially in relation to adult health and preparing for healthy old age. PHE's national social marketing campaigns like 'One You' and 'Change4Life' provide specific employer tools and resources to help support health improving workplaces. We will continue to work with PHE to improve support for employers to promote workplace health and wellbeing and to take forward the recommendations of the Stevenson/Farmer review.

204. Services commissioned by local authorities and Clinical Commissioning Groups (CCGs) will also help to improve health and employment outcomes for working-age people.

- PHE undertakes a wide range of relevant health improvement activity to support local partners. This includes development of products and tools on musculoskeletal health and mental health<sup>29</sup>, as well as specific programmes of activity focused on health and employment, for example, to improve clinical leadership on work as a health outcome.
- We will continue to work with PHE to disseminate data indicators, evidence and tools for local commissioners and delivery partners to inform local action to improve health and employment outcomes among working-age people.

## Health and Safety Executive

205. The Health and Safety Executive (HSE) play a key role promoting and protecting workplace health which is also a key strand of our agenda. Their work in the following areas are key to supporting our strategy on employers:

- The HSE's new Health and Work programme and 'Go Home Healthy' campaign prioritises action to tackle work-related stress and musculoskeletal disorders, as well as lung disease.
- HSE is working with industry sectors and the wider health and safety community to promote and encourage action on these issues through advice, guidance and tools that enable employers, working with employees, to take effective, practical action.
- HSE will implement the three recommendations made by the Stevenson/Farmer review as part of its role in both raising employer awareness of their duty to assess and manage work-related mental ill-health and building on its guidance to help employers deliver the mental health core standards. They will also play a role in supporting local authorities to adopt the same recommendations.

## Working with the Devolved Administrations

206. We recognise that many of the policy areas explored within this publication are matters which are devolved to Scotland and Wales as well as to Northern Ireland. Where the activity concerned covers the whole of Great Britain, we will consult with the Scottish and the Welsh Governments on the implementation of the measures. In other cases, it will be the responsibility of the governments in Wales and Scotland, as well as in Northern Ireland, to decide for themselves how they wish to take in the view of different institutions and processes and the respective needs of their citizens.

207. The focus of a number of policies in this paper is about calling local areas to action, working with the Devolved Administrations, regional administrative areas and through a variety of locally based delivery partners. We are also at the stage of testing and learning potential approaches to deliver effective solutions in different settings – rather than settling or implementing centrally determined policy decisions. This means that within this paper, the focus for Government is in exploring how we support collaborative action at a local level – alongside developing national policy in key areas.

208. The United Kingdom Government is committed to working with the Scottish Government, Welsh Government and Northern Ireland Executive as well as local areas, organisations and employers alike, to achieve the best outcomes for disabled people and those with long-term health conditions. There will be opportunities to learn from successes in different parts of the UK and we will share findings and look at opportunities for more localised approaches, while working together to align policies.

<sup>29</sup> Public Health England. *Return on investment of interventions for the prevention and treatment of musculoskeletal (MSK) conditions*; 2017. Available from: <https://www.gov.uk/government/publications/musculoskeletal-conditions-return-on-investment-tool>  
Public Health England. *Mental health promotion: return on investment tool*; 2017. Available from: <https://www.gov.uk/government/publications/mental-health-services-cost-effective-commissioning>

## Annex A: Visual Representation of the forward look

2016

2017

Numbers reference position in Annex B

Progress since *Improving Lives: the Work, Health, and Disability Green Paper*

<p><b>Welfare setting: Employment and financial Support</b></p>	<p>Introduction of digital DS1500 to increase process speed for terminally ill customers No. 7</p> <p>Health &amp; Work Conversation rolled out for ESA No. 13</p>	<p>Phase 1 of Personal Support Package introduced No. 14</p> <p>Trial Supported Work Experience for young people with disability and little or no work experience No. 25</p>	<p>End of reassessments for people with severe health conditions No. 8</p> <p>Group Work (JOBS II model) trial No. 17</p>	<p>Introduction of enhanced mental health training for work coaches No. 10</p> <p>DfE Careers Strategy</p>
<p><b>Workplace and employers</b></p>	<p>Established Disability Confident Business Leaders Group No. 33</p> <p>Phase 1 of the Small Business Challenge Fund launched No. 35</p> <p>Roll out of the Small Employer Offer and Community Partners No. 39</p>	<p>Cornwall and Isles of Scilly LEP prototype work on employer networks begins No. 47</p> <p>Start of implementation of package of initiatives for Civil Service as a leading employer No. 42</p>	<p>Phase 2 of Small Business Challenge Fund No. 35</p> <p>All main Government departments now signed up as Disability Confident Leaders No. 34</p>	<p>Lord Stevenson and Paul Farmer - <i>Thriving at Work: a review of mental health and employers</i> published Oct 2017.</p>
<p><b>Healthcare setting</b></p>	<p>Health &amp; Work indicators included in Wider Determinants of Health tool created No. 3</p> <p>Internal review into the operation of the fit note completed No. 49</p>	<p>Increasing number of Employment Advisers in IAPT services No. 54</p> <p>Creation of MSK Data Advisory Group No. 60</p>	<p>Work with Greater Manchester and the Scottish Government to test integration of work and health at a local level No. 53</p>	<p>DCLG Mental Health Trailblazers No. 55</p> <p>c-CBT Proof of Concept: voluntary referrals from Jobcentre Plus to mental health services No. 56</p>

Joint working with stakeholders and service users on policy and service development  
Driving wider culture change

2018

2020

2027

Action to be taken over the next 2-3 years

Future actions

<p>Exploration into the use of Service Medical Board evidence in determining awards for those in the armed forces No. 6</p> <p>Support Group Research No. 18</p> <p>Proof of Concept testing of Local Supported Employment completed No. 32</p> <p>Testing of 'Tri-Work'-Supported Work Experience in schools No. 28</p> <p>IPS Grow No. 67</p>	<p>Publication of Beyond Words Books relating to employment No. 24</p> <p>Increased availability of supported internships aimed at those with EHC plans No. 26</p> <p>Easy Read benefit and employment support information introduced No. 31</p> <p>Accessible Apprenticeships No. 30</p> <p>Research into the barriers individuals face in self-employment begins No. 16</p>	<p>Specialist careers advice for young people and children with SEND to raise aspirations No. 24</p> <p>Targeted support schools and transitioning to adult services for those with disabilities and long-term illness No. 26</p> <p>Exploration into data sharing between ESA/UC and PIP No. 7</p> <p>Exploration into expanding 'Foxes' employer outreach model No. 27</p>	<p>Double access to Individual Placement and Support provision for those with severe and enduring mental health conditions No. 66</p> <p>Continued Work Capability Assessment Reform No. 5</p>
<p>Civil Service leaders trained in mental health and wellbeing; disability inclusion initiatives; and pilots into day one supportive action No. 42</p> <p>Public sector <i>Work, Health and Disability Summit by spring 2018</i> No. 42</p> <p>Employer information resource research and development No. 38</p> <p>Preliminary work on employer incentives and expectations No. 36</p>	<p>Development and promotion of key line manager skills No. 43</p> <p>Employer network to promote health and wellbeing at work No. 37</p> <p>Creation of voluntary reporting framework for large employers No. 44</p>	<p>Enhancements to Access to Work completed No. 46</p> <p>SSP reform – phased returns No. 40</p> <p>Promotion of best practice for employers No. 38</p>	
<p>Health-led trials with Sheffield City Region and West Midlands Combined Authority launched No. 51</p> <p>Appointment of Expert Working Group on occupational health No. 52</p> <p>Research to investigate market of occupational health provision No. 52</p>	<p>E-Training on causes of work related illness for healthcare professionals No. 50</p> <p>GP Champion appointed to promote work as a health outcome No. 50</p> <p>Competency Framework for MSK No. 57</p> <p>Work and Health Challenge Fund launched No. 59</p>	<p>Double number of Work and Health Champions No. 50</p> <p>Fit note training for General Practitioners and integration into training curriculum No. 49</p>	<p>Development of legislation to extend fit note certification powers No. 49</p> <p>Project to test way of integrating occupational health into primary and secondary care pathways No. 53</p>

Joint working with stakeholders to develop policy solutions  
Increased user-centred policy design Driving wider culture change

## Annex B: Green Paper commitments – summary and update

This annex sets out the progress we have made on commitments made in ‘*Improving Lives: the Work, Health, Disability Green Paper*’ (WHDGP), including many initiatives that we have completed. The table also sets out new policy initiatives that we have started since the Green Paper consultation.

### Strategy

No.	Initiative	Reference in Green Paper	Progress	Stage
1.	<b>Monitoring progress on the manifesto commitment to get a million more disabled people into work over the next ten years</b>	New	We will measure progress on our goal to get one million more disabled people in work by tracking the number of working-age disabled people in employment in the UK, aiming to see the number rise to 4.5 million by 2027. We will publish annual statistical updates, beginning in 2018.	Starting in 2018
2.	<b>Development of structured evidence base</b> so that we know what works, drawing on rich sources already developed or drawn together by others	WHDGP Para. 69 and 308	Over the next three years we want to develop a more comprehensive evidence base about what works and will publish an Evidence Strategy in 2018. In addition, the National Institute for Health Research is planning a substantial investment, of several million pounds over five years, in a new <b>Working-Age Policy Research Unit</b> and is conducting a commissioning exercise to find a suitably high quality provider. The purpose of a Working-Age Policy Research Unit is to develop the evidence base for policy aimed at improving health and wellbeing and reducing health inequalities for people of working-age. As employment is one of the key determinants of health, the initial focus of this unit will be on the relationship between health and work.	In progress
3.	<b>Work and Health Indicators</b> Development of a set of work and health indicators, jointly with Public Health England (PHE) and exploration of how best to bring together and share existing evidence at a local level	WHDGP Para. 68	Working with PHE we have released an initial set of work and health indicators on PHE’s Wider Determinants of Health fingertips tool. We will work collaboratively with local service professionals to understand and address their information needs.	In progress
4.	<b>Movement of change across society and 10 year programme of reform</b>	WHDGP para 293	To support more disabled people and people with long-term health conditions to enter work, and to stay in work, changing culture and attitudes across society is key. Recent work by the third sector, stakeholder groups and Government is actively tackling stigma around mental health conditions. We will build on this work and drive culture change across the three key settings by: improving Jobcentre Plus work	In progress



No.	Initiative	Reference in Green Paper	Progress	Stage
			coach capability; supporting employers to improve practices; and empowering healthcare professionals by providing them with tools and techniques to enable them to have open conversations about work with their patients.	

## Financial and Employment support

No.	Initiative	Ref in GP	Progress	Stage
5.	<p><b>Reform of the Work Capability Assessment (WCA)</b></p> <p>We consulted on a specific model that separates decisions on financial support from those about employment support.</p>	<p>WHDGP Para. 130</p>	<p>Although many consultation responses welcomed our overall aim to personalise our employment support offer for individuals, some concerns were raised. We recognise the importance of getting any further reform in this area right, and therefore intend to focus on testing new approaches to build our evidence base for future reform. This includes the activity set out to:</p> <ul style="list-style-type: none"> <li>• Improve information sharing;</li> <li>• Continuously improve the assessment process; and</li> <li>• Improve our personalised employment support offer.</li> </ul> <p>To support this activity, working with our WCA provider, we plan to test different approaches as to how we deliver assessments over the next two years. We will work with external stakeholders to help inform future changes.</p>	In progress
6.	<p><b>Use of Service Medical Board Evidence</b></p> <p>Exploring opportunities to extend Service Medical Board Evidence in determining benefit awards for all members of the armed forces</p>	<p>WHDGP Para. 140</p>	<p>We are continually reviewing the way we deliver our services to ensure they meet the needs of our customers. This includes armed forces veterans, where we already try to use existing medical reports where we can for benefit purposes so customer do not have to undergo further examinations unless absolutely necessary.</p>	In progress
7.	<p><b>Data Sharing Between ESA/UC and PIP assessments</b> Considering sharing of data between the two assessments to simplify the process.</p> <p><b>Sharing information across the health and welfare systems</b></p> <p>Exploring how the assessment process could use data already</p>	<p>WHDGP Para. 145 and 147</p>	<p>We heard from the consultation the importance of respecting data protection, and being proportionate in our use of data sharing. Working with stakeholders including GPs, healthcare practitioners and service users is a critical part of how we explore options.</p> <p>We want to understand how we can make better use of the data already available to us, and streamline processes where we require further information. This will allow us to build a complete picture of an individual's circumstances in order to offer the right support at the right time.</p> <p>We are working to find digital solutions to better share information, which include:</p>	In progress

No.	Initiative	Ref in GP	Progress	Stage
	gathered by the NHS or local authorities where appropriate		<ul style="list-style-type: none"> <li>• Rolling out a digital version of the DS1500 form, which is used to speed up the WCA process for terminally ill customers;</li> <li>• Testing ways to digitally share the information provided in a Fit Note between customers and DWP.</li> </ul>	Complete In Progress
8.	<b>Ending re-assessments for people with severe conditions</b> We consulted to establish if there were further system improvements that could be made.	WHDGP Para. 149 and 150	From September 2017, we have stopped re-assessments for those with the most severe and lifelong health conditions or disabilities. This applies to new customers, and existing customers who are identified for re-assessment on either UC or ESA unless there is a change in circumstances which means their condition could improve.	Complete
9.	<b>Work coaches</b> We will continue to build and develop the capability of our work coaches to ensure people with complex and fluctuating health conditions receive the most appropriate support.	<b>New</b>	We plan to invest in additional interventions to enable work coaches to further strengthen their relationships with customers and offer more personalised and tailored support.	In progress
10.	<b>Building work coach capability on mental health.</b> To further support Jobcentre work coaches, we have developed an enhanced mental health training programme.	WHDGP Para. 86	We have worked with a national mental health organisation to develop an enhanced mental health training programme for Jobcentre Plus work coaches. Following testing, it is now available to all work coaches who would benefit from it.	In progress
11.	<b>Work and Health Programme</b> A new contracted provision that will build on lessons learnt from the Work Programme and Work Choice and be available to ESA/UC customers to access voluntarily.	WHDGP Para. 78	The new Work and Health Programme offers a more personalised local approach to supporting disabled people overcome barriers to employment targeting specialist support to those who are likely to be able to find work within 12 months. The programme started in November 2017 and will be in place across England and Wales by March 2018. Disabled people can volunteer for the programme at any time.	Launched November 2017 with rollout period through to March 2018.
12.	<b>Specialist Advice three-way conversation</b> A proof of concept testing a new conversation between a customer,	WHDGP Para. 91	We have commenced the Specialist Advice Proof of Concept testing a voluntary conversation between customers, a healthcare professional and a work coach. The Specialist Advice proof of concept will be open to customers with a health condition or disability who have been assessed as having limited capability for work. This aligns with the principle in one of recommendations in Dame Carol Black's	In progress

No.	Initiative	Ref in GP	Progress	Stage
	health care professional and Jobcentre Plus work coach		<i>Independent Review into the Impact on employment Outcomes of Drug or Alcohol Addiction and Obesity</i> 'Government should conduct a trial of a requirement for each customer, early in their claim for benefit, to attend a structured discussion with a healthcare professional (HCP)'.	
13.	<b>Health and Work Conversation</b> A conversation designed with the Behavioural Insights Team and in consultation with external stakeholders to help customers identify and work towards health and employment goals	WHDGP Para. 92	We have rolled out the Health and Work Conversation to ESA customers, which has built on earlier work to change further the interaction between work coach and customer from process-based to coaching. Comprehensive new training for work coaches builds their skills of empathy and active listening and equips them to help people respond resiliently to challenges and overcome fixed beliefs about their abilities. We are currently embedding the Health and Work Conversation in UC and work coaches will have the discretion to utilise this intervention where appropriate.	Completed
14.	<b>Personal Support Package</b> We announced a package of employment support including a range of Jobcentre Plus initiatives, new trials and contracted provision designed to deliver a more personalised tailored offer to customers with health conditions. This included: <ul style="list-style-type: none"> <li>• Beginning the recruitment of Community Partners;</li> <li>• Additional funding introduced to the Flexible Support Fund;</li> <li>• The introduction of Journey to Employment (J2E) peer support jobclubs in 71 Jobcentre areas;</li> <li>• The recruitment of 300 Disability Employment Advisers;</li> </ul>	WHDGP Para. 75-96	<p>The package of support announced in the Green Paper has been rolled out. The evaluation of measures within the Personal Support Package will include a series of test and learn research projects providing fast and reliable feedback about the feasibility of potential new initiatives, research examining existing disability employment programmes and internal analysis of DWP data.</p> <p>Community Partners are providing valuable insight into the effect disability can have on employment and supporting work coaches to identify appropriate provision and support mechanisms.</p> <p>Young Person's Community Partners are working with young disabled customers to change attitudes towards employment and support work coaches to develop a tailored package of support.</p> <p>We also have Specialist Community Partners in mental health and a growing number who are specialists in issues arising from drug and alcohol addiction. We have introduced J2E jobclubs run by people who have a lived experience of disability, using peer approaches and taking a holistic approach to employment support.</p> <p>We are building on these initiatives with further investment in new measures. We will explore options including:</p> <ul style="list-style-type: none"> <li>• Testing the use of a 'Working Alliance' measure, adapted from mental health services, to examine what factors improve or inhibit relationships, in order to support work coaches to build further positive engagement with customers.</li> <li>• We received requests for follow-up Health and Work Conversations from customers, and will explore introducing a conversation later in the customer journey. This can revisit the previous goals and continue to strengthen the work coach and customer relationship.</li> </ul>	Roll-out of first phase of Personal Support Package completed  New activity in progress

No.	Initiative	Ref in GP	Progress	Stage
			<ul style="list-style-type: none"> <li>We are exploring investment in research into in-work progression, self-employment as a positive option for disabled people, and work coach capability. We intend to build our understanding of these key areas since we currently lack sufficient evidence of what works.</li> </ul>	
15.	<b>Specialist Employability Support</b> Contracted provision to support those furthest away from the labour market for whom other provision is not suitable due to complexity of barriers.	WHDGP Para. 96	We want to test ways of offering more personalised employment support to this group, and are currently exploring the best policy options for continuing support to this group once Specialist Employability Support (SES) contracts come to an end.	In progress
16.	<b>Self-Employment</b> The New Enterprise Allowance Scheme provides access to business mentoring and financial support to eligible customers - includes those with health conditions/disabilities	WHDGP Para. 97	In response to the consultation feedback which identified self-employment as a positive option for disabled people or those with a health condition, we plan to undertake research to identify the barriers disabled people may experience at all stages of self-employment.	Starting early 2018
17.	<b>The Group Work Trial</b> is testing the effectiveness of the JOBS II model, a week-long employment intervention which aims to build resilience against the set-backs experienced while job seeking and improve the employment prospects and wellbeing of customers.	WHDGP Para. 101	We started the voluntary Group Work trial in January 2017. It is being delivered in five Jobcentre Plus districts, covering 61 Jobcentres in total. Evaluation findings will be available from late 2019.	In progress
18.	<b>Customers furthest from the labour market (Support Group)</b> We consulted on introducing an intervention to 'keep in touch' with those in the Support Group to give them the opportunity to engage with support. Commitment to undertake comprehensive research with customers in the Support Group -	WHDGP Para. 112-114	Based on what we heard from stakeholders during the consultation, we will focus on voluntary test and learn activity for people in the Support Group to ensure we understand what support is best to offer. We look to stakeholders to work with us and encourage individuals who may benefit to engage with the offer. The research announced in the Green Paper commenced in October 2017. We have designed a proof of concept to test different voluntary engagement methods. This will also offer peer-led support for people in the Support Group, as suggested in the consultation. Findings from the research and proof of concept will lead to development of a larger-scale trial. We plan to work with external stakeholders to inform trial design.	In progress  In progress Starting soon Planned for late 2018

No.	Initiative	Ref in GP	Progress	Stage
	leading to the development of a large scale trial			
19.	<b>Personal Budgets</b> Exploring the idea of offering a personal budget to customers for their employment support.	<b>New</b>	In response to an idea raised in the consultation, we will be exploring with stakeholders the potential viability of 'personal budgets' for employment support, to give customers with health conditions and disabilities more choice and control over the support they access.	Starting policy exploration
20.	<b>Reviewing the approach to Jobcentre Plus engagement</b> with disabled customers and customers with health conditions.	<b>New</b>	In the consultation, concerns were raised about how Jobcentre Plus engages with customers, especially those with mental health conditions. We are undertaking work to explore what further support can be given to support Jobcentre Plus work coaches to foster positive relationships with customers. We will continue to build work coach capability to provide the support they need to deliver a personalised and tailored offer that engages customers.  We have now provided guidance to work coaches in UC to support them to make decisions not to sanction a customer in specific straight-forward cases if good reason is shown for not attending an interview. We have also amended regulations to enable JSA customers who have been sanctioned and who have a long-term mental impairment to receive hardship payments from day 1, instead of day 15, of a successful application provided they meet the hardship conditions.	In progress  Completed
21.	<b>Localised Support</b> Working more closely with voluntary sector and local partners, to see if these organisations can offer effective support for individuals and better value for money for the taxpayer.	WHDGP Para. 113	Several measures are being introduced, including: <ul style="list-style-type: none"> <li>• Funding locally designed employment support pilots. We are working with six combined authorities to test and learn from a variety of interventions including addressing low pay by supporting in-work progression.</li> <li>• Social Enterprises. Social Enterprises which aim to employ disabled people offer another route into locally led support. Social Enterprises are often well placed to respond sustainably to specific local needs and issues. Many Social Enterprises already use trading income to cross-subsidise employment for people with disabilities. We are working with Social Enterprises and other progressive employers to co-design ways of scaling this practice up; for example, by developing a new contracting route where DWP might co-fund one year of high quality supported employment placements for people who are further from the labour market. We are also working with funders to see what more we can do to help open up public procurement opportunities and leverage in social investment to help grow this important sector.</li> </ul>	In progress
22.	<b>In Work</b> The importance of supporting people with health conditions or	<b>New</b>	We are investing in research and trials to better understand what support is required for individuals to progress in the workplace.	Starting soon

No.	Initiative	Ref in GP	Progress	Stage
	disabilities to remain in, or progress in the workplace.		Community Partners are supporting work coaches and employers to develop packages for in work support to sustain employment. Small Employer Advisers are working with SMEs to provide advice and mentoring on Access to Work, adaptations and packages of in work support	In progress
<b>Learning Disabilities</b>				
We are taking a life course approach to improving learning disabled people's employment prospects, looking at early years, education, transition and adulthood. We are working to understand fully and remove, barriers to employment, aiming to transform life chances through better employment opportunities, including through the initiatives outlined below:				
23.	<b>Beyond Words books about employment</b>	<b>New</b>	We are funding a series of Beyond Words books and practitioner training that will encourage people with learning disabilities to be ambitious about working and will cover the issues involved in having a job, such as earning and managing money.	In progress – launch planned for Spring 2018
24.	<b>Supporting more aspirational careers</b>	<b>New</b>	To support more aspirational careers advice for children and young people with special educational needs and disabilities (SEND), we are funding training for careers advisers and pathways to employment for SEND learners. We are also funding training and materials for post-16 providers on curriculum design and delivery, including pathways to employment.	In progress
25.	<b>Young Persons' Supported Work Experience</b> Testing a voluntary, supported work experience programme for young people to enable them to build confidence and skills.	WHDGP Para. 102	This is being tested for young people aged 18-24 flowing into the Employment and Support Allowance WRAG/Universal Credit Limited Capability for Work (LCW) group who have little or no work experience. Five Jobcentre Plus districts are offering a short Supported Work Experience placement with an employer, helping young people to gain confidence and encouraging them to look for work. The proof of concept stage is for people with a range of disabilities we anticipate a significant proportion of those taking part will have a learning disability.	In progress – went live 21 August 2017 – will run to July 2018
26.	<b>Support in schools and in transitioning to adult services – including for those young people with learning disabilities, autism and mental health conditions.</b> We have increased support in schools with Jobcentre advisers working closely with young disabled students to help them see employment as an achievable goal, and are increasing the number of	WHDGP Para. 104-106	Jobcentre support for schools targets young people that schools identify as being at risk of becoming NEET (not in employment, education or training), or who may otherwise be disadvantaged in the labour market – for example those with a health or disability issue. Work is focused on students in Years 8 to 13, where we are raising aspirations and giving advice on routes into work, including supported internships, traineeships and apprenticeships, the local labour market, and helping to source work experience opportunities. Over 1,100 schools have requested participation in the programme (either as a result of a contact initiated by Jobcentre Plus, or following a direct approach from a school) and over 800 have so far received support.	In progress

No.	Initiative	Ref in GP	Progress	Stage
	work placements available for those with special educational needs and disabilities, including supported internships.		We are encouraging the use of supported internships which are aimed at those with Education, Health and Care (EHC) plans aged 16-25 and include a work placement of at least six months meeting a business need, enabling young people to demonstrate what they are capable of in the workplace. Support from a specialist job coach can be funded through Access to Work if necessary.	
27.	<b>Improving transitions from education to employment</b>	<b>New</b>	<p>The Post-16 Technical Education Reform Action Plan was published in October 2017. It sets out the Government’s recent progress in the delivery of the T levels. T levels will include a substantive work placement. The Government is considering a “transition year” which will provide an offer for young people who leave the school system with low or no qualifications so that they can develop the skills they need to progress to further education and employment. Young people with SEND of all abilities should be able to benefit from the range of programmes, including T levels and the transition year, so that they are well prepared for and able to progress to education, training or employment. The Department for Education will launch a public consultation before the end of 2017.</p> <p>Forward looking Further Education (FE) and independent specialist colleges, such as Foxes Academy, already have a strong track record in successfully helping people with learning disabilities into employment. The Preparing for Adulthood framework established through the SEND reforms is raising the priority of employment outcomes. To deliver a step change, we will work with local authorities, education providers including FE and independent specialist colleges and schools, and local voluntary organisations, to encourage them to adopt good practice in use of job coaches, employer outreach, work-focused courses, work experience and supported internships. In particular we want to explore how Foxes’ employer outreach model can become more widespread</p>	In progress
28.	<b>Tri-work: supported work experience offer in schools proof of concept</b>	WHDGP Para. 103	The new supported work experience programme for young disabled people, modelled on the three-way partnership between the young disabled person, their employment support worker and the host employer, will enable the young person to get the most from their opportunity in the workplace. This will be tested in three Jobcentre Plus districts and will provide a supported work experience placement of up to two weeks for pupils in Year 10 or 11 who have special educational needs, many of whom are likely to have a learning disability or autism.	Starting this academic year – will run January to July 2018
29.	<b>Preparing young people with SEND for adulthood, including employment and Higher Education</b>	WHDGP Para. 103	We want to create an expectation among young people with SEND who have Education, Health and Care plans that they will undertake supported internships if it is the right route for them. We will work with schools and colleges to establish best practice and explore ways of increasing availability and capacity. We will also explore how we can build the infrastructure to provide more trained job coaches to support work placements in Further Education (FE).	In progress

No.	Initiative	Ref in GP	Progress	Stage
30.	<b>Accessible Apprenticeships</b> Making apprenticeships more accessible to disabled people.	WHDGP Para. 104	The new Apprenticeship Levy, combined with the Maynard Taskforce recommendations, give employers a real opportunity to invest in apprenticeships that work for disabled people. From this Autumn, we have made changes to the regular English and Maths requirements to make apprenticeships more accessible for people with a learning difficulty or disability who have or have had an Education, Health and Care plan, a Statement of Special Educational Needs, or a Learning Difficulty Assessment. Organisations are already planning to take advantage of these changes to offer apprenticeships for people with Special Educational Needs and Disabilities. For example, Mencap intends to employ up to 20 new apprentices in its shops and offices across the next 12 months and Interserve employed two apprentices with learning disabilities to work in their facilities management team. We want to support and encourage this emerging provision. Our next steps include: <ul style="list-style-type: none"> <li>• Considering the research findings on how the funding system is working for apprentices with a learning difficulty or a disability</li> <li>• Exploring ways to improve the join-up of post-16 pathways to employment for young people with a learning difficulty or disability and</li> <li>• Supporting employers to increase the number of apprenticeships accessible to people with a disability.</li> </ul>	In progress
31.	<b>Easy Read information on benefits and employment support</b>	<b>New</b>	DWP support will be improved, for example by publishing more information in Easy Read, starting with a leaflet on Employment and Support Allowance, which is now available on GOV.UK.	In progress
32.	<b>Local Supported Employment Proof of Concept</b> Pilot working with local authorities to support people with learning disabilities or autism to find the right job and establish themselves successfully.	WHDGP Para. 98	This proof of concept is being delivered with nine local authorities, to support those with a learning disability or autism who are known to adult social care, or those in contact with secondary mental health services. We are testing an approach which delivers Supported Employment on an outcome-payment basis. Supported employment is an approach which helps make a successful match between the individual and the job, including through job carving and systematic instruction, and provides ongoing support for the employer and employee until the arrangement has bedded in.	Starting end November 2017 will run to 31 August 2019



## Employers

No.	Initiative	Ref in GP	Progress	Stage
33.	<b>Disability Confident Business Leaders Group</b>	WHDGP Para.176	The Disability Confident Business Leaders Group has been established. It is already providing effective leadership and peer-to-peer support, and we will continue to work with them to increase the number of employers who are committed to being Disability Confident.	Completed
34.	<b>Disability Confident in the public sector</b> Ensuring all government departments are signed up to Disability Confident, and extending this expectation to other public sector employers.	WHDGP Para.163	We have delivered on our commitment to lead the way as a Disability Confident employer. All main Government departments are now signed up as Disability Confident Leaders.	Completed
35.	<b>Small Business Challenge Fund</b> Aimed at encouraging small businesses to develop small-scale innovative models to support SMEs with sickness absence.	WHDGP Para.66	Phase 1 launched in May 2017. Following consideration of bids, two of these progressed to phase 2 and were awarded 12 month contracts in November 2017	Phase 1 completed Phase 2 started Nov 2017, running for 12 months
36.	<b>Financial incentives for employers</b> Exploration of how we can incentivise employers to recruit and retain disabled people and people with long-term health conditions.	WHDGP Para.178	Several policy initiatives have been proposed to incentivise employer action in this area. These include Matthew Taylor's proposals on Statutory Sick Pay eligibility and accrual, and a 'right to return' to a job following sickness absence, as well as the Stevenson/Farmer review's recommendation on considering financial incentives for SMEs. To ensure any policy measures that we introduce are effective they need to be considered as part of a wider coherent package for reform, not in isolation.  Addressing these challenges relies on having robust knowledge of current employer behaviours and how decision-making differs across different types of businesses. For this we will run a comprehensive, cross-government programme of analysis and research examining the wider framework of incentives and expectations within which employers make their decisions. We will report back on our preliminary work in 2018.	In progress

No.	Initiative	Ref in GP	Progress	Stage
37.	<p><b>Establish employers' network to promote physical activity</b></p> <p>Establishment of an employers' network to promote physical activity for staff, and piloting of the Civil Service Physical Activity Workplace Challenge.</p>	WHDGP Para.191	We are developing an employer network to promote health and wellbeing at work, including physical activity. This network will bring together key partners including across government to ensure join up for employers and coordinate existing engagement into a single Employer Network.	In progress
38.	<p><b>Employer information</b></p> <p>A resource aimed at employers, designed to bring together advice and information, to help them recruit and retain disabled people and people with long-term health conditions.</p>	WHDGP Para.167, 168, 183	<p>We will improve advice and make it more accessible. We will start by researching and identifying potential solutions with employers this year, particularly SMEs. Actions include:</p> <ul style="list-style-type: none"> <li>• Bringing together information on supporting a range of disabilities and long-term health conditions, including learning disabilities and mental health and wellbeing, as recommended by the Stevenson/Farmer review</li> <li>• Working in partnership with voluntary organisations, employers and other government and professional bodies, to coordinate advice and to develop, promote and deliver this initiative</li> </ul> <p>We will also make the case to encourage and support employer action to create healthy, inclusive workplaces and seek best practice examples. We will promote this information through the Disability Confident scheme and other employer communications.</p>	In Progress
39.	<p><b>Small Employer Offer</b></p> <p>A small grant payable to small employers to sustain employment for disabled people and people with a health condition. £500 is payable to SMEs following three months employment to enable on-going mentoring and support to be provided.</p>	WHDGP Para.178	The Small Employer Offer went live in June 2017. 102 Small Employer Advisers are working with SMEs in the local community to create job opportunities for people who have a health condition or disability.	Complete
40.	<p><b>Statutory Sick Pay (SSP) reform</b></p> <p>Legislative reform of Statutory Sick Pay designed to encourage phased returns to work.</p>	WHDGP Para.206	Consultation responses gave broad support for the principle of SSP reform to support fully flexible phased returns to work. This was also supported by both Matthew Taylor and the Stevenson/Farmer review. Respondents wanted to understand more about the practical details and how this will impact employers. Matthew Taylor made further recommendations about SSP eligibility and the way entitlement is accrued, and about sickness absence management. We will fully	In progress

No.	Initiative	Ref in GP	Progress	Stage
			<p>consider Matthew Taylor’s recommendations as part of our wider work on SSP, including how the recommendations will impact on employers and employees.</p> <p>We are taking forward further policy development and will bring forward a consultation on these changes, as well as any other SSP changes we identify in our wider work, before introducing this reform. We will also improve and better publicise existing guidance on SSP eligibility to ensure that employers and employees each understand their rights and responsibilities.</p>	
41.	<p><b>Building the business case for employer action</b></p> <p>Consider how best to build and provide more information on the business case for employers being more inclusive for their employees and customers.</p>	WHDGP Para.167	<p>We will build and promote the business case to encourage and support employer action on creating healthy, inclusive workplaces. This will include continuing to build the evidence base on effectiveness in terms of business and wider social and economic benefits. We will incorporate this into the Disability Confident campaign and other employer communications.</p>	In progress
42.	<p><b>Civil Service as a Leading Employer</b></p> <p>A package of initiatives building on the WHDGP ambition to ensure public sector employers monitor and review their recruitment, sickness absence and wellbeing activities and take action where issues are identified.</p>	WHDGP Para.163	<p>We will begin to implement a range of initiatives this month, including:</p> <ul style="list-style-type: none"> <li>• Mental Health and Wellbeing Confident Leaders training on how leaders can be mindful of their impact on the overall wellbeing, and particularly mental wellbeing, of their teams. This will be designed and piloted later this year, and rolled out across senior civil servants and key frontline managers from January 2018. Learning from this initial roll-out, we will then make further appropriate training available for leaders at all levels.</li> <li>• Innovative work with external partners – a cross-sector programme on disability inclusion to push the boundaries of best practice in topics such as building line manager disability confidence and job-carving, in partnership with organisations such as Business Disability Forum, the Employers Network for Equality and Inclusion and KPMG.</li> <li>• Expanding recruitment-related activities where pilots have shown strong results, such as a work experience programme for people on the autistic spectrum, in partnership with a specialist autism charity.</li> <li>• Pilots on the impact of day one supportive action for absence relating to mental health and musculoskeletal disorders.</li> <li>• Additionally, the Civil Service will focus on how we increase the flow of disabled staff into the Senior Civil Service. We will set and monitor progress towards a Civil Service-wide target, as set out in the new Diversity and Inclusion strategy. Underpinning this commitment will be the timely, high quality and effective delivery of workplace adjustments and analysis of consistent management information to facilitate both the exchange of best practice and drive continuous</li> </ul>	In progress

No.	Initiative	Ref in GP	Progress	Stage
			<p>improvement. The Prime Minister and Cabinet Secretary have accepted the Stevenson/Farmer review recommendations for the Civil Service as an employer. More detail is set out in Annex C.</p> <p>We will also bring together public sector leaders for a Work, Health and Disability Summit by spring 2018, chaired by Ministers, to drive work in the wider public sector.</p> <p>On public procurement, DWP will work with its suppliers to encourage them to become Disability Confident to recruit, retain and develop disabled people. In doing so, it will also encourage other government departments to do the same.</p>	
43.	<p><b>Training for line managers</b> Training and support for line managers to help them develop healthy and inclusive workplaces, building on the existing evidence base.</p>	WHDGP Para.164	<p>There is already an impressive, if sometimes confusing, wealth of information available to support managers. Therefore we are working with partners to identify the key support and skills that line managers and owner/managers need across all sizes of organisations to create inclusive and supportive workplace environments. We will explore how Government can help to promote these skills and spread best practice to the widest set of employers.</p>	In progress
44.	<p><b>Transparency and Reporting</b> Encouraging voluntary reporting by large employers</p>	New	<p>Transparency and reporting have been effective levers in supporting behavioural and cultural change for diversity. We therefore support the recommendation in the Stevenson/Farmer review that employers with more than 500 employees should report more information on their action on workplace mental health on a voluntary basis. We will expand this to reporting about disability as well.</p> <p>Government will work with partners to establish a framework approach for voluntary reporting on mental health and disability. This will focus on what type of reporting will be beneficial to increasing the disability employment rate, and businesses' engagement in health and wellbeing. We will also engage with partners to understand the most appropriate place to make this information available.</p>	Starting December 2017
45.	<p><b>Increasing provision and take-up of Group Income Protection (GIP)</b> Increasing range of GIP insurance products to better meet the needs of smaller businesses, and increasing awareness of these products to support greater take-up.</p>	WHDGP Para.207	<p>We recognise the positive aspects of Group Income Protection (GIP) for helping retain sick employees, in particular access to expert-led health services. The majority of employers, in particular SMEs, choose not to offer sick pay for periods beyond statutory requirements. Green Paper responses support our assessment that these employers can lack sufficient incentives to invest in GIP. The Government would like the industry to consider developing a product that retains the positive aspects of GIP but which overcomes the existing challenges (complexity, perceptions of cost and benefit) and therefore is likely to be more widely taken up.</p> <p>We welcome the significant engagement we have had with the insurance industry through the consultation and will continue to engage with them as part of our wider work on employer incentives.</p>	Completed

No.	Initiative	Ref in GP	Progress	Stage
46.	<b>Access to Work</b> Significant enhancements will be made to Access to Work over the next few months	WHDGP Para. 159	<p>A package of significant enhancements to Access to Work will include the following:</p> <ul style="list-style-type: none"> <li>• A trial of managed personal budgets will offer even greater personalisation</li> <li>• We will create a new expectation that equipment will be portable and move with the individual when they change jobs</li> <li>• We will work with schools and colleges to ensure that young disabled people are aware of the help they can get from Access to Work and can use supported internships and other first steps into work, including work experience where this may lead to a job</li> <li>• We will increase capacity of the Mental Health Support Service significantly to meet the rising demand</li> <li>• We plan to promote to work coaches the role for Access to Work in supporting people with a broad range of health conditions including drug and alcohol addictions</li> <li>• For those with the highest needs, such as some British Sign Language (BSL) users, we will offer a personalised service. They will be able to access support of up to £43,100 per year, from April 2018, and will be offered new managed personal budgets as well as workplace assessments involving their employers, to help them meet their needs within their award levels. Deaf customers will be supported by a dedicated team of specialist advisers</li> <li>• We will also examine the objectives of Access to Work alongside other budgets disabled people may be able to access to ensure they are receiving the maximum amount of support for the funding they receive</li> <li>• We will consider whether there are opportunities to make better use of existing funding and provision to ensure people have what they need to live independently and to get into and stay in employment</li> <li>• We will seek to improve the advice and choice offered to people about the support and tools on offer to enable them to work, in particular new assistive technology</li> <li>• We will seek to reduce the bureaucratic burden on the individual in processing Access to Work claims and continue the digital transformation programme to improve the speed, accessibility and the user experience. We will also explore how we can radically improve support via Access to Work for those with learning disabilities who are known to adult social care and who have some of the poorest employment outcomes</li> <li>• Lastly, we will also work with disabled people, their families and relevant organisations (including Social Enterprise employers) to develop new targeted</li> </ul>	<p>In progress</p> <p>Starting – 18/19</p>

No.	Initiative	Ref in GP	Progress	Stage
			support for learning disabled social service users and secondary mental health support service users.	
47.	<b>Establishing supportive employer networks</b> Exploring establishing supportive networks between employers, employees, and charities around health and work.	WHDGP Para.177	We have started prototype work with Cornwall and Isles of Scilly Local Enterprise Partnership (LEP), who are leading work to increase disability employment by building sustainable local networks to meet the needs of their businesses and their local community. These will engage and support local employers – particularly SMEs – by bringing together key health and employment partners and championing action. We will work with Cornwall and Isles of Scilly LEP to share findings with other LEPs and local areas from early 2018, to encourage them to take on this local leadership role.	In progress
48.	<b>Role of employers and government in helping disabled people progress in work</b>	WHDGP Para.175	We want disabled people and people with long-term health conditions to thrive in the workplace and go as far as their talents can take them, including senior positions. Many employers provide good career and development support for disabled employees, such as mentoring, training programmes, and disability networks. However, others can lack knowledge and confidence in how best to support their employees and disabled people report barriers to progression.  We will develop work with partners to consolidate and promote best practice for employers and co-design new products to support disabled employees to thrive in work. We will promote products to increase awareness and information in 2018.	In progress

## Health

No.	Initiative	Ref in GP	Progress	Stage
49.	<b>Fit Note</b> We committed to review the current operation of the fit note, and whether certification should be extended from doctors in primary care and other settings to other healthcare professionals, looking at the current system and whether it meets the needs of its users. Extending certification would require legislative change.	WHDGP Para. 231	In September 2017 we completed our review of the fit note. Following the findings of the review, we now intend to: <ul style="list-style-type: none"> <li>• Change secondary legislation to extend fit note certification powers to other healthcare professionals;</li> <li>• Conduct a feasibility test of the Advisory Fitness for Work Report (which can be completed by Allied Health Professionals) as an alternative to the fit note for employers;</li> <li>• Commit to work with the General Medical Council and the Medical Schools Council to integrate new fit note training into the curriculum of all UK medical schools;</li> <li>• Commission the design of a set of clinical guidelines for workplace adjustments, in collaboration with external health stakeholders;</li> </ul>	Completed <ul style="list-style-type: none"> <li>• Starting autumn 2018</li> <li>• Starting summer 2018</li> <li>• Starting December 2017</li> <li>• Starting December 2017</li> </ul>

No.	Initiative	Ref in GP	Progress	Stage
			<ul style="list-style-type: none"> <li>• Explore whether changes to the fit note layout could potentially impact on GP behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>• Starting December 2017</li> </ul>
50.	<p><b>Embedding work as a health outcome</b></p> <p>Efforts to include the benefits of work as a part of the training and professional approach of the health and social care workforce.</p>	WHDGP Para. 282	<p>We are:</p> <ul style="list-style-type: none"> <li>• Delivering (with PHE and HEE) e-learning on the most common drivers and causes of work-related illness and how they can best help to all healthcare professionals (HCPs), supported by a Royal Colleges consensus statement.</li> <li>• Doubling the number of Work and Health Champions – occupational therapists who will deliver work and health training to healthcare professionals.</li> <li>• Partnering with PHE to run a detailed survey of HCPs to gain insight and to develop tools to support them.</li> <li>• Appointing a GP champion to promote work as a health outcome across their CCG and beyond.</li> </ul>	In progress
51.	<p><b>Health-led trials</b></p> <p>Supporting promising local initiatives to drive integration across the health, care and employment systems.</p>	WHDGP Para. 61	<p>We are working in partnership with NHS England, to progress large scale health-led employment trials with West Midlands (WM) and Sheffield City Region (SCR) Combined Authorities.</p> <p>The aim is to test the principles of Individual Placement and Support (IPS) adapted for new cohorts of patients, with physical health conditions and mild to moderate mental health conditions, and in new settings such as primary and community care. WM will focus on out of work clients, whereas SCR will additionally work with in work clients.</p> <p>We have worked with the combined authorities, CCGs and other partners, and a national evaluation consortium to design the randomised control trials, apply for ethical clearance, and procure local provision.</p> <p>We expect to launch the trials in both areas by March 2018, with a final evaluation report due by 2021.</p>	<p>In progress</p> <p>Starting early 2018</p>

No.	Initiative	Ref in GP	Progress	Stage
52.	<p><b>Building occupational health capability and capacity in the NHS workforce</b></p> <p><b>Integrating occupational health services within different clinical pathways</b></p>	WHDGP Para. 259 and 264	<p>We are building on the existing evidence base by commissioning further research to investigate the market of occupational health provision, including local partnership models aiming to integrate health with wider support.</p> <p>We will appoint an Expert Working Group on occupational health to champion, shape and drive work, looking at: understanding and developing the evidence base, potential funding models and where responsibility for occupational health support should fall, methods for improving quality of existing provision e.g. accreditation of services, staff and training; emerging new models of provision (in primary, secondary health and across sectors) and local place-based models to integrate work and health support; workforce development so we have the expert capacity we need in the future.</p> <p>To progress development of care pathways and workforce models we will collaborate with NHS England and other stakeholders. We are working with the NHS Health At Work Network to identify a small number of Trusts to partner with us to explore whether occupational health services currently aimed at NHS staff, could provide services to other patients.</p>	<p>MH Training for work– in progress</p> <p>Starting Nov 2017</p> <p>In progress</p>
53.	<p><b>Integrating occupational health within primary and secondary care provision</b></p> <p><b>Promoting referrals to occupational health services</b></p>	WHDGP Para. 264	<p>We are working with primary care partners to explore the feasibility of testing integration of occupational health into primary care pathways using a more multi-disciplinary approach to the delivery of advice and support to illustrate the benefits of including good occupational health provision in services commissioned at local level.</p> <p>We are also working with NHS England and PHE to assess the feasibility of broadening the integration of occupational health advice and support into secondary care pathways. Our approach is to build on the good practice found in multi-disciplinary teams working in palliative care and consider how we can best promote the use of accredited professionals and providers to employers.</p> <p>We are working with Greater Manchester Combined Authority and with the Scottish Government to test early intervention approaches and more streamlined referral routes for working-age people.</p>	<p>In progress</p> <p>In progress</p> <p>In progress</p>
54.	<p><b>Mental Health: Employment Advisers in IAPT</b></p> <p>We committed to more than doubling the number of employment advisers in talking therapies to help people in that service retain, return to and secure employment.</p>	WHDGP Para. 246	<p>We are more than doubling the number of Employment Advisers (EAs) embedded in Improving Access to Psychological Therapies (IAPT) services to enable more people to receive integrated mental health and employment support so that they remain in, return to and find work.</p> <p>Starting in 2017, we are investing around £39 million on recruiting these employment advisers, offering them a national training course and conducting a thorough evaluation of their impact. This large scale evaluation is underway, and the final report is due in 2019.</p>	In progress



No.	Initiative	Ref in GP	Progress	Stage
55.	<p><b>Mental Health: DCLG-led Mental Health Trailblazers</b> combine a specific type of employment support, Individual Placement and Support (IPS), with psychological support provided through the NHS talking therapy services in three areas: Blackpool, West London and the North East.</p>	WHDGP Para. 64	<p>These trials are designed to produce evidence of impact to help build the evidence base around what works for individuals with common mental health conditions. By integrating employment support (IPS) and clinical support services (IAPT) we hope to demonstrate improved employment and wellbeing outcomes for participants. The trailblazers started in early 2017 with a final evaluation report due in 2020.</p>	In progress
56.	<p><b>Mental Health: Supported computerised Cognitive Behavioural Therapy (c-CBT) Proof of Concept (PoC)</b> testing whether early access to supported c-CBT can support employment outcomes alongside recovery.</p>	WHDGP Para. 101	<p>This Proof of Concept (PoC) explores the process of voluntary referrals, from job centres into mental health services (IAPT). Work began in July, and is due to end in early in 2018, with results due to be ready in early 2018. These results will inform decisions on whether to progress to a larger-scale trial.</p>	In progress
57.	<p><b>Musculoskeletal (MSK): Developing Skills and Competency Framework</b>, The framework led by NHS England, PHE and ARMA is designed to improve the competency of healthcare professionals (i.e. first contact practitioners) treating people with MSK conditions</p> <p><b>Publication of NHS Right Care Commissioning for value CCG packs</b> to improve the quality of care and reduce unwarranted variation</p> <p><b>Development of a National MSK Knowledge hub</b> to share best practice and evidence to help commissioners describe what good looks like</p>	New	<p>To support ongoing capability within the healthcare system:</p> <ul style="list-style-type: none"> <li>• NHS England, PHE and Arthritis and Musculoskeletal Alliance (ARMA) are developing a skills and competency framework in partnership with Health Education England and Skills for Health to improve the competency of healthcare professionals dealing with MSK health</li> <li>• NHS England is developing ‘commissioning for value packs’ and pathway solutions to improve the quality of care for people with MSK conditions</li> <li>• NHS England, PHE and ARMA have developed a National MSK Knowledge hub. This will transition to ARMA’s website in January 2018.</li> </ul>	In progress

No.	Initiative	Ref in GP	Progress	Stage
58.	<b>Musculoskeletal (MSK): Design of new care models for First Contact MSK Physiotherapist</b> to support commissioning of evidence based practice	WHDGP Para. 252	To support capability building within the healthcare system, NHS England is supporting the design and delivery of new care models for First Contact MSK Physiotherapist to ensure better access to care and treatments for people with MSK conditions.	In progress
59.	<b>Work and Health Challenge Fund</b> A 'Challenge Fund' that would ask external partners to help identify innovative approaches to tackle areas where we need greater evidence of what works, acting as a catalyst for supporting local good practice in developing new ways of working	New	We intend to launch a Challenge Fund inviting external partners to bid for funding to develop approaches to build evidence in key areas. This will provide a vital route to work with partners to build the evidence of what works. We are currently finalising the scope of this Fund and intend to launch this shortly.	Starting Spring 2018
60.	<b>Data Advisory Group (MSK)</b> The Government will work with NHS England to identify opportunities for regular collection of data about incidence, prevalence, clinical activity and outcomes of musculoskeletal (MSK) patients and services in England.	WHDGP Para. 254	We are working with Arthritis Research UK (ARUK) to identify opportunities for regular collection of data about the incidence, prevalence of MSK conditions, and clinical activity and outcomes for MSK patients in England.	In progress
61.	<b>Information sharing (data sharing) on work and health</b> Encouraging local areas to bring employment and health together <b>New information standard for data on employment status</b> Working with NHS Digital to establish a new information standard for data on employment status in healthcare data sets.	WHDGP Para. 271, 247 and 272	There are many challenges to sharing data about individuals and we are proceeding with care. We recognise that the ability to share data across work and health will be a key enabler of better outcomes, as also recommended by Dame Carol Black's independent review. We are exploring how we can routinely collect employment status data in health settings – taking care to both balance possible additional burdens being placed on busy clinicians, and the involvement and impact that obtaining informed consent on patients will have.  We are working with NHS Digital to scope where employment information is already collected in the health service. We are also working with clinicians and patients to design a service that will support and incentivise healthcare professionals through existing and new pathways to have supportive conversations with their patients about work.  Any action needs to be secure and scalable.	In progress

No.	Initiative	Ref in GP	Progress	Stage
62.	<p><b>Development of guidelines with NICE</b></p> <p>To support improved employment outcomes among people out of work due to ill-health, and incorporating employment outcomes into other guidance as appropriate when reviewed.</p>	WHDGP Para. 283	Drawing on evidence developed by government, academics, and other partners, to encourage commissioners of health and other services we will continue to work closely with NICE and PHE to disseminate knowledge to support improved employment outcomes.	In progress
63.	<p><b>Approving apps to manage health conditions</b> NHS England to approve a set of apps supporting patients in managing their health.</p> <p><b>Enabling digital access to personal health records</b></p> <p>NHS England and NHS Digital to enable instant, downloadable access to personal health records</p>	WHDGP Para. 288	NHS England's digital programme is underway and the co-design work is being developed, in view to potential progression of work in 2018.	In progress
64.	<p><b>Social prescribing (community referral)</b></p> <p>Enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.</p>	New	We will work with NHS England's Social Prescribing Network to support social prescribing schemes to explore opportunities to increase, where appropriate, their focus on work as a route to improved health and wellbeing and to embed employment outcomes into evaluation measures.	In progress
65.	<p><b>Young Peoples' transitions in health services</b></p>	WHDGP Para. 102-3	The Green Paper on Children and Young People's Mental Health will consider how children and young people can be better supported by promoting good mental health and by providing appropriate and timely help to those who are experiencing difficulties.	In progress
66.	<p><b>NHS England's transformation funding to Sustainability and Transformation Partnerships (STPs) footprint areas double Individual Placement and Support (IPS) for people with severe and enduring mental health</b></p>	New	IPS integrates employment with mental health support. UK IPS provision has grown in recent years, and is projected to grow further due to NHS England's commitment to 'double the reach' of IPS provision for people with severe and enduring mental health conditions (SMI) by 2020/21.	Funding to STPs areas from 2018/19

No.	Initiative	Ref in GP	Progress	Stage
67.	<b>IPS Grow</b>	<b>New</b>	Currently, practice and outcomes in IPS services vary substantially. Tackling this variation will help to improve sustained job outcome performance, which is why we are scoping an initiative, IPS Grow, to support the scale-up of high-quality IPS for people with severe and enduring mental health conditions (SME). The discovery phase is underway and ends in March 2018 with scope to develop further, subject to the evidence.	In progress Started in October 2017
68.	<b>IPS trial for drug and alcohol dependency</b>	<b>New</b>	In <i>Improving Lives: Helping Workless Families</i> , published in April 2017, the Government accepted Dame Carol Black's recommendation and committed to bring forward a trial of the IPS approach to support those dependent on drugs and alcohol back into employment. This is being delivered by PHE as a randomised control trial. Seven local authorities have now been selected. These are Birmingham, Blackpool, Brighton and Hove, Derbyshire, Haringey, Sheffield and Staffordshire. The objective is to test whether this intensive approach is an effective way to support those people who are dealing with long-term addiction issues into employment.	In progress

## Annex C: Government response to *Thriving at work: The Stevenson / Farmer review of mental health and employers*, published on 26 October 2017

As Government we support these recommendations in full. Where it is for employers to act to take the recommendations forward we encourage them to do so. For the public sector, this includes working through sponsor departments and initiatives such as our planned Public Sector Summit, to be held in spring 2018. We will similarly encourage implementation of these recommendations by private sector businesses by using existing networks and through our role in providing information, advice and support to employers.

	Recommendations	Government response
1	<p>We believe all employers can and should:</p> <ul style="list-style-type: none"> <li>• Produce, implement and communicate a mental health at work plan</li> <li>• Develop mental health awareness among employees</li> <li>• Encourage open conversations about mental health and the support available when employees are struggling</li> <li>• Provide employees with fulfilling work, over which they have control and purpose</li> <li>• Promote effective people management</li> <li>• Routinely monitor employee mental health and wellbeing</li> </ul>	<p>Government encourages business to take up the recommendation.</p> <p>The Prime Minister and the Cabinet Secretary have accepted this recommendation for the Civil Service, as a large employer. Civil Service Employee Policy (CSEP) will be working with departments and agencies to benchmark their existing products, tools and services, to identify and address any areas for improvement and to share best practice which supports improvement.</p> <p>CSEP will also work with departments to ensure that non-Civil Service non-departmental public bodies (NDPBs) also benchmark against and adopt this core offer.</p> <p>NHS England accepts this recommendation for its own staff, and will explore how to further align the minimum offer to encourage the wider NHS to take it up too (in the Healthy Workforce Programme).</p>
2	<p>We recommend that all public sector employers and the 3,500 private sector companies with more than 500 employees, deliver the following mental health enhanced standards which will reach 46% of employees:</p> <ul style="list-style-type: none"> <li>• Increase transparency and accountability through internal and external reporting</li> <li>• Demonstrate accountability</li> <li>• Improve the disclosure process</li> </ul>	<p>Government encourages business to take up the recommendation.</p> <p>The Prime Minister and the Cabinet Secretary accept this recommendation for the Civil Service, as a large employer, in full. In line with our ambition to be a leading employer, our aim is for Civil Service bodies to meet these enhanced standards as well as the core standards. The benchmarking process set out above will therefore cover both, as will our work with departments on applying this to NDPBs.</p>

	<b>Recommendations</b>	<b>Government response</b>
	<ul style="list-style-type: none"> <li>• Ensure provision of tailored in-house mental health support and signposting to clinical help</li> </ul>	<p>NHS England accepts this recommendation for its own staff and will explore how to further align the minimum offer to encourage the wider NHS to take it up too in the Healthy Workforce Programme.</p>
3	<p>We recommend that Government considers amending legislation and guidance, for example the Companies Act, to encourage employers to report on workplace mental health on their website or other channels.</p>	<p>Government supports the aims of this recommendation and agrees in principle that voluntary transparency and reporting can play a strong role in influencing businesses to act and driving culture change. We wish to find the most accessible place for an employee or member of the public to review a company's approach to workplace mental health. Amending guidance or legislation relating to Companies Act measures may not be the most appropriate approach and we will therefore consider other legislative vehicles or forms of guidance that would achieve the same aim in the most appropriate way.</p>
4	<p>We welcome the adoption of workplace mental health indicators in employer rating initiatives.</p>	<p>Government agrees that this would be useful.</p>
5	<p>We recommend that industry groups provide guidance and support to enable employers to implement the mental health core standards, and take steps to support increased employer transparency and accountability on workplace mental health.</p>	<p>Government encourages industry groups to play this role.</p>
6	<p>We recommend that professional bodies with responsibility for training or accrediting professional qualifications should include workplace mental health in their training programmes and assessments.</p>	<p>Government encourages professional bodies to do what they can to promote this agenda.</p>
7	<p>We would welcome industry efforts to support employers to be able to better understand and compare EAP and OH services by creating developing standards, and by developing online comparison tools.</p>	<p>Government agrees that better information would be helpful.</p>
8	<p>We recommend that insurers explore how they could support and reward employers, in particular SMEs, who adopt preventative policies and provide mental health support to their employees.</p>	<p>Government encourages insurers to take up this challenge.</p>

	<b>Recommendations</b>	<b>Government response</b>
9	We recommend that workplace regulators use the most suitable regulatory approaches available to them to encourage the take up of the mental health core standards amongst employers.	Government encourages regulators to take up this recommendation, whilst recognising that it is for individual regulatory bodies to determine if it is appropriate and within the legal remit they have.
10	We recommend that the Equality and Human Rights Commission (EHRC) considers taking a more proactive role in monitoring and taking enforcement action against employers that discriminate against individuals on the grounds of mental health.	EHRC agrees in principle with this recommendation. EHRC proactively use our legal powers to protect people from discrimination and uphold values of fairness, dignity and respect. We do this by both funding strategic litigation and, where appropriate, investigating employers where there is evidence they may have carried out an unlawful act. Alongside this we will address the barriers to people with mental health conditions accessing, remaining in and progressing at work.
11	We recommend that the Health and Safety Executive revise its guidance to raise employer awareness of their duty to assess and manage work-related mental ill-health.	HSE accepts and will implement this recommendation.
12	We recommend that the Health and Safety Executive builds on its risk assessment guidance and Management Standards approach by highlighting how these actions will help employers deliver key parts of the mental health core standards.	HSE accepts and will implement this recommendation.
13	We recommend that Local Authorities adopt the same recommendations as the Health and Safety Executive throughout its guidance and practices, and ensure join up between public health and health and safety enforcement roles.	We agree that in principle it would be sensible for Local Authorities to mirror changes being made to HSE processes. Before any changes are implemented we will need to work with the Department for Communities and Local Government to assess the likely impact on Local Authorities, including how we might mitigate any increased burden.
14	We recommend that all public sector workforces should implement the mental health core and enhanced standards.	The Prime Minister and the Cabinet Secretary have accepted this recommendation on behalf of the Civil Service as an employer, as with recommendations 1 and 2. We would expect all Civil Service bodies and NDPBs to meet the core and enhanced standards, but need to explore whether all elements of the enhanced standards are practicable in small agencies and NDPBs.  Government encourages the wider public sector to implement the core and enhanced standards.

	Recommendations	Government response
15	We recommend that public sector regulatory bodies who are regularly in contact with public sector employees include the employer's approach to employee mental health in their assessments.	<p>Government agrees in principle with this recommendation and wherever possible will encourage public sector regulatory bodies to take this up. It will be for individual regulatory bodies to determine if it is appropriate and within the legal remit they have.</p> <p>We will champion best practice where this is already happening in the public sector. For example, whilst not a regulatory body Her Majesty's Inspectorate of Constabulary and Fire &amp; Rescue Services (HMICFRS) independently assesses the effectiveness and efficiency (in the public interest) of police forces and fire and rescue services. HMICFRS considers wellbeing of forces and fire and rescue services as part of its regular inspection frameworks.</p>
16	We recommend that all Permanent Secretaries, Chief Executives and equivalent senior leaders across the public sector, have a performance objective to support the mental wellbeing of all employees, through the implementation of the mental health core and enhanced standards.	The Prime Minister and the Cabinet Secretary have accepted this in full on behalf of the Civil Service as an employer. It is important that the objective is meaningful, and that discussions about performance against it are based on relevant, up-to-date information. The new Civil Service Health and Wellbeing dashboard contains relevant metrics which could be used for this purpose, as does the existing Disability Dashboard. We will continue work on how performance will be measured, with a view to applying the new objective.
17	We recommend that NHS England continues to develop its current offer on mental health in the Healthy Workforce Programme and other on-going initiatives, and look to ensure that every NHS Trust arms NHS employees with basic tools for prevention and self-care.	NHS England supports this recommendation and is continuing to develop our Health Workforce programme to best support wellbeing of our workforce.
18	We recommend that the Department for Education (DfE) implement the commitments in the published workload action plan and consider how teacher mental health can be incorporated into school mental health strategies, including the upcoming Children and Young People's Mental Health Green Paper.	<p>DfE agrees with this recommendation. Alleviating workload pressures remains a government priority. We are working extensively with unions, teachers and Ofsted to challenge practices that create unnecessary workload. This includes establishing three independent review groups to address priorities emerging from our 2014 Workload Challenge - ineffective marking, use of planning and resources, and data management. Work is progressing to meet all commitments in the Action Plan published alongside the 2016 Teacher Workload Survey.</p> <p>We are working on the Green Paper for publication at the end of 2017 and will consider potential links with teachers' mental health and</p>



	Recommendations	Government response
		wellbeing as that develops, as well as with other aspects of the Department's work.
19	We recommend that, in addition to its existing initiatives to train senior leaders and coaches in mental wellness, the Civil Service reviews and enhances mental health training for all grades and ensures all Departments have a planned approach to ensuring employees have received training appropriate for their role.	<p>The Prime Minister and the Cabinet Secretary have accepted this recommendation in full.</p> <p>Work already in hand includes training for Senior Leaders and for coaches. Training for Senior Leaders will be mainstreamed into the Leadership Academy curriculum, once piloted, in order to be available for all grades. Alongside this, CSEP will work with departments and external experts to review what is already in place and where there are gaps, and also gather input from staff networks. Once that assessment has been done, CSEP will set out a plan and timetable for enhancements and improvements identified through that review.</p>
20	We recommend that public sector employers should identify employees at higher risk of stress or trauma and produce a national framework which coordinates support for these employees and establishes clear accountability for their mental health.	<p>The Prime Minister and the Cabinet Secretary have fully accepted this recommendation. CSEP will develop specific actions relating to staff at risk of trauma to place alongside the core and enhanced offers and we will ask departments to benchmark what they are doing.</p> <p>Government will also champion best practice where this is already happening in the public sector. For example, the Home Office supports this recommendation in relation to the police service. It is the responsibility of chief officers, supported by the College of Policing, to ensure that good management systems are in place to support officers in their work.</p> <p>In addition, the Blue Light Wellbeing Framework is an emergency services specific self-assessment tool for management, used by the police service with others looking to follow, which provides clarity on effective approaches to workplace wellbeing in emergency services and considers some of the unique challenges faced.</p>
21	We recommend the formation of a mental health online information portal, co-produced by the voluntary, public and private sector, to promote best practice and enable employers of all sizes to implement the mental health core and enhanced standards.	<p>We (the Work and Health Unit) agree that information and advice on mental health and wellbeing (as well as disability) needs to be brought together for employers of all sizes and are taking forward this initiative.</p> <p>To determine the best way to do this, we will research and test options with employers to make sure the solution meets their needs. We need to explore options fully before confirming this will be an online approach. We</p>

	Recommendations	Government response
		will work in partnership with other sectors and Government bodies to explore and develop options.
22	We recommend that Government aligns the fragmented occupational health and practical support available currently from Access to Work, the Fit for Work Service and other NHS services to create an integrated in-work support service to better support the needs of those with mental illness, and other physical health conditions and disabilities.	We agree in principle that occupational health, employment support and mental health services need to be aligned. We are building evidence and exploring options to ensure we make the right decisions on the nature of future provision. It is premature to decide on future delivery models at this point.
23	We recommend Government protects and promotes the current tax relief for employers to invest in the mental health of their employees.	HMRC will support the Work and Health Unit to ensure the existing tax reliefs to support employers to invest in the mental health of their employees are included in their guidance or other materials, and that HMRC's own guidance on these reliefs is clear.
24	We recommend Government explores the potential to incentivise employers, especially SMEs, to implement the mental health core standards, including building on evidence from the West Midlands 'wellbeing premium' trial.	We (the Work and Health Unit) agree that we should explore the use of incentives, particularly for SMEs. We will build our evidence on the use of incentives and review the wider framework of incentives and expectations for employers. This will include how incentives might effect SMEs purchasing health and wellbeing support. We will continue to work with the West Midlands as they develop their proposals on the Wellbeing Premium trial.
25	We recommend that public bodies encourage their suppliers to implement the mental health core standards.	Government accepts this recommendation and recognises the importance of the role our suppliers can play in improving the mental health and wellbeing of staff employed on public sector contracts. The Crown Commercial Service will signpost the published core standards from the review to make departments aware, as part of a wider procurement policy note on work and health related measures.
26	We recommend that the Government consider legislative change to enhance protections for employees with mental health conditions, particularly fluctuating mental health conditions and clarify the role of employers in providing reasonable adjustments.	The Government is aware of concerns raised that some people with mental health conditions have experienced problems in accessing the Equality Act 2010's protections. The 2017 Conservative manifesto promised action, and the Government is exploring a number of options to extend protections from discrimination in the workplace, including through the Equality Act 2010, for people with mental health conditions. We will make an announcement on these issues in due course.

	Recommendations	Government response
		<p>At the Conservative Party conference in October, the Prime Minister also announced an independent review of the Mental Health Act, which will:</p> <ul style="list-style-type: none"> <li>• look at how the legislation is currently used</li> <li>• look at its impact on service users, families and staff</li> <li>• make recommendations for improving the legislation and related practices</li> </ul> <p>The review will be chaired by Professor Sir Simon Wessely, a former President of the Royal College of Psychiatrists and he will produce an interim report in early 2018 and develop a final report containing detailed recommendations, by autumn 2018.</p>
27	<p>We recommend that Government examines what more it can do to require employer compliance with existing equalities and employment laws.</p>	<p>As above (in response to recommendation 26), the Government is exploring the protections from discrimination in the workplace for people with mental health conditions, including compliance with legislation by employers, and will make an announcement on these issues in due course.</p>
28	<p>We recommend that Government develops a new flexible model for Statutory Sick Pay (SSP) to better support those with a mental health condition, where willing and able, to return to work on a voluntary phased return and receive wages and SSP on a pro-rata basis.</p>	<p>We (the Work and Health Unit) agree that SSP needs to be reformed to support phased returns to work. This recommendation supports our proposal in the <i>Improving Lives – The Work, Health and Disability Green Paper</i>. We are taking forward further policy development and will bring forward a consultation on these changes before introducing this reform.</p>
29	<p>In England, the NHS and Government should fully implement the Five Year Forward View for Mental Health, and the Scottish Government, Welsh Government and Northern Ireland Assembly should consider how best to prioritise mental health in line with local needs.</p>	<p>NHS England published the Five Year Forward View for Mental Health in February 2016 and is committed to it.</p> <p>Government encourages the Devolved Administrations in Scotland and Wales to consider this recommendation and how it could be taken forward.</p> <p>Northern Ireland will respond to the Review and recommendations when they are in a position to do so.</p> <p>The United Kingdom Government is committed to working with the Scottish Government, Welsh Government, and Northern Ireland Executive to improve the UK's mental health at work.</p>

	<b>Recommendations</b>	<b>Government response</b>
30	We recommend that the Government NHS bodies enable and encourage IAPT and other mental health services to provide quick and convenient access to care to fit around employment.	The Department of Health accepts this recommendation and is working with NHS England to implement it.
31	We recommend that NHS bodies should provide clear ratings for apps and other digital platforms which provide mental health support.	The Department of Health accepts this recommendation in full. The NHS and arm's length bodies have created a self-assessment toolkit to ensure apps (and eventually other digital platforms) have met the required technical, safety and regulatory requirements.
32	We recommend that the responsibility for completing fit notes is extended to mental health professionals and Government considers how to further improve communication between health professionals, employees and employers where appropriate.	We agree and are commencing development work to legislate for the extension of fit note certification powers to a wider group of healthcare professionals. As part of this development work we will include a consideration of how to encourage effective communication channels between healthcare professionals, employers and employees.
33	We recommend that Government and the NHS work to improve patient access to their personal health record, empowering employees to share their data and information with their employer when they wish to do so, where it can be done safely and securely, to support people to thrive in work.	The Department of Health accepts this recommendation in full and is working with NHS England in taking forward this work.
34	We recommend that Government invites leaders from a variety of organisations to join a Leadership Council to maintain the momentum built by this review.	Government agrees that the momentum around mental health in the workplace should be maintained and leadership is needed. We will explore the most effective way to do this and will ensure we best utilise existing forums including the Inclusive Economy Partnership's Mental Health Group.
35	We recommend that Government and other organisations should focus information, support and funding to support small and medium sized employers to implement the mental health core standards, and ensure the impact of this is evaluated.	We agree with this recommendation in principle and are focussing our existing resources on supporting SMEs. As we develop this support we will ensure that the core standards are included in any information that we offer.
36	We recommend that online platforms with large reach amongst self-employed workers link up with NHS-approved health and wellbeing support to provide mental	Government encourages these online platforms to consider the best way to signpost self-employed workers to effective sources of advice.

	<b>Recommendations</b>	<b>Government response</b>
	health support and advice which can be accessed by those working through their technology.	
37	We recommend that the relevant Government Departments explore ways of supporting and encouraging local networks, particularly through City Regions and combined authorities, to develop integrated approaches to improving workplace mental health.	We agree and have started prototype work with Cornwall and Isles of Scilly Local Enterprise Partnership (LEP) to increase and build sustainable local networks. We will share findings with other local areas from early 2018. We will also explore opportunities to support further development of action by local partnerships on this agenda, for example by sharing good practice and evidence of what works.
38	Given the clear links between mental health and productivity, we invite 'Be the business' and similar initiatives to incorporate employee mental health in their tools and information.	Government agrees that this would be useful.
39	We recommend that Government streamlines research and activity relating to workplace mental health to drive evidence-building and innovation, putting it at the heart of the 10 year research strategy.	We (the Work and Health Unit) agree with this recommendation. We are developing an Evidence Strategy for Work and Health that will be published in 2018. This will include the future research required with regards to workplace mental health. In producing the Evidence Strategy, we will be ensuring we draw on the expertise and other work being undertaken within DH, DWP and across Government, as well as externally.
40	We recommend that Government funded mental health campaigns include information and support for improving workplace mental health, and that where possible their impact is evaluated.	<p>The Government recognises the significant benefits of a workplace that encourages and supports good mental health and supports those experiencing mental health conditions. We are proud to continue financially supporting the Time to Change national anti-stigma campaign addressing the stigma that surrounds mental health. It has been successful in improving the attitudes of over four million people towards mental health.</p> <p>The planned campaign to train one million members of the public in mental health awareness is developing, including: development of evidence-based content relevant to employers and workplaces; and tools, resources, online support and signposting relevant to the workplace. PHE has a track record of delivering ground breaking campaigns, including working with and through employers. We are also developing a robust evaluation framework to better understand the impact of the campaign, including impact on workplace mental health.</p>

## Annex D: Flows into and out of employment by disability

### Summary

1. This new analysis looks at the annual flows into and out of employment by disability<sup>30</sup> status. The findings of this analysis suggest that there are significant differences in employment flows between disabled and non-disabled people. In summary, taking all the caveats into account, we can draw the following conclusions<sup>31</sup>:
  - There are 3.5 million disabled people in work; our analysis suggests that approximately 340,000, or one in 10, move out of work each year. By comparison, there are 27 million non-disabled people who are in work; our analysis suggests that around 1.3 million move out of work each year, or approximately 1 in 20 non-disabled people. Therefore disabled people are twice as likely to fall out of work as non-disabled people.
  - There are 3.7 million disabled people who are out of work; our analysis suggests that around 400,000 move into work each year, or around 1 in 10 disabled people. There are about 6.7 million non-disabled people who are out of work; our analysis suggests that around 1.8 million move into work each year, or nearly 3 in 10 non-disabled people. Therefore disabled people are approximately 3 times less likely to move into work than non-disabled people.

### Data

2. The two-year longitudinal Annual Population Survey (APS) has been used to conduct this analysis. Each individual in the data is interviewed at two time points, one year apart. This allows us to see the number of people changing their employment status over time.
3. The data does not capture any movements before or after this annual period, or any short-term moves that may have been reversed between the two snapshot interviews. The data gives an indication of the size of the flows into and out of work, from one year to the next.
4. Due to sample rotation and non-response, the sample sizes of the two-wave longitudinal datasets are smaller than the regular Annual Population Survey. This means that the results from the longitudinal Annual Population Survey differ somewhat from the regular Annual Population Survey, and the results should be treated with some caution.
5. As this analysis is based on longitudinal survey data, the precision and accuracy of these estimates can be affected by response errors, sampling errors and attrition bias. Particular caveats to this analysis are discussed later in this Annex.

### Methodology and findings

6. Using the two-wave longitudinal APS, individuals aged 16 to 64 in both years were selected and their disability and employment status in both of the years were recorded. Observations with missing disability status in the first period were excluded from this analysis.

<sup>30</sup>The Government Statistical Service (GSS) Harmonised Standard Definition of Disability is used. In summary the core definition covers people who report: (current) physical or mental health condition(s) or illnesses lasting or expected to last 12 months or more; and the condition(s) or illness(es) reduce their ability to carry out day-to-day activities.

<sup>31</sup> The total number (stock) of in work and out of work disabled and non-disabled people uses Q1 2017 Labour Force Survey data, available at Table A08: Labour market status of disabled people. The number of people moving into work and out of work (flows) is based on this analysis.

7. The following tables present the flows in and out of work for both disabled and non-disabled people in 2014-2015 (Table 1) and 2015-2016 (Table 2). The figures in Table 3 are the average results from the 2014-2015 and 2015-2016 analysis.

**Table 1: Annual flows in and out of work from 2014 to 2015 by disability status in 2014**

	2014 status ↓	2015 status →	In employment (in 100,000s)	Out of work (in 100,000s)	% moving out of work	% moving into work
Non-disabled	In employment		243.9	12.3	5%	-
	Out of work		19.1	51.8	-	27%
Disabled	In employment		31.0	3.2	9%	-
	Out of work		3.9	34.4	-	10%

**Table 2: Annual flows in and out of work from 2015 to 2016 by disability status in 2015**

	2015 status ↓	2016 status →	In employment (in 100,000s)	Out of work (in 100,000s)	% moving out of work	% moving into work
Non-disabled	In employment		245.9	13.2	5%	-
	Out of work		17.0	48.7	-	26%
Disabled	In employment		33.9	3.6	10%	-
	Out of work		4.0	34.8	-	10%

**Table 3: Annual flows in and out of work by disability status in the initial year\***

	Year 1 status ↓	Year 2 status →	In employment (in 100,000s)	Out of work (in 100,000s)	% moving out of work	% moving into work
Non-disabled	In employment		244.9	12.7	5%	-
	Out of work		18.1	50.2	-	26%
Disabled	In employment		32.4	3.4	10%	-
	Out of work		4.0	34.6	-	10%

\* The average of the results in the 2014-2015 and 2015-2016 analysis.

8. The differences in the flows out of employment between disabled people and non-disabled people are statistically significant. Likewise, the differences in the flows into employment between disabled people and non-disabled people are also statistically significant.
9. Note that the totals in the table differ from the published quarterly figures based on the Labour Force Survey<sup>32</sup>. This is due to these figures being based on longitudinal annual data, rather than cross-

<sup>32</sup> Table A08: Labour market status of disabled people

sectional quarterly figures. More information on attrition bias which can affect longitudinal data is provided below.

## Caveats

10. This analysis should be seen as experimental and designed to give an indication of the relative rates at which disabled people and non-disabled people move in and out of work. There are a number of caveats to consider:

### Disability status

11. This method registers the disability and employment status in the first interview and the employment status in the second interview, one year later. In other words, it holds constant the disability status of the first period to determine whether a person is disabled or non-disabled and then it compares the flows into and out of employment of these two groups. Some people might change their disability status between years one and two. This analysis does not enable us to explore the reasons for any transition into or out of work, or the sequencing between any changes in employment or disability status.

### Attrition bias

12. One of the main issues with using longitudinal data is attrition. Attrition describes the process by which not all individuals who participate in the first survey will also participate in follow up surveys. Those who were interviewed in both surveys are not representative of the wider population. For example, the employment rate of disabled people according to the longitudinal Labour Force Survey (LFS) differs from the cross-sectional LFS. This suggests there is attrition bias and the results from this analysis should be treated with caution.

## Comparisons to similar analysis

### Flows in and out of employment for people with mental health conditions:

13. The recent Stevenson/Farmer review of mental health and employers<sup>33</sup> contained similar analysis that showed around 300,000 people with a long-term mental health condition moved out of work every year.
14. The purpose of the analysis outlined here is to better understand the likely scale of challenge associated with the Government commitment to see one million more disabled people in work over the next ten years. In the Stevenson/Farmer review the purpose was to understand the scale of transitions out of work for those with mental health conditions compared to those with no health conditions or physical health conditions. Therefore there are some important differences with how these two pieces of analysis were carried out. These are:
  - Not everyone who has a mental health condition will consider their health condition to be disabling.
  - The Stevenson/Farmer review analysis only looked at people who had a mental health condition at two points in time, whereas in this analysis the disability status is only recorded in year one.
  - The Stevenson/Farmer review analysis used the longitudinal 2-quarter LFS and then scaled this up to a year; this means that people who subsequently move back into work in another quarter will be counted as having fallen out of work in the Stevenson/Farmer review analysis, but not in this analysis. These differences are likely to lead to the Stevenson/Farmer review figure being comparatively larger than the figures presented in this analysis.

<sup>33</sup> Stevenson D, Farmer S. *Thriving at work: the Stevenson/Farmer review of mental health and employers*; 2017. Available from: <https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers>



### Journeys onto Employment and Support Allowance (ESA) and into work:

15. To support the consultation of the Work, Health & Disability Green Paper: Improving Lives<sup>34</sup>, the Department for Work and Pensions and the Department of Health published a supporting data pack showing a comprehensive analysis of the journey of new customers on ESA, the main out-of-work benefit for people with health conditions or disabilities. It takes the 2013/14 cohort of customers as an illustration to show that new ESA customers (excluding cases migrated from incapacity benefits) come onto ESA from various backgrounds and leave the benefit for a variety of destinations. In particular, in 2013/14:
- Most of the 278,000 customers eligible for ESA, after a Work Capability Assessment, came from other benefits, as only 22 per cent were in work in the quarter prior to starting their ESA claim (excluding self-employment).
  - Of the 571,000 customers found fit for work or who closed their ESA claim before assessment, 31 per cent were in employment in the quarter prior to their ESA claim.
  - Customers eligible for ESA tend to spend long periods of time on the benefit. Around 12,000 (4 per cent) of the 2013/14 cohort of 278,000 new ESA customers who were placed in Work-Related Activity Group (WRAG) or Support Group have subsequently left ESA and were in employment within a month of leaving ESA.
16. These figures differ from the results of the new analysis because not all disabled people who are out of work will be claiming ESA. Disabled people who are claiming ESA may be further from the labour market than the overall disabled population who are out of work. ESA customers may therefore be less likely to move into work, in comparison with the overall disabled population who are out of work.

### Citizens Advice – Working with a health condition or disability:

17. Citizens Advice published similar figures in 2016 showing that people who are disabled or have a health condition can face a range of barriers to work<sup>35</sup>. The publication shows that disabled people are much less likely to be employed and are twice as likely to fall out of work. These figures use a slightly different method and cover England and Wales, rather than the whole of the UK.

### Conclusion

18. In conclusion, the findings of this analysis suggest that there are noticeable differences in employment flows between the disabled and non-disabled groups, with people with disabilities being twice as likely to move out of work and almost three times less likely to move into work compared with the non-disabled group.
19. These findings provide an important analysis of the broad trends in disability and employment, which contributes to our wider evidence base and the similar analysis. Further analysis is required to deepen our understanding of the transitions into and out of work.

If you have any questions or feedback on this analysis, please contact:

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<sup>34</sup> DWP/DH Work, Health & Disability Green Paper Data Pack (October 2016)

<sup>35</sup> Citizens Advice, Working with a health condition or disability (August 2016)

## Annex E: Glossary of key terms

**Access to Work** grants can pay for practical support for people who have a disability, health or mental health condition to help them: at interview, start in a job, stay in work and/or move into self-employment or start a business. The grant is not for business start-up costs.

**Benefits** are payments administered by the government to reflect the particular circumstances of a customer. Common working-age benefits include Jobseeker's Allowance, Employment and Support Allowance, Income Support and Universal Credit.

**Benefit entitlement:** The eligibility conditions that need to be met in order to receive a benefit.

**Customer** is a person claiming a benefit.

**Clinical Commissioning Group (CCG)** is an NHS organisation responsible for commissioning most health and care services for patients.

**Disability and long-term health conditions:**

The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. 'Long-term' is defined as lasting or expecting to last for at least 12 months.

Health can be a subjective issue – we know that the way people think about their health is diverse and that not everyone that meets the Equality Act definition would consider themselves to be disabled. But we follow the Equality Act definitions in this paper, so:

An individual is considered as having a **long-term health condition** if they have a physical or mental health condition(s) or illness(es) that lasts, or is expected to last, 12 months or more.

If a person with these condition(s) or illness(es) also reports it reduces their ability to carry out day-to-day activities as well, then they are also considered to be **disabled**.

This means some people who may have a long-term health condition will be grouped together with those people who do not have any long-term health condition and be considered as **non-disabled**. We recognise that long-term health conditions can fluctuate and the effects of a condition on an individual's day-to-day activities may change over time.

**Disability benefits** such as Personal Independence Payment can be received whether or not someone is in work. Incapacity benefits, such as Employment and Support Allowance, are related to someone's inability, or reduced ability, to work.

**Disability Confident Scheme** is a scheme to promote disability awareness and understanding in the work place.

**Employment adviser** is a generic term for a person who provides employment, education and training support, developing individually tailored action plans and pathways into employment. In Jobcentre Plus they are known as 'Work Coaches'.

**Employment and Support Allowance** is a sickness and incapacity benefit which offers financial support for people who are unable to work due to a health condition or disability.

**Fit for Work** is a free government service offering general work related health advice to employees, employers, General Practitioners (GPs) and the general public, via a telephone advice line, web chats and public website. It also provides occupational health assessments for employees at risk of long-term sickness absence (4 weeks or more) to identify supportive action to help them return and remain in work.

**Fit notes** replaced the sick note. They are issued by doctors (usually GPs) to people to provide evidence of the advice they have given about their fitness for work. Fit notes record details of the functional effects of the patient's condition so the patient and their employer can consider ways to help them return to work.

**Individual Placement and Support (IPS)** is an evidence-based approach that supports people into sustained employment in the mainstream competitive labour market. It was originally developed for severe and enduring mental illness and is based on eight principles.

**Jobcentre Plus** is the government organisation that helps people move from benefits into work and can support individuals in work. It also administers benefits for people who are unemployed or unable to work due to a health condition or disability.

**Main disabling condition** is the main condition recorded for an Employment and Support Allowance customer that means they are unable to work.

**Mental health conditions** impact a person's thinking, feeling or mood and may affect his or her ability to relate to others and function on a daily basis. Each person can have different experiences, even people with the same diagnosis.

**Musculoskeletal conditions** cover a wide range of conditions relating to pain or injury in the joints, bones, muscles and connective tissue (the musculoskeletal system) including rare autoimmune diseases, all of which can have debilitating effects on all aspects of life.

**Occupational health** is concerned with the interaction of health and work. In this document where we refer to occupational health we include vocational rehabilitation and other related services that are delivered by a range of multi-disciplinary professionals all working to a shared goal, helping to ensure that workplaces are safe and healthy, protecting and promoting the health and wellbeing of working-age people.

**Peer mentor** is a person with similar lived experience now in recovery or in treatment, who can provide support, encouragement and information and also serve as a role model. **Peer support** is the support provided both by an individual or a group with similar lived experience.

**Personal Independence Payment** is a benefit to provide help with some of the extra costs caused by long-term ill-health or disability for people aged between 16 and 64. It is replacing the Disability Living Allowance (DLA).

**Personal Support Package** is a package of employment support for people with health conditions and disabilities, with a range of new interventions and initiatives designed to provide support that is tailored to the individual needs of customers.

**Statutory Sick Pay** is a payment to a person who earns more than £113 a week and is off work sick for 4 days or more. The employer pays statutory sick pay. It lasts for up to 28 weeks.

**SMEs** are small and medium sized businesses with between 0-249 employees, covering 51% of all employment in the UK.

**Universal Credit** replaces some in-work and out-of-work benefits and is being introduced in stages. It supports people who are out of work or on a low income, and helps ensure that customers are better off in work.

**Universal Support** is advice, assistance or support from Jobcentre Plus or local partners to help Universal Credit customers with managing their claim or award of Universal Credit. This includes accessing and using online services or managing their financial affairs. Universal Credit has made funding available to local authorities to help deliver this.

**Working-age benefits** are the benefits available to **working-age** customers who are aged between 16 and state pension age.

**Work and Health Programme** was announced in the 2015 Spending Review. It provides specialist support for people with disabilities, specified early access groups and the long-term unemployed.

**Work and Health Unit** is a government unit sponsored by the Department for Work and Pensions and the Department of Health which develops and delivers policies on work, health and disability.

**Work Capability Assessment** is the assessment used to determine an individual's entitlement for Employment and Support Allowance (ESA). The WCA assesses individuals against a set of descriptors to determine how their illness or disability affects their ability to work, and takes into account the functional effects of fluctuating or progressive conditions.

It has a similar function in Universal Credit determining entitlement to LCW (Limited Capability for Work) or LCWRA (Limited Capability for Work Related Activity) additional components.

**Work Choice** is a voluntary specialist disability employment programme that provides tailored support for disabled people who face the most complex employment barriers to find and stay in work. To be eligible for Work Choice, a customer/claimant must be of working-age, resident in the UK and disabled as defined by the Equality Act 2010.

**Work Coach** is the Jobcentre Plus adviser who helps the claimant secure employment and/or move closer to the labour market.

**Work trial:** The purpose of a work trial is to overcome any remaining suitability doubts an employer and/or jobseeker may have following a formal interview for a vacant post. In simple terms, for both customers and employers, it is an opportunity to 'try before you buy'.



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