


<p style="text-align: center;"><b>Health and Wellbeing Board</b> Tuesday 18<sup>th</sup> April 2017</p>	
<b>Report of the London Borough of Tower Hamlets</b>	<b>Classification:</b> Unrestricted
<b>Health and Wellbeing Strategy, delivering the boards priority: Employment and Health</b>	

<b>Lead Officer</b>	Somen Banerjee, Director of Public Health, LBTH
<b>Contact Officers</b>	Flora Ogilvie, Acting Associate Director of Public Health
<b>Executive Key Decision?</b>	No

### Executive Summary

This action plan was developed by the Board Champion Group for the Employment and Health priority of the Health and Wellbeing Strategy, consisting of Councillor Amy Whitelock-Gibbs; Somen Banerjee (Public Health); Jackie Sullivan (Barts Health); Ian Basnett (Barts Health); Andy Scott (Economic Development); Aelswith Frayne (Economic Development); Joseph Lacey-Holland (Welfare Reform); Alicia Thornton (Public Health); and Flora Ogilvie (Public Health).

The plan sets out what we will have achieved by March 2018; the overall plan for the year; what we will do in the next three months, and how we will measure success, for each of the actions within this priority area:

**Action 3.1:** We aim to strengthen the integration between health and employment services by:

- Using social prescribing as a lever to strengthen links between health and employment services
- Reviewing best practice elsewhere
- Shaping and ensuring effective local delivery of the Department of Work and Pensions Work and Health programme

**Action 3.2:** We aim to sign up our partner organisations to the London Healthy Workplace Charter and to:

- undertake self-assessment
- identify priorities for improvement and shared priorities for action to improve the level of healthy improvement

A logic model is included in appendix 1.

**Recommendations:**

The Health and Wellbeing Board is recommended to:

1. Support the Action Plan to enable us to realise the ambition set out in the Health and Wellbeing Strategy Priority on Employment and Health.

## **1. REASONS FOR THE DECISIONS**

- 1.1 This report sets out the proposed action plan for the Employment and Health priority within the Health and Wellbeing Strategy, in order to realise the ambition of the strategy. The action plan has been developed based on knowledge of the existing work that is already ongoing, and what is thought to be realistically achievable within existing budgets.

## **2. ALTERNATIVE OPTIONS**

- 2.1 The alternative option of business as usual would not allow us realise the ambition within the Health and Wellbeing Strategy.

## **3. DETAILS OF REPORT**

### **3.1 Action 3.1 (page 17)**

***We aim to strengthen the integration between health and employment services by:***

- ***Using social prescribing as a lever to strengthen links between health and employment services***
- ***Reviewing best practice elsewhere***
- ***Shaping and ensuring effective local delivery of the Department of Work and Pensions Work and Health programme***

#### **3.1.1 What will we have achieved by the end of March 2018?**

##### **Social Prescribing:**

- Provide training/information regarding Work Path to the social prescribing network. There is a huge range of employment support services which are available in the Borough. In April 2017 the Economic Development Team are launching Work Path, a new system which will bring together all the employment support offers within the Borough. There is a need to ensure that social prescribers are fully aware of all the services which are available for their clients who have employment issues and know how to make use of the Work Path offer. As part of developing relationships between health and employment services we will use the social prescribers network to provide information and training on Work Path and other available employment support services.
- Link social prescribing providers to the development of the Client Record Management System (CRM). As part of the development of Work path, a new CRM is being developed. This will be an integrated system which allows all providers to see which other services their clients are engaged with. There is potential for integration of this system into social prescribing services and other health services.
- Ensure that social prescribing services are included within the GIS mapping of employment services and that social prescribers have access to the final product. This product is currently underdevelopment

- Ensure that the social prescribing service is providing a consistent offer with regard to employment support across the Borough. By providing training across the social prescribing network and by monitoring the referral of social prescribers into employment and support services we will ensure that there is a consistent offer for all clients attending social prescribing services.

#### **Reviewing best practice:**

- Complete the review of best practice, focussing on the integration of employment and health services, and creating recommendations for practice. In particular, this will include a defined plan for ensuring ongoing relationships between employment and health services
- Take Best practice review to Employment Board
- Begin implementation of the recommendations from this review

#### **Shaping the Department of Work and Pensions (DWP) Work and Health Programme:**

- Ensure that the DWP Work and Health Programme is delivered locally in a way which best service the Tower Hamlets residents. This will include defining referral pathways which make good use of existing services. A description of the Programme is provided in appendix 2.

#### **3.1.2 What is the overall plan for the year?**

The focus this year is on baseline assessment of the links between employment and health, gathering evidence for how best to strengthen these links and taking the first practical steps to a more integrated offer of employment and health services. An overview for each of the three areas is provided below:

#### **Social prescribing**

There are now 6 social prescribing providers working across the Borough. Services are commissioned by the Clinical Commissioning Group (CCG). Social prescribing is a key resource in linking employment and health services. Clients are referred to social prescribers by GPs and employment is a concern for many of these clients.

At present it is unclear whether social prescribers are aware of all the employment support services which are available to Tower Hamlets Residents. We will begin developing relationships with the social prescribers by linking in to the local social prescribing network. This work will be primarily conducted by the public health team and the economic development team within the council. Having made these links we will then begin to assess the current referral of social prescribing clients into employment support services. As part of this we will investigate the current methods in place for recording the activity of social prescribers.

This baseline work will be built upon by offering training/ presentations via the social prescribing network which give details of Work Path and how social prescribers can link into Employment services across the Borough. In order to facilitate the links created we will begin to investigate the possibility of social prescribing being included in the new CRM system.

### **Best Practice Review**

There is a wealth of academic evidence which links employment to health outcomes. In addition, previous work has been conducted to assess methods for increasing employment opportunities for those with health conditions. In particular, a large review of evidence was conducted by the University College London, Institute of Health Equity in 2014. A number of other areas are also conducting work in this year. We will synthesise available information to create local, evidence based, recommendations for action. In particular, we will focus on the link between employment and health services. To ensure that the recommendations of our review are adopted by all relevant departments within the council, the results of the review will be taken to the Health and Wellbeing Board as well as the Employment Board and the anti-poverty Steering Group.

### **Shaping the DWP Work and Health Programme**

The procurement for the DWP Work and Health Programme is already underway. Public Health and the Economic Development teams have produced a local integration plan which describes how existing services may act as referral points into the programme and options for co-location of the Programme's caseworkers within existing services. There is a need to understand the characteristics of the cohorts who will be referred into this programme, in order to ensure that the model of delivery is appropriate. With this further understanding we will continue to input into the procurement process.

#### **3.1.3 What are we going to do in the next three months?**

##### **Social Prescribing**

- Investigate the current systems used by social prescribers for recording activity
- Conduct a baseline assessment of those employment services which the social prescribers are currently referring into
- Develop links with CRM developers for initial discussions about how social prescribing and other health services could be included within or access the system.

##### **Best Practice review**

- Complete review of best practice and develop recommendations for ongoing collaboration between health and employment services within Tower Hamlets

### **Shaping the DWP Work and Health Programme**

- Conduct an analysis to describe the characteristics of the target groups for the Work and Health Programme
- Ensure Public Health and Economic Development representation on the Task and Finish Group in order to influence the competitive dialogue process of the procurement

#### **3.1.4 How will we measure success?**

- Increased knowledge among social prescribers about the employment services available within the borough
- Increased referrals from social prescribers into relevant employment services
- Successful referral of individuals into the DWP work and Health Programme

### **3.1.5 Are there any further issues to share with the Board at this stage?**

The DWP Work and Health Programme is being procured by Central London Forward, led by City of London. However, the level of flexibility with regard to the target groups and the methods for assessment of eligibility for the programme is unclear. As such, the extent to which the programme can be tailored to the local situation is also uncertain.

Issues yet to be resolved:

- General eligibility criteria and assessment methodology
- Potential conflict with existing JCP provision;
- Referral and cross referral processes - JCP will be the main referral agent to the Provider and will be the “gate keeper” for all referrals - which means that an agreement will have to be reached as to how local referrals are “approved” by JCP.
- Local providers and how they link in – the chosen Provider will be responsible for securing their local sub-contractors.
- Securing clarity on double counting issues created with other ESF Programmes

### **3.2 Action 3.2 (page 19)**

***We aim to sign up our partner organisations to the London Healthy Workplace Charter and to:***

- ***undertake self-assessment***
- ***identify priorities for improvement and shared priorities for action to improve the level of healthy improvement***

#### **3.2.1 What will we have achieved by the end of March 2018?**

- All organisations represented on the Health and Wellbeing Board will have conducted a London Healthy Workplace Charter self-assessment and formed an action plan for achieving the next level within the Charter.
- Increased numbers of businesses within the Borough undertaking self-assessments
- Identify areas of shared priorities and develop mechanisms for sharing learning and best practice.
- Increase the number of individuals in partner organisations who have undertaken Mental Health First Aid Training

### **3.2.2 What is the overall plan for the year?**

Many organisations are already undertaking self-assessments for the London Healthy Workplace Charter. In addition, within the Borough a number of businesses have signed the Time to Change Pledge which focusses specifically on mental health. These business share their work and experiences through an Employers Forum, facilitated by the Council. We will use this Forum to promote the London Healthy Workplace Charter and expand the remit of this forum to consider further aspects of Workplace Health.

### **3.2.3 What are we going to do in the next three months?**

- Conduct a baseline assessment of the number of organisations which have undertaken a self-assessment and have an action plan for achieving the next level.
- Promote the London Healthy Workplace Charter through the Time to Change Employers Forum.

### **3.2.4 How will we measure success?**

The number of organisations who have achieved each level of the London Health Workplace Charter will be monitored

### **3.2.5 Are there any further issues to be shared with the Board at this stage?**

In order to achieve the higher levels of the London Healthy Workplace Charter, there may be a need to cultural change within the organisations. This will require high level leadership and commitment. A key role for the Board could be as role models for Healthy Workplace practices.

### **3.3 *Following the consultation, just under 30 residents expressed interest in being engaged further (contact list available) - what are your thoughts on how to engage with them?***

There are a number of elements of the work which could benefit from co-production with the community. For example, understanding what employers could do make workplaces more health promoting. In the first instance we plan to contact these 30 individuals by email to assess the specific areas of interest which they have and any particular areas of expertise. Subsequently we will plan how to engage them in development of the work.

## **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1. The Employment and Health Programme has no unplanned financial implications to LBTH. The programme for Central London (of which LBTH is a partner) is funded by the DWP (£29m) with match funding of £24m from European Social Fund. The programme will run for 5 years with an option to extend for two years.

- 4.2. The financial contributions required from LBTH are: £20K membership fee for Central London Forward Strategic Partnership and a potential £12K for additional Management and Admin support. These costs will be covered from budgets within Growth & Economic Development (G&ED).

## **5. LEGAL COMMENTS**

- 5.1 The report asks the Health and Wellbeing Board to approve the Employment and Health Action Plan. There are no legal implications arising at this point in time.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1 Employment and health is a priority area of the Health and Wellbeing Strategy and the plan of actions proposed is likely to help address health inequalities that exist within the borough.

## **7. BEST VALUE (BV) IMPLICATIONS**

- 7.1 One of the drivers shaping the Health and Wellbeing Strategy is the cost pressure on the health and care economy. This priority, employment and health will have implications around prevention and reducing demand for future health and care services. Best value will be an important discussion point for the delivery group and Health and Wellbeing Board over the next three years.

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 8.1 By strengthening the integration between health and employment services it could improve environmental sustainability.

## **9.0 RISK MANAGEMENT IMPLICATIONS**

- 9.1 The actions proposed will be carried out within existing budgets and there are no specific risks identified.

## **10.0 CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 10.1 Improving health and wellbeing may have a positive impact on crime and disorder reduction.

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## **Appendices and Background Documents**

### **Appendices**

- Appendix 1: Logic Model
- Appendix 2: DWP Work and Health Programme



**Background Documents**

If your report is a decision making report, please list any background documents not already in the public domain including officer contact information.

- NONE

**Contact Officer:**

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