



Health Impacts of Deprivation

Employment and Health

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Why is this an important issue for health and wellbeing in Tower Hamlets?

Unemployment and Health

- Unemployment is linked to higher levels of
 - Limiting long term illness
 - Mental illness
 - Cardiovascular disease
- The impacts are linked to the duration of unemployment
- Psychological and physical impacts lead to
 - Lower income→lower living standards → reduce social integration/self esteem
 - Direct link to distress, anxiety and depression
 - Impact on health behaviours

Working conditions and Health

- Poor work conditions are linked to poor health
 - Lack of control
 - Low wages
 - High job instability
 - Hazards
- Psychological and physical impacts lead to
 - General ill health
 - Depression
 - Cardiovascular disease/diabetes
 - Musculoskeletal disorders

These impacts are of particular importance in Tower Hamlets due to deprivation levels and issues around employment and inactivity: lower income levels, lower employment rates, 12,500 on ESA/IB, mental health as a barrier to employment, specific groups with lower employment (women, 55-59), skills

What is currently being done to improve outcomes?

- Review of employment provision in Tower Hamlets, April 2016 (this is informing the Employment Strategy)
 - Many previously categorised as unfit for work now fit for work
 - Mental health is barrier for 45% of those claiming ESA
 - 12,500 claiming ESA and IB (3x number claiming JSA)
 - Job Centre Plus and Work Programme engages with < 10% of group
 - Supporting people to gain and maintain employment is health intervention (and reduces use of health services)
- Emerging linkages to this agenda
 - Vanguard (Tower Hamlets Together)
 - Social prescribing
 - Making Every Contact Count
 - Workplace Charter

'The development of close strategic and operational links between health and employment is critical to the way forward in Tower Hamlets; to prevent unemployment, to maximise work opportunities for those who experience health and mental health problems and to support the long term unemployed back to work.'

Review of Employment Provision in Tower Hamlets, April 2016

Within this area, what does the Health and Wellbeing Board need to focus on?

1. Strengthening the strategic and operational links between health and employment
2. Developing the workplace as a setting for prevention and early help with a particular focus on those employing people with greatest health need

Where would we like to be in 3 years (vision statement)?

Local residents

- who are unemployed are supported to sustain or improve their health
- living with a physical or mental health condition or disability have an equal chance of working and building a fulfilling career that is good for their health

Local employers

- Actively support the health and wellbeing of their employees (particularly those with greatest health need)

What are the top areas of action that the Board needs to focus on over the next 12 months to drive transformational change (max 2) and why?

1. Fully integrate health into the Employment Strategy

- Learn from Islington Wellbeing and Work Partnership (and other programmes)
- Develop an action plan on employment and health within the Employment Strategy that is jointly owned by the HWBB
- Prioritise how the social prescribing work led by the CCG/Tower Hamlet Together effectively links with employment
- Hold an Employment and Health Summit to secure engagement and develop a coalition on this issue?

2. Use the London Healthy Workplace Charter as a lever improve the health of employees with the greatest health need

What is required to make this happen?

- Senior level dialogue and commitment
 - Across the council
 - Between partners including Council, CCG, Tower Hamlets Together, Voluntary sector, Employers, Housing
- Dialogue with local people and insight into their experience and thoughts on how to address the issue
- A plan to translate high level commitment into transformation of culture and expectation at frontline
- Systems that make it easier to work across organisation (eg referral from employment to health and vice versa)
- Realistic targets

What are the top indicators that the Board needs to track (max 3)?

Output

- Number of frontline providers trained around employment and health
- Number of local employers signed up to Workplace Charter

Impacts

- Percentage of people with long term illness or mental conditions in employment

Outcome

- Wellbeing change in those affected (eg using validated tool that can be feasibly used across agencies)

Any other thoughts Learning from Islington Programme..



The aim is to improve employment outcomes for local residents with a health condition or disability..

"My doctor is positive about employment and can point me to someone who can help"

Support and encourage HCPs to integrate employment as part of helping patients to get and stay healthy. (Lea Ashman)

"I am offered help with work and well-being issues when I go through assessment processes"

Embed a stronger health and employment element in local benefit assessment processes, such as the FitNote and WCA. (Harvey Nicholls)

"I am contacted quickly, by the right organisation, after accepting an offer of employment support"

Establish a clear pathway from health services into local employment support. (Graeme Cooke, for Lis Maimaris)

"Local commissioners work together to plan and buy support which works for me"

Develop a local commissioning strategy for health-focused employment support. (Jenni Speller)

"I get great support to find and keep work I enjoy and that benefits my health"

Improve the quality of health-focused employment support, with stronger links to local health services. (Graeme Cooke, for Lis Maimaris)

"New types of employment support are being tested which could work better for me"

Test new models of health-focused employment support - e.g. supported employment trial. (Jenni Speller)

"I have a fair shot at getting and keeping the jobs that are available locally"

Promote more diverse recruitment and retention strategies among local employers. (Nicky Freeling)

"I have access to more and better jobs because of public sector commitment"

Increase recruitment and retention of disabled people in (or via) the public sector. (Nicky Freeling)

"We have much greater insight into the connections between health and employment locally"

Improve the collection and analysis of local health and employment data. (Mahnaz Shaikat)

"We are actively engaging with the local people who matter"

Inform, persuade and mobilise key local actors - residents, professionals and employers. (Louise Brown, for Lee Farrow)

"We can tell if local employment support is effective, and for whom"

Common assessment tools & outcome measures across local health-focused employment support. (Mamie Caton)

"We are seeking change with, and alongside, local disabled people at every stage"

Active involvement of local residents with lived experience in designing, testing and reviewing solutions. (James Blythe)

Addressing systemic challenges. A co-design approach. Learning what works. Changing the culture