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NHS EMPLOYERS RESPONSE
IMPROVING LIVES: WORK, HEALTH AND DISABILITY GREEN PAPER

Key comments

Chapter 1: Tackling a significant inequality
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About NHS Employers

NHS Employers represents views from organisations across the NHS in England on a range of workforce issues, supporting employers to put patients first. Our role is to help employers understand and contribute to changes affecting them. This includes providing general advice and guidance on good practice, as well as representing NHS organisations to policy makers. We work with the HR community and the whole range of Board level members to ensure we arrive at a position based on the views of employers.

Our work spans the whole remit of workforce issues and has both an overview and responsibility for the delivery of a number of workforce functions including pay, reward, employment practice, regulation, and planning. We also have a range of programmes in place to enhance and support staff experience including staff engagement, organisational development, values based recruitment, health and wellbeing and diversity and inclusion.

Improving lives: work, health and disability green paper

“Employment rates amongst disabled people reveal one of the most significant inequalities in the UK today: less than half (48 per cent) of disabled people are in employment compared to 80 per cent of the non-disabled population. Despite a record-breaking labour market, 4.6 million disabled people and people with long-term health conditions are out of work leaving individuals, and some large parts of communities, disconnected from the benefits that work brings.”

The green paper, from the Department of Health and Department of Work and Pensions, sets out why change is needed by employers, the welfare system, health and care providers and society as a whole. The paper considers the relationship between health, work and disability, and recognises that health is important for all and that it can be a subjective issue. The paper sets out some proposed solutions and has been sent out for consultation to gather views and good practice from key stakeholders and experts on whether the solutions proposed are the right steps to support people with disabilities or long-term conditions.

Our response to this green paper has been informed through engaging with employers - gathering intelligence through our health and wellbeing and diversity and inclusion networks, and HR directors across the NHS on the areas of recruitment and retention of the NHS workforce.
Key comments

1. It is the responsibility of the employer to look after the health and wellbeing of their staff. Many NHS organisations already have excellent health and wellbeing strategies and good organisational cultures, which support a diverse and inclusive workforce. You can find more about the excellent work across the NHS in our case studies.

2. Line managers are key to ensuring that staff are well supported in work and are able to return to work when they can safely contribute to the organisation’s objectives.

3. It is important to ensure that the focus is not solely on disability and what people cannot do, but change the rhetoric and focus of the conversation to the asset that people with disabilities or long term conditions can be to the workforce. True diversity in the workforce can significantly benefit organisations in the long term.

4. In order to expand and support occupational health across both the NHS and for the wider public, significant thought and funding needs to be given to ensure the occupational health workforce is large enough to cope.

5. Where possible, the prevention of long term conditions and disabilities is also key. This needs to be considered by an employer to ensure that their staff are well supported to be well and in work.

Chapter 1: Tackling a significant inequality

What innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?

NHS organisations are offering a range of support for their workforce, including:

- becoming a Disability Confident employer
- signed up to the learning disability employment pledge
- career engagement work targeting hard to reach / widening participation groups
- disability staff network.
What evidence gaps have you identified in your local area in relation to supporting disabled people or people with long-term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?

No comment.

How should we develop, structure and communicate the evidence base to influence commissioning decisions?

No comment.

Chapter 2: Supporting people into work

Building work coach capability

How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?

NHS Employers has developed a way forward in terms of working closely with Jobcentre Plus.

What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?

No comment.

Supporting people into work

What support should we offer to help those ‘in work’ stay in work and progress?

At the moment, NHS organisations offer a range of support for people with long term health conditions or disabilities from reasonable adjustments to occupational health provision. A lot of NHS trusts now offer rapid access to physiotherapy and talking therapies.

NHS organisations also have a range of health and wellbeing strategies for their staff which focus on prevention of long term conditions. There is a variation in the extent and quality of these strategies. The NICE audit in 2013 highlighted the disparity across the NHS, with only 65 per cent of NHS organisations having an overarching health and wellbeing strategy. NHS Employers has a range of resources to support organisations in delivering robust, evidence based, health and wellbeing programmes which look at prevention and support for people with long term conditions. Line manager training is also key in supporting staff with long term conditions or disabilities, raising awareness of the support available from an employer so
that when employees raise issues or need further support, there are no immediate barriers from their manager.

It is important for organisations to understand their responsibilities under the Equality Act 2010 in relation to removing the barriers that deny disabled people equality of outcome in the workplace. The following NHS Employers guidance covers suggestions and examples of good practice that will help employers create the best working environment in which disabled people are able to reach their full potential.

In addition, organisations such as RNIB offer to undertake workplace assessments and various other support. It is important that employers offer support on an individual basis for their abilities, using the resources available such as Access to Work.

**What does the evidence tell us about the right type of employment support for people with mental health conditions?**

The evidence suggests that support needs to include:

- quick access to psychological support
- well trained managers – not just on policies but on softer skills to have confident conversations with staff on wellbeing needs
- comprehensive medical advice tailored to job role and organisation
- access to other specialist services without long waiting lists
- organisational culture and policies – with openness about mental health conditions.

**If you are an employer who has considered providing a supported internship placement but have not done so, please let us know what the barriers were.** If you are interested in offering a supported internship, please provide your contact details so we can help to match you to a local school or college.

No comment.

**Improving access to employment support**

Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?

No comment.
What type of support might be most effective and who should provide this?

Occupational health professionals are trained and equipped to deliver support for people in the workplace. They are the best placed to provide advice, guidance and clinical support. In order to maintain this across the whole workforce, the occupational health workforce will need investment and expansion.

The evidence indicates it is about:

a) creating a culture that supports staff to be open about their mental health

b) looking to develop capacity across the organisation on how to have a conversation with someone about their mental health

c) embedding systems and procedures to support someone experiencing a mental health problem

d) looking at how to manage an employee’s time off sick and their return to work.

The key role of the line manager, supported by HR and Occupational Health, cannot be underestimated. NHS Employers has produced useful resources to support managers and HR to have those conversations with staff.

How might the voluntary sector and local partners be able to help this group?

These groups have a wealth of skills, experience and knowledge. They can provide personal support, share experiences, challenge barriers but also influence policy and promote good practice.

JCP, for example, can offer individual support to customers throughout an application process, and provide interview preparation for those individuals.

How can we best maintain contact with people in the Support Group to ensure no-one is written off?

No comment.
Chapter 3: Assessments for benefits for people with health conditions

No comments.

Chapter 4: Supporting employers to recruit with confidence and create healthy workplaces

Embedding good practices and supportive cultures

What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?

A recent report from Disability Rights UK provides a useful summary of the key barriers preventing employers recruiting and retaining the talent of disabled people:

- The biggest challenge to employing disabled people is that applicants aren’t always willing to be open about their disability.
- Other key challenges to increasing the number of disabled people in work include fellow staff or line managers not having sufficient training to support disabled colleagues, and the lack of accessibility of some businesses for people with certain types of impairments.
- More than one in ten (12 per cent) worry that disabled people are more likely to take time off work.
- Around a quarter (26 per cent) of respondents said it was challenging to discuss the management of disabilities.
- 19 per cent of respondents consider that the cost of modifying equipment makes it expensive to employ disabled people.
- Almost a third (31 per cent) said that businesses are worried that disabled people will claim discrimination if the job does not work out.

One key barrier to employment is lower levels of qualification, in comparison with the general population. The proportion of people aged 25 to 49 who are not in paid work, but would like to be, is much greater for those with a work-limiting disability than without one. The proportion of people with a work-limiting disability, with degrees or equivalent (15 per cent) who lack, but want paid work is almost as high as the proportion for people without a work-limiting disability with no qualifications. This may arise from disrupted education due to health problems, or exclusion from full engagement in education due to environmental barriers.
Lower levels of internet use may also limit access to job vacancies and online application processes and reduce access to educational opportunities. The Scottish Household Survey reported that 38 per cent of adults with a health problem did not use the internet, compared with just 13 per cent of adults who reported no health problems.

**Recruitment**

Recognising disability discrimination doesn’t start in the labour market, it starts in school. The Organisation for Economic Co-operation and Development (OECD) did an international study which found that disabled young people leave school earlier than their non-disabled peers, and are doing so earlier than previous generations. This puts them at a disadvantage in the jobs market.

A Harvard University study of prejudice found that disability and age were top reasons for discrimination – outranking race and gender. A survey for British charity Scope found that some young people, particularly men, remain biased, especially against people with mental health conditions and learning difficulties (the groups least likely to be employed).

Research by NHS England: Research on the experience of staff with disabilities within the NHS Workforce (Ryan, Edwards et al 2015) looked at NHS survey data, which showed disability is the single greatest factor with respect to bullying and harassment and the other negative reported findings.

There is emerging work from Disability Matters, providing guidance and support to employers to recruit young people with disabilities.

Department for work and pensions provide support, guidance and tools to employers to become Disability Confident employers.

**Retention**

Line managers are key to support people with long term conditions or disabilities and enable them to stay in work. Training line managers to be more aware of the opportunities available for people with health conditions, and the support available in the organisation, will be key in the retention of staff. NHS Employers in partnership with Skills for Care have developed a toolkit to support line managers in health and social care with their responsibilities for people performance management. How well a manager is equipped to manage performance can make a big difference to how staff feel about their job and whether they have access to the support and appropriate adjustments they require to help them stay in work.

Line managers are also key in managing sickness absence and enabling people to return to work after being on sick leave. NHS Employers have created a sickness absence toolkit for line managers, helping them to have
broader conversations around sickness and ensure that they are offering good support for their employees. Access to good occupational health provision is also key in enabling people with health conditions or disabilities to stay in work. It is also important that occupational health and human resources work closely with line managers to ensure that employees are offered robust, evidence based advice and support.

More recently, the frustrations that disabled people have voiced include the challenges they face to either get a job or keep one. The support that could keep them in work is often reassessed, and sometimes the aids that disabled people need to work are taken away from them, such as Motability cars, hoists for toileting or even sign language interpreters.

The campaign Time to Change highlights the importance of challenging stigma around mental health issues.

What expectation should there be on employers to recruit or retain disabled people and people with health conditions?

Workforce Disability Equality Standard (WDES) will be mandated via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18.

In addition to mandatory requirements, research supports the efficacy of embedding diversity and inclusion within organisational culture and strategy. The call to establish a diverse NHS workforce is outlined in chapter 2 of the Five Year Forward View. A diverse workforce is widely shown to improve innovation and creativity within the workplace.

Welfare reforms are shifting support towards those in lower paid work while placing limits on entitlements for those not working at all. This places greater responsibilities on individuals to find work, but must surely also result in increased responsibility for employers, especially public sector employers, to ensure equality of access to work for those most disadvantaged.

Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions?

Please consider:

A) The information it would be reasonable for employers to be aware of to address the health needs of their employees

This can be enabled through good partnership working with line managers, HR and occupational health to ensure that staff support is tailored to the individual and ensures that the individual gets the support they need to stay in work.
B) The barriers to employers using the support currently available

Many employers do not know or use the Access to Work scheme and so see reasonable adjustments as too expensive to implement.

C) The role a ‘one stop shop’ could play to overcome the barriers

No comment.

D) How government can support the development of effective networks between employers, employees and charities

No comment.

E) The role of information campaigns to highlight good practices and what they should cover

The Widening Participation programme at NHS Employers is a new piece of work linking to Talent for Care and Widening Participation national programmes. The programme aims to work with employers in the NHS to:

1. Understand the reasons why recruitment in the NHS is not representative of the communities NHS organisations serve
2. Support employers to change their behaviours and organisational cultures to help widen participation into employment, through linking widening participation to key workforce supply challenges
3. Provide the tools and resources for employers to understand their local opportunities for engaging with, and recruiting from, community groups
4. Promote the support, advice and guidance available to employers and managers across the NHS to enable local improvement in widening participation.

F) The role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles

No comment.

G) The impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people

There is limited information available about the employment of people with disabilities in the NHS. In England, three per cent of the NHS workforce declare a disability via ESR, compared to staff survey results which report 12% declaration. This figure is almost certainly underestimated, but it is not clear by how much.
H) Any other measures you think would increase the recruitment and retention of disabled people and people with health conditions

According to George Selvanera of the Business Disability Forum, visible disabled role models, peer support networks and employment networks are a much more effective way of narrowing the employment gap. “We want talented people who will be good in their roles,” he says, praising the companies which are best in class, such as Barclays, Lloyds and Sainsbury’s, all of which employ disabled employees and adjust around their particular conditions.

Approaches to improving employment opportunities for people with disability include visibly adopting and advocating a social model of disability in which disability is seen not as individual impairments and limitations but as social and environmental barriers amenable to change.

Organisations can ensure that equality and diversity staff training supports a social model of disability and focuses on employee assets. More practically, engagement with partners in the voluntary sector and with further and higher education can create work experience, training and long term job opportunities.

Alongside this, organisational and practice policies should address the needs of different groups of jobseekers and employees. This should include new workplace entrants, older jobseekers who have been out of the workplace and people in work when they acquire a health problem.

Strategies and specialist policies can also be used. For example, recruitment approaches that actively support employing people with disabilities by increasing access to job opportunities and application processes, thus relying less on assessment through formal qualifications and interview. Employers can link with local voluntary, community and social enterprise sectors and Job Centre Plus, to establish such strategies. For employed staff, development programmes can be tailored for employees with disabilities who have done less well academically at school.

Additional research should focus on ways of targeting economically inactive people for work opportunities, examining the impacts of changes in demography and health on patterns of disability and developing more effective interventions for promotion of mental wellbeing and prevention of mental ill health.

**Should there be a different approach for different sized organisations and different sectors?**

No comment.

**How can we best strengthen the business case for employer action?**
The demographics tell us that the NHS workforce will increasingly need to attract and retain staff with disabilities. By improving its performance as an employer of people with disabilities, the NHS also has a vital opportunity to directly contribute to improving health and society. Examining the impacts of employment for disabled people and those with health impairments, in particular mental health problems, musculoskeletal problems and cardio-respiratory conditions (these three accounting for two-thirds of sickness absence and work incapacity), work is associated with improved health and social outcomes, improved wellbeing and quality of life.

The benefits of employment extend well beyond the individual. For employers, it increases the diversity of the workforce, provides visible representation of the consumer and customer base and encourages innovation. Employee retention and morale can be increased, along with reductions in equality related litigation. By employing those with disabilities, health service organisations can visibly evidence their commitment to corporate social responsibility.

Society also benefits through reductions in ill health welfare benefits and backflow of tax and national insurance. And from a public health perspective, there are contributions to the narrowing of socioeconomic gradient in health, benefits to children of disabled adults, and avoidance of intergenerational cycles of poverty, ill health and worklessness.

From a societal perspective, cost benefit analysis of supported employment consistently demonstrates benefits exceeding costs within three to five years from commencement. For example, a social return on investment evaluation of the benefits of project search, a targeted programme of employment training and support programme for people with learning disabilities, in North Lanarkshire Council 2013 calculated a total return of £276,659 across all stakeholders, for an investment of £69,910, giving a return of £3.96 for every pound invested.

**Moving into work**

*How can existing government support be reformed to better support the recruitment and retention of disabled people and people with health conditions?*

No comment.
Staying in or returning to work

What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?

NHS Employers has a range of case studies from across the NHS in promoting health and wellbeing, widening participation and diversity and inclusion from prevention to support for people with existing health conditions and disabilities. You can find these on our webpages.

Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?

It is felt that the suggested change to allow statutory sick pay to be paid to people who are returning on reduced hours would be beneficial in allowing a phased return to work.

What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?

No comment.

What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

No comment.

Chapter 5: Supporting employment through health and high quality care for all

Improving discussions about fitness to work and sickness certification

How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual can do, particularly during the early stages of an illness/developing condition?

No comment.

How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?

No comment.
Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?

No comment.

Regarding the fit note certificate, what information should be captured to best help the individual, work coaches and employers better support a return to work or job retention?

No comment.

Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

No comment.

**Mental health and musculoskeletal services**

**How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?**

Rapid access to physiotherapy and talking therapies is an excellent way of ensuring that people’s health needs are met. NHS Employers has published a report on the benefits and a business case of rapid access for NHS staff.

Making the most of occupational health services is also key in ensuring that staff are able to access the appropriate support. NHS Employers has published advice on using occupational health to support staff health and wellbeing.

The Health, Safety and Wellbeing Partnership, a subgroup of the NHS Staff Council, has published two resources specifically to support organisations with stress and musculoskeletal issues.

**How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?**

No comment.
Transforming the landscape of work and health support

How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?

In order to expand occupational health provision, it is important to consider the size of the workforce. There will need to be significant investment to expand and train a larger occupational health workforce to help deliver more occupational health support to the public.

What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?

Many people do not realise Fit for Work exists. There is very poor promotion of this. However, it is felt that the four week period before being able to recommend someone to the service is far too long and this needs to be reduced to increase chances of retention. The evidence suggests that once someone has been off for four weeks or longer, their chances of returning to work are greatly reduced.

What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

No comment.

Creating the right environment to join up work and health

How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?

No comment.

How can we encourage the recording of occupational status in all clinical settings and good use of these data?

No comment.

What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?

No comment.
How can government and local partners best encourage improved sharing of health and employment data?

No comment.

What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?

No comment.

What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

Using national frameworks such as Making Every Contact Count training and working with Health Education England will support this. For workplace wellbeing, NICE are the authority. Including work as a health outcome in workplace wellbeing guidelines may be a way of embedding work as a health outcome for employers.

Chapter 6: Building a movement for change: taking action together

How can we bring about a shift in society’s wider attitudes to make progress and achieve long-lasting change?

No comment.

What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?

No comment.

Could any of the proposals within the green paper potentially have an adverse effect on people with a protected characteristic? If so, which proposal, and which protected group/s are affected? And how might the group/s be affected?

Consultation as early as possible is important in order to ensure that an equality impact assessment is woven through any development, this will require consultation with citizens from each of the protected characteristic groups.