

Co-creating health through work: report from New NHS Alliance Workshop

1. Background

The time is right for new thinking about how the health and the employability sectors work together.

In February 2017, The New NHS Alliance ran a workshop with key opinion formers from health, housing and the employability sectors to explore:

“What needs to happen so that we support employers, the NHS and people who live with long term health issues to create health through work?”

With Government’s response to The Green Paper *Work, Health and Disability: Improving Lives*¹ due for publication later this year, this diverse group focused their attention on the 900,000 people with long term health issues and often complex social issues whose contribution through work has been restricted for many decades.

Supported by APM and Groundwork, the group shared their diverse perspectives and reflected on current practice in creating health and improving work-related outcomes, and imagined solutions to move this agenda forward at pace and with a strong emphasis on the contribution of communities and community based support.

This report is designed to inform: policy, commissioning, practice and the design of both health and employability sector support for people, employers and professionals. It will be fed into the team responding to The Green Paper consultation so that it informs policy thinking.

2. What we talked about

Participants designed their own agenda. Applying Open Space technology², the group came up with and discussed twelve topics. The topics were:

1. How do commissioners buy the right support?
2. How do we protect and enhance non-medical community resources that keep people well?
3. How do we know what support is out there – including social prescribing?
4. How do we give people more control over their employment prospects?

¹ <https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives>

² https://en.wikipedia.org/wiki/Open_Space_Technology

5. How do we focus employers on maintaining wellbeing (including The NHS as an employer)?
6. How do we develop an inclusive strengths and values led narrative?
7. What can we do instead of the FIT note?
8. How can we redefine 'fit for work'?
9. How do we get clinicians to see work as a life (and health) outcome?
10. Volunteering as a route to wellness
11. Measuring outcomes: personal (non-money) outcomes
12. Measuring outcomes: money

Recommendations are summarised in section 3 and as an Infographic below. The detail of each discussion is given in Appendix One.

3. Putting it together: a vision of a better whole system approach

Shared values that focus everyone on work as a life outcome



The Infographic summarises key recommendations and paints a picture of a health creating whole system approach to employment and health.

Key features are:

- **Improvement action needs to be ‘ultra-local’ and place based.** This is an issue that can only be solved by collaboration at local level. Policy needs to enable this to happen
- **Data needs to be place based.** Pursuing great place based data is more important than generating vast national data sets
- **Communities need to build and own local solutions.** Sustainable solutions will be community led ones. Businesses, housing and NHS providers are all part of local communities. So are NHS providers. Assets based community development methodologies can help build employment opportunities for people with long term health and social issues
- **Community assets and infrastructure need to be valued and maintained.** Community assets support wellbeing; facilitate volunteering and skills development. Commissioning plays a key role in protecting community assets
- **Volunteering is a key route to work and wellbeing.** When volunteering is supported by training and seeks to get people into work, it can be highly effective at overcoming the barriers to employment
- **Peer support and mentoring is an important part of the solution.** Peers inspire and raise expectations with their stories of the benefits of work. Everyone’s expectations need to be raised if we are to succeed – individual and family expectations as well as employer and professional ones
- **Being fit for work does not mean being 100% fit.** Employers make reasonable adjustments. Working even when you do not feel 100% fit is important to staying in work and will be increasingly important as the working population ages. People need to recognise the short-term pain is worth the long-term health gain of having and keeping a job
- **Shared values and outcomes based working are closely linked.** Measuring outputs rather than outcomes is getting in the way of collaboration and quashing peoples’ shared values. A focus on improving personal outcomes through health creating practices is the long-term goal that unites everyone. That is what stakeholders want to focus on and sign up to
- **Commissioning skills are key.** To understand what to buy to support the work and health agenda, all commissioners need to understand what works and more about the people in their community needing support in relation to work and health. Many commissioners are involved in the work and health agenda, including: NHS, social care, job centres and others. The group felt that Health and Wellbeing Boards could become a forum for collaborative commissioning around work and health. Commissioning for outcomes including for work as a health and life outcome needs to be part of this new thinking too. Commissioners who are new to commissioning for work and

health may need great commissioning support so they have the skills, knowledge, evidence, information and relationships to make good commissioning happen. In the NHS, having NICE Guidance could be helpful.

- **Work is a personal life outcome.** The group concluded that DWP should lead on creating ways of measuring work as a personal life and health outcome
- **Clinicians need to deeply understand why work is so important for health and wellbeing.** The group concluded that the royal colleges should lead on this, and set the curriculum. Again, they felt having NICE Guidance would help. There could also be incentives in contracts e.g. GP contract could reinforce the need to talk about work as part of care and support planning. A 'mid-life' health and work review could help people to reflect on how well they were and what needed to happen so they could keep working. This incorporated into existing 'well-person' health reviews that happen around the same time of life
- **The work and health agenda lends itself to health creating practice.** The 3Cs of health creation: supporting people to gain confidence, take control and be in contact with peers emerge as important elements of the solution. Strengths and assets based thinking will be critical to achieving transformational change in the lives of the 900,000 people who live with health issues and do not work yet.

4. Next steps

We think there are three emerging streams of work that can be taken forward, and we are keen to discuss these further with The Work and Health Unit and you all. They are:

1. **Escalating commissioning skills:** how do we support commissioners to commission for good employment and health outcomes and build on community assets; embed peer support and volunteering; develop skills and social entrepreneurship and support 'ultra-local' service mapping as part of a place based approach?
2. **Redefining the 'fit for work' mindset:** we think there is a need to explore best practice around changing culture, raising expectations and supporting people to change their mindset towards what it means to be 'fit for work'
3. **The NHS as a health creating employer:** as the biggest employer in the United Kingdom, there is a lot that the NHS can do to create health through work. We know that the NHS workforce – particularly in primary care – is stressed and burnt out. We would like to explore how the NHS can apply health creating employment practices that keep its staff well and in employment – especially those living with mental health and musculo-skeletal health issues.



If you would like to get involved in progressing any of these work streams, please get in touch with Georgina.

Prepared by The New NHS Alliance, March 2017

For more information contact:

Georgina Craig

Work and Health Creation Lead, New NHS Alliance

Tel: 07879 480005

Email: georgina@elcworks.co.uk