Business Services Association
130 Fleet Street,
London.
EC4A 2BH

BSA – The Business Services Association

Submission to Department for Work & Pensions (DWP) – Green Paper on Work, Health and Disability

February 2017

The BSA welcomes the opportunity to comment on the Improving Lives: Work, Health and Disability Green Paper and is committed to engaging with government to deliver on its objectives in this area.

The BSA – the Business Services Association – is a policy and research organisation. It brings together all those who are interested in delivering efficient, flexible and cost-effective service and infrastructure projects across the private and public sectors. The business services sector accounts for over 9.3 per cent of economy-wide gross value added to the economy with an annual turnover of around £263 billion, and employs 3.3 million people, or 10 per cent of the UK workforce.

The BSA Welfare Committee comprises senior representatives from members involved in the delivery of welfare services, including the former Work Programme, Work Choice, health assessments, Transforming Rehabilitation, wider employment support services and training services. The response is informed by members' experience of delivering services in welfare and across the private and public sectors and also from their perspective as large employers who recruit and retain disabled staff.

We believe the green paper focuses too heavily on JCP and employers and there is comparatively little attention given to the role of the private sector in service delivery. The BSA strongly believes that competition drives up performance and increases efficiency. The Department already recognises the value of utilising providers from the private, voluntary, community and public sectors and the need for a level playing field. Private providers can be part of the solution to many of the issues identified in the document.

Below we have set out our responses to each chapter and, where relevant, provided answers to specific questions set out in the green paper.

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

Innovation is best incentivised where providers are given the flexibility to try difference approaches rather than following prescribed approaches. The BSA, therefore, supported the 'black box' approach adopted for Work Programme, but would urge that the confusion between commissioners and providers as to whether this applies to the tendering process only or delivery should be clarified.

Stemming from that, capturing and sharing innovative approaches that are proven to work will improve services for claimants and help to work towards the Department's objectives. However, in a competitive environment this is difficult for providers to do without compromising commercial information. It may be useful to explore approaches such as using case studies (example below) to highlight good practices, rewards or bonuses for providers who successfully innovate, the wider use of 'what works' publications and centres, or the development of 'toolkits' for frontline advisers, for example.

Through their delivery of the Work Programme, and to adapt to the quite significant variations in the availability of primary and secondary healthcare provision (for example, there are long waiting lists for IAPT services, counselling support and access to mental health services), both BSA members and their subcontracted Providers have developed and commissioned innovative programmes to try to overcome some of the gaps in service provision. Many members also offer support to by identifying opportunities within their own internal businesses.

Case study

Serco Plc are about to start testing an approach to working with unemployed individuals with mental health conditions and upskilling frontline advisers within their provider network using the expertise of the Centre for Mental Health (CMH). Through their Troubled Families programme in North East London, the CMH will continually review, assess and support Serco advisers to become more confident in delivering support that is in line with the IPS delivery principles. With their longstanding expertise and credibility in the field, CMH will also help forge links with local NHS providers, particularly the local mental health trust, and the project. The aim is to develop a network of experienced IPS frontline advisers within their supply chain and develop an approach that could be rolled out across future employment services contracts.

The company have also piloted and invested in courses with specialist organisations such as Genius Within, who are experts in diagnosing and working with people with neurodiverse conditions (including mental health). They focus on cognitive improvement, boosting confidence (focusing on what they can do) and motivation and developing the working memory. All of which leads to improvement of the softer skills so highly valued by employer including attendance and punctuality. We have also invested in a programme run by the New Meaning Foundation called the "working with initiative" and focused on participants finding a solution to their issues within themselves and enabling them to take initiative.

Regarding commissioning, as a recent Work and Pensions Select Committee report stated, this should prioritise providers that demonstrate provision beyond what is routinely available in JCP.[1] Specialist providers should be prominently represented. DWP should set out how it will ensure organisations are not made financially vulnerable through participation by, for example, guaranteeing minimum referral volumes. Payment-by-Results should be maintained but with a substantial service fee.

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[1] Work and Pensions Select Committee report, The Future of Jobcentre Plus, November 2016

The BSA submitted a response to the previous government's consultation on commissioning structure in 2013, which provides additional detail on these issues. We would be happy to share this.

Chapter 2: Supporting people into work

Building work coach capacity

- How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?
- What specialist tools or support should be provided to work coaches to help them work with disabled people and people with health conditions?

Again, the recommendations of the Work & Pensions Select Committee are instructive in this regard. They acknowledge that JCP will be the gateway for ensuring the right people are referred to the right support at the right time, but it currently has limited organisational experience of working with local organisations to address broader social and health issues affecting employability. It recommends that JCP districts should be allocated health budgets for the remainder of this Spending Review period, given the broad support for allowing JCP districts greater control over budgets.

The ability of Jobcentres to provide the right level of personal support at the right time is a relatively subjective process that relies heavily on the skills, knowledge and understanding of the work coach. Therefore, employing high calibre staff who are knowledgeable, able to demonstrate empathy and understanding and a personal ability to determine what provision is needed to overcome an individual's barriers is critical in the first instance.

The knowledge and skills of the work coaches need to be continually reviewed, enhanced and updated by training and access to experts, including third party stakeholders, particularly around health. As well as knowledge and expertise at identifying an individual's barriers and needs, the work coach also needs an in depth understanding of effective local provision to overcome those barriers.

To aid the work coach, and ensure a consistency of approach, it is essential to undertake an upfront, early comprehensive diagnostic assessment at the start of an individual's interaction with JCP that is rounded in its coverage of personal needs/barriers (including health, finance, caring responsibilities, housing, relationships, education etc.). Using a dynamic digital system that guides the work coach through a series of questions to better understand the needs of the individual is critical and is most effective when linked directly to an individual "employment and health" action plan and is regularly reviewed and updated.

Other support mechanisms could include peer support networks for work coaches to share experiences and discuss general approaches, joint case loading involving the extension of warm handovers between work coaches to other specialist referral organisations and to other specialist employment programmes including the Work & Health Programme, and giving work coaches flexibility to work off site (community centres, libraries etc. places where individuals find it easier to access and less inhibiting) and be able to use digital communication methods to engage individuals such as skype and webchat.

As well as knowledge of specialist organisations to refer individuals to, BSA members have found that providing frontline advisers with access to in-house occupational health support and advice has made a significant difference in supporting people with health conditions and disabilities.

Supporting people into work

- What support should we offer to help those 'in work' stay in work and progress?

This should be a multi-layer package of support approach involving both the employee, the employer and any advocate/social worker.

There needs to be stronger relationships developed with employers prior to placing someone in work to better understand their business needs, roles available and skills needed/requirements to complete those roles. Greater support/training needs to be given to the employer/manager in relation to workplace adaptions, understanding/managing health conditions and disabilities.

There should be more flexibility for JCP work coaches to visit employers on site both to develop their relationship with the actual employer and also the individual.

For the individual, there needs to be an assessment of further in work development needs; i.e. training/skills and referrals to programmes such as Skills Support for the Workforce and investigation of links to existing provision such as Access to Work where workplace adaptions would add value. It could also include referrals to additional services (as when preparing for work) such as access to money advice.

Access to in work support provision needs to extend beyond traditional working hours (Mon-Fri, 9am-5pm) i.e. evenings and weekends and could also be delivered through digital means including webchat. It could also involve peer support groups and in work mentors, again online or face to face.

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

Numerous evaluations (Work Programme, Work Choice to name the most prominent) and BSA members' own delivery of support to Employment Support Allowance claimants indicates that consistent, empathetic support is essential for people with mental health conditions. Building trust and developing rapport with their work coach is crucial and developed through advisers who understand the individual and their needs and are able to offer tailored support to overcome their personal barriers.

Mental Health conditions need to be 'managed' i.e. a person may be not 'well' but through management of work conditions employment can be made possible. Again, and back to the employer, almost as much support and time needs to be dedicated to understanding the needs and values of any particular employer to ensure individuals with mental health conditions are found the most appropriate employment opportunities. Where necessary (and again, on a needs basis), a staged and gradual approach should be taken.

- Should we offer targeted health and employment support to individuals in the Support Group where appropriate?

Support should still be available whether in WRAG or Support group – i.e. for all people.

- What type of support might be most effective and who should provide this?

As well as offering one to one support that is tailored to the individual and looks to address their personal barriers to work (as would be provided to any individual accessing employment services), for the ESA Support group BSA members feel that a "halfway house" package of provision (somewhere between simply claiming benefits and being left alone and intensive jobsearch support) needs to be developed and available. To drive the confidence and motivation of this group, our Work Programme

subcontractors have recently delivered a variety of "softer" courses ranging from knitting to genealogy, all of which have served to help individuals in this group focus on developing techniques/skills, identifying transferable skills and reflecting on what they are able to do and achieve. These courses do not even mention work rather focus on developing expertise and self-confidence.

Peer mentoring support can also be particularly valuable for this group as well as using alternative ways of conducting one to one personal meetings and where possible offering alternative venues to meet that are closer to home – community centres, local cafes, libraries etc.

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

The voluntary sector and local partners play an important role in engaging and supporting individuals in the Support group to access specialist provision. As well as offering a range of specialist services that are not available elsewhere in the public sector (for example counselling services run through Mind, peer mentoring, advocacy services etc..), they also generally provide a more accessible meeting space. With their comprehensive local knowledge of services and strong networks to other support organisations (including public sector health provision) they are also able to act as a broker.

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

This needs a dual approach both by employment services but that is also supported by the healthcare profession who are needed to deliver the message that finding work can be a positive experience and the right type of work can actually be beneficial to health. This will need a real drive from Government at all levels to enable a cultural shift in attitudes.

Contact needs to be tailored to the individual and, where appropriate, needs to continue in a semi structured way with an offer of something that encourages them to engage and 'want' to take part. This could include the softer skills development courses outlined above.

Where an individual in the Support group is referred to specialist employment provision (such as Work Programme, or in the future, the Work & Health Programme), Jobcentre Plus should enable a "warm", three-way handover to the new provider with ideally, any personal information relating to that individual and their condition. This would enable more consistency of support and avoid duplication.

Chapter 3: Assessments for benefits for people with health conditions

- Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?
- How can we ensure that each claimant is matched to a personalised and tailored employment related support offer?
- What other alternatives could we explore to improve the system for assessing financial support?
- How might we share evidence between assessments, including between Employment and Support Allowance/Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?
- What benefits and challenges would this bring?
- Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?

- Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face-to-face assessment?

It is our view that the assessment for financial support an individual receives from the system should be separate from the discussion the claimant has about employment and health. To deliver a personalised and tailored employment support offer, the initial diagnostic assessment needs to be thorough and comprehensive, conducted in a consistent way by trained assessors or work coaches who can build rapport, be empathetic and also skilled in the diagnostic they are using. This assessment then needs to be reviewed regularly (at a time period agreed with and tailored to the needs to of the individual). For the health element of the assessment, this should be completed either by a healthcare professional (occupational health) or at least in conjunction with them.

To share evidence of other assessments (such as ESA, PIP etc.) will require a step change in data sharing protocols and culture. This has been a longstanding issue between different agencies both at a national and local level. Currently, Work Programme providers are unable to access the detail from an individual's Work Capability Assessment and are heavily dependent on the ESA customer verbalising their condition. This is also the case in relation to the Claimant Commitment (unless prior consent has been given to share the document). Barriers to sharing data include the concern over the loss of personal data and difficulties in sharing across different IT systems. There would also be concern over using data collected for a one specific reason to be used for a very different one. The use of the data would need to be made clear and agreed by the participant at the point of collection. There would also need to be systems in place to ensure that any updates to personal circumstances are fed through the system and subsequent reviews undertaken to assess the impact of any changes.

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?

The key barriers in recruiting and retaining people with health conditions include the ability of managers to understand and manage their conditions, which can require sensitive management. Also, there needs to be internal and external third party support in place to ensure that these workers continue to be effective employees. Employers need to be made aware that the numbers of people with mental health conditions in work is almost the same as those out of work and so should not feel that recruiting people with these conditions will have a negative impact.

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

Employers should always select the best person for the job. However, employers should make greater efforts to ensure they widen the pool of candidates who apply for jobs. Perhaps through targeted recruitment for people with disabilities or health conditions to make them aware of the opportunities available to them.

- Which measures would best support employers to recruit and retain disabled people and people with health conditions? Please consider:

    o the information it would be reasonable for employers to be aware of to address the health needs of their employees;

Employers should be aware of appropriate information at the point of recruitment and while in work to enable either the correct selection decision to be made and to ensure the person is fully effective, while working. More detailed information (through health assessment) is needed while in work to ensure the employee continues in work.

> o   the barriers to employers using the support currently available;

The Occupational Health (OH) providers and Group Income Protection (GIP) providers have complimentary services but often work, at best, in parallel, at worst, in opposition. They do not necessarily effectively support employers to manage their people as they may "compete" for work.

> o   the role a 'one stop shop' could play to overcome the barriers;

If GIP and OH provision was merged this would enable a better, more complimentary service, for employers to support their people.

> o   the role of information campaigns to highlight good practices and what they should cover;

The key issue in selection and retention of disabled employees, and employees with health issues are line managers. Line managers need the skills to manage relatively challenging employment situations. However this should be reinforced by positive images & stories of what these types of employees can offer. For example, the 2012 Paralympic Games were a great advertisement for what disabled people can achieve.

> o   any other measures you think would increase the recruitment and retention of disabled people and people with health conditions

Tax breaks (e.g. no employers NI payments) for people with these conditions would be attractive for some organisations (esp. smaller employers) but this may be complex to manage.

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

The BSA do not believe there should be a different approach across organisations and sectors as this is likely to cause confusion and prove inefficient.

- How can we best strengthen the business case for employer action? Employers need to see the benefits of widening their pool of talent and what they are missing out on.

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?

BSA members are large employers who recruit and retain a high number of disabled staff. We have provided a case study (below) demonstrating our members' experiences and best practice in this regard.

> Serco plc invest in occupational health services and Group Income Protection provision for all 25,000 employees. The challenge to maximising their investment in these areas is giving managers the tools and skills to be able to effectively manage absent employees and support them to return to work. Serco has partnered with Empactis, a leading provider of health and wellbeing services, to transform its approach to managing employees' health and wellbeing. Serco have not only trained over 2000 managers to be able to manage their absent employees but worked very closely with our 3rd party providers to streamline their processes and built an online portal to support managers to manage their people. This has not only resulted in reduced absence costs but also improved our ability to manage long-term sick employees back to work. This will be increasingly important as the rise of mental health related issues impacts more heavily on the workforce.

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

The BSA does not have a preference for how SSP could be reformed. We believe that key principles should be in place to enable a phased return to work. These include regular contact between employers and employees who are on sick leave, a gradual build up towards the employee's hours and duties, and agreed timeframes so that both the company and worker can adjust to circumstances.

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

The insurance sector should play a key role in supporting an employee's rehabilitation. This is through providing a range of support to help the employee return to work. However the return of an employee to work can often by undermined by the work of GPs who either fail to sufficiently challenge employees who may not wish to return to work for a variety of different reasons (as manager trying to manage poorly performing employees often find they are "signed" off sick with stress by their GP; a situation which can undermine other employees with mental health issues) or prefer to "play it safe" and sign the person as unable to work. This is why the role of occupational health and insurance providers is key to ensure independent assessment is undertaken and the resources are available to treat employee when required.

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

For large employers the only barrier to insurance is cost. Offering insurance as part of job benefits can increase administrative overheads, while the rising cost of health insurance is making it less and less affordable for employers which makes financial planning more difficult. Offering insurances benefits can make a company liable for legal compliance which in turn incurs legal fees and errors in the plans can lead to costly lawsuits or to regulatory fines.

Ultimately however the costs should be balanced against the opportunity and value of having insurance to return employees to work as quickly as possible. Increased job satisfaction among employees as insurances can reduce their out-of-pocket expenditure and they feel cared for by their employer, while healthcare insurances can be helpful in recuing absenteeism as healthy employees are likely to be more present and productive.

The challenge for small to medium enterprises (SMEs) is that they are not large enough to secure cost effective deals with insurers. This could be alleviated by some form of central government brokerage service, whereby SMEs are able to achieve a market competitive price for insurance through a wider deal. However this needs to be balanced against the fact insurance services of this type tend to be complex, in terms of the process, which SMEs may struggle to manage. This in turn would deter them from using it.

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?
- 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?
- 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?
- 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?
- 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?

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

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

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?
- How can we encourage the recording of occupational status in all clinical settings and good use of these data?
- What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?
- How can government and local partners best encourage improved sharing of health and employment data?

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

Improving the integration between employment services and the healthcare profession is fundamental to enhancing service delivery and consequently outcomes for individuals who are disabled or have a health condition. There is limited evidence of integration between the two sectors and members' own experience has shown that while there is much to be done, there is a growing appetite to develop these links. Consideration needs to be given to:

- Building the knowledge/awareness within the healthcare profession so that they better understand the benefits of employment to an individual (this needs to be undertaken across the health sector including GPs, Practice Managers and nurses through to mental health practitioners and local policy makers).
- Changing the focus away from identifying what people can't and on to what they can – needs to start early from initial conversation with GPs and should be the focus of the early diagnostic assessment.
- In the localities they deliver, employment service providers should be members of local Health & Wellbeing Boards and contributors to the development and delivery of Sustainability & Transformation Plans. This would help to develop joint aims and objectives and a shared commitment to the agenda. It would also allow employment providers to share data and intelligence about gaps in health services and needs of individuals using their provision. It would also lead to a joint commitment to develop and deliver to meaningful employment targets.
- Developing a commitment to undertake caseload conferences between all relevant parties.
- The co-location of employment services within health settings including GP surgeries or community health hubs.
- Improved local data sharing protocols.
- 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?

After undertaking considerable consultation across the country with a variety of health providers, members feel there needs to be a coordinated and concerted effort to promote the benefits of employment to the health profession. While there are pockets of good practice, with the two sectors working closely together for example in community hubs, in general, the sectors are not aligned with dependence on employment service providers to forge very localised relationships.

As well as aligning targets (which is starting to happen through the Sustainability and Transformation Plans) providers and the Government need to drive forward a programme of education regarding the benefits of work, using a strong evidence that includes data alongside case studies. The Recovery College model (in particular Central North West London) is a potentially good example of where health professionals, including GPs, are encouraged to take part in training to better understand alternative methods to manage mental health conditions alongside individuals with the conditions themselves. This could potentially be a model that employment service providers could mirror.

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

Shifting society's wider attitudes towards disability and health conditions will require a joined-up approach from all stakeholders (employment providers, health profession, the 3rd sector, public services including local authorities, carers etc.) but needs to be ultimately driven by the Government. There needs to be an evidence based strategic approach that will promote the benefits of work and align the thinking that work can be a positive outcome for some individuals. This could include:

- Gathering and publication of statistics that demonstrate the positive impact of work. This might include the introduction of quantitative survey work to measure attitudinal change pre-and post-work.
- Publication of positive case studies that again demonstrate the benefits of employment for people with disabilities/health conditions. This should include case studies where joint working between the health and employment sector has been effective and outlining the how.
- Development of a "what works" website where this information can be easily accessed.
- Working initially with those CCGs, mental health trusts and other health professionals that already understand the benefits of work and want to work in partnership. Developing pilot projects with these organisations will help to build credibility within the health sector.
- Development of a cross departmental strategy to promote disability with designated responsibility to drive the strategy forward within each department and publication of progress to be transparent and published each year.
- Regionally and locally, a requirement for local authorities, LEPs and other public sector bodies to commit to their role in the agenda through targets and to publish their progress against these annually.