

ERSA Submission to the Department for Work and Pensions and Department of Health's consultation on Improving Lives: the Work, Health and Disability Green Paper



1. Introduction

- 1.1 This paper has been developed by the Employment Related Services Association (ERSA) in response to the Department for Work and Pensions (DWP) and Department of Health (DH) consultation *Improving Lives: the Work, Health and Disability Green Paper*.
- 1.2 ERSA is the representative body of the UK employment support sector. It has around 250 members spanning the public, private and voluntary sectors, with over 75 per cent not for profit. ERSA's members provide frontline specialist employment support to jobseekers to help them enter, remain and progress in work. Through a series of joint roundtables with the Joint Work and Health Unit, ERSA's response has been informed by the input of over 50 member organisations.
- 1.3 ERSA's evidence addresses a number of the inquiry's themes including:
 - Specialist employment support (Q.3 & Q.4)
 - The wider employment support landscape (Q.2, Q.5, Q.6, Q.7 & Q.9)
 - Employer engagement (Q.8 & Q.13)
 - Working with health partners (Q.11 & Q.14)
 - Evidence and types of support for specific cohorts and conditions (Q.1, Q.10 & Q.12)
- 1.4 By way of summary, ERSA believes that the Work, Health and Disability Green Paper is an ambitious and sweeping consultation that sets many of the right questions and seeks to address critical issues. However, despite the government's clear ambition, ERSA holds significant concerns regarding the current policy trajectory and therefore the overall capacity to deliver change. This is reflected in the Work and Health Programme, which ERSA believes builds on many of the best facets of previous programmes in design but is set to be severely underfunded. In fact, research published by ERSA in October 2016 found that contracted specialist employment support is set to be cut by 80% this year¹.

2. Overview

- 2.1 With this overall picture in mind, ERSA's response to the Green Paper addresses the following themes:
 - All jobseekers with disabilities and health conditions should have access to specialist employment support. Targeted specialist support should be available to those in the ESA Support Group, but it should be clearly separated from the assessment of benefit entitlement. The present assessment and benefit system mean that jobseekers with disabilities and health conditions may perceive that there are risks to their benefits if they make a move towards employment.
 - Government must be aware of the increased pressure on Jobcentre Plus from April 2017. In particular, generalist work coaches with large mixed caseloads will make it more difficult for jobseekers to receive the appropriate personalised support they need at the right time to enable them to move towards and into employment.
 - The Work and Health Programme, although welcome, is set to have only a limited impact on the disability employment gap. The radical reduction in government investment in specialist

¹ WPI Economics research, 2016: <http://ersa.org.uk/documents/more-words-rethinking-employment-support-disabled-jobseekers>

employment support for those with disabilities and health conditions means that a) only a small number of people who qualify for the programme will be able to access places; b) that those deemed 'further from the labour market', will be left with only Jobcentre Plus support, estimated by the Learning and Work Institute to total around 88 minutes per year.

- Government must recognise that the Jobcentre Plus (JCP) brand is perceived negatively by some jobseekers and potential jobseekers, plus their support networks. This can hinder engagement with some more vulnerable individuals.
- With the reduction in funding for specialist employment support, employers will find it even more difficult to obtain tailored advice and ongoing support in the future. As part of this the Disability Confident Campaign must be radically redesigned, particularly now it is due to replace the 'Two Ticks' approach, while Access to Work must be far more strongly promoted, as well as widened to cover the entire employment process.
- Greater integration of employment service providers and health partners requires strong evidence of the benefits of joined up working, as well as building this into strategic frameworks, measurement, joint networks, Sustainability and Transformation Plans (STPs) and Joint Strategic Needs Assessments (JSNA).
- The multitude of trials and pilots of innovative approaches throughout the employment support sector not only improve the delivery of support across the UK, but also demonstrate key aspects of successful innovation, including collaboration and an emphasis on user-led approaches.

3. Specialist employment support – access and delivery

3.1 Targeted health and employment services for those in the Support Group

ERSA's members strongly believe that specialist support should be available to all individuals with disabilities and health conditions if they want to work, including individuals in the ESA Support Group. Participation on such support programmes must be voluntary rather than mandatory. However, with the planned reduction in funding for specialist employment support, there is a risk that there will be very limited opportunities for people in the ESA Support Group. With referrals to the Work Programme and Work Choice set to end in April 2017, the successor initiative, the Work and Health Programme, will be significantly smaller, resulting in up to a 75% reduction in nationally contracted specialist employment support services.

3.2 From a jobseeker perspective, ERSA believes that there are significant problems with the structuring of incentives for improving access to support for those in the Support Group. Recent changes to the benefit system mean that someone moving from the Support Group to the Work Related Activity Group will lose out on £30 a week, as well as potentially seeing their housing support negatively impacted. This creates a perverse incentive, with people seeking to avoid receiving employment support. This anxiety is also reflected in volunteering onto programmes, with ERSA members reporting that many people in the Support Group fear that it could harm their benefits. ERSA believes that separating the employment and health element from the benefits element of an assessment offers a potential solution to this issue (further details on this below).

3.3 Access to support could be improved if the design of employment support programmes better recognised outcomes beyond purely sustained job outcomes. ERSA believes that any programme for the Support Group should not simply measure (and pay providers for) entering and sustaining employment, but should also include outcomes related to progress towards work, plus improvements in health. These could include a reduction in visits to the GP or use of other health services, plus

improvements in relation to mental health indicators. The Family Action Programme could provide a blueprint for this model, with payments included for around 20 different measures of progress including, for instance, digital inclusion.

3.4 When considering specialist support for customers with disabilities, it is important to take into consideration that many jobseekers with a disability sit outside both the WRAG and Support Group. DWP's figures on the Work Programme show that, over the course of the programme, just short of 390,000 JSA claimant attachments – 26% of all JSA attachments – were marked as having a disability.²

3.5 **The role of voluntary sector and local partners**

Voluntary sector and local partners currently play a central role in supporting people with health conditions and disabilities, whether in relation to employment support, social care, community or health related services. This needs to continue if the Government has any chance of halving the disability employment gap. However, there are particularly concerns about the pressure on these services going forward, namely:

- The reduction in central government investment in specialist employment services will affect a significant number of charities and social enterprises who will either need to decrease or shut services or look for alternative income streams, which are likely to be hard to find. Government must realise that once frontline capacity is lost from these organisations it will be difficult to replace in the short term if there was a future desire to increase levels of services.
- There is concern that Jobcentre Plus will cope with the increased pressure on its services by relying excessively on its local voluntary sector. For example, one voluntary sector ERSA member believes that volunteers in its work clubs are likely to be overwhelmed, as individuals presenting to JCP with complex issues are likely to be referred to their volunteer services, which, without additional resources, are likely to be unsustainable.

3.6 **Local commissioning of employment and health support**

In an increasingly fragmented and localised landscape, high quality commissioning is crucial to ensuring the delivery of effective services, which is too often a mixed picture at a local level. ERSA therefore recommends that the government provides more support and guidance for local commissioners which builds on ERSA's guide [Better Commissioning for Local Skills and Employment](#).

3.7 **Maintaining contact with people in the Support Group**

ERSA believes that employment support works best generally when there is a positive relationship between the individual and adviser, with sanctions only ever used as a last resort and vulnerable individuals, including those in the Support Group, being exempt. ERSA is not in support of the use of the conditionality regime and sanctions for those with disabilities and health conditions. Currently, as a result of fear of the conditionality system, JCP is perceived negatively by those in the Support Group, which hampers the ability to maintain contact. To improve participation, those in the Support Group should be offered as many possible employment support options up front, with clarity that accessing them will not harm their benefits. One way of supporting this would be to create an online self-assessment tool that allows an individual in the Support Group to judge whether they are able to move closer to the labour market, and sets out different support options available to them.

3.8 **Work and Health Programme Delivery – supporting supply chains and adapting the Merlin Standard**

At present the small size of the Work and Health Programme, particularly outside London and Greater Manchester, is not sufficiently understood. As such, the primary issue is lack of investment in providers at all levels. Secondary to this is ensuring that the Work and Health Programme attracts and retains the providers with the best track record to support the jobseekers who access it. At the time of writing, all but a few minor design choices have been made, with ERSA having considerable engagement with the DWP, London Councils and Greater Manchester Combined Authority on key

² <https://www.gov.uk/government/collections/work-programme-statistics--2>

issues. This consultation response thus concentrates on issues related to the assessment of bids, mobilisation of contracts and live running of the programme, with the following points made:

- Supply chain management competency is already an integral part of the bid assessment process for the Work and Health Programme. However, the Merlin Standard must apply to the commissioners of the services as well as the delivery bodies of the programme. This is currently not the case and is a major failing of the current arrangements.
- Transparency of performance data up and down the supply chain should be baked into the programme's management. This needs to be shareable with local authorities, social care providers, housing associations, health services, etc, as a matter of course.
- Co-location of services is clearly desirable. Good progress appears to have been made in at least one of the London lots in terms of local authority and health bodies ascertaining in advance of the procurement the services they can bring to bear to support the programme. This is extremely useful to providers at all levels.
- There are a number of things that commissioners must avoid in order to encourage VCS organisations to participate in programme delivery. These include transparency around TUPE obligations and avoiding 'gagging' clauses in contracts which stop campaigning charities participating.

3.9 It is also worth pointing out that the Work and Health Programme is quite possibly going to be a majority JSA programme. Indications from commissioners are that that around 25% of referrals are likely to be a mix of JSA mandated and JSA early entry groups; with the remaining 75% consisting of volunteers with health conditions and disabilities. If Work Choice referrals are taken as the nearest proxy for this 75% group and as over half those accessing Work Choice are on JSA, this means the programme could be heavily skewed towards jobseekers on Jobseekers Allowance rather than Employment Support Allowance. This raises a serious question about what support those on ESA are going to be able to access. It should be noted that, last year, the Flexible Support Fund had a 70 percent underspend, while progress in rolling out the Dynamic Purchasing System has been very slow. As such, it is clear that local Jobcentre Plus procured provision is unlikely to be the answer.

3.10 Quite aside from the mix of referrals, there are concerns up and down the potential supply chains about the quantity of referrals likely to come through to the programme. Experience from previous programme is that Jobcentre Plus can either be an enabler or a blocker of referrals, with Work Choice in particular previously having been positioned by some Jobcentre districts as the provision 'of last resort', with JCP Work Coaches encouraged to try all other options before referring to Work Choice. Indications are that the nationally commissioned Work and Health Programme is likely to be positioned in a similar way (with the London and Greater Manchester programmes positioned differently). This is not in the best interests of halving the disability employment gap.

3.11 **Engaging early entry groups**

The most effective means of engaging early entry groups is likely to be through utilising alternative referral routes. However, at present, it seems that only about 2 percent of referrals are anticipated as coming from non JCP sources. This is a mistake. First, we need social care services, community based services and health services to be vocal advocates for the Work and Health Programme and to want to provide their services to those accessing the programme. However, this is far less likely to occur if these organisations are not able to refer to the programme director or routinely refer through to Jobcentre Plus only to find that their candidates are not able to access the programme.

3.10 A further issue is the inclusion of mandated individuals on the programme as well as those who are volunteers. Government will need to take care to position the programme carefully so that the inclusion of mandated jobseekers does not tarnish the brand by putting off volunteers to the programme, and partner organisations or employers, some of whom do not want to support programmes which are mandatory in nature.

4. The wider employment support landscape - Jobcentre Plus, assessments and support

4.1 Work coach capabilities

The fundamental question requiring a more definite answer than the Green Paper presupposes is the purpose of JCP. Does JCP exist to deliver support, or is it a gateway signposting to more specialist services? There is currently a lack of clarity from the Green Paper in this regard, since these two functions require very different skillsets and resourcing. Currently there is a very real danger that JCP is trying to be all things to all people at all times and will end up failing on a number of fronts.

4.2 A wide range of jobseekers come into contact with JCP, spanning those who are already job ready, to those who face significant obstacles to entering the labour market. Work coaches must be able to ensure that jobseekers receive the appropriate support at the right time. The current plans for work coaches having mixed caseloads will, in ERSA's view, make it very difficult to ensure that appropriate personalised support is provided to each and every jobseeker. For example, research by the Learning and Work Institute has found that, currently, ESA claimants in the Work Related Activity Group (WRAG) receive, on average, 88 minutes of support under the JCP regime a year³. Although the amount of time for each claimant will be flexible, this is likely to worsen with increased pressure from the roll out of Universal Credit (UC) resulting in 1.3 million more people being brought under the JCP regime, combined with a significant reduction in contracted specialist employment support from April 2017. With work coaches expected to take on larger, more diverse and more complex caseloads, it is unrealistic to expect them to fully understand and personally support the range of complex and multiple needs presented. Despite the Green Paper's aim to not leave support until it is "too little, too late", in reality all jobseekers, irrespective of their needs, will wait longer (up to two years) to receive any tailored support.

4.3 ERSA believes that work coaches also need to improve their abilities and knowledge around signposting to specialist organisations. Community partners are a fundamental resource for delivering tailored and personalised support for jobseekers, but only if work coaches know they exist *and* use them when appropriate, with appropriate funding. Although some JCPs have engaged effectively with the support available, some have struggled to know what specialist support is available and when to use it, even when it is free. Drawing on the experiences of Greater Manchester and London, mapping and integration of existing support is being successfully driven by local authorities under the Working Well and the Working Capital schemes respectively.

4.4 A further issue with the excessive expectations placed on work coaches is the negative perception of JCP. This theme runs throughout ERSA's response to the Work, Health and Disability Green Paper. Unfortunately, JCP has a negative brand amongst many of the groups it serves and this is especially the case with young people⁴, who purely associate it with benefits, and those in the ESA Support Group. It is unreasonable to expect work coaches to be best placed to assess people's needs and provide appropriate support when the overall brand is viewed negatively and, in many cases, even feared. Instead, work coaches should be focused on signposting to and resourcing relevant support, ideally in a shopping mall style JCP with specialist community groups colocated alongside more mainstream services.

4.5 Work coach tools and support

As set out above, ERSA believes that generalist work coaches will struggle to deliver high quality assessment and support for all jobseekers and that specialist organisations are well placed to do so.

³ Learning and Work Institute: <http://www.learningandwork.org.uk/our-thinking/news/disability-and-health-reform-plans-are-welcome-we-need-do-lot-more-and-do-it>

⁴ London Youth: <http://londonyouth.org/>

Irrespective of this, however, JCP should prioritise work coaches having access to the Institute for Employability Professionals' frontline adviser pack, as well as receiving Mental Health First Aid training.

4.6 Separating the assessment of financial support and employment and health support

ERSA believes that separating the two elements of assessment (financial vs support) should be a priority and would provide an opportunity to rebrand the publicly operated employment support system. As highlighted above, JCP has a very negative brand among some jobseekers, leading to some individuals who need support falling out of the system all together. The current assessment process creates negative incentives, in effect requiring individuals to prove they cannot work, with the perverse consequence of being placed in the WRAG as a 'failure.' By assessing both benefits and employment support together, jobseekers naturally discuss their employment capacity through the prism of maintaining their benefits. Separating the two elements would allow JCP to cease focusing on whether people are 'worthy' or 'unworthy' claimants and allow for the introduction of a proper holistic assessment that is both ongoing and flexible, adapting to an individual's changing circumstances. The replacement benefit assessment system should be service-user led, and more user-friendly, for instance by making it as easy to track benefits from the point of claim to the point at which they are paid as it is to track a package on Amazon. In terms of the work and health assessment, this should be provided independently from JCP by specialists, using a model such as building on the New Deal Bond, which involved expert assessment of a person's obstacles and assets.

4.7 Ensuring each claimant is matched to a personalised and tailored employment related support offer

Work coaches require an even better understanding of the range of disabilities and conditions that customers have, and of the support on offer, than is currently the case. Ultimately, a work coach will be less knowledgeable about a customer's situation than the customer themselves. Therefore the solution must build on customer choice, for example in the type of specialist support procured on their behalf. This should turn the Dynamic Purchasing System (DPS) from a work coach facing system to a customer-facing tool. The DPS could be made into a shop window for customers, providing information on the services to choose from, and empowering the customer to choose. However, in its current form, DPS lacks the required clarity, information and dynamism.

4.8 The challenges of sharing evidence better (e.g. ESA/UC and PIP)

Sharing evidence between different parts of the employment, health, housing and other systems has been a perennial problem in delivering effective services around the individual. Multiple assessments are carried out at different stages, by different actors, with little sharing of data in between. ERSA believes that, if each individual owned their own data, this could then be passported, with the individual's permission, between different stages and organisations, as appropriate, throughout their life stages.

4.9 Engaging young people

Young people with health conditions and disabilities are disproportionately disadvantaged in relation to labour market entry. As such, the government's strategy must engage the DfE and BEIS more effectively, alongside schools, colleges and universities and should consider the expansion of specialist pathways, supported by specialist providers and careers advice. Good examples exist, whether that be the MyGo specialist youth employment centre in Ipswich or the Leonard Cheshire run programme for graduates with disabilities. Central to this is increasing aspiration for young jobseekers with health conditions and disabilities throughout the system. This is a major challenge to be met by all parts of the system, and which deserves senior leadership from within the education system, without which it will be impossible to stem the flow of young people with disabilities and health conditions becoming tomorrow's long term unemployed.

5. Employer engagement

5.1 Supporting those with disabilities to enter, remain and progress in work

At the heart of supporting employee retention and progression is the need for a cultural sea-change amongst employers, with specialist employment support providers having an important role to play. Many ERSA members have developed specialist employment engagement teams who have a wealth of experience about how to support employers to employ and retain jobseekers with disabilities. Research shows that employers are often cautious or risk-averse about employing disabled people because they are unsure what support may be needed, and specialist providers not only act as advocates for the individuals but also support for the employer.⁵ However, with a move away from large consolidated government employment support programmes to more fragmented, geographically specific provision, employers will find it more difficult to know where to turn for support. In addition, ERSA is concerned about the impact on employers of extending the conditionality regime. Some employers are reluctant to engage with JCP, especially when their experience has been receiving many applications from unsuitable candidates due to the requirement of jobseekers to apply for a certain number of jobs per week using Universal Jobmatch.

5.2 There is a clear business case for employing and retaining more people with disabilities but this case needs to be made. The need for a cultural change has been recognised in the Government's **Disability Confident** regime. ERSA members have participated in Disability Confident since the outset and feedback is that local events are often effective at pushing at an open door among parties who engage. However, broader pledges do not always turn employer intention into action, while overall it is difficult to see the level of success in outcomes. ERSA believes that Disability Confident in its current form is too passive and it requires teeth to encourage stronger engagement, particularly now that it is understood that it will replace the Two Ticks regime. Currently, too often large employers have strong HR and/or CSR policies which fail to translate into actual practice at line manager level, whilst small employers simply are unable to access appropriate advice easily.

5.3 A further issue with the Disability Confident Campaign in its current form relates to employer awareness and ease of access to information. At present, an employer can google 'Disability Confident', access the gov.uk portal, scroll through a high number of unexciting looking attachments, prior to finding a list of 'Disability Confident' partners – there are over 100 of them, none of which are linked through to their website and few with an indication of geographical reach. To turn campaign activities into real opportunities for employers to engage, ERSA would back the development of a fuller national portal through which employers can gain information about exactly who to connect to in their local area.

5.4 ERSA calls for greater publicity for **Access to Work**, and an extension of it to support the jobseeker journey. ERSA members are aware that support-navigating programmes are valued, yet a number of employers, particularly from smaller organisations, are not aware of the scheme. For Access to Work to reach its full potential, the programme needs to be opened up and expanded. Currently, the initiative is instigated by the employee, so one way of opening it up would be to make it employer-driven. It will also require more publicity, potentially through the aforementioned employer portal, and it should be extended to support the jobseeker journey, including the interview process and further down the line when in employment.

5.5 While increasing awareness of and support for employing people with disabilities within the private sector is necessary, ERSA also believes that much more could also be done in the public sector and, in

⁵ Dr Jo Ingold, Leeds University Business School, <http://business.leeds.ac.uk/research-and-innovation/research-projects/how-do-inter-organisational-relations-affect-employer-engagement-uk-and-denmark/>

particular, within public sector procurement practices. Currently, too few public sector organisations are successfully employing people with disabilities and more public sector organisation should consider building in relevant conditions into contracts with those organisations they procure from (and their onward supply chains).

5.6 In addition, using the Apprenticeship Levy to increase investment in apprenticeships designed to be more easily accessible to individuals with physical and mental disabilities is a prime opportunity to open up one area of government focus to encompass another policy priority in a practical way. The focus on access to apprenticeships for those with learning disabilities is welcome. However, ERSA is concerned that the changes to apprenticeship funding may not drive an inclusion agenda, with those with disabilities and health conditions not accessing opportunities to the extent we would wish. As such, ERSA believes that the government should monitor and report on the profile of those accessing apprenticeships and take action to support employers to include those with disabilities and health conditions within their workforce.

5.7 **The influence of incentives on employer behaviour**

ERSA believes that financial incentives fail to encourage positive employer behaviour and may, in fact, drive perverse behaviours. The majority of ERSA members believe that financial incentives tend to undermine the business case for employing disabled employees and send the wrong message about the value of an individual to an organisation. Rather than providing financial incentives, greater investment should be made in specialist employment support that has a proven track record of working with businesses to increase employment of people with disabilities and health conditions. Rather than incentives, employers value expertise and advice about recruiting and retaining disabled people. For example, in a recent Reed survey in which 300 employers were interviewed, 47% would employ a disabled person if they could access training for line ⁶managers.

6. **Working with health partners**

6.1 **Encouraging work as a health outcome**

The best way to encourage health professionals to promote work as a health outcome is to identify the evidence demonstrating recovery and the positive impact of work on wellbeing. MSD physiotherapists and occupational therapists will be familiar with the concept of using employment for health outcomes, but may not perceive that they should plan support and referrals to employment advisers in long term sickness cases. Continual Professional Development and workshops are practical means of reaching relevant groups. Also important is that health professionals trust the employment support sector and this requires assurances that a patient's health plan will not be adversely affected by the work offered to them. Closer working can help with this, for example ERSA member Remploy is delivering employment support services from within a GP practice in Islington.

6.2 Although health commissioners will already have a focus on employment support via the five year forward plan, employment support programmes are long term investments to save and do not displace the current demand in the system. Therefore, the context for commissioners needs to be rewired to include the wider strategic objectives of the STP to approach system wide savings.

6.3 **Encouraging innovation through local networks**

Innovation is best achieved through an inclusive approach that reaches out to all stakeholders to build a shared vision of how employment support can improve wellbeing. One means of supporting this would be to encourage the formation of joint local forums for employment and healthcare professionals. Local people must be part of the development groups of any service and the networks

⁶ <http://reedinpartnership.co.uk/media/179245/disability%20and%20employment%20report.pdf>

need to have long term funding routes. This should be placed in the context of the needs identified across the local government /health system economy, which align to specified outcomes in wellbeing and employment. Service specifications in commissioning must align and describe clearly the need to reduce duplication of provision. To reduce one of the biggest risks to multi sector /agency providers, information sharing protocols should be introduced across providers within regions, with annexes to allow for specific tailoring to smaller agencies.

6.4 Work and health indicators

Appropriate health and work Indicators could include data collection as part of Service Development and Improvement Plan (SDIP) contract elements, work status benefits received (ESA vs. JSA) and secondary diagnosis reporting. The ability to refer into employability programmes, such as the Work and Health Programme, would also help health services to focus on work outcomes as part of the care planning process through recognised support. In addition, a cross-sector wellbeing measure would aid the collection of macro level evidence of the impact of different elements of an individual's support.

6.5 Encouraging improved sharing of health and employment data

Government and local partners can encourage improved sharing of health and employment data by making it part of the Joint Strategic Needs Assessment (JSNA) process. This should include identifying the key barriers to employment in a local area, allowing Health and Wellbeing Boards to plan and drive commissioning appropriately. These needs should also be reflected and built into an area's STP.

6.6 Collating and sharing existing evidence and best practice for commissioners and delivery partners

ERSA believes that the best way to collate and share existing evidence and best practice is through networks of service providers. The goal of collaboration is to avoid duplication, share resources and case work where appropriate and thus ensure the necessary integration of services around individuals. To make such a network function, all relevant agencies should have a duty to define, describe and share their model, access points and target cohorts of individuals. Commissioners and strategic leads should then use the network to accrue information related to delivery, challenges and impact across the system for inclusion, appropriateness of model and developments that can improve outputs.

7. Evidence and types of support for specific cohorts and conditions

7.1 Innovative and evidence-based support improving health and employment outcomes

ERSA members are clear that there is a range of overlapping attributes and requirements associated with innovative employment and health support. These include an emphasis on collaboration, specialism and a focus on customer-led approaches. Currently, people with visible disabilities tend to access and receive better specialist support and ERSA recommends that funding be put in place for more mental health first aiders in offices to help translate top-level policy into action on the ground.

7.2 Building expertise through partnerships is important to improving health and employment outcomes. For example, currently ESA claimants make up over 50% of Westward Pathfinder's Work Programme load and, through working with third sector organisations locally, they have developed a large network of specialists who can be called upon when required. This means that claimants get the stability of one end-to-end provider while accessing a range of specialist support. Similarly, employment support providers have built up a portfolio of internal and external expertise which can be drawn upon in their service delivery. However, with the reduction in funding for specialist employment support, this is likely to see the holistic support package diminish.

7.3 ERSA members also emphasise the importance of integration and colocation. For example, Futurepath's Independent Placement and Support (IPS) service in Camden is based in a jobcentre.

Equally Futurepath's approach in Barnet is also interesting – funded by Public Health England – it employs multiple metrics around wellbeing and employment outcomes throughout. In this way, the focus is on the holistic picture even if it's not immediately relevant to employment. Further interesting innovation has seen ERSA members seek to integrate health into the employment journey, for example Working Well in Manchester.

7.4 Appropriate access to support for mental health and musculoskeletal conditions

A starting point for improving access is via improving diagnosis and encouraging early disclosure. Self-assessment tools could help in both respects. One issue is that currently the system for actually accessing services can be confusing and off-putting for claimants. Here, colocation can be effective at encouraging greater access to the appropriate services, for instance via integrating employment support provision in GP surgeries. In addition, as emphasised throughout this submission, assessment and any resulting support needs to be more holistic and personalised in nature than is currently the case. This could be achieved through more effective and targeted use of the Flexible Support Fund.

7.5 Learning from evidence on beneficial employment support for people with mental health conditions

A key learning from ERSA members in supporting people with mental health conditions is the importance of building resilience in the individual as early as possible. Resilience can be fostered by focusing on the customers' existing skills rather than the obstacles they face. ERSA members also underline the importance of user-led services and customer choice in securing buy-in for the proposed support. An example of good practice in engagement is in Glasgow where the local authority has a joint website and programmes aimed at both individuals and employers to encourage engagement. There is also evidence that IAPT talking therapies work, but are now vastly oversubscribed. Generally programmes must include input from users, both in service design and live running programmes.

7.6 Developing and communicating the evidence base to influence commissioning

ERSA believes that building and communicating an effective evidence base is critical to delivering effective services and outcomes. A strong evidence base enables the development of realistic expectations and costings. For example, at a minimum, commissioners should always have data on the number and type of people falling out of work in their area of responsibility. DWP needs to make far more of its considerable evidence base, which could be used to create a centralised evidence bank for commissioners and providers. Such a datalab would improve the bidding and commissioning process.

8. Conclusion

8.1 The Improving Lives: Work, Health and Disability Green Paper offers a huge opportunity as a blueprint for a more integrated approach to health, wellbeing and employment. ERSA is aware of the mountain of evidence that the Work and Health Unit will receive in relation to this consultation, the competing priorities within the current administration, plus the limits of central government power when faced with the need for a deep cultural shift across society. Despite this, ERSA believes that the government has the ability to lead major long term societal change. To achieve this, however, ERSA believes there needs to be sustained cross party leadership, a determined engagement with other tiers of government and non governmental agencies and that the business community must be activated at all levels. In addition, government must invest in effective labour activation policies. Calling upon the business community to change its practices will not be enough. As such, government must think again about short term spending decisions which effectively denude investment in the charities, social enterprises and private sector organisations who work with employers and jobseekers with disabilities and health conditions. Once capacity is lost from this sector, it is going to be hard to rebuild.

8.2 For more information contact policy@ersa.org.uk