APPENDIX 1

Worklessness and Health Joint Strategic Needs Assessment

2020

Worklessness and Health Joint Strategic Needs Assessment (JSNA)

Contents

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Glossary of terms:

TC	Thurrock council
TACC	Thurrock Adult Community College
JSNA	Joint Strategic Needs Assessment
MSK	Musculoskeletal
MENTAL HEALTH	Mental Health
ESA	Employment Support Allowance
JCP	Jobcentre Plus
PHE	Public Health England
EDSP	Economic Development Skills Partnership
CCG	Clinical Commissioning Group
DWP	Department of Works and Pensions
NHS	National Health Service
SC	Social Care Services
IPS	Individual Placement Support
UC	Universal Credit
HWB	Health and Wellbeing Board
ROI	Return on Investment
MAC	Multi Agency Centre
GP's	General Practitioners

LTC	Long Term Conditions
RTW	Return to Work
IMC's	Integrated Medical Centres
CLLD	Community Local Led Development
LAC	Local Area Coordinator
QOL	Quality of Life measure
DALYs	Disability Adjusted Life Years
CMENTAL HEALTHD	Common Mental Health Disorders
DEA	Disability Employer Advisor
QOF	Quality and Outcomes Framework
WHO	World Health Organisation
B&ME	Black & Minority Ethnic
VCS	Voluntary and Community sector
DHSC	Department of Health and Social Care
NELFT	North East London Foundation Trust
EPUT	Essex Partnership NHS Foundation Trust
IAPT	Improving Access to Psychological Therapies
ESP	Extended Scope Practitioner (Physiotherapy)
ESF	European Social Fund
MPFT	Midlands Partnership Foundation Trust
SMI	Serious Mental Illness
ACAS	Advisory, Conciliation and Arbitration Service
CV	Curriculum Vitae
SEQOHS	Safe, Effective, Quality Occupational Health Service
NCVO	National Council for Voluntary Organisations
ERDF	European Redevelopment Fund
SELEP	South East Local Enterprise Partnership

Executive Summary

The Worklessness and Health Joint Strategic Needs Assessment (JSNA) has been developed to gain an understanding of the relationship between worklessness and health and the scale of this issue in Thurrock. The report is aimed at professionals who commission mental health and MSK services, the EDSP partnership, including the Jobcentre Plus (JCP) and organisations both statutory and community that provide support services for gaining employment. The focus of exploration is Employment Support Allowance (ESA) claimants with mental health and/or musculoskeletal (MSK) conditions. The decision to focus on mental health and MSK was made because these are the two main conditions seen within ESA claimants, both nationally and locally, therefore a reduction in these would have the most impact.

Within Thurrock this is seen as a relatively small cohort of people and only those who are deemed likely, with the right support, to be able to regain employment are included. The JSNA seeks to understand any barriers to employment and the support available to overcome these.

The importance of assisting people to return to work is viewed from both, an individual wellbeing and an economic viewpoint

The national cost of sickness absence due to poor health is over £100 billion annually, with mental health cost within this figure estimated at being £35 billion and MSK £7 billion.

The cost for the total number of ESA claimants in Thurrock is £47,417,900.00.

Wellbeing costs to the individual are the likelihood of becoming depressed and socially isolated which in turn may make them more susceptible to other health conditions.

The identification of and investment in, both services and solutions is important. Existing assets within the community can help to support people back to work, for example volunteering or attending groups to build confidence. Support around the early return to work for people with mental health and MSK conditions has been identified within the report as a means of addressing or reducing worklessness and improving wellbeing. As part of this, examples of projects that could result in cost savings in benefit claims and work absence have been reviewed and contribute to the recommendations within the report.

From the individual's perspective, returning to work after a time of ill-health related worklessness is vital to their ongoing recovery and to their overall sense of wellbeing. By being in work, the chronic physical and mental ill-health effects that can arise from mental health and MSK conditions, such as higher levels of depression, higher medication intake and a shorter lifespan can be significantly reduced or mitigated. The report finds that

workplace health is key to supporting people with MSK or mental health conditions to stay well and remain in employment – including helping avoid an escalation of ill health which can result in worklessness.

Thurrock datasets were analysed around MSK and mental health adding local context to this review. Two of the most important findings from these datasets were that some types of MSK conditions in Thurrock are on the rise, which is in line with national trends. There is also a significantly higher prevalence of common mental health conditions in Thurrock compared to the East of England. The data also highlighted the variation across the borough of ESA claimants for these conditions, with areas of higher deprivation having larger claimant numbers. Added to this, a comparison was undertaken between Thurrock services and projects for assisting people back into work against those from other areas to identify what worked and what could potentially be adopted.

The local specialist offer is reasonably comprehensive for people with mental health conditions, ranging from services such as Individual Placement Support (IPS), which supports people with severe mental health conditions to access and sustain work, to Signpost, which helps all unemployed people with training and work readiness. There is also community support around volunteering and shadowing, which can have a large impact on confidence and self-esteem as well as skills development. However, the local offer for MSK is more limited and this gap was also noted within the evidence searches. There is a new Community MSK service, commissioned by the CCG and provided within health hubs, which offers treatment and rehabilitation for MSK.

Key and emerging themes and gaps have helped to form the recommendations that follow:

The main gaps noted are:

- No overall strategic approach to worklessness and health was identified.
- Whilst a variety of local services are noted for worklessness in general and for mental health, access to support is unclear and disjointed.
- The MSK offer is more limited and further analysis of the impact of the introduction of the CCG Community MSK service needs to be conducted, when data is available, to assess whether any gaps remain.
- The services appear to operate in silos and are not person centred or flexible.
- Fit notes do not always detail what a person may safely be able to undertake on return to work without exacerbating their health condition.
- There is no overarching workplace health accredited framework within Thurrock employers.
- The Disability Confident accreditation scheme has a limited uptake.

The main recommendations are:

- A strategy around worklessness and health that should be co-produced by the EDSP partnership that will have a solution based approach on what matters to the individual.
- A single point of access for all services and community opportunities should be developed to provide a solution and joined up focus.
- A sustained funding model for services should be developed.
- A communication plan for the Disability Confident scheme roll out is formed.
- Specialist packages of support for ESA claimants around suicidal ideation are identified.
- Information sessions for relevant professionals around fit note completion are given.
- A healthy workplace accreditation scheme is explored with Thurrock employers and championed by Thurrock Council.
- A more standardised data collection method to be developed to allow comparison of activity and evidence of outcomes.

There is also some work to be undertaken in identifying employment support for people with mental health conditions that fall outside of the IPS service.
A limited evidence base was identified around the worklessness and health agenda so learning from this work and projects such as the Tilbury Community Led Local Development (CLLD) will be taken forward as an additional recommendation.

Conclusion

Overall the JSNA has identified that the solution to worklessness and health relating to mental health and MSK is not the responsibility of one service or section of the community. It requires a system-wide approach from all sectors including: primary and community health; Job Centre Plus; the Third sector; the community; and employers to ensure a cultural shift is achieved that focuses on solutions and outcomes as opposed to services and outputs. Accessing good quality work is one of many factors which supports good health and helps in alleviating other health determining factors such as poor housing, child poverty and low educational attainment.

The recommendations contained within the report seek to increase the health and wellbeing of people by reducing the numbers reliant on ESA and who are out of work because of enduring mental health or MSK conditions.

One of the strengths identified within Thurrock is the close relationships between statutory and community organisations and groups, employers and the worklessness and health regional Public Health England (PHE) network group. One example of this is the EDSP partnership.

Full information and recommendations can be found within the JSNA document.

The limitations

This JSNA had some limitations, one of which was the ability to collect current data around ESA claimants. This was due to the phasing in of the new Universal Credit benefit that, as reported by the Job Centre Plus, does not yet allow for collection of data around health conditions. There was also a lack of national evidence around any successful community MSK services. Thurrock CCG has recently commissioned a new community MSK service (April 2020), there is limited performance data available at this time but this could inform any future work on this agenda.

It is suggested that an impact assessment be undertaken to understand the effects of both the move over to Universal Credit for claimants and the Covid 19 pandemic on worklessness and MSK/mental health conditions. The findings from this can then be used to realign or refresh the current recommendations as required. Service availability will also require reassessing due to the economic stressors of the pandemic.

Chapter 1 Background and introduction

Key Points

- **The combined costs from worklessness and sickness absence across the UK amount to approximately £100 billion annually.**
- **Good quality employment is seen to be a key factor in maintaining and fostering good physical and emotional health in both existing and potential employees.**
- **It is identified that MSK and mental health are the highest reasons for worklessness within ESA claimants.**
- **MSK and mental health conditions have a complex and reciprocal relationship.**
- **Key barriers to work can include: stigma, pain, low expectations, and lack of understanding / education of employers.**

1.1 Introduction and background

Health related worklessness is an important issue both at a local and national level, with the national costs from worklessness and sickness absence exceeding £100bn annually (32). Worklessness can be linked to an increased risk of mortality and morbidity, including life limiting illness, and poor mental health. There is also the personal cost of being workless due to a long term condition, as work is seen to give us a sense of pride and identity, financial security and allows us to play an important part in society (50).

The purpose of this JSNA is to provide a Thurrock focus on the relationship between worklessness and health. Examining the borough's residents who are workless due to long term health conditions.

This focus will be specifically around those with:

- Musculoskeletal (MSK) and mental health conditions
- Those who are claiming Employment Support Allowance (ESA) benefit and identified as potentially able to return to work given appropriate support.

These two conditions were identified as the most prevalent within the worklessness population, both nationally and locally.

The focus includes people of:

- Working age (18 to 67 years)
- All genders and ethnicities as identified within data searches of ESA claimants.

Job seekers without these health conditions or volunteers not receiving ESA are not included.

Workplace health will be discussed briefly as this is an important setting for promoting health and wellbeing and can help to reverse the harmful effects of long term unemployment, worklessness and prolonged periods of ill health. (13)

The findings will help to support the development of a strategic approach to worklessness and health, helping to devise appropriate pathways that will assist in a return to work. This will sit within the Thurrock Economic Growth Framework and the Population Health Management strategy. The findings will also support the delivery of the following goals outlined in the Thurrock Health and Wellbeing Strategy (HWBS), namely goals, A2, D2, B3, E3, A4 and C4 as shown below:

Figure 1: Thurrock Health and Wellbeing Strategy Goals

Thurrock Health and Wellbeing Strategy Goals				
A. Opportunity for all	**B. Healthier environments**	**C. Better emotional health and wellbeing**	**D. Quality care centred around the person**	**E. Healthier for longer**
A1. All children in Thurrock making good educational progress	B1. Create outdoor places that make it easy to exercise and to be active	C1. Give parents the support they need	D1. Create four integrated healthy living centres	E1. Reduce obesity
A2. More Thurrock residents in employment, education or training	B2. Develop homes that keep people well and independent	C2. Improve children's emotional health and wellbeing	D2. When required, services are organised around the individual	E2. Reduce the proportion of people who smoke.
A3. Fewer teenage pregnancies in Thurrock	B3. Building strong, well-connected communities	C3. Reduce social isolation and loneliness	D3. Put people in control of their own care	E3. Improve the identification and management of long term conditions
A4. Fewer children and adults in poverty	B4. Improve air quality in Thurrock.	C4. Improve the identification & treatment of depression, particularly in high risk groups.	D4. Provide high quality GP and hospital care to Thurrock	E4. Prevent and treat cancer better

Source: Thurrock Health and Wellbeing Strategy review 2018

The Health and Wellbeing strategy was for the period of 2016 to 2021. This has been refreshed on an annual basis and is due to be rewritten in 2020. During this refresh goals and priorities will be reviewed and employment, as a health improvement factor, could gain more prominence.

1.2 Aims and objectives

The aims of the JSNA are:

- To establish the economic, societal and human costs of health-related worklessness, as observed through the lens of MSK and mental health ESA claimants.
- To make recommendations around any evidence gaps and examples of good practice that can be considered for Thurrock. This will be achieved through the objectives outlined below.

Figure 2: Objectives of Worklessness Joint Strategic Needs Assessment

To gain an understanding of the disease burden of both MSK and mental health in Thurrock relating to worklessness, through the lens of ESA claimants.
To understand the demographics of these groups and any variation that may exist across Thurrock.
To understand the pathways for ESA claimants.
To understand the economic, health, and Social Care (SC) costs of ESA claimants in Thurrock.
To understand the barriers to work for people with mental health and MSK that may exist, both actual and perceived.
To understand what services for mental health and MSK are available in Thurrock, e.g. health, employment support etc.
To understand how services and activities could help those with MSK or mental health conditions who are claiming ESA to return to work.
To identify strategies and good practice for staff retention once in work – with a focus on healthy workplaces.
To produce recommendations that could improve the service offer and employment opportunities for residents with MSK or mental health conditions.

Source: Worklessness JSNA scoping document 2019

1.3 National picture for health and worklessness

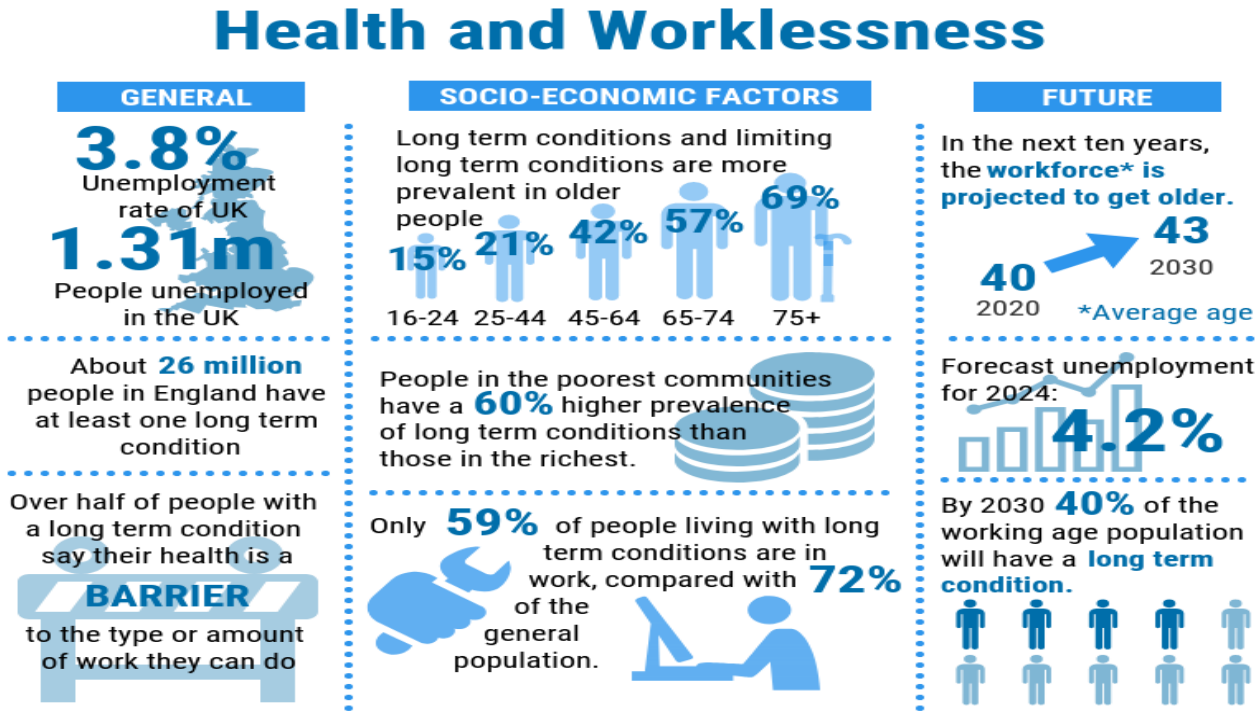
The UK workforce is changing. It is becoming increasingly diverse with people working past retirement and women now making up nearly half the workforce. The number of people with disabilities employed has increased, between 2018 and 2019 this group grew by 1.9% (1). However, employment is not equally distributed amongst all groups with some finding it harder to gain employment than others, including those with health conditions such as MSK and poor mental health.

Figure 3 below identifies that:

- In the UK, in 2019, 3.8% of the working age population were currently unemployed and that this is predicted to rise to 4.2% by 2024
- The more deprived communities have higher levels of long term conditions (LTC). This agrees with the findings of the Marmot paper, and the more recent 2020 review, which both identified that the lower one's social and economic status, the poorer one's health is likely to be (2)(2).
- Of the people with long term conditions, over half state that this is a barrier to work.
- Only 59% of people with LTC are in employment compared to the general population employment rate of 72%.

Some of these findings are discussed within this chapter.

Figure 3 Health and Worklessness England 2019



Source: Health Matters, ONS 2019

*

As identified above *, nationally by 2030 40% of the working age population will have a long term condition. If we calculate this for Thurrock, based on local ONS population projections, it is estimated that the number of working age residents with a long-term condition by 2030 will be **49,592**. If nothing is done to reverse this trend it will result in greatly increased economic, health, and social care costs locally.

1.4 ESA

Employment and support allowance (ESA) replaced incapacity benefit.

Potential ESA claimants enter the benefit system through either loss of previous employment, or because they have never worked. This could be due to a variety of reasons including ill health. The only contact that the JCP have (at present), with the healthcare system is through the review of fit notes provided by GPs or Allied Health Professionals. Fit notes provide information about any health conditions a claimant has and should contain information about the possible impacts on the claimant's ability to undertake daily and work related activities. If a fit note is not completed in full, this removes the opportunity for an informed discussion about the claimant's condition(s); including what they would be able to undertake in a work situation.

Once a claim is received by the JCP a work capability meeting takes place and, if eligible for the benefit, the claimant is placed into either:

- The work-related activity group, or
- The support group (not suitable to return to work due to severity of their condition)

If placed in the **work-related group**, the claimant attends regular interviews with a JCP work coach who helps to increase work readiness and supports looking for work. This is the group that the JSNA is focused on.

Whilst receiving ESA, these claimants can earn up to £131.50 per week and still be entitled to their benefit. This enables people to start back into volunteering or reduced employment whilst building their confidence and skills but still retain the safety net of benefits.

1.5 MSK

Musculoskeletal (MSK) disorders are conditions that can affect your muscles, bones, and joints. They are common within the population and prevalence increases with age, although conditions may be present across the life course. The severity of MSK conditions can vary and in some cases they cause pain and discomfort that can limit daily activities, including employment.

The national Global Burden of Disease 2017 study, identified MSK conditions as the leading cause of years lived with disability and the third largest cause of disability adjusted life years (4).Musculoskeletal conditions affect over 10 million people in the UK with 8.5 million

people having osteoarthritis, this is expected to rise to 17 million people by 2030 (3). Within this cohort of people with MSK conditions it has been found that:

- Low back and neck pain are the leading causes of MSK morbidity (4) and account for 20% of England's GP consultations. Low back pain was ranked as number one of the top 10 causes of years lived with disability (5).
- Musculoskeletal conditions are associated with a large number of co-morbidities, including depression and obesity.
- Only around 63% of working age adults with an MSK condition is in work compared to 72% of people with no health condition.
- Those with MSK conditions are less likely to be in work than people without health conditions, and are more likely to retire early.
- Two risk factors that often coincide are increasing age and reduced physical activity. As people age, they take part in less physical activity - in the 19 to 24 year age group 76.6% of people are physically active compared to 24.7% in individuals aged over 85 years (7).
- Other risk factors include being overweight or obese and smoking.

There is a complex and reciprocal relationship between MSK and mental health conditions which means those with these conditions may be even less likely to be able to work. Living with back pain can lead to depression and anxiety while, on the other hand, psychological distress and depression can worsen pain. This pain, along with limited activities, can lead to a loss of confidence, work, social life, and work life balance. People with long term physical health conditions are four-times more likely to experience mental health problems with this co-morbidity affecting motivation and the ability to self-manage. The likelihood of depression in people with symptoms of back pain have been shown to be 50% higher than in those without (5).

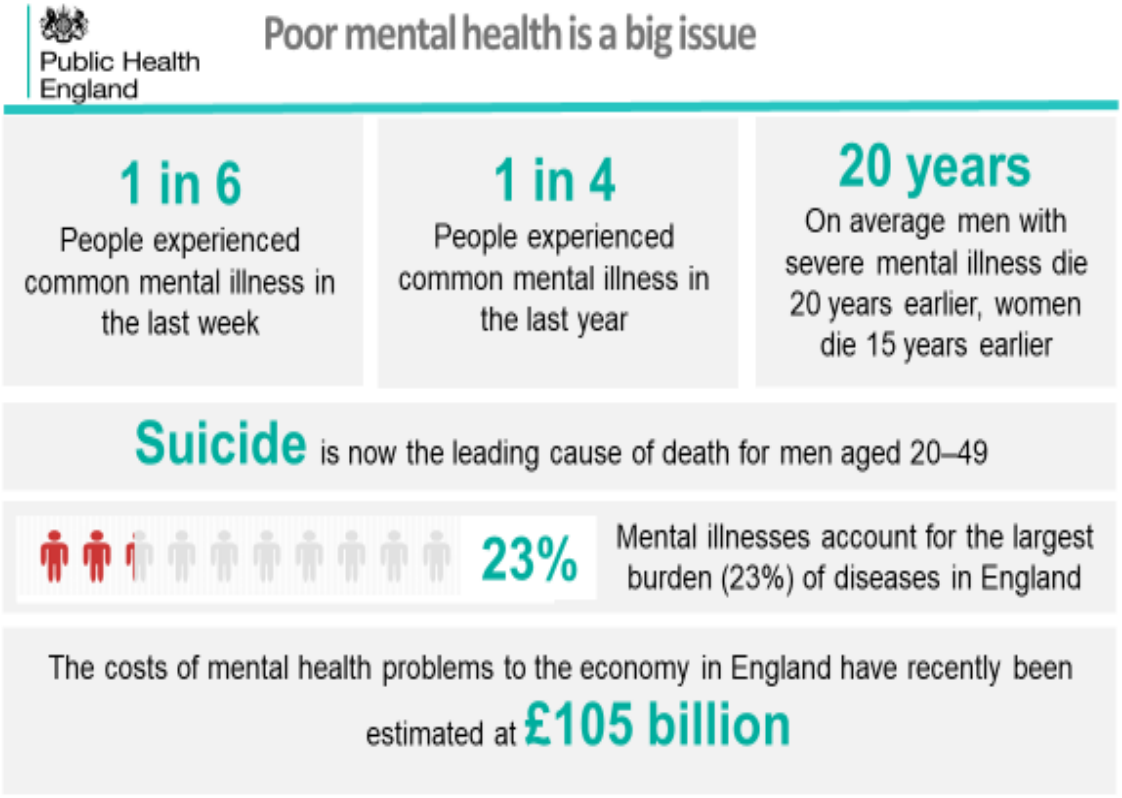
1.6 Mental ill health

Mental ill health is the single largest cause of disability-adjusted life years (DALYs is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death) in the United Kingdom, contributing up to 22.8 % of the total burden of morbidity. Current figures suggest that one-in-four people will experience a mental health condition during their lifetime (6).

As described above, people with mental health problems are also at higher risk of experiencing significant physical health problems.

The overall cost of mental ill-health in England has been estimated to be £105 billion annually, of which £30 billion is attributed to work related sickness (7).

Figure 5: Poor mental health is a big issue



Source: Public Health England

Figure 5 (above) shows why poor mental health is an issue, and some of the areas it impacts upon.

300,000 people with a mental health condition leave employment every year in the UK (18), this indicates the importance of appropriate services and support around these issues.

1.7 Why working is good for your health

Being employed is one of the identified protective determinants for good health. The impacts of employment are reflected positively in the employee, their family, and their community. It is noted in the Waddell et al 2006 report, Is Work Good for your Health, that being in work tends to lead to happier and healthier lives than for those who are workless.

Physical and mental health is generally improved through work; people recover from sickness quicker and are at less risk of long term illness and incapacity. Therefore, these health benefits identify that people should be encouraged to return to, or remain in, work if their health condition permits it (50).

In Dahlgren and Whitehead's model of the wider determinants of health, figure 6, it shows that living and working conditions can have a significant impact on an individual over their life span. Waddell and Burton also state that working is beneficial to our health and

wellbeing, contributing to our happiness, confidence, self-esteem and our financial and community status (13).

Figure 6: Dahlgren and Whiteheads model of the wider determinants of health

Source: Dahlgren, G., and M. Whitehead. 1991, Kings Fund

Working is seen to be good for our physical and mental health but as outlined in Dame Carol Black's Review:

'Jobs need to be sustainable and offer a minimum level of quality, to include not only a decent living wage, but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health' (8).

1.8 Barriers to work

Research indicates that there is a complex web of reasons that an individual may struggle to find or remain in employment (Figure 7) (9). Those with long-term physical and mental health conditions and the long-term unemployed face particular difficulties when seeking employment. A study carried out by Working Links (10) , looking at barriers to employment for the long-term unemployed, found;

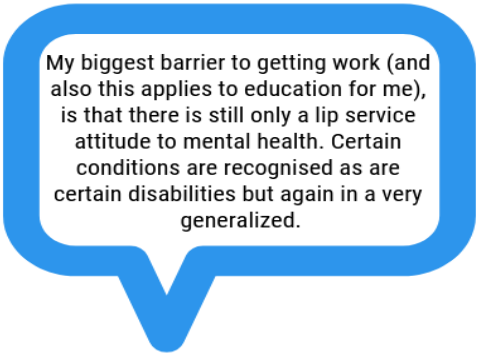
Source JSNA focus group

- There was a significant lack of confidence among out-of-work-benefit claimants.
- That more assistance with acquiring new skills and "confidence coaching" is needed.
- Financial support is needed to support the transition into employment.
- Psychological obstacles such as depression were particularly difficult to overcome.

- There was generally a negative experience of job centres which was echoed in some of our user feedback.
- Practical concerns such as access to public transport also featured highly (please see appendix 1 for more detail).

Figure 7: General barriers to employment

1.9 Barriers to work for ESA claimants with Mental Health or MSK complaints



Source JSNA focus group

Those with MSK conditions face all of the same barriers to employment as the general population and in addition face further physical difficulties relating directly to their condition.

As with people who have an MSK condition, those with mental health issues face a unique set of barriers alongside general barriers to employment. People with mental health conditions report numerous barriers including discriminatory attitudes of employer's low expectations of health professionals, and ineffective models of supported employment.

1.10 Potential impacts on MSK and mental health from not returning to work

Not returning to or being able to access work can be detrimental an individual's health, emotional wellbeing, and social interactions. This is particularly pertinent to people with existing MSK and mental health conditions. As identified through conversation with the

JCP, the longer these cohorts are on ESA the more likely their health is to deteriorate which could lead to them being placed in the Support Group for ESA. Being placed in the Support Group category would mean that they were identified as having little potential for returning to work and would not necessarily receive support around this.

1.11 Economic burden

While sickness and worklessness are an individual problem, they also have wider implications for society, business and the economy. The cost of ill health to the UK government is estimated to be around £100billion a year, as a result of benefit payments, additional health costs, and loss of tax and National Insurance contributions (32).

Using the PHE Movement into Employment return on investment tool, it was calculated that savings of £12,035 per person can be made if they gain employment for one year. This can be seen in Figure 8 (below).

Figure 8: National economic impact of worklessness and sickness absence

Source: PHE England – Health Matters

Modelling this assumption for Thurrock, it was seen that:

If we returned **10%** of the eligible ESA claimants for MSK and mental health to work, it would be an annual saving of:

- £25,380 to Thurrock Council
- £3,995 to the NHS
- £536,270 to the government per year

The total would be **£565,645** which could be a significant amount of savings for all contributors of these services.

Chapter 2 Policy Context

Key Points

- **The government has pledged to see one million more disabled people in work over the next ten years (2017 to 2027).**
- **The 2019 MSK framework encourages the building of relationships between the care sectors, third sector, and people with MSK conditions.**
- **The Government's aim is that the proportion of people with a long-term mental health condition who leave employment each year is reduced.**
- **Employees in all types of employment will have "good work", which contributes positively to their mental health, our society, and our economy.**

Within this chapter there is an overview of the national past and present research, policies, and recommendations that have shaped the worklessness agenda. Workplace health is also identified and some information around the local policy development through the EDSP group. The recommendations relevant to this chapter can be found at the end of the section.

2.1 National policy

The link between worklessness and health, as referred to in chapter one, was identified in the 2006 study by the Department of Works and Pensions (DWP) as an important factor in helping to reduce health inequalities. It identified that employment is beneficial to health but should be of a suitable nature and quality to fit with any health limitation of the employee (11). In 2008 the DWP commissioned another review by Dame Carol Black. This went further in identifying the economic costs of sickness absence, showing that these were greater than the NHS budget of the time and therefore unsustainable. The wider human costs were discussed alongside the financial burden in a competitive global economy. Recommendations were made for areas of reform and long term change to ensure the protection of the health of the future working-age population, using an integrated community approach (8). This work led to the convening of the Health and Work Network, to facilitate the development of workplace health offers and models of accreditation. The government's response to the recommendations was to plan changes to promote workplace wellbeing, get more people into work and change any negative attitudes to the positive benefits that working has on health (12).

The Work and Health Unit, which is still in existence, has two main outcomes which are relevant to this piece of work for Thurrock:

- Improve health outcomes for working age people with health conditions and disabilities, to improve productivity and labour market participation.

- Improve employment outcomes for people with health conditions and disabilities, to contribute to halving the disability employment gap.

These are supported by six objectives which are also echoed within this work:

- To create a more integrated and supportive individual journey through the work and health systems.
- To encourage work to be seen and embedded as a health outcome within the health and care system.
- To create cultural change so that individuals, employers and wider society recognise the importance of work and health.
- To influence employers so that they support health in the workplace thus improving productivity, and also recruit and retrain people with health conditions and disabilities.
- To use the resources currently expended by the employment and health care systems where they make the most difference.
- To develop delivery models that support and incentivise the outcomes we want.

Leading on from this, the 2010 Marmot review (2) added weight to the argument around the link between worklessness and ill health. It identified that it results in an increase in health inequalities, stating that 'good work and meaningful activity can help to improve an individual's health and wellbeing'. The 2017 white paper, *Improving Lives: The future of Health, Work and Disability*, then strengthened ambitions by pledging to see one million more disabled people in work over the next ten years. The paper explored a range of strategies for long-term reform including improving and a joining up across the welfare, workplace, and healthcare systems to provide support for those who need it, whatever their health condition (2).

Further reports, specifically relating to mental health, identified proposals for services to assist people back into work, including:

- Increased vocational opportunities and group work to build self-efficacy and confidence
- On-line access to mental health and work support
- Jobcentre Plus to commission third parties to provide a telephone-based specialist psychological and employment-related support (13) .

The Five Year Forward View for Mental Health (2016) advocates the expansion of the individual placement support (IPS) approach (see Ch. 5, 5.4). Enabling the individual to be in charge of decisions around the programme and to accessing both health and work opportunities (14).

The Musculoskeletal Health: 5 year prevention strategic framework (2019) set out a commitment to promote good MSK health and prevent MSK conditions across England. The framework encourages the building of relationships between the care sectors, third

sector, and people with MSK conditions to ensure best practice from lessons learnt and systems improvement (6).

Two of the main learnings from these reviews were; the importance of a cultural shift in identifying the value of work in achieving health outcomes and the need for clear pathways between services.

2.2 Workplace Health

Figure 9: Health and work cycle

Source: Health Matters

While the focus of this JSNA is around increasing health through moving people away from the ESA benefit system, workplace health plays an important role in the process by ensuring good employment practices that enable people to regain and retain employment.

There have been several government reviews into this subject including *Health at Work*, which recommended a system change around current sickness absence, the sharing of the costs of this, and how people were retained in work (15). A further review by Stevenson and Farmer (16) looked at how employers can better support all employees including those with poor mental health or wellbeing to, remain in and thrive at work. Using good practice and evidence where it exists, this review set out some mental health core standards that included:

- Employees in all types of employment will have "good work", which contributes positively to their mental health, our society, and our economy.

All organisations will be:

- Equipped with the awareness and tools to not only address but prevent mental ill-health caused, or worsened, by work;
- Equipped to support individuals with a mental health condition to thrive, from recruitment and throughout the organisation;
- Aware of how to get access to timely help to reduce sickness absence caused by mental ill health;
- The proportion of people with a long-term mental health condition who leave employment each year is reduced (16).

Most recently the NHS Five Year Plan set out the changes that are envisioned for the NHS over a long term. It discusses changes to health services including suggestions around employee health as well as what will be delivered for patients (17).

As identified in the evidence section, it was suggested that policies around pre-employment checks, return to work (RTW) and staff retention should be developed by an interdisciplinary team of professionals who hold different roles and skillsets. This could include members of staff from key organisational parties such as occupational health, RTW coordinators, union reps, and HR managers (18).

Elements of this policy evidence have been used to form the recommendation that can be found in chapter eight of the document. This includes the embedding of work and volunteering as a health outcome in health and social care practices.

2.3 Local policy and strategy

One of the strengths within Thurrock around the worklessness agenda is the Economic Development Skills Partnership (EDSP), a collaborative group of engaged partners within Thurrock that assist in devising the local strategy and policy for Thurrock. The group brings together partners from local employers, Education, DWP, and community employment support services. They plan strategically for the future employment of Thurrock residents and report to Thurrock's Business Board. An action plan maps the needs of the borough and supports the development of local employment, skills, and training opportunities. This work feeds into Goal 1 Opportunities for all – 1B, More Thurrock Residents in Employment Education and Training of the Health and Wellbeing strategy. A subset of this partnership is a delivery group that undertakes the work plan developed by the EDSP partnership.

The 2019 Thurrock EDSP action plan outlines their different priorities such as:

Skills and employment:

'EDSP to support the implementation of IPS (Individual Placement & Support) employment model in Thurrock, to be delivered by Inclusion Thurrock'

Business support, retention and development:

'There will be provisions in place to support people to stay mentally healthy at work. Thurrock's Public Health team will engage with EDSP and its delivery group, using existing data (through JSNA's) e.g. and the work and wellbeing events.

Employers who are members of the EDSP act as 'champions' for initiatives around supporting health in the workplace.

The recommendations below have been identified from within the evidence of this chapter.

Recommendations;

- **To identify opportunities for work and volunteering to be recognised as health outcomes.**
- **Learning from the Thurrock approach to be added to local and national evidence base.**

Chapter 3 Local Need

Key Points

- **Just over 16.9% of respondents reported having a long-term Musculoskeletal (MSK) condition in the GP Patient Survey in 2018/19.**
- **There is an increasing prevalence of some types of MSK conditions in Thurrock, such as osteoporosis.**
- **There is a significantly higher prevalence of Common Mental Health Disorders (CMHDs) in Thurrock compared to the East of England region.**
- **There are a higher number of ESA claimants, who are claiming for Mental Health conditions compared to claimants for MSK conditions.**
- **There is variance in the rate of ESA claims for MSK conditions across all wards in the borough, ranging from 0.7 per 1,000 population in East Tilbury to 7.9 per 1,000 population in Tilbury St. Chads**
- **There is variance in the rate of ESA claims for Mental Health conditions across all wards in the borough, ranging from 3.1 per 1,000 populations in South Chafford to 18 per 1,000 population in Belhus.**

This chapter provides the statistical evidence for Thurrock around the worklessness and health status. It describes the mental health and MSK prevalence within the borough and then aligns these to the ESA claimant data to give an overall picture.

3.1 Musculoskeletal Conditions Prevalence

Results from the GP Patient Survey conducted by NHS England in 2018/19, found that 16.9% of respondents in Thurrock reported having a long-term MSK problem during that year. This was similar to the national average and in line with the results observed across many of Thurrock's statistical neighbours[1].

The figure below illustrates prevalence of various types of MSK conditions in Thurrock and England. The figures are taken from numerous sources and were collected at different time points; therefore, it is not possible to get a full and accurate view of the picture in Thurrock. However, the data does give an insight into the prevalence of MSK conditions in the borough.

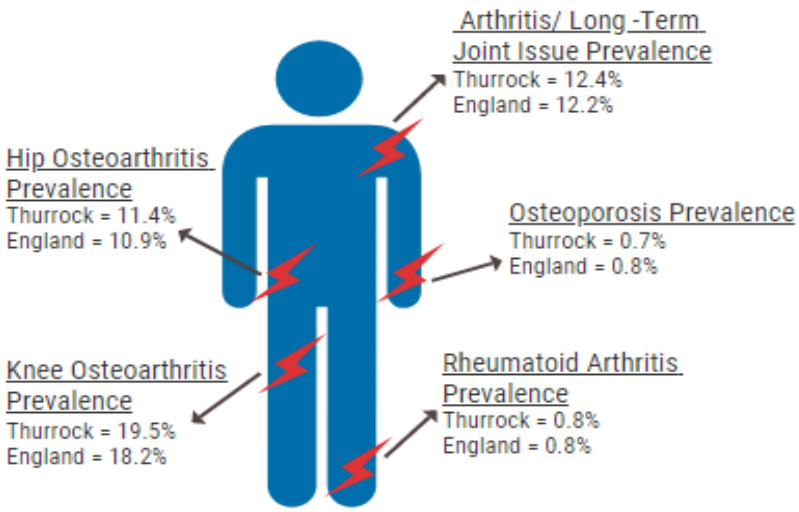
[1] Public Health England/NHS England – GP Patient Survey. (2018/19). Musculoskeletal Conditions. Available at: https://fingertips.phe.org.uk/profile/msk/data#page/3/gid/1938133186/pat/6/par/E12000006/ati/102/are/E06000034/iid/93377/age/168/sex/4/nn/nn-1-E06000034

The prevalence of knee osteoarthritis in those aged 45 and over was significantly higher in Thurrock (19.5%) when compared to England (18.2%) during 2012[2]. Although this data is quite old, osteoarthritis of the knee is one of the most common forms of arthritis (19). Taking into account population growth, an ageing population and the fact that, although people are living for longer, they are not necessarily living healthier lives, it is likely that the prevalence has and will continue to increase.

Similarly, the percentage of people (aged 50+) being diagnosed and recorded as having osteoporosis on the disease register (QOF) has been steadily increasing, rising from 0.2% in 2012/13 to 0.7% in 2018/19[3]. This is in line with the prevalence observed nationally for the same time period.

Based on this, it is likely that the prevalence of some types of MSK conditions in Thurrock will continue to increase and it will be important to consider how workplaces, employers, and the wider system can support in the prevention and management of these conditions. This will enable people to remain in employment as well as halt or reduce the number of people becoming workless. Thurrock Council has begun some role demand analysis around this that will provide learning. Access to work can also provide some support around this; https://www.gov.uk/access-to-work.

Figure 10: Prevalence of different MSK conditions in Thurrock; various sources & years.



Source: QOF, NHS Digital 2018/19, MSK Calculator, Imperial College London 2012 & GP Patient Survey 2016/17

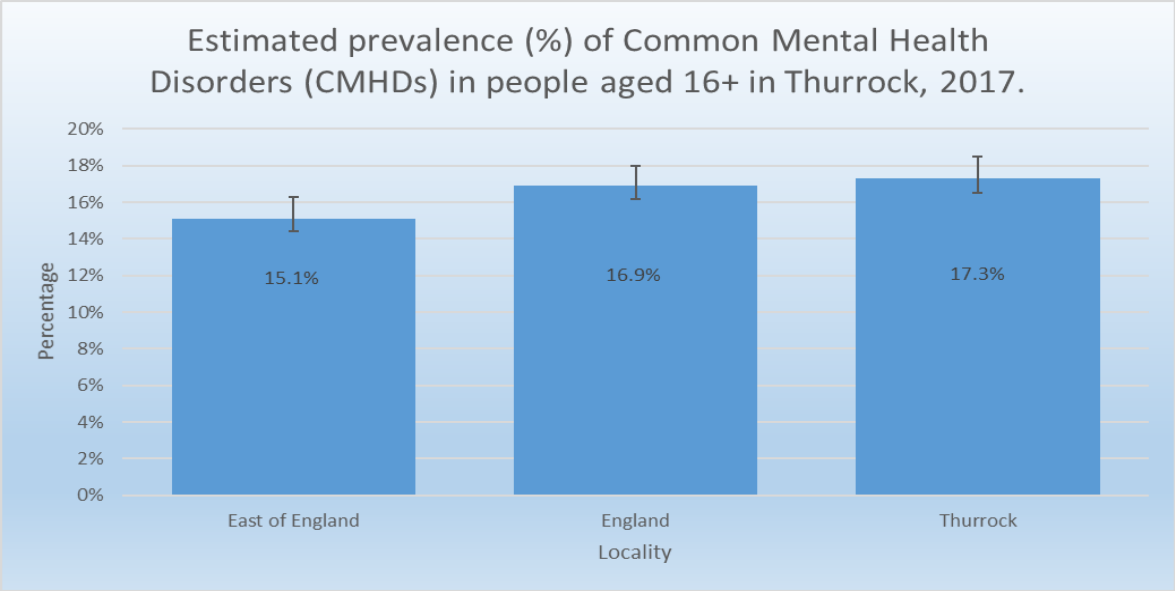
[2] Public Health England/Imperial College London. (2012). Musculoskeletal Conditions. Available at: https://fingertips.phe.org.uk/profile/msk/data#page/3/gid/1938133149/pat/6/par/E12000006/ati/102/are/E06000034/iid/90443/age/239/sex/4/nn/nn-1-E06000034

[3] Public Health England/NHS Digital. (2012/13 - 2018/19). Musculoskeletal Conditions. Available at: https://fingertips.phe.org.uk/profile/msk/data#page/4/gid/1938133149/pat/6/par/E12000006/ati/102/are/E06000034/iid/90443/age/239/sex/4/nn/nn-1-E06000034

3.2 Mental Health Conditions Prevalence

Quantifying the burden of mental ill-health in Thurrock is complex as this can include anyone experiencing poor mental wellbeing, ranging from common mental health disorders (CMHDs), such as depression or anxiety, to those with more serious mental illnesses (SMIs), e.g. those with schizophrenia, bipolar associative disorder, or other forms of psychosis. Additionally, a number of people may be undiagnosed and are not accessing appropriate support or treatment. Nationally, research suggests that up to 15% of people may be experiencing mental ill-health at any one time (20). The estimated prevalence of CMHDs in those aged 16+ in Thurrock was 17.3% in 2017. This was similar to the England figure but significantly higher than the East of England prevalence (see Figure 11 below).

Figure 11: Estimated Prevalence of Common Mental Health Disorders (CMHDs) in people aged 16+ in Thurrock, 2017



Source: APMS/PHE Fingertips – Common Mental Health Disorders

Conversely, the percentage of Thurrock residents who have a recorded diagnosis of an SMI on the disease register (QOF) was significantly lower in Thurrock (0.70%) compared to both regional and national averages (0.87% and 0.96% respectively) in 2018/19. SMI in this context is defined as patients of any age who are diagnosed with schizophrenia, bipolar associative disorder or other psychoses.[4]

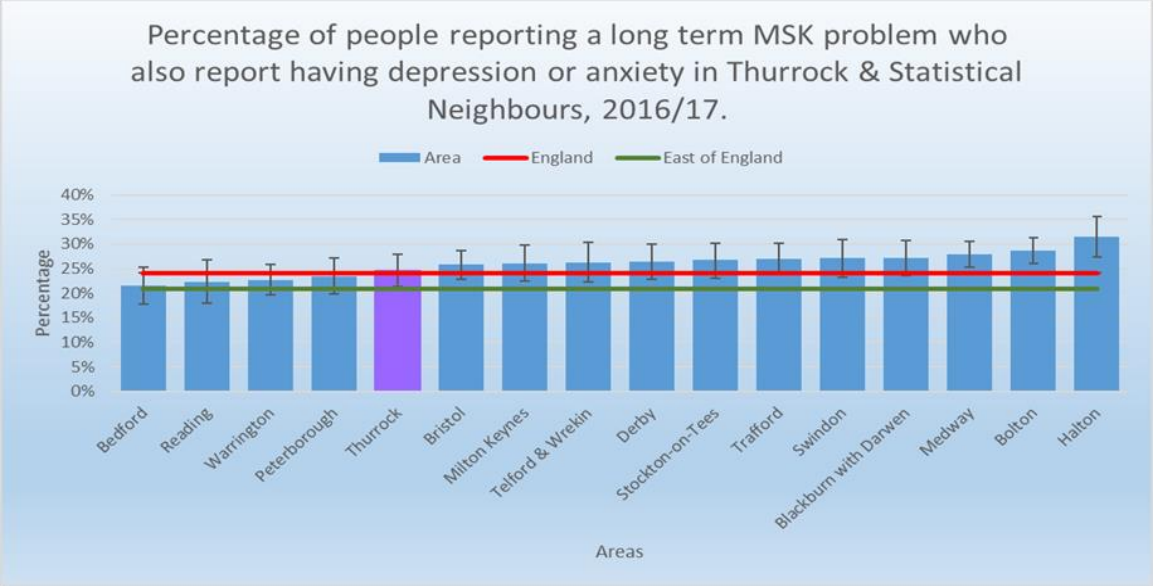
3.3 Co-morbidities between MSK and Mental Health

The percentage of people who reported having both an MSK condition and depression or anxiety as part of the GP Patient Survey in 2016/17 was 24.6%. Although this was similar to the England average, it was significantly higher than the East of England as a whole (see

[4] NHS Digital (2018/19). QOF prevalence of Mental Health Conditions (SMIs). Available at: https://fingertips.phe.org.uk/profile/general-practice/data#page/3/gid/2000003/pat/46/par/E39000046/ati/165/are/E38000185/iid/90581/age/1/sex/4

Figure 12 below). Both the Quality of Life (QOL) and mental wellbeing of people with MSK are important considerations in any work with this population. As employment is one of the most protective factors for good health and wellbeing, supporting people with MSK conditions and/or mental health needs to remain in or return to employment will be vital.

Figure 12: Percentage of people reporting a long term MSK problem who also report having depression or anxiety in Thurrock, 2016/17



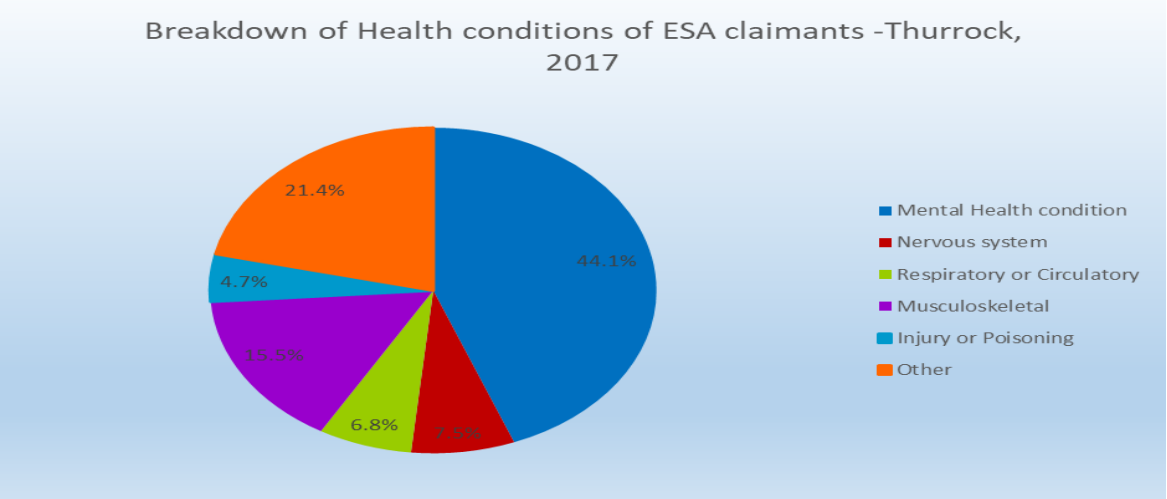
Source: GP Patient Survey/PHE Fingertips – Musculoskeletal Conditions.

3.4 Claimant data

As previously outlined in the introduction chapter, although Universal Credit will be replacing ESA, this is being undertaken in a phased manner; as such, full data is not yet available. Therefore, for the purpose of this JSNA, ESA claimant data relating to those with an MSK and/or mental health condition(s) will be used to demonstrate the impact of worklessness in Thurrock. However, it is recognised that ESA claimant data is limited in its scope.

In November 2018 there were 3,760 people aged between 18-67 years claiming ESA in Thurrock who can be considered to be experiencing worklessness. This represents 3.4% of the total working age population aged between 18 and 67 year olds (in accordance with the Jobcentre's definition of working age). Of those claiming ESA, 600 people are claiming due to a MSK condition and 1,720 people due to a mental health need. The breakdown of ESA claimants by health conditions in Thurrock during 2017 is included in Figure 13 (below).

Figure 13: Breakdown of health conditions of ESA claimants in Thurrock



Source: Nomis 2017

As shown above, the main health conditions for which people are claiming ESA include:

- 44.1% claiming in relation to mental ill-health (including Common Mental Health Disorders and Serious Mental Ill-Health)
- 15.5% of claimants report one or more Musculoskeletal (MSK) conditions
- 21.4% of claimants report having other health conditions

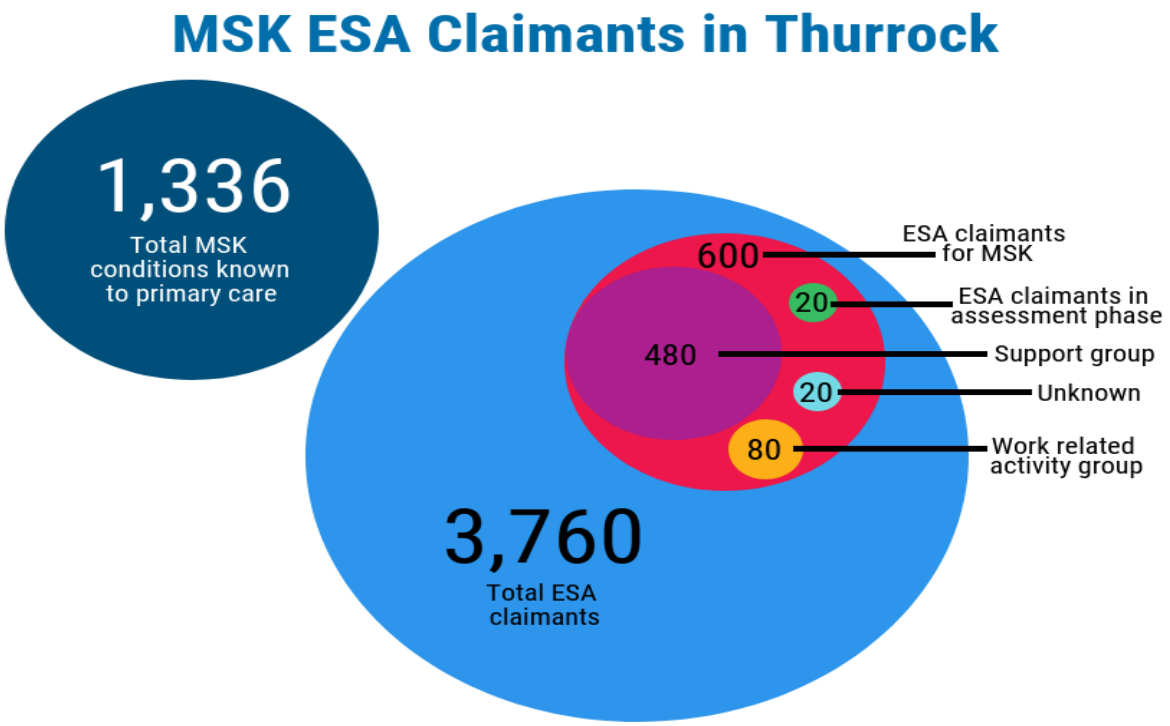
Employment Support Allowance claimant data are reported in four phases:

- **Assessment phase**- Number of potential claimants that are currently being assessed
- **Work related activity group**- Claimants who are currently seeking employment
- **Support group**- Most severely disabled claimants who are unlikely to return to work
- **Unknown**- Phase data not available

3.4.1 MSK claimants

In Thurrock, amongst people (all ages) registered at a GP practice in 2019, 1,336 have a recorded diagnosis of one or more MSK conditions on the disease register (QOF). As highlighted above in November 2018 there were 600 people aged between 18-67 years claiming ESA due to an MSK issue(s). As outlined in the introduction section of this report, the focus of this JSNA is to look at the issue of worklessness in relation to the cohort of residents claiming ESA for either MSK or Mental health conditions who may be able to return to employment if given the right support. There are approximately 80 residents who form this MSK cohort (see Figure 14 below) (21).

Figure 14: Outline of ESA claimants for MSK conditions for Thurrock 2018



Source: Nomis

When broken down at ward level, it can be seen that there is variance in the rate (per 1,000 populations) of ESA claimants who are claiming due to MSK conditions across wards within the borough (see Map 1 below). The map is rated using a traffic light rating called RAG (from dark green to red) to denote the wards that have lower rates or higher rates of ESA claimants[5].

As can be seen the highest rate of claimants (red on the map) reside in Chadwell St. Mary (6.8 per 1,000 population) and Tilbury St. Chads (7.9 per 1,000 populations). The lowest rates of claimants (dark green on the map) live in: East Tilbury, (0.7 per 1,000; Little Thurrock Rectory, (0.8 per 1,000 populations); Orsett, (0.8 per 1,000 populations); Chafford and North Stifford, (1.2 per 1,000 populations); and South Chafford (1.3 per 1,000 populations).

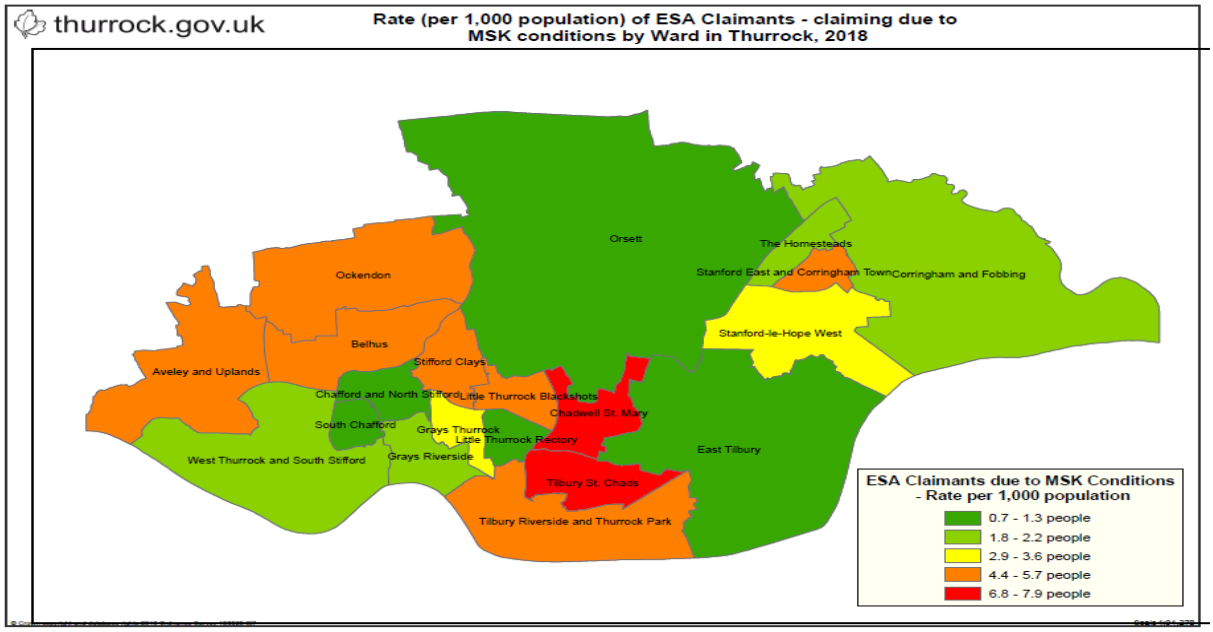
The areas with highest rates of claimants for MSK conditions appear to be in the wards which experience higher levels of deprivation (Chadwell St. Mary and Tilbury St. Chads) with areas of lower deprivation accounting for the lower number of claimants (e.g. South

[5] The rate was calculated by using the number of ESA claimants due to an MSK condition(s) in each ward (2018), divided it by the total population of each ward (number) and multiplied by 1,000.

Chafford and Little Thurrock Rectory) [6]. Furthermore, some of the areas that have lower rates of claimants also tend to have a lower prevalence of residents from black and ethnic minority groups (BME), for example, Orsett and East Tilbury[7]. Black and ethnic minority groups are under-represented in the ESA claimant data, with data largely relating to people from white ethnic groups. In terms of the gender breakdown of MSK claimants in Thurrock, the majority of claimants are female and are aged between 50 and 60+. This is in line with the national picture[8].

Understanding which wards have the highest rates of ESA claimants for MSK conditions and the possible reasons for this, relating to demography and other factors within each ward is important in determining where to target services and interventions aimed at reducing worklessness in the borough.

Map 1: Rate (per 1,000 populations) of ESA Claimants- claiming due to MSK conditions by ward in Thurrock, 2018



Source: Nomis, 2018

3.4.2 Mental Health Claimants

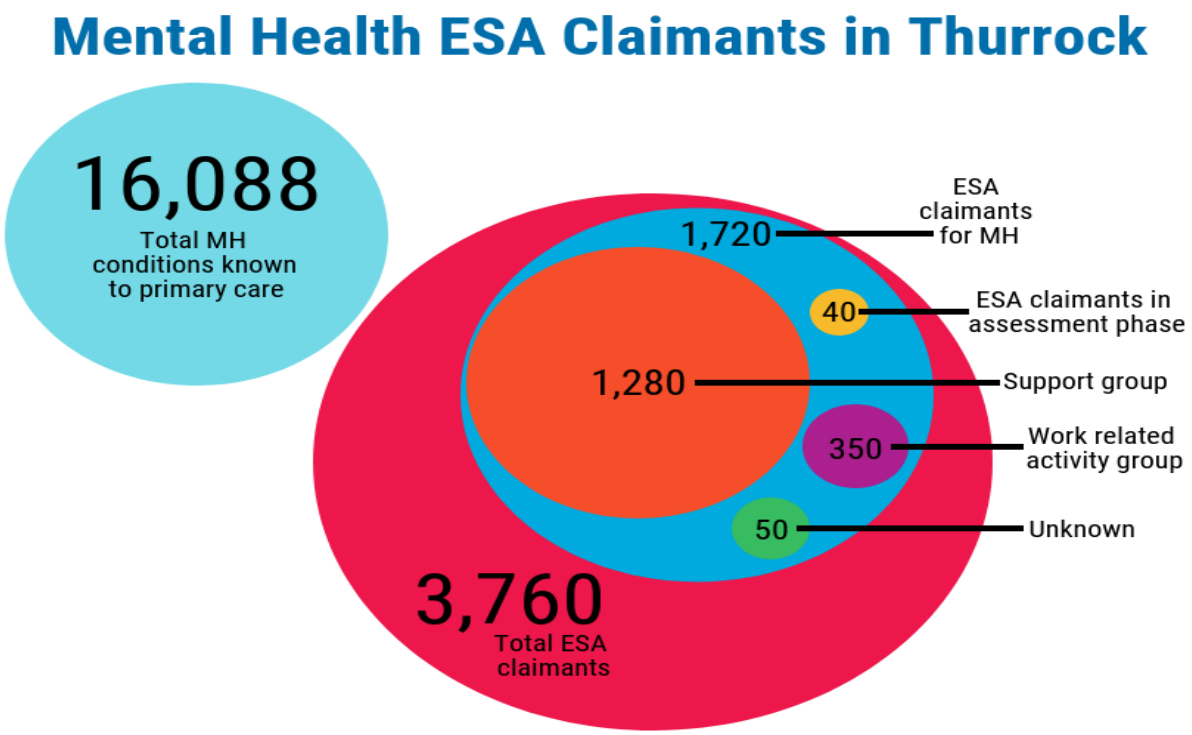
Figure 15 (below) shows the total number of Thurrock residents, who are registered at a Thurrock GP practice, with a diagnosed mental health condition as recorded on the disease register (QOF). Within this group, figure 15 shows the absolute number of ESA claimants

Source: Nomis, 2018

[6] Department for Local Government and Communities/Local Health (2019). Deprivation IMD Score by Ward in Thurrock.
[7] ONS/Local Health. (2011). Percentage of Black and Minority Ethnic Groups by Ward in Thurrock.
[8] NOMIS (2018). Benefit Claimants – Employment Support Allowance. Available at: https://www.nomisweb.co.uk/query/construct/summary.asp?reset=yes&mode=construct&dataset=134&version=0&anal=1&initsel=

(aged between 16-67 years) for mental health (1,720) and the number of claimants who could be supported to return to work and cease being workless as a result of this JSNA report (N =350).

Figure 15: Outline of claimants for Mental Health conditions in Thurrock 2018



Sour e: Nomis 2019 [9]

When broken down by ward, it can be seen that, as with MSK claimants, there is variance in the rate of claimants (per 1,000 populations) due to mental health conditions in each of the wards in Thurrock (see Map 2 below). As above, the map is RAG rated, (from dark green to red), to denote the wards that have lower or higher rates of ESA claimants[10].

The lowest rate of ESA claimants (dark green on the map) reside in: The Homesteads, (4.2 per 1,000 population); Grays Riverside, (3.8 per 1,000 population); and South Chafford, (3.1 per 1,000 population).

The areas with highest rates of claimants for mental health needs appear to be in areas of higher deprivation (including both wards that comprise Tilbury) with areas of lower deprivation accounting for the lower number of claimants (e.g. South Chafford and The

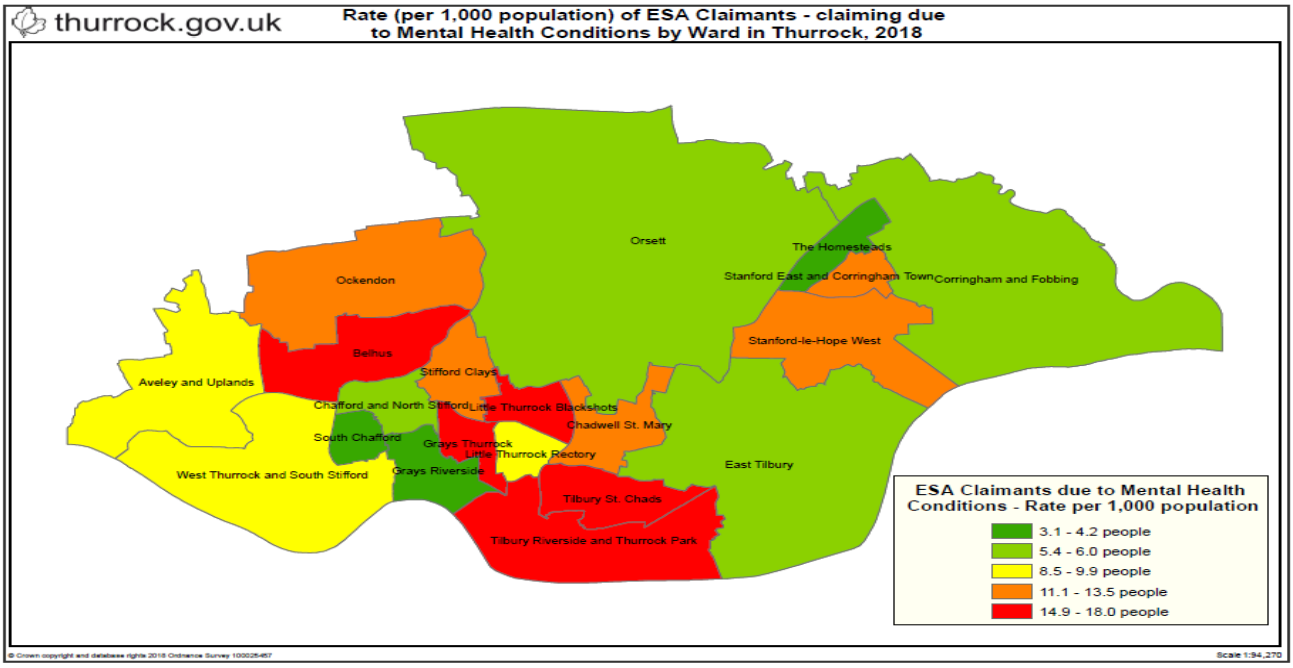
[9] The change in welfare reforms and how these conditions are counted has had an impact on the way these figures are captured.

[10] The rate was calculated by using the number of ESA claimants due to a Mental Health condition(s) in each ward (2018), divided it by the total population of each ward (number) and multiplied by 1,000.

Homesteads) [11]. Furthermore, some of the areas which have lower numbers of claimants also tend to have a lower prevalence of residents from BME groups, for example, The Homesteads[12]. Black and minority ethnic groups are under-represented in the ESA claimant data, with data largely relating to people from white ethnic groups. In terms of the gender breakdown of mental health claimants in Thurrock, there were more male claimants than females; usually aged between 25-44 years. This is in line with the national picture[13].

Understanding which wards have the highest rates of ESA claimants for mental health and the possible reasons for this relating to demography and other factors within each ward is important in determining where to target services and interventions aimed at reducing worklessness in the borough.

Map 2: Rate (per 1,000 population) of ESA claimants - claiming due to Mental Health Conditions by Ward in Thurrock,



Source: Nomis, 2018

Information contained in this JSNA indicates that males aged 25-44 years are a common group claiming benefits for mental health reasons. Research also indicates that men are more likely to commit suicide than females with 76% of suicides in 2017 being men, most of which were aged 30-59 years.

Modelling undertaken by Nordt et al (22) found that 1 in 5 suicides were linked to unemployment. The cost per suicide of a working aged individual is estimated to be £1.67million (23), meaning there is a large potential saving should even one of these be

[11] Department for Local Government and Communities/Local Health (2019). Deprivation IMD Score by Ward in Thurrock.
[12] ONS/Local Health. (2011). Percentage of Black and Minority Ethnic Groups by Ward in Thurrock.
[13] NOMIS (2018). Benefit Claimants – Employment Support Allowance. Available at: https://www.nomisweb.co.uk/query/construct/summary.asp?reset=yes&mode=construct&dataset=134&version=0&anal=1&initsel=

prevented. This study only looked at suicides associated with unemployment around the time of economic recession. As with other health conditions being in work is protective of mental health and better mental health protective of suicidal thoughts/ideations/attempts, so therefore returning to or retaining good employment is likely to lead to a reduction in suicide attempts.

It is identified that the majority of suicides are from people who aren't actively engaging with health/mental health professionals about their thoughts/feelings at all (hence the importance of a wider approach than just focussing on mental health treatment): "statistics show that 72% of people who died by suicide between 2002 and 2012 had not been in contact with their GP or a health professional about these feelings in the year before their suicide") (24)

"There are some very worrying levels of poor mental health among people receiving Employment and Support Allowance. Two thirds report common mental health problems and the same percentage report suicidal thoughts, with 43.2% having made a suicide attempt and one third (33.5%) self-harming, indicating that this is a population in great need of having targeted support." (24)

If we assume that 66% of the Thurrock population of ESA claimants (3,760) have a common mental health disorder, this would mean that approximately 2,482 have these (even if they are not all claiming for this as their primary reason). Applying the national assumptions above for those who have attempted suicide and who are self-harming would give us 1,624 and 1,260 claimants respectively.

Recommendation;

- **Development of a specialised support package for earlier identification of suicidal ideation**.

Chapter 4 Existing Service Provision

Key Points

- **The Thurrock Economic Development Skills Partnership group plan strategically for employment.**
- **The VCS play an important role in providing support for getting people back into employment.**
- **PHE have provided guidance around a workplace health accreditation scheme.**
- **There is a good offer of services for claimants with mental health conditions.**
- **New guidance around fit notes has been released by PHE for health professionals**
- **The Community MSK service, commissioned by the CCG and provided within health hubs, offers treatment and rehabilitation for MSK.**
- **There is a lack of connectivity across the services; consequently there is no clear pathway for claimants and professionals.**
- **The Disability Confident employer's scheme only has 46 members out of 7,680 Thurrock businesses.**

Thurrock has many examples of good practice in helping people to be work ready, including: statutory, third sector, community, and charitable organisations. This chapter will explore these services, including user feedback and case studies where relevant. As part of gaining more insight to the local picture, focus groups were undertaken with users of the Physiotherapy, mental health, and Jobcentre Plus services. Some of the responses to these have been placed within the relevant sections of the document and help to evidence further the validity of the findings and support some of the recommendations (see appendix 1 for fuller details of feedback responses). The recommendation relevant to this chapter can be found at the end of the section.

4.1 The claimant's journey

Once in the ESA benefit system it is the aim of the JCP to help the claimant to either obtain or return to work as this is beneficial to the individual in protecting health and increasing financial independence. Once assessed if the claimant is judged to be fit for work, they are supported by a work coach and DEA to identify services that can help them to find and access work. This could include community services and volunteering opportunities. There is a real possibility that people will be passed between services, if support with accessing work is not handled in an appropriate manner or fit notes are not explicit enough; hence the JCP cannot adequately support claimants to find work which meets their needs and abilities.

Overall the claimant pathway from initial assessment to finding suitable employment is not clear cut; this leads to confusion for both professionals and claimants and can result in individuals falling through the gaps in what is a complex system.

> The development of a clear pathway which is aligned to the evidence base alongside a more robust data collection process will allow connectivity between services, community offer, professionals and claimant. It will increase the ease a claimant can move through the system. This in turn will lead to better outcomes for these individuals in terms of their health and wellbeing.

The EDSP group and the other identified stakeholders for this work will be instrumental in bringing some of these partners together. To enable this a specific strategic approach around worklessness and long-term conditions is required. There is also a reported lack of long-term funding for the voluntary and community sector services which is disruptive to both the providers and the users. The strategy will include development of a clear service pathway, and will address short-term funding issues through a shared investment approach (as recommended by the NCVO).

4.2 Jobcentre Plus

The Jobcentre plus (JCP) in Thurrock is centrally located in Grays. The JCP ethos aspires to treat everyone as an individual, putting them at the centre of every conversation; all people should have the appropriate support to enable them to move either closer to or into sustainable employment.

The JCP offer specialist assistance to support disabled claimants and people with LTC, Disability Employment Advisors (DEAs). The DEAs provide in-depth support for claimants with both physical and mental health conditions. This includes a joint interview with work coaches and claimants and case conferences to discuss supporting someone appropriately, considering the needs within their disability.

Source JSNA focus group

The DEAs also have a small number of claimants that they work with under an Advocacy Pathway to assist the JCP work coach with more complex issues and motivational support. The DEA will also support in the following ways:

- facilitating regular group case conferences
- individual peer-to-peer coaching proactively sharing knowledge and information about health and disability local provision, services, training and employment opportunities
- supporting work coaches' job-broking skills, including with employers who are signed up to The Disability Confident Scheme

- up-skilling work coaches to identify which claimants on their caseload would be more likely to benefit from additional support
- supporting Employer Advisers by upskilling on complex retention issues

To assist the DEA in identifying the correct help for the claimants a JCP District Provision Tool, which holds information on services for signposting to, is used. This helps to develop a complex needs plan for the claimant that notes additional helps with needs such as debt and homelessness.

The following are also part of the JCP offer;

- "Stepping up" is a group that is provided for people that are socially isolated.
- A JCP support worker is placed within the Thurrock's Brighter Futures Early Help children's service to assist families back into work and out of poverty.
- Advice and administration of claimants benefits

There is a local work and health programme, as identified in the 2017 white paper (25), run in partnership with the JCP and Shaw Trust. The service offers assistance to people with health conditions to gain work and be supported in this role. There are limitations to this service; a random allocation tool is used to decide who will receive this help so the people who would benefit most are not necessarily receiving the help. National data shows that 566 people were assisted 18/19, this is not broken down any further, and there is no localised data available at this time. A review of the national programme is being undertaken by Anglia Ruskin University which will provide further information.

4.3 Health

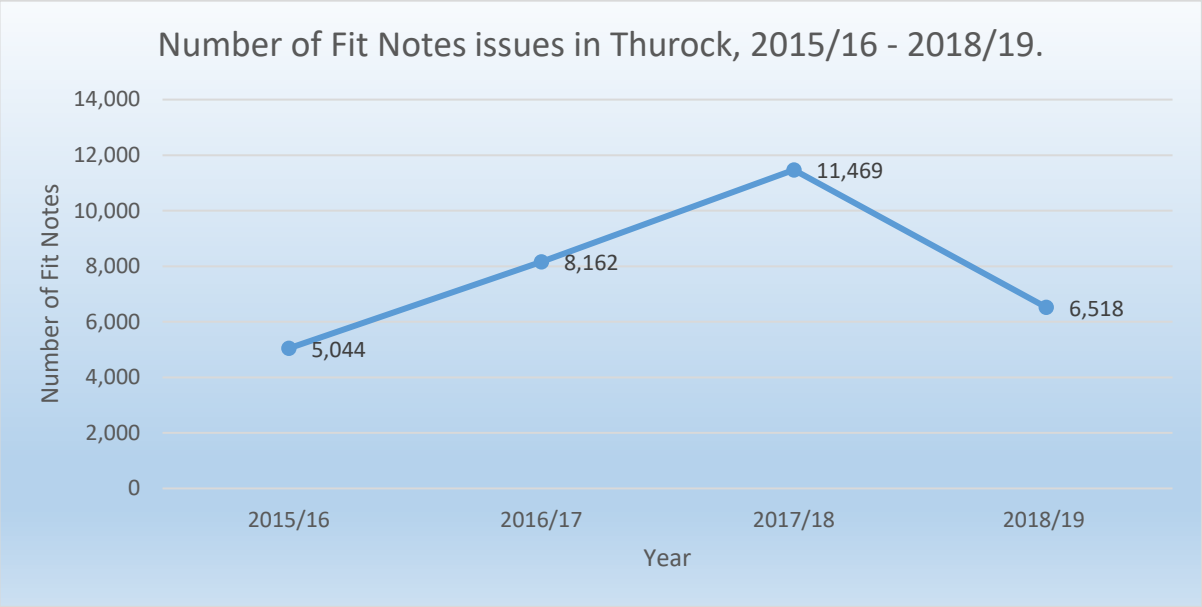
4.3.1 Fit note versus a sick note- helping people back into employment

In the 2008 Working for a Healthier Tomorrow report (10), it was recommended that the old style GP sick note used to record sick absence be replaced. In April 2010, the government introduced a new Statement of Fitness to Work or 'fit note' for patients requiring time off of work or adaptations to their work due to illness. Fit notes replace the old Med 3 Sick Note. Doctors are asked to indicate that either the patient is 'not fit for work' or that they 'may be fit for work' taking into account modifications to their hours or duties. Responsibility for issuing a fit note lies with the doctor who has clinical responsibility for the patient.

In 2018/19, there were 9,463,273 fit notes issued in England. The number of fit notes issued in Thurrock has fluctuated between 2015/16 and 2018/19 ranging from 5,044 in 2015/16 to 6,518 in 2018/19. The highest number of fit notes were issued between 2017/18 (11,469). (See Figure 16). Of the 6,518 fit notes issued during 2018/19 in Thurrock, 10.5% had a primary diagnosis of mental or behavioural disorders, and 5.3% had a primary diagnosis of musculoskeletal conditions. In Thurrock of the fit notes issued 6.59% were for individuals claiming ESA for mental health and MSK conditions. However, the majority of both

national and Thurrock fit notes did not have a diagnosis of what a patient was fit to do listed. A national review of the use of fit notes in 2016 (26) identified that not all GP's had undertaken training around this and that there was confusion from both health professionals and employers about the use of these.

Figure 16 number of fit notes issued in Thurrock



Source: NHS Digital

More recently it is still reported by employers and employment services that a significant number of fit notes do not detail what a person returning to work can be expected to be able to undertake. This lack of detail can lead to a delayed, or even, no return to work which can have a detrimental effect on the individual's mental health. At present only GPs can complete a fit note but the government has stated an intention to legislate for the extension of fit note certification powers to other health professionals. Allied Health Professionals (AHP) can complete a form 'AHP Health and Work Report' which provides employees, employers, and GPs with information which can be used to determine whether an individual can remain or work or whether they will be signed off for a specified time period (25). To assist with this PHE released some guidance in completing the fit notes in October 2019 (please see appendix 6).

There is a growing use of fit notes in Thurrock. Although the data shows that fit notes are being completed by GPs, feedback from businesses and the Jobcentre indicate that very few are noting what a person could do upon returning to work and tend to state that the person is not fit for work. This may be due to GPs lacking confidence in using fit notes, or the specialist knowledge required to determine what duties an individual may be able to undertake if they return to work. Capacity issues could also mean that GPs do not have enough time to gain an understanding of a patient's health needs and/ or job role, and so do not feel equipped to make an informed decision about whether it is safe for an individual to return to work. As work has been seen to be protective of health it is important that an individual's capability to return to some form of work is identified for their long term health outcomes.

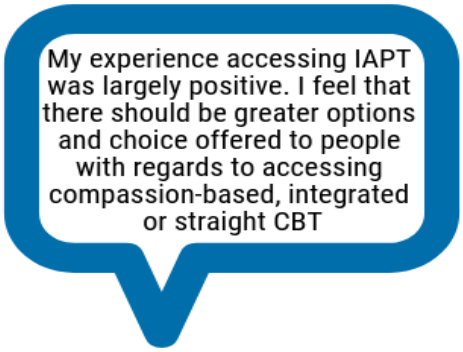
4.3.2 Adult mental health services in Thurrock

Adults experiencing poor mental health in Thurrock can access support through their GP, including prescribing or a review of medication, as well as wider support options. In Thurrock, the majority of GP practices have social prescribers within their practices who often provide signposting and referrals to other support agencies. In 2018/19 social prescribers saw 541 individuals who reported to have poor mental health.

People can also self-refer or be referred by a professional to Inclusion Thurrock, the commissioned provider of IAPT support in Thurrock. IAPT stands for Improving Access to Psychological Therapies, and provides evidence-based talking therapies for adults aged 18+ registered at a Thurrock GP practice that have a common mental health problem such as anxiety or depression.

IAPT for those with long term conditions – this is a newer service that aims to provide IAPT therapy to those whose physical long-term condition is a contributor towards their mental ill-health, or where their mental health negatively impacts the management of their long-term health condition.

User feedback for IAPT was collected from a focus group with Recovery College participants.



Source JSNA focus group

Feedback was generally positive, although there was some suggestion that more options for accessing the service should be available. It should be noted that this feedback was collected prior to the COVID-19 pandemic and since then, the IAPT service has expanded its use of virtual technologies for delivering services.
Feedback for IAPT is collected through an online service:
https://www.careopinion.org.uk/opinions?nacs=rrex4&frompopulation=ookg

Data from 2018/19 found that Inclusion Thurrock received 4,554 referrals (a 7.7% increase from the previous year). Referrals are set to increase in line with the mandate from the *Five Year Forward View for Mental Health*, which stipulates that 25% of those with common mental health disorders should be receiving IAPT treatment by 2021 (7).

Secondary mental health care is provided by EPUT (Essex Partnership University Foundation Trust). They provide a range of specialist treatment services including: First Response, Assertive Outreach, and Personality Disorder and Eating Disorder specialist services.

As of August 2019, there were 3,585 Thurrock residents in contact with EPUT services and employment status was recorded for 1,560 of these. Of EPUT service users 210 were on the Care Programme Approach, and 25 of these were in employment (11%). This is slightly higher than the national average of (9.06%).

A further service available is the Recovery College. Recovery College, provided by Inclusion, a directorate of Midlands Partnership Foundation Trust (MPFT), and Thurrock & Brentwood Mind, provides a well-being service for Thurrock residents, their carers and those employed in Thurrock. The service provides a relaxed, informal educational approach to well-being and recovery, helping people to come together to learn ways to live healthier, happier and more fulfilling live. The majority of this is through courses which have been delivered within the communities across Thurrock.

Source JSNA focus group

All aspects of the Recovery College are co-produced meaning that the lived experience of staff, volunteers and students is valued equally to theoretical or clinical aspects of well-being. People & communities are seen as assets which hold their own solutions & resources.

Individual Placement and Support (IPS) is an evidenced approached project that supports people with severe mental health difficulties into employment. Thurrock IPS Employment service is run locally as a partnership with Inclusion, EPUT and Thurrock & Brentwood Mind. It involves intensive individual support, a rapid job search followed by a placement in paid employment, and time-unlimited in-work support for both the employee and the employer. This service has only recently commenced in Thurrock and therefore performance data is currently unavailable.

IPS has been shown to be more effective the more closely it follows these principles:

1. It aims to get people into competitive employment.
2. It is open to all those who want to work
3. It tries to find jobs consistent with people's preferences.
4. It works quickly.
5. It brings employment specialists into clinical teams.

6. Employment specialists develop relationships with employers based upon a person's work preferences.
7. It provides time unlimited, individualised support for the person and their employer.

4.3.3 Adult musculoskeletal services

A new CCG commissioned, community based physiotherapy and musculoskeletal (MSK) service is now being delivered through the Thurrock Health Hubs. This provides a service for a whole range of soft tissue and skeletal problems such as:

- Sprains, strains and sports injuries
- Problems with muscles, ligaments, tendons or bone e.g. carpal tunnel, tennis elbow etc.
- Back and neck pain
- Pain in arms and legs, including nerve symptoms e.g. pins and needles or numbness
- Changes to walking
- Post-orthopaedic surgery

The Community MSK Service will:

- Provide treatment including physiotherapy, injections, ultrasound guided procedures, pain service and hand therapy
- Provide rehabilitation programmes and services
- Refer to existing providers for appliance and orthotics

In addition to a variety of therapies and non-surgical interventions, some surgical interventions are provided by the service (limited to those procedure categorised and minor and not requiring an overnight stay) including intra-articular and sub-tissue injections, aspiration of knee/joints and acupuncture for example.

The Community MSK Service is based upon patient flow. There is a single point of access into the Community MSK Service through GPs, PCN based FCP's and EPCT, which provides clinical triage for MSK and Physiotherapy. Following triage, the appropriate pathway is be decided with the patient, including direct treatment at point of triage, care plan for treatment agreed, referral into community MSK service and referral on to secondary care specialists. Patients receive a clinical assessment, diagnosis, treatment and review within the Community MSK Service. If further specialist input is required, patients are then offered choice and referred to the appropriate service.

The Community MSK Service aims to deliver:

- Co-ordinated and integrated care across the MSK pathway as a whole.
- Improved MSK health for a defined population by delivering tangible benefits and improved measurable clinical outcomes for patients and their carers;
- Sustainable multi-disciplinary community based MSK service model situated at the primary care interface that is delivered by a multi-disciplinary team, as well as developing a successful Clinical Network within MSK Service;
- Reduction in waiting times and consistent maintenance of a sustainable waiting list;
- Strategies and processes to reduce incidence of non-attendance (DNAs);
- Equity of access to consistent levels of care;
- Promotion of self-care through the development of a mutually agreed care and self-management plans, this includes flare management advice, a copy of which is held by the patient, GP and the service;
- Implementation of agreed shared care plans for medication between GP and patients.
- A protocol based approach that streams patients appropriately to ensure that patients see the right person in the right place first time;
- Identification of and reduction in unwarranted variation across the MSK pathway;
- Pathway efficiencies and the elimination of waste across the entire pathway;
- Shared Decision Making, involving and informing patients and their carers about the options available to them along the MSK
- Choice at the point of onward referral to secondary care or more specialist services;
- For the more complex patients shared care arrangements between the patient, their GP and support of specialist teams;
- Access to and delivery of diagnostics, to include Primary Care access to Diagnostics (MRI, pathology, X-ray, etc.) to meet the requirements of One-stop Clinics as appropriate;
- Participation in, and support of, educational and training of medical students, junior doctors, nurses and other ancillary medical personnel;
- Accurate and comprehensive activity data which tracks patients along their entire MSK care pathways from referral to discharge.
- There should be effective cross-system working that:
    - Improves patient experience and perception of access, regardless of ethnicity, age, disability, sex, gender reassignment, religion/belief or sexual orientation, and to include access to appropriate translation services
    - Improves patient choice by offering a range of appropriate health professionals during extended hours, ensuring a joined-up service
    - Improves staff satisfaction by introducing new ways of working
    - Reduces and prevents acute care unplanned emergency attendances and emergency admissions.

Since April 2020, the service has been receiving, on average around 800 referrals per month, delivering around 430 MSK appointments per month and around 1,100 physiotherapy appointments per month, although the service has been affected by the pandemic with practices having to reprioritise work. There is no outcome data available from the service around the success of the interventions or work status of the referrals due to this being a new service, combined with the impact of COVID-19. No concerns have been raised by the commissioners within the quarterly activity review or quality indicators.

The previous provider for physiotherapy services in Thurrock, Connect Health, continues to provide the Pain and Rheumatology Services. Previous data from this service for September 2019, showed that the service had treated 2,497 patients for physiotherapy of which 652 had received clinical specialist physiotherapy (ESP). There was no outcome data available from the service around success of the interventions or work status of referrals.

4.4 Thurrock council offer

Thurrock Council lead on a number of initiatives to support people who are workless including services that address other compounding factors such housing and environment. Although these do not necessarily target MSK and mental health directly they all aim to help people to increase their work readiness.

The economic development department of Thurrock Council has a number of projects that aim to increase work skills and employment opportunities across the borough. Some of these are funded through European funding (predominantly European Redevelopment Fund (ERDF) and support businesses and communities through grant funding. Most of these programmes are SELEP wide, meaning they cover the South East Local Enterprise Partnership region. These include community cohesion opportunities like the Tilbury **Community Led Local Development** (CLLD) project. This is an ESF funded project that's aims to support unemployed people in Tilbury back into work through skills and experience building. Tilbury is recognised as an area of high worklessness and high rates of long-term health conditions. The CLLD project will help to address these through a range of projects that work with a holistic approach in addressing all aspects of the determinants of health as shown in the Dahlgren and Whitehead model. One of these projects will focus on physical health improvement and a second on mental health conditions.

Thurrock Council offer a fully funded service of 1-1 support to start-up and grow businesses in the borough, some of these are projects aimed at enabling people to develop their own businesses at their own pace, such as the **School for Social Entrepreneurs** and **Thurrock Soup,** which offers a participatory community opportunity to bid for a small pot of money to develop a project. **Thurrock Micro Enterprises** also help people to develop their own small businesses that provide services within their local communities enabling people with existing skills to be able to reuse these after being out of work (please see appendix 2 for further information on these).
An extra offer of support is provided for educational attainment and social problems that can exacerbate the likelihood of worklessness through the **Local Area Coordination** (LAC)

service and the **Thurrock Adult Community College**. **Libraries and hubs** also provide support through job clubs and help with form filling.

A case study from a micro enterprise participant

"Early in 2017, I was introduced to a 44 year old man who had worked for a local authority as a gardener and forestry worker but because of poor health he was made unemployed. This had a major impact on his life as this was the first time that he had found himself in this position. His health problems that caused him to lose his employment were investigated by consultants at the hospital and a diagnosis was made and he received the treatment that he needed to make a full recovery. He is now fully fit with no job. This made him feel depressed and anxious about the future. I connected him with the Micro Enterprise Co-Ordinator and he was given the support to start up a small gardening business, so that he could help people with gardening needs.

4.5 Third sector, community and voluntary services

There is a wide offer available in Thurrock to assist people wanting to return to work through the third sector and community offer. Some of these services provide a broader offer around issues identified in the wider determinants of health spectrum that may affect a decision to return to work (see chapter 1). These services include support on issues such as the fear of potential benefit and housing loss, whilst others support with training, job searching and building up self-esteem, confidence and life skills.

There are some agencies that specialise in helping people with mental health and well-being. There are no services identified for MSK problems within the third and community sector. Some of these are summarised below. User voice is also identified within these through case studies (further information on these services can be found in appendix 2).

The two main advice services that help with a range of issues are the Disability Information and Advice Line (**DIAL)** and the Citizens Advice Bureau (**CAB)**. These services have been established in Thurrock for many years and the JCP signposts into these for issues around disability, finance, and housing, amongst other problems. This helps people to feel able to access work by assisting with other issues that can be seen as barriers as described in chapter two.

Volunteering can provide a pathway into employment. Volunteer Centre Thurrock, a project of Thurrock CVS, work alongside voluntary sector organisations and agencies to ensure volunteering opportunities are available to help increase confidence and provide the opportunity to train and learn new skills.

As identified before, Tilbury is an area of high worklessness and the **One Community Development Trust** is a Tilbury based organisation that provides a local offer to Tilbury and Chadwell residents around work clubs, training, and confidence building.

World of Work is a local service that is delivered through Thurrock Coalition. Their service includes specialist support for people with disabilities. The programme helps people not only get back into work but also works with employers to ensure that work is retained. The mental health element of this service was delivered through Mind until the IPS service was launched in October 2019. However, it is acknowledged that the IPS service may not meet the full spectrum of mental health need previously supported by World of Work.

Go Train works with local Jobcentre Plus, Work & Health Programme Providers, Charities and many other organisations to support their customers and clients into work.

Heads up and **Employability** are Essex wide organisations that specialise in assisting people with mental health problems to get back into work.

Signpost and **4SX** are also Essex wide, with 4SX specialising in assisting carers back into employment while Signpost is available for all. Signpost is one of the services that the JCP refers to however the funding for this service is uncertain at this time.

Thurrock & Brentwood Mind is part of the national Mind organisation and is a long term locally based mental health service. They provide a garden project, giving opportunities for volunteering, supported work placements and volunteering within their local charity shop. Mind work closely with the JCP.

Case study: Signpost

I first came upon Signpost in February 2019, following a referral from the local job centre. I had been out of work for 2.5 years and suffering with both anxiety and lack of confidence.
Signpost has also helped me fill an employment gap in my CV, eliminating one of my biggest obstacles when potential employers would look at my CV.

Over time, I've been helping numerous people from different backgrounds, growing in confidence and finding my feet. I have since taken up employment in my local council, being offered 3 interviews at the council in quick succession for separate positions. I could not have done this without the help from Signpost. Life changing events get talked about far too lightly. However, in this case my experience with Signpost was positively life changing, not just for me but for my family. We have gone from a family of no employment to have not just one, but potentially both parents in work and providing.

4.6 Local examples of workplace health initiatives

Good work, as described by Dame Carol Black as providing opportunities for work that is both productive and delivers a fair income, is important as it helps to raise self-esteem and confidence and rewards us socially, promoting full participation in society (27). To prevent people from falling into worklessness through ill health, all employers should be considering how they can prevent and support good mental health and MSK within their workplaces. It is identified that having good MSK health maintains co-ordination and mobility and enables workers from all sectors to retain economic independence through employment. (28)

People with mental health conditions often account for a high turnover of staff, some of which can occur through workplace stress, so it is important for employers, both in terms of retention of skilled workers and economically, to identify good workplace health practices around this. (29)

Figure 20: Action for Employers to ensure good workplace health

Source PHE 2019

As identified in Figure 20, a good workplace health offer should contain most or all of these elements and ensure an equitable offer for all employees. An accredited workplace strategy, such as the PHE one, would identify good practice, including an annual health needs assessment, to understand achievement against standards. This should be developed around the 2010 equality act to ensure long term conditions such as MSK and mental health are treated equally.

4.6.1 Disability Confidence

Disability Confidence is a nationally accredited scheme that was rolled out by the DWP through Jobcentres. Launched in 2016, the government pledged to have one million more people with disabilities or long term conditions in employment by 2027.

There are three levels to the scheme and the accreditation lasts for three years. Employers are encouraged to think about how they employ, retain, and develop these staff.

Thurrock has 7,680 businesses (ONS figures) and of these only 46 are signed up to the Disability Confident accreditation. The government's national list of employers who have signed onto the scheme shows these are a mixture of bigger employers, such as Thurrock Council, EPUT and the Port of Tilbury, smaller individual organisations, such as Bold Security Services and Denise Quality Child care, and national organisations, such as Go Train and KFC. Many of the smaller organisations are local charitable ones. The JCP support employers to guide them through the signing up process.

4.6.2 PHE workplace health guidance scheme

PHE have produced guidance about developing a workplace accreditation scheme (30). The guidance helps to identify standards for evidence based healthy workplace offers and encourages organisations to develop an accreditation scheme of their own in line with their ethos and existing workplace offer.

The guidance links into PHE's Business in the Community toolkit and includes a self-assessment tool that can be used to assess an organisation's mental and MSK health provision.

The five local examples that follow include an overview of the health and wellbeing practices within three of our larger employers whose workforces include a high percentage of local people. The fourth example is from a local third sector organisation and highlights their support around emotional wellbeing. The fifth example is a mental health provider. The organisations below identify a high number of sickness absences due to MSK and mental health and have differing workplace offers.

4.6.3 North East London Foundation Trust (NELFT)

NELFT provides an extensive range of community health services for people living in South West Essex, including Thurrock. They employ around 6,000 staff across London, Essex, Kent, and Medway, and are one of our anchor institutes employing many local people.

The cost of sick absence within NELFT is high with MSK accounting for 31% of absences and mental health 28% of absences. To counter their health and wellbeing offer has a cohort of 96 Health and Wellbeing Ambassadors, in house physiotherapy services and counselling service across the Trust.

NELFT have an in-house occupational health service but no accredited workplace health scheme. They provide an extensive health and wellbeing programme including an Employee Assistance Programme.

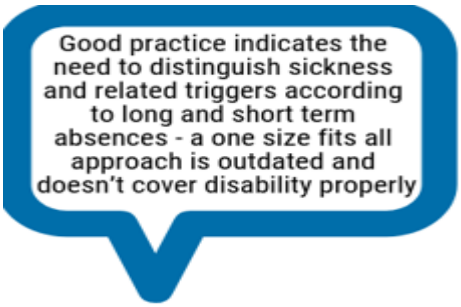
4.6.4 Thurrock Council Workplace Offer

Thurrock Council is also one of the larger employers within Thurrock and is another of our anchor institutes, with almost 70% of employees being local. The council are a Disability Confident scheme member.

Overall sickness absences for 18/19 shows that MSK accounts for 8% and mental health 6% of all absences. The council run an extensive health and wellbeing programme for staff run by accredited providers including posture clinics for MSK and have recently recruited employees to be Mental First Aiders to help guard against workplace stress.

The council can pay for physiotherapy for MSK if recommended, i.e. work place injury or a delay in GP treatment, but do not have an in-house physiotherapy service. There are stress relieving sessions within the health and wellbeing programme provided but no in-house counselling service, although this is provided through the Employee Assistance Programme. This support is preferred by many employees because it is seen as independent of the employer whereas an in-house service could be subject to mistrust by employees – particularly those with mental health issues.

Flexible and agile working is welcomed where appropriate. There is an in-house occupational health (OH) provision which has recently been audited for inclusion in the SEQOHS accreditation and is awaiting the outcome, but there is no overall workplace health accreditation.



Source JSNA focus group

Data around sickness absence is collected but not triangulated with other areas. This would help to understand the picture more fully and evidence the health and wellbeing programme and other service provision. It would be of interest to look at methods to gain an understanding of the lifestyle factors of staff such as smoking status etc., to equate this against reasons for sickness absence, this could be done on a voluntary basis.

4.6.5 Port of Tilbury London Ltd

The Port of Tilbury is located on the River Thames at Tilbury. The Port employs 650 workers, many of whom are local residents. Three percent of these are manual workers. The Port of Tilbury is a Disability Awareness scheme member.

The Port of Tilbury has its own Occupational Health (OH) service. Return-to-work interviews often pick up on other issues, such as stress in an employee's private life. Sickness absence data for the 12 month period up to October 19 indicates that MSK is the highest reason for absence 19% with mental health being 5%.

There is an offsite independent counselling service which takes referrals from OH. This is for general counselling and is funded by the Port. There is also a physiotherapy service that is funded through the Port and OH provides posture clinics. The reports from these are shared with the port doctor. The doctor sees employees with sick absence and if a fit note has been presented (for more serious long-term illness) the doctor makes the final decision on what the employee can be expected to do at work even if this disagrees with the GP's fit note.

4.6.6 Thurrock & Brentwood Mind and Inclusion

Thurrock & Brentwood Mind is a local third sector mental health charitable organisation that is affiliated with the national Mind organisation. They work in partnership with EPUT services in Thurrock and are part of the Thurrock Coalition, a user led organisation that provides information and advice to disabled and older people. The World of Work offer is also part of the coalition's service and until recently Mind delivered mental health support to this. Thurrock & Brentwood Mind is a Disability Confident workplace.

Thurrock & Brentwood Mind use the national Mind resource, Introduction to Mentally Healthy Workplaces which contains advice on mental health approaches (available on the national Mind website https://www.mind.org.uk/workplace). Thurrock & Brentwood Mind have a three pronged approach to their staff health and wellbeing:

1. Promote wellbeing
2. Tackle the causes of mental ill health
3. Support staff with mental health problems

Inclusion is a directorate of MPFT and, in partnership with other local providers, including Mind, provide a number of community mental health and substance misuse services within Thurrock– Inclusion Thurrock IAPT, Inclusion Recovery College Thurrock, Thurrock IPS Employment Service and Inclusion Visions Thurrock. As part of a large NHS Foundation Trust, Inclusion regularly monitors the health and well-being of staff through absence reporting and in supervision & annual appraisal processes.

Staff have access to occupational health services and an employee assistance programme (including advice and guidance as well as psychological therapies options)

Summary

As identified above, there are a variety of services and community offers within Thurrock for people with mental health conditions. The new Community MSK service, commissioned by the CCG and provided within health hubs, offers treatment and rehabilitation for MSK although further analysis needs to be conducted on this when data is available for this service.

It is clear from the information above that a whole system approach is required to ensure that claimants receive the best opportunities to be able to either obtain or retain work. This

does not only mean the existing health, JCP and community services that are available but also the inclusion of equitable and supportive employers.

The five workplace health offers are seen as good examples, they have different elements that if combined within a workplace health framework would offer a model of good practice for Thurrock employers.

The main recommendations from this section are around the development of a claimant's pathway through services and a joined up approach to increase the take up of the disability confident scheme for employers. These recommendations are found in chapter eight.

4.6.7 User Voice

To ensure that voice of service users was included within the JSNA, it was decided to undertake a series of focus groups of service users. These were carried out within the Recovery College, MSK service, and the JCP; it included some current and previous ESA claimants. In total 26 people took part with 14 of these having the status of being unemployed, 6 were employed, 3 were retired (1 though ill health), 1 was self-employed, and 2 were on sickness absence. The format was one of open questions and the responses were themed into; barriers to gaining work, barriers to retaining work, support into work, support to stay in work, experience of workplace health and experience of local services. These subjects mirrored the evidence base that was used. The main barriers to work were stated as:

- A lack of confidence
- Lack of training
- Lack of understanding and support
- Constant pain

Support that could help with getting back to work:

- Understanding employers
- Work trials
- Volunteering

Experiences of workplace health were both positive and negative with training for managers around mental health and MSK seen as necessary.

The mental health services were seen as good and the MSK service was identified as one of the things that could help to get back into work. The JCP offer had a mixed response with some people having a negative unhelpful experience and others having a positive service.

Source JSNA focus

The feedback recurrently centred on the perceived lack of employers both in seeking a job and in maintaining work. Local residents suggested that there is a need for professionals such as staff, managers, and recruiters (including those working at the JCP) to undertake training about different health conditions and how to support people to manage these conditions. This is echoed in the evidence review and within National Institute of Health and Care Excellence (NICE) guidance (see section 5.2). A liaison support worker role who would act a mentor was also suggested as something that may help people to remain in work. Opportunities for volunteering or work placements were also mentioned. Micro-enterprise and entrepreneurial opportunities were seen as being a useful RTW option as it allowed people to use their skills in a manner that suited their circumstances. HR staff with appropriate skills were also seen as useful in providing support for either RTW or maintaining work.

An important element that arose was that of ensuring that equality and non-discrimination practices for people with long term conditions are not only recognised within policy but are also practiced within the workplace e.g. in terms of sickness absence. Some of these responses resonated with the national findings and experiences (see appendix 1 for more responses).

Recommendations developed from the evidence in this chapter are included below:

Recommendations;

- **To develop a claimant's pathway into and between all services and community offers.**
- **To develop a communication plan to increase the uptake of the Disability Confident scheme.**
- **To undertake research with GP's and Allied Health Professionals to understand any barriers to fit note completion.**
- **Robust evaluation of CLLD project to inform future projects.**
- **To deliver in partnership information sessions on the new PHE guidance for fit note completion.**
- **Development of a sustained funding model.**
- **Development of an overall data, outcomes collection framework.**
- **Policies and processes relating to managing sickness absence are developed and implemented in line with the 2010 Equality Act.**

- **Standardised workplace health data collection framework for all areas of workplace wellbeing to allow triangulation of data within the workplace and across other organisations.**

Chapter 5 Evidence Base and Best Practice

Key Points

- **A strategic joined up approach will ensure the best outcomes for ESA claimants experiencing worklessness.**
- **Other areas are running effective projects aimed at supporting individuals who are experiencing worklessness due to MSK and mental health conditions to return to work. Learning from these projects can be used to develop 'best practice' interventions and services in Thurrock.**

Several evidence reviews were undertaken to develop an understanding of what interventions and services currently exist to support individuals with MSK or mental health conditions to return to work following a period of worklessness. The evidence searches were undertaken by the Aubrey Keep Library Service. The searches focussed on different elements of the Worklessness and Health landscape and the methodology for each is described below. All of the literature found as part of the evidence searches has been reviewed and scoped in or out, depending on their relevance to the topic. The recommendation relevant to this chapter can be found at the end of the section.

5.1 Evidence review

The evidence searches included the following:

The barriers to work for, ESA claimants with Mental health or MSK complaints, (7th May 2019).

The inclusion criteria for this search were: any papers published between 2014 and 2019 that were written in English; and contained the keywords mental health, work, employment, MSK, ESA, and, or. Four different databases were searched including: EMBASE, HMIC, Google and PHE. The search produced 13 different research papers, and 2 national guidance papers. Of these, information from one of the guidance papers and one research paper were included in the development of this JSNA.

The results of this research produced little evidence that dealt directly with the topic of interest and tended to cover the subject in a wider context only. The papers within this search outlined interventions that were effective in helping claimants.

Successful strategies and projects to help people with ill health return to work (27th August 2019)

The parameters for this search included papers which were published between 2013 and 2019; were written in English; and contained the keywords: mental health, MSK, ESA, and or. Four different databases were searched including: Cochrane Library, Campbell Collaboration, TRIP database and CRD Web. Two synopses or summaries, 17 systematic reviews and seven original research papers were found. Of these, one systematic review, and five research papers were used to inform this JSNA.

Good principles of a healthy workplace (23rd August 2019)

The inclusion criteria for this search: was any paper published between 2013 and 2019, written in English; and contained the keywords, wellbeing, health, workplace; and retention. Four different databases were searched including: Gov.UK, HSE, NHS employers and PHE. The search produced 11 original research papers and six national guidance reports including a meta-analysis. There was a wealth of guidance available around healthy workplaces including the PHE accreditation guidance. Two guidance reports were included in the evidence base for this report.

Further evidence

Further web searches were undertaken by the author who examined successful interventions for supporting the cohort of interest to return to work. Information was also gathered from conducting searches into what other areas, similar to Thurrock (e.g. statistical neighbours) and local services are doing in relation to tackling worklessness. This was to develop a deeper understanding of the topic. Information was also collected from a series of webinar presentations, which were produced by members of the PHE Worklessness and Health Regional Network group.

To gain an understanding of residents' perspectives three focus groups were undertaken with users of MSK, mental health and JCP services. Some of their responses are included within this document and an overview can be found in section 4.6.7.

The main findings of these evidence reviews are threaded throughout the report to inform and add value to the local picture of worklessness.

Below is a brief summary of the reviews:

What Works?

The authors of each research paper used different methods that were found to be successful in supporting participants to return to work (RTW). Some concluded that success is more likely with people with physical rather than mental health conditions as physical adjustments can be more easily undertaken than organisational change. Furthermore, all of

the programmes included in this review found that there were only moderate changes in early and sustained RTW from all the interventions.

Returning to work

The evidence suggests that supporting employees to return to work following a period of sickness absences due to a physical condition are perceived by employers to be easier to achieve. This is because environmental adaptations can often provide a solution. Supporting employees with mental health needs requires a different approach. A change in working hours/pattern, workload or role can help, but a more flexible approach is needed to fit individual conditions. It may require more than one component of these strategies for a successful and timely RTW to be achieved (31).

There was moderate evidence to suggest that, for MSK, a graduated physical activity approach, combined with a psycho-educational support, aimed at increasing both physical and emotional strength and increase endurance would be effective. This could include such exercise as walking, stretching and CBT (32).

Thurrock has an Exercise on Referral scheme for people with LTC and Active Thurrock who have recently funded a variety of different activities. These should be identified as part of a pathway into work.

Motivational interviewing was investigated and results found it to be of moderate success in supporting people back into employment (33).

It should be noted that supporting any employee (regardless of health need/status) back into work, should be discussed and agreed with the individual and should focus on their individual needs, rather than a one size fits all approach.

Sickness absence

It was identified within the research papers that coaching and work modifications were seen to have a moderate success in reducing sickness absence for depression. CBT therapy also helped moderately and a special care programme designed around mental health also had moderate results. Problem solving therapy for adjustment disorders had a moderate effect on partial return to work (34) (35).

Brief intervention in the workplace which comprised of clinical examination and reassuring advice, when compared against longer counselling intervention, was seen to result in reduced sickness absence length and was also a less expensive measure (36).

Workplace Health Strategies

Training designed to teach staff and managers about different health conditions and how they may affect individuals can help to create a culture of understanding and support (32).

Limitations of the evidence review

The overview of the search was that there was a wealth of high level reviews on return to work that identified that workplace interventions help workers get back to work and reduce duration of sickness absence. This fitted in with other evidence which found moderate quality evidence to the same. However the evidence around these interventions having an effect on a lasting return to work was low quality, sparse in outcomes and differed depending on if for mental health or MSK. It is envisioned that work undertaken in Thurrock will contribute to this evidence base going forward.

5.2 National Guidance

NICE have developed a set of guidelines around workplace health (see Appendix 3). These guidelines are for all organisations and set out suggestions for good practice in staff health and wellbeing.

One of the overarching elements relates to the need for 'organisational commitment' to the health and wellbeing of staff; this is of real importance in relation to developing a workplace health ethos within an organisation. The main components should centre on quality standards, equality, and engagement. The importance of the physical work environment in promoting good mental health and wellbeing are the main threads running throughout the guidance.

The importance of informed and compassionate leadership and managerial styles are described and training for these around health and wellbeing is highlighted. Appropriate job descriptions for manager selection should be included as part of the wellbeing agenda and continued monitoring and evaluation should be undertaken around all of the factors identified to ensure adherence to the PHE workplace accreditation guidelines as described below, (see further details in appendix 3). This is also identified as an important element by the ACAS service described below.

The Safe, Effective and Quality Occupational Health Service (SEQOHS) is a set of standards and a voluntary accreditation scheme for occupational health services in the UK and beyond. Accreditation through SEQOHS is the formal recognition that an occupational health service provider has demonstrated that it has the competence to deliver against the measures in the SEQOHS standards. This is the accreditation that Thurrock council is aligned to.

The Advisory, Conciliation and Arbitration Service (ACAS) is also established to improve both organisations' and employee working life through better employment relations. As identified within the research they also suggest that greater understanding of different conditions from managers and staff can be achieved through appropriate training and recruitment.

The Gensby et al systematic review (18) recommends that policies around return to work (RTW) and staff retention should be developed with an interdisciplinary team with a varied

skillset made up from key parties such as occupational health, RTW coordinators, union reps, and HR managers. This good practice recommendation has been taken forward by Thurrock council, using staff networks to feedback on these developments.

5.3 Examples of successful projects nationally

The following are examples of projects relating to reducing worklessness that have been undertaken and evaluated in other areas of the UK. Further projects reviewed within the evidence searches had either, not succeeded or had no outcome information and were disregarded. Some of these are based on worklessness in general, while some include mental health. No evidence around successful projects for MSK provision was identified from the evidence review.

The following examples had been subject to some evaluation, although most of this evidence is anecdotal rather than data driven; data has been provided where found. These projects have the potential to be adapted and implemented in Thurrock. Suggestions on how these could be incorporated into Thurrock are included and where appropriate and have been identified as recommendations in chapter eight. If these and other projects were developed within Thurrock any data and outcomes would improve this evidence base giving increased weight to effectiveness of these approaches.

Leeds City Council: retaining jobs as well as finding them
Workplace Leeds

This project was commissioned by the CCG and run by Leeds Mind in partnership with local mental health, social care, and housing services. Workplace Leeds offered a range of services and support to help people experiencing mental health problems to stay in work or find new employment. The range of help available for people searching for new employment included: peer support, workshops, and CV writing and interview skills. The second element of the project was a job retention service for people experiencing difficulties at work. Participants could have been off sick or at risk of losing their job when they entered the service. The evaluation of the project showed that nine out of ten people who were helped through the job retention service managed to stay in their jobs, including nurses, teachers, and IT professionals.

Service user outcomes were seen to be positive as a result of the Job Retention Service, with the largest changes relating to managing relationships at work, awareness of warning signs and triggers, and the awareness and implementation of coping strategies. Clinicians were hopeful services like this would reduce the use of medication or anti-depressants.

Critical ingredients associated with the success of this element of the project included: staff's expert insight into mental health and employment, neutrality, manageable caseloads, and a calm and peaceful setting.

The development of a service such as this could be part of the recommendations for the workplace health framework. It could complement some of the IAPT and Recovery College work that is already happening within Thurrock.

Coventry City Council: creating a healthy workplace

Workplace Charter Scheme

Coventry City Council is part of the PHE endorsed national Workplace Wellbeing Charter. The council works with experts to run sessions organised by Coventry's Business Investment Team to keep employers engaged with its workplace charter scheme, which is based on the PHE workplace guidance. There are over 40 organisations involved in the charter, with those taking part reporting reductions in sickness rates and improvements in staff morale. Businesses are also referred to the NHS Health Check service or to the Public Health funded 12-week healthy lifestyle courses which are offered free to those taking part in the charter and involve instructors going into workplaces to run a whole range of activities.

Feedback from those taking part in the workplace charter shows the support is having an impact. Of the businesses signed up, many are making significant changes to their workplaces to improve the health and wellbeing of employees such as policy changes and wellbeing activities. This has resulted in a reduction of 2.25 lost days per year (2009 to 2016), equivalent to £4.5m in cost reductions.

The development of a workplace wellbeing framework, using the PHE guidance, within Thurrock could help to ensure that there is a nationally met standard of offer for employees within our local businesses.

Portsmouth City Council and Southampton City Council: twinning support with regeneration - Solent Jobs Pilot

The Solent Jobs Pilot aimed to support 1,000 of the long-term unemployed back into work and formed a key part of the £1 billion Southampton and Portsmouth regeneration programme. The programme was targeted at people with health problems (both physical and mental) who had left the Government's past Work Programme without gaining employment.

Intermediate outcomes reported by participants included: increased confidence and motivation, recognition of their transferable skills, gaining new skills, improvements to

their health and wellbeing, and feeling more ready to enter employment. Just over 10% of participants registered to take part in a work taster; of these participants, 78.5% completed the work taster and the others found employment. Just over a fifth of successful

It is apparent that appropriate support for an identified health condition during a work placement can lead to positive outcomes.
In Thurrock there is the IPS service support for severe mental health and World of Work also offers some wider support in this area. This existing provision should be expanded on and funded appropriately to fill the gap.

participants then registered to take part in a work placement. The work placement was viewed as key to engagement and outcomes being achieved.

Inclusive employment in Gloucestershire
Going the extra mile (GEM) project

This social initiative project is jointly funded through Lottery and European Social Funding (ESF). It aims to engage with, and support individuals within Gloucestershire who are currently dealing with circumstances that are potentially causing barriers to work. The objective is to support these individuals towards re-entering education, training, volunteering or work; including self-employment and community businesses.

This programme is a unique and unprecedented partnership of over 30 community based organisations, managed by Gloucestershire Gateway Trust on behalf of Gloucestershire County Council. Each partner has committed to work collaboratively to help individuals with a variety of needs to overcome any barriers they may have, supporting them to improve their lives. This voluntary programme understands that everyone is unique, with different needs and requirements, and offers tailored support to every individual through a personalised action plan, providing dedicated support and access to a wide range of options.

Of the 1,200 people that were involved in the project 55% reported living with a disability or health condition. To date the project has helped 365 people gain employment and a similar number into education and volunteering. To ensure commitment to the programme there is a comprehensive pre-engagement process.

The offer in Thurrock, although varied, is lacking a joined up approach. Using the successful elements of this partnership pilot should help in developing a clear pathway for claimants towards employment by removing some of the barriers to identifying the appropriate service for them.

Harlow Multi Agency Centre (MAC)

The Multi Agency Centre (MAC) was started in Harlow in 2015. Partners included JCP, Harlow Council, Citizens Advice Bureau, Mind in West Essex, Integration Support Services, Family Mosaic (now Peabody), Administration for Community Living ACL, and the Credit Union.

The aim was to provide a safe, friendly space that was open to all, on a purely drop in basis. Information sharing protocols were agreed to ensure real joint working and to reduce individuals from feeling like they were being 'passed around between agencies'.

The service has expanded to include other agencies such as Universal Credit, Harlow Advice Service, Safer Places (Changing Pathways now), Streets2homes, Open Road, Fire Service, Physical Health, and Training Provisions.

Case study from a MAC service user

A customer was struggling with both health and mobility issues and domestic abuse. Using the MAC gave her access to services including, JCP, Peabody (housing support) and Safer Places (domestic abuse advice). The ongoing support in a location close to where she lived, allowed the customer to manage a move into her own accommodation. She started volunteer work, her health and confidence improved and she went into paid employment. She no longer relies on benefits and her Work Coach felt that the MAC made a big difference to her outcome.

People that use the service are often in crisis, fleeing domestic abuse, experiencing homelessness, poor mental health, or debt. They are not usually on benefits so their basic needs are addressed first, prior to any discussion relating to worklessness being raised. The MAC does not collect outcome data but have anecdotal case studies such as the one above. The Mac concept has been rolled out in Loughton, Saffron Walden and Colchester. This type of joined up approach is a gap that is seen in Thurrock.

This project again highlights that a joined up approach can provide the best chances for a successful return to work. This style of coproduced service combined with a more community level approach would enhance the ABCD approach that exists within Thurrock. More robust data collection around outcomes will be required if this is duplicated.

Recommendations developed from the evidence within this chapter are below:

Recommendations;

- **To develop a worklessness and health strategy.**
- **To develop an accredited framework for workplace health.**
- **To develop a single point of access portal.**
- **Further research to be undertaken around the need for employment support for those that fall outside of the IPS remit.**

Chapter 6 Impact of Change

Key Points

- **Modelling was identified around a gap in provision for MSK services.**
- **The Movement into Employment ROI tool was used to model the savings identified.**
- **The modelling was undertaken for Thurrock Council MSK sickness cost and the JCP ESA benefit cost.**
- **If nine JCP ESA claimants were returned to work the cost of the project would be negated.**

This chapter identifies some potential projects that, if piloted in Thurrock, could potentially make economic savings for services and employers. These projects would also have added value in providing a direct and timely MSK service to individuals which would increase their health and wellbeing outcomes. A recommendation regarding the development of projects around this are shown at the end of this chapter.

6.1 Modelling the impact of applying best practice in Thurrock

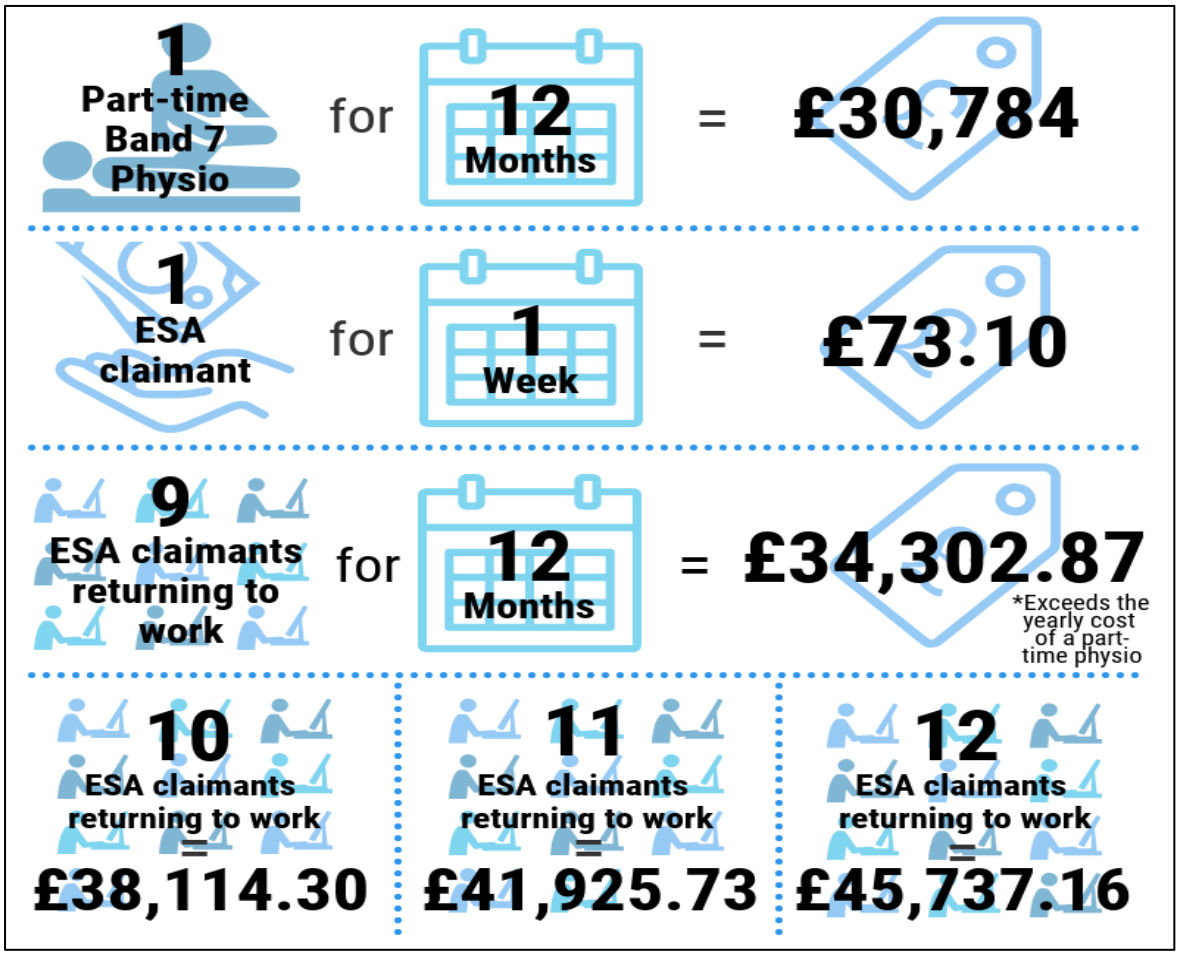
As part of the understanding around available provision for enabling people to get back into (and retain) work, a gap was identified around the joining up of MSK services with employers and the JCP. Although little formal evidence was available around the effectiveness of this joined up approach, there is a good practice example from the Port of Tilbury who have an in house physiotherapy provision that feeds results straight to the in house doctor service. This then informs the doctor's decision on what work the employee can be reasonably expected to undertake. The suggestion of including an MSK service within the JCP centres has also been discussed at regional worklessness and health meetings as a potential area for trialling. This would identify what an MSK claimant might be able to do on return to work. These have been modelled below for Thurrock Council and JCP.

The following modelling exercise was developed around the cost of ESA claimants for MSK conditions. The savings were conservatively hypothesised on the premise that they would only been claiming the basic ESA benefit at a rate of £73.10 a week, no other allowances, and the savings of benefits would be for one year.

The modelling looked at the annual cost of a part-time physiotherapist offer at £30,784 (annual cost for 18 hours a week provision) against the benefit costs. A part-time provision was modelled on 18/19 figures for Thurrock council that showed 240 employees on sickness absence for MSK and 600 claimants of ESA for MSK in the JCP. This would allow for the council employees to receive three hours of assessment and JCP claimants 1.5 hours.

It should also be noted that the cost for the physiotherapy provision are employment costs only and there could be an opportunity for the development of an offer from the MSK community provision recently developed by the CCG.

Figure 22: Modelling best practice to Thurrock ESA claimants



Returning just 9 ESA claimants to work for 12 months would save £34,302.87 in benefits; this just exceeds the yearly cost of a part-time physiotherapist. Savings would continue for each additional claimant who is returned to work resulting in further surplus to the cost of a physiotherapist. The physiotherapist would identify what type of work a claimant could undertake with suitable adjustments. ESA claimants can earn up to £140 per month through work which could help with easing back into the workplace.

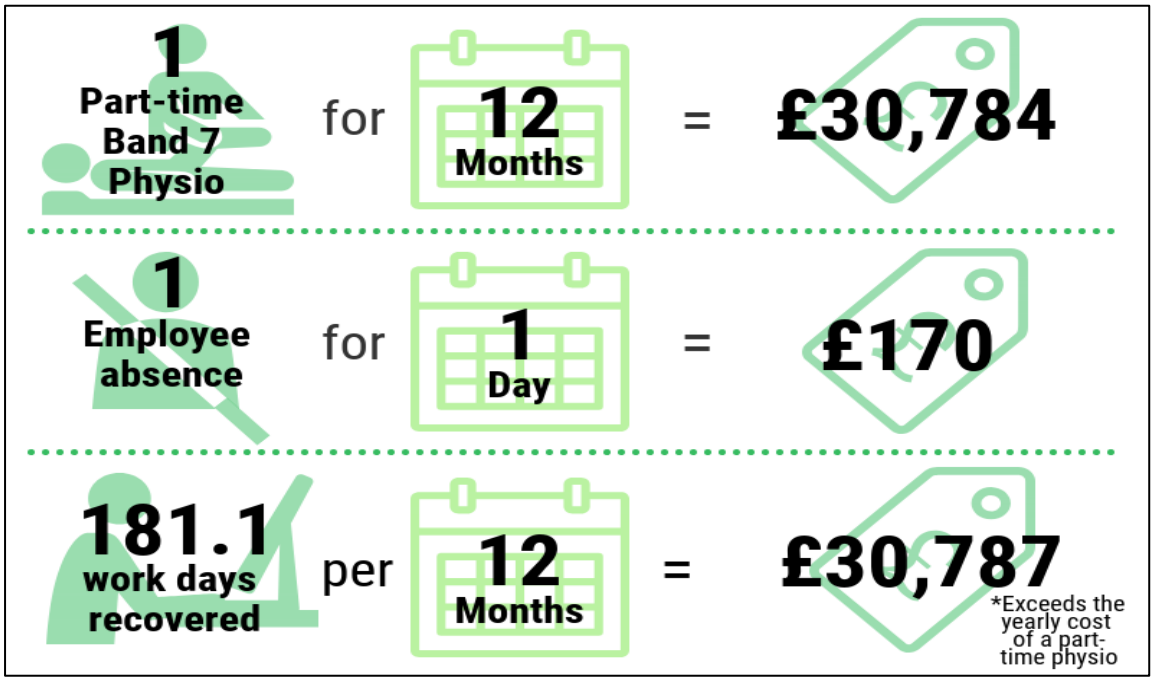
The JCP would be responsible for the monitoring of this service. To evidence success outputs around the number of claimants getting back into work and their improved health and wellbeing should be collected. This would allow for the scaling up or down of future provision.

The total cost of MSK related absences for Thurrock Council over 1 year is estimated at £396,922. This is assuming an approximate cost of £170 per-employee per-day based on an average salary.

Figure 23: Estimated annual cost of MSK absence to Thurrock Council

If a part-time physiotherapist were able to prevent 8% of MSK sickness absences, this would cover the cost of their employment. This would be achieved by identifying what work the employee was able to undertake with suitable adjustments.

Figure 72: Modelling physiotherapist employment to Thurrock Council



Thurrock council would be responsible for the monitoring of this service. Outcomes around the number of employees being back at work and their improved health and wellbeing would evidence success and the scaling up or down of future provision.

This example has identified the savings that these two proposed projects could provide and it is recommended that if any further projects identified from the recommendations within the JSNA are agreed that a ROI modelling should be undertaken to ensure value for money as part of the planning.

With the new MSK community health hub provision it may be possible to access this services which could generate further savings in staffing costs.

Whilst this modelling identifies potential cost savings there is also the health and wellbeing benefits for people who are able to return to or retain in some form of work. This is seen to result in significant physical and mental health improvements and measures to capture this should be developed to add some softer outcomes to these projects (50).

Below is the recommendation developed from modelling undertaken within this chapter:

Recommendation;

Physiotherapy service is included in the JCP and Thurrock Council OH offer. This could result in a swifter return to work and increased health outcomes.

Chapter 7 Summary and Recommendations

7.1 Key Findings

The key findings of the JSNA are noted in the table below:

The worklessness and health agenda has become an important area, with government national strategy being developed around mental health and MSK that make recommendations to health, local government, Job Centre Plus (JCP) and the voluntary and community sector about how worklessness can be addressed.
Workplace health has been identified as having an important part to play in the retention of employees with long term conditions.
Good quality employment is a key factor in maintaining and fostering good physical and emotional health in both existing and potential employees.
The annual national cost to the wider system of sickness absence due to poor health is £100 billion, therefore investment in services that support early return to work will result in cost savings relating to benefit claims and work absence. The cost of the total of ESA claimants alone in Thurrock equates to a £47,417,900.
New guidance has been developed by Public Health England (PHE) to improve the quality of information recorded within fit notes to support people back to work.
There is a higher proportion of females claiming ESA due to MSK conditions compared to males. The majority of these female cohorts are aged between 50 and 60 years.
There tend to be more male ESA claimants, claiming due to mental health conditions compared to females. Of this male cohort the majority are aged between 25-44 years.
The Economic Development Skills Partnership (EDSP) which has been developed in Thurrock helps to identify the future needs around skills and education.

7.2 Gaps Identified

During the development of this document the following gaps in both strategic overview and local provision were identified:

No overall strategic approach to worklessness and health in Thurrock's was identified.	Ch. 5

The role of work or volunteering is not always identified as a health outcome within the health and care system.	Ch.3
The only identified offer for MSK is the new CCG community MSK service. Further work is required to understand if any gaps remain now this is up and running.	Ch. 5
There is a reasonable offer around mental health provision but this is fragmented.	Ch. 5
There is no clear linked pathway for claimants and professionals to access appropriate services or community offers to aid return to work.	Ch.5
Services were not always identified to be person centred or flexible in their approach.	Ch.5
Knowledge of all available services offered locally appears to be fragmented with service providers often not being aware of where they can signpost residents to.	Ch.5
There are a number of workplace health schemes being run by employers across Thurrock. However, these schemes are not accredited and as such quality assurance is lacking. At present there is no identified way to assess whether these schemes follow best practice or meet quality standards.	Ch.5
Although fit notes are being issued by Thurrock GPs, these contain limited information on diagnosis and ongoing treatment and time line. They also provide limited to no guidance about what reasonable adjustments could be made to support a patient to either remain or return to work, e.g. light duties, special equipment or phased return.	Ch.6
Although there is some training around sickness absence, mental health, MSK and other long term conditions there can be a variation in how this is managed by managers, staff and service providers.	Ch. 5 & 6
The Department of Works and Pensions (DWP) Disability Confident employer's scheme has a limited uptake in Thurrock. There are 7,680 employers with only 46 who have joined the scheme to date.	Ch.5

Potential strategies and projects to address these gaps are included as part of the recommendations below:

7.3 Recommendations

The Findings	Strategic Recommendations	Action owner
A whole system approach to worklessness and health is lacking. There are elements of good practice but no overarching strategic direction for Thurrock. For example Thurrock's Health & Wellbeing Board (HWWB) signed the Prevention Concordat for better mental health in July 2019, but this is limited to mental health rather than an overarching ill health prevention pledge.	Building on the EDSP partnership a task and finish group should be formed to co-produce a worklessness and health strategy for Thurrock which identifies the roles that all partners are required to undertake. The strategy will prioritise the: • Understanding and development of a targeted approach for the reduction of worklessness due to health conditions e.g. Workplace Heath programme. • To ensure appropriate claimant pathways into/ between all services and the community offer are established, including for physical activity opportunities. • Provide an overall data collection framework that will enable evidence for return on investment (ROI), quality or provision and possible future funding applications • To develop opportunities for commissioners to identify accessing and maintaining good work and volunteering as health outcomes.	EDSP

The Findings	Non-Strategic Recommendations	Action owner
Learning from the Leeds project and the JCP Multi Agency Centre's (MAC) approach, identifies that a combined approach to the various strands that	Development of a single point of access portal which will incorporate a range of services and community offers supporting those to return to work. This could be run via the Community Hub programme.	JCP/CVS/ Communities

affect health and wellbeing is seen to remove these barriers into employment.		
The offer for getting people work ready in Thurrock is broad but most agencies do not have long term funding streams which is disruptive for both users and referring services.	EDSP partners should develop a sustained funding model as identified by NCVO. https://knowhow.ncvo.org.uk/funding	EDSP/ CVS
The uptake of employers in the Disability Confident accreditation scheme is low.	A communication plan to be developed Which will aim to increase uptake of the Disability confident scheme.	JCP/ EDSP
Specific support options available for those with mental health needs who might want to return to work were identified. However, more information is needed to ascertain if there is sufficient provision available for those outside of the IPS setting in sustaining work once obtained.	Further research to be undertaken specifically around the need for employment support for those with mental health needs who do not meet the IPS criteria.	JCP/PH
Modelled estimates show that the potential cost of suicide attempts in ESA claimants could be high.	Specialised package of support to be developed for ESA claimants in partnership with JCP to help earlier identification of likely suicidal ideation and improved referral routes into appropriate support services.	JCP/PH

There is a limited evidence base around this specific topic.	Learning from the Thurrock approach to this topic is added to the evidence base both locally and nationally through the regional networks.	EDSP/PH

The Findings	Professional Training/ Information	Action owner
There is a need to understand any hesitation around completing fit notes to indicate work capability.	Undertake research with GPs and Allied Health Professionals to understand barriers to fit note completion and strategies to improve completion quality going forward.	CCG/ PH
Completion of fit notes that indicates what a person can do on return to work is low.	Information and training sessions to be delivered to GPs and Allied Health Professionals incorporating the new guidance from PHE around how to complete fit notes. To include importance of the correct coding of LTCs on the notes.	CCG/PH/JCP

The Findings	Pilot scheme recommendations	Action owner
The costs for MSK sickness absence is high for both workplaces, the benefit system and the individual.	Recruitment of a physiotherapy worker jointly between JCP and Thurrock Council on a pilot basis. This worker would give more specialised support and advice to those with MSK conditions to enable return to work and link in to the newly-commissioned physiotherapy offer within health services. Outcomes to include softer measures around health improvement.	JCP/TCOH/CCG
To assist in expanding the offer for support in returning to work to all areas, especially where there are significant health inequalities. Return to work projects have been funded in Tilbury through the Community Led Local	Robust evaluation of existing CLLD projects to be used to inform future funding bids and projects in other areas of Thurrock.	EDSP

Development (CLLD) fund. One of these is specifically around mental health.		
Fit notes that are being received by employers and the JCP are not evidencing what a person can do upon returning to work.	A pilot fit note project to be developed with the CCG, JCP and Thurrock Council which builds on the PHE guidance to evidence effectiveness of the role in fit notes for early RTW.	JCP/CCG/TC

The Findings	Workplace health recommendations	Action owner
In terms of workplace health, there is currently no quality assurance in place to ensure best practice and quality standards are being identified. Although there is some evidence that employers hold elements of specialist accreditation, it would be beneficial to have a more consistent approach.	Utilising the PHE guidance, and the Coventry pilot findings, a Healthy Workplace accreditation scheme to be developed for Thurrock in partnership with other Thurrock employers and employees. This will set a kite mark for Thurrock employers. The framework should identify a suite of different approaches relevant to different conditions including: • Use of digital devises and prompts. • Stress/anxiety to form a standing agenda item at all team meetings. • Regular organisation feedback around stress/anxiety. • Robust data collection that enables triangulation of information. • Supportive sickness absence processes with a consistent approach which recognises the need for equality for LTC absences.	EDSP/HR

	• Management training around LTCs and condition management. This should be co-produced with appropriate employees.	
There are elements of local policy and guidance that give opportunities for promoting positive health and wellbeing but this needs to be identified within all relevant policies.	Audit of current relevant policies and strategies to identify baseline. Then, incorporation of health & wellbeing into strategies to ensure overarching good practice processes and assist with staff retention. Thurrock Council to lead the way in this and cascade this good practice out to further Thurrock employers.	PH/HR
Data is being collected by workplace health and occupational health services. There is little evidence that this data is being collected in a way that allows for triangulation across departments and other agencies to allow for a true picture of sickness absence costs.	HR departments to agree a standard data collection framework around sickness absence to allow alignment and comparison across organisations in order to better understand the issues around staff sickness absence and its link to potential future worklessness. This will enable comparison and triangulation of data across both the council and other organisations.	PH/ ODHR
A one size fits all work place health process does not fit the needs of the whole workforce and there should be the ability to adjust these to suit different situations.	Policies and processes related to managing sickness absence are developed and implemented in line with the Equality Act 2010. This includes the implementation of reasonable adjustments that specifically affect employees (e.g. long-term conditions).	HR

7.4 Summary

In summary, the JSNA has used an evidence based approach to identify both national and local good practice around the worklessness and health agenda, with a focus on MSK and mental health, using ESA claimants for these conditions as the sample group.

The size of the problem in Thurrock was described and, although not dissimilar to other areas, the cost was seen to be high both economically and for individuals with LTCs.

To gain a local perspective around barriers to gaining and sustaining work, service user feedback was added to the learning from national evidence. Many of these are similar and were predominantly around lack of confidence, both in the person and their ability, but also in an employer's understanding and support of their conditions. The benefits to individuals of working, such as better physical and mental health outcomes were described and, as part of the modelling of projects to return people to work, it was suggested that these outcomes be collected to add to the understanding of the human side of these.

One of the largest issues discovered was around the fragmentation of the services and the lack of a clear pathway for claimants and professionals to access appropriate services and ongoing support. The development of a collaborative of local provider organisations was suggested to ensure a whole system approach to this agenda, led by the EDSP group. Information on successful projects both locally and in other areas highlighted potential ways of achieving this and these form part of the recommendations.

The data used in this JSNA is limited at present due to the new Universal Credit benefit. This is a benefit payment for people in or out of work that has replaced some other past benefits including ESA. Universal Credit is still being adapted and slowly rolled out across the country (due to be completed by 2023). One of the problems identified is the present difficulty in identifying disability and long-term conditions as there are no data collection markers within the system for this, but this is being updated regularly.

A good workplace health offer has also been seen to play an important role in both employment opportunities and staff retention. Included in this is the need for greater understanding of LTCs, in this instance MSK and mental health, and how people with these can be supported by management and staff.

Overall the work has identified that there is a need to ensure a cultural shift around how worklessness and health is viewed. Thurrock has many strength that already exist around this agenda and one of these is the close networks and partnerships that have been developed through the EDSP group and the economic development employer networks. The evidence from the report developed recommendations that need to be strategically focused around this agenda.

With this in mind the main overarching recommendations from the JSNA are for the development of:

- A strategy for worklessness and health with a framework of actions to assist timely return to work.
- The development of a clear pathway that joins up all services and allows claimants to be signposted to the most relevant services in a timely and appropriate process.
- A healthy workplace accreditation scheme for Thurrock that ensures good practice and equity of access for people with LTCs

7.5 Continued progress

Going forward there is a continued interest and engagement in this agenda. NHS England/Improvement, the joint DHSC/DWP and Health Unit, and PHE are working together to explore how individuals can be supported to find and/or remain in 'good' employment. There will be a report in mid-2020 on their findings.

Top level highlights from this work will be:

- Common enablers
- Strong leadership from senior figures, shared strategic vision and objectives
- Integrated working
- Using data to make the case, plan and evaluate – linking data sets

All of this has been noted within the JSNA findings and recommendation. A range of resources will be produced and shared on the Future NHS website to support local areas in the development of a health and employment support offer.

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Appendices

Appendix 1: Consultation Responses

Mental Health:

Worklessness and Health focus group questions -

Focus Groups: Mental Health, MSK, JCP.
Focus Group Participants: 11, 3, 10 = 24 participants in total.
Open questions

1. What do you think (in your experience) are the barriers to getting into/back to work?

- *Education, Child Care. Lack of confidence. Lack of belief in one's own abilities. Lack of interviewing practise and age. Cost of training.*
- *A lack of training to actually do the job, discrimination if you have suffered mental or physical health issues.*
- *Insufficient tailored support to meet specific needs e.g. LD; staff with insufficient training to understand disability*
- *Chronic Pain, depression, disability, worried about making things worse*
- *Worried about needing to take more time off*

What do you think are the barriers to retaining work?

- *Self-sabotage, not believing your capabilities, not enough support, stress of new routine, tiredness in wanting to 'prove' your worth!!*
- *Mental health, pressures put on people with unrealistic deadlines, high expectation of employers expected extra hours to be worked (often unpaid) and this is in spite of them saying all the right things like the importance of "work life balance"*
- *Stress and Anxiety, poor management, poor senior management, not understanding what makes you want to work and no empathy. Fear of being open about your health – due to concerns for confidentiality. Fear of stigma and discrimination from managers & colleagues*
- *Organisational cultures that don't allow flexibility around health conditions & disabilities. HR & managers not sufficiently trained to deal with disability in workplace*
- *Poor work-related stress policies and procedures or not well translated by management to staff.*
- *A lack of support within the benefits system to get people into appropriate voluntary work. Financial – having the resources needed, like a car.*
- *Pain is worse at work so coping /managing*

3. What do you think could support you to get back into work?

- *More support in staggering length and intensity of work for a while, or the ability with the employee to have a liaison support worker within a company*
- *Volunteering, support tailored to my needs*
- *Help with employment specific skills such as interview skills*
- *Contacts with employers, job trials/ job shares*
- *I found CBT courses with Inclusion/ Recovery College and Silver cloud /Be-mindful programmes run by Inclusion have helped me the most.*
- *Physiotherapy being more fit/active*

4. What do you think in your experience are the barriers to staying in work once you have a job?

- *Sometimes situations become too stressful, tiredness sets in, then perhaps ill health both physically and mental. The workload and managing pain.*
- *Having things in place in workplace to support people with long term conditions.*
- *Benefits – fear of loss of benefits, parking & travel costs.*
- *Poor use of reasonable adjustments, confidence to ask for what you need*
- *Employers with fixed ways of working, lack of organisational growth in line with evidence on employee engagement & workplace well-being, lack of flexible working*
- *Work trials and opportunities to move into traineeships/ apprenticeships for adults, with support to fill that gap from being out of work for so long*

5. What do you think would help you to stay in work?

- *Financial help for first few weeks, less bureaucracy.*
- *Constant support from management. Use of flexible working*
- *Employers seeking feedback and evaluation from employees.*
- *Employers to participate in healthy workplace initiatives, team building exercises.*
- *Working in a supportive environment with a culture of being open about mental health and viewing lived experience as an asset.*
- *Managing my pain and easing into it*

6. **If you are at work or were at work what was your experience of the workplace help offer? (Positive and negative)**

- *HR with the correct skills & experience can be really supportive*
- *Sometimes it feels that HR is not on the side of staff only of management*
- *Workplace counselling can be good but fears of confidentiality if accessing*
- *Lack of information can be negative*
- *OH not seen as supportive rather used as punishment/ OH can be supportive if you are well informed. Negative due to lack of understanding.*

7. If you have used the local mental health (EPUT IAPT) or MSK or Job Centre Plus services what was your experience of these?

- *Musculoskeletal service I'd say average at best/ pain management service good.*
- *Training at Job Centre Plus to help them identify when people are genuinely depressed.*
- *The job centre were helpful, though only the disability employment advisors.*
- *My experience accessing IAPT was largely positive. Greater options and choice offered to people with regards to accessing compassion-based, integrated or straight CBT*
- *Recovery College has helped me make more progress in the last year, than in the previous 10 of seeking various support and counselling.*
- *Volunteering and the courses on the recovery college have helped develop skills.*
- *My experience with EPUT was dreadful. I was just a name on a list, called back in very occasionally to tick a box to see if I was still alive*
- *I have used an employment service for returning to work that support mental health needs and they talked about CVs on the first day which wasn't the help I needed.*
- *Job centre, quick easy, polite staff, able to answer all my questions, supportive, good at explaining things, treated my relative who is very fragile with dignity and kindness.*

Appendix 2: Supplementary information on service provision in Thurrock

Thurrock Council

Tilbury CLLD

A programme to help people overcome barriers to employment and get back into work in Tilbury. http://www.strongertogether.org.uk/Tilbury_Grants_25384.aspx

Thurrock Soup

Thurrock Soup is a series of events for people who've had a business idea to benefit the local community, and want to find out if it can be achieved. https://www.thurrock.gov.uk/local-schemes-to-benefit-businesses/thurrock-soup-your-business-ideas.

School for Social Entrepreneurs

A course, based on self-employment, designed to help people start up their own social enterprise businesses. https://www.the-sse.org/about-school-for-social-entrepreneurs/

Thurrock Opportunities

A one-stop website containing all the jobs, apprenticeships and training opportunities in the borough (and just outside). The portal is aimed at getting local people into work and employers an easy place to list their vacancies www.thurrockopportunities.co.uk

Local Area Coordinators (Social Care)

Local area coordinators (LACs) help vulnerable people find ways to a better life. Local area coordinators help people avoid reaching a crisis in their life. www.strongertogether.org.uk

Thurrock Micro Enterprises - "Ordinary people doing extraordinary things"

As of this month, there are over 100 Micro Enterprises (MEs) now delivering a wide range of services. Some are voluntary but others are paid. www.strongertogether.org.uk

Thurrock Adult Community College

The college has over 1600 part time adult learners a year. In 2019 39.4% of learners on courses moved into sustained employment as a result and 11.8% into training and 4.6% into volunteering. A further 12.4% were looking for employment.
https://www.thurrock.gov.uk/community-college/introduction

Voluntary and Community Organisations

Thurrock MIND

Thurrock MIND runs a variety of groups to help people with mental ill health to recover. These include, wellbeing groups and activities and peer mentoring and groups. Also the Stepping Stones gardening programme. www.thurrockmind.org.uk

One community

One Community is based in Tilbury. They help with advice, skills development and access to training, life coaching and work clubs. www.onecommunity.org.uk

Ngage

Volunteer Centre Thurrock support people into accessing volunteering opportunities to help them to gain experience and to learn new skills. They work closely with the Job Centre.
https://thurrockcvs.org/ngage-thurrock

DIAL South Essex

DIAL provides a confidential information and advice service on all issues affecting disabled people's everyday lives. www.dialsouthessex.co.uk

Citizens Advice Bureau (Thurrock CAB)

Citizens Advice Bureau offer free, confidential, impartial and independent advice around problems with debt, benefits, employment, housing, consumer, and many more issues.
https://www.citizensadvice.org.uk/local/south-essex

Go Train

Go Train in a training provision that works closely with the Job Centre
www.go-train.co.uk/contact/

Heads Up

We work with people who are out of work and have experienced common mental health problems. https://eput.nhs.uk/our-services/essex/essex-mental-health-services/adults/heads-up

Employ-Ability

Employ-Ability is a specialist employment support charity working with people experiencing mental health problems. http://employ-ability.info/

4SX

4SX, a consortium of voluntary sector partners are supporting carers in Essex, Southend and Thurrock through their programme 'The Way to Work'. www.4sx.org.uk

Thurrock Libraries and Hubs

Libraries and Hubs' stock a wide range of books on careers, writing CVS and preparing for interviews and there are two job clubs in the libraries. https://www.thurrock.gov.uk/libraries

World of Work

Thurrock Centre for Independent Living (TCIL) supports people who wish to gain, or return to, employment the project is also available to adults with learning difference and autistic spectrum disorders. www.tcil.org.uk/wow.html

Signpost

Signpost works to support people in deprived communities with a focus on unemployment. We use empowerment as a mechanism of change. www.sign-post.info

Appendix 3: Nice Standards

https://www.nice.org.uk/guidance/ng13

The guidelines include information on:
Organisational commitment

- Quality standards
- Equality and engagement
- Role and leadership style of line managers
- See also what NICE says on promoting mental wellbeing at work.
- Monitoring and evaluation
- Training

Appendix 4: PHE fit note guidance

15/10/2019 PHE East of England

A Case Study of a GP and Jobcentre Plus Working Together in the East of England

"Health and wealth are two sides of the same coin… For those out of work, the best public health intervention would be to help them get a job." – ***PHE Annual Business Plan, 2018-19***

Paper 2

Example of a Statement of Fitness for Work

Paper 3

Health and Work: A Resource for Primary Care

Paper 4

A Brief Overview of Jobcentre Plus Services