

Midlothian Community Planning Partnership Response to Work, Health and Disability Green Paper: Improving Lives

Introduction

In responding to the Work, Health and Disability Green Paper consultation Midlothian Community Planning Partnership (CPP) has sought to involve its communities and other stakeholders, including the views of Council services involved in direct delivery of advice and support to current claimants. This response is the result of wide stakeholder engagement led by the Midlothian Financial Inclusion Network, in which the Council is a partner.

Community Planning Partnerships (CPPs) draw together public sector assets, activities and resources, together with those of voluntary and private sectors and local communities to deliver a shared 'plan'. CPPs were made statutory by the Community Empowerment (Scotland) Act (2015) and placed new duties on public sector partners to play a full and active role in community planning, and extended the list of public authorities involved as key partners to include FE colleges and Skills Development Scotland. The DWP/Job Centre Plus are also represented as partners in the CPP.

Key Priorities within the Single Midlothian Plan include the reduction of inequalities in Health, Learning and Economic Circumstances. As a result of continuing UK welfare reform, this year, in the region of £12.5 million will be lost by Midlothian residents, including some of the most disadvantaged members of our communities and those affected by disability and long term health conditions. The Single Midlothian Plan aims to mitigate the negative impact of this loss of Income from our communities and to reduce hardship and health inequalities, by improving access to welfare advice and income maximisation services alongside increasing opportunities for learning and employment support and the creation of new jobs and businesses in Midlothian.

Midlothian is the second smallest mainland Local Authority area in Scotland and currently has in excess of 87,000 residents, although this number is expected to increase to over 99,000 by 2027. Located to the South of Edinburgh it covers an expansive semi-rural area with a number of town settlements, many of which originally grew around former coal mines, the last of which closed in 2003.

Unemployment rates for Midlothian are lower than those for Scotland and Great Britain as a whole, but the economically active population has decreased in the past year to 42,900 (March 2016) down from 44,600 the previous year and average earnings in Midlothian are significantly lower than the Scottish average. Locally the Public Sector is by far the largest employer.

In February 2016 7.4% of the working population in Midlothian were claiming Employment Support Allowance. Out of these 3,790 ESA Claimants 62% (2,350) were in the support group. Over half of ESA claimants are likely have mental health needs as their primary health condition.

Key points that we would like to highlight include:

1. The green paper includes ambitious targets for reducing the disability employment gap and supporting jobseekers with disabilities and health conditions in to work. Whilst the objective of removing barriers to employment for people in this group is to be welcomed there are some questions over its practicability and the likelihood of this target being achieved. The commitment to halve the disability employment gap implies a target of getting over 1.2 million more disabled people in to work, but the Government is also making substantial cuts to schemes designed to provide specialist support, both in funding (down to £130million from £750million) and the number of jobseekers supported (160,00 in 2017-2020 compared to 300,000 between 2012-2015). By focusing on supply-side considerations the green paper also fails to properly acknowledge and address potential problems in moving disabled people in to employment due to the lack of suitable job opportunities in the labour market.
2. The green paper also proposes further changes to the way people applying for benefit due to being unfit for work will be assessed, and to their engagement with the Jobcentre or specialist agencies while they receive benefits. While the Government have indicated this could mean fewer medical assessments, especially for those currently in the Support Group (i.e. assessed to be not fit for work-related activity as well as being unfit for work), the suggestion that everyone will be expected to have a 'health and work conversation' with a job coach in order to ascertain the employment support they need raises questions about the introduction of conditionality for claimants who would be placed in the support group under the current assessment system for Employment Support Allowance. It is unclear whether the Government intends this to be a wholly voluntary requirement for those who would currently be placed in the Support Group, or whether it will involve some degree of mandatory activity, and therefore the threat of benefit sanctions. Apart from the general, well documented, criticism of the effectiveness of sanctions to incentivise claimants towards positive outcomes, there will also be a worry that people already facing very significant barriers and challenges in their daily lives, who were previously protected from the adverse effects of conditionality and sanctions, will become prey to unnecessary stress or even have benefits taken away. This move would indeed be counterproductive, and increase health inequalities and barriers to employment rather than removing them.
3. One of the key proposals in the green paper is the closer integration of health services with employment support. This integration of health and social care services with welfare systems would not only require a high degree of data sharing between local and central government and NHS, but also much more co-ordination and direction towards the aim of helping disabled people and those with long-term health conditions to get work and to maintain their employment. Whilst the green paper acknowledges that in Scotland health is a devolved matter and that the Scottish Government would have to be a partner in any strategy to co-ordinate health and employment support, it concentrates on the system in England. The additional problems and challenges posed by devolution are not addressed. This is especially true for the way in which PIP, one of the benefits being transferred from the DWP to the Scottish government, currently interacts with other benefits. In particular, any future attempts to increase the sharing of claimant information between PIP and non-devolved benefits, or co-ordinate the development of PIP and assessments of capability to work will need the full co-operation of the Scottish Government.

Midlothian CPP Responses to Consultation Questions:

Chapter 1: Tackling a significant inequality

- What innovative and evidence-based support are you already delivering to improve health and employment outcomes for people in your community which you think could be replicated at scale? What evidence sources did you draw on when making your investment decision?
- What evidence gaps have you identified in your local area in relation to supporting disabled people or people with long-term health conditions? Are there particular gaps that a Challenge Fund approach could most successfully respond to?
- How should we develop, structure and communicate the evidence base to influence commissioning decisions?

Community Planning Partnerships (CPPs) in Scotland have a pivotal role in planning and coordinating support to improve health and employment outcomes across our local communities. This is vital to ensure all public sector agencies work together with employers, private sector and third sector agencies as well as engaging with the public to co-produce plans which can inform commissioning decisions and develop health and employment support services that are relevant to local needs and circumstances.

The “Improving Opportunities For the People of Midlothian” (IOM) Group has a key role in supporting the Community Planning Partnership to monitor and improve the outcome gaps in learning, health and economic circumstances which are our three key priorities in the Midlothian Single Plan. The IOM group helps to connect social enterprises, the third sector and public bodies in a shared agenda of reducing inequalities. The interconnection between economic, health and learning outcomes is supported by robust evidence. Improving household income is central to reducing inequalities. The CPP’s decision to add poverty to the nine Protected Characteristics of the Equalities Act (2010) provides a strong mandate to the IOM to focus on reducing poverty and it’s four areas of work priorities are poverty reduction, learning and employability, health inequalities and public engagement.

Multi-agency cross sector networks that feed into the work of the IOM group include MEAN (Midlothian Employment Action Network); MALP (Midlothian Adult Learning Partnership) and MFIN (Midlothian Financial Inclusion Network). It is vital that these networks are linked and work together due to the inter-connectedness remits, with for instance employability services ensuring those looking to enter work can access welfare benefits advice, better-off calculations and income maximisation assessments that can help support people to make decisions about appropriate work options for them. During 2014-15 Midlothian Council re-organised their provision for adult learning and employability to create an integrated Lifelong Learning and Employability Service. During 2015-16 105 disabled people received 1:1 support from the STEM project moving onto employment or training, with 41 moving into open employment, 37 onto training or short courses, 26 into further education and 29 into volunteering.

We have identified evidence gaps in our local area in relation to supporting disabled people and those with long term health conditions which could benefit from investment from a challenge fund. We need to know more about what works well in terms of support for those individuals who are furthest removed from work.

Last year a public consultation with 65 local disabled people identified barriers to employment and the lack of access to employability support as a key obstacle to

independent living for people with a physical disability. Following on from the consultation, Forward-Mid a local Disabled Person's Organisation, in partnership with Napier University, Midlothian Health and Social Care Partnership, Volunteer Midlothian and others, have developed a research proposal to explore the barriers faced disabled jobseekers from Midlothian in accessing:

- 1) ICT employment opportunities in Edinburgh
- 2) local employment with SMEs

It will investigate what support /information potential employers need regarding employing disabled people and what disabled job seekers need.

A bid for DRILL funding for this research has reached the second stage and the decision on an award will be available shortly.

Chapter 2: Supporting people into work

Building work coach capability

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

- As work coaches are now expected to support a board range of job seekers and those with employment support needs it is vital they are supported, mentored and provided with skills training by disability and other specialist employment advisers, and who can spend time with work coaches and participate in case conferences.
- Work coaches need to have good knowledge of local employers and work placement opportunities as well as support available from local health and community services and specialist employability services, so they can signpost appropriately. Developing in-reach opportunities for support agencies within local job centres is helpful, for example for job seekers to be able to find out about or apply for local voluntary work opportunities.
- Work coaches need to be able to build positive trusting relationships with those they are supporting. Interpersonal and motivational skills are also very important, helping people to take first and subsequent small steps on their journey towards employment.
- If disabled people and those with long term health conditions are mandated to engage in employment support and face conditionality and fear of benefit sanctions, building trusting and positive relationships with work coaches will be very difficult. Conditionality and sanctions are likely to impede progress towards employment rather than facilitate it and will make it more difficult for work coaches to provide effective support to individuals with limited capacity for work.

Supporting people into work

- What support should we offer to help those 'in work' stay in work and progress?
- What does the evidence tell us about the right type of employment support for people with mental health conditions?

- During 2016-17 a Mental Health/Stress Initiative was developed jointly across Mid- and East Lothian Councils, to reduce the incidence of mental health and stress-related absence from work. The initiative increased awareness by employees and

line managers of mental health and stress issues and how to work in partnership deal fittingly with them.

- During 2015-6 the Midlothian Mental Health Employment Support Service supported 36 adults with mental health issues to work towards gaining employment through specialist one-to-one and group work support, with 77% securing a positive outcome, including employment, volunteering or college. The service aims to provide training and employability support to individuals in the Midlothian area who face significant barriers to employment, including mental health problems. It ensures individuals who face barriers to employment are given the opportunity to achieve their full potential to learn skills and access jobs. Employability is not just about getting a job; it is about having opportunities to reflect on experiences, learn about who we are and what we want. For many it might be about creating a good work life balance, for some it might be about job satisfaction. Employability encompasses all the things that enable people to increase their chances of getting a job, staying in, and progressing further in work.
- As part of the mental health employment support service there is an innovative “Want to Work Group” that is jointly facilitated by NHS and Council staff, which provides excellent opportunities for peer support. The group meets fortnightly and sessions are planned with clients who are involved in all decisions. Ongoing training within the group is offered as well as access to outside training and information. There is a great deal of peer support and everyone has time to give an update on their personal journey, ask for support with any issues or just sit and listen without any pressure. Part of each meeting is given over to workshops from the “Want 2 Work” toolkit. This is a tool designed and co-produced in the group providing comprehensive advice on getting well, seeking employment and staying well in employment. Speakers are invited to the group from other services including employers, DWP and many more. Another local peer support project which helps women with mental health issues to develop confidence and social skills is Pink Ladies First and the structured group programme also helps women to learn more about their mental health and how to self-manage their mental wellbeing. The Men’s Share project provides support for men with mental health conditions, especially those at risk of suicide, and supports group members with income maximisation and employment related issues. There is also a Men’s Shed project locally which supports men in relation to health inequalities and access to health and other support, reducing isolation and providing opportunities to engage with others.

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

- There is quite a bit of competition for work placements and work experience opportunities with local employers, with high schools and colleges competing for appropriate opportunities for their students, and students with additional support needs can be disadvantaged as employers have a pick of more able students for

their work placement opportunities.

- Volunteer Midlothian support 90 young people each year to volunteer as part of the transform project. This provides an alternative to employer-based work experience for young people who have support needs. The young people volunteer within a supported group on a range of projects including, for example, community gardening/growing. 80% of the young people involved report that they have gained employability skills and feel they have gained more confidence and skills to help them progress positively in their lives.

Improving access to employment support

- Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?
- What type of support might be most effective and who should provide this?
- How might the voluntary sector and local partners be able to help this group?
- How can we best maintain contact with people in the Support Group to ensure no-one is written off?

- Conditionality should not be imposed on this group. People in the Support Group can already access the help being suggested voluntarily. This should not become mandatory. The DWP should look at what uptake there has been within this group and analyses the reasons. If people have taken up this help what were the outcomes?
- People's conditions and their ability to manage their conditions vary. The system has to be flexible and personalised, rather than inflexible and generalised.
- Provide localised support in a format that is easily accessed. This should allow for different ways to make contact with the person. There should not be one approach. The system has to be flexible.
- The long-term nature of the support that is needed requires goals that are achievable and allow for relapses. There are no quick fixes and a person's journey may be lengthy but should be flexible to their well-being.
- People who are in this group might have external care packages which are unable to support the person in this new role. Will funds be made available to allow this additional support?
- Conditionality brings along the fear of sanctions. Sanctions have not worked and The National Audit Office (NAO) has stated that the government has failed to demonstrate that sanctioning benefit claimants represents value for money. What we do know is that sanctions cause immense hardship to those who are subjected to them and therefore they should not be used.
- Private contracts have not worked well eg: ATOS, Maximus – These large contracts had a one model fits all. There needs to be specialist services to offer a mixture of support. There should be engagement with the client group to look at what works, and use of the specialist voluntary, third sector and other

organisations which support a diverse range of people who are presently in this support group.

- There are many barriers to work, financial and physical. Will there be funds available to allow this group access to this additional help? If the conditionality is mandatory then it is less likely that the voluntary sector will get involved as partners.
- The flow chart shows that the work coach will have a mandatory conversation with the person. Does this happens before the person has been medically assessed? If so, how can that person's needs be fully understood at this face to face meeting?
- "Written Off" is a bad term and should not be used since no one should be seen in this light. There has to be an acceptance that some people's goals will not mean moving into work. People's conditions can be progressive and the need for empathy and understanding of their goals should be an important part of the support offered.
- At present people are reviewed regularly with a maximum of 3 years between assessments. When reviewing peoples entitlement they should note the other benefits in payment.

Chapter 3: Assessments for benefits for people with health conditions

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

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

- There has to be an assessment of a claimant's status for financial help first, before the proposed meeting with work coach. Assessments for disability benefits could be undertaken without a face to face assessment in the majority of cases, with the decision-makers being responsible for gathering in any additional medical or other evidence required to support the benefit claim. However, if a claimant expresses a preference for a face to face assessment that should be made available to them. Appropriate accessible local venues or home visits should be available for face to face assessments when required.
- Face to face assessments should not be required for the majority of claimants, but only when the claimant chooses to be assessed face to face, or where a decision maker has not been able to award a benefit due to lack of evidence and has offered an assessment in order to collect further evidence required to support the application.
- Medical Assessments should **not** be undertaken by private sector organisations, but could be provided by an NHS agency set up for this purpose. Local NHS services should not be involved directly in providing medical assessments due both to capacity issues but also possible conflicts of interest.
- Occupational Therapists are health professionals who are well placed to assess the impact of disabilities and health conditions on daily living functions and could be most effective at undertaking health assessments for disability benefits.
- When designing eligibility and assessment criteria for this benefit it is important that all types of disability and health conditions are considered equally and the assessment process is a fair and transparent way of determining eligibility. This means not just focusing on physical abilities that impact on daily living, but also the impact of mental health needs and learning and cognitive disabilities on daily living needs. Those with invisible disabilities can be at a disadvantage when evidencing their eligibility and the criteria and assessment process needs to fully and equally take account the impact of all types of impairments.
- Assessment for this benefit should be based on a strengths based model which asks disabled people what additional support they need to work or live the life they want rather than based on a deficit model that that measures what people can't do because of their impairments.
- The application and assessment process for this benefit should take into account that many applicants will be affected by mental health issues and the equality impact assessment should ensure that the process of applying for this benefit does not impact negatively on the health or well-being of claimants.
- Sharing assessments between benefits would be useful: PIP, ESA. And also

other information such as the history of the claim and whether people have an appointee.

- There needs to be a timeline for people to be assessed for the financial help. At present it is 13 weeks, but this is not policed and there is no way of challenging a 13 week over run. This should be a Secretary of State decision allowing appeal rights.
- With consent from claimants, there should be sharing of assessments with Local Authority services.

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

Embedding good practices and supportive cultures

- What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?
- What expectation should there be on employers to recruit or retain disabled people and people with health conditions?
- Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:
 - the information it would be reasonable for employers to be aware of to address the health needs of their employees;
 - the barriers to employers using the support currently available;
 - the role a 'one stop shop' could play to overcome the barriers;
 - how government can support the development of effective networks between employers, employees and charities;
 - the role of information campaigns to highlight good practices and what they should cover;
 - the role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles;
 - the impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people; and
 - any other measures you think would increase the recruitment and retention of disabled people and people with health conditions.
- Should there be a different approach for different sized organisations and different sectors?
- How can we best strengthen the business case for employer action?

- The Green Paper identifies stigma and attitudes as a major barrier to increasing access to the workplace for disabled people and those with long term health

conditions and seeks to address this. However, it fails to acknowledge or address other key reasons why disabled people face barriers in accessing employment including the much more tangible reasons why employers may be reluctant to employ people with health conditions and disabilities i.e. the potential impact on profits due to increased costs and reduced productivity if employing workers who have been assessed as having limited capacity for work, thus requiring employment support, reasonable adjustments, flexibility requirements and higher levels of sickness absence.

- If employers are to be encouraged to employ more disabled workers there needs to be fuller acknowledgement of how this can impact on the employer's business, and better promotion of and access to information about the government schemes available such as Access to Work, Disability Confident Accreditation Scheme, the Fit 4 Work Scheme and Occupational Health Services.
- More incentives could be offered, especially for employers who may be concerned about economic costs to their organisation. For example if employers offer jobs to workers assessed as having Limited Capability for Work they could be offered a reduction or exemption on their liability for employer's National Insurance Contributions for that employee, either indefinitely or for a limited period after they make an employment offer.
- Requirements on employers under the Equalities Act not to discriminate against disabled people should be better policed and monitored, with increased recording and reporting requirements. Disabled people who experience discrimination from employers should have better access to free advice and representation if they want to make a complaint or take action against an employer. It is particularly disappointing that the Government awarded the contract for their new discrimination helpline, Equality Advice and Support Service (EASS) to a private sector company rather than public or third sector/not-for-profit agency, and the process did not require the contractor to have any relevant knowledge or prior skills in delivering equalities or human rights advice. Of even greater concern is that the contractor (G4S) chosen to run this service has earned a reputation for serious systemic mismanagement and discrimination and was found responsible for human rights violations against those in its care in relation to previous Government contracts. Many disabled people will find it difficult to access this service due to the contractor's reputation and poor record.
- Midlothian Council has signed the See Me pledge.
<https://www.seemescotland.org/workplace/see-me-in-work/> This is a Scottish Government Programme that aims to support organisations to improve the working lives of employees with mental health problems, encourage an equal and fair recruiting process for those seeking employment and ensure those returning to work following ill-health are fully supported back into the workplace.
- The Midlothian Employment Action Network (MEAN) in partnership with the DWP/Job Centre Plus have developed the "Midlothian Employer Offer" service which provides a "One Stop Shop" for practical help and support for all Employers in Midlothian. The service can be accessed by telephone or email and can provide information and advice to employers about all aspects of recruitment, retention and staff training, as well as specialist employment support for employees with additional support needs, and information and advice about government schemes such as the Access to Work and Fit to Work Schemes. The service is available to employers of all sizes in Midlothian across the public, private and voluntary sectors. (Email employers.midlothian@dwp.gsi.gov.uk)

Moving into work

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

- The on-line application process for an access to work grant is easy to use and will be accessible for many disabled people, however for some people a paper application or phone line for applications may make the application process more accessible.
- The Access to Work Scheme and other schemes like Fit for Work, work Choice and Disability Confident need to be better promoted as there is often not good awareness about these schemes among employers, especially SMEs or those smaller employers who don't have human resources advisers. An advertising or awareness campaign about this government service may help improve awareness among both employers and disabled people. An enquiry line or one-stop-shop for employers to find out what help they or their employees/potential employees might qualify for.

Staying in or returning to work

- What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?
- Should Statutory Sick Pay be reformed to encourage a phased return to work? If so, how?

- In some cases it may be helpful to introduce some flexibility into the Statutory Sick Pay Scheme to enable a phased return to work without the returning worker being financially penalised. However more research is required into how this might impact on people with long term health conditions including those with mental health needs. If in some cases employees feel pressurised to take steps back into the workplace too soon and as a result relapse, they may end up taking longer to recover, than if they gave themselves more time in the first place to focus on their health before taking steps to get back to work.

- What role should the insurance sector play in supporting the recruitment and retention of disabled people and people with health conditions?
- What are the barriers and opportunities for employers of different sizes adopting insurance products for their staff?

The Green Paper's proposal to shift the provision of sickness benefits to the private sector by encouraging employers to establish income protection schemes could have a detrimental effect on the overall level of provision, and discriminate against people who experience prolonged periods of ill-health or disability. It is not assured that private schemes will be able to provide the same degree and level of social security to people on medium or low incomes as state guaranteed schemes raised through taxation. In addition, the shift to a two-tier provision could result in second class benefits for those not covered by private insurance schemes as state provision is further cut back and restricted. This would include those who, because of severe disability or ill-health, are effectively excluded from the labour market and paid work, or unable to access it for long periods.

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

Improving discussions about fitness to work and sickness certification

- How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual *can* do, particularly during the early stages of an illness/developing condition?
- How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?
- Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?
- Regarding the fit note certificate, what information should be captured to best help the individual, work coaches and employer's better support a return to work or job retention?
- Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?

- GPs play a key role in supporting the long term health and wellbeing of individuals and are holders of health records. Currently the GP contract includes the provision of Fit Notes and sickness certificates, however it doesn't include providing other reports or medical evidence for benefit assessments or appeals or providing information for employers (with consent of patient). At times benefit claimants are disadvantaged as they can not access the medical evidence they require to demonstrate a limited capacity for work or employment support needs. Sometimes GP's or other doctors will charge benefit claimant for provision of medical evidence or supporting letter and for many this is unaffordable. Including provision of medical evidence requested by patients to support claims for benefit or employment support or requests for reasonable adjustments at work should be part of a GP's contract rather than something they can charge their patients for.
- GPs are well placed to provide Fit Notes, however other health professionals, particularly Occupational Therapists, could also provide Fit Notes and their role and training means they can provide evidence of what reasonable adjustments could facilitate an early return to work or access to employment.
- There needs to be clearer guidance on information sharing and data protection, so health professionals, employers and others are clearer about when and what information they can share about individuals and what the requirements are in relation to seeking and recording consent to share personal and sensitive information
- If health professionals are to be encouraged to routinely enquire about the work status of their patients, they need to have a better understanding of health inequalities and the relationship between employment and health and more training on health inequalities needs to be made available to all health professionals.

Mental health and musculoskeletal services

- How should access to services, assessment, treatment and employment support change for people with mental health or musculoskeletal conditions so that their health and employment needs are met in the best possible way?
- How can we help individuals to easily find information about the mental health and musculoskeletal services they can access?

- There should be a local profile of places people can access help. Midlothian has the MEAN network Midlothian Employment Action Network and they work as partners with DWP to ensure a local picture is available to where help is available.
- These “health and employment support” services should not be mandatory to attend in order to allow as many local organisations to be part of this help.
- In Midlothian a new Mental Wellbeing Access Point project has recently been introduced and is currently operating from two health care locations, with plans to extend this to other locations. The Access Point has a strong person centred approach and is all about guiding people to access the support they need to increase their mental wellbeing – reducing low mood and feelings of stress; increasing confidence and self-esteem. It also provides a referral route for psychological therapies when appropriate, but will identify more appropriate alternative support where the need for psychological therapies are not evidenced, and this is helping to reduce inappropriate referral and consequently reducing waiting times for those who will benefit from psychological interventions. There is a strong emphasis on health inequalities and a recognition that poverty is pivotal and individuals can be supported to access welfare advice or employment support when appropriate.

Transforming the landscape of work and health support

- How can occupational health and related provision be organised so that it is accessible and tailored for all? Is this best delivered at work, through private provision, through the health system, or a combination?
- What has been your experience of the Fit for Work service, and how should this inform integrated provision for the future?
- What kind of service design would deliver a position in which everyone who needs occupational health assessment and advice is referred as matter of course?

- Whilst larger employers are likely to have access to their own occupational health services, but employees of local SMEs who do not have in-house provision should be able to access an occupational health service provided by the NHS. In Midlothian there is access to an Occupational Health Service via “Working Health Services Lothian” for employees of SMEs who are signed off work because of a health

- problem, or if they require in-work support due to a health condition.
- External occupational health services should be provided by NHS or third sector organisations rather than the private sector

Creating the right environment to join up work and health

- How can we best encourage innovation through local networks, including promoting models of joint working such as co-location, to improve health and work outcomes?
- How can we encourage the recording of occupational status in all clinical settings and good use of these data?
- What should we include in a basket of health and work indicators covering both labour market and health outcomes at local level?
- How can government and local partners best encourage improved sharing of health and employment data?
- What is the best way to bring together and share existing evidence in one place for commissioners and delivery partners?
- What is the best way to encourage clinicians, allied health professionals and commissioners of health and other services to promote work as a health outcome?

- In planning to introduce routine enquiry and recording of occupational and work status a co-production approach should be used, with frontline staff being engaged in the development of protocols, including for information sharing.
- The focus on work as a health outcome ignores broader evidence on employment-related health inequalities which shows that low pay, insecure and precarious employment, unsocial and long working hours, poor working conditions, health and safety concerns, poor employment relations and lack of worker representation (limited union membership), limited autonomy and increased monotony in work roles and alongside limited access to social protection, all of which are becoming increasingly common feature within today's labour market, have a detrimental effect on worker health and indeed are major causes of employment-related health inequalities. However for some people with a disability or health condition good employment can have positive health benefits and reduce health inequalities, but an individualised approach is required and for some disabled people other meaningful activity may provide better health outcomes.
- Lead practitioner roles for health and employment support different types of needs/conditions should be developed.
- NHS Lothian is an early adopter of the House of Care model for the provision of person-centred support for people with disabilities and long term health conditions. The house of care model is based on partnership and inter agency working, empowering individual through self-management skills, recognising and building on people's strengths, rather than only seeing their weaknesses, and instigating conversations that support individuals to identify their own goals and access the individualised support they require to have a good life and to meet their potential. In Midlothian the Health and Social Care partnership have commissioned a number of Well-being Advisers based in a number GP practices in areas of relative deprivation, who are supporting people with long term conditions to develop better self-management skills for their health condition and to access wider support.

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

- How can we bring about a shift in society's wider attitudes to make progress and achieve long-lasting change?
- What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?
- Could any of the proposals within the green paper potentially have an adverse effect on people with a protected characteristic? If so, which proposal, and which protected group/s are affected? And how might the group/s be affected?

- The government should lead by example and ensure welfare systems and employment and health support services treat disabled people and those with health conditions with dignity and respect, and by building trusting relationships with disabled job seekers and other benefit claimants.
- By using a strength's based approach to assessing disabled peoples' entitlement to financial and employment support, which is based on questions about what support they need to meet their potential and to lead a good life, including opportunities to access good employment and to progress in their work careers, rather than on focusing on what is wrong with disabled people and what they can't do..
- The use of sanctions should be minimised and all new policies and services should be assessed for their equalities impact and to ensure that any new measures introduced by the Government will do no harm to anyone in a protected group, and that there is no possible iatrogenic impact of any psychological interventions in respect of the wellbeing of benefit claimants with a mental health condition.
- More accessible and appropriate support should be available for disabled people who experience discrimination or hate crimes, and tougher measures should be implemented to deal with perpetrators of hate crimes.
- More incentives and rewards should be offered to employers to employ more disabled people and also those with health conditions, and to develop more roles which are accessible to people with limited capability for work and who may require reasonable adjustments and flexibility within their work roles.
- People from Black and Minority Ethnic Communities who are affected by common mental health conditions are far less likely to be accessing any treatment from mental health services and therefore may find it more difficult to provide medical evidence to prove their entitlement to benefits. Therefore any new assessment process to establish limited capability for work should not discriminate against anyone who is not accessing the support they require from health services.
- In Scotland twice as many women than men went to their GP to get help for depression and/or anxiety during 2010/11, However during the same year the suicide rate for men was three times higher than it was for women. Assessments for limited capability for work for men with common mental health conditions should ensure men aren't disadvantage through lack of medical evidence of how their mental health

impacts on their capability for work.

- A number of Disabled Peoples groups and organisations, including the UN Committee on the Rights of Disabled People have raised serious concerns about the negative impact of the Work Capability Assessment (WCA) on disabled people, particularly those affected by mental health conditions. Of particular concern is the possible link between suicides and other deaths to disabled people being found “Fit for Work” after a WCA. The Disability New Service recently published information about as many as 590 suicides that have been linked to the WCA. The government needs to urgently review how the WCA is operating, and any future assessment system should not be contracted out to the Private Sector. Those disabled people who are currently placed in the support group as they are assessed as having limited capacity for work related activity as well as limited capability for work, should not be subjected to the fear of sanctions or mandatory requirements in relation to employment related activity. They should also have their right to full social protection and an adequate income provided through the benefit system, that fully takes into account the long term or permanent impact of their disability. This should be reflected in the level of income replacement benefits they are awarded, which will need to be higher than that awarded to those who could reasonably be expected to return to work within the not too distant future.