



Office for Health
Improvement
& Disparities

Workshop 2B: Partnership working for prevention

‘Working in partnership to prevent economic inactivity and increase workforce participation for disabled people and people with health conditions’

East of England Public Health Conference, Friday 27 October 2023

Partnership working for prevention: Economic inactivity and the WorkWell Partnership Programme

What I shall cover:

- Why this is important
- What the data looks like
- Which health conditions
- National priorities and ambitions
- Response from Government
- WorkWell Partnership Programme / ICS funding / Prospectus
- Summary: The issue / The opportunity
- Discussion: How do we maximise the opportunities presented by the WorkWell Programme..?
- **Annex: Additional supporting slides and data**



So, why is this important..?

Links between health, employment, productivity and poverty underline the importance of improving health at working age in achieving greater social justice and higher economic growth.

Promoting health and wellbeing for all will raise employment, reduce child and later poverty, and raise productivity in Britain.

Similarly, increasing employment and opportunity for it will directly promote better health and wellbeing for all.

Thus, the health of the working-age population is important for everyone:

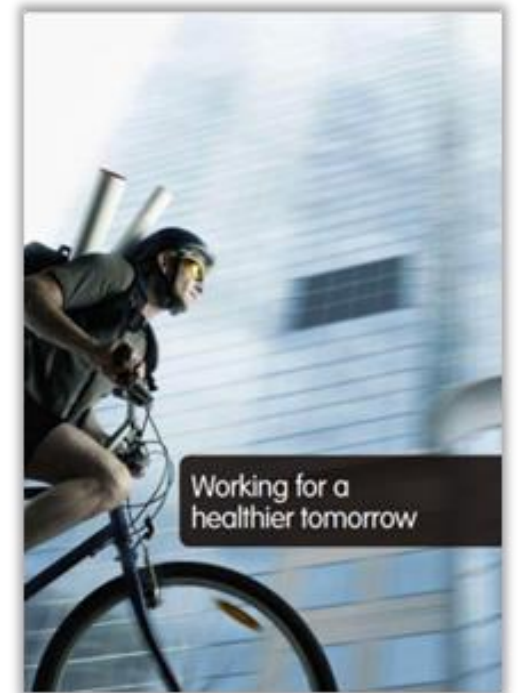
- for individuals and families, impacting on quality and length of life
- for employers, with higher productivity and investment returns
- for society, as ill-health leads to social exclusion, lower output and tax revenues, and higher healthcare and benefit costs.



So, why is this important..?

For those with chronic condition(s) or disability, work...

- ...is (generally) therapeutic and can lead to better health outcomes
- can help to promote recovery and rehabilitation
- minimises the unwanted and harmful effects of long-term sickness absence
- reduces the risk of chronic disability and long-term incapacity
- reduces poverty and social exclusion
- ...improves quality of life and well-being
- ...reduces loneliness.



You do not have to be 100% fit to be in work!



A few headlines and reports.....

STOP THE FLOW OF PEOPLE MOVING INTO ECONOMIC INACTIVITY

We will help people return to the workforce by securing the role that's right for them and the support that people may need to remain in work – so they can get the benefits of that drive for growth.

THE GROWTH PLAN
Department for Work & Pensions

NEWS

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Employment: People on long-term sick feel 'written off'

16 July



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Business Economics Banking Money Markets Project Syndicate B2B Retail

Office for National Statistics

Number of people in UK with long-term sickness rose to record 2.5m in July

Almost 400,000 have exited jobs market with long-term health problems since early 2020, ONS says

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Business Your Money Market Data Companies Economy Technology of Business CEO Secrets

Record numbers not looking for work due to long-term illness

2 days ago Comments

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Business Your Money Market Data Companies Economy Technology of Business CEO Secrets

Wages overtake inflation for first time in nearly two years

IFS
Institute for Fiscal Studies

IFS Briefing Note BN345
By: Helen Jonathan Cobb

The rise in economic inactivity among people in their 50s and 60s

UK Parliament
Home Research Resources

House of Commons Library

UK Parliament > House of Commons Library > Insight > Will more economic inactivity be a legacy of the pandemic?

Insight

Will more economic inactivity be a legacy of the pandemic?

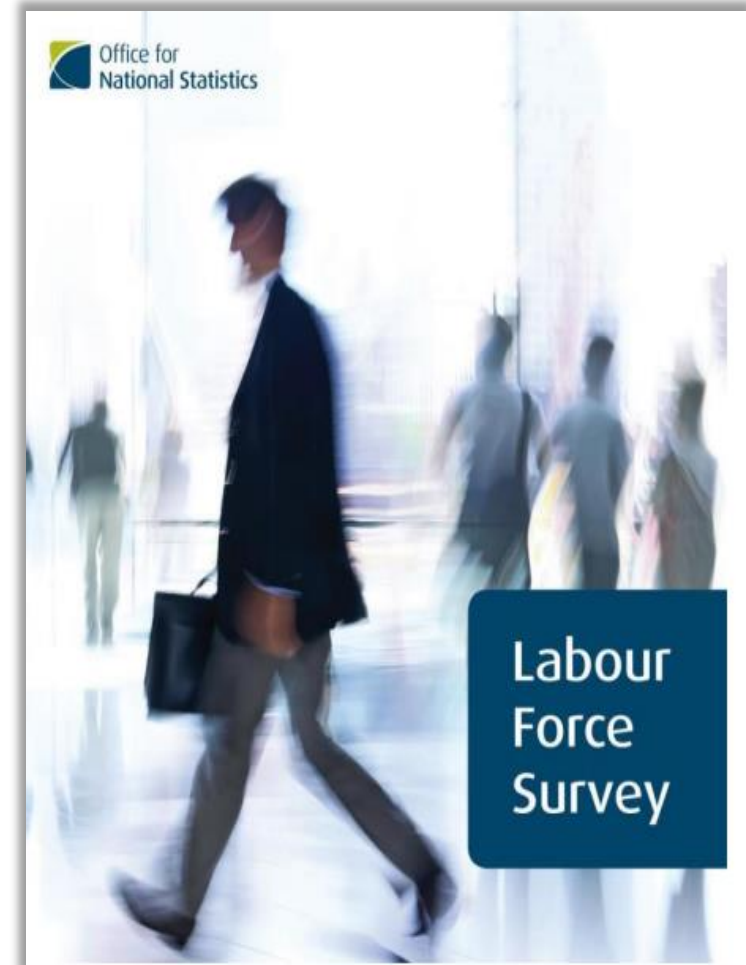
What does being 'economic inactivity' mean?

Economic inactivity

People aged 16 and over without a job who have **not sought work** in the last four weeks and/or are **not available to start work** in the next two weeks

*The **Labour Force Survey** (LFS) provides the official measures of employment and unemployment – sample is made up of approx. 40,000 UK household and 100,000 individuals per quarter

[Employment in the UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)



Economic Inactivity* (July 2022 – June 2023)

Resident population (Public Health Profiles) = 6,348,096

Resident population (Nomis) = 6,348,100

Population aged 16 – 64 (Nomis) = 3,910,700

Economically active (Nomis) = 3,250,000

Unemployed (Nomis) = 139,000

Economically inactive (Nomis) = 734,000

	East of England		United Kingdom	
		(%)		(%)
Student	179,000	24.9	2,394,100	26.7
Looking after family / home	145,200	20.2	1,744,900	19.5
Temporary sick	17,600	2.5	205,800	2.3
Long-term sick	169,800	23.6	2,406,400	26.9
Retired	118,500	16.5	1,162,200	13.0
Other	87,900	12.2	1,019,000	11.4
Total	719,900	18.9	8,955,100	21.5
Wants a job	129,000	17.9	1,572,500	17.6
Does not want a job	590,800	82.1	7,382,600	82.4

*Source: ONS Annual Population Survey



Universal Credit (UC)

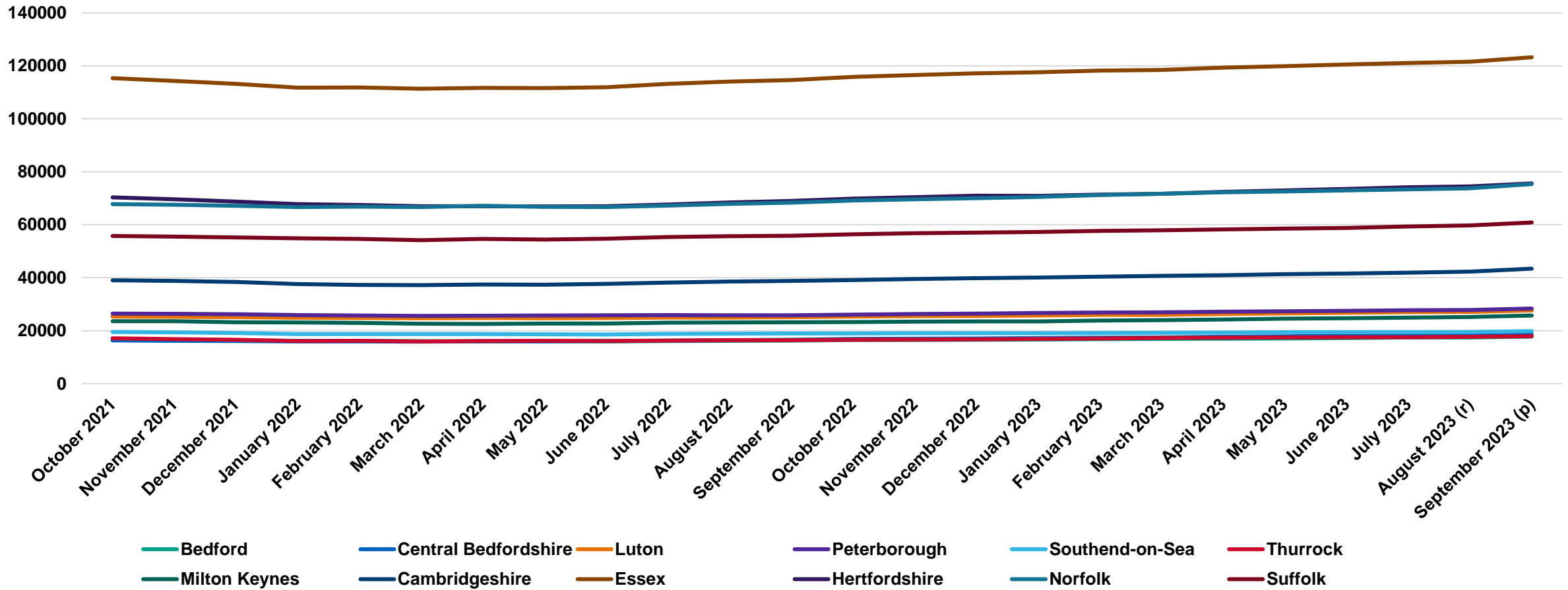
Is a payment that helps with living costs due to low income, being out of work or unable to work.

Universal Credit replaced Child Tax Credit, Housing Benefit, Income Support, income-based Jobseeker's Allowance and Employment Support Scheme and Working Tax Credit.



People on Universal Credit (Local Authorities)

October 2021 to September 2023



People on Universal Credit (Local Authorities)

	October 2021	October 2022	August 2023	September 2023	October 2021 - September 2023 % change	August 2023 - September 2023 % change
Bedford	16,450	16,490	17,491	17,771	8.0%	1.6%
Cambridgeshire	39,066	39,130	42,329	43,384	11.1%	2.5%
Central Bedfordshire	16,334	16,891	18,299	18,592	13.8%	1.6%
Essex	115,343	115,835	121,550	123,270	6.9%	1.4%
Hertfordshire	70,376	69,852	74,473	75,594	7.4%	1.5%
Luton	25,321	25,369	27,125	27,634	9.1%	1.9%
Milton Keynes	23,617	23,285	25,151	25,732	9.0%	2.3%
Norfolk	67,819	69,149	73,759	75,325	11.1%	2.1%
Peterborough	26,467	26,031	27,840	28,376	7.2%	1.9%
Southend-on-Sea	19,553	18,975	19,491	19,804	1.3%	1.6%
Suffolk	55,774	56,367	59,767	60,839	9.1%	1.8%
Thurrock	17,159	16,544	17,655	17,940	4.6%	1.6%
Total	493,279	493,921	524,924	534,271	8.3%	1.8%



Universal Credit Conditionality Regime

The Universal Credit Conditionality Regime determines what work related activity (if appropriate) a claimant is required to do, the level of contact with the claimant and the support that they will receive. These are defined below:

Regime	Description
Searching for work	Not working, or working very low earnings. Claimant is required to take action to secure work - or more or better paid work. The Work Coach supports them to plan their work search and preparation activity. Typical examples of people in this regime include jobseekers and self-employed in start-up period. Claimants are only in this regime if they do not fit into one of the other regimes.
Working – with requirements	In work, but could earn more, or not working but has a partner with low earnings.
No work requirements	Not expected to work at present. Health or caring responsibility prevents claimant from working or preparing for work. Examples of people on this regime include those in full time education, over state pension age, have a child under 1 and those with no prospect for work.
Working – no requirements	Individual or household earnings over the level at which conditionality applies. Required to inform DWP of changes or circumstances, particularly at risk of earnings decreasing or job loss.
Planning for work	Expected to work in the future/ Lead parent or lead carer of child aged 1 (aged 1 to 2, prior to April 2017). Claimant required to attend periodic interviews to plan for their return to work.
Preparing for work	Expected to start work in the future even with limited capability to work at the present time or a child aged 2 (aged 3 to 4, prior to April 2017). Claimant expected to take reasonable steps to prepare for working including Work Focused Interview



Universal Credit Conditionality Regime

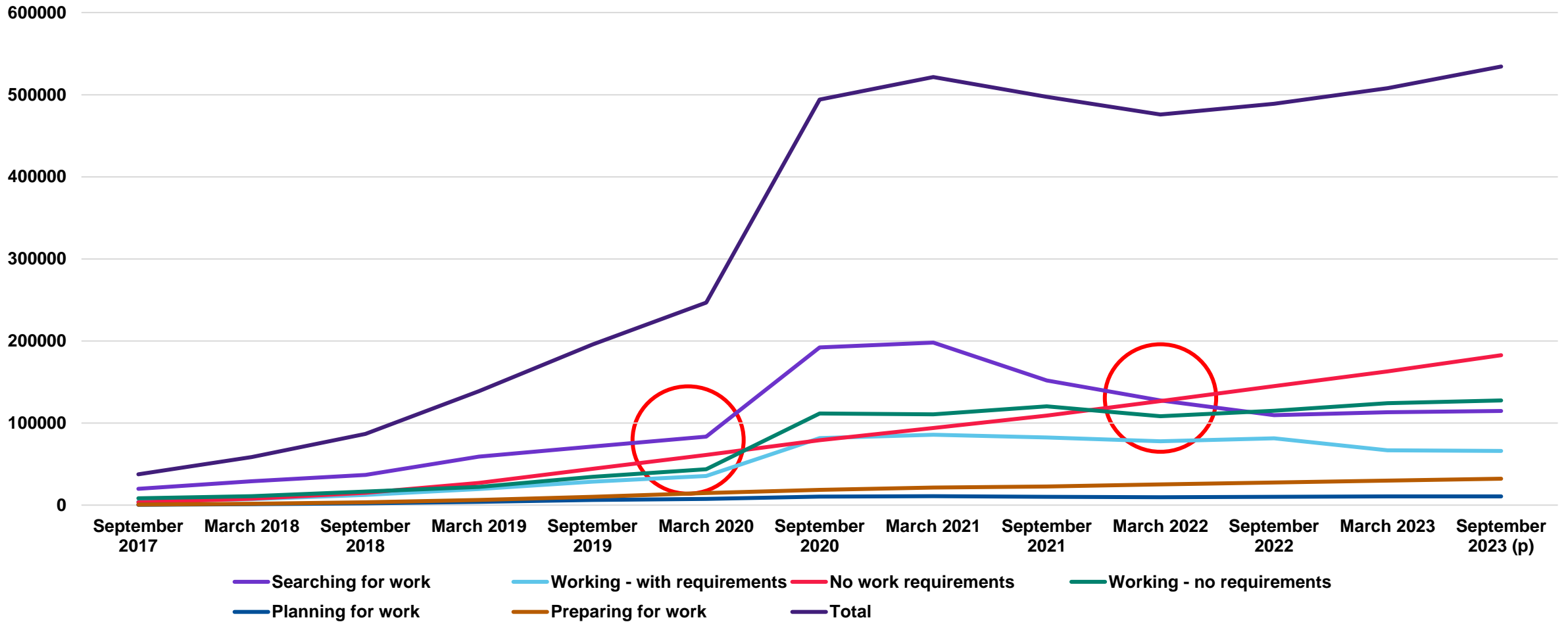
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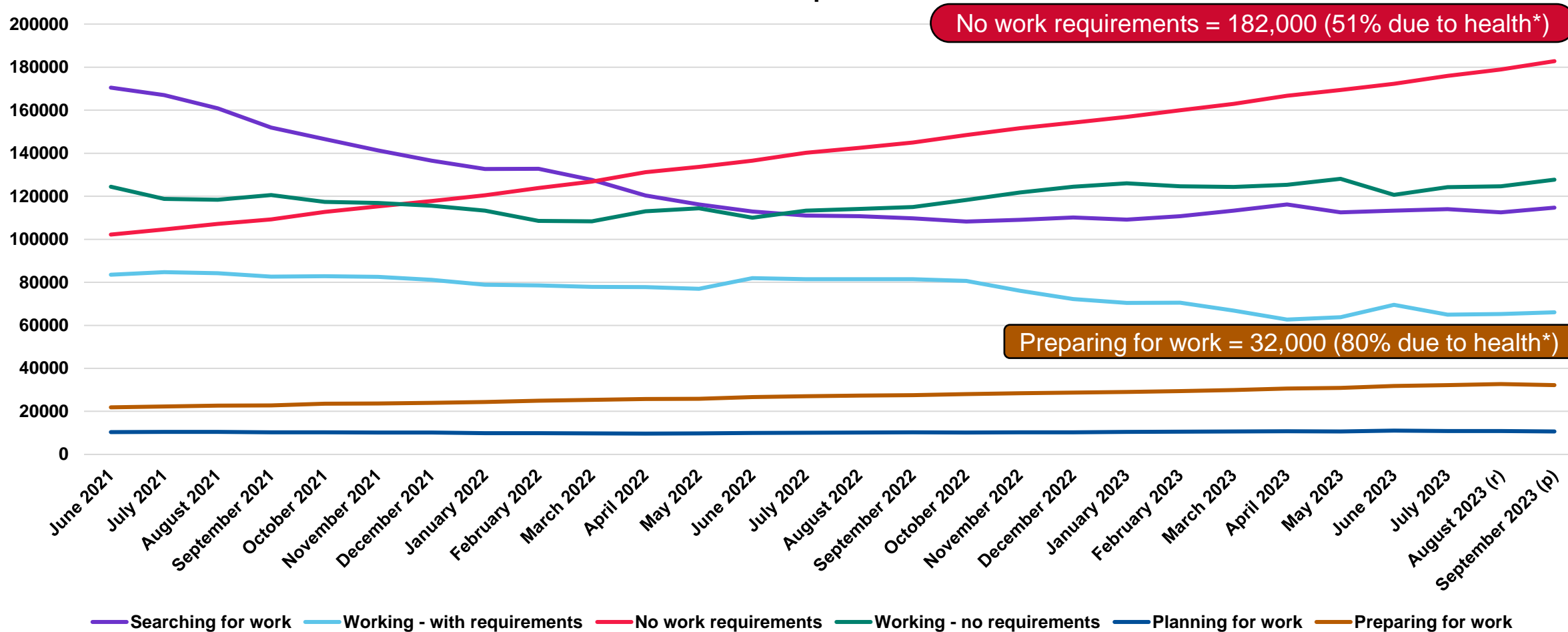
Universal Credit (East of England): All conditionality regimes

September 2017 to September 2023

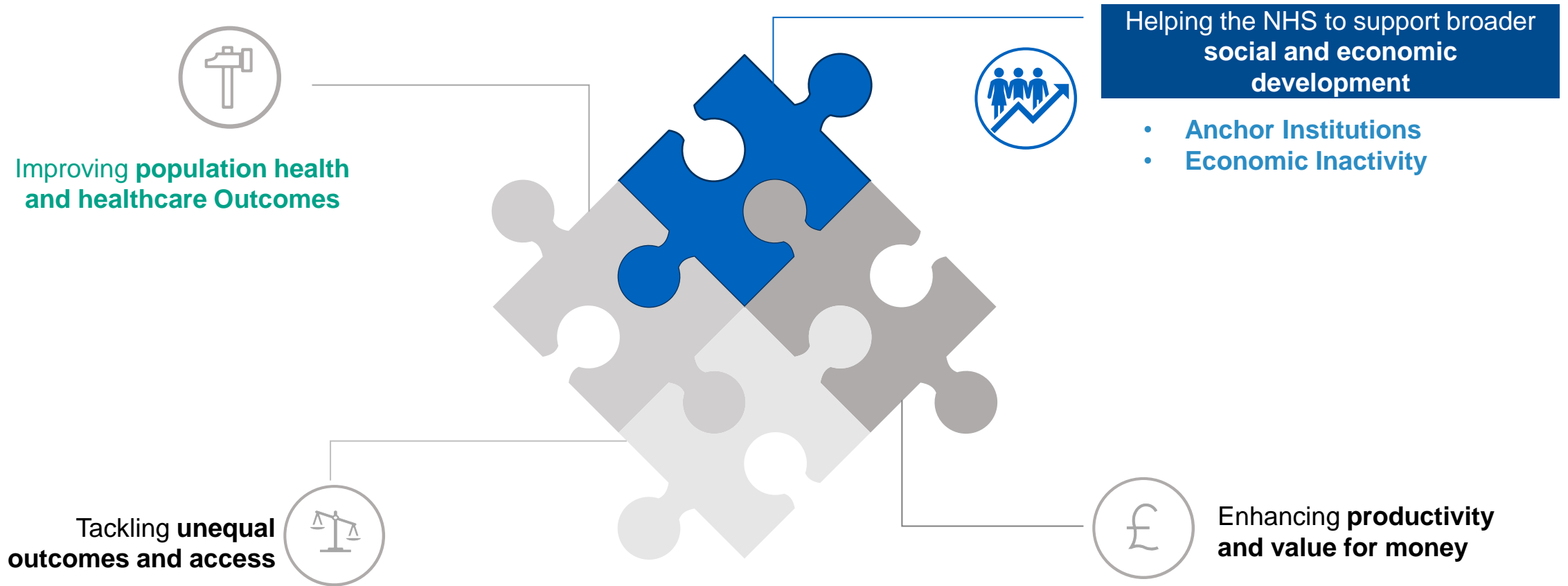


Universal Credit (East of England): All conditionality regimes

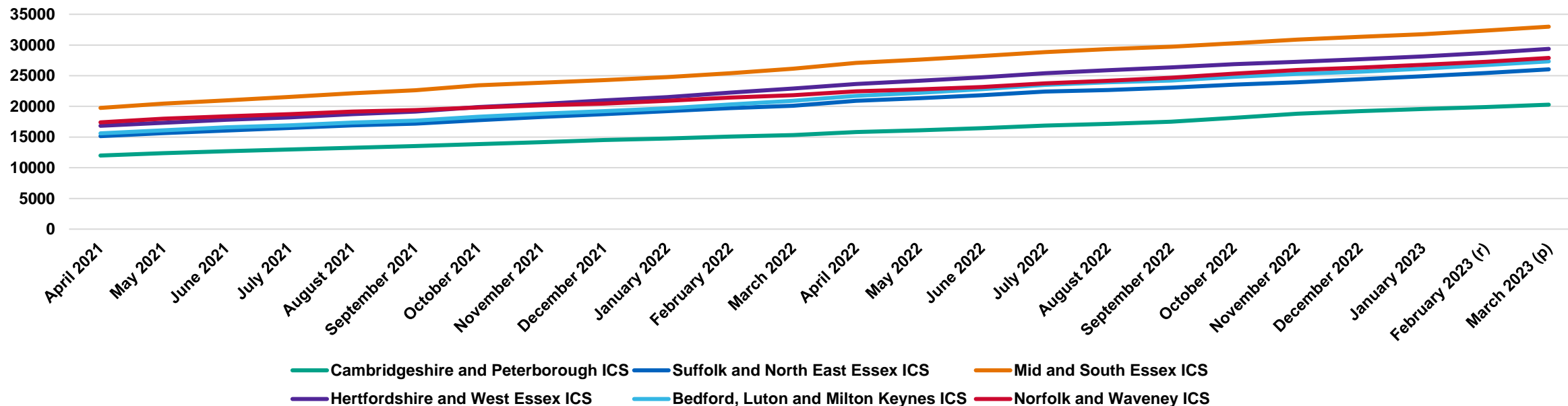
June 2021 to September 2023



Four Purposes for an Integrated Care System (ICS)



Universal Credit (ICBs/ICSs): 'No work requirements' - April 21 to March 23



	April 2021	April 2022	January 2023	February 2023	March 2023	Apr 21 – Mar 23 % change	Feb – Mar 23 % change
Cambridgeshire and Peterborough ICS	11,990	15,814	19,578	19,895	20,268	69.0%	1.9%
Suffolk and North East Essex ICS	15,148	20,912	24,919	25,447	26,027	71.8%	2.3%
Mid and South Essex ICS	19,765	27,082	31,766	32,346	33,002	67.0%	2.0%
Hertfordshire and West Essex ICS	16,852	23,648	28,153	28,704	29,381	74.3%	2.4%
Bedford, Luton and Milton Keynes ICS	15,610	21,718	26,152	26,747	27,321	75.0%	2.1%
Norfolk and Waveney ICS	17,410	22,455	26,793	27,270	27,894	60.2%	2.3%

Across our ICBs/ICSs those on Universal Credit with 'No work requirements' are increasing by between 400 (in Cambridgeshire and Peterborough ICS) to 600 (in Mid and South Essex ICS) each and every month...



(Legacy) Employment and Support Allowance (ESA)

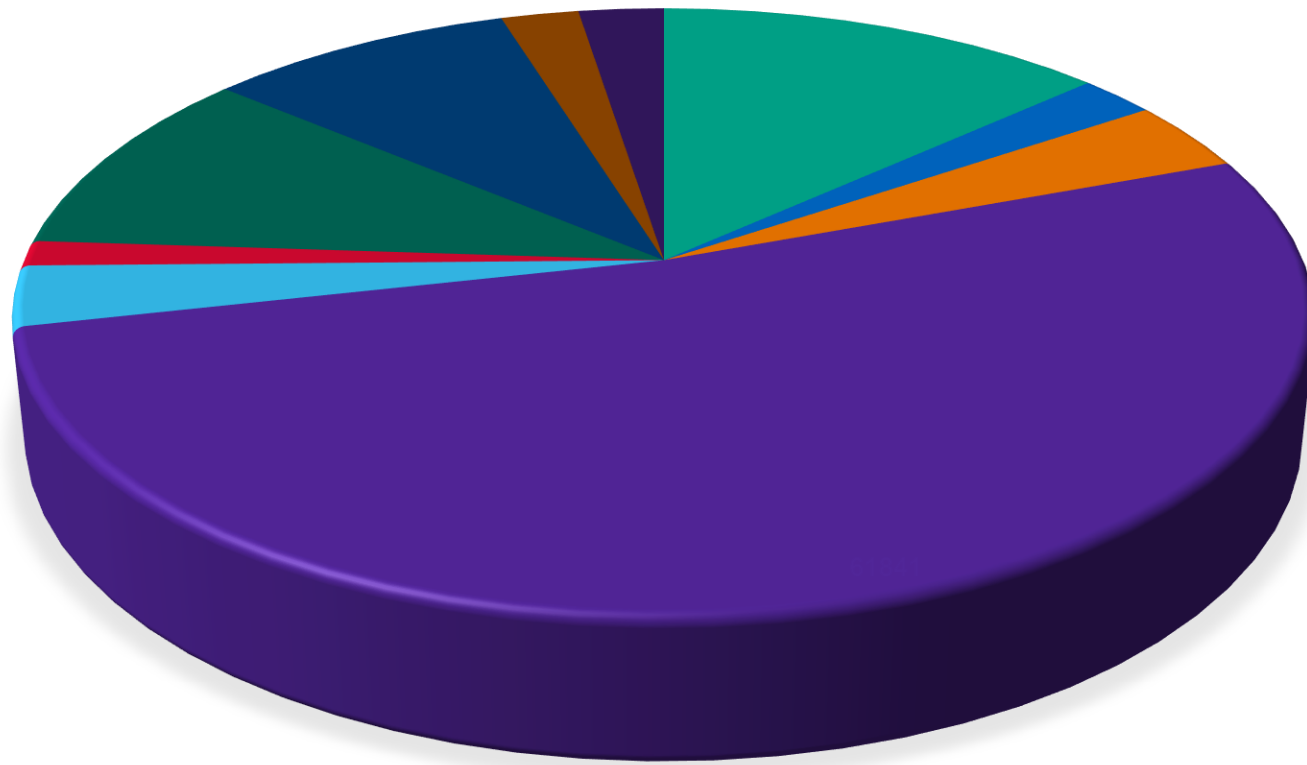
ESA was claimed by people whose ability to work was limited by ill health or disability.

ESA was replaced by New Style ESA and Universal Credit.

*Claims to ESA: Are coded under the [International Classification of Diseases](#) (ICD)



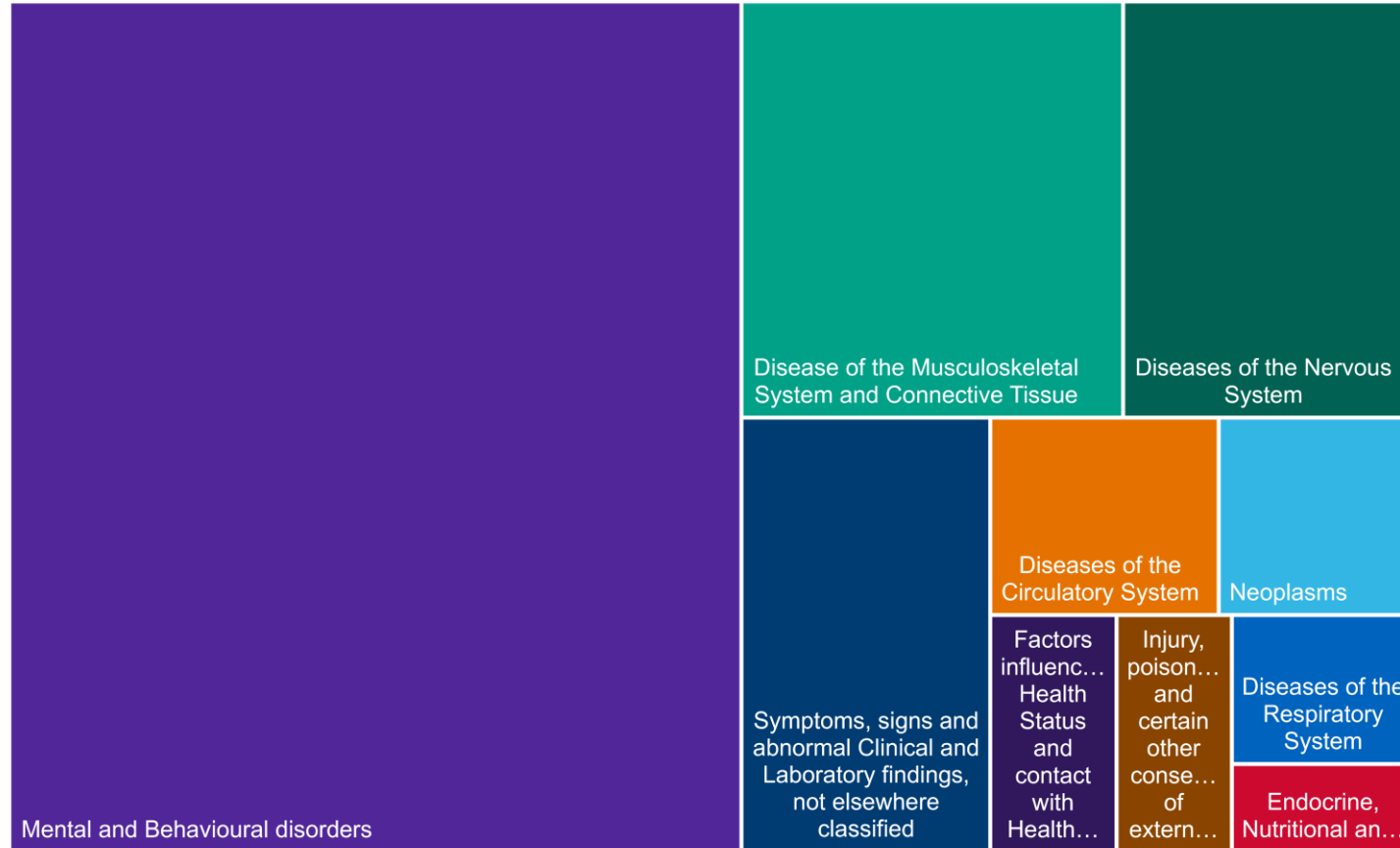
East of England: By ICD code (November 2022)



- Disease of the Musculoskeletal System and Connective Tissue (13%)
- Diseases of the Respiratory System (2%)
- Diseases of the Circulatory System (4%)
- Mental and Behavioural disorders (52%)
- Neoplasms (Abnormal growth of tissue) (3%)
- Endocrine, Nutritional and Metabolic diseases
- Diseases of the Nervous System
- Symptoms, signs and abnormal Clinical and Laboratory findings, not elsewhere classified
- Injury, poisoning and certain other consequences of external causes
- Factors influencing Health Status and contact with Health Services

Mental health = 52%
Musculoskeletal (MSK) = 13%
Respiratory + Circulatory + Neoplasms = 9%

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Prevention: Looking upstream at sickness absence from work

ONS: Sickness absence in the UK labour market 2022

Health and Safety Executive: Summary statistics for Great Britain 2022 (is in the supporting annex of slides)



Sickness absence in the UK labour market: 2022

Headlines:

- ❖ Caution should be taken when analysing and comparing with 2020 and 2021, because of the impact of furloughed workers and policy during the coronavirus (COVID-19) pandemic.
- ❖ The sickness absence rate rose to 2.6% in 2022; this is the highest sickness absence rate since 2004
- ❖ The number of days lost to sickness absence has increased to a record high in 2022 after remaining relatively flat in the 10 years leading up to the pandemic
- ❖ “Respiratory conditions” has overtaken “mental health conditions” to become the fourth most common reason for sickness absence in 2022
- ❖ The sickness absence rate was higher for women in most age groups in 2022
- ❖ Sickness absence rate for those with long-term health conditions has increased to highest point since 2008
- ❖ Those living in London had the lowest sickness absence rate in 2022
- ❖ The sickness absence rate has been consistently higher for public sector employees
- ❖ Workers in caring, leisure and other service occupations had the highest sickness absence rates in 2022
- ❖ The gap between sickness absence for part-time and full-time workers has widened in 2022



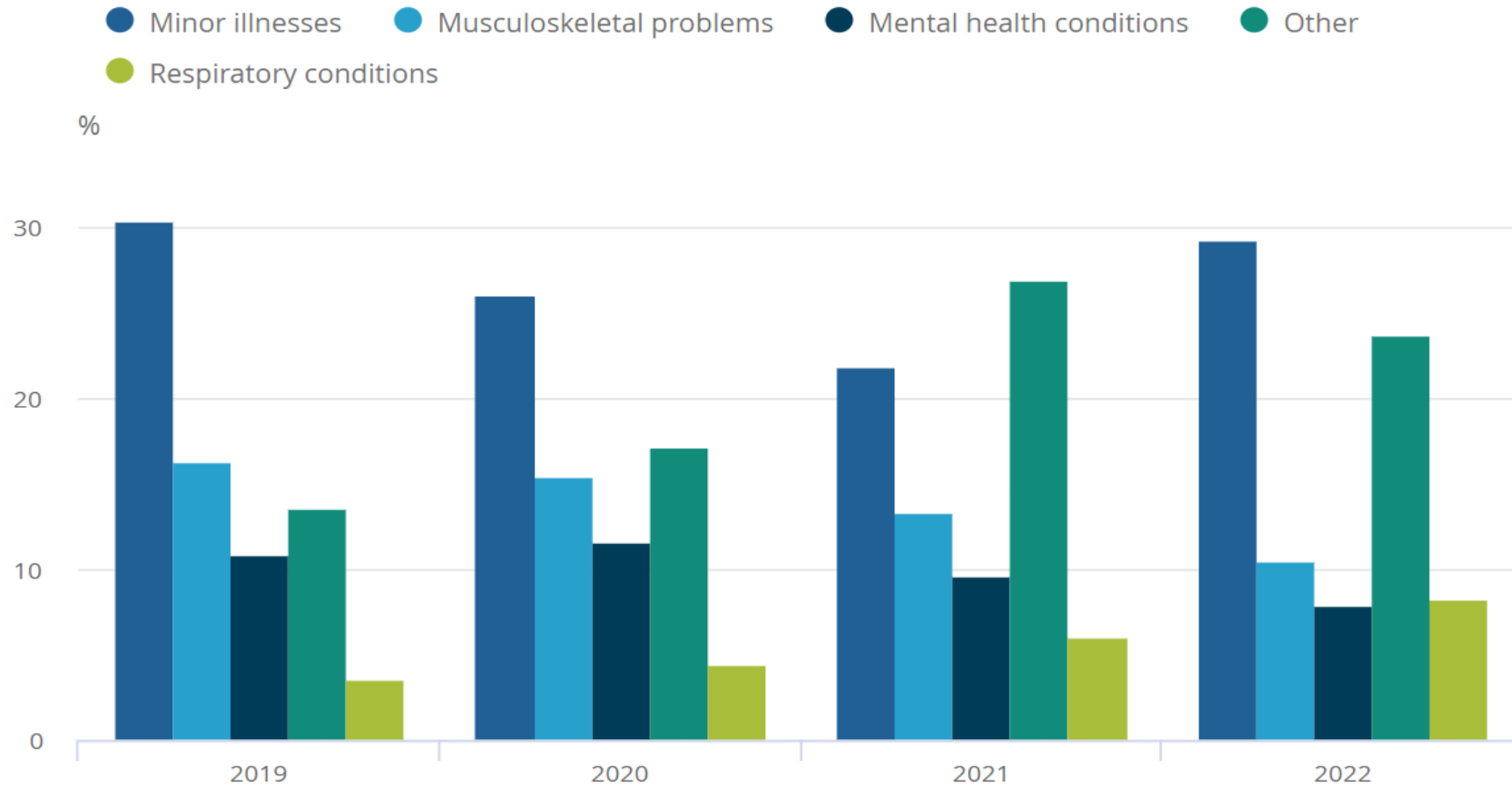
Sickness absence in the UK labour market: 2022

Headlines:

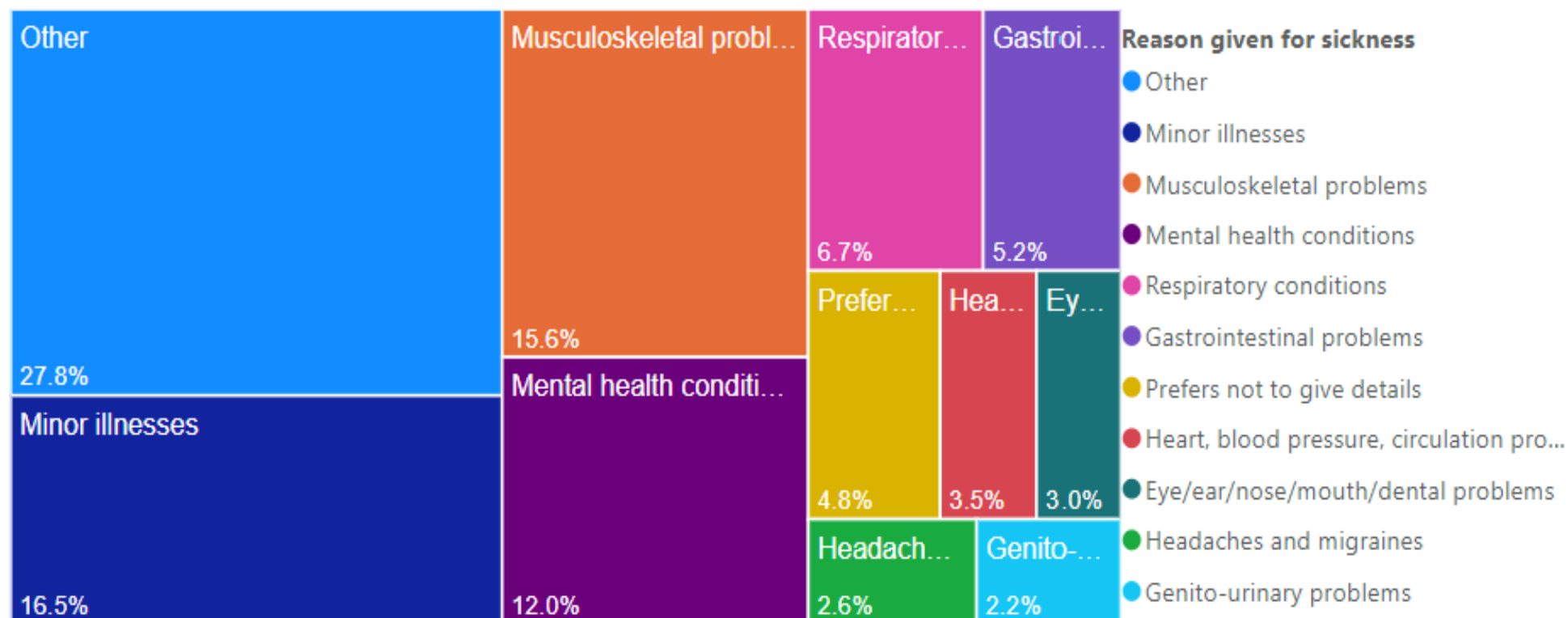
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“Respiratory conditions” has overtaken “mental health conditions” to become the fourth most common reason for sickness absence in 2022



“Respiratory conditions” has overtaken “mental health conditions” to become the fourth most common reason for sickness absence in 2022



Source: *Sickness absence in the UK labour market (ONS, 2023)*

Sickness absence from work – v – long term conditions...

The main reasons for sickness absence from work are different to the main reasons for economic inactivity due to a long-term health condition...

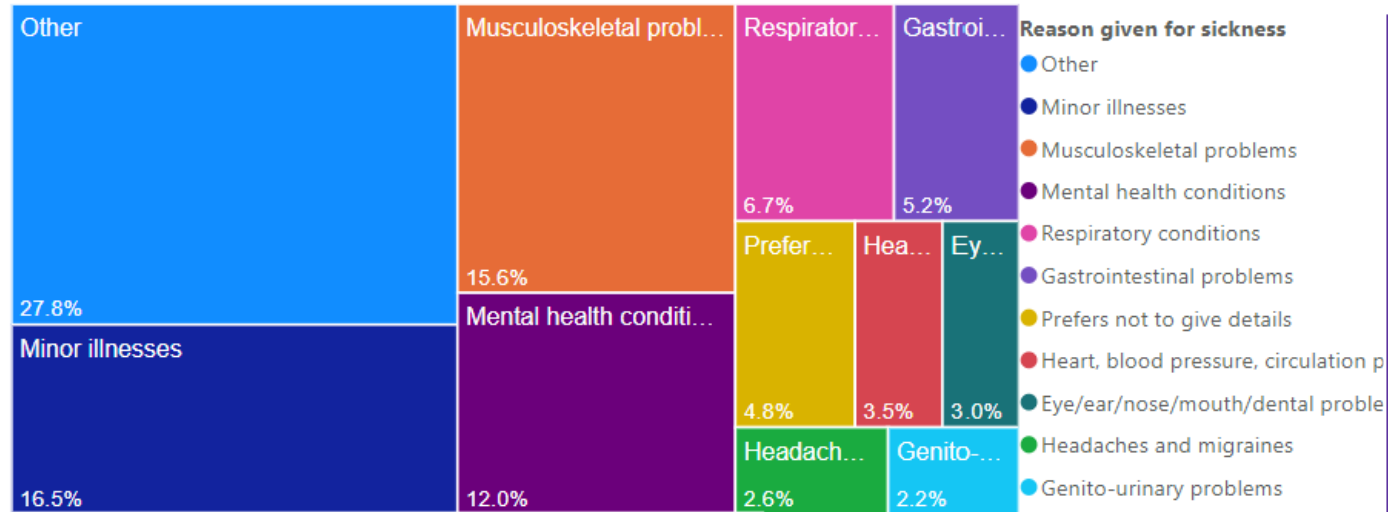


Reasons for sickness absence – v – ESA caseload

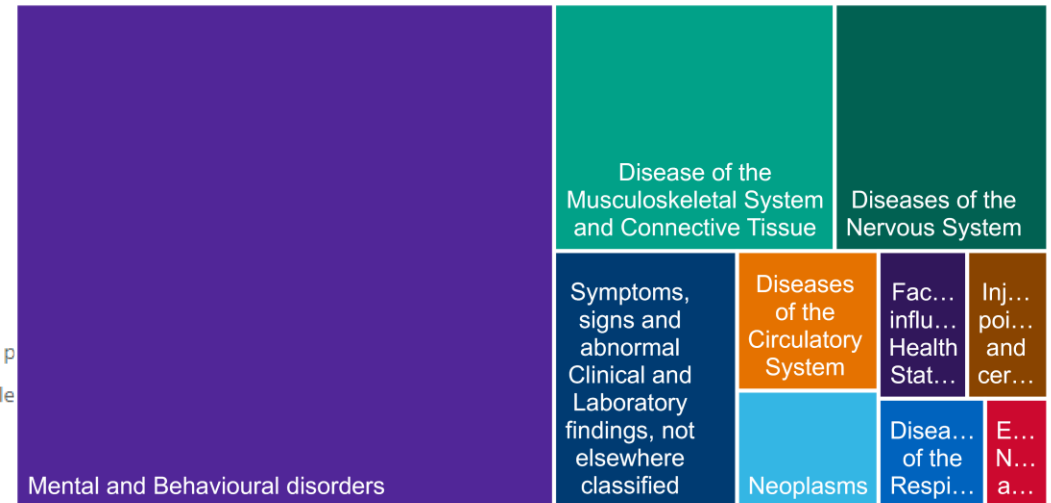
“Respiratory conditions” has overtaken “mental health conditions” to become the fourth most common reason for sickness absence in 2022

Employment and Support Allowance by ICD code (November 2022)

National 2021 by Reason given for sickness



Source: *Sickness absence in the UK labour market (ONS, 2023)*



Government strategic objectives

Government Objectives:

- Support Economic Growth
- Reduce Economic Inactivity
- Ease the Cost of Living
- Reduce Regional Disparities (Levelling-Up)

DWP/DHSC Objectives:

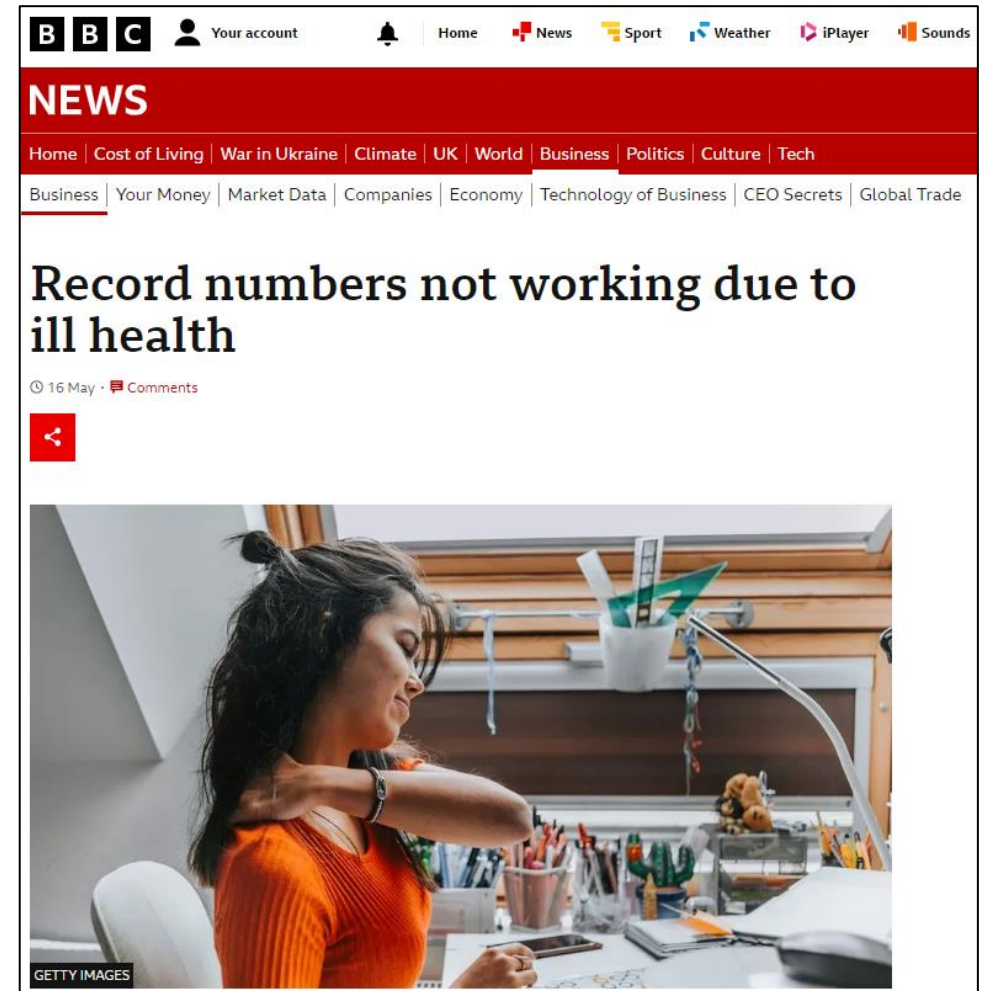
Maximise employment across the country to aid economic recovery following Covid-19 (DWP)

Improve opportunities for all through work, including groups that are currently under-represented in the workforce (DWP)

Improve, protect and level up the nation's health, including reducing health disparities (DHSC)

ISC Core Purpose:

Support broader social and economic development (NHS)



The image shows a screenshot of the BBC News website. At the top, there is a navigation bar with the BBC logo, a user account icon, and links for Home, News, Sport, Weather, iPlayer, and Sounds. Below this is a red header with the word 'NEWS' in white. A secondary navigation bar lists various news categories: Home, Cost of Living, War in Ukraine, Climate, UK, World, Business, Politics, Culture, and Tech. The 'Business' category is highlighted. Below this, there is a sub-navigation bar with links for Business, Your Money, Market Data, Companies, Economy, Technology of Business, CEO Secrets, and Global Trade. The main article title is 'Record numbers not working due to ill health', dated 16 May, with a 'Comments' icon. Below the title is a red share icon. The article image shows a woman in an orange top sitting at a desk in an office, looking down at a laptop. The image is credited to 'GETTY IMAGES'.

Government response

Joint Work and Health Directorate

- Established 2015: Supports disabled people and people with health conditions to start, stay, and succeed in work; building the evidence of what works, reducing barriers to work, encouraging employers to play their role, working with the wider health system.

The Growth Plan 2022 - GOV.UK

- Economic Growth is the government's central mission.
- Key strand - Getting more people into work with the right skills.

Spring Budget 2023 - GOV.UK

- Provides an extra £500 million over the next 5 years to tackle the leading health-related causes of people not being able to work, targeted at services for mental health, musculoskeletal conditions and cardiovascular disease.
- Expand Individual Placement and Support.
- WorkWell Programme pilot will better integrate employment and health support for those with health conditions, support individuals into employment and to remain in work.



Department
for Work &
Pensions



Department
of Health &
Social Care

WorkWell Partnerships Programme

Working together to support local systems to deliver low intensity work and health services

Jean King – Deputy Director Health division

DHSC and DWP Joint Work and Health Directorate



Office for Health Improvement and Disparities

What is the WorkWell Partnerships Programme (WWPP) ?

- The WorkWell Partnerships Programme (WWPP) was announced in Spring Budget 2023.
- It provides an opportunity for local systems to support **disabled people** and **people with health conditions to start, stay and succeed in work**.
- WWPP will support the development of integrated health and work services, which will provide **person-centred health and work support** based on a **biopsychosocial model**.
- WWPP services will be **locally-led** in response to population need, building on **existing assets and resources**
- Integrated Care Boards (ICBs) and local authorities (LAs) will **play a central role** in convening local partnerships to design and deliver WWPP.
- WWPP will be a **pilot programme**.
- Later this year, we will invite **expressions of interest** from localities which would like to design and deliver services funded by WWPP, as **vanguards**.
- Funding and support will be offered to localities during the design phase
- The delivery phase will start from **autumn 2024**.
- **Support will be available nationally** to promote shared system learning



What will WWPP services deliver?

- Builds on existing work and health services to **provide an integrated, seamless offer to** disabled people and people with health conditions to **start, stay or succeed in work**
- **Evidence-based, low intensity biopsychosocial** interventions that support individuals with their low-level occupational health needs and overcome barriers to work, typically delivered by **multidisciplinary teams**.
- An assessment of an individual's work and health needs and the development of a **'return to work'** or **'thrive in work'** plan with clear objectives that address biopsychosocial needs.
- Advice and support to **employers** where appropriate
- **Referrals/sign-posting to clinical and non-clinical support** including wider community provision, for example, debt advise etc



Partnership working for prevention..?

Recommendation: *Government should fully integrate health support with employment and skills programmes, including mental health where appropriate*^{*}

The issue: Economic inactivity due to long-term health conditions

- ❖ Nationally 2.58 million people economically inactive due to long-term health conditions
- ❖ Increasing by between 400 – 600 every month across ICBs/ICSs in the East of England
- ❖ 50% is attributable to ‘mental and behavioural disorders’
- ❖ Social impact on individuals and families, increased (child) poverty, social exclusion, deprivation, as well as higher healthcare and benefit costs

The opportunity: WorkWell Partnership Programme

- ❖ ICBs/ICSs and local authorities to work together in convening partnerships to...
- ❖ Design and deliver a new early intervention, locally led, integrated health and work service...
- ❖ That supports anyone with a disability or health conditions to remain in, to return to, or to start work.
- ❖ WorkWell Prospectus due imminently...?

Workshop 2B: Partnership working for prevention

How do we maximise the opportunity presented by the WorkWell Programme..?

What more do you need from OHID – East of England..?





Office for Health
Improvement
& Disparities

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