

Health & Employment Seminar 21 July 2023

Summary of event

On 21 July 2023, BLMK ICB and ICP held a first-of-its-kind seminar on Health and Employment.

People from local authorities, the NHS and other public services, including the Prison Service and the Department for Work and Pensions, were joined by residents with lived experience and representatives of the voluntary, community and social enterprise sectors for a day of action planning on tackling poor health and employment outcomes.

The purpose of the seminar was to:

1. Further our understanding of how we, as a diverse partnership, **contribute to both economic growth and health through employment.**
2. Define our **shared ambitions** as an ICS for achieving economic growth through **maximising opportunities for employment**, particularly for those **furthest from stable employment** due to ill health.
3. Agree **tangible steps** partners will take together at place- and system-level to improve opportunities for those furthest from stable employment due to their health

The poster is for a seminar titled "The Employment and Health Seminar". It features the logos for "Bedfordshire, Luton and Milton Keynes Health and Care Partnership" and "NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board". The text asks if the audience wants to help communities thrive and people with chronic health issues get back into work. It then lists the location (Rufus Centre, Flitwick), date (Friday, 21 July 2023), and registration details (9 AM for 9:30 start, finish 4 PM). A circular portrait of Professor Donna Hall CBE is shown, with her name and title below it. A quote from her is also present: "You will also hear the lived experiences of local people." The bottom of the poster has a decorative row of colored dots.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

Do you want to help our communities thrive?
Do you want to help people with chronic health issues get back into work, improving their health and wellbeing and growing the local economy?
Then join us for....

The Employment and Health Seminar

RUFUS CENTRE, FLITWICK

ON FRIDAY, 21 JULY 2023

REGISTRATION: 9AM FOR 9:30 START. FINISH: 4PM

Enquiries: blmkicb.corporatesec.nhs.uk

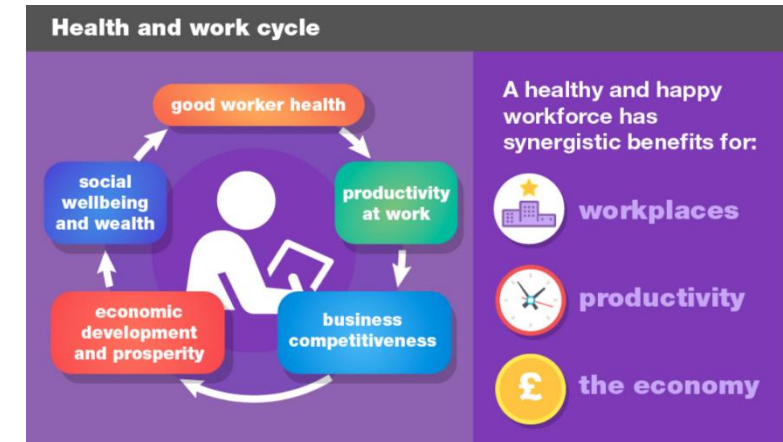
Keynote speaker:
Professor Donna Hall CBE (The Wigan Deal)

You will also hear the lived experiences of local people.

These slides are a **verbatim reproduction** of all of the **ideas and suggestions** made during the workshop discussions and will **need further development by places** to ensure alignment to existing plans and consideration of current capacity

The world of work is evolving. People are living and working longer.

- We want to support as many people as possible to **find, stay in and return to work**, because almost all employment is good for individuals, for employers and for the economy.
- **Unemployment is associated with increased risk** of long-term illness and worsening mental health, and impacts on families too.
- Individuals in employment report **higher levels of wellbeing** than those unemployed, which is why **one of the four purposes of Integrated Care Systems** is to support social and economic development.
- **Workless and sickness absence** leads to costs of over **£100bn annually in the UK**



Moving from employment to **unemployment** is estimated to **increase GP consultation rates by 50%**.

Around **300,000 people** in the UK with a long-term **mental health** condition fall **out of work** every year.

Disabled people are **10 times** more likely to **leave work** following **long-term sickness absence** than non-disabled people.

In BLMK, the **learning disability** employment rate **gap is 70%**.

In some parts of BLMK, the employment rate gap for those with **serious mental illness** is **75%** (cf. ~60% for the EoE average)

Agenda

| | |
|------------------------|--|
| Registration from 0900 | |
| 0930 – 1115 | Welcome and Introductions |
| | Voice of the Resident |
| | Keynote Speaker: Prof Donna Hall CBE |
| Break | |
| 1145 – 1300 | What matters to me? Table discussions |
| Lunch | |
| 1400 – 1440 | Place-based idea generation Breakout discussions |
| 1440 – 1515 | Place-based action planning Breakout discussions |
| 1520 – 1600 | Plenary Summary and Reflection |
| Close | |





Rima Makarem,
chair of the ICB,
opened the
session, welcoming
delegates.

“Really excited to see so many people present today.

Today is about how do we help people get a job, stay in the job and be supported in the job.

Employment is usually a healthy experience for people. People in employment do enjoy higher levels of health than those not in employment.

This is a milestone in the strategy that will support our residents – today we aim to finish with action plans”

The seminar began with The Voice of the Resident, with videos from residents, and a panel of VCSE and lived-experience representatives.



This helped delegates understand what employment meant to them, and the challenges they have had to overcome with their health to gain and stay in employment.

All videos from the day are available here:
<https://youtube.com/playlist?list=PL1Fz3JZ33gXT5xvYxfyRLiKitKU1g0ZjQ>

(The videos are accessible for those with the link)

We heard from our keynote speaker, Prof Donna Hall CBE, chair of the community-focused think tank New Local and an advisor on Integrated Care Boards to NHS England (and former chief executive at Wigan Council).

Professor Hall discussed the nature of the relationship between citizens and the services they receive from the state, a subject on which she has written extensively, and specifically the Wigan Deal, a joined-up approach to public service planning which succeeded in extending healthy life expectancy in Wigan by seven years.

Professor Hall said there were two critical elements to being successful with strategy: clarity of purpose; and constancy of purpose. For strategy to stick, it has to be about relationships and it has to be produced by people who live in that area.

“You’re quite unusual as an ICB to be doing this – it’s rare to get people talking about employment and health and doing it by listening to residents. Give yourselves a round of applause!”



Delegates used a data pack, create by Public Health colleagues, to help shape their conversations

Key: A lighter colour indicates better performance

| Domain | Indicator | Bedford Borough | Central Beds | Luton | Milton Keynes | East of England | England |
|--|--|-----------------|--------------|-------|---------------|-----------------|---------|
| Overall employment | Employment rate | 74% | 81% | 70% | 82% | | 75% |
| | Economic inactivity rate | 24% | 18% | 26% | 17% | | 21% |
| | Unemployment rate | 5.5% | 3.1% | 7.6% | 5.0% | | 5.0% |
| Employment inequalities (employment gap) | People with learning disabilities | 65% | 73% | 68% | 74% | | 71% |
| | People with long term conditions | -0.1% | 14.4% | 16.1% | 6.7% | 9.0% | 9.9% |
| | People with mental health conditions | 75% | 65% | 62% | 72% | 62% | 66% |
| Ill health | % of Employment Support Allowance claimants where MSK was primary cause | 12.3% | 12.3% | 13.0% | 13.2% | 12.4% | 12.6% |
| | % of employees with at least 1 day off in the previous week | 2.9% | 2.0% | 0.9% | 3.6% | 1.9% | 1.8% |
| | % of working days lost to sickness absence | 1.4% | 0.6% | 2.2% | 0.6% | 1.1% | 1.0% |
| Younger and older people | % of 16-17 year olds who are NEET or whose activity is unknown | 4.6% | 3.6% | 3.1% | 3.7% | 3.9% | 4.7% |
| | Gap in early years educational attainment between children with and without a special educational need | 21% | 26% | 9% | 19% | 21% | 20% |
| | Employment rate in adults aged 50-64 years | 69% | 74% | 65% | 70% | 73% | 71% |

Activity 1: Topic-based table discussions

TABLE DISCUSSION POINTS

(VERBATIM REPRODUCTION – WORK IS ALREADY PROGRESSING
TO REFINE AND FURTHER DEVELOP PLANS)

Activity 1 – What matters to me?

For eight different topics on tables, delegates discussed:

- What matters to us?
- What's working well?
- What's not working so well?

This aim was for delegates to consider what to address during the afternoon session action planning, and to help people explore the key concerns and opportunities for people living in those situations.

Key points were fed back to the room, and all views from those in the room are captured on the following slides

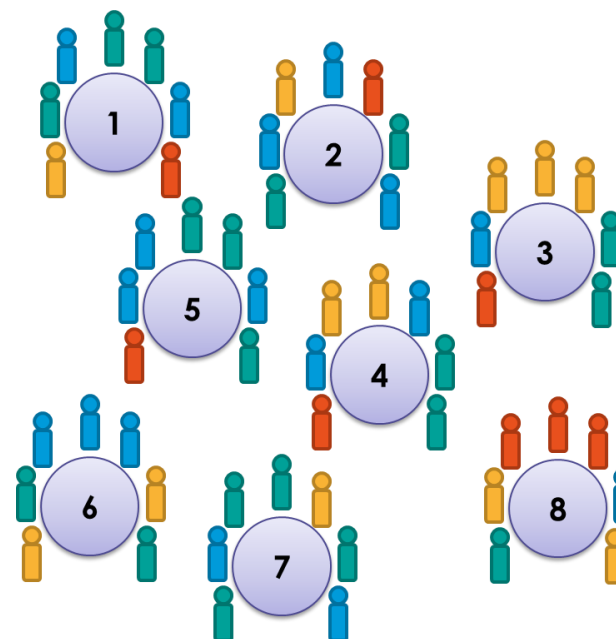


Table 1 – Neurodiversity

Table 2 – Mental Health

Table 3 – Musculo-skeletal issues

Table 4 – Carers of adults

Table 5 – Homelessness and rough sleeping

Table 6 – Domestic Abuse

Table 7 – Addiction issues

Table 8 – Children and young people

1: Neurodiversity

What matters to us?

| | |
|---|---|
| Delay of diagnosis | Mentor with experience in the workplace |
| Supporting at work to be their best | Social change - how do we respond? |
| Neurodiversity seen for strengths they can bring | Individualised support |
| More opportunities for neurodiversity in the work place | Stigma and label vs benefit of diagnosis |
| Undiagnosed adults - difficulty getting assessment | Delays for children getting diagnosis to get support and intervention |
| Schools - method requires compliance with 'normal' | Lack of services for adults |

What is already working well?

| | |
|--|---|
| Diagnosis may help direct into employment that suits characteristics | High functioning neurodiverse people recognised. Chris Packham |
| Voluntary sector are great at being inclusive | Beginning to educate the next generation over different platforms, raising awareness and making it more socially acceptable |
| Social awareness of neurodiversity | Fitting In! |

What is not working so well?

| | | |
|--|--|--|
| Public sector needs to lead by example | Adult transition from CAMHS etc. | Covid social disadvantage |
| Delay in diagnosis Adults and Children | better reasonable adjustments | Fitting In! |
| Lack of services for adults | Not wanting to reveal "diagnosis" being "labelled" | Varying support needs from severe disability to high functioning |
| Services aren't joined up - duplication and gaps | Lack of funding | Understanding what to do with a "diagnosed" employee |
| | Interview processes | |

2: Mental Health 1/2

What matters to us?

Getting private sector on board with this agenda

Make everyone feel wanted as an applicant and potential member of staff

Staff morale, wellbeing and happiness

T-level scaling in different sectors

Feeling a valued part of the team and doing a good job

That people are given a chance

To reduce barriers to work - look at the VCSE to understand what we can do to be a solution

Joined up working instead of silo culture

The "system" funding initiatives that work for longer than 6 months - 1 year - we need 2/3 windows of funding

An approach that rewards aspiration

Retention and wellbeing of staff

Fairness for all

What is already working well?

Wellbeing days being given which will reduce sick days

MHFA

BLMK Health and Wellbeing Accreditation - Bronze, Silver, Gold level. E.g. BedsRCC applying for Silver

BLMK Keeping Well Hub

More employers having MH first-aiders

NHS Employment Services - individualised support

MKUH: Lots of support to get people into work; dedicated advisor helping people into work; major benefits programme; assistance with recruitment

BedsRCC: H&WB group; Staff & CEO lead driver. 1 hour per month to engage in "Wellbeing Hour" led by a staff member

MH Support available / funded as organisation

MKUH: Support available during application process

BeActive Mental Health Champions: Training, network, free (ideal for SMEs)

BedsRCC: Annualised hours contracts. Fulfill hours across a week but not in set hours of a day

Transformation to a holistic approach to secondary MH services

Supporting people into work (though tends to be big organisations)

2: Mental Health 2/2

What is not working so well?

| | | | | | | |
|---|---|--|--|---|---|--|
| Quality right jobs | Open-mindedness; looking and using people's strengths | Fear of impact on benefits | Employment that rewards where management and value counts | Understanding individual needs in order to support | Employer understanding of mental health and health condition management | Employer / organisations support (reasonable adjustments) |
| Housing - those accessing through our housing offer; sofa surfing; temp accommodation | Communication avenues | Access to IT and online services; CV writing; UC journal; Job Applications | Lack of clear information on services available | Desire to join NHS as perceived more supportive but "falling"/"failing" in application process. | Wait times for Access to Work | Gaps in employment caused by periods of illness - deskilling; loss of confidence |
| Focus is on what is measured as that drives funding for future | 106 Agreement planning | Transport links and lack of public transport - not reliable; frequency low in rural areas – <u>needs to be accessible</u> | Manual work force - Distribution centres located for major roads but not accessible to the workforce | Self-belief of our clients | Flexible work opportunities e.g. around childcare | £££ - to get there / suitable clothing / childcare |
| | School not getting its children who are not going to be academic a rewarding career | Impact of MH support on rest of team - workload; perceived fairness | <u>Interview support and practice – translation</u> | <u>Workplace culture</u> | <u>Lack of education</u> | |

3: Musculo Skeletal (MSK) issues

What matters to us?

| | | |
|---|---|---|
| Making people well. We need close collaboration with primary, community care and social care. The ICS is so important | Early access to rehab before its an issue | Getting the appointments from health services in a timely way to get back into work |
| streamline pathways to allow patients to access to correct service quickly | Public education and importance of physio | The message about self referral is important |
| Importance of encouraging active life | information to improve and while waiting | Psychological support from employers |
| Digital - opportunity to improve | More personal eligibility criteria | Having a conversation with employees wellbeing including reasonable adjustments. 'Can do' |

ICS organisation employer role

Understand reasonable adjustments

What is already working well?

- Good services are available to people, but backlog is an issue
- Luton: Good Business Charter
- Self referral
- Employment advisors support people
- Self assessment tool
- Physio self assessment
- Some employers have good support offers

What is not working so well?

| | | |
|---|---|---|
| People in employment going into zero pay due to length of absence - waiting for appointments - risk of leaving | Information available to public | People want instant fix or pill |
| Waiting times are managed on an NHS target not on risk - health inequalities vs economic / personal circumstances | WFH impact | System understanding of the resources available |
| SMEs have less support offer | Sharing good practice across BLMK on self-referrals; lack of awareness and criteria | Public expectations and contract |
| Waiting list in acute hospitals | Long waiting list | Priorities |
| Clinical cancellations due to own MSK related issues / sickness | Digital poverty | Online self-assesments 'tick box' exercise |

4: Carers of adults

What matters to us?

Recognition of the role of caring in society as vitally important

Supporting carers as they want to be supported and tailoring messages accordingly

A workplace culture of care for employees

Employers talk to their employees openly about their needs as a carer in employment

Good identification of unpaid carers

Personalised and individualised approach - what works best for you?

Carers feeling well signposted to a carers support hub

Carers recognising themselves as such

Full use of Anchor institutions

Honesty from clinicians about the caring needs of a person to enable carers to make informed decisions and plan ahead re: employment

What is already working well?

MKUH - Any Hours contract gives carers the flexibility they need

The Carers Passport provides a flexible employment contract - needs to be more widely used

Covid has forced employers hands into new ways of working

Some employers are leading the way - Timpsons is one, Sue Ryder another

Healthy Workplace Standards provides pockets of best practice and a ladder of progression for employers

The Carers Hub at Bedford Hospital is a valuable resource

What is not working so well?

Stigma attached to being a carer - only 30% are in employment

Legal Barriers to communication with carers

Financial disincentives - eg through the welfare system - to carers finding or increasing work

Disclosure of carers remains an issue

Limited respite for carers

Difficult to champion those small employers doing well in a coordinated way and spread best practice

Changing employment contracts to better accommodate caring can be very challenging

Lack of employer representation at Seminar

Carers do not feel available support is well joined up to meet their needs

Limited employment opportunities for carers that allow them to confidently balance caring and work

Carers register is weak - needs improvement

Better leveraging voice of anchor institutions to act as exemplars of best practice and to promote that in the area

5: Homelessness

What matters to us?

Hidden Homeless – understanding

Current situation vs homelessness

Building evidence of the impact of measures that have been put in place

Define what we mean by terms

*Dedicated 'wet' rooms for social interaction / ability to drink alcohol rather than having to go out on the street

* Everyone is an individual – personalised plans together

Financial impacts – economy

Who is classed as homeless

Why are people homeless

Data to define and know numbers

* Understand people we are working with – one size doesn't fit all

Consistency of purpose

* Open acceptance of needs based on each person

Greater issue as can't access services

Services being available if you don't have an address

England 3000 rough sleepers on any night

England 288,000 household = homeless

Know who they are and services needed

One size doesn't fit all

What is already working well?

International examples

My Job – 12 week stay – rouse

Flats that have built in Luton – use these

Housing first

Shipping containers projects i.e. Jimmy's charity in Cambridge (learning new skills set)

Utah model – international models

House people first then look for work

Copenhagen approach to education

Homelessness Partnerships – health and local authority partnerships

International – buddy ideas, education and Mental Health and homelessness up

Partnership Working - Currently in small pockets but needs to go further and the need for investment

Learning from abroad

What is not working so well?

Housing: expensive; not enough social housing

Hostels: need to be on universal credit; if you get a job you can't stay; unaffordable if working

Benefit delays in moving to new home

Restrictions on what jobs you can do when you receive a visa to work

Lack of digital skills to enable people to access information

Safe housing needed before able to work

Dual diagnosis – enough understanding

Educating and changing people's experience to overcome myths

Barriers in place

Universal credit - waiting periods to receive funds

Triple harm barriers

Rules increase harm

6: Domestic Abuse 1/2

| What matters to us? | | | |
|---|--|--|--|
| Impact on MH and networks | Confidentiality | Trust | Breaking down stigma |
| Helping men and women to speak up / disclose -> who to disclose to | Employer awareness and able to be sensitive and responsive | Where to signpost / signs | If in employment -> leave job or decreased productivity |
| Stigma in workplace -> how perceived; fear | Abuse can happen in many different ways | Disparity with women in workplace coupled with women in workplace experiencing DA | Men starting to come out as victims too -> taboo in some communities |
| Myths: affects all strata of society | Myth: will [always] see bruises | Hidden issue - how reflected in policy? Housing; Income; Stability; Employment; Children | Recognising children in their own right |
| Fear of consequences of reporting e.g. what will happen to children | Physical and mental health needs | Taboo for men to come forward. Masculinity and cultural differences | £ trapped. Post pandemic cost of living support |

6: Domestic Abuse 2/2

What is already working well?

Good provision from voluntary sector agencies

MK Act: training - PC sessions; Shelter - women and children; support for men; support for abusers

MK Primary care opportunity to have DA champions - general awareness and support

Luton: Employers against DA programme: policies; awareness; recognising; all staff; know who to go to; show loss of productivity; look at empl. Policies; train managers to spot DA

BDAP: cross-sector multi [agency] partnership

MK Together: cross-sector multi [agency] partnership

Luton: Blended approach across referrals

Women's Academy: £ stable; work towards work; building self esteem

Social media awareness (FB, TikTok etc)

"Tell Angela" type media campaigns

Create culture and environment

What is not working so well?

The right culture - flexibility; tailored provision -> employers

Variance across BLMK in support provision -> awareness by communities and community involvement

Diversity of community; and Diversity of organisations to be culturally aware

Employer awareness -> manager training, sensitivity, competence, effective available resources

Culturally appropriate information and accessibility (multi-lingual) - resource needs to be raised to meet need

Need to address issue / perpetrators earlier - behaviours, relationships, acceptability

More for CYP and to catch earlier

Service not equitable across 4 LAs

SARCs - forensic services for cases of suspected sexual abuse (esp. CYP)

Bedfordshire Perpetrators Hub - small success rates

How much data do we have? Rates? Convictions?

Services currently overwhelmed - resource not meeting demand

Low reporting; low speaking up

Addressing gaps re stigma, disclosure, cultural approaches



7: Addiction 1/2

What matters to us?

| | | | |
|--|---|---|--|
| Move to proactive PC against current reactive - (impact negatively on PC currently incl. 111) | understanding cause and supporting to address these, not just symptoms | Breaking the cycle across generations | I am not judged / discriminated against by an employer because I have or have had an addiction (even sometimes NHS orgs) |
| Trauma - informed approach | The -ve impact that addiction has on family or friends - ie indirect stress and ?MH issue | Identifying, supporting and signposting | Challenge our perceptions - "employed functioning alcoholics"; recreational drugs |
| How can employers support people they employ who have challenges with addiction? Stigma challenges | Person-centred approach | Grooming young people -> addiction | MH issues - drug and alcohol addiction |
| Fostering a culture that reduces stigma in the workplace -> Employer charter | Same / similar issues with housing, not just employment | | |

What is already working well?

| | | |
|--|---|--|
| Less stigma due to greater prevalence | Good examples of employers that support people experiencing addiction -> Primark; Timpsons; Iceland | EoE Problem Gambling service opening |
| Greater awareness | Peer support element in local recovery services | Social awareness to addiction has improved |
| More help available | Some larger employers who are prepared to take the risk | Good recovery college services in parts - working with communities and 3rd sector partners |
| Willingness of society to make change happen | Breaking down organisational barriers and sharing resources to focus on residents | Big companies starting to change employment patterns e.g. Timpsons; Primark |
| Implementing Combatting Drugs strategy locally. More "whole system" approach than before (maybe?!) | Lived experience and co-produced approach | |



7: Addiction 2/2

What is not working so well?

The £ flows in different ways through different agencies + sometimes ad hoc ways

Health are not the only sector to support addiction (e.g. education)

Tailor services to modern day needs

Not enough resources available

Resources available to provide services

Workforces challenges leaving services on the brink

More industry regulation to stop advertising that may encourage addiction

Criteria/elegibility-based approaches

Services are still siloed - more to do

Addressing poverty and inequalities

How can the public sector learn from good practice and e.g. Timpsons / Iceland

Solution to increased use of ATRs DRRs to help people earlier in their journey of addiction

Not being person-centred with the support

Intergaces with criminal justice services challenging

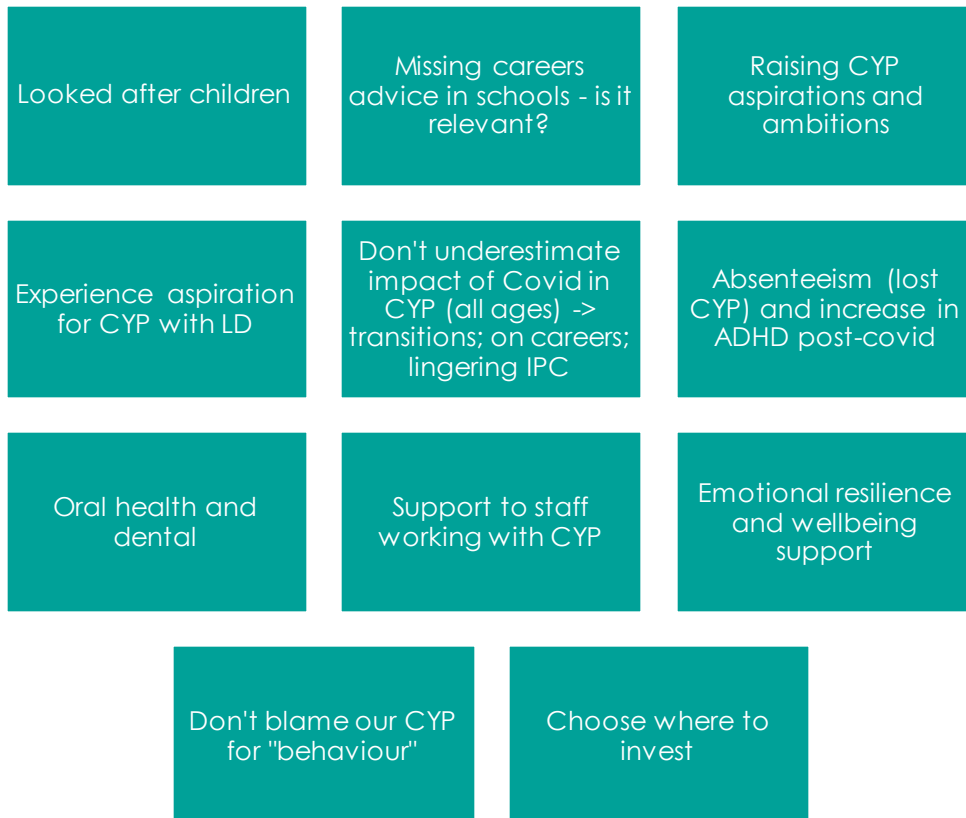
Not enough early prevention DELETE criteria hindrance

Lack of awareness of what is available

Is enough done in schools + colleges?

8: Children and Young People

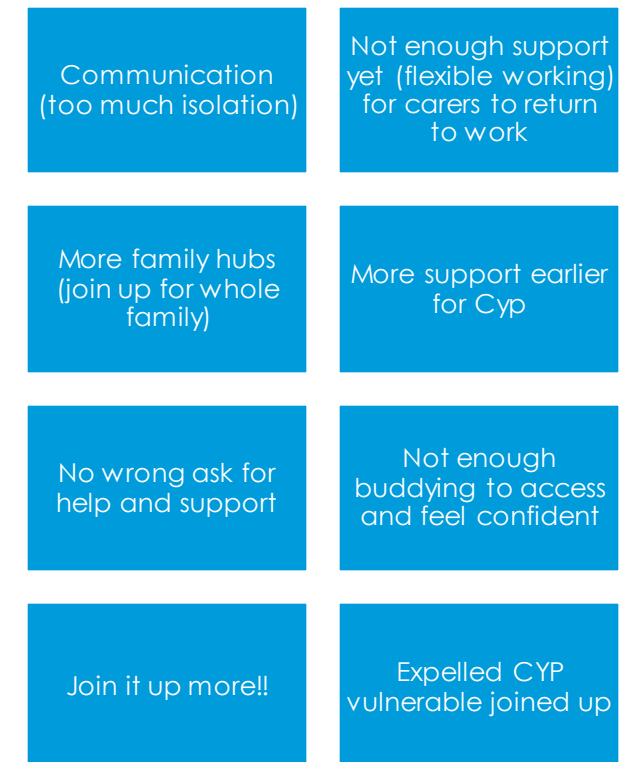
What matters to us?



What is already working well?



What is not working so well?



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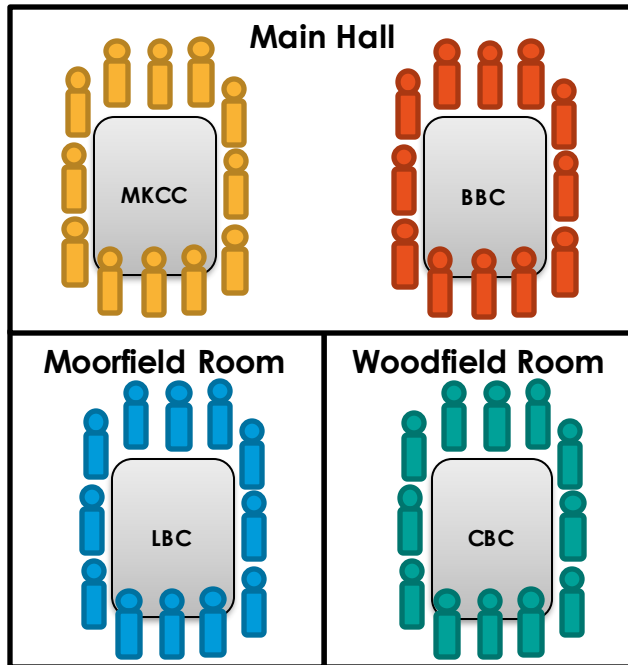
1. **Review** against current place plans to align with existing work
2. **Refine, prioritise** and **further develop** plans, considering existing capacity
3. **Review** and **agree** at place boards

Activities 2-5: Breakout discussions

PLACE-BASED ACTION PLANNING

Activities 3-5:

Breakout discussions formed the main part of the afternoon session. Groups were formed around local authority places.



The aim for the discussions was to create an action plan for the top 1-3 priority cohorts.

Participants were asked to discuss and agree:

- Aim statements
- A prioritised set of ideas, using a “PICK” (impact vs effort) chart
- A detailed action plan, outlining the next steps

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1. **Review** against current place plans to align with existing work
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Activities 2-5: Place-based group discussions

BEDFORD BOROUGH

The partners of the BLMK ICS will work together within Bedford Borough to...

1

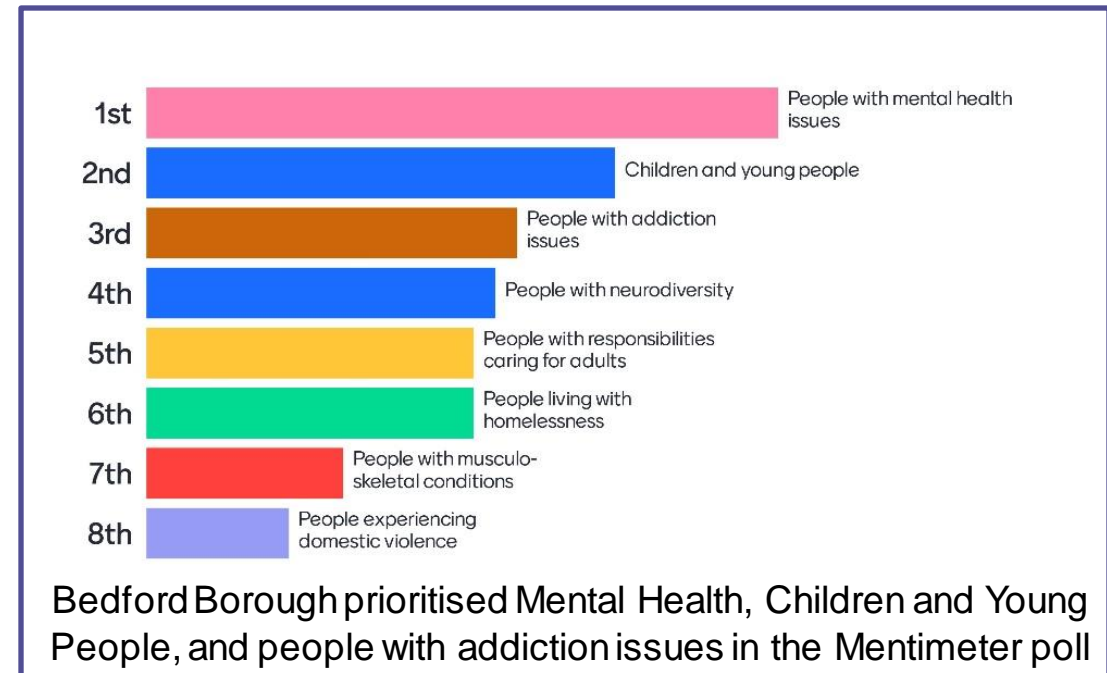
...ensure every vulnerable 16-25yo is targeted to give them a chance to know all the options available, and what support they would need to access it.

2

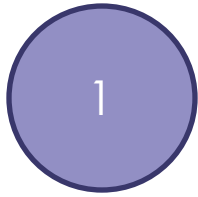
...create more MH awareness in workplaces to help people gain and retain good employment for all adults with mental health difficulties

3

...increase the number of organisations signing up to Healthy Workplace Standards, specifically the one on substance misuse



These aim statements will be further refined in discussion with Place board and partners



The partners of the BLMK ICS will work together within Bedford Borough to ensure every vulnerable 16-25yo is targeted to give them a chance to know all the options available, and what support they would need to access it

Relatively **easy** to do

POSSIBLE

- Ambassadors to come "follow me"
- Health and education - "no diagnosis" needed CYP
- Social prescription Life Hack
- Buddies and mentors (community wellbeing)
- Targetted adverts
- Advertise on TikTok etc.
- Proactive adverts from NHS and others
- Seeing 'vulnerable' CYP in school (not dealing to all)

IMPLEMENT

- Specific pathways for specific CYP cohorts e.g. special educational needs
- Private companies make friends

Probably **Low impact**

KIBOSH

- Stewby "film making" studio
- Target certain schools
- Incentives: electriccares, bike ?free
- "De-NHS"
- Parks - gardening / garden centres - "volunteers opportunities"
- Constrcution rail jobs
- Free transport whilst on apprenticeship
- All employers apprenticeship (incl. universities)
- Debenhams into an employment 'training hub'

Potentially **High impact**

CHALLENGE

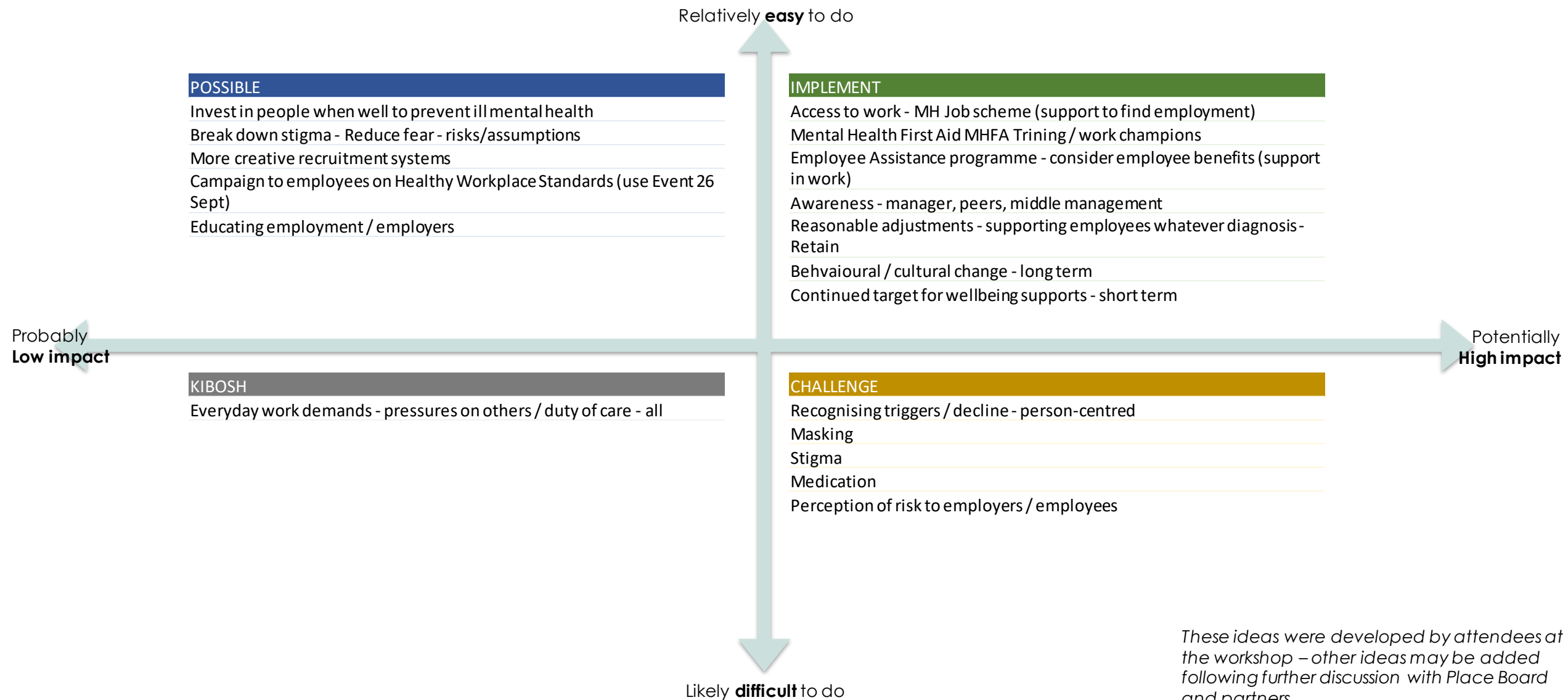
- Police "volunteers" opportunities
- Resources ££££
- Friends with Cranfield
- Physical health focus 16-25yo

Likely **difficult** to do

These ideas were developed by attendees at the workshop – other ideas may be added following further discussion with Place Board and partners

2

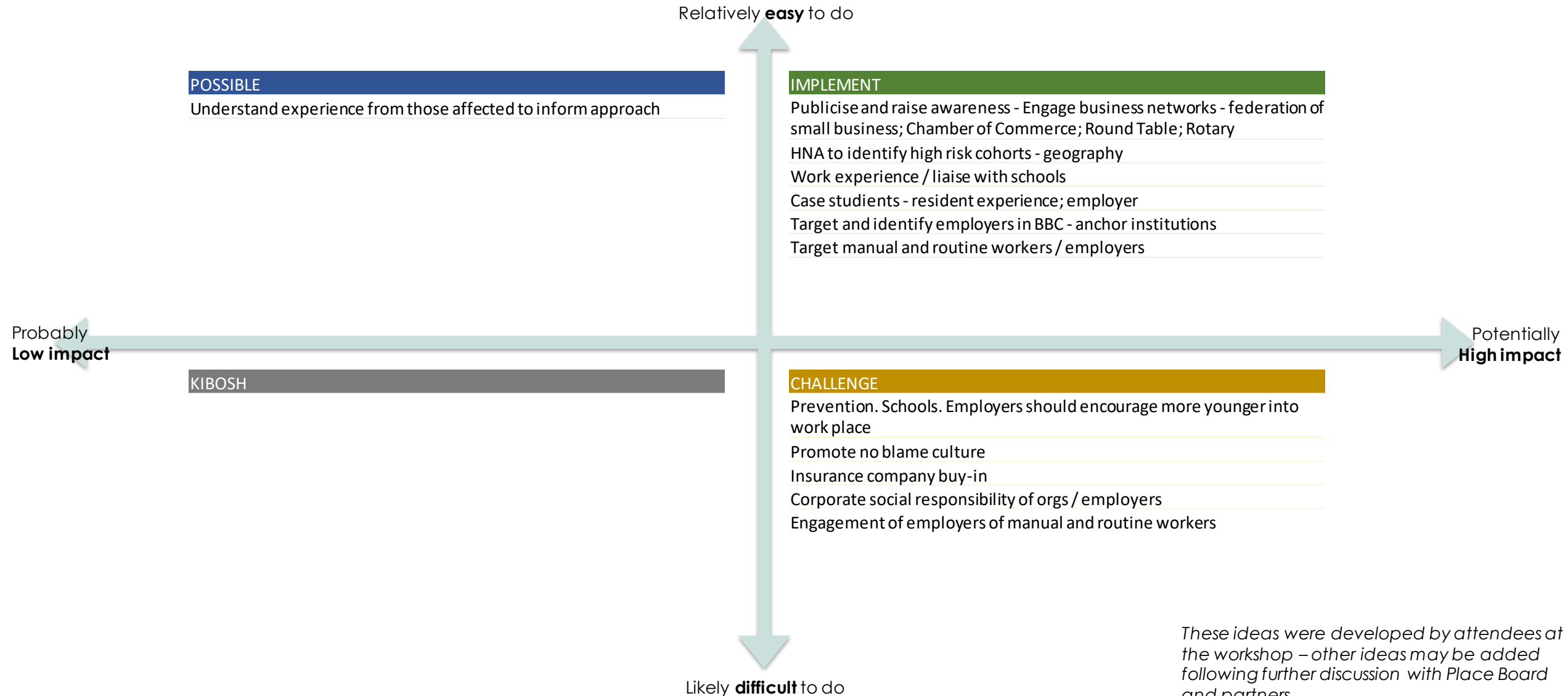
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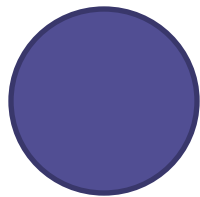


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3

The partners of the BLMK ICS will work together within Bedford Borough to increase the number of organisations signing up to Healthy Workplace Standards, specifically the one on substance misuse





The partners of the BLMK ICS will work together within Bedford Borough to ...

| Cohort | Idea | Action | Who will do it? | By when? | Measure of success |
|---------------|--|--|---|----------|---|
| CYP 16-25yo | | Get better data to understand which groups to target and what options are available. | | | |
| CYP 16-25yo | | Take to place board for discussion | | | |
| CYP 16-25yo | | Comms? HR? CYP employment plan | | | |
| CYP 16-25yo | | Determine how plan fits into [existing] BBC Place plans | | | |
| Mental Health | To link the MH work pieces (ie collaborative and transformative) to place EDG | See PICK chart | Kate Walker and Alison Fuller through Richard Fradgley / Robin Porter | Aug-23 | More people access and remain in employment |
| Addiction | Raise awareness with employers about ROI on Healthy Workplace Standard | Comms and engagement via business networks | LA / ICB / parish and town councils / VCSEs / Schools | | Number of orgs signing up for standards |
| Addiction | Raise awareness with employers about ROI on Healthy Workplace Standard | Comms and engagement via adult working population | LA / ICB / parish and town councils / VCSEs / Schools | | Number of orgs signing up for standards |
| Addiction | Raise awareness of nature of problem and impact locally, individually, community and economy | Schools talks and newsletters | Local resilience forums | | |
| Addiction | Host a Healthy Workplace Standards Network | | BLMK HCP | | |

This action plan was developed by the attendees at the Health and Employment seminar – further engagement with Place Board and partners will occur to refine and agree the plan

These slides are a **verbatim reproduction** of all of the **ideas and suggestions** made during the workshop discussions and will **need further development by places**, including:

1. **Review** against current place plans to align with existing work
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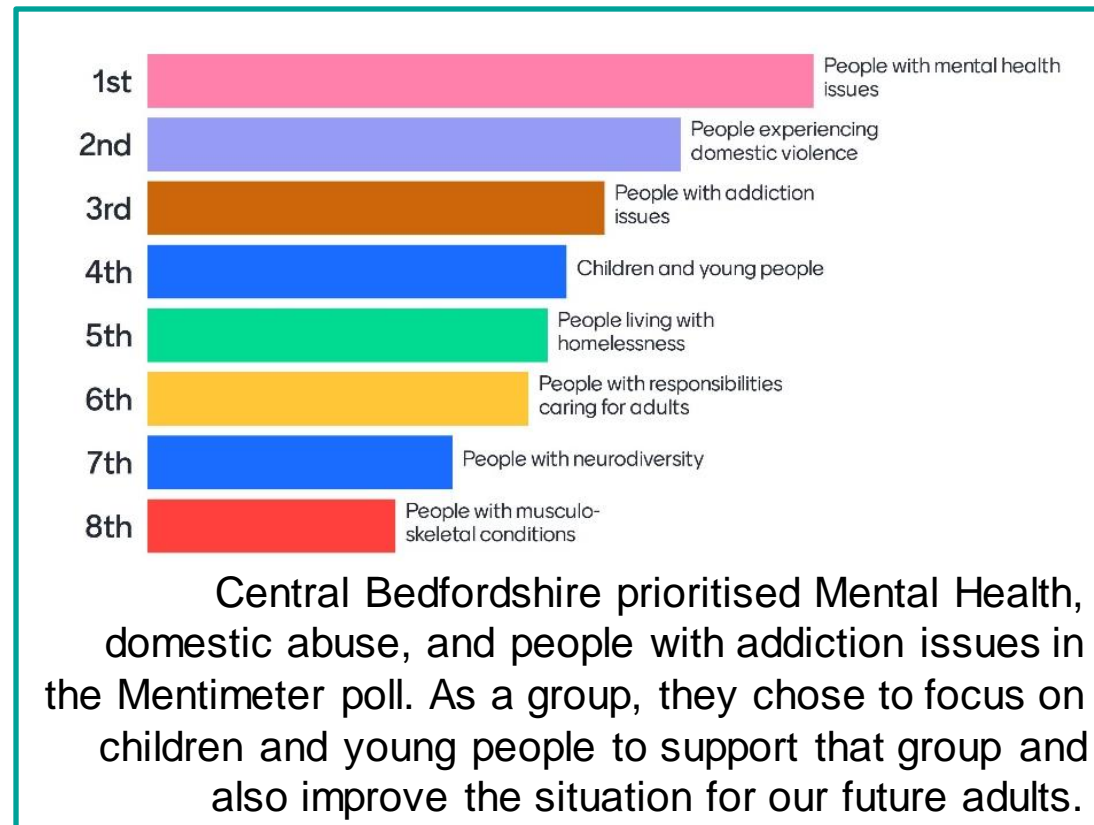
Activities 2-5: Place-based group discussions

CENTRAL BEDFORDSHIRE

The partners of the BLMK ICS will work together within Central Bedfordshire to...



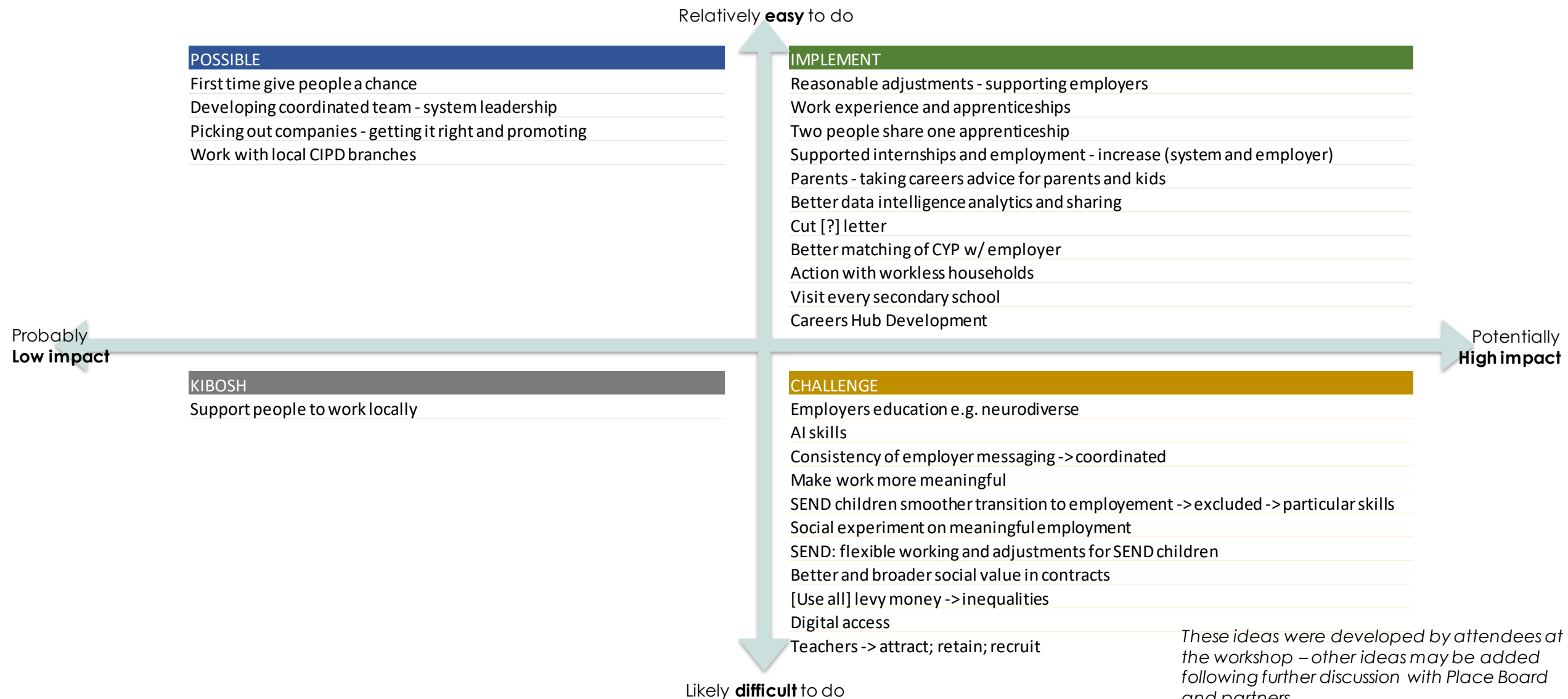
...improve support for CYP, neurodiverse and residents with MH conditions to increase employment of those groups

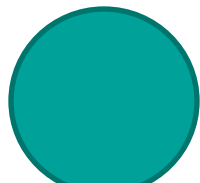


This aim statement will be further refined in discussion with Place board and partners



The partners of the BLMK ICS will work together within Central Bedfordshire to improve support for CYP, neurodiverse and residents with MH conditions to increase employment of those groups





The partners of the BLMK ICS will work together within Central Bedfordshire to ...

| Idea | Action | Who will do it? | By when? | Measure of success |
|---|---|---------------------------|------------------|---|
| More Supported Employment | Map internal opportunities across the ICS and together develop a clear vision as CBC partners for supported employment | System and Employer Level | Next two years | Number of supported employment placements going to CYP |
| Improve Data Analytics | Establish clear benchmarks from which changes can be measured | System led | Next two years | Data reliability and accuracy |
| Developing a Careers Hub | “Us” as employers visiting every secondary school in CBC to discuss careers, opportunities and skills, including CV writing workshops | System and Employer Level | Next 12 months | Number of children having contact with an anchor institution every 12 months |
| Improving Digital Skills, and AI awareness and access | Connecting with and funding VCSE and other organisations who can coach and train young people in digital skills | System led | Next two years | % of CYP reporting good digital access and skills |
| Action on workless householders | TBC | TBC | TBC | TBC |
| Promotion of those employers really getting it right | Use better, and more coordinated communication methods as a group to ensure honed and targeted employer messaging and promotion | System led | Next 12 months | Proportion of Central Beds employers receiving central communications |
| Closer working with local CIPD branches | Work with local CIPD branches to support the delivery of CV workshops, including those led by local employers | System and Employer Level | Next 12 months | % of CB CYP attending a CV or similar workshop each year |
| Focus on the attraction, retention and recruitment of teachers | Work with Local Authority and Education Sector colleagues to do all we can as an ICS to support teacher recruitment and retention | System led | Next three years | % of good and outstanding schools in CB, and vacancy rate for teachers |
| Better use of social value in contracts | More public sector contracts to include social value requirement | System led | Next three years | % public sector contracts making use of SV |
| Pushing more flexible working and adjustments for SEND children | Co-design activity with parents | System led | Next 12 months | % of SEND CYP in employment, and % SEND CYP reporting successful adjustment |
| Widen use of work experience and apprenticeships (using Levy) | As per suggestion made in seminar, we should make full use of local apprenticeship level funds to support more apprenticeships for CYP, and use our analytical capacity to match roles to CYP | Employer Led | Next two years | % of CYP reporting access to work experience pre 18, and % usage of the apprenticeship levy |

This action plan was developed by the attendees at the Health and Employment seminar – further engagement with Place Board and partners will occur to refine and agree the plan

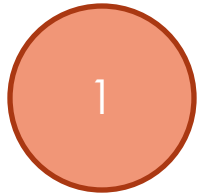
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Activities 2-5: Place-based group discussions

MILTON KEYNES

The partners of the BLMK ICS will work together within Milton Keynes to...



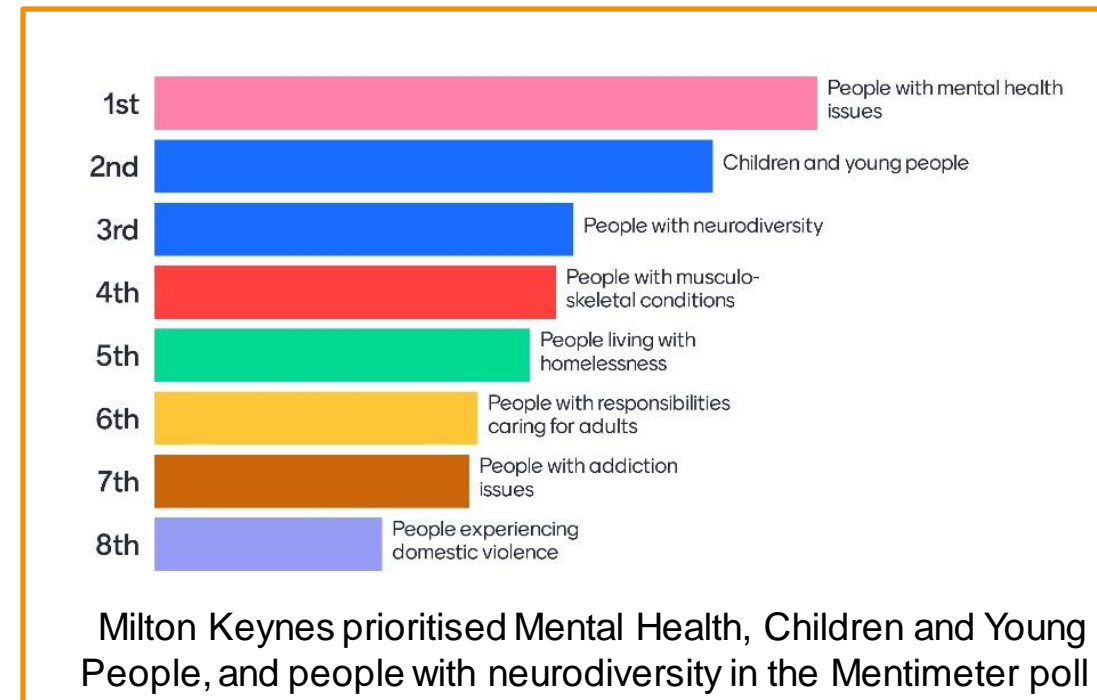
...improve and create meaningful and sustainable employment for people with neurodiversity



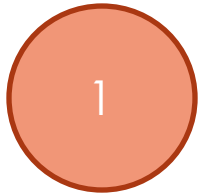
...support 15-18 yos not in education, training or employment into stable employment or further training in order to reduce the proportion of young people not in education, employment or training by 2026



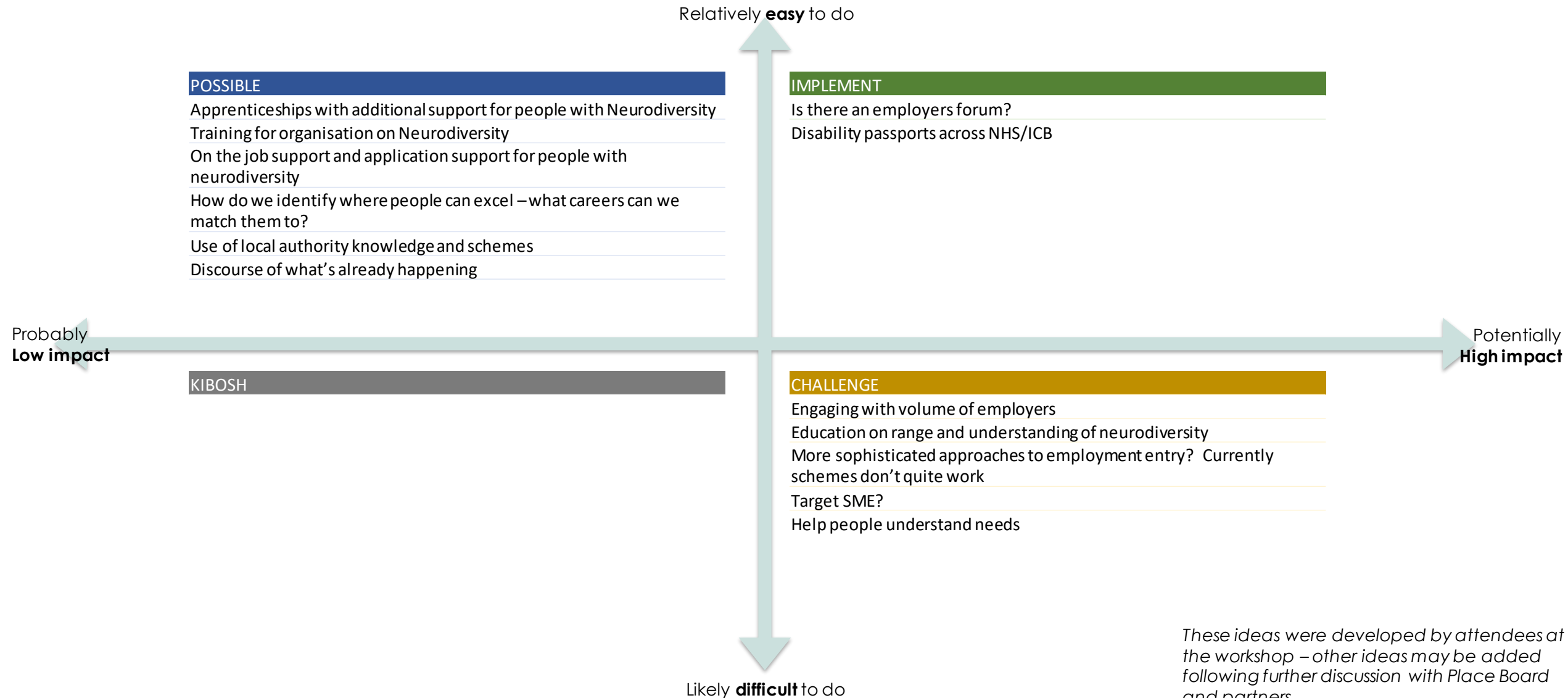
...reduce the employment gap for people with mental health challenges



These aim statements will be further refined in discussion with Place board and partners



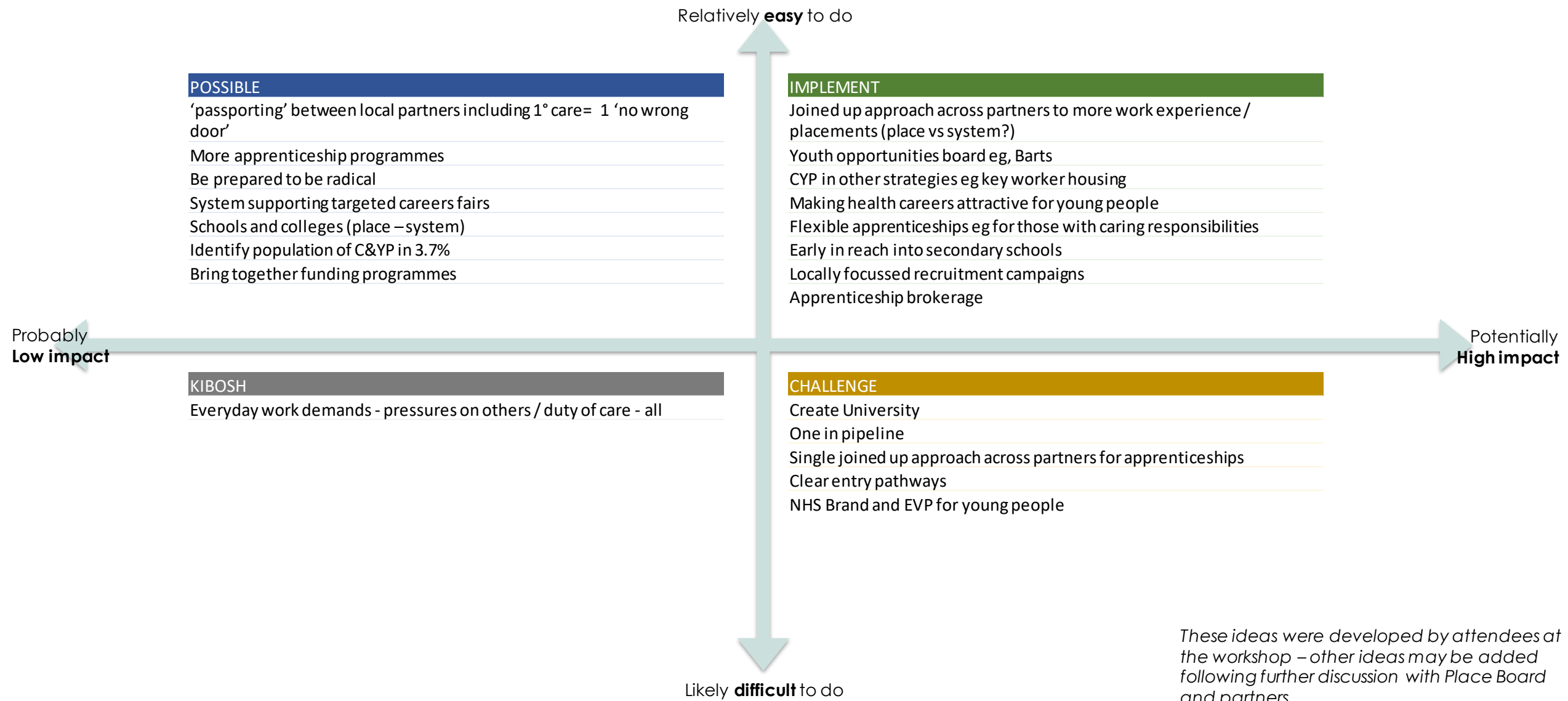
The partners of the BLMK ICS will work together within Milton Keynes to improve and create meaningful and sustainable employment for people with neurodiversity



These ideas were developed by attendees at the workshop – other ideas may be added following further discussion with Place Board and partners



The partners of the BLMK ICS will work together within Milton Keynes to support 15-18 yos not in education, training or employment into stable employment or further training in order to reduce the proportion of young people not in education, employment or training by 2026



These ideas were developed by attendees at the workshop – other ideas may be added following further discussion with Place Board and partners



The partners of the BLMK ICS will work together within Milton Keynes to reduce the employment gap for people with mental health challenges

Relatively **easy** to do

POSSIBLE

- break down stigma and reduce inequalities
- Supporting people and retain employment during mental health challenges
- Making conversations about mental health part of employment practice
- ICS guaranteed interviews for people with MH
- Self esteem building before work
- Return to work support after long absence
- Creative employment models
- Support emotional recovery
- Targeted career development for people with Mental health challenges
- YMCA example
- VCSE sense of achievement
- More flexible working
- Alternative employment offers that adjust to meet needs
- Reasonable adjustments

IMPLEMENT

- Wellbeing support
- Support for line managers in employer: understanding; solutions; ... for employees
- Recognise the value mental health experience brings to work
- Establish peer support networks
- Understand employees experience
- Flexibility essential to employ people with mental health issues – contract = 2 way
- Working from home – an opportunity to move jobs better for people with mental health issues
- Generate team of advocates with lived experience and network within employers
- Recruitment evening targeted at VCSE/groups supply people with mental health challenges ICS wide / MK wide
- ICS Employers identify jobs with more flexibility: How we advertise; job descriptions - barriers of qualifications; have to start somewhere
- Talk to people with mental health issues who have struggled with employment and learn from experience i.e. MH Alliance MANCAVE
- Make case for change to employers – positive stories, honest conversations
- Use Social media to get engagement and share information
- Mental health tick – promote in MK – equality act
- Women and work /Works for us – support people with mental health issues
- Mentor model / advocacy
- Build aspiration mentors etc
- Ongoing continued support worker model

CHALLENGE

- Resource challenge - Get private employers more included.
- Invite employers to come and meet people with MH challenges –YMCA example
- Healthy workplace standards –increase funding for team?

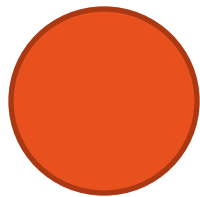
Likely **difficult** to do

Probably **Low impact**

KIBOSH

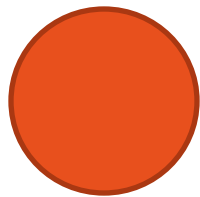
Potentially **High impact**

These ideas were developed by attendees at the workshop – other ideas may be added following further discussion with Place Board and partners



The partners of the BLMK ICS will work together within Milton Keynes to ... (1/2)

| Cohort | Idea | Action | Who will do it? | By when? | Measure of success |
|----------------|---|---|---|----------------|---|
| All | n/a | Review action plan and present to MK Place Board | Maria Wogan, Ross Graves, Vicky H | September 2023 | |
| Neurodiversity | MKC employers forum | Check re: existing provision with MKCC and discuss forum | Maria | | |
| Neurodiversity | Share MKUHFT job support Programme | MKUHFT to share job support Programme | Danielle Petch | | |
| Neurodiversity | | Disability passport roll out | Martha and MK disability lead | | |
| Neurodiversity | | Identify schemes already happening in MK | Ross | | |
| Neurodiversity | | Publish help into work schemes to employers | Comms | | |
| Neurodiversity | | Education on range of Neurodiversity and opportunity | Comms | | |
| Neurodiversity | | Lobbying DWP for more sophisticated schemes | Felicity Cox / Comms | | |
| Neurodiversity | | Earlier diagnosis | Ross & CNWL & ED ? | | |
| CYP | CYP 15-18 | <ol style="list-style-type: none"> 1. Identify outcomes and inequalities data 2. Targeted careers fairs | ICS Anchors (NHS, LA) | | %↓ Also reduction in inequalities across |
| CYP | Potential in reach into secondary schools | <ol style="list-style-type: none"> 1. Locally focussed recruitment programmes 2. Apprenticeships eg nursing assistants/associates 3. early in reach into schools and colleges re: careers 4. all the above but working across public and private sector | ICS Anchors (broader for fourth action) | | |



The partners of the BLMK ICS will work together within Milton Keynes to ... (2/2)

| Cohort | Idea | Action | Who will do it? | By when? | Measure of success |
|---------------|---|--|--|--------------|---|
| Mental Health | Coproduce solutions with people with mental health challenges with colleges, schools, employers, VCSE, Mancave and works for us | <ul style="list-style-type: none"> • Use social media and engage and share • Create a team of advocates to engage employers and residents • understand what do we already | VCSE; MH Alliance MANCAVE? Men in sheds; Women’s Network; Simon YMCA | 3 months | No of people and employers engaged with and ideas generated |
| Mental Health | Support recovery into employment | <ul style="list-style-type: none"> • YMCA example – emotional model • Relationship building • How we recruit – volunteering | Baseline ICS; DWP CNWL; VCSE | 12 months | Numbers of employment achieved |
| Mental Health | More flexible employment offers | <ul style="list-style-type: none"> • Role flexibility • Share mental health stories • Open events targeted • Flexible working offers | MK; ICS Employers MKCC; MKUH; ICB; CNWL; Plus anchors and SMEs Network | 12-24 months | Feedback from employers, jobs offered and accepted, feedback from residents |
| Mental Health | Support people in work and line managers | <ul style="list-style-type: none"> • Mentors • Networks • MH Tick across MK • Targeted career day • Healthy workplace Standards++ | MK; ICS Employers MKCC; MKUH; ICB; CNWL; Plus anchors and SMEs Network | 12-24 months | Feedback from employers, jobs offered and accepted, feedback from residents |
| Mental Health | Engage private sector employers | <ul style="list-style-type: none"> • Invest in Public Health team resource • Events for employers and residents • Job Centre offers ++ | MK Business Leaders – Simon YMCA | 12 months | Feedback from employers, jobs offered and accepted, feedback from residents |
| Mental Health | Ensure delivery | <ul style="list-style-type: none"> Report on next steps to MK HCP 21/9 Share information from all groups Revisit to check progress Read across cohorts | Maria, Vicky, Ross | Sept 23 | Report and agreed next steps |

This action plan was developed by the attendees at the Health and Employment seminar – further engagement with Place Board and partners will occur to refine and agree the plan

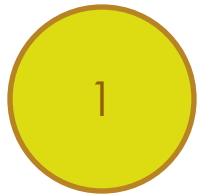
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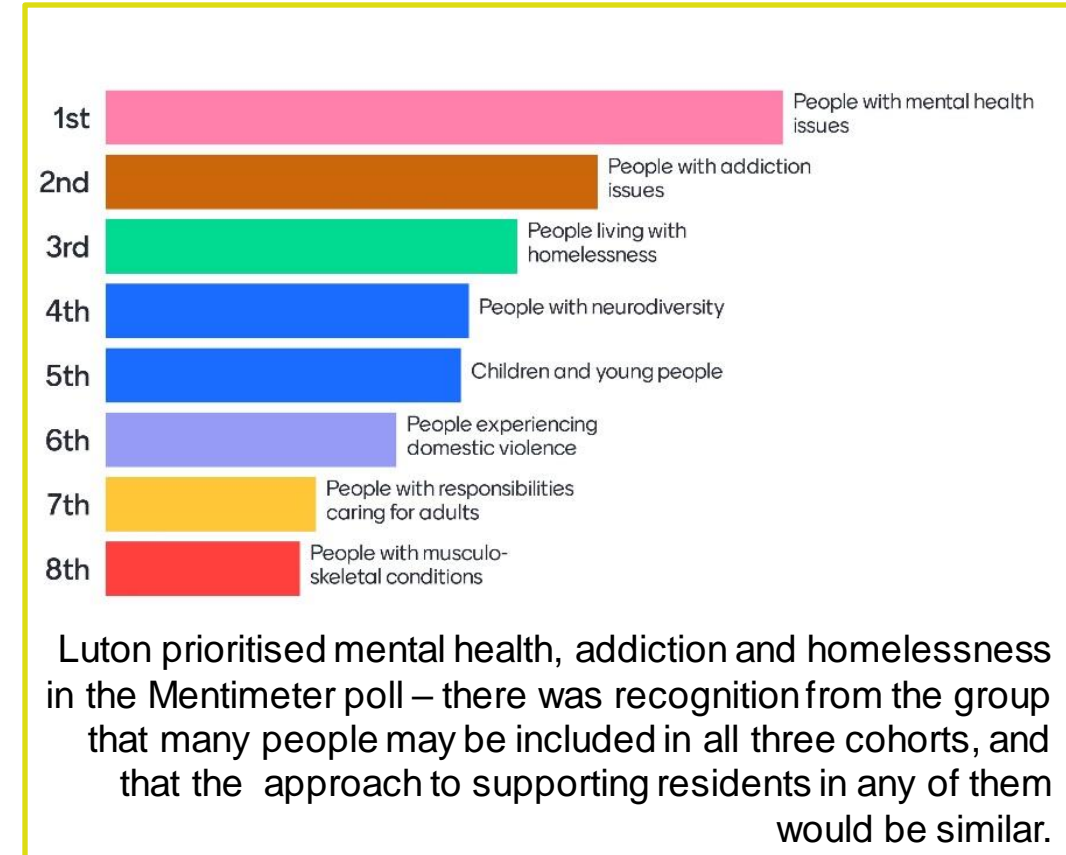
Activities 2-5: Place-based group discussions

LUTON

The partners of the BLMK ICS will work together within Luton to...



...support adults living with homelessness and/or with addiction and/or mental health difficulties to access and retain employment



This aim statement will be further refined in discussion with Place board and partners

Luton partners drafted a driver diagram

Support adults living with homelessness and/or with addiction and/or mental health difficulties to access and retain employment

Primary drivers

Drug culture

Family social breakdown

Access

Trauma

Social Housing

Resources

Change ideas

Care Coordinator link to Employment support / volunteering

Identify who doesn't meet service criteria - those who don't access services go under the radar - how do we support them?

Mentors

Learn from work, pilots, studies - implement work we've already done, not commission new work

Map what we're already doing

One collator for data from all organisations within Luton in order to drive change through data

Be innovative - run two or three pilots where we really focus on pre-employment (barriers), employment support and staying in employment

Specific zero drugs policies

Map employers: 1) those who have potential for supporting people with MH/D&A/homelessness; 2) those that can share successes with other civic responsibilities

Employers to recruit those with MH/D&A/Homeless with mentor

Training for staff to accept people with these issues

Groundwork with (small) employers to create opportunities - best done by industry e.g. hospitality

Embed volunteering / offer knowledge into services

Coordinate Anchor-employer inclusive employment policies, and disseminate to other large employers

Work with employers - health adjustment passport

One trusted adult / support worker / befriender who stays with a person for a year, to help them access all services

Better Coordination across services - SPOC; homelessness/D&A/MH

Key worker hubs that enable people to access the most pressing public service for their situation

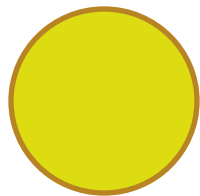
Establish virtual team for personalisation one stop shop

One stop shop (joined up services in one location) with lead practitioner

All services in one place - triage

One-Stop-Shop approach - triage; steered by support / community workers / lead practitioner

This draft driver diagram was developed by attendees at the workshop – it will be reviewed and adapted with Place Board and partners



The partners of the BLMK ICS will work together within Luton to ...

| Cohort | Idea | Action | Who will do it? | By when? | Measure of success |
|-------------------------------|---|---|---|--------------------------------------|--------------------|
| MH / Addiction / Homelessness | Awareness raising | Share outputs from Employment and Health seminar with Luton Place Board | Nicky Poulain | 8 August 2023 | |
| MH / Addiction / Homelessness | Driver diagram | Complete driver diagram, mapping against secondary drivers and prioritise ideas; add measures | Sally Cartwright / Nicky Poulain | Within one month | |
| MH / Addiction / Homelessness | Understand the system | Map seminar outputs against Luton 2040 vision and strategy and Marmot Town work to align to these and ensure coordination | Sally Cartwright / Sinead McNamara | Within 3 months | |
| MH / Addiction / Homelessness | Lived Experience pathways to employment, (including children in care) | Develop lived experience pathways into employment, for example through: i) 2-Year multi-organisational OT preceptorships ii) Paramedic recruitment iii) 111 as an employer | Bethan Billington | Commence development within 3 months | |
| MH / Addiction / Homelessness | WorkWell Partnership programme | Develop joint ICB/LA/DWP bid for funding to develop pathways for pathways to employment for those in economically inactive groups | Tim Simmance / Bethan Billington / Sonia Aziz | Autumn 2023 | |

BLMK ICB Actions

ICB NEXT STEPS

BLMK ICB will continue to support at system- and place-level



ICB actions to include:

- Disseminate outputs from topic-based table discussions to appropriate groups within ICB, NHA, LA and VCSE sectors to help shape thinking.
- BLMK ICB-led activities – led by Bethan Billington and Tim Simmance
 - Convene Anchor Apprenticeship Levy working group to look to maximise use of the levy across the system
 - Continue work on developing employment support pathways for social housing residents
 - Create more-detailed social value frameworks, working with LA colleagues, to ensure health and care services and suppliers they commission are contributing to skills and employment development at a local level, aligned to Place priorities
 - Support uptake of employer programmes across Anchors, including Healthy Workplace Standards, Good Business Charter, Disability Confident
 - Connect Anchor recruitment pipelines to pre-employment support offers from LA and VCSEs
 - Explore opportunities to introduce good practice outlined in seminar pre-reading pack
- Support Link Directors to report on progress to ICB Board.

Feedback received to date

4 August 2023

The main speaker on the video, Donna Hall, was fantastic - very inspirational.

I thought the structure, and the way the Seminar was run, including materials was good.

What did you learn?

- "Got new ideas about where we can link to with our soon to be started employability project. Found out about apprenticeships donations of funds."
- How you can create the right environment for carers and people recovering into work.

What could have been better?

- Briefing those who are running the small group sessions so that there is consistency in activity and output may be helpful.
- Clearer about the aims of the day
- My only concern was that there was not a consolidated action plan to take forward from the co-ordinators of the seminar, the onus was put on the groups

What else could we change for the next event?

- The question of how ICB activities/strategies will sit with local authority and other statutory bodies ones seems like a big challenge. How will the discussions happen to unpick these challenges?
- The place based exercise was tricky, as so much is already going on at place, so needing to link with existing activity/strategies, not often about creating new ones.

