



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
29 AUGUST 2017

REPORT ON: SINGLE GATEWAY PILOT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB28-2017

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Integration Joint Board of developments to support both disabled people and people with health conditions in accessing or remaining in employment through a “Single Gateway” proposal to be piloted initially in Dundee and Fife.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content of this report including the positive impact on people with a disability and associated risk assessment set out in sections 5 & 6 of this report;
- 2.2 Supports the Single Gateway - Scottish Health and Work Service proposal and the ongoing development work required to initiate this innovative project, which is subject to funding via the Department for Work & Pensions Innovation Fund.
- 2.2 Instructs the Chief Finance Officer to advise the IJB of the outcome of the funding bid once known.

3.0 FINANCIAL IMPLICATIONS

3.1 Should the proposal for the Single Gateway Health and Work Service be successful, it will run for 2.5 years and is expected to cost approximately £700,000. This funding will be met for the pilot period by the Department for Work and Pensions Innovation Fund and the Scottish Government and will support the following infrastructure:

- Case Manager/advisor salaries (across Healthy Working Lives (HWL), Working Health Services(WHS), Fit for Work Services (FFWS) and recently unemployed);
- A local project lead;
- Additional interventions (primarily mental health);
- Support costs (including IT/telephony/training/travel costs)
- Awareness raising regarding the gateway and health and work services in Dundee over two years.

4.0 MAIN TEXT

4.1 The Scottish Government Health, Disability and Employment (Early Interventions) Project has explored how to improve employment outcomes for disabled people and people with health conditions in Scotland who are:

- at risk of falling out of work due to (mainly acquired) health conditions/disability; or
- recently unemployed/economically inactive due to (mainly acquired) health conditions/disability.

- 4.2 The project has developed recommendations aimed at improving the integration and alignment of health, employment and other services, to ensure that the target group can access the support they require at an early stage and before falling into long-term unemployment. Central to these recommendations is the development of a “Single Gateway” to provide quicker, more effective access to a range of existing, funded support services. These include:
- Working Health Services Scotland – a Scottish Government funded, NHS-led service for the self-employed and small to medium-sized enterprise (SME) employees who are in work (not off sick), but at risk of falling out of work due to ill health or disability. It provides telephone access to relatively light-touch, case-managed assessments and support for up to 12 weeks, and fast-tracked access to work-focused therapeutic and other support, which can include (depending on location) physiotherapy, talking therapies, occupational therapy, self-help materials, etc. Access is via self-referral or referral by employers, GPs, etc.
 - Fit for Work Scotland – a Department for Work and Pensions (DWP) funded service that is delivered by the NHS in Scotland, for employees of companies of any size and sector, who are off sick (or likely to be off sick) for four weeks or more. It provides telephone access to relatively light-touch (when compared to some other employment support interventions), case-managed assessments and support for up to 12 weeks, with a return to work plan being developed that can be shared with the individual’s employer and/or GP with consent. It does not currently provide rapid access to health treatments – the individual must access these via the usual routes, which can take time. Access to Fit for Work is only via referral by employers and GPs.
 - Healthy Working Lives – a Scottish Government funded service that offers employer-focused advice and guidance on health and work matters, including health and safety advice, risk assessment, employment law and health policy development.
- 4.3 These services, are described as the Single Gateway’s “core services”, offer support that is broadly in line with the evidence of what works. However, currently there are insufficient service users going through them to make a real difference to our overall performance in this area.
- 4.4 In addition, it is proposed that in order to address a gap in the current support landscape, a new support service for the recently unemployed will be developed as a core service behind the gateway. This service would provide support to people who have recently become unemployed and who are relatively close to the labour market. The support would be comparable to that which is available under Working Health Services (see above) – i.e. relatively light-touch, case-managed assessments and support for up to 12-16 weeks, with rapid access to work-focused therapeutic and other support. Close co-ordination with Jobcentre Plus would be required (with the consent of the individual) to provide an individual with support to re-secure employment.
- 4.5 The contents of this report will be developed in partnership with local and national partners under the project concept phase. Once funding has been secured and a project manager appointed, this report will form the basis for the development of a more detailed action plan under the project design phase.
- 4.6 This report sets out the project concept for the Single Gateway (Scottish Health and Work Service) Pilot Project and a programme of supporting improvement work, which will be located initially in Dundee City and Fife. Evaluation of benefits will inform any phased rollout to other areas of Tayside over time - and across Scotland.
- 4.7 Individuals going through the gateway are likely to require a range of different types of support not directly available from the core services – for example, debt advice, relationship advice, peer support, financial support, etc. To ensure an individual can receive the full spectrum of support he/she requires in a co-ordinated way, the single gateway core services will build formal pathways and referral procedures into other local and national public and 3rd sector services that can provide these types of support. These services will be known as the affiliated services.
- 4.8 At a moment of crisis, the target group may approach one or more of the affiliated services - for example, they may talk to their GP about a health problem or their housing association because they are concerned about making their rent payments if they cannot work. Currently, those services do not always ask questions about the impact of the individual’s health on their ability

to work and, if they do, they often do not know where to refer the individual to get help. In support of the single gateway, a programme of improvement work would be undertaken with affiliated services to improve early identification of the target group and referral into the single gateway.

4.9 The potential benefits of the single gateway and its programme of supporting improvement work are expected to be:

- Better awareness of health and work issues amongst affiliated services, and a better understanding of where to go to get help – it should be much easier to raise awareness of the single gateway as the primary place to go in order to get help.
- A better experience for the individuals receiving support – the aim is to provide a seamless service, where individuals do not have to tell their story many times to different services.
- Better management information to allow improvement and alignment of services - over time, as more people flow through the single gateway, and as information is gathered on service use and outcomes, we should get a better picture of which services are genuinely effective and which need improvement, where there are opportunities for efficiencies, etc.

4.10 Consideration is currently being given to how a single gateway could be aligned with the new devolved employment services. One potential approach may be to expand the function of the Gateway so that it can deal with individuals with health conditions/disabilities who are longer-term unemployed (or further from the labour market) by signposting or referring into the new devolved employment support services (or other relevant local services). In this way, the single gateway could help channel people facing more significant health and disability-related barriers to the more intensive, longer-term support available under these employment support services. Once an individual is back in work and coping, there would be the potential to hand over case-managed support to the lighter-touch, “in-work” core services in the event that an individual begins to experience difficulties again. Consideration is currently being given to how best to achieve this, pending greater detail around arrangements for the new devolved employment support services.

4.11 Under Phase 2 of the Scottish Government Health, Disability and Employment (Early Interventions) Project, the Scottish Government worked with a Collaborative Group of stakeholders to produce a series of recommendations aimed at improving employment outcomes for people who are:

- In work, but at risk of falling out of work due to ill health or disability; and
- Recently unemployed due to ill health or disability.

4.12 Phase 2 of the project worked with a Collaborative Group of key stakeholders to identify issues that currently have a positive or negative impact on employment outcomes for the target group. It found that:

- There is already much potential early intervention support in place for members of the target group who are currently in work (e.g. Working Health Services Scotland, Fit for Work Scotland, Remploy Workplace Mental Health Support Service, Access to Work, etc.). There is a national health and work advisory service principally aimed at employers (Scottish Centre for Healthy Working Lives) which, along with services such as Access to Work and UK-wide campaigns such as Disability Confident, can help promote awareness of work and health issues and an understanding of issues around reasonable adjustments, etc. Much of this available support accords with the evidence of what works to improve employment outcomes for the target group (early intervention; employer involvement; and a multi-faceted approach to support, not only focused on healthcare interventions). There is also a range of support for those with more intensive support needs, which often includes elements of in-work support – for example the Work Choice Programme, the Scottish Government/CoSLA Framework for Supported Employment, and Individual Placement and Support for individuals with severe and enduring mental health issues.
- However, the support landscape is complex and confusing. There are multiple services, funded in different ways, offering similar and/or slightly different types of support, with

different criteria for access. This makes it challenging to promote awareness of the services amongst key actors (inc. employers, employees and healthcare professionals, notably GPs), and for key actors to navigate the landscape. As a result, numbers going through the services are low, relative to the potential size of the target group. Some services (such as Working Health Services) could play a more important role in the landscape if they could extend their offer to more individuals with mental health conditions.

- There is far less systematic support in place for the recently unemployed. For example, previously, individuals applying for Employment and Support Allowance (ESA) could wait three months or more while their claim was assessed, with little or no engagement from Jobcentre Plus, resulting in people drifting further from the labour market and, potentially, their disability or health condition deteriorating. More recently, Jobcentre Plus (JCP) has developed encouraging policies to engage earlier with ESA clients on a voluntary basis. However, the support received by individuals can vary significantly according to the JCP work coach's understanding of the local support landscape, which itself varies significantly across Scotland. A better defined and coordinated national system of early health-and-work-focused support for the recently unemployed with a disability or health condition in Scotland could help address this. The experience gained from some existing, smaller scale programmes for the unemployed could help inform work in this area.
- The Single Gateway proposal is currently being updated to include a detailed evaluation plan and will be presented to the Work and Health Unit Innovation Board on 5 September 2017. Funding decisions and timeline for implementation will progress beyond this date. There is also additional work to compile job descriptions from existing Case Manager Fit for Work Service and Working Health Service and these will be shared with Scottish Government and our colleagues from the other chosen pilot site in Fife. Discussions are underway regarding premises to house the new pilot. Dundee Partnership Employability Strategic Group has been involved since the outset and are supportive of the funding and overall lead being taken by Dundee Health and Social Care Partnership. More information is awaited towards the end of September as to the final decision from the UK Government.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. The resultant assessment is attached and it should be noted that this report impacts positively on people with a disability.

6.0 RISK ASSESSMENT

Risk Description – There is a risk that additional funding will need to be found at the end of the pilot to sustain the service in the future.

Inherent Risk = 3 x 2 (Moderate x Unlikely) = 6

Current Risk = 3 x 2 (Moderate x Unlikely) = 6

Planned Risk = 3 x 2 (Moderate x Unlikely) = 6

*Risk scoring (impact x likelihood)

Note: We use a risk level scoring of 1 – 25
(1 being the lowest score and 25 being the highest).

Given the moderate level of risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

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