

Consultation response

Improving Lives: The Work, Health and Disability Green Paper

Health Foundation response to the Department for Work and Pensions and the Department of Health consultation on Improving Lives: The Work, Health and Disability Green Paper

February 2017

About us and our response

We welcome the opportunity to respond to *Improving Lives: The Work, Health and Disability Green Paper* from the Department for Work and Pensions (DWP) and the Department of Health (DH). The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. The foundation's focus on the social determinants of health includes consideration of the role of our environment, including where we live and work, as an important influence on our health and wellbeing.

Our response considers questions from chapters 1, 5 and 6 of *Improving Lives: The Work, Health and Disability Green Paper*.

Chapter 1

- How should we develop, structure and communicate the evidence base to influence commissioning decisions?

Chapter 5

- How can government and local partners best encourage improved sharing of health and employment data?

Chapter 6

- What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?

Introduction

We strongly agree with the ministerial foreword in the consultation document, which recognises the two-way relationship between work and health: “the right type of work is good for our physical and mental health and good health and support helps us in the workplace.”

Given our focus on the social determinants model, we are particularly interested in the influence of work on health. ‘Good work’ is characterised by factors such as fair wages, personal development opportunities, and employees’ sense of control. It has a positive effect on our health through mechanisms such as financial security, self-esteem and social support.¹ To understand this relationship, work should be understood in its broadest sense including: conditions in the workplace, as well as unemployment and underemployment.

We are also interested in developing a new public health evidence paradigm, part of which involves enabling the use of novel approaches to data and data linkage, to help us to understand the contributions of numerous, different interventions in complex systems.

How should we develop, structure and communicate the evidence base to influence commissioning decisions?

While the positive benefits of good work on long-term health outcomes is well evidenced, evidence of interventions to promote good work may be harder to build as such interventions occur in a complex and adaptive system. Traditional research and evaluation methodologies that explore simple cause-and-effect relationships, such as a single service or support, often do not take account of the context in which these are offered and how that context may amplify or mitigate the impact of that policy or intervention.

The foundation is supporting work with the London School of Hygiene and Tropical Medicine to develop a new paradigm of evidence-based decision making. By developing new methodological approaches and skills – which borrow from other disciplines, such as, economics and climate change – we aim to move towards a broader approach to evidence-generation; one which considers the ways in which outcomes and processes at all levels of a system can drive broad system changes. In this way we can start to shift thinking among researchers, commissioners and funders alike towards identifying interventions that may ‘contribute’ to favourable outcomes, instead of looking narrowly for things that ‘fix’ a problem.

The foundation supports the drive for greater use of novel forms of data and data linkages to increase the understanding of the relationship between wider determinants of health and people’s life chances. The impact of good health on employment and vice versa can be more fully explored using linked datasets from the welfare system and the health and social care system. This would allow us to demonstrate or evaluate the impact of changes in practice and policies on both work and health outcomes.

¹ Marmot M. Fair Society, Healthy Lives. The Marmot Review; 2010. Available from: www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Example of an approach to evaluate the health and wellbeing impact of a DWP intervention

The Health Foundation is funding a research project examining the impact of an advanced labour market program on the health and wellbeing of individuals receiving benefits. The work aims to demonstrate how and why participation in the Active Labour Market Programmes (ALMPs) affects the mental health and wellbeing of unemployed job seekers in the UK. The focus of this study is a DWP intervention, Group Work (JOBS II) which addresses job search and mental health issues among participants to improve the likelihood of finding employment. In this case, having linked data would allow the project to evaluate the impact of the interventions in a comprehensive way.

Data linkage could also help investigate the effects of employment support on the mental and physical health of individuals with disabilities and long-term health conditions. This will ultimately benefit patients and local professionals by providing an evidence-based platform that can be used by local government and other commissioners to tailor their services.

Through testing the validity of data linkage and the quality and reliability of data, the resulting evidence-base would allow independent evaluators to feedback results to local communities, sharing skills and unlocking resources. Currently, barriers to data linkage prevent access to opportunities in this area for those providing and evaluating interventions within health as well as local and national government. Charity and community organisations are increasingly providing services in this area. Allowing organisations that have a robust data governance framework in place (protecting the confidentiality of citizens' data), to access and utilise datasets from the welfare system and the health and social care system could unlock valuable research with strong social benefit, which could inform better government intervention.

How can government and local partners best encourage improved sharing of health and employment data?

Improving the current use of health and employment data will greatly benefit local government and professionals in shaping their services and assessing performance. However, there are a number of challenges to data linkage that prevent a more efficient use of the information they hold. These challenges include: a general lack of trust from the public, the protection of citizens' privacy, the difficulties in dealing with a multitude of information governance and data security standards, and a lack of analytical capability in the health² and local government workforce³.

In order to successfully engage with the local community, it is essential to make a positive case for data sharing and to show the wider benefits of the use of this data.

A public Dialogue on Data

In 2014, a public Dialogue on Data, by Ipsos Mori, showed how the public seems to support wider use of administrative data, when this is used for research with a clear public benefit and data confidentiality is adequately safeguarded.

In this sense, there might be scope for greater collaboration between local authorities, the health service, and research organisations in developing capacity within the local service and improving the public's trust.

Example of a collaborative approach used to share best practices within local communities

The Health Foundation is currently partnering with NHS England to provide quantitative evidence on the new models of care introduced in the NHS Five Year Forward View. One of the aims is to work with local health providers to build a level of expertise that will allow local partners to maximise the use of their own data, and ultimately enable them to carry out their own independent evaluations. This collaboration sheds light on current best practices within local communities and provides examples of models and practices to carry forward.

² Bardsley M. 2016 Understanding analytical capability in health care, The Health Foundation, available from <http://www.health.org.uk/publication/understanding-analytical-capability-health-care>

³ Symons T. 2016 Datavores of local government, Nesta available from http://www.nesta.org.uk/sites/default/files/local_datavores_discussion_paper-july-2016.pdf

What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?

The social determinants which can positively impact on health, such as good education, work, and housing conditions, operate along many dimensions, including gender, ethnicity, age and disability. These social determinants bear down differently on different groups. Disadvantages such as unemployment and poor working conditions tend to be disproportionately concentrated among underprivileged groups. For example, the Green Paper points out that less than half (48%) of disabled people are in employment compared to 80% of the non-disabled population. Not only does this affect prospects to earn a living and contribute in the work place, it negatively affects those individuals' opportunities for health and wellbeing.

The government clearly has a role to play to bring about positive change to our attitudes to disabled people and people with health conditions. A strategy to achieve a change in attitude should include policies to combat stigma and discrimination towards disabled people in the workplace and to create workplace environments that are conducive to health through good management practices and offering employees a sense of control over their work. For example, only 8% of employers report they have recruited a person with a disability or long-term health condition for over a year.⁴

Making positive adaptations to the wider environment is also important. For example, currently, only around 25% of London tube stations have step-free access.⁵ At the macro-level, a geographically imbalanced economy with limited employment opportunities will only serve to exacerbate the issues that disabled people and people with health conditions face. Through providing an enabling environment, rather than a disabling one, the government offers everyone in the UK the opportunity to fully participate in society and promotes attitudinal change.

The development of UK infrastructure is linked to both work and health. The UCL Institute of Health Equity and the Health Foundation recently responded to the consultation on the development of the National Infrastructure Assessment for Britain. The response highlights the importance of ensuring that national investment in infrastructure engenders positive social, environmental, economic and health impacts. Taking action to improve infrastructure in areas such as transport, digital connectivity, housing and the natural environment is necessary to deliver the sustainable economic growth, competitiveness and quality of life required to secure good health for people in the UK. Alongside recommendations in the areas outlined above, the response covers work-specific recommendations:

- To include new work schemes for the unemployed, and job training offered by organisations commissioned by government to deliver contracts.
- To encourage employers to offer:
 - Good quality jobs, with commitment to a living wage and decent contracts embedded in infrastructure investments.
 - Good working conditions which promote health, rather than harm it.
 - A fair wage, and are mindful of issues in balancing benefits.
 - Possibilities in work contracts for worker involvement and participation.

⁴ <https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives/work-health-and-disability-green-paper-improving-lives>

⁵ <https://tfl.gov.uk/travel-information/improvements-and-projects/step-free-access>

Conclusion

In summary, the government has a responsibility to create environments, both in the workplace and our wider physical environment, that support healthy lives across the UK. This should involve a 'health in all policies' approach that addresses the inter-related social determinants of health, including work. Inclusive growth strategies and investment in national infrastructure, as outlined above, will create the necessary foundation for building opportunities for greater participation in work, as well as engendering positive social, environmental, economic and health impacts. Moving beyond traditional research and evaluation methodologies will facilitate a better understanding of interventions relating to work and health that operate in a complex system. We urge the government to enable the use of novel approaches to data and data linkage which can provide better understanding of the relationships between work and health.

For further information:

Lewis Pickett

External Affairs Officer

020 7257 8017

ExternalAffairs@health.org.uk

www.health.org.uk