ROCKET SCIENCE

Guy's and St Thomas' Charity

Review of interventions relating to purposeful activities for people with (Multiple) Long-term Conditions in Lambeth and Southwark

Final Report

June 2019

Contents

1. Introduction

Guy's and St Thomas Charity (GSTTC) is an independent, place-based foundation working in Lambeth and Southwark to help improve the health of local people. The Multiple Long-Term Conditions programme in their current strategy involves funding research and projects that can help slow down people's progression from one to many long-term conditions (LTCs). In Lambeth and Southwark, more than one in five residents live with at least one LTC, and over 19,000 live with three or more.

Rocket Science, a social research consultancy with specialist expertise in employability and health and social care, was commissioned to carry out a desk-based review of evidence around the link between purposeful activities (including work, work-related activities, education and volunteering) and people's ability to manage their condition and delay progression to MLTCs. As part of the brief we aimed to identify proven or promising interventions that can support people with one or more LTC to engage with and maintain purposeful activities.

Our hypothesis, that purposeful activities that can help people increase their resilience and ability to self-manage their health and condition, is based on the following principles:

- Employment is shown to have a positive effect on health, resilience and wellbeing
- However, some forms of employment, including precarious work, low-paid work, dangerous work and workplaces in which a person faces discrimination and stigma, have an adverse effect on mental and physical health
- Purposeful activities which can have a positive effect on a person's health therefore need to be aligned with the individual's interests, aspirations and needs – they should be meaningful

There are many different access points to work and purposeful activities that a person diagnosed with a LTC may encounter. Our review considered these different pathways and the different categories of interventions that may be appropriate for people who are closer to or further from the labour market. For example, people with LTCs who are already in work but are struggling to disclose or manage the increased demands of their condition might need support to communicate with employers about their needs, while people who are currently not working or feel unable to work may benefit from adult learning, return-to-work programmes such as paid work trials, or advice on entering alternative forms of employment such as self-employment or remote working.

We also drew on GSTTC's research report 'From One to Many', to understand which conditions are most prevalent in the places where the charity works, and which might require focused interventions. For example, diabetes is one of the most common LTCs, is frequently seen within the most common sequences of MLTCs, and affects a younger group of people (with an average initial diagnosis age of 53), meaning that there is an opportunity to intervene for people of working age.

These considerations shaped our recommendations as to which proven or promising interventions GSTTC could consider funding to support residents of Southwark and Lambeth. We came to the

conclusion that GSTTC investment could focus on testing and learning, to provide finer grained evidence on the efficacy of purposeful activities in slowing down progression of LTCs. We developed a longlist of interventions based on the strength of evidence supporting interventions; suitability to the Lambeth and Southwark context (e.g. urban setting and prevalent conditions; potential to have a direct impact on residents, and scope to build an evidence base.

Our longlist of 11 proposed intervention types are listed below, divided into four key areas of focus:

(1) Supporting employer change
(2) Testing new forms of employment
(3) Supporting long-term unemployed people, and
(4) Testing condition management.

In the body of this report we set out the evidence base, suggested cohorts, and where applicable, case studies. We envisage GSTTC exploring in more detail how these proposed interventions could be delivered most effectively in the Lambeth and Southwark environment, including carrying out 'deep dive' engagements with potential local delivery partners (employers, providers and community organisations). We anticipate that primary research currently being undertaken by Renaisi will also feed into GSTTC's prioritisation of which interventions to focus on developing.

	Intervention	Target beneficiaries
(1) Supporting employer change	Providing training and guidance for managers on creating supportive environments	People with LTCs who want to stay in work or lack confidence to enter employment for reasons including fear of stigma and discrimination
	Providing condition-specific education programmes	People with LTCs who need to improve confidence and motivation to self-manage, particularly people with diabetes
	Setting up peer support/ mentoring programmes in the workplace	People with LTCs who need support to help them stay in work or lack confidence to enter employment
	Testing anti-discrimination training for employers, in relation to LTCs	People facing barriers and lack of confidence in attaining or retaining employment

(2) Testing new forms of employment for people with LTCs	Facilitating return to work, e.g. phased returns, paid work trials	People who have been out of work due to LTC and may not be ready – physically or mentally - to enter work fulltime
	Supporting routes into alternative employment such as remote working and self-employment	People with LTCs who would benefit from greater flexibility over when and where they work (either in work or out of work)
(3) Supporting long-term unemployed people	Expanding opportunities to volunteering opportunities	People who have been out of work due to LTC and may need to build confidence and experience before looking for work they find meaningful
	Promoting adult education programmes, including with a focus on self-management	People with LTCs who want to improve confidence and motivation to self-manage, and gain experience or qualifications
(4) Testing condition management across LTCs	Offering specialised programme to increase resilience	People with LTCs who need to improve confidence and motivation to self-manage, particularly people living with diabetes
	Supporting industry-wide campaigns to increase awareness and conversation about specific conditions	People working in industries likely to impact on physical and mental health

Structure of the report

In Section 2, we set out further background to the research including the policy and local context for the work.

Section 3 explains the methodology that we used to review the available literature and evidence and the considerations that were used to frame the selection of interventions.

In Section 4, we set out the eleven interventions in more detail, including case studies offering specific examples of how these interventions could be delivered.

Finally, Section 5 sums up the findings and conclusions of the report.

2. Background and context

Policy context

Since Dame Carol Black's 2008 report 'Working for a Healthier Tomorrow', the government has been exploring ways to expand the role of occupational health in supporting Britain's working-age population. Research shows that there is a strong link between having a disability or a long-term health condition and patterns of employment or unemployment. In the first instance, people with a long-term health condition lose around 4.4% of working hours due to sickness absences This is more than three times the rate of those who do not have long-term health conditions (1.2%). Moreover, an average of 1.8 million employees have a long-term sickness absence of four weeks or more in a year.

In terms of the impact on the individual, evidence suggests that having a disability or long-term health condition can be linked to long periods of unemployment, moving onto benefits for a sustained period of time and even long term worklessness. 22% of people claiming Employment Support Allowance (ESA) (over 2.1 million as of November 2018) come from a period of sickness absence following work. 49% come from a non-work situation such as unemployment or family care. Prior to Universal Credit changes, 64% of those entering ESA from employment reported that ill-health was the reason for leaving. Once an individual entered ESA benefits it is a major challenge to leave, with only 3 in 100 claimants leaving ESA each month.

- There have been changes in legislation around sickness and disability benefits which impact people with ill-health and disabilities. Under Universal Credit (UC) people on income-based ESA and Statutory Sick Pay (SSP) now see changes to their benefit entitlements:
- Income-based ESA has been incorporated, together with five other legacy benefits, into Universal Credit. People who do not meet the new Work Capability Assessment (WCA) requirements under UC, including a large number of disabled people, are not entitled to the benefit. This suggests that people may not be getting the support they need
- Employer-paid benefits, including Sick Pay, are treated as part of a work allowance, which is the overall amount a person can earn if they have limited capability to work before the UC payment is affected. With a taper rate at 63%, for every £1 a person earns over their work allowance their UC is decreased by 63p (7). This is likely to have an impact on income management and possibly lead into debt.

In one example from the Challenge Fund, an individual who was claiming SSP through a period of sick leave (2 months) had to use a food bank to survive and was getting into debt. The project negotiated part-time sick leave with their employer to mitigate this situation, so that the individual could afford to recover and come back to work in a managed way.

The challenge in implementing programmes supporting health and work is the need to consider the financial impact on the individual of the support provided. Given that individuals targeted are more likely to be managing low incomes, there is a need to avoid unintended consequences that an

intervention could make this situation worse. Whatever intervention GSTTC invests in, it needs to ensure that individual financial impact assessments are considered and that support around benefits and income advice is integral to the intervention.

Looking at the London landscape, the Greater London Authority is developing programmes to implement strategies such as the Skills for Londoners Strategy. It has also developed the Good Work Standard in which promoting support for people with disabilities and people with health conditions forms a part. At the sub-regional level Central London Forward is driving the Work and Health Programme, alongside developing its own skills and employment strategies for its borough members including Lambeth and Southwark (soon for publication). In addition, both Lambeth and Southwark have their own approaches and strategies to support people into work.

In addition to this multi-layered strategic context, there is likely to be a patchwork of different funding and programmes in the two boroughs that GSTTC will need to be aware of, including provision commissioned through intermediaries managing European Social Funds and often in isolation of each other. There will be additional funding being invested into purposeful activity through other trusts and foundations (National Lottery Community Fund and United St Saviours) and bespoke programmes funded by the councils through section 106.

This complexity is challenging to capture, understand and navigate not least because it is constantly evolving. However, it is important that GSTTC consider how their interventions could align and support to avoid duplication and displacement. Using local intermediaries such as Renaisi and Anchor Organisations for delivery may help mitigate this.

Government investment in work and health

In the context of these changes, in recent years there has been increasing investment on linking health and work support, all of which will be generating evidence relevant to the purposeful activity programme. Main examples include:

- Work and Health Programme was rolled out across England in 2018 and provides specialised employment support for people with disabilities and for long-term unemployed people. It supports clients to identify employment needs, approach employers, access suitable training, and manage conditions. In Lambeth and Southwark, the Work and Health Programme is managed by Central London Forward

- DWP/WHU Challenge Fund - The Work and Health Unit is investing £4.2 million to fund 19 projects focused on helping people with mental health and/or MSK conditions self-manage their conditions and find advice and support about the kind of work they can access, as well as projects developing new approaches to help employers and individuals develop workplace solutions.

- WHU Employment Advisers (EA) in Improved Access to Psychological Therapies (IAPT) Pilot was introduced in 2009 in 11 areas in England, and later at sites in Scotland and Wales, the pilot provides skills-based interventions, information and practical support to help people receiving IAPT services to remain in, return to, and find work. In 2017 and 2018 the EA pilot received additional funding to offer employment support. As a result, the number of linked referrals that received an employment support appointment in the pathway increased from 90 in August 2017 to 2,895 in January 2019.

- Access to Work is a DWP programme introduced in 1994 that aims to support people who have a disability or long-term health condition start or stay in work through Assessments, which explore workplace-related barriers to employment and how these can be overcome through reasonable adjustments. Latest uptake was 26,480 in March 2018, but it is a programme of which many employers are unaware of and can be difficult for employers and employees to navigate.

- Health and Work Support Pilot - is a two-year pilot project in Scotland, running from 2018 to 2020, that seeks to ensure that those unemployed or at risk of losing their employment because of ill health or disability can access early intervention support that integrates health and work support services. It does so through a 'Single Gateway' access channel which integrates affiliated services for health and work support

- Fair Start Scotland is the Scottish Government's first devolved national employability programme. It focuses on supporting people with a health condition or disability to find work. It offers up to one year of support to find and retain a job, including help looking for a job that fits the client's needs, help with applications, mentoring, training and personal development, and specialist support for disabled clients.

There are several complementary programmes that are currently being commissioned. The Office of Students also has invested in a Challenge Fund to test what works in helping students in Higher Education manage their mental health. Local authorities in the Midlands have commissioned The Midland's Engine Mental Health Productivity Pilot, which is testing new ways of supporting employers and tackling mental health through a productivity lens. There are also projects being funded through the Building Better Opportunities Fund that are tackling mental health. It is important for GSTTC to focus on where best to invest to add and build the evidence base.

Rocket Science is currently managing the DWP/WHU Challenge Fund which is nearly halfway through delivery, testing 19 different interventions through to February 2020. With a focus on improving self-management and enabling attitudinal and systems change in employers and primary care, we believe that the learning from this Fund is highly relevant to GSTTC and its plans around LTCs and purposeful activities.

The Fund's interventions are broadly categorised as follows:

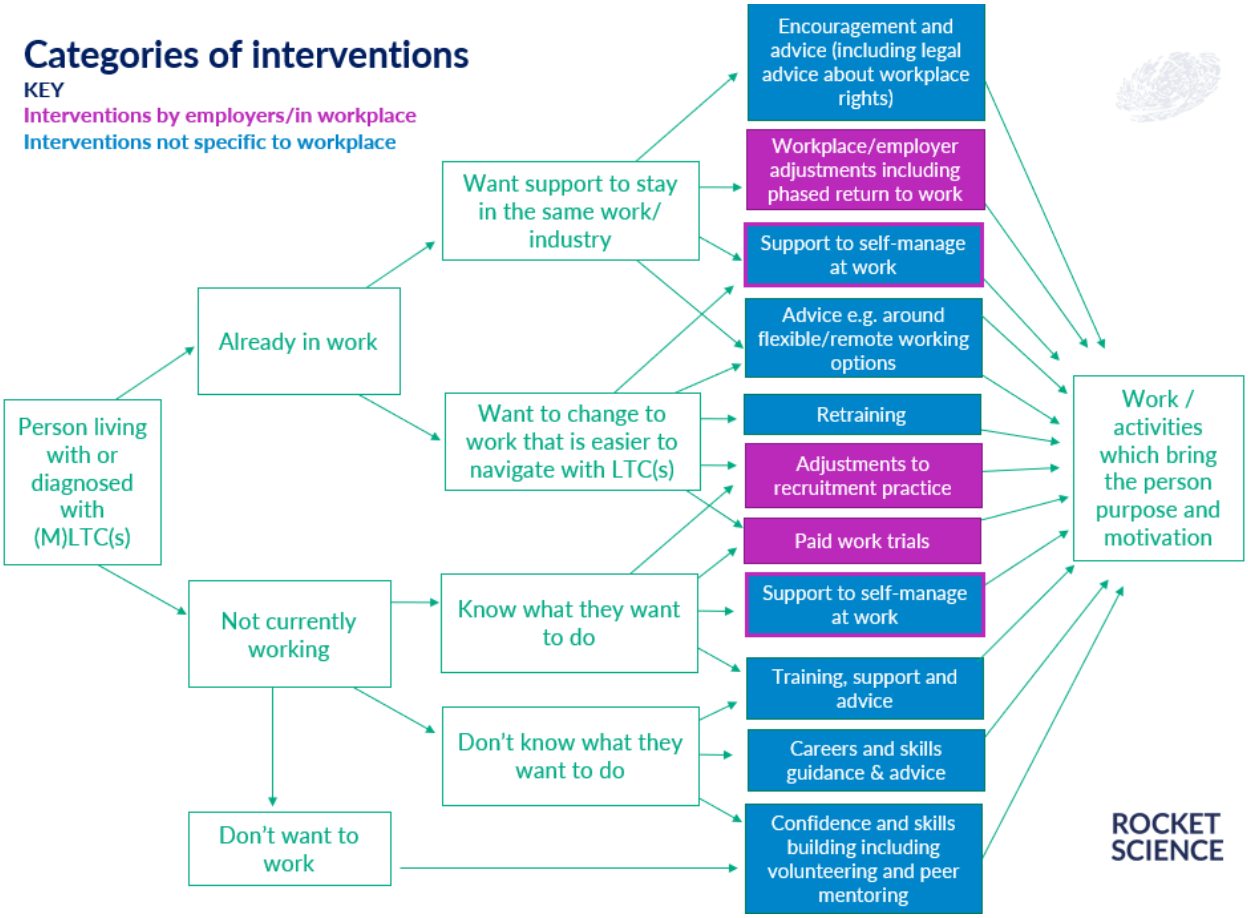
- Working in clinical settings such as GPs to improve access to help in primary care and other support and help people get back to work faster.
- Working directly within employers for people to access help as well as test the extent to which employers are creating conditions for disclosure and support – The Health Innovation Network is piloting Joint Pain Advisors in the trust and other public sector bodies in the two boroughs
- Working with community partners as brokers, providing intensive one to one help between employees, employers and health services
- Development and use of technology to support self-management including access to information and specific apps.

It is still early in the Fund and there is some emerging learning (an event is taking place on the 11th June). The findings from the programme will help inform the Work and Health Unit about what interventions could be most promising to scale and replicate – these are due to be published in April 2020. As this is outside the timeline GSTTC is working to, we recommend it would be helpful to connect with the Unit now to ensure that learning and investment is aligned to improve the evidence base.

In essence, improving self-management (which is being tested for the Challenge Fund) as a gateway outcome through which a person can reduce the likelihood of having more than one LTC. Our recommendation is that this should be the focus of investment, understanding the factors and enablers of what good self-management looks like, alongside what are the health impacts of improved self-management on slowing down progression of an LTC.

3. Methodology

Given the nature of this rapid review of evidence and promising interventions, we have used an agile approach with on-going reporting of findings and developing ideas, using workshops with GSTTC to test and discuss emerging directions of the research. Our approach for the methodology has been to work iteratively and in conjunction with the primary research carried out by Renaisi. Rocket Science has reviewed over 100 interventions and studies related to purposeful activities and long-term conditions. Renaisi have simultaneously conducted primary research with Lambeth and Southwark residents to capture lived experience and begin mapping services across the two boroughs, which we have drawn on along with our own analysis of employment and health data for Lambeth and Southwark.



Firstly, we conducted a very quick review of evidence to explore how best to structure our research. It was at this point we agreed to focus on work-related activities which bring purpose and motivation to individuals. We created an employment pathway map (above) to describe pathways for individuals with an LTC. This map was used by Renaisi to frame the focus group discussions held as part of their primary research and we used it to structure an Intervention and Evidence Framework for our literature review.

We conducted a literature/evidence search to examine the approaches which have been utilised to prevent long term conditions. Reviewed resources included evaluated initiatives, academic studies and evidence reviews. The process of collating the evidence demonstrated that initiatives could be segmented by location, employment group (e.g. in work or not working), target beneficiaries (e.g. individuals working in a particular industry) and target conditions (e.g. individuals with diabetes). We conducted a wide search including using IDOX, ERSA Evidence Hub, Mendeley and Google searching to find information about support that stops the progression from one LTC to many including and what works to support people with LTCs to identify, access and maintain purposeful activities (those relating to e.g. employment, volunteering, education/training, work experience). In total, we reviewed and sorted 100+ interventions and studies including the stage of employment that they are focused on, main findings, target beneficiaries, cost and level of evidence.

The process of collating the evidence demonstrated that initiatives could be segmented by location, employment group (eg in work or not working), target beneficiaries (eg individuals working in a particular industry) and target conditions (eg individuals with diabetes).

While interventions varied in their focus and target group, the benefits of boosting confidence, wellbeing, social connections and motivation underpinned successful interventions. The intervention review highlighted the link between purposeful activities and LTCs. Specifically, work meets important psychosocial needs in societies where employment is the norm and work is often central to individual identity. Experience of unemployment is associated with health risks.

Whilst work can be positively linked to health, unfavourable working conditions can undermine employee health, therefore certain types of working conditions and workplace-based initiatives can be implemented to prevent MLTCs:

- Working conditions – supportive working environments include those where individuals feel comfortable to disclose information about conditions and where appropriate adaptations (eg to working hours or equipment) have been made to support a person with a LTC to stay in work
- Workplace-based initiatives – information about self-management of conditions can be usefully provided in workplace settings. Managers can be trained to reduce discrimination against potential and current employees based on condition; and to enhance their skills in talking about health with employees.

At this stage we have recommended a range of interventions that GSTTC could invest in and provided our assessment of what could work for consideration by the charity: an analysed long list of interventions and a framework for conducting deep dives into their application in the area, which is set out in the next section.

Further work that should be done to investigate how interventions could be applied in Lambeth and Southwark in line with the scale of investment the charity is seeking to distribute over the next ten years. In addition to this report, we have produced a searchable database by type and level evidence, condition and pathway which can be added to by GSTTC as new evidence emerges.

Finally, we recommend GSTTC consider the following principles based on our experience of managing the Challenge Fund

- Using a test and learn approach needs investment in organisational capacity and capability to support the capture of formative learning
- Funding interventions for longer than a year so better evidence can be generated through longitudinal studies - ideally three years plus
- Allowing interventions sufficient development time prior to launch to take account of local conditions and a need to build relationships
- Having a clear evidence and learning framework through which insight and data can be effectively analysed
- Development of a logic model/Theory of Change for clarity of purpose and desired outcomes.

4. Areas of focus

In reviewing the various contexts in which the Purposeful Activity programme would be operating in, it is clear that there are already potential areas and cohorts where GSTTC could have a significant impact. Whilst the above two sections demonstrate that there is a lot going on in terms of supporting work and health at both the national and London level, much of the evidence and learning is at an early stage and in progress. This is a challenge for GSTTC in terms of where it should focus its investment. As our review of interventions shows, the quality and depth of evidence is variable and limited.

Our recommendation is that GSTTC investment could legitimately be focused on testing and learning. This could provide finer grained evidence on the efficacy of purposeful activities in slowing down the progression of an LTC. In our early scoping of the evidence it was apparent that there was some evidence on how activity can provide the motivation and support to help people better manage their conditions.

Our hypothesis is that if people are better able to manage their conditions and are doing activity that they enjoy and is meaningful, they will be more motivated to manage their health and current LTC to slow down its progression. In essence improving self-management (which is being tested for the Challenge Fund) as a gateway outcome through which a person can reduce the likelihood of having more than one LTC (which does not appear to being tested).

Our recommendation is that this should be the focus of investment, understanding the factors and enablers of what good self-management looks like, alongside what are the health impacts of improved self-management on slowing down progression of an LTC.

4.1 Supporting employer change

4.1.1 Summary of evidence base

- The charity Mind recommends training employers to recognise mental health issues and give employees the opportunity to raise issues, as well as supporting staff experiencing problems (Paul Farmer 2014)
- Early part-time sick leave may provide a faster and more sustainable return to regular duties than full-time sick leave among patients with MSK duties (Finnish Institute of Occupational Health 2012)
- A systematic review of RCTs that interventions in the workplace can reduce time to first return-to-work and cumulative duration of sickness absence for people with MSK issues (Johannes R Anema et al 2015)
- An academic study showed that people taking part in work-focused CBT tended towards faster, lasting RTW, returning to work about 4 weeks earlier than the control group (Dalgaard et al 2017)
- A study by the University of Texas uncovered emerging evidence that workplace interventions can improve diabetes-related outcomes for employees (S A Brown et al 2018)
- Research by the Institute of Employment Studies suggests that obesity has a negative impact on pay, progression and promotion opportunities due to stereotypes implicit in employers (Bajorek et al 2019)

We recommend that there should be a focus on work with employers, given that their approach to recruitment, retention, in-work support and culture and behaviours are fundamental to how people with an LTC are able to access and remain in work. However, this is complicated as there are challenges around size of employer, sectors and recruitment needs. For example, someone with MSK as an LTC will find it harder to do manual work, or someone with a severe mental health condition may find shift work difficult to manage. The push and pull in trying to manage recruitment supply and demand is challenging.

Our recommendation is that work could be done with employers to focus on prevention and early intervention i.e. working with them to create the culture and support needed to help their employees to stay in work and to understand how to embed this within the organisation. As a convenor GSTTC could work with key stakeholders to bring employers and employer groups together either by sector or location to test what support is most effective. This could build on the evidence emerging from the Challenge Fund and test how a place-based approach might work through a local coalition of larger employers.

Intervention	Target beneficiaries
Providing training and guidance for managers on creating supportive environments	People with LTCs who want to stay in work or lack confidence to enter employment for reasons including fear of stigma and discrimination
Providing condition-specific education programmes	People with LTCs who need to improve confidence and motivation to self-manage, particularly people with diabetes
Setting up peer support/ mentoring programme in the workplace	People with LTCs who need support to help them stay in work or lack confidence to enter employment
Testing anti-discrimination training for employers, in relation to LTCs	People facing barriers and lack of confidence in attaining or retaining employment

4.1.2 Intervention: Providing training and guidance for managers on creating supportive environments

Evidence of need	Our evidence review uncovered several workplace-based interventions that can support people to manage conditions and remain in work and suggested that joint working was key to success, i.e. personalised, tailored support and multi-agency working including effective links between employment and health services.
Interventions	It can be useful to train managers around the importance of job quality for wellbeing. Programmes that teach supervisors basic skills (e.g. communication and negotiating accommodations) may have significant benefits for workers with pain problems. There is strong evidence that while CBT can be effective, interventions that do not also include workplace modifications or service coordination (improving communication between workplace and healthcare) components are not effective in helping workers with mental health conditions in returning to work.
Summary/ Opportunity for GSTTC to play a unique role	53.7% of Lambeth residents with LTCs and 57.9% of Southwark residents with LTCs are in employment, which is higher in both cases than the London average of 49.3%. There seems therefore an opportunity to support residents with LTCs in the workplace and to gain evidence around how interventions can help people to a) maintain connections to work and b) delay or prevent progression to MLTCs. We have set out below key features of

good practice around employer training and peer support interventions. It would be useful to draw on Renaisi's primary research in order to consider which kinds of workplaces GSTT could focus on in developing a project.

Key features of good practice:

Vooijs et al. (2017) have found that people with a chronic disease benefit from being able to disclose their condition to employers and colleagues and negotiate adaptations to their work environment. However, CIPD research has found that 43% of employees would not feel comfortable disclosing unmanageable stress or poor mental health to their employer.

Managers have an important role in:

- Developing and strengthening supportive workplace environments and cultures
- Facilitating open conversations about health with employees
- Discussing and agreeing changes to working arrangements (eg hours, locations, tasks) and adjustments (eg equipment)

CIPD and Mind have developed guidance for managers to have conversations with employees about mental health (2018). The guidance covers responding to disclosure about mental health and making workplace adjustments. When talking about mental health with employees, the following advice is offered to managers:

- Avoid interruptions (ensuring colleagues cannot walk in/turning off mobile phones)
- Ask simple, open and non-judgemental questions
- Show empathy and understanding.

4.1.3 Intervention: Providing condition-specific education programmes

Case study: DESMOND/Beersheba Living Well

Evidence (RAG)	Potential reach	Time to set up (RAG)	Conditions
Yes	Southwark/Lambeth	Already operating (Lambeth). Medium term to develop negotiated curriculum	Diabetes with potential for other conditions

Description

Education programmes which facilitate increased knowledge about condition management, alongside improving motivation and skills

Key evidence

- The prevalence of diabetes in Lambeth and Southwark has grown substantially over the past 10 years (King's Health Partners 2017)
- Most people with diabetes only spend around three hours a year with their doctor, nurse or consultant (Diabetes UK, 2019)
- Diabetes education programmes can fail to address participants' feelings and fears about being diagnosed and complications (Cooper et al., 2003)
- Successful diabetes management involves: education and support for self-management; effective drug treatment; and effective surveillance to detect and treat complications (Cooper et al., 2003)

Participant journey

ROCKET SCIENCE

Recommendations

- Existing diabetes education programmes and resources (eg DESMOND in Lambeth) can be used and adapted to ensure patients feel empowered and are considered as experts in their own condition
- Encouraging clinical professionals to learn more about the benefits of patient empowerment
- Developing processes to ensure that those with lived experience have opportunities to shape course content
- Providing education early on in an individual's diagnosis
- Opportunities for peer learning could be usefully developed in workplaces where multiple employees have diabetes.

Enabling factors	Inhibiting factors
- Providing education in workplaces to reduce barriers to access for those who are newly diagnosed (eg time required to attend or lack of awareness) - Respect for individuals' self-perceived needs and choices Clinical professionals gaining understanding about the principles underlying patient empowerment in addition to diabetes management - Course teachers showing empathy and interest in participants - A curriculum which is shaped around what participants want to know - Opportunities for group support and peer learning	- Providing education in locations which are not conveniently located - Telling individuals what they should do for self-management without considering their unique circumstances and perspectives - Limited time to ask questions to educators and peers with the same health condition

4.1.4 Intervention: Setting up peer support/mentoring programmes in the workplace

Key features of good practice:

Peer support involves people sharing knowledge, experience or practical help with each other. Key elements of Peer Support in include that it is built on shared personal experience and empathy, it focuses on an individual's strengths not weaknesses, and works towards the individual's wellbeing and recovery. Peer Support also has benefits for peer support workers themselves, increasing levels of self-esteem, confidence and positive feelings that they are doing good. Peer support in the workplace has the benefits of creating a platform to offer mutual support and understanding for employee, and contributing to increased employee resilience and improved working environments which can therefore help reduce sickness absence.

A National Voices and NESTA review (2015) found that there is a limited understanding of the different forms of peer support, how best to deliver support and the forms of training and infrastructure to get the most impact from it; so, further evidence is needed to fully understand the impact it has on the health service and individuals with long-term health conditions. Their review of over 1000 interventions found that peer support tends to:

- Be most effective for improving health outcomes when facilitated by trained peers, lay people (not necessarily peers) or professionals;
- Be most effective for improving health outcomes when delivered one-to-one or in groups of more than ten people;
- Work well when delivered face-to-face, by telephone or online;
- Be most effective for improving health outcomes when it is based around specific activities (such as exercise or choirs) and focus on education, social support and physical support.

4.1.5 Intervention: Testing anti-discrimination training for employers, in relation to LTCs

Evidence of need	The causes of obesity are increasingly understood to be not only behavioural but complex and multifactorial. There are however many misconceptions around obesity and studies have shown that people with high BMI face disadvantage and discrimination in recruitment, progression and retention. Obesity is experienced as a lived condition, including increasing chronic pain and fatigue. However employers struggle to understand obesity as a disability. Some work environments are also found to contribute to obesity for example shift work, which interferes with circadian rhythms, and hostile environments which can lead to over-eating and unhealthy diets.
Interventions	In recent years there have been a few initial cases brought before employment discrimination tribunals and obesity discrimination has increasingly become a topic for research focus. Reports of obesity discrimination in the hiring process have led to calls for the development and review of legislation to protect people with high BMI from discrimination (Flint and Snook, 2015), including defining morbid obesity as a disability.
Summary/ Opportunity for GSTTC to play a unique role	In Lambeth, almost 40% of the adult population (125,682 residents) are obese. Morbid obesity is commonly associated as a secondary condition resulting from depression and is frequently a pre-condition to diabetes. There is currently little evidence around what works in supporting people with high BMI into work, or to retain and progress in work. It may be that GSTTC could support employers/recruiters and people with high BMI to understand (internalised) stigma through unconscious bias training, guidelines, legal advice etc, to evidence whether this improves health and unemployment outcomes, job satisfaction and improved ability to manage associated conditions such as chronic pain.

Key features of good practice:

Unconscious bias training (UBT) is often used in workplaces to make HR staff and decision makers conscious of certain views and opinions that may have been influenced by their background, culture and personal experiences, and the impact of these unconscious or implicit biases on people with protected characteristics (under the Equality Act 2010 these are: age, race, sex, disability, religion or

belief, gender reassignment, sexual orientation, marriage and civil partnership, pregnancy and maternity).

Most UBT interventions include the following:

- An unconscious bias 'test' (a reaction-time measure of how quickly a participant can link positive and negative stimuli to labels such as 'male' or 'female'; the most common example is the IAT).
- An unconscious bias 'test' debrief (an explanation of the participants' unconscious bias 'test' results).
- Education on unconscious bias theory.
- Information on the impact of unconscious bias (via statistics/illustrative examples).
- Suggested techniques for either reducing the level of unconscious bias or mitigating the impact of unconscious bias (without altering or reducing the strength of the bias). For example, bias reduction strategies, such as exposing participants to counter-stereotypic exemplars, can reduce the level of unconscious bias; bias mitigation strategies, such as blind review in selection and assessment, can reduce the impact of unconscious bias (EHRC 2018).

Reviews of UBT evaluations also note that UBT should be treated as just one part of a comprehensive strategy for achieving organisation-wide change and inclusive culture.

4.2 Testing new forms of employment for people with LTCs

4.2.1 Summary of evidence base

- An evaluation of large-scale RCTs into interventions for individuals on sick leave found that while some mandatory interventions led to negative outcomes, a graded return to work appeared effective. The use of partial sick leave increases the length of time in regular employment (Rehwald et al. 2018)
- Flexible working that increases worker control and choice is likely to have a positive effect on health outcomes, while interventions driven by organisational interests eg involuntary part-time employment lead to equivocal or negative health effects (Joyce et al., 2010)
- Some people with 'hidden' conditions such as social anxiety or Autism find that busy commutes and offices can be overwhelming making it harder to work to their full potential. Therefore, a home-based job can be a good solution (myworkhive 2019).

There is a need to focus on interventions that can support three types of cohorts:

1. Those that are in-work and at risk of losing their job as a result of their LTC
2. Those that are not in work at the moment, but have worked and/or are likely to be able to get work either through employed or self-employed status – ie those made redundant or out of work for less than three years
3. Those that are too far from the labour market and unlikely to get work but would benefit from purposeful activities – those who are long-term unemployed and not being supported in existing provision.

Gathering evidence and learning about which interventions work best with different cohorts will help contribute to the evidence base. Self-employment is of particular interest given the level of self-employment in the two boroughs, recognition of the changing world of work and lack of evidence.

In addition to adaptations and health-promoting initiatives within a workplace, certain alternative forms of employment can be better suited to those with LTCs, e.g. working remotely or being self-employed. While it is often ideal to accommodate an individual to stay in work, in some cases a period of absence from work can be unavoidable. In these instances, interventions can support a person with an LTC to return to work or to undertake an alternative type of purposeful activity e.g. adult learning or volunteering:

- Return to work – after an extended period of unemployment, individuals can be supported to re-enter work through adapted recruitment processes (e.g. pre-interviews and coaching) and the provision of training sessions to boost skills
- Alternative types of purposeful activity – some individuals may not be able to work or may seek alternative types of purposeful activity as a stepping stone to work. For example, adult learning has been shown to improve participants' health; and support to undertake volunteering placements can boost skills and reduce isolation

Intervention	Target beneficiaries
Facilitating return to work, e.g. phased returns, paid work trials	People who have been out of work due to LTC and may not be ready – physically or mentally - to enter work fulltime
Supporting routes into alternative employment such as remote working and self-employment	People with LTCs who would benefit from greater flexibility over when and where they work (either in work or out of work)

4.2.2 Intervention: Facilitating return to work, e.g. phased returns, paid work trials

Case study: Baringa's Returners Programme

Evidence (RAG)	Potential reach	Time to set up (RAG)	Conditions
Emerging	Southwark/Lambeth	Baringa based in Southwark – short term to establish new programmes	Mental and physical health

Description

Return to work programmes help those who have been out of work for an extended period to return with additional training and support

Key evidence

- There has been a marked increase in the contribution of depression and anxiety to long term sick leave (Munir et al. 2009)
- Evidence suggests that longer absences are associated with a reduced probability of eventual return to work and subsequent economic and social deprivation (Munir et al. 2009)
- Stress, acute medical conditions and mental ill health are the most common causes of long term absence from work (CIPD 2016)
- Most organisations who ran returner programmes in one study felt that the programmes had been successful and were looking to continue to run them in the future (Rieger et al

Participant journey

ROCKET SCIENCE

Recommendations

- Baringa's offices are based in Southwark and their programme is aimed at individuals who have taken a career break of 2 or more years – their model of induction, training, coaching and mentoring could be used to inform returner programmes in varying places of work in Southwark and Lambeth
- Promoting returner opportunities for those who have been out of work and may not know about opportunities to return
- Increasing awareness about the benefits of implementing returner programmes for SMEs and non-corporate industries
- Sharing good practice in returner programmes amongst Southwark and Lambeth employers

Enabling factors	Inhibiting factors
- Achieving buy-in from hiring managers – this can be achieved through providing evidence around the benefits of hiring returners - Employers starting small (eg hiring one returner), demonstrating the positive impact of this, and then scaling up the programme - Flexibility in support for returners as their needs vary (eg mentoring, buddying) - Tailored application and interview processes eg providing 'pre-interviews' and coaching - Offering flexible working arrangements to returners eg remote working, part-time working etc	- Not providing clear routes into permanent employment at the end of returner placements - Existing returner programmes are more common in some sectors than others - Lack of additional training opportunities to ensure that returners' skills are up to date - Reliance on standard recruitment processes to attract and hire potential returning employees

4.2.3 Intervention: Supporting routes into alternative employment such as remote working and self-employment

Evidence of need	Findings tentatively suggest that flexible working interventions that increase worker control and choice are likely to have a positive effect on health outcomes. Self-employment and remote working can provide many benefits to people with disabilities relating to a better match between the demands of work and their conditions (e.g. flexibility over hours worked). However, it is worth noting that government research found that most individuals and support organisations felt that it was more common for disabled self-employed individuals to have experienced being 'pushed' into non-traditional employment, due to accessibility issues, than being 'pulled' into self-employment by a passion or desire to work for themselves.
Interventions	Peer mentoring, guidance about self-employment specifically aimed at disabled entrepreneurs and small, interest-free loans to support people with start-up costs were identified as types of support that could help people with LTCs manage self-employment without it becoming precarious work.
Summary/ Opportunity for GSTTC to play a unique role	Our trends analysis found that self-employment has decreased recently in Lambeth; although some further investigation may be needed to understand the causes and drivers of this, there may be an opportunity to promote self-employment for people with LTCs. In particular, brokerage of remote working opportunities could offer people a way to engage with purposeful activities which can be flexible to their needs, and avoid certain barriers existing in workplaces such as fear of stigma or lack of needed adjustments.

Case study: ASE Assist (and myworkhive and Evenbreak)

Evidence (RAG)	Potential reach	Time to set up (RAG)	Conditions
Emerging	Southwark/Lambeth – particularly women in Lambeth	Medium term	Various long-term conditions

Description

ASE Assist offers unemployed people a programme to mentor them to gain self-employment or independent income streams, including a qualification in Self Marketing and Personal Enterprise.

Key evidence

- 9% of jobs with a salary of over £20,000 FTE are open to flexibility in London – this proportion is lower than any other region of the UK (Timewise 2018)
- Flexible working that increases worker control and choice is likely to have a positive effect on health outcomes, while interventions driven by organisational interests eg involuntary part-time employment lead to equivocal or negative health effects (Joyce et al., 2010)
- Some people with 'hidden' conditions such as social anxiety or Autism find that busy commutes and offices can be overwhelming making it harder to work to their full potential. Therefore, a home-based job can be a good solution (myworkhive 2019)

Participant journey

ROCKET SCIENCE

Recommendations

- Developing resources and programmes which highlight the range of opportunities which could be suitable for people with long term conditions e.g. roles that can be undertaken remotely and how to self-promote and build networks, identify transferrable skills and opportunities in the growing 'gig' economy
- Encouraging employers to consider whether vacancies could be advertised as flexible to attract individuals with long term conditions who may be unable to work 9-5 hours in one location
- Connecting employers to potential candidates through brokerage sites like myworkhive and Evenbreak

Enabling factors	Inhibiting factors
- Creating and promoting online spaces and communities for remote workers to reduce isolation and build peer support - Advising employers on the benefits of accommodating those with LTCs to work flexibly - Opportunities to regularly reflect on flexible working arrangements to ensure they continue to be mutually beneficial for employers and employees - Clear communication between various layers of management about the organisation's flexible working policy	- Excluding those working remotely from support provided within the workplace eg one-to-one conversations with supervisors - Opportunities for flexible working are more extensive in certain industries and roles - Inequity in access to forms of flexible working amongst employees

4.3 Supporting long-term unemployed

4.3.1 Summary of evidence base

- An evaluation of Integrated Supported Employment programmes which combine IPS with work-related social skills showed that participants achieved better employment rates and better job sustainment than those on a standalone IPS programme (Tsang et al 2010)
- The National Institute for Adult Continuing Education has reported that adult learning has positive impacts on health, employment, social relationships and volunteering. Using HM Treasury Green Book guidance, it estimates a cost-benefit to the individual taking part in a part-time course of improvements in health valued at £148 and a greater likelihood of finding and/ staying in a job valued at £231 (Fujiwara et al 2012)
- An evaluation by University of East Anglia of the implementation of a walking group in a deprived community highlighted the importance of identifying and mobilising community-based assets at a grassroots level to access those in greatest need (Hanson et al 2016)
- The most recent Adult Education Impact Report found that adult learning improved employability and health. 57% of students who were unemployed and looking for work before taking a course became employed after, while 62% of employed students gained new skills or jobs that could be used in a job (rising to 88% for students with no qualifications and 84% for BAMER students). In terms of health, 50% of students reporting health problems felt that the course helped them to handle stress better, and 82% of students with mental health issues reported improvements in their condition (Joanna Cain et al 2017)

In addition, evidence from the Renaisi consultation identified the challenges faced by people in finding out about and accessing support. The complex employment and skills support landscape is difficult if not impossible to navigate if you are not experienced or do not understand it. Government and ESF programmes are not designed to support people with the complexity of needs they present and are focused on getting people into jobs as soon as possible and providers paid by results. Programmes spring up to plug these gaps in support, but this creates duplication and quality is difficult to measure. It is likely that there is system failure if not market failure in supporting people to get back into work, good quality work and work that they can sustain.

If GSTTC is interested in effecting systems change then we recommend a focus on getting better insight on the types of interventions that enable people with more complex needs and an LTC to get into good quality, sustainable work.

This is also where there could be greater evidence for GSTTC to influence how mainstream funders of employment and skills such as DWP, GLA and others should design and fund programmes more effectively. This should build on the intersecting work that has been commissioned around housing and financial capability.

Intervention	Target beneficiaries
Expanding opportunities to volunteering opportunities	People who have been out of work due to LTC and may need to build confidence and experience before looking for work they find meaningful
Promoting adult education programmes, including with a focus on self-management	People with LTCs who want to improve confidence and motivation to self-manage, and gain experience or qualifications

4.3.2 Intervention: Expanding volunteering opportunities

Case Study: Step Together

Evidence (RAG)	Potential reach	Time to set up (RAG)	Conditions
Yes	Southwark/Lambeth	Medium term to secure opportunities and promote amongst beneficiaries	Mental and physical LTCs

Slide Show

Description

Initiatives to motivate and enable those at risk of developing multiple long term conditions to take up volunteering opportunities

Key evidence

- Engaging in volunteer activities builds resilience, promotes physical activity, reduces depressive symptoms, and slows functional decline (Klinedinst et al., 2014)
- Amongst those who took part in a Step Together volunteering placement, a significant proportion reported reduced isolation, depression and anxiety (Step Together 2016)
- Volunteering should be promoted by public health, education and policy practitioners amongst those who generally have poorer health and less participation in volunteering (Yeung et al., 2017)
- Amongst those with chronic pain, peer volunteering has been shown to lead to improvements in pain, disability and depression (Arnstein et al., 2002)

Participant journey

ROCKET SCIENCE

opportunities Case Study: Step Together

Recommendations

- While Step Together focuses on helping those with complex needs (rather than a LTC) to engage in volunteering, the elements of support provided could be usefully applied to those with LTCs who are either in work or not working. These elements include one-to-one coaching; motivating and inspiring individuals to volunteer; and providing mentor support during placements
- There is a need to match individuals to appropriate placements based on their interests; taking into account any health-related barriers they may have
- In addition to supporting potential volunteers to engage, there is a need to work with organisations to secure volunteering opportunities and promote the value of volunteers, including those with long term health conditions.

Enabling factors	Inhibiting factors
- One to one coaching to help individuals to explore their skills, interests and ambitions - Matching individuals at risk of MLTCs to suitable placements - Working with organisations to secure placements and promote the value of volunteers - Enabling individuals to gain work related skills and develop confidence to move into employment - Promoting the range of potential volunteering opportunities to individuals with an existing LTC.	- Lack of communication about necessary adjustments for volunteers when undertaking a placement - Failure to address barriers to volunteering for individuals eg low confidence, travel and lack of awareness about potential roles - Limitations to ongoing support and coaching whilst an individual is undertaking a placement.

4.3.3 Intervention: Promoting adult education programmes, including with a focus on self-management

Evidence of need	Self-management is at the core of effective treatment for LTCs – but this is significantly limited by poor mental health, which can reduce the motivation and energy needed to comply with treatment plans. Undertaking part-time adult learning has been found to lead to better social relationships and greater likelihood of volunteering on a regular basis, and is particularly suitable for people not yet ready to participate in working full time.
Interventions	Recovery colleges were first established in the UK seven years ago and there are now almost 40 in operation worldwide. Many UK recovery colleges are members of Implementing Recovery through Organisational Change (ImROC), through which they share good practice. Rinaldi and Wybourn (2011) reported that 18 months after first attending college, almost 70% of students surveyed had become mainstream students, gained employment or started volunteering.
Summary/ Opportunity for GSTTC to play a unique role	We have set out SLaM Recovery College below as a case study project that GSTTC could support, as it has several positive outcomes: • People can take part in learning that also promotes acceptance and self-management of mental health conditions • People living with LTCs are able to harness their lived experience as expertise and capability, rather than a hindrance to engaging in purposeful activities • People are able to progress from learning to volunteering/employment, from attending classes to helping to design and lead courses as peer trainers GSTTC could also consider designing further courses to include living with MLTCs.

Case study: SLaM Recovery College

Evidence (RAG)	Potential reach	Time to set up (RAG)	Conditions
Yes	Southwark/Lambeth (based in Camberwell)	Already operating	Mental health

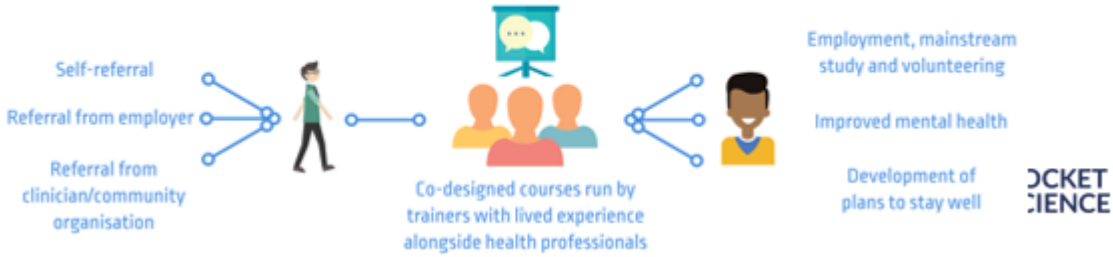
Description

Recovery colleges use education to help those with mental health conditions to develop skills and confidence. The curriculum is co-produced by peers and staff

Key evidence

- Undertaking part-time adult learning leads to improvements in health, better social relationships and greater likelihood of volunteering on a regular basis (Fujiwara, 2012)
- Adult community learners have described reduced stress, improvements to mental health, increased confidence and increased motivation to improve their health (Cain et al., 2017)
- Recovery courses delivered by mental health practitioners and peer trainers have helped students to feel more hopeful, develop plans for staying well and become mainstream students, gain employment or become a volunteer (Perkins et al., 2012)
- Peer support within mental health services has been shown to be effective (Repper & Carter, 2011)

Participant journey



Recommendations

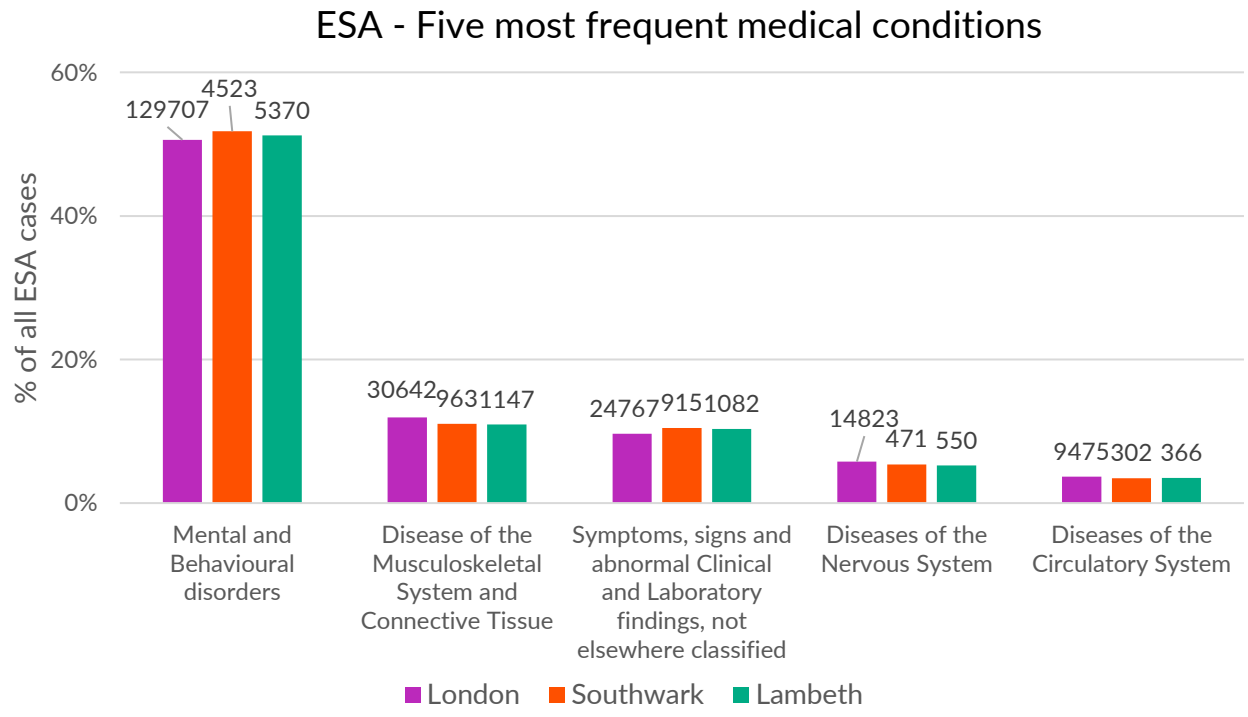
- The SLaM Recovery College is currently providing a range of courses and workshops to increase individuals' knowledge and skills in recovery and self-management across various South London venues – learning from this model of support can be usefully expanded to other adult learning provision in Southwark and Lambeth
- While the focus of Recovery Colleges is on mental health, this format of peer support and teaching could be applied to other long-term conditions
- A directory of opportunities for adult learning in Southwark and Lambeth could be developed for circulation amongst employers and employees

Enabling factors	Inhibiting factors
- Co-production of planning, operation and curriculum between people with personal and professional experience of mental health problems - Having a physical base - Being open to everyone and not turning people away - Having a member of staff that helps students to develop individual learning plans - Developing a welcoming physical environment that conveys messages of hope and empowerment - Celebrating achievements - Opportunities for peer support through peer trainers and other students	- Students being told which courses are 'good for them' rather than having choice from a prospectus - A focus on problems and shortcomings rather than success and possibility - Division between experts as 'prescribers' and students as 'passive recipients' - Colleges replacing specialist assessment and treatment

4.4 Testing condition management across LTCs

4.4.1 Summary of evidence base

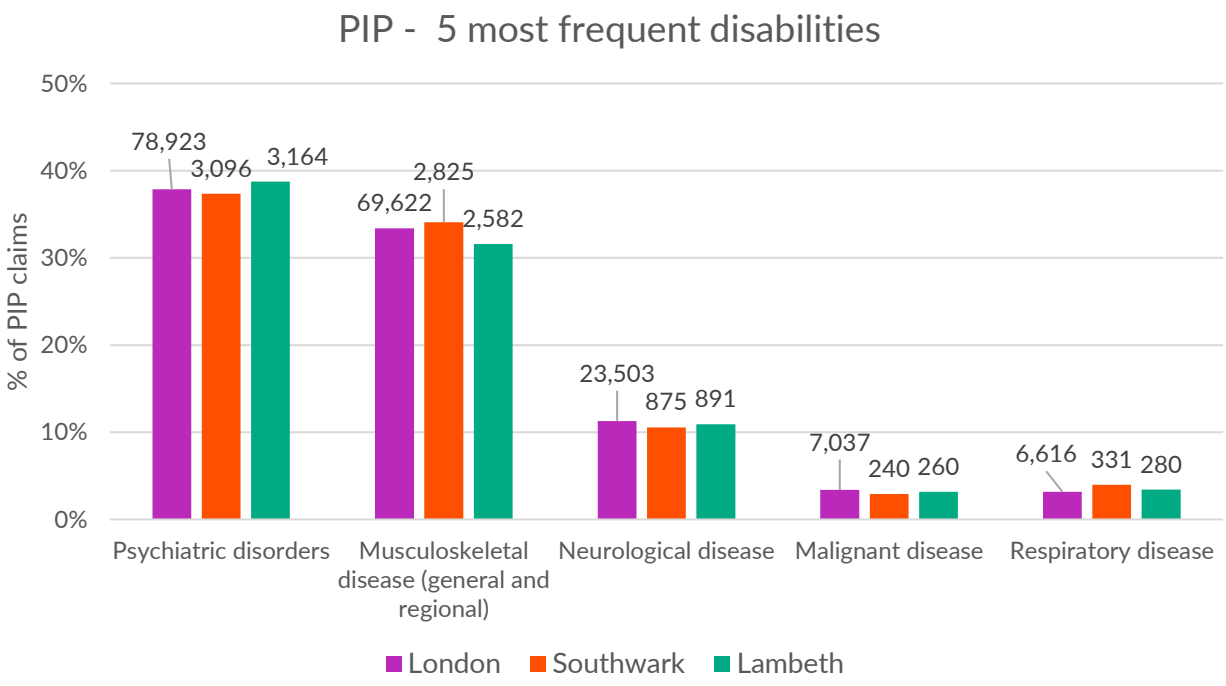
- A SROI (social return on investment) analysis of the Expert Patient Programme found that its most prevalent outcomes related to work were engagement in further education (36%), engagement in volunteering (24%) and positive employment-related outcomes (25%). For every £1 invested, approximately £6.50 of social value was created (Kennedy et al 2011)
- The evaluation of Mind's 'Building a Healthy Future' programme cites data from the World Health Surveys indicate that people with two or more LTC are seven times more likely to have depression than people without a long-term condition (Moussavi et al 2007). Their programme, piloted between 2014 and 2016, was designed to build resilience and boost mental health in people with a LTC. The programme was found to demonstrate sustained improvements in participants' resilience, wellbeing, social support, self-efficacy, problem-solving, and confidence to manage their LTC (Robinson et al 2016).



According to ESA data for Lambeth and Southwark, over 50% of claims were associated with mental and behavioural disorders. There is already a great deal of work happening around mental health which is right given the scale of the problem and often linked to LTCs including obesity. There is some emerging evidence around MSK, but less so for some of the other conditions relevant to the boroughs; heart conditions, obesity, diabetes, respiratory diseases. We recommend a focus on these conditions to gain better understanding of the causal relationship between worsening of an LTC and

getting another and how improved self-management can mitigate this. Typical examples might be mental health and obesity, obesity and diabetes, diabetes and mental health.

PIP claims data could also be used to target cohorts: in January 2019, there were 8,123 claims in Lambeth and 8,299 claims in Southwark. Psychiatric disorders and MSK conditions are the most frequent disabilities associated with PIP claims in Southwark and Lambeth. However, there is variation in reporting of conditions between different agencies. This might be an area for further review and study to support better targeting and reporting between commissioners.



As part of GSTTC's wider MLTC programme, the charity has developed cohorts to be targeted through the purposeful activity approach. We have been also been guided by their segmentation strategy in finalising the recommendations, which focuses on the following conditions, risk factors and geographical areas:

- Gateway conditions: Drug use, chronic pain, coronary heart disease and diabetes – conditions which drive increased MLTC in deprived areas
- Risk factors: Smoking, hypertension, moderate obesity are three known powerful predictors for progression
- Geography: Residents living in deprived areas which either have a high deprivation score, or are in one of GSTT's four neighbourhood schemes in Lambeth and Southwark

Intervention	Target beneficiaries
Offering specialised programme to increase resilience	People with LTCs who need to improve confidence and motivation to self-manage, particularly people living with diabetes
Supporting industry-wide campaigns to increase awareness and conversation about specific conditions	People working in industries likely to impact on physical and mental health

4.4.2 Intervention: Offering specialised programmes to increase resilience

Evidence of need	Diabetes has been found to be the most common LTC from which people develop MLTCs in Lambeth and Southwark. Diabetes UK finds that self-management education helps people to stay healthy and prevent costly complications, but very few people with diabetes attend such a course. Both Black and Asian groups are over-represented in the total MLTCs patient group in Lambeth and Southwark; diabetes is found up to 6 times more in people of South Asian descent than in Europeans.
Interventions	A systematic review of studies found five common clusters of statements on what those with diabetes need to stay in work: The ability to accept and cope with diabetes; Supportive health professionals; Supportive work environment; Work adaptations; and Good information. Patients emphasises the importance of emotional acceptance of the condition and communication with colleagues, while professionals emphasized the patient's capacity for self-care/self-management.
Summary/ Opportunity for GSTTC to play a unique role	As one of the most prevalent LTCs in Southwark and Lambeth, we think that it is important to focus some of your interventions on this specific condition, particularly as this could generate evidence around using purposeful activities to slow progression from diabetes to MLTCs. We think that replicating the MIND resilience study, which has been tested and shown positive impact, for BAME people living with diabetes offers an opportunity to generate bespoke evidence on what works for these groups and understand any potential barriers that particular groups may face in accessing such courses. We have also set out case studies around evidenced education programmes for people living with diabetes.

Case study: Mind - Building a Healthy Future Programme

Evidence (RAG)	Potential reach	Time to set up (RAG)	Conditions
Programme has been evaluated	Southwark/Lambeth	Already tested – could be easily replicated	Heart conditions, diabetes, arthritis

Description

Six week course to improve wellbeing, resilience and confidence to self-manage amongst people with heart conditions, diabetes, arthritis

Key evidence

- Course participants were found to have medium to large improvements in wellbeing, problem solving and achieving goals, social support, management of LTC
- There is an association between resilience and quality of physical and mental wellbeing (Fernanda Cal et al., 2015)
- People with two or more LTCs are seven times more likely to have depression than people without a long-term condition (Moussavi et al., 2007).
- Self-management is at the core of effective treatment for LTCs – but this is significantly limited by poor mental health, which can reduce the motivation and energy needed to comply with treatment plans (DiMatteo et al., 2000).

Participant journey

ROCKET SCIENCE

Recommendations

- The Mind Building a Healthy Future Programme could be implemented by the existing Lambeth & Southwark Mind (located in Brixton)
- Learning from existing programmes in Manchester and Birmingham can inform implementation in a Lambeth and Southwark context
- Various pathways into the service can be established e.g. signposting and referrals from employers, health and care professionals, community organisations and self-referrals

Enabling factors	Inhibiting factors
- Ensuring those attending are well-suited to the programme to improve retention rates - Regular follow-up sessions with programme participants after the course ends - Collection of data to demonstrate short, medium and longer term outcomes of programme implementation - Development of good relationships with local health and care professionals and networks - Opportunities for the development of peer relationships and support on the course - Creation of a course environment that is not intimidating e.g. through small cohorts.	- Limited programme staff and resources - Having a group with a very mixed level of need could make the course harder to facilitate and could undermine peer support between service users - Lack of clarity around course content and who the course is targeted at - Meeting recruitment targets acting as a barrier to direct course delivery - Drop-off in participant numbers.

4.4.3 Intervention: Supporting industry-wide campaigns to increase awareness and conversation about specific conditions

Evidence of need	Our evidence review showed that the impact of unemployment is not equal across demographics, and suggested that men and people with blue-collar jobs experience more distress when unemployed than women and people with white-collar jobs. People in occupations that don't require any education after secondary school are also found to be at a higher risk of suicide. The construction industry is male-dominated and its employees also experience high levels of risk, accidents, chronic pain, MSK and substance misuse, particularly alcohol and smoking. Due to the low-skilled, physically taxing nature of the work, this cohort is at risk of developing multiple LTCs and becoming unable to continue with work due to disability.
Interventions	There is increasing work within the construction industry to provide support to workers. There is also growing evidence that there may be a need to look at mental health and related support services through a 'male lens' as men tend to find it harder to engage.
Summary/ Opportunity for GSTTC to play a unique role	Workers in construction are at risk of developing LTCs affecting both their mental health and physical health - through high-risk, sometimes precarious work, and if injury leads to later inability to work. As people with lower skill levels can find it harder to re-enter work if they need to change industries, we think there is an opportunity for GSTTC to contribute not just to supporting mental health in the industry (e.g. our case study below) but to capture evidence around early interventions for people at risk of, and helping them to avoid, developing MLTCs and unemployment.

Case study: Mates in Mind

Evidence (RAG)	Potential reach	Time to set up (RAG)	Conditions
Emerging	Southwark/Lambeth and nationwide	Already operating (Mates in Mind) To set up new campaign – longer term	Mental health with potential for other conditions

Description

Industry-wide campaigns seek to raise awareness about particular conditions, reduce stigma and improve employees' health and wellbeing

Key evidence

- The risk of suicide amongst low-skilled male labourers, particularly those working in construction roles was three times higher than the male national average (ONS 2017)
- Over a third of surveyed construction workers had experienced a mental health condition in the past 12 months (Randstad 2017)
- 16% of surveyed employees across industries felt comfortable to disclose a mental health issue to their manager or HR department (Business in the Community 2018)
- Population based social marketing campaigns have been shown to be an effective way to reduce stigma around mental health (Sampogna et al 2017)

Participant journey

ROCKET SCIENCE

Case study: Mates in Mind

Recommendations

- Partnerships could be developed between organisations with an industry overview (eg large employers) and health condition-focused organisations (eg Versus Arthritis)
- Using channels of communication which are most frequently used by target beneficiaries to circulate condition-specific information and resources
- Providing tailored support, training and resources to employers
- Ensuring that campaign messages include routes to further information and services.

Enabling factors	Inhibiting factors
- Having a specific industry and condition focus - Creating coalitions that allow employers, representative industry bodies and condition-related organisations to shape the direction of the campaign - Providing training to employers around health awareness and promotion (including to SMEs) - Ensuring that routes into additional support and services are publicised via campaign messages - Using the campaign to recognise and promote examples of good practice implemented by employers eg using workplace 'champions' for mental health	- Campaign messages being 'top down' ie being developed without consulting employees and managers of all levels - Failure to link overarching health awareness messages with training and policy change in workplaces - Communication which is not accessible for target groups eg language or type of media used

Key features of good practice:

A Work Foundation Report (2016) found that certain health conditions are more likely to affect women or men at different stages of their lives. While many approaches to preventing MLTCs can be usefully implemented across industries and client groups, it can be beneficial to adopt tailored gender- or age-specific approaches. Men, for example, are more likely to do physically dangerous work, be more reluctant to engage with health services and engage in risky behaviours such as problem alcohol and drug use.

Males groups at risk of adverse health and health-related outcomes include: unemployed men, men aged 45-59, men working in high-risk occupational sectors eg construction, BAME men, GBT+ men and homeless men.

Looking at health through a 'male lens':

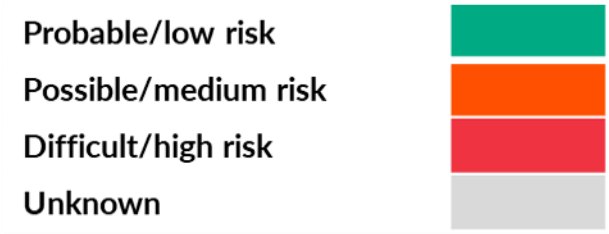
- Terms like 'mental ill health' carry connotations that can alienate men and therefore services can usefully be promoted as general health services (ie physical and mental rather than just mental health)
- Employers can be encouraged to think about the likely impact of work in their sector on employees
- Targeted health campaigns in predominantly male settings (eg male-dominated workplaces) should be prioritised
- Mental health services' marketing should be redesigned in ways that resonate with men; avoiding use of terms that are alienating to men
- New research should be commissioned to build the evidence on the causes of poor mental health and suicide in men, especially for high-risk groups.

5. Conclusion

The interventions selected all could be relevant to Lambeth and Southwark, having an impact on both conditions and an individual. The challenge is around focusing these down into those that could practically be implemented, generate new or complementary evidence and fit within the national and local policy and delivery picture. We have already recommended that GSTTC adopt a test and learn approach, which affords them greater scope to take more of a risk for interventions they are most interested in.

It is also important to recognise that there is a lot of complementary evidence being delivered through other initiatives and programmes. Our first recommendation would be to focus on conditions other than mental health. There is a lot of other work developing in this area. However we do think there is scope to focus down on certain mental health conditions such as personality disorders or how progression to mental health condition could be stopped or slowed down through better condition management.

Below, we have assessed the interventions on our judgement as to whether they are possible areas of investment for GSTTC
We have looked at rating this using the following coding:



Against criteria of potential alignment to condition and impact on individual, influencing or enabling system/employer change, influence on national policy, potential risk and filling an evidence gap. The following four slides show these ratings.

Intervention/cohort	Aligned to with priority condition	Potential impact on individual	Enabling system or employer change	Level of risk i.e. new vs tested	Potential to influence national policy	Meeting an evidence gap
1. Facilitating return to work e.g. phased returns, paid work trials and fixed term placements	Nonspecific to condition	High but need evidence of long-term impact	Possible through changing design of employment programmes	Examples of what has worked in other areas – needs testing locally	Possible but might need high level of evidence (Nesta 4-5) – high cost	Developing evidence - needs to be linked to non-mental health LTCs
2. **Expanding access to volunteering opportunities**	Nonspecific to condition	High and could focus on those furthest from labour market	Differentiation between social prescribing and difficult to sustain funding	Examples of volunteering and peer to peer support in combination	Given range of studies re volunteering – this would need to clearly link to long term health benefits	Evidence exists about volunteering and wellbeing. Gap in using this to manage LTCs

3. Support for alternative forms of employment offering flexibility for PLTCs	Nonspecific to condition but could be for more complex health	High and focus on those where traditional work is out of reach	Potential to influence design of programmes supporting self-employment	Is a relatively new area and requires specialist support	Lots of interest around self-employment and future of work	Clear gap in evidence
4. Guidance for managers on talking about health with employees and creating supportive environments	Not specific to cohorts but could be for certain ones ie obesity or diabetes to tackle bias	High but would need to be tracked to measure extent to which this results in retention	Could be a focus on prevention and early intervention	Evidence is developing and lots of focus already on mental health	Difficult to evidence without committed employers	Yes, although focus has been mainly on mental health so far

5. Peer support/mentoring programme for work environment	Not specific to conditions and being tested in mental health	High but need to ensure targeting of cohort	Possible but a new area of work that is in development	Currently being tested in other programmes but mental health focused	Difficult to evidence without committed employers	Possible although similar work is being done in this area
6. Adult education, including with a focus on recovery and self-management	Already aligned with mental health opportunity to test another	High and improving other aspects of wellbeing ie isolation	Possible and could be used for people already off sick but need return to work support	Already tested within mental health and replicable to others	Developing policy around impact of personal resilience opportunity to test in health	Yes, important to use as an opportunity to test long term impact
7. Programme to increase resilience and improve confidence for self-management	Evidence that this works in managing diabetes and MSK	High in terms of short-term behaviour change	Unknown as this is a focus on the individual	Low risk and already assessed as example deep dive to apply in area	Possible depending on whether can be built into	Yes, if designed as part of a longer-term intervention

					employment programmes	for long term tracking
8. Condition-specific education programmes based on what works	Aligned with diabetes and already delivered in the area to groups	High around self-management and people needing workplace advice or accessible support	Unknown as this is a focus on the individual	Already tested with diabetes, opportunity to extend	Possible but appears to be place focused, would need a larger study	Yes, although operating no evidence of impact on condition management
9. Industry-wide campaigns to increase awareness and conversation about specific conditions	Aligned with mental health	Unknown as is focused on employers	Possible this are already being tested in other programmes	High cost to implement and not specific to area	Difficult as this a focus on employer change	Possible although there are similar studies due to report soon
10. Gender- or age-specific approaches to health promotion at work	Nonspecific to condition	High but could be difficult to	Possible but would need to have employer	This would be challenging unless	Difficult as this is linked to employer change	Increase in interest in dynamics of ageing

		measure if not tracked	buy-in to test and track	committed employers		impact and working beyond retirement
11. Anti-discrimination training for employers	Nonspecific to condition or cohort	High but difficult to evidence	Possible but would need to be part of a wider programme of support and over a longer period of time	This is risky given that it relies on honest disclosure by employers	Difficult as in linked to employer change and legislated for	Clear gap in evidence of what works- could be integrated into other forms of support

Report authors:

Caroline Masundire, Associate Director
Caroline.masundire@rocketsciencelab.co.uk

Charlotte Wu, Senior Consultant
Dina Papamichael, Consultant
Cristiana Orlando, Consultant

Offices:

Edinburgh
T: 0131 226 4949 2 Melville Street, Edinburgh EH3 7NS

London
T: 0207 253 6289 70 Cowcross Street, London EC1M 6EJ

North East England
T: 07824 592827 34a Bridge Street, Morpeth, NE16 1EL

www.rocketsciencelab.co.uk

ROCKET SCIENCE