

**SKILLS & EMPLOYMENT BOARD**

**6 January 2020**

**Health Led Trial, next steps**

**Purpose of Report**

The paper and accompanying presentation provides Board members with the following:

- An understanding of the client group engaging with the trial
- A sense of the likely outcomes from the trial in advance of the research outcomes in 2021/22
- Thoughts on next steps

**Thematic Priority**

Develop the SCR skills base, labour mobility and education performance

**Freedom of Information**

This paper will be made available under the MCA transparency scheme

**Recommendations**

That Board Members:

Note the contents of the report and presentation and consider how this work can be developed further as the trial ends in October 2020.

**1. Introduction**

- 1.1** Established by the Work and Health Unit in response to the Work and Health Green Paper, the Health Led Employment Trial (The Trial) is the largest social research trial of its kind in the UK. The objective of the trial is to test whether employment support outcomes for people with health issues are improved if employment services are delivered in a health setting rather than through traditional DWP settings. Sheffield City Region is one of two sites, the other being in the West Midlands Combined Authority (WMCA) area.
- 1.2** Following Governance approval at the MCA and the previous Skills and Employment Executive Board, the trial commenced delivery in May 2018. The referral window for the trial closed at the end of October 2019, and delivery will conclude at the end of October 2020 thus allowing for those residents receiving the service. who joined in October 2019 to receive their entitled 12 months of support.

- 1.3 The outcome from the research will be captured in a nationally commissioned Full Impact and Economic Assessment. This evaluation will include the qualitative evidence to form an assessment of the impact and effectiveness of IPS for the target groups and will aggregate the findings from SCR and the West Midlands. Locally, Sheffield Hallam University are collecting early lessons learnt from the SCR trial. This will report back in the New Year.

## 2. Proposal and justification

- 2.1 **The SCR programme** was to take a proven employment support model, Individual Placement and Support (IPS), which most commonly works with people with severe mental health issues, and to modify it to deliver at a greater scale. The aim was to see if the same level of results can be achieved for people with more common mental and physical health challenges.

### **The 8 Principles of the Individual Placement and Support (IPS) Model are:**

1. To get people into competitive employment
2. Open to all those who want to work
3. To find jobs consistent with people's preferences
4. Speed of support - using a 'place' then 'train' model, quickly activating job search alongside delivery of work, health and wider support needs
5. IPS Employment Specialists placed into clinical teams
6. IPS Employment Specialists develop relationships with employers to seek opportunities based upon a person's work preferences
7. Provision of time unlimited, individualised support for the person and their employer

Access to specialist benefits counselling was included.

- 2.2 During the referral window (May 2018-October 31<sup>st</sup>, 2019), 6117 participants agreed to take part, with 50% receiving the established service and 50% receiving the modified IPS service. This approach was made clear to all participants prior to them signing up for the trial.

Key headlines include:

- **Participation in the trial is broken down 58% unemployed, 42% in work and struggling on joining the trial**, this was a much stronger interest from employed participants than anticipated.
- **Across all participants 18% have a degree, 45.6% are qualified to Level 3 and above, 71% are qualified to level 2 and above.**
- **The highest participant group is the 50-54-year olds at 13% of all participants.** This correlates with health conditions increasing with age and perhaps an increasing awareness of them as an obstacle.
- **Over 87% of participants are white.** Although in line with ethnicity demographics in the Region - partners believe with some ethnic groups where discussion of mental health issues is culturally sensitive although strong work was started in community settings through the trial, more could be done to address this.
- **The average trial participant identifies with having 6 separate health conditions**, the most one person identified was 16, stress, anxiety and back and neck problems ranking the highest.
- **SCR GP's referred 18% of participants** in the West Midlands this was 15%.
- **Hospital referrals were significant at 25%** in the West Midlands this was 4.3%. SCR health stakeholders increasingly recognise the value of work as a health outcome, evidenced in the high levels of health referrals.
- **342 formerly unemployed participants receiving the IPS service being tested, have successfully competed for and secured a job they wanted** – a review of job preferences for this group appear to be driven by a desire for flexibility in working hours.

**2.3** Alongside the tangible metrics and outcomes, through the trial, we were seeking to affect cultural changes in the approach to service delivery. There are some early indications of success coming as a result of the partnership approach to the co-design and delivery of the trial. Anecdotal evidence from key stakeholders suggests that continuation of service of this type would be welcomed by residents and referring agencies in the SCR. Successes to date are detailed below:

**2.3.1 5 well established Local Integration Boards across the SCR, held up as national good practice.** Driven by Local Authorities in each area, Derbyshire being the fifth and involving partners such as health stakeholders (CCGs, GP's, Support Workers), colleges, providers and the Third Sector, these Integration Boards have been scrutinising support pathways for vulnerable groups which are resulting in system changes leading to better services for disadvantaged groups.

**2.3.2 Working with health partners at senior and operational levels in the design the trial has ensured high levels of engagement in the delivery of the service.** This has ensured that the service is well integrated, has maximised value for money and has achieved a good level of credibility evidenced in the referral volumes and feedback. Specific impacts include:

- **Work is now recognised as a health outcome** across the ICS, this means health professionals are discussing employment in clinical conversations ensuring those who can stay in work do as its proven to be more beneficial for the majority of people (depending on individual circumstances).
- **The ICS working with Local Authorities and other partners have successfully bid to run a successor programme of support**, like the Trial, but focusing support on individuals with severe mental health conditions. This has built upon the considerable development work done for the trial and has utilised early learning to continually improve and target provision.
- **SCR had significantly greater success in achieving strong referral numbers from GP's and Hospitals.** Feedback from GPs is very positive about the ability to refer patients into this level of support and a strong desire for a successor to this work. As a result, Greater Manchester have been in touch to learn from us in order to replicate with their programmes.

**2.3.3 Offer of in-work employment, skills and health support is attractive to employers and employees.** The service received a greater demand from employers and employed residents than forecasted, we also believe this support will evidence that people have managed to sustain work rather than prolonging sickness absence or leaving.

**2.3.4 The delivery of the service and the clear structure of the IPS model of support,** which blends a strength-based model of work placement (defined as finding the opportunity that most strongly matches the skills, talents and motivation of the individual) with rapid progress into work and ongoing support has received very positive feedback from participants and referring partners. The feedback suggests that this should be embedded in future local service design.

**2.3.5 Underpinning the service with a strong well-recognised brand and marketing,** we believe the independent brand alongside a trusted logo (NHS) has supported the attractiveness of the programme to health professionals and community members who associated DWP and LA brands with enforcement activities in some instances, particularly around benefits. Feedback from stakeholders suggest this is well identified and should be retained by us as an umbrella brand for future support in this area enabling us to retain engagement in support of this type.

### 3. Consideration of alternative approaches

- 3.1** The Health Led Trial is classified as a social policy trial subject to Health Research Authority clearance. A robust design and commissioning process included a detailed exploration of design and delivery options and research ethics, and equalities, health and data management impact analysis. Through the lessons learnt work and the formal evaluation consideration can be given to changes if a future programme was commissioned.

### 4. Implications

#### 4.1 Financial

The trial was fully funded via the Work and Health Unit as is the evaluation. There are no financial implications once the trial concludes. Part of the evaluation will consider the cost of delivery of the service to inform future planning.

#### 4.2 Legal

There are no legal implications to this paper.

#### 4.3 Risk Management

Risk management was a key feature of the detailed planning work with the Work and Health unit, which included medical ethics evaluations. There were delivery risks that were closely monitored throughout the duration of the Trial between the SCR, the CCG and the South Yorkshire Housing, who were procured to deliver the service.

#### 4.4 Equality, Diversity and Social Inclusion

An equalities impact assessment was undertaken. The trial has received approval by the Research Ethics Committee of the Medical Research Council and is delivered within those values and judgements. The performance of the trial is monitored against a series of indicators enabling us to ensure all who can participate are able to.

### 5. Communications

- 5.1** The Trial has a comprehensive communications and marketing plan. All activity is signed off and approved by the Medical Research Committee.

### 6. Appendices/Annexes

NONE

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Background papers used in the preparation of this report are available for inspection at: 11 Broad Street West, Sheffield S1 2BQ

Other sources and references:

- [www.workingwin.com](http://www.workingwin.com)
- <https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives/work-health-and-disability-green-paper-improving-lives>
- <https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives>
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