

| | |
|---------------------------|---|
| | <u>Agenda Item: 5</u> |
| Report to: | Birmingham Health & Wellbeing Board |
| Date: | 29th January 2019 |
| TITLE: | INCREASING EMPLOYMENT/ MEANINGFUL ACTIVITY MENTAL HEALTH RECOVERY AND EMPLOYMENT |
| Organisation | BSol CCG |
| Presenting Officer | Joanne Carney |

| | |
|---------------------|---------------|
| Report Type: | Update |
|---------------------|---------------|

| |
|---|
| 1. Purpose: |
| The purpose of this report is to provide a further update on the IPS (Individual placement Support) element of the Mental Health Recovery and Employment Service (MHRE) and to seek future support from the board |

| | | |
|--------------------------|---|---|
| 2. Implications: | | |
| BHWB Strategy Priorities | Detect and Prevent Adverse Childhood Experiences | |
| | All children in permanent housing | |
| | Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments) | |
| | Increasing employment/ meaningful activity and stable accommodation for those with mental health problems | MHRE provides a nationally recognised full fidelity Individual Placement and Support (IPS) Service. |

| | | |
|--|--|--|
| | Improving stable and independent accommodation for those learning disability | |
| | Improve the wellbeing of those with multiple complex needs | |
| | Improve air quality | |
| | Increased mental wellbeing in the workplace | |
| Joint Strategic Needs Assessment | | |
| Joint Commissioning and Service Integration | | |
| Maximising transfer of Public Health functions | | |
| Financial | | |
| Patient and Public Involvement | | |
| Early Intervention | | |
| Prevention | | |

3. Recommendations

- 3.1 A paper was presented to the board in September 2018, which provided an update on the Mental Health Recovery and Employment Service (MHRE), which provides Individual Placement and Support (IPS) for individuals aged over 18 who have a mental illness or recognised mental health issue. Following that meeting the board requested a further update on the service and also to highlight any support required from the board
- 3.2 An outline of the support that would be welcomed from the board is highlighted below:
- 3.2.1 Health and Wellbeing Board (HWB) members become champions of Mental Health Employment and demonstrate corporate commitment by actively promoting and supporting employment opportunities for people with SMI within their organisations through the IPS programme.
- 3.2.2 To ensure that IPS remains a priority for the HWB, the programme will provide updates twice a year.
- 3.2.3 HWB DWP representative commits to working with local provider to ensure

the early identification of individuals who meet the criteria for IPS support (through job centre plus pathways).

- 3.2.4 To endorse the development of IPS provision a member of the HWB to attend the IPS Employers forum. This group meets on a quarterly basis.
- 3.2.5 HWB members work with their respective communication teams to activity promote and support IPS. Members of the Board to raise awareness of MHRE by promoting the service on corporate websites and through social media.

4. Background

- 4.1 The Mental Health Recovery and Employment service offers an integrated method for delivering mental health recovery services to patients. It is closely aligned to community mental health services providing enhanced support to people within and stepping down from secondary care. The programme will provide an evidence based approach to employment support in line with the requirement of the 5 Year Forward View, which states that all CCG's must commission Individual Placement Support services to support people into employment by 2020/21
- 4.2 The MHRE offers a full fidelity Individual Placement Support service for individuals aged over 18 who have a mental illness or recognised mental health issue that is integrated into local community mental health services within Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) and Forward Thinking Birmingham (FTB) hubs.
- 4.3 The service is commissioned by the JCT and began operating in April 2018. MHRE has been commissioned on a consortium basis. Better Pathways are the prime provider of the service and offer specialist IPS and Employment support within the service, while MIND and Creative Support are sub-contractors and provide the recovery element of the contract.
- 4.4 The IPS service provided by Better Pathways is nationally accredited as a Full Fidelity IPS service and follows 8 fidelity principles, these are:
 - 1. Every person with severe mental illness who wants to work is eligible for IPS supported employment.
 - 2. Employment services are integrated with mental health treatment services.
 - 3. Competitive employment is the goal.
 - 4. Personalized benefits counselling is provided.
 - 5. The job searches starts as soon as possible after a person expresses interest in working.

| | |
|------------|--|
| | <ol style="list-style-type: none"> 6. Employment specialists systematically develop relationships with employers based upon their client's preferences. 7. Job supports are continuous. 8. Client preferences are honoured. |
| <p>4.5</p> | <p>To achieve Full Fidelity accreditation, the service has demonstrated compliance with a number of Fidelity targets, for example:</p> <ul style="list-style-type: none"> • Caseload size - The maximum active caseload for any full-time employment specialist is 20 or fewer active clients • Employment services staff - Employment specialists provide only employment services and do not provide mental health case management services • Vocational generalists - Employment specialist carries out all phases of employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along support before step down to less intensive employment support from another MH practitioner and/or peer support. • Integration of supported employment with mental health treatment through team assignment - Employment Advisors are integrated with Community Mental Health teams and FTBs Community Hubs • Zero Exclusion - All clients interested in working have access to supported employment services, regardless of job readiness factors, substance abuse, symptoms, history of violent behaviour, cognitive impairments, treatment non- adherence, and personal presentation • The Service demonstrates a focus on competitive employment- The MHRE KPI's focus on service user obtaining sustainable employment i.e. 13 weeks or more. |

| | |
|------------|--|
| <p>5.</p> | <p>Future development</p> |
| <p>5.1</p> | <p>The service has now been operational since April 2018. Activity data shows the number of job starts and the number of individuals gaining sustainable employment 13 weeks and above, that have been achieved to date.</p> |
| | <p>5.2 The latest figures up to the end of November 2018 show that 58 individuals have started work since the service began with 20 of those in sustainable employment (13 weeks or above).</p> |

- 5.3 An application was made to NHS England Wave 2 IPS Funding on 8th December and is currently under consideration. It is our intention to use the funding to extend the Better Pathways service (currently provided in Birmingham) to Solihull, Embed IPS staff with EIP teams and expand the scope of the service. This will ensure that we not only provide an equitable service across Birmingham and Solihull STP, but also improve employment outcomes for individuals on the SMI register.
- 5.4 The intention is to reach more people through different referral sources:
- Through primary care network, by seeking GP referrals for people on the SMI Register.
 - Working with existing networks, contacts, and colleagues within Job Centre Plus to receive referrals from the ESA Customer Group, who meet the eligibility criteria
 - Through Work and Health Programme - hubs are emerging and we will be looking to have a presence on a regular basis to source more eligible cross referrals to IPS. As these referrals emerge we will be cross checking with our secondary care colleagues to ensure that eligibility criteria and IPS Fidelity is met for each referral.

6. Compliance Issues

6.1 Strategy Implications

KPI's attached to the existing MHRE service will ensure that 500 service users will be in paid employment (reported under/over 16 hours per week and sustained for 13 weeks) over the next 3 financial years (120 in 2018/19, 190 in 2019/20 and 190 in 2020/21).

If the funding bid is successful, the expansion of IPS provision would ensure an additional 1120 people will receive support from IPS services across Birmingham and Solihull over the 2-year period (2019/20 and 2020/21), resulting in 381 people with SMI gaining sustainable employment of 13 weeks.

6.2 Governance & Delivery

The MHRE is monitored through the Primary Care and Community task and finish group. Updates are provided on a monthly basis, and issues or risk identified will be escalated to the Mental Health Programme Delivery Board.

6.3 Management Responsibility

The MHRE is commissioned by BSol CCG, through the Joint Commissioning team. The service is provided by Better Pathways, all monitoring data, information and performance KPI's are scrutinised by the JCT.

6. Risk Analysis

| Identified Risk | Likelihood | Impact | Actions to Manage Risk |
|---|-------------------|---------------|--|
| 1, Under the MHRE contract Individuals can be referred by a GP as long as the patient is on the practice SMI register. There is a risk that some individuals could instead be referred to Thrive Primary Care IPS randomised control trial commissioned by the West Midlands Combined Authority. This would result in individuals not receiving any IPS services they are entitled to, especially if they are selected to be part of the control group. | Possible | Low | Birmingham referral forms have been amended to ensure that referring GP's identify SMI |
| 2, There is a risk of a delay in GP's confirming to providers that individuals are on the SMI register. This could result in a | Possible | Low | Information clarifying the referral process to be sent to GP practices |

| | | | |
|---|----------|-----|---|
| <p>delay in individuals accessing the service.</p> <p>3, There has been an increase in referrals from Forward thinking Birmingham (FTB-under 25yrs), which could create a future surplus of referrals beyond the current targets.</p> | Possible | Low | <p>Further funding has been sought from NHSE to expand staffing levels.</p> |
|---|----------|-----|---|

Appendices

None