

	<u>Agenda Item: 5</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	4th September 2018
TITLE:	INCREASING EMPLOYMENT/ MEANINGFUL ACTIVITY MENTAL HEALTH RECOVERY AND EMPLOYMENT
Organisation	BSol CCG
Presenting Officer	Jo Carney, Associate Director for Joint Commissioning

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

1. Purpose:
To provide an update on the Individual Placement Support (IPS) element of the Mental Health Recovery and Employment Service (MHRE)

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 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

The new Mental Health Recovery and Employment Service (MHRE) began in April 2018. It is currently in the early stages of delivery. This means that although there have been a number of Job starts, sustainable employment figures will not be available until the end of quarter 2.

4. Background

The Mental Health Recovery and Employment service offers a more integrated way 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 a Full Fidelity evidence based approach to employment support in line with the requirement of the 5 Year Forward View, which states that all CCG must commission Individual Placement Support services to support people into employment by 2020/21

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 community mental health services within Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) and Forward Thinking Birmingham (FTB) hubs.

The service is commissioned by the JCT and began operating in April 2018. MHRE has been commissioned on a consortium basis. Better Pathways is 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.

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 soon after a person expresses interest in working.
6. Employment specialists systematically develop relationships with employers based upon their client's preferences.
7. Job supports are continuous.
8. Client preferences are honoured.

To achieve Full Fidelity accreditation, the service has demonstrated compliance with a number of Fidelity targets, for example:

- **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.

5. Future development

It is anticipated that NHS England wave 2 Funding will be released in the Autumn 2018. This funding is provided to extend or enhance existing services. Once released, it is the intention to bid for funding to enable the extension of IPS provision offer to Solihull.

6. Compliance Issues

6.1 Strategy Implications

KPI's attached to the 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)

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 refereed 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	1. 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 delay in individuals accessing the service.	Possible	Low	Information clarifying the referral process to be sent to GP practices

Appendices

1. Health and Wellbeing Strategy Update Report

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	