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Report authors: Andy Reeve, Senior Service Manager, Islington IPS employment service
Emily van de Pol, Divisional Director, Community Mental Health and Primary Care Division
Report of: Darren Summers, Director of Strategy & Business Development
Fol status: Report can be made public

Strategic priority supported: *Helping People to live well / Research and innovation*
Cultural pillars supported: *We value each other / We are empowered / We keep things simple / We are connected*

TITLE: Supported Employment in Primary Care: Islington Individual Placement Support Trial Update

Executive Summary

C&I are working with Islington CCG, Islington Council and NHS England to test the effectiveness of a primary-care based Individual Placement and Support (IPS) intervention.

This 24-month randomised controlled trial (RCT), seeks to support unemployed people with a health condition and/or disability into paid employment (not exclusively mental health conditions as is the norm for IPS services). Eligibility for the trial is **not** related to benefit status and participation is entirely voluntary.

C&I are commissioned to provide a high fidelity, adapted IPS service. The team need to secure circa 1,620 referrals to allow for 500 people using the IPS service and 500 people in the control arm.

Following some initial slippage mobilisation has progressed well. The team are well established and integrated into primary care, receiving the majority of their referrals from GPs and Primary Care Mental Health services (73% in total) and working from GP estate.

Performance against target referrals was initially strong but has fallen; this is further complicated by a higher than anticipated rate of drop-outs. Targets are being updated to account for this and an action plan implemented. The service has achieved 5 job outcomes with more pending. Service user feedback has been very positive.

Whilst there have been some challenges (GP estate, waiting times, complexities around running a research trial and not a 'normal' IPS service), these have been/are being resolved in collaboration with the CCG.

Recommendation to the Board

The Board of Directors to

- **CONSIDER** and **DISCUSS** the progress made over the past 9 months mobilising the Islington individual placement Support Trial.

Risk Implications

There is a risk that the service will not deliver the requisite number of referrals; this is being managed through an action plan and weekly liaison with the CCG.

There is a risk of protests/ negative publicity. Some GP practices who hosted "Islington's working better" job coaches, part of a previous initiative, were picketed. The IPS service is completely voluntary; no one is compelled to participate.

Finance Implications

The service is funded for 24 months. Staff are employed on fixed term contracts. There is no TUPE risk. If the model is successful the CCG may commission a primary care IPS service in which case there will be a procurement process.

Equality and Diversity Impact / Single Equalities Impact Assessment

An equality impact assessment was undertaken by the CCG. There have been no areas identified where there is expected to be an impact on equality based on race, gender, age, disability, religion and belief, sexual orientation, marital/civil partnership status, pregnancy and maternity or gender reassignment.

1. Introduction

C&I are working with Islington CCG, Islington Council and NHS England to test the effectiveness of a primary-care based Individual Placement and Support (IPS) intervention. This 24-month randomised controlled trial (RCT), seeks to support unemployed people with a health condition and/or disability into paid employment.

The service mobilised in January 2017. This report presents an overview of the model, the trial and progress made to date.

2. Individual Placement and Support

Individual Placement and Support (IPS) is a particular form of supported employment, which originated in the USA in the mid-90s. Since then, IPS has developed a strong evidence base demonstrating its effectiveness in supporting people with severe mental illness into employment.

More than 14 randomised controlled trials have been conducted across the world, including the UK. These have consistently demonstrated that IPS is more effective than other types of vocational rehabilitation. With IPS, competitive employment rates were significantly higher (61% compared with 27%), time to first job was 50% faster, average weeks worked per year were more than double, and pay was higher.

IPS services are usually delivered within secondary care, with employment specialists integrated within Community Mental Health Teams. There is a strong emphasis on client choice, and matching people with jobs and working environments that meet their wishes.

The methodology supports unemployed people with severe mental health conditions into employment, by following the 8 IPS best practice principles and the 25-point IPS Fidelity Scale which underpins them. The IPS best practice principles are:

1. Zero Exclusion;
2. Competitive employment is the goal;
3. Specialist integrated within the mental health treatment team;
4. Rapid Job Search;
5. Individual Job Preferences;
6. Employers are approached with the needs of individual in mind (new principle);
7. On-going time-unlimited support is provided; and
8. Personalised benefits counselling.

3. The Islington Context

Although overall unemployment in Islington is lower than the London average, there is a significant employment gap for people with a long term health condition. Islington has a high level of people living with long term conditions and the highest proportion of people in London on Employment Support Allowance (ESA). Local analysis found that over 2,000 Islington residents have been issued with seven or more Fit Notes over the last two years. Research has shown that the longer a person is off work sick the more likely they are to lose touch with the labour market (and suffer the associated negative impacts on health and well-being).

4. The Trial

The primary outcome being tested is the ability of the intervention to improve employment outcomes for this population.

A secondary outcome being tested is the ability of the intervention to improve people's wellbeing, and the impact on the number of GP appointments, A&E visits and prescription usage.

The Trial will add to the IPS evidence base because IPS services are usually delivered within secondary mental health settings, whereas in this trial:

- the context is primary/community care; and
- participants have a self-defined long term health condition and/or disability incorporating physical ill health, mental ill health, substance misuse, learning disability, sensory impairment and others.

Although the setting and patient group differs from the IPS norm, the Islington IPS Employment Service will adhere as closely as possible to IPS best practice principles (indeed if the service fails to deliver a high-fidelity IPS offer it will undermine the value of the research). In addition the available evidence shows that the more closely a service follows the IPS principles, the more job outcomes it achieves for its clients. A key element of the trial is therefore to develop a greater understanding of how IPS principles can be adapted to primary and community care settings (building from its established evidence base in secondary mental health services). This includes, crucially, how to integrate employment specialists with the relevant clinical teams and clinical pathways.

Health and employment are linked, with good employment having a positive impact on health, and health having a significant impact on a patient's ability to work. There is strong evidence that unemployment is generally harmful to health. Whilst an inappropriate or 'bad' job for a person can cause or exacerbate illness, evidence shows that appropriate work is good for a person's health and wellbeing as well as employment being the most important means of obtaining adequate economic resources which are essential for material wellbeing and participation in society (Waddell & Burton 2006; Rinaldi, Miller Perkins 2010). This is why best-practice IPS methodology places great importance on matching people with jobs appropriate to their wishes and needs

The aim is to recruit 1,000 trial participants, with 500 randomly allocated to receive the IPS service, and 500 to receive support from existing Islington employment services (the control group). This will provide the required statistical power to compare the two groups. The Behavioural Insights Team (BIT) have been commissioned to evaluate and write-up the trial

Eligibility for the trial is **not** related to benefit status. Participation is entirely voluntary and no personal data will be shared with DWP.

The figure overleaf demonstrates the patient journey through the trial.

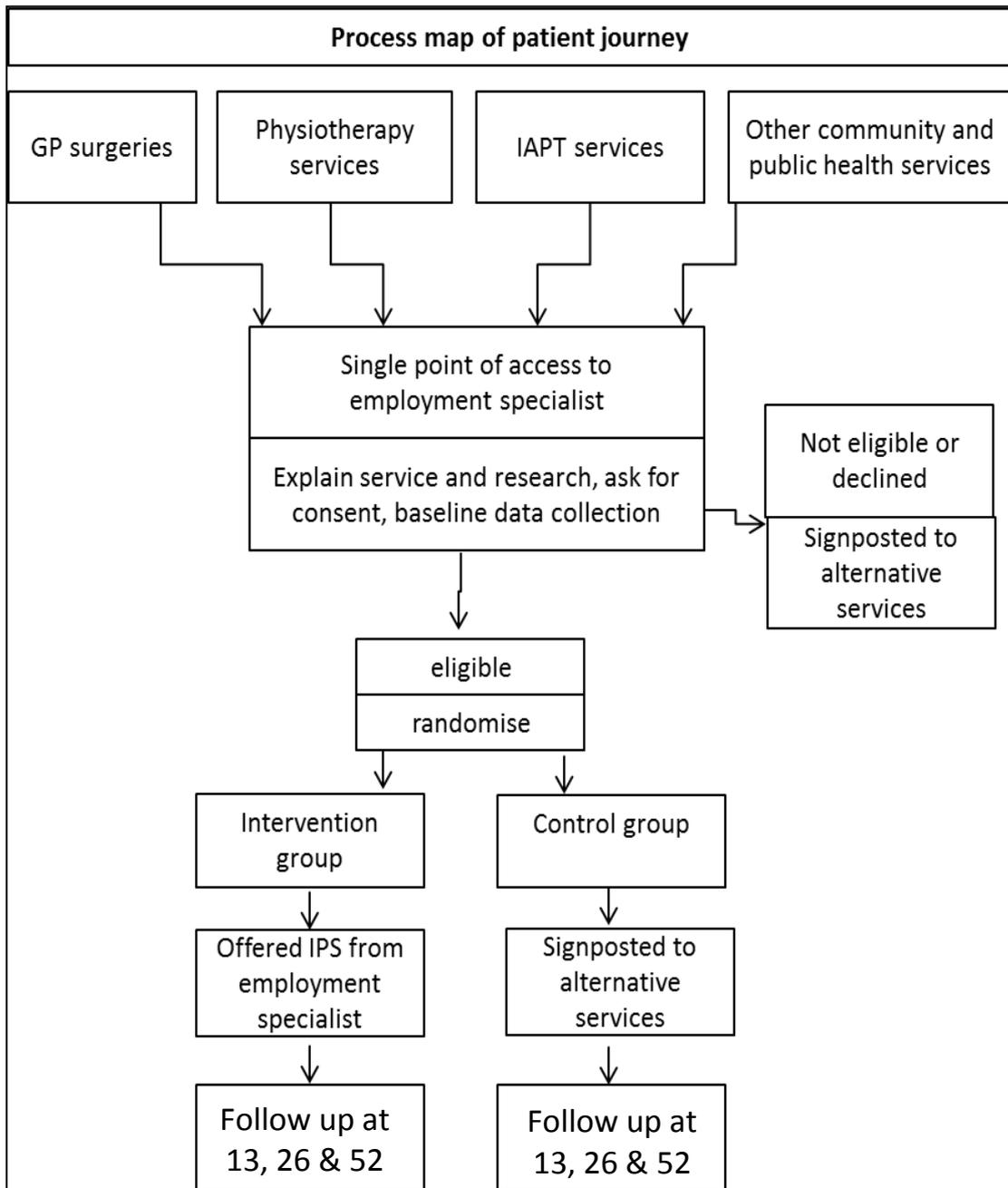


Figure 4:1 Patient Journey

5. Service Model

The IPS team is led by a Senior Service Manager with significant expertise in the model. He is supported by a team manager. In order to manage the activity required by the trial a total of 10 Employment Specialists will be required over the duration of the project with a staffing model that scales up to meet peak demand. Caseload size is an IPS fidelity issue and closely monitored; the maximum active caseload for any full-time employment specialist in secondary care is 20 or fewer active clients (c25 in primary care).

Referrals are being accepted for the first 18 months of the trial. The service accepts referrals from a number of sources. The primary referral source is via GPs who can refer via EMIS, however the service accepts referrals from a range of community services (including C&I where the patient receives most of their care from Primary Care for example IAPT; Practice Based Mental Health; outpatients) and self-referrals.

A key part of the IPS supported employment model is that employment specialists are integrated and co-located with the relevant clinical teams. Like caseload size, integration with primary care is an IPS fidelity issue. While the service has an administrative base on Trust premises, 'clinical' activity occurs in primary care and community settings and GP practices in particular. Employment Specialists are assigned to work with particular Islington GP localities and practices. All initial client contracts take place in a GP practice with follow-ups in a range of community settings including libraries, cafés etc.

6. Implementation to Date

Following some initial slippage (it was originally envisaged the service would 'go live' on 1 November 2016 however the C&I contract only commenced 1 October 2016 with significant pre-mobilisation work required) the implementation has progressed well. The trial went live in January 2017 and is now fully mobilised.

Between October 2016 and December 2016 essential pre-mobilisation tasks were completed, including creation of IPS service operational materials, development and testing of the trial database, initial contact with key stakeholders including delivering presentations to most practices and referral sources as part of the communications plan, securing space within GP practices, meeting with GPs and other potential referrers to generate demand, and creation of material.

Recruitment has been a key implementation task as employment support and the delivery of IPS as a provider was new to the Trust. An experienced senior service manager was appointed early on. There are currently 5 Employment Specialists and 1 Team Leader in post. The team are expanding to meet anticipated referral demand and to embed GP-integrated Employment Specialists throughout the Borough. 2 more Employment Specialists will start in July and 1 more in August.

The service has, to date, attracted a diverse range of staff some of whom have significant experience of employment support and the IPS model in particular and some of whom have transferable skills (e.g. Occupational Therapists; Welfare Rights Advisors/ Advocates, Clinical Support Workers).

The first Employment Specialist started on 9 January 2017 working in the North locality. The service opened for referrals at the same time. Initially 5 GP surgeries were involved, with more practices and referral routes opening up gradually until full mobilisation was reached on 6 February.

Currently, 32 of 33 GP surgeries have signed up to refer patients to the trial, and the service sees clients in 9 GP surgeries.

As noted above the service is locality based and Employment Specialists are currently integrated into the following practices, allowing patients to be close to home within a healthcare setting.

- **North** – Archway Medical Centre, the Beaumont Practice, The Rise Group, The Village Practice & St John’s Way.
- **Central** – No space currently (the service had space at Goodinge Group Practice however this is no longer available).
- **Southeast** – Mitchison Road Surgery
- **Southwest** – City Road Medical Centre, Killick Street Health Centre & Ritchie Street Group Practice.

7. Outcomes

The service has a suite of commissioned activity measures which are reported monthly. Highlights are reported overleaf.

After an initial very strong performance against incoming referral target, these have slowed. The rate of drop-out is higher than anticipated. Trial recruitment targets are being revised to reflect actual performance and what is required to deliver statistical power.

Measure:	Cumulative Performance: (January - end June'17)
Referrals	222 (Original target 260; Revised 242 ¹)
Dropped out (any reason)	87
Baseline (randomisation) meetings	92
IPS caseload	47 (45 active, 2 on hold for reasons of ill health)
Control group	41
Total participants	88
Employer contacts	117
Job applications	94
Job interviews	4 ³
Job outcomes ²	5 ³

Table 7:1 Reported outcomes

¹. The revised target adjusts future months to calculate how many referrals will be needed to ensure that each group IPS and control reaches 500. Due to variances in predicted vs actual dropout rates, 1,620 referrals are needed to ensure the group sizes (vs 1,300 original estimate).

². Job outcomes are counted once the person has started their job. The target is 47 job outcomes by end December 2017, and 159 by end December 18.

³ Clients do not always tell an IPS service about interviews/job outcomes

GPs are the most frequent source of referrals. Primary Care Mental Health Services and iCope in particular refer frequently. Self-referrals have proved a high referral source. Mid-June analysis of 30 self-referrals revealed that self-referrals heard about the service mostly from the IPS poster (20%), conversation with their GP (20%) and conversation with a mental health professional (20%). There is a robust and sustained communications and engagement plan in place to encourage further referrals. Drop-out data is being analysed (including referral source, condition, waiting times etc.) so that the service can devise and implement an appropriate action plan.

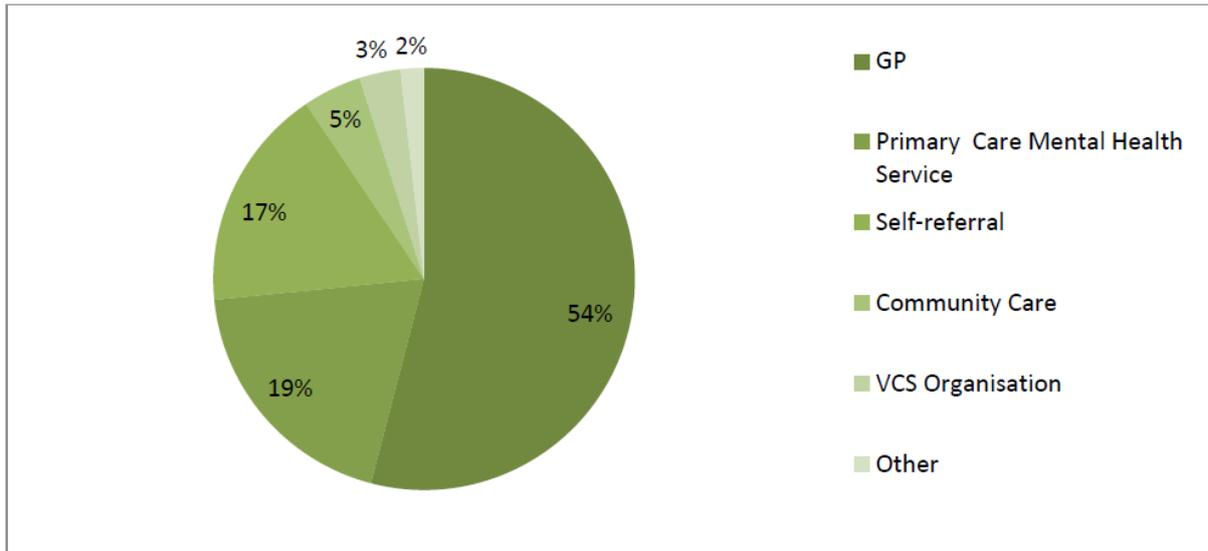


Figure 7:2 Referral Source

Referrals are being received for residents all across the Borough. The majority of South West referrals originate from GPs; this is likely to be linked to the strong IPS presence in three large GP practices in that locality.

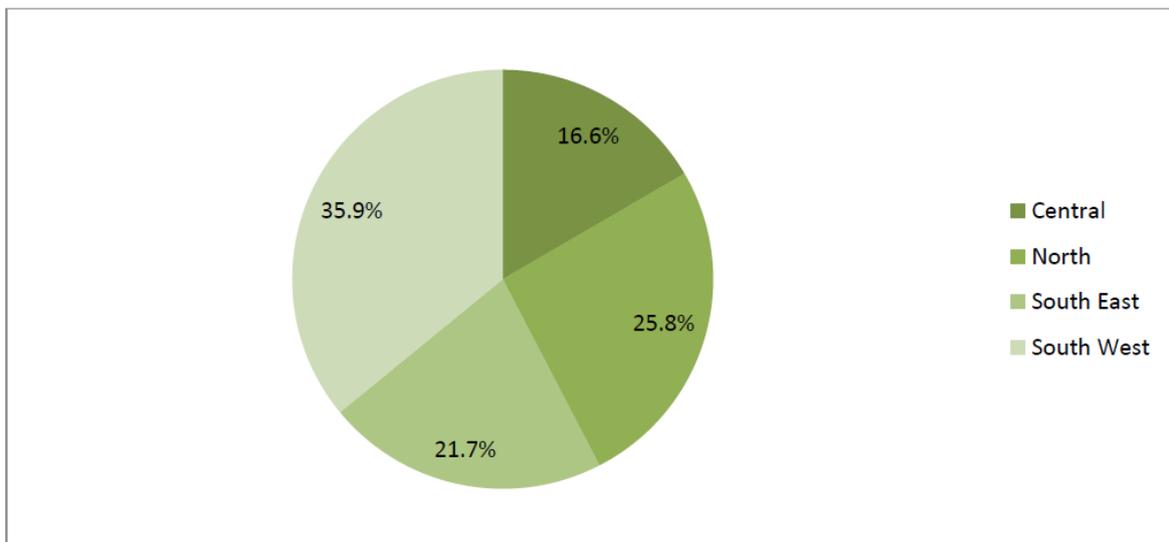


Figure 7:2 Referrals by locality

Analysis of the health-condition(s) of people referred shows that the majority (59%) have a mental health condition. This reflects local and national trends for health related benefit claimants. We expect more referrals for people from other groups for example those whose primary condition is musculoskeletal as the trial progresses and are working with primary and community referrers to encourage this.

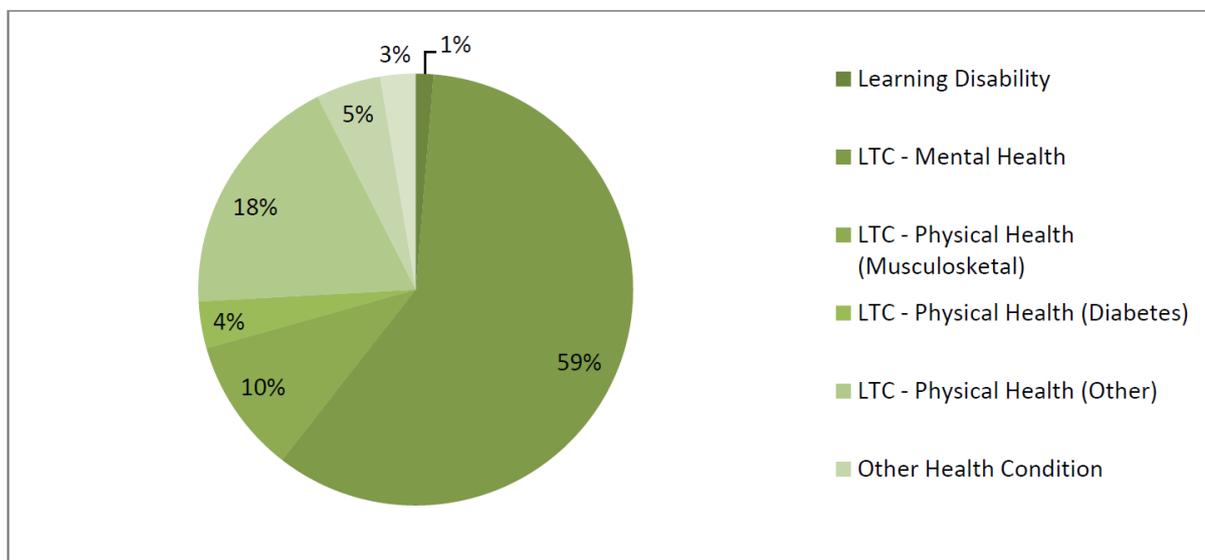


Figure 7:3 Referral health need

A Client Satisfaction Questionnaire is being developed. The service is receiving positive feedback from service users, for example:

- *“I found Miss Debra very helpful providing me with different Information, support and suggestions. Since meeting Miss Debra I feel more confident with the fact that I have a disability but can still find a suitable job”.*
- *“Just seeing David (Employment Specialist, Southwest Locality) last week made my week so much better”*
- *“Thank you, once again, for arranging the appointment to see you and explore avenues that can support my employment goals, reduce the impact of isolation and, even, rebuild a feeling of worthiness.”*

8. Challenges and Lessons Learned

Overall the service has had a successful start. There have been some challenges, some of which are on-going. This is inevitable as this is an innovative new service in an untested setting being delivered as part of a research trial. The service has worked very closely and in collaboration with the CCG from the start and there has been positive, shared ownership of challenges encountered.

Some challenges and learning include:

- **Securing space in GP surgeries**

Co-location with GPs has proved useful in terms of referrals and is key to integration and therefore fidelity with the IPS model. GP estate has limited capacity. C&I services already compete for resource; this is likely to become more acute as CHINS come on line.

We are investigating renting Whittington-owned estates in surgeries to offset this. Also, we plan to increase the number of appointments with IPS clients outside GP surgeries, which are in line with IPS best practice and will release the space available for first (randomisation) appointments. Finally this issue has been raised with the CCG.

- **Referrals**

Despite extensive engagement with the 13 targeted Whittington physical health services, so far the only referral has come from MacMillan. We will continue to engage, learning the lesson from GP engagement which is that it generally takes time and repeated discussions before referrals are made.

- **Reported Waiting Times**

There is an expectation that the service will make contact with new referrals within 5 working days and deliver first appointments within 10 working days of that contact. However it can take several call attempts before speaking with a new referral and our calls are often not returned, so we now record the date of the first attempted call as an indicator of service response speed. With first appointments, clients frequently change the date at short notice or do not attend, which means that 10 working days cannot always be achieved. This impacts on the forecast number of job outcomes because it affects the speed of randomisation and development of IPS caseloads (up to 25 for each ES).

- **New Service , New Staff**

Another lesson for future modelling is to allow enough time for a new ES to bed into the role, which includes getting to know the local jobs market. The Centre for Mental Health IPS training course states that 3 months' grace should be given to a new ES before job outcomes are achieved.

- **Research Trial admin vs IPS Business as Usual: IT**

There were initial IT challenges associated with accessing the trial database via the North East London Commissioning Support Unit (NELCSU) system. The C&I lap tops were blocking access to NELCSU when attempting to log in using their Virtual Private Network (VPN) through the internet, due to the firewall and anti-virus protection on the C&I lap tops. Solutions were found during a problem-solving meeting with the Commissioning Support Unit (CSU) database builder and C&I IT and network specialists. The lessons learned led to a smooth process for enabling access to the database as part of each new starter's lap top collection process.

- **Research Trial admin vs IPS Business as Usual: Admin**

The amount of administration associated with the trial is a challenge, and differs from a conventional secondary-care based IPS service. In addition to the post-referral screening call, there is extensive data capture required within the database, which includes 5 scales completed as part of the baseline appointment. This is all essential for the trial analysis. Lessons learned include practical training using a dummy database for new starters, and providing rapid feedback to team members on any errors or omissions noticed during reports generation and caseload reviews.

9. Next Steps

Key next steps include:

- Working with GPs to increase referrals from referring practices and obtaining first referrals from non-referring practices.
- Further engagement with suitable community health services to increase the referral sources and ensure achievement of referral targets. 13 Whittington services have been targeted for physical health conditions/disabilities.
- Further engagement with C&I services to increase the referral sources and ensure achievement of referral targets. For example targeting the IPU in its second year of implementation and Islington Crisis Resolution Team and Call Centre.
- 13 Whittington services have been targeted for physical health conditions/disabilities.
- Recruitment of an eighth employment specialist, expected start September 2017 (with final two planned to start January 2018).
- Further liaison with practices to secure more working space, includes renting Whittington Estates space within GP surgeries as required.
- Further identification of suitable community space (e.g. libraries, community centres) for appointments with people randomised to the IPS group, which will release the available GP space for baseline (randomisation) appointments with new referrals.
- Preparing for IPS Fidelity Reviews of the service by Centre for Mental Health, planned for October 2017 and July 2018, to audit the quality of IPS being delivered.
- Pursue IPS Centre of Excellence Status.

IPS Case Studies:

Case story 1:

Client A has diagnoses of Paranoid Schizophrenia, Diabetes and Arthritis in left knee. He self-referred through the website link and randomised to the IPS group

Client A has met with his Employment Specialist 5 times in person and had 4 phone appointments times (9 hours contact in total).

So far they have completed vocational profiling (includes preferences, experiences, skills, strengths, personal contacts); started job searching; discussed disclosure of health care needs to potential employers and discussed interview preparation.

Highlights so far include applying for jobs that interest him and the related enthusiasm and motivation, preparation for interview (Advice and thinking about questions, planning interview day) and finding out he got the job.

His new job is part time working as hospitality events staff (silver service for dinner events, bar staff). He has the flexibility to choose when and where he works from the jobs available. Currently working under 16 hours a week as this does not affect his benefits (permitted work), and enables a graded exposure into working. His long term goal is to work full time after considering financial impact through a 'Better Off' calculation and after getting some work experience to ensure the job is a good fit for him.

Client A has not disclosed his health diagnoses to his employer (apart from confidential survey about medication for occupational health) as he believes it is not currently impacting on his ability to perform the job role. His preference is to disclose his health needs after working for a few months when settled in as it could give the employer a positive view of people with a diagnosis of Schizophrenia.

Case story 2:

Client B was referred to the service by her GP. She has severe sleep apnoea, a disc prolapse, a plate in right ankle which causes swelling and pain if stands and/or sits down for too long and asthma.

Client B has met with her Employment Specialist 9 times to date.

So far they have worked on confidence building; reviewing and drafting a CV; information/awareness raising regarding disclosure, the Equalities Act and 'reasonable adjustments. She has been supported with benefits maximisation, liaison with the DWP and Citizens Advice regarding ESA Reconsideration signposted to the C&I Recovery College.

She has been offered a part time job (subject to references etc.). She was offered a second role but decided that she would not attend - as happy with the job offer she has.

Client B has requested on-going support when she commences employment. She has spontaneously provided very positive feedback regarding her experience of the IPS service and trial.