

BARNSELY METROPOLITAN BOROUGH COUNCIL

This matter is not a Key Decision within the Council's definition and has therefore not been included in the relevant Forward Plan.

Report of the Executive Director of PLACE

Establishing a Local Integration Board (LIB) to Coordinate National, Regional and Local Work and Health Programmes Across Barnsley

1. Purpose of Report

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| 1.1 | To provide an update on national, regional and local work and health programmes across Barnsley. |
| 1.2 | To note the current status on the development of a Local Integration Board (LIB) in Barnsley. |
| 1.3 | To agree governance and reporting structures in relation to national, regional and local work and health programmes in Barnsley. |
| 1.4 | To gain support from Cabinet to progress the recommendations. |

2. Recommendations

Cabinet Members are asked to:-

- 2.1 Pledge support to progress the implementation of a Local Integration Board to coordinate national, regional and local work and health programmes. Pledge support to the Sheffield City Region (SCR) work and health programmes and identify the appropriate governance and reporting arrangements to ensure the Local Integration Board is integrated into existing structures.
- 2.2 Identify and nominate key people from the authority to ensure the Local Implementation Board is effective and the programme delivers the desired local impact. This includes the nomination of:
 - The Cabinet Lead Members for PLACE and COMMUNITIES share the lead member role to champion and support this work across the Council and its strategic partners;
 - The Executive Director for COMMUNITIES to be the strategic responsible Officer;
 - Operational Officers, working alongside the Combined Authority Executive to mobilise the Board and programme.

3. Introduction

- 3.1 The City Region is involved in four major work and health programmes all primarily focused on reducing unemployment for people with health problems or disabilities and other substantial barriers to labour market participation.

- 3.2 “Being in good employment is protective of health. Conversely, unemployment contributes to poor health.”¹ As well as economic gain, it has positive impacts on the wider aspects of a person’s life such as wellbeing, health, community connections and resilience to adverse life events. A high proportion of economic inactivity in the borough relates to health problems, disabilities or other substantial barriers.
- 3.3 Health and work has been identified as a priority within the Barnsley Plan and the Health and Wellbeing Strategy. There is a focus on supporting people with mental health conditions to gain or stay in employment and implementing the Workplace Health Charter across the public sector and other local businesses.
- 3.4 People with mental health conditions, learning disabilities or long term health conditions are less likely to work, have below average physical and mental health, live in more deprived communities and have a lower life expectancy (Work Foundation 2016). Supporting people with mental health conditions, learning disabilities or long term health conditions to gain and sustain employment will have a positive effect on their physical and mental health, increasing economic status, confidence, resilience and social networks (to name but a few).
- 3.5 Although ill health, especially poor mental health is a barrier for a high proportion of unemployed and economically inactive people in Barnsley, there is a range of other multiple and complex barriers which hold people back. Many risk factors can be identified at an early stage, before they lead to long-term unemployment.
- 3.6 There are four health and employment support programmes either currently operating or under development. These programmes share a principle of holistic and personalised approach which draws in specialist support around the individual; but each addressing a particular cohort and range of issues. A robust governance structure is needed to enable these work and health programmes to flourish and improve employment prospects of people with mental health conditions, learning disabilities, long term health conditions and other complex and multiple barriers. Details of these programmes are outlined later in section 4.

4. National, Regional and Local Sheffield City Region (SCR) Work and Health Programmes

There are a number of current and forthcoming programmes taking place across the SCR to support vulnerable people into employment. These include:

- 4.1 **Work and Health Programme:** National programme replacing the existing Work Programme and Work Choice which focuses on claimants with health conditions, disabilities and those who have been unemployed for 2 years or more. This is being co-commissioned with SCR with 6,000 referrals planned

¹ Marmot Review “Fair Society Health Lives” 2010

for the North East England region. It aims to start in November 2017 finishing 2021. There is a pressing need for additional and complementary interventions as the new programme will have greatly reduced capacity to support claimants than its predecessor.

- 4.2 **Sheffield City Region Employment Support Pilot (Devolution Deal):** The pilot supports claimants at risk of long term unemployment with complex barriers and multiple needs, including: mental health conditions, learning disabilities, 19 - 21 year old care leavers, homelessness and unstable accommodation, substance abuse, domestic violence and ASB and ex-offenders. The pilot will focus on early identification, intervention and system integration supporting some of Barnsley's most chaotic and vulnerable people.
- 4.3 It features a keyworker model, offering holistic support continually motivating and progressing claimants and supporting employer relationships and labour market relationships.
- 4.4 Referral numbers are 4,500 across the SCR between from January 2018 over 3 years. The Safer Neighbourhoods Service has been identified as a robust model for referrals which could be opened up to include other agencies.
- 4.5 **Health Led Employment Led Trial (HLET):** The HLET is a Work and Health Unit (WHU) innovation fund trial focusing on supporting people with MSK and/or mild to moderate mental health conditions to stay in employment or gain employment. It uses an Individual Placement Support approach, 'IPS lite', which is an intensive place then train model, supporting people with job searches and offering in work support. The trial focuses of streamlining the referral process using existing referral pathways, notably social prescribing and the Increasing Access to Psychological Therapies (IAPT) primary care mental health service.
- 4.6 The trial is a randomised control trial (RCT), where half of participants will receive the intervention and the other half will receive 'business as usual'; either support from the social prescribing project or support from the IAPT service. Comparisons between the two groups can then be made and the evaluation can be used to inform future service delivery.
- 4.7 Due to start late 2017 for approximately 18 months. Indicative trial numbers are 7,500 across the SCR (this includes trial participants and control group with attrition); with 1,422 participants from the Barnsley region.
- 4.9 Work on both the Employment Support Pilot and the Health Led Employment Trial will be overseen locally by a Local Integration Board (recommended in this paper) due to start November 2017. The Board will have responsibility for local co-ordination and alignment and resolving barriers for participants.
- 4.10 **Building Better Opportunities (BBO):** BBO is a SCR integrated, person-centred employment project targeting people who are inactive in the labour market, including people with physical and mental health conditions, learning

disabilities and complex needs. It is based on Individual Placement Support, a “place then train” approach that is shown to be twice as effective as traditional approaches but currently under-utilised in our region (Bond, Drake and Becker 2012, Sheffield Health and Wellbeing Board 2015). The project is being hosted by the Recovery College and went live March 2017.

- 4.11 BBO has funding for two years ending in December 2018 with 800 referrals planned for the SCR.

5. Proposal and Justification

5.1 Local Implementation Boards

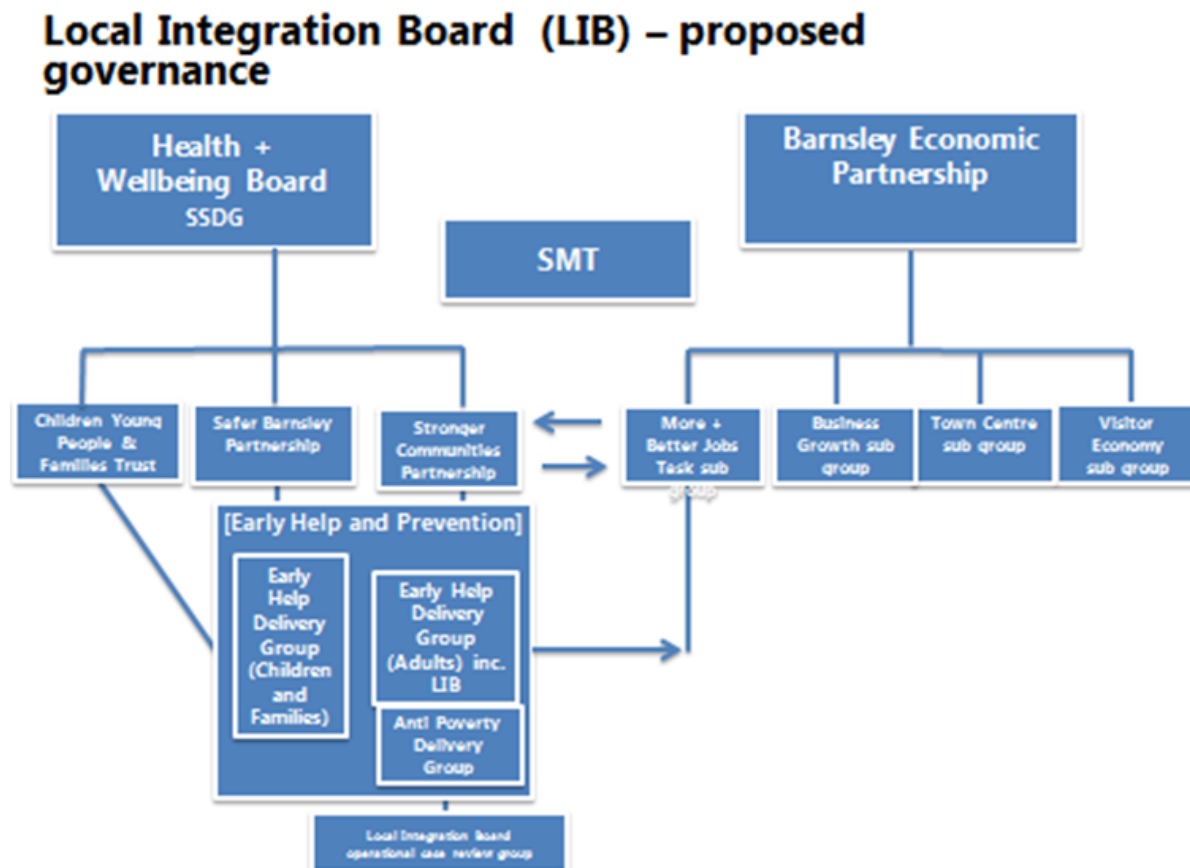
- 5.1.1 The establishment of Local Integration Boards (LIB's) across the SCR are at the heart of the successful delivery of the health and employment programme activity. There was a clear local directive from Chief Executives in April 2016 that Boards were essential to this success and should add, to rather than replace existing structures.
- 5.1.2 The LIB will bring together all of the key organisations who are providing support to Barnsley residents with complex barriers, for example; debt advice, housing support, health and transport etc. There will be a multi-agency approach to resolving complex cases and supporting vulnerable people to stay in or to move into work.

5.2 Governance and Programme Management

- 5.2.1 It is proposed that the LIB Reports to the Stronger Communities Partnership (SCP) governance structure with alignment to the Early Help (Adults) Delivery Group (see figure 1 below). The All Age Early Help Strategy (2017-2020) recently launched by the SCP acknowledges that achieving sustainable employment is a key foundation stone to ensuring our communities achieve the best possible outcomes for themselves and their families. In addition SMT have recently approved proposals to support improved Think Family delivery to move toward a position of sustainability by 2020. Therefore, there are clear synergies with the objectives of the LIB.
- 5.2.2 The Stronger Communities Partnership is currently entering a period of review to realign governance structures to ensure they are positioned to achieve the SCP 2020 vision, outcomes and priorities. The role of the LIB will be considered as part of this review and the requirements set out by SCR will be taken into account in terms of the format and frequency of meetings.
- 5.2.3 The window to mobilise LIBs is short, with the new health and employment projects due to start from Autumn 2017 and the SCR Employment Support Pilot due to start January 2018. The development of the LIB, building on existing local governance structures, may require some stretching of existing local resources as those structures broaden to cover wrap around activities required for effective employment support, where they are not currently in place.

5.2.4 The proposed governance structure is shown in figure 1.

Figure 1 - Barnsley LIB Governance



5.3 Measures of Success

5.3.1 The measure of success would be that more people with health barriers, those with complex and multiple barriers would gain and sustain employment, employment opportunities for our most vulnerable working age residents would improve and a reduction in the number of people who are economically inactive due to health conditions. Indirect benefits should also include a reduction in the “churn” between employment and unemployment as people are better supported to sustain and progress in work, improved customer journey and streamlining of services to support those who are most vulnerable.

5.3.2 The establishment of the local integration board will also support the “More and Better Jobs Plan”, not only by delivering improved routes to employment and onward progression, but by providing an opportunity to better support employers who sign up to the Employer Pledge by providing a means by which to co-ordinate inclusive recruitment opportunities to develop work readiness competencies in a working environment.

6. Strategic Alignment

- 6.1. The development of a LIB contributes to the achievement of the Corporate Plan's KPI's and the Public Health Outcome Framework Indicators, as well as supporting the delivery of Barnsley's Health and Wellbeing Strategy, the Barnsley Plan, More and Better Jobs outcomes and the Think Family Sustainability Plan.

Corporate Plan: KPIs		
Indicators		Impact
KPI EC15: Improving employment opportunities for those who are most vulnerable – adults with learning disabilities.		Vulnerable people will receive the most appropriate employment support to suit their needs, enabling vulnerable adults to find meaningful and sustainable employment. The employment rate of vulnerable people will increase and there will be a reduction in employment benefit claimants.
KPI EC38: Improving employment opportunities for those who are most vulnerable - care leavers aged 19, 20 and 21.		
Public Health Outcome Framework Indicators		
Indicators		Impact
1.08i: Gap in employment rate between those with a long term health condition and overall employment rate.		More people with learning disabilities, mental health conditions and long term health conditions will be in appropriate and sustainable employment. The gap in the employment rate of vulnerable people will be reduced.
1.08ii: Gap in employment rate between those with a learning disability and the overall employment rate.		
1.08iii: Gap in the employment rate for those in contact with secondary mental health services +overall employment rate.		
More and Better Jobs Strategy		
Outcome and Indicators	Baseline Measure (2015)	2020 Test of Success (Impact)
The proportion of people claiming out of work benefits is cut by a third and the gap to national average is reduced.	13.2% of the working age population claiming out of work benefits as at May 2015 compared to 9.1% in England.	Reduced to 9% or less, with gap to national average less than 4 percentage points (national data).
Employment rate.	Employment rate (working age population) 73.4% as at March 2015.	Increase in long term unemployed who gain employment. Employment rate of 75% and at a level that at least matches national and SCR averages.

Think Family Sustainability Plan Indicators <i>Adults out of work or at risk of financial exclusion</i>	
Indicators	Impact
Adult has made significant progress towards work (PTW).	Adult has made significant progress towards work e.g. cumulative steps over a sustained period of time (13 weeks) so that a progress to work 'journey' is developed and maintained leaving the client in a better position to continue that journey at the end of intervention.
Adult is in employment and off benefit corroborated by Troubled Family Employment Advisor (TFEA).	More adults in appropriate and sustainable employment.
Reduction in household debt - can include Council Tax and Rent arrears, hire purchase and credit card debt.	Appropriate debt management plan in place - individual / family are better off financially.
Reduction in unclaimed benefit - parents and family are not accessing appropriate benefits.	Appropriate benefits being accessed - individual / family better off financially.

- 6.2 **Barnsley's Health and Wellbeing Strategy 2016 – 2020** acknowledges there is a strong association between unemployment and poor mental health and have a priority to increase employment opportunities, particularly for the hardest to reach groups (those with learning disabilities, mental health and care leavers).
- 6.3 **The Barnsley Plan:** acknowledges often programmes, projects and initiatives have been planned and delivered in silos. In order to realise the full benefit and see real improvements in population health and wellbeing outcomes as well as services that give our public the best value for money they spend on health and social care, we must align our priorities and work together. A priority area in the Barnsley Plan is Improving Mental Health and Wellbeing, by offering "*enhanced support for people with mental illness to stay in and get work*" (p23).
- 6.4 **More and Better Jobs Strategy and Plan 2016 – 2020:** is the framework for employment support for people with mental health conditions, learning disabilities or long term health conditions in Barnsley. It focuses on the following 3 areas; 1. *Getting ready for work:* enhancing employability skills and creating opportunities for work experience and better advice and guidance, 2. *Getting into work:* better routes into employment and reducing the barriers to work such as long term health conditions and 3. *Getting on in work:* sustaining and progressing.
- 6.5 **Think Family Sustainability Plan:** SMT have recently approved proposals to support improved Think Family delivery to move toward a position of sustainability by 2020. In relation to the Government Programme, DCLG have set a five year target of 2210 families to make significant and sustained

improvement against the issues as defined in the six headline criteria detailed in the Barnsley Think Family Outcomes Plan. Although the annual targets for attachments and claims have yet to be confirmed addressing worklessness and securing sustainable employment outcomes will be a key feature of the plan moving forward.

- 6.6 As set out in section 4 the work and health programmes represent a significant investment in employment support across the Sheffield City Region. It is important that robust governance procedures are in place through the implementation of the Local Implementation Board to enable Barnsley to maximise the impact of this funding.
- 6.7 At this stage commissioning and procurement arrangements have not been confirmed by SCR. A further Report will follow to include financial implications in due course.

7. Consideration of Alternative Approaches

- 7.1 **Do Nothing.** Doing nothing would also create confusion for both providers and customers and would reduce the quality and level of support for individuals, consequently reducing the effectiveness of all programmes. Progressing and implementing the LIB will require the use of Council resources in terms of member and employee time and will provide some challenges in terms of co-ordinating the systems of support. However this activity supports the Council objective of being One Council and of putting the customer at the heart of what we do.
- 7.2 **Set up the LIB as a separate Board.** This could provide greater clarity for members of the Board, but it would lack the direct relation to the Health and Wellbeing Board and without being embedding within the Early Help Delivery Group (Adults), could struggled to secure the level of customer support. A separate Board would also increase and complicate the bureaucratic structures and divert focus from the customers. The proposed governance structure ensures communication, co-ordination and alignment with the BEP through the link with the More and Better Jobs Task Force.

8. Implications for Local People/Service Users

- 8.1 Despite record high levels of employment, Barnsley still has high levels of unemployment, often hidden as economic inactivity, which relates to a range of health barriers or complex and multiple needs, which need sensitive and holistic support to enable people both to gain and successfully sustain employment.
- 8.2 Since the end of ESF programmes in 2015, there has been very little additional employment support available for workless individuals with a higher level of need. In Barnsley the proportion of people with higher needs is above the regional and national averages.

- 8.3 Barnsley has higher levels of depression and anxiety than the national average, it is the 37th most deprived Borough in England and Barnsley has higher levels of unemployment than its South Yorkshire neighbours.
- 8.4 Many people with mental health problems are unable to find and / or sustain employment and end up becoming economically inactive. In Barnsley 36.4% of those with a mental health disorder are in employment, compared to 37.7% in England and 35% in Yorkshire and Humber. 20.3% (30,120) of the working age population are receiving out of work benefits with 41% claiming due to mental health and behavioural disorders.
- 8.5 In Barnsley only 2.2% of supported adults with a learning disability are in paid employment (2014/15) compared to 5.9% in England and 6.6% in Yorkshire & Humber. This is low in comparison to our comparator Local Authorities and out of 15 comparator LAs we are next to bottom.
- 8.6 Aligning employment support activity creates clear referral pathways for providers to guide people who are economically inactive or unemployed to the most appropriate support and to achieve the best employment outcomes for them. It also enables a coordinated approach with local employers to enable them to employ inclusive recruitment practices and reach out to a more diverse labour market pool, helping people to Get Ready for Work, Get into Work and Get on in Work.

9. Financial Implications

- 9.1 As set out in section 4 the work and health programmes represent a significant investment in employment support across the Sheffield City Region. It is important that robust governance procedures are in place through the implementation of the Local Implementation Board to enable Barnsley to maximise the impact of this funding.
- 9.2 At this stage commissioning and procurement arrangements have not been confirmed by SCR. A further Report will follow to include financial implications in due course.

10. Employee Implications

- 10.1 There are no immediate implications arising directly from this Report.

11. Communications Implications

- 11.1 There are no immediate implications arising directly from this Report.

12. Consultations

- 12.1 A number of stakeholders have been consulted during the development of the work and health programmes and the Local Implementation Board. These include: SMT members, SCR, CCG commissioners (mental health and MSK), CCG engagement lead, CCG Lead Commissioning and Transformation Manager, Social Prescribing project (SYHA), Recovery College, Northern College, Job Centre Plus, IAPT service, Voluntary Action Barnsley, Health Watch, Council partners, BMBC Partnership Boards and Public Health.

13. The Corporate Plan and the Council's Performance Management Framework

- 13.1 The proposals in this Report are consistent with Council's Corporate Plan as it directly contributes towards the Future Council ambitions of people achieving their potential, stronger more resilient communities and a thriving and vibrant economy by raising aspirations, increasing skills and supporting people to access employment.

14.0 Tackling Health Inequalities

- 14.1 Ill health is identified in the Barnsley Health and Wellbeing Plan, The Barnsley Plan and More and Better Jobs Plan as a major cause of economic inactivity, entrenched worklessness and a barrier to full engagement in the labour market. Recognition of this factor and actions to support people tackle their health barriers and progress into and in employment will help to address some of the long-term causes of structural health inequality.

15. Risk Management Issues

- 15.1 There are no immediate implications arising directly from this Report. A further Report will follow.

16. Health, Safety and Emergency Resilience Issues

- 16.1 There are no immediate implications arising directly from this Report.

17. Compatibility with the European Convention on Human Rights

- 17.1 The proposal is fully compliant with the European Convention on Human Rights.

18. Promoting Equality, Diversity and Social Inclusion

- 18.1 Everyone should have access to the benefits employment brings and under the 2010 Equalities Act public sector organisation have a duty to "*reduce the inequalities of outcome which result from socio-economic disadvantage*" The proposal will support the authority in carrying out this duty.

19. Reduction of Crime and Disorder

19.1 There are no immediate implications arising directly from this Report.

20. List of Appendices

N/A

21. Background Papers

- 21.1 Barnsley's Health and Wellbeing Strategy 2016 – 2020.
- 21.2 The Barnsley Plan.
- 21.3 More and Better Jobs Strategy and Plan 2016 – 2020.
- 21.4 The All Age Early Help Strategy 2017-2020.
- 21.5 Think Family Sustainability Plan - Think Family Programme Outcomes Plan 2016/17.
- 21.6 Fair Society Healthy Lives – Marmot.

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Financial Implications /
Consultation

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*(To be signed by senior Financial Services officer where no
financial implications)*

