



Improving the Employment Rates of People Using Secondary Mental Health Services:

A Regional Strategy for the North West

DRAFT v2 (1 July 2008)



Care Services Improvement Partnership **CSIP**

North West
Development Centre



Introduction

This document has been produced by the North West Regional Employment Team, a group established in response to Action 23 of the Government's social exclusion strategy, Reaching Out¹. It aims to deliver an action plan to increase the proportion of people receiving secondary mental health services who are in paid and sustainable employment. This employment rate now forms a national indicator (NI150) as part of Public Service Agreement 16.

Context

- Adults with mental health problems are one of the most excluded groups in society. Although many want to work, fewer than a quarter actually do. Too often people do not have other activities to fill their days and spend their time alone. Surveys consistently show that people with mental health problems want to work
- 1 in 6 people or 7 million adults in England suffer from a common mental health problem. The cost to employers is estimated at £26 billion². Mental health problems are estimated to cost the country over £77 billion a year through the costs of care, economic losses and premature death. Early intervention to keep people in work and maintain social contacts can significantly reduce these costs. Once a person has reached crisis point, it is much more difficult and costly to restore their employment and social status³.
- Social isolation is an important risk factor for deteriorating mental health and suicide. Two-thirds of men under the age of 35 with mental health problems who die by suicide are unemployed.
- Unemployment is strongly associated with the development of mental health problems. 40% of people on Incapacity Benefit experience mental health problems though this rises to over 60% in some areas.
- The onset of mental health problems is associated with double the risk of leaving employment compared to other health conditions or impairments. If an individual is off work for 12 months they are unlikely to return to work for another five years. Absence of over 24 months means that they are unlikely to ever return to work.
- It is estimated that GPs spend one third of their time on mental health issues.
- Fewer than four in ten employers say that they would consider employing someone with a history of mental health problems (compared with 6 out of 10 for someone with a physical disability)³. Most companies don't have effective policies to deal with employee's mental health and don't know enough about their legal position⁴.

¹ Reaching Out: An Action Plan on Social Exclusion (Cabinet Office, September 2006)

² Mental Health at Work: Developing the Business Case (Sainsbury's Centre for Mental Health, Dec 2007)

³ Social Exclusion Unit. Mental Health and Social Exclusion, Social Exclusion Report. Office of the Deputy Prime Minister. 2004.

⁴ Mental Health: The Last Workplace Taboo – Key findings from Independent Research into What British Business Thinks (June 2006)

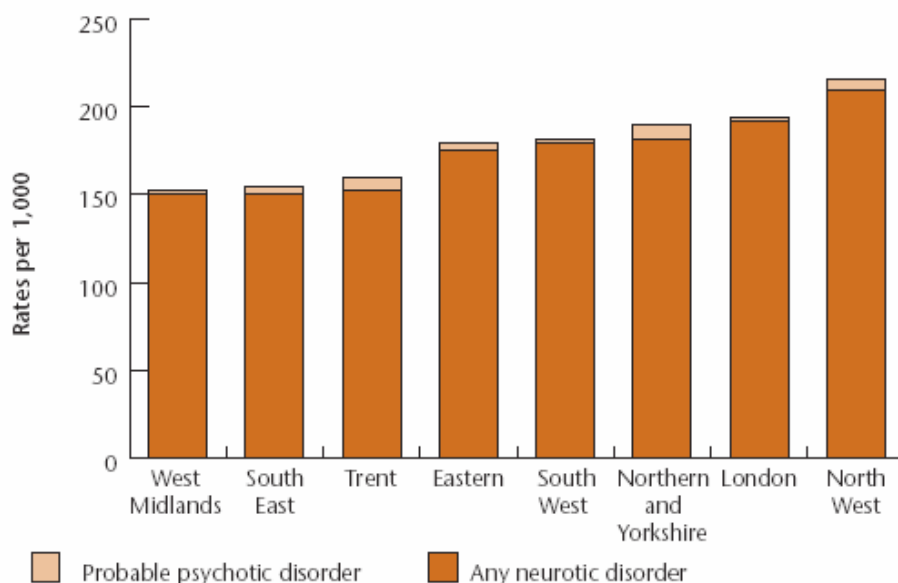
Data

Around 410,000 people are claiming incapacity benefits in the North West⁵. The highest percentages of people claiming incapacity benefits is in Liverpool (14.5%), Manchester (14.4%) and Blackpool (14.3%) although significant percentages are claiming incapacity benefits in Barrow (13.2%), Burnley (12.7%), Salford (12.6%) and Blackburn with Darwen (12.3%)⁶. It is estimated that 40% of claimants had a mental health problem when they claimed but this figure rises to over 60% in areas such as Manchester. It is likely that many people who originally claimed incapacity benefit following a health problem have subsequently developed mental health needs. 251,000 people in the North West are entitled to Disability Living Allowance⁷, the highest for any English region.

It is thought that up to 165,000 people are claiming benefits because of a mental health condition. Most of these people have common mental health conditions such as anxiety and depression. This may mask additional numbers of people who develop mental health problems as a secondary condition following an initial claim for Incapacity Benefits.

Apart from London, the North West has the highest incidence of severe mental health needs in England. The evidence is that 0.6% of the population is registered with their GP as having severe mental health problems⁸ and it is this group which is at the greatest risk of social exclusion.

Figure 5: Prevalence of mental health problems by region



Data source: Office for National Statistics 2000 Psychiatric Morbidity Survey.

The Association of Public Health Observatories suggests that around 2%⁹ (80,000 people) of the North West working age population is in contact with specialist mental health services though mapping evidence¹⁰ suggests a figure nearer 50,000. Their employment

⁵ May 2007 (Source: JCP)

⁶ August 2007 (Source: JCP)

⁷ May 2007 (DWP Work and Pensions Longitudinal Study)

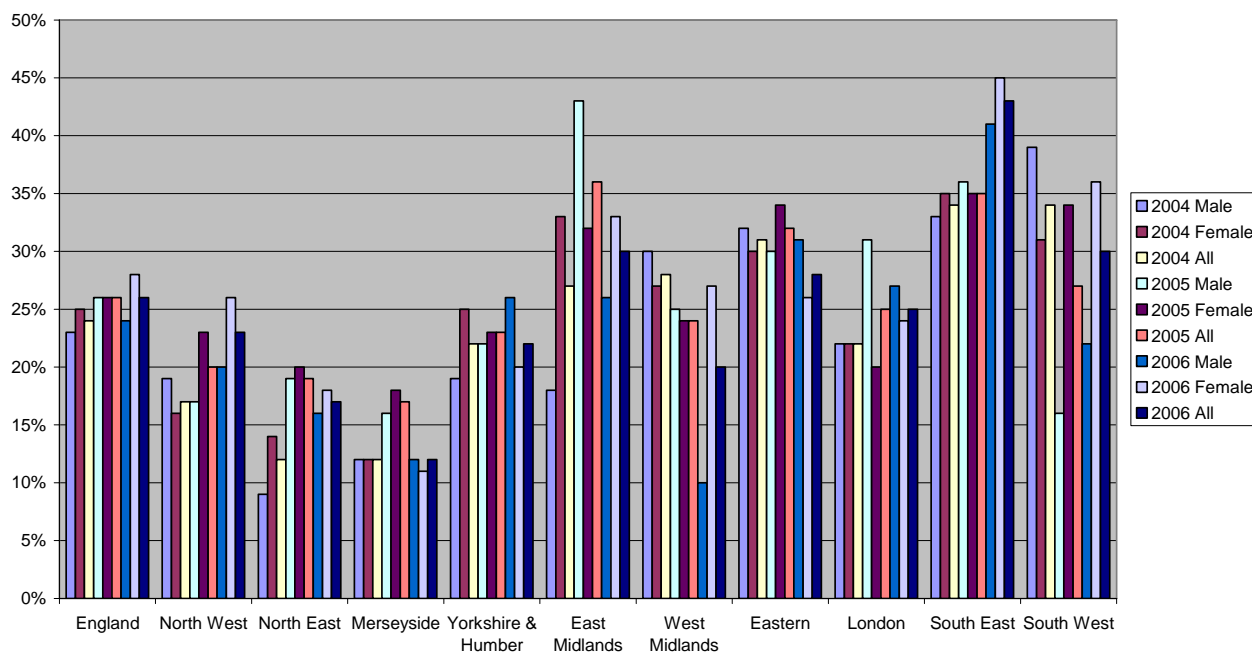
⁸ 2004/05 Source: Quality Management and Analysis System (QMAS)

⁹ APHO Indications of Public Health in the English Regions 7 - Mental Health (2007)

¹⁰ Mental Health Combined Mapping Framework (2007) <http://www.mhcombinedmap.org/>

rate is variously quoted as around 8%¹¹ up to 16%¹². Analysis of the 2006 Labour Force Survey is slightly more positive and suggests employment rates of 11% in Merseyside and 20% in the rest of the North West against an England average employment rate of 22%¹³. The 2006 employment rates for people described as having mental illness, phobias or panics is 15% in the North West and 9% in Merseyside against an England average of 14%.

Regional work rate for people with 'depression/bad nerves'
Source: Labour Force Survey



There is little reliable data on employment rates of people with more severe mental health problems. The latest estimates are based on the 2007 Healthcare Commission service user survey and indicate the following employment levels for people with severe mental health problems. Disaggregated data is not available for Halton, Blackpool or Blackburn with Darwen. More robust data will be collected from 2008 using the Mental Health National Data Set.

| Local Authority | % employed ¹⁴ | | |
|-----------------|--------------------------|------------|----|
| Bolton | 15 | Salford | 17 |
| Bury | 18 | Sefton | 9 |
| Cheshire | 14 | St Helens | 2 |
| Cumbria | 13 | Stockport | 10 |
| Knowsley | 3 | Tameside | 11 |
| Lancashire | 15 | Trafford | 27 |
| Liverpool | 14 | Warrington | 15 |
| Manchester | 18 | Wigan | 16 |
| Oldham | 11 | Wirral | 8 |
| Rochdale | 6 | | |

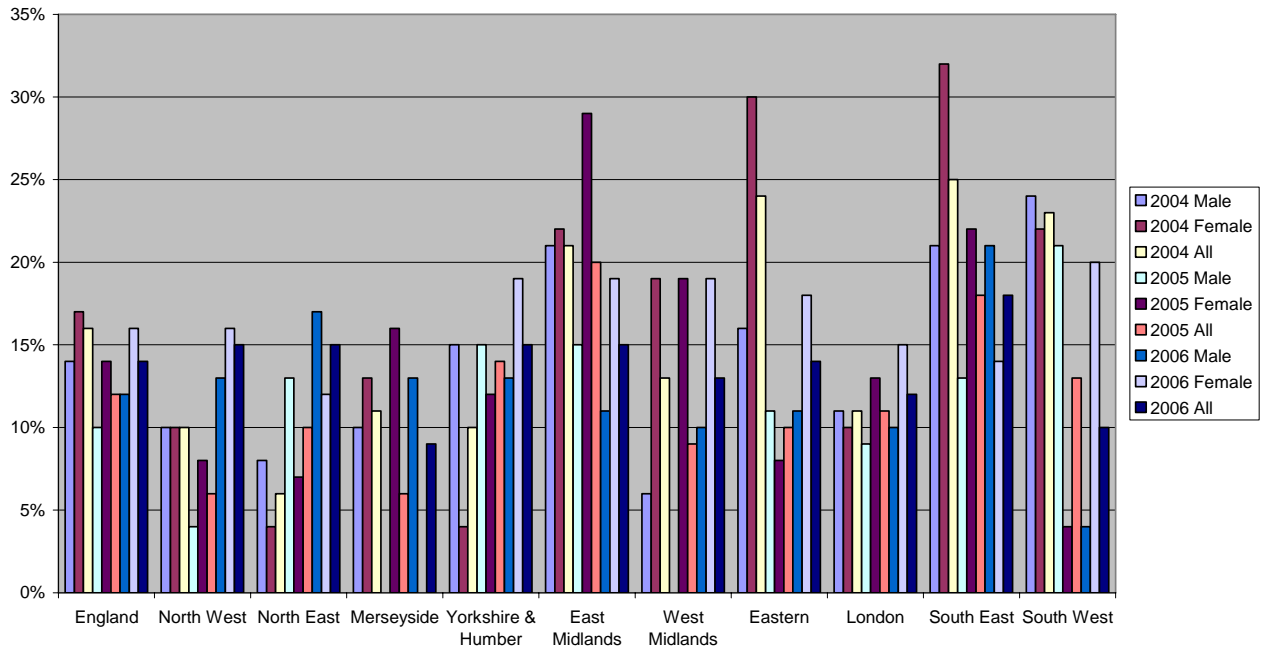
¹¹ NOMIS, Annual Population Survey 2003

¹² Healthcare Commission service user survey 2007

¹³ Labour Force Survey 2007 (Healthcare Commission analysis – still to be cross-checked)

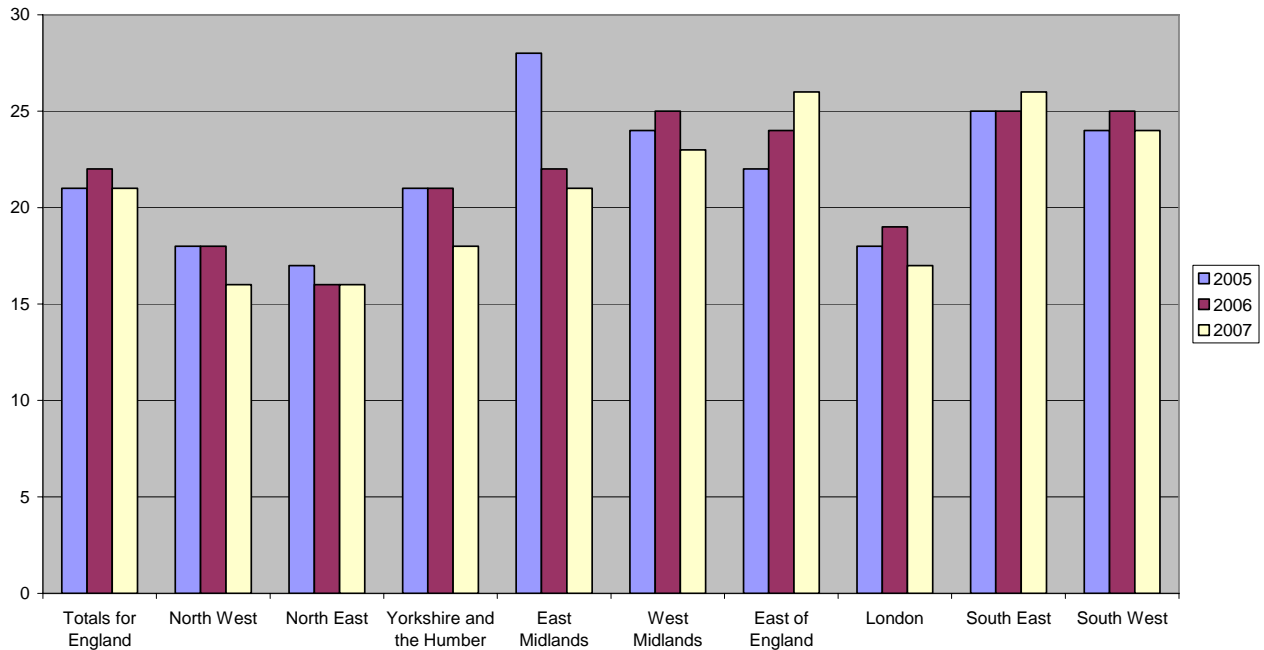
¹⁴ Healthcare Commission service user survey 2007

Regional work rate for people with 'mental illness/phobia/panics'
 Source: Labour Force Survey

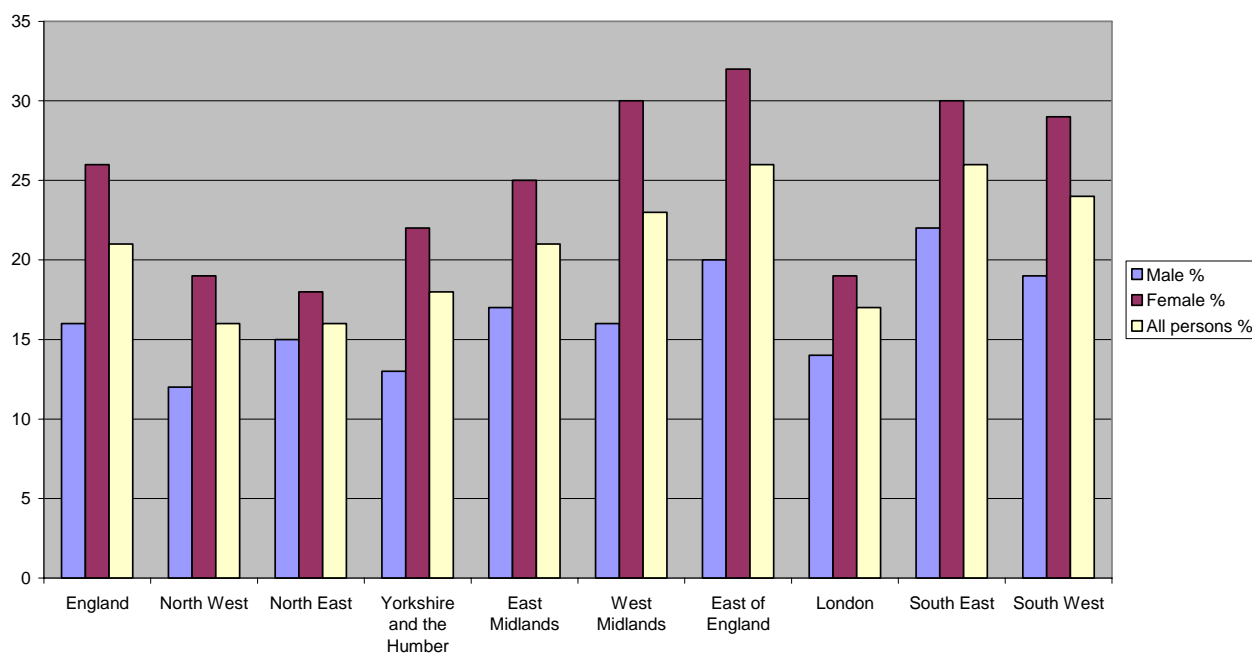


In the 2007 Healthcare Commission survey of mental health service users, 16% of respondents stated that they were in paid work, significantly lower than the national average of 21%. This data is not considered to be very robust but is being used as proxy data by the Cabinet Office.

% service users in paid work
 Source: 2007 Healthcare Commission Survey



% service users in paid work by gender
Source: 2007 Healthcare Commission Survey



The North West region has the lowest proportion of male service users in paid work at only 12%. No data appears to be available regarding any ethnicity differentials. 9% of respondents stated that they had received help with finding work in the last 12 months the same as the national average. 10% (11% male, 8% female) had not received help but would have liked it, again the same as the national average. 59% of respondents stated that they were unable to work because of their mental health condition, a figure higher than the national average of 53%.

Policy Drivers

National Service Framework for Mental Health (Department of Health, 1999)¹⁵

The National Service Framework (NSF) for Mental Health set out standards in five key areas. Its aim was to help drive up the quality and remove the wide and unacceptable variations in provision. Standard 1 (mental health promotion) aims to ensure mental health and social care services promote mental health and reduce the discrimination and social exclusion associated with mental health problems. Employment is a key element identified in this standard as requiring intervention. Mental Health NHS Trusts are required to enquire about vocational needs as part of the care plan approach assessment and activity is monitored through Local Implementation Teams, local partnership groups with responsibility for implementation of the NSF¹⁶.

¹⁵ National Service Framework for Mental Health (Department of Health, 1999)

¹⁶ The National Service Framework for Mental Health – Five Years On (DH, 2004)

Social Exclusion & Mental Health (Social Exclusion Unit, 2004)¹

In 2004 the Social Exclusion Unit published "Social Exclusion & Mental Health". This report outlined a set of 27 of action points to improve social inclusion outcomes for people with mental health problems. Within these actions the key barriers pertaining to mental health and employment were identified.

- The impact of the mental health problems on the individual.
- Fear that work will lead to worsening mental health.
- Low expectations of staff.
- Employer Attitude.
- Lack of awareness about available support.
- Benefit reviews.
- Financial implications of leaving benefits.

The National Social Inclusion Programme (NSIP), which is a cross government team, was established as part of the Department of Health (DH) to coordinate the implementation of the action plan and work with regional development centres to deliver the changes.

Reaching Out: An Action Plan to Tackle Social Exclusion (Social Exclusion Task Force, 2006)¹⁷

The action plan focuses on some of the most excluded groups, including children in care, and adults leading chaotic lives. Two of the key areas of work identified were

- Accelerate measures to encourage employment of those suffering from more severe mental health problems, including the encouragement of the Individual Placement and Support Model and anti-stigma employer-based campaigns.
- Publish the Leitch Review (achieved) setting out progress and further measures to address the poor lifetime prospects of those with few qualifications and skills.

Action 23 of the action plan states that, "Building on current guidance and legislation, the Government will develop dedicated regional teams to provide further support for the implementation of good practice around the employment of those with severe mental health problems".

These teams have been established in the nine regions with the National Social Inclusion Programme leading on the work. (See Regional Employment Partnership section).

Welfare Reform Strategy (Department of Work & Pensions)

The overall aim of the Welfare Reform Strategy is to increase employment rates for people of working age using a robust evidence base that shows where resources and effort might be best targeted. The strategy will see the introduction of a new benefit, Employment & Support Allowance (ESA), in October 2008. A new system of work capability assessments will be used to determine eligibility for ESA by assessing what a person can do rather than what they cannot. A work-focused health-related assessment will be used to determine the most appropriate form of support towards work for ESA recipients. DWP has developed a Commissioning Strategy to guide the procurement of employment services.

¹⁷ Reaching Out: An action plan to tackle social exclusion (Social Exclusion Task Force, Cabinet Office, Sept 2006)

Currently, most people with common mental health problems are likely to be assisted back to work by the Pathways to Work programme. The Condition Management Programme is an integral option of Pathways to Work and provides therapeutic support to manage health conditions.

Health, Work & Wellbeing (October 2005)¹⁸

Health, Work & Wellbeing focuses on the health and wellbeing of people of working age and was developed in collaboration between the Health & Safety Executive, Department of Work & Pensions and the Department of Health. It seeks to collectively progress the HSE's Workplace Strategy, DWP's Welfare Reform agenda and the occupational health components of DH's "Choosing Health". One of the aims of the strategy is to ensure that healthcare services are designed and delivered to assist people of working age to either remain in work, or return to fitness to enable them to work. It focuses on healthcare professionals, work focused treatment, common mental health problems, return to work support and vocational rehabilitation.

The Disability Discrimination Act¹⁹

The Disability Discrimination Act (DDA) 1995 aims to end the discrimination that many disabled people face. This Act has been significantly extended, including by the Disability Discrimination Act 2005. It now gives disabled people rights in the areas of: employment, education, access to goods, facilities and services, employment, education, access to goods, facilities and services, buying or renting land or property, including making it easier for disabled people to rent property and for tenants to make disability-related adaptations

The Act now requires public bodies to promote equality of opportunity for disabled people, including those with mental health problems.

The Disability Rights Commission (DRC) closed on 28 September 2007, but the website is still available and has plenty of information, including a brief overview with the key points of the Act. It also provides full versions in PDF (both Acts) and word (DDA 2005 only) format. The Equality and Human Rights Commission (EHRC) became operational on 1 October 2007. A key aim of the commission is to end discrimination and harassment of people because of their disability, age, religion or belief, race, gender, or sexual orientation. The new commission is a merger of three separate equality commissions; the Disability Rights Commission, Commission for Racial Equality and the Equal Opportunities Commission.

Review of Specialist Disability Employment Services (DWP, 2008)²⁰

DWP is reviewing its employment support for people with significant disabilities (www.dwp.gov.uk/resourcecentre/des-consultation.asp). The review is expected to conclude in summer 2008 with the introduction of a single, competitively-tendered,

¹⁸ Health, Work & Wellbeing – Caring for our future. (Department of Work & Pensions, Department of Health and Health & Safety Executive, June 2006)

¹⁹ Direct Gov Website: Disability Discrimination & Mental Health
<http://www.direct.gov.uk/en/DisabledPeople/HealthAndSupport/MentalHealth/DG0023351>

²⁰ Helping people achieve their full potential: Improving Specialist Disability Employment Services (DWP, December 2007)

modular programme in October 2009 which will replace Workstep, Work Preparation and the Job Introduction Scheme. The review is also examining the role of JCP disability employment advisors and the way in which Access to Work operates. The intention of the new programme is to increase the numbers of people supported and improve the rate at which people progress to unsupported work.

Working for a Healthier Tomorrow²¹

Dame Carol Black, the national director for health and work, has called for better ways of helping people who are sick get back to work. The report, *Working for a Healthier Tomorrow*, calculates that ill health costs the British economy over £100bn a year - the same as the cost of running the NHS for a year. Measures in the report include replacing sick notes with "well notes" stating what work somebody who may have health problems can actually do. Dame Carol is also proposing trials of a new Fit for Work service to provide access to specialists such as physiotherapists and counsellors for all employees in the early stages of sickness. The aim would be to take quick action to help these people stay at, or return to work. She also advocates that employers improve access to occupational health and do more to promote health in the workplace.

Regional Economic Strategy²²

Action 43 of the Regional Economic Strategy indicates the need for activity to "improve peoples' prospects of getting a job (employability activities) and reduce the high level of Incapacity Benefit claimants, focused on HMR and URC areas, Halton and Knowsley.

Action 44 has an aim to "Develop and deliver intensive support for those groups with low employment rates compared to England, including disabled people, BME communities, lone parents, ex-offenders and over 50's".

In addition, Action 57 also has a focus around the employment of people with mental health needs and states, "Identify, and contribute to minimising or removing, the major causes of ill-health in the region, including tackling issues around mental ill-health and reducing the level of incapacity benefit claimants".

It is not clear what specific actions are in place to support these objectives though a programme of activity around worklessness was agreed in specific geographical locations through the Northern Way initiative on worklessness.

Current Initiatives

Public Service Agreements

- *PSA 16: increase the proportion of socially excluded adults in settled accommodation and employment, education or training.²³*

²¹ Working for a Healthier Tomorrow - Dame Carol Black's Review of the health of Britain's working age population (DH/DWP, 2007)

²² Regional Economic Strategy (NWDA, 2006)

²³ 2007 Pre budget and Comprehensive spending review (HM Treasury, October 2007)

Being in sustainable employment is one of the key factors in reducing the likelihood and impact of social exclusion for at risk adults. It can have positive effects on health & wellbeing, helps to reduce offending behaviour, supports stable housing and represents the best route out of poverty for many excluded adults.

Local Authorities will be responsible for leading the delivery of this PSA in partnership with Jobcentre Plus, adult learning, MH Trusts and the third sector. *Pathways to Work* will support people with mental health issues as the districts roll out the programme.

Increasing Access to Psychological Therapies will further support the PSA through building capacity in primary care. This PSA target identifies the target group as those people in contact with secondary mental health services and therefore capacity within the mental health trusts will need to be strengthened in line with *Vocational services for people with severe mental health problems: Commissioning Guidance* (Department of Health, 2006).²⁴

Engagement by mental health trusts is mixed across the region and work is underway to ascertain the support required to take the agenda forward. Ideally the aim would be to have the Supported Employment model or similar in each of the mental health trusts with an Employment Strategy led by the Commissioners and support by employment support service providers.

PSA 16 introduces 8 national indicators including one for national indicator 150, the proportion of people using secondary mental health services who are in employment. Proxy data from the annual survey of users of community mental health services is being used to give a baseline indicator for national indicator 150. It is currently unclear how reliable this proxy data is and more robust figures are expected within 12 months.

There will also be a large mental health component in other, more general, national indicators relating to the economy, particularly the following:

- NI 150 Adults in contact with secondary mental health services in employment
- NI 151 Overall employment rate
- NI 152 Working age people on out of work benefits
- NI 153 Working age people claiming out of work benefits in the worst performing neighbourhoods
- NI 173 People falling out of work and on to incapacity benefits

Currently, few boroughs have indicated that they may include NI 150 in their selected stretch targets. This is partly because the lack of reliable baseline data and partly because of delays in releasing the definition of the indicator. At this stage, only Stockport and Halton are including NI150 in their basket of Local Area Agreement indicators. Warrington, Rochdale and Knowsley are adopting it as a local target. Other boroughs, particularly St Helens, Wirral and Sefton are being urged by Cabinet Office to include NI150 or set a local target with specific actions under the wider worklessness indicators of NI152 and NI153.

Notwithstanding that PSA 16 is a key target for increasing the numbers of people with mental health problems in employment, education or training, recognition should also be given to how increasing employment rates can be achieved through interventions relating to the following PSAs:

²⁴ Vocational services for people with severe mental health problems: Commissioning Guidance (Department of Health, February 2006)

- PSA 8: Maximising employment opportunity for all,
- PSA 2: Improve the skills of the population, on the way to ensuring a world-class skills base by 2020,
- PSA 14: Increase the numbers of children and young people on the road to success,
- PSA 15: Address disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion or belief,
- PSA 17: Tackle poverty and promote greater independence and wellbeing in later life, and
- PSA 18: Stronger communities and a better quality of life.¹³

Improving Access to Psychological Therapies (IAPT)

IAPT is one of the Department of Health's (DH's) key mental health programmes and is included in the Government's white paper, *Our health, our care, our say*. It also forms an integral part of the DH and Department for Work and Pension's Health Work and Well-being initiative. The IAPT Programme aims to improve access to psychological therapies throughout the UK for people with depression or anxiety disorders.

IAPT is concerned with increasing recognition and raising the standards of treatment for people who suffer from depression and anxiety disorders. The programme is intended to help primary care trusts establish better services to tackle the debilitating impact of untreated depression and anxiety disorders in their local populations. It is intended to improve not only the health and well-being of the population but also promote social inclusion and improve economic productivity.

In the North West, a three year budget of £45m will see the rollout of IAPT services across 24 PCT trusts. The programme will treat 133,000 people, achieve over 2000 job outcomes and oversee the training of more than 500 therapists. Year One sites have been agreed in West Cheshire, Central and East Cheshire, Salford, Knowsley and East Lancashire.

Regional Employment Team

A Regional Employment Team coordinator has been appointed in the North West of England. A regional partnership will specifically focus on mental health and employment, ensuring that there is co-ordinated activity between partners and across the labour market spectrum. The primary focus will be to ensure:

- More effective partnership working with increased engagement of people with mental health needs.
- Better recruitment outcomes for people with mental health problems, including the use of evidence based practice in job broking.
- Increased retention rates, including improved sickness absence management in the workplace and within primary care.
- Promotion of mentally healthy workplace, and increased emphasis on exemplar employers within the public sector.
- Increased opportunities to promote education as a pathway into and within employment.

Partnership meetings are taking place with a range of regional partners (GONW, NWDA, Jobcentre Plus, Public Health Observatory). It is hoped to further engage with Business in the Community, Business Link, ACAS, LSC/NIACE, NW Strategic Health Authority,

provider representatives, service users and the voluntary sector etc). There are close linkages with the initiative *Improving Access to Psychological Therapies* (IAPT). It is expected that key themes will emerge:

- Exemplar Employers / Corporate Responsibility – public / private sectors
- Employer Engagement – workplace health initiatives, recruitment methods
- Vocational Services – best practice in assessment and service delivery
- Commissioning – appropriate models and linkages with other initiatives

These themes were explored in greater detail through a facilitated workshop in May to prioritise objectives for the developing action plan. The action plan also draws upon key drivers of regional organisations to support delivery of their priorities.

The draft action plan will be distributed for comment through the regional partners and will invite input from the wider stakeholder group. The partnership will work with local partners to progress the action plan and offer support and advice to achieve their outcomes.

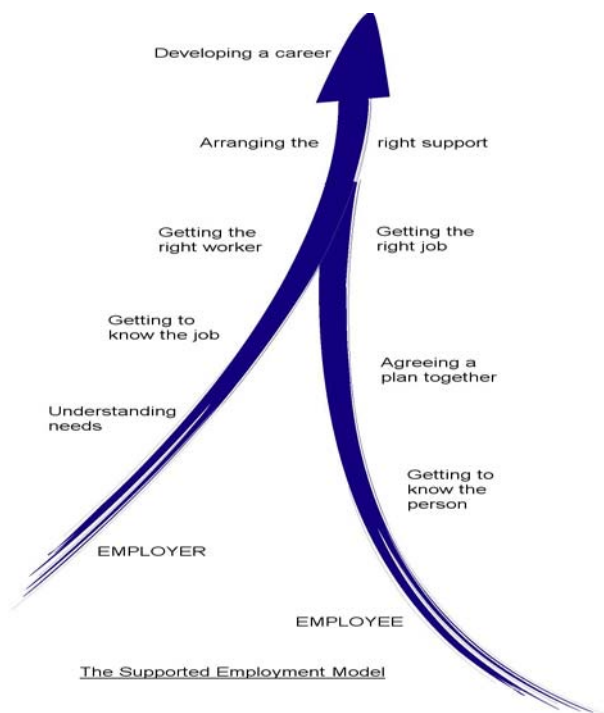
The partnership group will feed into each stakeholder's strategic planning through the Regional Employment and Skills Board.

Supported Employment Services

As well as DWP funded employment programmes, there is a wide range of local specialist disability employment services that are funded by health and social care. They utilise a well established intervention called supported employment²⁵. This is a highly individualised approach that uses job coaches in the workplace to support skills development and social integration.

Supported employment offers ongoing support and career development once an appropriate job match has been found.

It relies on a rapid job search based on the jobseeker's preferences and minimal prevocational activity. This approach is highly effective with people who are further from the labour market and the evidence suggests that it works best when employment staff are working closely with clinical support staff.



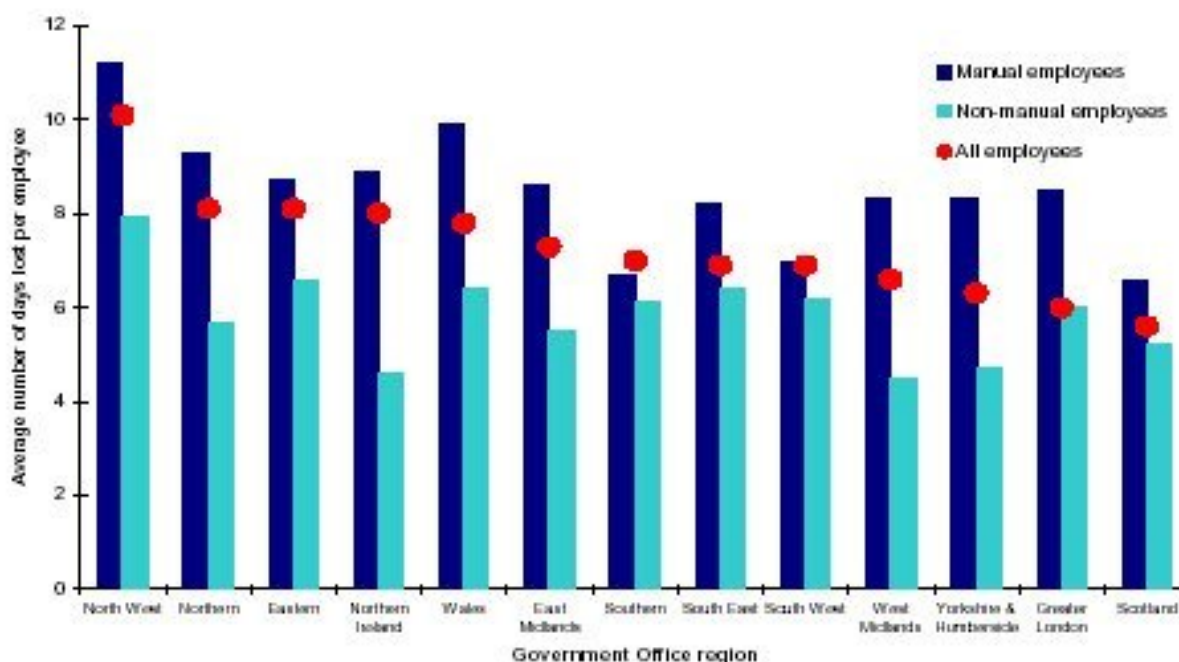
Workplace Health

A regional Workplace Health Strategy has been in place since 2007 but there is insufficient funding to see its full implementation. Over a quarter a million people in the region suffer from work-related ill-health and the North West has one of the highest rates of sickness absence.

²⁵ For more information see <http://www.base-uk.org>

In the North West in 2004/5, there were an estimated 249,000 people suffering from a work-related illness. Data on work-related illness is difficult to obtain. For 2003/04, the estimated number of working days lost due to workplace injury and work-related ill health in the North West was 5.2 million (4.3 million due to work-related ill health, 0.9 million due to workplace injury), equating to an average annual loss of an estimated 2.0 days per worker. The North West had the highest rate of sickness absence in 2003.

Absence levels in the United Kingdom by region manual, non-manual and all employees 2003



Source: Wyke et al (2006) Health and Work: How Working Life Influences Our Health

The average direct cost of absence, calculated for 2004 figures, was £495 per employee. If this were projected across the whole workforce the cost to UK business would be £12.2 billion. However, indirect costs are considerably more and have been estimated at a further £667 per employee, giving a cost to UK business of £28.6 billion. At a regional level this gives us a cost to the North West economy of £2.91 billion²⁶.

The strategy has two broad priority action areas; employment & health and improving working conditions. Under the *Employment and Health* strand the following priorities were identified:

- encouraging the public sector to act as exemplars in employing a more diverse workforce and supporting individuals to remain in work
- working with partners representing groups disadvantaged in accessing employment to collate and promote positive evidence for a diverse workforce
- developing capacity in primary care regarding retention and rehabilitation

²⁶ Figures quoted in North West Regional Workplace Health Strategy (University of Central Lancashire, January 2007)

- encouraging existing partnerships to prioritise employment issues and facilitating further joined-up working among key stakeholders.

The *Improving Working Conditions* strand identified the following priorities:

- ensuring that every workplace in the North West is safe and healthy through enforcement, compliance and empowerment
- re-establishing the importance of health within health and safety
- providing comprehensive and concise information to employers on what constitutes a healthy workplace
- realising the potential role of a diversity of stakeholders in delivering improved working conditions
- encouraging the public sector to act as exemplars in improving working conditions utilising the procurement route to improve standards throughout supply chains.

Employer Engagement

There are an estimated 158,000 VAT-registered businesses in the North West of England located across 209,000 units. Over 70% of these employ fewer than 4 people and 97% employ fewer than 50 staff²⁷. Manufacturing continues to decline while public and other services expand. It is expected that there will be a marked decline in lower level occupations²⁸.

Recent surveys indicate reluctance on the part of companies to recruit people with mental health needs. Anecdotal evidence indicates that this is largely a result of stereotypical myths and a lack of information about mental health conditions. Employers have also indicated that they appreciate ongoing advice, guidance and responsive support.

Employer Coalitions

A number of employer forums exist to support the recruitment and retention of people with disabilities. The Greater Manchester Employer Coalition²⁹ has taken a keen interest in supporting the recruitment of disabled people and one also exists on Merseyside. They are part of the National Employer Panel and are operated by Working Ventures UK, a body that sits part way between the public sector and the world of business and acts as an interpreter and facilitator between the two.

Local Employment Partnerships³⁰

Local Employment Partnerships (LEPs) are a collaboration between Government and business to tackle the increasing recruitment and skills challenges within the labour market and economy. Nationally, 400 leading employers across the country have signed up to working in partnership with Government to open up opportunities for people who, for

²⁷ UK Business – Activity, Size and Location (National Statistics, 2007)

²⁸ State of the North West Economy: Long term forecasts (NWDA, March 2007)

²⁹ For more information see <http://www.wvuk.co.uk>

³⁰ For more information see <http://www.jobcentreplus.gov.uk/JCP/Employers/lep/index.html>

whatever reason, have not yet been able to take advantage of local employment opportunities. These employers offer people opportunities to get back into the workplace and progress - through for example interviews, mentoring, on the job training or work trials.

Mindful Employer

Mindful Employer is a national initiative that has developed from the South West. It is managed by Devon Partnership NHS Trust through its WorkWAYS division. Its aim is to increase awareness of mental health at work and provide support for businesses in recruiting and retaining staff. The organisation offers a charter for employers who are positive about mental health and 219 employers have signed up so far. Mindful Employer³¹ operates a number of sub-regional employer forums to exchange best practice and they have produced a resource pack for companies.

SHiFT

Shift is an initiative to tackle stigma and discrimination surrounding mental health issues in England. Shift was established in 2004 and is part of the Care Services Improvement Partnership (CSIP), a Government-funded organisation that supports positive changes in services and in the wellbeing of vulnerable people with health and social care needs. As part of *Action on Stigma*, Shift has published the Line Managers' Resource³².

The Line Managers' Resource is a booklet and website that gives advice and information for managing and supporting people with mental health problems in the workplace. The Line Managers' Web Resource website also gives advice and information for employees to help them assess their own needs and plan for meetings with their manager.

Regional Priorities

The aim of the strategy is to improve the employment rates of working age adults who use secondary mental health services. This implies actions to address both recruitment and retention issues. The evidence suggests that particular areas such as Merseyside and parts of Manchester have the lowest rates of employment and it is proposed that initial actions are focused in these areas.

In addition, it is clear that employers require information and support if they are to recruit and retain people using secondary mental health services. Despite national initiatives, many small and medium enterprises remain reluctant to recruit people who disclose mental health problems. Likewise, they have limited or no access to occupational health services and require support and guidance around job retention.

The emerging strategy will require resources if it is to be implemented successfully. This may require an injection of targeted funding as well as the reconfiguration of existing expenditure through changes to commissioning. It may be possible to get some quick wins through supporting more effective delivery and raising expectations and knowledge within provider organisations and practitioner support should be a priority.

³¹ For more information see <http://www.mindfulemployer.net/>

³² For more information see <http://shift.org.uk/employers>

A set of regional priorities have been agreed to address issues relating to strategy, commissioning and service delivery.

- Develop effective partnership working at regional and local levels and alignment of the individual aims of strategic organisations around mental health and employment
- Ensure robust data is available at regional and local levels to inform commissioning and benchmarking
- Inform and influence the commissioning of appropriate health-based services that have a focus on employment outcomes
- Support vocational practitioners in developing evidence-based practice
- Engage and inform employers to change recruitment and retention practices

Regional Action Plan: Mental Health & Employment

| Aim 1: Develop effective partnership working at regional and local levels and alignment of the individual aims of strategic organisations around mental health and employment | | | | |
|--|---|--------------------------|----------------|-------------------|
| Objective | Actions | Resources | Timescale | Responsibility |
| A partnership steering group will meet regularly to oversee the project | Secure representation at bimonthly meetings from GONW, LSC, JCP, SHA, IAPT, Public Health Dept, NWDA, CSIP, TUC, voluntary sector, employers, service users, Health providers and employment providers. | | June 2008 | CSIP (Huw Davies) |
| | Organise specific events for employers and service users to ensure input and feedback | | November 2008 | |
| | Develop effective performance management arrangements | | August 2008 | |
| The group will report to the Regional Employment and Skills Board | Establish appropriate reporting arrangements that compliment other programmes | | July 2008 | JCP |
| | Produce quarterly update reports | | | CSIP |
| Individual stakeholder organisations will align their strategic objectives | Engage with individual partners to review plans, align strategic objectives and consider spatial implications | GONW | April 2009 | |
| Close linkages will exist with parallel initiatives such as IAPT and workplace health | Identify and maintain close contact with regional workplace health initiatives | Workplace Health Network | September 2008 | CSIP |
| | Maintain close collaboration with IAPT programme | | May 2008 | |
| | Maintain close links to regional mental health skills strategy | NIACE/LSC | June 2008 | |

| Aim 2: Ensure robust data is available at regional and local levels to inform commissioning and benchmarking | | | | |
|---|--|-------------------|--------------------|----------------|
| Objective | Actions | Resources | Timescale | Responsibility |
| Obtain up to date information from existing data sources | Obtain analysis of 2007 Labour Force Survey data | Nicola Vicks (DH) | July 2008 | CSIP |
| | Clarify accuracy of 2007 Patient Survey proxy data | | | |
| | Investigate data held locally by LAs and MH Trusts | | | |
| Mental Health Minimum data set is applied and completed consistently | Engage with MH Trusts to discuss data collection and reporting | SHA?; ADSS | July 2008 | |
| | Develop proposals for maximising comparability of LA level data | | August 2008 | |
| | Produce statistical report based on 2008-09 outturn figures | | Interim – Dec 2008 | |
| Options investigated for commissioning new data sources | Identify gaps in data requirements | | August 2008 | |
| Understand current service provision | Map vocational and skills services in the region, including health-based support | LSC | December 2008 | |
| Providers are able to provide data on job outcomes for people on CPA | Complete audit of Workstep providers | JCP | December 2008 | |
| | Identify non-DWP funded providers and audit for job and retention outcomes | | | |
| Identify cost / benefit analysis figures | Seek to identify wider social costs of worklessness | JCP | March 2009 | |

| Aim 3: Inform and influence the commissioning of appropriate evidence-based services that have a focus on employment and retention outcomes | | | | |
|--|--|---|----------------|----------------|
| Objective | Actions | Resources | Timescale | Responsibility |
| PCT commissioners will have increased awareness of employment pathways and issues and commission services to maximise desired outcomes | Organise subregional events and briefing materials for PCT commissioners | IAPT networks; SHA?; ESF funding? | October 2008 | CSIP |
| | Broker local partnership meetings with providers and commissioners | | | |
| | Offer individual support and advice to selected PCTs and PSA16 areas | | | |
| Commissioning will be informed by examples of best practice and focus on outcome targets | Engage with NSIP, Sainsbury Centre for Mental Health etc to identify and disseminate best practice | Equal programme; ESF Unit; BASE | September 2008 | CSIP |
| | Investigate research from ESF funded projects and disseminate | | | |
| | Seek ESF funding for a capacity building project within NHS | | | |
| Four local authorities will set local targets for NI150 in their local area agreements | Identify potential boroughs and support target setting | City Strategies and multi-area agreements; GONW | May 2008 | GONW |
| | Engage with City Strategies to raise profile of mental health issues | | | |
| Explore potential for joint PCT action on stigma | Canvass opinion on merits of jointly funded regional anti-stigma campaign | PCTs | March 2009 | NWDA/NHS |

| Aim 4: Support vocational practitioners in developing evidence-based practice | | | | |
|--|---|-----------------------------|---------------|----------------|
| Objective | Actions | Resources | Timescale | Responsibility |
| Mental Health vocational practitioners will use evidence based practice | Establish regional Employment Practitioner Network to support improved intervention models, outcome measurement and knowledge of pathways to employment | LSC; BASE; SCMH | July 2008 | CSIP |
| | Liaise with other employment networks | | | |
| Vocational services will have the resources to meet demand | Investigate implications and potential increased use of individualised budgets | SCMH, In Control | April 2009 | CSIP |
| | Engage with LSC, JCP, NWDA and GONW on targeting of additional resources eg ESF measures | GONW | | |
| | Engage with national lobbyists | BASE; Disability Coalition | | |
| Support local activity and pilot specific initiatives | Identify potential pathfinder areas | JCP | April 2009 | CSIP |
| | Selected providers will receive targeted support for employment / retention initiatives and service improvement | | | |
| | Support local partnership activity | | | |
| Consolidate links with training and skills agenda | Improve awareness of signposting options | Regional MH skills strategy | March 2009 | LSC/NIACE |
| | Encourage wider use of Train to Gain | | | |
| Address welfare benefit disincentives | Promote awareness of permitted work, linking rules, Access to Work | JCP | December 2008 | JCP/CSIP |
| | Investigate process for | | | |

| | | | | |
|--|---|-----------------------|------------|------|
| | DLA and IB reviews | | | |
| Improve sectoral awareness through briefings and local and regional events | Improve mental health awareness for JCP staff | JCP; LSC; BASE; NIACE | March 2009 | CSIP |
| | Improve awareness of employment pathways for Health and Social Care staff | | | |
| | Improve awareness of training options with employment support and day service staff | | | |

| Aim 5: Engage and inform employers to change recruitment and retention practices | | | | |
|---|---|---|----------------|--------------------------|
| Objective | Actions | Resources | Timescale | Responsibility |
| Employers will be better informed to manage mental health issues in the workplace | Liaise with Workplace Health Network on employer engagement and information | HSE; Mindful Employer; SHiFT; GM & Mersey Employer Coalitions; TUC; Business in the Community | August 2008 | NWDA |
| | Disseminate business case and guidance materials via employer forums | | September 2008 | CSIP |
| | Ensure involvement of TUC workplace reps | | | |
| | Develop role of "employer champions" and publicise membership of Mindful Employer | | | |
| Employers will feel more confident about workplace adjustments to duties and processes | Raise awareness of jobcarving, Access to Work and reasonable adjustments | SCMH; Mindful Employer; Employer Coalitions; BASE | October 2008 | |
| | Raise awareness of "working interviews" | | | |
| | Raise awareness of employment support services available in the region | | | |
| Promote capacity of public sector as exemplar employers | Engage with GONW/NHS initiatives | GONW; Cabinet Office | March 2009 | GONW |
| Support improved response from medical support services | Engage with GPs and occupational health services to raise awareness of support models | SHA | | Workplace Health Network |

Appendix 1: Regional Employment Team Membership

| | | |
|--------------------------|--|--|
| Clare Mahoney (Chair) | CSIP | Senior Consultant, Strategic Partnership and Programme Development |
| Malcolm Kennedy | NWDA | Equality and Diversity Policy Manager |
| Jude Stansfield | CSIP | Senior Consultant, Strategic Partnership and Programme Delivery |
| Bryan Woolnough | JCP | External Relations and Partnerships Team |
| Jacqueline Marsh | JCP | Regional Partnerships Manager |
| Julie Wills | Govt Office NW | Economic Development Manager |
| Mark Needham | CSIP | IAPT Regional Coordinator |
| Huw Davies | CSIP | RET Coordinator |
| Lucy Rowe | CSIP | RET Development Worker |
| Patrick Shilliday | Govt Office NW | Business and Regional Economy Team |
| Kirsty Clegg | NW Public Health Team | Policy Advisor |
| Dominic Harrison | NW Public Health Team | Deputy Regional Director of Public Health |
| Dave Eva | UnionLearn | Regional Manager |
| Vicki Godfrey | GM Employer Coalition | Manager |
| Stephen Lee | British Assoc for Supported Employment | Regional Secretary |
| Anne Gornall | LSC | Regional Director of Skills |
| Gail Ross | LSC | Skills Support Advisor |
| Owen Boxx | NWDA | Policy Manager: People and Jobs |
| Chris Mullen | NHS North West | Associate Director of Workforce Strategy |
| | Voluntary Sector North West | |

It is hoped to gain additional support from the following partners:

Manchester City Strategy, Merseyside City Strategy, Merseyside Employer Coalition

Service user views are being sought via focus groups via Pennine Care NHS Trust and MerseyCare NHS Trust