



Clinical Commissioning Group



Health and Wellbeing Board

9 October 2018

Report from the Strategic Director Community Wellbeing

Mental Health and Employment Outcome Based Review

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	N/A
Background Papers:	N/A
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1.0 Purpose of the Report

1.1 This report will provide information to the Board on the development of the Outcome Based Review (OBR) for Mental Health and Employment including both the methodology and the scope.

2.0 Recommendations

2.1 The Health and Wellbeing Board is asked to:

- note and comment on the scope of the Mental Health and Employment OBR
- note and comment on the approach, and the fact that the Board will sign off the review report in March 2019, and
- agree the make-up of the Project Board, in particular who will represent the organisations represented on the Health and Wellbeing Board.

3.0 Background – Outcome Based Reviews (OBR)

3.1 The Outcome Based Review methodology is a design-led methodology, which has been used by the Council to tackle intractable, cross-cutting problems. The design-led approach focuses on the individual, family and/or community with the aim of understanding the problem from the perspective of our residents (not the organisations delivering services) and to look beyond departmental and organisational silos to implement solutions that are better for residents and either achieve greater impact for the same public funding, or reduce public funding across the system.

- 3.2 The methodology has four key stages – Discover, Define, Develop and Deliver and these aim to:

Discover more about what is actually being delivered through data collection and analysis, service mapping and effectiveness review, community research (including focus groups), professional interviews and horizon scanning.

Define a vision for future arrangements, bringing together a range of stakeholders to identify opportunities, prioritise key issues and generate ideas to take forward.

Develop new ideas, agree an approach and plan for testing and engage relevant stakeholders.

Deliver and **test** a new model and build a business case based on learning, setting out the service and commissioning models, including the financial business case.

4.0 Detail

- 4.1 As part of its wider transformation programme, Brent is undertaking an Outcome Based Review (OBR) on Mental Health and Employment. The overarching outcome for the review is *'to increase the number of people with mental illness thriving in work'*.
- 4.2 This idea originally came from a conversation with JobCentre Plus who raised the issue of significant growth in Employment Support Assistance (ESA) claims, with a particular concern about the growth in claims relating to those with a mental health need. In Brent, the number of claimants receiving Employment and Supportive Allowance (ESA) and Incapacity Benefit due to mental illness is 4,910 and 160 respectively as of May 2017 (ESA replaced Incapacity Benefit in 2008). This has grown significantly over recent years.
- 4.3 As a result of this an initial meeting was set up between the Council, Jobcentre Plus and Brent Clinical Commissioning Group who agreed the need to focus on the issue and commissioned an initial piece of scoping work which would look at both:
- the need underpinning this ESA growth, and
 - the services currently in place to respond to them (this involved speaking to the commissioners and providers of the main services in Brent and initial discussion with a range of other stakeholders including GPs).
- 4.4 The prevalence of Common Mental Health Disorders (CMDs) is relatively high in Brent. It is estimated that 16% of the adult population have a common mental health disorder (CMD) in Brent. This is slightly higher than the UK average (15.1%). CMDs include depression, generalised anxiety, OCD (obsessive compulsive disorder) and PTSD (post-traumatic stress disorder). Brent has the 9th highest rate of depression in the UK with 5.3% diagnosed with the condition.
- 4.5 People with severe and enduring mental illness (SEMI) are a smaller group. However, there is a very significant employment inequality in Brent between

those diagnosed with a mental health condition and those who are not. There is a 59.5% gap in employment rate between those in contact with secondary mental health services and the overall population rate.

- 4.6 The scoping work identified a significant range of services in place to help people retain and find work for people with mental health issues. However, if you map the referral routes into mental health services, the links between existing pathways and the breadth of current provision for mental health service users looking for employment, you find:
- Multiple commissioners, including the Council, Clinical Commissioning Group, Central North West London Trust, and Jobcentre Plus
 - The commissioners are not always fully aware of the other services that are being commissioned, or do not fully understand the overlaps and in provision and referral routes, which has led to multiple and unconnected pathways
 - There is a general lack of information about the variety of services available among the front line practitioners who were engaged as part of the scoping work whether this was social workers, GPs or employment workers. It is assumed that this is a similar issue for those seeking to benefit from the services.
- 4.7 In other words, there is not only a significant need in the Borough, but there also seems to be a significant opportunity to clarify and align our objectives, and improve our response to maximise the effectiveness of current funding.
- 4.8 Therefore, the OBR will set out to develop a shared approach across the Council and with partners for supporting people with common mental ill health into employment. The OBR will:
- bring together key commissioners to develop a shared commissioning approach and to work together to achieve the required outcomes
 - build a profile of the type and level of demand (including segmentation)
 - map current pathways of employment support for mental health users in Brent and the level of public investment in services
 - review the effectiveness and impact of current commissioning and delivery arrangements, including capacity to respond to need
 - identify any gaps in service provision and consider the arrangements needed to overcome these gaps
 - develop a joint commissioning framework.
- 4.9 However, it also became clear that this is huge area and some decisions needed to be made about the focus for the project in order to make it manageable. For example:
- A. Is this about helping people to maintain work (as part of the scoping work GPs had been engaged and this was an issue they raised) or finding work?
 - B. Is it about diagnosable mental health conditions or not?
 - C. Is it about common (depression, anxiety, etc.) or severe and enduring mental health (psychosis conditions) illnesses?
 - D. Is it for people with managed conditions or conditions that are not managed?

- 4.10 The current proposal is that the OBR focuses back in on the original question – the growth in ESA. This means that it will be about people who are looking to find work, not to maintain work in the first instance.
- 4.11 In terms of the other questions, it is assumed that it will also practically mean that we are focusing on:
- Those people with a diagnosis
 - Those people whose condition is being managed – this builds on the 2016 Employment Support and Welfare Reform OBR, which highlighted the importance of work in mental health recovery, but also stressed the importance of being ready to look for work, and one of the key parts of this is managing your condition
 - Those people with common mental health conditions as this will be the largest ESA group, and it recognises that there are specialist employment services run by CNWL through their Employment College for people with severe and enduring mental illness, which currently perform well.
- 4.12 However, it is also recognised that more information is required to fully understand how these different health situations relate to ESA and that this understanding will be an outcome of the discovery phase of the OBR.

5.0 Next steps

- 5.1 The aim is for this project scope to be signed off at the October 2018 meeting of the Health and Wellbeing Board and then report back to its March 2019 meeting.
- 5.2 Preparation for the first project board is currently underway, which will set the groundwork for the project providing:
- Detailed analysis of the ESA group
 - A summary of the initial scoping work on current provision, identifying strengths and weaknesses
 - A detailed summary of the relevant lessons from previous OBRs (both in terms of approach, and in relation to mental health and employment)
 - Literature review of what works for ESA and mental health - the national evidence in relation to mental health, the national response and good practice examples.
- 5.3 It is important that the project board is fully representative as this is already a complicated area and we need to ensure that we manage the interdependencies with commissioners. Therefore, the proposal is that the Board is chaired by Phil Porter, Strategic Director, Community Wellbeing, and is made up of representatives for the following organisations/departments:
- Public Health (to ensure the links to the Thrive programme are made)
 - Brent Council Employment Service (as a commissioner of employment support programmes and a link between a range of key stakeholders)
 - Jobcentre Plus (as the key referral route and commissioner of a wide range of employment support programmes)
 - CCG (as a commissioner of Improved Access to Psychological Therapies and employment support programmes)
 - GPs as an important point of contact for people with a CMD
 - Chief Executive of Employment Related Services Association (ERSA), a national membership body campaigning for high quality services for UK

jobseekers, who will provide external challenge, and insight into good practice.

- 5.4 However, we also need to ensure that other key stakeholders are engaged, including:
- People looking for work with a CMD
 - A wider range of front line practitioners
 - Employment support providers - Twinings, Shaw trust and others are already active in the Borough, and
 - Employers

6.0 Financial Implications

- 6.1 There are no direct financial implications identified at this stage for this piece of work.

7.0 Legal Implications

- 7.1 There are no legal implications identified at this stage for this work.

8.0 Equality Implications

- 8.1 We will ensure equality implications are considered as part of the work carried out at all phases of the OBR.

9.0 Consultation with Ward Members and Stakeholders

- 9.1 As part of the review we will be undertaking a wide range of consultation. This will include but not be limited to:
- Community Groups
 - Professionals
 - Services
 - Local People
 - National Organisations

Report sign off:

PHIL PORTER

Strategic Director of Community Wellbeing