

DERBYSHIRE COUNTY COUNCIL

MEETING WITH CABINET MEMBER, HEALTH AND COMMUNITIES

03 May 2016

Report of the Interim Director of Public Health

EMPLOYMENT AND HEALTH PROJECT

1. Purpose of the Report:

To seek approval to continue to fund the Employment and Health Project following successful evaluation of the one year pilot phase.

2. Information and Analysis:

A key theme of the DCC Council Plan Up-date 2016/17 is: a skilled and confident workforce. It states: "making sure that people have the skills they need to take advantages of opportunities through our work with schools, by helping adults with learning disabilities to get voluntary or paid employment and through our contribution to skills and training for adults is a top priority. The work of the Health and Employment Project contributes to this priority.

The Employment and Health Project is funded by Public Health as a one year pilot, from June 2015 to June 2016. This has enabled a Project Officer to be employed within the Adult Care Disability Employment Service, to specifically support people with health issues who are struggling to secure employment.

The project was established to trial the provision of one to one support for individuals with moderate but often long term health conditions, to help them overcome the barriers they face in seeking employment.

There is a strong link between employment and quality of life, including an evidence base for improved health and wellbeing. Supporting vulnerable individuals into employment is a preventative service that helps to delay and avoid more acute interventions and improving their confidence and quality of life.

The pilot project supports people in the Chesterfield area. The Employment and Health Officer takes referrals from GPs, mental health professionals, Social Workers, Day Service staff, Job Centre Plus, the Citizen's Advice Bureau (CAB), the mental health charity Rethink and other local Voluntary Community Sector (VCS) organisations.

The Project Officer meets with each applicant and supports them to identify the factors that have prevented them from finding work. Frequently, the issues that emerge are complex, ranging from mental ill health, drugs and alcohol, to the impact of long term conditions, such as asthma or Chronic Obstructive Pulmonary Disease (COPD). Increasingly, low levels of confidence and self-esteem are also barriers to seeking and gaining employment and re-engaging in society in general. For example, the officer works with a number of clients who are initially afraid to leave their homes due to these issues.

2.1 Outcomes

Service Specification requirements

The Service Level Agreement that Adult Care has with its Public Health Division specified that a minimum of 190 people should be referred to the project over a 12 month period and the following outcomes should be achieved: -

- 20% gain employment
- 10% take up training opportunities
- 10% take up volunteering opportunities
- 5% take up work placements or work experience.

Key outcomes required:

- Clients are able to manage their health condition/s sufficiently to enable them to return to work or training;
- Clients are able to gain and maintain employment for a sustained period (minimum of 16 weeks);
- Clients report an improvement in general health and well-being as measured by their individual action plan;
- Effective links are developed with CAB, employers, primary care and other statutory and voluntary agencies, as measured by the number of referrals to the service and clients signposted to other agencies for support;
- Clients are confident in their job-seeking skills as measured by clients developing and achieving goals set out in their individual action plans;
- Employers have a better understanding of the issues relating to health and employment and the type of support they are able to provide as measured by the contacts made with employees as part of individual return to work plans.

Service Specification performance
Performance Information for 2015 – 2016

	July 15 – Sept 15	Oct15 – Dec 15	Jan16– March 16	April16 – June 16
Target number of Referrals	42	48	54	46
Actual Referrals	70	53		

Referral Sources	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
CAB	0	0	0	0	0	0	0	0
GPs	1	0	0	0	0	0	2	1
DES	1	8	5	2	0	1	2	2
JCP	1	8	11	5	7	9	10	11
CMHT	3	9	9	5	9	9	9	10
Rethink	5	2	2	1	1	3	3	2
Pathway	1	2	2	1	0	0	1	1
Total	12	29	29	14	17	22	27	27

Outcomes	July 15 – Sept 15	Oct15 – Dec 15	Jan16– March 16	April16– June 16
New Job Outcomes	1	4		
New voluntary work	5	19		
Work placements/ work experience	5	10		
Training and Further Education	35	10		
TOTAL	46	43		

Since the project became operational in June 2015, it has become apparent that there is even more demand for a service of this kind than anticipated. If referrals continue at the current level, the target of 190 clients will be exceeded by the end of March 2016, three months ahead of the project year end.

The proportion of clients accessing training, volunteering and work experience opportunities is in excess of expected outcomes. In relation to the percentages of clients engaging in the different work categories, it is clear that the initial expectation that 20% of clients would move into paid work is unlikely to be fulfilled. The reason for this is that the majority of people referred to the project are a lot further from being 'work ready' than was originally anticipated. Rather than focusing on supporting someone to find employment, the initial support that many people need ranges from encouragement to take their medication to assistance with food shopping, and these issues need to be addressed before they can tackle their work issues. This has increased the importance of signposting and the need for the service to be provided in a flexible, person centred way, but has led to the conclusion that the original outcome targets set were probably too ambitious.

In addition, although the project is open to people with any kind of long term health problem that hinders their securing employment, it has been found that

the majority of people referred are clients with mental ill health. Many of these clients although very keen to achieve paid work, need a significant amount of support before they can reach this point. However, follow up of clients over a period of time may demonstrate a rise in the proportion achieving paid employment in the longer term, as a result of the impact on self-esteem and confidence due to engaging with the programme, and onward referral as appropriate.

A questionnaire has been developed to enable feedback to be obtained from clients. As the project progresses, this will be used to further assess its effectiveness, by adding qualitative insights and case studies to support the outcomes data.

Housing and Health small grants fund

The Public Health grant funds a recurrent budget of £35,608 a year for a housing and health small grants fund. This aims to provide funding to a range of agencies to fund interventions that improve health through housing related activities. This grants fund has a limited demonstrable impact on public health outcomes, and the redirection of this 'wider determinants' funding to the employment and health project is considered to be a more effective use of this resource.

The ongoing housing and health joint needs assessment, which is due to report in April 2016, will inform more targeted investment of public health prevention funding to housing and health interventions that are evidence-based, cost-effective and result in improved public health outcomes.

3. Financial Considerations:

The scheme employs one Project Officer on Grade 8 (£26163 to £28275 – including on-costs) the cost of which will be funded from the ring-fenced Public Health grant, through reallocating the housing and health small grants fund.

4. Human Resources Considerations:

If approved, it is proposed that the contract of the existing Project Officer be extended for an additional two years. The provisions of the Redundancy, Redeployment, Pay Protection and Buy out of Hours Policy apply. If the employee has their contract ended by reason of redundancy, they will be eligible to a redundancy payment. Any redundancy payment will be met by the Adult Care Department and can be contained within the existing budget.

5. Other Considerations:

In preparing this report the relevance of the following factors has been considered: legal, prevention of crime and disorder, equality of opportunity, environmental, health, property and transport considerations.

6. Background Papers:

- Council Plan Up-date 2016/17
- Cabinet report Prioritisation of the Public Health Grant Investment 15 March 2016

7. Key Decision:

No

8. Call-in:

Is it required that call-in be waived for any decision on this report? No

9. Officer's Recommendation:

That the Cabinet Member approves an extension of the funding for the employment and health project for a period of two years from April 2016 as outlined above.

Maureen Whittaker
Interim Director of Public Health