

**Review of Greater Cambridge Partnership
Work Limiting Illness Projects**

**A report commissioned by
The Investing In Communities Team, GCP**

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Executive Summary

This report sets out findings and recommendations for future activities to support people with a work-limiting illness taking into account the economic objectives of the Investing in Communities (liC) Programme.

The work was prompted by significant changes in the liC funding from East of England Development Agency (EEDA) to Greater Cambridge Partnership (GCP), and liC Strategic Board's recommendation to GCP's to cease investment in projects to support people with work limiting illness.

However, people with work limiting illness remains a priority target group within the liC 2008-2009 delivery plan as does raising the awareness of employers to the needs of people with disabilities in order to address barriers to employment.

National and regional policy is driving sub-regional partners towards greater collaboration of strategy and funding priorities. The Local Area Agreements will enable Central Government Departments to deliver on national priorities in a way that ensures these meet the particular needs and concerns of local people and are based on issues that are relevant to the local area.

We aimed to ensure that GCP's needs for project evaluation were fully taken into account while giving every opportunity for those who have been delivering the liC Work Limiting Illness projects to describe their work.

GCP staff required the following from this report

- Report on the ability and willingness of Pathways to Work (Job Centre Plus and Reed in Partnership) to fund some, or a major part, of support for people with work limiting illness, thereby reducing the impact of loss of funds from liC
- Explore the potential for re-shaping existing programmes and collaboration between current providers, namely The Richmond Fellowship and Papworth Trust
- Consider and report on which part of the current programmes could continue to be supported by liC
- Report on the risks attached to reduction of investment, including the impact on providers and the Social Training Enterprise Group (STEnG) network
- Advise on the gaps in provision that already exist or could be created through reduction in funds
- Provide a report for the liC Board setting out up to 2/3 options and the impact of each option.
- Review of the effectiveness of the current three interventions being undertaken and the identification of the benefits accruing to employing organisations, the potential employee and related support networks

Best practice - A meeting with Essex JobCentre Plus and West Essex Primary Care Trust (PCT) provided immediate insight into best practice as Essex has been a pilot Pathways to Work area for the past four years.

In addition, a review of best practice from City Strategy areas provided further insight into collaborative approaches between agencies.

Provider, Employer and Partner Interviews - Interviews were carried out with employers, partner organizations, and service providers. The interviews with providers, partners and employers were used to provide context for recommendations, as well as a record of key learning points for GCP.

In addition, we participated in two partners' events. These were the East of England Work Limiting Illness Learning Network hosted by Shared Intelligence and the Reed in Partnership briefing on Pathways to Work.

Recommendations - We have made recommendations in the form of three staged proposals for GCP to consider. These cover both the short term, and longer-term within the context of GCP's changing role. What is clear, is that the Government agenda is one in which commissioning bodies are being asked to align their strategies, and the subsequent commissioning of programmes and initiatives.

This approach could lead to partnership agreements in the medium term for leveraging funds to invest in the client groups that WLI liC funds have previously supported, but within a strategic context that enables a more coherent and joined up approach that addresses the specific priority targets within the LAA framework.

Stage 1 - Withdrawal and referral

- Advise the LAA and the Local Authority on outcomes of projects including lessons learned and recommendations for the future
 - Submit final monitoring reports and review report to LAA for information
 - Advise JobCentre Plus and Reed in Partnership on key findings
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Stage 2 - Strategic support and capacity building

- Promote good practice from current liC projects
 - Building on the liC funded 'Community Access Programme' through the STEnG group encourage provider networking and build capacity to communicate with Commissioning Bodies
 - Articulate and champion economic imperatives within the LAA
 - Broker partnership approaches with policy makers and commissioning bodies
 - Highlight gaps - through regular review
 - Constantly engage in dialogue with commissioning bodies
 - Immediate recognition of specific client groups not likely to be addressed by Pathways
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Stage 3 - Develop support for clients who fall out of the current reach of Pathways to Work in conjunction with other partners and with the context of a sub-region wide (LAA strategy to tackle worklessness) from 2009/10 on

- Increase employer engagement targeting SME's plus large companies and public sector organisations as universal provision and support to all providers
 - Support specific projects for people with mild work limiting illness who are not within the current remit of Pathways to Work, in partnership and dialogue with Reed in Partnership, Cambridge PCT, Mental Health Primary Care Trust (MHPCT), GCP providing short term funding to bridge gap before other funds from NHS can become available
 - Champion the economic implication of addressing both client and employer needs with sub regional and LAA with a view to maintain longer term investment to support employer engagement and retain and regain
 - Encourage and support GCP-wide strategy for working with 'worklessness' in dialogue with LSC/Job Centre Plus, EEDA and service providers
 - Consider a pan GCP/Suffolk collaboration, in partnership with Suffolk SREP, and Reed in Partnership, where there could be added value and economic of scale to expand current projects into a wider arenas
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1. Introduction

This report sets out the findings, which develop recommendations for future activities to support people with a work-limiting illness taking into account the economic objectives of the Investing in Communities (liC) Programme.

Due to significant changes in the liC funding from East of England Development Agency (EEDA) to Greater Cambridge Partnership (GCP), and liC Strategic Board's recommendation to GCP's to cease investment in projects to support people with work limiting illness, the consultants, in agreement with GCP, adopted a slightly different set of objectives to those that were originally intended in the tender documentation. Specifically these included the following:

- Review of the effectiveness of the current three interventions being undertaken and the identification of the benefits accruing to employing organisations, the potential employee and related support networks. A short review is included in the conclusion in the main report, and a tabulated version with achievements against targets is included in the Appendix F.
- The extent to which the Pathways to Work contracted areas will address some areas of need in particular reference to Retain and Regain and Engaging Employers
- The impacts which will be felt by withdrawing funding including any agreed exit strategies
- Developing a range of options for future consideration taking account of the change in liC under the new LAA arrangements

We deal with the responses to these points in Section 4 (Findings and Conclusions) and Section 5 (Recommendations) of the report.

2. Context

2.1. Reduction in liC funding for work limiting illness and other programmes

Funding cuts of up to 44.36 % of revenue and 14.4% capital funds from EEDA to the GCP liC programmes were confirmed in January 2008. The impact on the GCP liC programme has meant a review of all existing projects, and a re-profiling of investment over the next 3 years.

In terms of investment in projects under project 6 of the liC delivery plan entitled 'Work Limiting Illness' this has led to a complete cut in investment for 2008-2009, meaning the three projects at the centre of this review will cease to be funded by liC in their current form on 31st March 2008. The decision as to where to cut funding appears to be based on targeting those projects that were coming to their natural completion in March 2008 and which were recognised as requiring reshaping and putting out for competitive tender

However, people with work limiting illness remains a priority target group within the liC 2008-2009 delivery plan as does raising the awareness of employers to the needs of people with disabilities in order to address barriers to employment.

2.2 Review of (Sub-Regional Economic Partnerships) SREPs and liC programmes

EEDA has instigated a regional review of liC programmes investing in work limiting illness (by Shared Intelligence) and the SREPS (by GHK Consulting (GHK)). They are taking place within the context of the sub national review, reduction in Regional Development Agency (RDA) funds, and changes in role within the RDAs, Local Authorities and Learning and Skills Council (LSC). At the time of writing this report, it has not been possible to include any significant finding from either piece of work due to delays in their progress.

The EEDA Corporate plan 2008-2011 proposes that liC funds will in future be routed through Local Authorities as the sub-regional economic partners, with strategic direction from the Local Area Agreement (LAA) Boards. GCP is currently considering its future role within these new arrangements. At the time of reporting, it is unknown what the future role of GCP will be. This in itself provides difficulties in offering direction to the liC Board in terms of future direction of the liC programme. However, it is likely that GCP could act as the economic delivery arm to the Local Authority. This could mean that EEDA liC funds routed though the Local Authority could be managed by GCP. It is also likely that GCP could have specific responsibility for engaging the private and not for profit sector in brokering input to economic priorities. If this is the case, then GCP could continue to have an influential role in the future priorities for liC investment.

2.3. Leveraging and mainstreaming

National and regional policy is driving sub-regional partners towards greater collaboration of strategy and funding priorities. The Local Area Agreements will enable Central Government Departments to deliver on national priorities in a way that ensures these meet the particular needs and concerns of local people and are based on issues that are relevant to the local area.

Local Area Agreement phase two (LAA2) will require local strategic partners to prioritise up to 35 targets that are relevant to their business (out of a total of 198). Achievement against these 35 will lead to access to bidding for regional awards funding from Central Government. Currently GCP have two seats on the LAA Board in order to represent the business community and the Chair of the liC Strategic Board is on the LAA Board representing the voluntary and community sector.

3. Methodology

At the heart of our chosen methodology was a desire to ensure that GCP's needs for project evaluation were fully taken into account. Reviewing the way in which the projects have been managed and delivered is clearly important to GCP as they wish to learn about the effectiveness of their processes and procedures as well as understanding the specific lessons about the programmes designed to help those with Work Limiting Illness to retain or move into work.

We wanted to give every opportunity for those who have been delivering the liC Work Limiting Illness projects to describe their work. We wanted to acknowledge their commitment to the work; and to the clients they have been helping; and to capture as much of the learning as possible given that the liC projects have to come to a premature and potentially unsustainable end. These projects have not been happening in a policy vacuum and Department for Work and Pensions (DWP) initiated pilot work in other areas on Pathways to Work (PtW) and City Strategies are to be influential on the way that the wider policy area and delivery programmes for worklessness are developed throughout the UK. Given the importance of these DWP initiatives with regard to how Government sees worklessness being reduced, including that due to Work Limiting Illness, it was vitally important to explore a number of particular questions, seek views, and evidence in order that this report may help GCP to decide its future role in this area of the economy.

What can Pathways to Work and approaches like City Strategies offer those with Work Limiting Illness?

What are the opportunities for improved future delivery and how might GCP (and its LAA Partners) play a part in influencing or delivering that improvement?

If there are likely to be gaps in provision or support for particular client groups through Pathways to Work, do the players involved in the liC projects have something to offer and if so how might their experience and knowledge be brought to bear on the problem?

With the issues and questions described above in mind, we adopted a very participative approach based on the following elements:

- Meetings with GCP liC staff to clarify their requirements and take account of their views of the project
- Search for best practice
- Provider, Employer and Partner Interviews
- Provider monitoring reviews
- Delivery of Focus Group
- Analysis
- Reporting

3.1 Meetings with GCP liC staff to clarify their requirements and take account of their views of the project

Two meetings took place to clarify the requirement of GCP staff. Specifically they required the following from the project

- Report on the ability and willingness of Pathways to Work (Job Centre Plus and Reed in Partnership) to fund some, or a major part, of support for people with work limiting illness, thereby reducing the impact of loss of funds from liC
- Explore the potential for re-shaping existing programmes and collaboration between current providers, namely The Richmond Fellowship and Papworth Trust
- Consider and report on which part of the current programmes could continue to be supported by liC
- Report on the risks attached to reduction of investment, including the impact on providers and the Social Training Enterprise Group (STEnG) network
- Advise on the gaps in provision that already exist or could be created through reduction in funds
- Provide a report for the liC Board setting out up to 2/3 options and the impact of each option.
- Review of the effectiveness of the current three interventions being undertaken and the identification of the benefits accruing to employing organisations, the potential employee and related support networks

We explore these requirements further in Findings and Conclusions (Section 4.1- 4.7) and Recommendations (Section 5).

3.2. Search for best practice

Meetings with Essex JobCentre Plus and West Essex Primary Care Trust (PCT) provided some immediate insight into best practice. Essex has been a pilot Pathways to Work area for the past four years. We have reported on this in Appendix C.

In addition, a review of best practice from City Strategy areas provides further insight into collaborative approaches between agencies. In particular, Shared Intelligence provided some insight to what worked in other areas. A summary of their comments include:

- More local co-ordination at both strategic level and between suppliers e.g. LSC/Jobcentre Plus and providers – working together across areas
- Development of City employment plans
- Prioritise employer engagement as a central part of the strategy/plan
- Develop the capacity of providers, for example in terms of how they change/develop to meet new requirements of working and delivery of services to meet strategic needs

We have reported on City Strategies more fully in Appendix E.

3.3. Provider, Employer and Partner Interviews

Interviews were carried out with three employers, three partner organizations, and five service providers. We have included key learning points from the employer interviews in Appendix A. Useful background information from a Provider interview is in Appendix B and from Partner interviews in Appendix C.

In addition, the team attended two partners' events. These were the East of England Work Limiting Illness Learning Network hosted by Shared Intelligence. The other was the Reed in Partnership briefing on Pathways to Work. Key learning points from this latter event are provided in Appendix D.

3.4. Provider monitoring reviews

The project team carried out three Quarter 4 monitoring visits on behalf of the liC team. We have sent these reports to the liC team separately.

3.5. Delivery of Focus Group

A focus group was brought together to review the initial findings from the interview schedule. We invited three providers, Richmond Fellowship, Papworth Trust and Red2Green. In addition, members of the liC team were invited, but unable to attend.

The group provided an opportunity to test and question the validity of findings to date, explore good practice, and seek views on transferable learning and recommendations for the future.

3.6. Analysis

The interviews with providers, partners and employers were used to provide context for recommendations, as well as a record of key learning points for GCP.

In addition, the results of the focus group provided the project team with additional evidence and recommendations.

3.7. Reporting

We drafted an initial report for discussion with the GCP liC team. This culminated in this final report.

4. Findings and Conclusions

4.1 Report on the ability and willingness of Pathways to Work (Job Centre Plus and Reed in Partnership) to fund some, or a major part, of support for people with work limiting illness, thereby reducing the impact of loss of funds from liC

Clients

The Department of Work and Pensions (DWP) have indicated to Reed in Partnership that 85-90% of those coming on to the PtW programme should be mandatory clients (that is new claimants) and 10-15% volunteering (that is existing Incapacity Benefit (IB) claimants). Given Reed in Partnership's targets, volunteers could amount to 250-400 per annum from a current pool of around 40,000 (across Cambridgeshire and Suffolk) i.e. less than 1%. This is similar to the numbers reached through the liC programme, albeit for different client groups. Clients may also be referred from other programmes to allow movement across from existing initiatives, which may not be able to offer the length or speciality of support available under PtW. This latter point could be an area of negotiation between Reed and current providers.

The indications are that PtW will only address a small number of current IB claimants, some of whom could come into the scope of current liC funded programmes. However, the results of the Essex PtW pilot indicate that participants in PtW must be on Incapacity Benefit; those that fall out of the scope could be for example, lone mothers with anxiety or depression, and people on statutory sick pay who do not qualify for PtW.

The Essex PtW pilot found that 8-9% of those going through PtW return to work; others go in to education or charity work. However, where there was particular focused activity they found improved success at moving claimants into jobs. For example, they found that of those who took up the Condition Management element of the Choices Package supported by West Essex PCT, between 20-25% returned to work.

Geography

In terms of the GCP geography PtW across Cambridgeshire and Suffolk will be managed from six major offices (Peterborough, Huntingdon, Cambridge, Bury St Edmunds, Ipswich and Lowestoft) and a further eight outreach services from smaller centres e.g. Wisbech. Most people will reside within 10 miles of one of these offices or outreach centres and virtually everyone within a 15 mile radius.

Employer engagement

Engagement with employers will use the JCP Local Employment Partnerships. Their role will primarily be to broker jobs that support claimants declared ambition, and provide some employer education in working with

people with work limiting illness. Although the latter will not necessarily be IB claimant specific.

Summary

Reed in partnership is new to the GCP area. They are putting in place a new team and programme. It appears that there is considerable scope to ensure that the programme meets the strategic priorities in the sub regional economic strategy developed by GCP. Within this, there is a key role for GCP to play to advise, advocate and support Reeds in developing a programme that has economic development and regeneration at its heart.

Reed in Partnership has already conducted a number of consultations/briefings with providers and other partners in Cambridge and Peterborough in March 2008. They are actively seeking opportunities for collaborative working. There is clearly an opportunity here for GCP to engage with Reed in dialogue at this early stage to shape and inform the future programme. Part of this dialogue should be to consider how liC funds could enhance and add value to PtW from 2009/10 onwards.

One area on which GCP might wish to focus is that of employer engagement. Given the role, that Reed in Partnership will have in educating employers, and the emerging JCP local employment partnerships, GCP could act as a facilitator to bring different strands of employer engagement together into a more coherent framework (making inroads through the countywide Chamber network).

4.2 Explore the potential for re-shaping existing projects and collaboration between current providers, namely The Richmond Fellowship and Papworth Trust

The three projects are very different in terms of client group, objectives and targets.

The Retain and Regain project managed by Richmond Fellowship has been set up to create relationships with GP surgeries to encourage referrals of those who have lost their job or are in danger of losing their job due to mild mental illness.

The Employer Engagement project managed by Papworth has been set up to work with a number of large, generally public sector employers to raise awareness and assist in changes to culture and recruitment processes to enable people with Work Limiting Illness or disability to find employment. In addition, there was a further strand of work aimed more broadly at Small and Medium Enterprises (SMEs).

The Work for You project managed by Papworth Trust has been set up to provide intensive support to a client group whose needs included basic literacy, numeracy and CV writing skills, as well as building capability and confidence to seek employment. This client group generally has more severe

work limiting illness or disability. The vehicle for providing this support was job clubs.

There are some observations that could help to shape future collaboration between the two providers around the approach to and education of employers.

One of the main learning points from all providers interviewed has been the difficulties in working with employers. Larger private sector companies and the public sector were obvious targets for most providers because of their need to meet regulatory obligations. However, where this worked best there was an internal 'Champion' usually from the Human Resources department. Working with employers is a long-term activity, and it takes time to bring about change in attitudes to working with people with disability, and with mental health problems

The NHS, Condition Management Programme at West Essex PCT, confirms this where they found that many large private sector employers are already willing and receptive towards equality. Their experience was that large public sector employers 'talk the talk' but are often reluctant and/or slow to take on employees with for example mental health problems.

One example of taking this longer-term view is the work of the Engaging Employers project managed by Papworth. They do not focus on the person's disability, but on the skills match between the individual and the needs of the organisation. They have found that working with larger organisations over time, they have had a success rate of keeping up to 85% of people in jobs for 6 months plus.

An example of the time and effort it takes working with SMEs is the Papworth Employer Engagement experience where in one year of an earlier phase, they had targeted consultations with 128 SMEs, of which 25 asked for more information (20%).

One area of mutual interest and collaboration between different providers could be an intensive programme of communication, information and support to employers regarding working with people with disability and mental health problem.

Summary

Retain and Regain, Employer Engagement and Work for You, are so strategically different, and address such different target groups and issues, that they should be delivered as independent of each other.

However, the role of Employer Engagement could be enhanced to provide support for other providers in educating employers, and sourcing support. To achieve this the programme would need to change. The operational relationship between an independent expert consultant and Papworth Trust was very successful. The consultant was very much part of the team and in

that sense had full access to the team of Advisers and visa versa. The team of Advisers across Cambridgeshire brought a huge amount of added value to the project and was funded through other Papworth Programmes and so had no financial implications on the project. They offered a pool of potential candidates for jobs and worked with the employers as and when required.

One idea to consider is for GCP to facilitate an employer engagement group comprising Papworth, Business Link East, and Job Centre Plus to learn from the current project, and from Brian Perrett's experience, and to consider how to increase levels of basic awareness through the range of agencies working directly with employers. Utilising this wider network of agencies could increase the penetration rate, and enable some economies of scale.

Papworth could act as a broker for Business Link to deliver advice and guidance to employers on working with people with physical, mental and learning disabilities. They could provide a service to smaller providers, by brokering relationships with employers as and when these providers needed to access specialised employer support. So for example if a provider needs access to an HR specialists to talk to a group, Papworth sources the specialist and refers to the Provider to brief them on what is required.

4.3 Consider and report on which part of the current programmes could continue to be supported by liC

City Strategy areas such as Birmingham and Gloucester have demonstrated that aligning strategic priorities and the subsequent investment between commissioning bodies such as the LSC and JCP, can lead to better and more effective use of public money to support the most vulnerable groups.

In this respect, two priority activities should be considered; these are engaging employers, and supporting those clients who currently fall out of the mainstream PtW target group, namely people with mild mental health problem currently supported by the Retain and Regain project managed by the Richmond Fellowship. In particular, to focus on those clients who fall out of the remit of PtW because they are currently in work, or else on Job Seekers Allowance (JSA), and therefore not eligible for support.

Employer Engagement

The current employer engagement project has raised considerable interest with larger private and public sector employers, as well as seeking to influence the views of SMEs. For example, some 7000 - 10000 businesses are more aware after 4 years. Through this programme, 43 disabled people have started work, and over 40 access audits have been conducted. (Based on Q4 monitoring report)

However, the vast majority of successful placements appear to be with public, rather than private sector organisations. To achieve scale, there is undoubtedly a need to engage with larger size private businesses.

This programme could act as an umbrella initiative to support other members of the STEnG group who seek to engage employers, but find this time consuming, and often unproductive.

Retain and Regain

The success of the Richmond Fellowship Retain and Regain project is that it has started to change the way in which GPs behave toward patients with mild mental health problems but who want to continue working. In the GCP area, contact has been established with 25% of GP surgeries, (but not 25% of the opportunity those surgeries provide to access clients/patients).

This pioneering work is still at its early stages. Its success was recognised in the Roger Tym's report in May 2007. Not least because it seeks to address health, employment and economic issues, thereby addressing a number of LAA policy priorities.

Summary

The approach recommended is that liC polices to support employers and target client groups are aligned with other LAA partners such as JCP, the LSC the PCT and the Mental Health Partnership.

Employer engagement is an integral part of most current provision. Retaining such a programme, but broadening its scope, could support a range of larger and smaller providers (see Summary in Section 4.2).

Work with GP surgeries to address the needs of people with mild mental health problems, has proved highly successful to date. The project that has been developed by The Richmond Fellowship in itself represents a sustainable model because of the legacy it leaves. There is considerable opportunity to reach more clients through increasing the number of surgeries involved. However, if this were the case, there would need to be additional Advisors in place to manage the support for the client group.

4.4 Report on the risks attached to reduction of investment, including the impact on providers and the STEnG network

Retain and Regain will continue to be funded out of The Richmond Fellowship's reserves for 6 months after the completion of the liC project. Both of the other two projects where liC funding has been withdrawn will stop in terms of the intensive support provided for the specific client group. Most of the client group will not be picked up by Pathways to Work. This is for a number of reasons. The Retain and Regain clients are often already in work with the risk of either losing their job or leaving their job, therefore will not be picked up by Pathways. In terms of Work for You, the client group does not fit into any other programmes - because the intensity of support is so great. Some of them may have been out of work for many years or never worked. Therefore, they are not necessarily within the 'stock' of long term IB claimants.

When the current liC funded programme ceases, much of the success to date with employers will be lost. The messages and support provided by Papworth Trust need to be repeated frequently and with a relatively high staff turn in many of the organisations the knowledge and expertise gained will be lost relatively quickly. Efforts are being made to find sustainable solutions to retain this knowledge and experience but the success of these ideas are yet untested.

Summary

Current projects will cease once liC funds are withdrawn in March 2008.

Providers working in the not for profit and charitable sector are well used to working with in an environment of constantly bidding for and sourcing funding to support their work. There was scenario planning from October 2007 on the future of Work Limiting Illness (WLI) post 2007/2008, and evidence of dialogue between GCP and the two providers. In spite of this, there is a view that the final decision to withdraw funds was done with some haste.

Richmond Fellowship have submitted a bid for continue to deliver the regain part of their projects through the Local Public Service Agreements (LPSA) Reward funds, the outcome of this is still unknown. The Richmond Fellowship will continue to support clients, from its own resources, for six months after completion of the liC funding.

MANGO6 interviewed three employers, two public sector and one private sector. They expressed considerable frustration at the withdrawal of funding. Although they had benefited from the programme, they would not continue to deliver without the support for liC or other Government funding. However, the liC funds have enabled these employers and others, to embed new policies and procedures for working with people with disabilities, and provided them with a toolkit for future use. Since interviewing Papworth, there has been subsequent discussion with Cambridgeshire County Council, Cambridge City Council, Cambridgeshire Fire and Rescue and Addenbrookes. Papworth are endeavouring to continue with aspects of the Engaging Employers programme by ring fencing financial resources for agreed training, briefing, communications and awareness raising activities.

The perception of the providers is misplaced but understandable. The Work Limiting Illness and Traveller investments had already received funding for over 2 years and it was recognised there was a need to review the funding being made and open up some areas to competitive tendering having reshaped the approach. The severity of the funding cuts was such that the existing programmes, all of which were targeted at priority areas, were scrutinised with a view to cutting funding to try to free up revenue.

Providers expressed some concerns at GCP's reaction to the EEDA cuts in funding. However, the cuts imposed by GCP were made to create least impact on investments at a vulnerable stage of development, some of which were linked to capital investments made. The reality was that wherever the

cuts were imposed client groups would suffer. The balance of the programme in respect of the three strands has been maintained but it is recognised is not as comprehensive as would have been liked. The available revenue for 2008/9 of £304,504 and for 2009/10 of £368,207 will create opportunities that with lobbying will hopefully receive the support of the Local Authorities and others on the LAA.

The STEnG network was active prior to liC funding, and has received business support through the Commissioning Access Programme. It is our understanding that the STEnG network will continue to function in spite of GCPs decision to withdraw funding. Given the changing context of commissioning, it would be well placed to promote its existence to PtW, and to work closely with the local authorities, and promote its existence and expertise to the LAA and the Reed in Partnership.

4.5 Advise on the gaps in provision that already exist or could be created through reduction in funds

Provider perceptions

Employer engagement is a crucial element of ensuring that businesses recognise the potential benefits of a more diverse workforce including people with work limiting illnesses.

There is a perception from providers and partners that while the Pathways to Work programme includes an employer engagement programme, it should not be considered as a direct replacement for the existing engagement programmes, but rather as a complementary programme enabling wider engagement to be undertaken.

For example, the existing Engaging Employers programme works with employers to inform them on the business case for employing disabled people and also to provide tools (such as workshops for managers and staff), strategies and support routes for existing staff with long-term health conditions or disabilities.

Reed in Partnership intentions

However, this is somewhat at odds with the declared intentions of Reeds who have indicated that they will use the JCP model to engagement with employers, using the JCP Local Employment Partnerships. Their role will:

- include employer education about employing those who have experienced work limiting illness
- but will not be IB specific
- the focus will be to look at job availability in each of the areas around the six main PtW offices together with the ambitions declared by current claimants

The indications from the Essex pilot is that PtW is dealing mainly with clients who have mild to moderate health problems so any intense selling to

employers may elicit thoughts about more serious stereotypical perceptions of disability and make them disinclined to consider those with mild to moderate problems. The preferred approach is to emphasise the potential employee's skills and attributes.

Pathways to Work support for Mental Health

A number of providers and partners mentioned their concerns over the ability of PtW to support people with mental disability, in particular concerning the lack of understanding within the workplace. A suggested way forward was for a co-ordinated approach to GCP wide delivery bringing together a number of specialist providers, PtW and others such as PCT and the Mental Health Partnership. The Sainsbury Centre for Mental Health pointed to good practice adopted by UK companies that could be used to highlight what it is possible to achieve.

One of the issues with mental health is not just the individual, but also the attitude of those around the individual. Such as clinicians, who may reinforce the individual's view of themselves by focusing on their illness for example, rather than on what they are capable of. The Richmond Fellowship's Retain and Regain programme funded by liC has pioneered a new approach to working directly with GP surgeries (primary care) to support people with mild mental health problems. The economic and health advantage of this is that support is provided at an early stage in the person's illness. This important work will be lost with the withdrawal of liC funds, and will not come within the remit of PtW.

Dame Carole Black in her report comments that there is a need to educate employers about mental health issues "Employers have a critical role to play if we are to reduce the incidence of poor mental health and organisations have to be encouraged to adopt a more intelligent approach to mental health".

While Reed in Partnership express an openness to work with people with mental health problems, this is not an explicit requirement. PtW is likely to leave this client group unsupported as well as the education of employers, clinicians, and others who engage with such clients in different aspects of their lives. This does raise the issue of the extent to which the Government, including EEDA, are pulling away from the convergence model of trying to help those further away from the labour market or concentrating resources where there will be better results.

From one of the providers experience they suggested there are also people with mental health issues who remain on JSA, who should be on a health-related benefit. This could be for a number of reasons; they could be just waiting to change benefit, or may be unsure of their entitlement to claim, or uncomfortable about discussing their illness with JobCentre Plus staff initially (sometimes JobCentre Plus staff also may be unsure about how to discuss mental health issues, or not notice signs of ill health). Guidance agencies and various other voluntary sector organisations working with disabled clients will

encourage and support clients in ensuring their benefit situation is appropriate and they are receiving the correct entitlements, where they can.

Although it is likely that most providers will be prepared to support Reeds in Partnership in understanding the clients they are working with, there will be a number of clients in these situations regarding benefit, who are not accessing any other service, and these could 'slip through the Pathways to Work net'.

Summary

As stated in other sections, the main gaps in provision will be for:

- People in work with mild mental health problems at risk of leaving or losing their jobs
- People who have recently left work with mental health problems who are on JSA but who do not qualify for IB
- People who have a work limiting illness who have been out of work for some time, but will not automatically volunteer for PtW
- Employers, in particular, small and medium size employers, who are facing skills and labour shortages

4.7 Review of the effectiveness of the three current interventions and the identification of the benefits accruing to employing organisations, the potential employee and related support networks

A summary of each project is provided below, with a tabulated version including numerical achievement of targets, provided in Appendix F.

Project outputs

Based upon the Quarter 4 monitoring interviews and allowing for projections to the 31st March 2008, the three IiC funded Work Limiting Illness projects outputs are forecast to be in line with the offer letters. The monitoring reports have been given to GCP and a tabulated summary of the effectiveness of the projects is included as Appendix F.

There is some concern about the 'Work for You' project in that 20 people into work was the target proposed in the application form. While 20 remains the forecast, Papworth renegotiated the definition of work over the course of the project. It now includes paid, voluntary and 'permitted' work (less than the threshold earnings that would affect benefits). Consequently what may have started out as an expectation that 20 people would be assisted to gain paid work, that number will turn out to be three with the others going in to voluntary work or limited hours 'permitted' work or simply undertaking work experience.

More generally, the nature of bidding for publicly funded projects can lead to unrealistic expectations about the rate of delivery of the agreed outputs. It is often promised, implied or assumed that outputs will occur at a uniform rate over the duration of the project.

In reality, projects usually take some months to start delivering against targets. For example if the project necessitates recruitment or redeployment of staff and there is a need to recruit partners or participants, this all takes time. For a typical two-year funded project, it is quite possible that project recruitment milestones are being met (but may also at risk due to possible delays in recruitment) and yet target outputs do not materialise, often until the later part of the first year. This can lead to disappointment, embarrassment and frustration for the funders who often have to report in turn to their funders, and loss of reputation for the project leaders and their organisation. Finally, the frustration and disappointment transfers to the project leaders if funding is withdrawn just as the project has gained momentum and all their efforts seem to have been in vain. These comments are intended as a learning point for funders and bidder and are not restricted to the liC programme or Work Limiting Illness projects.

Retain and Regain - The Richmond Fellowship

In order to achieve the target number of people assisted, effort has been put into recruiting more GP surgeries to the project. Practice based counsellors have also been targeted as sources of referrals. It is important to bear in mind that one project worker was only recruited in September 2007 so resources were not all available from day one.

Employee confidentiality prevents direct approaches to employers to ask them for their opinion on the value of the service to them. One employer has been able and willing to write up a case study. A second case study is expected.

Client/employee information has not explicitly been gathered and documented so it is only possible to indicate success in terms of demand for the service. Since involving practice based counsellors Richmond Fellowship have been flooded with enquiries and referrals and this is just in Cambridge.

Richmond Fellowship has actively networked with a range of professionals. This has included, GPs and other primary care teams e.g. psychologists from Addenbrookes. They have also had an active steering group recruited from the Local Disability Forum, the Local Authority, PCT and Mental Health Partnership.

Summary

The number of people assisted by the end of 2007/08 is on target at 185 supported people, 86 retaining or gaining a new job. As the project has become established and progressed, it has confirmed that actual demand and potential future demand is very significant. Making this support service available to GPs and their practice-based counsellors for client referral represents a model worthy of further support and development

Employer Engagement – Papworth Trust

The initial focus for this project was four large public sector employers. A combination of slow internal decision making processes, sickness of the internal champion and other staff changes have all contributed to slower than expected progress for example, on achieving formal agreements and running management training workshops. Rather than see resources stood down while internal decision making took its course, work has been initiated with a further five large employers.

There have been significant benefits to employers wishing to address skills and labour shortages. Apart from the obvious benefit of recruiting 43 employees that would almost certainly not have been available to them without this project, employers have been able to improve their understanding of recruiting from those with work limiting illness thereby building their own HR policies and practices.

For this project, the intended direct beneficiaries were a small number of large employers and to raise awareness among SMEs. When interviewed, a sample of these employers was positive and enthusiastic about the improved awareness and changes to their recruitment processes that the Engaging Employers project has made available to them.

SME business networks and their members have benefited from presentations and material provided by this project.

The Disability Toolkit developed by the Engaging Employers and Work for You projects has provided employers with a further resource that provides information and demonstrates good practice.

Summary

The project has made significant progress with a group of employers with whom Papworth Trust has not previously worked. Individuals have been helped into work as a result of employers adopting recruitment processes that have lowered the barriers to those with work limiting illness.

Work for You – Papworth Trust

There were delays in commencing a number of Job Clubs due to staff sickness. This difficulty was overcome by recruiting an additional employment advisor. Papworth now has three employment advisors dedicated to this work. To make up for the later start dates for a number of the Job Club cohorts, more have been run in parallel during the second half of the year.

Apart from the numerical targets and outputs, quantitative data on client benefits was not explicitly being recorded early in the project. This may have been considered too difficult given the severity of clients' disabilities. For future reference, for all projects especially those breaking new ground, it is essential to collect data, research and record benefits to improve understanding and to demonstrate value to future funders. In this particular

case, a proxy for measures of success for the clients is the popularity of Job Clubs, which are now over-subscribed, with a current waiting list of 19.

This project has undoubtedly added knowledge and experience for the network of organisations and venues used for the job clubs and benefited the disability community generally.

Summary

The Job Clubs model of support for those with work limiting disabilities has proved popular and delivered support to a number of clients as targeted and agreed in the project offer letter. More could have been done to agree the evidence of numbers of people helped at the commencement of the project as it has proved difficult and rather time consuming to try to gather information retrospectively. For example, numbers of job clubs and numbers of attendees were generally recorded but not levels of achievement or benefits and impact for the individuals.

Final conclusion

By promoting the programme at a local, sub-national and national level, it is hoped that it will be adopted by other providers as good practice. The proposals on how things may be taken forward are set out in the recommendation.

5. Recommendations

Given the shift of liC emphasis away from the region (EEDA) and to the LAA, the future role of GCP in the context of liC is currently unknown. We have made recommendations in the form of three staged proposals for GCP to consider. These cover both the short term, and longer-term within the context of GCP's proposed new role as the economic operational arm of the Local Authority, and by default, the LAA. What is clear, is that the Government agenda is one in which commissioning bodies are being asked to align their strategies, and the subsequent commissioning of programmes and initiatives.

This approach could lead to partnership agreements in the medium term for leveraging funds to invest in the client groups that WLI liC funds have previously supported, but within a strategic context that enables a more coherent and joined up approach that addresses the specific priority targets within the LAA framework.

Stage 1 - Withdrawal and referral

- Advise the LAA and the Local Authority on outcomes of projects including lessons learned and recommendations for the future
- Submit final monitoring reports and review report to LAA for information
- Advise JobCentre Plus and Reed in Partnership on key findings

Strengths

- Carried our final responsibility to pass on information to strategic boards
- Reduction of responsibility at time of reduction staffing and funding in GCP IIC
- Ensuring new delivery vehicle has information to support new programme delivery/target client groups

Weaknesses

- Loss of engagement with economically active group
- There will be little opportunity for strategic co-ordination of provision for work limiting illness if GCP withdraws from this area of work
- GCP will not be able to deliver its original corporate plan
- There could be Public Relations and image/brand problems for GCP in not working with people with disabilities

Note. It has always been recognised that the liC funding was only ever going to be a contribution to address the huge issues around social exclusion and that priorities would have to be made in accordance with the available budget. The Work Limiting Illness Agenda is one of many and sadly misses out for 2008/9.

Stage 2 - Strategic support and capacity building

- Promote good practice from current liC projects
- Building on the liC funded 'Community Access Programme' through the STEnG group encourage provider networking and build capacity to communicate with Commissioning Bodies
- Articulate and champion economic imperatives within the LAA
- Broker partnership approaches with policy makers and commissioning bodies
- Highlight gaps - through regular review
- Constantly engage in dialogue with commissioning bodies
- Immediate recognition of specific client groups not likely to be addressed by Pathways

Strengths

- Provide GCP with strategic role of passing on practice to new decision maker/funders
- Possibility of future support and mainstreaming of provision through other sources

Weaknesses

- Other competing priorities mean that client groups is marginalised
 - Pathways to work becomes major feature and driver of new provision for 'worklessness'
 - Costs incurred by GCP through staff involvement in policy issue and contact with providers
-

Stage 3 - Develop support for clients who fall out of the current reach of Pathways to Work in conjunction with other partners and with the context of a sub-region wide (LAA strategy to tackle worklessness) from 2009/10 on

- Increase employer engagement targeting SME's plus large companies and public sector organisations as universal provision and support to all providers
- Support specific projects for people with mild work limiting illness who are not within the current remit of Pathways to Work, in partnership and dialogue with Reed in Partnership, Cambridge PCT, Mental Health Primary Care Trust (MHPCT), GCP providing short term funding to bridge gap before other funds from NHS can become available
- Champion the economic implication of addressing both client and employer needs with sub regional and LAA with a view to maintain longer term investment to support employer engagement and retain and regain
- Encourage and support GCP-wide strategy for working with 'worklessness' in dialogue with LSC/Job Centre Plus, EEDA and service providers
- Consider a pan GCP/Suffolk collaboration, in partnership with Suffolk SREP, and Reed in Partnership, where there could be added value and economic of scale to expand current projects into a wider arenas

Strengths

- Builds on role of GCP as responsible broker of economic solutions
- Ensures strategic approach
- Brings together key funding partners, thereby reducing risk of loss of funds for client group as policy changes

Weaknesses

- Incurs GCP in funding commitment
- Commits LAA to future support for client group at a time of cuts in funding
- LAA reward targets for the 35 priorities have not identified any work limiting illness investment areas and this clearly should be looked at in the LAA refreshing process

Note. Currently the 35 indicators identified have an emphasis on health and social service issues, climate change and growth agendas together with community cohesion concerns. This is clearly where the local members see priorities and where measurable pressures can be accounted for and reported on.

Glossary

DWP	Department of Work and Pensions
EEDA	East of England Development Agency
GCP	Greater Cambridge Partnership
GHK	GHK Consulting
GP	General Practitioner
HR	Human Resources
IB	Incapacity Benefit
liC	Investing in Communities
JCP	JobCentre Plus
JSA	Job Seekers Allowance
LAA	Local Area Agreement
LAA2	Local Area Agreement (phase two)
LPSA	Local Public Service Agreements
LSC	Learning and Skills Council
MHPCT	Mental Health Primary Care Trust
NHS	National Health Service
PCT	Primary Care Trust
PtW	Pathways to Work
RDA	Regional Development Agency
SME	Small and medium enterprises
SREP	Sub-Regional Economic Partnership
STEnG	Social Training Enterprise Group
WLI	Work Limiting Illness

Appendices

Appendix A. Employer Interviews

QUESTIONNAIRE USED IN INTERVIEWS

These questions are designed to provide input to a discussion about the current projects

1. Client Group

Can you describe the clients that you work with on the liC Work Limiting Illness Project?

What size is the client group across the GCP area?

Do you recruit across the GCP area, and are there particular pockets of need?

How are people recruited to the programme?

How many clients are you working with? What is the throughput per year?

What support do you provide?

What is the average length of time of your support for a client?

What on-going support do you provide once the client has finished on the programmes?

Do you have a way of tracking what happens to your clients?

What have been the main outputs to date?

Who do you work with (who are your partners?)

Who else provides these services or similar to the client group?

How do you see the provision contributing to the priorities of the liC programme?

2. Employers

Please tell me a bit about the employers you are working with?

How do you recruit employers?

What mix of employers do you work with from public, not for profit and private sector?

What are the main reasons an employer works with you?

Give me some examples about the employers needs?

How do you support employers?

What after care support do you provide for employers?

3. Funds

What is the average cost per client?

Do employers pay for the service?

If so how much do they contribute?

How is the project funded?

What would happen if liC funds were withdrawn or reduced?

Do you see the potential for any cost savings on the current project?

If so how and where?

4. Future provision and priorities

What have you learned from this programme?

What do you see as the future priorities?

What size is the cohort of clients?

What would happen to individual clients if the funds from liC were discontinued?

How do you see future provision being developed?

Where will funds come from for future provision?

What role should employers play?

Are there opportunities to work with other agencies /partners in order to provide economies of scale/added value?

Interviewer:

Interviewee:

Organisation:

Date:

Summary of Employer interviews

Summary and conclusions from interviews with,

- Cambridge City Council
- Cambridgeshire County Council
- Sealed Air

1. Brian Perrett and the Papworth Trust have developed a successful relationship with all three organisations that appears to be working well. There is certainly high regard and respect for Brian and his team.
2. There is little clear data available. I believe there is data within the organisations but the individuals I interviewed were all strategic, rather than operational. They did not have the details but others within the organisation, may have?
3. A broader overview of the detailed operation of the programme can be obtained from the Engaging Employers 2 - Quarter 3 Monitoring Report dated 16 November 2007. It also refers to other employer organisations, which were not represented in the interviews. We can gauge some level of scale from the numbers outlined on page 6 of the report.
4. By way of further context and indication of scale we can refer to the report by the Social Enterprise People under the heading Engaging Employers - Social Accounts March 2007 - November 2007. The Executive Summary, page 3 provides some overall statistics.
5. The vast majority of agreement and successful placements appear to be with public, rather than private sector organisations. To achieve scale, there is undoubtedly a need to engage with larger size private businesses. Small to medium sized businesses are unlikely to participate because of resource implications and opportunities. They may be some exceptions.
6. It appears evident that the employers are unlikely to pay for these services, unless Government or other funding streams can be secured.
7. Private sector companies in my opinion are even less likely to pay.
8. Considerable resources, financial and human, have been invested in the programme and it is still in its early stages. However, the scale in terms of numbers appears disproportionate. The programme may have created a useful case study to lever additional funding and organisations to become engaged, but to make a real difference there needs to be a much higher level of individual engagement and successful work placements.
9. If the current programme ceases, or is significantly reduced as a result of the funding cuts we are likely to see much of the success to date lost by employers. The messages and support provided by PT need to be repeated frequently, and with a relatively high staff turn in many of the organisations the knowledge and expertise gained will be lost relatively quickly. Efforts are being made to find sustainable solutions to retain this knowledge and experience but the success of these ideas are yet untested.

10. The development of case studies of real situations at both an employer level and individual level can be a powerful argument in gaining support and facilitating key messages. There is probably a need for such case studies to be promoted and developed so that they can be used in a wider context to assist funding opportunities and engage both more individuals and potential employers.

11. Concerns from a legal perspective relating to the Disability Discrimination Act and more general mind sets relating to working with individuals with a disability are still real. Whilst this programme is an excellent example of how these issues can be tackled there is undoubtedly a lot more work required in a wider context to overcome initial barriers with employers.

12. There was a genuine feeling from all three employer organisations interviewed of concern and frustration that the current project could be significantly affected by the proposed budget reductions. Whether these concerns can be elevated and justified within the respective organisations to attract some form of budget remains to be seen. The case internally would require a strong champion and undoubtedly any funding secured would be at the expense of another internal programme or project.

Appendix B. Engaging Employers - Background information

The Extent of the Problem

- 10 million disabled people in the UK
- 6.7 million are of working age (20%)
- 3.4 million are out of work and on benefits
- 1.5 million believe they could work if adjustments were made
- 1.2 million would like to work
- 0.5 million say they could work now

- Large numbers wanting to work
- Marketing and brand issues could be positively affected
- Companies complain of skills shortages or that jobs are hard to fill
- Supporting disabled staff is a known catalyst to improved organizational performance
- Government help is available
- 80 % of employers claim that disabled people have time keeping, sick absence records and productivity as good as, or better than, non-disabled counterparts

...and still

- 50% of employers feel that the nature of their work is a barrier to employing disabled people
- 60% of employers feel that the cost of adjustments is a barrier to employing disabled people
- Myths and misconceptions abound, to the point where

The Solution

....disabled people are 5 times more likely to be unemployed than non disabled people

Hearts and minds need to be changed, and that is where Engaging Employers comes in

EE The Successes

- 7,000 – 10,000 businesses made aware of the programme and the issues it raises
- 128 one to one consultations
- 65 plus disabled people started work
- 40 plus access audits conducted

- 25 plus SMEs have sought ongoing advice and guidance
- 5 major organizations have signed formal Support into Employment agreements and sustainability plans are being developed
- Currently negotiating with 5 other major organizations

More important, though, are the softer issues...attitudes changed, organizational cultures changed, existing programmes grown e.g. County and City Councils

Social Accounting programme report will endorse these views and more

Case histories; plaudits from key customers

The Ongoing Need

- 170,000 people on East of England receive sickness benefit
- 60,000 of these want to work
- 30,000 hard to fill vacancies out of a total of 75,000
- nationally, 60% employers have skills shortage vacancies

...and business says it wants the programme

The losers will be business:

- lack of information, advice, guidance, training
- practical help withdrawn
- sources of potential candidates decreased
- brand and marketing opportunities lost

...and, more importantly, disabled people

- barriers remain standing, with everything that means...the end result will be fewer disabled people finding work; independence will be affected

Appendix C. Partner Interviews

Job Centre Plus Ipswich and Job Centre Plus and West Essex PCT Basildon

Notes of meeting on 18th February at Ipswich JobCentre Plus Office with Sue Norman

Purpose: To learn about the roll out of Pathways to Work in Suffolk and Cambridgeshire

1. This is an example of a provider led Pathways to Work service
2. Contract is with Reed in Partnership and Papworth Trust. Geographical coverage will be ~60% Reed (Ipswich, Lowestoft, Peterborough) and ~40% Papworth Trust (Cambridge, Huntingdon and Bury St Edmunds)
3. Goes live in April 2008.
4. First customers will reach Reed in Partnership in July, as JCP will be working with clients over the first three months of the process.
5. There will be mandatory customers i.e. new claimants and voluntary customers (that is existing claimants).
6. Reed in Partnership targets are:
 - 23% of new flow (mandatory customers) into a new job.
 - 50% of voluntary customers (existing claimants) into a new job.
7. IB loads in Suffolk and Cambridgeshire
 - Total 'stock' of IB claimants 44,407
 - Flow, ~400/month, 4989 (year to date, 9 months)
8. Employer Engagement - consists of encouraging employers to make vacancies available
9. JCP will work through 'local employer partnerships' to encourage / improve job opportunities for those with physical or mental incapacity of some kind
10. Dee Wood is the employer engagement manager based in Ipswich and covering Suffolk and Cambridgeshire
11. encouraging employers to take on employees with health / disability problems will involve:
 - appropriate job adverts
 - improved selection / interview processes
 - more user friendly interview structure
12. DWP website for information on Disability Symbol scheme

<http://www.jobcentreplus.gov.uk/JCP/Employers/OurServices/Programmes/Disabilityserviceshelpforemployers/Disabilitysymbol/index.html>

And on 21st February 2008 at Basildon with Catherine Burns - NHS, Condition Management Programme Director (West Essex PCT) and Kathryn Gilbert - JobCentre Plus Lead on Pathways to Work (Essex)

Purpose: To learn more about the experience gained from the Essex Pathways to Work Pilot and to explore what the future holds when Pathways to Work (PtW) is rolled out particularly with regard to what the scheme includes and excludes.

1. Some basic facts

Participants in PtW must be on Incapacity Benefit. So, for example, lone mothers with anxiety or depression cannot be helped through PtW. Likewise, people on statutory sick pay do not qualify for PtW.

2. Essex PtW pilot commenced in April 2004 (so nearly four years of experience). Other pilots were set up in Scotland, Wales, Derbyshire, Somerset, East Lancs, Gateshead

3. In Essex the NHS and JobCentre Plus have worked together with the Condition Management Programme which is offered as an element of the Choices Package (a range of support services and options) offered to those either coming on to PtW as mandatory or voluntary participants. NHS health advisors (Incapacity Benefit Personal Advisors) or available to participants at their local Jobcentreplus office (one stop shop)

4. People on IB in Essex 48000 (2002) and 45000 (2007)

5. Recent experience is ~180/week coming on to PtW of whom ~120/month take up the Condition Management Programme option

6. 8-9% of those going through PtW return to work, others go in to education or charity work

7. For those on PtW who take up the Condition Management element of the Choices Package 20-25% return to work

8. Condition Management Programme (CMP)

- Evaluates clients
- May refer to the approved talking therapy (Cognitive Behaviour Therapy approved by NHS)
- CMP commissions services from accredited counsellors
- Clients participate in group work (typically 6 - 8 people)

9. Participants in PtW are 50:50 men and women, average age 45

10. PtW scheme is primarily designed to help people with mild to moderate physical or mental incapacity

11. Effectiveness of PtW for people with mental health problems equally good as those with physical illness

12. Expect budget/resources to be sustained even though there is about to be a national roll out

13. those with sever disabilities are not prevented from joining PtW but are not actively targeted
14. Catherine Burns undertook some local study work with liC money from Thames Gateway South Essex (not sure what the subject/scope was but she is going to email the findings)
15. So far as extending the scope of support for those in danger of falling out of work due to developing health problems is concerned Dame Carol Black's work for the DWP is regarded as the best guide to how things may develop in the future (see Improving access to psychological therapies (IAPT) programme: Computerised cognitive behavioural therapy (cCBT) implementation guidance)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073470 and
<http://www.personneltoday.com/articles/2008/01/04/43738/dame-carol-blacks-workplace-health-review-set-to-propose-big-changes-for-workforce-health.html>
16. Jointly DoH and DWP are doing policy work looking at the 'upstream problem' of people in danger of dropping out of work through stress, anxiety, depression etc
17. On the topic of Engaging Employers, part of the Choices Package of PtW includes working with clients and employers after they have secured a job with the intention of helping them to keep the job
18. PwT is dealing mainly with clients who have mild to moderate health problems so any intense selling to employers may elicit thoughts about more serious stereotypical perceptions of disability and make them disinclined to consider those with mild to moderate problems. The preferred approach is to emphasise the potential employee's skills and attributes.
19. Many large employers are already willing / receptive to equality etc. Large public sector employers 'talk the talk' but are reluctant / slow to take on employees with for example mental health problems.
20. Approach to Engaging Employers extends to gaining support for any disadvantaged group not just those on IB
 - Large National Employers (private sector) are approached by DWP National Sales Team e.g. IKEA, M&S, B&Q, Tesco, ASDA etc. This is where significant amounts of the 'hearts and minds' work is being done
 - Regional sales team work at level of County Councils and Regional Employers
 - Local Employment Partnerships (e.g. based on a county were started 07) talking mainly to SMEs, this is a Jobcentreplus activity and responsibility. This includes encouraging employers to agree to a number of work trials for up to 3 weeks (without client loss of benefits). There is some commonality in philosophy between the agreement to work trials and the more developed Disability Symbol scheme which has been in existence for 3-4 years.
 - <http://www.jobcentreplus.gov.uk/JCP/Employers/OurServices/Programme/Disabilityserviceshelpforemployers/Disabilitysymbol/index.html>
21. Catherine Burns provided a pack of information and a DVD about the Condition Management Programme

Shared Intelligence

They are developing action-learning sets for EEDA
To help EEDA with their policy development
Also to support their employer engagement in issue with WLI.

Exploring what is happening in the East of England and where the good practice is.

The process is a mechanism for informed discussion to input to strategy
Key points:

Do not just talk about WLI
Include worklessness and those on IB
Other areas are looking at integrated systems and approaches e.g. Bristol.
Scotland/Birmingham/Gloucester

Gloucester City Strategy report looked at where the gaps were these included:

- More co-ordination
- ESF Funds
- City employment plans
- LSC/job centre plus and provides – working together across the are
- One gaps appears to be the initial training need of the client
- Also employer engagement
- And client and employer engagement
- Getting provides to change employers
- Getting providers to change how they behave and think (capacity)

Appendix D. Notes of Reed in Partnership briefing event

Notes of Reed in Partnership presentation on 29th February 2008

1. Reed in Partnership together with Papworth Trust presented their plans for Pathways to Work (PtW) in Cambridgeshire and Suffolk.
2. Copies of the PowerPoint presentation were handed out; the following are a few salient points from the handout and answers to questions asked by the audience.
3. The Pathways to Work service in Cambridgeshire and Suffolk commences on 28th April and because of the processes that JobCentre Plus (JCP) need to complete with new benefit applicants/recipients there is a nine week period before mandatory clients are referred on to the Pathways programme. So effectively, Reed in Partnership will expect to begin receiving clients from early July.
4. Reed is new to Cambridgeshire and Suffolk, much of their experience in this field derives from London and they also have limited experience with programmes to reduce numbers of recipients of Incapacity Benefit (IB).
5. There were several references in the presentation to this being an employer led model i.e.
 - Employers will specify skill needs
 - Employers will notify vacancies
6. Department of Work and Pensions (DWP) have given Reed targets for helping people back in to work and off of IB, these are:
 - 7500 customers into work over three years
 - Year 1 - 1800
 - Year 2 - 2800
 - Year 3 - 2900
 - Achieve a 70% sustainment rate in employment (at least 16 hours per week over a 26 week period)
7. Pathways to Work will be managed from six major offices (Peterborough, Huntingdon, Cambridge, Bury St Edmunds, Ipswich and Lowestoft) and a further eight outreach services from smaller centres e.g. Wisbech.
8. Most people will reside within 10 miles of one of these offices or outreach centres and virtually everyone within a 15 mile radius.
9. DWP have indicated to Reed that 85-90% of those coming on to the PtW programme should be mandatory clients (that is new claimants) and 10-15% volunteering (that is existing IB claimants). Clients may also be referred from other programmes to allow movement across from existing initiatives that may not be able to offer the length or speciality of support available under PtW.
10. Reed's (including Papworth's role) will build to ~100 staff over the coming year. This PtW delivery team consists of two broad groups, Front line Staff and Support Staff. The former includes Recruitment Managers and the latter includes Account Managers. There will be six Recruitment Managers and two Account Managers and these represent the core of the resource available to work with employers across Cambridgeshire and Suffolk. Some front line personal advisors will be trained on aspects of employer engagement too.
11. Engagement with employers will use the JCP Local Employment Partnerships. There role will:
 - include employer education about employing those who have experienced work limiting illness
 - but will not be IB specific

- the focus will be to look at job availability in each of the areas around the six main PtW offices together with the ambitions declared by current claimants
12. The PtW model includes work-focused interviews (WFIs). The first will be carried out by JobCentre Plus and a further five with Reed. Mandatory clients' failure to appear for their WFIs will be referred back to JobCentre Plus. There will be no sanction against volunteers who fail to appear for WFIs.
 13. PtW includes four stages to help clients back to employment:
 - Initial engagement
 - Orientation and diagnostics (includes the Condition Management Programme)
 - Personal development and employability (Personal development is a three week programme)
 - Job placement and in work support
 14. Employability includes an element called 'Routeways' which are courses that lead to vocational qualifications demanded by the sector and in Cambridgeshire and Suffolk these include hospitality and care.
 15. Self-employment fits within the PtW programme and meets the definition of sustainment provided it is > 16 hours / week.

Appendix E. Notes on City Strategies

City Strategies

While the principal purpose of this report is to reflect on the effectiveness of LiC investments in programmes for Work Limiting Illness and identify gaps in future provision, those gaps will in part be influenced by other public policy developments. These developments include the work on City Strategies. 15 pathfinder City areas were selected in 2006 and effort is focused on achieving 80% employment. The development and implementation of plans are in their early stages; however general approaches, lessons and experiences are of interest.

City Strategies focus on:

- tackling worklessness (not just work limiting illness) in the most disadvantaged communities
- major cities and other urban areas
- local partners combining and aligning behind shared priorities
- provision attuned to the needs of local employers and associated skills programmes
- increasing local employment rates

And recognise:

- links with the ongoing City Regions debate
- relationship with Local Area Agreements and Multi Area Agreements

The approaches vary somewhat in detail between a selection of City Strategy Business Plans but the following points will be of interest. (Six were chosen to give some geographic spread while also including those closest to the East of England: Birmingham, Coventry and Black Country, Dundee, East London, Leicester, Nottingham and South Yorkshire)

Visions

Some headlines from visions expressed in the selected City Strategies Business Plans were:

- achieving high levels of personal prosperity, business success and population growth equal to those in the south east
- to build on successful partnerships to ensure long term economic growth, reduction in poverty and increased employment
- to reduce and prevent worklessness and child poverty and a step change in effectiveness of publicly-funded service delivery and involvement with employers
- a city where employers are able to recruit and retain the workforce they need and where individuals from disadvantaged backgrounds are given assistance to progress in the labour market
- accelerating the employment take up from the most disadvantaged communities and linking them to the economic growth and benefits that work and career opportunities provide
- to increase the sub-regional employment rate to at least 75% by 2010; provide high quality support to employers to help them recruit effectively and to train their workforce; to increase significantly the employment rates of those who lag behind in jobs and skills

Objectives

Typically, the objectives for the City Strategies were described as:

- increase skill levels
 - raise employment rates
 - improve the supply of labour and reduce inequality by addressing economic inactivity
 - make employers' needs central to how employability and skills are improved
 - improve participation and progression into sustainable employment with vocational training support
 - tackle worklessness by enabling employers to understand benefits of a diverse population and gain commitment to increasing employment from the disadvantaged
 - remove barriers to employment for the economically inactive by strengthening partnership working
 - increase total number of jobs available to local people
 - reduce number of people on workless benefits and increase number in work by specific numbers and milestone dates
 - to reduce poverty and with this child poverty
 - ensure services are open and easily accessible to all workless people
 - deliver services that are flexible and tailored to the needs of individuals and employers
 - achieve efficient and high quality services through better co-ordination and planning
 - ensure all services are informed and evaluated by strong performance management systems
 - target groups are:
 - incapacity benefit claimants
 - BME groups
 - New arrivals
 - Over 50's
 - Offenders
 - JSA claimants
 - Lone parents
 - Families with children living in low income households
 - Adults with low skill levels
 - Those who are NEET
 - co-ordinate engagement activities with employers at both strategic and operational levels
 - bring job opportunities into disadvantaged communities by developing local training and employment centres for those groups who are furthest from the labour market
 - ensure sustained employment and progression in the work-place by providing in-work support to employers and workers and sharing best practice
 - improve the way in which public, private and voluntary sector agencies work together
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Recent experiences in Birmingham, Coventry and Black Country Region

It is worth noting the experiences and direction being taken in Birmingham, Coventry and Black Country. A recent presentation to an East of England audience by Elizabeth Hancock, City Region Director for Birmingham, Coventry and Black Country included the following interesting points.

- **Drivers of City Region Growth**
 - Transport connections
 - Skills, employment, entrepreneurship
 - Competitive locations for a knowledge economy
 - Innovation and creativity
 - Housing in sustainable urban communities
- **Priorities**
 - Transport
 - Skills and employment
 - Inward investment
- **City Strategy**
 - 8 local authorities
 - 55 most disadvantaged wards 500,000 people
 - 45% workless
 - 42% no qualifications
- **Integrated employment and skills approach**
 - Developing an integrated employment and skills strategy across the City Region
 - Employer leadership and ownership central
 - Integrated job and skills plan
 - Single client entitlement
 - Single employer offer
 - Neighbourhood Action Plans
 - Caseload management and individual client tracking
 - Influencing/shaping and integrating national JobCentre Plus programmes especially Pathways to Work
 - New commissioning approach to ensure job-specific programmes
- **Governance and Partnership**
 - LSC accountable body
 - City Region approach - common framework
 - Local ownership and planning
 - Alignment with LAA
 - Co-ordinate funding and gap filling
 - Strong performance management
 - Individual tracking and client referral process
- **Key components - Individuals**
 - Single client entitlement
 - Jobs and skills assessment
 - Action plan
 - 1 to 1 engagement - sustainable employment
 - Personalised support
 - Adult apprenticeships with level 2 entitlement post employment linked to job opportunities
- **Key components - Provision**
 - Local planning
 - Lead providers
 - Partnership at local level
 - Single commissioning
 - Co-ordinated planning and funding
 - Bespoke provision - responsive - nothing predetermined

- **Key components - Employers**
 - Single employer offer
 - Bespoke packages to provide work ready candidates
 - Job scoping - job interview guarantee
 - Job specific training via Train to Gain
 - Processes for referral between agencies
 - JCP and LSC joint performance framework
- **Employer Leadership and ownership**
 - Employment and skills boards
 - Public sector challenge
 - Pre-recruitment and job interview guarantee via Local Employer Partnership (LEP) and Small Employer Partnership (SMEP)
 - Sector champions
 - Score card
- **Funding**
 - £10m DAF
 - £25m ESF
 - £5m Train to Gain
 - £3m RDA
 - Identify key needs/menu of priorities
 - Joint procurement
 - Joint investment plan (may be part of a Multi-Area Agreement)

Appendix F. Effectiveness of the liC Work Limiting Illness projects

Effectiveness of the three liC Work Limiting Illness projects

These comments and observations are based principally upon the Quarter 4 2007/08 monitoring interviews carried out by Mango6. It should be borne in mind that these were conducted before the financial year-end and quantitative data on outputs, outcomes and expenditure in many cases were only available up to January 2008. The project leaders' projections of the likely year-end outturn have been taken at face value as the best currently available information. Each project leader will in due course be submitting an end of project report to Greater Cambridge Partnership.

Our comments have been informed also by the interviews with project leaders where the matters discussed ranged more widely across the topic of Work Limiting Illness and the activities that were inspired and conducted within the projects. These matters were client groups; employers; funding; future provision and priorities.

	Retain / Regain	Engaging Employers	Work for You (ILM)
Lead organisation	Richmond Fellowship	Papworth Trust	Papworth Trust
Headline objective of the project	To create relationships with GP surgeries to encourage referrals of those who have lost their job or are in danger of losing their job due to mild mental illness.	To work with a number of large, generally public sector employers to raise awareness and assist in changes to culture and recruitment processes to enable people with Work Limiting Illness or disability to find employment. In addition there was a further strand of work aimed more broadly at SMEs.	To provide intensive support to a client group whose needs included basic literacy, numeracy and CV writing skills, as well as building capability and confidence to seek employment. This client group generally has more severe work limiting illness or disability. The vehicle for providing this support was job clubs
Did the projects achieve their objectives and targets?	<p>People assisted to retain or regain employment</p> <ul style="list-style-type: none"> • Target =189 • Likely output =180 <p>Businesses assisted</p> <ul style="list-style-type: none"> • Target =2 • Likely output =1 <p>Reports produced</p> <ul style="list-style-type: none"> • Target =1 • Likely outcome =1 <p>Expenditure</p> <ul style="list-style-type: none"> • Available = £144k • Likely spend =£144k 	<p>Number of businesses assisted to engage in disability friendly employment policies and practices</p> <ul style="list-style-type: none"> • Target = 24 • Likely output = 22 <p>People into work</p> <ul style="list-style-type: none"> • Target = 30 • Likely output = 43 <p>Number of websites enhanced</p> <ul style="list-style-type: none"> • Target = 6 • Likely output = 6 <p>Expenditure</p> <ul style="list-style-type: none"> • Available = £144k • Likely to be spent = £142k <p>The more broadly based support to SMEs has progressed well with a claimed 7000 SMEs reached.</p>	<p>People assisted in skills development</p> <ul style="list-style-type: none"> • Target = 66 • Likely output = 60 <p>People gaining basic skills</p> <ul style="list-style-type: none"> • Target =15 • Likely output = 15 <p>People into work</p> <ul style="list-style-type: none"> • Target = 20 • Likely output = 20 <p>Expenditure</p> <ul style="list-style-type: none"> • Available = £115k • Likely spend = £115k
What corrective actions had been necessary to achieve the objectives and targets?	In order to achieve the target number of people assisted, effort has been put into recruiting more GP surgeries to the project. Practice based counsellors have also been targeted	The initial focus for this project was four large public sector employers. A combination of slow internal decision making processes, sickness of the internal champion	There were delays in commencing a number of Job Clubs due to staff sickness. This difficulty was overcome by recruiting an additional employment advisor. Papworth now

	<p>as sources of referrals. Need to bear in mind that one project worker was only recruited in Sept 2007 so resources were not all available from day one.</p>	<p>and other staff changes have all contributed to slower than expected progress for example, on achieving formal agreements and running management training workshops. Rather than see resources stood down while internal decision making took its course work has been initiated with a further five large employers.</p>	<p>has three employment advisors dedicated to this work. To make up for the later start dates for a number of the Job Club cohorts, more have been run in parallel during the second half of the year.</p>
<p>What benefits were there to the employing organisations?</p>	<p>Employee confidentiality prevents direct approaches to employers to ask them for their opinion on the value of the service to them. One employer has been able and willing to write up a case study. A second case study is expected.</p>	<p>Apart from the obvious benefit of recruiting 43 employees that would almost certainly not have been available to them without this project, employers have been able to improve their understanding of recruiting from those with work limiting illness thereby building their own HR policies and practices.</p>	<p>Gathering this and other evidential information appears not to have been built into the project at its commencement. The focus has been very much on providing support and opportunities for a particularly needy client group.</p>
<p>What benefits were derived by the clients / employees?</p>	<p>This information has not explicitly been gathered and documented so it is only possible to indicate success in terms of demand for the service. Since involving practice based counsellors Richmond Fellowship have been flooded with enquiries and referrals and this is just in Cambridge.</p>	<p>For this project the intended direct beneficiaries were a small number of large employers and to raise awareness among SMEs. When interviewed, a sample of these employers was positive and enthusiastic about the improved awareness and changes to their recruitment processes that the Engaging Employers project has made available to them.</p>	<p>Apart from the numerical targets and outputs referred to above, quantitative data on client benefits has not explicitly been recorded. It seems not to have been a requirement of the project. This may have been considered too difficult given the severity of clients' disabilities. For future reference, trail blazing projects of this nature should be required to find ways to research and record benefits. A proxy for measures of success for the clients is an indication is the popularity of Job Clubs, which are now over-subscribed, with a current waiting list of 19.</p>

What benefits were there to the supporting networks?	Richmond Fellowship has not only worked with GPs but also other primary care teams e.g. psychologists from Addenbrookes.	SME business networks and their members have benefited from presentations and material provided by this project.	This project has undoubtedly added knowledge and experience for the network of organisations and venues used for the job clubs and benefited the disability community generally.
Overall summary	The number of people assisted by the end of 2007/08 may be slightly lower than the original target. This should not detract from the fact that as the project has become established and progressed it has confirmed that actual demand and potential future demand is very significant. Making this support service available to GPs and their practice-based counsellors for client referral represents a model worthy of further support and development.	The project has made significant progress with a group of employers with whom Papworth Trust has not previously worked. Individuals have been helped into work as a result of employers adopting recruitment processes that have lowered the barriers to those with work limiting illness.	The Job Clubs model of support for those with work limiting disabilities has proved popular and delivered support to a number of clients as targeted and agreed in the project offer letter. More could have been done to agree the evidence of numbers of people helped at the commencement of the project as it has proved difficult and rather time consuming to try to gather information retrospectively.