

Meeting: Well-Being Partnership Board

Date: 10 June 2008

Report Title: Detailed Options for Welfare to Work for Disabled People

Report of: Bill Slade, Regeneration Coordinator, Haringey Council.

Summary

To update the Well-Being Partnership Board on options for Welfare to Work as requested at the Boards meeting in March.

Recommendations

To note the Options Paper attached.

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Recommendation	Facts	Factors	Options
<p>i.Note that a major target of the Working Neighbourhoods Fund, and the LAA stretch, is worklessness, particularly that of incapacity benefit (IB) claimants, and that this presents challenges and opportunities</p>	<p>There are currently 12,150 I.B. claimants in the borough which is 7.7% of the working age population. LAA stretch target 2 =180 Haringey residents on Incapacity Benefit (IB) for 6 months or more helped into sustained work.</p>	<p>Pathways to Work is the main programme for reducing the IB claimant count and is run in this borough by Reed in Partnership. It targets people on IB for less than six months. Once a person has been on an incapacity benefits for 12 months, the average duration of their claim will be eight years. (DWP) The longer a person is out of work the harder it is to place them back in to work.</p>	<p>Audit within statutory and voluntary sector services to find how many service users are long term IB claimants. Develop an offer to long term IB claimants that includes appropriate support and skills training or retraining. Use existing mainstream employment pathways and ensure that they are sensitive to issues by offering expertise.</p>
<p>ii.Note that the largest single group of people within this overall grouping is people with mental health problems, and that they are the most disadvantaged in the labour market, and that therefore resources available under this agenda will be skewed in their direction</p>	<p>The biggest group of IB/SDA claimants in Haringey in terms of type of illness are people with a mental health condition; some 44.1 per cent (5,200 claimants) of IB/SDA claimants in the borough have a mental health condition. This is compared with 44.3 per cent in London and 40.9 per cent in England.</p>	<p>Musculoskeletal (16.1 per cent of the IB/SDA caseload) the next biggest cohort is largely made up of older people who will retire on to pensions in the main. There are a number of interventions in use, such as Computerised Cognitive Behavioural Therapy (cCBT) that have shown efficacy in respect of common mental health problems</p>	<p>Fund those interventions that show positive outcomes e.g. Health in Mind; Haringey Therapeutic Network. Recognise that W2W funds will be skewed towards this group as the largest and most amenable within the target population and work with voluntary sector to identify their incidence (where they turn up) so services can be targeted.</p>

<p>iii. Consider the resources currently deployed for the “day care” of various client groups and how these could be successfully re-aligned to support the welfare to work agenda, for example by the introduction of capacity building programmes designed to increase the motivation and confidence of participants</p>	<p>There is around £1.5m invested in MH and LD day opportunities, discounting the £2.8m ring fenced for services for the 200 severely disabled clients of LD services. £350K is used in LD for 60 clients in the Workwise project. The rest is used in MH services for various forms of provision from therapy groups through educational/training projects to employment advice.</p>	<p>There is a specialist job brokerage service for people with MH problems run by a vol. sector partner in a statutory setting, LDA funded, and in its last year. The council’s mainstream programme, the Haringey Guarantee, has a 17% disability quota. All mainstream employment providers are covered by the provisions of the DDA. All the above need to engage with people who are “job ready” in terms of their “soft” or social skills in order to have positive outcomes.</p>	<p>Seek assurance that any commissioning or modernisation plans contain provision for programmes or services which make positive connections with and feed in to mainstream and specialist job brokerage agencies. Particularly consider the future of the specialist mental health job brokerage where there is a commitment from MH commissioning to pick up the funding on exit from the LDA stream dependent on evaluation.</p>
<p>iv. Ensure that various client needs assessment processes include employment aspirations as a matter of course, and that these assessments are linked to supportive programmes that can work with such aspirations (Care Programme Approach)</p>	<p>Many people are eligible for having their needs assessed under the care programme approach care management regime. Currently this fails to identify career and educational aspirations. This means poor information available to construct recovery and supportive pathways.</p>	<p>Commissioners have little aggregated data derived from CPA assessments around which to make evidenced based commissioning decisions in this sphere. Aspirations need supporting at various key stages along a pathway. Achieving aspirational goals enhances recovery.</p>	<p>View the process of client recovery and/or social inclusion as a whole process even when that process involves a range of agencies situated in statutory, voluntary or the private sector. Ensure the relevant staff are competent to assess for aspiration and have local knowledge of relevant provision.</p>

<p>v. Consider how the use of various psychological therapies may be increased to support the needs and aspirations of local people</p>	<p>Condition Management Programmes (CMP's) underwrote the success of 25% of people achieving employment through the Pathways to Work Programme. These were largely the hardest to help. cCBT was the most used programme. Anxiety/depression the most prevalent condition.</p>	<p>The TPCT has narrowly failed to win funding under the Increased Access to Psychological Therapies stream but have made a commitment to fund an increase in available therapies. The TPCT have successfully run a programme under the Haringey Guarantee offering a CMP to participants. Reed in Partnership has recruited the Priory to deliver the CMP under their Pathways contract in this locality.</p>	<p>Continue support of the increase in available therapies. Consider with employment professionals the basic training of front line staff (IAG, employment advisers, CAB, etc). E.g. Mental Health First Aid. Seek too ensure a high quality provision that compares favourably in terms of VFM with private provision in supporting aspiration, for the long term benefit of service users.</p>
<p>vi. Maintain the link with economic regeneration and mainstream programmes tackling worklessness, especially given the increased focus on welfare reform, and consider ways of increasing the dialogue</p>	<p>The focus of mainstream employment programmes is upon IB claimants, 12,150 in Haringey. Many of these people are also users of health and social care services.</p>	<p>Welfare to Work for Disabled People Partnership is the only forum where health and social care professionals meet regeneration professionals. The W2W strategy has partnership working as its top priority.</p>	<p>Ensure that the Partnership board has a knowledgeable membership able to consider the type of partnership working necessary to improve delivery in this area. Clarify where the partnership stands in the overall strategic framework. How does it relate to the Haringey Employment Partnership for instance?</p>

<p>vii. Consider the role of General Practitioners in relation to this agenda and how they might be best supported to make good choices for their patients</p>	<p>GP's are the gateway to Incapacity Benefit. DWP research suggests they can feel ambivalent about this role. Many acknowledge the therapeutic value of work but are wary of jeopardising patient trust. Department for Work and Pensions Research Report No 257</p>	<p>Placing employment advisers in GP surgeries has proved beneficial in some instances but only where the practice is fully behind the initiative and there is adequate accommodation for the adviser.</p>	<p>Seek to ensure that GPs are informed of the full range of CMP and capacity building programmes available. Engage GPs in a dialogue around welfare reform and assess their knowledge requirements in this area.</p>
<p>viii. Consider convening officer/partner groups around specific areas such as social firm development, employer engagement, and the roll out of disability equality training to front line staff</p>	<p>Strategic thinking tends to happen in professional silos. Social inclusion issues are cross cutting. The welfare to work strategy prioritises partnership working.</p>	<p>Senior reps from HAVCO, TPCT, ACCS and regeneration have agreed to meet around the development of social enterprises. Social Enterprise London are sending their chief Exec. There is a Haringey based social Firm delivering disability training to front line staff</p>	<p>Encourage the formation of such forums as vital elements in ensuring multi-agency co-operation. Consider our own role as employers in respect of encouraging employer engagement with this agenda. Task any group formed with specific goals.</p>
<p>ix. Ensure that the W2W partnership board is the co-ordinating body for all work involving employment and disabilities so that there is a rational use of existing resources</p>	<p>There are a number of disability specific employment initiatives in both the statutory and voluntary sectors. Funding streams are not specific beyond "disability". Some specific resources are currently underused.</p>	<p>Social firm development is best done across any arbitrary grouping of the marginalised. Practitioners have many common issues. A provider forum supports the board.</p>	<p>Recognise that the W2W partnership board occupies a unique strategic position between the well being and enterprise boards and that that is a strength. Ensure the correct membership (willing to learn a new language).</p>

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