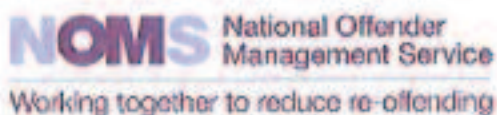




The East Of England Regional Employment Team

Statement of Priorities and Action Plan – March 2008

This regional statement of priorities and action plan is endorsed by the following organisations:



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Introduction

The Regional Employment Team (RET) was set up in response to the Social Exclusion Task Force report and action plan, 'Reaching Out' (Cabinet Office, Sept. 2006). 'Reaching Out' set out recommendations to improve employment opportunities for people with mental health problems, for the benefit of those individuals, their employers and the region's economy

This document sets out the priorities and regional delivery programme in terms of the relevant policy contexts and supporting evidence and the required actions and outcomes for the East of England in response to the above policy agenda. This paper has been endorsed by key regional agencies and other interested parties, and implementation of it will be achieved in partnership with them.

The vision

The RET's vision for the East of England is that:

- People with mental health conditions have the necessary information to be able to access the best therapies, workplace support and vocational services to enable them to gain or retain employment.
- Employers are supported to understand the benefits, resources and training available to enable them to retain/employ people with mental health conditions.
- Opportunities to ensure effective commissioning processes are explored across partnership organisations (Health, Social Care, Learning & Skills Council (LSC) and Department for Work and Pensions (DWP)) which recognise the importance of a joint approach in order to achieve value for money and a shared understanding of partners' agendas.
- Commissioners are supported to shape new and existing services which include employment, learning and skills as a key enabler in an individual's recovery.
- Mechanisms are developed for gathering, retaining and disseminating information that will ensure effective communication of relevant information including PSA 16, Improving Access to Psychological Therapies (IAPT), LSC and DWP targets across the RET partnership that will support shared agendas .
- Intermediaries (i.e. Pathways to Work, Jobcentre Plus (JCP) Advisors, Voluntary sector employment support services and learning providers) have access to information, training and resources to enable them to effectively provide support for employers and employees.
- Mental Health Trusts are supported

to develop an Individual Placement and Support, or similar vocational service, in line with the Department of Health commissioning guidance.

What are the priorities for the East of England?

The East of England Regional Employment Team has identified four interrelated priority areas.

Four Priority Areas

1. Maximising Employer Engagement in employing and retaining staff who have experience of mental health problems
2. Ensuring that the commissioning of public services from the public, third and private sectors is flexible and joined up in order to deliver on the mental health and employment policy agenda
3. Developing better vocational services that demonstrate a cohesive but fluid pathway for people with mental health problems in primary and secondary care that effectively support employment and learning and skills outcomes, regardless of the individual's starting point
4. Challenging and supporting public sector organisations in the region to accept corporate responsibility and demonstrate that they are exemplar employers in relation to employees' mental health and the employment of people who have experience of mental health problems

Principles

The partnership has developed an action plan (appendix A) to support delivery on the priorities which will depend on the commitment and ability of all services to:

- Ensure equity across the region
- Understand why employment and skills matters for people who have mental health problems
- Recognise the needs of individuals and the importance of personalisation in meeting their support needs
- Recognise, share and build on good practice
- Recognise and understand the needs of employers
- Communicate and work effectively in partnership to deliver action in the four priority areas
- Make it easy/easier for employers to:
 - Engage with this agenda and have an understanding of mental health awareness in the workplace
 - Access relevant information and effective help and support
 - Be convinced of the good business case for having a diverse workforce including people who have experience of mental health problems
 - Develop and implement workplace policies and practices that support the mental health and well-being of all staff
 - Commit to addressing cultural changes needed to reduce stigma and discrimination within the workplace
- Ongoing collection and analysis of data, intelligence, and the views of employers and people who have experience of mental health problems.

Specific targets/outcomes

In autumn 2007 the Government published its Pre Budget and Comprehensive Spending Review and set out its expectation of the public sector within its Public Service Agreement targets for the next three years (Communities and Local Government, 2007).

PSA 16

PSA 16: Increase the proportion of socially excluded adults in settled accommodation and employment, education and training, is the employment and mental health specific PSA target. It is owned by Cabinet Office and has a direct impact on the work of the regional teams. Within PSA 16 are 8 indicators, one of which relates directly to the employment of adults in contact with secondary mental health services (NI 150). The three other indicators relating to employment in this PSA are in respect of offenders (NI 144), care leavers (NI 148) and people with learning disabilities (NI 146), all groups of people in whom the prevalence of mental health problems is higher than for the population as a whole.

The employment and mental health indicator will be collected via the Mental Health Minimum Dataset at the time of a patient's initial assessment in secondary care and at the point of reviews. Collection will commence in April 2008 using proxy data from the Healthcare Commission Service User Survey. This data will be available in October 2008.

The employment indicator will require information to be collected on:

- Employment status – those who are employed by a company and earning at least the national minimum wage, or self employed
- Unemployed
- Other, including in education or training.

In addition delivery plans for several other PSA targets, owned by other Government Departments, provide opportunities to influence access to employment, learning and skills for people with mental health problems:

- PSA 2: Improve the skills of the population, on the way to ensuring a world-class skills base by 2020, owned by the Department for Innovation, Universities and Skills (DIUS)
- PSA 8: Maximise employment

opportunity for all, owned by DWP

- PSA 15: Address the disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion or belief, owned by Government Equalities Office
- PSA 17: Tackle poverty and promote greater independence in later life, owned by DWP
- PSA 18: Promote better health and wellbeing for all, owned by Department of Health (DH).

DWP also has an aspirational goal to increase the employment rate to 80%, to reduce the numbers of people who are dependent on benefit and to continue to close the employment gap between different groups.

To achieve this they recognise the need to ensure there is a step change in the support they offer to those who are most disadvantaged in the labour market (DWP, 2007).

The Government has announced a £173 million investment in Improving Access to Psychological Therapies (IAPT). It is expected that by 2011 an additional 900,000 people will be treated for depression and anxiety disorders, and that 25,000 fewer people will be on sick pay and benefits (DH, 2008).

This is a really important opportunity as it is expected that all GP surgeries will have access to psychological therapies within the next 6 years, and employment outcomes will be an expected component of that support. For more information regarding Access to Psychological Therapies see appendix B.

To support the implementation of these targets the RET (which includes key partners from DWP, DH and the Public Health Department of Government Office, who are responsible for ensuring that Public Service Agreements are agreed and implemented by local authorities in the region) have agreed this Regional Action Plan for the East of England.

Broad Outcomes

Action in support of the regional statement of priorities is designed to deliver the following broad outcomes across the region:

Reduced worklessness in the East of England, particularly amongst those who are unable to gain employment because of mental health problems;

Removal of the barriers to employment and meaningful occupation, therefore enabling people to fully contribute to and participate in sustainable communities.

Secure partnerships and affiliations across different agencies to share intelligence and optimise planning and the expenditure of public resources through joint working to support the delivery of services

What is the role of the RET?

Action 23 of 'Reaching Out: An Action Plan on Social Exclusion' (Cabinet Office, 2006) included the following commitment to build on:

"...current guidance and legislation, the Government will develop dedicated regional teams to provide further support for the implementation of good practice around the employment of those with severe mental health problems."

In the East of England this team comprises representatives from strategic regional agencies covering employment, learning and skills, enterprise, economic development, benefits, health and partners from the private and voluntary sectors. This

includes people who have experience of mental health problems and various provider services and employers, who are invited to inform the work of the RET by contributing their perspectives and experiences (see appendix C for list a of partner agencies).

The role of the RET is to:

- Provide leadership and direction and establish a relevant and coherent focus for this work;
- Create links, alignments and flexibilities within existing strategies, and influence strategies that are being developed;
- Champion the strategy, and challenge agencies and communities to ensure the delivery of effective interventions and programmes at regional and local levels;
- Determine the critical success factors for the RET's work, ensuring that its programmes and interventions are aligned to existing performance frameworks and delivery mechanisms;
- Ensure the region responds effectively to and delivers on the related national performance targets and Public Service Agreements (Communities and Local Government, 2007);
- Influence positive cultural change in the workplace to promote mental health and wellbeing and reduce stigma and discrimination.

How were the priorities identified?

A RET programme manager was appointed in September 2007.

Key stakeholders in the region were identified and 1:1 intelligence gathering meetings held prior to forming the RET. The team comprises representatives from regional agencies covering employment, learning and

skills, enterprise, economic development, benefits, health and partners from the private and voluntary sectors (Appendix C).

In September 2007 a Regional Summit was held to bring together the key regional agencies to explore what action was needed to support people with mental health problems to gain and/or retain employment and what action was required to support both employers and employees. Twenty eight partners attended the Summit including representation from the National Social Inclusion Programme (NSIP).

Key issues to emerging from the Summit were:

- Commissioning arrangements
- Service user pathways
- Training for intermediaries
- Support and resources for employers (particularly small and medium size employers) and employees
- Mental health awareness training, NHS behaviour and responding to service user's aspirations.

In order to develop the Statement of Priorities and Action Plan for the East of England it was agreed to hold further meetings and from these four key themes emerged:

- Employer Engagement
- Commissioning
- Vocational Services
- Corporate Responsibility and Exemplar Employers

To explore the emerging themes two workshops were held in February 2008 and additional partners were invited to attend to inform the outcomes. These outcomes have been incorporated into this Statement of Priorities and Action Plan and the implementation phase will be undertaken between March 2008 and March 2009.

The RET will focus on these 4 key priorities and will review progress at quarterly RET meetings (in June, September, December 2008 and March 2009). Reporting on progress will be through two key routes, the Regional

Social Strategy and NSIP (who will in turn report back to DH and Cabinet Office).

Why these priorities?

The scale of the issues is undoubtedly significant; mental health problems are estimated to cost the country over £77 billion a year. The Sainsbury Centre for Mental Health (SCMH) reports that "At any one time one worker in six will be experiencing depression, anxiety or problems relating to stress." (Sainsbury Centre for Mental Health, 2007).

Dame Carol Black in her review of the health of Britain's working age population, 'Working for a healthier tomorrow' (Cross-government Health, Work and Well-being Programme, 2008) identifies how:

"When employees develop a health condition, it does not always lead to absence from work, but can lead to reduced performance on the job. This may be the result of relatively minor illnesses, such as common colds, or more serious conditions. Some cases of serious illness will be undiagnosed and, in other cases, people may try to hide or fail to acknowledge their condition, especially if they have mental health problems."

Adults who have long-term mental health problems are identified in the Mental Health and Social Exclusion report (Social Exclusion Unit, 2004) as:

"... one of the most excluded groups in society... Although many want to work, fewer than

a quarter actually do – the lowest employment rate for any of the main groups of disabled people."

Social isolation is an important risk factor for deteriorating mental health and suicide. Two-thirds of men under the age of 35 with mental health problems who die by suicide are unemployed.

However:

" There is no case for discouraging service users from pursuing their vocational goals on the basis of their diagnosis, symptoms, hospitalization history, level of social functioning or employment history. In fact working may actually reduce symptoms, improve social skills and reduce the likelihood of being hospitalized."

(Grove, 2005)

Employment is acknowledged as being central to the lives of most people and extremely important as a way of both improving and maintaining mental health amongst those who have experienced mental health problems and:

"Rather than being a factor which causes additional distress to people with mental health problems, work has the potential to be part of the recovery process. Mental health providers and the healthcare system more

widely, need training to become more aware of the impact that employment, loss of employment and unemployment has on people with mental health problems.

(Burton, 2004)

Employer Engagement

This has been identified as a regional priority because:

1. Although record numbers of people are in work, with an average employment rate for the UK working age population of 74%, only 24% of people with long term mental health problems have a job and this figure is further reduced to as low as 12% for people with severe mental health problems (ONS, 2006)
2. The cost of mental ill health to the economy is a national problem-shared by the state and all businesses
3. About half of people developing common mental health problems are no longer affected 18 months later, but poorer people, the long term sick and unemployed people are more likely to be still affected than the general population (Singleton, 2003)
4. We know that there are things that businesses can do that evidence suggests will improve employees mental health and save businesses money
5. Mismanaging mental health problems in the workplace has both reputational and legal risks
6. Mental health problems (and the endemic stigma and discrimination that denies many people who have/have had mental health problems access to employment) has a negative impact on the overall

supply of labour and the level of taxation in the economy

7. Surveys of mental health service users' views, conducted in other regions, indicate that providing mental health awareness for employers is one of the top two solutions suggested

Based on the experiences of programmes in Australia and America, a recent policy paper from SCMH attempts to quantify the cost of mental health to business in financial terms, illustrating why mental health is important to all employers-as a business matter- and how work-based programmes to tackle mental health can deliver savings for businesses (Sainsbury Centre for Mental Health, 2007).

The report identifies:

A total cost to employers of mental health problems among their staff of nearly £26 billion each year (equivalent to £1,035 for every employee in the UK workforce).

£8.4 billion a year in sickness absence. The average employee takes seven days off sick each year of which 40 per cent are for mental health problems. This adds up to 70 million lost working days a year, including one in seven directly caused by a person's work or working conditions.

£15.1 billion a year in reduced productivity at work. 'Presenteeism' accounts for 1.5 times as much working time lost as absenteeism and costs more to employers because it is more common among higher-paid staff.

£2.4 billion a year in replacing staff who leave their jobs because of mental ill health.

It concludes

Simple steps to improve the management of mental health in the workplace, including prevention and early identification of problems, should enable employers to save 30 per cent or more of these costs – at least £8 billion a year.

(Sainsbury Centre for Mental Health, 2007)

Professor Mike Campbell speaking at 'Looking to Tomorrow's World (Whitehall & Westminster World 2, 10 July 2007) said that:

“One of the greatest challenges our country faces is upskilling our workforce to be fit for the future. Skills are increasingly the key to unlocking our potential and preparing ourselves for a turbulent economic future. Better business, higher paid work, more people in work and a successful economy: none of these will be possible without a step change in the skills, not only of our young people but of our already existing workforce. Nearly three in four of our 2020 workforce are already in work. For employers this means quite literally, that our future is in our own hands. Our prosperity depends, deceptively simply on just two things:

the number of people in work, and what they produce when they are in work. Driving up our employment rate and our productivity levels, should therefore, be the twin foci of our economic agenda. Increasing our employment rate by just one percent and our productivity by just one percent point, would net the UK economy a cool £20bn a year.”

With this in mind emphasis needs to be given to prioritising the needs of the current workforce and to equipping them with the skills to do their jobs, and, to drawing upon the skills of those currently not in the labour market - many of whom may have or have had a mental health problem.

This Statement of Priorities recognises that if people with mental health problems are to be able to gain and maintain employment it is important to engage employers particularly in terms of the business case for positive recruitment and staffing policies to support individuals. Best practice suggests that the key elements of an effective work-based programme would include:

- Recognition by employers that work is on the whole very good for mental health, as it is for physical health (Waddell & Burton, 2006 cited in (Sainsbury Centre for Mental Health, 2007).
- Prevention of mental health problems which are directly work-related (accounting for around 15 per cent of total costs). This may include providing mentally healthy working conditions and practices in line with the Health and Safety Executive's management standards on work-related stress.
- Awareness training for line

managers, to increase their knowledge and understanding of mental health issues and their ability to respond confidently and in a timely fashion to employees in distress.

- Better access to help, particularly access to evidence-based psychological help that, wherever possible, enables people to carry on working at the same time as receiving support.
- Effective rehabilitation for those who need to take time off work, including regular contact with the employee during periods of absence (Sainsbury Centre for Mental Health, 2007).

Commissioning Services

People with mental health problems tend to face a greater range, and intensity, of barriers to accessing or retaining employment than any other disabled group. Therefore an important factor for supporting them to achieve their work aspirations is to ensure, no matter what their starting point, everyone is able to access tailored support for overcoming the particular issues they face. It has long been recognised that, in order to deliver services capable of meeting these individual needs, partnership working is essential. This means that making effective joined-up commissioning a priority at every level for all relevant sectors (e.g. economic development, local authority, health and social care, JCP, LSC, and the criminal justice system) is key to ensuring the most effective use of public resources to improve social inclusion outcomes for people with mental health problems, increase the numbers in sustained employment, and realise progress towards the improved employability of individuals.

Existing management systems and processes, for example Local Strategic Partnerships (LSP) and Local Area Agreements, (LAAs) need to be used to ensure that local needs assessments take into account employment, and that meaningful outcome measures are embedded in commissioning.

In line with other regions, the following will be key to the delivery of this agenda in the East of England:

- Co-ordination of partnerships and ensuring that this is reflected in locality settings, in order to promote to relevant and coherent strategies to deliver on this agenda
- Enabling mental health and employment and learning and skills partnerships to feed effectively into Local Area Agreements (LAA) in order to influence the development of meaningful local area targets
- Ensuring that resources are distributed and deployed effectively in order to assess and meet local needs
- Identifying how existing funding sources and arrangements can be brought in to play in order to optimise the delivery of the work across the region
- Ensuring that there is clear information sharing and action planning between partners on how their activity can directly and indirectly influence those targets which do have stringent performance management attached to them

Careful planning

Careful planning will be needed to ensure that the opportunities of commissioning are fully exploited as PCTs widen their commissioning role, with particular reference to the growing role of the voluntary and community sector in providing core, performance managed services.

More effective utilisation of the voluntary sector

Much of the support provided for individuals is currently delivered by the voluntary sector. However, without a clear understanding of how their activity is relevant to the policy context, existing local activity and statutory provision, such programmes, whilst successful in some areas, are not exploiting their full potential nor will statutory bodies be able to gain the full benefit of their local voluntary and community infrastructure.

Better Vocational Services

If we are to achieve an 80% employment rate increasing the employment outcomes for people with mental health problems is a key driver, as this group of people represents approximately 40% of incapacity benefit claimants, and, have the lowest employment rate amongst any working age group.

The value and importance of providing better vocational services for improving life chances for people with mental health problems is increasingly being recognised. To further support this, the impact that learning and skills development will have on increasing opportunities for people to gain and/or retain employment should not be underestimated. Whether this is pre employment or in work, learning and skills needs should be considered as part of each individual's pathway.

A key component of this priority will be to establish a clearer understanding of the services and support available and to identify gaps in current provision. Action will involve engaging with commissioners and providers of vocational/employment services to work towards developing cohesive pathways between primary, secondary and third sector providers. This will also involve supporting agencies to build up a better understanding of each others roles and responsibilities, and, how with a joined up approach they can better support individuals to gain and/or retain employment drawing upon their strengths. These pathways will seek to identify and embed into them the benefits of learning, skills and volunteering as part of the potential route to gaining and maintaining employment and to support providers to be better equipped to progress people, who for whatever reason may be stuck in the system.

In order to improve the quality of and capacity within services to deliver better vocational services we will seek to promote positive cultural change which as a consequence reduce stigma and discrimination.

Public Sector Corporate Responsibility and Exemplar Employers

Since December 2006, there has been a legal duty on all public sector organisations to promote equality of opportunity for disabled people. The Disability Equality Duty (DED) covers the full range of what public sector organisations do – including policy making and services that are delivered to the public. People who work in the public sector have a legal duty to consider the impact of their work on disabled people, and to take action to tackle disability inequality. This should mean that disabled people have better employment opportunities and do not come across discrimination when, for example, using a service. It should also help promote positive attitudes towards disabled people in everyday work and life.

Many of the partners within the RET are drawn from the public sector and we acknowledge the need to 'put our own house in order' whilst encouraging others to do so. Given the enormity of the work this will involve we have identified the NHS, and specifically Primary Care Trusts and Mental Health Trusts, as the organisations to target initially. Our rationale for this is their role as commissioners and front line providers of services for people with mental health problems, and, that they should therefore act as exemplars for people with mental health problems seeking to gain and /or retain employment.

“All mental health trusts have two crucial roles, first and foremost as a provider of specialist mental health services, and secondly but still of crucial importance is the role as a large local employer..... For some years mental health providers have concentrated on treating

the person's mental health and working with other employers to try and help individuals keep their employment or obtain employment. However I strongly believe that mental health trusts should be exemplar employers and lead by example.....”

Martin Barkley, CEO Hampshire Partnership NHS Trust cited in (Seebohm, 2006)

A key Government objective is enabling all disabled people, including those with mental health problems, to make the most of their abilities at work and in the wider society. It will do this by:

- Providing active help for people to move into work;
- Taking the obstacles out of the benefits system;
- Promoting equality and opportunity in the workplace

As the largest public sector employer in the country the NHS should be making a significant contribution to delivering these objectives (Department of Health, 2002).

By identifying the NHS as a key employer to be targeted within the East of England we will also through their delivery and supply chains reach a number of other organisations within both the voluntary and private sector.

What is the evidence to support the priorities?

The National Policy context

There has been a significant increase in policies and national guidance relating to mental health and employment in the last five years, demonstrating the recognition of the current government of the scale of the problem. Both DWP and DH have produced a number of national policy and guidance

documents, with a commitment to address employability and improve the health of the people living in this country.

The driver for this focus is both economic (the costs of unemployment and of poor health) and health related (the negative impact of unemployment on health). If it fails to address mental health and employment, the government will fail to address a number of the core functions of the NHS, DWP and of others (e.g. improving health, reducing health inequalities).

Details of key policy documents relating to and useful for addressing mental health and employability are set out in the attached document outlining policy and guidance information (see Appendix D).

A synopsis of the current mental health and employment imperative identifies:

- An emphasis on prevention and promotion of health and well-being
- Employment as a means for addressing social exclusion, improving health, and reducing social inequalities
- Emphasis on partnership working between health and local authorities, and also across statutory, voluntary and private sector providers
- Reducing the stigma that surrounds mental illness, particularly amongst employers
- The public sector as exemplar employers of staff with mental health problems
- The modernisation of services through effective commissioning
- Employment and learning and skills as a means of recovery from mental illness
- Improving access to psychological therapies (IAPT) through Primary Care with a resultant positive impact on preventing unemployment
- Tackling worklessness as a mechanisms to boost economic competitiveness and to reduce poverty
- An emphasis on the rights and

responsibilities of individuals

The Regional policy context

East of England Regional Social Strategy

The Regional Social Strategy (East of England Regional Assembly, 2007) is led by the East of England Regional Assembly (EERA) and sets out the region's strategic objectives, policies and actions for tackling social exclusion and supporting local action. The aim of the strategy is "to achieve social inclusion throughout the East of England". Two of the strategic objectives (SO) for 2007-2010 relate directly to employment, learning and skills:

- To promote access to work, tackle low pay and improve conditions of work (SO2)
- To improve life chances of adults through learning and skills development (SO4)

The RET's action plan is embedded in section SO2 Action 10 (To support those with mental health needs to achieve employment).

East of England Regional Economic Strategy

The Regional Economic Strategy is led by the East of England Development Agency (EDDA). Consultation on the draft strategy (EEDA, 2007) ended recently and the final strategy will be published later this year. The draft strategy identifies five key priorities, which will support people, who have or have had mental health problems, to gain a better quality of life through learning & skills, employment, access to better services and reduced discrimination. These priorities are specified below

1. Supporting those who are disadvantaged achieve their potential
2. Supporting disadvantaged communities and groups to access sustainable employment
3. Improving prospects for better

- quality employment
4. Providing access to essential services
5. Tackling discrimination experienced by communities or individuals.

Through the Investing in Communities programme, EEDA has supported a number of projects helping people with mental health problems gain or retain employment. Examples include, Healthy Steps to Employment in Bedfordshire and Luton, Mental health and Employment in Suffolk, and Regain/Retain in Cambridgeshire.

'.....lack of skills, unemployment and crime has a direct impact on businesses and productivity. Persistent exclusion leads to wasted potential, lower demand for goods and services, and costly pressures on welfare and public services.'

(EEDA, 2007)

Regional Health Strategy for the East of England

The regional health strategy Healthy Futures: A Regional Strategy for the East of England 2005-2010 (East of England Regional Assembly, 2005) aims to add value to work to improve health across the region by identifying actions which can be taken at regional level and providing a supportive framework for local work to improve the overall health of people in the East of England and reduce health inequalities. The strategy focuses strongly on tackling the underlying issues which determine people's health.

Strategic Priority 5: To encourage better health for people in the East of England throughout their working lives and identifies three broad action areas includes:

Reducing barriers to workforce participation linked to health, mental health and disability issues

5.1 Ensure that strategic regional level skills/ business support partnerships are aware of (and promote) links between work and health.

5.2 Develop and support new and existing approaches to support people with health, mental health and disabilities issues in continuing in, or returning to work.

Encouraging workplaces to contribute to people's health

5.3 Align the Health and Safety Executive's HSE national programmes for improving health at work to address regional issues.

5.4 Learn from the 'Health at Work' pilot and disseminate the findings to workplaces across the East of England.

5.5 Promote regional uptake of management standards for work related stress.

Increasing flexibility in life-work transitions (also SP6)

5.6/6.1 Support the adoption of age positive and carer friendly employment practices.

The Public Health Department (GO) and EEDA are currently developing joint work to implement these points and this work has been incorporated in the Action Plan. In addition, EEDA has also commissioned action learning sets to progress work in relation to work limiting illness.

Learning and Skills

In order for the government's current policy (HM Treasury, 2006), (DCSF and DIUS, 2007) and its recently published proposals for adult learning (DCSF and DIUS, 2008) to benefit people who have mental health problems it is vital that mainstream funded programmes are explicitly inclusive of people who have mental health problems.

The importance of access to basic skills (language, literacy and numeracy skills) for all socially disadvantaged groups

and the value to employers of increasing the employability of people currently excluded from employment is identified in the above three regional strategies (East of England Regional Assembly, 2005) (EEDA, 2007) (East of England Regional Assembly, 2007). The Learning and Skills Council East of England's Commissioning Plan aligns with the Regional Economic Strategy and the LSC is working with the East of England Skills and Competitiveness Partnership towards a single skills strategy for the region in 2008/09 (LSC East of England, 2008).

East of England LSC has five commissioning priorities for adults. All have the potential to support the employability of people who have/have had mental health problems and therefore contribute to the regional mental health partnership's priorities.

The current national LSC strategy for 'Improving services for people with mental health difficulties' (LSC, 2006) has four aims:

- Building the capacity of the sector
- Boosting demand for learning
- Ensuring quality of provision
- Raise the achievement levels for learners

Equality and diversity is identified as a priority by LSC East of England and the NIACE/CSIP/LSC delivery plan for its regional mental health action plan includes:

- Developing an explicit commissioning plan for mental health reflecting the inclusion of people with mental health problems in mainstream learning programmes
- Ensuring mental health is embedded in mainstream LSC strategies for equality and diversity and supporting learners disabilities
- Contributing to developing the capacity of health, learning and employment service providers to develop a shared understanding of the relationship between employment, learning and skills and develop more effective partnership

working to support delivery on this programme, e.g. the adult careers offer in line with Opportunity, Employment and Progression: making skills work (DIUS/DWP, 2007)

Regional NHS Improving Lives Consultation

Improving Lives, Saving Lives was published by the NHS East of England in September 2007 and set out for consultation eleven pledges on behalf of the whole NHS in the East of England. The challenge was to identify 'What can we do more of?' and 'What can we do better?' The message throughout the consultation document was to improve the healthcare system and improve the lives of those receiving healthcare.

Pledge 7: We will improve the lives of those with long term conditions, identified mental illness as a key area to target. (Improving Lives, Saving Lives, NHS East of England, Sept 2007)

The emphasis placed upon people's health and wellbeing within the East of England and employment is considerable. Yet people with mental health problems still have the lowest employment rate among people with a disability who are in employment. The RET's role will be to ensure that the needs of these people, (and those intermediaries who offer them support and employers) are given a greater priority to ensure that they have an equitable and fair chance of gaining and /or retaining employment.

What do people who have experience of mental health problems think?

In line with the NHS principle of directly involving people who have experience of mental health problems in the design, development and delivery of the services they use the RET is committed to ensuring that individuals' views are integral to priorities and work of the RET and a post for a mental health service user has been established to facilitate the process of user voice' intelligence gathering across the region.

This intelligence gathering will include a series of focus discussion groups from May to June 2008. These will enable people who experience mental health problems to contribute to this work - identifying their aspirations, support needs, barriers to progress and suggested solutions in securing and maintaining employment.

Evidence available from similar activities that have taken place in other regions has highlighted for example, that in the South East:

- Most people manage to undertake some work after diagnosis, but a significant proportion of people (circa 25%) still felt that their mental health problem makes them unemployable
- Stigma and discrimination continue to act as barriers to securing and maintaining employment
- People have a significant desire to move away from benefits and into paid employment but many lack access to appropriate support to do so
- A significant proportion (70%) of people were not currently receiving any support to attain or retain employment
- Mental health awareness training for employers and ongoing support for individuals once in employment were the two recommendations for the South East action plan most frequently identified by respondents who have/have had mental health problems (Raise, 2007)

What do Employers think?

Employers and their businesses are not homogenous. The business sector in this region is particularly made up of a significant proportion of micro, small and medium sized employers.

There are a number of employers in the region who are exemplar employers in relation to mental health and champions of the agenda.

Nationally the employer coalition projects yielded many examples of what works and what is best practice

in employing people who have/have had mental health problems (although this region was not a coalition site).

Research evidence to date suggests that generally employers tend to underestimate the cost and negative impact of mental health problems in their existing workforce but when recruiting new staff have little understanding of recovery which leads them to overestimate the negative impact of a mental health diagnosis on an individual's ability to take up, return to, sustain and progress in work.

In developing actions to elicit employer's views the RET has taken into account the need to ensure that action is effective and avoids adding to the sense of 'employer overload' articulated at the, the East of England Skills and Competitiveness Partnership (EESCP) summit on 5 February 2008:

"The messages today are loud and clear. There are too many organisations knocking on employers doors. I cannot stress enough that our role is not to confuse employers, but to add value. Our priority is to develop a compelling offer to business that is clear, flexible and presented in language that employers can easily understand."

(Julia Nix, 2007, Director of EESCP, summing up the summit held on 5th February)

In seeking to find out more about what employers' think the partnership will ensure opportunities for the inclusion of mental health and employment in existing regional partners' employer engagement plans and work with trades unions in the region.

Capturing employers' views as a result of direct engagement will be an

integral function of the new regional Mindful Employer Co-ordinator's remit, which will include a 'snapshot' online survey of employers' attitudes and receptiveness to the support available to them and identification of any gaps. Opportunities for reaching employers and their workforces through local BBC radio websites, programmes and roadshows are also under discussion.

What services are already available?

A commissioning and service mapping exercise undertaken through key regional stakeholders following the regional mental health and employment summit in 2007 has provided a useful but incomplete database of commissioning and service delivery in the region. This requires further exploration as part of the implementation phase of the action plan but to date the information received indicates:

- Different patterns and volumes of provision within the 6 counties in the region
- Possible inequities of access to provision, particularly in rural areas where transport issues frequently create barriers not just to employment services but to the support services that might help them to get into work
- Commissioners were unable to provide clear details of what was being commissioned from whom in terms of vocational outcomes and/or value
- Submissions frequently indicated that respondents were not sure whether third sector organisations were still in existence/operational in this area due to possible funding problems/the ending of funding streams
- Some evidence of 'doubling up' of provision in areas and gaps in others with no clear evidence that this was always related to need and/or disadvantage.

What action is proposed in order to deliver progress in the 4 priority areas?

This action plan has been developed

with an emphasis on supporting people with mental health problems to gain and/or retain employment. Although some specific reference is made in the action plan to certain vulnerable groups who may be experiencing mental health problems this is not exclusive. We would therefore ask you to note that there is a strong recognition that mental health problems can, and do, affect people from all walks of life and therefore from all vulnerable groups. As the plan is implemented we will endeavor to ensure that we work closely with partners to deliver a fair and equitable service to all.

The plan is presented in two formats. A summary format below outlining key actions and the related expected outcomes and on succeeding pages by a more detailed plan showing:

- Process activities
- Responsibilities for delivery by lead and partner agencies
- Linkage to key programmes/work areas
- Beneficiaries
- Proposed timetable

Summary action plan and expected outcomes

1. Continuous improvement of knowledge base	
<i>No. Actions</i>	<i>Expected Outcomes</i>
1.1 Develop a strong regional intelligence network	JCP data to highlight movement within:
1.2 Ensure clear understanding of available data and additional data that would be useful	<ul style="list-style-type: none"> • Numbers of people on incapacity benefit due to mental health and/or behavioural issues. • Exit outcome for those undertaking Pathways to Work into work, education, and/or volunteering. • Number of people accessing Access to Work due to mental health condition. <p>East of England Public Health Observatory linked to EoE data from Healthcare Commission Service User Survey table 7a, 8a, 9 of NSIP data information.</p> <p>Learning & Skills Council data to identify movement linked to employees with mental health conditions using key criteria</p> <ul style="list-style-type: none"> • Participation by Providers • Work Based Learning • Train to Gain <p>Identification of Local Authorities targeting PSA 16, and those linked to employment learning and skills (PSAs 2, 8, 15, 17, and 18).</p> <p>Identification of advantages and limitations within datasets.</p>
1.3 Better understand what people who have/have had mental health problems think and ensure meaningful service user involvement	Library of evidence of lived experiences to support service development and case studies.
2. Good communication	
2.1 Clearer information sharing and action planning between partners	Shared understanding and use of information
2.2 Hub & spoke electronic portal	Up to date accessible information.
2.3 Identify all partner publications and take opportunities to publicise agenda and action in them including a link to the CSIP Employment, Learning & Skills website	Regular dedicated information for stakeholders
2.4 Provide Resources libraries to support the four priorities	Access to current and reliable information.
3. Employer engagement	
3.1 Intelligence gathering	Quantitative and qualitative evidence.
3.2 Build capacity to support employers develop workplace MH-friendly workplaces	Increased support available to employers
3.3 Support employers within workplace to develop MH-friendly workplace	Increased awareness and capacity of/for employers - measured by number of employers registering as Mindful Employers.
3.4 Support employers to employ and train people who have mental health problems/severe mental health problems	Increased numbers of people accessing in-work support and gaining employment with mental health aware employers/trainers (measures will be the datasets identified above in 1.)
3.5 Support easy access by employers to resources	Access to current reliable information.
3.6 Sell the business case (& programme) to employers	Increased employer activity
3.7 Build capacity to offer MH training for employers	Progressive levels of support for employers/ workplaces, sustainability within the workplace. Measures will include the number of employers commissioning mental health first aid training, number of trades union representatives attending training and evidence of mental health awareness in partners' training delivery programmes.

4. Effective commissioning of services		
No.	Actions	Expected Outcomes
4.1	Careful planning to ensure the opportunities for commissioning are fully exploited	Joint approach to commissioning arrangements with shared protocols.
4.2	More effective utilisation of the voluntary sector	Regional overview of activity including inequities in service provision.
4.3	Ensure engagement with all LAA in region	Improved knowledge and better coordination through regional partners at GO.
4.4	Seek to ensure inclusion of mental health in relevant wider needs analysis/research	Embed mental health within equalities analysis.
4.5	Support learning for commissioners and providers of services for people with work limiting illnesses (not mental health specific)	Increased knowledge in key agencies.
4.6	Support commissioners to develop understanding of PSA 16 and linked PSA targets to inform commissioning	Reflected in 2008/10 LAAs.
4.7	Ensure all MH Commissioners have an Employment Commissioning Strategy	Explicit service delivery change including identified funding and provision. and geographical/provider spread.
4.8	Clarify and share LSC commissioning plan/offer /investment in terms of access to and success in learning and skills for people who have/have had mental health problems	Commissioning plan.
4.9	Support PCT mental health commissioners to deliver return to work outcomes aligned to the IAPT programme	Increased capacity within LSC Workforce. Achievement and progression in learning. See 3.4, 4.8, 5.1, 5.2, 5.3, 5.9, 6.4
5. Better vocational services		
5.1	Promote awareness, understanding and joint working in support of the goal to substantially increase the employment rate amongst people with a mental health condition	Increased capacity amongst operational staff as a result of networking and awareness of shared agenda.
5.2	Better understanding of the pathways for individuals and the services and resources available	Locally based networks developed and increased capacity through cross organisational working.
5.3	Raise awareness of GPs on the impact of support in Primary Care for people with mental health problems in relation to employment and learning and skills	GP behaviour influenced to include an emphasis on employment as part of recovery.
5.4	Increase understanding and awareness of the Welfare to Work agenda and new benefits for providers and practitioners	Increased knowledge.
5.5	Build capacity within secondary care services to support people with mental health problems gain /retain employment and access learning and skills	Increased knowledge and capacity. Sharing of and dissemination of good practice.
5.6	Ensure all mental health trusts have a delivery strategy for employment support	More effective measurable commissioning.
5.7	Ensure the employment, learning & skills of people entering secondary mental health services are assessed as part of initial assessment and reviewed throughout	Baseline information. Progression pathways identified.
5.8	Support the capacity of Early Intervention (EI) Services to contribute to targets, understand, describe and share their best practice in supporting individuals	Baseline data. Sharing good practice. Identification of lessons learnt.

<i>No. Actions</i>	<i>Expected Outcomes</i>
5.9 Support capacity of learning and employment service providers to develop a shared understanding of the relationship between employment, learning & skills	Increased capacity, peer support and problem solving through joint working.
5.10 Improve support for progression in learning and within employment	Progression pathways in the arts sector.
6. Further develop public sector exemplar employers	
6.1 Work with and influence the emerging work, which focuses on 'employment as an opportunity to improve health and wellbeing and deliver Improving Lives, Saving Lives pledges.'	Increased capacity, delivery of pledges. Improved working conditions in NHS.
6.2 Support and influence NHS organisations and local authorities to become exemplar employers.	Corporate responsibility in PCTs, MH Trusts and Local Authorities.
6.3 Collect and disseminate evidence of best practice/ individual's stories with specific focus on mental health and employment	Library of lived evidence to support service improvement and delivery.
6.4 Ensure that the benefits of employment (and social inclusion) on recovery is integral to commissioned training	Increased capacity of practitioners to deliver personalised services.

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Appendix A

What detailed action is proposed in order to deliver progress in the 4 priority areas?

WHAT?	HOW?	WHO?	OTHER PARTNERS	BENEFICIARIES	WHEN?
1. Continuous Improvement of Knowledge Base					
1.1 Develop a strong regional intelligence network on mental health and employability, building on existing data sources to increase knowledge base	Support from EEPHO Partner agencies provide quarterly updates re: their data evidence in relation to - Particular programmes, e.g. Pathways to Work, - Access to Work - PSA Targets -Equity	EEPHO JCP MH Trusts PCTs IAPT	LSC		Ongoing
1.2 Analysis, understanding and ownership of relevant data Ensure there is a clear understanding of data available in relation to targets & what other data is available that would be useful	Share and confirm that the data with the NSIP report is robust and relates directly to the East of England	CSIP EEPHO LSC	All		April 08
1.3 Increase knowledge of what people who have/have had mental health problems think and ensure meaningful service user involvement	Appoint Service User with an interest in employment to work with the Programme Service user focus groups x 3 Analyse and identify opportunities to feed to and from other partners/ services e.g. vocational services, Pathways to Work and distribute.	CSIP	CSIP EbE Programme IAPT Learner voices	Service Users Providers Commissioners	Oct 08 Jan 09 Ongoing
2. Good communication					
2.1 Clearer information sharing and action planning between partners on how their activity can directly and indirectly influence those targets which do have stringent performance management attached to them, e.g. making it clear how partners can tick each others boxes	Embed targets into Statement of Priorities in terms of National and Regional Targets. Ensure strong representation at Partnership meetings of key government departments. Quarterly update on figures towards targets	Partners to provide & maintain JCP LSC EEPHO	JCP LSC IAPT DWP	All Local Authorities	Partner to identify Ongoing

<i>WHAT?</i>	<i>HOW?</i>	<i>WHO?</i>	<i>OTHER PARTNERS</i>	<i>BENEFICIARIES</i>	<i>WHEN?</i>
2.2 Hub & spoke electronic portal	New dedicated mini website on Eastern Development Centre website	CSIP All to provide/update content & put links on their own websites	Electronic links to and from partner agencies/complementary programmes/trusts/service user organisations	Employers Employees Providers Commissioners	Sept 08 Ongoing
2.3 Identify all partner publications and take opportunities to publicise agenda and action in their them including a link to the CSIP Employment, Learning & Skills website	Provide resources, conference and event information for employment, learning and skills stakeholders to disseminate to wider audience.	All	CSIP	Employers Providers Commissioners	Ongoing
2.4 Resources libraries for the 4 priorities to support the development of services and knowledge base of Practitioners/ Employers	Two resource libraries to be developed 1. Policy and Guidance for Providers and Commissioners 2. Information, good practice and guidance for employees and employers.	CSIP		All	Sept 08
3. Employer Engagement					
3.1 Intelligence gathering & checking change over time	Employer survey-to include baseline questionnaire and follow up questionnaires.	CSIP/ NIACE	All	Commissioners and providers	Aug 08 Feb 09
3.2 Build capacity to support employers develop workplace MH-friendly workplaces	Appoint 'Mindful Employer' co-ordinator	CSIP		Employers and employees	Jul 08
3.3 Support employers within workplace to develop MH-friendly workplace	Workplace visits Ongoing support to Mindful Employer Signatories Offer 'How to become a Mindful Employer' seminars Set up employer networks to provide peer support.	JCP LSC		Employer and employees	Sept 08 to Mar 09 Nov 08 Jan 09
3.4 Support employers to employ and train people who have mental health problems	In work support Develop joined up approaches and support systems for employers to recruit and retain people who have, or have had mental health problems Providers adopt quality standard to establish	NHS/ DWP/ LSC	Mental Health Trusts Pathways to Work Primary Care	Employers and employees Commissioners and Providers	Ongoing

<i>WHAT?</i>	<i>HOW?</i>	<i>WHO?</i>	<i>OTHER PARTNERS</i>	<i>BENEFICIARIES</i>	<i>WHEN?</i>	
	effective information sharing/cross referral protocols in order to, - ensure continuity and smooth transitions between services, and - ensure employers can get early access to support, advice and guidance Signpost to resources	JCP LSC ESOL providers				
3.5	Support easy access to resources	Set up & publicise access to employer resource library	CSIP	All	All	Sept 08
	Ensure website resource link is available to all partners and active.	Mindful Employer programme resources work with key agencies to design a comprehensive programme to ensure all employers irrespective of size can get good access to support, advice and guidance;	All CSIP			Sept 08 Ongoing
3.6	Sell the business case (& programme) to employers	Employer engagement conference	All regional partners		Employers and employees	Sept 08
3.7	Build capacity to offer MH training for employers	Appoint MH 1st Aid and Wellbeing Lead	CSIP	CSIP	Employers and employees	June 08
	Embed MH awareness in existing employer training	Provide MH first aid training instructors training.	CSIP, ACAS Business Link, COVER		employees	Mar 09
	Support MH first aid training	Work with national MH first aid team to support sustainability of programme	CSIP			Nov > Nov > Mar 09
	Pilot trades union training	Consider strategy for commissioning of a regional provider for ongoing programme for Trade Union Reps training.	CSIP All			May 08 Spring 09

WHAT?	HOW?	WHO?	OTHER PARTNERS	BENEFICIARIES	WHEN?
4. Effective Commissioning of Services					
4.1	Support key government departments to consider opportunities to ensure that commissioning arrangements across departments are fully exploited and support holistic pathways.	Half day event to develop visioning statement.	CSIP	EEDA JCP SHA PCTs GO LSC	All Jan 09
4.2	More effective utilisation of the voluntary sector.	Scope current activity. Identify inequities in access to services/provision Provide Commissioners with 'Good Practice' examples.	CSIP	PCTs MH Trusts JCP LSC EEDA	Service Users, Providers & commissioners Ongoing
4.3	Ensure engagement with LAA process	Provide Specialist Briefing on employment and mental health for place leads (PSA 16) Offer support to LAs to implement PSA 16 and/or associated PSA targets. Provide information and advice to Place Leads	GO & CSIP GO & CSIP	LAs MH Trusts LAs PCTs IAPT	Jan 08 Jan 09 >
4.4	Seek to ensure inclusion of mental health in relevant wider needs analysis/research commissioned by regional partners,	Request that EEDA/NIACE /CFE needs analysis of rural demand and provision for learning includes mental health as an explicit sub-group for analysis	EEDA & CFA	All	TBA
4.5	Support learning for commissioners and providers of services for people with work limiting illnesses (not mental health specific)	2 x Learning Sets - Strategic and Operational	EEDA	3rd Sector Providers GO JCP, LA MH Trusts	Commissioners & providers Mar – Jun 08
4.6	Support Mental Health Commissioners to develop understanding of PSA 16 and linked PSA targets to inform commissioning.	Mental Health Commissioners' Masterclass on PSA 16 delivered by Social Exclusion Task Force Commission two half days training for Commissioners and providers to support PSA 16 and Individual Placement & Support. Continue to support emerging work with commissioners.	CSIP/NSIP	Local Colleges JCP, PCTs MH Trusts CVS, CAB LAs	Service Users & Commissioners within the secondary care services Ongoing Oct 08

WHAT?	HOW?	WHO?	OTHER PARTNERS	BENEFICIARIES	WHEN?
4.7 Ensure all MH Commissioners have an Employment Commissioning Strategy in line with LIT Autumn Assessment process.	Support the development and/or review of Commissioning Strategies across the region. Offer support to develop Strategy Groups where they are still to be developed. Support commissioners with service reviews.	CSIP	MH Trust Service Users and Carers, PCTs PtW Providers 3rd Sector	Providers and Commissioners	Ongoing
4.8 LSC Commissioning Embed MH across all mainstream LSC skills planning, Learning for Living & Work and employability and SES action plans Clarify and share LSC commissioning plan/offer/investment in terms of access to and success in learning and skills for people who have/have had mental health problems	Build capacity of LSC EoE staff Boost demand for Learning LSC Ensure Quality of provision (flexibilities, DES) Raise retention & achievement levels Advocate to National LSC/DIUS to ensure progression pathways in FLT are accessible and relevant to people who have /have had mental health problems		Adult Carers providing Learning Partnerships FE System LA Providers re: MOG changes	FE Providers In work support employers & employees	Ongoing 2011 Mar 09 10/11
4.9 Support PCT mental health commissioners to deliver return to work outcomes aligned to the IAPT programme	Targeted support aligned to PCT roll out of trajectories. Support for IAPT specification development. Ensure shared understanding of available cross agency resources (see 3.4, 4.8, 5.1, 5.2, 5.3, 5.9, 6.4)	CSIP/SHA	PCTs	Public Employers Commissioners	Jun 06 onwards
5. Better Vocational Services					
5.1 Promote awareness, understanding and joint working in support of the goal to substantially increase the employment rate amongst people with a mental health condition.	Hold joint Employment & Mental Health conference to bring together staff from across the stakeholder groups	CSIP Jobcentre Plus	JCB delivery staff, LSC Service Users, IAPT NIACE Primary & secondary care providers SHIFT Pathways to Work Providers	All with particular emphasis on operational staff	May 08
5.2 Develop an understanding of the current pathways for individuals with MH problems which will include a clear understanding by providers of the services and resources available to support people with mental health problems back to work. CSIP	Hold a series of seminars across the region to raise the understanding and awareness of providers and practitioners to what is available for individuals in their locality. GPs	CSIP	GPs Jobcentre Plus PCT/IAPT MH Trusts Service Users 3rd Sector Providers	Cross Sector Providers	Oct 08 - Mar 09
5.3 Awareness sessions for GPs on the impact of support in Primary Care for people with mental health problems in relation to employment.	Determine positive approaches in conjunction with IAPT GP Lead and influence GP behaviour in relation to mental health and work...	CSIP/ NIACE/ IAPT	IAPTs GPs EI	GPs & Pateints	July 08 onwards

<i>WHAT?</i>	<i>HOW?</i>	<i>WHO?</i>	<i>OTHER PARTNERS</i>	<i>BENEFICIARIES</i>	<i>WHEN?</i>
5.4 Increase understanding and awareness of the Welfare to Work agenda and new benefits for providers and practitioners	A series of master classes on the changes being introduced to benefits including ESA and raising awareness of Access to Work to support key learning and additional support in primary care	CSIP/ JCP	Service Users Advocate 3rd Sector PCTs, MH Trusts	Service Users	July 08
5.5 Build capacity within secondary mental health trusts to support people with mental health problems gain/retain employment & access learning and skills	Vocational Services Manager Network x 4 per year offering; <ul style="list-style-type: none"> • Peer support • Data Analysis Support • Masterclass focus to develop knowledge and skills i.e. Employment Law, Welfare Reform, DDA. • More & different • N. Essex pilot key performance indicators with SCMH and disseminate Data collection supports PSA target data requirements	CSIP	Vocational services network masterclass project by each	Vocational services Managers Employment Specialists and service users within secondary care services	Feb 08 May 08 Sept 08 Dec 08 Ongoing
5.6 Ensure all mental health trusts have a delivery strategy for employment support (through vocational services staff) recognising the importance of learning and skills which concurs with the commissioning for employment/vocational services strategy.	Provide advice and support to MH Trusts to develop employment delivery plans Develop detail and support the commissioning of training for employment specialists within mental health trusts.	CSIP All partners as required	MH Commissioner	Commissioners providers and service users	Mar 09
5.7 Ensure the employment, learning & skills of people entering secondary mental health services are assessed as part of initial assessment and reviewed throughout. Ensure that data and analysis allow for audit in relation to different sub-groups of people with MH problems to identify any differential needs and ensure equity	Offer support and advice to MH trusts with regard to <ul style="list-style-type: none"> • Capturing data information required to support PSA target requirements • Training staff and raising understanding of the impact on recovery of employment & education. • Support to access additional input from other organisations. 	CSIP	Cabinet Office (Social Exclusion Task Force) LSC MH Commissioner	Service Users and providers of employment learning & skills services	Mar 09

WHAT?	HOW?	WHO?	OTHER PARTNERS	BENEFICIARIES	WHEN?
<p>5.8 Support the capacity of Early Intervention (EI) Services to:</p> <ul style="list-style-type: none"> • Contribute to targets • understand and describe their best practice • Sharing their best practice in supporting individuals with primary, secondary and other providers 	<p>Work with one early intervention service in the region (Essex) to audit evidence of support for service users to access and maintain learning and employment opportunities</p> <ul style="list-style-type: none"> • Identify uptake of learning opportunities and qualification levels in early intervention service clients • Capture existing practice in early intervention teams in supporting learning for service users • Identify training needs of early intervention teams to enable them to promote learning and work in partnership with learning and employment service providers to support clients • Capture and share with partners EI learner/service user voices on their participation in learning and work • Produce best practice guidance for primary and secondary care providers re: what works in supporting individuals & disseminate nationally <p>Conference to cascade findings</p>	<p>CSIP NIACE/LSC</p> <p>Regional EI services network</p> <p>Essex EI service</p> <p>El service users</p>	<p>NSIP</p> <p>FE providers in Essex Employment services in Essex</p>	<p>People experiencing their first mental health episode</p> <p>mental health providers in-work support and FE providers</p>	<p>Dec 08</p> <p>Jul - Dec 08</p> <p>Jan 09</p>
<p>5.9 Support capacity of learning and employment service providers to develop a shared understanding of the relationship between employment, learning & skills and deliver on this programme, e.g. in line with Opportunity, Employment and Progression: making skills work' (DIUS/DWP, 2007)</p>	<p>Joint mental health and Employment & Learning & Skills network meetings x 4 /year</p> <p>Shared VLE/Moodle to support access to information, learning, sharing best practice, collaborative learning</p> <p>Encourage local joint (action) working between learning providers and vocational services and care co-ordinators to develop best practice models and joint working protocols</p>	<p>NIACE LSC/NIACE CSIP</p>	<p>Third sector providers Service users & special interest/ advocacy organisations, JCP, Learning providers, IAG providers, PtW providers, vocational service providers</p>	<p>Providers of employment services Learning providers</p>	<p>1st joint networks meeting Jan 08 then ongoing (Both networks have run independently of each other for last 18 months)</p>
<p>5.10 Improve support for progression in learning and employment from arts-based further education courses</p>	<p>Encourage schools and FE providers to clearly identify support facilities/resources needs for progression by their art students into HE.</p> <p>FE providers to identify procedures for securing learning support for learners who are progressing to HE before they start their courses (including where appropriate support from MH services).</p>	<p>LSC</p>	<p>LEAs, FE System Sector Skills Councils</p>	<p>FE & HE providers and learners</p>	<p>Mar 09</p>

WHAT?	HOW?	WHO?	OTHER PARTNERS	BENEFICIARIES	WHEN?
6. Further Develop Public Sector Exemplar Employers					
6.1	Work with and influence the emerging work, which focuses on 'employment as an opportunity to improve health and wellbeing and deliver Improving Lives, Saving Lives pledges.'	Work with SHA/GO/EEDA to develop their joint work to ensure that the action within the Regional Economic Strategy supports the Improving Lives, Saving Lives pledges by and ensure that there is explicit reference to mental health Implementing healthy workforce programmes within the NHS Sharing Good Practice Develop a programme to offer major employers in EoE the opportunity to improve workforce health and support implementation.	CSIP	SHA, Go EEDA	Health and local authorities employers and employees Mar 09
6.2	Support and influence Public Sector organisations to become exemplar employers.	Conference for senior personnel in the Public Influence and support organisations to set up User Employment provision. Work with organisations to influence the delivery chain to become exemplar employers.	CSIP/NIACE	Public Sector Organisations	Support Services within public sector including subcontracted third or sector services Sept 08 (see 3.6)
6.3	Collect and disseminate evidence of best practice/individual's stories with specific focus on mental health & employment.	Put out call for best practice stories/resources/examples Mental Health & Employment Stories Workshop	CSIP	All sectors through partner publications and contacts.	All Mar 09
6.4	Ensure that the benefits of employment, learning and skills on recovery is integral to commissioned training	Consider with the SHA/ Deanery how employment, learning & skills training can be commissioned to ensure that it is delivered as part of the induction for training across all disciplines. Determine appropriateness of integral module or stand alone training day with partners in the IAPT initial training to ensure understanding of the impact of employment, learning & skills on recovery. Influence and support development of module/training	CSIP/SHA	Workforce Development Deanery HE Providers	Service Users and trainee health and local authority professionals Mar 09 Sept 08 onwards

Appendix B

Briefing paper on the Improving Access to Psychological Therapies (IAPT) programme and the Back to Work pilot

Improving Access to Psychological Therapies Programme

Following the Comprehensive Spending Review of 2007, the Government announced a £173 million investment in Improving Access to Psychological Therapies. This investment translates as:

- £33m in 2008/09
- £103m in 2009/10
- £173m in 2010/11

In return for these resources, the NHS is committed to delivering:

- 900,000 more people treated for depression and anxiety disorders
- 450,000 of them moving to recovery
- 25,000 fewer people with mental health problems on sick pay and benefits
- 3,600 more newly trained psychological therapists giving evidence based treatment
- All GP practices having access to psychological therapies as the programme rolls out (6-year roll out).

In the East of England we will have access to (approximately) £31.7 million, and we will be expected to have 680 trained therapists treating 90,000 people, 2,566 of who will enter employment from benefits.

The purpose of the new IAPT services is to implement NICE guidelines for the treatment of people suffering from depression and anxiety disorders. The new services will have the following characteristics:

- Teams of therapists – each PCT should plan to provide an IAPT service delivered by a team of therapists that is capable of offering:
- Service excellence demonstrated by delivering defined outcomes
- Critical mass for training, supervision

- and professional development
- Enabling social inclusion and/or helping people to stay in or return to work
- NICE designated treatment – the service should provide treatment to people suffering from depression and/or anxiety disorders.
- Treatments will include low and high intensity interventions.
- Treatment should be offered at the minimum level necessary to achieve full and sustained recovery level in a Stepped Care system, as specified in the NICE Guidelines

The East of England Development Centre (part of CSIP) will provide the leadership and co-ordination of IAPT implementation within the East of England through the development of a regional IAPT delivery team for and on behalf of the Strategic Health Authority (SHA)

In the East of England we have one 'Pathfinder' site, Hertfordshire PCT. Over the next three years it is envisaged that all PCTs in the region will be delivering full IAPT services.

Return to Work Pilots

GPs in Hertfordshire will be taking part in a pilot scheme from February 2008, testing new software to help them record data about the number of diagnoses of anxiety they make and the number of sick notes they issue. Unlike diagnoses of depression, these issues are not part of the GP Contract and are important to support the evaluation of the IAPT Programme. The pilot will also help us understand better the impact physical health conditions have on people's mental health, and how people can use IAPT services most effectively.

The pilot will commence in February 2008, and run for six months to July

2008. Data will be collected from September 2008 from practices and PCMIS. The data will be analysed from November 2008, and a report completed by February 2009.

One aspect of this pilot is to develop partnership working between GPs, IAPT and employment services. It is also the intention of the pilot to support GPs to view writing sick notes as a therapeutic intervention, which has both intended beneficial effects, and potential unplanned side effects. The consultation with the GP during which a medical certificate is considered provides an opportunity to consider:

- An offer to provide information, advice and active management to patients,
- Help to prevent long periods off work and
- Help minimise the likelihood of individuals losing their jobs.

Evidence from other work suggests that if the opportunity of the certification consultation is used well, GP consultation and referral rates will go down as patient problems are solved. Prescribing should also reduce.

Appendix C:

List of partner agencies in the East of England Regional Employment Team

ACAS	Advisory, Conciliation and Arbitration Service
ADASS	Association of Directors of Adult Social Services Eastern Region Business Link East
BitC	Business in the Community
CAB	Citizens Advice Bureau
CBI	Confederation of British Industry Regional Director
COVER	The Community and Voluntary Sector in the Eastern Region
CSIP Eastern	Care Services Improvement Partnership
EEBG	East of England Business Group
EEDA	East of England Development Agency
EERA	East of England Regional Assembly
EESCP	East of England Competitive Skills Partnership
EHRC	Equality and Human Rights Commission
GO East	Government Office East
JCP	Jobcentre Plus
LSC	Learning and Skills Council
MENTER	East of England Black and Minority Ethnic Network
NHS EoE	NHS East of England
NIACE	National Institute of Adult Continuing Education
NOMS	National Offender Management Scheme
NSIP	National Social Inclusion Programme
SEEE	Social Enterprise East of England
Visioning Members	Cambridgeshire Primary Care Trust Meridian East South Essex Partnership NHS Foundation Trust

Appendix D

Policy and guidance information Details of key policy documents relating to and useful for addressing mental health and employability

Document

Working for a Healthier Tomorrow (DWP & DH, March 2008)

Summary of relevant recommendations/targets August 2006

This Review has sought to establish the foundations for a broad consensus around a new vision for health and work in Britain. At the heart of this vision are three principal objectives:

- Prevention of illness and promotion of health and well-being;
- Early intervention for those who develop a health condition; and
- An improvement in the health of those out of work – so that everyone with the potential to work has the support they need to do so.

DWP Commissioning Strategy (DWP Feb 2008)

DWP want to develop a stronger more consistent base of top tier providers who can work closely with regional and sub regional partners to deliver sustainable jobs for unemployed people. The strategy outlines how the aim to achieve this vision.

Ready for Work: full steps to employment (DWP Dec 2007)

This paper outlines DWP's strategy to move people from being recipients of benefits to being active participants seeking employment.

Chapter Four identifies how sustainable employment for disabled people and people with health conditions will be achieved

- By April 2008 Pathways to Work will be rolled out nationally.
- Incapacity Benefit will be replaced by Employment & Support Allowance which will focus on what people can do rather than what they can't.
- Consultation on Specialist Disability Employment Support
- Education Programme for GPs on health & work.
- Review of workforce
- Changes to the Return to Work Credit

Pre budget Report & Comprehensive Spending Review (Oct 2007)

Outlines the Governments expected funding arrangements for the next three funding cycles and identifies key targets for each Government Department. Specific targets and interrelated targets are identified in the main text of the Statement of Priorities for the East of England.

Commissioning Framework for Health and Well-being (DH 2007)

Outlines the commissioning framework which builds on the White Paper 'Our Health, Our Care, Our Say'

- 6.1 Work matters: it can help improve health, reduce inequalities, improve social inclusion and offer individuals improved opportunities
- 6.4 There are three main ways in which health and social care organisations can have a positive impact on the health and well-being of people in employment
 - By delivering services that improve health & well-being, and so support people to remain or get back to work.
 - As employers by recruiting from the communities they serve
 - By using the power of commissioning to influence the health & well being of people employed by local health and social care providers.

Opportunity, Employment and Progression: Making Skills Work (DWP/DUIS 2007)

Sets out how the DWP and DIUS will work together to ensure that an increasing number of people are able to gain training and support they need to move from benefits to work and then ongoing training they need to progress in work. They state "We want to make the transition from welfare to skills and employment as simple, straightforward and as transparent as possible. And we want to ensure that entry to work is the first step on the ladder of sustainable employment and progression."

Reducing dependency, increasing opportunity: options for the future of welfare to work. Freud Review (DWP 2007)

Freud recommends that

- "UK welfare policy applies its resources further towards helping and encouraging the least advantaged into work.
- The Department should develop a funding approach which will allow it to direct spending towards such groups, who have complex and demanding problems, in

Document**Summary of relevant recommendations/targets August 2006**

a more individualised way.

- Such programmes should be outsourced into the private and voluntary sector giving them the incentive to improve performance.
- Jobcentre Plus, the departments one stop shop benefit and job broking arm should concentrate on those closer to the labour market"

Leitch Review of Skills: Prosperity for all in the Global Economy: World Class Skills Dec 2007)

Leitch's recommendations are

- To create a new integrated employment & skills service based upon existing structures, to increase sustainable employment and progression.
- Launch a new programme to improve basic skills for those out of work, embedding this support for disadvantaged and repeat claimants.
- Develop a network of employer led Employment & Skills Boards, building on current models, to influence delivery.

Standards for better health (DH, 2006)

- 7th Domain developmental Standard D13 requires PCTs to identify and act on inequalities by implementing programmes to improve health and reduce health inequalities

Vocational Services for People with Severe Mental Health Problems: Commissioning Guidance (CSIP, 2006)

- Review of evidence
- Outlines 5 key elements to a comprehensive range of vocational services for people with severe mental health problems:
 - Clinical Employment leads within secondary services
 - Employment specialists integrated within clinical teams
 - Public services as exemplar employers
 - Supported work opportunities
 - Local partnerships between specialist and mainstream providers
 - Provides Job description for employment specialist

From Segregation to Inclusion: Commissioning Guidance on Day services for people with mental health problems (CSIP, 2006)

Highlights key principles for refocusing day services in line with recent policy and guidance including:

- Promoting recovery
- Focussing on Community participation
- Reduce social isolation
- Offering opportunities for people with mental health problems to support each other and run their own services
- Maximise choice and self- determination
- Meet the needs of diverse groups
- Ensure services are accessible to people more seriously disabled by their mental health problems
- Involve service users and carers
- Increase diversity of provision
- Improve cross sector working.

Outlines 4 key functions of day services:

- Provide opportunities for social contact and support
- Support people to retain existing social roles, relationships and existing social/leisure activities that they value
- Support people to access new roles, relationships and mainstream social/leisure opportunities of their choosing
- Provide opportunities for people with mental health problems to run their own services
- Green Paper consulting on changes to benefit system to make participation in work related action plans mandatory for new health related benefit claimants, applying to all but the most severe conditions.
- Commits to the additional support both in gaining and retaining employment for clients and employers.
- Introduction of Employment and Support Allowance for all new claimants. Abolition of Incapacity Benefits for all new claimants.
- New mandatory work-related activity for all Employment Support Claimants.

A New Deal For Welfare: Empowering People to work (DWP, 2006)

Document**Summary of relevant recommendations/targets August 2006**

**A new Deal for Welfare:
Empowering people to Work.
Consultation Report.
(DWP, 2006)**

**Welfare Reform Bill DWP (2006)
Budget 2006**

**Our Health Our Care Our Say
(DH, 2006)**

**10 High Impact Changes for
Mental Health (CSIP, 2006)**

From Values to Action (DH, 2006)

**Health Work and Well Being –
Caring for our Future. A
strategy for the health and
well-being of working age
people (DWP, DH, HSE, 2005)**

- Focus on three groups; single Parents, Over 50s and Ill or Disabled People.
 - Mandatory work related activity would be introduced for all but those with the most severe disabilities. This will involve a range of activity from therapies to training and work placements.
 - Importance of this agenda and Health Work and Well Being working together. Implications for individuals with mental health problems are significant.
 - Outlines public and professional support and concern for the above.
 - Mandate of above
 - Chapter 6 'Increasing Opportunities for All' – commitment for funding for 'Pathways to Work' roll out
 - The white paper promises better support around mental health and emotional well being and commits to the establishment of demonstration sites for expanding psychological therapy to address retaining and returning to employment for people of working age with health problems and disabilities.
 - Access to computerised CBT is to be improved and an appraisal of the programme carried out through NICE.
 - Commissioning frameworks are to be improved to focus on services, which address prevention and early intervention.
 - Highlighted the importance of the Health Work and Wellbeing agendas, outlined below.
 - Support is to be provided for GPs in training for fitness to work and through pilot of Occupational Helpline for GPs
 - The paper highlights the importance of reducing stigma around mental health. Notes the SHIFT campaign as a vehicle for achieving this.
 - Treat home based care and support as the norm for delivery of mental health services
 - Improve flow of service users and carers across health and social care by improving access to screening and assessment
 - Manage variation in service user discharge processes
 - Manage variation in access to all mental health services
 - Avoid unnecessary contact for service users and provide necessary contact in the right care setting
 - Increase the reliability of interventions by designing care based on what is known to work and that service users and carers inform and influence
 - Apply a systematic approach to enable to recovery of people with long-term conditions
 - Improve service user flow by removing queues
 - Optimise service users and carers flow through an integrated care pathway approach
 - Redesign and extend roles in line with efficient service user and carer pathways to attract and retain an effective workforce.
- Recommends that :
- Mental health nursing should incorporate the broad principles of the Recovery Approach into every aspect of their practice.
 - Mental health nursing should take a holistic approach, seeing service users as whole people and taking into account their physical, psychological, social and spiritual needs.
 - Commits to finding ways of supporting employees to get swift treatment so that they can remain in work.
 - Support healthcare professionals to help people who are out of work due to ill health and access specialist support in managing their condition and returning to work.

Document**Summary of relevant recommendations/targets August 2006****Independence Well-being and Choice, Adult Social Care Green Paper (DH, 2005)**

- Helping people avoid work related ill health through increasing access to occupational health support
- Appointment of a National Director for Occupational Health to oversee strategy implementation and develop appropriate outcome measures, raise awareness, lead national debate and develop innovative proposals for funding.
- Makes a commitment to the development of prevention, enablement and early intervention services, including: employment, training and access schemes;
- And the improved accessibility and take up of direct payments and Individual Budgets allowing individual service users to dictate they way in which funding is used to best meet their needs

Life Chances for Disabled People (Prime Minister's Strategy unit, 2005)

The report makes a number of recommendations including:

- Independent living through initiatives such as individual budgets to give disabled people more choice and control
- Improved support and incentives for getting and staying in employment.

Disability Discrimination Act-Amended (2005)

- The 2005 Amendments remove the requirement in the DDA that a mental illness must be 'clinically well recognised' before it can count as an impairment for the purposes of the DDA.

European Employment Strategy (European Commission, 2005)

- Guideline No. 18: Promote a lifecycle approach to work
- Guideline No 19: Ensure inclusive labour markets, enhance work attractiveness and make work pay for job-seekers, including disadvantaged people and the inactive
- Guideline No. 20: Improve matching of labour markets needs
- Guideline No. 21: Promote flexibility combined with employment security and reduce labour market segmentation, having due regard to the role of the social partners
- Guideline No 22: Ensure employment-friendly labour cost developments and wage-setting mechanisms
- Guideline No. 23: Expand and improve investment in human capital
- Guideline No 24: Adapt education and training systems in response to new competence requirements

Commissioning A Patient Led NHS (DH, 2005)

- Outlines detailed proposals for Practice Based Commissioning which will allow GP practices to commission services (Previously commissioned by PCTs) to meet the needs of their local population including improving patient pathways, working in partnership to create community based services.

Choosing Health, Public Health White Paper (DH, 2004)

- Commits to reducing barriers to employment and reduce inequalities through employment. Suggests programmes to improve working conditions to reduce the causes of ill health related to work and to promote work environments as a source of better health.
- Supports the use of 'Pathways to Work' pilots and commits to the introduction of work based pilot programmes.
- States the government's obligation to lead by example on health and employment and commits to ensuring that national management training programmes equip managers with the tools necessary to protect the well being of their staff.
- Investment is promised in pre employment training and skills escalators to make employment in the public sector more accessible.
- Emphasises use of partnerships with HSE (Management Standards for Work related stress)

From Here to Equity (NIMHE, 2004)

Target Audience Priorities 2 and 3 to work with public sector, private, voluntary and professional sectors to help them reduce stigma and discrimination in their employment practices

Framework for Vocational Rehabilitation (DWP 2004)

This framework sets out the government's commitment to vocational rehabilitation.

Mental Health & Social Exclusion

The report sets out a 27 point action plan of seven key domains – employment,

Document**Report (ODPM 2004)****Summary of relevant recommendations/targets August 2006**

education, housing, day services, direct payments, community participation and stigma and discrimination.

The report recommends the use of Individual Placement and Support as a means of supporting people back into employment. And identifies employment as a means of giving people with mental health problems a real chance of sustained paid work reflecting their skills and experience.

Mental Health and employment in the NHS (DH 2002)

The Department of Health has published guidance promoting the employment and retention of people with mental health problems within the NHS. It suggests that it should act as an exemplar employer.

Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care

Section 4: The overall aim of mental health services is to help service users return to living an ordinary life as far as possible. Assessment should be comprehensive, and includes assessing a person's work potential. Mental health and social care services also need to help support the development of employment opportunities for people with schizophrenia.

Chapter 4 further sets out recommendations in relation to employment.

Helping people into employment- Pathways to Work (DWP, 2003)

Consultation paper on the Introduction of Pathways to Work

A new commitment to Neighbourhood renewal: National Strategy action plan (SEU, 2001)

National Floor Targets for reducing overall unemployment. Reducing gap between employments in excluded groups and overall rate and outlines the provision of funding to achieve this in key priority areas.

Making it Happen: A guide to delivering Mental Health Promotion (DH, 2001)

- Chapter 3 makes the case for mental health promotion within the workplace and makes recommendations for addressing mental health promotion within the workplace, highlighting the benefits of this and pointing to the potential problems that will arise if staff mental wellbeing is not taken account
- Care Programme Approach (CPA) must show plans to secure suitable employment or other occupational activity
- Service users must be made aware of their appropriate entitlement to welfare benefits.
- By March 2002, implement strategy to promote employment of people with mental health problems within health & social services.
- Recommends a strategy, action plan and local targets for reducing stress at work within local NHS organization and within the local authority.
- Recommends links between NHS organizations and partners to promote social inclusion: through positive employment opportunities for people with a history of mental illness
- Recommends a programme of health promotion targeted at local employers and employment agencies through specific arrangements to support and promote the mental well being of people who have become unemployed or have experienced long-term unemployment operated by NHS and local authority organisations for their former employees and promoted to other employers and employment agencies.
- Providing a pathway to valued education and occupation vocational assessment should take place within 3 months of referral. An education or training plan/pathway to valued employment should be produced within 3 months.
- Formal links with key agencies and schemes such as local careers advisory services, Connexions, New Deal, Training and Enterprise Agency, Further Education Colleges, voluntary organisations, etc. must be established.
- Early referral is vital. The longer an individual remains out of work/education in the early phase, the harder it becomes to gain employment/participate in education later on.
- Development of Local Strategic Partnerships to increase partnership working on issues such as health and employment.

Mental Health Policy Implementation Guide (DH, 2001)**The NHS Plan a plan for investment, a plan for reform**

**Document
(DH, 2000)****The Joint Investment Plan:
Welfare to Work for
Disabled People (DH, 2000)****Crosscutting issues in Public
Policy and Public Service,
full Report (1999)****Saving Lives: Our Healthier
Nation, (DH, 1999)****National Service Framework
for Mental Health (DH, 1999)****Summary of relevant recommendations/targets August 2006**

- Commits to 1000 graduate mental health workers to provide support in primary care for common mental health problems.
- Commits to the introduction of early intervention teams to reduce to period of untreated psychosis in young people.
- Ensure independent sector and community based agencies support aspirations to work amongst disabled people, including mental health service users
- Chapter 3 deals with social inclusion
- Commits to use of partnership working to tackle the wider determinants of health e.g. employment
- Standard 1: Mental Health Promotion – promote mental health for all, working with individuals and communities. Combat discrimination and promote social inclusion.
- Standard 5: A range of services is needed, including employment, education and training. Care plans must include action for employment, education, training or another occupation, also arrangements to promote independence and social contact.
- Standard 7: Local health and social care communities should prevent suicides: unemployment is associated with increases in suicide and self harm.

List of Acronyms

ACAS	Advisory, Conciliation and Arbitration Service
ALS	Additional Learning Support
BERR	Business, Enterprise and Regulatory Reform
BitC	Business in the Community
CAB	Citizens Advice Bureau
CLG	Communities and Local Government
CMP	Condition Management Programme
COVER	Community and Voluntary Forum Eastern Region
CSIP	Care Services Improvement Partnership
DEA	Disability Employment Advisors
DH	Department of Health
DIUS	Department of Innovation, Universities and Schools
DWP	Department of Work and Pensions
EEDA	East of England Development Agency
EERA	Eastern of England Regional Assembly
ERPHO	Eastern Region Public Health Observatory
FE	Further Education
GO	Government Office
HE	Higher Education
HR	Human Resources
HSE	Health and Safety Executive
IAPT	Improving Access to Psychological Therapies
IB	Incapacity Benefit
iic	Investing in the Community
IPS	Individual Placement and Support
JCP	Jobcentre Plus
LA	Local Authority
LAA	Local Area Agreement
LLN	Language, literacy and numeracy (basic skills)
LSC	Learning and Skills Council
MENTER	East of England Black and Minority Ethnic Network
NEET	Not in Employment, Education or Training
NIACE	National Institute of Adult Continuing Education
NSIP	National Social Inclusion Programme
OH	Occupational Health
P2W	Progress to Work
PCT	Primary Care Trust
PH	Public Health
PtoW	Pathways to Work
RES	Regional Economic Strategy
RSS	Regional Social Strategy
SEEE	Social Enterprise East of England
SHA	Strategic Health Authority / East of England NHS
TtG	Train to Gain
WBL	Work-based Learning



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Statement of Priorities and Action Plan – March 2008

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