



London Borough of Enfield

Report Title	Individual Placement Support Fund
Report to:	Councillor Anyanwu
Date of Meeting	15 th August 2023
Cabinet Member	Councillor Cazimoglu
Directors:	Doug Wilson
Report Authors:	Nat Buckeridge –Partnerships and Relationships Manager Iain Hart – Adult Social Care Service Development
Ward(s) affected:	All
Key Decision Number	KD 5621
Classification:	Part 1 Public and Part 2 Private

Purpose of Report

1. Provide information regarding funding award to deliver Individual Placement and Support in Primary Care (supported employment) (IPSPC) from the Department for Work and Pensions (DWP) and Department for Health and Social Care (DHSC).

Recommendations

- I. Agree the Council accepts **£3,472,728** programme funding from Department of Work and Pensions (DWP) to deliver Individual Placement and Support in Primary Care programme (IPSPC) awarded to Enfield and Haringey Councils and in its role of the Lead Authority, enters into the Grant Funding Agreement with the DWP.
- II. Delegate authority to implement the delivery of this programme to the Director of Health and Adult Social Care, in consultation with the Director of Planning and Growth, including all relevant partnership matters with regard to this programme with Haringey Council noting that Enfield Council as the lead contracting authority.
- III. To approve the direct award of 2 contracts for 19 months to the two incumbent IPS providers working in Enfield and Haringey given the DWP requirements and time limits on funding and delivery. Delegate authority to the Director of Health and Adult Social Care, in consultation with the Director of Planning and Growth, to authorise the necessary contractual extensions and/or variations if further funding opportunity arises at a short notice
Details of the funding can be found in the confidential annex of this report.
- IV. Approve entering into a Collaboration Agreement between the London Borough of Enfield and Haringey Council for the duration of the funding agreement.

Background and Options

2. The Department for Work and Pensions (DWP) and Department for Health and Social Care (DHSC) are providing Grant Funding for around 6 Upper Tier LAs (Local Authorities) in England, to take part in Individual Placement and Support in Primary Care (IPSPC) (the "Initiative"). Enfield as the lead borough working in partnership with Haringey have been awarded the funding as an Upper Tier LA.
3. Enfield Council has a more focused existing IPS contract with Working Well Trust. This contract is aimed at supporting Mental Health service users known to our Mental Health Community Services. The contract is in

its final year, ending on the 31st March 2024, and is collaboratively funded through:

- Enfield Council Mental Health Services
- Barnet Enfield and Haringey Mental Health Trust
- Enfield Integrated Care Board (ICB)
- Mental Health Employment Partnership (MHEP)

Existing clients will be managed so there will be no effects on their existing support programme as a result of the changeover and a further benefit for clients in this respect is the use of existing providers.

4. This new 19 month funding from IPSPC is broader in nature; aimed at adults who are known to Primary Care services. Those that have a physical, learning or mental health disability across Enfield and Haringey.
5. The IPS model is a proven approach to support individuals into employment. Trained IPS staff will work with service users to build a vocational profile. Then together, actively seek employment in the service users preferred areas of employment.

IPS staff help service user complete applications, develop CVs and then prepare them for interviews. The support does not end once a job has been attained. IPS staff will check in with the new employee and the employer to ensure that the individual is settling in and; if required, help support both the employee and the employer to ensure that employment is sustainable.

IPS clients are twice as likely to gain employment (55% IPS v. 28% Traditional employment methods); with IPS employment lasting significantly longer.¹

Enfield's bid for funding focusses on individuals with Learning Disabilities Mental Health issues and Long-Term Health Conditions accessing Primary Care. Both those currently out of work, and those individuals struggling with their current employment. The funding and additional delivery available will allow for an upscaling of delivery from the existing programmes. With more people being assisted and more breadth and depth in support. The work and delivery will be overseen by an experienced project manager recommended by the DWP.

6. The pathway into the service will primarily be aimed at service users known at:
 - Improving Access to Psychological Therapies (IAPT) services
 - VCS organisations including the Carers Centre,
 - Primary Care and Community Health Services:

¹ Centre for Mental Health - <https://www.centreformentalhealth.org.uk/what-ips#:~:text=IPS%20clients%20were%20twice%20as,gained%20employment%20had%20reduced%20hospitalisation>

- GPs
 - Social Prescribers
 - Pain Clinics and Muscular Skeletal Centres
7. Exact figures that may access this service are unknown. However, across Enfield and Haringey IAPT services receive 500 new referrals each month, Similarly, GP's in Enfield have 346,470 patients and in Haringey 332,917; though not everyone attending IAPT or GP services will require employment support.
8. Additional new out of work referrals will come also come through existing support networks including:
- Job Centre Plus (JCP)
 - Haringey Works
 - Enfield Employment Services.

The figures written into the DWP bid recommends that across Enfield and Haringey support the following numbers:

Year	Out of work supported	In work supported	Total
Year 1	450	150	600
Year 2	740	247	987
			1587

9. Depending on the number of referrals being received, the remit of this project could potentially be widened to include support for:
- Dual diagnosis clients
 - Adults in the Criminal Justice System and or those in the Youth Justice System aged 18+ (often those with SEN or MH issues)
 - Domestic Abuse Refuges (in part response to the Serious Violence Duty)
 - Parents known to Children Services.
10. The IPS staff will be divided equally across the two boroughs and be integrated into teams working alongside Council staff to understand the support service user's needs. This will initially consist of IPS staff:
- Integrated within each IAPT service
 - Working with social prescribers linked to GP surgeries
 - Providing weekly JCP drop-ins
11. The two existing IPS providers working across Enfield and Haringey:
- Working Well Trust (WWT)
 - Shaw Trust

This increase in funding will mean additional staff will need to be employed by these IPS services.

All new staff will receive a programme of mandatory training. This will include:

- minimum two days IPS Training,
- all Employment Specialists completing the 'IPS Grow' 7-week IPS e-learning course.

These courses will commence once contract award is announced and throughout the first 2 months on employment on the IPS programme

- The IPS services will be required to work to the IPS Grow Fidelity model²
- Alongside this, Enfield will lead, and project manage a partnership with the following organisations:
 - Haringey Adult Social Care Commissioning and Haringey Works
 - IPS providers
 - Equals - Learning Disability Service
 - ICB – Enfield and Haringey
 - Primary Care – GP Forum, Primary Care Link Workers,
 - MH Trust – IAPT
- Overall governance of this project will remain with the Director of Health and Adult Social Care.
- London Borough of Enfield and Haringey Council will enter into a Collaboration Agreement to record their respective obligations and roles for the delivery of this project.
- After being reviewed by the lead Director, performance against targets will be reported on a monthly basis to the DWP. These will include:
 - Job starts
 - Job sustainment's
 - Demographic data
 - Breakdown of job starts by industry sector.
- Concurrently with this new project the Enfield ICB has also been awarded funding from the DWP of £528k from 2022 to 2025. The DWP funding for the ICB will be going directly to the ICB. However, the funding needs to be considered in the context of this project for the following reasons:
 - Enfield have an existing contract to deliver IPS that the ICB partly funded by them from other monies. Additionally, Haringey also have other arrangements with ICB for their residents.
 - The funding award for the ICB was based upon supporting the same Primary Care cohort as the council funding.
 - The same IPS providers will therefore be chasing the same resources, either recruiting staff or establishing the referral pathways to achieve their targets.
 - The councils will liaise closely with each other and the ICB to help ensure best practice regarding the different programmes.
- Due to short mobilisation timelines and ensuing Enfield is compliant with the stipulations of the DWP funding, the proposal is to direct award 19-

² IPS Grow Fidelity - <https://ipsgrow.org.uk/about/what-is-ips/8-principles-of-ips/>

month contracts with the two current IPS providers working in Enfield and Haringey. This approach will require approval from the Executive Director of Resources.

19. The two incumbent providers in Enfield and Haringey were key in pulling together the initial bid with the DWP and were listed as delivery partners in the submission documentation. Without undertaking a direct award of contract, the project would not be deliverable, and we would not attract the funding from the DWP for the following reasons:

- The input of the partners was required to ensure DWP outcomes could be delivered.
- Due to short timelines for the bid submission, the DWP were looking for active partners with experience who could deliver the project and the IPS model within timeframes stipulated.
- Working across both Enfield and Haringey and the two IPS providers allowed Enfield to demonstrate a collaborative approach to achieving the outcomes and increasing the chances of it being successful by reducing the risk across the two IPS providers
- By using existing providers with local knowledge and networks the chances of success are greater in the project being delivered.
- One of the providers has also worked on similar IPSPC projects in other parts of the country and could help transfer that knowledge.
- DWP lead in times for project delivery would not have allowed for a full open procurement exercise.
- By already utilising their knowledge in putting together the bid, any procurement exercise would have given the two incumbent providers unfair advantage
- Two of the providers are very well established in London and are delivering similar IPSPC projects elsewhere in London, the risk of challenge in a market given the limited number of local providers is reduced.

20. The aims and the legacy of this project will be to address the following areas and improve outcomes for unemployed individuals:

- In 2022 Q1 there were 15.9% of working age residents of Enfield on out of work benefits. This was worse than the London average.³
- The 2012 Care Quality Commission survey of community mental health service users found that 43% of the 2,780 respondents said they would have liked support to find or keep a job but did not receive any support.⁴
- The Health Foundation in a report from 2021 states ‘Unemployment – not having a job and actively seeking work – has consistently been found to have a negative impact on a range of health

³ Trust for London - <https://trustforlondon.org.uk/data/boroughs/enfield-poverty-and-inequality-indicators/#:~:text=2021%20%2D%20March%202022,-.This%20was%20around%20the%20same%20as%20the%20average%20London%20Borough,key%20poverty%20and%20inequality%20indicators>.

⁴ https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/Briefing47_Barriers_to_employment.pdf

outcomes. There are several mechanisms by which unemployment could harm health:

- through stress and reduced self-esteem arising from the loss of the day-to-day structure of work or the stigma associated with unemployment
- as a result of financial hardship, insecurity and reduced future earnings potential, leaving people with stress (which damages health)
- from the social security system itself, which can have a negative impact on mental health through the claims process, work capability testing and job search conditions.

The health consequences of unemployment have been shown to increase with duration – for mental health and life satisfaction as well as for physical health. The long-term impact of pandemic restrictions led to extended periods of reduced income, job loss or unemployment, and the long duration of these circumstances is a particular cause for concern.⁵

21. During the lifetime of this project Enfield Employment Services and Adult Social Care Service Development be reporting the outcomes and the impact the funding has had both to the DWP but also to the Enfield project board. The key measure of success regarding funding is that the people get into employment and that the employment is sustained over a period of months. As the project continues Enfield will seek new funding opportunities to continue the reach and impact this project will have made.
22. The existing collaboration between Enfield Adult Social Care, BEH Mental Health Trust and the ICB will be strengthened; along with closer working with North Central London (NCL) authorities.
23. If the project is successfully delivered, there will be the opportunity for more DWP funding in the future. There will be a further procurement as necessary at that stage if continuing.

Preferred Option and Alternative

24. The preferred option is to accept the funding and deliver the programme. The funding covers the costs of the delivery and is not a cost to residents.
25. The proposal supports the delivery of support to residents experiencing worklessness as a result of Mental Health or Disabilities which has been proven to impact on well-being both short and long term. It can have consequential benefits beyond this both individually and in their wider families and friend cohorts aiding the whole housing, health and social

⁵ <https://www.health.org.uk/publications/long-reads/unemployment-and-mental-health#:~:text=Unemployment%20causes%20stress%2C%20which%20ultimately,anxiety%20and%20lower%20self%20esteem.>

care systems and the wider community beyond. The proposal supports increased opportunities for Enfield employers and those within London Borough of Haringey to access a largely untapped talent pool with the knowledge that they and the customer (resident) will be fully supported.

26. The obvious alternative option would be not to accept the funding and not therefore deliver the programme. Having bid for the money there is some reputational risks related to such a decision both with the DWP and partners and providers. The tight time frames and work to deliver would not be an issue though. Critically without the funding the funding would not be there for the benefit of residents and service users in Enfield (and Haringey).

Relevance to Council Plans and Strategies

27. The project supports **Priority 5 – An economy that works for everyone** and the pledge that *“... we seek to increase employment in the borough and regionally, we must enable local people to access good-quality employment that provides a living wage and job security, supports good physical and mental health and wellbeing and offers opportunities to develop skills and a career”*.

Financial Implications

John Hickson

Finance Manager Adult Social Care and Public Health

28. The project will be entirely funded by DWP. There is no requirement for match-funding from Enfield Council (or Haringey).
29. Grant to Enfield and Haringey is up to a maximum of £3,472,728 covering a two-year period to 31 March 2025 and including the costs of starting the project. Like similar projects the ability to get qualifying clients will be critical. The grant will predominantly be used to cover the cost of the two contracts proposed to be awarded, but some will also be required to cover the cost of council resources allocated to work on the project, a project manager and the cost of a potential audit of the project which may be requested by the DWP
30. Payments of the funding from the DWP will be made in quarterly tranches in arrears following the initial implementation 1st quarter payment. Underspends from each quarter may be rolled forward so the overall budget is available over the full 19 months of the contract subject to performance being maintained.
31. Payment of each quarterly tranche is subject to the submission of a grant claim and performance data for the preceding period; hence the council will be collecting grant for each quarter in arrears. Enfield will therefore be providing the cashflow support for the project. This may result in a relatively small potential interest cost over the life of the project but is considered to be immaterial.

32. The grant may require auditing, the cost of which will be set against the grant.
33. There are a number of links with this programme and other work and overlapping client base, particularly around substance misuse work in public health which has its own supplementary grant with similar outcomes. Clear lines and priorities for who is dealing with which clients operationally need to be embedded to avoid overlaps and so that clients are in the right programme for them. The correct assessment and signposting will be key. The service has advised that this is being catered for and there are other risk mitigations in the proposed contractual and award arrangements.

Legal Implications

(Legal implications provided by EM on 15.05.2023 based on the version of the report circulated on 11.05.2023 at 2:02 pm). . Further legal implications provided by EM on 14.08.2023 based on the version of the report circulated on 14.08.2023 at 2:52pm)

34. The Council is required as a best value authority under section 3 of the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
35. The Council also has a general power of competence under section 1(1) of the Localism Act 2011 to do anything that individuals may do, provided it is not prohibited by legislation. This includes, pursuant to section 1(4):
- (a) power to do it anywhere in the United Kingdom or elsewhere,
 - (b) power to do it for a commercial purpose or otherwise for a charge, or without charge, and
 - (c) power to do it for, or otherwise than for, the benefit of the authority, its area or persons resident or present in its area.
36. The Council may exercise the general power of competence for its own purpose, for a commercial purpose and/or for the benefit of others. The Council, moreover, has power under s.111 Local Government Act 1972 to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions (which would include childcare functions). The recommendations within this report are in accordance with these powers.
37. The Council has a general duty under section 149(1) of the Equality Act 2010 (the Equality Act) to have due regard, in the exercise of its functions, to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any conduct prohibited by the Equality Act;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it ; and
- Foster good relations between people who share a protected characteristic and people who do not share it.

Relevant protected characteristics are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

38. The procurement of professional services should be carried out in compliance with the Council's Contract Procedure Rules (CPR), the public procurement regime and the Council's obligations relating to the obtaining of best value under the Local Government (Best Value Principles) Act (1999).
39. The Council will need to ensure that all funding received in relation to the proposals set out in this report is managed and utilised in accordance with subsidy control law.
40. The Council will further need to ensure that all funding received in relation to the proposals set out in this report is managed and utilised in accordance with the terms and conditions of the Grant Funding Agreement, having particular regard to its monitoring and reporting obligations and responsibilities as the lead applicant under the Agreement.
41. The grant of the funding is performance based and the DWP has reserved the right to suspend, terminate, reduce and/or clawback the funding in the events of default as set out in the Agreement.
42. The obligations and requirements imposed by the Grant Funding Agreement should be appropriately reflected in the contracts awarded to the incumbent providers and any agreements entered into with the partner applicants.
43. The Council must ensure that all guidance available to it regarding this scheme is adhered to at all times and it must further ensure that all legal agreements entered into in consequence of the approval of the proposals set out in this report must be approved by Legal Services on behalf of the Director of Law and Governance.

Procurement Implications

44. It is expected that any procurement to implement this Service will be undertaken in accordance with the Council's Contract Procedure Rules (CPR's), the Public Contracts Regulations (2015) and the Council's Sustainable and Ethical Procurement Policy.

45. The procurement of the proposed services envisaged to be resulting from the use of the DWP grant must be taken through the Procurement Services Assurance Process in order to ensure compliance, quality and value for money.
46. The Service Area must keep records of approvals to proceed at each stage of the progress of the programme to evidence compliance with the rules.
47. The setting up of the proposed cross-borough and cross-agency collaboration must be supported by appropriate documentation and respective governance processes.
48. Following approval of acceptance of the DWP grant, authority to award the contracts must be sought in line with the CPR's and Council's Governance.
49. The Service Area shall ensure the resultant contracts are promoted to the Council's Contract Register, and approvals as well as executed agreements are uploaded on to the London Tenders Portal.
50. All awarded projects must be promoted to Contracts Finder to comply with the Government's transparency requirements as appropriate.
51. As these contracts will be over £500,000 the CPR's state that the contract must have a nominated Contract Manager in the Council's e-Tendering portal and there must be evidence of contract management, including, operations, commercial, financial checks (supplier resilience) and regular risk assessment uploaded into the Council's e-Tendering portal.
52. Given the DWP grant condition; robust contract management must be in place to ensure the Council complies with the stipulated grant requirement.

Equalities Implications

53. EQIA has been completed.

HR and Workforce Implications (if any, delete if not relevant. Include TU consultation if relevant)

54. To ensure delivery of the IPSPC, a Project Manager will be recruited as per recommendations from the DWP. The Project Manager will be employed from an exemplar site, having successfully delivered an IPSPC project and will be able to bring both experience and the processes to deliver the project in the timescales required.

Environmental and Climate Change Implications (if any, delete if not relevant)

55. Any changes to the service will consider the Council's Climate Action Plan to ensure any proposals are in line with the council's current policies.

Public Health Implications

56. There is a substantial evidence that employment improves mental health and wellbeing.

Safeguarding Implications

57. All staff employed on the contract will be given Safeguarding Awareness training.

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Appendices

This report has a confidential Part 2 Report

Background Papers

None

Departmental reference number, if relevant: