

Date: 13th June 2022
Subject: Individual Placement and Support in Primary Care (IPSPC) initiative
Report of: Matthew Ainsworth, Acting Director – Education, Skills & Work, GMCA

REPORT AUTHOR AND CONTACT OFFICER

Anna Twelves, Principal Manager – Employment, GMCA
anna.twelves@greater.manchester-ca.gov.uk

1.0 OVERVIEW AND REQUEST OF GM POPULATION HEALTH BOARD

- 1.1** On 8th June 2022, the Department for Work and Pensions and the Department for Health and Social Care's launched the Individual Placement and Support in Primary Care (IPSPC) initiative.
- 1.2** Up to £40 million grant funding is being made available to support around six IPSPC services enabling the continued growth of IPS employment support. These services will be for people with physical and/or mental health conditions and disabilities and are expected to commence delivery in Spring 2023 and run for 24 months. Combined Authorities and Upper Tier Authorities (LA) (including County, Metropolitan Councils, London Boroughs, and Unitary Authorities) in England are able to bid for the grant funding.
- 1.3** Employment rates for disabled people and people with long-term health conditions are much lower than the general population (see Appendix one) and their risk of falling out of the labour market is higher. But many people in these population groups who are out of work want to work, those at risk of falling out of work want to stay in work and from a labour force perspective, GM needs both their capacity and valuable capabilities.
- 1.4** IPS is an evidence-based model for supporting people with complex health needs and/ or disabilities into paid work. Some IPS services - and these IPSC services - also provide job retention support – the latter as per GM's Working Well Early Help test and learn programme which finished delivery on 31st March 2022 leaving a gap.
- 1.5** GMCA is one of the most experienced IPS commissioners in the country and is keen to work with partners on a city region bid - an application could be with GMCA as the lead bidder or a local authority as the lead supported and enabled by GMCA.
- 1.6** To caveat this, there is currently no detail on expected deliverables, the payment model or grant conditions including availability of management fees with further information due on 20th June 2022. GMCA does not have the capacity to commission and programme manage a new IPSPC service within its existing staffing resources and this is also likely to be the case for any potential local authority lead.
- 1.7 Request of Greater Manchester Population Health Board**
The timeline for applications is very tight; currently anticipated to be a mid-July 2022 deadline. Greater Manchester Population Health Board is therefore asked to:
 - endorse the proposal for GMCA to begin to explore a city region bid for the IPSPC initiative;
 - recognise the above caveats in particular the need for management fees;
 - should a GMCA or local authority led city region be submitted and successful, actively support the commissioning, mobilisation and implementation of a new IPSPC service.

- 1.8 For wider context, a new IPSPC services would sit alongside - but not be duplicating - the IPS for severe mental illness being delivered with GM's two mental health trusts to support the Long Term Plan ambition for IPS and the IPS being rolled out in drugs' services as part of the 10 year drugs' plan (initially extending to Wigan, Oldham and Rochdale in GM).

Appendix one

Health and Disability Employment related indicators

This table includes data for upper tier local authorities in England on:

- the proportion of the working age population for individuals receiving Employment Support Allowance (ESA) due to a health condition or disability.
- the proportion of the working age population for households receiving Universal Credit (UC) who been assessed to have limited capability for work and work related activity (LCWRA) and are therefore entitled to additional support.
- the disability employment rate (a person is defined as disabled if they have a health condition lasting more than 12 months that impacts negatively on their daily life); and
- the gap between the employment rate of disabled and non-disabled people.

The column for ESA relates to individual claimants whereas the column for UC relates to household claims. A small number - around 6% of ESA claimants nationally - also claim both benefits. **It is therefore strongly advised not to sum the figures in these two columns.**

The number in brackets next to each value show how it compares to all other Local Authorities - the lower the rank the better with 151 being the highest.

Local Authority	ESA ¹	UC LCWRA ²	Disability employment rate ³	Disability employment gap ³
	Nov-21	Nov-21	2020/21	2020/21
Bolton	5.8% (132)	2.4% (121)	36.6% (145)	40.3 (143)
Bury	5.0% (112)	2.0% (86)	58.0% (43)	20.6 (33)
Manchester	5.4% (124)	2.6% (129)	49.0% (105)	24.8 (59)
Oldham	5.0% (112)	2.9% (139)	56.3% (55)	17.3 (16)
Rochdale	6.2% (139)	2.5% (125)	40.4% (140)	36.6 (135)
Salford	6.0% (135)	2.4% (121)	47.9% (115)	34.5 (125)
Stockport	4.8% (104)	1.6% (52)	55.1% (67)	23.0 (48)
Tameside	6.0% (135)	2.6% (129)	48.4% (109)	31.9 (111)
Trafford	3.6% (62)	1.7% (66)	51.3% (88)	31.0 (101)
Wigan	5.2% (120)	2.5% (125)	54.3% (73)	29.8 (94)

¹Source:

The proportions are calculated from separate data available via [DWP's Stat-Xplore](#).

The data used is from two data tables within Stat-Xplore:

'ESA - Data from May 2018' and 'Population Estimates'

²Source:

The proportions are calculated from separate data available via [DWP's Stat-Xplore](#).

The data used is from two data tables within Stat-Xplore:

'Households on Universal Credit' and 'Population Estimates'

³Source: [The employment of disabled people - GOV.UK \(www.gov.uk\)](#)