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| DWP_BLK_SML_AW | REDACTED  Senior Commercial Category Manager  Employment Category  Department for Work and Pensions  3rd Floor, Hartshead Square  Sheffield  S1 2FD  [www.dwp.gov.uk](http://www.dwp.gov.uk) | | |
|  |  |  |
| 20 December 2021 | | |

The Shaw Trust Limited

Third Floor

10 Victoria Street

Bristol

BS1 6BN

**CHANGE AUTHORISATION LETTER: IPES CAL 01**

Dear REDACTED ,

**Contract (as amended) between the (1) Secretary of State for Work and Pensions (the “Authority”) and (2) The Shaw Trust Limited (the “Contractor”) identified in Schedule 1 (the “Contract(s)”)**

1. The Authority and the Contractor hereby agree to amend the Contract identified at Schedule 1 to this Change Authorisation Letter in accordance with this Change Authorisation Letter and the schedules attached to this Change Authorisation Letter.
2. Terms used but not otherwise defined in this Change Authorisation Letter have the same meaning as set out in the Contract(s) to which the term refers.
3. The Authority and the Contractor hereby agree to incorporate the Additional Services & Innovations (“ASI”), which are set out in Schedule 3 to this Change Authorisation Letter, into the Contract as part of the Services to be supplied by the Contractor under the Contract. The Authority and the Contractor further agree that the definition of “Services” in clause A1.1 of the Contract shall be amended accordingly.
4. The Contractor hereby undertakes to provide the ASI set out in Schedule 3 to this Change Authorisation Letter in accordance with the Authority’s requirements.
5. This Change Authorisation Letter shall be interpreted and construed so that it varies each IPES CAL 01 Contract identified in Schedule 1 to this Change Authorisation Letter individually.
6. Each IPES CAL 01 Contract, including any previous variations, will remain effective and unaltered except as amended by this Change Authorisation Letter.
7. Notwithstanding any other term of the IPES CAL 01 Contract(s) the Parties agree to incorporate this Change Authorisation Letter into each Contract identified in Schedule 1 to this Change Authorisation Letter. Each Contract identified in Schedule 1 to this Change Authorisation Letter is hereby modified in accordance with the terms of this Change Authorisation Letter.
8. This Change Authorisation Letter will take effect from 1 January 2022.
9. The Authority will carry out a review annually to satisfy itself that the ASI are being delivered in accordance with the Authority’s requirements. This annual review will include, but not be limited to, the Authority verifying that: (i) the deliverables of the ASI are being achieved; (ii) the goals of the ASI are being met; (iii) delivery in accordance with the Authority’s requirements can be evidenced; and (iv) that the ASI are, in the opinion of the Authority, providing value for money.
10. As consideration for delivery of the ASI in accordance with the Authority’s requirements, the Authority will make the ASI Payment(s) set out in Schedule 2. The Authority reserves the right to stop any ASI Payment where the Authority’s requirements, including but not limited to those set out at paragraph 10 (i) – (iv) of this Change Authorisation Letter, are not being met.
11. The Authority also reserves the right to stop ASI Payment(s) where the Contractor commits a Service Failure in respect of any of the Services.
12. Expiry of this Change Authorisation Letter shall be without prejudice to any rights, remedies or obligations accrued under the Contract prior to the expiry of this Change Authorisation Letter.

***Schedules attached to IPES CAL 01***

1. The Parties agree and acknowledge that the following Schedules, which are attached to this Change Authorisation Letter, are hereby incorporated into and form part of the Contract
   1. Schedule 1 to this Change Authorisation Letter: Contract modified by this Change Authorisation Letter;
   2. Schedule 2 to this Change Authorisation Letter: ASI Payment Model;
   3. Schedule 3 to this Change Authorisation Letter: Additional Services & Innovation (“ASI”) ;

***Miscellaneous***

1. This Change Authorisation Letter shall not constitute a waiver of any right or remedy of the Authority or the Contractor arising before, during or after this Change Authorisation Letter, except to the extent set out in this Change Authorisation Letter.
2. If there is an inconsistency between any of the provisions of this Change Authorisation Letter and the provisions of the IPES CAL 01 Contract, the provisions of Change Authorisation Letter shall prevail.
3. The provisions of each IPES CAL 01 Contract shall, save as amended in this Change Authorisation Letter, continue in full force and effect, and shall be read and construed as one document with this Change Authorisation Letter.

Please confirm your acceptance of this Change Authorisation Letter by countersigning this Change Authorisation Letter and uploading a scanned copy to the Jaggaer (DWP e-portal) fileshare folder named REDACTED .

If you have any queries, please contact the team on REDACTED .

Yours sincerely,

REDACTED

REDACTED

Senior Commercial Category Manager

For and on behalf of the Authority

We hereby acknowledge receipt and accept the terms of IPES CAL 01.

Signed: REDACTED

For and on behalf of the Contractor

Name: REDACTED

Position: Managing Director Employability

Date: 20/12/21

**Schedule 1: Contracts modified by this Change Authorisation Letter**

The following contracts are modified in accordance with this Change Authorisation Letter:

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| --- | --- | --- | --- |
| **Contract Type** | **Contract Reference** | **Contract Name/Description** | **Contract Start** |
| IPES: Intensive Personalised Employment Support | ECM\_7692 | Intensive Personalised Employment Support CPA1 - Central England | 02/12/2019 |

**Schedule 2: ASI Payment Model**

As consideration for delivery of the ASI in accordance with the Authority’s requirements, the Authority will make ASI Payment(s) in the form of increases to the Service Fee for a specified period of time. The table below shows the current Service Fee Periodic Payment, the amount of each ASI payment, the amount of the Service Fee Periodic Payment including the ASI Payment and the period for which ASI Payments will be made.

1. The ASI Payment Period i.e the period over which ASI Payment(s) will be made is as follows:

**1st January 2022 – 31st December 2022 (12 months)**

1. The amount of each ASI Payment is as follows:

REDACTED

1. Total amount of ASI Payments:

REDACTED

The table of Service Fee Periodic Payments in Schedule 4 of the Contract is replaced with the following:

REDACTED

**Schedule 3: Additional Services & Innovation (“ASI”)**

**The Contractor will supply the following Additional Services and Innovation in accordance with the Authority’s requirements.**

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| Provider: Shaw Trust | CPA: CPA1 |
| Proposal Title: 12-Month Digital Poverty, Illiteracy and Wellbeing Proposal | |

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| Proposal Summary: |
| Shaw Trust is committed to creating and enhancing opportunities for people who are, for whatever reason, marginalised and on our IPES programme we know that our participants have various complex health needs. Through research we have found out that nearly a third of our participants are also experiencing digital poverty with either no access to a smart device, no access to the internet or do not have digital literacy to be able to use and benefit from the opportunities that digital proficiency can open. Many of the participants that we will be supporting on this programme will have already tried other approaches and it is our aim to ensure their experience on IPES is different and inspirational, as such we are proposing to use the IPES Additional Services and Innovation to offer both a digital and an enhanced wellbeing intervention.  With mounting evidence that there is a clear and strong relationship between groups that are digitally excluded and those at greater risk of poor health (<https://www.england.nhs.uk/ltphimenu/digital-inclusion/digital-inclusion-in-health-and-care/>), Shaw Trust proposes to significantly reduce the digital poverty of our participants and in doing so, increase their digital literacy and enhance their social mobility and engagement in accessing health and employability support.  The Pandemic has meant that more and more interactions are taking place digitally including social activities, job interviews, health care provision, learning and even some employment. Below is an overview of our proposals which formulate an immediate 12-month intensive Covid recovery plan.   1. Digital Inclusion and Reduction in Digital Poverty: we plan to empower our participants through digital access. This will involve buying tablets and data packages for up to 198 participants who do not have any access to smart devices and will cost REDACTED. 2. Digital Coaches: digital literacy can be a major barrier to both employability and accessing health and wellbeing support. We know that not all our participants have the knowledge or skills to operate digital devices and the subsequent appropriate applications on them, such as Teams, emails and job searching sites. We propose that 0.8 FTE Digital Coaches will be employed to offer our participants both face to face and virtual support to help them overcome digital illiteracy and engage with Shaw Trust and other activities. They will start from the very basics and tailor their sessions to the participant’s ability. The cost of this for 1 year will be REDACTED which includes travel costs for face-to-face appointments.      1. Assistive Technology: we understand that some of our participants may need additional assistive technology to aid their use of digital devices and propose an amount of REDACTED. As well as linking in with charities and other funding support models; together we will enrich our participant’s lives by giving them suitable and appropriate digital access. 2. Skills and Qualifications: from reviewing our job start data, we can identify the sectors which have the highest amount of job starts with our participants and the sectors which offer the most hours of employment. Those sectors are Retail and Hospitality, Warehousing, Construction and Security. We will pay for our participants to access online learning to obtain qualifications including Level 1 and Level 2 in Food Hygiene, Level 2 COSHH, Level 1 Health and Safety, Level 2 Customer Service, Manual Handling, Green Card for CSCS and the SIA Training and Licence. The cost of this will be REDACTED and will be available to 42 clients. The courses are online and will widen the opportunities available to our participants. 3. Instant Access to Talking Therapies: throughout the participant's journey with Shaw Trust, they may need a counselling intervention and waiting times for these in the community can be up to 18 weeks or in some areas, even longer. Shaw Trust are proposing to use this funding to enable our participants to benefit from immediate mental health support by employing a 0.8 FTE Therapist to support our participants and offering them between 8-16 counselling sessions dependant on their needs. These will be virtual sessions and are supported by our Digital Inclusion proposal, therefore opening this service up to a wider range of participants and potentially our most excluded and vulnerable participants. This will provide instant access to between 60 – 113 participants depending on the hours of counselling received and comes in at a cost of REDACTED. If waiting lists are low in a participant’s local area, they will be supported to access this provision first and if a participant is already receiving support through the NHS or privately, they will not access this provision as there is no intention to duplicate existing therapy. 4. We propose to recruit a Team Manager to manage the successful implementation of the digital side to our proposal. This Team Manager will ensure accountability and financial controls over budget and is costed at REDACTED. 5. Lastly, is an amount for recruitment costs to enable us to onboard the very best candidates to support us in delivering this proposal. The costs for this will be REDACTED. |

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| Proposal Outcome: |
| *(Please outline the added value of the proposal in relation to the IPES provision and its participants. Please also detail how these benefits can be measured for validation purposes)*  We have set out the benefits to each element of the proposal, followed by the positive trend measurement, showing how the benefit will be captured and reported on.  Many of these will be recorded through activity and surveys recorded through our MPS customer management system with MI available, while others will utilise the Participant Portal to capture feedback and self-assessment data, again reportable through MPS Management Information.   1. Digital Inclusion via Devices:  |  |  | | --- | --- | | Benefits | Positive Trend Measurement | | 1. Digital inclusion  2. Social inclusion 3. Key Worker time efficiency improved as can focus on other barriers 4. Opens new routes to employers 5. Confidence building 6. Provides access to online CPD skills courses so participants can enhance their skills for employment. | 1. Increase in weekly activity on Shaw Trust Portal 2. Distance Travelled surveys to assess positive trends in reduced digital poverty and increased digital literacy 3. Number of Job Applications submitted |  1. Digital Coaches  |  |  | | --- | --- | | Benefits | Positive Trend Measurement | | 1. Digital inclusion 2. Upskilling 3. Confidence building 4. Reducing isolation by opening the world digitally 5. Ability to access online support for both health and employability - access to online CPD qualifications to enhance skills | 1. Number of Digital Coach appointments completed  2. Increase in Shaw Trust Portal engagement activity 3. Reduction in telephone appointments and increase in virtual online appointments  4. Distance Travelled surveys to assess positive trends on digital literacy comparing current data with future data |  1. Assistive Technology  |  |  | | --- | --- | | Benefits | Positive Trend Measurement | | 1. Greater Inclusion | 1. Access to Shaw Trust Portal 2. Participation in virtual online appointments |  1. Skills and Qualification  |  |  | | --- | --- | | Benefits | Positive Trend Measurement | | 1. Upskilling 2. Instant access to qualifications related to jobs that our clients move into 3. Provides opportunity to widen job goals and employability of participants 4. Increased confidence 5. Increased engagement with Key Workers | 1. Increased Engagement and activity statistics 2. Statistics on courses attended and related job starts |  1. Instant Access to Talking Therapies:  |  |  | | --- | --- | | Benefits | Positive Trend Measurement | | 1. Faster access to health and wellbeing support with the offer of 8-16 sessions with a qualified therapist 2. Increased engagement with Key Worker and employability activities 3. Participants will be able to better manage their disability/health conditions, improving their confidence and independence | 1. Number of Appointments attended with Therapist 2. Positive movement on GAD-7 Questionnaire 3. Positive movement on the PHQ-9 Questionnaire 4. Increased engagement with employability activities 5. Stats review on therapy intervention and job starts |  1. Team Manager  |  |  | | --- | --- | | Benefits | Measurement | | 1. Budget control 2. Accountability 3. Ensure service to participants (devices received, monitoring feedback) | 1. Budget performance against target 2. Performance against project KPIs | |

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| Implementation Timing: |
| This proposal is a 12-month intensive Covid recovery proposal to address digital poverty and illiteracy and the subsequent impact on health, social mobility and employability. A Team Manager will be recruited to oversee the implementation of this Innovation Offer and will ensure that there are financial controls in place as well as KPI accountability.  We will require a 10 week time period, upon approval of the Proposal, to implement the project, including recruitment of the Team Manager and Digital Coaches and have the processes and procedures in place.  Operational Timings  Delivery of the devices takes 3-5 working days and Digital Coaches will do a combination of face to face and virtual appointments, dependant on need. They will manage their diaries to enable face to face appointments of participants living within a 30-mile radius, to be conducted within the same day and dependant on travel times, we envisage 2-3 face to face appointments being held for 2 days per week and 7-8 virtual appointments being held on the remaining 3 days per week.  Access to online CPD qualifications is instant and courses range from one day to a week, however participants can take longer if required. This will enable our participants to work at a suitable pace for them, whilst also being supported and encouraged by their Key Worker on IPES. The Digital Coaches will also provide further support for anyone struggling to gain access to these courses.  Our Therapists at Shaw Trust will provide immediate access to one-to-one therapy digitally and will offer between 8 to 16 sessions dependant on needs. |

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| Cost breakdown: |
| REDACTED  See below detailed cost breakdown. |

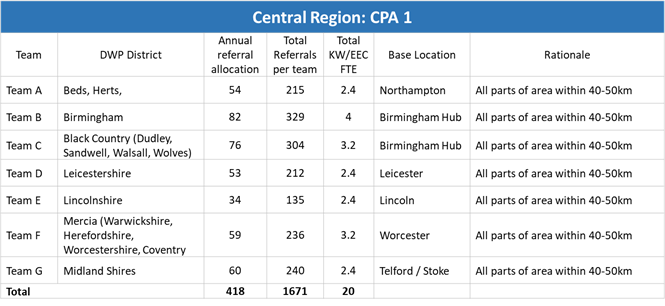
REDACTED

**Clarification Questions**

* **Digital coaches – job description and clarification of how travel costs are calculated is required:**

Please find attached an initial draft job description. Please note this would go through further reviews before being finalised.

Travel costs were calculated by looking at the overall geography within each CPA and calculating the average journey being approximately 30 miles in both CPAs, within each Team.  A journey was calculated as 30 miles each way, so 60 miles in total with 3 visits per day, 3 times per week (with 2 days being virtual meetings).  This was based on 45 weeks a year (taking into account annual leave and bank holidays).  Staff mileage is calculated at REDACTED per mile. This equates to 540 miles per week, which at REDACTED per mile is REDACTED.  This figure was multiplied by 45 weeks of the year to give REDACTED travel costs per Digital Coach.

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* **Assistive Technology – You advised that a lot of the Assistive technology on the market is free, but the fund is ‘just incase’. Please could you provide clarification around:**

* The growth in the use of computers and the internet has dramatically reduced the cost of some types of assistive technology. The advent of smartphones and tablets has provided disabled consumers with libraries of low-cost or free assistive technology apps designed to help with daily tasks and activities.  These include screen readers and talk back functions, increased fonts sizes etc.  However, some products are not free such as JAWS (if the in device screen reader isn’t appropriate), specialist keyboards for braille or visually impaired.  Larger trackball mice are easy to use and may be particularly helpful for users who lack fine motor skills, including people with learning difficulties, tremors or arthritis.  Head movement tracking devices use head movement to control the cursor and this can be done with a wearable device whereby the cursor is ‘driven’ around the screen in the same way as using a joystick.  Again, this could be an option with someone who lacks fine motor skills and has previously been unable to access digital devices because of this.  Further to this, to ensure our participants are managing their health and wellbeing whilst using digital technology, it is important that their screen is positioned at a comfortable level to minimise bad posture and the risk of injury.  As such, device raisers, or devices arms may need to be purchased.

**Talking Therapies:**

* **Who exactly are Shaw planning to offer this service to?  There are a range of mental health conditions that can impact on individuals, often more than one at a time.  How will Shaw ensure that they do not offer this service to someone for whom it could do more harm than good?  What safety measures will they have in place to ensure the individual is in a safe place to receive therapy?**

* We would work closely with the IPES caseworkers to ensure people that have complex emotional needs that are prohibiting them moving into employment can be supported. A comprehensive screening assessment of the individual will take place to ensure the right people will be assisted and, those participants identified who would be better supported by alterative provisions, will be supported to access those other statutory services or voluntary sector services. We will have suitably qualified and experienced clinicians in the post but with oversight from our clinical lead who has 37 years’ experience working with people with complex mental health conditions alongside other disabilities. During the sessions, should any risks or safety issues be identified then the appropriate escalation into primary care / acute care support will be made. Safeguarding protocols will be followed at all times and ethical standards of the awarding bodies who the therapist are registered with.

* **Who will supervise the therapist Shaw are planning to recruit?  What support structure will they have in place for the therapist? There are no supervision costs for the one therapist they are looking to employ.**

* The cost for clinical supervision was built into the cost presented, as was the administration cost. Clinical Supervision is built into our service whether it is delivered internally, if the modality of the clinician can be supervised by an internal clinical supervisor, or externally through an accredited clinical supervisor. The management of the therapist will sit within the broader clinical therapy team reporting into a clinical service manager who reports into our clinical lead.

* **Why would Shaw Trust not just refer people direct to IAPT?  The waiting list they’ve stated of over 18 weeks only applies to less than 2% of referrals according to our stats – over 92% of referrals to IAPT have an assessment and start the service within 6 weeks.  IAPT already have measures, risk management and support infrastructure in place to deliver therapy safely.**

* The latest data for March 20-March 21 from NHS digital is showing 92% starting within 6 weeks. However there are obviously regional variances to this. A high proportion of this is no longer face to face and happens digitally. For those participants who are not digitally literate this can become a barrier. The ASI proposal supports by first getting the digital requirements in place so that participants then have the ability and confidence to access these services.  In addition, not everyone is suitable for IAPTs - when the person’s priority is not Depression or Anxiety. We can also support and ensure the sessions are supporting the move to sustainable employment linked with the caseworks on IPES. Where the person meets the criteria of IAPTS and would be better supported by them we can and will ensure they are referred into the service.  Finally, 6 weeks can still be a very long time for someone with a health condition which would benefit from intervention to receive support, too long in some instances. This service would reduce this time to 1-2 weeks which can make a meaningful difference to a participants wellbeing.

**As discussed we appreciate the impact that withholding funds from CPA 5 whilst in PMIR 3 may have, but we must ensure our main priority is always delivery and performance of the core provision.  It would be good if you could provide the detail of what impact it would make to costings if you were to be successful in receiving funding but we only pursued CPA1 initially, until CPA 5 was out of PMIR 3. This will help to inform decisions around our approach moving forward.**

As discussed, we will give a high level impact to the costings at this stage before we receive further feedback.

In our initial proposal we had been able to utilise economies of scale by working across the 2 CPAs. One key area we would see an increase if we just proceeded with CPA1 at this stage, is with regards to the costings of some of the roles proposed. We had incorporated 0.4 FTE for the Team Manager, 0.8 FTE for the Therapist and 1.4 FTE for the Digital Coaches for CPA1 with the remaining FTE sitting in CPA5. If we were only proceeding with CPA1, this would mean we would need to increase to 1 FTE for the Team Manager and Therapist and increase the Digital Coach FTE to 2. Without the confirmation of when we would be able to commence our ASI for CPA5 we would need to initially assume that this would be for a year. This would be an additional cost of approximately REDACTED. We would need to recoup this cost from Silver Cloud, (which we have already stated we are no longer incorporating) and the Digital devices, this would then take away the main purpose of our proposal.

We would therefore propose that we would be able to run the proposal when we are able to include CPA5 as well to provide the best value for money for participants. If, however, this is not possible we would welcome the opportunity to revise our proposal further for CPA1.