

**REDACTED**

## **2.4.1 Delivery Proposal for PWWP – Telephone Support**

### Delivery Proposal – Design and Content

Please provide a detailed/structured account and breakdown of your proposed content and method for delivering the PWWP Telephone Support Pilot provision detailing an end to end process (inclusive of implementation activities) with supporting rationale and clearly detailing any subcontracted elements. Your response should include:

- Details of how you propose to engage with JCP Advisors and the claimants, with regards to handling initial referrals and the agreed number of interventions;
- Details of how you will identify the appropriate levels of support required for the individual claimants via the initial telephone interview;
- Details of how your proposal for the actual content for the agreed series of interventions will meet the requirements of the individual and Paragraph 3.5 of the specification;
- Details of your plans to manage and evaluate the performance of the provision, including how you will provide the MI to support the requirements outlined as per Paragraph 2.1;
- Details of how you will capture claimant feedback and act upon them and also details of a Complaints process you will implement to protect the welfare of claimants;

Insert your response in the pre-set, shaded space of the following pages. Your response MUST be limited to 4 sides of A4.

**PLEASE NOTE THE SCORE ATTAINED IN THIS SECTION MAY ALSO BE USED IN A TIE-BREAK SITUATION WHERE APPROPRIATE.**

To facilitate JCP adviser understanding of the service, we are keen to engage them during mobilisation to explain and promote the content of service and on an ongoing basis to encourage appropriate referrals to the service.

#### **Implementation activities required for efficient mobilisation**

Resource is already in place to deliver the pilot, so minimum activities are required in order to mobilise in time for contract launch. Key requirements are:

- refresh local knowledge: caseworkers will update existing branch regional directories and familiarise themselves with local provision;
- configure existing call centre equipment, establishing dedicated phone number for the service;
- get required monitoring tools from DWP and embed within service processes;
- configure case management system to meet MI requirements;
- contract-specific training for dedicated ESSC staff and VRCs.

## **END-TO-END PROCESS**

### **Engaging JCP advisers**

As a result of our nearby Work Choice and Work Programme delivery, our local Branch Manager and delivery staff have excellent relationships with the JCP offices that will refer to this provision (and allow for rapid implementation of the pilot). We have monthly meetings with them and weekly meetings as required (e.g. individual case reviews); our EAs spend time each quarter working alongside their JCP counterparts to ensure our services join up effectively. These will be our ongoing methods of engagement with JCP advisers, enabling us to engage, forecast and manage referral flows whilst joining up delivery with wider support offered by JCP and other (mental health/wellbeing) providers. Caseworkers will use these existing relationships, and supplement with specific briefings (e.g. information sessions) and telephone feedback to JCP advisers as required (initially weekly). Our ESSC staff will also promote the service to the JCP advisers, phoning to let them know what our service offers and sending marketing information and fortnightly updates which will include success stories of the service. These case studies will evidence the positive impact of the service further encouraging referrals.

### **Handling referrals**

Initial referral made by JCP work coach/adviser to our call centre, ESSC (the Employment Services Support Centre). ESSC staff phone the client, to conduct initial triage to gather basic information and arrange their initial telephone interview (within 10 working days) with the most appropriate Vocational Rehabilitation Consultant (VRC). The appointment is confirmed by email/post with contact information provided for any queries. Staff ensure any additional case information is received prior to initial telephone assessment (e.g. JCP action plan). They set a claimant record up on our Case Management System (CMS), which is updated throughout the journey. Last year ESSC handled over 90,000 calls (78,000 outbound, 12,000 inbound).

### **Engaging claimants**

Initially, claimants will be engaged by our ESSC staff via an outbound call upon receipt of referral from JCP (via electronic or paper SL2). ESSC staff regularly speak with customers from our Access to Work Mental Health Support Service and Work Choice (22k+ referrals a year) delivery, for which people with mental health conditions are our largest single cohort. ESSC staff will brief claimants to ensure they are clear about what involvement in the pilot will entail, and the benefits of their full participation in the interviews.

Following initial engagement by ESSC, Remploy VRCs (hereon: caseworkers) will conduct the claimant's course of 6 scheduled interventions (potentially 3 or 9 in cases of low/high need). VRCs are drawn from a variety of backgrounds such as Occupational Psychology, Nursing and Occupational Therapy, giving us a multidisciplinary team with a range of specialist knowledge, skills and experience. All VRCs are educated to degree level or hold significant experience in Vocational Rehabilitation or a related discipline. A number of our delivery staff also hold the Certified Disability Management Professional qualification or belong to other individual professional bodies

such as the Health and Care Professions Council (HCPC).

### **IDENTIFYING APPROPRIATE LEVELS OF SUPPORT**

The initial telephone interview allows for a more in-depth exploration of the issues faced by the claimant, and is used by the caseworker to establish the level of support needed. The caseworker will build a complete picture of the individual, exploring their background, wellbeing, experience, aspirations and job searching skills. All claimants will be treated equally, in accordance with our equality and diversity policy and legislative requirements. By the end of the call, an action plan is agreed between the caseworker and the claimant, setting incremental goals towards overall targets including self-efficacy, coping strategies and confidence in their job search.

The **BioPsychoSocial (BPS) model** is an embedded methodology that we apply throughout the service, from referral through to completion. The BPS model assumes that mental health problems are not limited to just one area of an individual's life experience.

We know from our experience of working within the welfare to work sector and delivering commercial vocational rehabilitation services that most mental health problems are influenced by multiple areas of human experience, and have biological (medical), psychological (mental) and social/spiritual impacts (such as breakdown in relationships, debt and issues/anxieties about employment). When working with a customer who is accessing the telephone service it is essential to understand their whole circumstances whilst assessing their barriers to returning to work.

Any information we gather utilising the BPS model would only be considered in terms of the impact on their employment-related wellbeing needs, so if something is not deemed to impact on employment-related needs in a negative way it would not be discussed further.

### **CONTENT OF THE SERIES OF INTERVENTIONS**

Content of the interventions is flexible to the individual's needs, with a range of CBT-based activities that the caseworker can draw upon, including those that explore: barriers; habits; self-esteem; the past; positive self-talk; your strengths; affirmations; visions and values (setting goals for the future); relaxation techniques; positive and negative responses; understanding stress (and using the STOP model to combat this); taking action; perseverance; rewards - celebrating and reflecting on how far they've come (intervention 6 session). The sessions will be contextualised to the individual's job search, whilst caseworkers will switch focus between psychological wellbeing and effective job searching depending on individual need.

An action plan will be drawn up following the initial telephone interview and email/posted to the claimant, who confirms agreement by return email/mail. Where available, this will build their JCP employment plan. The action plan sets milestones towards overall goals and is re-visited during every session, reviewing progress against actions and setting new tasks for completion.

The BPS model enables the caseworker to help claimants understand the impact of their condition, and the effect on their personal circumstances and wellbeing. They will systematically help them to adjust behaviour and thinking

to get claimants to take control, build self-efficacy and make changes that have a positive effect on both their wellbeing and their job search. This may include talking through a potential job role/application, ensuring the individual is fully aware of their capabilities and fully promoting themselves to potential employers, using CBT to positively change their outlook.

Using our existing 'intelligent' call-centre equipment there will be a dedicated line for this service. Call routing functionality ensures calls are transferred to the correct caseworker for every intervention.

**Managing the performance of the provision.** Our model is 100% self-delivery. Our VR Service Manager will be responsible for delivery of this contract and is supported in performance management by our ESSC Manager, Head Office Contracts and Quality functions. These functions also ensure contracts are fulfilled within our organisational contract compliance and quality processes, including rolling self-assessment process, ensuring continuous improvement and identification and adoption of good practice.

Our ICT based Case Management System (CMS) will be used to monitor and report on all claimant activity allowing us to record and manage the relevant performance information. The system produces weekly progress reports at claimant, cohort and contract levels and flags issues and trends as they arise, enabling us to take immediate action to effectively manage provision. By using the system throughout delivery, it provides an accurate audit trail and allows us to record: Proportions of claimants who consent/refuse the offer; Proportions of claimants who complete the offer; Participant characteristics; Wellbeing, self-efficacy for work and mental health status at outset and completion of offer; job search activity measure comparisons: job applications made, interviews offered, job entries; and Process Insights.

Our CMS and performance management process allows us to maintain accurate administrative records and ensure the completion of specified research instruments as required by DWP (before/at start of the Intervention process and post/at completion of Interventions).

### **Evaluate Performance**

Remploy will work collaboratively with JCP and DWP in order to collate the necessary information to successfully evaluate the pilot. Remploy will evaluate the MI on a weekly basis (including claimant feedback) and prepare a monthly report for DWP/JCP monitoring/evaluating purposes. Claimant feedback is recorded at the beginning and end of the provision to capture the impact of the service. We will use DWP specified tools as well as our own diagnostic tools to evaluate the pilot qualitatively and quantitatively.

### **CAPTURING CLAIMANT FEEDBACK**

ESSC make it clear from their first contact with claimants how they can leave feedback or complain about our service or staff. To encourage maximum feedback we explain it is always responded to positively and promptly, and make submission easy in a number of ways - online, email/writing, using a dedicated feedback phone line or directly to ESSC staff/caseworkers. We reinforce this message on our website and written correspondence, which also details how to provide feedback.

All feedback/complaints are monitored as part of our performance management framework. Any improvements identified from customer feedback are actioned as part of our continuous improvement process. Feedback trends are reported to the ES Board on a monthly and quarterly basis, who may require further corrective action.

### **Complaint resolution**

Our Customer Feedback Procedure formalises our processes to acknowledge and investigate any feedback or complaint received. We log and store all feedback/complaints and acknowledge receipt within two working days. All complaints are investigated and resolved within 28 days, with many being resolved within 10 days and before formal escalation. Discussions and outcomes are recorded throughout the process, with claimants encouraged to review and sign the record. Claimants will be told the outcome of issues raised by them through the complaints process. Any complaints we receive go through a four-stage process:

**1) Informal complaints:** Positive action is taken to settle complaints at point of origin. Relevant managers informed. Escalated if not resolved within 10 days.

**2) Formal complaints:** Complaints received as, or escalated to, formal are investigated by an independent manager and responded to within 20 working days. All meetings relating to the investigation are recorded.

**3) Advanced formal:** Escalated at customer request or if not resolved after 20 days. Service Delivery Director investigates, reviewing all info relating to the complaint before meeting all parties. If not resolved further escalation.

**4) Executive Board review:** Executive Board member leads mediation to resolve. If the complainant is still unsatisfied, further redress via the DWP/Independent Case Examiner, which staff fully co-operate with and implement any recommendations. The complaint may be withdrawn at any stage, but corrective and preventative action will continue.

## **2.5.1 Premises**

### Premises:

Please provide a breakdown of your proposed premises for delivering the PWWP Telephone Support Pilot provision, along with supporting rationale.

Insert your response in the pre-set, shaded space of the following pages. Your response MUST be limited to 1 side of A4.

### **PROPOSED PREMISES**

All premises and staff working on our delivery of the PWWP Telephone Support Pilot provision will be UK-based. Our call centre (Employment Services Support Centre - ESSC), which will be used for call handling, processing referrals and arranging initial appointments, is based in Leicester.

ESSC is fully equipped with 'InIn' interactive intelligence call centre equipment

(hardware and software). This gives us the ability to: record calls for quality review purposes; issue satisfaction surveys to get instant feedback at the completion of an intervention; send SMS and emails to remind claimants of appointments; log email correspondence alongside call-logs; use individual headsets for call privacy; use separate rooms for calls requiring additional privacy; and integrate services with our virtual adviser offering.

The ESSC has 38 staff (each with a personal desk), with capacity for up to 50. This resource and spare capacity will ensure this service is fully supported, even in the event of our other contracts receiving significant uplifts in activity (which we do not envisage). Moreover, no new ESSC resource-intensive contracts are due commence during the pilot delivery period. Last year ESSC made 78,000 outbound calls and received 12,000 inbound calls.

Of the 38 staff, 95% have declared a disability or health condition and 35% have a declared mental health condition. Therefore, the admin staff working on this contract are experts by experience. All caseworker staff will work from UK-based remote offices, suitably equipped and appropriate for handling calls of a sensitive nature.

### **RATIONALE**

Remploy is using the call centre premises in Leicester as it meets the specification requirements for the service to be UK based. Our premises (which includes the call centre) is existing meaning our set up costs and implementation time to set up the service are minimal. The call centre equipment and technology also in place, meaning no set up delay and we have the ability to handle the volume of calls required for the purposes of the pilot as well as capturing the evidence/MI necessary. The call centre isn't in South Yorkshire however the ESSC will not be delivering the intervention calls, so local knowledge/premises will not be required.

Our VR resource is in place, with the most appropriate people being used to deliver the service. The team works remotely with national coverage giving them the flexibility required to deliver this contract. Due to the short lead time to delivery we need to be flexible in our approach, but where possible will use staff who have worked in the CPA before. This is likely as Access to Work Mental Health contract is national and VR staff work in multiple JCP districts. We will also: use our local knowledge (gained through Work Choice to update our regional directory of support services (broken down to local authority and ward level); use our existing database of support services) we have built up delivering Access to Work Mental Health; supplement the above using our Market Insight team to ensure all relevant local services are identified with contact details and addresses provided. This will provide a comprehensive local context enabling us to deliver a locally-tailored telephone service.

## **2.6.1 Human Resources**

### Human Resources

Please provide a detailed account of your staffing resource, with supporting rationale including details of any sub-contractors you propose to employ, in order to deliver the PWWP Telephone Support provision.

Your response should include:

- FTE staff numbers and their skill sets/qualifications as per Paragraph 3.4 of the specification for your proposal, including those of any subcontractors you propose to employ. You should detail why you consider this staffing level appropriate and also outline contingency arrangements for personnel absences;
- Details of the roles and responsibilities for all staff involved in the delivery, management and evaluation of the provision;
- Details of your training arrangements for your staff delivering the provision to ensure the success of the telephony based interventions;
- An indication of how your proposals for PWWP Telephone Support Pilot fit within your organisations overall management structure and confirmation that there will be no conflict with other contracts, with regards to time and resource.

Insert your response in the pre-set, shaded space of the following pages. Your response MUST be limited to 2 sides of A4.

**PLEASE NOTE THE SCORE ATTAINED IN THIS SECTION MAY ALSO BE USED IN A TIE-BREAK SITUATION WHERE APPROPRIATE.**

**Caseworkers/Vocational Rehabilitation Consultants: 3.5 FTE (average)**

Remploy's VRCs (caseworkers) are drawn from a variety of appropriately skilled backgrounds such as Occupational Psychology, Nursing, Occupational Therapy and Disability Employment, with expert knowledge across psychological, wellbeing, health and employment fields. Our role specification includes: professional experience (degree level education (or 3 years' experience of vocational rehabilitation)); two years mental health experience in an vocational setting; professional membership of the Vocational Rehabilitation Association (VRA); diagnostic interviewing; experience of caseload management and developing reactive/ proactive vocational solutions. These requirements ensure all caseworkers have experience of delivering psychological wellbeing and employment-related support. Our caseworkers are trained to facilitate wellbeing needs and support whilst taking into account work/job goals and have delivered our vocational services (e.g. working with soldiers to counter the psychological effects of re-joining civilian employment or our Access to Work Mental Health Support Service). VRCs use their knowledge and understanding of recovery tools and processes to progress Mental Health issues (e.g. Living Life to the Full). They are able to critically evaluate needs and provide individualised support, identify employment and wellbeing needs, handle difficult situations, identify and use a range of activities to increase claimant's self-perception of their capabilities.

Remploy's knowledge of the local labour market (including access to relevant vacancies) and local health care providers and other services, gained from

our branch footprint will be captured in our local service directory (updated for this service) and used effectively by VRCs to identify services for claimants.

**ESSC Customer Coordinator (administrative support): 1.1 FTE (average)**

CCs process referrals, introduce the service to claimants and schedule initial caseworker appointments. The skills we require include organisation, communication skills, attention to detail and an understanding of mental health and disability/health conditions. 35% of ESSC staff has declared a mental health condition, resulting in expert knowledge through experience. The 78,000 outbound and 12,000 inbound calls handled by ESSC per year demonstrates their capacity and experience to process referrals, administer the service and engage with claimants whilst recording any relevant MI.

**Why this staffing level is appropriate:** Our UK VR model, experience of JSA claimants (we worked with over 22k Work Choice JSA claimants last year and over 16k Work Programme JSA claimants) and specialist mental health provision through UK-wide delivery of the Access to Work Mental Health Support Service and 7 Individual Placement and Support services (specialist mental health employment support integrated with clinical support) influenced our reporting structures, staffing needs and time allocation.

Our caseworker staffing fluctuates between 2 and 4 FTE, based on our forecasted caseload peak. This allows all caseworkers sufficient admin time in addition to availability to conduct an average of 6 interventions lasting an average of 1 hour each (including admin), for each member of their caseload.

The Customer Coordinator requires 45 minutes per initial telephone admin call. A further 150 is allocated for a final monitoring call and contact claimants that do not engage in the service. We have allowed a further 22.5 hours to contact JCP offices to promote the service and respond to inbound calls etc.

**Contingency arrangements for absences:** This contract is resourced from more individuals than our FTE requirement. By using extra individuals on a part-time basis, we can accommodate (un)planned absences by increasing another caseworker's hours, (who is already fully trained and delivering the contract). Absences of our call centre staff will be absorbed by other suitably qualified (and trained) members of the call centre team.

**ROLES AND RESPONSIBILITIES FOR ALL STAFF INVOLVED**

**Service Management (0.3 FTE):** Split role between ESSC and VR management. Responsible for the management, performance, motivation and direction of the service and the line-management of the staff delivering the service. They are responsible for examining collated feedback, evaluating and implementing service changes/improvements. VR Service Manager is day-to-day point of contact for DWP/JCP and ultimately responsible for the contract.

**VRCs (average 3.5 FTE):** VRCs are responsible for effective intervention delivery. Whilst receiving admin and scheduling support from ESSC, they are required to self-manage their time and are responsible for assessing needs, planning and delivery of individualised courses of interventions. They are incentivised to ensure claimants remain engaged for the agreed course of interventions. They are responsible for familiarising with local provision and support available for claimants (aided by Remploy service directory).

**ESSC Customer Coordinator (CC) (average 1.1 FTE):** This role is the starting point for claimants. CCs process referrals: calling claimants introduce the service, explain the expectations, benefits and answering any questions or allaying any fears, capture initial MI as required, setting up a CMS record, assign an individual caseworker (based on specialisms and availability) and schedule the initial telephone interview.

All staff will be available to participate in the evaluation of the service.

**TRAINING ARRANGEMENTS:** ESSC staff, and any caseworkers requiring refresher training (identified via a skills audit) will undergo Mental Health First Aid training supplemented by instruction in a CBT-based course called Living Life to the Full. This is suitable for common mental health conditions, primarily mild to moderate stress, anxiety and depression. In addition, we have budgeted to provide one day of contract-specific training for all delivery staff. This ensures staff gain a thorough understanding of all contract requirements, processes and techniques and allows time for staff to ask questions and learn from each other's experiences.

**FIT WITHIN ORGANISATIONAL STRUCTURE:** The service will be managed by existing VR Service Manager (supported by ESSC Manager), both report into the Service Delivery Director. They are supported as needed by our central functions including HR, Quality, Contracts, Performance Management and Finance. The contract will be managed in line with our Contract, Quality and Performance Management frameworks. Our flexible staffing model, using pre-approved, network of associates ensures we can resource this contract with no time or resource conflicts between this and other contracts.

### 2.7.1 Previous Experience

#### Previous Experience

Please provide a detailed example which demonstrates your experience of successfully delivering this type of provision (or similar), as described in the specification, including your experience of working with the claimant groups described in the specification.

If your organisation has no previous experience of delivering this type of provision to this claimant group, you should provide details of any steps/research you have undertaken in order to gain a sufficient understanding and working knowledge.

Insert your response in the pre-set, shaded space of the following pages. Your response MUST be limited to 1 side of A4.

**PLEASE NOTE THE SCORE ATTAINED IN THIS SECTION MAY ALSO BE USED IN A TIE-BREAK SITUATION WHERE APPROPRIATE.**

Remploy will combine three areas of experience and expertise to provide a

comprehensive service and successful service.

### **Experience of providing telephone support through our absence management contract with BT**

Our BT Enable contract provided return to work (from long-term absence), workplace wellbeing and absence management support. Our call centre, ESSC, process referrals (line manager or self-referral) and conduct an initial triage, a discussion based telephone call to establish the complexity of the case and which routeway should apply. ESSC then assigns a VRC and schedules an initial appointment between the referee and a VRC. Basic and intermediate cases (routeway 1 and 2) are remotely managed by VRCs, using only telephone support. Mild to moderate mental health needs typically fall into routeway 2, and would receive 12 weeks of support. Over the four-year life of the contract we received over 4750 referrals to the service, with 70-75% of cases being managed via routeway 1 or 2 - telephone assessment and case management only. During this period ESSC were processing, assessing and scheduling appointments for an average of 100 referrals a month.

### **Experience of delivering specialist mental health support**

Our Access to Work Mental Health Support Service provides a combination of face-to-face and telephone specialist support, action planning and case management to help people at risk of losing their employment as a direct result of their mental wellbeing remain in work; i.e., supporting people because of the effect their condition has on their ability to do their job (rather than the effect on their ability to successfully job search, as for this service). Over the last 6 months (Jan-June) we have had 822 referrals (2620 contract-to-date). The most common conditions amongst referrals are depression, anxiety and stress - similar traits to those we expect to see on this service. We have also found that roughly 60% of referrals also had a secondary mental health condition and roughly half of all referrals had a health condition or disability in addition to their mental health need. Our last 6 months of completed journeys have resulted in 92% of all referrals remaining in paid employment at the end of their 6-month support period. Our admin team receive the referral and make initial customer contact to explain the service in more detail and confirm/ take further basic information before passing the referral onto a VRC.

### **Experience of working with a range of JSA claimants**

We worked with over 22,000 JSA claimants via Work Choice last year, and have worked with nearly 17,000 JSA claimants through our Work Programme subcontracts (PG 1-4). In 2013/14, over 30,000 clients accessed our services across over 20 different contracts, in each case we help individuals to overcome barriers (e.g. mental health) and successfully gain or retain employment. Our contracts include delivery of DWP's Work Choice disability employment programme UK-wide and as sole contractor delivering Access to Work Mental Health throughout the UK. We also deliver The Work Programme on behalf of Interserve, G4S, Ingeus, Pertemps, Working Links and EOS. In the financial year ended March 2014, 31,079 clients accessed our UK services and 18,207 progressed to mainstream employment.