

Health and Wellbeing Board

26 June 2025

Secondary Mental Health Service Users in Paid Employment

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Summary

This paper aims to provide an overview of the data and work undertaken to date to address the employment rates of individuals with severe and enduring mental health conditions who are under the care of secondary mental health services. The report seeks to evaluate the impact of Kent & Medway Individual Placement Support (IPS) Service on the local community. It will analyse key metrics such as service access, client outcomes, and overall performance to assess the programme's effectiveness in helping individuals with mental health needs secure and sustain paid employment. The findings will offer valuable insights into the service's contributions to enhancing paid employment opportunities in the region. The report will also look at the recent impact report published by Shaw Trust which considers the wider impact of IPS across all of Shaw Trust services.

1. Recommendations

1.1 The Board is asked to note the progress made in the percentage of individuals under the care of secondary mental health services who have been supported into paid employment. The Board is also asked to explore how it can support the work of IPS in Kent and Medway.

1.2 The Board is asked to consider strategies to further integrate the Voluntary, Community and Social Enterprise (VCSE) sector and IPS pathway within the Community Mental Health Framework.

2. Budget and policy framework

2.1 NICE (National Institute for Health and Care Excellence) provides guidance and quality standards for health and social care in England. Their guidance on psychosis and schizophrenia includes a recommendation for supported employment programmes like Individual Placement and Support (IPS). This means that NICE recognises IPS as a best practice approach for supporting individuals with severe mental illness in their journey to employment [Psychosis and schizophrenia in adults: prevention and management. NICE guideline CG178](#) (2014), Individual Placement and Support (IPS) is an evidence-based model of vocational support that helps individuals with severe

mental health conditions find and maintain paid employment. It emphasises rapid job search, personalised support, and integration with mental health services. NICE guidance recommends IPS as the preferred method for supporting individuals with mental health problems who want to work.

2.2 There is an extensive evidence base for the IPS model with over 28 international randomised control trials that explore the effectiveness of IPS in supporting individuals with enduring mental health into employment. The EQOLISE project¹ compared IPS with other vocational services in six European countries and concluded that:

- IPS achieves twice the rate of job outcomes for people with severe mental illness versus traditional employment support.
- IPS clients have reduced relapse and spend fewer days in the hospital.

2.3 The Individual Placement and Support (IPS) model is included in the NHS Long Term Plan because it is an evidence-based approach that has proven to be highly effective in helping people with severe mental illness (SMI) find and retain employment. Here are some key reasons:

- **Effectiveness:** IPS has consistently outperformed other forms of employment support for individuals with severe mental health issues. Research shows that people who access IPS services have significantly higher employment rates compared to those who do not
- **Mental Health Benefits:** Employment is a crucial factor in maintaining good mental health and is an important outcome for recovery. Being in work can improve mental health outcomes, reduce the risk of relapse, and lower the likelihood of poor physical health
- **Reducing Health Inequalities:** People with mental health problems often face significant barriers to employment. IPS helps tackle these inequalities by providing tailored support to help individuals find and keep jobs, thereby improving their overall quality of life
- **Cost-Effectiveness:** IPS has been shown to be cost-effective, with benefits such as reduced hospital admissions and less time spent in hospital
- **Integration with Mental Health Services:** The NHS Long Term Plan aims to integrate IPS within community mental health services to ensure that people with SMI receive comprehensive support that addresses both their health and employment needs

By including IPS in the Long-Term Plan, the NHS aims to support thousands of people with severe mental illness in achieving their employment goals, which is a vital part of their recovery and overall well-being.

2.4 Shaw Trust's Kent and Medway IPS service is funded by Kent and Medway Integrated Care board (ICB) with expansion funding provided each year to meet increased access numbers in line with NHS England's national targets

¹ Burns T, Catty J; EQOLISE Group. IPS in Europe: the EQOLISE trial. *Psychiatr Rehabil J*. 2008 Spring;31(4):313-7. doi: 10.2975/31.4.2008.313.317. PMID: 18407881.

for each ICB. This funding is protected specifically aimed at increasing IPS for those with enduring mental health needs.

3. Background

- 3.1 The cost of poor mental health is calculated at £300 billion a year in England.²
- 3.2 In 2022, the public sector in the UK lost 18.5 million working days due to mental health-related issues, marking an increase of over two million compared to 2020.³
- 3.3 In 2024, 7.8% of adults reported feeling lonely 'always or often'.⁴
- 3.4 35% of 18-25 year olds reporting an emotional or mental health difficulty do not seek any formal or informal help.⁵
- 3.5 The UK's annual cost of poor mental health is £51 billion, with around £24 billion attributed to presenteeism. Recent meta-analysis (Deloitte) indicates that for every £1 invested in workplace mental health support, companies see an average return of £4.70 through increased productivity and reduced absenteeism.⁶
- 3.6 The NHS Kent and Medway Integrated Care Strategy informs the commissioning of health and care services. It has a strong emphasis on prevention and early intervention which IPS provision supports.

² <https://www.mind.org.uk/about-us/our-policy-work/reports-and-guides/the-big-mental-health-report-2024>

³ <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2022>

⁴ <https://www.mind.org.uk/about-us/our-policy-work/reports-and-guides/the-big-mental-health-report-2024/>

⁵ <https://bjgp.org/content/66/651/e686>

⁶ [Assessing your workplace mental health strategy for 2025 - HR News](#)

3.7 *Figure 1* shows the economic activity for Medway in comparison to the SouthEast and Great Britain.

Economic inactivity (Jan 2024-Dec 2024)				
	Medway (Level)	Medway (%)	South East (%)	Great Britain (%)
All People				
Total	30,800	17.1	18.4	21.4
Student	6,100	20.0	29.4	27.0
Looking After Family/Home	6,400	20.8	19.0	18.5
Temporary Sick	#	#	2.3	2.2
Long-Term Sick	9,100	29.6	21.9	27.9
Discouraged	!	!	#	0.3
Retired	#	#	14.4	12.9
Other	4,800	15.6	12.8	11.1
Wants A Job	12,800	41.6	20.5	18.3
Does Not Want A Job	18,000	58.4	79.5	81.7

Source: ONS annual population survey

Sample size too small for reliable estimate

! Estimate is not available since sample size is disclosive

Notes: numbers are for those aged 16-64.

% is a proportion of those economically inactive, except total, which is a proportion of those aged 16-64

Figure 1: Economic activity in Medway compared to South East and Great Britain Office for National Statistics (ONS). (2025)⁷

- 3.8 Data from the Office for Health Improvement and Disparities (OHID) indicates that in Medway the percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment (aged 18 to 69) is 9% - the same as the UK value, but lower than the South East average of 11%.
- 3.9 In 2020/2021, the employment rate gap in Medway for individuals aged 18 to 69 in contact with secondary mental health services on the Care Plan Approach was 66.3%, which is very similar to both the regional and national figure.
- 3.10 The number of people out of work nationally has increased by nearly one million to three million with economic inactivity increasing in younger people.
- 3.11 The Kent and Medway IPS service was initially commissioned in 2020 with a soft launch in January 2021. At this time, the service was delivered as a collaboration led by Shaw Trust partnered with Porchlight and Kent and Medway NHS Social Care Partnership Trust. The service is now delivered solely by Shaw Trust which has driven fidelity to the IPS principles and thus improved quality of service and outcomes for patients under the care of KMPT.
- 3.12 The service achieved exemplary fidelity to the IPS model in February 2024. In addition to this the service was awarded the IPS Grow Mark of Quality.

⁷ Office for National Statistics (ONS). (2025). Labour Market Profile for Medway. NOMIS. [Labour Market Profile - Nomis - Official Census and Labour Market Statistics](#)

4. Advice and analysis

- 4.1 Appendix D shows the current employment status for patients under the care of Mental Health Together and Mental Health Together Plus. 28.27% patients under Mental Health Together are employed – the second highest employment rate across the Kent and Medway Teams. 33.97% were long term sick or disabled receiving benefits – the highest rate across all teams. 18% were unemployed and seeking work. Mental Health Together Plus works with patients with more complex needs. Of these, 10.23% were employed (fourth highest employment rate across all teams), 44.51% were long term sick or disabled receiving benefits (highest of all teams) and 8.62% were unemployed and seeking work. The IPS service will continue to support those who are long term sick/disabled receiving benefits and others who are unemployed wishing to seek work.
- 4.2 Shaw Trust has consistently met its access targets for IPS in Kent and Medway (*Figure 3*), successfully supporting more individuals into sustainable employment. Last year, 36% of participants were supported into employment, with 36% of these maintaining their employment for 26 weeks. This year, we plan to expand our reach to potentially support 1,600 individuals. Our year-on-year conversion rates average 40%, aligning with the IPS Grow recommended target.

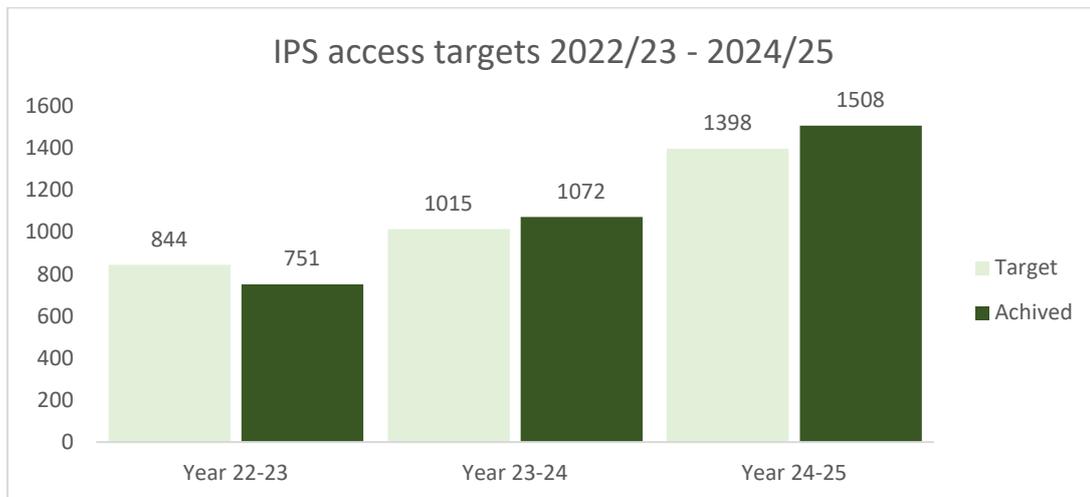


Figure 3 Shaw Trust's IPS Access targets 2022 – 2025

- 4.3 Shaw Trust released an IPS impact report in February 2025.⁸ This report supported us to understand the impact of IPS on individuals, communities and the public purse. *Figure 4* shows some of the positive employment outcomes achieved by Shaw Trust IPS services nationally. We saw 44% of individuals enter work and 73% of those individuals sustained for 13 weeks or more. Interestingly our data shows that on average the people who went into work earned £32,000 - well above the national living wage. We also saw 70% of individuals go into full time work.

⁸ [Individual-Placement-and-Support-impact-beyond-jobs_2.pdf](#)



Figure 4: IPS data from Shaw Trust's IPS Impact Report (Feb, 2025)

One of the areas (Figure 5) we wanted to look at within the impact report was improvement in people's wellbeing and through our analysis we see strong wellbeing outcomes: We saw improvements in wellbeing in 67% of all participants, irrespective of their job outcomes. Those who did not get into employment, still improved their wellbeing score and improved their satisfaction in more wellbeing areas than those who started work. This shows the strength of both the IPS approach and our services as a health and wellbeing intervention in addition to an employment support intervention.

Results are positive across all age, ethnicities and gender groups, although our data shows that women tend to do better than men in terms of entering and sustaining work. We have found of course; it is important to track data to ensure that we were reaching out to the most deprived areas and are supporting people across the local community.

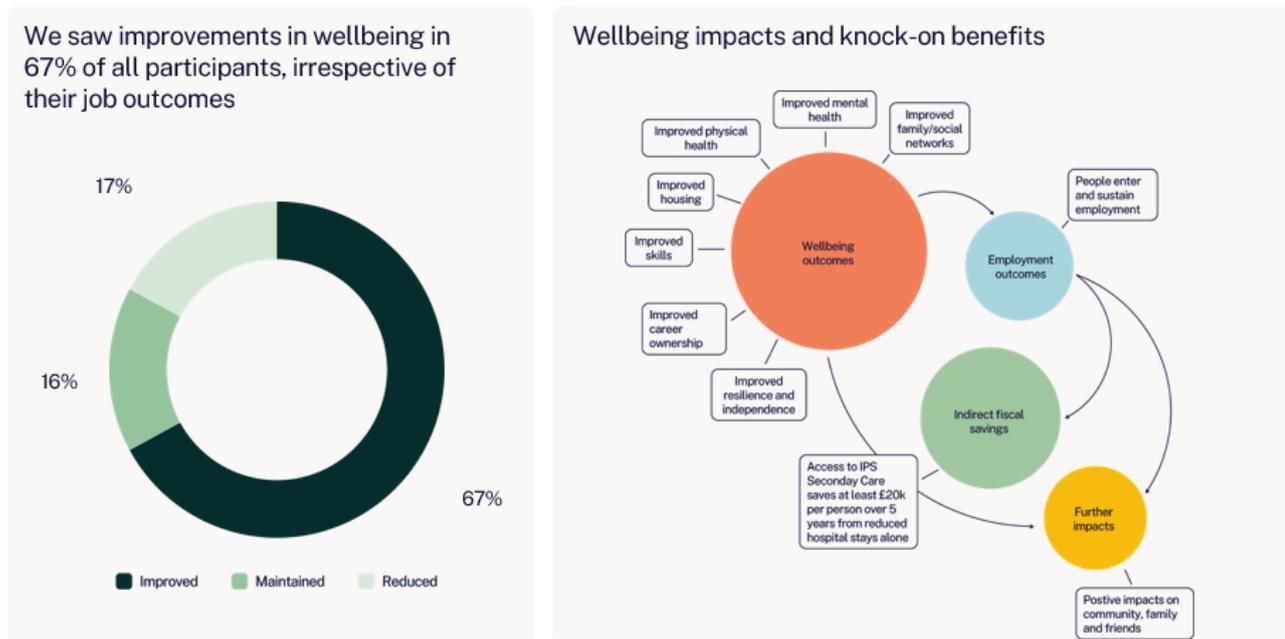


Figure 5: Wellbeing impacts of Shaw Trust's IPS delivery

- 4.4 When expansion funding is received, we would like to ask the Board to support with embedding the IPS service into PCN networks to achieve increased access targets as well as ensuring every individual with complex needs has access to the support they require in a place-based approach in line with the Community Mental Health Framework (See Appendix A and Appendix B for more information).
- 4.5 We seek assistance in obtaining additional data from KMPT to accurately evaluate employment status throughout the duration of the contract. This will help us demonstrate the impact on overall employment rates for individuals under the care of Mental Health Together and Mental Health Together Plus. We would also been keen to explore with KMPT whether our Employment teams can amend employment status which may provide more accurate data.
- 4.6 Shaw Trust attends the Strategic Partnership for Health and Economy Meeting in Kent and Medway and will be contributing to the Get Kent and Medway Working Plan through attending the Whole System Workshop planned for 4th July 2025.
5. Risk management
- 5.1 The following table considers any significant risks arising from the report.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Retention of IPS staff	Connect to Work is launching providing IPS and Supported	Competitive salaries in line with NHS banding.	BIII

Risk	Description	Action to avoid or mitigate risk	Risk rating
	Employment opportunities locally outside of Shaw Trust IPS provision.	Shaw Trust has a wealth of retention strategies including health and wellbeing programmes for staff.	
Short-term contracting arrangements	Currently in year four of delivery and expecting a re-tender for new contracting arrangements from 1 st April 2026.	Staff will be protected under TUPE and work will be completed to minimise disruption to delivery. Effective risk registers and BCPs in place for the service.	All
Economy	The labour market opportunities and availability of jobs could impact on ability to support individual into paid employment	ESs are targeted to weekly employer engagements contacts. Shaw Trust also attend strategic health and work partnership for Kent and Medway and will input into the 'Get Britain Working' plan for Kent and Medway.	CIV

Likelihood	Impact:
A Very likely B Likely C Unlikely D Rare	I Catastrophic II Major III Moderate IV Minor

6. Consultation

6.1 This was not required.

7 Climate change implications

7.1 There are no climate change implications as a result of this report.

8. Financial implications

8.1 There are no financial implications arising as a result of the recommendations of this report.

9. Legal implications

9.1 There are no direct legal implications as a result of this report.

Lead officer contact

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Appendices

Appendix A Community Mental Health Framework for adults and older adults

Appendix B Guide for integration of IPS in primary Care Networks

Appendix C Kent and Medway Integrated Work and Health Strategy

Appendix D % employed individuals under the care of Mental Health Together and Mental Health Together Plus (June 2025)

Background papers

None