Cambridgeshire and Peterborough Combined Authority

CAREER AND PAY PROGRESSION INNOVATION PILOT BUSINESS CASE

The Health and Care Sector Work Progression Academy

EXECUTIVE SUMMARY

The Cambridgeshire and Peterborough innovative labour market pilot will test a new intervention that addresses a specific local labour and skills shortage in the Health and Care sector by stimulating progression and improving career prospects for those in receipt of in- and out-of-work benefits.

The timeliness and relevance of this pilot resides in its dual aims to help upskill the local workforce to meet current and future work force demands, and to reduce the reliance on work related benefits giving better security in employment and improving career and pay prospects.

The innovation is in taking a holistic approach to the sector, a single intervention that is in two parts. It will train people from outside and within the health and care sector simultaneously. From outside the sector it will train those that are trapped in low paid jobs with no career or pay prospects, which often can be seasonal work and insecure, and the unemployed (including those who do not recognise their significant skills and experience from being carers in their home life), whilst inside the sector it will develop those working in the health and care sector to progress further, giving a robust and clear career pathways for all and developing a pipeline of employees.

Within Cambridgeshire and Peterborough while employment rates are comparatively high there are significant numbers of people trapped in low pay with no clearly defined route into improved pay and career progression[1]. This is combined with a high number of vacancies in occupations in the Health and Care Sector: a case of market failure.

There is a lack of understanding of how to improve in work progression and there is a need and desire to understand this further, especially as Universal Credit is already being rolled out. National policy has focused more on the activation of the unemployed and employment entry than on issues of retention and progression (Sissons, Green and Lee, 2016). However, to address issues of low-pay and in-work poverty, retention and progression when in-work are important. Interest in this area is beginning to increase with the introduction of Universal Credit as well as some local pilot activities around wage progression[2]. One issue is that there is a relatively limited evidence base relating to initiatives targeting progression, the majority of which comes from the United States. Building the evidence base on what works in improving progression is therefore an important need.

At the level of the Local Enterprise Partnership, data shows that during 2016, the industry with the largest job vacancies was the Human, Health and Social Work sector. This sector had some 13,871 jobs advertised. This sector includes 'nursing, care worker and home carers', and 'medical practitioners', citing the top employer for advertised vacancies as the NHS and one of the main barriers to progression in the health and care sector is that employers, particularly in the care sector, don't priorities progression because they cannot be sure of the pipeline of employees.

[1] It is also known that low-pay and unemployment interact and that those in low paid employment are more likely to have periods of unemployment (Stewart,2007)

[2] The Employment, Retention and Advancement (ERA) pilot also provides an example of programme development and learning in this area (Hendra et al, 2011)

With all of this in mind, this Innovation Pilot will be the creation of a **Heath and Care Sector Work Progression Academy,** which will consist of a single intervention that is in two parts, each part meeting a specific need. The first part will support those outside the sector to gain work and a career pathway in the health and care sector, whilst the second part will support in-work progression in for those already employed in the health and care sector. Taking this single intervention but delivering in two parts simultaneously will enable better progression, as well as ensuring job entry through the backfilling of entry level posts. If we were only to recruit and train from within the sector we would cause even more of a shortage in the sector's lower level jobs.

The second consideration with this interaction, is when recruiting from outside the sector to do it from the widest possible base so as to ensure we do not create a staff shortage in other sectors of the local workforce. Therefore, we will look to target those in low paid jobs with no career prospects, or who need to change roles due to their personal situation, and those that are unemployed (especially those that are carers in their home life who will have skills already relevant to the sector).

This pilot will enable a robust progression career pathway to deliver and support key themes and pathways in the following areas - Domiciliary and Residential and nursing market (health care assistants through to generalist nursing). This will integrate with a longer-term pathway of training though to community / acute hospital and children's nursing role throughout Cambridgeshire and Peterborough.

This Innovation Pilot model has been designed in collaboration with key stakeholders including CEO's and Senior Managers from the local NHS (see Appendix H letter of support), private care provider representation, Job Centre Plus, the Local Authorities, and the Local Enterprise Partnership (LEP), who have all committed to support this project (see Appendix A). Through this partnership the pilot will help meet local recruitment and skills needs at the same time as improving progression outcomes for workers.

Governance for this programme will sit with the Cambridgeshire and Peterborough Health and Care Local Work Force Action Board, with informing lines to Authorities' Health and Wellbeing bodies, and a multi-agency group (including employers) handling the operational management of the pilot. The newly formed Combined Authority will hold ultimate accountability for the Pilot.

The local Jobcentre Plus (JCP) will play an important role in its delivery consisting of referrals on to the programme, recommendations on delivery and by being a key stakeholder in the programme steering group. Their knowledge and expertise around the client group will be invaluable in ensuring the referral of individuals to the programme and will be carried out in the best interests of the individual and therefore giving the greatest change of success and progression.

This model will support people into jobs with better pay and career prospects whilst meeting challenging employer recruitment needs.

The project will:

- Support in-work progression in the health sector for those currently employed in the sector; and, for those outside the sector to gain work and a career pathway in the health and care sector;
- Deliver an individualised tailored programme that will maximise the apprenticeship levy and funding;
- Be co-designed with employers for sector specific training;
- Deliver on the basic skills agenda and give work experience visits;
- Seek to remove barriers by providing wrap around and post-employment support / career guidance;

- Seek to influence employer practice around recruitment and staff development to help improve retention of staff;
- Support individuals to have career and social mobility
- Deliver a skilled workforce and help to meet the recruitment needs of the health and care sector.

This Innovation Pilot will also provide robust evidence on an initiative to support better career and pay progression in the health and social care sector. The model will open-up progression opportunities not just for the unemployed but also for low-paid workers on benefits by building a new partnership model between employment services and the health and care sector; in doing so it will help grow the local skills base. This will help to inform and drive future employment policy.

The creation of a Combined Authority alongside the introduction of Universal Credit, and the uncertain future of immigration policy, presents a timely opportunity for this Innovation Pilot to help reduce the reliance on work related benefits and address current and future workforce demands in the local health and care sector.

The success of this pilot will be seeing an increase in applications for roles in the health sector and care sector, more vacancies being filled and more people gaining access to career and pay pathways therefore reducing their reliance on benefits.

The ask of this business case is for £5.2m, giving an average cost per client to the Innovation Pilot of £2,482.

The benefits this will bring to central government are:
- Reduced reliance on benefits;
- A growth of circa 600 apprenticeships in the area;
- A robustly evaluated model of a sector-focused career programme;
- Over a 10-year period the public sector will directly gain £2,268,633.72 more in fiscal benefits.
- For every £1 the public sector spends on this project it will see a return of £1.33, a net benefit of 33%.
- The Net Present Public Value attached to this pilot of £20,392,586.05.

Benefit Cost Ratios related to the programme funding of:
- Total net present benefits / Net present costs related to funding for the pilot = 7.13
- Total net present fiscal benefits / Net present costs related to funding to the pilot = 1.80
- Total net present public benefits / Net present costs related to funding to the pilot = 5.33

Pat Carrington
Assistant Director Skills and Employment
Peterborough City Council

Julia Nix
District Manager for the East Anglia
Jobcentre Plus

INTRODUCTION

Socio-demographics

Cambridgeshire consists of two upper tier Local Authorities, Cambridgeshire County Council and Peterborough City Council, with 5 District Councils. The area has two Cities, Cambridge and Peterborough, and a large expanse of rural area with towns and villages. Across the Combined Authority area, the population is growing and forecast to continue to grow at a significant rate. In Cambridgeshire, there is a forecast population growth of 22% of 15-19 year olds and 9.5% of 20-64 year olds by 2031. Peterborough was the second fastest growing city in the UK in 2015 and has seen an 18% rise in those of working age (25+) in the last 5 years, with a forecast growth by 2031 of 23.5% of 15-19 year olds and 6.9% of 20-64 year olds. (*ONS Mid-Year Estimates 2016)*

Across the Combined Authority area there is comparatively low unemployment, but within the area there are also areas of significant deprivation. Critically many residents are also working in low skilled and low paid jobs (Corlett, 2016). In Cambridgeshire, unemployment varies from 3.7% in Fenland to 2.4% in South Cambridgeshire and in Peterborough it is 4.3%. In 2015, Cambridgeshire had 16 Lower Super Output Areas (LSOA) in the 20% most deprived nationally (compared to 9 in 2010) (Cambridgeshire County Council, 2015). In Peterborough, 34% of people live in the 20% most deprived areas in England, significantly higher than the national average, 18 LSOAs in Peterborough are in the top 10% most deprived areas in England (Department for Communities and Local Government 2015).

Economic and workforce analysis

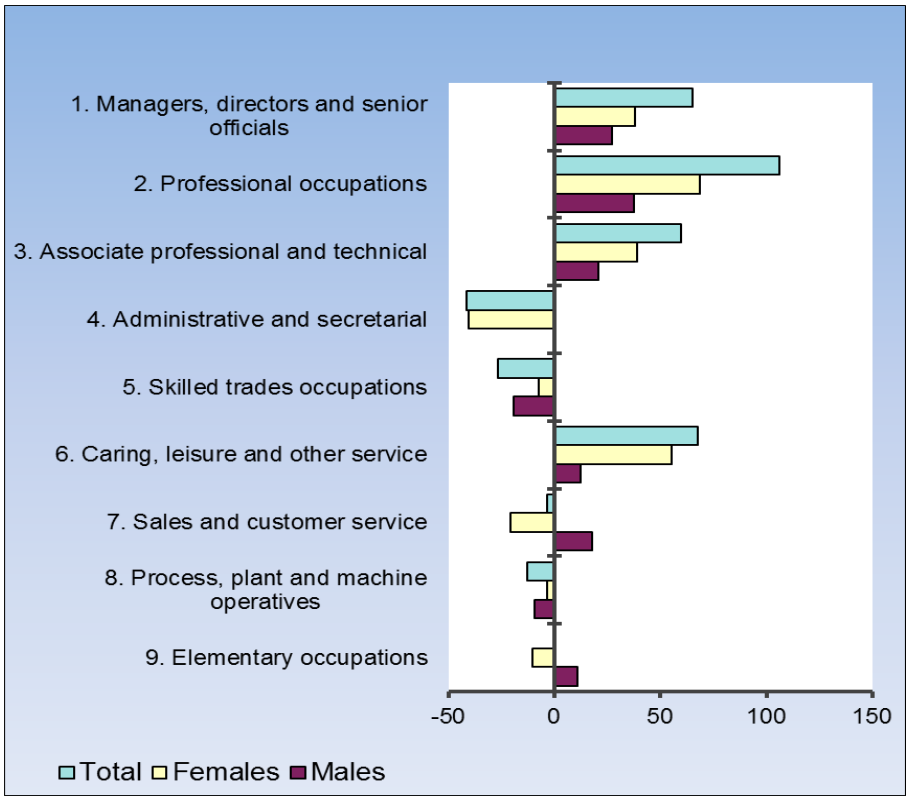
Employment projections from UKCES-funded Working Futures projections (2015) give a detailed assessment of the potential workforce needs for the East of England region for the period 2012-2022. Table 1 shows percentage growth in six broad sectors as follows:

Table 1: Projected change in industry sectors: 2012-2022, East of England (UKCES 2015)

	% growth per annum
Primary sector and utilities (incl. agriculture)	- 0.6%
Manufacturing (incl. food production)	- 0.9%
Construction	+ 1.9%
Trade, accommodation and transport	+ 0.7%
Business and other services (incl. digital and financial services)	+ 1.2%
Non-market services (incl. public sector, health and social work)	+ 0.6%

Overall employment in the region is projected to remain fairly static with a small increase in part-time work (by 1 per cent). The 'Primary sector and Utilities' and 'Manufacturing' sectors are predicted to decline in workforce needs. These are sectors that have traditionally been of importance locally. On the other hand, some growth is expected across other sectors. This includes growth in non-market services (including health and social work).

Figure 1: Forecast changes in occupational status in the East of England between 2012 and 2022 (UKCES 2015):



The projected occupational changes (Figure 1) show a strong increase in demand for those in professional occupations, those working in an associate professional and technical role, and employees with a caring, leisure or other service role. There will also be strong demand for additional managers, directors and senior officials. The region will however need fewer people overall working in administrative and secretarial roles, fewer skilled tradespeople, and fewer working as process, plant and machine operatives.

For employment by skill level, there is projected to be a strong increase in demand for people with higher-level qualifications, including those with post-graduate qualifications (Table 2). Those with no or low-level qualifications will be likely to find themselves restricted to a narrower range of employment opportunities.

Table 2: Projected qualification demand from 2012-2022 (UKCES 2015)

Qualification level	Percentage share		Forecast percentage change
	2012 actual	2022 projection	
QCF 7-8 (post-grad)	9.1	14.6	+ 73.6%
QCF 4-6	27.6	33.1	+ 29.1%
QCF 3 (A levels)	19.9	17.6	- 5.0%
QCF 2 (GCSEs)	22.1	19.9	- 3.3%
QCF 1	15.2	11.3	- 20.3%
No qualification	6.1	3.5	- 38.4%

This demonstrates a need to upskill and develop the workforce in the Combined Authority area to ensure long term sustainable employment. This will give clear routes to skilled employment that will act as 'pipelines' for recruiting workers at all levels of skill.

Current Vacancies

At the level of the Local Enterprise Partnership the data shows that during 2016, the industry with the largest number of job vacancies were in the Human, Health and Social Work sector (Burning Glass International, 2017). This sector had some 13,871 jobs advertised. This sector includes 'nursing, care worker and home carers', and 'medical practitioners'. These local figures highlight the large ongoing recruitment needs of the target sector of the Innovation Pilot.

The top employer for advertised vacancies was the NHS and we also have one of the most compromised health economies in England, and our Sustainability and Transformation Plans recognises that we have some significant challenges. Within devolution, part of our commitment is to public sector reform, which includes the health and care sectors. In order to build a better system, we have to ensure that we have the basics right, that is, enough trained, motivated and skilled permanent staff to help us build that.

There are however challenges locally in recruiting into the Health and Care sector. It is very difficult for employers to recruit care staff and as such, existing staff are held on to and not developed to progress either further into the care sector or to move into the health sector. This stops the development of a natural 'pipeline' of staff that enter and move through the care sector onto the health sector.

In order to address these current issues, there needs to be a programme that supports the health and care sector in a way that current local and central government policy doesn't. This also aligns to the policy intent for closer integration of health and social care. This programme will do this by taking a holistic approach to *create* a sector pipeline of recruitment and progression. The innovation will be in promoting and training people from outside and within the health and care sector simultaneously, including those trapped in low paid jobs with no/limited progression (outside the sector), and the unemployed (including those who do not recognise their significant skills and experience from being carers in their home life), whilst also developing those working in the health and care sector.

THE INNOVATION PILOT

There are 2 main aspects emerging from the local picture:

1. There are significant numbers of vacancies in the heath and care sector and a shortage of skilled staff to fill these vacancies.
2. There are significant numbers of people trapped in low paid jobs with no clearly defined route into improved pay and career progression, some of whom, may not realise the relevant skills they already have to fulfil these roles.

Therefore, there is a need to train and support those in lower paid work and by doing this, not only will it deliver on some of the social outcomes that we need to address locally (for example, help reduce poverty, increase social mobility, reduce reliance on benefits and increase individuals' social capital) but it will give added value to employers by supporting the improvement of the health and care workforce.

All of this, coupled with unemployment across the Combined Authority further evidences the need to carry out an Innovation Pilot to support career and pay progression for those in receipt of in-work benefits.

A Sector Based Approach: Progression in health and social care

An important element of the model for the Innovation Pilot is to develop a sector-focused model for progression which supports better outcomes for low-paid workers and the unemployed while addressing a labour market need.

In the report *Supporting Progression in Growth Sectors*, Sissons, *et al* (2016), review the international evidence on in-work progression in growth sectors. They conclude that although there is relatively little evidence relating to programmes that have targeted in-work progression, of the robust evidence there is, this "points to a potential benefit of a sector based approach" (2016:3).

One of the main growth sectors for the Combined Authority area is healthcare and caring (with greater alignment between these also being developed given the increased emphasis on integration between health and social care). With the current and projected number of vacant positions in healthcare and caring, this Innovation Pilot proposes to deliver an initiative that supports career and pay progression for those in receipt of benefits. It will do so by facilitating access and progression through healthcare careers. This approach will look to support those already in the sector to progress within it, and also seek to attract those from outside the sector to progress to careers in the health and care system. It will also support the aspirations in the Government policy for health and care integration – training more care workers to deliver high-quality care, including an ambition to double the national number of care apprenticeships to 100,000 by 2017 (Department of Health 2015).

There is a need to ensure that the local workforce is grown from the communities within our area, reducing the need to recruit from overseas for the health and care sector, whilst also taking advantage of the diverse language and cultural capital that already resides across the region, as stated in the Caring for our Future reforms (Department of Health 2015). One of the pressing challenges is attracting new people into the care sector. This means that current employers, especially private care providers, do not develop their staff to progress as they are unable to replace the good staff thereby stopping a natural work and pay progression route to develop.

With the evidence shown above, the timeliness and relevance of this pilot resides in its dual aims to upskill the local workforce to meet current and future work force demands, and to reduce the reliance on work related benefits.

Developing the Model

In the designing of the model we have been able to take aspects that appear to have been successful in other programmes (as reported in Sissons *et al*, 2016), and align these to the local context in order to develop an Innovation Pilot that has the greatest opportunity to be successful in its outcomes and impact. This includes learning from the design of models focused on health and care (Sissons et al, 2016), that have been evaluated through Randomised Control Trials, and which seem to achieve positive results (Maguire et al, 2010; Hendra et al, 2016); as well as other robust evaluation methods (Gasper and Henderson, 2014). The model suggested here therefore builds from the existing evidence base.

It is recognized employers must play a leading role in this programme for it to be effective (Sissons et al 2016) and it has been co-designed in conjunction with local stakeholders from across the health and care sector. A stakeholder group consisting of CEOs and Senior Managers from key partners has been involved in developing the approach. Full details shown in Appendix A, but stakeholders involved have included:

- Cambridgeshire Community Services NHS Trust, with a view to rapidly rolling out to all NHS provider organisations. (see Appendix H letter of support);
- Shadow Combined Authority of Greater Cambridgeshire and Peterborough;
- Fenland District Council;
- Huntingdon District Council;
- Cambridgeshire County Council;
- Peterborough City Council;
- JCP for the East of England;
- Department of Work and Pensions;
- Greater Cambridgeshire and Greater Peterborough Local Enterprise Partnership;
- Cambridgeshire and Peterborough Work Based Learning Provider Network;
- Health Education East of England;
- Cross Keys Homes (Representing the Private Care Sector).

The input of employers at design and delivery stages will allow “employers, working with expert education professionals, ….. to set the standards; (defining) the skills, knowledge and behaviours required for skilled employment” (Department for Business Innovation and Skills, Department for Education 2016:12). Employer inputs of labour market information and intelligence, including recruitment needs, allow for the programme to be tailored to local needs.

The Heath and Care Sector Work Progression Academy

The Health and Care Sector Work Progression Academy will consist of a single intervention, in two parts, to ensure delivery meets each type of need. The first part will support those outside the sector to gain work and a career pathway in the health and care sector. The second part will support in-work progression in the health and care sector for those already employed in the sector. The model covers work in the care sector and the health sector both in public and private employers.

The model consists of:

1. Recruitment;
2. Delivery; and
3. Progression.

This structure will enable a robust progression career pathway to deliver and support key themes and pathways in the following areas:

- Domiciliary
- Residential and nursing market (health care assistants through to generalist nursing)

This will integrate with a longer term pathway of training though to community / acute hospital and children's nursing throughout Cambridgeshire and Peterborough.

There is an interdependency between the two parts of the model as a pipeline needs to be created that works across the whole of the Care and Health sector, as one of the main barriers to progression in the health and care sector is that employers, particularly in the care sector, don't prioritise progression because they cannot be sure of the pipeline of employees. If we were only to recruit and develop those from within the sector, we would cause a labour shortage in the lower level jobs. Employers, especially from the care sector, would be less likely to support the pilot as it would cause further staffing and recruitment issues.

The second consideration with this model, is when recruiting from outside the sector to do it from the widest possible base so as to ensure we do not create a staff shortage in other sectors of the local workforce. Therefore, we will look to target those in low paid jobs with no real career prospects, or who need to change roles due to their personal situation, as well as those that are unemployed (including those that are carers in their home life, who will have skills already relevant to the sector).

From outside the sector, it is designed to bring people into the sector from low paid jobs with no progression opportunities or that are unwaged or unemployed, to fill the shortage at the lower skilled jobs. This would give individuals the opportunity to move into work that gives opportunities for progression and long term sustainable careers. Therefore, this part supports entry into the sector with progression and the part for those from inside the sector gives in-work progression for those already employed, thus creating a sustainable, skilled pipeline of employees.

Both routes can start at different levels with the pathways developed to allow long-term progression as far as degree level. This will be part of a wider, overarching local strategy as the desired outcomes will be in the medium term and beyond the project timescale. This local health and care workforce strategy will not just look at adults but also maximise the participation of 16-24 year olds in education, training and work and supports the development of progressive routeways to jobs and apprenticeships (Department for Business Innovation and Skills, Department for Work and Pensions 2011).

Both parts will encompass 3 key stands, shown below but will use differing delivery methods for the reasons covered elsewhere in this business case.

1. Skills training:
    a. sector specific, co-designed with employers from across the health and care sector;
    b. basic skills (where necessary) contextualised to the sector.
2. Careers advice / coaching / Post-employment support.
3. Wrap around support – to remove the barriers to accessing the programme, ie child care and transport.

The programs will recruit from those in receipt of in-work and out-of-work benefits, including the new Universal Credit (UC) which is being rolled out across the area. Recruiting from these cohorts will allow a suitably sized group from which to recruit and better serve to identify a comparative group to evaluate the success of the pilot against.

We will look to recruit 1,050 people a year onto the program, giving 2,100 starts over a 2-year recruitment window, with delivery able to continue for a following year and 1 day (to ensure we fully maximize the apprenticeship route). These numbers for delivery are based on the extent of the local need, the ability to deliver and to ensure the size is significant enough to give robust evaluation data.

The Local JCP Role

The local Jobcentre Plus (JCP) have played a key role in the designing of this Innovation Pilot and they will continue to play an important role in its delivery. This will mainly consist of referrals on to the programme, recommendations on delivery (especially in terms of location) and being a key stakeholder in the programme steering group. Their knowledge and expertise around the client group will be invaluable in ensuring the referral of individuals to the programme will be carried out in the best interests of the individual and therefore giving the greatest chance of success and progression.

The JCP District Manager for the East Anglia is fully supportive of, and has been involved in the development, of this model. Discussions thus far have recognised that the role of the Local JCP in this pilot can be embedded into the current job function and would not require any additional resource.

The Employer Role

Local employers will play a key role in the design, delivery and implementation of the model and their contribution will be key. This will consist of 4 main aspects:

1. The co-designing of the delivery model and material to ensure that the programme delivery reflects the requirements of the business and the sector, therefore giving individuals the best opportunity to progress into a career in health and care.
2. To offer work experience opportunities, workplace visits and supply guest speakers to the programme.
3. To identify and support their own staff for the programme and commit to interview those from outside the sector that successfully complete the programme.
4. Drawing down of their levy (where appropriate) to pay for the apprenticeship delivery model and where they are not a levy paying organisation, that they commit to pay the employer contribution of the apprenticeship delivery.

By engaging with employers throughout the programme design and delivery, it will also serve to address the issue, especially in the private sector, of employers not supporting staff development to avoid losing good staff that will be very hard to replace. Their engagement in this model, will ensure they can see and are part of a clear route for new people to join the sector that will refresh the pipeline of good quality, trained staff.

<u>Delivery for those from outside the sector</u>

This is focused on supporting entry and progression in the sector for those coming from outside the heath and care sector. This section of the programme is key to ensuring a pipeline of new staff move into the sector (i.e 'backfilling') to replace those that are progressing into new roles within the sector.

Access to this training and support will be available to those that are unemployed, on benefits, in no pay or low paid jobs. In the locality there are a significant numbers of people working in low paid jobs with no real prospects of career or pay progression or even stability, or example on zero hour contracts. Although moving into the care sector may not immediately improve their pay significantly, it will give them a career pathway in

health and care, therefore improving their long term pay prospects. This section of the model will also build on the skills of those that may have been or are carers in their home life, as it builds on strengths and skills they already have (see case studies in Appendix B).

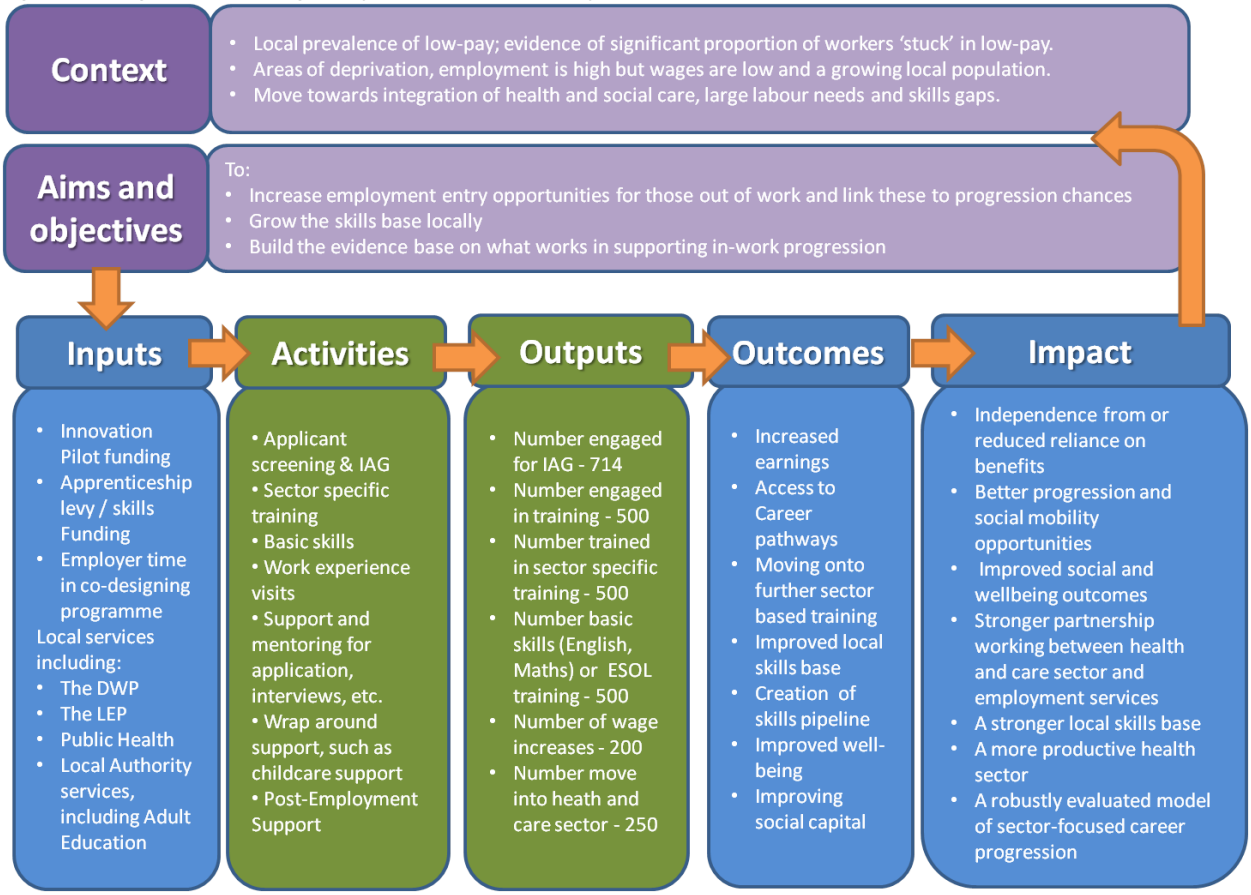
A key aspect of this part of the model will be around removing the barriers that could restrict an individual's ability to engage in the programme. These barriers include such things as childcare to allow attendance on the programme. Where an individual is eligible for this under the DWP then this will be used. However, this will not be the case for all. In this case, there could be a need to pay for some child care and some flexible funding will need to be allocated for this. Another barrier is transport, especially in rural localities. In order to remove these barriers, access to a bursary will be available on request and by application.

In addition to this, consideration will be given to the timing of programme delivery, as a significate proportion of the targeted cohort will already be working in low paid jobs and will not be available during the day. To meet this need, delivery of this part of the model will be outside of core working hours, locality based and will look to support those working on shifts.

Figure 1 provides a logic model of the proposed approach. An important point is that it is likely these participants will not have prior knowledge of the sector and will need to gain an understanding of it, especially around the language used and legislation that applies. Finally, it will be essential (in order to ensure progression) that robust Information, Advice and Guidance (IAG) is made available to participants.

Worker needs and sector needs- The logic model below is designed to give the rationale for the Innovation Pilot and illustrate the delivery and outcomes. It shows how the model aligns with the labour market needs and skills gap to the development and integration of the individuals, which will also improve individuals' social and economic wellbeing.

Figure 2: Logic model diagram for those recruited from outside the Health and Care Sector



Recruitment - We will look to recruit though a variety of methods including referrals via:

- Self-referral
- DWP
- Health &Social Care Services (eg GPs, Social workers)
- Voluntary sector

Key to this success will be the targeting of those that are unemployed, in no pay or in low skilled, low paid jobs who may benefit from more sustainable career opportunities offered by the programme.

Promotional material will be developed that will show what the programme will offer and promote the idea of a career pathway into health and care that will give sustainable work opportunities and job quality.

This part of the model will recruit from those in receipt of in work or out of work benefit.

Delivery - As those entering the programme will be from outside the sector, it is anticipated there will a number of participants that work in low paid and low skilled jobs from other sectors. Therefore, delivery for this part of the model will be flexible including classes outside of core areas and times supporting those on shift work. The training will be taken to the localities to further reduce barriers.

The delivery will incorporate:

- Applicant screening to provide the appropriate programme;
- Sector specific training that will be co designed with the employers, including an induction into the health and care sector, and where appropriate cover mandatory training aspects for example the mandatory care certificate;
- Basic skills including, where needed maths, English and English as a Second or Other Language (ESOL) contextualised to the sector;
- Work experience visits;
- Support and mentoring - matching to vacancies giving support in finding (from partners and more widely) relevant opportunities and then supporting with the application process;
- Wrap around support, such as childcare support;
- Post-employment support to ensure support and mentoring in the early stages of the employment.

It will also look to serve those that may not be UK citizens, that are qualified to work in the care and health sector but are unable to do so as they do not hold the appropriate ESOL qualification. In these cases, we will seek to deliver the appropriate ESOL qualification that will allow them to maximise their skill set and be employed in the sector.

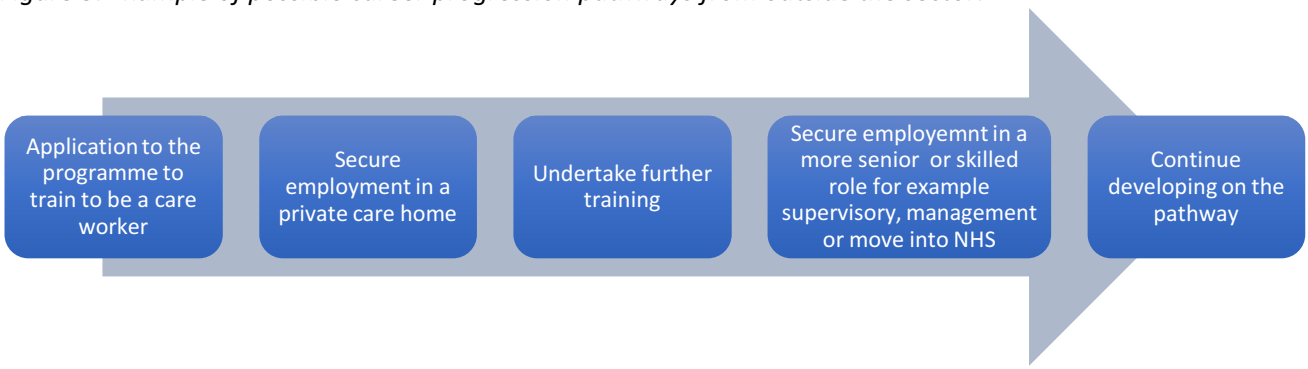
Service delivery – Timeframe

Applicant screening and IAG	2 weeks consisting of 1 IAG session and 1 follow-up session
Sector specific training including an induction into the health and care sector, and where appropriate cover mandatory training and basic skills including, where needed maths, English and English as a Second or Other Language (ESOL) contextualised to the sector;	20 weeks.
Work experience visits;	Inclusive of the 20-week delivery above.

Support and mentoring - matching to vacancies giving support in finding (from partners and more widely) relevant opportunities and then supporting with the application process;	Inclusive of the 20-week delivery above, specifically focusing on the end of the programme.
Post-employment support to ensure support and mentoring in the early stages of the employment.	For up to 4 months following completion of the programme.

Progression - For those undertaking the programme from outside the sector, progression will be to work in the sector. Post-employment support will be provided to give a level of support and guidance in the new role to give the best chance of success and sustained work (figure 3).

Figure 3: Example of possible career progression pathways from outside the sector:



Progression is defined in the following ways:

Type of progression	Outcome / Impact from programme
Ability to apply for roles in the health sector	By being able to meet the criteria for application through the acquisition of new skills and confidence.
Gaining a job in the health and care sector and gaining access to career pathways	Starting a career pathway giving better progression and social mobility opportunities and moving towards independence from or reduced reliance on benefits.
Volunteering in the health and care sector.	Gaining valuable work experience for future applications to work in the sector, moving towards a career pathway in the heath and care sector.
Moving onto further sector based training	Enrolling on a further course, in order to further improve prospects.

Delivery for those already employed in the sector

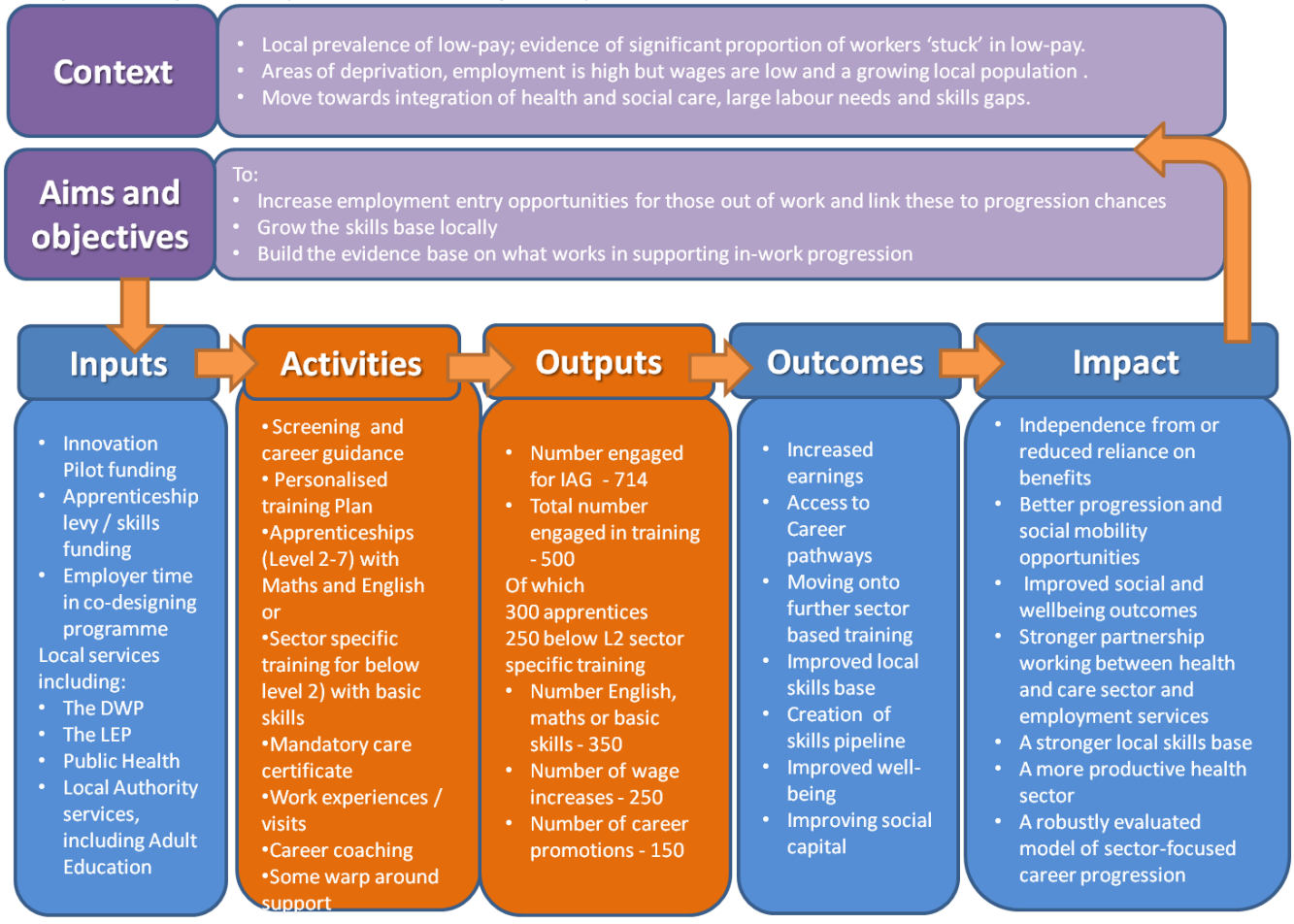
This is designed to support in-work progression in the health and care sector for those already employed in the sector.

For those recruited on to the programme, see figure 2 below:

a) The programme, where appropriate will be delivered on the job and maximise the apprenticeship route.
b) There will be an assumed knowledge of the sector specific language and working practices.

Worker needs and sector needs - The logic model below is designed to give the rationale to the Innovation Pilot and this section that is for those already employed within the Health and Care Sector. It shows how this part of the model aligns the labour market needs and skills gap of the sector to the development of the individuals currently working with the sector, moving them onto further position and helping to create a pipeline for recruitment.

Figure 4: Logic model for those recruiting those from within the Health and Care Sector



Recruitment - Employers will be able to refer on to the programme, as part of an expected progression plan. This has been identified as a viable recruitment strategy, based on representation from the private care sector who reported employers would comfortable developing and releasing staff onto further training and employment, knowing that there was a pipeline of new recruits entering the sector. We will also look to recruit from promoting within employers through recruitment campaigns and road shows.

Within the recruitment process, screening will be undertaken. This will function to ensure participants are matched to provision at a relevant level, and that they are likely to have the capabilities needed to undertake this training activities and benefit from the programme. The screening also functions to establish career goals

and needs at the beginning of their engagement with the programme. This draws on existing evidence on good practice (Tessler, 2013; Sissons, *et al*, 2016).

This part of the model will recruit from those on work related benefits of Universal Credit and Job Seekers Allowance.

Delivery – For those already employed in the sector, delivery will be both in the workplace and outside (for the more generic aspects). Employer engagement will play a critical role and this part of the model looks to work with employers and their staff, providing structured training to meet progression needs. This will also allow for innovations in using a blended learning approach.

The delivery will incorporate:

- Developing a personalised training plan through:
    - Applicant screening to provide the appropriate programme;
    - Career guidance;
    - Identify skills and qualification gap;
    - Identify support and next steps;
- Apprenticeships (level 2-7) which include, as required, English and maths;
- For those below level 2, sector specific training, which will be co-designed with the employers and where appropriate cover mandatory training aspects for example the mandatory care certificate;
- Basic skills, including, where needed maths, English and ESOL contextualised to the sector;
- Work experiences / visits;
- Career coaching.

Where we are engaging with employers to deliver the apprenticeship section, large employers who are eligible to pay the apprenticeship levy will be able to use this levy to fund the apprenticeship delivery, therefore reinvesting their payment back into their workforce. For those employers who sit outside the apprenticeship levy, then we will be able to access apprenticeship money to pay 90% of the apprenticeship delivery costs for them, leaving the employer with only 10% contribution to be made to the delivery of the training to their staff. In short, as the larger employers will be paying into the Apprentice Levy, this part of the model ensures they see a return on that investment beneficial to them, and the sector. For the smaller employers, this part of the model will allow them to access a central pot of funding to upskill their workforce, for only a small investment.

NHS Partners have suggested exploring and considering, as part of this pilot, an innovative approach to address the restrictions caused by job banding within the NHS. There is currently a very strict pay progression route that is related to the posts within the NHS. By investigating the introduction of paying trainees/participants to take on sector related training roles as part of the in-sector training part, this barrier could be reduced.

The model also plans to give further added value to the sector in the way in which it will help to support the development of management practice whether that be, as covered above, discussing the introduction of trainee roles in the NHS, or helping to address issues in HR practices common to parts of the private sector which act as barriers to progression. It seeks to influence and change mindsets about whom to recruit and how to develop staff.

Service delivery – Timeframe

For those undertaking the apprenticeship section of the model

Development of personalised training plan	2 weeks consisting of 1 IAG session and 1 follow-up session

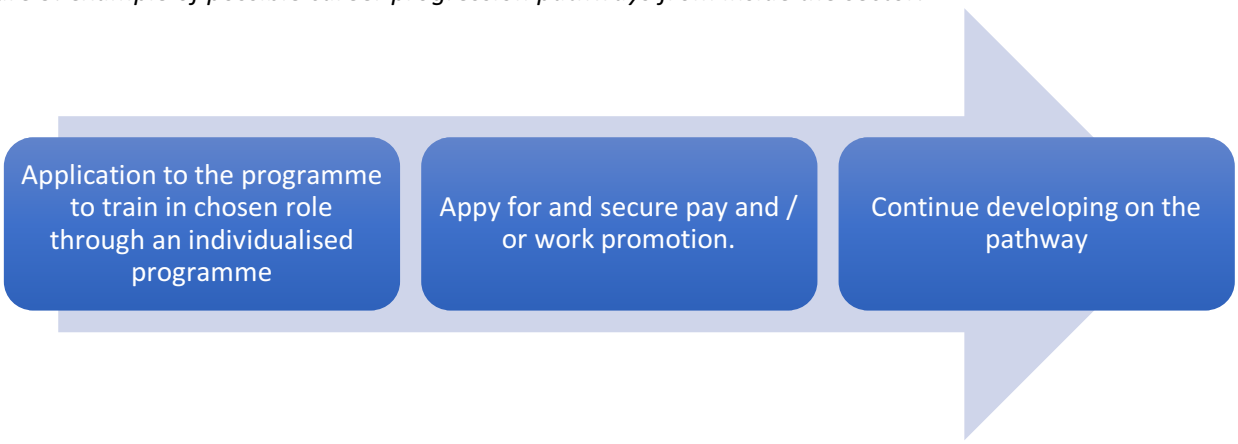
Apprenticeship delivery (including Maths and English as appropriate)	Minimum of 1 year and 1 day, dependent on the level being studied.
Career coaching	Continuous through the programme and three months following completion.

For those undertaking the below level 2 section of the model

Development of personalised training plan	2 weeks consisting of 1 IAG session and 1 follow-up session
Sector specific training, including mandatory training aspects and basic skills, including, where needed maths, English and ESOL contextualised to the sector	15 weeks
Career coaching	Continuous through the programme and three months following completion.

Progression - For those in the sector, progression will be improved career prospects, improved pay and recruiting successful candidates back into the programme as mentors (Figure 5)

Figure 5: example of possible career progression pathways from inside the sector:



Progression is defined in the following ways:

Type of Progression	Outcome / Impact from Programme
The ability to apply for new roles in the health sector	By being able to meet the criteria for application through the acquisition of new skills and confidence.
Gaining a job in the health and care sector and gaining access to career pathways	Starting a career pathway giving better progression and social mobility opportunities and moving towards independence from or reduced reliance on benefits.
Work experience in a new role in the health and care sector.	Gaining valuable work experience for future applications to work in the sector, moving towards a new career pathway in the heath and care sector
Increased earnings	Independence from or reduced reliance on benefits.
Moving onto further sector based training	Enrolling on a further course, in order to further improve prospects.

It is important to reiterate and note that there is a barrier to application for new roles within the NHS linked to the banding and a very strict pay progression route. In order to progress to further bands, staff need to meet the appropriate criteria and qualifications. Working with the Chief Executive of Cambridgeshire Community Services NHS Trust, this unique model will challenge the traditional pay and work progression routes in the NHS, by exploring the introduction of paying trainee/participants to take on sector related training roles.

Outcomes and Impact

The projected impact of this initiative will be to see an increase in pay and career progression for those participating in the programme. It is expected to see 80% retention for those engaged in the programme.

Table 3: Intended outcomes and impact of the Innovation Pilot

Outcomes	Impact
Increased earnings	Independence from or reduced reliance on benefits.
Access to career pathways	Better progression and social mobility opportunities. For example, a new job role or engaged in the recruitment process.
Moving onto further sector based training	Enrolling on and completion of a further course (which may not have been completed by the end of this pilot). A more productive health sector.
Improved local skills base	A stronger local skills base.
Creation of skills pipeline	Stronger partnership working between health and care sector and employment services.
Improved well-being	Improved social and wellbeing outcomes.
Improving social capital	The ability to create relationships and connections and therefore building networks to support employment success.
Robustly evaluated pilot programme	A robustly evaluated model of sector-focused career progression.

In addition, it will form part of a wider strategy to develop the local health and care workforce across all levels. The strategy is to be developed by the Health and Care Local Workforce Action Board, enabling long term sustainability.

Programme Management and Delivery

With the high level of buy in and number of key stakeholders involved, this programme will benefit from being managed and delivered from within the Authority with specialist areas sub-contracted. The Local Authorities have recognized strengths in these areas (Ofsted, 2016 and 2017) and it will allow for the facilitation of a mixed strategy approach. There is also an infrastructure and expertise within the Local

Authorities for direct delivery and the sub-contracting of provision. In addition, both authorities hold the MATRIX award for impartial information, advice and guidance and the quality of this work has been ratified by Ofsted inspection reports (2011 &2016).

Therefore, there is no payment model for this program as it is being delivered in-house as covered above. However, we will ensure we align the 6-month process evaluation to consider if this is the most effective approach, if initial analysis is unfavorable.

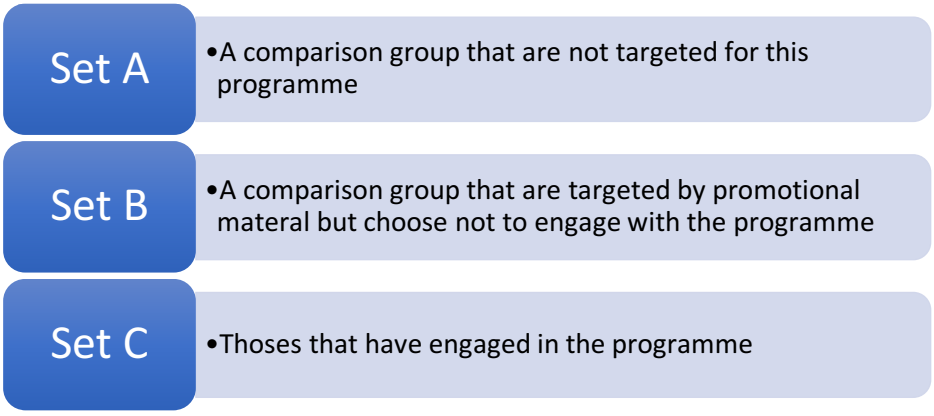
EVALUATION AND GOVERNANCE

Monitoring and Evaluation

Monitoring and evaluation of this pilot will be set up from the start and will continue throughout, with a process evaluation 6 months in; to check the different parts of the programme are functioning as expected. Following on from this, a yearly evaluation will take place, with a further evaluation a year after the programme to capture some longer-term effects.

The initiative will be subject to a robust evaluation with separate comparison groups identified for the model. Similar programmes have been effectively assessed using Propensity Score Matching methods (Gaspar and Henderson, 2014). However, the precise mechanics of the evaluation will be informed by ongoing discussion with the What Works Centre for Local Economic Growth. In initial discussion with the Director of the Centre (Prof Henry G. Overman), we have explored how 3 comparison groups could be identified for the evaluation of the programme (see Figure 6 below).

Figure 6: Possible comparison groups for evaluation



By setting up three comparator groups and collecting information on this, it will allow an evaluation that will identify the impact of the interventions of the programme. Prof Overman has offered to support the designing of this evaluation plan if needed.

A budget has also been assigned for expert technical support with evaluation.

Monitoring data and evaluation will be provided by the following:

Those outside of the sector

- In principle, data sharing with the Department for Work and Pensions (DWP) for the comparison group could be available based on current data arrangements for the 'Working Capital' pilot in London. This is currently being explored by the DWP.

- We will also apply for access to data from the Administrative Data Research Network who facilitate access to data for research and evaluation.

Those already in the sector

- NHS HR, subject to ethical requirements being met.

- Other businesses engaging in the programme.

Evaluation will begin at the start of the programme by collecting core information about participants to allow a baseline measure, and then an assessment of the individual's distance travelled whilst on and after the programme.

The West of England Combined Authority are also looking to run an in-work progression pilot. Their model will be very different to this one for Cambridgeshire and Peterborough. Cambridgeshire and Peterborough is a sector based approach for the Health and care sector, whilst the West Country will focus on a targeted community (Housing benefit). Of course each pilot will be based in a different geographical region (the west and the east). We have both however, committed to coming together to evaluate both models successes and share best practice.

Governance

Governance for this programme will sit with the Cambridgeshire and Peterborough Health and Care Local Work Force Action Board. This Board consists of senior people from across the Health and Care Sector, membership shown in Appendix C.

There will be a reporting line into the Authorities' Health and Wellbeing Board/Delivery Board and a Steering Group will be made up of key partners that have been engaged in and who are sponsoring this pilot (as shown in Appendix D). We also recognise that the newly-formed Combined Authority will hold ultimate accountability for the Pilot, and appropriate oversight will be established in due course.

Figure 7: Diagram of governance and for the Innovation Pilot

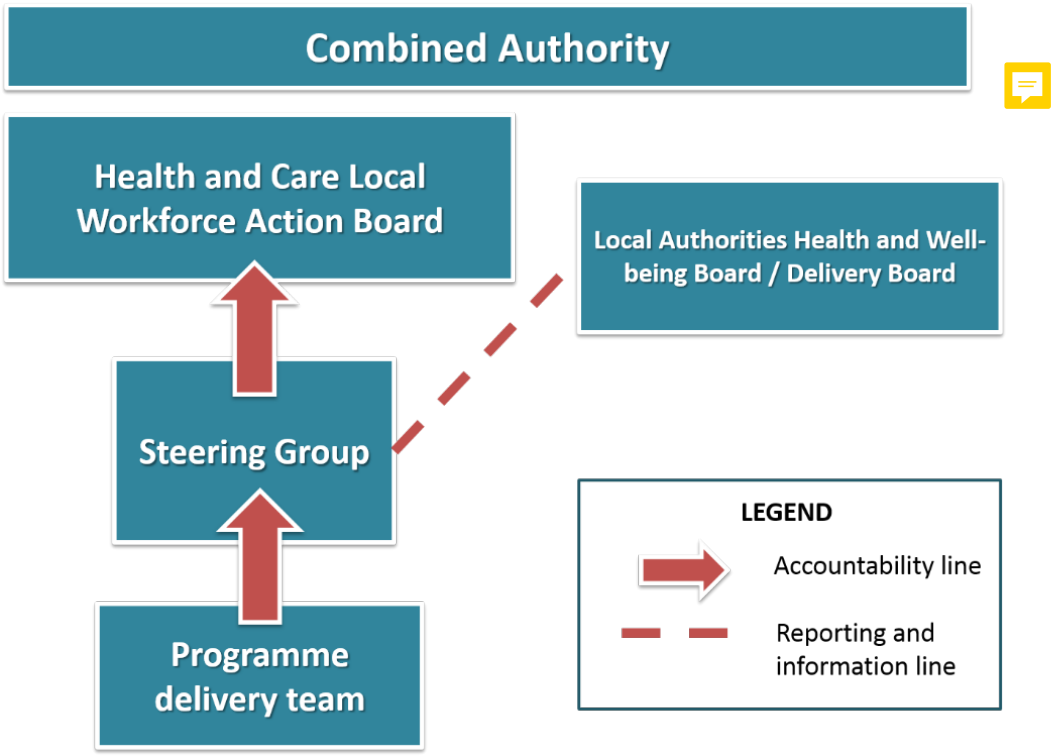


Table 4: Responsibilities and membership of Governance Bodies

Body	Responsibility	Membership
Combined Authority	Overarching accountability for all devolution activities.	Senior leaders and executives of the Combined Authority Area.
Health and Care Local Workforce Action Board	Governance to ensure integration with Local workforce needs and organisations.	Senior leaders from across the health and care sector (See Appendix C).
Local Authorities' Health and Well-being Board / Delivery Board	To hold a reporting line and inform/advise the project.	Multi-agency Senior leaders and officers from the Local Authority Areas.
Steering Group	Accountability for delivering the programme core objectives, ensuring quality and delivery within budget.	Senior leader and officers of key stakeholder group. (Appendix D)
Programme Delivery Team	Management of the day-to-day operations	Officers, managers, co-ordinators and programme deliverers.

SCALING UP OF THE MODEL

This model could be scaled up and be extended to other sectors that have low pay, low skilled employment and be developed into sustainable career and pay pathways, for example, the Childcare and Education Sector with a route from childcare into teaching.

COSTINGS

This Innovation Pilot is costed to carry out initial screening of 1428 potential participants to give total cohort starts of 1050 participants across both parts of the delivery models. The cost of this programme to the Innovation Pilot will be £2.606m but will draw down on other services and skills / apprenticeship interventions to a value of around £1.008m. This gives an average cost per client, to the Innovation Pilot of £2,482 and a total intervention average cost per client of £3,442, giving an added value per participant of £960 (see Table 4 below).

In addition to the Innovation Pilot funding and other interventions measured above, this model will also draw on a range of local services including:

- The DWP
- The LEP
- Local Authority services, including Adult Education

Table 5: Pilot costs

Item	Cost
Delivery Costs	£4,470,268.00
Overheads	£670,540.20
Evaluation and Audit	£70,000.00
Innovation Pilot Total Cost	**£5,210,808.20**
Cost per participant (Innovation Pilot Costs)	**£2,481.34**
In-kind contribution*	£2,007,388.00
Total Cost	£7,218,196.20
Cost per participant (Total Costs)	£3,437.24
Added value per participant	£955.90

Breakdown of costs provided in Appendix E

Delivery costs include all direct costs borne by the Delivery Team (see Figure 7 above).

Overheads, including management and administration, are set at 15% of the delivery costs as per programmes funded by SFA and other funders.

Evaluation and audit is a fixed cost based on expert advice and experience gained through similar programmes.

*In-kind contributions include:

- SFA payments for additional English and Maths skills;
- Employers drawing down apprenticeship levy;
- Employer contribution to apprenticeships (from non-levy paying employers);
- Free venue hire;
- Volunteer hours, eg health ambassador visits and board attendance;
- Employer time for visits, work experience and interviews;
- Partner agency time and resources;
- Board and Steering Group meetings, time and resources.

All costs are inclusive of a 15% optimism bias other than in-kind costs (excluding Employment and SFA costs which are known) which are inclusive of a 40% optimism bias.

Benefits

Benefit data was conservatively calculated using the NEM Unit Cost Database only for measures:

- Apprenticeship Level 2 qualification
- Apprenticeship Level 3 qualification
- Average cost of service provision for adults suffering from depression and/or anxiety disorders per person per year

No monetised benefits relating to increases in skills and income, or reductions in benefit payments, have been included for the 1,000 participants currently unemployed or working in low skilled jobs outside of the health sector or those 500 participants currently working within the sector and receiving pre-Level 2 training. Whilst no evidence can currently be found to support such calculation it is thought that the benefits accrued through these work streams would be significant from both fiscal and economic perspectives.

For those benefits that have been included, up-to-date information from existing, comparable initiatives has been used to calculate engagement, retention, completion and deadweight rates. The deadweight for completion of Level 2 and Level 3 Apprenticeships has been calculated using the percentage of 19-64 year olds completing each in 2014-15 across Cambridgeshire and Peterborough. The age range 19-64 has been selected because the focus of this programme is on individuals currently working or unemployed, as opposed to those pursuing an Apprenticeship as a continuation of their academic studies. In 2014, 0.5% of the Cambridgeshire and Peterborough population aged 19-64 completed a Level 2 Apprenticeship and 0.4% of this population group completed a Level 3 Apprenticeship (Department for Education and Skills Funding Agency 2017, Office for National Statistics 2016). These percentages have been used as deadweights and applied to the relevant cohorts when calculating fiscal and economic benefits.

Based on live statistics from current initiatives, and the Greater Manchester Working Well programme, it is assumed that 60% of participants will be experiencing mental health challenges, that the impact will be 75%, and that the deadweight associated with this cohort is 25%.

Cost Benefits Analysis

A Cost Benefit Analysis has been conducted over a 10 year modelling period. Discounting has been applied at 3.5% as prescribed by The Green Book (HM Treasury 2011).

The costs associated with Apprenticeships have been removed from the fiscal calculation as this is provided by the private sector via the Apprenticeship Levy, leaving only the cost to the public purse. The whole cost associated with Apprenticeships has been included in the public value calculations to account for opportunity costs.

Cost Benefit Analysis results are outlined in Table 6 over.

Table 6: Cost Benefit Analysis

Item	Finding
Net Present Value (Net Present Benefits - Net Present Total Costs)	£29,468,022
Payback (Point at which Net Present Fiscal Benefits > Net Present Fiscal Costs)	8 years
Net Present Budget Impact (Net Present Fiscal Costs - Net Present Fiscal Benefits)	-£2,268,633.72
Financial Return on Investment (Net Present Fiscal Benefits / Net Present Fiscal Costs)	1.33
Net Present Public Value (Net Present Public Benefits - Net Present Fiscal Costs)	£20,392,586.05

(See Appendices E-G for full CBA calculation tables).

The Net Present Value of this pilot has been calculated to be £29,468,022.00 over a 10 year period. That is to say that the economic and fiscal benefits realised as a result of this pilot, over a 10 year period, will outweigh the total costs of the pilot by £29,468,022.00 as calculated allowing for discounting over that period.

The Payback period (the point at which the fiscal benefits of the pilot outweigh the fiscal costs) will be 8 years.

Over a 10 year period the public sector will directly gain £2,268,633.72 more in fiscal benefits (via savings and taxation) than it spends on this project, allowing for discounting. This is known as the Net Present Budget Impact.

That means that for every £1 the public sector spends on this project it will see a return of £1.33, a net benefit of 33%.

Society at large will also experience economic benefits via growth in the local economy. When comparing these benefits to the fiscal costs it can be seen that there will be a Net Present Public Value attached to this pilot of £20,392,586.05.

When considering purely the public sector funding provided specifically for this pilot, i.e. without in-kind contributions, it can be seen that for every £1 invested in this programme there will be a return of £7.13 consisting of a £1.80 return to the public purse and a £5.33 benefit experienced but the local economy.

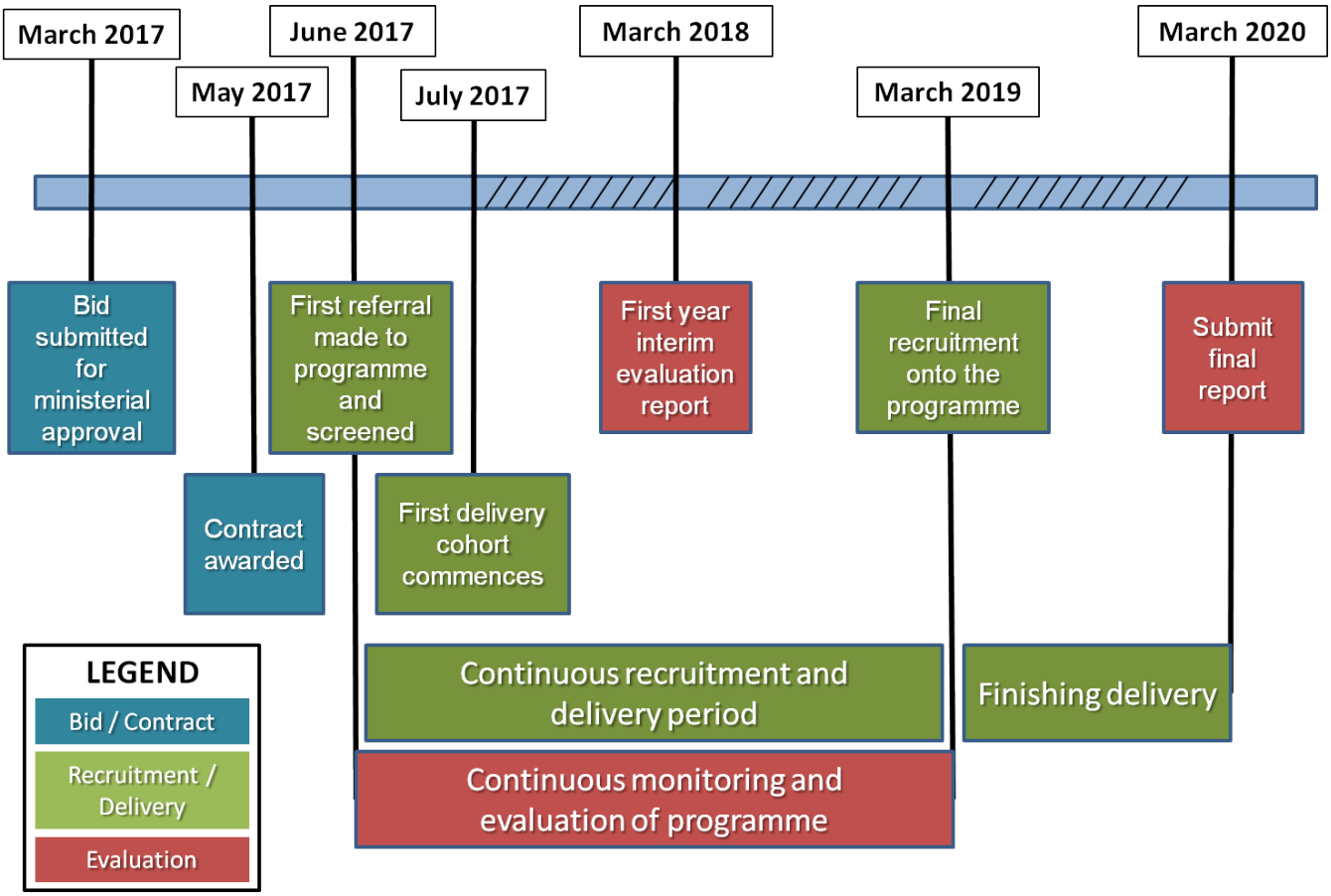
- Total net present benefits / Net present costs related to funding for the pilot = 7.13
- Total net present fiscal benefits / Net present costs related to funding for the pilot = 1.80
- Total net present public benefits / Net present costs related to funding for the pilot = 5.33

In addition, by the end of the pilot, 598 residents of Cambridgeshire and Peterborough will have achieved an Apprenticeship Level 2 or 3 who would not have done so, had this pilot not been in place (this is the number of participants expected to complete apprenticeships minus the associated deadweight).

TIMELINE

The timeline below (Figure 8) is proposed for delivery of this project. This time line is based on the assumption of ministerial decision being made in March and contract issued for delivery in May. This timeline can be expanded accordingly.

Figure 8: Timeline of Innovation Pilot (earliest case possible)



REFERENCES

Burning Glass International, 2017. Labour Insight Jobs. Accessed by the Local Enterprise Partnership on 16 January 2016.

Corlett, A. (2016) 'Paved with gold? Low pay and the National living Wage in Britain's cities' London: Resolution Foundation

Department for Business Innovation and Skills, Department for Education (2016) *Post-16 Skills Plan.* Available at: https://www.gov.uk/government/publications/post-16-skills-plan-and-independent-report-on-technical-education Accessed on 18 January 2017.

Department for Communities and Local Government (2015) *English indices of Multiple Deprivation Statistical release.* Available at: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015 Accessed on 17 January 2017.

Department for Communities and Local Government (2015) *Indices of Deprivation 2015 explorer*. Available at: http://dclgapps.communities.gov.uk/imd/idmap.html Accessed on 17 January 2017.

Department for Education and Skills Funding Agency (2017) FE Data Library: Apprenticeships. Available at: https://www.gov.uk/government/statistical-data-sets/fe-data-library-apprenticeships Accessed on 17 February 2017.

Department of Health (2015) *Caring for our future: reforming care and support.* Available at: https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support Accessed on 18 January 2017.

Department for Business Innovation and Skills, Department for work and pensions (2011) *Building Engagement, Building Futures: Our Strategy to Maximise the Participation of 16-24 Year Olds in Education, Training and Work.* Available at: https://www.gov.uk/government/publications/building-engagement-building-futures Accessed on 18 January 2017.

Gasper, J. & Henderson, K. (2014). *Sector-Focused Career Centers Evaluation: Effects on Employment and Earnings After One Year.* New York: New York City Center for Economic Opportunity.

Hendra, R., Riccio, J., Dorsett, R., Greenberg, D., Knight, G., Phillips, J., Robins, P., Vegeris, S. & Walter, J. (2011). *Breaking the low-pay, no-pay cycle: Final evidence from the UK Employment Retention and Advancement (ERA) demonstration.* London: DWP. In Sissons, P., Green, A., & Lee, N. (2016). *Supporting progression in growth sectors: A review of the international evidence.* Wales: Public Policy Institute for Wales.

HM Treasury (2011) *The Green Book: Appraisal and Evaluation in Central Government.* London: TSO Available at: https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent Accessed on 25 January 2017.

HM Treasury, Public Service Transformation Network, New Economy (2014) *Supporting public service transformation: cost benefit analysis guidance for local partnerships.* HM Treasury. Available at: https://www.gov.uk/government/publications/supporting-public-service-transformation-cost-benefit-analysis-guidance-for-local-partnerships Accessed on 16 January 2017.

Maguire, S., Freely, J., Clymer, C., Conway, M. & Schwartz, D. (2010). *Tuning In to Local Labor Markets: Findings From the Sectoral Employment Impact Study.* Public/Private Ventures. Retrieved from: http://www.aspenwsi.org/wordpress/wp-content/uploads/TuningIntoLocalLaborMarkets.pdf. Accessed 4 April 2015.

Office for National Statistics (ONS) (2016) Statistical Bulletin: Population estimates for UK, England and Wales, Scotland and Northern Island: mid-year 2015. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/latest Accessed on 24 January 2017.

Office for Standards in Education (OFSTED) (2016) *Cambridgeshire County Council: Community learning and skills short inspection report.* Available at: https://reports.ofsted.gov.uk/inspection-reports/find-inspection-report/provider/ELS/50971 Accessed on 25 January 2017.

Office for Standards in Education (OFSTED) (2017*) City College Peterborough: Adult and Community Learning Inspection Report.* Available at: https://reports.ofsted.gov.uk/inspection-reports/find-inspection-report/provider/ELS/53865 Accessed on 25 January 2017.

Sissons, P., Green, A., & Lee, N. (2016). *Supporting progression in growth sectors: A review of the international evidence.* Wales: Public Policy Institute for Wales.

Stewart, M. (2007). *The interrelated dynamics of unemployment and low-wage employment.* Journal of Applied Economics*.* 22: 511-531. In: Sissons, P., Green, A., & Lee, N. (2016). *Supporting progression in growth sectors: A review of the international evidence.* Wales: Public Policy Institute for Wales.

Tessler, B. (2013). *WorkAdvance: Testing a new approach to increase employment advancement for low-skilled adults.* MDRC Policy Brief. Retrieved from: http://www.mdrc.org/sites/default/files/WorkAdvance_Brief.pdf [Accessed 20 January 2017]

UKCES Working Futures programme (2015) *The East of England workforce Databooks* Accessed at: https://www.gov.uk/government/statistics/labour-market-projections-for-the-east-of-england. Accessed on 20 January 2017.

APPENDIX A

Key Stakeholders who support the programme and who have been involved in the programme design.

Name	Position	Organisation
Pat Carrington	Innovation Pilot Lead Principal Assistant Director Adult Skills and Employment	The Cambridgeshire and Peterborough Combined Authority City College Peterborough Peterborough City Council
Matthew Winn	Chief Executive	Cambridgeshire Community Services NHS Trust
Paul Medd	Interim CEO Managing Director	Shadow Combined Authority of Greater Cambridgeshire and Peterborough Fenland District Council
Jo Lancaster	Executive Lead for Skills Managing Director	The Combined Authority of Greater Cambridgeshire and Peterborough. Huntingdon District Council
Dr Liz Robin	Director of Public Health	Cambridgeshire County Council and Peterborough City Council
Cll J R Holdich, OBE	Lead Leader for Skills Leader	The Combined Authority of Greater Cambridgeshire and Peterborough Peterborough City Council
Julia Nix	District Manager	JCP District Manager for the East Anglis
Caroline Adams	Relationship Manager	Department of Work and Pensions
Stella Cockeral	Skills Lead	Greater Cambridgeshire and Greater Peterborough Local Enterprise Partnership.
Tanya Meadows	Chair	Cambridgeshire and Peterborough Work Based Learning Provider Network
Lynsi Harward-Smith	Skills Lead	Cambridgeshire County Council
Breda Watson	Programme Manager for the Cambridgeshire and Peterborough Workforce Partnership Programme Coordinator for NHS England	Health Education East of England
Mary Brice	Care Business Development Manager	Cross Keys Homes (Representing the Private Care Sector)
Dr Paul Sissons	Senior Research Fellow	Centre for Business in Society, University of Coventry
Adrian Chapman	Service Director Adult Services and Communities	Peterborough City Council
Steve Bowyer	Chief Executive	Opportunity Peterborough

APPENDIX B
Case studies supplied by the local JCP

Alex

Alex had been in sustained self-employment as a carpenter but since being diagnosed with epilepsy he specifically could no longer work on building sites.
He claimed UC on 10th November 2016. His Work Coach, Pam explored other sectors with him and he was most interested in working in.

Pam set about arranging a work experience placement with a local restaurant and provision to get a Food Safety Certificate. Meanwhile, Alex attended the Jobcentre Workclub for support on tailoring his CV, jobsearching, interview skills, etc. Alex also began applying for jobs in care homes, as he had some historical experience in this sector, but he feared employers would not look past his health condition and he was very disheartened.

When a job as kitchen assistant came up in a local care home on 19th December, Pam decided to advocate for Alex. She rang Jo, the manager, and explained that Alex was keen and hardworking but a recent epilepsy diagnosis had knocked his confidence, would she meet him and see his value for herself? Jo was unfazed…"Fine, I'm actually an epilepsy nurse!" she told Pam, and agreed to an interview the next day. After this introduction, Alex let Pam know he had a second interview and had also been asked to complete the formal application form and DBS forms, which felt encouraging.

On 3rd January Alex was thrilled to tell Pam he had just signed his employment contract and was starting on his new career!

I'm really proud of Pam for working hard to support Alex towards the right career move, the right skills and ultimately the right employer.

Donald

Donald has been claiming JSA for over 2 years. He always seemed very reluctant in his job searching due to caring responsibilities for his mother. He could not claim carers allowance as she is not in receipt of the correct benefit rate.
I gave him the opportunity to complete a 4 week work experience placement at the Jobcentre. Although he was nervous to start with, it didn't take long for him to come out of his shell. His main job role was to support the front of house staff and claimants using the customer computers – helping those who were lacking in confidence with job searching, Universal Jobmatch and general internet skills. I noticed a difference in his appearance his engagement with people and colleagues really improved.
We updated Donald's CV with the new skills he had developed and were available to be a reference for him. I helped keep him up to date of new vacancies he could apply for, and we felt a role in care could be ideal. Donald applied and secured an interview for a care home. He was thrilled to be offered the job and couldn't thank us enough for our support.
He is now employed by Care UK, having completed his training. He will be working 4 nights per week and still be able to care for his mother during the day. He is over the moon

Appendix C

Cambridgeshire & Peterborough Health and Care Local Workforce Action Board Membership

NAME	SURNAME	ORGANISATION	ROLE
Jessica	Bawden	Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)	Director of Corporate Affairs
Rachael	Beard	The Pathology Partnership	HR Director
Jo	Bennis	Peterborough and Stamford Hospital NHS Foundation Trust (PSHFT)	Director of Nursing
Kathy	Bonney	Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)	Head of HR and OD
Melanie	Clements	Hinchingbrooke Health Care NHS Trust	Medical Director
Joanna	Cousins	Hinchingbrooke Health Care NHS Trust	Director of HR and OD
Ian	Crich	Peterborough and Stamford Hospital NHS Foundation Trust (PSHFT)	Director of Workforce and Organisational Development
Lucy	Dennis	Cambridge and Peterborough Workforce Partnership (CPWP)	Head of CPWP
Paul	Evans	Cambridgeshire County Council	Head of Workforce Development
Deirdre	Fowler	Hinchingbrooke Health Care NHS Trust	Director of Nursing
Diane	Gray	Cambridge and Peterborough Workforce Partnership (CPWP)	Performance Programme Manager
Claire	Gregory	Peterborough City Council	Workforce Development Manager
Arun	Gupta	Cambridge University Hospital	Director of Education
Elizabeth	Horne	Papworth Hospital	HR Director
Bill	Irish	Health Education East of England	Postgraduate Medical and Dental Dean
Graham	Jagger	National Patient Advisory Forum	PPV Partner
Stephen	Legood	Cambridge and Peterborough NHS Foundation Trust (CPFT)	Director of People and Business Development
Anita	Pisani	Cambridgeshire Community Services	Deputy Chief Executive and Director of Workforce and Service Redesign
David	Roberts	Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)	General Practitioner, Great Staughton Surgery
Ruth	Taylor	Anglia Ruskin University	Pro Vice Chancellor and Dean of the Faculty of Health, Social Care and Education
Matthew	Winn	Cambridgeshire Community Services	Chief Executive

Appendix D

Steering Group Membership (proposed)

Name	Position	Organisation
Pat Carrington	Innovation Pilot Lead Principal Assistant Director Adult Skills and Employment	The Cambridgeshire and Peterborough Combined Authority City College Peterborough Peterborough City Council
Matthew Winn	Chief Executive	Cambridgeshire Community Services NHS Trust
Jo Lancaster	Executive Lead for Skills Managing Director	The Combined Authority of Greater Cambridgeshire and Peterborough. Huntingdon District Council
Julia Nix	District Manager	JCP District Manager for the East of England
Stella Cockeral	Skills Lead	Greater Cambridgeshire and Greater Peterborough Local Enterprise Partnership.
Lynsi Harward-Smith	Skills Lead	Cambridgeshire County Council
Breda Watson	Programme Manager for the Cambridgeshire and Peterborough Workforce Partnership Programme Coordinator for NHS England	Health Education East of England
Mary Brice	Care Business Development Manager	Cross Keys Homes (Representing the Private Care Sector)
Tom Hennessey	Head of Economic Strategy and Partnerships	Opportunity Peterborough

NB Other individuals may be co-opted as and when required for their expertise and areas of specialism.

Appendix E

Breakdown of costs for Innovation Pilot

Cost Owner	Cost Type	Unit Cost	Volume	Total Programme Cost
C&P CA	IAG Advisor	£50.00	2858	£142,900.00
			Sub-total	**£142,900.00**
Delivery Stream 1 - Out of sector				
C&P CA	IAG Advisor	£50.00	1000	£50,000.00
C&P CA	Wrap around support bursaries	£1,000.00	600	£600,000.00
C&P CA	Sector specific training / Pre-level 2 training	£1,500.00	1000	£1,500,000.00
C&P CA	ESOL and English and Maths for Pre-level 2	£700.00	1000	£700,000.00
C&P CA	Careers coaching / IAG advisor	£276.00	450	£124,200.00
			Sub-total	**£2,974,200.00**
Delivery Stream 2a - In sector Level 2				
C&P CA	IAG Advisor	£50.00	350	£17,500.00
Apprenticeship Levy	Level 2 Apprenticeship	£1,500.00	350	£525,000.00
SFA	Additional English and Maths	£450.00	350	£157,500.00
C&P CA	Careers coaching / IAG advisor	£276.00	280	£77,280.00
			Sub-total	**£777,280.00**
Delivery Stream 2b - In sector Level 3				
C&P CA	IAG Advisor	£50.00	250	£12,500.00
Apprenticeship Levy	Level 3 Apprenticeship	£3,000.00	250	£750,000.00
SFA	Additional English and Maths	£450.00	250	£112,500.00
C&P CA	Careers coaching / IAG advisor	£276.00	188	£51,888.00
			Sub-total	**£926,888.00**

Delivery Stream 2c - In sector pre-Level 2				
C&P CA	IAG Advisor	£50.00	500	£25,000.00
C&P CA	Sector specific training / Pre-level 2 training	£900.00	500	£450,000.00
C&P CA	Additional English and Maths for Pre-level 2	£700.00	500	£350,000.00
C&P CA	Careers coaching / IAG advisor	£276.00	250	£69,000.00
C&P CA	Wrap around support bursaries	£1,000.00	300	£300,000.00
			Sub-total	**£1,194,000.00**
			C&P CA Delivery Sub-total	**£4,470,268.00**
	Programme Management			
C&P CA	Management and administration	£670,540.20	1	£670,540.20
C&P CA	Monitoring and evaluation	£70,000.00	1	£70,000.00
			C&P CA Programme Management Sub-total	**£740,540.20**
			C&P CA Total Costs	**£5,210,808.20**
Local Agencies, SFA and Apprenticeship Levy	In-kind costs	£2,007,388.00	1	£2,007,388.00
			Grand Total	**£7,218,196.20**

Cost assumptions

- Wrap around support bursaries - £1,000 bursary available to cover transport and childcare, assuming 60% take up.
- Delivery Stream 1 Sector specific training / Pre-level 2 training - based on 20 weeks, including 'Introduction to Health service'.
- Delivery Stream 2c Sector specific training / Pre-level 2 training - based on 15 weeks.

- Additional ESOL, English and Maths – as needed per individual but costs included for 100% uptake.
- Overheads – at 15% of C&P CA Delivery Costs.
- Careers coaching / IAG advisor - assuming £60 per session, for 4 sessions including management costs.
- Costs were subjected to Green Book discounting rates in all calculations.

Appendix F

Breakdown of benefits

Benefit Type	Total
Fiscal Benefits	£10,986,216.00
Public Benefits	£32,564,163.00
Total Benefits	£43,550,379.00

Benefit Assumptions

Benefits include:

- Apprenticeship Level 2 qualification
- Apprenticeship Level 3 qualification
- Average cost of service provision for adults suffering from depression and/or anxiety disorders per person per year

Benefits have been sourced from the NEM Unit Cost Database and subjected to Green Book discounting rates and deadweight in all calculations.

Fiscal Benefits

Benefit Type	Outputs Year 1	Outputs Year 2	Outputs Year 3	Fiscal Benefits Per Annum	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Apprenticeships Level 2	0	174	174	£857.00	£0.00	£149,118.00	£298,236.00	£298,236.00	£298,236.00	£298,236.00	£298,236.00	£298,236.00	£298,236.00	£298,236.00	£2,535,006.00
Apprenticeships Level 3	0	125	125	£1,515.00	£0.00	£189,375.00	£378,750.00	£378,750.00	£378,750.00	£378,750.00	£378,750.00	£378,750.00	£378,750.00	£378,750.00	£3,219,375.00
Mental Health	0	315	315	£977.00	£0.00	£307,755.00	£615,510.00	£615,510.00	£615,510.00	£615,510.00	£615,510.00	£615,510.00	£615,510.00	£615,510.00	£5,231,835.00
Total					£0.00	£646,248.00	£1,292,496.00	£1,292,496.00	£1,292,496.00	£1,292,496.00	£1,292,496.00	£1,292,496.00	£1,292,496.00	£1,292,496.00	£10,986,216.00

Economic Benefits

Benefit Type	Outputs Year 1	Outputs Year 2	Outputs Year 3	Economic Benefits Per Annum	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Apprenticeships Level 2	0	174	174	£1,316.00	£0.00	£228,984.00	£457,968.00	£457,968.00	£457,968.00	£457,968.00	£457,968.00	£457,968.00	£457,968.00	£457,968.00	£3,892,728.00
Apprenticeships Level 3	0	125	125	£2,097.00	£0.00	£262,125.00	£524,250.00	£524,250.00	£524,250.00	£524,250.00	£524,250.00	£524,250.00	£524,250.00	£524,250.00	£4,456,125.00
Mental Health	0	315	315	£4,522.00	£0.00	£1,424,430.00	£2,848,860.00	£2,848,860.00	£2,848,860.00	£2,848,860.00	£2,848,860.00	£2,848,860.00	£2,848,860.00	£2,848,860.00	£24,215,310.00
Total					£0.00	£1,915,539.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£32,564,163.00

Appendix G

Further details on Cost Benefit Analysis

Cost Type	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Total Costs	£2,887,278.48	£2,887,278.48	£1,443,639.24	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£7,218,196.20
Pilot Cost	£2,084,323.28	£2,084,323.28	£1,042,161.64	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£5,210,808.20
Fiscal Costs (Total Costs - Employer Apprenticeship Contribution)	£2,825,478.48	£2,825,478.48	£1,412,739.24	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£7,063,696.20
Discounting Ratio	1	0.9962	0.9335	0.9019	0.8714	0.8419	0.8135	0.786	0.7594	0.7337	
Net Present Total Costs (Total Costs x Discounting Ratio)	£2,887,278.48	£2,876,306.82	£1,347,637.23	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£7,111,222.53
Net Present Pilot Costs (Pilot Costs x Discounting Ratio)	£2,084,323.28	£2,076,402.85	£972,857.89	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£5,133,584.02
Net Present Fiscal Costs (Fiscal Costs x Discounting Ratio)	£2,825,478.48	£2,814,741.66	£1,318,792.08	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£6,959,012.22

Benefit Type	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Fiscal Benefits	£0.00	£646,248.00	£1,292,496.00	£1,292,496.00	£1,292,496.00	£1,292,496.00	£1,292,496.00	£1,292,496.00	£1,292,496.00	£1,292,496.00	£10,986,216.00
Public Benefits	£0.00	£1,915,539.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£32,564,163.00
Total Benefits	£0.00	£2,561,787.00	£5,123,574.00	£5,123,574.00	£5,123,574.00	£5,123,574.00	£5,123,574.00	£5,123,574.00	£5,123,574.00	£5,123,574.00	£43,550,379.00
Discounting Ratio	1	0.9962	0.9335	0.9019	0.8714	0.8419	0.8135	0.786	0.7594	0.7337	
Net Present Fiscal Benefits (Fiscal Benefits x Discounting Ratio)	£0.00	£643,792.26	£1,206,545.02	£1,165,702.14	£1,126,281.01	£1,088,152.38	£1,051,445.50	£1,015,901.86	£981,521.46	£948,304.32	£9,227,645.94
Net Present Public Benefits (Public Benefits x Discounting Ratio)	£0.00	£1,908,259.95	£3,576,311.31	£3,455,249.25	£3,338,401.37	£3,225,384.57	£3,116,581.95	£3,011,227.31	£2,909,320.63	£2,810,861.93	£27,351,598.27
Net Present Benefits (Total Benefits x Discounting Ratio)	£0.00	£2,552,052.21	£4,782,856.33	£4,620,951.39	£4,464,682.38	£4,313,536.95	£4,168,027.45	£4,027,129.16	£3,890,842.10	£3,759,166.24	£36,579,244.22

Cost Benefit Analysis Calculations	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Discounting Ratio	1	0.9962	0.9335	0.9019	0.8714	0.8419	0.8135	0.786	0.7594	0.7337	
Net Value (Total Benefits - Total Costs)	-£2,887,278.48	-£325,491.48	£3,679,934.76	£5,123,574.00	£5,123,574.00	£5,123,574.00	£5,123,574.00	£5,123,574.00	£5,123,574.00	£5,123,574.00	£36,332,182.80
Net Present Value (Net Value x Discounting Ratio)	-£2,887,278.48	-£324,254.61	£3,435,219.10	£4,620,951.39	£4,464,682.38	£4,313,536.95	£4,168,027.45	£4,027,129.16	£3,890,842.10	£3,759,166.24	**£29,468,021.68**
Net Budget Impact (Fiscal Costs - Fiscal Benefits)	£2,825,478.48	£2,179,230.48	£120,243.24	-£1,292,496.00	-£1,292,496.00	-£1,292,496.00	-£1,292,496.00	-£1,292,496.00	-£1,292,496.00	-£1,292,496.00	-£3,922,519.80
Net Present Budget Impact (Net Budget Impact x Discounting Ratio)	£2,825,478.48	£2,170,949.40	£112,247.06	-£1,165,702.14	-£1,126,281.01	-£1,088,152.38	-£1,051,445.50	-£1,015,901.86	-£981,521.46	-£948,304.32	**-£2,268,633.72**
Net Public Value (Public Benefits - Total Costs)	-£2,887,278.48	-£971,739.48	£2,387,438.76	£3,831,078.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£3,831,078.00	£25,345,966.80
Net Present Public Value (Net Public Value x Discounting Ratio)	-£2,887,278.48	-£968,046.87	£2,228,674.08	£3,455,249.25	£3,338,401.37	£3,225,384.57	£3,116,581.95	£3,011,227.31	£2,909,320.63	£2,810,861.93	**£20,240,375.74**
Cumulative Net Present Fiscal Costs	£2,825,478.48	£5,640,220.14	£6,959,012.22	£6,959,012.22	£6,959,012.22	£6,959,012.22	£6,959,012.22	£6,959,012.22	£6,959,012.22	£6,959,012.22	
Cumulative Net Present Fiscal Benefits	£0.00	£643,792.26	£1,850,337.27	£3,016,039.42	£4,142,320.43	£5,230,472.81	£6,281,918.31	£7,297,820.16	£8,279,341.63	£9,227,645.94	
Payback (when Cumulative Net Present Fiscal Benefits > Cumulative Net Present Fiscal Costs)	-£2,825,478.48	-£4,996,427.88	-£5,108,674.95	-£3,942,972.81	-£2,816,691.79	-£1,728,539.41	-£677,093.91	**£338,807.94**	£1,320,329.40	£2,268,633.72	

Appendix H

Letter of Support from the Chief Executive Cambridgeshire Community Services NHS Trust.

NHS
Cambridgeshire
Community Services
NHS Trust

Unit 3, Meadow Park
Meadow Lane
St Ives
PE27 4LG
Tel: 01480 308 222
Fax: 01480 308 234

Direct Dial: 01480 308 223
Email: matthew.winn@nhs.net
Website: www.cambscommunityservices.nhs.uk

Date: 23 February 2017

Pat Carrington
Assistant Director Skills and Employment
Peterborough City Council
Brook Street
Peterborough
PE1 1TU

Dear Pat

Re: Innovation Pilot Bid

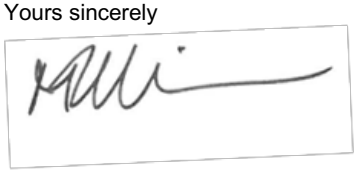
As the Chief Executive lead for workforce and training on behalf of all NHS Trusts in Cambridgeshire and Peterborough I am very pleased to fully support this bid and its implementation. All of the NHS Trusts are interdependent with social care colleagues and therefore any developments that result in local residents being upskilled and supported into better paid work in health or social care are strategically important to us all.

Cambridgeshire Community Services NHS Trust will play its full part in ensuring the pilot gets off the ground and links health employment opportunities for the communities we are targeting.

The project will be governed and held to account through the Local Workforce Action Board, which I chair. This brings together both top tier councils, higher education leaders and all health care providers and provides strategic leadership and oversight to training and education issues in the local area. This will also provide the forum through which other NHS organisations will get on board and mainstream the bid approach in their organisations too.

I look forward to the success of the bid and to helping implement this vitally important initiative in some of our most marginalised and challenged communities

Yours sincerely



Matthew Winn
Chief Executive