Health & Work Outcomes
Update on Health-led Trials in the UK

Stephen Bevan
Head of HR Research Development, Institute for Employment Studies
Honorary Professor, Lancaster University

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Health-led trials

**What are we doing?**

Designing and delivering two large-scale randomised control trials:
- Working with two devolution areas – Sheffield City Region & W Mids Combined Authorities – building on learning from an IPS trial in Islington
- Running over two & a half years from Jan 18 to March 2020
- Involving a combined total of almost 12,000 participants

**Why are we doing it?**

Building on the promising evidence of IPS to test:
- Whether health-led interventions can improve health & employment outcomes at the same or less cost than current services
- Whether the IPS principles can be applied to different cohorts (mental & physical health/in-work & out of work)
- How this can be delivered at scale & across different geographies

**How are we doing it?**

Working collaboratively with a broad range of partners to:
- Co-design the trial with stakeholders from local govt, CCGs, GP leads, service users and JCP
- Lead a national evaluation to input into the trial & research design & to evaluate impact, process & economic outcomes
- Share learning as we progress the work to inform thinking about scalability and sustainability
Research Questions

- What impact, if any, does the provision of IPS type services to the selected client groups, have upon attaining and sustaining employment?

- What impact, if any, does the provision of IPS type services to the selected client groups, have upon the self-reported health, the self-management of health and wider wellbeing?

- What costs are incurred and what benefits arise (in respect of health, employment and wellbeing) from the provision of IPS type services to the selected client groups?

- How are any impacts of the trials upon sustained employment, and health, achieved? What is the causal pathway to the impacts that are achieved?
High-level aim of Health-led Trial Evaluation

To deliver a high quality and replicable evaluation of the health-led trials which enables policy-makers and local multi-agency stakeholders to assess their success against three overarching and related research questions:

**Impact**
What is the magnitude & nature of the impact of the trial interventions (compared with BAU/Usual Care) on the main health & employment outcomes among trial participants?

**Process**
What are the ‘process’ components of the trial design & execution at local level which contribute most to any positive health & employment outcomes measured in the evaluation?

**Economic**
What is the economic utility of the trial interventions, over & above BAU/Usual Care, including an assessment of the ‘whole system’ costs and benefits across agencies & stakeholders?

Subsidiary research questions:
If the trials yield observable & statistically significant differences in health & employment outcomes among participants:
- Which aspects of the interventions have most explanatory power, in what circumstances & for which sub-groups?
- Are there distinctive ‘process’ factors which appear to have enhanced or inhibited this effect?
- Has the observed impact been achieved in a cost-effective manner a) within each trial, b) across the ‘system’ and c) in the medium to long term?
- What lessons across the impact, process and economic components of the evaluation can inform future decisions about the scalability, replicability and transferability of the trial interventions in other settings?

System ToCs: eg HCPs & Employers

Theory of Change

SCR Theory of Change → W Mids Theory of Change

Components of Evaluation Design
Including: Site-level research questions; refined set of outcome measures & data collection tools; IG & IM procedures & protocols; randomisation procedures & tools; consent procedures; referral pathways & guidance; guidance material for local staff, HRA applications
The Evaluation - Overview

- This will be the world’s largest IPS trial
- Includes **impact** evaluation, **process** evaluation and **economic** evaluation
- We are interested in both **health** & **employment** outcomes
- Multiple stakeholder involvement (GPs, employment advisors, employers)
What makes this trial distinctive?

- The impact, process & economic elements
- The use of IPS with such a large number of participants with common mental health problems, with MSK problems and a small in-work group
- Its recognition that work can have therapeutic benefits & that self-management at work might be improved
- Its potential to inform policy & practice (on transferability, scale, costs & benefits, on referral pathways, stakeholder collaboration, data sharing etc)
Further information

www.employment-studies.co.uk

Stephen.bevan@Employment-studies.co.uk

@StephenBevan