

Report to :	HEALTH AND WELLBEING BOARD
Date :	12 November 2015
Executive Member / Reporting Officer:	Damien Bourke, Assistant Executive Director (Development, Growth and Investment)
Subject :	WORKING WELL UPDATE
Report Summary :	The Working Well pilot has been live since March 2014 in Greater Manchester. This report provides an update of successful progress on the pilot and integration between work, skills and health. The report also sets out wider health and work initiatives and the expansion of Working Well in 2016.
Recommendations :	<p>The Health and Wellbeing Board are recommended to:</p> <ol style="list-style-type: none"> 1. Note the progress of Working Well so far; 2. Consider the opportunities for the expansion of Working Well in 2016 including supporting development of a health referral route.
Links to HWB Strategy :	The Working Well programme contributes to the Health and Wellbeing Strategy particularly through Priority 4 - <i>Working Well - Creating Fair Employment For All</i> and the Outcome – <i>Increased employment</i> .
Policy Implications :	Working Well is a key initiative for Greater Manchester as part of the public service reform programme. The successful delivery of the programme has been recognised through the Devolution Manchester Agreement and Working Well Expansion.
Financial Implications: (Authorised by the Section 151 Officer)	<p>There are no further contributions required from the Council for the Working Well expansion.</p> <p>The total Council contribution towards the pilot scheme is £119,309. Funding has been identified and is included in the revenue budget for Development, Growth and Investment. A recently signed Partnership Agreement will commit the Council to indemnify the Lead Authority in the event of any losses it may incur for the pilot scheme, as a result of a third party claim, along with the other nine authorities. Should this occur funding would need to be identified.</p>
Legal Implications: (Authorised by the Borough Solicitor)	It is important that any interventions and programmes are evidence based and performance is monitored in order that resources are applied where they deliver the best outcomes and value for money.
Risk Management:	Greater Manchester has set a target of 15% of those exiting the work programme entering and sustaining employment for 12 months. Failure to deliver programmes will impact negatively on future investment models and programmes of this type being agreed and implemented at the Greater Manchester level.

Access to Information :

The background papers relating to this report can be inspected by contacting David Berry, Project Lead, Employment and Skills by:



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1. INTRODUCTION

- 1.1 This report updates on progress on the current Working Well (WW) pilot and Phase 1 of the expansion from the existing 5,000 cohort to 15,000 across Greater Manchester (GM). Tameside Health and Wellbeing Board (and Implementation Group) received a report on Working Well in June 2014 and requested to be kept informed of progress annually. This report sets out opportunities in the expanded Working Well Programme that is scheduled to go live in February 2016.
- 1.2 The current Working Well pilot started in March 2014 to support Employment Support Allowance (ESA) Work Related Activity Group (WRAG) claimants who had spent two years unsuccessfully on the Work Programme into sustained employment. The scheme, which has been co-designed between GM and Government, has been built around a key worker model, giving providers the freedom to innovate and design services in the most effective and efficient way possible. By tackling the complex issues of the participants in a holistic way, it will benefit their employment, health and life chances, as well as helping to reduce the overall cost of key public service interventions. Demonstrating that this model can work is a key priority for GM as it has a direct impact on future decisions around commissioning the Work Programme or its successor. Integrating Working Well with health services has been challenging although many successes have been achieved to date. The Health and Wellbeing Board agreed a protocol in 2014 that has proved the basis of integration in the past year. The Working Well expansion provides a significant opportunity to develop integration at a faster pace on a larger scale.
- 1.3 Working Well has been successfully implemented and delivered so far in Tameside. The programme is being managed locally by a partnership Steering Group led by Damien Bourke (Assistant Executive Director Investment and Development). The role of the steering group is to understand progress and problem solve any blockages or barriers to the programme. The Steering Group includes representatives from Public Health, Clinical Commissioning Group and Pennine Care. At GM level the Working Well Pilot is led by Theresa Grant (Chief Executive Trafford Council). Two providers deliver the programme in GM Big Life (Salford, Trafford, Manchester) and Ingeus (Tameside and all other GM areas).

2. DELIVERY

- 2.1 The performance scorecard below sets out delivery in Tameside. Overall the programme is progressing well.

Table 1 (performance dashboard)

Performance scorecard	Tameside	Greater Manchester
Clients enlisted	335 (8%)	3945
Clients attached	280 (84%)	3414 (87%)
Baseline of how many clients should be in programme (+ is positive performance)	+22 (+7.11%)	-530 (-11.85%)
Job Starts (claimed)	10	152
Job Starts (claimed and unclaimed)	17	159
Clients attached within 30 days of referral	47%	47%

Note: The providers Ingeus and Big Life have claimed and unclaimed job starts. It may take a period of time to secure contracted documentation from employers and employees to submit as evidence of a job start (claimed).

2.2 The successes for the programme so far are set out in the bulleted list below:

- 17 clients in work in Tameside, this is in profile with the GM figure. Analysis shows that of the recorded job starts in GM the clients have taken on average 172 days from referral to employment.
- 3 clients in permitted work (permitted work enables the client to retain benefits and is a good marker for work readiness and progression).
- Overall 2 clients have taken up work experience placements with Tameside MBC improving their experience, skills and work readiness, both clients have secured employment with external organisations. This success can be built upon by all public sector organisations.
- Good performance in attaching clients within the 30 day target (47%).
- Acceptable performance in attaching clients compared to those enlisted – some clients are not engaging with the programme as they are awaiting a change of circumstances such as leaving the Work Related Activity Group to join the Support Group (meaning they will not be required to search for work as a condition of their benefit). Ingeus are currently in discussion with Jobcentre (Tameside) to co-locate in order to improve engagement with claimants who have not attended initial appointments.
- Continued positive engagement with housing providers in strengthening their operational involvement in the programme, including a specific named point of contact in every housing provider.
- Ingeus report that there are no current gaps in provision in Tameside, and continue to acknowledge the strong support provided by the Steering Group.
- Ingeus report good engagement with the following provision:
 - Tameside Psychological Well Being Service, Welfare Rights, Tameside Housing Advice, Cavendish Mill Women's Centre, St Anne's Learning Centre (adult skills).

2.3 The table below sets out information about employment barriers clients face when entering into the programme, bereavement has continued to be above the GM average.

Barrier	Tameside %	GM %
Mental Health	71%	68%
Physical Health	65%	62%
Bereavement	38%	26%
Skills	31%	33%
Work experience	28%	27%
Debt/finance	24%	24%

2.3 The short case study below illustrates how bereavement can act as a barrier to work. The Steering Group (including Pennine Care Mental Health) is reviewing how bereavement issues can be supported through existing or evolved services.

Case Study 1 - Bereavement

- Client (female, 50-60yrs) does not engage at appointments lethargic, uninterested and depressed.
- Family member (step) had died in a work related accident (over 10 years ago).
- Step family could not see the patient until they had passed leaving client feeling excluded.
- The client also suffered late term miscarriage.
- The client has had Cognitive Behavioural Therapy and counselling although feels that support can no longer help her and is not interested in anything else.
- Client has suffered from depression since childhood, has experienced domestic violence in previous relationships.
- Client has done permitted work (3hrs per week) for longer than the usual 52 weeks though struggles to attend as she needs to be accompanied leaving her home.
- Very disengaged and little interest in anything.

2.5 The Working Well cohort is complex and challenging due to the barriers experienced by the claimants. Recently the Tameside Steering Group has initiated bespoke pieces of work to address needs of the client base.

- Skills – 124 (47%) of our active cohort have no qualifications.
- Mental health – 159 (60%) of our active cohort have a mental health barrier (to work).
- Work readiness – 22 (8%) of our active clients have never worked while 61 (23%) have not worked in the last 11 years.

2.6 The Steering Group is continuing to design and deliver bespoke packages of support between Tameside College, Council Adult Community Education and Pennine Care for our clients. We are working with Ingeus to find innovative ways to engage this cohort to ensure they move closer to work readiness. An example of this are open days, group and one-to-one skills support at Learn at St Anne's, we are tailoring our offer to the client group to support engagement. Ingeus have also recently begun a small trial of the Big White Wall online resource to support people with mental health condition alongside existing services.

3. FOCUS ON HEALTH CONDITIONS

3.1 Based on GM the primary and secondary conditions for clients in the programme are set out below.

3.2 The primary health conditions of clients entering the programme (GM data) are:

- 25% Depression or low mood;
- 18% Anxiety disorders;
- 8% Problems with back;
- 6% Osteo – Arthritis;
- 5% Alcohol addiction.

3.3 The secondary health conditions of clients entering the programme (GM data) are:

- 21% Depression or low mood;
- 20% Anxiety disorders;
- 6% Problems with back;
- 4% Problems with legs;
- 3% Chest/breathing problems.

3.4 Only 38% of clients in the programme have confidence that they will be able to find and obtain work. Early indications show that being in the programme can have an impact on health management, whilst 25% of attached Working Well clients were not managing their health confidently on entry into the programme, this has now fallen to 22%. This provides

an early indication that the programme may be helping clients to become more confident about managing their health conditions. Also 16% of attached Working Well clients have seen some improvement in relation to mental health issues over the life of the programme.

- 3.5 The Working Well programme is supporting health management by patients. The case study below provides an example of a Tameside resident.

Case Study 2 – Health Management

Background

- Female, single, living alone.
- Started programme in July 2014.
- Presented with depression and anxiety and left last job because of her health condition;
- Had previously worked for many years as a charge hand/supervisor at local food company but left in 2006 as was unable to manage her depression in work.

Action taken

- Saw Ingeus' Senior Mental Health Advisor who recommended therapy and made a referral to IAPT (Improving Access to Psychological Therapies).
- The IAPT referral route was established through the Tameside Public Service Reform Hub and is an example of integration improving customer access to services.
- Appointment for Group CBT Therapy sessions called Managing Your Mood came through very quickly for client to attend weekly, local to her.
- Client was working intensively with Key Worker, Work and Wellbeing Coach and attending weekly CBT sessions and was coming on in leaps and bounds stating she felt better than she had for years and that she felt Ingeus really listened to her and were helping her.
- A new CV was produced and Work & Wellbeing coach was sourcing Voluntary opportunities.

Outcome

- Client attended a medical with ATOS in late August and was then put on to JSA as she had made such progress within such a short space of time – evidences an improvement to work readiness.
- The health improvement has supported the clients readiness for work.

- 3.6 The Working Well Annual Report set out progress of the pilot up to summer 2015 and included the quote below on the inter-relationship between work/skills and health. It is important that integration happens at multiple levels across the large scale reform work taking place. Tameside can continue to enact positive local changes and activity but will require larger scale change to support our overall ambitions.

Our PSR work has acknowledged the failures of traditional practices of partial assessment, fragmented service response and late intervention which both generates new and different needs whilst often failing to address the root cause. The first year of the Working Well programme provided interesting examples of the success of simple, individual assessment alongside innovative cross sector working in identifying and addressing the root of a person's long term unemployment. In some cases the response has been as expected (mental health provision), in others less so (access to dental care). Our efforts to address long term unemployment therefore, as a single example, are quietly changing the way we think about health provision and, ultimately, reforming health services.

Warren Heppolette

Strategic Director – Health & Social Care Reform Greater Manchester

4. HEALTH SECTOR ACTIVITY

4.1 The Tameside Steering Group has continued to place engagement and integration with the Health Sector as a main priority. We are continually exploring opportunities to specifically integrate Working Well into health services and also support the wider integration of health, work and skills services. The work below sets out some of the key activity to support our twin approach.

- Integration of Ingeus into the Public Service Reform Hub – Ingeus are working alongside health services like the Pennine Care Mental Health Team.
- Working Well Workshop for Health Providers July 2014 – this workshop was led by Public Health to raise awareness and develop integration with health providers.
- Presentation and Strategic discussion CCG PIQ February 2015 – This report set out the Working Well programme and supported the establishment of links with GPs.
- Presentation GP Target Group April 2015 – This presentation enabled a discussion with GPs about Working Well and wider health, work and skills issues. It has supported further integration and discussion around referrals, COPD and diabetes. The presentation also enabled key messages about the expansion of Working Well to be delivered. (As set out later in this report under the expanded Working Well programme there will be greater opportunity for health professionals to refer patients into Working Well – currently referrals are only taken from Jobcentre Plus.)
- Representation at the Primary Care Mental Health Liaison (GP) group – The Working Well Steering Group (including Ingeus) is a member of this meeting supporting long term integration and commissioning and discussions of immediate activity that can be undertaken to support Working Well clients.
- Bespoke activity regarding Mental Health – Ingeus are currently working with Pennine Care to continually develop the interventions and ongoing support that can be provided to Working Well clients with mental health barriers to work. Specifically the Steering Group is looking to develop opportunities around the Recovery College.
- Local fit for work pilot – The Steering Group is progressing an opportunity to develop a local fit to work pilot in Hattersley for out of work benefit claimants. The design of the pilot is currently being assessed. The main aim of the pilot would be to establish GP referral routes into a work/health management service that would support footfall in GP surgeries and increase activation of patients in self-management. Manchester City Council has undertaken a successful localised pilot. The pilot would support the next phase of Working Well expansion by designing and testing GP referral routes into 'work and skills' support services.

4.2 Alongside this local activity have been national and GM level work that should be noted.

- National Fit for Work service – This is a free Government service recently launched following pilots in Sheffield and Wales. The national service supports clients who are in work only. Fit for Work is designed to improve access to occupational health provision and help negate the almost 1 million employees nationally who go on long term sickness absence from work each year. The service aims to complement GP services by offering expert and impartial advice (telephone based). A Return to Work Plan will be produced for those who have been referred and will likely be absent from work for 4 weeks or more. The Government believes the Return to Work Plan could eventually replace the Fit Note. The Plan aims to be solution focused. GPs can refer into the national Fit for Work Service now.
- Work4health programme – A campaign in Wigan, Bolton and Oldham via GM Public Health Network to provide materials to support work discussions between patients and health practitioners. The campaign has supported learning across GM with the tools to support available publically. The work4health campaign will support longer term change by tackling the challenge of integrating work and health.

5. EXPANSION OF WORKING WELL PHASE 1

- 5.1 The success of the current Working Well Pilot supported the ground breaking Devolution agreement in November 2014. This agreement set out an expansion of Working Well to 50,000 GM residents. The expansion has now been developed in detail and will take place in 2 phases; the second phase will be formed around the re-commissioning of the Work Programme. The expansion of Working Well should be considered alongside the opportunities to influence health commissioning provided by the Integrated Care Organisation. Working Well is a 'work first' programme that can continue to progress the integration of work, skills and health services to provide effective holistic support for residents requiring support to access sustainable employment (and increased hours).
- 5.2 Phase 1 of the expansion will support 15,000 GM residents with referrals ending in March 2017. The procurement process began in July with a Pre-Qualification Questionnaire (PQQ) event for providers. The timetable for Phase 1 is set out below:
- July 2015 – December 2015 – Procurement phase;
 - February 2016 – Referrals commence.
- 5.3 Phase 1 builds on the successes of the current pilot based on the principles below and the vision of setting out an integrated employment and skills eco-system:
- Personalised support;
 - Integration;
 - Market shaping;
 - A new eco-system of work, skills and health;
 - Evaluation.
- 5.4 Phase 1 is essentially a widening of the cohort from ESA WRAG claimants with improved referral mechanisms, it is expected that the cohort will have a variety of complexities including:
- In receipt of out-of-work benefits for 3 of the last 4 years;
 - Ex-Offenders;
 - Severe debt problems;
 - Homelessness and housing problems e.g. threat of eviction;
 - Addiction;
 - Learning Disabilities and Difficulties;
 - Severe literacy and numeracy problems;
 - Mental health problems;
 - Physical health problems;
 - Family problems eg. domestic violence or relationship breakdown.
- 5.5 In Working Well Phase 1 referrals will now start from other providers as well as Jobcentre Plus (JCP). The clients identified by other providers such as GPs will be routed through the Jobcentre but crucially will not be limited to identification by JCP. All areas are currently updating their integration plans to enable successful delivery of Phase 1.
- 5.6 The contract has been divided into 2 lots (Lot 1 - Salford, Manchester, Trafford) and (Lot 2 the rest of GM). Providers will be able to bid for both lots or separately. The successful provider will be paid 30% (£900) on attachment, 30% (£900) on job start and 40% (£1,200) on sustained job start. The current Working Well Pilot pays 50% on attachment. Minimum performance is 20% entering and 15% sustaining work. Phase 1 is also aligned to Mental Health and Skills commissioned work, creating an eco-system of work, skills and health.
- 5.7 Phase 1 represents an important change in the welfare to work system in GM increased and widening of cohorts and enhanced integration should be viewed as key successes.

Working Well has so far supported change to public services with regards to work and skills. The further expansion will enable providers to become more operationally involved in holistically tackling work, skills and health by providing a referral route and increasing opportunities for co-case management.

- 5.8 In considering the opportunities of the expanded Working Well programme the Health and Wellbeing Board should consider how these opportunities could be realised through an updated Tameside Working Well Integration Plan. The Integration Plan will set out the opportunities and mechanism locally for Tameside agencies (including health services within a pilot of the expansion) to refer into Working Well. The Tameside Working Well Steering Group is continually developing our local integration plan with local agencies and providers (the Health and Wellbeing Implementation Group has been engaged in this process initially). The Steering Group would welcome the strategic support of the Health and Wellbeing Board in developing and establishing an effective operational Integration Plan that could support patients as part of a pilot within the Working Well expansion.

6. CONCLUSIONS AND RECOMMENDATIONS

- 6.1 Working Well is operating effectively in Tameside. Ingeus are integrated into our partnership structures and we have had an appropriate level of referrals, attachments and job starts. Engagement and integration between work/skills and health is progressing and will be strengthened further by the expansion of Working Well.
- 6.2 The Health and Wellbeing Board are asked to consider the recommendations set out on the front of the report.