

Report to:	HEALTH AND WELLBEING BOARD
Date:	21 September 2017
Executive Member / Reporting Officer:	David Berry, Head of Employment and Skills
Subject:	TAMESIDE HEALTH AND EMPLOYMENT
Report Summary:	<p>Devolution has presented Greater Manchester with the opportunity and ability to deliver improved health outcomes by supporting people to contribute and connect to growth. This report provides the Health and Wellbeing Board with an update following last year's report outlining the major employment initiatives in Tameside and the current success, progress and opportunities to integrate with health services.</p>
Recommendations:	<p>The Health and Wellbeing Board are requested to:</p> <ol style="list-style-type: none"> 1. Note the employment initiatives taking place in Greater Manchester and Tameside recognising the work that has taken place to date to integrate work, skills and health services. 2. Consider the Health and Employment Implementation Plan. 3. Actively promote and support the development and delivery of the Health and Employment Implementation Plan and Pilots, Programmes and approaches detailed in the report to deliver work, skills and health integration in Tameside developed alongside Greater Manchester Models. 4. Consider how the Health and Wellbeing Board could support the identification of funding for a scaled up model following full evaluation of the Healthy Hattersley Pilot.
Links to Health and Wellbeing Strategy:	This report delivers specifically to the working well strand of the strategy.
Policy Implications:	This work has implications for the longer term health and work system economies in reducing demand through improved levels of health. This work is also designed to provide improved patient experience and access.
Financial Implications:	<p>The report provides and update on the employment initiatives across Greater Manchester and the Tameside locality.</p> <p>Any associated financial benefits realised within the Healthy Hattersley Pilot (as explained in section 3.4 of the report) will be considered within the evaluation of the scheme. The details of any benefits realised will be included within a business case which will consider opportunities to potentially scale up the model to work in combination with the Self Care and Health Integrated Neighbourhood Teams.</p> <p>It is essential that any investment required to scale up the model is also identified within the business case together with the source of the associated investment.</p>
(Authorised by the Section 151 Officer)	

Legal Implications:
(Authorised by the Borough Solicitor)

The successful integration of work, skills and health services is essential to achieving the Greater Manchester Growth Strategy and reform of Health and Social Care. Effective integration will improve services for residents and reduce public spend on high demand provision therefore reducing longer term risk of affordable and quality services.

Risk Management:

There are no risks associated with this report.

Access to Information:

The background papers relating to this report can be inspected by contacting – David Berry Head of Employment and Skills Tameside Council



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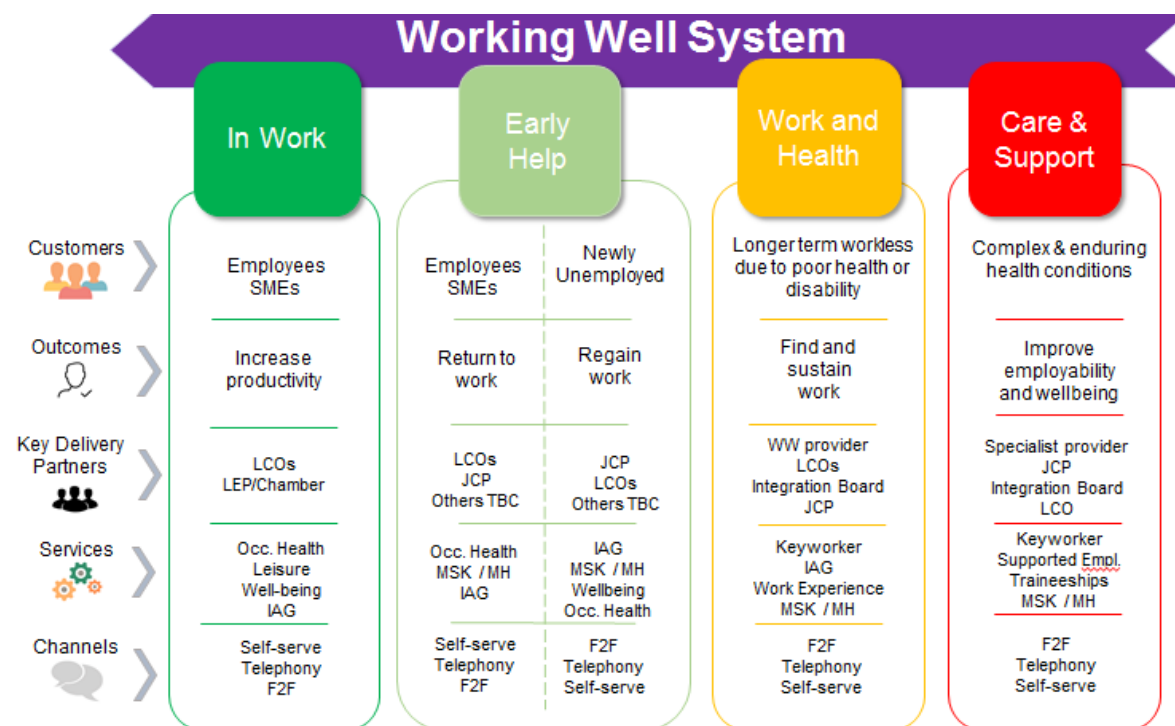
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1.0 INTRODUCTION

- 1.1 This report sets out the progress and success made in the last 12 months to integrate Health, Employment and Skills in Tameside within the context of a new 12 month implementation plan. This update is set within the context of work by the Greater Manchester Combined Authority and Health and Social Care Partnership.
- 1.2 The Health and Employment implementation plan aims to shape existing and future service models and commissioning strategies and is set out for the consideration of the Health and Wellbeing Board at section 3.2 of this report. Our work supports the delivery of the GM Population Health Plan Live Well objective: *To build and test an approach to work and health that improves the integration and alignment of health, employment and other services.*
- 1.3 The Health and Wellbeing Board is asked to note the progress achieved to date and consider the plans and opportunities to deliver further integrated work and health services.

2.0 GREATER MANCHESTER LEVEL

- 2.1 In the last 12 months a clear programme of work has developed from Greater Manchester endorsed and driven by the Greater Manchester Combined Authority and Greater Manchester Health and Social Care Partnership.
- 2.2 This work is set out in the diagram below with the intention of putting a co-ordinated Greater Manchester offer in place across the entire system:



- 2.3 Activity is currently focused on two elements of the Working Well System:

- Working Well Work and Health Programme – this is currently out for tender (contract value £52m) with a start date of February 2018 providing a service to 22,600 Greater Manchester residents up to 2024. The service will provide 15 months of tailored key worker support followed by 6 months of in work support. The programme will compliment and integrate with existing Working Well Pilot and Expansion provision.

Tameside Council's Employment and Skills team have been involved in the design, development and procurement of the programme.

- Working Well Early Help – this is currently in design with GPs and Small Medium Enterprises (SMEs) to provide a wrap-around service to support employees who seek a Fit Note from their GP to be positively supported to stay in work with access to occupational health support. The service is estimated to work with around 11,000 GM residents with a contract value of £8m. Tameside Council is engaged in the design of this service and has brokered the engagement of Hyde Neighbourhood GPs to deliver the initiative in Tameside.

3.0 HEALTH AND EMPLOYMENT ACTIVITY IN TAMESIDE

3.1 Following the report to the Health and Wellbeing Board in September 2016 the following activity has taken place to improve service delivery and outcomes for health and employment.

3.2 **Establishment of a Health and Employment Strategy Group** - The Tameside Health and Employment Strategy Group has been set up to develop our approach and produce an implementation plan at its first meeting on the 29 June 2017. The core purpose of the group is set out below:

- Provide direct strategic leadership and promotion of health and employment at a senior officer level to support the aims and approach agreed by Health and Wellbeing Board.
- Agree, support and co-ordinate Tameside's engagement in Greater Manchester initiatives such as the Greater Manchester Health and Employment Programme and where appropriate extend work or share learning into Glossop.
- Produce, co-ordinate and support the delivery of a 12 month Tameside implementation plan directed by the Health and Wellbeing Board.
- Provide a forum to discuss emerging health and employment projects to ensure co-ordination and develop new officer networks to support integration.
- Identify and remove system blockages to integrating our health and employment approach.
- Consider opportunities to deliver the wider Public Service Reform agenda through Place Based Initiatives, workforce development and other work as appropriate.

Membership of the group includes:

- Clare Watson, Director of Commissioning, Tameside and Glossop Single Commissioning Function (Joint Senior Responsible Officer)
- Damien Bourke, Assistant Executive Director Investment and Development (Joint Senior Responsible Officer)
- Angela Hardman, Director of Population Health
- Anna Maloney, Consultant Public Health Medicine
- David Berry, Head of Employment and Skills
- Chris Easton, Integrated Care Foundation Trust
- Jenny Osborne, Strategic Lead, Health and Employment Greater Manchester Health & Social Care Partnership & Manchester City Council
- Viv Robinson, JCP Partnership Manager Tameside and Oldham
- Pennine Care NHS (to be confirmed)

3.2 The implementation plan is set out below. This plan sets a SMART approach for delivery over the next 12 months and will develop as appropriate to external factors and resource and capacity available. The plan includes our commitment to support the development of a Greater Manchester Early Help offer and successful implementation of the Work and Health Programme locally.

Ref	Item	Lead(s)	Sponsor	Outcome	Status	Deadline
1	Develop state of readiness document for GM Working Well Early Help Project - and review the wider Tameside and Glossop and infrastructure	David Berry	Director of Commissioning	Understand our strengths, areas for improvement, assets and capacity	Complete	Jun-17
2	Deliver the Healthy Hattersley Pilot and produce end evaluation and utilise existing learning	David Berry	Damien Bourke	Proof of concept pilot delivered integrating health and work services	In progress	Aug-18
3	Formally engage in the GM Working Well Early Help Project design and procurement to deliver in 2018	David Berry Anna Moloney	Angela Hardman	Influenced design of service and strengthened local infrastructure to deliver H&E	In progress	Jun-18
4	Review the Tameside Ask and Offer Work and Health Programme and continually consider improvements	David Berry	Director of Commissioning	Enhance existing delivery of Working Well provision and future WHP	In progress	Feb-18
5	Review how we can influence the commissioning of future contracts to support the integration of health and employment and setting in place a timetable and process to implement our ambitions around commissioning. Review upcoming single commissioning contracts and consider how employment and skills can be integrated into delivery and outcomes	Trevor Tench Ian Bromilow Alison Lewin	Director of Commissioning	Drive a systemic approach to integrating H&E	In progress	Apr-18
6	Influence and engage in the design and implementation of the System Wide Self Care approach and Health Integrated Neighbourhood Teams to integrate H&E	David Berry Kate Benson Debbie Watson	Angela Hardman	Build integration with employment and skills into the universal model	In progress	Feb-18
7	Update on progress and gain system wide support via report to September Health and Wellbeing Board	David Berry Anna Moloney	Angela Hardman	Achieve system wide buy-in for our plans, remove identified	In progress	Sep-17
8	Develop approach to Tameside and Glossop health footprint where GM or Tameside employment offers restrict delivery	Dave Berry Elaine Richardson	Director of Commissioning	Clear approach to how we can utilise our work across the full health footprint	In progress	Dec-17

3.3 The views of the Health and Wellbeing Board are welcome in setting the direction and focus of our work. The plan is intended to be flexible adapting to opportunities to access resource and provide both a strategic and operational mix of activity.

3.4 **Delivery of the Healthy Hattersley Pilot** – The Healthy Hattersley Pilot ran from 31 October 2016 to 31 August 2017. The Pilot was funded by the Hattersley Land Board (£59,999) and aimed to test the value of GP patient referrals into work and skills services. Adullam Housing delivered the direct Healthy Hattersley Service using a key worker model to provide personalised support. The Pilot also linked with the Working Well Expansion increasing capacity and opportunities for patients. A full evaluation of the pilot is being prepared following the conclusion of the Pilot on the 31 August 2017. Overall the Pilot has been a success with 5 patients starting employment (above contract target based on engagements) and GP surgeries effectively referring patients alongside a self-referral

process connected to the practices. Patients reported positive changes in their understanding and management of conditions. 98 patients were referred into the pilot with 23 accessing the Healthy Hattersley service and 23 referred onto Working Well. 3 GP practices (Hattersley Group Practice, Awburn House and Donneybrook) participated in the Pilot. The key learning from the Pilot is set out below.

- GP and Practice Managers found the service to be easy to use with documentation and the referral process non-bureaucratic. In particular patients fed back positive experiences of the service.
- 94% of patients rated the service Good or Excellent.
- Patients can be supported into work 5 of 23 (21%) secured employment through the Healthy Hattersley direct provision, with improvements in patients management and understanding of their conditions. 20% of the patients referred onto Working Well provision can also be expected to start work over the course of the 2 years of support they receive.
- The GP referral route is effective and should be scaled up with the understanding that it requires quality relationship management with the practice and referrals will not be high in volume until embedded.
- Establishing a sustainable and quality referral route is dependent on identifying and supporting individual GPs rather than expecting a consistent, volume flow across all GPs within a practice.
- The pilot approach enabled us to test and learn alongside and taking advantage of the Working Well service. Utilising the additional capacity to refer into the Working Well Expansion was an effective use of resources, however this brought additional complexities to the referral route and future commissioned work should focus on streamlining provision.
- GPs welcomed the ability to provide an option for their patients to move into a service that would support their wider needs (that sit outside a GPs control – GPs sometimes feel like Citizens Advice) and specifically employability.
- Patients entered the pilot with significant support needs include substance misuse, confidence, wellbeing, housing and homelessness and low skills.

3.5 The next step is to complete a full evaluation, prepare a costed business case and identify and consider opportunities to scale up the model to work in combination with the Self Care and Health Integrated Neighbourhood Teams.

3.6 **Agreement to design and implement the GM Working Well Early Help programme with Hyde Neighbourhood GPs** – As a legacy of the Healthy Hattersley Pilot we have agreed to design and deliver the Greater Manchester Working Well Early Help service with GPs in the Hyde Neighbourhood area. Dr Gutteridge and Dr Harvey will act as GP leads as our locality contributes to the design of this £8m Greater Manchester programme. This programme brings in additional services to Tameside at no cost to our locality. The Greater Manchester Working Well - Early Help programme will design and test an early intervention service to people with health conditions, who are at risk of falling out of employment, or are newly unemployed. Greater Manchester recognises that there is a co-dependent relationship between health and work: good quality work supports good health, and economic growth relies on a healthy, productive workforce. To this end the Greater Manchester Combined Authority and Greater Manchester Health and Social Care Partnership leadership have agreed to develop this joint programme to provide:

- An effective early intervention system available to all Greater Manchester residents in work who become ill and risk falling out of the labour market, or are newly unemployed due to health issues.
- Better support for the diverse range of people who are long-term economically inactive to prepare for, find and keep work.

- Development to enable Greater Manchester employers to provide 'good work', and for people to stay healthy and productive in work.

3.7 The rationale for the service is set out below:

- Currently no effective or systematic early intervention pathway to prevent people with health conditions falling out of work.
- 98% of Greater Manchester Employers are small or medium sized enterprises or self-employed, covering over 50% of the working Greater Manchester population. They have little or no access to occupational health/ Employee Health and Wellbeing support.
- The NHS struggles to respond rapidly to the needs of those in work, and the Fit note system can be ineffective from both GP and employer perspective.
- Increasing number of people living with long-term conditions and raising of retirement age.
- National Fit For Work Service not effectively meeting local need – Greater Manchester can do this better locally.

3.8 The proposed objectives are provided below:

- Reduce the number of days lost to sickness absence for those in employment;
- Prevent GM residents with health conditions from leaving the labour market;
- Support businesses to retain employees and better manage health in the workplace;
- Reduce time spent by clinicians on non-clinical work in primary care;
- Support newly unemployed people with health conditions to access an enhanced health support offer to facilitate an early return to work.

3.9 The outline timeframes for the programme are:

- | | |
|---|-------------|
| • Detailed service design; evaluation development | Jul-Oct '17 |
| • Joint Investment bids and procurement options appraisal | Nov '17 |
| • Procurement/funding | Jan '17 |
| • Mobilisation | July-Oct 18 |
| • Service commences to 2021/2 | Nov '18 |

3.10 **Development of employment pathways within the Self Care approach and Health Integrated Neighbourhood Teams** – Employment must be embedded within our local models to appropriately support residents with health conditions. The Employment and Skills team are actively engaged in the development of the self-care and social prescribing offer as part of the Oversight Group for System Wide Self Care. Enabling an effective pathway into existing (as set out in **Appendix 1**) or future employment and skills provision will provide an enhanced offer for patients to manage their conditions. It is important that employment and skills provision is part of the core social prescribing offer and not a secondary element. Further work is ongoing to develop our approach and realise our ambitions.

3.11 **Integration of core programmes** – In the September 2016 report to the Health and Wellbeing Board a clear approach was set out to integrating core employment programmes within Tameside (see **Appendix 1 and 2**). This approach has been successful delivering improved outcomes for residents with some key examples of our efforts set out below:

- Motiv8 (Building Better Opportunities) is operating well in Tameside and has successfully developed alongside existing work and skills provision (this has not been the case across all Greater Manchester areas). Motiv8 is incorporated into the Tameside Working Well Steering Group to enable effective integration and reduce duplication.
- Tameside has the best integration in Greater Manchester between the Working Well Expansion and Skills for Employment contracts. 39% of referrals to Skills for Employment in Tameside come from Working Well (compared to 10% in Stockport and 16% in Wigan), we also have the best conversation of job starts from the Working Well

client group 32% (compared to Bolton 3%). These measures of integration reveal that our approach through the Working Well Steering Group enables us to create the right environment and conditions to integrate services.

- Tameside has the second highest GM referral rate into Talking Therapies provision 23% (highest Bury 32%, lowest Rochdale 7%). Talking Therapies was commissioned by Greater Manchester alongside the Working Well Expansion to provide additional mental health provision (Cognitive Behavioural Therapy) for Working Well clients.
- Working Well continues to perform strongly in Tameside in relation to referrals, attachment of clients to receive the service and job starts. The vast majority of clients on Working Well have a physical or mental health barrier to employment:
 - Referrals and attachments – Tameside has contributed 1893 (9%) of referrals and attachments across the Pilot and Expansion;
 - Tameside has contributed 157 (9%) of job starts across the Pilot and Expansion, this puts us on target compared to our cohort size (for comparison purposes Oldham has contributed 136 job starts).

3.12 **Preparing for the Work and Health Programme External Local Signposting Organisation (ELSO) pathway** – building on the experience of the GP referral route into the Working Well Expansion the Work and Health Programme will enable 5% of all referrals from an area to originate outside of Jobcentre Plus (JCP) – for example this could be a Registered Social Landlord or NHS services. In Tameside this will equate to around 100 residents. We have proposed that the Hyde Neighbourhood GPs provide the referrals into the Work and Health Programme building on the legacy of the Healthy Hattersley Pilot and further strengthening our service infrastructure between health and employment. Although the figure of 100 residents appears low it should be noted that our experience from the Healthy Hattersley Pilot is that the GP referral route should not be operated at volume, but as a quality pathway that is supported by excellent relationship management.

3.13 The Tameside External Local Signposting Organisation route will be developed with the successful provider once selected and Hyde GP practices, we welcome the support of the Health and Wellbeing Board in supporting our efforts to realise this work. This work will be developed alongside consideration for a scaled up Healthy Hattersley model across our locality.

4.0 PROGRAMMES/POLICY CHANGES

4.1 The Work, Health and Disability Green Paper released in early 2017 has provided impetus for the development of new approaches in relation to Jobcentre Plus detailed below:

- Community Business Partners – This new Greater Manchester based resource will enable Jobcentre Plus to engage and support development of community based provision for claimants with health conditions. The recruitment of the Business Partners is ongoing, Tameside is working with the lead Business Partner on behalf of Greater Manchester to support development of their business plan through the Universal Support Greater Manchester Programme.
- Disability Employment Advisors – The upscaling of Disability Employment Advisors within Jobcentre Plus across Greater Manchester will support Work Coaches to develop their knowledge and understanding of supporting clients with health conditions.
- Small Employer Advisors – This new Jobcentre Plus resource will work with Small Employers across Greater Manchester to develop a disability confident approach.

4.2 Full rollout of Universal Credit to all claimants will begin in Tameside in March 2018. Tameside was a pathfinder for Universal Credit in 2013 testing a limited type and complexity of claim, the rollout will see the full complexity of claim in Tameside. Based on insight from other Greater Manchester areas that have already experienced full rollout of Universal Credit we should expect additional levels of need and support for residents who

struggle on their Universal Credit customer journey. Tameside has high levels of claimants with a health conditions receiving Employment Support Allowance benefit. The issues we should be aware of and prepare for as a partnership which may impact on claimants health conditions and employability include:

- Claimants may be impacted by the requirement to claim online if they do not possess literacy or digital skills or can access appropriate technology.
- Claimants may be impacted by the requirement to wait several weeks for their first payment and then receive monthly payments thereafter into a bank account.
- Increased sanctioning rates as claimants fail to meet their agreed claimant commitment.
- Increased need for access to services to support claimants negatively impacted by the rollout including but not limited to homelessness, personal budgeting, employability, benefit advice, literacy and digital skills.

- 4.3 The Health and Wellbeing Board should be aware that we continue to work with Jobcentre Plus on the issues set out above continually trying to improve our partnership approach to develop our response including effective management and processing of benefit claims to providing the best possible wrap-around support for the individual (an example of this is our including within the Work and Health Programme Tameside Ask and Offer document that the provider puts in place effective services to support the implementation of Universal Credit).

5.0 GOVERNANCE

- 5.1 The development of Tameside health and employment integration will be strategically and operationally taken forward in the following governance groups.

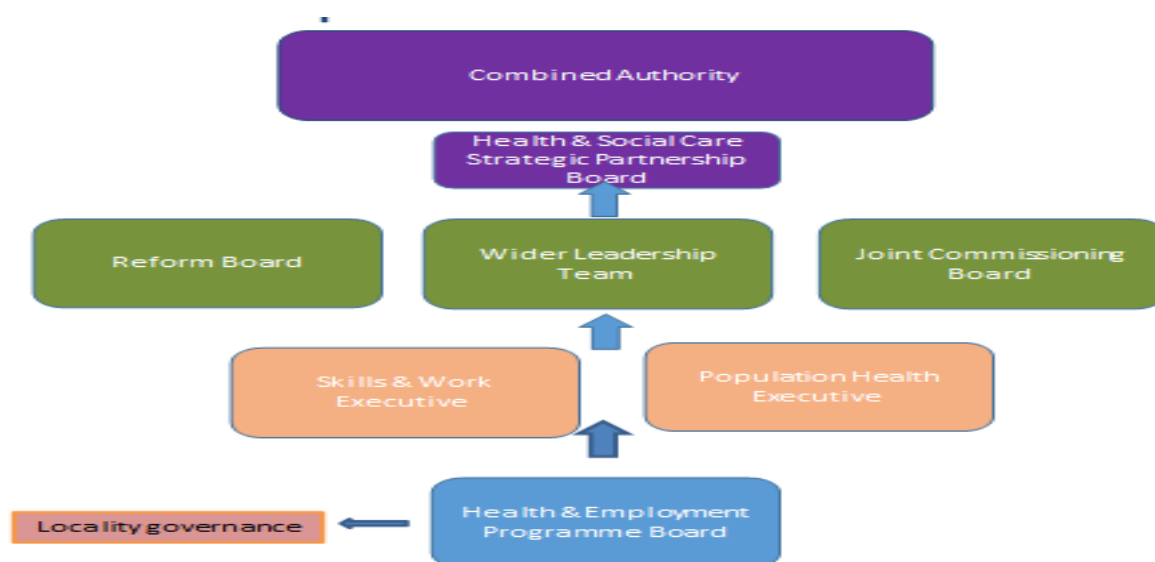
Strategic

- Health and Wellbeing Board
- Prosperous Board

Operational

- Health and Employment Strategy Group
- Working Well Steering Group
- System Wide Self Care Oversight Group

- 5.2 A Greater Manchester Health and Employment Programme Board has been developed to take forward this work which reports into Greater Manchester Combined Authority structures and ultimately the Health and Social Care Partnership Board (see structure below).



6.0 NEXT STEPS AND RECOMMENDATIONS

6.1 This report updates on our approach and activity to realise our Health and Employment integration ambitions. The implementation plan sets out our work in the next 12 months. We would welcome the support of the Health and Wellbeing Board in delivering the key activity summarised below:

- Managing the delivery of the Tameside Health and Employment Implementation Plan through the Strategy Group including the review of contracts and developing an integrated approach with Health Integrated Neighbourhood Teams and Self Care model
- Preparing for the delivery of the Working Well Early Help programme with GPs in the Hyde Neighbourhood for implementation in November 2018.
- Implementing the External Local Signposting Organisation referral route for the Working Well Work and Health Programme with GPs in the Hyde Neighbourhood for implementation in February 2018.
- Implementing the Working Well Work and Health Programme from February 2018

7.0 RECOMMENDATIONS

7.1 As set out on the front of the report.

APPENDIX 1

Key Employment and Skills Provision in Tameside

Employment Initiative	Description	Volume Tameside Residents (GM in brackets)	Integration with health	Commissioner	Provider (Tameside)	Delivery timescale
Working Well Pilot	2 year tailored key worker support for residents on ill health benefit (ESA). Referred from Jobcentre	441 (4,985)	All participants have a health condition (67% physical, 64% mental - or multiple), integration has been area led (GM Health Protocol agreed by HWBB 2014)	DWP and GMCA (Salford MBC)	Ingeus	2014-2019
Working Well Expansion (including GP referral route and Talking Therapies Service)	2 year tailored key worker support for residents on various benefit groups (JSA, ESA, UC, LPIS) Referred from Jobcentre and selected GPs	1,452 (15,000)	Majority of participants have health condition, some integration is established within the model (Talking Therapies/GP pilot referral), local areas required to lead on whole system integration	DWP and GMCA (Trafford MBC)	Ingeus	2016-2020
Motiv8 - Building Better Opportunities	3 year tailored key worker support for residents who are most excluded from the job market. Identified by Registered Social Landlords	Estimated 390 (3,990)	High number of participants likely to have a health condition	Big Lottery and European Social Fund	New Charter	2016-19
Work and Health Programme	Maximum 21 months tailored key worker support for <ul style="list-style-type: none"> • People who have a disability on a voluntary basis; • Early access 	EST. 2000 (22,600)	In design – intention to focus support on residents with health conditions.	DWP and GMCA	Procurement ongoing	February 2018-2024

	disadvantaged groups on a voluntary basis; and • Long-term Unemployed on a mandatory basis.					
Healthy Hattersley Pilot	GP Referral pilot to support Hattersley residents with health conditions	Upto 145	Pilot to provide evidence base for further integration of GP and work and skill services	Tameside MBC on behalf of Hattersley Land Board	Adullam	2016-17
Skills for Employment	Tailored key worker skills support (Working Well Expansion and Pilot participants have priority access)	575 to date (6,000)	Majority of Working Well Participants have a health condition.	Skills Funding Agency	The Growth Company (Prime) Inspire to Independence (Sub contractor)	2016-2019
Great Opportunities	Work Club provision to support residents into work, education and training	435	Lifeline (substance misuse) project is an integrated partner	New Charter	New Charter	Ongoing
Troubled Families	Support programme for families (some members of the family may be out of work)	600-1000	The Troubled Families approach is rooted within the Public Service Hub with wrap around support from health agencies.	Department for Communities and Local Government	Tameside Council (Commissioner and Provider) and New Charter (Provider)	Ongoing

APPENDIX 2

Extract from Health and Wellbeing Board report September 2016 – Programmes to integrate these have been successfully integrated in the past 12 months).

