

Report to:	HEALTH AND WELLBEING BOARD
Date:	22 September 2016
Executive Member / Reporting Officer:	Tony Powell, Deputy Chief Executive, New Charter Housing David Berry, Project Lead (Employment and Skills), Tameside MBC
Subject:	WORK, SKILLS AND HEALTH INTEGRATION
Report Summary:	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 (HWBB) with an outline of the major employment initiatives in Tameside and the current progress and opportunities to integrate with health services.
Recommendations:	The HWBB are requested to: <ol style="list-style-type: none"> 1. Note the employment initiatives taking place in GM and Tameside recognising the work that has taken place to date to integrate work, skills and health services. 2. Actively promote and support the development and success of Pilots, Programmes and Approaches detailed in the report to deliver work, skills and health integration in Tameside developed alongside GM Models. 3. Review the progress of work, skills and health integration in Tameside on a 6 monthly basis to inform Policy and Commissioning decision making. 4. Respond to the contents of this report with regards to understanding how the knowledge and skills available in Tameside can best be utilised.
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: (Authorised by the Section 151 Officer)	Whilst there are no direct financial implications arising from the report, it should be recognised that initiatives contained to improve health, work and skills opportunities for residents of the borough will potentially lead to the reduced demand on public sector services and associated costs incurred. This will therefore contribute towards the delivery of future year efficiency savings alongside reduced resource allocations within the economy. It is essential these initiatives are stringently monitored to ensure efficiencies are realised.

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:

Failure to deliver programme 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



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1. INTRODUCTION

- 1.1 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 (HWBB) with an outline of the major employment initiatives in Tameside and the current progress and opportunities to integrate with health services.
- 1.2 The Tameside Partnership has endeavoured to create and maximise opportunities to integrate work and health services, this work is captured within this report alongside intentions to shape existing and future service models and commissioning strategies.
- 1.3 In many of the programmes the minimum level of integration is set at a National or Greater Manchester level through the commissioning process. Tameside has consistently aimed to maximise operational integration and works with commissioners such as the Department for Work and Pensions (DWP) and GMCA to lobby for a fully integrated employment and health system.
- 1.4 The HWBB are asked to note the progress achieved and consider the plans and opportunities to deliver further integrated work and health services.

2. HEALTH, WORK AND SKILLS

- 2.1 There is a strong evidence base that work is generally good for physical and mental health and well-being, and that unemployment and worklessness is associated with poorer physical and mental health and well-being, contributing to health inequalities.
- 2.2 Unemployment is one of the most significant contributors to social and health inequalities, leading to increased:
 - consumption of tobacco and alcohol
 - use of GP services and medication
 - admissions to psychiatric hospital.
- 2.3 With unemployed people having:
 - Twice the rate of depression and three times the rate of anxiety than the general population
 - Increased rates of obesity
 - Increased cardiovascular morbidity and mortality.
- 2.4 In addition, the 2011 North West Health and Wellbeing Survey revealed that there is a strong correlation between levels of qualifications held by individuals and mental wellbeing. This correlation is stronger than the relationship between individual wealth and mental wellbeing. This is important because higher levels of mental wellbeing are associated with greater personal resilience and lower levels of poor health.
- 2.5 It is therefore essential that we enable and support local people to obtain skills and qualifications throughout their lives: not just because of their importance to economic growth but because it will make for a population that is mentally resilient and better able to cope with changes to their personal circumstances, such as a change in employment, poor health or unexpected bereavement.
- 2.6 Recent evidence suggests that work can be good for health, and has a role to play in reversing the harmful effects of long-term unemployment and prolonged sickness absence.

- 2.7 Nevertheless, the benefit of working is true for healthy people of working age, for many disabled people, for most people with common health problems and for people in receipt of benefits. Work for sick and disabled people:
- is therapeutic and helps to promote recovery and rehabilitation;
 - improves quality of life and leads to better health and wellbeing outcomes;
 - minimises the harmful physical, mental and social effects of long-term sickness absence;
 - reduces the risk of long-term incapacity;
 - promotes full participation in society, independence and human rights;
 - reduces poverty.
- 2.8 Yet much of the current approach to the treatment of people of working age, including the sickness certification process, reflects an assumption that illness is incompatible with being in work.
- 2.9 However, there are provisos regarding the nature and quality of work and its social context, as there can be health damage resulting from poor quality work. Marmot identifies that good work and employment supports individuals to have good health.
- 2.10 Good work is characterised by having control over work, in-work development, flexibility, protection from adverse working conditions, a living wage, ill health prevention and stress management strategies and support for sick and disabled people that facilitates a return to work. Both the psychosocial and physical environments at work are important.

3. OUTLINE OF EMPLOYMENT INITIATIVES

- 3.1 The table below sets out a simple guide to the major work and skills initiatives to increase employment, earnings and skill levels. Our efforts have focused on integrating these initiatives with health services to maximise use of resource (people/skills/locations/funding). Several innovative pieces of work are being developed from this approach including the Healthy Hattersley GP Pilot and a joint Mental Health Employment Post within Working Well.

Employment Initiative	Description	Volume Tameside Residents (GM in brackets)	Integration with health	Commissioner	Provider (Tameside)	Delivery timescale	Ask
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	Continued integration of existing services
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	1,100 (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	Review of new claimant group barriers and access, integration and development with Integrated Neighbourhood Teams to co-case manage as appropriate
Building Better Opportunities	3 year tailored key worker support for residents who are most excluded from the job market. Identified by	Estimated 390 (3,990)	High number of participants likely to have a health condition	Big Lottery and European Social Fund	Announced 25 th August	2016-19	Review of claimant group barriers and referral access, integration and development with Integrated

	Registered Social Landlords						Neighbourhood Teams to co-case manage as appropriate
Work and Health Programme	This programme is currently in design to replace the outgoing Work Programme.	TBC (Intention to bring total resident supported to 50,000)	In design – intention to focus support on residents with health conditions.	In design DWP/GMCA	Procurement not yet started	TBC	Joint commissioning at a GM level to deliver a programme that is underpinned by health and work outcomes. Universal GP referrals routes to access the programme.
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	Procurement ongoing	2016-17	Following learning and evaluation establish evidence base through proof of concept to roll out GP referral route to practices across Tameside.
Skills for Employment	Tailored key worker skills support (Working Well Expansion and Pilot participants have priority access)	No locality breakdowns (6,000)	Majority of Working Well Participants have a health condition.	Skills Funding Agency	Manchester Growth Company (Prime) Inspire to Independence (Sub contractor)	2016-2019	Review of new claimant group barriers and access, integration and development with Integrated Neighbourhood Teams to co-case manage service as appropriate
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	Review of claimant group barriers and access, integration and development with Integrated Neighbourhood Teams to co-case manage service as appropriate
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	Review of claimant group barriers and access, integration and development with Integrated Neighbourhood Teams to co-case manage service as appropriate

4. SERVICE APPROACHES

- 4.1 There are a series of approaches that can be described as cross cutting. These approaches are at varying stages of design, implementation and development and support the delivery of employment, skills and health in Tameside. The approaches are interlinked with the Policy Changes set out in section 3.
- 4.2 The Health and Wellbeing Board can be assured that the development of the three approaches is being taken forward in an integrated way. Lead officer representatives (Alison Lewin NHS T&G CCG, David Berry Tameside MBC Employment and Skills, Emma Varnam Tameside MBC Integrated Neighbourhood Services) are actively engaged in design and review processes to enhance offers.
- 4.3 It is vital that the approaches integrate with the Initiatives set out in section 2 so as to maximise the use of resource and ensure integrated provision.

- Integrated Neighbourhood Service/Teams (Community) – Launched in May 2016 - these teams will be operating from 2 bases; North (Ashton Police Station) and South (Hyde Police Station). The teams will be focusing on providing support to residents requiring lower level complexity of support with a focus on enforcement issues. The approach will provide a model to draw in wider support around issues such as employment, skills and health needs following diagnosis of additional needs. Options for integrating employment and skills specialist support in the model are currently being explored.
- Integrated Neighbourhood Teams (Health) – Currently in design – This approach is in the design phase and will be based on 4 neighbourhoods within Tameside. The objectives currently under consideration include proactively identifying people at high risk of requiring access to services, help people live independently, co-ordinate delivery of services from all providers, optimise self-care and family/carer support, focus on improved condition management and help prevent people from having to move to a residential or nursing home. The inter-relationship (referral and co-case management pathway) with employment and skills has been included within the delivery model.
- Public Service Hub – Launched in 2014 the Public Service Hub has successfully brought together Public and Voluntary Sector agencies to provide a new resident centred approach to service delivery. The Hub aimed to integrate insight, intelligence and organisational responses to complex dependency within a Troubled Families/Early Help/Children Safeguarding context. The Hub has successfully integrated Mental Health, Jobcentre Plus, Police, Probation and Welfare Rights in this setting. The Hub is currently under review lead by a focus to improve processes and deliver a reduction in demand for children’s social care. The Hub could provide a focal point to develop enhanced insight and intelligence of complex cases requiring health, work and skills interventions beyond traditional children’s/early help services aimed at action planning to support children and to a lesser extent parents.

5. PROGRAMMES/POLICY CHANGES

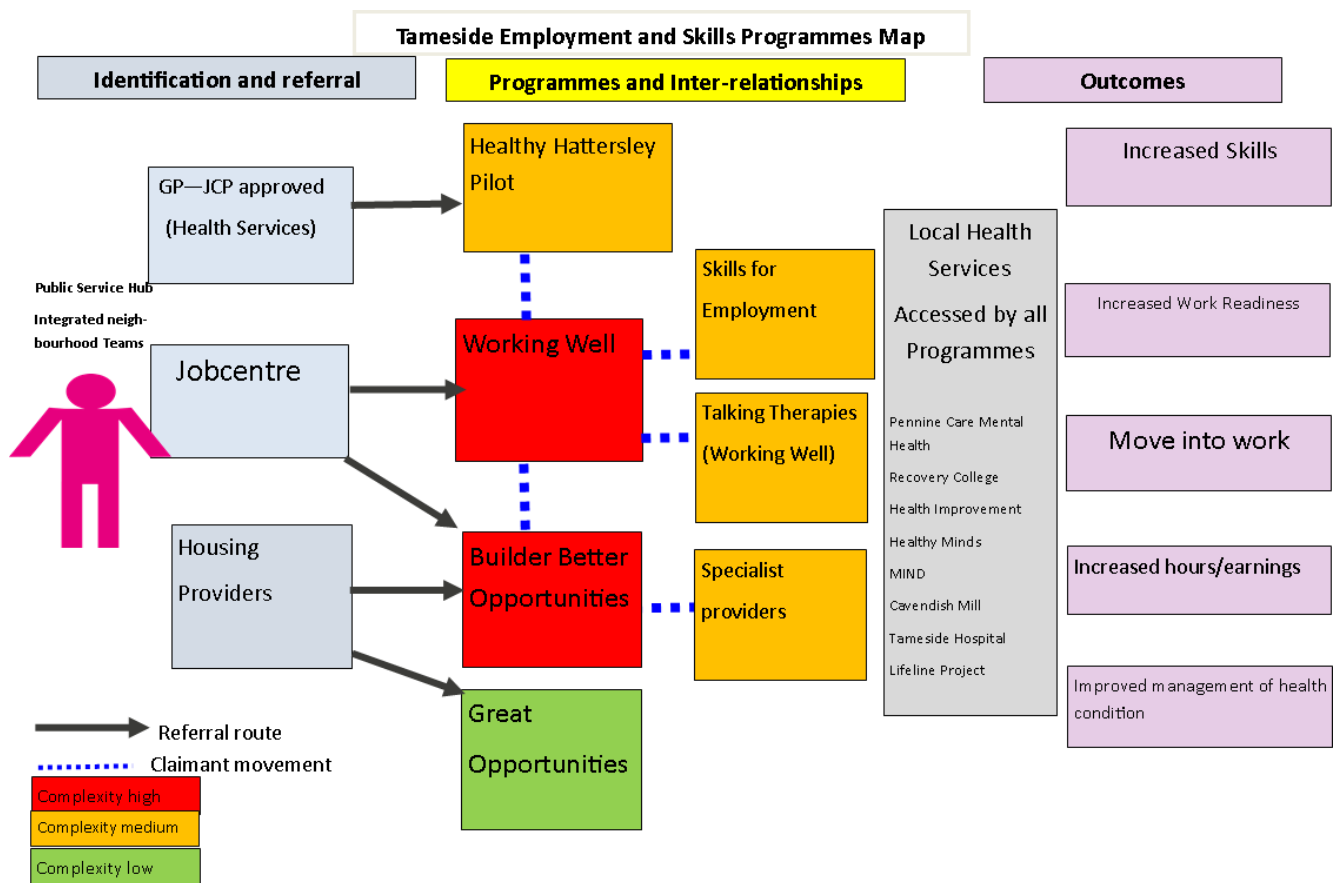
- 5.1 In this section three key policy areas are set out that need to be considered alongside the development of local work.
- 5.2 Health Devolution - The Health Devolution Memorandum of Understanding sets out that the parties share the following objectives:
- To improve the health and wellbeing of all of the residents of Greater Manchester (GM) from early age to the elderly, recognising that this will only be achieved with a focus on prevention of ill health and the promotion of wellbeing. We want to move from having some of the worst health outcomes to having some of the best;
 - To close the health inequalities gap within GM and between GM and the rest of the UK faster;
 - To deliver effective integrated health and social care across GM;
 - To continue to redress the balance of care to move it closer to home where possible;
 - To strengthen the focus on wellbeing, including greater focus on prevention and public health;
 - To contribute to growth and to connect people to growth, e.g. supporting employment and early years services; and
 - To forge a partnership between the NHS, social care, universities and science and knowledge industries for the benefit of the population.
- 5.3 Universal Credit – Following pathfinders for limited claimant types UC is now in operation across the whole of GM. In March 2016 all benefit types (increased levels of vulnerability and complexity of claimant) were migrated into UC in 5 areas only across the UK. The development of UC is of major significance as it promotes online claims, monthly payments and work allowances to support claimants to enter lower earning employment before increasing hours. Many claimants in Tameside who have low or no contact with the

Jobcentre/Public Sector will need to adapt to change in the way they claim benefits and search for work. The key risk factor for GM/Tameside is to see the successful implementation of UC through a strong local partnership approach. Poor implementation will have a negative impact on residents and could increase key factors such as increased rent arrears, increased prevalence of health conditions exacerbated by loss of income.

- 5.4 Universal Support Delivered Locally (USDL) – USDL approaches were trialled successfully in GM in 2015 (along with 11 other sites across the UK). USDL focuses on partnerships to support vulnerable UC claimants who will not have an effective claimant journey. Increasing budgeting and digital skills are at the centre of USDL. GM trialled a holistic claimant centred approach which focused on resolving root cause issues rather than budgeting and digital in isolation. The GM Trial was successful and has developed into a GM level joint programme with DWP called Universal Support Greater Manchester (USGM). USGM is aimed at integrating Jobcentre Plus and Partnership (including health) services with regards to data sharing, use of intelligence to target resources, co-case management through co-location.

6. INTEGRATION AT A TAMESIDE LEVEL

- 6.1 The diagram below sets out the relationship between the current employment programmes in Tameside. The main policy and commissioning aim is to enable a wide variety of health services to refer into employment programmes with co-case management available as a tool for practitioners as appropriate.
- 6.2 The diagram shows the complexity of claimants within each programme and how relationships exist through Working Well to create a co-ordinated approach within the borough to move patients through the system to different types of support. For example Working Well Pilot completers could continue to receive support through BBO or Working Well Expansion non-attachments could be signposted to BBO as an alternative programme. Currently local health services are accessed by programmes via one way referrals or signposting, this could be enhanced by identifying patients via Integrated Neighbourhood Teams and GPs with an ongoing co-case management approach.
- 6.3 The GM Eco-system approach is attached as **Appendix A**, Tameside is aligned to the GM approach and actively works with the GM team to design new services and develop existing approaches.



7. GOVERNANCE

7.1 The development of Tameside work and health integration will be strategically and operationally taken forward in the following governance groups.

Strategic

- Health and Wellbeing Board
- Prosperous Board

Operational

- Healthy Lives Workstream
- Care Together Locality Workstream
- Working Well Steering Group
- Complex Dependency Steering Group

7.2 At GM level the Public Service Reform Team and Health and Social Care Devolution Team are taking forward integration plans in conjunction with local areas. The development of a Work and Health Programme (replacing the Work Programme) on a GM package area footprint.

8. RECOMMENDATIONS

8.1 The HWBB are requested to:

1. Note the employment initiatives taking place in GM and Tameside recognising the work that has taken place to date to integrate work, skills and health services.
2. Actively promote and support the development and success of Pilots, Programmes and Approaches detailed in the report to deliver work, skills and health integration in Tameside developed alongside GM Models.

3. Review the progress of work, skills and health integration in Tameside on a 6 monthly basis to inform Policy and Commissioning decision making.
4. Respond to the contents of this report with regards to understanding how the knowledge and skills available in Tameside can best be utilised.

APPENDIX A

Greater Manchester Eco-system

